



Doncaster  
Council

# Hot food takeaways

An evidence-based review for Doncaster



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*Updated July 2022*

# Hot Food Takeaways – Doncaster

## 1. Introduction

### Background

The purpose of this report is to provide an evidence base for the hot food takeaway policy in the Local Plan (adopted September 2021). This report summarises the policy context and evidence, which has informed the council's decision to attempt to regulate hot food takeaways through the planning system. It forms part of Doncaster Council's wider strategic approach in promoting a healthy environment and addressing health concerns of the population, particularly with respect to obesity, in the borough.

Over recent years, a whole systems approach to obesity and the benefits of healthy eating have attracted attention nationally and have highlighted the role local authorities have in seeking positive solutions. This is outlined in the Healthy People, Healthy Places briefing Obesity and the Environment: Regulating the Growth of Fast-Food Outlets (PHE 2014) where local authorities are urged to utilise the range of legislation and policy at their disposal to create places where people are supported to maintain a healthy weight.

The previous planning policy on hot food takeaways was a Unitary Development Plan Policy (SH14) which was adopted in May 1995. That focused mainly on managing environmental impacts such as noise, traffic, odour and refuse and protecting the amenity of nearby residents. It also has regard to the number and location of existing hot food takeaways and the cumulative effect of problems created as such. This and other development plan policies did not consider the health impacts associated with restaurants, drinking establishments and hot food takeaways.

In preparing its Local Plan, Doncaster Council set out a vision for the borough and objectives to meeting strategic priorities. Planning policies which included the detailed development management policies, would address new infrastructure, minerals, energy health and other community infrastructure and they would generally also include more health focused policies. In order to evidence the Local Plan, evidence documents were prepared; therefore, this paper draws together information about the relationship between health concerns and hot food takeaways in the United Kingdom and more locally, Doncaster.

### Purpose of this Paper

The purpose of this paper is to:

- Review the existing national, regional, and local policy framework in relation to hot food takeaways and identify whether any further local policy guidance is required.
- Assess both the planning and health related issues regarding hot food takeaways in Doncaster.
- Make recommendations on the future management of hot food takeaways in the borough.

The findings of this paper will be used to support the policies outlined within the Local Plan, more specifically Policy 24: Food and Drink Uses and Policy 50: Health (Strategic Policy).

## 2. National Evidence

### Literature Review

Takeaway food outlets typically sell hot food, which is ordered and paid for at the till, for consumption off the premises due to limited seating provision (Burgoine *et al.*, 2021). Foods served tend to be energy dense, high in total fats, saturated fats and salt (Jaworowska *et al.*, 2014). Access to, and use of, takeaway food outlets, may be an important determinant of subsequent unhealthy dietary behaviours and excess adiposity (Kirk *et al.*, 2010). Across England, takeaway food outlet numbers have increased markedly in recent years. Between 2014 and 2017, the total number rose by 10% to nearly 58,000, while the proportion of all food outlets designated as takeaway food outlets also increased to around 27% (Food environment assessment tool (Feat), 2018). These trends are likely to have been mirrored across other countries (Lamb *et al.*, 2017; Rodgers *et al.*, 2018). Frequent use of takeaway food outlets has been associated with poorer diet and greater odds of obesity, with regular consumption of the typically energy-dense, and nutrient poor foods offered, linked over time to excess weight gain (Burgoine *et al.*, 2021; Jaworowska *et al.*, 2014).

The health implications associated with excess bodyweight, including type 2 diabetes, cardiovascular disease and several cancers, are well established within the literature (Hruby *et al.*, 2016). In England, The Health Survey for England (2019) estimates that 28.0% of adults in England are classified as obese and a further 36.2% are overweight. In the most deprived areas in England, prevalence of excess weight is 9 percentage points higher than the least deprived areas. Moreover, the National Child Measurement Programme (NCMP, 2021) identified that obesity prevalence in reception-aged children in England has increased from 9.9% in 2019/20 to 14.4% in 2020/21. Worryingly, increases in obesity prevalence were also found in Year 6 children, rising from 21.0% in 2019/2020 to 25.5% in 2020/2021. Children living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas. Statistics show that 20.3% of Reception children living in the most deprived areas were obese compared to 7.8% of those living in the least deprived areas 33.8% of Year 6 children living in the most deprived areas were obese compared to 14.3% of those living in the least deprived areas.

There are many determinants of obesity at individual, community, national and transnational levels (Swinburn *et al.*, 2015), including physical access to neighbourhood food outlets.

There have been attempts to make foods offered by takeaway food outlets healthier (Bagwell, 2014; Public Health England, 2018). For example, Public Health England's 'Healthy High Street Challenge' which was designed to help children and young people access healthier food options on London's high streets. Although potentially effective, emerging evidence demonstrating the influence of the built environment on dietary behaviour suggests that alternative, complementary regulatory approaches should also be implemented. Regulating the takeaway food sector to curb proliferation through the planning process may serve as a low agency, population-level public health intervention with positive impacts on diet and diet-related health inequalities (Adams *et al.*, 2016).

## Key Themes

Thematic analysis has been used to explore key themes emerging in the Hot Food Takeaway (HFT) literature. The key themes identified were Exposure and Health, Proliferation of HFT outlets and Health Inequalities and The Planning System.

