

# Public Health Hot Food Takeaway (HFT) Guidance

December 2024

# Contents

<b>Executive Summary .....</b>	<b>6</b>
Vision: .....	7
<b>Introduction .....</b>	<b>7</b>
Aims: .....	7
Who is the intended audience? .....	8
Advice for applicants and developers .....	9
What is not included in this guidance .....	10
<b>Roles and responsibilities: Why have a HFT policy and whose role and responsibility is it? .....</b>	<b>10</b>
The role of the Planning System .....	10
The role of East Sussex County Council Public Health .....	10
The role of licensing .....	11
Definitions of ‘healthy food’ and ‘Eatwell’ .....	11
<b>Part A: Background and context .....</b>	<b>13</b>
National Planning Policy Guidance (NPPG) - What is a healthy place? .....	14
Defining a ‘Healthy Weight Environment’ and ‘Healthy High Streets’ .....	15
Defining ‘Hot Food Take Away’ .....	15
Defining prevention, precaution and the risks associated with not having a HFT policy .....	15
The precautionary principle and ‘doing no harm’ .....	16
<b>Part B -Links between unhealthy environment and deprivation/health inequalities. ..</b>	<b>18</b>
Measures to reduce obesity .....	19
A <b>whole-system approach</b> is defined by Public Health England as: .....	20
Taking a ‘Whole-Systems Approach’ in East Sussex.....	21
National Level Policy - National Planning Policy Framework (NPPF 2024) and National Planning Practice Guidance (NPPG) .....	23
‘Planning for Health’ .....	23

<b>Part C - Public Health Data and Evidence</b>	<b>25</b>
Health Inequalities	25
Deprivation and fast-food exposure	27
Data and Intelligence on Obesity Rates in East Sussex for Adults, Children and Young People	27
Deprivation and obesity for children	28
Key findings and facts for ageing population and healthy eating/obesity and access to HFTs	29
Prevalence of Hot Food Takeaways in East Sussex	30
FEAT data sources	30
<b>Caveats for ESCC use of the FEAT data</b>	<b>31</b>
Overview of HFT in East Sussex (via FEAT)	32
Links between HFT and inequalities	41
Summary of evidence	42
Supplementary map appendix:	43
<b>Part D - Implementation and local approach</b>	<b>43</b>
A methodological approach to tackle HFT	43
1.Tools and mechanisms for developing HFT approaches	43
Takeaway management zones near schools	45
2.Writing policies - key elements to evidence and support the development of a restrictive HFT policy	46
Key criteria to include in a restrictive HFT policy	47
HFT and Health Impact Assessments (HIA)	48
3.The East Sussex approach - a set of Public Health recommendations for developing a restrictive policy approach for HFT	49
Methodology to implement the East Sussex approach	49
<b>Appendix A - local planning authority example approaches and restrictive policies</b>	<b>50</b>
Case studies where planning powers are being used to limit HFT in local areas	51

Rother District Council Development and Site Allocations Local Plan (2019) Area Policy .....	51
Gateshead Council Adopted Hot Food Takeaway SPD 2015 .....	52
Blackpool Council Local Plan Evidence Base 2020.....	54
Blackpool Adopted Local Plan 2023 recommended the following policy wording: .....	55
Bristol Draft Local Plan 2023: .....	56
Manchester City Council Adopted Local Plan 2017 .....	57
Southampton City Council Draft Local Plan .....	58
Gosport Borough Council Background Paper 2021 .....	58
Gosport Draft Local Plan 2021 Draft Policy C5 Hot Food Take Aways.....	59
Kirklees Council Hot Food Takeaway SPD 2022 .....	60
Rossendale Borough Council 2023.....	62
Doncaster Adopted Local Plan 2021 .....	63

## List of figures

Figure 1 Local Planning Authority contact details .....	9
Figure 2 Creating a healthy eating environment .....	21
Figure 3 Creating a healthier weight environment .....	22
Figure 4: Percentage of East Sussex population living in LSOAs in each national quintile of deprivation Source: Index of Multiple Deprivation, 2019 .....	26
Figure 5 Adult prevalence of overweight (including obesity), 2021/22 .....	27
Figure 6 Adult prevalence of obesity, 2021/22 .....	28
Figure 7 Obesity prevalence by deprivation and age in East Sussex .....	28

## List of maps

<b>Map 1 - HFT proliferation in East Sussex.....</b>	<b>32</b>
<b>Map 2 Rate of HFTs (per 1,000 residents) per ward, compared to England, March 2024.....</b>	<b>33</b>
Map 3 HFT proliferation and deprivation in East Sussex .....	34
Map 4 Year 6 overweight (including obesity) prevalence (2020/21 to 2022/23) and HFTs (March 2024) .....	35
Map 5 HFT proliferation and deprivation in Eastbourne .....	36
<b>Map 6 HFT proliferation and deprivation in Lewes .....</b>	<b>37</b>
<b>Map 7 HFT proliferation and deprivation in Wealden .....</b>	<b>38</b>
<b>Map 8 HFT proliferation and deprivation in Hastings and Rother .....</b>	<b>39</b>
Map 9 HFT proliferation and deprivation in Hastings .....	39
Map 10 HFT proliferation and location of Primary and Secondary schools in East Sussex	40
Map 11 HFT proliferation and location of Secondary schools in Uckfield .....	40
Map 12 HFT proliferation and location of Primary and Secondary schools in Uckfield ...	41

## Executive Summary

Currently there is little guidance available that sets out the interactions between Public Health (PH) and the planning system or with Local Planning Authorities (LPAs) creating healthy food and weight environments. This guidance is aimed at those involved in place making and decision making. The purpose of this document is to provide PH information and guidance to LPAs including planning policy officers who are responsible for developing Hot Food Takeaway (HFT) policies, applicants who apply for HFT development, and PH who will support LPAs on the development and assessment of HFT policies and applications.

The document links the relationship between unhealthy HFTs, obesity, healthy weight, lifestyles and environments as part of explaining this complex interdependency and efforts to reduce health inequalities in East Sussex. The guidance supports the delivery of actions as set out in the [East Sussex Healthy Weight Plan 2021-2026 | eastsussex.gov.uk](https://eastsussex.gov.uk/eastsussex-healthy-weight-plan-2021-2026) which includes the action to work with LPAs to embed a '[Health in All Policies | local.gov.uk](https://local.gov.uk/health-in-all-policies)' (HiAP) approach to their planning processes to support healthier weight environments.

The guidance begins with an 'Introduction', a 'Vision' and then Context. The roles and responsibilities of stakeholders is presented, along with definitions of 'healthy food' and 'Eatwell'.

Part A includes background and contextual information on obesity as a national concern, with statistics on the effects of unhealthy weight and the associated economic costs. Part B investigates the links between unhealthy environments, deprivation and health inequalities as well as measures to reduce obesity. Synergies are identified between the East Sussex Healthy Weight Plan, taking a 'Whole-Systems Approach', and concepts of healthy and safe communities within National Policies.

Part C presents PH data and evidence for East Sussex relating to health inequalities, deprivation and fast-food exposure. It presents data and intelligence on obesity rates in East Sussex for adults, children and young people with maps showing the prevalence of HFTs in East Sussex. Part D discusses a methodological approach to tackling HFT in three sections:

1. Tools and mechanisms for developing HFT approaches.
2. Writing policies and key elements to evidence and support the development of a restrictive HFT policy within Local Plans (LPs); and
3. 'The East Sussex Approach' which provides PH recommendations for developing a restrictive policy approach for HFTs.

Examples of LPA approaches to HFT, and restrictive policies are presented in Appendix A along with examples of Planning Appeals relating to HFT planning applications in Appendix B. A supplementary map appendix is also included to show the location of HFTs in locally

identified centres for each LPA, as identified in emerging and adopted Local Plans within the county.

To conclude, in the face of growing national obesity rates, this guidance champions the ‘precautionary principle’ and the principle of ‘do no harm’ as part of delivering ‘healthy weight and food environments.’

## Vision:

‘Planning for healthy food environments’ by maximising opportunities through the Planning system to enable the creation of ‘healthy places’ in East Sussex. To enable access to healthy and sustainable food, for communities to live healthy and sustainable lifestyles, enjoy nutritious food options and maintain a healthy weight across the life course. To apply the principles of precaution, prevention, and protection to mitigate against over proliferation, clustering and proximity to sensitive locations so as to protect current and future generations. This will help to address health inequalities as well as the burden of diseases associated with unhealthy weight and the obesity crisis.

## Introduction

This guidance supports local authority public health and planning teams to use the powers of the planning system to promote healthy weight environments. It helps to support local authorities taking proportionate actions to protect vulnerable and at-risk groups, such as young children, from less healthy environments.

The **purpose** of this document is to provide public health **information** and **guidance** to decision makers about hot food takeaways (HFT) and links to healthy weight, lifestyles and environments that reduce health inequalities in East Sussex. It includes background evidence, data, and tools to assist users to understand why this is important in supporting a consistent and holistic approach to healthy and sustainable placemaking in East Sussex. The guidance aims to:

## Aims:

1. Provide a background to the obesity crisis and an explanation of the elements of HFT justifications and approaches. This includes including spatial criteria, public health evidence, and links to further guides and resources.
2. Provide clarity on how the requirements set out in the National Planning Policy Framework (NPPF) and National Planning Policy Guidance (NPPG) on healthy and safe communities can be met.

3. Outlining guidance and an approach on the development of HFT Policies within local plans.
4. Support local implementation by identifying tools and mechanisms for developing HFT approaches, including evidence to support the development of a HFT policy.
5. Promote Public Health support for the 'The East Sussex approach' - a set of Public Health recommendations for developing a restrictive policy approach for HFT.
6. Addressing the need for healthier food environments is important at both national and local level to reduce health inequalities. It is acknowledged that obesity levels are worsening and are likely to worsen over time which is why a preventative approach to HFT is needed and why trends around obesity need to be monitored and acknowledged as part of 'Planning for Health'. This is also true in relation to the work and efforts undertaken by the East Sussex Healthy Weight Partnership, Borough and District Healthy Food Partnerships and alongside the overarching work that the Risks to Health Team (Healthy Eating) lead on.
7. Show current evidence for obesity and deprivation at national, county, and local levels to highlight patterns and trends.
8. Support and respond to the needs of older adults/the needs of the ageing population (who are identified as a vulnerable group, along with children). This will support ambitions within the 'ageing well' agenda.
9. Help articulate and guide the proportionate use of tools and measures within the planning system that can be used within Local Plans to support decision making around hot food takeaways.

The above list is not exhaustive, and this guidance seeks to provide a method to future proof against the changing landscape of data trends in obesity and healthy weight setting out options on how to manage a healthy environment. Taking timely action to protect children now and for future generations should be actioned at the earliest opportunity by acknowledging the approaches within this guidance.

The document presents options for the introduction of approaches to HFT that includes proposals, planning policies with a range of criteria that should be met before any planning permission is granted. These can be applied where evidence suggests this may support healthy weight and lifestyles.

## Who is the intended audience?

This document is aimed at all those involved in place making and decision making concerning new hot food takeaways or changes of use, including the following:

- **Developers and applicants** - a guide to understand links between planning and health and wellbeing and measures that development proposals can take to managing hot food takeaways.



- **Local Planning Authority Development Management and Planning Policy officers** - to understand the wider context of health and wellbeing and Local Plan policies on hot food takeaways.
- **Decision Makers** - to support greater understanding of health and wellbeing issues and the potential within development to mitigate negative impacts and maximise benefits (of HFT).
- **Public Health officers** - to provide a central location for information and data related to planning for health and hot food takeaways.
- **Other stakeholders** - useful tool to understand health and wellbeing issues within the planning context.

## Advice for applicants and developers

As set out above, the guidance has been drawn up to include developers, for the purposes of being used to understand how public health will advise Local Planning Authorities (LPAs) on proposed HFT developments. This guidance gives an overview of health issues, for example obesity, in East Sussex and points to evidence and the approach taken by public health to address this. The guidance does not advise on the process of submitting a planning application, information on this should be sought from the individual LPAs in Figure 1.

**Figure 1 Local Planning Authority contact details**

Local Planning Authority	Contact details
Eastbourne Borough Council	<a href="https://www.lewes-eastbourne.gov.uk">lewes-eastbourne.gov.uk</a>   <a href="#">apply for planning permission</a>
Hastings Borough Council	<a href="https://www.hastings.gov.uk">hastings.gov.uk</a>   <a href="#">make application</a>
Lewes District Council	<a href="https://www.lewes-eastbourne.gov.uk">lewes-eastbourne.gov.uk</a>   <a href="#">apply for planning permission</a>
Rother District Council	<a href="https://www.rother.gov.uk">rother.gov.uk</a>   <a href="#">apply for planning permission</a>
Wealden District Council	<a href="https://www.wealden.gov.uk">wealden.gov.uk</a>   <a href="#">making-an-application</a>
South Downs National Park Authority	<a href="https://www.southdowns.gov.uk">southdowns.gov.uk</a>   <a href="#">planning-applications apply</a>

## What is not included in this guidance

As stated, the document is for planning, public health and system wide partners. It is noted that Licensing departments have a part to play in the wider system, however this sector is not considered within this guidance. Public Health acknowledges that ‘dark kitchens’ (non-public facing food preparation spaces where food is sold predominantly via online food delivery services) and the accessibility of obtaining takeaway food online are increasing. Both options are not currently subject to planning intervention and will not be considered in this guidance.

## Roles and responsibilities: Why have a HFT policy and whose role and responsibility is it?

### The role of the Planning System

Planning is the joint mechanism for governance and stewardship that can control changes to our environments. At a local level the planning system needs to be deployed as health protection and support for population wellbeing and in line with the National Planning Policy Framework (2024) and National Planning Practice Guidance (NPPG). Section 8 of the NPPF ‘Promoting healthy and Safe Communities’ paragraph 96, requires planning policies and decisions to aim to achieve healthy, inclusive, and safe places. Planning can therefore influence the built environment to improve health and reduce obesity and excess weight in local communities and can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. The approach to HFTs set out in this guidance is strengthened by the following new paragraph 97 within the 2024 NPPF that states:

Local planning authorities should refuse applications for hot food takeaways and fast food outlets:

- a) within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre;
- b) in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social-behaviour.

### The role of East Sussex County Council Public Health

Creating a healthy-weight environment is an opportunity for collaborative, joined-up working within a two-tier local authority area. East Sussex County Council, as a public health authority, has an important role to support decision makers address public health

and wellbeing in place making. It is well placed to facilitate, enable and deliver against strategies, plans and frameworks subject to healthy and sustainable placemaking.

## The role of licensing

Premises that want to provide facilities that are licensable under the Licensing Act 2003 (revised guidance published in 2023), such as the retail sale of alcohol, or providing hot food after 23:00 hours, are controlled by both the planning and licensing regimes. The Licensing Act is a framework for decision making on certain applications and included the following licensing objectives: the prevention of crime and disorder; public safety; the prevention of public nuisance; and the protection of children from harm.

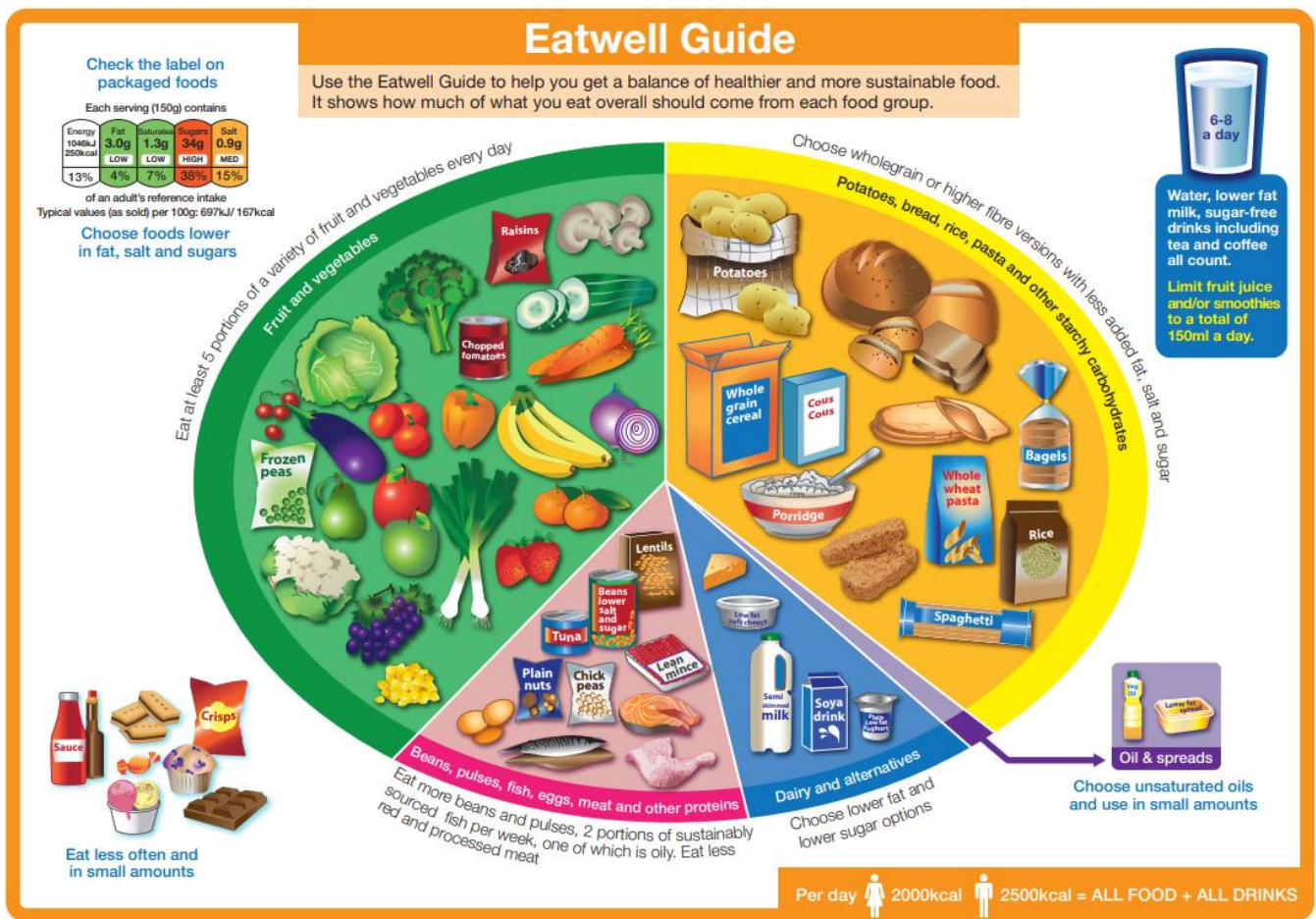
Alongside planning policies, there are other measures available, mainly implemented by environmental health or licensing teams, to help local authorities regulate the sale of fast food. These include:

- Street trading policies to restrict trading from fast food vans near schools.
- Policies to ensure that menus provide healthier options.
- Enforcement on other issues such as disposal of fat, storage of waste, and litter.
- Food safety controls and compliance.
- Restrictions on opening times.
- Using Section 106 agreements and the Community Infrastructure Levy to contribute to work on tackling the health impacts of fast-food outlets.

