North Tyneside Council

Public Health Evidence in relation to the use of the planning system to control Hot Food Takeaways

November 2015
1. Introduction

The link between planning and health has been set out in the National Planning Policy Framework and is integrated within the North Tyneside Local Plan.

One of the ways in which planning can have the greatest impact on health, and in particular obesity levels, is the restriction of new hot food takeaways.

2. Background

Local authorities in England are beginning to use the planning system to restrict hot food takeaways with the aim of restricting access to unhealthy food to address concerns about population health in relation to cardiovascular disease (CVD) and obesity.

North Tyneside’s Local Plan has identified health as a key issue to be addressed in the Borough. It acknowledges the issue that people in North Tyneside are not as healthy as people across the country and significantly less healthy than the parts of the country with the best life expectancy.

The over-concentration and clustering of A5 uses in an area can have an adverse impact on the amenity of surrounding properties and neighbouring uses. The levels of disturbance from noise, odour and possible anti-social behaviour may be increased when A5 uses are clustered together.

3. National guidance

NICE (2010) Guidance on prevention of cardiovascular disease\(^1\) 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.

NICE (2010) Guidance on prevention of cardiovascular disease\(^2\) outlines that food from 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 fast-food outlets. It recommends that local planning authorities should be encouraged to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools) as well as consider the concentration of fast food 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.

Public Health England (PHE) and the LGA (2014) provide a briefing on regulating the growth of fast food outlets\(^3\). 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 fast food outlets has a role to play; it is acknowledged that a causal link between fast food outlets and obesity cannot be established but identifies that there is some evidence of associations between obesity and fast food.

4. Planning Policy Context

**National Planning Policy Framework (NPPF)**
NPPF was published on 27 March 2012 and is a material consideration in planning decisions. At the heart of the NPPF is a presumption in favour of sustainable development, with three dimensions to the concept: economic; social; and environmental. The social role comprises “supporting strong, vibrant and healthy communities, 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.” NPPF paragraph 23 highlights the importance of promoting competitive town centre environments and paragraph 69 sets out that “the planning system can play an important role in creating healthy, inclusive communities.”

**National Planning Practice Guidance (NPPG) - (health and wellbeing)**
The NPPG is statutory guidance which underpins the NPPF. In relation to health and wellbeing it states;

‘*The built and natural environments are major determinants of health and wellbeing*’

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; the local plan considers the local health and wellbeing strategy and other relevant health improvement strategies in the area; and 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).

**North Tyneside Local Plan Policies**
There are two specific Local Plan policies proposed within the pre-submission draft which cover hot food takeaways. The first strategic policy aims to maintain and enhance the health and well-being of residents through the improvements to both the built and natural environment and controlling the spread of unhealthy eating outlets. The second development management policy goes further to outline instances where A5 hot food takeaways will not be permitted.

5. **Nutrition data on hot food takeaways**
NICE guidance outlines that the nutritional content of food from hot food takeaways is poor because it contains high levels of transfat, saturated fat and salt.
The National Obesity Observatory (NOO) indicates that Gateshead Council has taken a comprehensive approach. Gateshead Council’s Health and Public Protection service undertook a detailed nutritional study across the borough to address levels of overweight and obesity. This work has supported the introduction of a robust evidenced based Development Planning Document (DPD) to support the Council's Local Development Strategy that prohibits the proliferation of hot food takeaways in specific areas. Findings from this research are to be detailed in appendix 1. The findings demonstrate that this food is obesity promoting and harmful to health.

The national and local pictures in terms of nutritional data for this food are in accord and further specific research within North Tyneside is not required.

6. **Diet and disease mortality**

A diet which is high in saturated fat and salt and/or which includes Trans fats contributes to the risk of developing cardiovascular disease (CVD), cancers and obesity which in turn increases the risk of type 2 diabetes.

CVD mortality in those aged under 75 years is an important health indicator, used in the Public Health Outcomes Framework for England. The data on CVD mortality are detailed in appendix 2.

