

Hot Food Takeaway Background Paper

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GOSPORT
Borough Council

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1 Introduction

- 1.1 This background paper has been prepared to support the policies of the draft Gosport Borough Local Plan 2038 (GBLP 2038) relating to hot food takeaways in the Borough. The paper sets out the national and local policy context concerning fast food consumption and hot food takeaway outlets, drawing out the key findings from relevant evidence studies.
- 1.2 This background paper is produced in addition to the Health and Community Facilities Background Paper which brings together key information to facilitate an overall understanding of health and community policies in the Local Plan.
- 1.3 It is envisaged that following the adoption of the GBLP 2038 this paper will be turned into a Hot Food Takeaway Guidance Note. This will be available on the Council's website to assist developers and members of the public in understanding how Policy C4 is applied. It will also present the latest supporting evidence and overall aims of the new policies. It is also hoped this document will help to promote continued collaboration between all parties to address health issues in the Borough.

Structure

- 1.4 This paper is split into six sections which cover the following issues:
 - **Section 1** – Introduction
 - **Section 2** – Policy context
 - **Section 3** – The health context
 - **Section 4** – The hot food takeaway context
 - **Section 5** – Evidence review: health, hot food takeaways and planning
 - **Section 6** – Conclusions and recommendations for Gosport Borough

2 Policy Context

National Context

National Planning Policy Framework (NPPF)

2.1 The National Planning Policy Framework (NPPF) was last published in July 2021. The NPPF sets out the Government's planning policies for England and how these should be applied. Policies specifically related to health issues can be found in Chapter 8 (Promoting healthy and safe communities) and Chapter 12 (Achieving well-designed places) of the NPPF.

2.2 This section provides an overview of national policy most relevant to the subject of hot food takeaways and related health issues. The planning system can play an important role in the development of healthy, inclusive and safe places. To achieve this, planning policies and decisions should seek to:

'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.' (NPPF 2021, chapter 8, paragraph 92c)

2.3 The planning system is also important in ensuring local communities have access to services and social, recreational and cultural facilities. To ensure community needs are provided for, planning policies and decisions should:

'take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;' (NPPF 2021, chapter 8, paragraph 93b)

2.4 National policy also places an emphasis on the creation of high-quality places through good design. To create better places to live, planning policies and decisions should:

'create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users, and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.' (NPPF 2019, chapter 12, paragraph 130f)

Planning Practice Guidance (PPG)

Health and Planning

2.6 The Planning Practice Guidance (PPG) provides guidance on the role of health and wellbeing in the planning system and recognises the long established relationship between the built and natural environment and health and wellbeing which is embedded throughout the NPPF.

2.7 The NPPG provides greater clarity on the range of issues that local planning authorities can consider through the plan-making and decision-making process. The following issues provide guidance of greatest relevance to hot food takeaways:

‘development proposals can support strong, vibrant and healthy communities and help create healthy living environments which should, where possible, including making physical activity easy to do and create places and spaces to meet to support community engagement and social capital;’

‘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;’

‘opportunities for healthy lifestyles have been considered (eg planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promote access to healthier food, high quality open spaces, green infrastructure and opportunities for play, sport and recreation).’

(Extract from Paragraph: 002 Reference ID: 53-002-20140306)

A Healthier Food Environment

2.8 It is well established throughout national policy and guidance that planning can influence the built environment to improve health and reduce obesity and excess weight in local communities.

2.9 The PPG makes clear the role that local planning authorities can play in enabling a healthier food environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. This can be achieved through bringing forward, where supported by an evidence base, local plan policies and supplementary planning documents, which limit the proliferation of certain use classes in identified areas, where planning permission is required.

2.10 To enable a healthier food environment, both local planning authorities and those applying for planning permission are advised to consider the following issues:

- ‘proximity to locations where children and young people congregate such as schools, community centres and playgrounds
- evidence indicating high levels of obesity, deprivation and general poor health in specific locations
- over-concentration and clustering of certain use classes within a specified area
- odours and noise impact
- traffic impact
- refuse and litter’

(Paragraph 006 Reference ID: 53-006-20170728)

- 2.11 The PPG also advises that policies may also request the provision of allotments or allotment gardens, to ensure the provision of adequate spaces for food growing opportunities.

Joint Strategic Needs Assessment (JSNA)

- 2.12 Hampshire's Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs and inequalities within the Hampshire population. It is used to inform and guide the planning and buying of health, wellbeing and social care within the county. The Spatial Planning Joint Needs Assessment is of particular importance to the Gosport Borough Local Plan.

3 The Health Context

3.1 The following section brings together the facts and figures relating to the health of the population in Gosport Borough compared to county, regional and national information to determine the key health priorities which need to be addressed. Understanding the health and needs of the local population helps to establish a starting point to inform the consideration of the most effective planning policies for the GBLP 2038.

3.2 The following sources of information have been used to inform this profile:

- **Gosport Borough Local Authority Health Profile (2019)**¹ – produced by Public Health England, the local authority health profile compiles existing information in one place and highlights issues that can affect health in each local authority. The profiles help local government make plans to improve the health of their local population and reduce health inequalities.
- **Towards a Healthier Hampshire – A Strategy for Improving the Public’s Health 2016-2021** – a strategy developed by Hampshire County Council to improve public health across the county. The strategy identifies the key health issues, the public health priorities and sets out measures to address these issues.
- **Joint Strategic Needs Assessment (JSNA)** – The JSNA, produced by Hampshire County Council, looks at the current and future health and wellbeing needs and inequalities within the Hampshire population. It is used to inform and guide the planning and commissioning (buying) of health, wellbeing and social care within the local authority area. **The Spatial Planning JSNA** is particularly useful as it provides evidence of the links between, and the opportunities from incorporating public health into planning.

Gosport Health Profile

3.3 Data from Public Health England (reference) for Gosport identifies that the Borough experiences significant health inequalities. On average, people who live in Gosport Borough do not live as long as people in other areas of Hampshire and spend more of their lives either suffering from ill-health or disabled. The most marked inequalities are between Gosport and the rest of Hampshire and England, however, there are also inequalities between different parts of the Borough. Gosport Borough has among the highest prevalence of excess weight and obesity out of all Hampshire districts. People who live in the Borough are also more likely to die prematurely from diseases linked to obesity than other areas of the county, region and country.

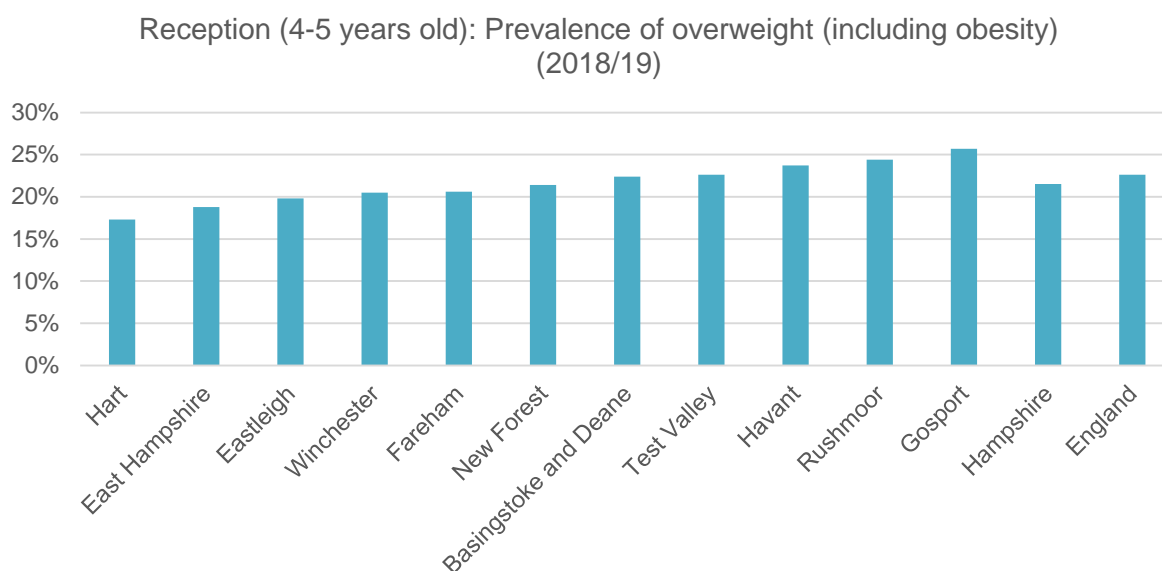
3.4 Generally, the health of people in Gosport Borough is improving, but not as fast as the Hampshire or England average. Higher levels of obesity, lower fruit and veg consumption, lack of physical activity, higher levels of smoking, alcohol and drug use are all significant causes of ill health and wellbeing in the Borough.