### 1. HFT Outlet Exposure and Health

Neighbourhood food environments can have an important influence on health outcomes of residents. Where the mix of food retailing is biased towards a high proportion of fast-food outlets may be especially influential where fast-food might be perceived as the easier choice and therefore used more (Janssen *et al.*, 2018; Dover *et al.*, 2016). Evidence suggests that individuals do not make informed decisions regarding the healthfulness of food (Dover *et al.*, 2016). There is a complex synergy of determinants which surround food choice, of which the environment and proximity to HFTs (Hot Food Takeaway) are contributing factors. For example, Sarkar *et al.* (2018) found that access to ready-to-eat food environments was positively associated with type 2 diabetes. Mason *et al.* (2020) supports this association, finding the potential benefits of formal physical activity facilities in terms of obesity risk may be undermined by an unhealthy food environment close to home.

Despite some fast-food outlets selling 'healthier' foods than others, at a population level, visits to and use of fast-food outlets has been linked to weight gain over time, and consumption of a less healthy diet and greater odds of obesity, respectively. Donin *et al.* (2018) found that more frequent takeaway meal consumption in children was associated with unhealthy dietary nutrient intake patterns and potentially with adverse long-term consequences for obesity and coronary heart disease risk.

### 1. Proliferation of HFT outlets and Health Inequalities

Reviews of takeaway fast-food access have been somewhat equivocal, with some studies finding a significant relationship between access and diet, while others have failed to do so (Janssen *et al.*, 2018; Cobb *et al.*, 2012).

One aspect that seems to attract broad consensus among researchers is around takeaway food, nutrition and social deprivation. With mounting evidence of the adverse influence of fast-food outlets on health and the abundance of fast-food outlets in deprived areas, the proliferation of these outlets has become a public health concern. Turbott *et al.* (2019) found higher numbers of hot food takeaways in more deprived neighbourhoods and showed children who live, work and socialise in deprived neighbourhoods tend to eat more fast food and have higher Body Mass Index (BMIs). This is supported by the most recent NCMP data, showing that children living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas (NCMP, 2021). Despite the lack of imperial investigation, Local Authorities have begun to introduce policies restricting hot food takeaways, which focus most commonly on the 'school food environment' to enable change in individuals and their environment. Taher *et al.* (2020) supports this approach, finding adolescents in England who purchased their lunches from outside the school gates had the lowest quality diets. Similarly, Ziauddeen *et al.* (2018) found home and school eating were associated with better food choices, whereas other locations, such as food outlets were associated with poor food choices.

Research on socioeconomic status (SES) and fast-food consumption suggests that there is an exaggerated impact on lower SES groups from exposure to fast-food outlets. Burgoine *et al.* (2016) found lower SES groups consumed more fast food, tended to have higher body weight and were more likely to be obese

### 3. The Planning System and Food Environment

In recent years, there has been a significant move to reunite planning and health in England (O'Malley *et al.*, 2020). In terms of planning, the National Planning Policy Framework (NPPF) makes explicit the need to promote healthy communities, including addressing issues such as 'access to healthier food'.

Childhood obesity is a societal problem, and it is everyone's responsibility to do their part to address it. Despite the lack of empirical investigation, planning is no exception and the role it plays in obesity prevention is long established (UK Government 2007). However, it must be acknowledged that this is a relatively new role for planning, and it is a challenging one. To date, approximately 50% of local authorities in England have planning guidance in place to promote a healthy food environment (Keeble *et al.*, 2019).

With childhood obesity rates drastically rising (NCMP, 2021), having planning guidance for regulating HFTs is arguably never as important, particularly in the areas surrounding schools. Recent guidance from the National Institute for Clinical Excellence (NICE) and Public Health England (PHE) supports this, recommending the use of local planning policy to restrict development of hot food takeaways around schools, leisure centres and other areas where children accumulate. In terms of HFT appeals, O'Malley *et al.* (2020) believe that local authorities with the most robust, locally informed evidence bases have the greatest chance of success in having their decisions upheld.

### **Conclusion**

To conclude, it is apparent from the current data that obesity is a growing problem in our society, particularly within our most deprived communities. The planning system of local authorities in England can have a positive impact on addressing this issue, by using it to regulate and limit the number of HFTs in communities. It can help reduce the growing health inequalities and work towards creating a healthy food environment for future generations. One important element of this is having a robust locally informed evidence base in place to allow public health and planning decisions to be upheld during the planning process.

## 2. National Guidance/Reports

### **Town and Country Planning Association Building the Foundations: Tackling Obesity through Planning and Development (2016)**

The report is the result of a workshop series in 2015 demonstrating innovative practice from fourteen local authorities and their partners on how to tackle obesity and other problems by using planning policy and in making decisions on new housing developments.

These local authorities and many others across the country are exhibiting the potential for using the planning system to change health behaviours in terms of promoting active travel and physical activity, encouraging provision and access to local green spaces, and enabling food growing opportunities in allotments but also restricting overconcentration of unhealthy food uses.

The report recommends that local authorities and their partners consider:

- How to make it easy and natural for people to walk and cycle more in urban areas
- Guaranteeing that open spaces and parks are easy to get to and safe
- **Ensure that the areas surrounding children are healthy, such as by restricting the number of takeaways near schools**
- How to make high quality public spaces in neighbourhoods, including good healthcare facilities and open spaces
- How to make sure houses have adequate dining and kitchen facilities to encourage cooking, and outdoor spaces for children to play in
- To ensure that there are public facilities such as bike storage and benches to make it easier for people to leave cars at home

There have been a number of successful examples of using the planning system to change health behaviours. In Warwickshire, a borough council now has a policy to limit the number of hot food takeaways near schools.