For North Tyneside CVD mortality for people aged under 75 years is statistically significantly worse than the England average (except for 3 years in the early 2000s). It is not statistically significantly different to the regional average, having been statistically significantly better than the regional average in the early 2000.

At ward level there highly significant differences in under 75 years CVD mortality between wards in North Tyneside. Rates range from 130.1/100,000 in Riverside ward to 36.9/100,000 in St Mary’s ward.

CVD mortality under 75 years is correlated (r=0.7161) with ward level deprivation within North Tyneside. This indicates that there is a strong association between this premature mortality and deprivation.

Diet is an important lifestyle factor which contributes to CVD mortality, but other factors are also important including levels of physical activity and smoking.

7. **CVD and health inequalities in North Tyneside**

Nationally Public Health England assesses the likely causes which contribute to health inequalities (avoidable differences in health) between local authority areas and England and within local authority areas between more and less deprived areas. This data for North Tyneside are provided in appendix 3.

The gap in life expectancy between North Tyneside and England for 2011-2013 is 1.4 years (England 79.4 years and North Tyneside 78 years) for males and 0.6 years (England 83.1 years and North Tyneside 82.5 years) for females. However the gap in life expectancy within North Tyneside is much greater: for males it is 10.7 years.
between the most deprived area and the least deprived area and 9.3 years for females. For males 29.7% of this gap is explained by CVD and for females 27.7% of the gap is explained by CVD. CVD is the single biggest contributor to inequalities in life expectancy within the Borough.

8. Diet and disease morbidity

The population who have a disease (morbidity) is measured by using data from GP practices disease registers and from hospital data for admissions related episodes of illness. Data provided in appendix 4 cover the prevalence of Coronary Heart Disease (CHD) and diabetes in North Tyneside.

Coronary Heart Disease (CHD) prevalence (those people living with CHD) is 18.1% higher in the most deprived group of GP practices in North Tyneside compared to the least deprived quintile.

Emergency hospital admissions for CHD by ward vary from 188.5/100,000 in Howden to 84.5/100,000 in St Mary’s.

Diabetes prevalence (those people recorded as living with diabetes) in North Tyneside is statistically significantly higher than the England Average and not statistically significantly different to the North East average.

Diabetes prevalence (those people living with diabetes) is 26.3% higher in the most deprived groups of GP practices in North Tyneside compared to the least deprived quintile.

9. Childhood obesity data.

Data indicating the proportion of children who are very overweight (previously referred to as obese) are provided in appendix 5.

A report on the most recent NCMP data\(^7\) (2014/15) and indicates that there is no apparent rising trend in the prevalence of very overweight children in North Tyneside in Reception or Year 6 and that there is no falling trend in the prevalence of very overweight children in North Tyneside in Reception or Year 6.

In Reception almost 10% of children in the Borough are very overweight and in Year 6 almost 20% of children in the Borough are very overweight. The prevalence of obesity is higher in boys than girls.

There are notable differences in children who are overweight and very overweight within the Borough. The values for the wards with the highest rates of children who are overweight and very overweight are compared. In Reception 33.0% of children in Wallsend are overweight and very overweight compared with 17.1% in Monkseaton North. In Year 6, 43.3% of children in Wallsend are overweight and very overweight compared with 24.6% in Whitley Bay.
Both national and local evidence demonstrates a close relationship between deprivation and excess weight in children.

The prevalence of obesity in reception is not statistically significantly different to England and North East averages. The prevalence of obesity in year 6 is not statistically significantly different to England and North East averages.