¹ To view the latest interactive Gosport Local Authority Health Profile from Public Health England search Gosport on the following site: <https://fingertips.phe.org.uk/profile/health-profiles>

Prevalence of overweight and obesity

- 3.5 Childhood obesity is a significant problem; Gosport Borough has among the highest levels of childhood overweight and obesity in Hampshire. The National Child Measurement Programme (NCMP²) is an annual programme that measures the height and weight of children aged 4-5 years (reception, Year R) and 10-11 years (Year 6) in England. On all indicators produced by the programme, Gosport has considerably higher levels of excess weight than its neighbours.
- 3.6 Excess weight (overweight and obese) for Reception year children in Gosport Borough has been consistently significantly worse than the county, regional and national averages. Over the period 2018/19 25.7% of Reception year children in the Borough were overweight or obese compared to 21.5% in Hampshire and 22.6% in England³. Gosport Borough has the highest proportion of overweight and obese reception age children out of all the Hampshire districts (Figure 1)

Figure 1: Reception (4-5 years old): Prevalence of overweight (including obesity) (2018/19)
Source: National Child Measurement Programme

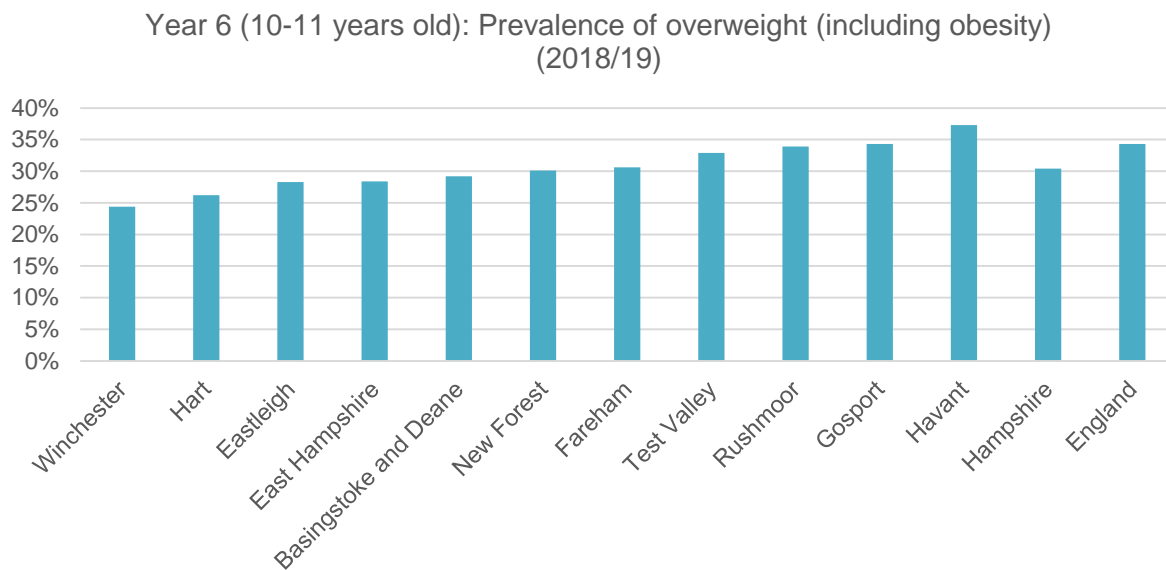


- 3.7 For Year 6 children in Gosport, excess weight is also consistently significantly worse than the county average. In 2018/19, 34.3% of Year 6 children in the Borough were overweight or obese compared to 30.4% in Hampshire³. Gosport Borough has the second highest proportion of overweight and obese year 6 children out of all the Hampshire districts (FIGURE)

² National Child Measurement Programme (NCMP) <https://digital.nhs.uk/services/national-child-measurement-programme/>

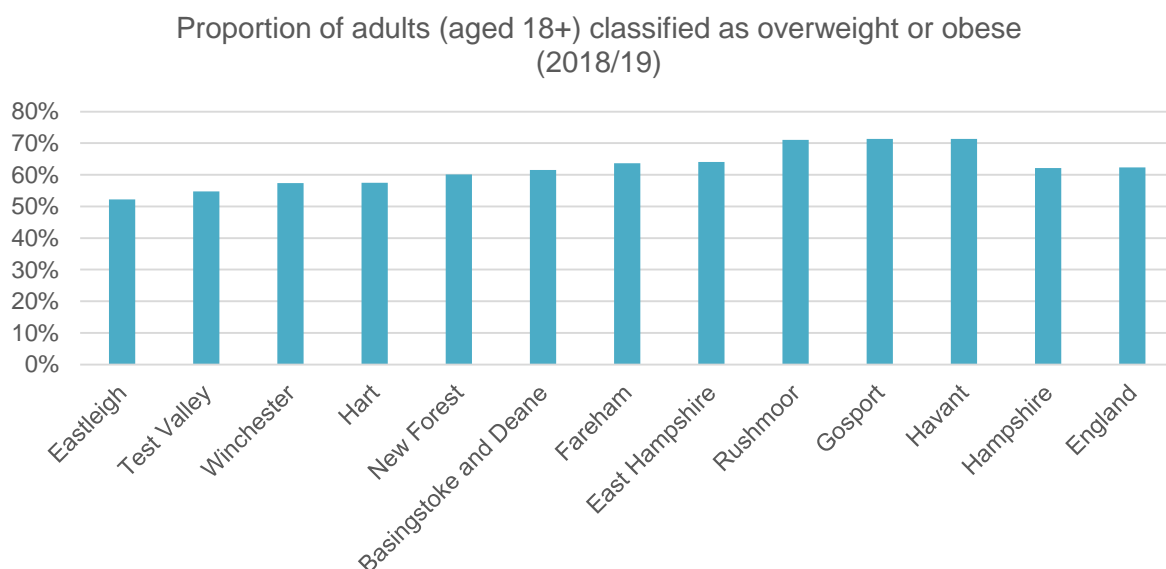
³ Public Health England. Public Health Profiles. [Accessed 28/04/2020] <https://fingertips.phe.org.uk> © Crown copyright [2020]

Figure 2: Year 6 (10-11 years old): Prevalence of overweight (including obesity) (2018/19)
 Source: National Child Measurement Programme



3.8 The percentage of adults (aged 18+) classified as overweight or obese in Gosport Borough is above many Hampshire districts and England (Figure 3). In 2018/19, 71.3% of adults were overweight or obese, compared to 62.1% in Hampshire and 62.3% in England³.

Figure 3: Proportion of adults (aged 18+) classified as overweight or obese (2018/19)
 Source: Public Health England (Active Lives Survey)



3.9 There are pockets of significant inequality in the prevalence of excess weight in parts of Gosport Borough. This trend is particularly visible in children; the prevalence of overweight and obesity in 10-11 year olds ranges from 28.7% in Alverstoke to 37.6% in Town ward³.

