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# FAST FOOD AND TAKEAWAY OUTLETS TOOLKIT

Tools, interventions and case studies to help address the proliferation of fast food outlets and improve the healthiness of the food they offer

## food matters

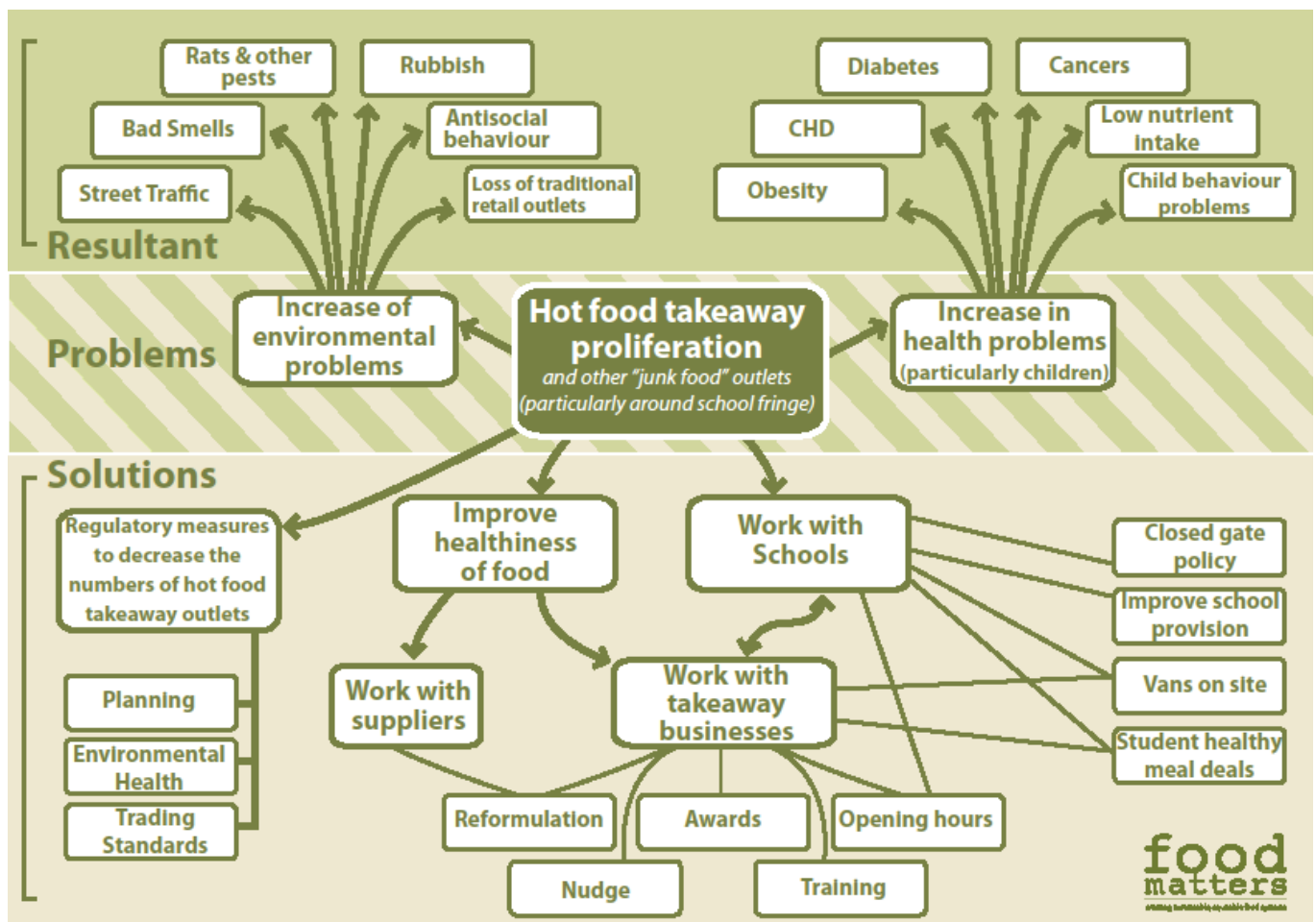sustainable, fair food systems

# FAST FOOD AND TAKEAWAY OUTLETS TOOLKIT

Tools, interventions and case studies to help address the proliferation of fast food outlets and improve the healthiness of the food they offer

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## Eco-map – Pictorial image of the consequences of fast food outlet proliferation

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## 1. The Case for Change

**Summary**

**Local authorities need to be aware that fast food takeaway diets can be a contributing factor in the rise of childhood obesity and other major health problems.**

- **Diet has changed markedly over the past two decades and one of the major changes has been more food eaten outside the home.**
- **This demand has been fuelled by a proliferation of fast food takeaways producing meals such as fried chicken and chips, high in fat, saturated fat and salt and low in fibre, fruit and vegetables.**
- **Fast food outlets are proliferating everywhere, particularly in city centres and along arterial routes.**
- **Living or going to school close to a takeaway is associated with weight gain and obesity.**
- **Fast food density is positively associated with obesity.**
- **The big fast food chains are more concentrated in deprived areas.**
- **Children, influenced by media stereotypes, view fast food favourably.**
- **Diets high in fat, saturated fat, salt and low in fruit and vegetables are a major contributor to health problems including obesity, cardiovascular disease, type 2 diabetes, stroke and some cancers.**
- **The nation's habitual lack of exercise increases health risks.**
- **Such 'junk food' diets may also be a major factor in low levels of some micronutrients in children's diets.**
- **Fried fast food may contain unacceptable levels of trans fats, which significantly increase risk of cardiovascular disease.**
- **There is growing concern that 'junk food' diets contribute to children's negative behaviours.**

### Our changing diet

Diets and attitudes to food have changed markedly over the past two decades and continue to evolve. The previous Government's publication *Food Matters: towards a strategy for the 21st century* (2008) documented the changing nature of the nation's diet and the challenges faced by consumers in today's economic climate. People demand more varied and exotic food. While on the one hand people aspire to eat more healthily, there is greater demand for convenience foods and more food is eaten outside the home. This is all set in a backdrop of increasing food prices that have been passed down to the consumer. People on low incomes continue to devote

a significantly greater proportion of their income to food than people who are better off.

The average adult diet contains too much salt, saturated fat and sugar and too little fruit and vegetables, whole grains and oily fish than is recommended for an optimum healthy balanced diet. The average British child's diet is similarly unbalanced, but children tend to consume more sugar.

In October 2011 the Scientific Advisory Committee for Nutrition (SACN) revised the energy intake recommendations for the first time in twenty years. The estimates for children up to age 10 have decreased, whereas they have increased for adolescents and adults of all ages. Despite these increased estimations for both adolescents and adults, most people are still eating more calories than the new guidelines recommend and not expending enough energy to use the surplus, with overweight and obesity being the net result.

The government's recommendation of eating at least 5 portions of fruit and vegetables a day was attained by only 25% of men and 29% of women in 2008. Amongst children age 2-15, only 19% of boys and 20% of girls met the 5-a-day target. Although over recent years the trend has been an increase in numbers of people attaining the 5-a-day target, *Food Matters* showed that low income groups eat on average one or more portions of fruit and vegetables a day fewer than the general population.

Such socioeconomic and age-specific differences in diet relate not only to price-sensitivity but also differing attitudes to food, as well as issues of food accessibility. The *Burger Boy* report published by Barnardos in 2004 identified that children's food choices were strongly influenced by gender and income-related media stereotypes. 'Fast food' was identified by children as being the most tasty and desirable food. Advertising and peer pressure were also identified as being influences in food choices. In this study few children felt that they were subject to family rules in making food choices and most believed that their parents would let them eat more or less what they liked.

The food environment and health are undeniably linked, and notably, fast food restaurants and obesity rates are linked[1][2][3]:

- Living close to fast food takeaway **outlets has been associated with rates of obesity and weight gain.**
- Fast food outlets are proliferating everywhere, particularly in city centres and along arterial routes.

[1] USDA Nutrition Evidence Library
http://www.nutritionevidencelibrary.com/evidence.cfm?evidence_summary_id=250300
[2] Mehta NK, Chang VW. Weight status and restaurant availability: a multilevel analysis. American journal of preventive medicine 2008;34(2):127-33.
[3] Currie; DellaVigna; Moretti; Pathania. The Effect of Fast Food Restaurants on Obesity and Weight Gain. American Economic Journal: Economic Policy, Vol 2, Number 3, August 2010, pp. 32-63(32)

- Having a fast food outlet within 160m of a school is associated with a 5% increase in obesity.

Despite the economic downturn, fast food takeaway chains have flourished over recent years reflecting the nation's growing taste for highly palatable, energy dense, effortless food. The question of whether socially deprived areas have more fast food outlets and less access to cheap healthy food remains contentious with some research indicating that not all poor communities are disadvantaged in this way. In Glasgow, for instance, fast food outlets are not concentrated in poorer residential areas, but instead in the central business district, West End, in retail parks and along arterial roads[4]. However the national picture shows that the density of the 'big four' fast food chains is greater in the more deprived areas in England and Scotland[5].

What is clear is that the proliferation of fast food takeaways within cities has been extreme over recent years, creating an intensely obesogenic environment. In Coventry between 1978 and 2008, for example, despite the number of traditional fish and chip shops dropping from 61 to 31, the total number of fast food outlets increased from 27 to 141[6]. This demonstrates the growing taste for other fast foods such as burgers, kebabs, fried chicken and pizza, which are frequently high in fat and salt.  An article appearing in the Guardian, *Britain's fried-chicken boom,* reports fried chicken as the fastest growing of all fast foods, with fried chicken sales growing by 36% between 2003 and 2008, compared to 22% for fast food sales as a whole, according to a Mintel report.

Children, with their positive attitudes to fast food honed by media stereotypes, together with the relative lack of parental control over what they eat, are likely to be at risk from the health threats posed by the fast food takeaway proliferation.

## Physical activity

The Health Survey for England (2008) found that for self-reported physical activity, only 39% of men and 29% of women aged 16 and over met the Chief Medical Officer's minimum requirements for physical activity. These figures dropped to 32% and 19% amongst obese respondents. Amongst children age 2-15, 32% of boys and 24% of girls were classified as meeting the government's recommendations of at least an hour of moderate activity every day. Amongst girls, numbers dropped from 35% at age 2 to 12% at age 14.

Physical activity is a key component in maintaining good health for all ages. Physical inactivity is associated with obesity and many chronic diseases, including heart disease, diabetes, some cancers as well as all-cause mortality. Physical inactivity,

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[4] Macintyre S (2007) Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity? International Journal of Behavioral Nutrition and Physical Activity 2007, 4:32

[5] Macdonald L, Cummins S, Macintyre S (2007) Neighbourhood fast food environment and area deprivation—substitution or concentration? Apetite 49:251-254

[6] McDonalds and Allegra Strategies (2009) Eating out in the UK 2009: A Comprehensive Analysis of the Informal Eating Out Market. Allegra, London.

overuse of motorised transport, and other aspects of today's sedentary lifestyles, together with energy dense diets combine to form today's 'obesogenic environment'.

## Health Issues

Today's sedentary lifestyles, combined with a diet of energy dense and relatively nutrient poor food is giving rise to a plethora of health problems.

### Obesity

Obesity is a growing worldwide problem and the United Kingdom is no exception to this. Energy dense 'junk food', increasing portion sizes, the drinking culture and sedentary lifestyles all contribute to the growing problem of obesity. The National Obesity Observatory estimates the cost to the UK economy of overweight and obesity to be £15.8 billion per year (2007).

In 2008, almost a quarter of adults (24% of men and 25% of women aged 16 or over) in England were classified as obese (BMI 30kg/m2 or over). A further 42% of men and 32% of women were classified as over weight (BMI 25kgm$^2$ up to BMI of 30kg/m$^2$). Amongst children age 2-15, 16.8% of boys and 15.2% of girls were classed as obese while 14.6% of boys and 14% of girls were classified as overweight.

