

Nuneaton and Bedworth Borough Council

Supplementary Planning

Document:

Planning for a healthier

area – Hot Food

Takeaways

2020

Contents

1. Purpose of the guidance	3
2. Definitions	3
3. Context	5
The built environment and health	5
National evidence	5
Local evidence	10
4. National Policy & Practice	15
National Planning Policy Framework	15
Planning Practice Guidance	16
5. Borough Plan	16
6. Requirements for hot food takeaway applications	17
HFT1 – Proximity to schools	17
HFT2 – Concentration and clustering of Hot food takeaways	19
HFT3 – Environment considerations	19
7. Monitoring	20
8. A5 Applications ‘Flow diagram’	21
Appendix A – Do you require Planning Permission?	22
New premises	22
Change of use to hot food takeaway	22
External building works or alterations to an existing hot food takeaway ..	22
Advertisements	22
Extraction	22
Change to opening times	22
Appendix B – Map of hot food takeaways and deprivation areas	24
Appendix C – The number of hot food takeaways in each ward ..	25
Appendix C – Overview Map of Schools and retail centres.....	26
Appendix D – Maps of Use restrictions around Secondary Schools	

Figures

Figure 1: The health map.....	5
Figure 2: 3 step guide to putting PHE's strategies for encouraging healthier out of home food provision toolkit into practice.....	10
Figure 3 : Health Profile (2018) for Nuneaton & Bedworth Borough.....	14
Figure 4: Example of how buffer zone will work with existing defined town centres	18

Tables

Table 1: Examples of A5 and Non A5 uses	4
Table 2: Levels of excess weight – Reception 2017/18	11
Table 3: Levels of excess weight – Year 6 2017/18.....	11

1. Purpose of the guidance

- 1.1 The primary purpose of this document is to help improve the health of the residents of Nuneaton and Bedworth. Whilst the delivery of health and wellbeing improvements and services is multifaceted, planning has an important role to play in shaping healthy communities. One way of doing this is controlling the appropriate locations of Hot Food Takeaways (HFT).
- 1.2 The Council recognises the role that HFT can play in the economy. They provide a service to local people and can add to the vitality and vibrancy to defined centres. However, it should be noted that planning applications for HFT in the vicinity of residential properties often generate a number of objections.
- 1.3 This Supplementary Planning Document (SPD) sets out how applications for HFT will be dealt with and elaborates on existing policy and evidence in relation to health and wellbeing. The Council acknowledges that unhealthy eating may encompass a broader range of uses than HFT alone and can also include restaurants (A3) and retail units (A1). However, this SPD will be used to control HFT (A5) only. This SPD is a material consideration in the determination of planning applications and provides information and appropriate guidance to those submitting a planning application that involves HFT. This includes applications for new build and changes of use to a HFT, as well as all forms of mixed use facilities.

2. Definitions

- 2.1 The Town and Country Planning (Use Classes) Order 1987 (as amended) defines HFT as Use Class A5, which is a premises where the primary purpose is the sale of hot food for consumption off the premises.
- 2.2 Takeaways are differentiated from Restaurant and Café uses (A3) because they can raise different environmental issues. These include litter, longer and sometimes later opening hours, extra traffic and increased pedestrian activity.
- 2.3 Accessibility to unhealthy food is not only confined to HFTs (A5), but also to retail (A1) and restaurants (A3). However, this SPD relates only to uses that are deemed to be an A5 use, which will be determined at the planning application stage depending on the primary use of the property.

- 2.4 In deciding whether an application is for an A5 use, consideration will be given to the proportion of space designated for hot food preparation. For example, the number of tables and chairs to be provided to customers and the percentage of turnover attributed to the A5 use. Where an application is submitted for a range of explicitly stated uses including A5 (such as an A3/A5 hybrid application), it would be assessed against this guidance as if it was an A5 use.
- 2.5 However, it is also noted that certain other uses (such as A3) may have an ancillary A5 element which would not need to be assessed against this SPD. Examples of A5 and non A5 uses are outlined in Table 1, however, this list is not comprehensive. It should be noted that planning permission will not be required where there is already an existing A5 use on the property.

A5 Use	Non A5 use
Fish and chip shop	Restaurants (A3)
Fried chicken shop	Cafes (A3)
Pizza shop	Wine bars (A4)
Chinese takeaway	Pubs (A4)
Indian takeaway	Sandwich shops (A1)
Thai takeaway	Coffee shops (A1/A3)
Mexican takeaway	Ice cream shops (A1)
Kebab takeaway	Bakeries (A1)
Burger takeaway	Shisha bars (A4)
Fast food drive through	Night club (sui generis)

Table 1: Examples of A5 and Non A5 uses

- 2.6 Anyone intending to submit an application for a HFT is encouraged to read this SPD and contact the Council's Planning team for further advice and information if required (024 7637 6376). Further guidance can also be found in Appendix A – Do you require Planning Permission?

3. Context

The built environment and health

3.1 The World Health Organisation¹ defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Barton and Grant’s settlement health map (Figure 1: The health map) brings attention to the role that the built environment can have on people’s health and well-being, and allows us to understand how planning can play an important role in having a positive impact on people’s health.

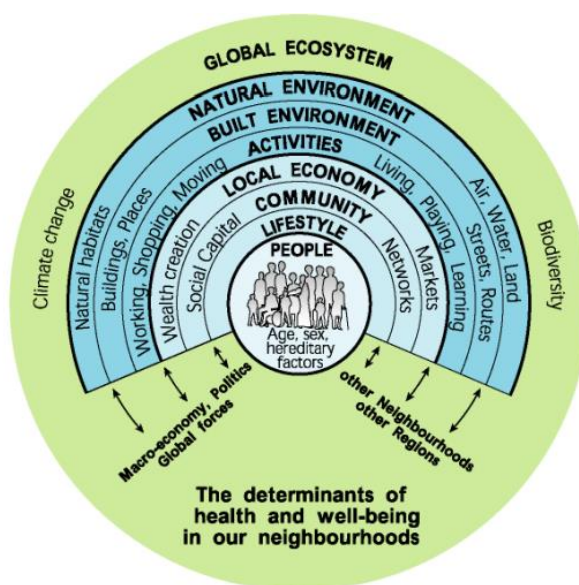


Figure 1: The health map

3.2 The National Planning Policy Framework (NPPF) sets out the relationship between planning and health, and this relationship is also integrated into the Borough Plan and is a key part of the vision and objectives. The following sections set out national and local evidence in relation to obesity and health.

National evidence

3.3 An increase in the amount of the population who are overweight and obese has become a major health problem within the United Kingdom. Obesity is a consequence of a diet resulting in an energy imbalance, which is normally due to consuming too many calories and not participating in enough physical activity. The reasons for this are due to

¹ https://www.who.int/governance/eb/who_constitution_en.pdf

a complex mix of environmental, cultural and behavioural factors. Therefore, there is no one solution to solving obesity and so reducing obesity requires action across each of these areas.