Figure 4: Prevalence of excess weight in children by ward in Gosport Borough

Ward	2015/16 to 2017/18	
	Prevalence of excess weight in Reception (age 4-5 years) (%)	Prevalence of excess weight in Year 6 (age 10-11 years) (%)
Alverstoke	23.3	29.6
Anglesey	28.6	28.7
Bridgemary North	24.2	34.9
Bridgemary South	26.4	35.4
Brockhurst	21.6	30.7
Christchurch	26.5	37.3
Elson	20.0	30.8
Forton	22.4	34.9
Grange	27.7	33.6
Hardway	21.2	32.7
Lee East	24.9	32.3
Lee West	24.9	32.3
Leesland	24.5	33.9
Peel Common	26.6	35.5
Privett	22.7	29.4
Rowner and Holbrook	27.7	34.3
Town	26.5	37.6

Data from NCMP (2019)

Life expectancy

3.10 Residents in Gosport Borough have a lower life expectancy when compared to all Hampshire districts and the South East region (Figure 5 and Figure 6). The average male has a life expectancy at birth of 79.3 years and the average female 83.2 years. Life expectancy is 4.2 years lower for men and 4.8 years lower for women in the most deprived areas of the Borough than in the least deprived.

3.11 Over the 17 years between 2001 and 2018, the average life expectancy at birth for males has increased by 3.3 years from 76 to 79.3 years. For females, the average life expectancy at birth has increased by 2.4 years from 80.8 to 83.2 years. These increases mirror those seen in England.

Figure 5: Female life expectancy at birth (years) (2016-18)
Source: Public Health England

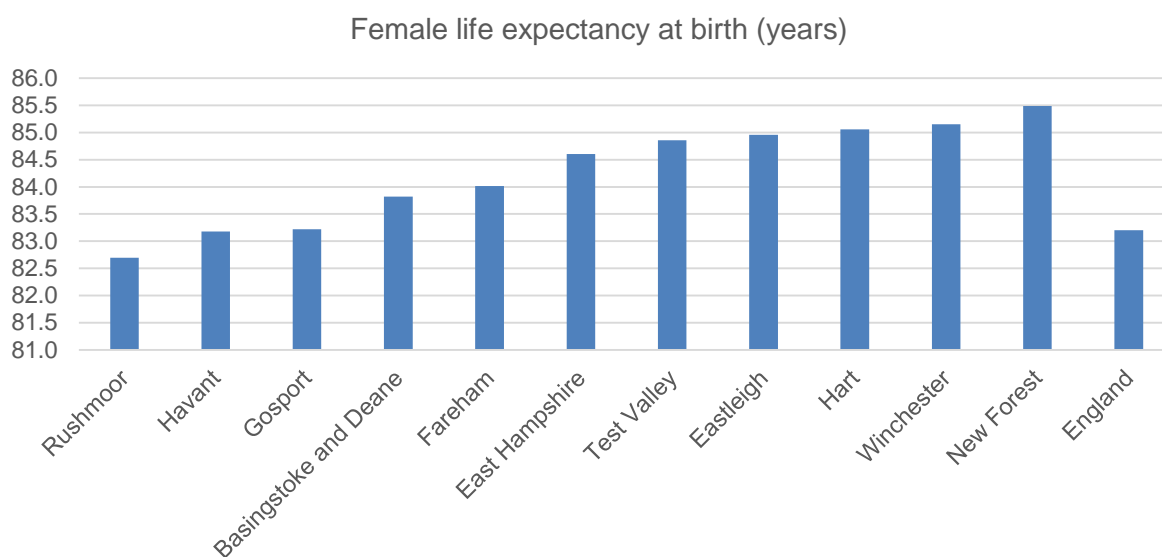
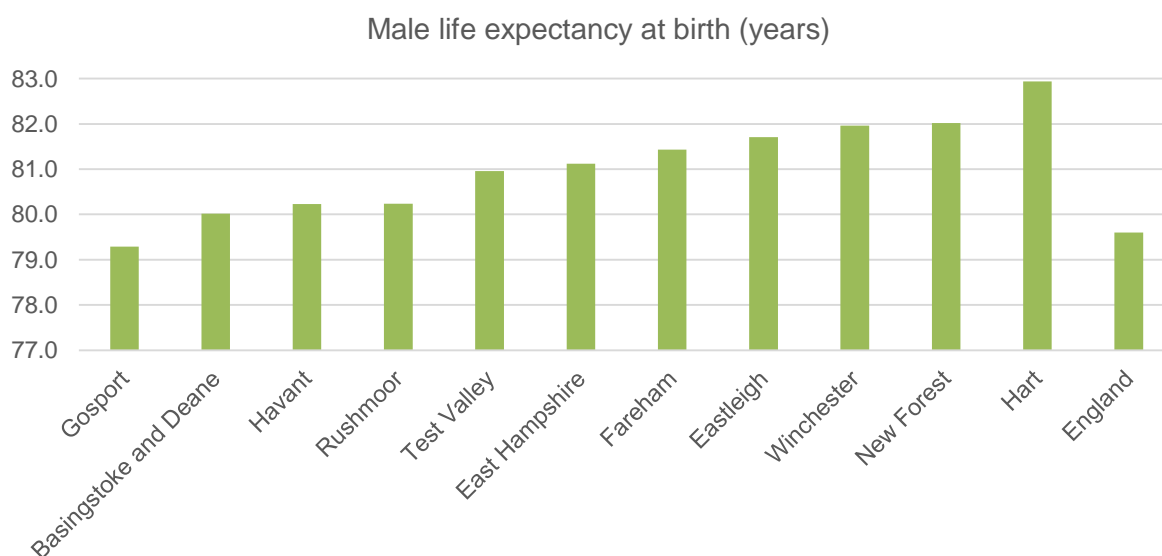


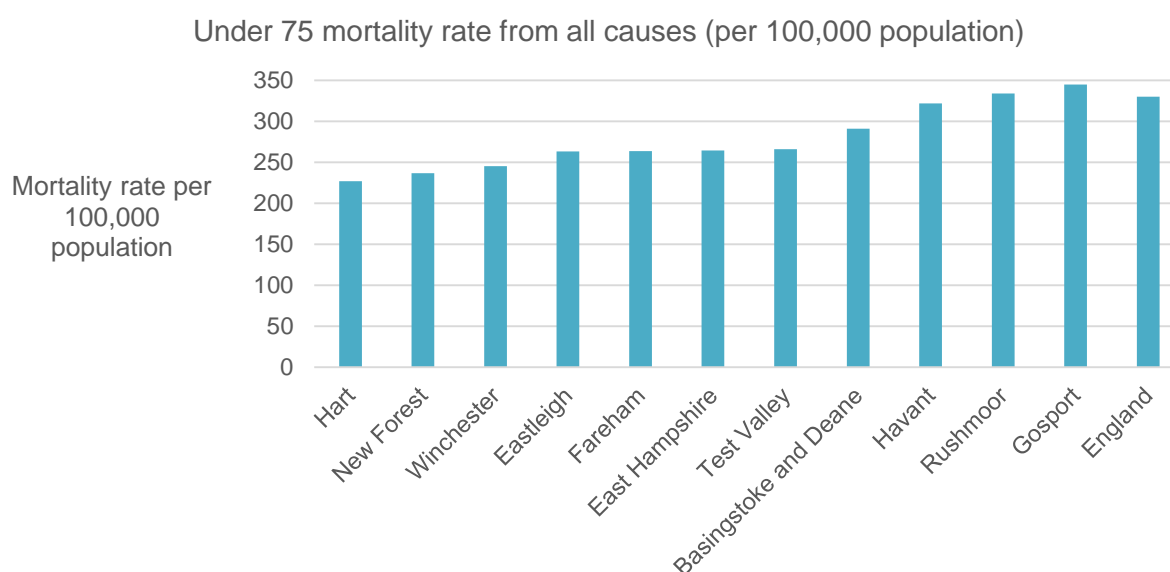
Figure 6: Male life expectancy at birth (years) (2016-18)
Source: Public Health England



Mortality rate from all causes

- 3.12 Public Health England considers deaths before the age of 75 years as premature. There were 815 premature deaths from all causes between 2016 and 2018, equivalent to 345 deaths per 100,000 population and the highest out of all Hampshire districts (Figure 7).
- 3.13 Although the highest out of all Hampshire districts, under 75 mortality rates from all causes in Gosport Borough have reduced over the past 20 years. In 2002-04 there were 438 deaths per 100,000 people compared to 345 in 2016-18.