National Data which reveals robust evidence on the trends in the prevalence of childhood obesity for children in reception and year 6 has recently been released (October 2015). Over the 2006/07 to 2013/14 period covered by the NCMP, obesity prevalence shows a significant downward linear trend only in Reception boys. Obesity prevalence in Reception girls is broadly stable over the period and does not show a significant increase or decrease; however significant increases in obesity prevalence over the period are seen in Year 6 boys and girls. The fastest rate of increase is found in Year 6 girls. Trends in excess weight prevalence follow the same pattern, again with the fastest rate of increase in Year 6 girls. Overweight prevalence is stable in Reception girls and Year 6 boys, but shows a significant downward trend in Reception boys and a significant upward trend in Year 6 girls. Only underweight prevalence shows a significant downward trend in all year and sex groups.\textsuperscript{vi}

10. Adult obesity evidence

Adult obesity and excess weight in North Tyneside is worse than the England average (appendix 6).

11. Prevalence and location of hot food takeaways by ward

The National Obesity Observatory\textsuperscript{vii} has calculated the prevalence of hot food takeaways nationally. The mean number of hot food takeaways in 2014 for England was 86/100,000 population.

Hot food takeaways in the Borough have been mapped in relation to schools. These maps are included in appendix 7.

Schools
The first map indicates that in total there are 186 hot food takeaways surrounding North Tyneside’s High Schools. Marden Bridge Middle School (37 takeaways) and Burnside Business and Enterprise College (21) have the highest count. The lowest count of takeaways was found around Wellfield Middle School (0) and Seaton Burn Community College (1).

A further map has been produced to indicate the location of hot food takeaways in relation to schools and parks, including a buffer zone of 400m which relates to North Tyneside Local Plan Policy DM3.7.

Restricting the development of hot food takeaways within a reasonable walking distance of the school (ie. a 400m radius) will limit children’s exposure to poor food choices.
Ward
An analysis of the concentration of the 197 hot food takeaways in North Tyneside by ward, including the rate per 100,000 population has been undertaken to facilitate a comparison with the nation average rate of 86/100,000.

Wards where the concentration of hot food takeaways exceeds the national average are:

Appendix 8 includes a table outlining the prevalence of hot food takeaways by ward. 8 wards are over the national mean ratio: Whitley Bay; Wallsend; Riverside; Benton; Chirton; Collingwood; Valley: Camperdown.

12. Prevalence and location of hot food takeaways within North Tyneside’s Retail Centres

An important contributing factor to poor diet and health in certain parts of North Tyneside is the distribution and access to unhealthy eating outlets. In certain locations there is an issue where such uses cluster together, reinforcing the ease of access to unhealthy foods. The hot food takeaway policies have been implemented in order to help control the proliferation of and therefore access to, such uses. There are 197 hot food takeaways in total within North Tyneside, 79 of which are located with designated retail centres.

The over-concentration and clustering of A5 uses, particularly those that are open during the evening and night, can lead to `dead’ frontages during the day. This can undermine the retail function of any neighbouring retail premises and impact on the vitality and viability of the area.

The council is committed to developing vibrant retail centres. A key aim is to attract new visitors. When one use dominates an area it may have a detrimental affect on the image of that area and the way it is perceived by potential visitors.

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Total</th>
<th>Percentage of all Takeaways</th>
</tr>
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<tbody>
<tr>
<td><strong>Main Town Centre</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Shields</td>
<td>14</td>
<td></td>
<td>7.7%</td>
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<tr>
<td>Wallsend</td>
<td>25</td>
<td></td>
<td>13.7%</td>
</tr>
<tr>
<td>Whitley Bay</td>
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<tr>
<td>Killingworth</td>
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<tr>
<td></td>
<td>58</td>
<td></td>
<td>31.9%</td>
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<td><strong>District Centres</strong></td>
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<td>Forest Hall</td>
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<td></td>
<td>2.2%</td>
</tr>
<tr>
<td>Monkseaton</td>
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<td></td>
<td>2.2%</td>
</tr>
<tr>
<td>Tynemouth</td>
<td>1</td>
<td></td>
<td>0.5%</td>
</tr>
<tr>
<td>Northumberland Park</td>
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<td></td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
<td>5.5%</td>
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### Local Centre