- 3.4 The UK is experiencing an epidemic of obesity affecting both adults and children. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age². Being overweight or obese can increase the risk of developing a range of health problems including: diabetes³, hypertension, coronary heart disease⁴, stroke, and some cancers⁵. It can also exacerbate existing health conditions such as asthma. Obesity has numerous other drawbacks aside from health, such as discrimination, which can lead to employee absenteeism from work⁶. Obesity can also negatively impact on mental health and wellbeing, as well as leading to feelings of social isolation and exclusion⁷.
- 3.5 Obesity is a complex problem with many drivers including: behaviour, environment, genetics and culture. One of the main risk factors for obesity is the food and drink environment. Public Health England (PHE) have reported that at a national level more than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home food outlets at least once a week. These meals tend to be associated with higher intakes of sugar, fat and salt. The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising obesity levels⁸. The majority of hot food takeaways offer food which is energy dense and nutritionally poor. Out of home meals generally contain significantly higher intakes of sugar, fat, salt and portion sizes tend to be bigger, as well as usually being cheap and easily available⁹.
- 3.5 Nearly two-thirds of adults (63%) in England were classed as being overweight (a body mass index of over 25) or obese (a BMI of over 30) in 2016/17. In England, the proportion of the population classed as obese

² Evensen, E., Wilsgaard, T., Furberg, A. S., & Skeie, G. (2016). Tracking of overweight and obesity from early childhood to adolescence in a population-based cohort - the Tromsø Study, Fit Futures. *BMC pediatrics*, 16, 64.

³ Abbasi A, Juszczak D, van Jaarsveld CHM, and Gulliford MC. Body mass index and incident type 1 and type 2 Diabetes in Children and Young Adults: A Retrospective Cohort Study.

⁴ Yudkin, J. S., Kumari, M., Humphries, S. E., & Mohamed-Ali, V. (2000). Inflammation, obesity, stress and coronary heart disease: is interleukin-6 the link?. *Atherosclerosis*, 148(2), 209-214.

⁵ Wolk, A., Gridley, G., Svensson, M., Nyren, O., McLaughlin, J.K., Fraumeni, J.F., Adam, H.O. (2001). A prospective study of obesity and cancer risk

⁶ Finkelstein, N., Hanson T., Huang, C.W., Hirschman, B., and Huang, M. (2010) Effects of problem based economics on high school economics instruction.

⁷ Westermann, S., Rief, W., Euteneuer, F., & Kohlmann, S. (2015). Social exclusion and shame in obesity. *Eating behaviors*, 17, 74-76.

⁸ House of Commons Health Committee – Childhood obesity: Time for action. Eighth Report of Session 2017 - 19

⁹ Health matters: Obesity and the food environment (31 st March 2017). Public Health England

is increasing over time. In 1993 13.2% of men were obese in 2015 this was 26.9% and for women it was 16.4% in 1993 to 26.8% in 2015. The rate of increase has slowed since 2001, although the trend is still increasing. The prevalence of obesity is similar among men and women, but men are more likely to be classed as overweight¹⁰. Reducing obesity, particularly among children, is one of the priorities of Public Health England.

- 3.6 Over recent years, the number of takeaways has been increasing, rising by 4,000 since 2014, an increase of 8% to 56,638 outlets¹¹. This is compounded by the growing evidence of how HFT can influence obesity¹². A study into the nutritional composition of HFT food in the UK shows a largely unfavourable nutritional content of the food they provide¹³. The research reviewed Indian, Chinese, kebab, pizza and English-style establishments and found that all were inconsistent with UK dietary recommendations.
- 3.7 It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015. Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined. The UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.
- 3.8 Childhood obesity is a major issue facing the UK. It is particularly important due to the adverse implications that childhood obesity has on the economy and society over the long-term. As children constitute the future workforce of an economy, this is associated with a reduction in employee productivity¹⁴ and increased spending on health care over their lifetime¹⁵. Increased obesity from a younger age contributes to a negative impact on the ability of children to live a healthier lifestyle¹⁶. Obese children are more likely to be ill, be absent from school due to

¹⁰ Health matters: obesity and the food environment (PHE 31/03/2017)

www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

¹¹ Cambridge University's [Centre for Diet and Activity Research](#)

¹² Burgoine, T., Forouhi, N., G., Griffin, S., J., Wareham, N., J., and Monsivais, P. (2014). Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study BMJ; 348: g1464

¹³ Jaworowska et al. (2013) Nutritional composition of takeaway food in the UK Nutrition & Food Science, 44 (5). pp. 414-430

¹⁴ Cawley, J. (2010). The economics of childhood obesity. Health affairs, 29(3), 364-371

¹⁵ Maher, J., Fraser, S., & Wright, J. (2010). Framing the mother: childhood obesity, maternal responsibility and care. Journal of Gender Studies, 19(3), 233-247

¹⁶ Janssen, H. G., Davies, I. G., Richardson, L. D., & Stevenson, L. (2017). Determinants of takeaway and fast food consumption: a narrative review. Nutrition research reviews, 1-19.

illness, experience health-related limitations and require more GP appointments than normal weight children¹⁷.

- 3.9 Research and reports into the impact of hot food takeaways near schools is an area that continues to expand¹⁸. Research by Engler-Stringer et al.¹⁹ indicates that children attending schools near fast food outlets are more likely to be obese than those whose schools are more inaccessible to such outlets. Further to this, Donin et al²⁰ found that 'More frequent takeaway meal consumption in children was associated with unhealthy dietary nutrient intake patterns and potentially with adverse longer term consequences for obesity and coronary heart disease risk.'
- 3.10 Research on the impact of local food environment round schools and its impact on diet, with a specific focus on primary and secondary schools in East London, concluded that the close proximity of hot food takeaway not only influences the obesity of the secondary school students, but also the primary school students²¹. This is because although primary school children are not allowed to leave by themselves, the lack of awareness amongst parents regarding child healthcare and obesity means parents are likely to walk the children to the takeaway. Significant health problems related to obesity start to develop at primary school age and behaviour established in early life has been shown to track into adulthood²².
- 3.11 A study published by Turbutt, Richardson and Pettinger²³ concluded that, 'There was good evidence of more hot food takeaways in deprived areas and children who spend time in deprived neighbourhoods tend to eat more fast food and have higher BMIs.' The study also highlighted the need for further research into the link between

¹⁷ Wijga A, Scholtens S, Bemelmans W, de Jongste J, Kerkhof M, Schipper M, et al. (2010) Comorbidities of obesity in school children: a cross-sectional study in the PIAMA birth cohort. *BMC Public Health*10(1):184.

¹⁸ Local Government Association (2016) Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways

¹⁹ Engler-Stringer, R., Ha, L., Gerrard, A. and Muhajarine, N. (2014). The community and consumer food environment and children's diet: a systematic review. *BMC Public Health*. 14 (522)

²⁰ Donin, A., Nightingale, C., Owen, C., Rudnicka, A., Cook, D. and Whincup, P. (2017). Takeaway meal consumption and risk markers for coronary heart disease, type 2 diabetes and obesity in children aged 9-10 years: a cross-sectional study. *Archives of Disease in Childhood*.