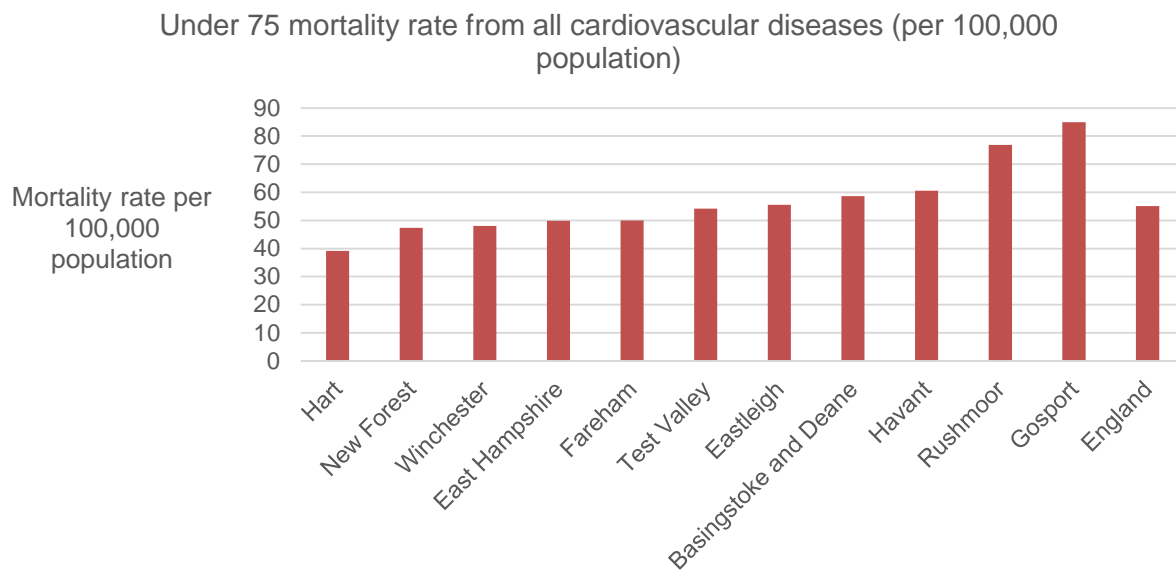
Figure 7: Under 75 mortality rate from all causes (per 100,000 population) (2016-18)
Source: Public Health England



Mortality rate from all cardiovascular diseases

- 3.14 Cardiovascular disease (CVD) is one of the major causes of deaths in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle. In Gosport Borough, under 75 mortality rates from cardiovascular diseases are the highest out of all Hampshire districts at 84.9 deaths per 100,000 people and well above the England average (71.7) (Figure 8).
- 3.15 Between 2002-04 and 2009-11 the number of deaths per 100,000 people from cardiovascular diseases fell considerably to below the England average. Since 2009-11 this mortality rate has increased, counter to the trend for both Hampshire and England.

Figure 8: Under 75 mortality rate from all cardiovascular diseases (per 100,000 population) (2016-18)
Source: Public Health England

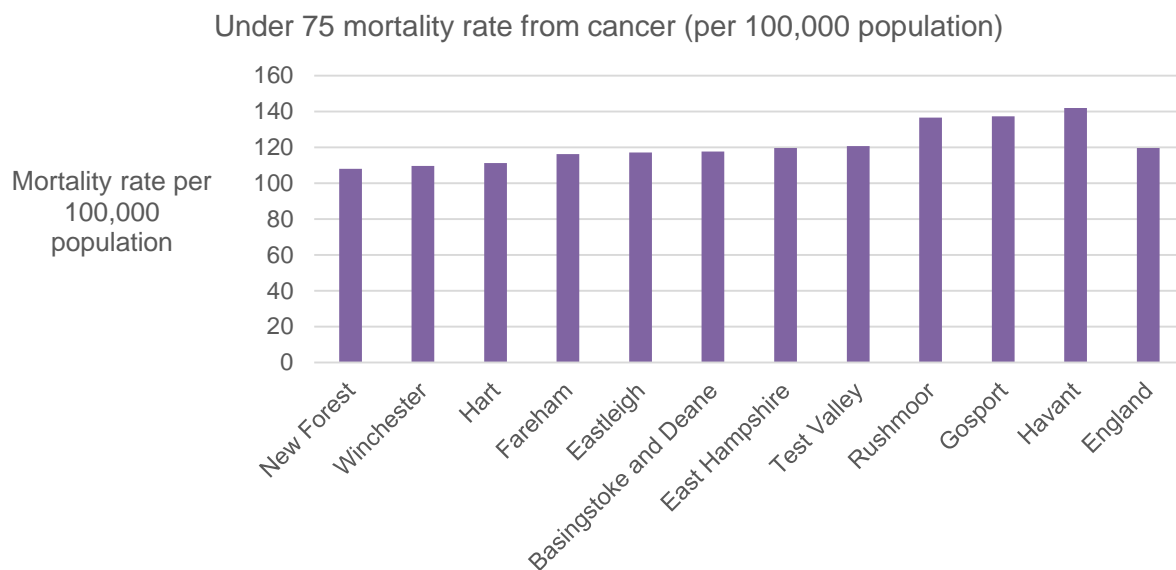


Mortality rate from cancer

3.16 Cancer is the highest cause of death in England in under 75s. Gosport Borough has the second highest under 75 mortality rate from cancer out of all Hampshire districts and is above the rate for England (Figure 9).

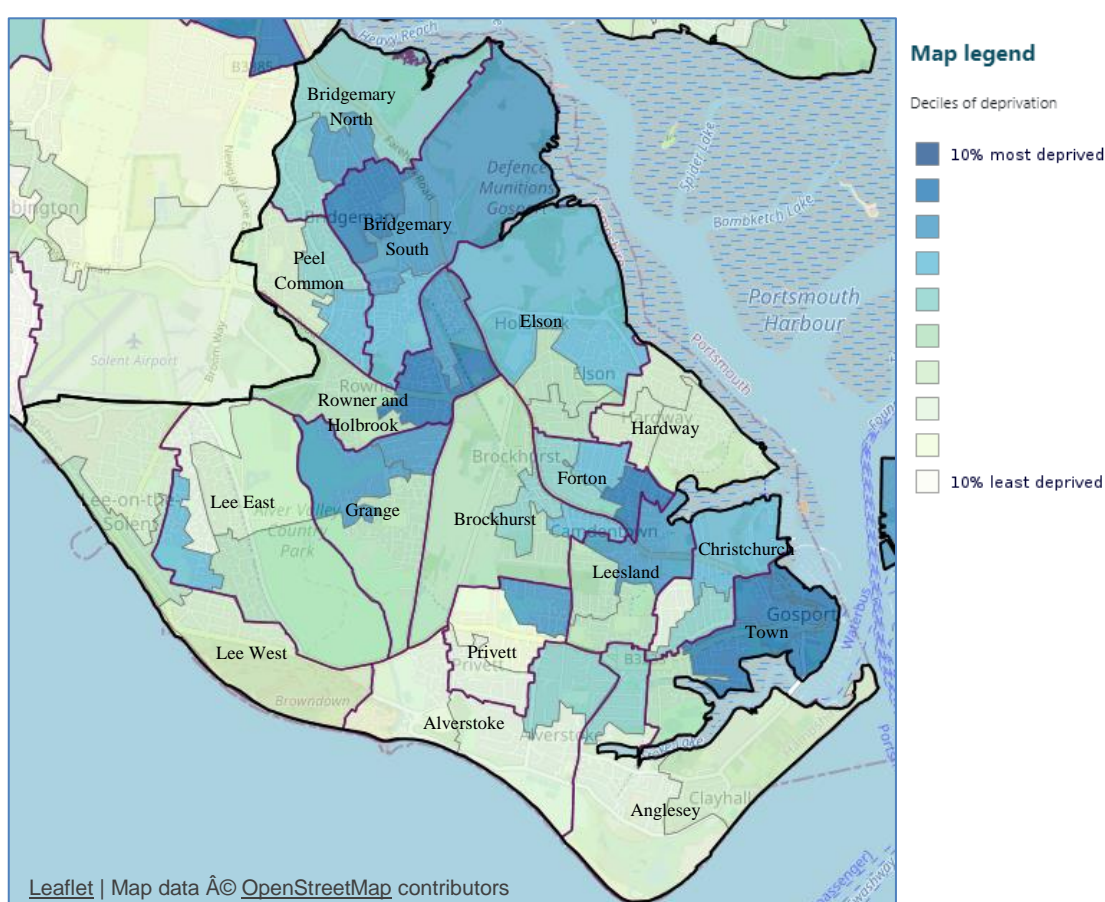
3.17 In 2016-18 under 75 mortality rate from cancer in Gosport Borough stood at 137.3 deaths per 100,000 population.