Higher rates of obesity are associated with low income and poor education. The National Child Measurement Programme (2011) clearly demonstrates that childhood obesity is closely linked to socioeconomic deprivation. Although it is known that, living in a low income or deprived area is independently associated with the prevalence of obesity and a poor diet, specific causal factors have not yet been established and can as yet only be surmised.

### Other non-communicable diseases

Overweight and obesity are linked to many health risks and risk tends to increase with increasing BMI and waist size. The accumulation of fat within the abdominal cavity provides the greatest risk to health, compared to say fat on hips. Obesity-related health problems include type 2-diabetes, cardio vascular disease and some cancers.

Other aspects of an energy dense, nutritionally imbalanced diet can also contribute to the risk of major non-communicable disease. High levels of salt contribute to increased blood pressure, a risk factor for stroke. Saturated fats can increase levels of cholesterol in the blood, which is a risk factor for coronary heart disease. Trans fats can also raise cholesterol in the blood and are potentially more dangerous than saturated fats. A 2% increase in trans fats in the diet leads to a 23% increase in risk of cardiovascular disease[7]. Despite many larger food companies pledging to remove artificial trans fats from the products on a voluntary basis, there remains a worrying

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[7] Mozaffarian D et al (2006) Trans Fatty Acids and CardiovascularDisease. New England Journal of Medicine 354:1601-1613

potential health risk from trans fats found in food sold by independent fast food takeaways.

The World Cancer Research Fund compiles information on diet relating to cancer and makes recommendations based on the current weight of evidence. The Fund currently states that fruit and vegetables probably protect against several cancers including throat and neck, stomach and lung cancers. Fibre is likely to decrease risk of bowel cancer, whereas red meat, particularly processed meat can increase risk. Salt can increase risk of stomach cancer.

Rates of non-communicable disease vary between different ethnic groups in the UK. For instance heart attack rates are higher for South Asians compared to the rest of the population and stroke rates are higher in the Black ethnic group than in the White ethnic group. Black Caribbean, Indian, Pakistani and Bangladeshi men have considerably higher rates of diabetes than the general population. Comparisons of obesity between ethnic groups is more difficult since fat is stored in different ways and body shapes differ. Using BMI measurements, the prevalence of obesity appears lower in the South Asian community and Chinese men. The highest rate of obesity amongst children is in the Black ethnic group.

### Micro-nutrient intakes

Recent results from the National Diet and Nutrition Survey (NDNS) which studies the diet of a sample population to estimate the diet of the population as a whole, identified children's average intakes as being below the Reference Nutrient Intakes (RNIs) for some minerals, in particular, iron, magnesium, potassium and selenium. Low levels of micro nutrients can have subsequent effects on physical health as well as affecting mental health and well-being. For example, selenium is important for the immune system and may affect susceptibility to infection; low iron can cause difficulty in concentrating, tiredness and poor cognitive performance.

## Children's Behaviour

In recent years there has been a growing number of studies looking at the effects of various aspects of diet on behaviour, in particular the behaviour of children[8]. Some evidence is stronger than others in this fast developing, but still fairly young area of research. One study conducted by Southampton University on behalf of the Food Standards Agency was so conclusive, it prompted them to alter their advice on artificial additives. The study showed that some artificial additives in combination, in particular certain colours and one preservative sodium benzoate, could have a significant detrimental effect on the behaviour of children prone to hyperactivity. Certain artificial colours are still found in some food from Chinese and Indian takeaways and restaurants.

Imbalances of different types of fats are thought to be linked to behaviour problems. The rationale behind this is that the brain largely comprises fat, and fats are present in the membranes of nerve cells where they play a role in transmitting messages. It

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[8] Food and Behaviour Research www.fabresearch.org

is thought that polyunsaturated fats (PUFAs) give the fluidity required by cell membranes, whilst saturated fats can cause unwanted rigidity. Omega-3 fats are types of PUFAs that have been most studied. A lack of dietary omega-3 (found primarily in oily fish) is thought to be associated with negative behaviours including depression, anxiety, anger, hyperactivity and impulsive behaviour. Trans fats in the diet are suggested by some to be linked to negative behaviour. Any effect on brain chemistry is of particular concern in children since the brain continues to develop through the teens so is likely to be more susceptible.

Low levels of other micronutrients in the diet have also been associated with negative mood and behaviour, for example folic acid and zinc.

High sugar, high glycaemic index diets are of concern because of possible aggression and agitation in some people which accompanies a fast drop in blood sugar. High levels of caffeine, as found in energy drinks, could worsen this situation for some people.

## Resources

The Health Survey for England
http://www.noo.org.uk/data_sources/adult/health_survey_for_england

Statistics on obesity, physical activity and diet: England, 2010
http://www.ic.nhs.uk/pubs/opad10

Dietary Recommendations for Energy (SACN)
http://www.sacn.gov.uk/pdfs/sacn_energy_report_author_date_10th_oct_fin.pdf

Food Matters- Towards a Strategy for the 21st Century
http://webarchive.nationalarchives.gov.uk/+/http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/food/food_matters1.pdf

Burger Boy and Sporty Girl (2004)  http://www.barnardos.org.uk/burger-boy-sporty-girl-what-children-say-about-school-meals/publication-view.jsp?pid=PUB-1395

British Heart Foundation http://www.bhf.org.uk

World Cancer Research Fund http://www.wcrf-uk.org/index.php

Britain's Fried Chicken Boom (Feb 2011) The Guardian
http://www.guardian.co.uk/lifeandstyle/2011/feb/18/britains-fried-chicken-boom

Food Standards Agency artificial additives study (2007)
http://www.food.gov.uk/news/newsarchive/2007/sep/foodcolours

Ethnic Differences in Cardiovascular Disease (2010) British Heart Foundation (pdf)

## 2. Policy Drivers

The main reports and strategy papers of recent years relating to food and health, which have relevance to fast food takeaways and the school fringe, are detailed below.

| Document | Relevant Directives/Recommendations |
|---|---|
| **National Policy Drivers**<br>Labour Government | |
| Foresight Report Tackling Obesity 2008 | Recommended:<br>• Local authorities to employ 'place-shaping' - to model effective leadership in responding to the major challenge of obesity and to have a wider strategic role using their powers and influence creatively to make a difference.<br>• Local authorities to use their Sustainable Community Strategy as a critical planning tool to develop a local strategy to reduce obesity |
| Strategic Review of Health Inequalities in England post-2010 (The Marmot Review) | Policy objective: Create and develop healthy and sustainable places and communities<br>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<br>2. Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.<br><br>Policy objective: Strengthen the role and impact of ill-health prevention, by:<br>1. Implement an evidence-based programme of ill health preventive interventions that are effective across the social gradient by: Improving programmes to address the causes of obesity across the social gradient.<br>2. Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient. |
| Health and Social Care Bill | The Health and Social Care Bill (if passed into law) will make major changes to the role of the Secretary of State and of local authorities. The key to the new statutory arrangements for the directors of public health and the Health and Wellbeing Boards will be their position as officers and committees of the local authorities. |

| National Policy Drivers | |
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| Coalition Government | |
| Prevention of cardiovascular disease at population level  June 2010 - <br> Nice Public Health Guidance 25 | Recommended : <br> **Salt** <br> • Progress towards a low-salt diet needs to be accelerated as a matter of urgency. <br> • Ensure food producers and caterers continue to reduce the salt content of commonly consumed foods <br> • Ensure low-salt products are sold more cheaply than their higher salt equivalents <br> • Clearly label products which are naturally high in salt and cannot meaningfully be reformulated. <br> • Discourage the use of potassium and other substitutes to replace salt. <br><br> **Saturated Fat** <br> • Reduce population-level consumption of saturated fat. <br> • Encourage manufacturers, caterers and producers to reduce substantially the amount of saturated fat in all food products. If necessary, consider supportive legislation. Ensure no manufacturer, caterer or producer is at an unfair advantage as a result. <br> • Create the conditions whereby products containing lower levels of saturated fat are sold more cheaply than high saturated fat products. Consider legislation and fiscal levers if necessary. <br><br> **Trans Fats** <br> • Ensure all groups in the population are protected from the harmful effects of Industrially Produced Trans Fatty Acids (IPTFAs), since certain sections of the population may be consuming a substantially higher amount of IPTFAs than average (for instance, those who regularly eat fried fast-food). <br> • Eliminate the use of IPTFAs for human consumption <br> • Establish guidelines for local authorities to monitor independently IPTFA levels in the restaurant, fast-food and home food trades using existing statutory powers (in relation to trading standards or environmental health). <br> • Encourage the use of vegetable oils high in polyunsaturated and monounsaturated fatty acids to replace oils containing IPTFAs. Saturated fats should not be used as an IPTFA substitute. |

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| | - Develop UK-validated guidelines and information for the food service sector and local government on removing IPTFAs from the food preparation process.<br><br>**Fast food outlets**<br>- Empower local authorities to influence planning permission for food retail outlets in relation to preventing and reducing CVD.<br>- Encourage local planning authorities to restrict planning permission for take-aways and other food retail outlets in specific areas (for example, within walking distance of schools). Help them implement existing planning policy guidance in line with public health objectives.<br>- Review and amend 'classes of use' orders for England to address disease prevention via the concentration of outlets in a given area.<br><br>**Implementation of CVD Prevention Programme**<br>A comprehensive regional and local CVD prevention programme is set out in the guidance, with action to be taken by:<br>- city region partnerships<br>- government regional offices<br>- local authorities<br>- local strategic partnerships<br>- non-governmental organisations, including charities and community groups<br>- PCTs<br>- strategic health authorities |
| [Responsibility Deal March 2011](#) | States:<br>- The Government's approach to improving health wider than simply considering what Government can do, and is based on the following actions: |

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| | • Businesses signing up to the deal will sign up to 5 core commitments, collective pledges and individual pledges. |
| Healthy Lives Healthy People July 2011 | States:<br>• The White Paper sets out a vision for a reformed public health system in England.<br>• Local authorities to take new responsibilities for public health. Locally, we will empower local leaders to shape their own approach to addressing local needs and tackling the wider problems that undermine health. Through health and wellbeing boards we will ensure that NHS commissioning plans are integrated with and reflect local joint health and wellbeing strategies.<br>• Local authorities will be supported by a new integrated public health service, Public Health England,<br>• A stronger focus on the outcomes we want to achieve across the system. |
| Behaviour Change July 2011 – House of Lords Science and Technology Sub-Committee | Recommendations:<br>• Non-regulatory measures used in isolation, including "nudges", are less likely to be effective. Effective policies often use a range of interventions.<br>• Current voluntary agreements with businesses in relation to public health have major failings. They are not a proportionate response to the scale of the problem of obesity and do not reflect the evidence about what will work to reduce obesity. If effective agreements cannot be reached, or if they show minimal benefit, the Government should pursue regulation.<br>• We have major doubts about the effectiveness of voluntary agreements with commercial organisations, in particular where there are potential conflicts of interest.<br>• The Department of Health should state for each pledge what outcomes are expected and when, and provide details of what steps they will take if the agreements are not effective at the end of the stated period |
| Healthy Lives Healthy People Tackling Obesity October 2011 | The Call to Action states:<br>• Government, local government and key partners to act to change the environment to support individuals |

|  | in changing their behaviour. |
|  | • From 2013, upper tier and unitary local authorities will receive a ring-fenced public health grant to fund their new public health responsibilities. Local areas will have the freedom to spend money in the way they think will best meet the needs of their community, achieves public health outcomes and is in line with specific conditions that will be attached to the use of the grant. |
|  | • Opportunities for local government include:<br>1) Making the most of the potential for the planning system to create a healthier built environment ;<br>2) Working with local businesses and partners to increase access to healthy food choices. |
|  | • Effective local action on obesity requires a wide coalition of partners to work together in order to create an environment that supports and facilitates healthy choices by individuals and families. |
|  | • Partners to be given the opportunity to play their full part – e.g. by building on the part that the food and drink industry can play through the Responsibility Deal, particularly in relation to helping to reduce our collective calorie intake. |
|  | • Local government to be given the lead role in driving health improvement and harnessing partners at local level as set out in Healthy Lives, Healthy People and, giving it freedom to determine the local approaches which work best for local people and for specific population groups facing the greatest challenges. |
|  | • The approach turns on its head the perception, held by some, that obesity is Government's problem to solve: *" T h e   s o l u t i o n   l i e s   i responsibility for our health and taking appropriate action to manage our weight, with local and central government, and a wide range of delivery partners, providing integrated and tailored support to help us with a challenge which many of us struggle to tackle a l o n e . "* |
|  | • We will favour interventions that equip people to make the best possible choices for themselves, rather than removing choice or compelling change. |
|  | • Focusing on children alone will not adequately address the existing and growing burden of adult overweight and obesity. |
|  | • Given the different levels of risk faced by different |