### **Childhood Obesity: A Plan for Action Chapter 2 (2018)**

The Action Plan states that children who are obese or overweight are increasingly developing type 2 diabetes and liver problems during childhood. They are more likely to experience bullying, low-esteem and a lower quality of life and they are highly likely to go on to become overweight adults at risk of cancer, heart and liver disease. They are also disproportionately from low-income households and black and minority ethnic families.

Childhood obesity is one of the biggest health problems this country faces. Nearly a quarter of children in England are obese or overweight by the time they start primary school aged five, and this rises to one third by the time they leave aged 11. Our childhood obesity rates mean that the UK is now ranked among the worst in Western Europe.



Local authorities have a range of powers and opportunities to create healthier environments. **The power to develop planning policies to limit the opening of additional fast-food outlets close to schools and in areas of over-concentration.**

### **Marmot Review-10 years on (2020)**

The landmark *Marmot Review: Fair Society, Healthy Lives* (2010) outlined the scale of health inequalities in England and the actions required to reduce them. The review specifically made two recommendations that relate directly to the role of local planning authorities in public health, one of which specifically relates to improving the food environment in local areas. The recommendations are set out below.

- **E2.1. Prioritise policies and interventions that reduce both health inequalities and mitigate climate change ... by ... improving the food environment in local areas across the social gradient**
- **E2.2. Integrate planning, transport, housing, environmental and health policies to address the social determinants of health**

The Marmot Review-10 years on (2020) reiterates the recommendations highlighted above, reemphasising the need for immediate action across the social determinants of health. **This report shows that, in England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining.** The data that this report brings together also show that for almost of all the recommendations made in the original Marmot Review, the country has been moving in the wrong direction.

### **Healthy weight environments: using the planning system (2021)**

The 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 unhealthy environments.**

The guidance aims to provide practical support for local authorities that wish to use the planning system to achieve important public health outcomes around diet, obesity and physical activity. **It provides a framework and starting point for local authorities to clearly set out in local planning guidance how best to achieve healthy weight environments based on local evidence and needs, by focusing on environments that enable healthier eating and help promote more physical activity as the default.** It draws on the experience of local authorities which have successfully adopted practical, but creative and appropriate planning policies.

### 3. National Planning Policy

#### National Planning Policy Framework 2021 (revised NPPF) and Planning Policy Guidance (PPG 2019)

The revised National Planning Policy Framework sets out government's planning policies for England and how these are expected to be applied. It provides a framework within which locally prepared plans for housing and other development can be produced. The framework must be taken into account in the preparation of local and neighbourhood plans and is a material consideration in planning policy and decisions. Achieving sustainable development means that the planning system has three overarching objectives: economic, social and environmental. The objectives should be delivered through the preparation and implementation of plans and application of the policies in the framework **Promoting health is explicitly stated in the NPPF** and identifies that **Planning policies and decisions should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles, especially where this would address identified local health and well-being needs** – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

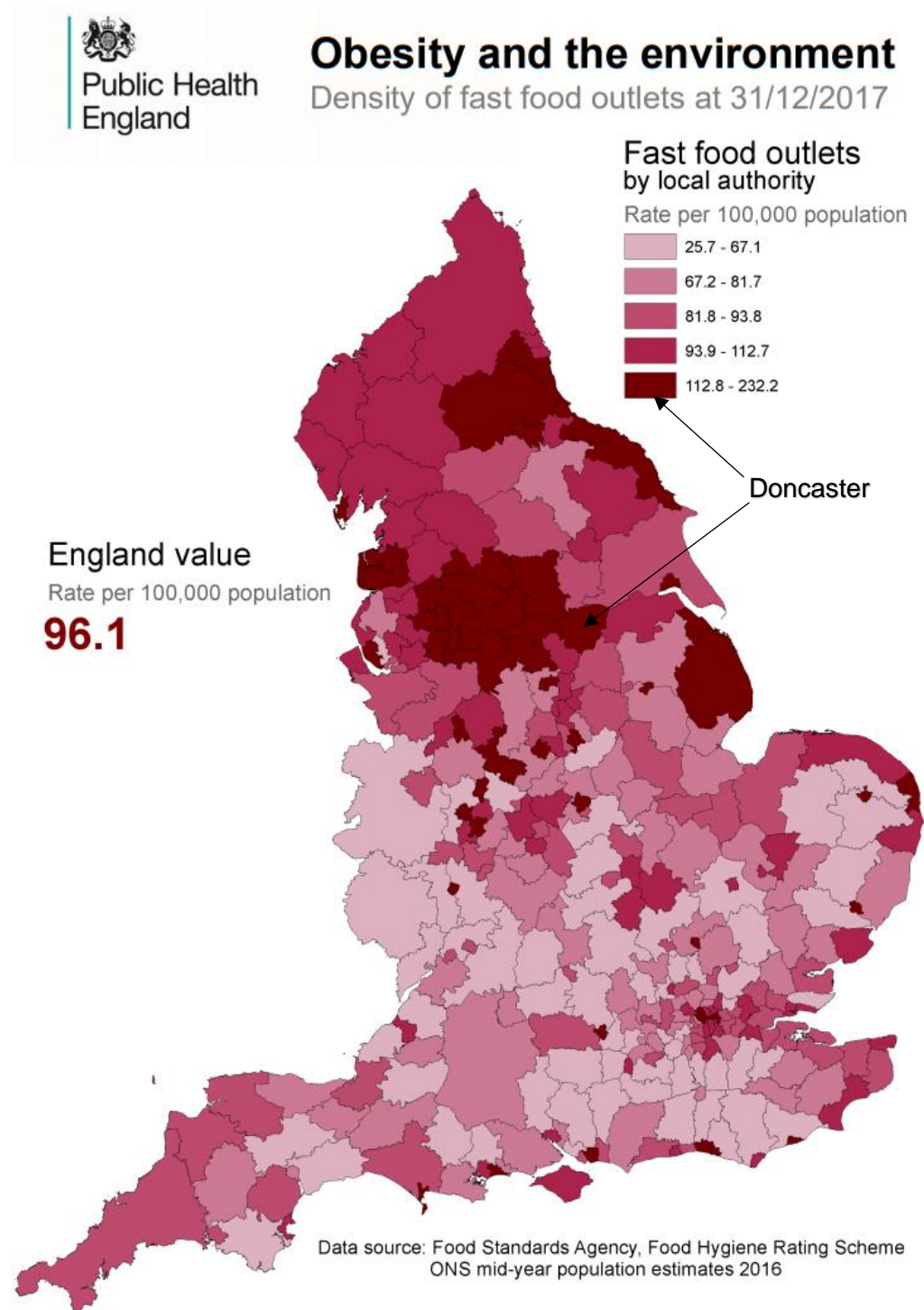
The National Planning Policy Guidance (PPG, 2019) goes onto to describe a “healthy place” is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It also stipulates that Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. That 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, where justified, seek to limit the proliferation of uses where evidence demonstrates and in doing do, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards maybe relevant. The PGG also gives guidance on specific planning policies and what they may need to have regard to: -