## Definitions of ‘healthy food’ and ‘Eatwell’

There is evidence to show that some people do not always make informed decisions regarding the healthfulness of their food. HFTs are one source of food which has received attention, as food from these places is often referred to as High Fat Salt and/or Sugar (HSFF). Due to this, the food is often calorific and nutritionally poor. More generally, living in areas which have lots of HFT outlets increases the likelihood of buying and eating less healthy food [England’s poorest areas are fast food hotspots | gov.uk](#). There is still a lot to be done regarding the delivery and understanding of [health promotion | who.int](#) including what is healthy food and how to ‘Eatwell’:

- [Healthy eating: applying All Our Health | gov.uk](#)
- [Eatwell Guide | gov.uk](#) and [The Eatwell Guide pdf | gov.uk](#)
- [A Quick Guide to the Government’s Healthy Eating Recommendations | gov.uk](#)
- [Government Dietary Recommendations Government recommendations for energy and nutrients for males and females aged 1 - 18 years and 19+ years pdf | gov.uk](#)



The Eatwell Guide provides a visual representation of the types and proportions of foods needed for a healthy balanced diet to promote long-term health at a population level and includes key messages such as:

- Eat at least 5 portions of a variety of fruit and vegetables every day.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates, choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (such as fortified soya drinks), choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).
- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6 to 8 cups or glasses of fluid a day.
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

The Eatwell Guide principles apply to most people regardless of weight, dietary restrictions, dietary preferences or ethnic origin. The foods included in the image are

recognised as representative of the wider food group, including foods specific to particular ethnic minority groups.

## Part A: Background and context

Obesity is a global and national concern and one of the greatest long-term health challenges currently faced in England. Its causes are complex, and it is considered one of the most serious public health challenges of the 21st century. The impacts of obesity and childhood obesity are far reaching, from the effect it has on a person's physical and mental health at an individual level through to the impact it has on health services delivery or the economic costs it creates at a population level. An issue such as this requires a long-term, systemic approach to try to resolve it.

Among the noncommunicable disease risk factors, obesity is particularly concerning due to its associations with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health, negating many of the health benefits that have contributed to increased life expectancy. Around two-thirds (63%) of adults in England are above a healthy weight, and of these, half are living with obesity. 'Childhood obesity' is a key public health priority in addition to 'adult obesity'. In England, 1 in 3 children leaving primary school are overweight or living with obesity. In Year 6, nearly a quarter of children are classified as obese. Children resident in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas. This is leading to annual NHS costs of approximately £4 billion.

The costs of overweight and obesity, and physical inactivity are having a significant impact on our economy. The NHS is estimated to spend £6.1 billion each year treating obesity-related ill health, [Health matters: obesity and the food environment | gov.uk](https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment) . Local authority social care costs are estimated at £352 million per year [England's poorest areas are fast food hotspots | gov.uk](https://www.gov.uk/government/publications/englands-poorest-areas-are-fast-food-hotspots) and the wider societal costs are estimated at £27 billion [Health matters: obesity and the food environment | gov.uk](https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment) . The cost of malnutrition in England is estimated to be £19.6 billion per year [The cost of malnutrition in England pdf | bapen.org.uk](https://www.bapen.org.uk/publications/the-cost-of-malnutrition-in-england-pdf). Meanwhile, the costs of physical inactivity are estimated to be around £7.4 billion per year, including £0.9 billion to the NHS alone [Physical activity applying all our health | gov.uk](https://www.gov.uk/government/publications/physical-activity-applying-all-our-health).

With the above in mind, the needs of the economy need to be balanced with health impacts. For example, it is recognised that HFTs in tourist areas can contribute to the economic prosperity of towns and form part of the tourist experience. While at the same time, decisions need to be mindful of the harm to those communities where health inequalities are higher - disproportionately affected by obesity, poor health and so on.



Therefore, a balanced and proportionate approach is needed to manage the needs of the economy as well as the population's health which includes addressing, the obesity crisis given that:

'There is wealth without health and no health without wealth.'

Changes to how we work and spend our leisure time also means that we tend to be less active and lead more sedentary lifestyles than previous generations.

Our environment has a significant impact on the choices we make relating to food.

'Obesogenic environments' refers to the role environment factors may play in determining both nutrition and physical activity that can lead to unhealthy lifestyles with negative and cumulative health impacts on people and places. The 'obesogenic environment' can be defined as 'the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations (Swinburn and Figger, 1999) in the Foresight report '[Tackling Obesities: Future Choices - Obesogenic Environments - Evidence Review pdf | gov.uk](#)'. Unhealthy food and drink choices, which are often high in fat, salt, and sugar, can be easier to access than healthier options which is why healthier food environments and 'healthy high streets' are critical to good and healthy placemaking and in turn helps people to live healthy and sustainable lives from one generation to the next.

Increasing healthy weight in our county is more important now than it has ever been, and we must take a preventative approach so that we are doing all we can to support individuals, in particular our children and young people, so that they have access to good and nutritious food, healthy food environments and to support the development of healthy eating habits at an early age.

## National Planning Policy Guidance (NPPG) - What is a healthy place?

A healthy place is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.

Healthy weight environments have common elements:

- Movement and access.
- Open space, recreation and play.
- Healthier food environments.
- Neighbourhood spaces.
- Building design.

- Local economy.

## Defining a ‘Healthy Weight Environment’ and ‘Healthy High Streets’

A healthy-weight environment means an environment that fully supports individuals and local communities in maintaining and achieving a healthy weight. Maintaining a healthy weight can be achieved by encouraging access to healthier food and drink options through the local food environment, active travel, and physical activity through neighbourhood design, in a range of settings including the high street and areas of new housing and commercial development ([Healthy weight environments: using the planning system | gov.uk](https://www.gov.uk/guidance/healthy-weight-environments-using-the-planning-system)).

## Defining ‘Hot Food Take Away’

The definition of a hot food takeaway (HFT) in this report refers to a business that sells hot food quickly, and includes a range of outlets that include, but are not limited to, burger bars, chicken shops, kebabs and chip shops.

For the purposes of planning, a HFT is currently categorised as ‘sui generis’ that relates to the sale of hot food where consumption of that food is mostly undertaken off the premises. This means that they do not belong to any planning use class and do not benefit from any permitted development rights.

It is the sui generis definition of a HFT that is the focus of this report. Until September 2020, hot food takeaway outlets were categorised within spatial planning as “Use Class A5”, but they now fall under class “sui generis” (i.e. “in a class by itself”). The takeaway element of development that falls into retail Class E(b) is not explored (the sale of food and drink principally to visiting members of the public where consumption of that food and drink is mostly undertaken on the premises) that includes restaurants. Public Health is not looking at approaches to controlling the development of restaurants, or restaurants with takeaways, or pubs that offer a takeaway service within this guidance.

## Defining prevention, precaution and the risks associated with not having a HFT policy

The principle of ‘prevention is better than cure’ is at the centre of our efforts to reduce obesity rates via the management of new HFT development as we want to limit the burden and cost of disease for our system as a key priority, and addressing HFT is a key element of this.

This is supported by the Local Government Association, who have defined their ‘Primary prevention’ duty as ‘Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.’ [LGA Prevention | gov.uk](https://www.lga.gov.uk).

Early intervention is also a key principle, to align with the data trends seen in Part C of this guide, which ensures children and young people have access to healthy food environments instead of unhealthy options being the choice and being the norm.

The risks associated with having no HFT policy approaches in place means that the principles of prevention and early intervention in relation to creating and maintaining healthy food environments, healthy lifestyles, healthy nutrition, and a healthy weight are not built in. Therefore, health inequalities, deprived neighbourhoods and access to healthy food options will be hard/impossible to attain and the implications of this are risks of increased potential of diseases and other issues as set out in Part B.

This ethical set of principles have guided the direction and thinking behind the approach to be taken that forms a ‘pathway for prevention and early intervention’:

## The precautionary principle and ‘doing no harm’

Helping people to live well for longer, while giving them the freedom and opportunities to make their own decisions is a key factor for Public Health.

It is within this, that concept of the precautionary principle can be applied to HFT. The precautionary principle arose from traditional working traditions in law and medicine but can also be extended within the public health and planning context.

Within urban planning, the precautionary principle mentions preventative action and has been defined as ‘the principle permits the taking of preventative measures without having to wait until the reality and seriousness of the threat become fully known’. While this definition may relate to environmental issues, it is equally important in public health. It supports the ‘prevention is better than cure’ concept in that if healthy weight and food environments are the norm for our population, then there will be no need to combat the issues around unhealthy food, such as obesity and related illnesses that could be prevented.

Within Public Health this supports the need to take preventative action where it is known that prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven.

Public Health therefore must take opportunities to have a positive impact on the population, using the methods and tools that are currently available. This approach

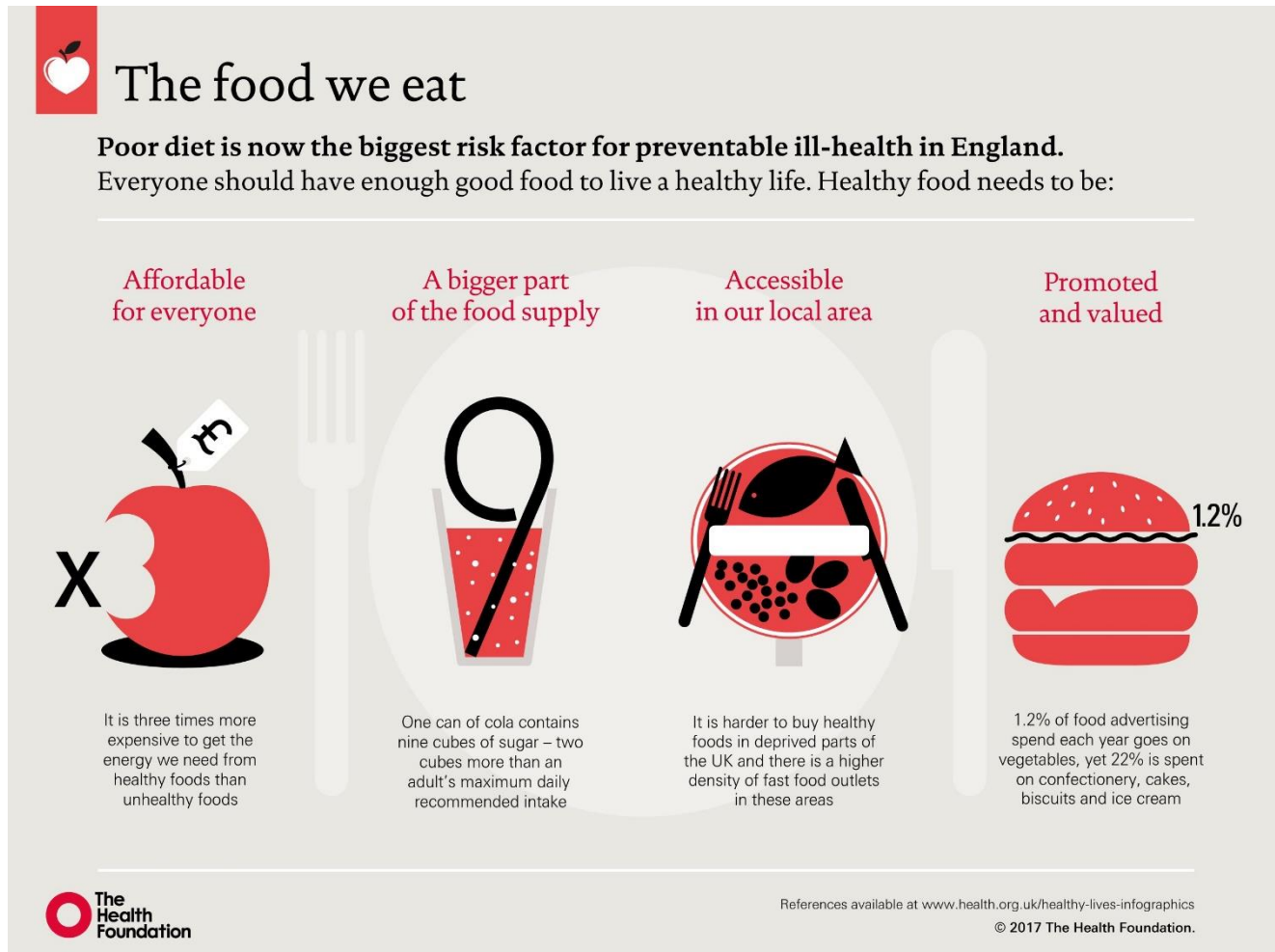


supports the public health prevention and protection premise of using the tools and methods that are currently available to have a positive impact on population health.

Precaution has been at the heart of public health protection for centuries, and the precautionary principle is indeed related to acting under uncertainty, an increasingly common circumstance in these days. The precautionary principle has been gaining prominence and profile and has become a guiding principle in modern thinking in environment and health. If used intelligently, imaginatively and daringly, the precautionary principle will support efforts to strive towards a healthier and safer world. [The precautionary principle: protecting public health, the environment and the future of our children | who.int.](#)

Part B of this document presents the evidence and links between unhealthy environment, levels of deprivation and health inequalities which then contribute to harms and the need for precaution and prevention.

## Part B -Links between unhealthy environment and deprivation/health inequalities.



Tackling and preventing obesity is a high priority for the Government. The current policies and actions are set out in the following documents:

- [Tackling obesity: empowering adults and children to live healthier lives | gov.uk](https://www.gov.uk/government/policies/tackling-obesity)
- [Childhood obesity: a plan for action, chapter 2 pdf | gov.uk](https://www.gov.uk/government/policies/childhood-obesity)

The benefits of a healthier weight are evident. Achieving and maintaining a healthy weight and being physically active is highly beneficial. It can reduce the risk of developing a wide range of diseases, including:

- Type 2 diabetes
- Hypertension
- Some cancers
- Heart disease

- Stroke
- Liver disease

It is also associated with improved psychological and emotional health, better sleep and reduced musculoskeletal problems.

For adults, a healthy weight is defined as the appropriate body weight in relation to height. The most common measurement for this is Body Mass Index (BMI). BMI is calculated by dividing an adult's weight in kilograms by their height in metres squared. A BMI:

- Under 18.5 is considered to be underweight.
- Between 18.5 and 24.9 indicates that someone is in the healthy weight range for their height.
- Between 25 and 29.9 is considered to be overweight.
- Of 30 or more, is considered obese.
- 40+ is considered morbidly obese.

There is a slight variation in ranges for different ethnic groups and it's important to note that BMI is not always the most accurate way of assessing healthy weight. For example, a large athlete with lots of muscles may have a BMI over 30 but may still have a healthy body composition and so would not be considered obese.

For children and young people, overweight is defined differently than it is for adults. Children are still growing, and boys and girls develop at different rates. BMI for children and young people is determined by using a BMI chart that compares their weight and height along with growth charts. The growth charts use a child's BMI, age, and sex to produce a BMI percentile. A child's BMI percentile shows how his or her BMI compares with other boys or girls of the same age. A child or young person that is between the 85th and 95th percentile on the growth chart is considered at risk of overweight. A child or young person that is at the 95th percentile or above is considered overweight. The National Child Measurement Programme (NCMP), also known as the School Height and Weight Checks, is a mandated annual programme delivered by local authorities, which involves measuring the height and weight of all school children in reception and year 6.