| | groups, it is vital that action on obesity reduces health inequalities. Particular attention needs to be given to specific socio-economic and ethnic groups and to disabled people and people with mental health needs. |
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| | • *" While we do not believ* *or mandate what people should eat or drink, there are some groups in society where there is a clear duty of care and more stringent action by Government and others may be warranted, especially in relation to c h i l d r e n  o r  o t h e r  v u l n e* |
| | • Power and initiative to be put in the hands of schools themselves. The Government's role is to support schools to tackle obesity and other lifestyle issues by helping them to access the best evidence and through professional development. |

| Policy Drivers for Scotland | |
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| [Scotland Food and Drink Policy 2009](#) | The policy states<br>• Policy aims to shape Scotland's food and drink future to bring about health, economic and environmental benefits<br>• Health and Sustainability Framework to be put in place which will include:<br>  1) Working with Local Authorities to identify what they can do to influence their local environment to support healthier more sustainable food choices.<br>  2) Working with Consumer Focus Scotland to implement the Healthy living Award Plus – a new higher level of award that further increases the range of healthier choices available from participating caterers. |
| [Preventing Overweight and Obesity in Scotland 2010 Route map](#) | The Route map states:<br>• Obesity cannot be viewed simply as a health issue, nor will it be solved by reliance on individual behaviour change. A successful approach will require cross-portfolio and cross-sector collaboration and investment to make deep, sustainable changes to our living environment in order to shift it from one that promotes weight gain to one that supports healthy choices and healthy weight for all.<br>• Preventative action includes controlling exposure to, demand for and consumption of excessive quantities of high calorific foods and drinks. |

|  | <ul><li>Work with producers, retailers and caterers to ensure that portion sizes served or suggested by labels better reflect consumers' energy needs. This will include activity to standardise portion sizes in ready meals and restaurants.</li><li>Where voluntary approaches to reformulation, portion size adjustment and stocking policies do not achieve sufficient progress towards a healthier balance in the meals, food and drinks sold in Scotland appropriate statutory means to increase the rate of change will be considered.</li><li>Work with Consumer Focus Scotland to extend the Healthyliving Award to all caterers within public sector organisations and to have a stronger presence on the high street.</li><li>Work with the Scottish Grocer's Federation (SGF) to extend the reach of the SGF Healthy Living Programme within participating neighbourhood food shops, for example moving confectionary displays from till points and expanding the range of healthier choices offered and promoted under the scheme.</li><li>Explore measures to restrict access by children to nutritionally inappropriate meals and high energy and energy-dense foods from businesses located in the vicinity of schools.</li><li>Facilitate collaboration between schools and local food outlets to promote appealing, affordable lower energy and less energy-dense options for pupils who choose to leave school for lunch.</li><li>Support implementation of the 'Beyond the School Gate' benchmarking guidance for community planning partnerships on provision of lower energy and less energy-dense food options in the community, for example through limiting the number of fast food outlets near schools, leisure centres, parks and youth centres and encouraging the provision of outlets for healthy convenience food and drink.</li><li>Working with retailers to target all promotional activity on food and drink towards incentivising eating for a healthy weight, including price promotions, vouchers, in-store product placement, direct mail marketing and multiple-buy offers such as 2 for 1s. This means:</li><li>removing incentives for consumers to purchase high energy and energy-dense food and drink, particularly</li></ul> |
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| | incentives to buy these products in large quantities, for example bulk value pricing structures; |
| --- | --- |
| | • introducing incentives for consumers to purchase lower energy and less energy-dense food and drink options. |

| Policy Drivers for Wales | |
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| Food for Wales, Food from Wales 2010 2020 – A Food Strategy for Wales | The strategy states:<br>• Food is being actively developed as part of the health, poverty and community development agendas.<br>• Adoption of a "whole-school" approach across Wales is central to people becoming knowledgeable and creative about their food, about how it is produced and how it is prepared. This is an approach that embeds the healthy eating message into a wider educational package that stresses the positive links between food, fitness, health and both physical and mental well being.<br>• Food in schools is being improved through the roll out of Appetite for Life, and guidance on healthy eating has been issued for early years' settings, youth clubs and leisure centres.<br>• Local Authorities, other public bodies and agencies such as the Food Standards Agency and the Environment Agency, along with community groups and partnerships, to develop a coherent, integrated and strategic approach to food planning.<br>• the Welsh Assembly Government will seek to engage and work with Local Authorities in a coherent and structured fashion to develop food policy by:<br> • evaluating the costs and benefits of more integrated and comprehensive food planning; and<br> • work in partnership to produce integrated and strategic action plans on food at the Local Authority level. |
| Our Healthy Future 2010 | The strategy states:<br>• Further develop links with the Wales Spatial Plan as a lever for developing and delivering healthy public policy<br>• Promoting good health and wellbeing at home, at school and in the community.<br>• Helping children and young people to avoid ways of living that put their health at risk. |

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| [Child Poverty Strategy for Wales, February 2011](#) | The strategy sets out a series of priority policy actions – which include<br>• more emphasis on policies designed to improve nutrition amongst children and young people living in low income households, and<br>• more emphasis on educating parents about the importance of diet and exercise |
| **Policy Drivers for Northern Ireland** | |
| [Fit Futures: Focus on Food, Activity and Young People report 2007](#) | The government departments and agencies with responsibility for health, food and nutrition, agriculture, and business development should establish a forum with the local food industry and consumer representatives to support action to improve the balance of the diet being promoted and made available to children, and the ability of consumers to make discerned food choices, whilst also seeking to support the profitability of the local food industry. |
| **Policy Drivers for London** | |
| [Healthy and Sustainable Food for London  The Mayor's Food Strategy Implementation Plan 2007](#) | • There is a commitment to delivering healthy schools through Healthy Schools Agenda by the development of a training programme for school caterers. |
| [London Health Inequalities Strategy 2010](#) | The Mayor is committed to working with partners to:<br>• Motivate and enable Londoners to adopt healthier behaviours and engage in lifelong learning.<br>• Promote community development approaches to improve health, and actively support the role of the third sector. |
| [Tale of Two ObesCities 2010](#) | Report recommends:<br>• Use zoning authority, land use review and other municipal authority to limit access to fast food and the promotion of unhealthy foods to children.<br>• Use zoning, tax incentives, and city owned property to increase the availability of healthy, affordable, and culturally appropriate food in neighbourhoods where it is limited.<br>• Implement a universal free school meal programme with nutritional standards that promote health. |
| [The London Plan 2011](#) | With regard to planning and health:<br>• The detailed design of neighbourhoods is also very important for health and well-being. This can be complemented by other measures, such as local policies to address concerns over the development of |

| | fast food outlets close to schools. |
|---|---|
| **Local Policy Drivers** | |
| The Brighton and Hove Food Strategy, Spade to Spoon 2006<br><br>Digging Deeper, 2011 (forthcoming) | The Brighton and Hove Food Partnership is currently revising the UKs first citywide food strategy 'Spade to Spoon'.<br><br>The forthcoming revised strategy states:<br>• Support schools to take a whole school approach to food and to put an emphasis on practical food experiences (including cooking skills and food growing) and to educate about food and food choices<br>• Extend the use of the Healthy Choice Award and develop additional sustainability criteria<br>• Ensure that people are well-served for outlets selling affordable fresh produce within walking distance<br>• The city's planning processes to take food issues into account.<br><br>*The Healthy Urban Planning, a sub group of the Healthy City Partnership is to progress research on the impact of fast food outlets near school gates. Including work on trialing responsibility dea school gates regarding s people.* |
| Bristol Food Charter 2010 | The Charter states:<br>This Food Charter contains 10 ambitions which will shape and underpin the council's approach to food provision, including the way the council uses its buying power, services and influence to provide a healthier and sustainable future for the people of the city. |
| Who Feeds Bristol Report 2011 | A baseline study of the food system that serves Bristol and the Bristol city region. This study is informing the work of the newly formed Bristol Food Policy Council (supported by Bristol City Council) |

## 3. How can I gather evidence?

**Summary**

- **Research studies and surveys can help local authorities build a case for taking action to reduce the impact of fast food takeaways in their area.**
- **Local health, lifestyle and deprivation statistics can help build a picture of area specific issues.**
- **Small surveys and mapping exercises are easy to organise and can be built into local capacity, by being carried out by Food Safety Teams.**
- **Larger research studies carried out in collaboration with local academic institutions can produce more in-depth data but may need additional funding.**

**Some studies that have been carried out are highlighted in this section, with additional commentary on the value of these studies and any lessons learnt.**

### The need for evidence

Local health statistics can be invaluable in helping build a case for action against fast food takeaways. The Public Health Observatory produces health profiles for local authorities and for counties. The profiles include statistics such as childhood and adult obesity, health inequalities and areas of deprivation. Each profile includes a map showing levels of deprivation within the locality, which is a useful tool to use alongside an exercise mapping the location of fast food takeaways within the area.

The Office of National Statistics provides Neighbourhood Statistics on wide ranging topics including health, income and lifestyles, economic deprivation and ethnic mix.

### Developing a project to gather evidence

Research studies and surveys help to build up a case for action against the threat of fast food takeaway outlets and other factors to health. Existing studies, like those described in the section below, can act as useful models to develop local evidence gathering projects. Conversations with other local authorities who have carried out their own projects can be helpful to find out what worked for them and what improvements they might make if they repeated the exercise. Look out for conferences on takeaways which enable the exchange of research information and ideas between local authorities.

Local academic institutions can be valuable partners for bigger projects in order to develop robust protocols and to analyse data. Dieticians or public health nutritionists are also important partners in advising on nutritional analysis and current evidence based healthy eating guidelines. Environmental Health Officers and Trading Standards Officers are often well placed to carry out research involving fast food outlets because they are already likely to have contact with the proprietors.

Surveys and research studies can be broadly divided into:
- Mapping

- Nutritional analysis
- Dietary analysis
- Analysis of purchasing behaviours

Some studies may include two or more of these techniques. Mapping looks at the numbers and concentration of certain types of food outlets. Nutritional analysis looks at the nutritional composition of foods. This can be done by biochemical analysis or by analysis using food composition tables (which can to be less accurate). Dietary analysis looks at the nutritional content of the food consumed by individuals over a single meal, a whole day or multiple days. This can be done by analysis using food composition tables of food diaries and food frequency questionnaires, or by the biochemical analysis of food samples. Analysis of purchasing behaviour can involve: surveyors visually observing and recording purchases, interviewing consumers and retailers, completion of questionnaires by consumers and retailers, and by examining till receipts.

The Food Vision website features a useful section on evidence gathering.

## Studies related to junk food and fast food takeaways

Below are some of the studies that have been carried out involving fast food takeaways and other 'junk food' outlets and takeaway restaurants, which can be referenced in the evidence stage of making a case for action.