²¹ Smith, D., Cummins, S., Clark, C., & Stansfeld, S. (2013). Does the local food environment around schools affect diet? Longitudinal associations in adolescents attending secondary schools in East London. *BMC public health*, 13(1), 70

²² Craigie, A. M., A. A. Lake, et al. (2011). "Tracking of obesity-related behaviours from childhood to adulthood: A systematic review." *Maturitas* 70(3): 266-284

²³ Turbutt, C. Richardson, J. and Pettinger, C. (2018). The impact of hot food takeaways near schools in the UK on childhood obesity: a systematic review of the evidence. *Journal of Public Health*.

the food environment surrounding schools and obesity amongst pupils within the UK. Burgoine et al. found that people exposed to the highest number of takeaways are 80 per cent more likely to be obese and 20 per cent more likely to have a higher BMI than those with the lowest number of encounters²⁴.

- 3.12 There are now over 40 local authorities in England with policies or draft policies designed to restrict hot food takeaways in their local areas. One of the most common policies within these was that of Exclusion Zones around schools. Therefore, a precedent has been set that this is an acceptable way to reduce the proliferation of HFT.
- 3.13 Outside of the UK there are a number of studies which have demonstrated a link between the food environment and obesity. Virtanen et al²⁵ undertook a study in Finland and found that the proximity of a fast food outlet or grocery store was associated with a 1.25-fold risk of overweight among adolescents with a low socioeconomic status but not among those with higher socioeconomic status. In addition to this a study by Davis and Carpenter²⁶ found that students with fast food restaurant's near their schools consumed fewer servings of fruit and vegetables, consumed more servings of fizzy drinks, and were more likely to be overweight. The study concluded that exposure to poor quality food environments has important effects on adolescent eating patterns and overweight and that 'policy interventions limiting the proximity of fast food restaurants to schools could help reduce adolescent obesity'.
- 3.14 The need for further evidence in this field is something which is advocated by PHE. In March 2017, PHE published online guidance 'Health Matters: obesity and the food environment'²⁷. Within the guidance PHE highlight the national policies in place to tackle obesity including the introduction of the soft drinks levy and the sugar reduction programme. PHE has also produced a three step guide to putting strategies in place at a local level, and suggests that the planning system could be used as an intervention, as highlighted in Figure 2.

²⁴ Burgoine, T., Forouhi, N.G., Griffin, S.J., Wareham, N.J. & Monsivais, P. (2014), 'Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study', *BMJ* 2014, 348: g1464

²⁵ Virtanen, M, Kivimaki, H, Ervasti, J, Oksanen, T, Pentti J, Kouvonen, A, Halonen, J I, Kivimaki, M, Vahtera, J (2009)

'Fast food outlets and grocery stores near school and adolescents' eating habits and overweight in Finland.' *European Journal of Public Health* Vol 25 No. 4 650-655

²⁶ Davis, B., and Carpenter, C., (2009) 'Proximity of fast-food restaurants to schools and adolescent obesity' *American Journal of Public Health* Vol 99, No. 3 505-510

²⁷ Public Health England (2017) *Health Matters: obesity and the food environment*

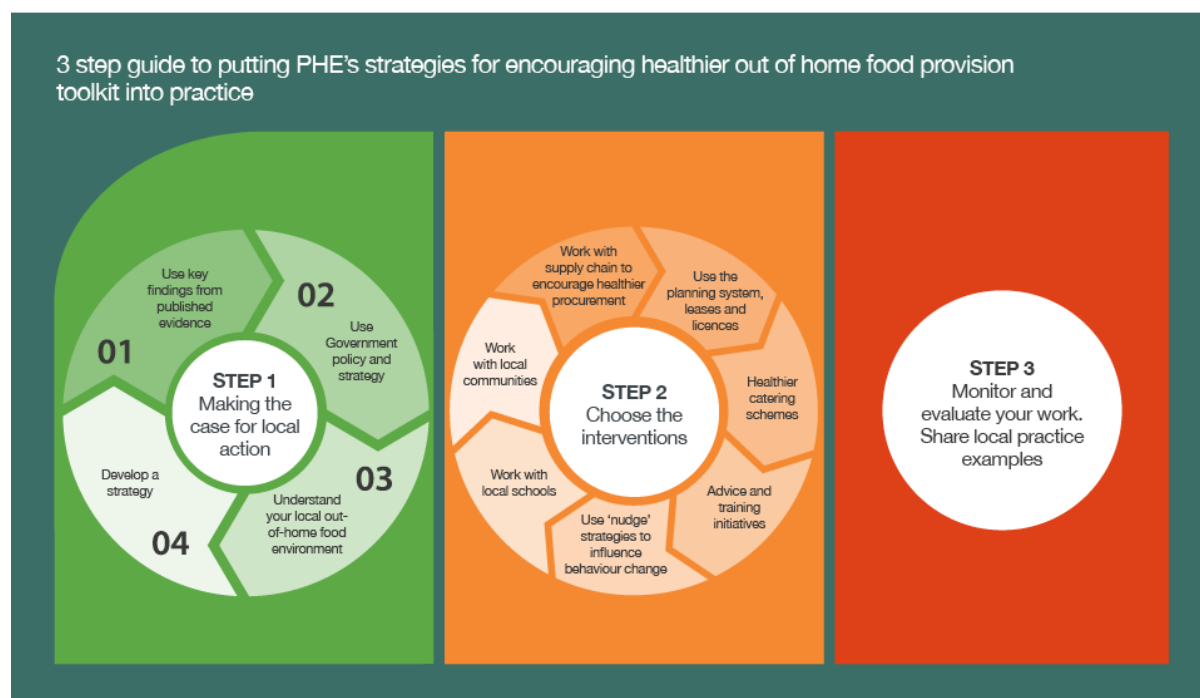


Figure 2: 3 step guide to putting PHE's strategies for encouraging healthier out of home food provision toolkit into practice

Local evidence

- 3.15 Nuneaton and Bedworth has a higher than average measurements on the National Child Measurement Programme (NCMP), which measures the height and weight of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) in primary schools. Table 2 highlights the levels of excess weight in children at Reception age for 2017/18. In Warwickshire, the proportion of Reception aged children recorded as being overweight and obese was 22.4%, which is similar to the national average. In Nuneaton and Bedworth, this number is higher at 23.5%, which is the second highest proportion in the County.

Area	Overweight (including obesity) %	Obese (including severe obesity) %
Nuneaton and Bedworth Borough	23.7	10.3
North Warwickshire Borough	25.0	10.0
Rugby Borough	22.5	9.2
Stratford-on-Avon District	20.9	7.5
Warwick District	19.2	7.4
Warwickshire	22.0	8.8
England	22.6	9.7

Table 2: Levels of excess weight – Reception 2018/19²⁸

3.16 Table 3: Levels of excess weight – Year 6 2018/19 illustrates that at Year 6 proportionately more children are either overweight or obese than those in Reception, and that these rates are the highest in Nuneaton and Bedworth, where 37.6% of Year 6 children are recorded as overweight and obese. Looking at obesity alone the data highlights that in Nuneaton & Bedworth Borough around 1 in 10 children are recorded as obese in Reception and this increases to 1 in 5 at Year 6.