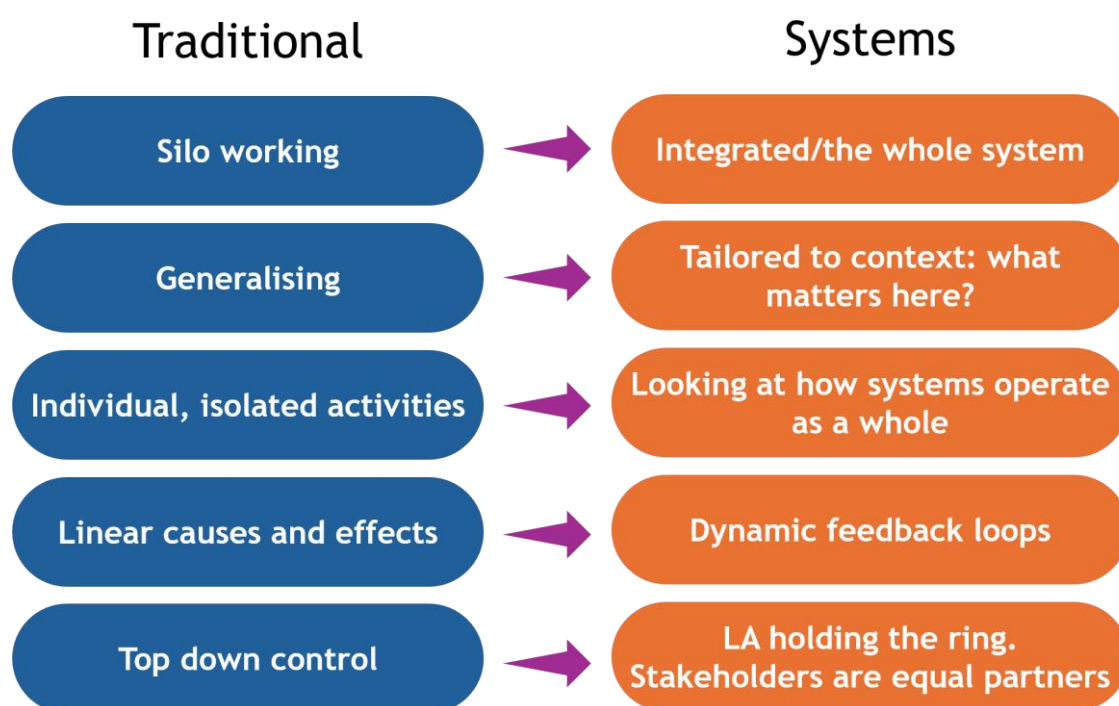
## Measures to reduce obesity

The NHS Long Term Plan [NHS Long Term Plan | nhs.uk](https://www.nhs.uk/longtermplan) sets out broad aims to reduce obesity, with the [Childhood obesity health select committee report response 2019 pdf | gov.uk](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/821111/Childhood-obesity-health-select-committee-report-response-2019.pdf) plan sets a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.

Since the 2007 Foresight Report [Tackling Obesities: Future Choices | gov.uk](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/821111/Tackling-Obesities-Future-Choices.pdf) there has been a growing body of evidence which supports the use of a whole-systems approach as an effective method to help towards tackling complex issues, such as obesity.

Healthy weight is a perfect example of a complex issue which has numerous biological, environmental, and societal cultural factors which influence its development. Tackling unhealthy weight is like using sandbags as a flood defence—in isolation, each sandbag is unable to stop the flood. It's only when we have many sandbags working effectively as a whole that we can have a flood defence that works.

Traditional vs systems working:



### Traditional vs Systems working

**A whole-system approach** is defined by Public Health England as:

“A local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change”.

A whole systems approach encompasses ‘Health in All Policies’ (HiAP). It brings partners together from across a spectrum of organisations and sectors to create plans which focus

on both the specific needs and assets of a place. HiAP can be defined as an approach to public policies across sectors that systematically considers the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. The approach aims to effectively engage with communities and work with them to find the best solutions. [Health in all policies: a manual for Local Government | gov.uk](#).

“Today, modifications of the food environment to address obesity, or of the physical environment to promote physical activity, will be of central importance for chronic disease prevention and control.”

Dr Thomas Frieden, Director, Centers for Disease Control and Prevention (USA), quoted in Active Design Guidelines: Promoting Physical Activity and Health in Design. New York City Department of Design and Construction, 2010 [NYC Active Design | nyc.gov](#).

## Taking a ‘Whole-Systems Approach’ in East Sussex

The East Sussex Public Health team support and have adopted the ‘whole systems approach’, this is evident in the documents which have been produced related to Healthy Weight and Planning.

The East Sussex Whole System Healthy Weight Plan 2021-2026 sets out in Figures 2 and 3 the areas in its detailed action plan on how to create a healthy eating environment and a healthier weight environment. Some of the actions link to the planning system and can be used to provide additional justification and support for implementing planning approaches such as restrictive policies and exclusion zones for example.

**Figure 2 Creating a healthy eating environment**

Action area	Creating a healthy eating environment
Event level actions	Promote the benefits of cooking/and or eating healthier food and harm caused by unhealthy food.
System structures level actions	Work with local food outlets and food banks to improve access to healthier food.
System goals level action	Develop and roll out a healthy food charter which recognises achievements made by food outlets to improve access to healthier food.

<b>System beliefs level action</b>	Healthy food is the preferred choice, whether eating in or out of the home.
------------------------------------	---

Source: [East Sussex Whole System Healthy Weight Plan 2021-2026](https://eastsussex.gov.uk/east-sussex-whole-system-healthy-weight-plan-2021-2026) | [eastsussex.gov.uk](https://eastsussex.gov.uk)

**Figure 3 Creating a healthier weight environment**

Action area	Creating a healthier weight environment
<b>Event level actions</b>	Support partners to implement improvements to local areas which promote a 'healthier weight' environment.
<b>System structures level actions</b>	Work with the local planning authorities to embed a 'health in all policies' approach into their planning processes e.g. health impact assessments, design guides, supplementary planning documents, etc. which support a 'healthier weight' environment.
<b>System goals level action</b>	Develop and implement a 'creating healthy places' strategic framework for the county which supports a health into plan approach.
<b>System beliefs level action</b>	All organisations with responsibility for planning in East Sussex recognise and prioritise getting 'health into place' in their local areas.

Source: [East Sussex Whole System Healthy Weight Plan 2021-2026](https://eastsussex.gov.uk/east-sussex-whole-system-healthy-weight-plan-2021-2026) | [eastsussex.gov.uk](https://eastsussex.gov.uk)

The East Sussex Public Health and Planning Memorandum of Understanding (MOU) sets out the five aspects of the lived environment that can be designed and shaped, by planners, to promote certain health outcomes.

Changes to the design of the environment can support improvements in health and reduce the risk of developing certain diseases, and also help to improve people's physical and mental wellbeing. The 5 aspects of the built and natural environment that have been identified as the main characteristics that can be influenced by local planning policy are:

- Neighbourhood design
- Housing
- Healthier food
- Natural and sustainable environment

- Transport

## National Level Policy - National Planning Policy Framework (NPPF 2024) and National Planning Practice Guidance (NPPG)

Planning is the joint mechanism for governance and stewardship that can control changes to our environments. At a local level the planning system needs to be deployed as health protection and support for population wellbeing and in line with the National Planning Policy Framework (2024) and National Planning Practice Guidance (NPPG).

The National Planning Policy Framework (NPPF) sets out the Government's economic, environmental and social planning policies for England. The policies in NPPF apply to the preparation of local and neighbourhood plans and to decisions on planning applications.

The NPPF requires public health to be considered in both plan-making and decision making and states the purpose of planning is to contribute to the achievement of sustainable development, with delivery of the social objective of sustainable development being paramount to supporting health.

Section 8 of the NPPF 'Promoting healthy and Safe Communities' paragraph 96, requires planning policies and decisions to aim to achieve healthy, inclusive, and safe places which promote social interaction, that are safe and accessible, and enable and support healthy lives, especially where this would address identified local health and wellbeing needs, with specific reference to the provision of access to healthier food, allotments and layouts that encourage walking and cycling.

### 'Planning for Health'

For East Sussex 'planning for health' by definition is 'planning for health' whereby the planning system(s) works with public health to deliver a conscious and cooperative approach to maximise processes that enable, and support population health and wellbeing, with the intention to 'develop' healthy and sustainable built and natural environments, where communities can enjoy healthy lifestyles, healthy life expectancy and healthy places. Within this definition, it should be noted that the healthy food environment and development of HFT is included but is one part of the 'planning for health' agenda, and other areas and disciplines are also included, such as housing, transport, neighbourhood design, for example.

Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning



documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission). In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Planning policies and proposals may need to have particular regard to the following issues:

- Proximity to locations where children and young people congregate such as schools, community centres and playgrounds.
- Evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations.
- Over-concentration of certain uses [When is permission required? | gov.uk](#) within a specified area.
- Odours and noise impact.
- Traffic impact.
- Refuse and litter.



## Part C - Public Health Data and Evidence

### Health Inequalities

Inequalities in East Sussex [ESCC JSNA briefing health inequalities March 2022 | eastsussexjsna.org.uk](https://www.eastsussexjsna.org.uk/ESCC_JSNA_briefing_health_inequalities_March_2022).

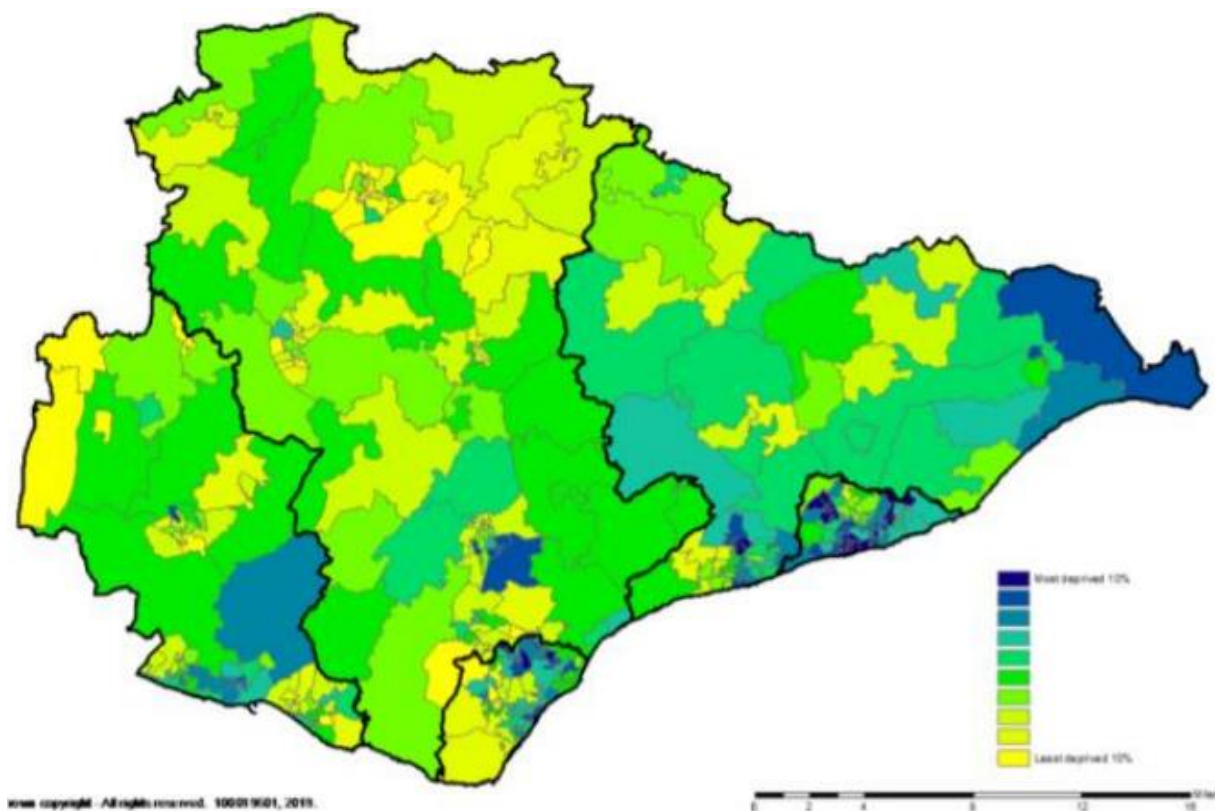
While current literature on approaches to HFT focuses mainly on locations and authorities in the north of England and in London, it is important to note that the principles behind the thinking are important and transferable to East Sussex. Approaches that focus on deprived areas and vulnerable groups, can be used in East Sussex. The degree of deprivation is relevant for East Sussex to require an approach that addresses the key outcomes that controlling HFT seeks to affect, that includes healthy weight in children and adults, healthy high streets and so on.

The [Index of Multiple Deprivation \(IMD\) | gov.uk](https://www.gov.uk/guidance/index-of-multiple-deprivation) is the official measure of relative deprivation for small areas (Lower-layer Super Output Areas (LSOAs)) in England. LSOA's are areas with similar populations: an average of 1,500 residents each (2011 LSOAs).

The latest IMD (2019), suggests that relative multiple deprivation has risen in East Sussex since 2015. Overall, East Sussex ranks 93 out of 151 upper tier local authorities (1 = most deprived) for the proportion of LSOAs among the most deprived 10% in England. All Districts and Boroughs in East Sussex have seen a rise in relative deprivation since 2015, however, there is marked variation within the county.

Deprivation is a significant driver of health inequalities and is notable along the coastal strip, particularly in Hastings which is the most deprived local authority in the South East, and 13th most deprived out of 317 lower tier local authorities nationally. In Hastings, 44% LSOAs are among the most deprived 20% nationally. Conversely, in Wealden, 32% LSOAs are in the least deprived 20% nationally (Fig.3).

**Figure 4: Percentage of East Sussex population living in LSOAs in each national quintile of deprivation Source: Index of Multiple Deprivation, 2019**



National quintile of deprivation	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
1 (most)	20%	44%	3%	10%	4%	14%
2	30%	30%	20%	21%	3%	19%
3	27%	14%	24%	35%	27%	26%
4	13%	12%	37%	26%	35%	26%
5 (least)	11%	0%	16%	9%	32%	16%
Total	100%	100%	100%	100%	100%	100%

Source: Index of Multiple Deprivation, 2019

## Deprivation and fast-food exposure

This study [Examining the interaction of fast-food outlet exposure and income on diet and obesity: evidence from 51,361 UK Biobank participants | pubmed.ncbi.nlm.nih.gov](#) looked at how household income (as a marker of socioeconomic position) and neighbourhood fast-food outlet exposure may be related to diet and body weight, which are key risk factors for non-communicable diseases. It provided evidence of the double burden of low income and an unhealthy neighbourhood food environment, furthering the understanding of how these factors contribute jointly to social inequalities in health.

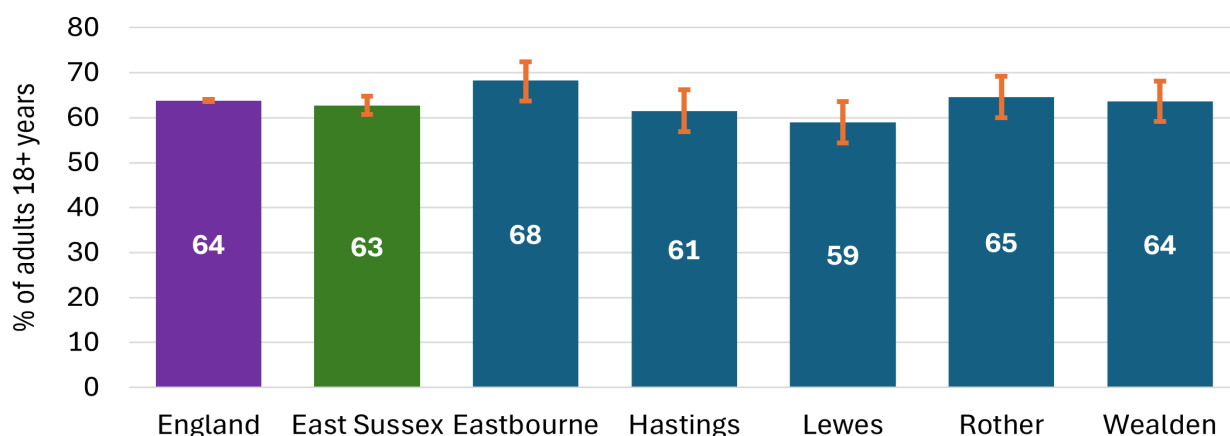
Joining up this research with the inequalities evidence in East Sussex is important.