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**Main findings**

- **All 'junk food' retailers need to be taken into consideration when assessing the impact of food bought within the school day on children's diets. 'Junk food' includes crisps, sweets, cakes, biscuits and fizzy drinks as well as chips and other fast food.**
- **School children often visit local shops to buy food before and after school as well as lunchtimes, if they are able to leave school then. Children who are allowed out of school at lunchtime visit local shops more frequently than children who are not.**
- **Children often purchase food from fast food takeaways several times a week.**
- **Fast food takeaways, newsagents, bakeries and local restaurants may target pupils with cheap, unhealthy special offers.**
- **Mobile fast food vans often target schools at lunchtimes and at the end of the day.**
- **Children may walk 800m or more to access shops at lunchtime.**
- **Children access food along their school journey as well as in the school fringe. In London children can hop on a free bus to reach the cheapest takeaway.**
- **School stay on site policies and cashless lunch systems reduce opportunities for school children to make purchases in the school fringe.**
- **Fast food takeaway meals tend to be high in calories, fat, saturated fat and salt. Some are also high in trans fats or artificial food colours.**

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- **Saturated fats are the most commonly used fats for deep fat frying in fast food takeaways.**
- **Hydrogenated fats are still widely available from suppliers and widely used by the fast food industry.**
- **Fast food takeaway businesses may use a small number of cheaper suppliers and may be limited on their purchasing options.**

| Research Studies | Report details | Main findings |
|---|---|---|
| **Temptation Town**<br>This was a mapping exercise which examined the ratio of 'junk food outlets' to secondary schools in 149 local authorities. | **The School Food Trust** *(2008)* | • Brighton and Blackpool were at the top of the table with 46 and 40 junk food outlets per secondary school respectively.<br>• The urban average per school was 25 compared to the rural average of 19.<br>• The 'North' average differed little to the 'South' average with 24 and 23 outlets per school respectively. |
| **The School Fringe**<br>This study looked at what school children buy from shops within the school fringe. | **London Metropolitan University** *(July 2008)* | • A level of underreporting of food eaten of more than 30% was identified from pupils' diaries and FFQs compared to observed purchases. Fringe purchases contained on average 38% of calories from fat, compared with the Dietary Reference Value (DRV) of 35%.<br>• Total carbohydrate intake was roughly on target at 52%. Much of that, however, was sugar. Salt was relatively low but pupils additionally added salt to takeaway products. The main problem of fringe purchases was seen to be high sugar.<br>• Overall pupils who bought food on the school fringe did so on average six times a week, or more than once a day. Those who were unable to leave the school at lunchtime still used the shops on average 3.6 times a week and the suburban sixth formers used the shops 8.8 times a week on average.<br>• Independent takeaways targeted school children with special offers, tending to be high in fat. |
| **Hot Food Takeaways near schools**<br>This study examined the food purchasing behaviours of secondary school children within the school fringe at lunchtimes in Brighton and Hove. | **Brighton and Hove City Council** *(forthcoming 2012)* | • Large volumes of pupils leave the school premises at lunchtime and purchase a variety of 'unhealthy' foods including chips, soft drinks including energy drinks and chocolate.<br>• Hot food takeaways, newsagents and supermarkets were all equally influential on the unhealthy food choices. |

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| **Chicken and Chips – What's In it?**<br>This survey looked at samples of chicken and chips from fried chicken shops within the Borough of Waltham Forest. | **London Borough of Waltham Forest Food Safety Team**<br>*(2009)* | • All samples were high in energy, salt, fat and saturated fat. For trans fats, the samples divided clearly into two groups, those with high levels of trans fats and those with low levels (<10%).<br>• This polarity relates to the difference in frying oil used¸ and those with high levels of trans fats could be using a hydrogenated vegetable oil for frying¸ possibly one called AVR-60. |
| **The School Foodshed**<br>The study aimed to gain as wide a picture as possible on the eating and buying behaviour of school children in London Borough of Tower Hamlets, from fast food outlets found within the school fringe and along the journey to school. | **City University**<br>*(2010)* | • 627 fast food outlets (FFOs), newsagents and grocery stores were classed as selling 'junk food' in Tower Hamlets.<br>• FFOs were concentrated along main thoroughfares and tended to be in areas of higher deprivation.<br>• Older children tended to purchase food on the way to school in place of breakfast including crisps, chocolate and cream cakes.<br>• The majority of schools operated closed gate policies at lunchtime so few purchases were observed then.<br>• Purchases after school tended to be high sugar and fat items such as crisps, fizzy drinks, ice-cream, muffins, chicken wings and chips.<br>• Some children reported saving their 'dinner money' to buy food from a takeaway on the way home from school.<br>• 22 children keeping food diaries recorded eating from FFOs, totalling 66 fast food takeaway meals and 20 sit down takeaway meals in one week, with a massive 16 meals attributed to one child.<br>• Children who reported low fruit and vegetable intake also had a higher percentage of their energy coming from fast food. |
| **Fish and chips with a side order of Trans fat: The nutrition implications of eating from fast food outlets: a report on eating out in east London**<br>This research investigated the percentage energy contribution as provided by trans fat from takeaway food in a teenage population in London Borough of Tower Hamlets. | **City University**<br>*(2010)* | • All samples except for two samples of boiled rice and one sample of chicken curry contained trans fats.<br>• Most of the samples contained trans fats below the maximum recommended level of 2% of energy requirements, one sample contained 2.9%. |

| Kebab Houses and Burger Bars Feeding Our School Children Unhealthy Meals<br>This research analysed the nutritional content of school children's most popular meals bought from takeaway shops near 45 schools in 16 London Boroughs. | Consensus Action on Salt & Health (CASH) and London Environmental Health Food Teams<br>*(May 2010)* | • The majority of sample meals were high in salt, fat and saturated fat and had two or more red traffic lights.<br>• Only two meals, a chicken burger with lettuce and a jerk chicken and rice, contained only medium or low levels of these and had only amber and green traffic lights.<br>• Many of the takeaway items were higher in fats and salt than comparable meals from fast food chains and markedly different to the schools nutritional guidelines.<br>• Trans fats were generally well within intake guidelines at low levels, with the exception of a few samples with noticeably higher levels. |
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| Survey of the Composition of Certain Types of Takeaway Food<br>This survey analysed the nutritional content of Chinese and Indian takeaway foods surveyed in local authorities in England, Wales and Northern Ireland. | Local Government Group and the Regulatory Support Unit<br>*(June 2011)* | • Meals were energy dense and high in saturated fats.<br>• The average energy per meal was 1405 Calories almost 3/4 of the daily recommended energy intake for a woman.<br>• Despite the high levels of saturated fats, 84% of the takeaways said they were using low saturate vegetable oils and only 6% reported using butter derived ghee.<br>• The average sweet and sour chicken was lower in fat (44.8g) and saturated fat (7.58g) than the Indian meals but higher in salt (7.12g). The average energy per meal was 1525 Calories, over three quarters of the daily recommended energy intake for a woman.<br>• A small but significant number of Tikka masala sauce samples contained above the legally permitted levels of some artificial colours. These are colours (Sunset yellow, Ponceau 4R) are among those that the Food Standards agency recommended that children prone to hyperactivity should avoid. |
| The Availability of AVR60 from UK Wholesalers<br>An internet survey to find out the availability of the hydrogenated rapeseed oil AVR60 from fast food wholesalers, and what other choices of fats were available to caterers from the same wholesaler. The survey was followed up with conversations with oil | Food Matters (research in October 2011 - whilst developing this toolkit – report forthcoming ) | • Nine wholesalers were identified as selling AVR60, covering most of England. One wholesaler was also located in Northern Ireland.<br>• Two distinct packagings of AVR60 were identified, an unbranded box and a box branded as 'The Ultimate Long Life oil –chicken's perfect partner ' with ingredients labelled as 'hydrogenated vegetable oil' which was produced by AAK.<br>• Most of the wholesalers provided a range of cooking fat choices, although one in Coventry, which sold only fried chicken supplies, offered |

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| producers and wholesalers. | | only AVR60. |
| **An inconvenient sandwich: the throwaway economics of takeaway food**<br>This study looked at how the nation's habit of casual eating out of the home sits with the ideal of creating a more sustainable food system.  As part of the research a sample of south London independent café and takeaway owners were interviewed about the factors that influenced their purchasing choices from wholesalers. | **New Economics Foundation**<br>(June 2010) | • Most businesses used a small number of trusted suppliers. They used suppliers who would deal in small enough quantities to suit the business.<br>• They tended to use at least one big wholesaler that delivered e.g. Booker, Nilla, JJs, as well as micro suppliers and local shops when they ran out of things before the supplier could deliver.<br>• The interviewees felt that their choice of goods was limited by what the suppliers stocked.<br>• Choices were based on what customers wanted and were prepared to pay and what the wholesalers had available.<br>• Some takeaways were served by a single supplier who met all their needs and was prepared to give them credit when they did not have the cash. |

## Resources

The Public Health Observatory Health Profiles  www.apho.org.uk

Office of National Statistics – Neighbourhood statistics
www.neighbourhood.statistics.gov.uk

Food Vision - Evidence gathering  http://www.foodvision.gov.uk/pages/evidence-gathering

Lessons to Takeaway Conference
http://www.made.org.uk/areasofwork/CPD/casestudies/do_places_make_us_fat

Takeaways Unwrapped Conference
http://www.heartofmersey.org.uk/Home/Publications/33.html

School Food Trust Temptation Town
http://www.schoolfoodtrust.org.uk/news-events/news/new-research-reveals-the-scale-of-junk-food-temptation

CASH  - Kebab Houses and Burger Bars Feeding Our Children Unhealthy School Meals
http://www.actiononsalt.org.uk/less/surveys/2010/takeaway/index.html

Local Government Group – Survey of the composition of certain types of takeaway food
http://www.local.gov.uk/c/document_library/get_file?uuid=fa05a503-7bc1-4603-947a-17795b1088f4&groupId=10161

New Economics Foundation – An Inconvenient Sandwich
http://www.neweconomics.org/publications/inconvenient-sandwich

## 4. What can I do?

### Planning

**Summary**

- **Several local authorities have developed supplementary planning documents (SPDs) to restrict the development of new A5 fast food premises within the school fringe.**
- **SPDs are also being used to restrict the over concentration and clustering of A5 premises in other areas away from schools.**
- **Many students are prepared to walk further than 400m to purchase food at lunchtime, the distance set as the exclusion zone by many local authorities**
- **The SPDs aim to tackle only the problem of class A5 hot food takeaway outlets, but not other classes of premises, which may also sell junk food.**
- **The 400m exclusion zone is only relevant to lunchtimes and the time immediately before and after the school day. It does not take into account purchases along the school route.**
- **In London, where transport is free for school children, they may hop on a bus after school to visit the nearest cheap fast food outlet.**

### Background

Local authorities have developed their own planning policies based on a number of national, regional and local planning documents. The coalition government is seeking to simplify planning policy and localise decision making through the Localism Bill and the National Planning Policy Framework. The Localism Bill has now received royal assent however until the draft National Planning Policy Framework is finalised, specifics concerning the changes to planning policy development are yet to be disseminated.

### Local authorities employing a Supplementary Planning Document

Planning regulations have been employed by several local authorities to restrict the opening of new hot food takeaway outlets. Each has done this through the development of their own Supplementary Planning Document (SPD) focusing on hot food takeaways (class A5 premises). An SPD expands on policies found in Unitary Development Plans and other national and regional guidance. Whilst not having the same status as a development plan, an SPD forms material consideration in the determination of a planning application. An SPD must conform to local plans and core strategies, but case law can also provide material consideration and can contribute to its content.

In general, SPDs have sought to restrict:
- the clustering and over concentration of hot food takeaways
- the proximity of hot food takeaways to schools, sixth form colleges, parks and youth facilities

In doing so, the SPDs aim to tackle environmental and health issues posed by the proliferation of hot food takeaways.

Environmental issues include: litter, noise, bad smells, disposal of waste, attraction of vermin, parking and traffic, gathering of people and antisocial behaviour, changing appearance of an area.

Health issues: the main focus has been on the impact of energy dense, high fat takeaway food on child obesity and the related health concerns such as type 2 diabetes and coronary heart disease. Other potential health risks to health include: increased blood pressure as a result of the high salt content of some takeaway food; potential behavioural problems in children from the overuse of certain artificial additives in some takeaway food; general poor nutrition and micronutrient deficiencies as might arise when a diet comprises limited food choices of low nutrient content.