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<th>Local Centre</th>
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<tr>
<td>Battle Hill</td>
<td>3</td>
<td></td>
<td>1.6%</td>
</tr>
<tr>
<td>Howdon</td>
<td>0</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Longbenton</td>
<td>3</td>
<td></td>
<td>1.6%</td>
</tr>
<tr>
<td>Preston Grange</td>
<td>1</td>
<td></td>
<td>0.5%</td>
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<tr>
<td>Whitley Lodge</td>
<td>4</td>
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<td>2.2%</td>
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<tr>
<td><strong>Total within North</strong></td>
<td><strong>11</strong></td>
<td></td>
<td><strong>6.0%</strong></td>
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<table>
<thead>
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<th>Tyneside’s designated retail centres</th>
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<tbody>
<tr>
<td>Total within North Tyneside’s designated retail centres</td>
<td>79</td>
<td></td>
<td>43.4%</td>
</tr>
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</table>

13. Local Authority Policy Appraisals

As part of this evidence base, approaches from other Local Planning Authorities have been considered to develop our own locally distinctive policy. This can be found in appendix 9.
Appendix 1

Evidence regarding the nutritional content of Hot Food Takeaways from the Gateshead study, based on a sample of 187 independent takeaways. These data been reproduced with the kind permission Gateshead Council.

Food from Hot Food Takeaways is unhealthy, exceeding the one third of recommended daily amounts women which might reasonably be expected to be consumed at one meal for: calories, fat, saturated fat and salt.
Appendix 2

Cardiovascular disease under 75 mortality:

CVD trend for the Borough

![Graph showing CVD trend for the Borough](image)

CVD by ward

![Graph showing CVD by ward](image)
R² = 0.7161

 IMD score for ward against CVD DASR under 75s per ward
Appendix 3: Role of Cardiovascular Disease (circulatory disease) in Health Inequalities

**Between area inequalities: Life expectancy gap between North Tyneside as a whole and England**

Chart 1: Scarf chart showing the breakdown of the life expectancy gap between North Tyneside as a whole and England as a whole, by broad cause of death, 2010-2012.

Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer’s disease.

Analysis by Public Health England Knowledge and Intelligence Teams (London and East Midlands) based on ONS death registration data, and mid year population estimates.
Within area inequalities: Life expectancy gap between the most deprived quintile and least deprived quintile of North Tyneside

Chart 5: Scarf chart showing the breakdown of the life expectancy gap between North Tyneside most deprived quintile and North Tyneside least deprived quintile, by broad cause of death, 2010-2012

Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer’s disease.
Analysis by Public Health England Knowledge and Intelligence Teams (London and East Midlands) based on ONS death registration data, and mid year population estimates, and DCLG Index of Multiple Deprivation, 2010
Deprivation and CVD

Prevalence of CHD is 18.1% higher in Q5 than in Q1

![Bar chart showing Prevalence of CHD in NT practices (%), grouped into quintiles of deprivation (QoF 2013/14)](chart1)

![Bar chart showing Emergency Hospital Admissions for CHD by NT Ward (Indirectly Standardised admission Ratios 2008/9 - 2012/13)](chart2)
**Diabetes**

**Recorded Prevalence of Diabetes (%)**
(North Tyneside Practices, QoF data)

![Graph showing recorded prevalence of diabetes from 2010/11 to 2013/14 for England, North East Region, and North Tyneside.](image)

**Deprivation and Diabetes**

**Prevalence of DM is 26.3% higher in Q5 than in Q1**

**Prevalence of Diabetes (17yrs+) in NT practices (%)**, grouped into quintiles of deprivation
(QoF 2013/14)

![Bar chart showing prevalence of diabetes in NT practices, grouped by quintiles of deprivation.](image)
Appendix 5

Obesity data for North Tyneside: local analysis

This trend is almost horizontal suggesting that thus far, despite the annual fluctuations in the data, the overall trend is not rising at Reception – though nor is there an apparent trend downwards.