Figure 9: Under 75 mortality rate from cancer (per 100,000 population) (2016-18)
Source: Public Health England



Health deprivation

- 3.18 The Health Deprivation and Disability Domain of the Indices of Deprivation⁴ measures the risk of premature death and the impairment of quality of life through poor physical or mental health.
- 3.19 In the Indices of Deprivation 2019, out of the 53 Lower Super Output Areas (LSOAs) in Gosport Borough there are no areas in the 10% most deprived nationally in terms of health deprivation. However, there are 6 LSOAs in the 20% most deprived and 7 in the 30% most deprived nationally. No LSOAs are in the 10% least deprived nationally and only 1 is in the 20% least deprived.
- 3.20 Health deprivation is found in significant clusters throughout the Borough. Those areas most affected by income and employment deprivation are also those areas more deprived in health and disability.



- 3.21 Gosport Borough is the most deprived district in Hampshire in terms of health. Using the rank of average score, the Borough ranked 121 out of 317 local authorities in England (where 1 is most deprived and 317 least deprived).

⁴ English indices of deprivation 2019 MHCLG <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

4 Hot Food Takeaway Context

- 4.1 This section provides details on the number of hot food takeaways in Gosport Borough compared with county and national averages. It also shows the distribution of hot food takeaways across the Borough's 17 wards and which wards exceed the Hampshire average.
- 4.2 The Council uses the Food Environmental Assessment Tool (Feat) developed by the Centre for Diet and Activity Research (CEDAR) and the MRC Epidemiology Unit at the University of Cambridge to track the number of hot food takeaways in the Borough. It can be accessed online: <https://www.feat-tool.org.uk/>
- 4.3 The tool is underpinned by the latest scientific evidence about how food access affects dietary choices and body weight and uses location data from Ordnance Survey's Point of Interest (POI) data. The POI data contains information from over 170 suppliers and is one of the most complete secondary data sources of food outlet data in England.⁵
- 4.4 *The feat* can be used to:
- support planning decisions
 - generate local evidence for the development of strategies and planning documents
 - compare food access between neighbourhoods, and see where is changing fastest
 - target interventions, and test the effectiveness of planning policies

⁵ Further information: <https://www.feat-tool.org.uk/?doc=about>

Hampshire comparison (including Southampton and Portsmouth)

- 4.5 Gosport Borough has a significant number of existing hot food takeaways with the 2nd highest number per 1,000 people out of all Hampshire districts (excluding the two cities).
- 4.6 In 2018, there were 1.09 takeaways per thousand people, significantly above the Hampshire average (0.75 per thousand people).

Figure 10: The number of hot food takeaways per 1,000 people in the Hampshire Districts

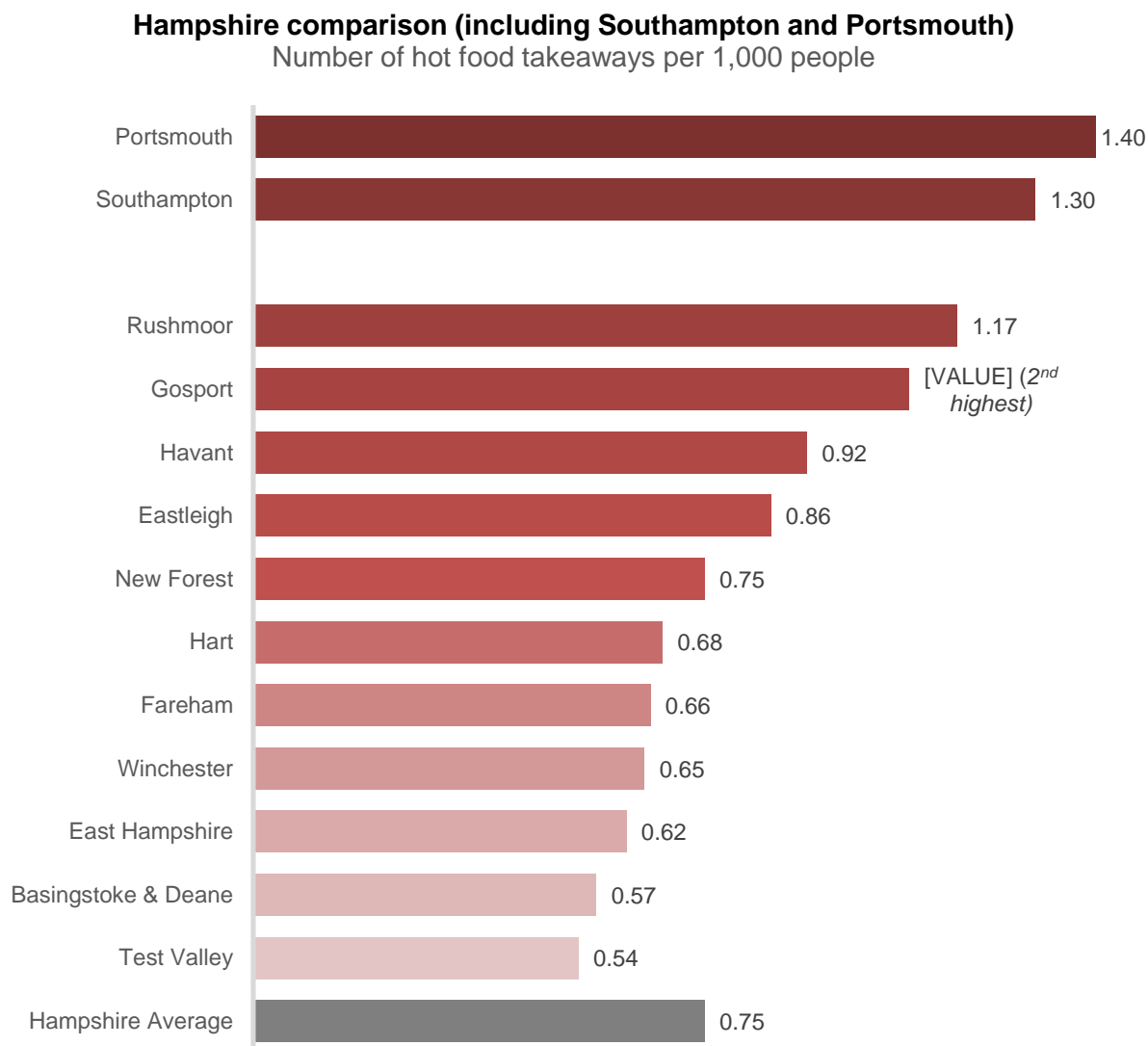
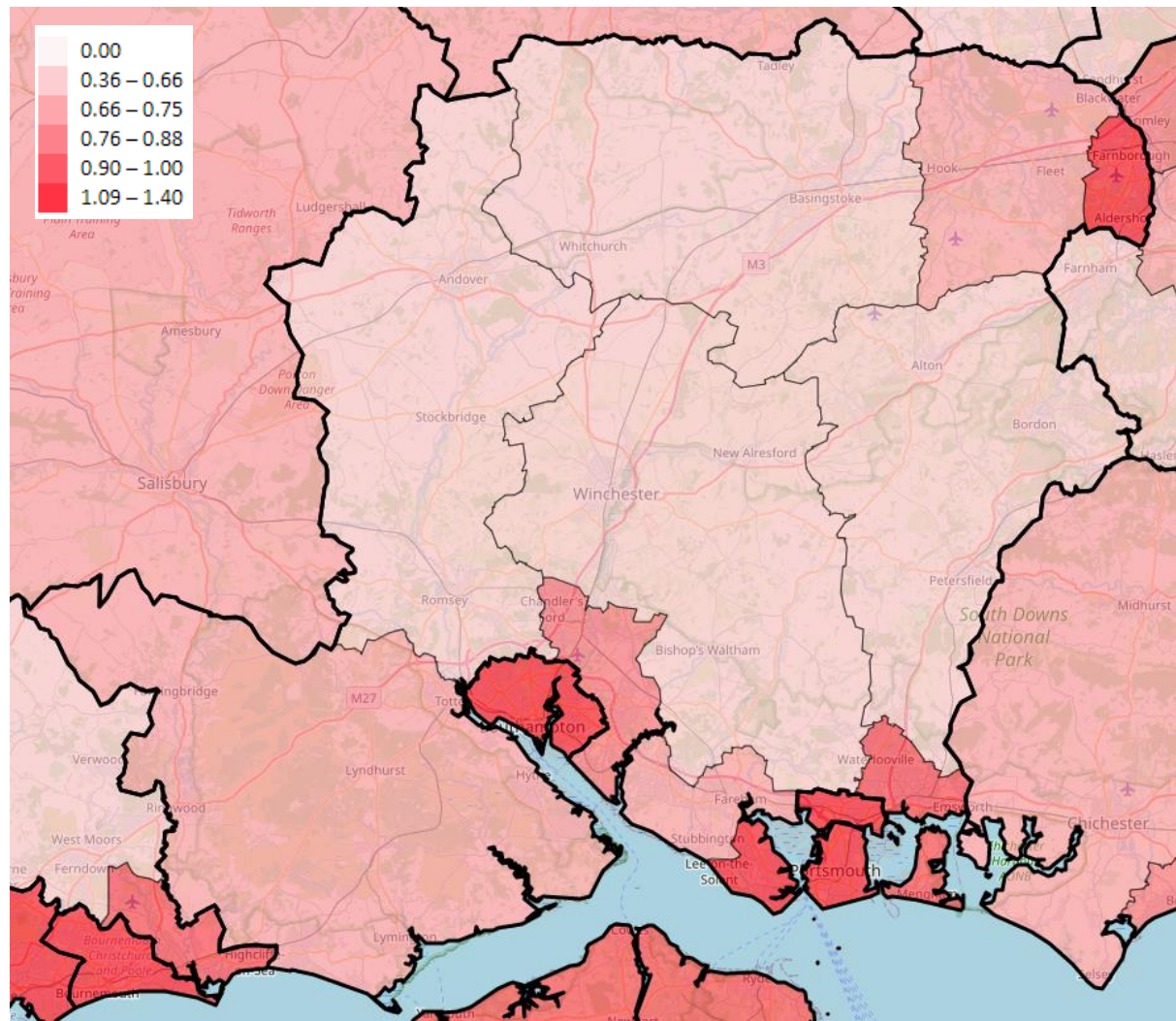