Some of the criteria used in Local Authority SPDs are shown below:

| Local Authority | Criteria for assessing A5 Planning Applications |
| --- | --- |
| Waltham Forest | <ul><li>Within primary, secondary and retail parade zones, no more than 5% of units shall consist of A5 units</li><li>Within tertiary zones and outside designates centres, no more than one A5 unit will be allowed within 400m of an existing A5 unit</li><li>No more than two A5 units should be located adjacent to each other</li><li>Between individual or groups of hot food takeaways, there should be at least two non A5 units.</li><li>For proposals which fall outside designated town centre and local parade locations, hot food takeway shops will be resisted where the proposal will:<ol><li>**Fall within 400m of the boundary of an existing school or youth centred facility**</li><li>**Fall within 400m of a park boundary.**</li></ol></li></ul> |
| Barking and Dagenham | Planning permission for new hot food takeaways (Class A5) will not be granted in the hot food takeaway exclusion zone. This is where proposals:<ul><li>**Fall within 400m boundary of a primary or secondary school.**</li></ul>Planning permission will only be granted for a hot food takeaway outside of the hot food takeaway exclusion zone provide that:<ul><li>It is within Barking Town Centre, Dagenham Heathway, Chadwell Heath and Green Lane District Centres or one of the Neighbourhood Centres</li><li>It will lead to:</li></ul> |

| | |
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| | 1. No more than 5% of the units within the centre or frontage being hot food takeaways<br>2. No more than two A5 units being located adjacent to each other<br>3. There being no less than two-non A5 units between hot food takeaways.<br>• A £1,000 levy requirement for developers of new hot food takeaway outlets to make a contribution under a Section 106 agreement. These funds will be used to provide investment for initiatives to tackle childhood obesity, including support for operators to consider healthier options, recipes and ingredients. |
| St Helens | Planning permission will only be granted provided it is located:<br>• Within the defined town centres of St Helens or Earlestown, or<br>• **Beyond a 400m exclusion zone around any primary or secondary school and sixth form college either within or outside Local Education Authority control.**<br>• Where a hot food takeaway is to be located within a town, district or local centre, it should not result in:<br>  1. More than 5% of the units with the centre or frontage being hot food takeaways<br>  2. More than two A5 units being located adjacent to each other<br>  3. Any less than two non-A5 units being individual or groups or hot food takeaways<br>  4. The proportion of A1 uses in primary retail falling below 75%. |

Local authority planners have not all chosen to use the same criteria for restricting A5 premises likely to be easily reached by children. Whereas Waltham Forest included primary and secondary schools, youth facilities and parks, Barking and Dagenham included only schools, stating in their SPD that

> "Given the exusion zone around schools it is deemed unnecessary to implement further buffers around parks, children centres and leisure centres. Indeed mapping conducted by Council indicates that the exclusionary zone imposed around schools will encompass these sensitive sites"

St Helens have chosen to include sixth form colleges as well as schools in their SPD criteria. Barking and Dagenham additionally introduced a £1,000 levy in their SPD, applicable to any A5 premises for which planning permission is granted.

**Localism Act**

The Localism Act, sets out to shift power from central government back into the hands of individuals, communities and councils. The Act makes provision for planning and regeneration by aiming to:

- Abolish Regional Spatial Strategies (which formerly provided a regional level planning framework for the regions of England, outside London)
- Abolish the Infrastructure Planning Commission and return to a position where the Secretary of State takes the final decision on major infrastructure proposals of national importance
- Amend the Community Infrastructure Levy, which allows councils to charge developers to pay for infrastructure. Some of the revenue will be available for the local community
- Provide for neighbourhood plans, which would be approved if they received 50% of the votes cast in a referendum
- Provide for neighbourhood development orders to allow communities to approve development without requiring normal planning consent
- Give new housing and regeneration powers to the Greater London Authority, while abolishing the London Development Agency.

In practice, the Localism Act could make it easier for Local Authorities to restrict the development of hot food takeaways by including such strategy in their Neighbourhood Plans, providing that this has local public support.

**Draft National Planning Policy Framework**

The consultation for the Draft National Planning Policy Framework has now ended. The Framework will replace all other national planning documents (currently 47 separate documents) and aims to make the planning system less complex and more accessible, and to promote sustainable growth. The draft Framework supports neighbourhood planning, as laid out in the Localism Bill.

With regard to health, the draft Framework states that:

1. The planning system should also promote strong, vibrant and healthy communities by providing housing, good design and local services to support health and well-being.
2. Local councils should work with public health bodies to understand the health of the local community, including how the community might change in the future. Local councils and health bodies should understand anything that stops gains in health and well-being.

Until the final National Planning Policy Framework is published, it is not known what role SPDs will continue to have in the development of planning policy.

**Choice editing**

'Choice editing' is a means of editing consumer choice by removing products that may have a negative impact on health. Planners could theoretically employ choice editing by granting planning permission only to hot food takeaways that comply to certain nutritional criteria

for the products they sell e.g. by restricting the calorific values of portions of food or the percentage of fat in food products.


## Case Studies


### London Borough Waltham Forest

The **London Borough 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
- the nutritional quality of the food available is generally poor
- a significant proportion of students' fat, salt and sugar intake comes from the food they buy there
- some shops use 'student offers' specifically to target schoolchildren.

Public consultation on fast food takeaways highlighted objections to the detrimental effects of the proliferation of takeaways, both to the local environment and to health.
To tackle the problem posed by hot food takeaways, planners led on setting up a hot food takeaway corporate steering group. This included representatives from:

- spatial planning (chairing the group)
- development management and planning enforcement
- food standards
- the Food in Schools programme
- NHS Waltham Forest, the local PCT.

Information from the academic research and pubic consultation were used together with existing planning policy guidance to develop a Hot Food Takeaway SPD. The SPD tackled the issues of over concentration, clustering as well as proximity to schools, youth facilities and parks. The SPD sought to deal with both the environmental problems and the potential health risks to children. The SPD states that '*planning permissions will* *for Hot Food Takeaway shops which fall within a 10 minute walking distance from the* *boundary of either a school faci.* The 10 *, any yo* minute walking distance was seen to be equivalent to 800 metres as the crow flies. Taking into consideration the physical barriers encountered while walking, for example buildings and road crossings, the council considered 400m a more likely to represent a 10 minute walk. In the first year following the adoption of the SPD, the council turned down five applications for new A5 premises including one which went to appeal, when the decision to refuse planning permission was upheld.

The borough has developed a Health Inequalities Strategy, and planning forms an integral part of this. Waltham Forest recognises that restricting new hot food takeaways from opening is only a small part of an overall approach to reducing unhealthy eating and that it is important for planners to work closely with other departments, such as environmental health and the PCT (now working together as a Public Health Team). Currently

environmental health officers and dieticians are involved in the Healthy Catering Commitment for London, running workshops for fast food businesses on healthier fast food and encouraging food businesses to take part in the Healthy Catering Commitment Awards. Since Waltham Forest is a borough involved in the 2012 Olympics they are able to offer holders of an Award space in the Olympic Food Tent.

## A legal challenge in Tower Hamlets where no SPD exists

Tower Hamlets does not have supplementary planning guidance concerning the development of fast food takeaways in the proximity of schools. In *R (Copeland) v London Borough of Tower Hamlets [2010]* the High Court quashed planning permission for a change of use from a grocery shop (class A1) to a hot food takeaway (class A5). It held that councillors had been incorrectly told that the impact the change of use might have on a local secondary school's healthy eating programme was not capable of being a material consideration that could have weight in the determination of the planning application.

A planning application had been submitted involving a change of use from a grocery shop (class A1) to a hot food takeaway (class A5) The premises was close to a secondary school, which ran a healthy living programme, including advice to pupils on healthy eating.

The planning application was assessed against the development plan, which comprised both the London Plan and the Tower Hamlet's Unitary Development Plan (UDP). Neither the London Plan nor the UDP contained any policies which restricted hot food takeaways because of their proximity to schools. Additionally, the council did not have any supplementary planning guidance on this issue and there was no national government planning guidance.

The Planning Officer's report stated, '*The adjacent school is trying to promote healthy eating to its pupils, and the introduction of a takeaway establishment would encourage poor eating habits...While this is a valid concern, it is not a material planning consideration that can have weight in determining this application against policy.*' Planning permission for the change of use was granted by the planning committee was granted in April 2009, based on the recommendations of the Planning Officer. The decision was challenged in High Court, resulting in a decision that the Planning Officer had been wrong in stating that the proximity of a hot food takeaway to the secondary school was not capable of being a material consideration. The presiding judge stated, '*In my judgement a consideration is material, in this context, if it is relevant to the question whether the application should be granted or refused; that is to say it is a factor which, when placed in the decision-makers scales, would tip the balance to some extent, one way or the other.*'

The Strategic Committee took into account the Judge's ruling and refused planning permission. In early 2011, the applicant lodged an appeal against this ruling. The inspector decided to uphold this appeal and planning permission was ultimately granted.

In granting planning permission the inspector noted:

- The specific location of the application was not considered to be 'over-concentrated' with A5 uses. This was corroborated through a Council Land Use Survey.

No evidence was provided demonstrating that "the location of a single take-away within walking distance of schools has a direct correlation with childhood obesity, or would undermine school healthy eating policies".

- "There are no adopted or emerging local policies that would support refusal of the proposal in this location, or which seeks to take forward the Government advice in 'Healthy Weight, Healthy Lives', which seems to seek to control a proliferation of such outlets near schools".

This final decision has prompted London Borough or Tower Hamlets to commission a report, *Tackling the Takeaways*, to present evidence via means of a review of planning policy and research literature together with a mapping exercise, to support future decisions and supplementary planning guidance to restrict the development of A5 premises around the school fringe, because of the threat of childhood obesity. The report's recommendation in respect to A5 and schools is that Tower Hamlets should restrict the development of new A5 premises with 200m of a school, youth club or leisure centre but permit them between 200-400m, with restricted opening at school lunchtimes and directly after the end of the school day. The justification of this shorter distance compared to that employed by other London Boroughs is that 400m is too restrictive in a dense, inner London borough like Tower Hamlets.

***Tackling the Takeaways* is a good source of background evidence, which could be useful for other local authorities making a case for the introduction of A5 restrictions.**

### Issues
- The 400m exclusion zone was chosen as the distance that could be walked in 10 minutes. However students may well walk further than 400m to purchase food at lunchtime[9].
- The SPDs aim to tackle only the problem of class A5 hot food takeaway outlets, but not other classes of premises. Many other non-A5 businesses within the school fringe offer cheap, energy dense, nutrient poor food, but it would not be possible to control these with the same planning restrictions[10].
- Class A1 premises can undergo change of use without planning permission, for example from funeral director to sweet shop.
- The 400m exclusion zone is only relevant to lunchtimes and the time immediately before and after the school day. It does not take into account purchases along the school route.
- In London, where transport is free for school children, they may hop on a bus after school to visit the nearest cheap fast food outlet[11].

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[9] The Brighton Survey 'Hot Food Takeaways Near Schools' recorded food purchasing activities of school children within an 800m zone around each secondary school, and estimated that 800m was a 10 minute walk.

[10] In the Brighton Survey, students were frequently observed buying 'junk food' from non-A5 shops, most commonly chocolate and energy drinks. One A1 shop sold foot long hot dogs with a cup of fizzy drink for £1.

[11] Helen Clark, Area Manager Food Team at Wandsworth Environmental Services reported,
"We found anecdotally and observationally buses to go to a particular takeaway. All London school children get free travel on the buses so it is not possible to compare with areas where they have to pay for transport.

**Ways Forward**

- Include restrictions for the development of hot food takeaways in forthcoming development of Neighbourhood Plans
- Introduce levies and 'choice editing' provisos in planning policy for hot food takeaways which are granted planning permission

## Resources

Healthy Places www.healthyplaces.org.uk website set up by the National Heart Forum focusing on the legal measures that can enable local authorities to develop healthier environments.

Waltham Forest SPD background - Local Government website
http://www.idea.gov.uk/idk/core/page.do?pageId=23268004 .