NCMP data for Reception: analysis by Childrens Centre

NCMP data for Year 6: analysis by school pyramid (data for Year 6 is grouped by school pyramid. The Middle and Primary schools are grouped by their respective high schools to calculate prevalence rates).
Prevalence of Very Overweight and Overweight Children in Year 6 (%)  
3 years pooled data (2012-15) grouped by School Pyramid (NCMP)

[Bar chart showing prevalence of very overweight and overweight children across different schools.]
Appendix 6

Adult obesity

Source: Active People Survey, Sport England 2012

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tyneside</th>
<th>Region</th>
<th>England</th>
</tr>
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<tbody>
<tr>
<td>Adult obesity</td>
<td>26.6%</td>
<td></td>
<td>23%</td>
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<tr>
<td>Adult excess weight</td>
<td>70.1%</td>
<td>68%</td>
<td>63.8%</td>
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</tbody>
</table>
Appendix 7

Map showing proximity of 'Hot Food Takeaways' to North Tyneside Secondary Schools

Legend

- Hot Food Takeaways
- Secondary Schools
- 1km Buffer - Secondary Schools

Produced by Policy, Performance & Research Team, North Tyneside Council, August 2015

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### Appendix 8

#### Prevalence of hot food takeaways by ward

<table>
<thead>
<tr>
<th>Ward</th>
<th>Fast Food Establishments / Ward (a)</th>
<th>Population (2013 Mid year population estimate) (b)</th>
<th>Rate per ward (a/b) (c)</th>
<th>Rate per Ward per 100,000 population (c)*100000</th>
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<tbody>
<tr>
<td>Battle Hill</td>
<td>7</td>
<td>10,732</td>
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<tr>
<td>Benton</td>
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<tr>
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<tr>
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<td>Riverside</td>
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<td><strong>197</strong></td>
<td><strong>0.00000000</strong></td>
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Appendix 9

**Oldham Council**
To support the town centre policies in its Local Plan, Oldham has prepared a Vibrant Centres Supplementary Planning Document (SPD). One of the aims of its suite of policies is to reduce the number of hot food takeaways in the town centre because of concerns that there are too many already, and that many of them have poorly designed street frontages.

Since the SPD was adopted in July 2012 the LPA has refused 14 applications for hot food takeaways. Six of these have gone to appeal and all have been dismissed by planning inspectors – good evidence that the adopted plan policies are helping to influence decisions regarding inappropriate development in the borough.

Oldham Council have justified their policies predominantly through the need to protect and enhance the retail function within Oldham, preventing dead frontages and dominating uses and preventing harm on residential amenity.

Concentration:
When determining planning applications the council will have regard to the following:

a. Within Oldham Town Centre no more than 5% of the ground floor frontage shall consist of A5 uses in the following locations:
   i. Central Shopping Core (Oldham Town Centre’s primary shopping area)
   ii. Oldham Town Centre Conservation Area
   iii. Union Street
   iv. Yorkshire Street
   v. George Street
   vi. Retiro Street
   vii. Queen Street
   viii. Waterloo Street
   ix. Mumps (between Beever Street and Walshaw Street)

b. Within Oldham Town Centre, but outside the above areas, no more than 10% of the ground floor frontage shall consist of A5 uses.

c. Within the borough’s Centres of Chadderton, Failsworth, Hill Stores, Lees, Royton, Shaw and Uppermill no more than 10% of the ground floor frontage shall consist of A5 uses.

d. Elsewhere within the borough, including local shopping parades, no more than 10% of the ground floor frontage shall consist of A5 uses.

Clustering:
When determining planning applications the council will have regard to the following (subject to the ground floor frontage thresholds set out in Matter 2):

a. No more than two A5 uses should be located adjacent to each other;

b. Between individual or groups of A5 uses, there should be at least two non A5 uses.

Health and Well-being
When determining planning applications the Oldham Council will have regard to the borough’s health and well-being priorities, plans and programmes, including the SustainableCommunity Strategy and any relevant NHS plans. These have identified, amongst other things, health as an issue to be addressed. In particular, health inequalities and problems associated with people and children who are overweight or obese.