- 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 within a specified area
- odours and noise impact
- traffic impact
- refuse and litter



## 4. The Current Picture

The map below is the most up-to-date data available showing the number of fast-food outlets for every 100,000 people in the local authority. For Doncaster, that figure stands between 112.8 and 232.2.



## Health Profile of Doncaster

Health is generally improving in Doncaster; however, it is still above the national average in terms of smoking prevalence, cancer and cardiovascular disease mortality and complications associated with diabetes. With regards to healthy life expectancy, women in Doncaster are expected to live an average of 57.5 years in 'good health'. This is 6 years less than the national average (63.5 years) and below the regional average of 61.9 years. Similarly, men in Doncaster are expected to live an average of 59.1 years in 'good health'. This is 4 years less than the national average (63.2 years) and below the regional average of 61.2 years. These numbers are declining year-on-year, meaning that men and women in Doncaster are increasing less likely to be in good health than other men and women across England (JSNA, 2021). Inequalities remain in life expectancy between those living in the most deprived areas and those living in the least deprived areas of Doncaster. Deprivation is higher than average and approximately 22.7% (13,208) of children live in poverty (Local Health, PHE 2021). With regards to mental health and well-being, 14% of Doncaster residents reported feeling unhappy, which is considerably above the national average of 9%. Worryingly, this figure has increased over the last 5 years meaning people living in Doncaster are more likely to feel unhappy than those living in other parts of England.

Good health and wellbeing is not just the result of the decisions we make. They are hugely affected by the social environment we live in – which can be improved if we have the shared ambition to do so. In Doncaster, it is a priority to create the social conditions that promote health and enable residents to pursue their health goals. The quality of a person's health is determined by a multitude of complex factors, of which deprivation is a key element. In order to address health inequalities, the presence of businesses that promote unhealthy behaviour must be avoided in areas of deprivation. It is important to be stringent on the concentration or clustering of such businesses in areas where residents may be more vulnerable to exploitation or marginalisation due to having reduced resources (time, money, etc.).

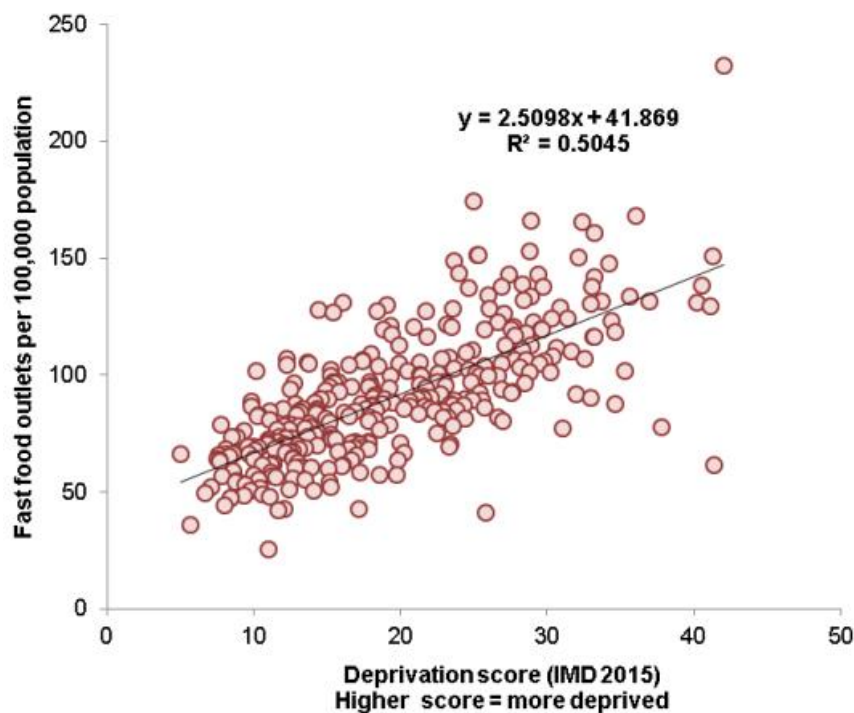


Figure 1: The Relationship between Density of fast Food Outlets and Deprivation by Local Authority