## Data and Intelligence on Obesity Rates in East Sussex for Adults, Children and Young People

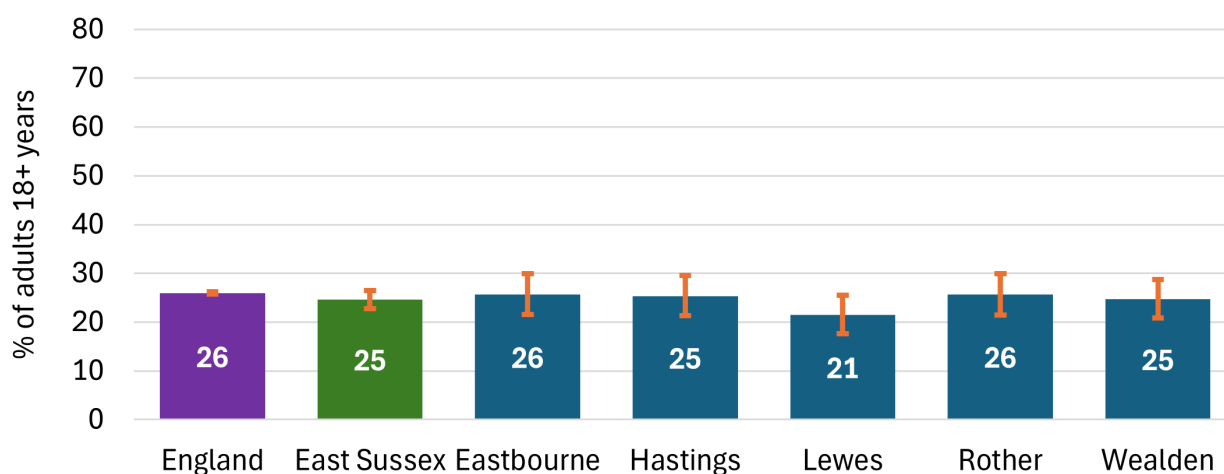
The National Child Measurement Programme (NCMP) measures the height and weight of over one-million children in reception (age 4 to 5 years) and year 6 (age 10 to 11 years) each year in primary schools in England. Information can be found on the NCPM Obesity Profile ([NCMP Obesity Profile | fingertips.phe.org.uk](#)).

The Active Lives Adult Survey conducted by Sport England collects data on self-reported height and weight among adults aged 18 years and over in Local Authority areas across England. The Office for Health Improvement and Disparities (OHID) uses this data to produce estimates of adult excess weight prevalence for the Public Health Outcomes Framework. The data is adjusted at an individual level to better align with measured height and weight and then age standardised to improve comparability between local authorities.

**Figure 5 Adult prevalence of overweight (including obesity), 2021/22**



Data source: OHID

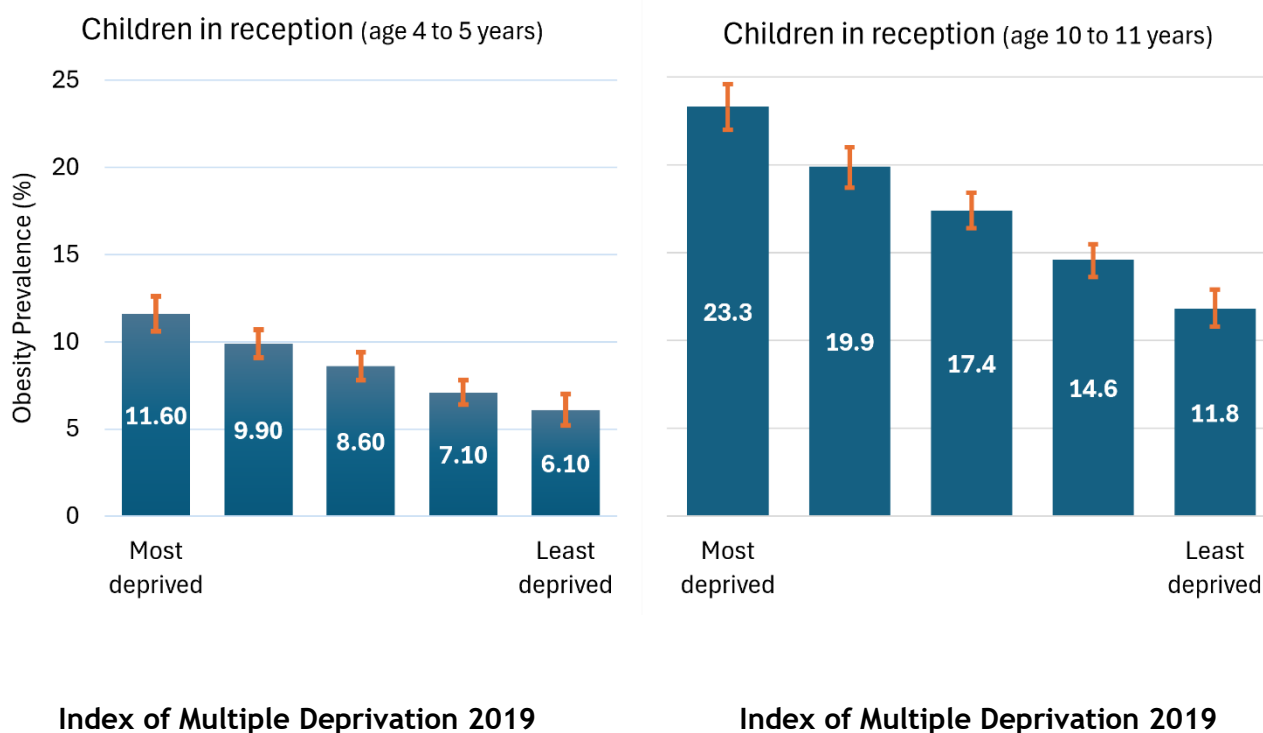
**Figure 6 Adult prevalence of obesity, 2021/22**

Data source: OHID

## Deprivation and obesity for children

**Figure 7 Obesity prevalence by deprivation and age in East Sussex**

National Child Measurement Programme



Source: OHID, Obesity Profile, Patterns and trends in child obesity, East Sussex report.

Figure 7 shows obesity prevalence by deprivation across two age groups for children, in reception (YR) and for children in year 6 (the last year of primary school). There is a clear association with higher obesity rates and levels of deprivation, as children grow up, the prevalence of obesity increases. This can be linked back to health inequalities. Therefore, one of the key areas for East Sussex would be to focus efforts to reduce overweight and obesity and increase healthy eating at a young age, on areas of deprivation in the county where the need is more prevalent.

## Key findings and facts for ageing population and healthy eating/obesity and access to HFTs

Also of significance is the effect of healthy eating and obesity on the ageing population.

The State of Ageing 2022 report ([The State of Ageing 2022 | ageing-better.org.uk](https://ageing-better.org.uk)) highlights the issues around rising pensioner poverty and poor health, and sets out that more people are living with illness and disability, and life expectancy is falling. The report states that there are almost 11 million people aged 65 and over - 19% of the total population and in 10 years' time, this will have increased to almost 13 million people or 22% of the population.

There is increasing knowledge and trends to suggest there is a need to ensure that the healthy weight and food environment is managed. Studies on food environments and the diet quality of urban-dwelling older men and women have shown that the relationships between local food environments and dietary patterns are important for older adults and could be different in men and women. Older men's diet patterns may reflect unhealthy cues associated with fast-food outlets. Among women, diet knowledge potentiated both negative and positive relationships with the food environment ([The food environment and diet quality of urban-dwelling older women and men | pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)).

Studies into the relationship between neighbourhood level food sources and obesity in a sample of older adults (aged 50 to 74 years), found that supermarkets were not associated with obesity, however fast food establishments and storefronts (convenience stores, bars and pubs, grocery stores) were positively associated with obesity. The study concluded that people living in neighbourhoods with a higher density of fast food and storefronts are more likely to be obese, these neighbourhoods may be optimal sites for interventions ([Neighborhood food environment and obesity in community-dwelling older adults | pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)).

This matches the thinking behind the East Sussex approach, that seeks to address obesity through restricting new HFTs where localities/areas currently have a higher density. It makes sense to restrict the number of new HFTs where there are existing HFTs that are higher than, for example, national levels.

[Are exposures to ready-to-eat food environments associated with type 2 diabetes? A cross-sectional study of 347 551 UK Biobank adult participants | pubmed.ncbi.nlm.nih.gov](#). This study examined the association between exposure to ready-to-eat food environments and type 2 diabetes in a large and diverse population. It concluded that access to ready-to-eat food environments was positively associated with type 2 diabetes. Top-down policies aimed at minimising unhealthy food access could potentially reduce unhealthy consumption and risks of chronic diseases.

The preventative perspective that this guidance document puts forward is the preventative context presented by Public Health. The background to the study on ready-to-eat food environments, also recognised in the context of this paper as HFTs, relates to rapid urbanization.

From the evidence presented, ESCC Public Health concludes the unhealthy growth of HFT is perpetuating diseases associated with obesity such as type 2 diabetes.

## Prevalence of Hot Food Takeaways in East Sussex

The Food Environment Assessment Tool (FEAT) [FEAT | feat-tool.org.uk](#) is a source of evidence to show location and concentration of HFTs across England. It can be used to focus on local areas to calculate the number of takeaways nationally per 1,000 population, at a range of geographical areas.

This tool developed by the Centre for Diet and Activity Research and the MRC Epidemiology Unit at the University of Cambridge, allows professionals in public health, environmental health, and planning roles to map, measure, and monitor access to food outlets at a neighbourhood level. This tool helps generate local evidence for obesity strategies, local and neighbourhood plans, and strategic planning documents, supports planning decisions, enables comparisons between neighbourhoods, and aids in targeting interventions and testing the effectiveness of planning policies.

## FEAT data sources

FEAT uses data from the Food Standards Agency's Food Hygiene Rating Scheme (FHRS) to locate food outlets, that are the source of data in the maps that follow. FHRS data contains information on food outlets submitted regularly by local authorities, who collect this data to facilitate food hygiene inspections. It is one of the most complete secondary sources of food outlet data in England. FEAT uses the locations of supermarkets and takeaways, and within this report, it is the takeaway data only that is used.

Takeaways are identified using a method developed by [Public Health England | gov.uk](#). Briefly, takeaways were “takeaway/sandwich shop” (include fully), “retailers - other”, “retailers - supermarkets/hypermarkets”, “school/college/university” (include eight

major fast food chains only), and “restaurant/café/canteen”, “other catering premises” (include eight major chains and via nine key search terms only) “other catering premises”, “restaurant/café/canteen”. Key search terms used were “burger”, “chicken”, “chip”, “fish bar”, “pizza”, “kebab”, “india”, “china”, “Chinese”.

## Caveats for ESCC use of the FEAT data

Original data was downloaded from the FHRS and used within ESCC’s GIS to generate the maps in this report. Takeaways were identified using the same criteria that FEAT uses, so this will include fast food chains. While the report focuses on HFT definitions for policy approaches, it was felt the data for the maps could include the same data as FEAT as it was not possible to remove it.

It is recognised that the definition of HFT development crosses over with other development within the planning system. It is not possible to narrow down the FEAT/FHRS data to capture solely sui generis development without very detailed work that is beyond the scope of this report. PH will act on planning applications and use the data to identify where concentrations exist as there is no control over that in Class E - but note that LPAs for their policies will focus on sui generis.

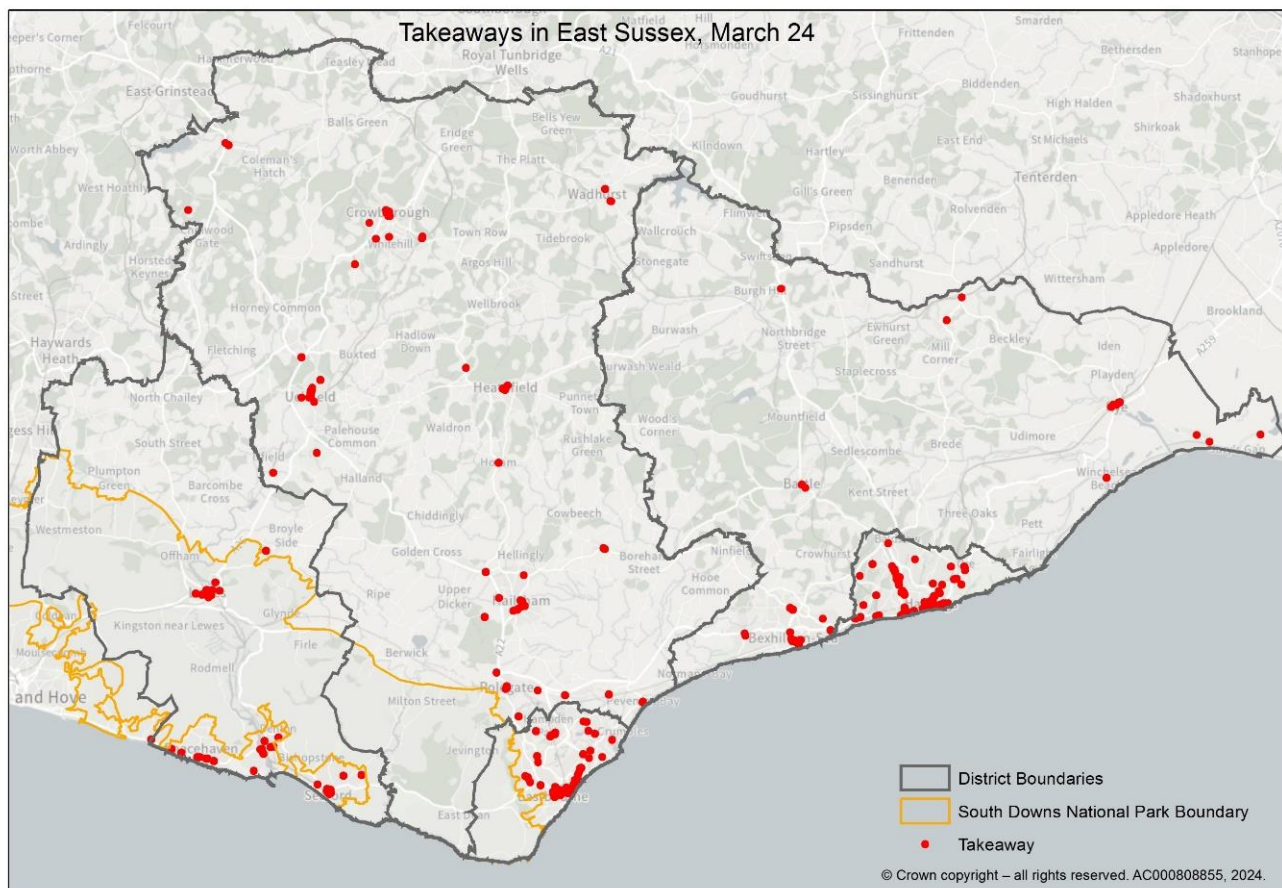
Public Health believe the FEAT data is sufficiently robust to use as a source of evidence to identify where to focus efforts on, in terms of planning policies for HFTs.

Using FEAT data supports the whole systems approach suggested in the report and demonstrates that planning is one tool to control the proliferation of HFTs, but other wider takeaway data will support public health’s efforts. A supplementary appendix has been produced to show the wider HFT landscape, which supports this whole systems approach of which planning policies on HFTs is one element.