Figure 11: The number of hot food takeaways per 1,000 people in the Hampshire Districts (data table)

June 2018		
District	Number of hot food takeaways	Number of hot food takeaways per 1,000 people
Portsmouth	288	1.40
Southampton	307	1.30
Rushmoor	110	1.17
Gosport	90	1.09
Havant	111	0.92
Eastleigh	108	0.86
New Forest	133	0.75
Hart	62	0.68
Fareham	74	0.66
Winchester	76	0.65
East Hampshire	72	0.62
Basingstoke and Deane	95	0.57
Test Valley	63	0.54
Hampshire Average	994	0.75

Food outlet data from June 2018 – <https://www.feat-tool.org.uk/>

Figure 12: The number of hot food takeaways per 1,000 people in the Hampshire Districts (map)



Food environment assessment tool (Feat) 2020, UKCRC Centre for Diet and Activity Research (CEDAR), University of Cambridge, <http://www.feat-tool.org.uk>. Leaflet | Map data © OpenStreetMap | © Crown Copyright and Database Right *insert year*. OS (100059028) | Copyright and database right © 2017 CEDAR/MRC Epidemiology Unit. All rights reserved.

Gosport Borough Wards

- 4.7 There are 17 wards in the Borough, 10 wards have a greater number of hot food takeaways per thousand people than the average for Hampshire (0.75). This means in 2020 10 wards exceed the Hampshire average.
- 4.8 Lee West has the most hot food takeaways (2.09 per 1,000 people) and Anglesey the fewest (0.00 per 1,000 people).

Figure 13: The number of hot food takeaways per 1,000 people in Gosport Borough Wards