Hot Food Takeaway Supplementary Planning Document – Waltham Forest (pdf)

Saturation Point – Barking and Dagenham SPD (pdf)

Supplementary Planning Document for Hot Food Takeaways – St Helens Council (pdf)

Tackling the take-aways: a new policy to address fast-food outlets in Tower Hamlets
http://www.edibleecosystems.net/spahg/wp-content/uploads/2011/11/A5Takeaways.pdf

National Draft Planning Policy Framework (pdf)

Healthier Catering Commitment for London http://www.cieh.org/healthier-catering-commitment.html

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*Some children may choose to travel nearer to home, or to a cheaper outlet before buying a take away rather than buying from the nearest outlet to school.*
*Although we have no clear evidence you would have to be careful when considering implementing for example takeaway free zones around schools if it's just a five away trip to the*

## Regulatory Measures

**Summary**
- **Regulatory measures may be employed to temporarily close A5 premises, but would rarely close premises permanently.**
- **If premises are closed permanently, the A5 status remains.**
- **Regulation of street trade licences can be employed to prevent fast food vans targeting schools.**
- **Regulatory controls encourage working between different departments.**
- **Relationships with local hot food businesses can be improved by involving environmental health and trading standards more positively with the businesses, for example running training workshops and food award schemes.**
- **Environmental health officers involved in 'Scores on the doors' hygiene rating of food premises are in a good position to extend this scheme to include healthy eating awards (see section on awards).**
- **In London, environmental health officers can become involved in the Healthy Catering Commitment.**

### Background

In addition to planning policies, local authorities can use other regulatory measures to regulate the sale of 'fast food'.

Such measures include:
- Closure of premises for breach of hygiene and waste disposal regulations
- Introduction of a street trade licensing policy to restrict the trading of mobile fast food vans, particularly around schools
- Using street trade licensing policy to ensure that at least one healthy option appears on a street trader's menu.

Environmental health officers are involved in regulating hygiene and trading standards officers are responsible for ensuring food standards (labeling etc) are adhered to. Mobile fast food outlets are not governed by planning policy, rather regulated by the granting of street trading licenses by local authority licensing departments and regulation by environmental health and trading standards. Local authorities have the power to restrict the areas where mobile vans trade by designating streets 'prohibited', 'consent' or 'license' streets with respect to street trading. If a local authority passes a resolution to make some streets prohibited, then no street trading can take place on the streets, and this can be challenged only by judicial review. This can be a means of regulating burger and other fast food vans around the school fringe. When a local authority designates streets as license or consent streets, they can regulate the number of street traders in that area. In doing so, a local authority can restrict fast food vans and give preference to those offering healthier options.

The only instance that Class A5 fast food premises need licenses is for the sale of hot food and beverages between 11 pm and 5 am.  Although Scotland's licensing laws include an

objective of 'protecting and improving public health', the rest of the UK does not, so it would be difficult to restrict the issuing of late night licenses on the grounds of public health, anywhere other than in Scotland.

**Issues**

Issues for consideration:

- Regulatory measures can alienate businesses. The owners of takeaway businesses can feel that the only contact they have with local authority officers is to be harangued
- Closure of premises for breach of hygiene regulations does not normally result in permanent closure. If a fast food takeaway does close down, the A5 status remains, since the last authorised use of that premises will still stand.
- Regulatory changes in street trading licenses only apply to a street trader from when they next apply to renew their license.

## Case Studies

### Leicester City Council

After being approached by the Head Teachers of some schools, Leicester City Council introduced a new Street Trading Policy in 2008 to prevent burger vans trading outside school gates. The council does not allow any trading to take place outside schools, apart from the sale of ice creams, which is permitted only at the end of the school day.

The policy states that, "There will be a general presumption against street trading, particularly in the vicinity of schools. For the purposes of this policy, a location is 'in the vicinity' of a school if it is situated such that pupils may be encouraged to walk to it during a break from school, or immediately before or after school."

Anyone trading without a license faces a fine of up to £1000.

### Guildford City Council

Guildford introduced a street trading policy which requires at least one healthy meal option should be provided on the menus of street food vendors. Examples of healthy options are set down in the policy document.

> Hot meal suggestions include:
> *Low fat sausages or low fat beefburgers, grilled, these could be served in a wholemeal roll*
> *Chilli-con-carne Lea     Chilli con carne with lean mince, onion, tomato, red kidney beans.*
> *Serve with rice*
> *or jacket potato*
> *Jacket potato used with a variety of healthy choice fillings:*
> *Baked beans (reduced sugar if possible)*
> *Chilli-con-carne*
> *Cottage cheese or low fat cheddar*
> *Low fat coleslaw*
> *Low fat grilled sausage*

> *Chicken with salad*
> *Low fat spread or poly unsaturated (PU)*
> *Margarine served separately as a choice to butter*
> *Toasted sandwiches Low fat spread of Polyunsaturated margarine using*
> *wholemeal/granary/high fibre bread. Suggested fillings*
> *Lean grilled bacon and tomato*
> *Lean ham and tomato*
> *Low fat cheddar*
> *Chicken and Mushroom*
> *Soup Low fat soups, are a good choice*

## Glasgow City Council

The Big Eat schools pilot study aimed to encourage pupils to stay on site at lunchtime. A survey relating to this study demonstrated that burger and ice-cream vans parked outside many schools at lunchtime selling burgers, 'Pot Noodles', sweets and fizzy drinks. School staff and parents had repeatedly expressed concerns over the presence of these vans, which were seen to undermine healthy eating. Whilst The Big Eat project was underway Glasgow City Council introduced a licensing policy to restrict these vans, so that they could not operate within 300 metres of a school. However, this exclusion zone only became applicable to vans when the licenses were renewed. Throughout the pilot study vans remained outside 7 of the 8 pilot schools, which was put down to licenses not yet having been renewed so not yet being subject to the new policy . A preliminary report on the impact of the 300 metre exclusion zone recommended that a further review of the licensing policy should take place to determine whether an extension of the exclusion zone would be desirable.

## Waltham Forest

The London Borough of Waltham Forest reports that, alongside its use of Supplementary Planning Document (see planning section), it has increased its regulation of hygiene and waste regulations relating to class A5 hot food takeaway premises, resulting in a number of them being closed down.

In practice though, closure was a temporary measure for most premises, which re-opened once they had made changes to meet the required hygiene standards. Closure of premises in these circumstances is the most extreme measure for situations which present an imminent health risk, for example rats on the premises, and requires environmental health officers presenting evidence to a magistrate. On average, around one premises a month is forced to close. More often, officers work with the proprietor to reach required standards without closing the premises.

## Resources

Healthy Places www.healthyplaces.org.uk website, set up by the National Heart Forum, focuses on the legal measures that can enable local authorities to develop healthier environments. See in particular licensing www.healthyplaces.org.uk/key-issues/street-vendors/licensing/

Leicester Council Street Trading Policy
http://www.leicester.gov.uk/your-council-services/cl/licensing/street-trading/

Guildford Council Street Trading Policy
http://www.guildford.gov.uk/CHttpHandler.ashx?id=1808&p=0

Glasgow City Council The Big Eat
www.gcph.co.uk/publications/226_findings_series_2m7-the_big_eat_in

Waltham Forest regulatory measures
http://www.idea.gov.uk/idk/core/page.do?pageId=23268004

The Scores on the Doors
http://www.scoresonthedoors.org.uk/faq.php

The Healthy Catering Commitment
http://www.cieh.org/healthier-catering-commitment.html

**Summary**
- **Local authority planning and other regulatory measures can be more effective if action is also taken by local schools.**
- **Stay on site policies and cashless systems reduce opportunities for pupils to spend lunch money on junk food.**
- **Improving the eating environment, quality of school food and the ease of purchasing can help achieve pupils' buy-in for school meals.**

### Schools policies

The studies in 'Building the Evidence Base' clearly highlight that school children who leave school at lunchtime to purchase food are exposed more times to opportunities to buy high calorie, high fat and high sugar foods, than those who remain on school premises and eat school food at lunchtime.

There is a range measures schools can take to promote and improve the types of food their pupils eat during the school day. Schools can improve their food, the ease with which pupils can purchase school food and the environment where pupils eat their lunches. They can also work with local businesses to improve the choices available to pupils within the school fringe. There are time and resource implications involved in introducing these policies however the school community has an essential role to play in the provision and promotion of a healthy diet. Schools will see benefits including wellbeing, behaviour, concentration, performance and also attainment on introducing some of the following initiatives.

Importantly there is much greater potential for success if a local authority aims to introduce any of the policies mentioned in this toolkit e.g. planning restrictions, by also working with their school communities to implement some of the following initiatives alongside.

### Cashless systems and incentives

Cashless Catering Systems use information technology, to remove the handling of cash at the point of sale and to speed up food service. Schools can choose a system that meets their specific requirements with a pupil recognition system of their choice.

*See the School food trust website for an Independent Review of Cashless Catering Systems*
*http://www.schoolfoodtrust.org.uk/school-cooks-caterers/case-studies/topic/26/cashless-systems*
*and for case studies*
*http://www.schoolfoodtrust.org.uk/partners/resources/an-independent-review-of-cashless-catering-systems*

Incentivizing students to make healthy food choices can be supported and enhanced through cashless cards systems. A long standing example is the Fuel Zone a web-based points reward scheme that promotes the uptake of healthy options programme in Glasgow aimed to revamp the image of the school meals service and reward healthy eating.

## Closed gate / stay on site policies

Closed gate / stay on site policies are introduced in secondary schools in an attempt to restrict pupils leaving the school grounds at lunchtimes. At some schools these policies are applied across all ages, but most schools vary the policy across age groups with decreasing restriction with increasing age.

Top 4 reasons cited for introducing stay on site policies in the School Food Trust Schools Food Panel Ninth survey of head teachers – Autumn 2009 were:
1. The safety/security of students
2. To promote healthy eating/to control what they eat
3. Community relations/to prevent trouble with local residents/ to prevent students causing nuisance issues in local community
4. To encourage use of school meals facility

## Improvements to canteen environment

The uptake of school meal services is significantly affected by the quality of the canteen environment. A good canteen environment, including line / queuing organisation; cleanliness of canteen seating area; and playing of music and improved décor can make a significant difference to how children experience the lunchtime period.

In addition flexible spaces are key to accommodating all secondary school pupils for lunches schools should consider whether the space on site is being used to its best potential to accommodate the maximum number of pupils for on-site lunches.

## Lunchtime - extending and staggering

During the lunch break, children need to be able to eat nutritionally-balanced, appealing meals in a comfortable, enjoyable environment. They are then more likely to benefit from the break and return to the classroom refreshed and ready to learn. Research demonstrates that pupils' health, development, behaviour and performance is better served by enhancing or extending the lunch time period rather than shorten it. Extending break times can also increase uptake and minimised food wastage. Evidence suggests that increases by as little as five minutes has been shown to improve these factors and that evidence from providers has highlighted one hour and fifteen minutes as a good length of time for lunch as it allowed staggered sittings. This is a key factor as many schools (e.g. Victorian buildings) have far more pupils on roll than the school was originally built to accommodate.

## Grab and go lunches

In many secondary schools, grab and go or sandwich options are very popular, and the proportion of pupils choosing a hot main meal consequently may be lower. It is important that the 'average school lunch' accurately reflects the eating habits of the school population, and all pupils are given the opportunity to select their lunch from provision that is conforms to the food-based and nutrient-based standards.

### Vending machines

Vending machines are a common site in secondary schools across the county. They have been introduce for a number of reasons; to provide drinks and food snacks to pupils at breaks and lunch period; to generate income for the school; help students stay hydrated; and to offer choice (the aim of which is help keep pupils on site at lunch time). Vending provision should adhere to the 2007 food-based government standards. This includes restricting the amount of foods and drinks offered in the vending machines containing high levels of sugar, fat and salt. See the report below for details of guidelines and a review of vending provision before and after the introduction of the food-based standards. http://www.schoolfoodtrust.org.uk/download/documents/pdf/sft_vending_in_english2ndary_schools_oct08.pdf

### Meal deals

To try to encourage school meal take-up some schools work with their LA to offer parents and children meal deals whereby the regular price of the school meal is subsidized for a period. (See Bolton case Study on School Food Trust website.) http://www.schoolfoodtrust.org.uk/partners/case-studies/topic/19/meal-deals/5/0/bolton-local-authority

Schools, LAs and local businesses work in partnership to either develop healthy food deals or actively promote healthier foods (see Brighton report p 20. for more details).