**Newcastle/Gateshead Joint Core Strategy (2015) (Policy CS14 Wellbeing and Health)**

Newcastle’s recently adopted (2015) Joint core strategy states that the wellbeing and health of communities will be maintained and improved by:

1. Requiring development to contribute to creating an age friendly, healthy and equitable living environment through:
   i. Creating an inclusive built and natural environment,
   ii. Promoting and facilitating active and healthy lifestyles,
   iii. Preventing negative impacts on residential amenity and wider public safety from noise, ground instability, ground and water contamination, vibration and air quality,
   iv. Providing good access for all to health and social care facilities, and
   v. Promoting access for all too green spaces, sports facilities, play and recreation opportunities.

2. Promoting allotments and gardens for exercise, recreation and for healthy locally produced food.

3. Controlling the location of, and access to, unhealthy eating outlets.

Newcastle Council is currently working on producing a Hot Food Takeaway SPD to support this policy.

**Gateshead Hot Food Takeaway SPD (Adopted 2015)**

Gateshead’s SPD was adopted in July 2015. The SPD outlines evidence such as current obesity levels and relevant planning application considerations such as:

1. Locations where children and young people congregate Planning permission will not be granted for A5 use within a 400m radius of entry points to secondary schools, youth centres, leisure centres and parks*.

   *Parks are categorised as playing areas, Area parks over 5 hectares in size and Neighbourhood Open Spaces over 2 hectares in size.

2. Locations where there are high levels of obesity Planning permission will not be granted for A5 use in wards where there is more than 10% of the year 6 pupils classified as obese.
3. Over-proliferation Planning permission will not be granted for A5 use where the number of approved A5 establishments, within the ward, equals or exceeds the UK national average, per 1000 population.

4. Clustering Planning permission will not be granted for A5 uses where it would result in a clustering of A5 uses to the detriment of the character and function or vitality and viability of a centre or local parade or if it would have an adverse impact on the standard of amenity for existing and future occupants of land and buildings.

In order to avoid clustering, there should be no more than two consecutive A5 uses in any one length of frontage. Where A5 uses already exist in any one length of frontage, a gap of at least two non-A5 use shall be required before a further A5 use will be permitted in the same length of frontage.

An A5 use will not be permitted where it will result in the percentage of A5 uses in Gateshead Centre (Primary Shopping Area), District Centres, Local Centres or local parades exceeding 5% of total commercial uses. Where there are less than 20 units in a parade, no more than 1 A5 unit will be permitted.

5. Residential amenity A5 uses will not be permitted where they share a party wall with a residential property. The Discharge stack/ extraction system must be located according to best practice set out in DEFRA guidance ‘Guidance on the Control of Odour and Noise from Commercial Kitchen Exhaust Systems’.

6. Hours of opening
When determining the appropriate hours of opening for an A5 use regard will be had to:
1. the likely impacts on residential amenity;
2. the existence of an established late night economy in the area;
3. the character and function of the immediate area, including existing levels of background activity and noise.

7. Extraction of odours and noise abatement A5 uses must provide appropriate extraction systems to effectively disperse odours. Such systems must:
1. have minimal impact on visual amenity, including location and external finish;
2. be acoustically attenuated;
3. not have an unacceptable impact on the amenity of neighbouring occupiers, for example by virtue of vibration or odour;
4. be properly operated, serviced, cleaned and maintained in accordance with industry best practice; and
5. where appropriate, be improved to reflect any subsequent changes in the mode or type of cooking that could increase odours.

Extraction equipment must at least meet the minimum standards set out in the guidance on control of odours and noise produced by the Department of Environment, Food and Rural Affairs (Defra).

8. Anti-social behaviour
Proposals for A5 uses, which, on the advice from Northumbria Police would adversely affect personal safety or crime and disorder will be restricted in their opening hours and/or will be required to provide or contribute to deterrent measures.