The above graph demonstrates the relationship between density of fast food outlets and deprivation by local authority. The graph shows that local authorities with a higher deprivation score (i.e., more deprived) have a greater density of fast-food outlets. The prevalence of HFTs in areas of increased deprivation must be addressed, in order to build environments that enable and empower our most vulnerable residents to live healthier lives.

Overweight and obesity is increasing across the country. A larger percentage of adults in Doncaster are classified as overweight or obese (69%) than seen across the Yorkshire and Humber region (65%) and across England (63%). Regionally, prevalence has remained stable; however, Doncaster's proportion of children identified as at risk of obesity is disproportionate to the national average.

The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess incidence of children classed as underweight, healthy weight, overweight, and very overweight within primary schools. This provides annual data on the numbers of children assigned to each weight category. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services.

Overweight and obesity in school-aged children in Doncaster is slightly more than the national average and results from 2019/20 show that 25.5% of children in Reception and 36.2% of children in Year 6 are classed as overweight or obese, compared to 22.6% of Reception children and 34.6% of Year 6 children in England. Additionally, the percentage of children classed as obese or severely obese in Doncaster is 11% in Reception and 22.1% in Year 6. Again, figures in Doncaster are slightly more than the national average of 9.7% and 20.2% respectively.

NCMP data (2021) shows that incidence of excess weight in the most deprived areas is double that of the least deprived areas. This data further shows that in England, 20.3% of Reception children living in the most deprived areas are classified as obese compared to 7.8% of those living in the least deprived areas. Moreover, 33.8% of Year 6 children living in the most deprived areas were classified as obese compared to 14.3% of those living in the least deprived areas.

Weight is a complex issue governed by the interactions between multiple environmental and social factors. The rise in incidence of excess weight is not simply grounded in changes in individual behaviour but is indicative of the evolving social and environmental landscape. Hot Food Takeaways, and businesses of a similar nature, are an integral aspect of the obesogenic environment, and are directly and indirectly contributing to the observed increase in overweight and obesity. The incidence of overweight and obesity affects individuals and communities disproportionately – for example, you are more likely to be living with obesity if you are living in a deprived area. Thus, it is vital to protect Doncaster's most vulnerable residents from the unfair environment, to empower them to choose healthier behaviours.

NCMP data is the most robust data available on excess weight as it is based on annual direct measurements of nearly all children in Reception class and Year 6. It can be examined at a lower geographical level (e.g., ward level) than the adult data. Ward level data below demonstrates variations in the incidence of excess weight amongst children in Doncaster in both Reception class and Year 6.

Table 1: Incidence of excess weight amongst children in Reception class by ward

<b>Ward (2020)</b>	<b>%Reception: Overweight (Including obese)</b>	<b>%Reception: Obese (including severe obese)</b>
<b>Adwick le Street and Carcroft</b>	25.9	11.1
<b>Armthorpe</b>	27.6	11.2
<b>Balby South</b>	22.9	10.0
<b>Bentley</b>	24.7	11.0
<b>Bessacarr</b>	22.0	8.8
<b>Conisbrough</b>	28.2	15.4
<b>Edenthorpe and Kirk Sandall</b>	20.9	7.5
<b>Edlington and Warmsworth</b>	23.3	10.0
<b>Finningley</b>	19.2	6.7
<b>Hatfield</b>	29.6	14.3
<b>Hexthorpe and Balby North</b>	27.6	12.6
<b>Mexborough</b>	27.9	13.5
<b>Norton and Askern</b>	22.3	9.6
<b>Roman Ridge</b>	27.1	12.9
<b>Rossington and Bawtry</b>	26.9	14.3
<b>Sprotbrough</b>	16.1	3.6
<b>Stainforth and Barnby Dun</b>	28.8	15.1
<b>Thorne and Moorends</b>	30.5	13.0
<b>Tickhill and Wadworth</b>	22.4	9.0
<b>Town</b>	26.1	13.5
<b>Wheatley Hills and Intake</b>	26.4	13.2