## Overview of HFT in East Sussex (via FEAT)

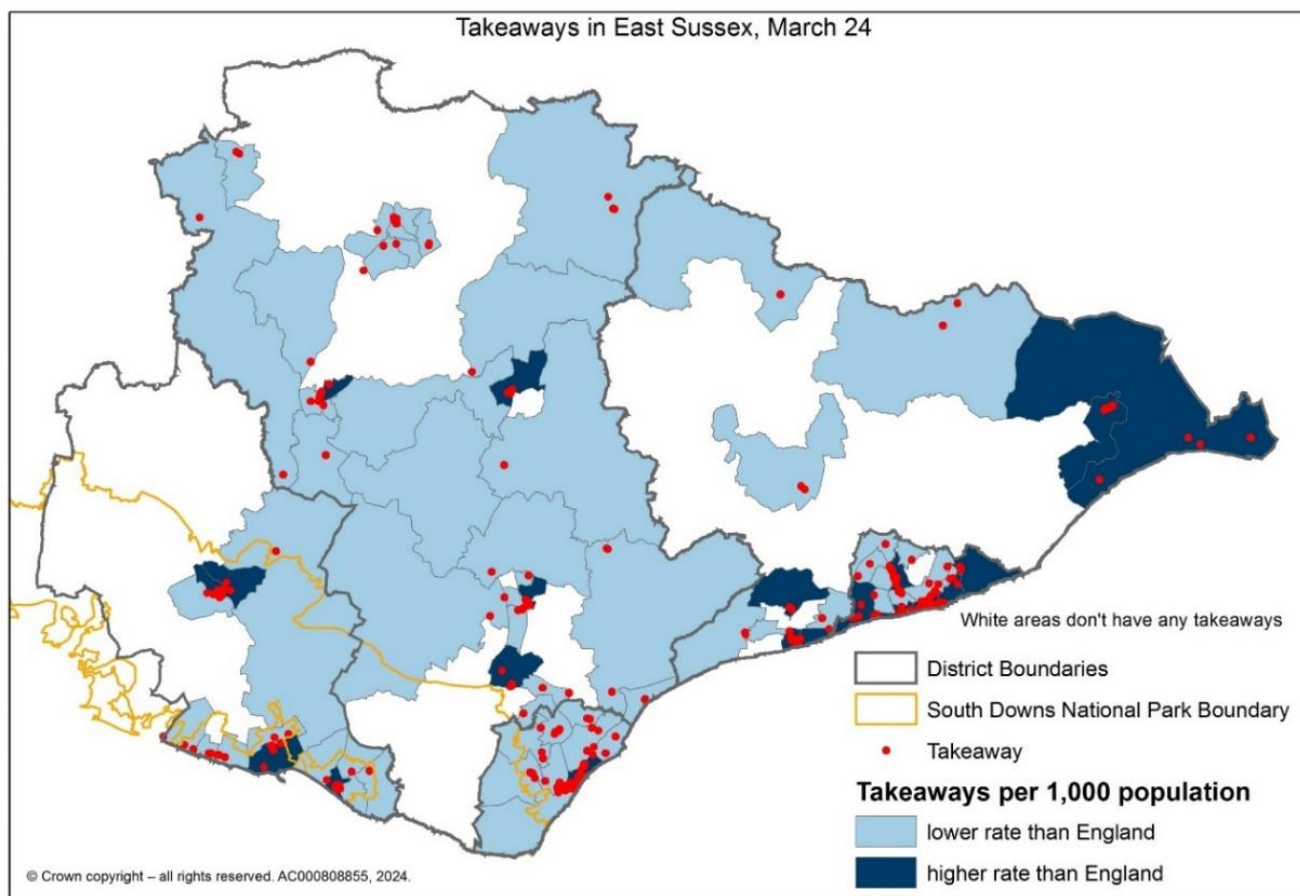
**Map 1 - HFT proliferation in East Sussex**



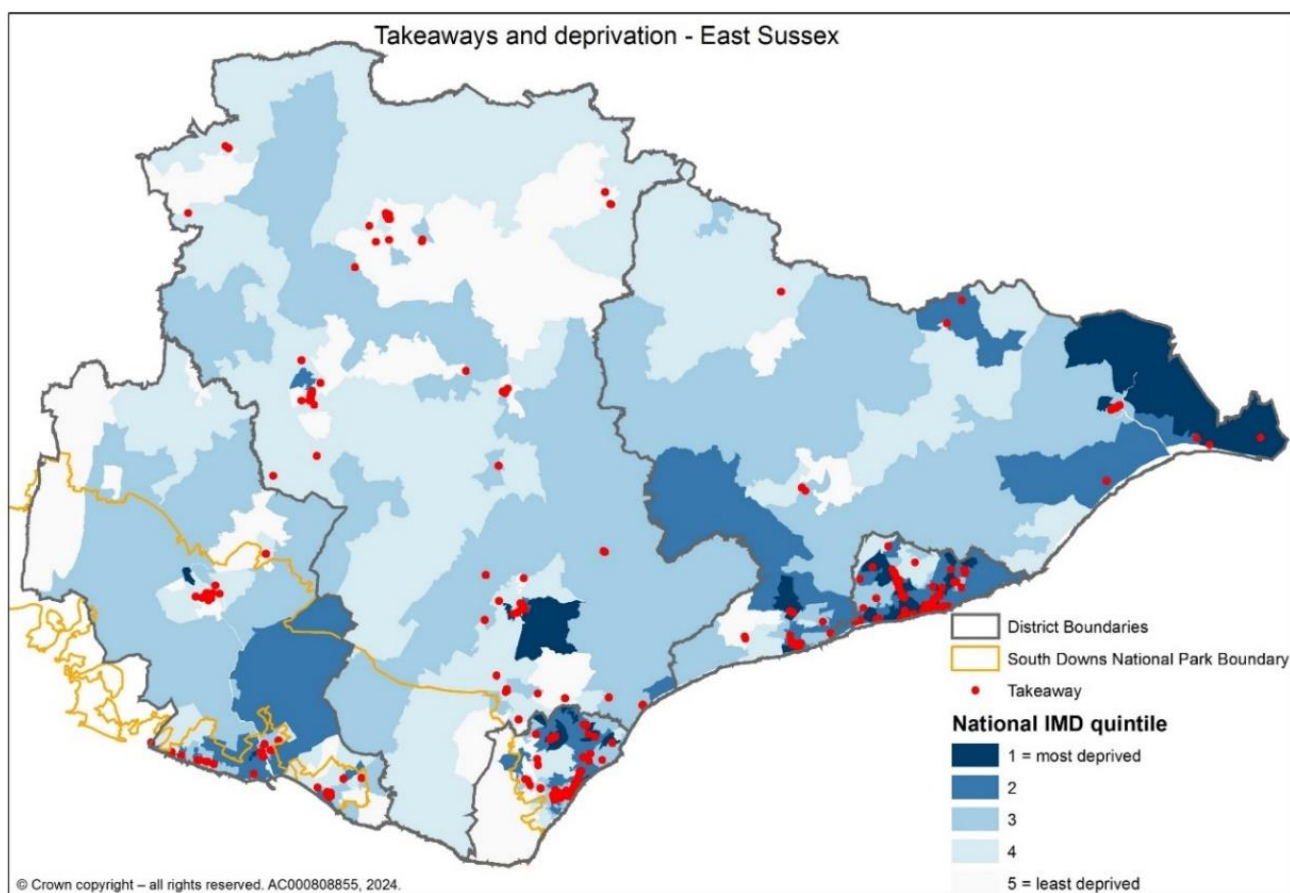
Map 1 shows the location of HFTs, using data from the FEAT. Each red dot represents one HFT. The highest concentrations of HFTs are located in the coastal areas, with some groups scattered further in land.



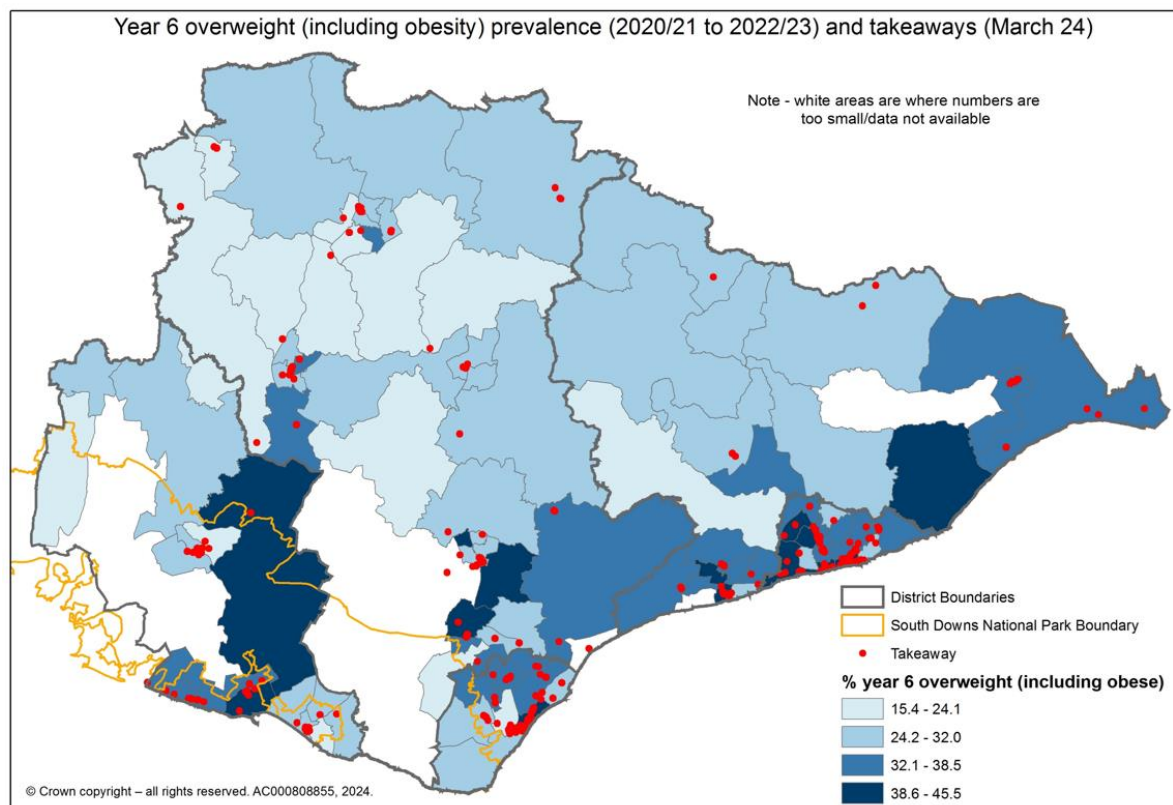
**Map 2 Rate of HFTs (per 1,000 residents) per ward, compared to England, March 2024**



Map 2 shows the location within the county where takeaways are higher or lower than the rate per thousand population, when compared to England, along with locations where there are no takeaways.

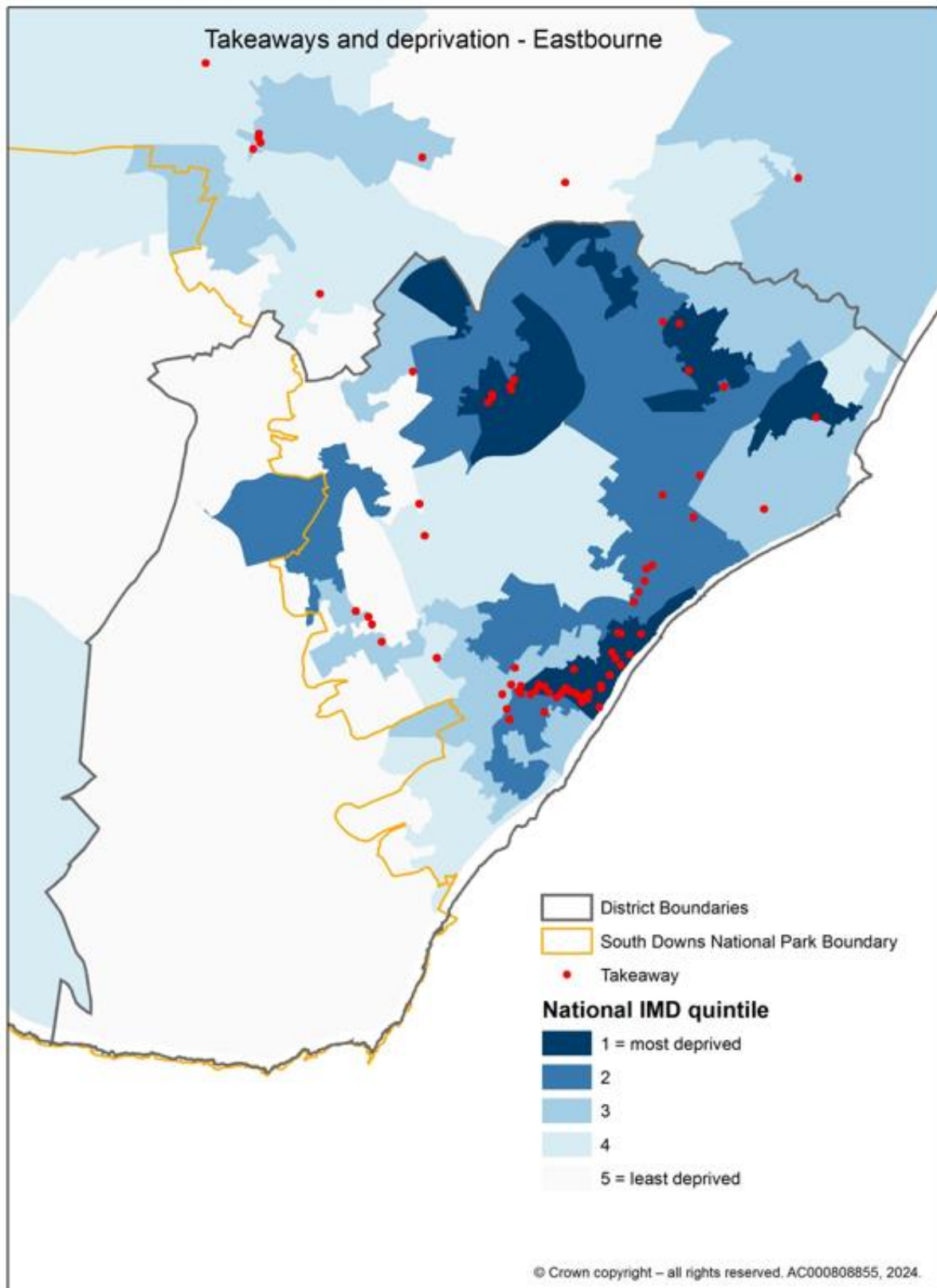
**Map 3 HFT proliferation and deprivation in East Sussex**

Map 3 shows the county in terms of deprivation, overlaid with the FEAT HFT data. Correlation can be seen between the locations of the areas of highest deprivation, in the dark blue, and the biggest concentrations of HFTs. This correlation corresponds to Map 4 where childhood rates of overweight (including obesity) for Year 6 is mapped against deprived wards. While this does not suggest that obesity is caused by the HFTs, it does demonstrate a pattern where the elements of obesity and HFT overlap in their location.

**Map 4 Year 6 overweight (including obesity) prevalence (2020/21 to 2022/23) and HFTs (March 2024)**

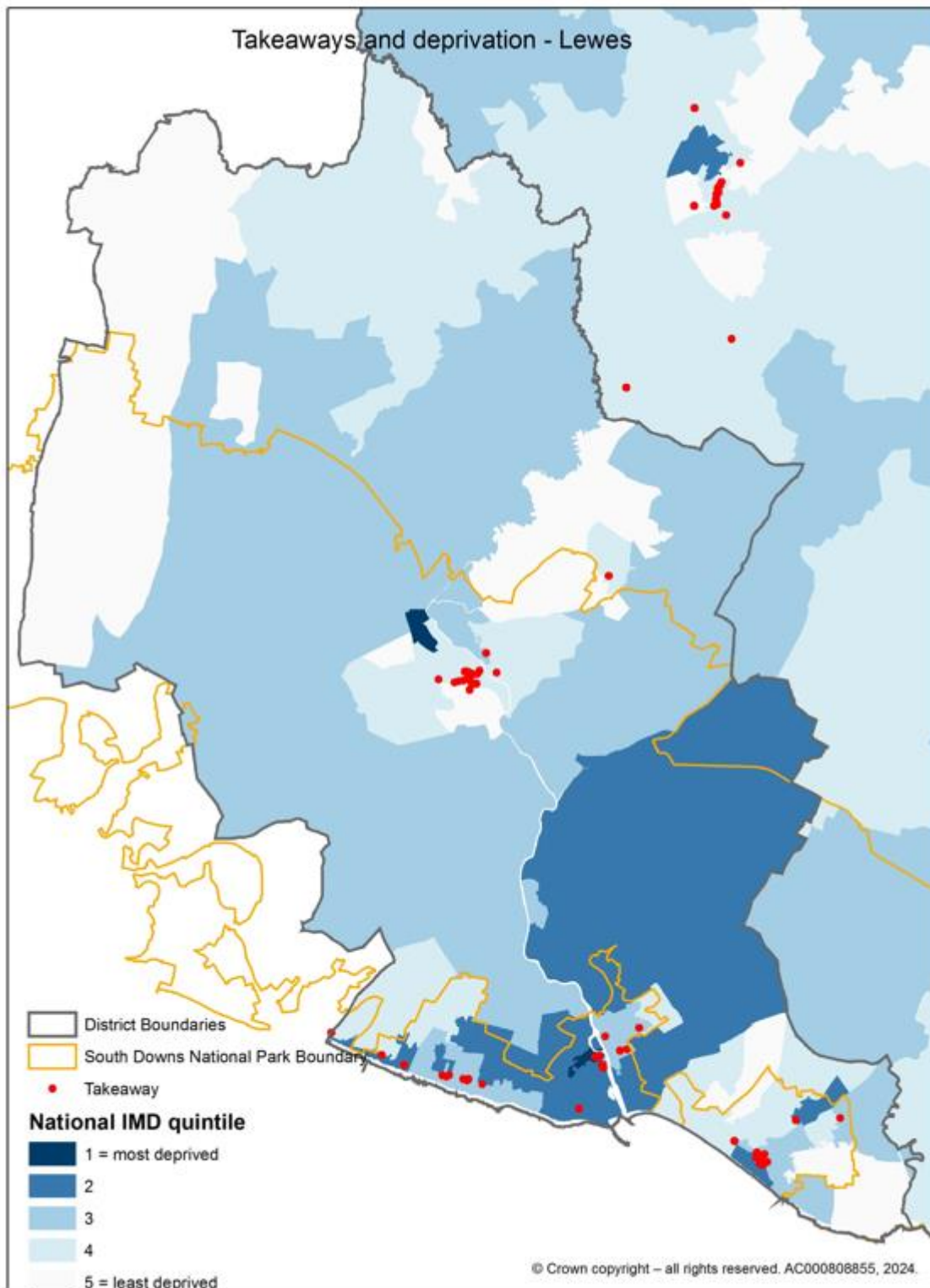
The following set of maps shows the location of HFTs in relation to areas of deprivation at a District and Borough level. Also included are maps to show the location HFTs with primary and secondary schools. Map 11 shows the proliferation and location of HFTs and secondary schools in Uckfield. The map was generated to demonstrate the use of a combination of datasets to highlight in particular, where young people in this area may be affected by HFT development. This approach can be used in any location of the county.