9. Disposal of waste products
For A5 uses, where possible, commercial bin stores should be contained within the main building. Where this is not possible, secure
structures should be provided on site. The bin stores provided should adequately screen stored refuse and be designed so as to respect the character of the area. Refuse storage structures should be sited so as not to cause an odour nuisance to neighbouring residential or commercial properties but be convenient to access for refuse collection services. Suitable grease traps must also be installed on all drains for A5 uses to prevent blockages and the flooding of properties.

10. Litter
Where there would otherwise be an insufficient availability of litter bins to serve customers, proposals for A5 uses will be required to provide and maintain:
1. a litter bin outside the premises at all times when the business is open; and
2. one or more litter bins within the surrounding area, as appropriate to meet likely need.

11. Transport Planning permission for A5 uses will only be granted where there would not be an adverse impact on highway safety. Regard will be given to;
1. Existing traffic conditions including availability of parking spaces
2. Availability of safe loading areas

12. Health Impact Assessment
Applications for A5 uses will be required to include a health impact assessment*. Where an unacceptable adverse impact on health is established, permission should not be granted.

Included content:
- The Gateshead SPD developed an Independent Takeaway Study Analysis of Nutrient Data, 2013
- Number of hot food takeaways in an area.
- How many people are classed as overweight/obese within the borough?
- How many children are obese within the borough?

Other Policy Examples:

Haringey Development Management Policies (Draft 2015)
DM56 Hot Food Takeaways
A. The council will not grant planning permission for hot food takeaway shops that fall within an exclusion zone of 400 meters of the boundaries of a primary or secondary school as shown on Map 5.1.

Croydon Local Plan Strategic Policies (April 2013)
SP5.2 The Council and its partners will create and safeguard opportunities for healthy, fulfilling and active lifestyles by:
   a. Working in partnership with the health authorities to improve health in Croydon;
   b. Ensuring new developments provide opportunity for healthy living by the encouragement of walking and cycling, good housing design, sufficient open space and opportunity for recreation and sound safety standards;

SP5.3 The Council and its partners will encourage the creation of healthy and liveable neighbourhoods by:
a. Ensuring the provision of a network of community facilities, providing essential public services; and
b. Protecting existing community facilities that still serve, or have the ability to serve, the needs of the community.

South Tyneside
Policy DM3 Hot Food Uses in Shopping Centres
We will assess all planning applications for cafes and restaurants (Use Class A3) and hot food takeaways (Use Class A5) in established shopping centres with regard to their impact upon the vitality and viability of the shopping centre and the borough’s shopping centre hierarchy, residential amenity, highway safety and any existing crime and anti-social behaviour.

To avoid an over concentration of hot food uses in our district shopping centres we will only grant planning permission for the change of use of ground floor properties within district shopping centres to cafes and restaurants (Use Class A3) or hot food takeaways (Use Class A5) where it would not:

a. result in the loss of a prominent retail unit(s); or
b. result in more than two hot food outlets (Use Classes A3 or A5) adjacent to each other; or
c. lead to more than two hot food outlets (Use Classes A3 or A5) in any continuous frontage of 10 retail units or less.

In addition to criteria A, B and C, the potential overall impact of the proposal on the vitality and viability of the district shopping centre should be assessed.

The district shopping centres are Harton Nook, Frederick Street, Boldon Colliery, Westoe Bridges, Dean Road and Boldon

14. Policy Limitations

1. DM3.7 applies only to A5 classified hot food takeaways, not fast food outlets (restaurants) or outlets that sell pasties etc (bakers/shops).
2. Doesn’t impact on existing premises, so the perception of change could be minimal.
3. Delivery technology for example phone apps makes access to takeaway easier even when it’s restricted in an immediate area.
4 National Obesity Observatory. Available at: https://www.noo.org.uk/LA/tackling/planning
7 National Obesity Observatory, Mapping of Hot food outlets