Table 2: Incidence of excess weight amongst children in Year-6 children by ward

<b>Ward (2020)</b>	<b>%Year 6: Overweight (Including obese)</b>	<b>%Year 6: Obese (including severe obese)</b>
<b>Adwick le Street and Carcroft</b>	40.6	25.9
<b>Armthorpe</b>	40.0	25.0
<b>Balby South</b>	36.9	23.1
<b>Bentley</b>	38.0	21.7
<b>Bessacarr</b>	36.3	20.9
<b>Conisbrough</b>	35.7	21.7
<b>Edenthorpe and Kirk Sandall</b>	34.2	18.4
<b>Edlington and Warmsworth</b>	33.3	21.0
<b>Finningley</b>	29.5	15.2
<b>Hatfield</b>	35.8	22.0
<b>Hexthorpe and Balby North</b>	39.4	25.5
<b>Mexborough</b>	36.7	23.5
<b>Norton and Askern</b>	34.3	20.4
<b>Roman Ridge</b>	36.6	18.3
<b>Rossington and Bawtry</b>	35.5	21.8
<b>Sprotbrough</b>	26.2	14.8
<b>Stainforth and Barnby Dun</b>	34.2	20.5
<b>Thorne and Moorends</b>	39.0	24.3
<b>Tickhill and Wadworth</b>	30.9	17.6
<b>Town</b>	38.9	25.2
<b>Wheatley Hills and Intake</b>	37.7	25.4

Whilst evidence on obesity and weight is more readily available, there is also correlation between the prevalence of HFTs and quality of diet. Evidence from the Public Health England data used in Figure 1 shows that, whilst the prevalence of fast-food outlets increases with increased deprivation, fruit and vegetable consumption falls.

It is important that Doncaster residents are supported to have a positive relationship with food and eating, and a healthy attitude towards their self-esteem and body image. To achieve this, residents should have access to a wide range of food groups to enable them to have a balanced diet. Therefore, it is important that HFTs are not over-concentrated in any particular area. Furthermore, factors that correlate or contribute to poor mental health and wellbeing outcomes must be monitored and addressed where possible.

In England, the average number of hot food takeaways and fast-food outlets per hundred thousand is 0.86. In Doncaster, there is 1 hot food takeaways per thousand people, higher than the national average. Many wards in Doncaster (14 out of 21) have a greater number of hot food takeaways per thousand people than the average for England.

*Table 3: No. of HFT's per 1000 people by Ward*

<b>Ward (2020)</b>	<b>Number of Hot Food Takeaways</b>	<b>Number of Hot Food Takeaways per 1000 people</b>
<b>Adwick le Street and Carcroft</b>	14	0.84
<b>Armthorpe</b>	12	0.83
<b>Balby South</b>	3	0.3
<b>Bentley</b>	22	1.19
<b>Bessacarr</b>	6	0.4
<b>Conisbrough</b>	19	1.16
<b>Edenthorpe and Kirk Sandall</b>	5	0.5
<b>Edlington and Warmsworth</b>	9	0.75
<b>Finningley</b>	8	0.47
<b>Hatfield</b>	11	0.63
<b>Hexthorpe and Balby North</b>	18	1.3
<b>Mexborough</b>	24	1.54
<b>Norton and Askern</b>	10	1.66
<b>Roman Ridge</b>	10	0.92
<b>Rossington and Bawtry</b>	17	0.96
<b>Sprotbrough</b>	3	0.28
<b>Stainforth and Barnby Dun</b>	12	1.21
<b>Thorne and Moorends</b>	20	1.13



<b>Tickhill and Wadworth</b>	10	0.9
<b>Town</b>	49	2.19
<b>Wheatley Hills and Intake</b>	30	1.64

## 5. Local Policy & Guidance

Doncaster's Local Plan (adopted September 2021) Chapter 13: Health, Wellbeing of Doncaster's Local Plan contributes towards the promotion of improvements that can positively improve the health and wellbeing of the local community. It is widely recognised that improving health and wellbeing requires more than improving access to medical treatment and services. But policies guiding the quality and design of homes, buildings, public spaces, neighbourhoods, and transport have a direct impact. There are many references to health and wellbeing throughout national and local guidance which is reflected in the Local Plan.

Paragraph 13.6 of the Local Plan recognises that 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 especially particular relevance in areas of deprivation. In some locations there is a real issue where such uses cluster together, reinforcing the ease of and access to unhealthy foods.

Policy 24 of the Local Plan is the main consideration when determining planning applications for these types of uses. It assesses the proliferation of, and therefore access to, such uses in our Borough. As well as considering the impact on our high streets and town centres to ensure they have a good mix of uses and these do not undermine the vitality and viability; the impact on local amenity (noise, odours, traffic, waste etc); it also considers the numbers of such uses to ensure there is no clustering or cumulative impact resulting from an over concentration of hot food takeaways in an area. The policy acknowledges that high energy foods are major factors in the raise of obesity across the UK, and that planning alone cannot solve the problem, but goes some way to manage and control the provision particularly within specific areas.

During the Local Plan examination discussions were had in the Matters and Issues, the Hearings and additional evidence submitted to ensure the policy was clear, effective and justified. The policy as adopted followed modifications which were agreed with the Examiner which now include a definition of 'Food and Drink Uses' having regard to the Use Classes Order 2020 and main town centre uses. It was also amended to include how the decision maker should assess a proposal where it would lead to "clustering and culminative impact." It is also agreed that local evidence is produced, kept updated and available on the Council's website which includes data and statistics of local profile, population size and average numbers of existing establishments.

*Extract of Doncaster Local Plan (Adopted September 2021), Policy 24: Food and Drink Uses*

### 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).

Food and Drink Uses will be supported so long as they:

- A) satisfy the requirements of the sequential approach set out in Policy 22 above;
- 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
- 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.

Subject to first meeting the above criteria, where the proposal is solely for a hot food takeaway, development will only be supported where:

- 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
- 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;

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.