## Case Studies

### Islington's Free School Meals for Primary Schools policy (FSM)
### Background

London Borough of Islington's Health and Wellbeing Review Committee believe that access to good food is vitally important to all school children and are conscious nutrition in schools provides an ideal opportunity to make a difference to children's diets. In recognition to this, in September 2009 Islington Council took the decision to introduce Free School Meals (FSM) for all nursery and primary pupils. The initiative was first piloted with 6 schools which were chosen on the basis of highest and lowest percentage of FSM; highest and lowest take up of meals; and schools being in different geographical areas of the borough. The pilot scheme required all parents to formally register for FSM as the schools funding formula and many grants are allocated based on national FSM eligibility. The initial budget allocated to the pilot included increased infrastructure costs such as kitchen facilities and equipment, increased administrative costs, and the estimated increase in FSM costs.

During the pilot, percentage change in school meal take up ranged between 2 and 22% across the 6 schools. Before the Free School Meals policy, take up was 63% by October 2010 this had risen to 80%. The Individual schools ranged between 62 to 95%.

### The success of this initiative

Anecdotally and through statistical evaluation the initiative has been a success, this has been demonstrated through the rollout of the programme across borough. The significant increase in school meals uptake was largely due to the fact that schools meals were being

offered free universally. However a number of other important factors supported and maintained the increased level including:

- efforts of school staff to make the initiative work
- the support of the new school meals provider – Caterlink, and
- the introduction of new national minimum standards for healthy eating.

### Other contributing factors
Other existing initiatives supporting the increase in uptake included;

- a high percentage of Breakfast clubs in the borough (80%),
- 97% of Islington schools already having healthy schools status,
- 29 primary schools with family kitchens,
- food and exercise choices and body image education,
- applying national guidance to all foods in schools;
- and encouraging and increasing the amount of cooking in Food Technology Curriculum.

In addition the move from food based to nutritional standards allowed for more opportunity to develop the menu and putting systematic quality monitoring systems in place enabled the schools to monitor the caterer.

The new policy on universal free school meals overcame the difficulty of eligibility and stigma.

### Expanding the success to secondary schools
Based on the success of this programme of universal FSM in primary schools IBC want to see a similar increase in uptake of school meals in secondary schools across the borough. The Health and Wellbeing Review Committee recognise this wouldn't happen without wider interventions - the need for the educational focus to be expanded to cover not just meals, but lessons in nutrition, cooking, the relationship between nutrition, health and exercise, and including a complementary physical exercise programme as part of the school timetable i.e. for schools to adopt a 'Whole School Food' policy.

### Supporting factors to successful healthy food uptake in schools
- Pupil involvement with the choice of food supplied
- Head Teachers to enter into a dialogue with their meals provider
- Clear school meal specification and effective monitoring of the contract
- School cooks sharing knowledge across different schools to enable different food cultures
- Clear links between food and health, weight, wellbeing, behaviour, concentration, performance and also attainment
- Attractive presentation of food is vital
- Closed gate policy
- Good canteen environment, including line / queuing organisation; cleanliness of canteen seating area; playing of music and improved decor.
- Extended break times (evidence suggests one hour and fifteen minutes as a good length of time for lunch as it allows staggered sittings)

- The restriction of hot food take away outlets near schools and other public amenity spaces, and recommend the introduction of a Supplementary Planning Document (SPD)

### For further details
*School Meals: Current Take-Up in Primary and Secondary Schools, and a Review of Secondary School Nutrition, including the Environmental Factors Impacting on Secondary School Meal Take-Up*, Report of the Health and Wellbeing Review Committee London Borough of Islington, March 2011 (PDF)

### Staying on site - The 'Big Eat In'
### Background
Scottish children and young people follow a diet that is less healthy than their European counterparts. There are increasingly high levels of childhood obesity. There is recognition that the school community has an essential role to play in provision and promotion of a healthy diet amongst Scottish children and young people. In addition research suggest that working with secondary school age children is more complicated and has been less successful than working with primary school age children.

In August 2009 in an attempt to address this Glasgow City Council Education Services in collaboration with other stakeholders in the schools sector introduced a one-academic-year pilot project across 8 Glasgow secondary schools. The aim of the 'Big Eat In' (BEI) was to encourage S1 (year 7) pupils to stay within the school grounds, eat a healthy lunch and participate in a lunchtime activity. The pilot was based on an encouragement model rather than a regulatory or rule based approach.

Each pilot school drew up its own individual implementation plan, establishing a package of initiatives to provide a positive incentive for S1 (year 7) pupils remaining on the school premises. Initiatives varied from school to school and included recreational physical activity, sport and lunchtime clubs, as well as provision of access to school libraries and informal social space.

The general consensus (backed up by quantitative data demonstrating that school meals uptake had been consistently higher during the pilot) was that the pilots were a great success. However there were factors that diminished the success of the pilot and that would continue to be problematic in relation to whether the food school children eat is healthy or less healthy namely wider healthy food policy initiatives.

*The Scottish Government Route Map Towards Healthy Weight has called for policy responses that "go beyond individual-reaching change requires infrastructure, environments, culture and so*

### Factors determining long-term success
- Closed gate policy - It was viewed by the majority of the school staff respondents that introducing a closed gate policy would be impractical and inadvisable this was due

largely to the fact that all other year groups were still allowed off site and could bring foods back for the year 7 students. Perhaps more significantly it was hard to policy the school gates and having a closed gate policy would have implications on staffing levels at lunchtime.

- Restricting access to off-school food premises - School vans and shops in close proximity to the schools were perceived as undermining healthy eating. A Glasgow City Council licensing policy was introduced in January 2009 imposing a 300 metre exclusion zone for any mobile street trader operating near secondary schools however this policy can only be applied to traders renewing or applying for a new license and had not been fully embedded before the start of the BEI. An initial analysis of the licensing policy suggested further research was needed to assess the potential long-term impact of such restrictions.

## Resources

For a range of school policy and initiatives see the School Food Trust
www.schoolfoodtrust.org.uk

- For case studies

http://www.schoolfoodtrust.org.uk/school-cooks-caterers/case-studies

- For reports

http://www.schoolfoodtrust.org.uk/school-cooks-caterers/reports

Soil Association Food for Life Partnership
http://www.foodforlife.org.uk/

- Whole School Approach

http://www.foodforlife.org.uk/Resources/Casestudies/Resourcelist/tabid/109/cid/20/smid/555/tmid/443/Default.aspx

- School Meals

http://www.foodforlife.org.uk/Resources/Casestudies/ResourceList/tabid/109/cid/18/smid/555/tmid/443/Default.aspx

Health Education Trust  http://www.healthedtrust.com

The Fuel Zone
http://thensmc.com/sites/default/files/Fuel%20Zone%20SUMMARY_0.pdf

http://www.glasgow.gov.uk/en/Residents/GoingtoSchool/Healthissuesinschool/glasgowpupilsinhealthyeatingdrive.htm

www.gcph.co.uk/publications/226_findings_series_27-the_big_eat_in

http://www.hmie.gov.uk/documents/publication/hmiemihs.pdf

## Working with businesses

| Summary |
| --- |
| • **Working with businesses through training or awards schemes helps build a positive relationship with them.** |
| • **A multi-department approach works best involving nutrition professionals as well as environmental health or trading standards officers.** |
| • **It is useful to consult catering professionals (e.g. from your local catering college) to ensure that healthy eating advice works alongside the catering methods used by businesses.** |
| • **It is important to ensure that any healthy eating advice and reformulation is appropriate for public settings.** |

### Background

It is important that fast food takeaway businesses are not just seen as part of the problem posed by our obesogenic environment, but are also encouraged to be part of the solution. All too often catering establishments experience only incriminatory visits from local authority officers, regarding environmental health or trading standards issues. Where this is the case, it is important to improve these relationships by offering further more positive opportunities for contact.

By understanding businesses' circumstances and the parameters within which they are able to work to maintain their own viability, local authorities can get them on side and form positive relationships with them. Profitability and economic growth in an area is important to local businesses and authorities alike. Proprietors of fast food outlets are primarily business-people and need to continue to make a profit. The New Economics Foundation 'An inconvenient truth' report demonstrates that small independent takeaway outlets are faced with limited choices from wholesalers and have to be conscious of the taste preferences and price sensitivity of customers.

There are a number of strategies that can be employed to support fast food outlets improve the healthiness of their food, which broadly fall into the categories of training and award schemes. It is important when delivering training or setting standards for awards schemes that the information presented to businesses:

1. Is based on sound evidence-based information and current government health messages
2. Is appropriate to the type of food that is being prepared at the fast food outlet and the limitations of the catering facilities
3. Takes into consideration the availability of products from the wholesalers normally used
4. Is sensitive to the taste and price requirements of customers
5. Overall is a financially viable option and ideally saves the business money.

## Working with fast food outlets on healthy fat frying choices

When advising caterers on the use of fats, both health issues and the cooking properties of fats need to be considered. It is important that those preparing and delivering training or awards schemes are clear on these factors. Some information that is currently being used by local authorities takes only the health properties of fats into consideration without balancing this with the cooking methods that are to be employed.

Most cooking fats and oils are made up of a mixture of saturated, mono- and poly-unsaturated fats in varying ratios. Monounsaturated fats are the predominant fats found in olive oil, whereas the other vegetable oils such as sunflower, corn and soya tend to have more polyunsaturated fat. Vegetable oils which are solid at room temperature (palm, coconut) are high in saturated fats, as are animal derived fats (lard, dripping, tallow, suet) and have better heat stability properties.

From a health perspective, polyunsaturated and monounsaturated fats are healthier than saturated fats, because of their cholesterol lowering properties in the body. Saturated fats raise total cholesterol and LDL cholesterol. Monounsaturates lower LDL cholesterol ('bad' cholesterol) while maintaining levels of HDL cholesterol ('good' cholesterol) and so are regarded as the healthiest fats. Polyunsaturates lower both 'bad' LDL and 'good' HDL cholesterol. **Hydrogenated fats are the unhealthiest fat choices and should be avoided at all costs.**

The level of saturation of a fat dictates their stability to heat. Highly saturated fats are more stable and can be used more times at high temperatures before producing breakdown products. Mono unsaturated fats are the next most stable and polyunsatured fats the least stable. Polyunsaturated fats are less stable, particularly if they are high in linolenic acid and can produce potentially toxic breakdown products with extreme heat, which can accumulate in cooking fat if it is reheated. Rapeseed oil is not a very stable oil despite being fairly high in monounsaturates, due to the fact that it contains over 30% polyunsaturated fats, 10% of these being of the type that can quickly break down with continuous heating into potentially dangerous by-products. These toxic by-products may have a role in inflammatory and degenerative diseases.

There is a difference between deep fat fryers generally used by pubs and restaurants and those used by fish and chip shops and other fast food outlets. Fish and chip shops use gas-fired fryers and solid palm oil is the most common fat used for reasons of stability. Being relatively highly saturated, it is the most stable oil used by the fast food industry for gas fired deep fat fryers. In the North of England and Northern Ireland there is some usage of beef dripping chosen for taste preferences. Rapeseed oil and sometimes Soyabean oil is more commonly used by smaller independent restaurants and pubs using electric fryers as liquid oil is easier and safer in this environment.