Area	Overweight (including obese) %	Obese (including severe obesity) %
Nuneaton and Bedworth Borough	36.7	22.9
North Warwickshire Borough	38.1	23.3
Rugby Borough	32.8	18.6
Stratford-on-Avon District	29.4	17.0
Warwick District	27.0	14.1
Warwickshire	32.4	18.9
England	34.3	20.2

Table 3: Levels of excess weight – Year 6 2018/19²⁹

3.17 Nuneaton and Bedworth Borough has some of the highest rates of childhood obesity in the County. The rate of obesity is increasing year on year (which reflects the trend nationally). There is therefore a need to intervene to prevent levels from rising throughout adult life. The objective behind the proposed hot food takeaway policy in the Borough's local plan is to reduce pupil access to unhealthy food

²⁸ Public Health England Fingertips NCMP data [accessed [here](#) and [here](#)]

²⁹ Public Health England Fingertips NCMP data [accessed [here](#) and [here](#)]

options, particularly as HFT tend to cluster around schools. This SPD should not be viewed in isolation, but rather as part of a wider approach on tackling obesity within Nuneaton and Bedworth.

- 3.18 The most recent data available on excess weight in adults is for the period 2017-18 (Figure 3 : Health Profile (2018) for Nuneaton & Bedworth Borough). The data highlights that the proportion of adults (16+) recorded as being overweight and obese in Nuneaton and Bedworth as 71.9%, with Warwickshire being 65.7% and the national average 62%. This highlights that the proportion of adults in the borough that are obese and overweight is statistically significantly higher than the average for England.
- 3.19 The data in Figure 3 also highlights that the estimated diabetes diagnosis rate in the Borough in 2018 is statistically significantly higher than the average for England at 85.5% compared with 78% nationally. In England, obese adults are five times more likely to be diagnosed with diabetes than adults of a healthy weight. People with diabetes are at a greater risk of a range of chronic health conditions including cardiovascular disease, blindness, amputation, kidney disease and depression than those without diabetes.
- 3.20 Figure 3 also illustrates that average life expectancy in the Borough is statistically significantly lower than the national average for both males and females. In addition to this, the Borough also has the highest level of deprivation in the County. This is highlighted within the Indices of Multiple Deprivation 2015 report³⁰ which also shows that there are six lower super output areas (LSOAs) in the Borough which are ranked within the top 10% most deprived LSOAs nationally. On average there are more fast food outlets in deprived areas than affluent areas. These groups also tend to experience the highest burden of long-term conditions such as cardiovascular disease and diabetes. Further to this, the prevalence of Type 2 diabetes is 40% more common among people in the most deprived quintile compared with those in the least deprived quintile.
- 3.21 The evidence detailed above further demonstrates the need for intervention within the Borough. The National Institute for Clinical Excellence (NICE) has published guidance on fast food³¹ and states that, "diet contributes to health inequity. Low-income groups, which also suffer the highest burden of CVD and other chronic diseases, have consistently worse diet problems' and recommend that public health

³⁰ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

³¹ National Institute for Health and Clinical Excellence. Prevention of cardiovascular disease. London 2010.

should 'encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)."

- 3.22 There are several sources of evidence that support the influence of the food environment on a children's food intake and weight³². A systematic review of research into the consumer food environment and its effect on children's diets found that there is moderately strong evidence that the food environment may influence diet³³
- 3.23 Reducing obesity, particularly among children, is one of the priorities of PHE. PHE aims to increase the proportion of children leaving primary school with a healthy weight, as well as reductions in levels of excess weight in adults. PHE is working to significantly reduce childhood obesity, contributing to the delivery of the government's Childhood Obesity Plan. Tackling obesity is also a priority at a local level across Warwickshire and particularly in Nuneaton and Bedworth Borough where rates are higher than neighbouring districts and boroughs.
- 3.24 Warwickshire's Health & Wellbeing Board has prioritised the following areas within the latest Health & Wellbeing Strategy (2018-2020) to ensure that health and social care outcomes for Warwickshire residents are improved:
1. Promoting independence;
 2. Community resilience; and
 3. Integration and working together
- 3.25 One of the key areas for focus within the HWBS is to 'improve partnerships across the wider social determinants of health' with an action to 'improve working with housing, planning and licensing to create healthy environments for individuals, families and communities to live'. As part of this commitment within the HWBS, WCC Public Health commissioned a Health Impact Assessment (HIA) to be undertaken on each of the district and borough local plans. The use of HIA is championed by the Warwickshire Health and Wellbeing Board. One of the key recommendations from the Nuneaton & Bedworth Borough HIA³⁴ was to include a policy to control the proliferation of hot food takeaways (and other possibly unhealthy food outlets).

³² The influence of the food environment on overweight and obesity in young children: a systematic review, Osei-Assibey et al, 2012 (BMJ Open, 2012)

³³ The community and consumer food environment and children's diet: a systematic review. Rachel Engler-Stringer et al, 2014

³⁴ Ben Cave Associates (2014). Health Impact Assessment – Nuneaton and Bedworth Borough Plan

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	78.3	79.5	74.2	●	83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	82.4	83.1	79.4	●	86.8
	3 Under 75 mortality rate: all causes	2014 – 16	1,267	367.3	333.8	545.7	●	215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	278	80.8	73.5	141.3	●	42.3
	5 Under 75 mortality rate: cancer	2014 – 16	492	142.9	136.8	195.3	●	99.1
	6 Suicide rate	2014 – 16	47	14.1	9.9	18.3	●	4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	136	35.9	39.7	110.4	●	13.5
	8 Hospital stays for self-harm	2016/17	237	189.2	185.3	578.9	●	50.6
	9 Hip fractures in older people (aged 65+)	2016/17	117	521.9	575.0	854.2	●	364.7
	10 Cancer diagnosed at early stage	2016	223	45.6	52.6	39.3	○	61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	85.6	77.1	54.3	●	96.3
	12 Dementia diagnoses (aged 65+)	2017	888	62.7	67.9	45.1	●	90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	49	60.0	34.2	100.0	●	6.5
	14 Alcohol-related harm hospital stays	2016/17	719	580.1	636.4	1,151.1	●	388.2
	15 Smoking prevalence in adults (aged 18+)	2017	16,405	16.4	14.9	24.8	●	4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	60.4	66.0	53.3	●	78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	66.8	61.3	74.9	●	40.5
Child health	18 Under 18 conceptions	2016	64	29.8	18.8	36.7	●	3.3
	19 Smoking status at time of delivery	2016/17	162	12.4 ⁷⁵	10.7	28.1	●	2.3
	20 Breastfeeding initiation	2016/17	831	61.1	74.5	37.9	●	96.7
	21 Infant mortality rate	2014 – 16	29	6.2	3.9	7.9	●	0.0
	22 Obese children (aged 10–11)	2016/17	284	20.0	20.0	29.2	●	8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	22.9	21.8	42.0	○	5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	25.9	25.7	48.7	●	5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	4,310	17.6	16.8	30.5	●	5.7
	26 GCSEs achieved	2015/16	740	55.2	57.8	44.8	●	78.7
	27 Employment rate (aged 16–64)	2016/17	52,200	67.2	74.4	59.8	●	88.5
	28 Statutory homelessness	2016/17	11	0.2	0.8			
	29 Violent crime (violence offences)	2016/17	3,428	27.1	20.0	42.2	●	5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	235	21.0	17.9	30.3	●	6.3
	31 New sexually transmitted infections	2017	652	810.5	793.8	3,215.3	●	266.6
	32 New cases of tuberculosis	2014 – 16	36	9.5	10.9	69.0	●	0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Figure 3 : Health Profile (2018) for Nuneaton & Bedworth Borough³⁵