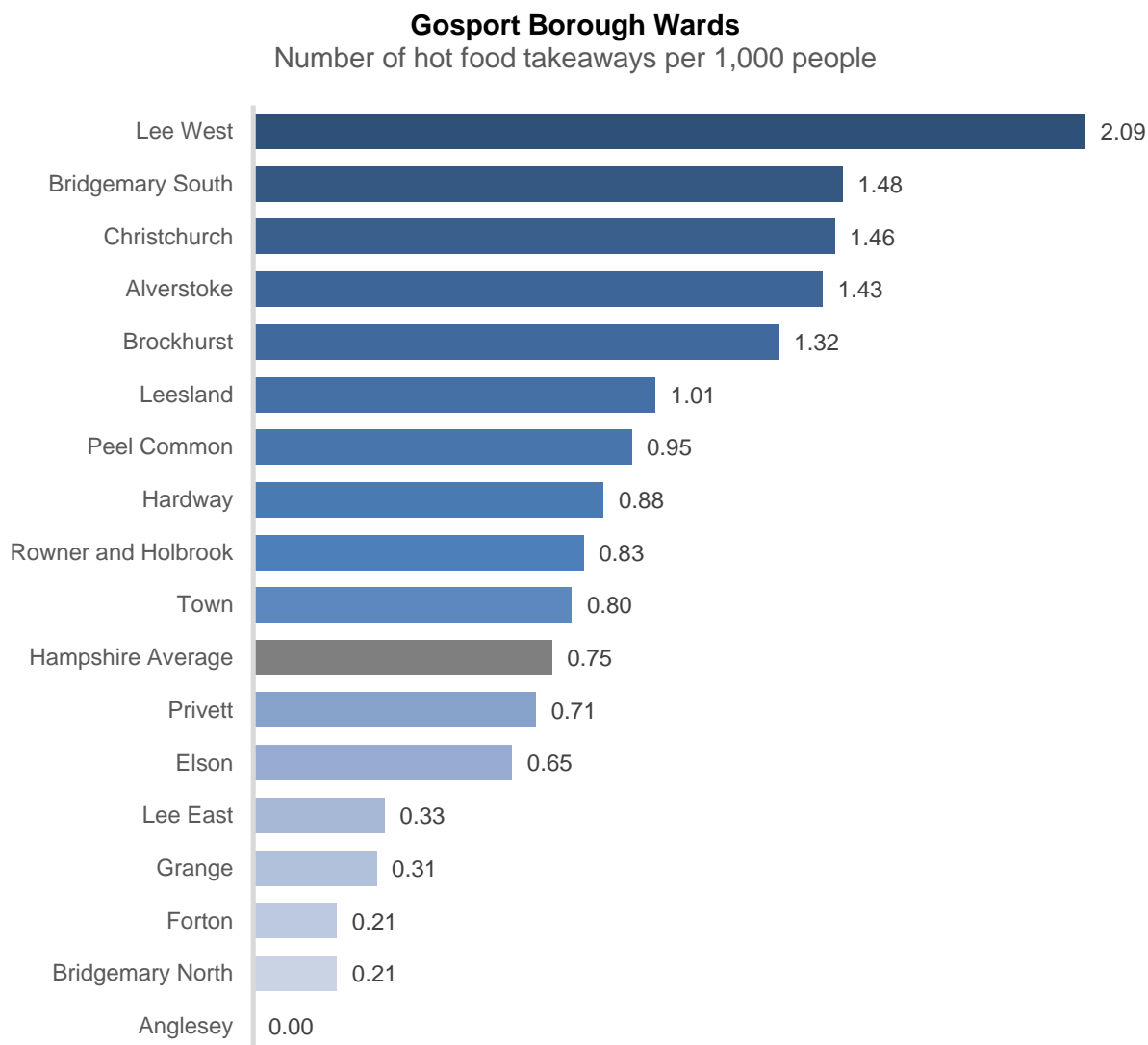
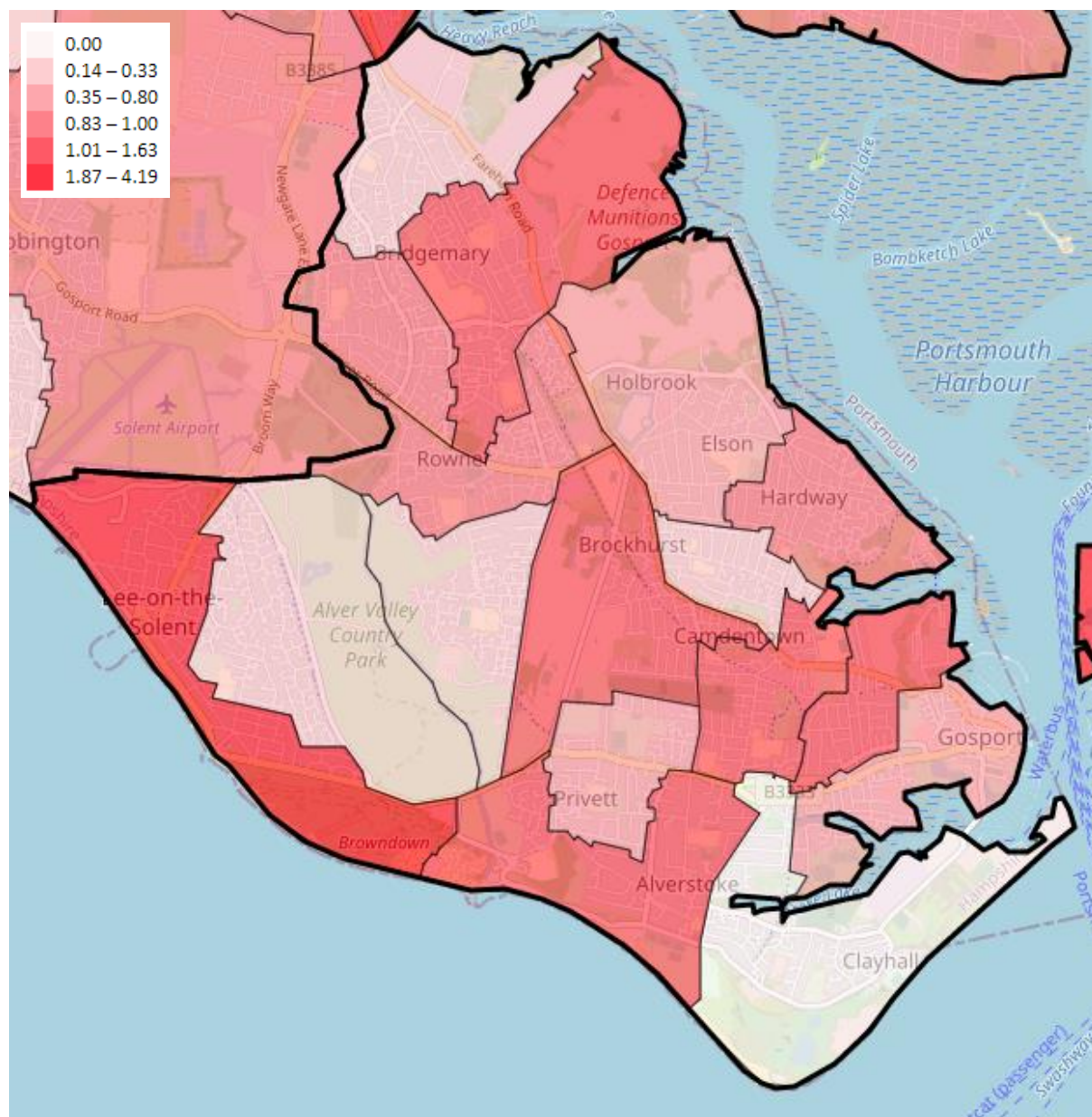


Figure 14: The number of hot food takeaways per 1,000 people in Gosport Borough Wards (data table)

June 2018			
Ward	Number of hot food takeaways	Number of hot food takeaways per 1,000 people	Above or below Hampshire average (0.75)
Lee West	10	2.09	▲
Bridgemary South	7	1.48	▲
Christchurch	16	1.46	▲
Alverstoke	6	1.43	▲
Brockhurst	7	1.32	▲
Leesland	5	1.01	▲
Peel Common	4	0.95	▲
Hardway	5	0.88	▲
Rowner and Holbrook	4	0.83	▲
Town	12	0.80	▲
Privett	3	0.71	▼
Elson	3	0.65	▼
Lee East	2	0.33	▼
Grange	4	0.31	▼
Forton	1	0.21	▼
Bridgemary North	1	0.21	▼
Anglesey	0	0.00	▼
Hampshire Average	994	0.75	-

Food outlet data from June 2018 – <https://www.feat-tool.org.uk/>

Figure 15: The number of hot food takeaways per 1,000 people in Gosport Borough Wards (map)



Food environment assessment tool (Feat) 2020, UKCRC Centre for Diet and Activity Research (CEDAR), University of Cambridge, <http://www.feat-tool.org.uk>. Leaflet | Map data © OpenStreetMap | © Crown Copyright and Database Right insert year. OS (100059028) | Copyright and database right © 2017 CEDAR/MRC Epidemiology Unit. All rights reserved.

5 Evidence review: health, hot food takeaways and planning

- 5.1 This section provides an overview of the evidence reviewed by the Council in the development of its planning approach to hot food takeaways. Given the extensive literature in this field, it is not considered proportionate to detail it all here. This section instead seeks to provide an overview of the key issues.