## Doncaster Delivering Together

Launched in September 2021, Doncaster Delivering Together (DDT) is Doncaster Council's new 10-year Borough Strategy. It has a focus on Wellbeing Essentials with the Fair and Inclusive Goal specifically stating that everyone has access to the nutrition they need.

The vision is for **a compassionate borough building the social conditions for better health... a Compassionate Doncaster good health and wellbeing is not just the result of the decisions we make. They are hugely affected by the social environment we live in...**

Doncaster Council launched its Great 8 which are Doncaster's priorities for Thriving People, Places and Planet and includes a focus on Building opportunities for healthier, happier and longer lives for all and includes the following actions:

- Embed 'Health in all Policies' and prevention to close health gaps through everything we do.
- Develop an even more compassionate approach to health and care and improve the social conditions for better health

### Doncaster Borough Strategy:

<https://dmbcwebstolive01.blob.core.windows.net/media/Tenant2/Documents/DDT%20Prospectus%20-%20Single%20Pages%20-%20FINAL.pdf>

## Joint Strategic Needs Assessment (JSNA)

The JSNA measures and establishes trends in data across a wide range of variables and discern where more effort is needed, or a new approach, along with understanding what is already working well. The

performance Childhood obesity in reception and Year 6 is cited as a key concern under the strand 'Starting Well'.

### Children and Young People's Plan

The Children and Young People's Plan (C&YPP) includes a commitment to developing a targeted programme for obesity prevention for primary schools and that children and young people's development is underpinned through a healthy lifestyle.

## 6. Local Challenges

At the time of writing this report there are currently 312 hot food takeaways across Doncaster.

Considering the evidence reported throughout this review, the concentration of hot food takeaways within the borough, combined with Doncaster's comparatively high levels of deprivation is cause for serious concern

### Local Case Studies

Overall Summary statement:

Application No:	21/00436/FUL
Proposal:	Change of use from cafe (Class E) to hot food takeaway (Sui generis)
Location	18 Moss Road Askern Doncaster DN6 0LE
Case Officer:	Mark Ramsay
Recommendation:	Planning Permission REFUSED
Date of Recommendation:	26 <sup>th</sup> May 2021

### Case Officer Assessment Summary:

Taking into account all relevant planning policies, along with all consultation responses received, it is considered that the development would represent an overconcentration of this type of use being detrimental to the amenities of nearby residents and have an unacceptable health impact in an area with a sufficient supply of takeaway businesses. The development is not in accordance with the development plan, the NPPF and the PPG, and is therefore recommended for refusal for the reasons set out below

Application No:	20/02404/FUL
Proposal:	Change of use from residential ground floor flat into hot food

	takeaway (Sui Generis)
Location	Flat 7A And 7D First Floor Station Road Stainforth Doncaster DN7 5QB
Case Officer:	Jacob George
Recommendation:	Planning Permission REFUSED
Date of Recommendation:	9th November 2020

**Case Officer Assessment Summary:**

The proposal would contribute to the proliferation of unhealthy eating outlets in an area where there is already a high concentration of hot food takeaways, and in a ward where there are higher than average levels of obesity. The proposal would fail to contribute to the creation and protection of healthy, safe places. The proposal would therefore be contrary to saved policy SH14 (D) of the Doncaster Unitary Development Plan (adopted in 1998) policy CS1 of the Doncaster Council Core Strategy (adopted in 1998), and paragraph 91(c) of the National Planning Policy Framework.

Application No:	20/01817/COU
Proposal:	Change of use of part of ground floor from retail A1 to Takeaway A5.
Location	Regenerate-It 30 High Street Doncaster DN1 1DW
Case Officer:	Jacob George
Recommendation:	Planning Permission REFUSED
Date of Recommendation:	2nd October 2020
Appeal No:	20/00044/REF
Appeal Decision:	Appeal Dismissed

**Case Officer Assessment Summary:**

Considering all relevant planning policies, along with all consultation responses received, it is considered that the development would have an unacceptable health impact and would harm the vitality and viability of the town centre. The development is not in accordance with the development plan, the NPPF and the PPG, and is therefore recommended for refusal for the reasons set out below.

**Appeals Inspectorate Decision Summary:**

*Health*

“Therefore, in this case, given the existing high concentration of hot food takeaways in the area and

the poor health of the local population, I consider the site would not be a suitable location for a hot food takeaway having regard to health. Accordingly, it would be contrary to Policy SH14(d), CS1 and the Framework outlined above.”

#### *Vitality and Viability*

“All in all, I therefore consider that having regard to the vitality and viability of the centre, the site does not represent a suitable site for a hot food takeaway, and it would conflict with Policy TC6 of the UDP outlined above.”

## **Conclusions**

Research into the link between food availability and obesity is still relatively underdeveloped in the UK and proving a direct relationship between the density of takeaways and obesity is difficult evidence suggests that people with low education levels would benefit the most from an environmental level approach.

The Foresight Review shows the connection between the consumption of take away food and obesity and the aforementioned Government reports state that the planning system can and should play a role in reducing the number and managing the location of Hot Food Takeaways, particularly in relation to schools.

There are high levels of deprivation in Doncaster, alongside high obesity levels and high numbers of takeaways. At a population level in the UK increased access to fast-food outlets has shown to amplify inequalities.