**Map 5 HFT proliferation and deprivation in Eastbourne**

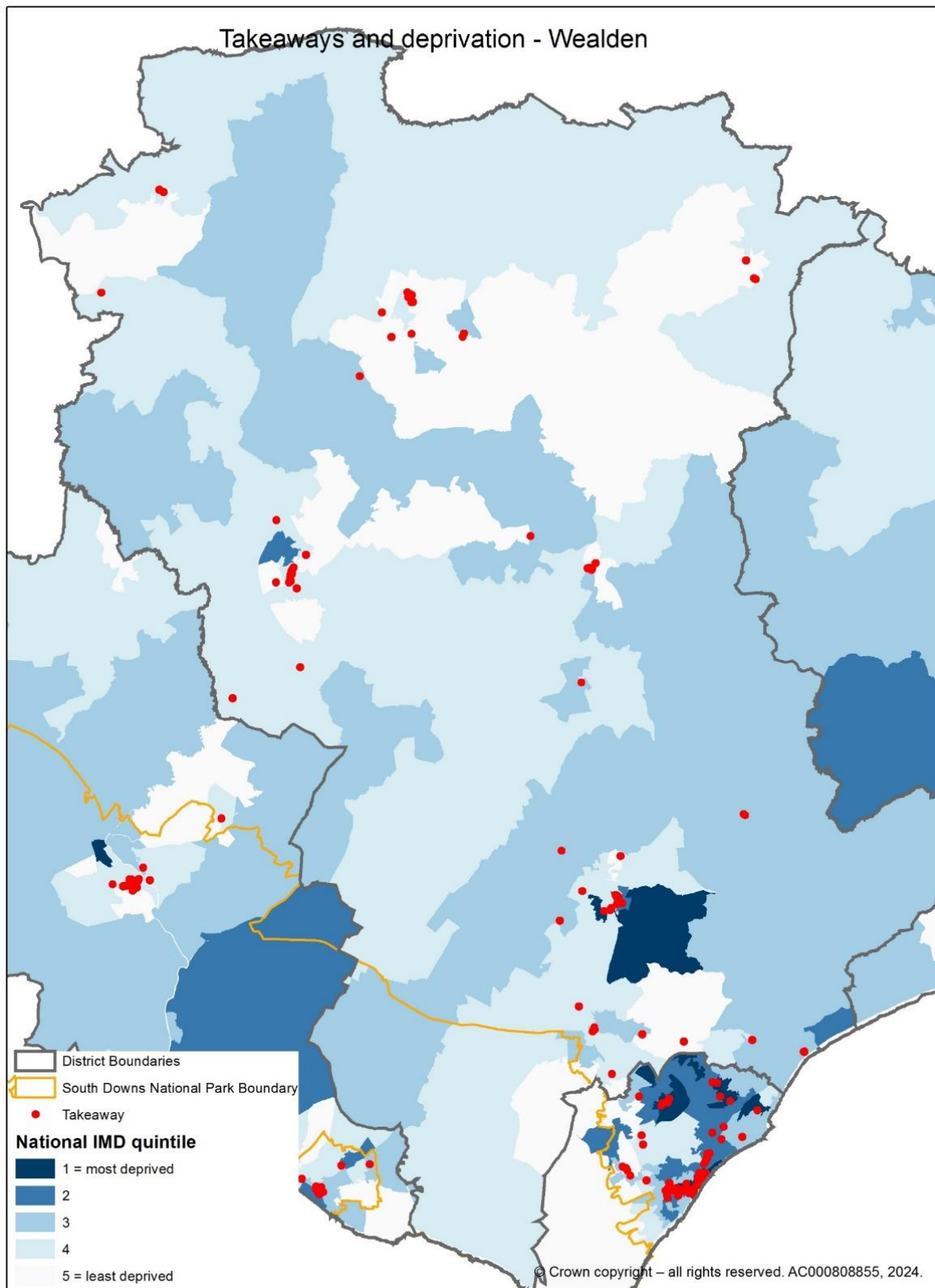




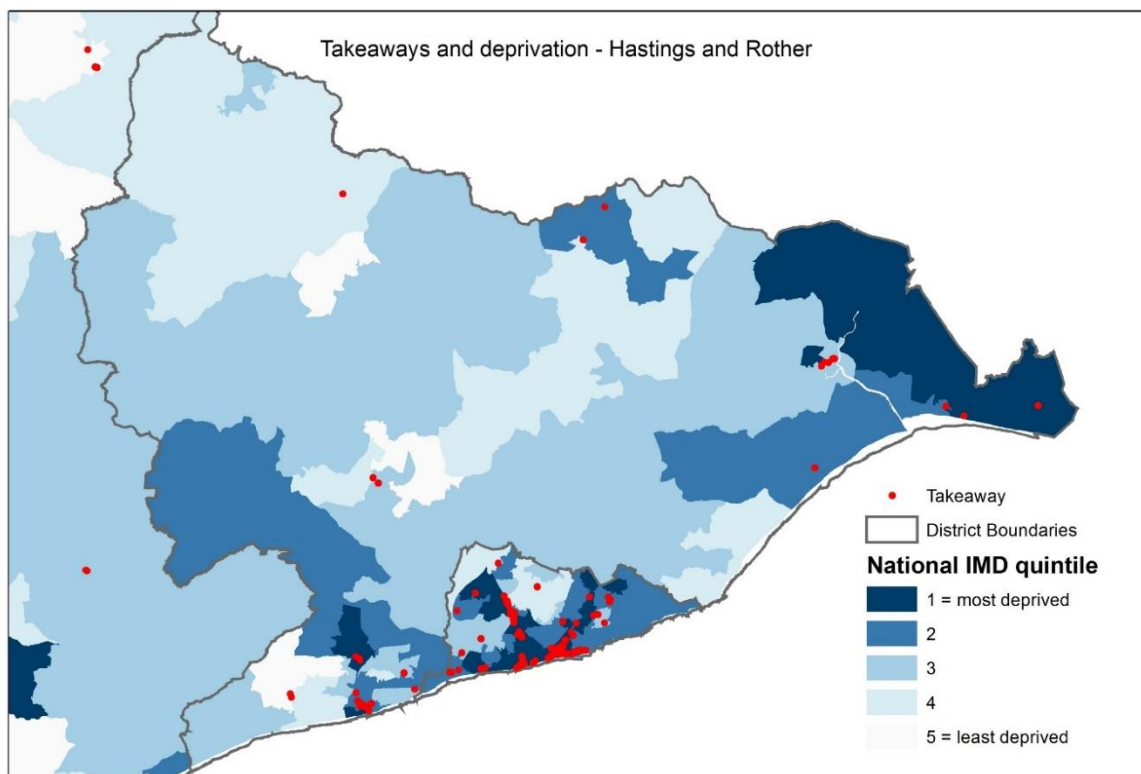
**Map 6 HFT proliferation and deprivation in Lewes**



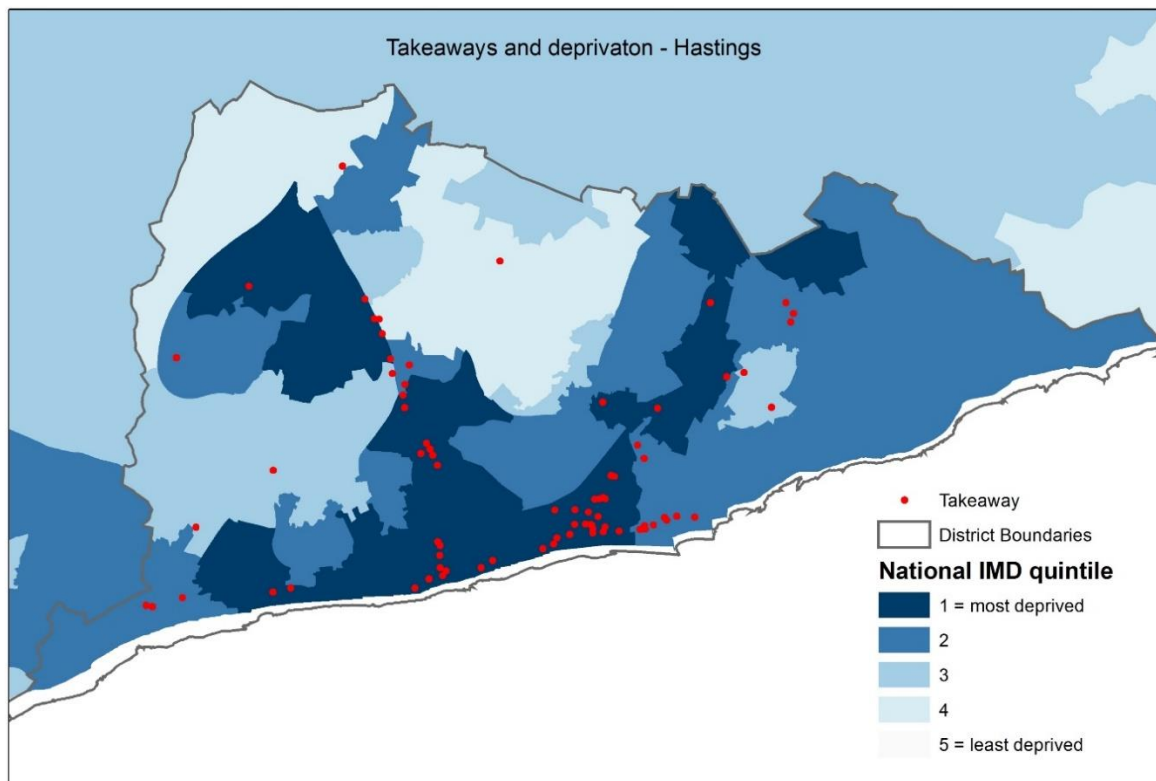
**Map 7 HFT proliferation and deprivation in Wealden**



**Map 8 HFT proliferation and deprivation in Hastings and Rother**

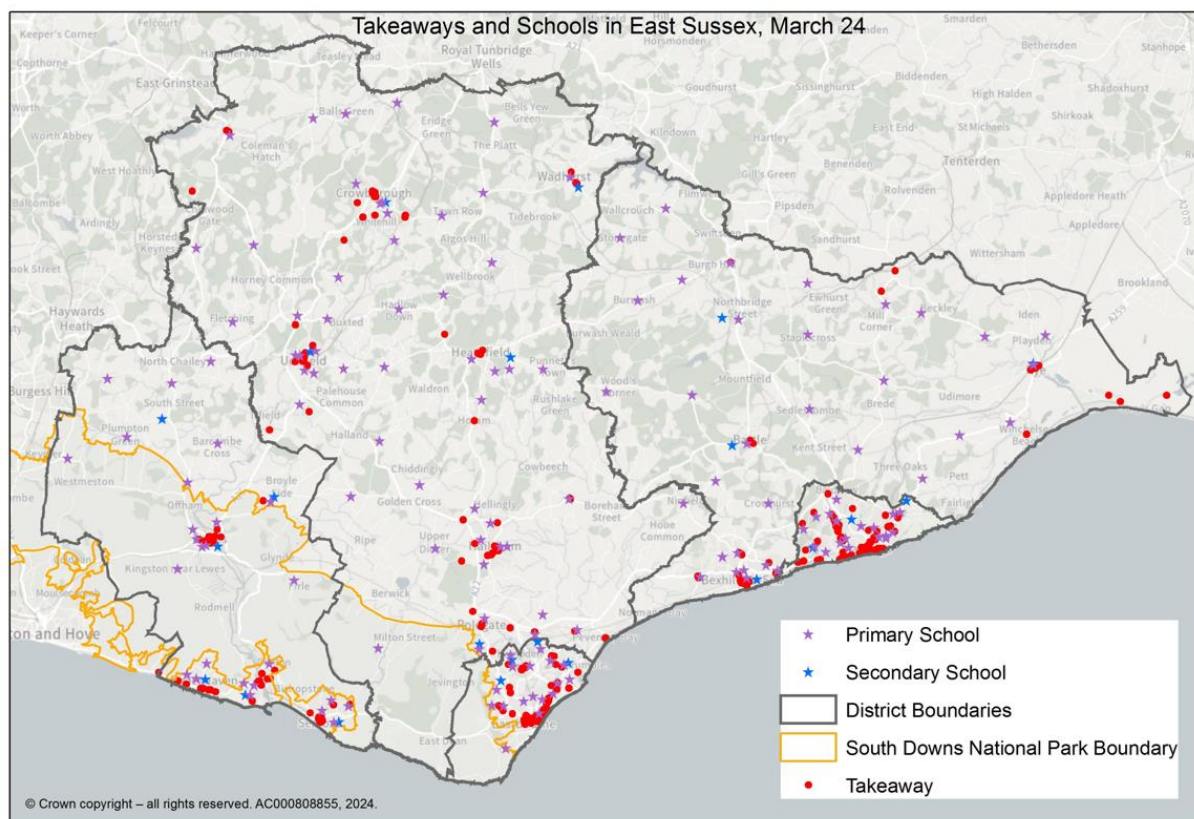


**Map 9 HFT proliferation and deprivation in Hastings**

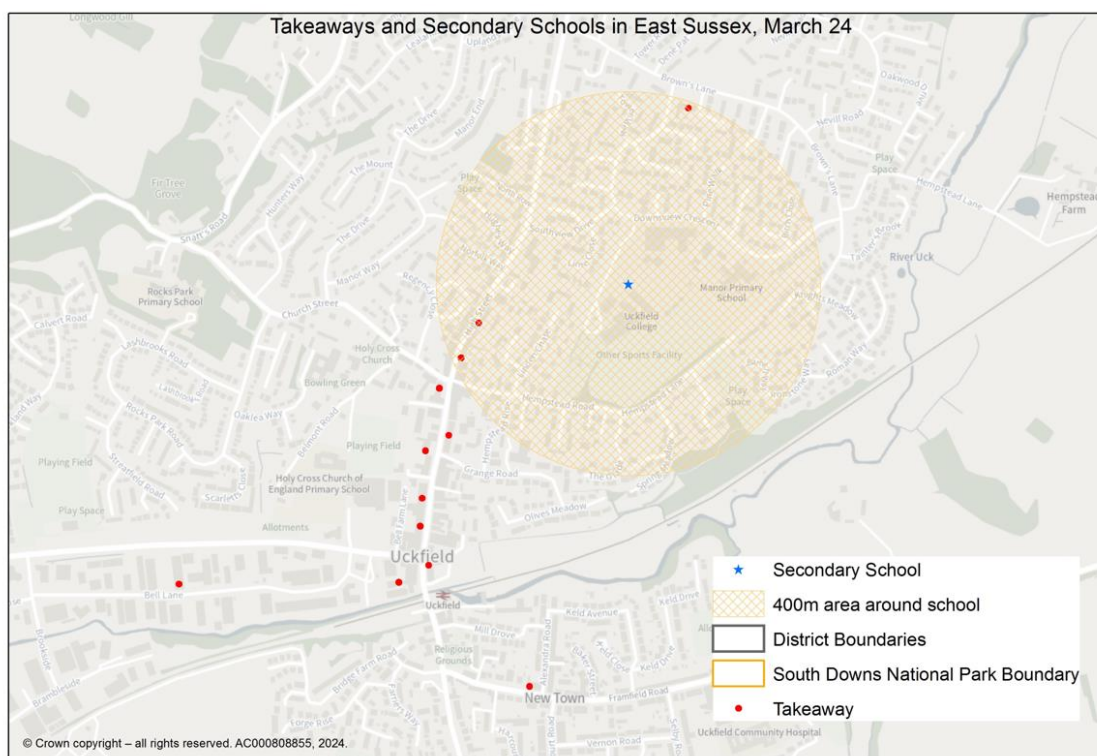




## Map 10 HFT proliferation and location of Primary and Secondary schools in East Sussex



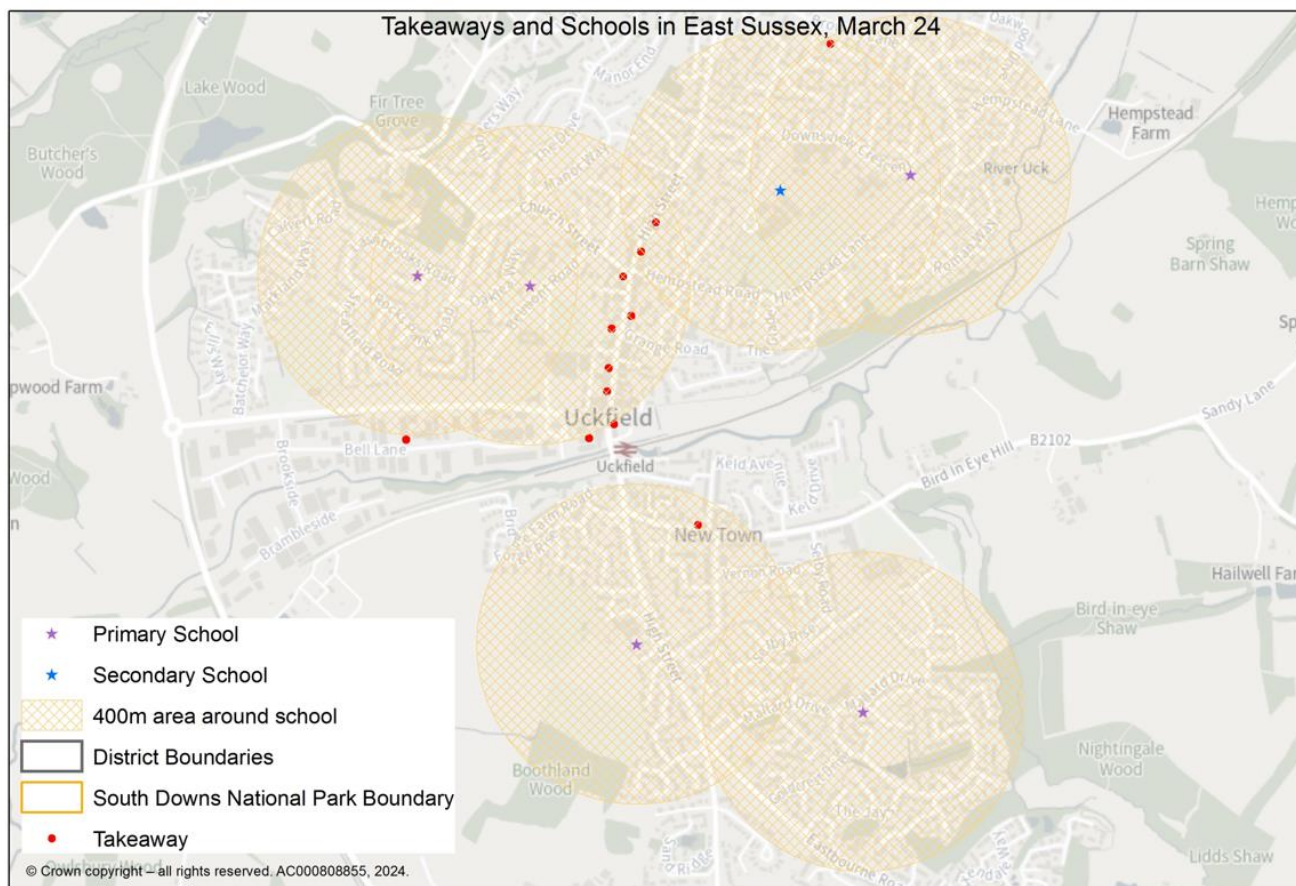
## Map 11 HFT proliferation and location of Secondary schools in Uckfield





Currently there are 4 secondary schools in East Sussex that have at least one takeaway within 400m of the school (based on the centroid of the school postcode). These schools are in Rye, Wadhurst, Hampden Park and Uckfield.