The obesity problem

- 5.2 Hot food takeaways often serve ‘energy-dense’ or ‘fast food’ with high levels of fat, sugar and salt which are linked to obesity and related health conditions including cardiovascular disease, type 2 diabetes, stroke and some cancers. Obesity is estimated to be the fourth largest risk factor contributing to deaths in England (after hypertension, smoking, and high cholesterol)⁶. The effect of fast food consumption on children’s diets and eating behaviour is a concern with health problems related to obesity starting to develop at primary school age and behaviour established in early life tracking into adulthood⁷.
- 5.3 Obesity levels have been increasing rapidly worldwide in recent decades. The World Health Organisation (WHO) has called it a global epidemic. In the UK, obesity has been labelled as one of the biggest health challenges. Nearly two-thirds of adults (63%) in England were classed as being overweight or obese in 2018¹⁰. The proportion categorised as obese increased from 13.2% of men in 1993 to 26.9% in 2015 and from 16.4% of women in 1993 to 26.8% in 2015. The rate of increase has slowed down since 2001, although the trend is still upwards⁸. In 2018 to 2019, 20.2% of children aged 10 to 11 were obese and a further 14.1% were overweight. Of children aged 4 to 5, 9.7% were obese and another 12.9% were overweight¹⁰.
- 5.4 The 2007, Government-commissioned Foresight Report ‘Tackling Obesities: Future Choices’ predicted that if no action was taken, 60% of men, 50% of women and 25% of children would be obese by 2050⁹. Public Health England estimated that the NHS spent £6.1 billion on overweight and obesity-related ill health in 2014 to 2015. The UK wide costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year⁸. NHS data shows that in 2017/18 there were 10,660 hospital admissions directly attributable to

⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019#>

⁷ Craiggie, A. M. and A. A. Lake, et al. (2011). “Tracking of obesity-related behaviours from childhood to adulthood: A systematic review.

⁸ Public Health England (2017) Health matters: obesity and the food environment, Available from: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

⁹ Foresight (2007) Tackling obesities: Future Choices – Project Report 2nd Edition: Government Office for Science

obesity¹⁰. In an additional 711,000 hospital admissions obesity was recorded as a factor contributing to the admission.

Hot food takeaways and planning

- 5.5 Nationally, the number of meals eaten outside of the home is increasing, with over one quarter of adults and one fifth of children eating from out-of-home food outlets at least once a week¹¹. Greater access to takeaway outlets near the home, work, schools and commuting routes is thought to be one factor that influences increased consumption, especially for fast-food¹².
- 5.6 Meals eaten outside of the home, particularly from fast-food and takeaway outlets, are associated with larger portions, higher intakes of fat, sugar and salt, along with lower intakes of micronutrients than meals eaten at home^{11, 12}. As such, increased access to unhealthy food outlets and increased consumption of unhealthy fast food can be associated with increased weight. In addition, Public Health England¹¹ have shown that fast-food outlets tend to be more densely concentrated (i.e. greater number of outlets per 1,000 resident population) in areas of greater deprivation. This further supports the finding that a higher density of fast-food outlets can contribute to the widening of health inequalities¹³.
- 5.7 The Borough Council recognises that unhealthy food sources can be found in convenience shops, cafes and restaurants and not just hot food takeaways. Despite this it is considered that there is appropriate justification for a policy in the GBLP 2038 which restricts fast food outlets in the Borough. The Council acknowledges that poor health and excessive weight cannot be fully addressed using a single intervention, but the Council is well placed to coordinate initiatives across various organisations and introduce measures to ensure it assists in improving access to healthier food production and consumption choices. Through the Local Plan and the decision-making process, the Council plays a key part in influencing development in the

¹⁰ NHS Digital (2020) Statistics on Obesity, Physical Activity and Diet, England, 2020
<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020>

¹¹ Public Health England (2017) Health matters: obesity and the food environment.
<https://www.gov.uk/government/publications/health-matters-obesity-and-the-foodenvironment/health-matters-obesity-and-the-food-environment--2>

¹² Ellaway, A. Macdonald, L. Lamb, K. Thornton, L. Day, P. Pearce, J. (2012) Do obesity-promoting food environments cluster around socially disadvantaged schools in Glasgow, Scotland? Health Place, 18(6), 1335-40.

Jaworowska, A. Blackman, T. Davies, I. G. Stevenson, L. (2013) Nutritional challenges and health implications of takeaway and fast food, Nutrition Reviews, 71(5), 310-318.

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Caraher, M. Lloyd, S. Madelin, T. (2014) The "School Foodshed": schools and fast-food outlets in a London borough, British Food Journal 25, 116(3), 472-93

¹³ Marmot (2010) Strategic Review of Health Inequalities in England – post 2010.
<http://www.instituteofhealthequity.org/resources-reports/strategic-review-of-health-inequalities-inengland-post-2010-presentation-of-findings>

Borough. Planning is therefore a key mechanism that can be used to improve the places in which we live and build healthier communities.

- 5.8 As outlined in Chapter 2, Planning Practice Guidance states that LPAs can include local plan policies and supplementary planning documents (SPDs) which limit the proliferation of certain uses providing there is sufficient evidence. LPAs can do this by having regard to evidence highlighting high levels of obesity, deprivation and general poor health. This is also supported by the National Institute for Health and Care Excellence (NICE) who have previously recommend that LPAs restrict planning permission for takeaways and other food retail outlets in specific areas, for example, within walking distance of schools¹⁴.
- 5.9 The policy benchmark of a 400m restriction zone surrounding schools has been tested by an increasing number of local authorities. This distance amounts to an approximate 5 to 10 minute walk. The 400m distance is considered sufficient to deter school pupils from walking to takeaways during their lunch period or after school. The Council will review this criterion as necessary to ensure it reflects a proportionate distance.
- 5.10 Overall, in light of local health priorities to reduce obesity and improve overall health and wellbeing, as well as the above average concentration of takeaways in the Borough, restrictions on Hot Food Takeaways (Sui Generis) should be included in the GBLP 2038.

¹⁴ Public Health England. (2014) Obesity and the environment: regulating the growth of fast food outlets.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

6 Conclusion and Recommendations for Gosport Borough

- 6.1 Nationally, the Government recognises the need for planning policies and decisions to ‘enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs’¹⁵. The Government’s Planning Practice Guidance¹⁶ sets out that planning can influence the built environment to improve health, including the creation of a healthier food environment. It also details how planning policies can, where justified, seek to limit the proliferation of particular uses, such as hot food takeaways, having regard to issues such as: the proximity to locations where children and young people congregate: evidence indicating high levels of obesity and health inequalities; the over-concentration of certain uses within a specified area; and other issues such as odours and noise impact and refuse and litter.
- 6.2 The expansion of the fast food industry in recent decades has had a considerable influence on our food consumption and diet choices. Hot food takeaways often offer ‘energy-dense’ or ‘fast-food’, high in total fats, saturated fats and salt. These types of food are linked to obesity and related health conditions including cardiovascular disease, type 2 diabetes, stroke and some cancers. There is a growing body of evidence on the association between exposure to fast food outlets and obesity. There are also concerns about the effect fast food consumption is having on children’s diets and eating behaviour, with health problems such as obesity starting to develop at primary school age and behaviour that’s established early in life following through to adulthood.
- 6.3 The following recommendations apply only to planning restrictions although it is recognised that a range of measures need to continue to be taken to safeguard the health and wellbeing of people in Gosport Borough. Considering the information and evidence presented in this document, it is recommended that the following principles be included in local plan policies:
- A restriction on hot food takeaway uses outside of identified centres. This would be in line with other retail policies which direct such uses to existing centres;
 - Restrict hot food takeaways around education establishments, potentially limiting this restriction to secondary schools or colleges; and
 - Restrict hot food takeaways in Borough wards where the number of hot food takeaways equals or exceeds the Hampshire average per 1,000 population.

¹⁵ NPPF (2021) Chapter 8, Paragraph 92c

¹⁶ PPG: Healthy and Safe Communities, how can planning create a healthier food environment? Paragraph 004 Reference ID: 53-004-20190722.

- 6.4 The Council will continue to undertake research towards Regulation 19 stage to ensure the latest evidence supports a policy approach to restricting hot food takeaway uses. This will be published on the Council's website and updated regularly to ensure decisions are informed by the latest data.
- 6.5 It is recognised that unhealthy food can be found in convenience shops and cafes and restaurants. Improving people's health is complex and involves numerous interventions at a national and local level and by individuals themselves. The Council recognises that poor health and excessive weight cannot be fully addressed using a single intervention. Nevertheless, the Council considers that restricting hot food takeaways uses is justified, along with other initiatives and measures, given local health priorities, health data and as supported by national planning policy and guidance.