The healthiest, and a relatively stable option would be high oleic oils (High Oleic Sunflower or High Oleic Rapeseed) (similar to the product used by Walker's Crisps), which has high levels of monounsaturates but low levels of polyunsaturates and saturates. However this is currently difficult to get hold of and is likely to be financially unviable for most independent fast food retailers. Other alternatives would be blends containing palm

oil and rapeseed oil, but again these may have a cost implication. The New Zealand Chip Shop Group sets an industry standard of:

- Saturated fat - maximum 28%
- Trans fat - maximum 1%
- Linolenic acid - maximum 3%

This standard would exclude the use of pure standard rapeseed and palm oils but would include some blends.

It may be difficult to persuade a fast food outlet to change to a liquid oil because of the cost implications of needing to change the fat more frequently than a solid oil. It is important therefore to ensure that caterers are trained in good practice of frying: using thick cut chips, ensuring fat is at the correct temperature (175-180C), using the ' b a n g ,  s h a k e ,  h a n g ' technique after frying, cooling fat when not in use and filtering frequently.

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### The persistent problem of trans fats in fast food

The studies in **Building the Evidence Base** highlight that hydrogenated fats are still widely available to buy as frying fats and are probably also an added ingredient in some doner kebabs. Trans fats appear at high levels in some takeaway foods and are a cause for concern, particularly amongst individuals who frequently eat takeaway foods. The problem is of particular concern for the school children identified in studies, who may be eating fast food several times a week.

Officers involved in training and advice need to feel confident in identifying hydrogenated fat brands and advise caterers against buying them. They should look out for AVR60 frying fat and imported vanaspati vegetable ghee. Look for the word 'hydrogenated' in description or ingredients, or in the example shown here a high level of trans fats listed in the nutritional information. Hydrogenated vegetable oil can contain 15–25 percent trans fats, whereas partially hydrogenated oils are lower
in trans fats but still pose a health risk.

Trading Standards Officers are well placed to work with local suppliers to help them provide and promote healthier options to hydrogenated fats.

## Training for small businesses

Training support and advice can help businesses make small changes to what they offer- to improve particular aspects of their food. The training could be facilitated by community dieticians and nutritionists, environmental health officers, trading standards officers or catering professionals, depending on the nature of the training. Ideally a nutrition expert and someone with a catering background should develop the training together, in order to ensure that the health messages delivered are appropriate for the catering methods employed. There have been cases where health messages delivered have been inappropriate for the cooking techniques used by a catering outlet.

Useful areas to cover in training include:

- Basic healthy eating knowledge – evidence based government backed advice including unhealthy fats verses healthy fats, reducing fats, sugar and salt, artificial additives that may affect children's behaviour, portion sizes.
- Healthier (wholesale) purchasing choices – based on what wholesalers are commonly used by the business.
- Healthier cooking techniques and reformulation of recipes – such as healthier frying techniques, salt and sugar reduction, removing artificial colours and MSG.
- Nudge techniques – small changes to the takeaway environment that will positively affect customer's choices e.g. reducing the number of holes in a salt shaker, placing bottled water at eye-level in a fridge and sugared drinks in less obvious view.


## Case studies

### Eastbourne Shake the Salt Habit Scheme for Caterers

### Awards Schemes

Healthy food awards schemes are ways of incentivising businesses to attain specific standards around healthy eating. Many local authorities use environmental health officers to run the schemes alongside their 'Scores on the Doors'.

To achieve good levels of take-up for the awards, businesses need to feel it is in the interests of their business to achieve an award. So far interest from takeaway businesses has generally been less than other caterers, particularly the fried food takeaway businesses. Evaluation still needs to be completed for schemes currently running to see how the awards have increased the healthiness of food available, the purchasing behaviours of customers, and whether they provide adequate incentives for businesses to make changes.

As with the training and advice, healthy awards criteria need to be drawn up by both health and catering professionals so that they encourage healthy changes that are viable in a catering environment.

### London Healthier Catering Commitment

The Chartered Institute of Environmental Health is working with partners the Greater London Authority (GLA) and the Association of London Environmental Health Managers (ALEHM) to develop a pan London healthy catering awards scheme. The scheme is aimed at businesses that work in the fast food sector but can be adapted to other commercial

businesses such as pubs and restaurants, and it can be modified by individual London boroughs so that it fits with their local business profile.

Catering businesses participating in the scheme are assessed either at the same time as the routine food hygiene inspection, or as part of a separate visit carried out by their local Food Safety Team. Criteria the businesses are assessed on include:

- Choices of fats and oils
- Frying techniques
- Use of low fat alternative dairy products
- Salt and sugar reduction
- Availability of fruit and vegetables and wholegrain in menus
- Appropriate portion sizes
- The promotion of healthy eating to customers.

Businesses meeting the require criteria are able to display a Healthier Catering Commitment sticker on their premises. Businesses are reassessed at least every two years.

The Healthy Catering Commitment also provides guidance to businesses on healthier food preparation through written information on the website, including advice on oils and fats, salt reduction and specific advice for Chinese and fast food businesses.

http://www.cieh.org/healthier-catering-commitment.html

### Kirklees Healthy Choice Award – Criteria for Takeaways

The Kirklees Healthy Choice Award is a partnership initiative between Kirklees Environmental Services and Kirklees Primary Care Trust, and incorporates the 5-A-Day Campaign. The Award is a way of acknowledging local businesses that provide food and who appropriately fulfil the following criteria:

- Maintain high standards of food hygiene
- Offer healthy food options (including retail of food, e.g. supermarkets)

Application for the Award is open to all businesses providing food, e.g. catering outlets, supermarkets, sandwich shops, take-aways, restaurants, cafes, pubs, childminders, play-groups, canteens, hotels, schools, (including breakfast and after-school clubs) nurseries, residential/care homes and local food manufacturers etc within Kirklees.

The award scheme includes a separate set of nutrition criteria for takeaway outlets. Businesses can qualify for a bronze, silver or gold award, depending on how they score against the set criteria. Takeaway criteria include:

- Use of liquid oil in preference to hard fats
- Use of semi-skimmed and skimmed milk
- Vegetarian options
- Availability of bottled water and reduced sugar drinks

- Serving dressings and sauces on the side of dishes
- Provision of healthier option dressings
- Salt reduction
- Wholegrain options
- Healthier children's menu items

http://www2.kirklees.gov.uk/community/environment/healthychoice/criteria.shtml#takeaway

### SWERCOTS Fast Food Toolkit for Indian and Chinese food

The SWERCOTS Fast Food Toolkit was piloted by Trading Standards officers throughout Central and South West England in local authorities that are part of SWERCOTS or CEnTSA SWERCOTS is a partnership of 15 local authority trading standards services, who work together to maximise the benefits of regional collaboration and to enable each partner to be more effective in the delivery of locally responsive services.

The 15 authorities are: **Bath and North East Somerset, Bournemouth, Bristol, Cornwall, Devon, Dorset, Gloucestershire, North Somerset, Plymouth, Poole, Somerset, South Gloucestershire, Swindon, Torbay and Wiltshire.**

CEnTSA is a partnership of local authorities across Central England which includes Birmingham, Coventry, Dudley, Herefordshire, Sandwell, Shropshire, Solihull, Staffordshire, Stoke-on-Trent, Telford & Wrekin, Wallsall, Warwickshire, Wolverhampton and Worcestershire.

The pilot Fast Food Toolkit is located on the SWERCOTS website. It provides various resources for Indian and Chinese restaurants to help them serve healthier food.
The toolkit features:
- An introductory film featuring John Vincent, founder of Leon restaurants, focussing on making small changes and using nudge and 'health by stealth' tactics to improve menus
- Downloadable pdf files with information on adjusting menus, allergens, food hygiene (in English and Chinese)
- Top tips for Indian and Chinese restaurants with ££ icons to highlight where healthy changes could also save businesses money.

A review was carried out to see how regulatory services and Businesses got on with the pilot toolkit for Indian and Chinese restaurants. Whilst Local authority feedback was generally positive the take up by businesses was quite varied across the two regions involved. Many businesses struggled to see what the incentive was for them to adopt the "healthier menu" approach. The two regions are now collecting feedback from consumers about what they wish to see in terms of "healthy options" at Chinese and Indian takeaways. It is planned that this evidence, along with some case studies, would be used to show business how such changes would be of benefit to them, and would potentially make the toolkit more appealing to its key audience.

Another issue relating to the project was that no trade associations for Indian and Chinese restaurants were found to work in partnership with to develop the toolkit.

### Belfast City Council Healthier Chinese Menu Project

Belfast City Council wanted to reach Chinese restaurateurs and work with them to help them improve the healthiness of their menus. Although traditional home cooked Chinese food does tend to be healthy, they found that chefs had adapted Chinese dishes to suit customer tastes: high in fat, salt and sugar and larger portion sizes. Food in Chinese restaurants also tends to have added monosodium glutamate, which contributes to salt intake and can cause adverse reactions in some people.

The Council called upon the Chinese National Healthy Living Centre, the Chinese Welfare Association and the Chinese Chamber of Commerce to help them recruit businesses for their project. Belfast Health and Social Care Trust and the Food Standards Agency Northern Ireland were also involved in the project. The Council's Food Safety Team have organised a Chinese Masterchef competition, which has been running for two years now: http://www.flickr.com//photos/belfastcitycouncil/sets/72157625871316641/show The team also ran training courses for chefs on preparing healthier Chinese food. Pages on the Council's website dedicated to the project feature healthy tips, recipes and a video from the training with commentary in two languages.

### Resources

Tips on Chips – advice sheet for officers (pdf)

Tips on Chips – advice sheet for businesses (pdf)

The Chip Shop Group New Zealand on-line training www.chipgroup.co.nz/online-training

Techniques and Types of Fat used in Deep-Fat Frying – National Heart Foundation of New Zealand (pdf)

SWERCOTS Fast Food Toolkit for Indian and Chinese Food Pilot Site http://www.swercots.org.uk/SWERCOTS%20public%20site/Fast%20food%20toolkit%20for%20Businesses/Fast%20food%20toolkit%20homepage.php

Belfast Healthier Chinese Menu Project http://www.belfastcity.gov.uk/takeaway/index.asp

## 5. Glossary

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| **Hot food takeaway** | An establishment whose primary business is the sale of hot food for consumption off the premises e.g. Fried chicken shop, fish and chip shop, pizza shop, Chinese and Indian takeways shops, kebab shops, drive through premises |
| **A1** | Planning classification: Shops, retail warehouses, hairdressers, undertakers, travel and ticket agencies, post offices (but not sorting offices), pet shops, sandwich bars, showrooms, domestic hire shops, dry cleaners, funeral directors and internet cafes. |
| **A3** | Planning classification: For the sale of food and drink for consumption on the premises - restaurants, snack bars and cafes. |
| **A4** | Planning classification: Public houses, wine bars or other drinking establishments (but not night clubs). |
| **A5** | Planning classification: For the sale of hot food for consumption off the premises |
| **School fringe** | The ring of shops that surround a school |
| **Section 106 agreement** | Section 106 (S106) of the Town and Country Planning Act 1990 allows a local planning authority (LPA) to enter into a legally-binding agreement or planning obligation with a landowner in association with the granting of planning permission. |
| **Obesogenic environment** | A set of circumstances that encourages people to eat and drink more calories than they expend and to become obese. |
| **Overweight** | A health measure of carrying excessive weight in the form of fat, that can lead to increased health risks. Overweight can be classified in terms of a Body Mass index betweek 25 and 30 or a waist measurement of |
| **Obese** | A health measure of carrying excessive weight in the form of fat, that can lead to increased health risks. Obese can be classified as a Body Mass index of 30 and above or a waist measurement of |
| **Reference Nutrient Intake (RNI)** | An estimate of the daily amount of a nutrient that should meet the needs of most of the group to which they apply |
| **Nudge** | Any aspect of the choice architecture that alters people's behaviour in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the intervention must be easy and cheap to avoid. Nudges are not mandates. Putting the fruit at eye level counts as a nudge. Banning junk food does not." |
| **Choice Architecture** | The environment in which an individual makes choices. |
| **School day** | The time between school children leaving home and returning after school |
| **Traffic Light Labelling** | Front-of-pack information giving numerical information with red, amber and green for high, medium and low amounts each of fat, sugar and salt |