### Map 12 HFT proliferation and location of Primary and Secondary schools in Uckfield



## Links between HFT and inequalities

The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of obesity. One fifth of children eat food from out of home food outlets at least once a week and children from the most deprived areas more vulnerable in terms of being able to access unhealthy food ([Encouraging healthier out of home food provision guidance | gov.uk](#)) For example, the government's National Child Measurement Programme (NCMP) for England, 2022/23 school year summarised that for children living in the most deprived areas, obesity prevalence was twice as high compared with those living in the least deprived areas ([National child measurement programme 2022-23 school year | gov.uk](#)).

Nationally, for Reception children living in the most deprived areas the prevalence of obesity was 12.4%, compared with 5.8% of those living in the least deprived areas. For

children in Year 6 living in the most deprived areas, the prevalence of obesity was 30.2%, compared with 13.1% of those living in the least deprived areas.

These general trends at a national level are replicated in the East Sussex data in Figure 6 Obesity prevalence by deprivation and age in East Sussex.

## Summary of evidence

Data on levels of overweight and obesity in adults in East Sussex broadly reflect those at a national level, highlighted in Part A as being part of a global and national health crisis.

Amongst children, the county sees a level of overweight (including obesity) that is higher for those in Year 6 compared to those in Reception, highlighting a trend of increasing prevalence of obesity.

The District and Borough maps indicate where higher levels of deprivation are, that broadly correspond with higher numbers of HFTs.

What we can say about the evidence presented in Part C is that some areas have higher amounts of HFTs, that are clustered together in areas that are more densely populated, and in areas that have higher rates of deprivation. The more rural areas appear to have less HFTs.

Recent studies looking at fast food outlet exposure and income on diet and obesity concluded that evidence of the double burden of low income and an unhealthy neighbourhood food environment, furthered understanding of how these factors contribute jointly to social inequalities in health ([Fast food outlet exposure and income on diet and obesity | ijbnpa.biomedcentral.com](https://www.ijbnpa.biomedcentral.com)).

The food provided by HFTs tends to be high in fat, salt and sugar, and generally low quality, and is associated with higher rates of BMI, weight gain and obesity, and other related diseases. Evidence also suggests that neighbourhoods with a higher proportion of HFTs may encourage unhealthy behaviours due to increased exposure ([Fast food outlet exposure and income on diet and obesity | ijbnpa.biomedcentral.com](https://www.ijbnpa.biomedcentral.com)). As the number of HFTs continues to grow it is important to address this by presenting an approach on how to manage.

When taken together, the data on obesity, inequalities, deprivation and HFTs presented in this section requires that consideration is made on how to control and implement an approach to HFT at a both a county, and a district and borough level.

## Supplementary map appendix:

This set of maps is an appendix to the East Sussex County Council Public Health Hot Food Takeaway (HFT) Guidance document.

It was developed by the Public Health Intelligence Team to provide a more localised picture of the location of HFTs within each District and Borough. The maps use the same source of data, from March 2024, as the Food Environment Assessment Tool (FEAT) [FEAT | feat-tool.org.uk](https://feat-tool.org.uk), and spatial data provided by each Local Planning Authority to represent locally identified centres from emerging and adopted Local Plans.

The maps can be used by anyone involved in place making and decision making concerning new hot food takeaways or changes of use and can be found in the downloadable documents on the website.

## Part D - Implementation and local approach

### A methodological approach to tackle HFT

Planning policies and decisions have been used to manage the spread of HFTs and encourage healthier food environments. This section summarises the opportunities for moving forward HFT approaches within the planning process. It is divided into subsections on:

1. Tools and mechanisms for developing HFT approaches.
2. Writing policies - key elements to evidence and support in the development of a HFT policy.
3. The East Sussex approach - a set of Public Health recommendations for developing a restrictive policy approach for HFT.

### 1. Tools and mechanisms for developing HFT approaches

The following are key elements for considering the development of an approach to HFT:

Tool/mechanism	Detail/features	Policy example and case study
<b>Local Plan Policy</b>	A specific policy should be included in any Local Plan, once in place, they provide a	<a href="#">Rother pdf   rdcpublic</a> <a href="#">Gateshead pdf   gateshead.gov.uk</a>

Tool/mechanism	Detail/features	Policy example and case study
	firm basis to reject HFT planning applications.	<a href="#">Bristol planning pdf   bristol.gov.uk</a>  <a href="#">Gosport planning pdf   gosport.gov.uk</a>  <a href="#">Rossendale policy pdf   rossendale.gov.uk</a>  <a href="#">Doncaster planning   dmbcwebstolive</a>
<b>Supplementary Planning Documents SPDs</b>	Brings together evidence about the effects of HFTs, research about the links between them and their locations and obesity, detailing any parts of the Local Authority area where obesity is above the national average and other relevant information.	Template for Healthy Weight Environments Supplementary Planning Document available on PHE Using the planning system to promote healthy weight environments.  <a href="#">PHE Planning healthy weight environments guidance   gov.uk</a>  <a href="#">Gateshead SPD pdf   gateshead.gov.uk</a>
<b>Health Impact Assessments (HIAs)</b>	A tool for assessing the potential impacts upon the population. However, it cannot decide whether a HFT application should be approved or refused.	<a href="#">Gateshead HFT SPD   gateshead.gov.uk</a>
<b>Conditions e.g. hours of operation</b>	Specific and related to the application and meets the six tests set out in <a href="#">NPPG Guidance   gov.uk</a> .	<a href="#">Bristol case study pdf   bristol.gov.uk</a>  <a href="#">Manchester case study   gov.uk</a>  <a href="#">Kirklees case study pdf   kirklees.gov.uk</a>
<b>Exclusion zones/proximity</b>	Clear and precise boundaries ensure ease in implementation.	<a href="#">Blackpool case study pdf   blackpool.gov.uk</a>

Tool/mechanism	Detail/features	Policy example and case study
		<a href="#">Bristol planning pdf   bristol.gov.uk</a> <a href="#">Southampton local planning   southampton.gov.uk</a> <a href="#">Kirklees HFT pdf   kirklees.gov.uk</a> <a href="#">Rossendale takeaway planning   rossendale.gov.uk</a> <a href="#">Doncaster planning pdf</a>
<b>Clustering / concentration / proliferation</b>	Retail studies and site analysis by case officer.	<a href="#">Gateshead</a> <a href="#">Bristol</a> <a href="#">Southampton</a> <a href="#">Rossendale</a> <a href="#">Doncaster</a>
<b>Priority Wards (20% most deprived population)</b>	Focusses efforts to where the need is greatest and supports objectives to reduce health inequalities.	<a href="#">Blackpool</a> <a href="#">Rossendale</a>

## Takeaway management zones near schools

A Toolkit was co-produced by university researchers to support planning and public health officers within local authorities to adopt and implement takeaway management zones around schools. This was in response to managing planning applications for new HFTs that are close to schools with the aim to reduce access to HFTs to contribute to improving the health and wellbeing of the public, specifically younger people. A 4-stage process explains how to make the case for the zones, how to design and adopt them, followed by how to implement zones and finally guidance on how to monitor, evaluate and update them. The toolkit can be found in the following link: [Managing takeaways near schools: a toolkit for local authorities | zenodo.org](#).

## 2. Writing policies - key elements to evidence and support the development of a restrictive HFT policy

Supporting text should include reference to the following key elements to evidence and support any policy justified on local evidence and need:

<b>The issue of Obesity</b>	Outline the issue of obesity and its association with population behaviour, the environment, genetics, the economy and culture.
<b>Links between access and Proximity</b>	Explain the links between the physical ease of access to food and drinks, including takeaways and the proximity of food outlets to schools and other places where children and young people congregate e.g. parks and youth clubs.
<b>Reference key documents</b>	Reference to key documents that focus on how local planning authorities can help create healthier built environments, including guidance that sets the 400m radius of the hot food takeaway restriction zone as a proxy distance for a 5-minute walk.
<b>Use Guidance</b>	Use guidance from the Town and Country Planning Association's 'Six Healthy Weight Environment elements' to provide context and justification for recommendations that development avoids over concentration of HFTs in existing town centres or high streets and restricts their proximity to schools or other facilities for children and young people and families.
<b>NHS</b>	Refer to NHS publications that acknowledges the importance of improving the food environment to enable people to access healthier options.
<b>Gather sufficient data and evidence</b>	Use data and evidence to highlight the trends of childhood obesity within the LA, including reference to East Sussex JSNA that sets out broader contextual issues such as deprivation levels.



<b>Corporate vision and objectives</b>	<p>Links to wider corporate visions and objectives around active and healthy lifestyles.</p> <p>District and Borough Strategies such as Rother Health and Wellbeing Strategy.</p> <p>Other related Local Plan Strategic Policies.</p>
<b>Wider system approaches (strategies, policies and priorities) to tackling health inequalities including obesity and co-morbidities associated with obesity and poor nutrition</b>	<p>NHS Plans/ICS and ICS Strategy - Healthy Places is mentioned.</p> <p>Health and Wellbeing Strategies.</p> <p>East Sussex Whole System Healthy Weight Plan 2021-2026.</p> <p>East Sussex Public Health and Planning Memorandum of Understanding 2022.</p>

## Key criteria to include in a restrictive HFT policy

Recommending a restrictive type of local planning policy that does not allow the development of new HFT by assessing proposals against some or all of the following criteria, making reference to local data and evidence. The onus is on the applicant to demonstrate that new development will not have harmful impacts on the population and will contribute to healthy placemaking in terms of healthy food environment.

<b>Locations</b>	Where children and young people congregate (this could include parks, youth clubs). This aligns to sensitive uses and vulnerable groups that may be affected by proposals.
<b>Proximity (vulnerable groups)</b>	<p>To schools or education establishments (not within 400m) - or 400m from entrance or exit.</p> <p>To local authority leisure centres, youth clubs and hubs.</p> <p>Locations where there are high obesity rates (that is higher than national levels) at ward level for Reception and Year 6 Children, and for adults (overweight and obese).</p> <p>Within wards categorised as within the top 20% most deprived.</p>



<b>Over Proliferation</b>	Where the proportion of those uses (where the number exceeds the national average per 1,000 population) - on a Wards basis - or % of HFT would not exceed a certain percentage of the total - to be based on local area data.
<b>Clustering</b>	No more than 2 consecutive uses/ not more than 3 HFTs together/not more than 2 HFTs/less than 3 non-HFTs between existing - at least 4 non-HFTs between existing each new HFT - to be based on local area data.
<b>Opening Times</b>	Such as weekdays closed to the public between 3pm to 5pm.
<b>Reference to initiatives</b>	Proposals to refer to initiatives to achieve for example, healthy menus.
<b>Amenity</b>	References to amenity of surrounding properties, for example, litter, waste disposal, fumes/odour, noise and parking.

## HFT and Health Impact Assessments (HIA)

The World Health Organization defines Health Impact Assessment (HIA) as a practical approach used to judge the potential health effects of a policy, programme, or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimising its negative health effects. [WHO Health Impact Assessments | who.int](https://www.who.int/publications/m/item/health-impact-assessments).

For planning, a HIA is a process that identifies the health and wellbeing impacts, benefits and harms of any plan or development project. A HIA recommends measures to maximise positive impacts, minimise negative impacts and reduce health inequalities. A HIA supports the planning system to address local health and wellbeing needs and tackle inequalities through influencing the wider determinants of health. The National Planning Practice Guidance identifies HIA as a useful tool to use where planning applications are expected to have significant impacts on the health and wellbeing of the local population or particular groups within it.

While the HIA process is a useful tool to assess the potential impacts upon the population health and does enable for proportionate assessment of impact of development on health, it cannot decide whether a HFT application should be approved or refused.

### **3.The East Sussex approach - a set of Public Health recommendations for developing a restrictive policy approach for HFT**

Based on the available evidence presented, East Sussex Public Health recommends that a standalone restrictive policy is included in Local Plans. Within the policy, a range of specific criteria should be set out that should be met before permission is granted. Therefore, a restrictive policy is more effective in decision making and gives a clearer indication of what will be acceptable and the specific criteria that needs to be met.

This will involve analysing HFT evidence at a local level in order to establish levels of clustering, proliferation and what constitutes this at a local level.

The suggested approach to HFT is in keeping with the Public Health's desire to contribute to health and wellbeing and to reduce health inequalities. It would enable the creation of healthy environments and high streets that offer a range of food options through restricting inappropriate development. It demonstrates taking action to protect vulnerable and at-risk groups such as young children, from less healthy environments.

### **Methodology to implement the East Sussex approach**

The East Sussex methodology to identify the approach needed to tackle HFTs across the County is based upon the following factors:

Investigating and communicating the intelligence and data with regard to adult and childhood obesity, with a greater focus on childhood obesity. For example, using the following key data:

- IMD.
- Overweight and obese - adults.
- YR and Y6 excess weight.
- Diabetes.
- Coronary heart disease prevalence.
- Examining at ward level as opposed to a District and Borough level helps us to understand 'the root' of existing and proposed HFTs.
- Comparing ward level data to national levels.

Public Health will assess planning applications for HFT and recommend that planning authorities consider refusal based on one or more of the following criteria:

<b>Obesity levels</b>	Locations where there are high obesity rates (that is higher than national levels) at ward level for Reception and Year 6 Children, and for adults (overweight and obese) when compared to national data.
<b>Other health issues</b>	For example, diabetes prevalence, coronary heart disease at a District and Borough level.
<b>Deprivation</b>	Within wards categorised as within the top 20% most deprived.
<b>Proliferation</b>	Where the number of existing HFTs exceeds the national average per 1,000 population) - on a ward basis.
<b>Vulnerable Groups</b>	Where children and young people congregate (this could include parks, youth clubs). This aligns to sensitive uses and vulnerable groups that may be affected by proposals.

Case studies that include examples of planning approaches and restrictive policies are set out in Appendix A.

## Appendix A - local planning authority example approaches and restrictive policies

Research into planning policy found that the most commonly represented health-focused domain of action was exclusion zones near places for children and family, e.g. schools, parks and leisure facilities including sport centres and youth clubs. Distance based exclusion zones ranged from 200 to 800m, and walking time-based exclusion zones from 5 to 10 min. Other strategies addressing places for families and children included restriction of takeaway food outlet opening hours during school lunch times, and immediately after school.

The 400m figure is based on research conducted by London Metropolitan University suggesting that 400m was the maximum distance that students would walk to and back in their lunch break. 400 metres has also been outlined within the Institute of Highways and

Transportation Guidelines for providing journeys on foot. [CIHT Planning for walking | ciht.org.uk](https://ciht.org.uk).

Several local authorities have developed supplementary planning documents (SPDs) to restrict the development of new fast food premises close to schools and in some cases in combination to restrict the clustering and over concentration of such premises.

The aim of SPDs is to tackle environmental (e.g. litter, noise, smells) and health issues (e.g. child obesity and the related health concerns of type 2 diabetes, coronary heart disease and other diseases) posed by the proliferation of hot food takeaways.

The London Borough of Waltham Forest was the first council to develop an SPD specifically to tackle the health impacts of hot food takeaways, by restricting their development around ‘the school fringe’. The Borough worked closely with London Metropolitan University, whose research on shops forming ‘the school fringe’ found that these shops are popular with students yet tend to sell food of poor nutritional quality that contributes a significant proportion of students’ fat, salt and sugar intake.