³⁵ Source: Public Health England Fingertips

4. National Policy & Practice

National Planning Policy Framework

4.1 National planning policy is set by the National Planning Policy Framework (NPPF), which was first published in 2012 and has been subsequently updated in 2019³⁶. At the core of the NPPF is a presumption in favour of sustainable development. Paragraph 8 of the NPPF highlights the three overarching objectives of sustainable development: economic, social and environmental. The importance of health forms part of the social aspect of sustainable development:

“to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and **support communities’ health**, social and cultural well-being”

4.2 Section 8 of the NPPF emphasises how the planning system can help facilitate social interaction and create healthy, inclusive communities. Paragraph 92 states that local planning authorities have a responsibility to promote healthy communities and should “take account of and **support local strategies to improve health**, social and cultural wellbeing for all”. In addition, paragraph 91 (c) states that planning policies should,

“enable and support **healthy lifestyles**, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, **access to healthier food**, allotments and layouts that encourage walking and cycling.”

4.3 Section 7 of the NPPF aims to ensure that planning policies should protect the viability of town centre environments and encourages local authorities to create policies that make clear which uses will be permitted in such locations.

36

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf

Planning Practice Guidance

4.4 Planning Practice Guidance (PPG) emphasises the importance of promoting access to healthier food and the role that local authorities have in considering health and well-being in their plan making and decision taking. This is particularly apparent in the 'Health and wellbeing' section of the guidance³⁷. Section 53³⁸ of the PPG states that "local planning authorities can consider bringing forward, where supported by an evidence base, local plan policies and supplementary planning documents, which limit the proliferation of certain use classes in identified areas, where planning permission is required." The NPPG goes on to state that particular regard should be given to the following issues:

- Proximity to locations where children and young people congregate such as schools, community centres and playgrounds;
- Evidence indicating high levels of obesity, deprivation and general poor health in specific locations;
- Over-concentration and clustering of certain use classes within a specified area;
- Odours and noise impact;
- Traffic impact; and
- Refuse and litter.

5. Borough Plan

5.1 This SPD has been developed to support the Borough Plan, adopted in June 2019. The main relevant policy is Policy HS7 – Creating a healthy food environment. Other policies that may be relevant include policies TC1 – TC3.

³⁷ <https://www.gov.uk/guidance/health-and-wellbeing>

³⁸ Paragraph: 006 Reference ID: 53-006-20170728

Policy HS7 – Creating a healthier food environment

To limit development of environments that encourage obesity, A5 uses (hot-food take-aways) should be directed to town centres as set out in Policy TC3 – Hierarchy of centres. Outside of Nuneaton and Bedworth town centres, A5 use proposals will be permitted providing:

- The proposal is not within a 400 m radius of the principal point of access to an existing secondary school or sixth form college. This will not apply when the buffer zone overlaps with a town or local centre.
- The proposal does not jeopardise the provision of an essential local service.
- The proposal does not increase the number of units under the A5 use class to over 20% of the centre's total usage.
- Customer visits by car would not unacceptable impact on existing or proposed public transport provision, traffic movements, road or pedestrian safety.
- A sequential assessment is provided which demonstrates that there are no other sequentially preferable sites.

Proposals should be in accordance with the supplementary planning document 'Planning for a healthier area – Nuneaton and Bedworth'.

- 5.2 This SPD should be read in conjunction with other Council SPDs and wider policies that are available on the Council's website³⁹.

6. Requirements for hot food takeaway applications

- 6.1 All applications for A5 premises must contain information to demonstrate that they meet the following requirements HFT1 – HFT3. Failure to do so may result in a refusal of planning permission.

HFT1 – Proximity to schools

Planning permission will not be granted for new A5 Uses within 400 metres of a secondary school main entrance except within the boundaries of designated centres.

³⁹ www.nuneatonandbedworth.gov.uk/boroughplan

- 6.2 The 400 metre zone for each school is a radius centred on the principal (main) school access that the pupils use. Where a HFT application falls within a 400m exclusionary zone and a defined town, district or local centre, planning permission would be granted as long as the proposal is in accordance with the other relevant Borough Plan policies and policies HFT 2 and 3 in this SPD. If any part of a building is in contact with the 400m buffer, then that building will be covered by HFT 1. The sequential assessment will only be required where the application site is not located within a defined town, district or local centre.
- 6.3 The 400 metre restriction has not been applied around primary, first and middle schools as the children who attend these schools are generally not allowed out of school at lunch time. It is also expected that primary, first and middle school children will have less independence and autonomy than secondary school students. Only 25% of primary school children travel home from school without a guardian⁴⁰, compared to the majority of secondary school students. The 400 metre was chosen as that represents a 10 minute walking distance from the school⁴¹.

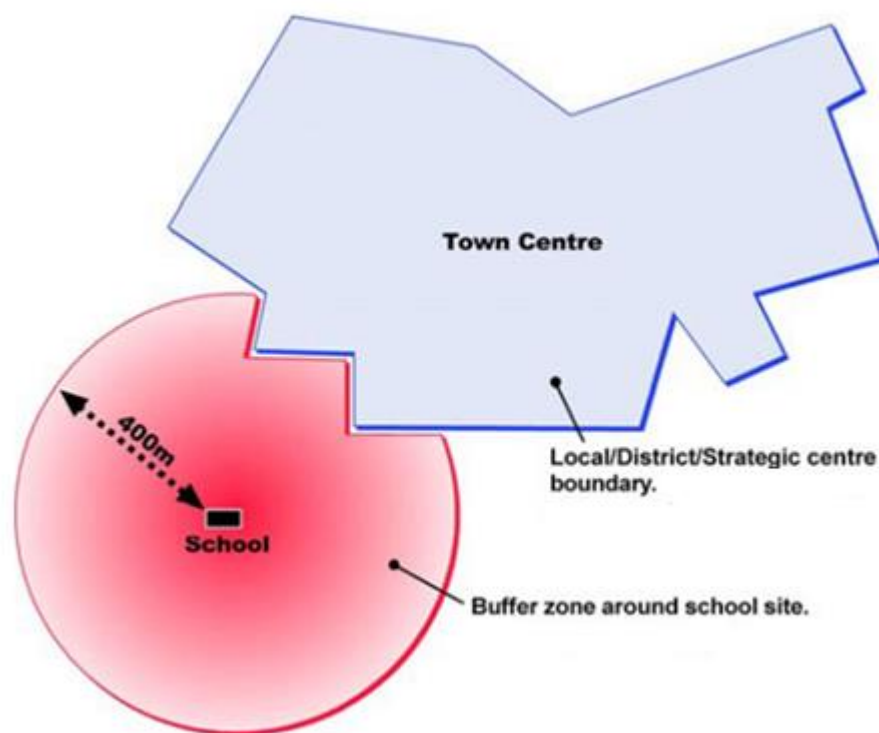


Figure 4: Example of how buffer zone will work with existing defined town centres

⁴⁰ http://www.psi.org.uk/docs/7350_PSI_Report_CIM_final.pdf

⁴¹ <http://www.ciht.org.uk/en/knowledge/publications/index.cfm/providing-for-journeys-on-foot-2000>

HFT2 – Concentration and clustering of Hot food takeaways

Within a defined district or local centre planning permission will not be granted where the percentage of A5 usage exceeds 20%.