These factors combined give rise to serious concern at a local level regarding the impact of hot food takeaways on human health.

The Council will be working towards implementing healthier eating schemes in the borough and at the same time will seek to manage, through Local Plan policy, the development of new hot food takeaways and fast-food premises particularly where they:

1. Lie in close proximity to a school
2. Are in areas of high deprivation
3. Where there is a proliferation of Hot Food Takeaways
4. Where ward area year 6 childhood obesity levels exceed 10% of the age group as measured through the National Childhood Measurement Programme.

## Appendix 1

### Literature Review Reference List

- Burgoine, T et al (2014) Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study.
- Childhood Obesity: A Plan for Action Chapter 2 (2018)
- Child obesity and socioeconomic status. National Obesity Observatory data briefing. October 2010
- Cobb, L., The relationship of the local food environment with obesity: a systematic review of methods, study quality, and results. *Obesity* (Silver Spring), 2015.
- Davis and Carpenter (2009) Proximity of fast-food restaurants to schools and adolescent obesity. *American Journal of Public Health*. Vol 99, No 3, pp505-510.
- Department of Health (2008) Healthy Weight, Healthy Lives: A Cross-Government Strategy for England. Department of Health, London.
- Department of Health (2009) Healthy Weight, Healthy Lives: One Year On. Department of Health, London, page 33.
- Department of Health (2010) Healthy Lives, Healthy People: Our Strategy for Public Health in England. Department of Health, London, page 56.
- Department of Health (2011) Healthy Lives, Healthy People: A call to action on obesity in England. Department of Health, London, page 28.
- Department for communities and Local Government (2018) National Planning Policy Framework.
- DMBC (2015) Proportion of people living in the 1km buffer from available take-away Business Safety and Licence Team.
- Doncaster Council (2016) Health and Wellbeing Strategy
- Doncaster Council (2017) Joint Strategic Needs Assessment 2017/2018
- Doncaster Health Profile (2015) Doncaster Health Profile 2015, Public Health England. London.
- Fraser et al. (2010) "The Geography of Fast-Food Outlets: A Review" in *International Journal of Environmental Research and Public Health*, 7, pp2290-2308
- Hobbs, M., et al. (2016): How different data sources and definitions of neighbourhood influence the association between food outlet availability and body
- Hobbs, M., et al, (Under Review) Associations between the food environment and obesity: a cross-sectional study.
- Healthy Doncaster Framework 2017-2018. Source:  
<https://doncaster.moderngov.co.uk/documents/s14173/Item%2010%20-%20Healthy%20Doncaster%20Framework%20DRAFTv2.pdf>, accessed 21/05/2019
- Healthy Urban Development Unit Planning for Health, Using the planning system to control hot food takeaways (2013)
- International Journal of Behavioural Nutrition and Physical Activity (2017): food among youth: a systematic review of methodological studies 14(1): p. 22.
- James, P., et al. (2104): Effects of buffer size and shape on associations between the built environment and energy balance.
- J Jiao et al (2015) Nutr Diabetes: Health Implications of Adults' Eating at and Living near Fast



Food or Quick Service Restaurants.

National Obesity Observatory (2012) Obesity and the Environment: Fast food outlets (Data). Source: <http://www.noo.org.uk/visualisation>, accessed 4/9/2012.

National Obesity Observatory (2012) Obesity and the Environment: Fast food outlets (Report). Source: [http://www.noo.org.uk/uploads/doc/vid\\_15683\\_FastFoodOutletMap2.pdf](http://www.noo.org.uk/uploads/doc/vid_15683_FastFoodOutletMap2.pdf), accessed 4/9/2012.

NHS Obesity in children (2007). Source: <https://www.nhs.uk/news/2007/Pages/Obesityinchildren.aspx>, accessed 21/05/2019

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

NICE (2011) Preventing type 2 diabetes – population and community interventions PH35

Public Health England. 2014. Obesity and the environment: regulating the growth of fast-food outlets [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296248/Obesity\\_and\\_environment\\_March2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf)

Ross, A. (2013) Obesity, hot food takeaways and planning: Salford and beyond. LGiU Policy Briefing.

Sport England (2015) Active People Survey

Sturm, R. and A. Hattori, Diet and obesity in Los Angeles County 2007-2012: Is there a measurable effect of the 2008 "Fast-Food Ban"? *Soc Sci Med*, 2015. 133: p. 205-11.

Team Doncaster (2017) Doncaster Children and Young People's Plan 2017-2020

The Strategy Unit Cabinet Office: Food an analysis of the issues, 2008.

Thornton, L.E., et al., The impact of a new McDonald's restaurant on eating behaviours and perceptions of local residents: A natural experiment using repeated cross-sectional data.

*Health Place*, 2016. 39: p. 86-91.

Townshend T, Lake AA. Obesogenic urban form: theory, policy and practice. *Health & Place*. [Review]. 2009 Dec;15(4):909-16.

Town and Country Planning Association (2016) Building the foundations: Tackling obesity through planning and development.

Urgoine, T., S. Alvanides, and A.A. Lake, creating obesogenic realities do our methodological choices make a difference when measuring the food environment. *International Journal of Health Geographics*, 2013. 12: p. 33-42.

Zenk SN, Schulz AJ, Odoms-Young AM. How neighbourhood environments contribute to obesity. *The American Journal of Nursing*. 2009 Jul;109(7):61-4.