## Case studies where planning powers are being used to limit HFT in local areas

### **Rother District Council Development and Site Allocations Local Plan (2019) Area Policy**

The adopted Rother District Council Development and Site Allocations Local Plan (2019) contains Policy BEX17: Little Common and Sidley District Centres. This policy seeks to ensure access to shops and services for communities. More specifically it recognises that Sidley has a very high proportion of takeaways and as one of the most deprived areas within Rother, it represents an over-concentration of such uses which could negatively impact on the health and wellbeing of the local population. Local consultation highlighted concerns for residents of the number of takeaways in Sidley, therefore given their high concentration and the known deprivation, it considered that the further concentration will not be supported, by inclusion of the policy:

#### **Policy BEX17: Little Common and Sidley District Centres**

##### **Consideration**

Little Common and Sidley District Centres are defined on the Policies Map and will be the primary focus for retail and other town centre uses.

Within these centres, as defined on the Policies Map, the loss of significant existing ground floor retail floorspace falling within Use Class A1 will be resisted. Planning permission will be granted for the introduction of new shops and the expansion or refurbishment of existing premises, subject to compatibility with other Local Plan policies.

Within Sidley District Centre, further concentration of takeaway uses (within Use Class A5) will not be supported.

## Gateshead Council Adopted Hot Food Takeaway SPD 2015

Gateshead Council adopted their Hot Food Takeaway SPD in 2015, it sets out the Council's priorities and objectives in relation to planning control of hot food takeaways. It elaborates upon existing and emerging policy in relation to health and wellbeing. Gateshead has a high level of obesity and aims to reduce the number of obese children in year six to less than 10% by 2025. The SPD is used to support the Local Plan (2015) policy CS14 Wellbeing and Health The wellbeing and health of communities will be maintained and improved by:

### Local Plan Policy CS14 Wellbeing and Health

Consideration	Detail(s)
1. Requiring development to contribute to creating an age friendly, healthy and equitable living environment through:	<ul style="list-style-type: none"> <li>i. Creating an inclusive built and natural environment,</li> <li>ii. Promoting and facilitating active and healthy lifestyles,</li> <li>iii. Preventing negative impacts on residential amenity and wider public safety from noise, ground instability, ground and water contamination, vibration and air quality,</li> <li>iv. Providing good access for all to health and social care facilities, and</li> <li>v. Promoting access for all to green spaces, sports facilities, play and recreation opportunities.</li> </ul>
1. Promoting allotments and gardens for exercise, recreation and for healthy locally produced food.	

Consideration	Detail(s)
2. Controlling the location of, and access to, unhealthy eating outlets.	

The SPD contains the following planning considerations for HFTs:

### Planning application considerations:

Consideration:	Detail(s)
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	<b>Detail(s)</b> 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

Consideration:	Detail(s)
	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.

## Blackpool Council Local Plan Evidence Base 2020

### Blackpool Local Plan Evidence Base (2020) to support the management of where HFTs are located

The evidence considers 400m exclusion zones around sixth form colleges, youth facilities, community centres, playing fields, parks and leisure centres and some also impose strict opening times so that hot food takeaways are not open during core school hours.

400m figure is based on research conducted by London Metropolitan University suggesting that 400m was the maximum distance that students could walk to and back in their lunch break. Some authorities refer to 400m as being the equivalent to a 5-minute walk, others refer to 400m being the equivalent to a 10-minute walk.

Consideration	Detail(s)
<b>Methodology for location of HFTs</b>	<ul style="list-style-type: none"> <li>Establish location of HFTs - exclude seasonal ones not aimed at residents.</li> <li>Use JSNA data at Ward level to understand population and obesity levels.</li> <li>Analysis of Deprivation data for each LSOA <a href="https://indicesofdeprivation.org.uk/2019/LSOA-level">Indices of Deprivation 2019 - LSOA level   opendatacommunities.org</a>.</li> <li>Childhood obesity for children in Reception and Year 6 data through NCMP.</li> </ul>



Consideration	Detail(s)
Ward data	Authorities have also restricted the provision of new hot food takeaways in wards where there are high levels of childhood obesity, until levels of childhood obesity fall within set targets.
Over concentration of hot food takeaways	For example, having no more than x percent of units within a centre or a frontage being hot food takeaways, there should be no more than two hot food takeaways beside each other or there should be at least x units of another use between hot food takeaways. Some authorities have introduced area concentration limitations of no more than 3 units within 400m.
Health Impact Assessments	Some authorities are requiring the submission of Health Impact Assessments with planning applications, not just for larger developments but also for proposals for new hot food takeaways. As part of these Assessments, financial contributions could be made/required towards improving health infrastructure or if the Assessment indicates there would be harm to health, permission is likely to be refused.

## Blackpool Adopted Local Plan 2023 recommended the following policy wording:

Consideration	Detail(s)
1.	To promote healthier communities, permission will not be granted for hot food takeaways in or within 400 metres of wards where there is more

Consideration	Detail(s)
	than 15% of the year 6 pupils or 10% of reception pupils with obesity.

Such a policy would be restrictive but wouldn't constitute a blanket ban across the town. All applications should be assessed on their merits and all material planning considerations should still be put in the planning balance and weight given to each consideration accordingly. As the data relating to childhood obesity is updated annually, such a policy would be fluid and responsive to change.

## Bristol Draft Local Plan 2023:

The publication version (2023) seeks to control the development of takeaways within walking distances of places where young people gather in order to limit children's exposure to the influences on making less healthy food choices. The policy also aims to avoid concentrations of takeaways by reducing choice and opportunities for less healthy food choices and preventing such outlets from dominating the street scene of local centres. The proposed policy is as follows:

Proposals for takeaways in centres, edge of centre locations or at out of centre locations that are likely to influence behaviour harmful to health or the promotion of healthy lifestyles will not be permitted.

Consideration	Detail
<b>Impacts on young people</b>	Proposals for takeaways located within approximately 5 minutes walking distance of schools, youth facilities, or other locations where young people gather will not be permitted if they would be likely to have a harmful influence on health including through a prejudicial effect on healthy lifestyle initiatives.
<b>Concentration of takeaways</b>	Proposals for takeaways will not be permitted where:  There would be a harmful concentration of takeaways within a retail centre; or  The development would result in three or more adjacent takeaways.
<b>Amenity impacts</b>	Proposals for takeaways will not be permitted where the impact of noise and general disturbance, fumes, smells, litter

Consideration	Detail
	<p>and late-night activity, including those impacts arising from the use of external areas would have an unacceptable impact on surrounding amenity.</p> <p>Proposals for takeaways will not be permitted where they would have an unacceptable impact on the character of the area, residential amenity and/or public safety, either individually or cumulatively.</p> <p>In order to assess the impact of a takeaway proposal on an area, the following considerations will be taken into account:</p> <p>The impact of noise, general disturbance, fumes, smells, litter and late-night activity, including those impacts arising from the use of external areas;</p> <p>The impact on highway safety; The availability of refuse storage and disposal facilities; and</p> <p>The appearance of any associated extensions, flues and installations.</p>

Proposals for takeaways in centres, edge of centre locations or at out of centre locations that are likely to influence behaviour harmful to health or the promotion of healthy lifestyles will not be permitted.

Where appropriate, the council will require conditions be placed on any permission to mitigate these potential impacts.

## Manchester City Council Adopted Local Plan 2017

Manchester City Council (2017) has adopted a policy which uses conditions on opening hours of hot food takeaways within 400m of a school to the following:

Consideration	Detail(s)
A primary school	The hot food takeaway is not open to the public between 3 pm to 5.30pm on weekdays.
A secondary school	The hot food takeaway is not open to the public before 5.30pm on weekdays.

## Southampton City Council Draft Local Plan

Southampton City Council is aiming to reduce the proliferation of HFTs in close proximity to schools to achieve a healthier food environment in its draft Local Plan that includes the following criteria:

[Southampton Draft Local Plan with options | southampton.gov.uk](https://www.southampton.gov.uk)

Consideration	Detail(s)
<b>Proposals for new hot food takeaways will be resisted where they would result in:</b>	<ul style="list-style-type: none"><li>a. More than 2 hot food takeaways in a row; or</li><li>b. Less than 3 non-hot food takeaways units between existing hot food takeaways; or</li><li>c. An over-concentration of hot food takeaways that is detrimental to the role, character and function of a designated city, town, district or local centre.</li></ul>

## Gosport Borough Council Background Paper 2021

Gosport Borough Council produced a HFT background paper (2021) to support policies of the draft Gosport Local Plan 2038 relating to HFT within the Borough.

In circumstances where a unit has been unsuccessfully marketed for 24 months or more for other town centre uses as defined in the NPPF (and in particular those within Use Class E) without any reasonable offers then the Council may exceptionally allow planning permission for it to be used for a new hot food takeaway that would breach criteria 2a, 2b or 2c provided that it is compliant with other criteria of this policy.

Proposals for new hot food takeaways will be resisted where they are located within a 400-metre walking distance of the entrance or exit of a primary or secondary school unless the premises is within a designated City, Town, District or Local Centre.

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, it is recommended that the following principles be included in local plan policies:

Consideration	Detail(s)
1	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;
2	Restrict hot food takeaways around education establishments, potentially limiting this restriction to secondary schools or colleges; and
3	Restrict hot food takeaways in Borough wards where the number of hot food takeaways equals or exceeds the Hampshire average per 1,000 population.

## Gosport Draft Local Plan 2021 Draft Policy C5 Hot Food Take Aways

Consideration	Detail(s)
1. Planning permission will not be granted for hot food takeaways which are located in any of the following locations:	<ul style="list-style-type: none"> <li>a) Outside a principal, district or neighbourhood centre; or</li> <li>b) within 400 metres of secondary schools or colleges; or</li> <li>c) wards where the number of approved hot food takeaways equals or exceeds the Hampshire average per 1,000 population.</li> </ul>
2. Proposals for hot food takeaways in suitable locations (as determined by Point 1) will be granted permission provided that:	<ul style="list-style-type: none"> <li>a) they do not cause significant harm to residential amenity; and</li> <li>b) external ventilation and extractor systems do not significantly harm the appearance of the building or street scene and the residential amenity of neighbouring properties through noise or odours; and</li> <li>c) there is adequate provision for the disposal, storage and collection of refuse, and litter bins for use by customers are provided.</li> </ul>

## Kirklees Council Hot Food Takeaway SPD 2022

Consideration	Detail(s)
<p><b>Policy HFT 1 Public Health Toolkit</b></p> <p>Proposals for all new hot food takeaways will be assessed against the Kirklees Council Public Health Toolkit. Proposals that are not accepted by the toolkit will be refused, unless other material considerations indicate otherwise. HFT1 will not apply where the application site is within the designated Principal Centres of Huddersfield and Dewsbury and the designated Town Centres of Batley, Cleckheaton, Holmfirth and Heckmondwike.</p>	<p>The assessment tool uses a range of local data, known as indicators, these are:</p> <p>Index of Multiple Deprivation (IMD) quintile</p> <ul style="list-style-type: none"> <li>• Percentage of adults overweight</li> <li>• Percentage of adults obese</li> <li>• Percentage of 5-year olds (reception) with excess weight</li> <li>• Percentage of 11-year olds (year 6) with excess weight</li> <li>• Diabetes prevalence rate</li> <li>• Coronary heart disease prevalence rate</li> </ul> <p>Each indicator is assessed and allocated points using the postcode of the proposed hot food takeaway.</p> <p>A hot food takeaway will be refused permission if it is located within a postcode that has a combined points total above 20 (21 or above) across the seven indicators of deprivation, obesity and related health conditions out of a possible 42 (unless other material considerations indicate otherwise).</p>
<p><b>Policy HFT 2 Town Centre Vitality and Viability</b></p>	<p>Hot food takeaways (Sui Generis) will not be supported in a principal town, town, district or local centre where the cumulative impact of introducing the facility would be detrimental to the vitality and viability of that centre. A proposal will be considered to be harmful to the vitality and viability of a centre if it meets one or more of the three criteria below:</p> <p>1. Hot Food Takeaway Unit Threshold Level Hot Food Takeaway Threshold Within the Primary Shopping Area (PSA) increases the</p>

Consideration	Detail(s)
	<p>concentration of hot food takeaway ground floor units to more than 10% of all main town centre uses.</p> <p>2.Principal Town Centre Increases the concentration of hot food takeaway ground floor units in a centre to more than 10% of all main town centre uses.</p> <p>3.Town Centre Increases the concentration of hot food takeaway ground floor units in a centre to more than 15% of all main town centre uses.</p> <p>4. District Centre Increases the concentration of hot food takeaway ground floor units in a centre to more than 15 % of all main town centre uses.</p> <p>5. Local Centre Table 6 Shopping Centre Hierarchy Hot Food Takeaway Threshold</p> <p>6. Creates a cluster of three or more hot food takeaways together</p> <p>7. Reduces the number of units between hot food takeaway clusters to one or none. Vacancy level considerations: Hot food takeaways will be supported in centres that have reached the threshold in this guidance where it can be demonstrated that there is no demand for an alternative use and there is a vacancy level of 10% or more in principal, town, and district centres or a vacancy level of 25% or more in local centres and they meet planning policy in all other respects. Conditions will be attached to any planning approval to ensure that shutters are designed to prevent any harmful effects on the visual amenity of the street scene.</p>



Consideration	Detail(s)
<b>Policy HFT 3 Proximity to Schools</b>	Where planning permission is sought for a hot food takeaway (new or variation of condition) within 400m of the principal entry point to a primary (infant and/or junior or middle) or secondary school, and the proposal meets planning policy in all other respects, planning permission will only be permitted subject to the condition that opening hours are restricted to the following: A primary school (infant and/or junior or middle): the hot food takeaway is not open to the public between 3pm to 5pm weekdays and there are no over the counter sales during these times.

## Rossendale Borough Council 2023

Rossendale Borough Council (2023) Planning Policy Note: Children Obesity Data Used for the Application of Policy R5 of the Rossendale Local Plan (2019 - 2036) on Hot Food Takeaways Developments.

### Policy R5: Hot Food Takeaways

The development of hot food takeaways will be supported provided the following criteria are met and subject to other policies of this plan:

Consideration	Detail(s)
a)	the development is located within a town or district centre and it would not adversely impact the vitality and viability of the area;
b)	where the proposed development would be located outside of the primary shopping area of the town or district centre, it is of no more than 100 square metres (gross) floorspace and it would not give rise to an over-concentration of hot food takeaways that adversely impacts the vitality and viability of the area;

Consideration	Detail(s)
c)	where the proposed development is located 400m of a secondary school that lies outside of designated town and district shopping centres, takeaway opening hours are restricted at lunchtimes and school closing times;
d)	applications for new hot food takeaways are not in wards where more than 15% of Year 6 pupils or 10% of Reception class age pupils are classified by Public Health England as obese;
f)	where a new shopfront is proposed it is of high quality design that is in scale and keeping with the area;
g)	provision is made for the control and management of litter both on site and on the public highway;
h)	provision is made for the treatment and management of cooking odours and any external flue/means of extraction would not cause harm to visual or residential amenity, and;
i)	the development would not give rise to unacceptable adverse impacts on local amenity, privacy or highway safety.

## Doncaster Adopted Local Plan 2021

An important contributing factor to poor diet and health in Doncaster is the distribution and access to Food and Drink Uses, such as hot food takeaways, cafes and restaurants with a takeaway service. This is of particular relevance in areas of deprivation. In some locations there is an issue where such uses cluster together, reinforcing the ease of and access to unhealthy foods. Consideration will therefore be given to controlling the proliferation of, and therefore access to, such uses will be fully considered in line with Policy 24.

### Policy 24 Food and Drink uses

Food and Drink Uses such as restaurants, cafes, pubs, bars and hot food takeaways will be directed towards town, district and local centres (as identified on the Policies Map).

Consideration	Detail(s)
<b>Food and Drink Uses will be supported so long as they:</b>	<p>A) satisfy the requirements of the sequential approach set out in Policy 22 above.</p> <p>B) do not have a negative impact upon the amenity and safety of residents and other businesses in the area; to include highway safety and parking, hours of operation, control of odours and cooking smells and litter and waste disposal; and</p> <p>C) do not undermine the vitality and viability of the centre, in particular where there would be an over concentration of inactive units within a parade of Main Town Centre Uses.</p>
<b>Subject to first meeting the above criteria, where the proposal is solely for a hot food takeaway, development will only be supported where:</b>	<p>D) there is no clustering or cumulative impact resulting from an over concentration of hot food takeaways in an area. Clustering will occur where more than 10% of units, in a parade of Main Town Centre Uses, will be used as a hot food takeaway; and</p> <p>E) the number of approved hot food takeaways within the ward is less than the UK national average of hot food takeaways per 1,000 population;</p>

Proposals solely for a hot food takeaway, which are located within 400 metres of a school, sixth form college, community centre or playground will not be supported unless the opening hours are restricted until after 1700 during weekdays and there are no over the counter sales before that time.

**Acknowledgement:**

Evidence search: Policies on public health and hot food takeaways. Frankie Marcelline. 6th October, 2023. BRIGHTON, UK: Sussex Health Knowledge and Libraries.