A limit of two adjacent outlets together is the maximum appropriate. Should this be exceeded (e.g. three outlets or more together) then the application will not be permitted due to excessive clustering of these types of outlets together.

The clustering of Hot Food Takeaway outlets together creates areas in district and local centres that are dominated by one use and only open and active at certain times of the day. By reducing the clustering of these types of outlets it will increase the variety of different types of shop fronts and therefore improve the perception and vitality of the centre.

- 6.4 With evidence showing that HFTs sell predominantly unhealthy food, the proliferation of HFTs in district and local centres increases the access to unhealthy food items whilst also reducing the choice to healthier food options. A cap has therefore been put on the proportion of units within defined district and local centres that can be in A5 use. A further restriction in relation to adjacent units also being in A5 use prevents excessive clustering of A5 uses. Where A5 uses are the dominant planning use class in a defined district or local centre it can have an adverse impact on the perception and vitality of the centre due to the nature of the operation of A5 uses.

HFT3 – Environment considerations

When considering suitable opening times for HFTs, the following will be taken into account:

- A. The impacts on residential amenity;
- B. Whether there is an existing night time economy in the area;
- C. The existing character and levels of activity and noise in the area.

- 6.5 HFTs can have adverse impacts on the surrounding area and this must be taken into consideration when a new HFT is being proposed. The

potential negative impacts on residential amenity include, but are not limited to:

- Odours;
- Noise; and
- Litter.

The Borough's Environmental Health team should be consulted for advice in relation to the environmental impact of proposals for new HFTs.

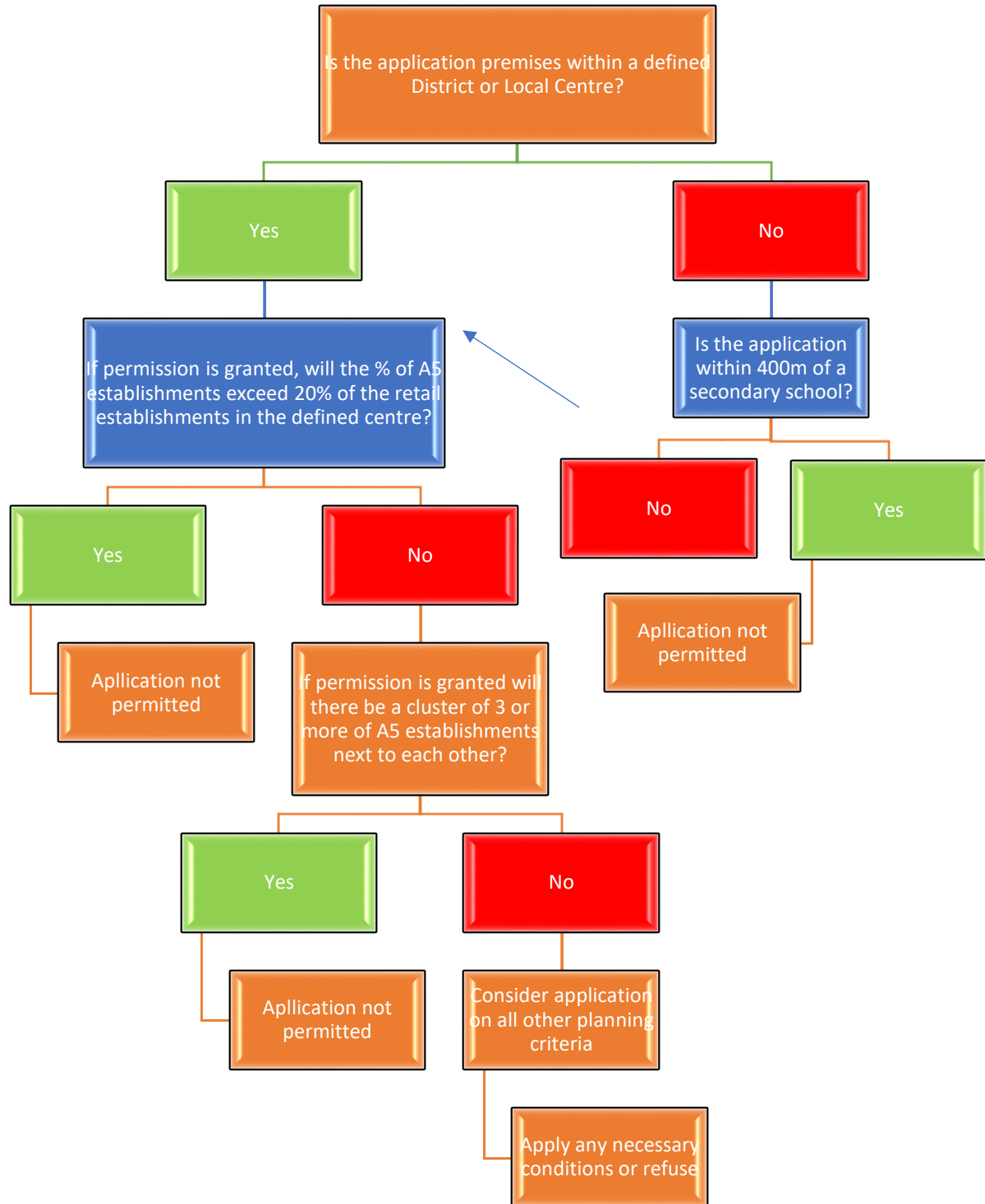
- 6.6 The hours of operation of HFTs will be considered on a case by case basis. The opening times can have both positive and negative impacts on the surrounding area and two key considerations are whether there is an existing night time economy in the area and the general existing character and levels of activity and noise in the area. The proposed hours and days of opening should be specified in planning applications for HFTs. Any agreed opening times will be made a condition of any planning permission that is granted and in some cases planning permission will only be granted if opening times are restricted.

7. Monitoring

- 7.1 The successful implementation of this SPD will be assessed through the Authority Monitoring Report (AMR). The AMR will note when the SPD has been used in determining planning applications and the number and location of new HFTs permitted and refused.

8. A5 Applications 'Flow diagram'

The following will help guide you on the application process if the A5 application falls outside of a town centre:



Appendix A – Do you require Planning Permission?

This list provides answers for some common queries. However, if you are in any doubt as to whether you require planning permission you should contact the Planning team on 024 7637 6376.

New premises

If the intention is to build new premises for use as a Hot Food Takeaway (planning use class A5) then planning permission is required.

Change of use to hot food takeaway

If the intention is to change the use of an existing shop, restaurant, pub, office, house or other use to a Hot Food Takeaway shop then planning permission is required.

External building works or alterations to an existing hot food takeaway

Such alterations may affect your existing permissions. Please contact the planning team to clarify your obligations / restrictions if you are unsure.

Advertisements

There are a number of signs that require permission before they can be erected. In particular, all externally located illuminated signs require advertisement consent. The Department for Communities and Local Government has produced a user friendly booklet entitled "Outdoor advertisements and signs: a guide for advertisers"⁴², which provides detailed information and guidance on the acceptability of advertisement proposals.

Extraction

Where an existing system is already in place and the intention is to replace this with a larger system, planning permission is required.

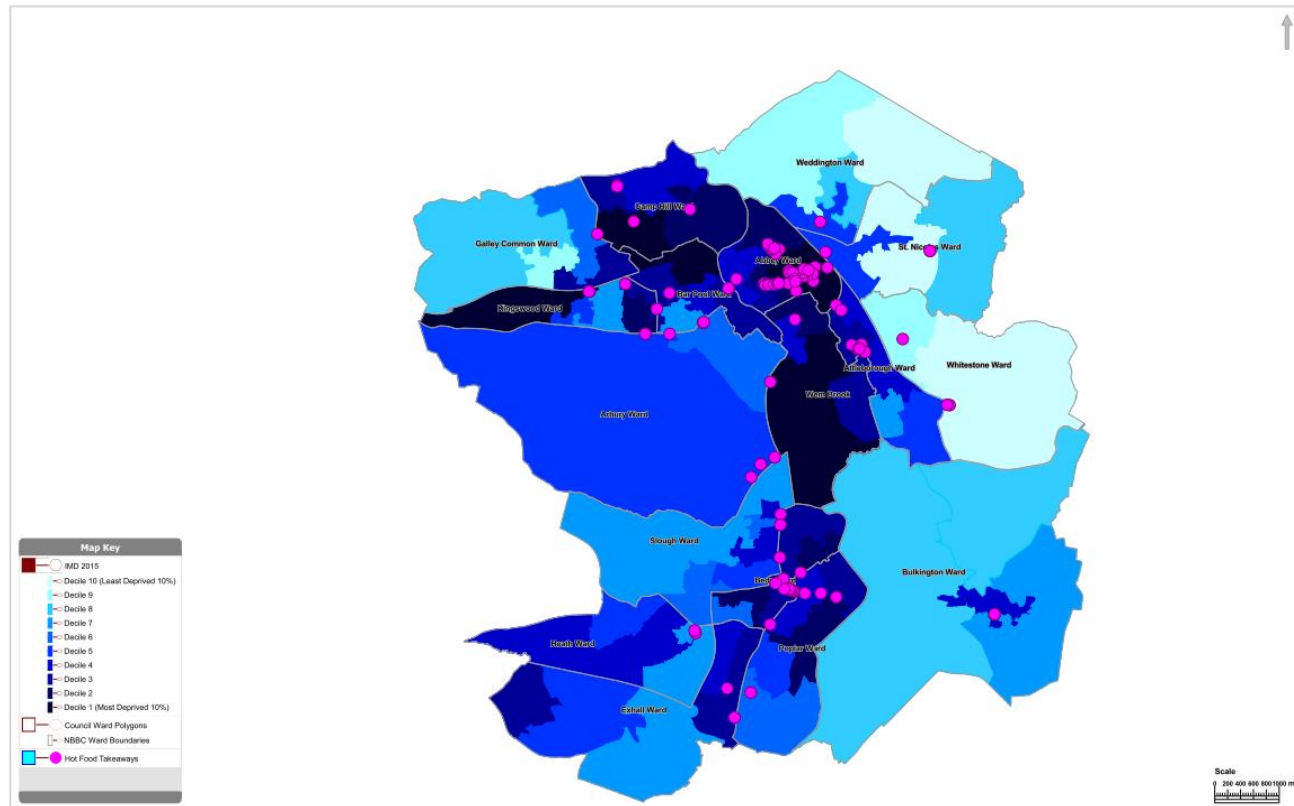
Change to opening times

If the intention is to extend the hours of operation beyond the times listed on an existing planning consent, a planning application to vary the conditions on your opening hours may be required. You will also need to contact the

⁴² <https://www.gov.uk/government/publications/outdoor-advertisements-and-signs-a-guide-for-advertisers>

Licensing team if you wish to offer hot food and drink between 11:00pm and 5:00am on 024 7637 6222 or email licensing@nuneatonandbedworth.gov.uk

Appendix B – Map of hot food takeaways and deprivation areas



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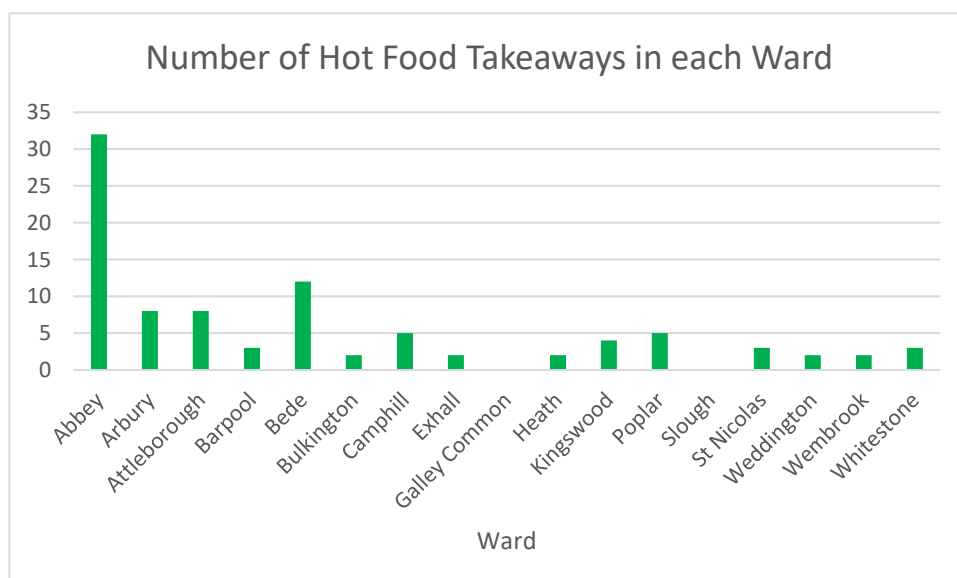
Nuneaton & Bedworth Hot Food Takeaways and Deprivation

1:50000

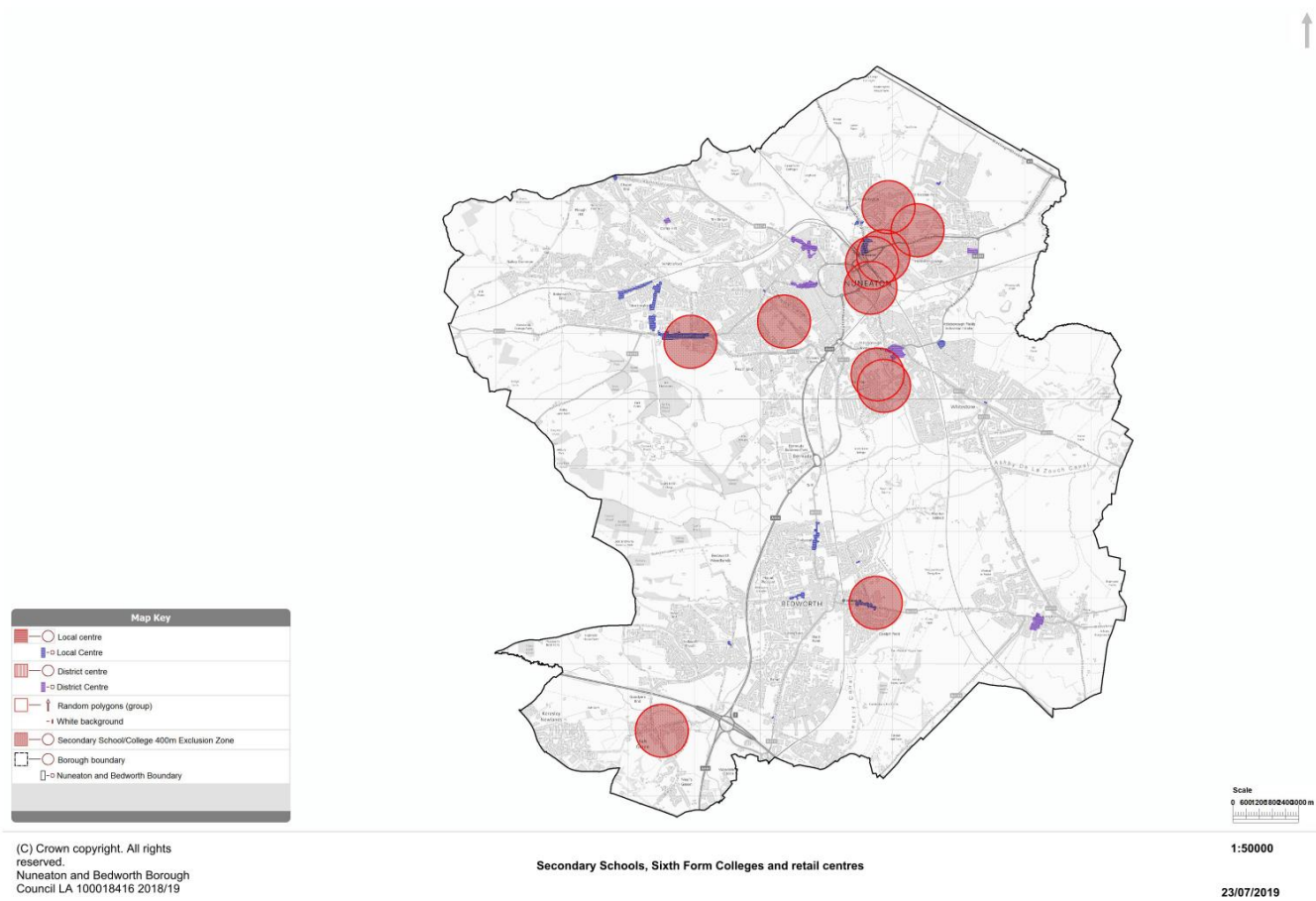
23/07/2019

Appendix C – The number of hot food takeaways in each ward

Ward	Number of Hot Food Takeaways in each Ward
Abbey	32
Arbury	8
Attleborough	8
Barpool	3
Bede	12
Bulkington	2
Camphill	5
Exhall	2
Galley Common	0
Heath	2
Kingswood	4
Poplar	5
Slough	0
St Nicolas	3
Weddington	2
Wembrook	2
Whitestone	3
Total Number of Hot Food Takeaways	93



Appendix C – Overview Map of Schools and retail centres



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Appendix D – Maps of Use restrictions around Secondary Schools



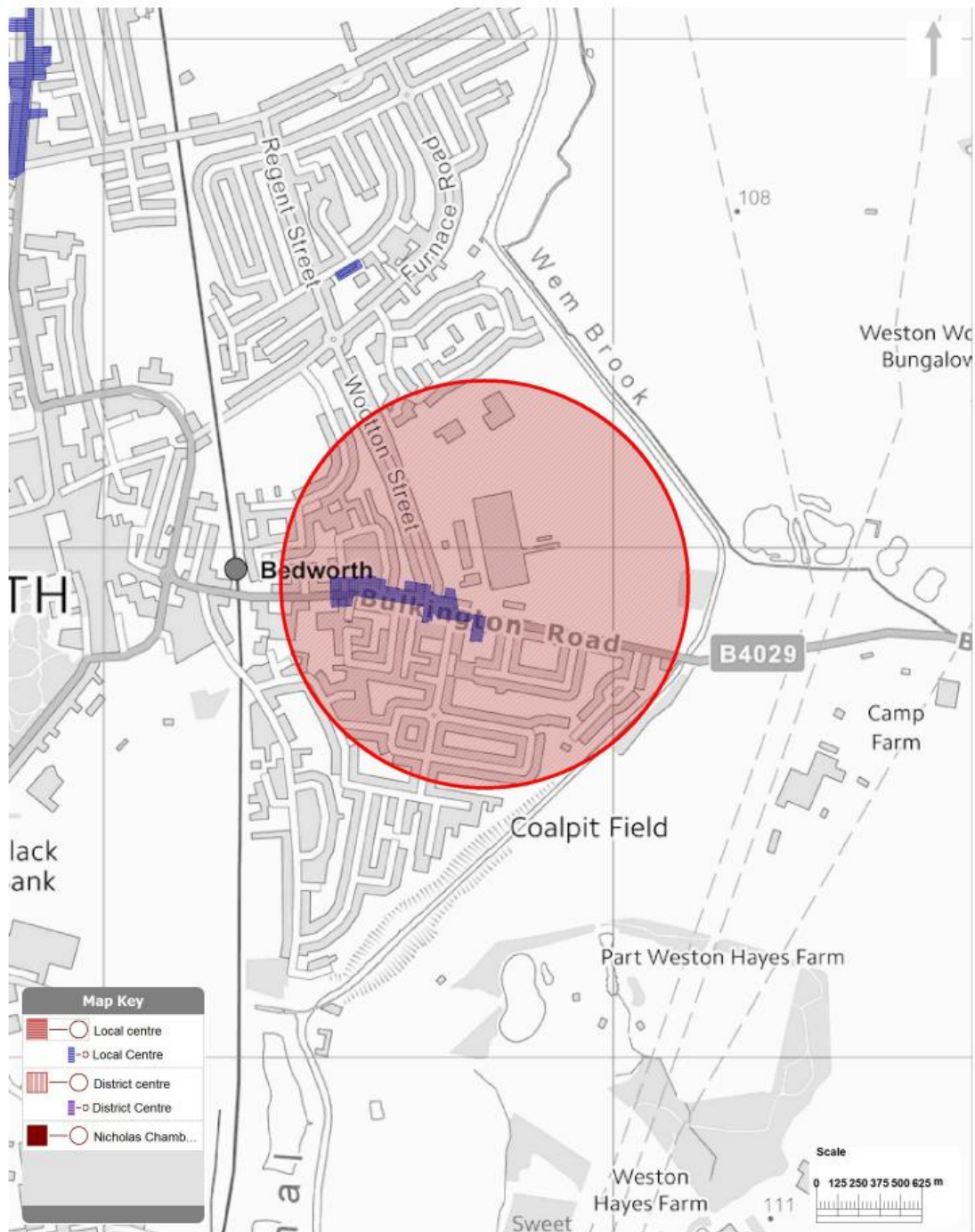
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**400m buffer from the entrance of Ash Green school
and college**

23/07/2019

1:10000

Ash Green School & College



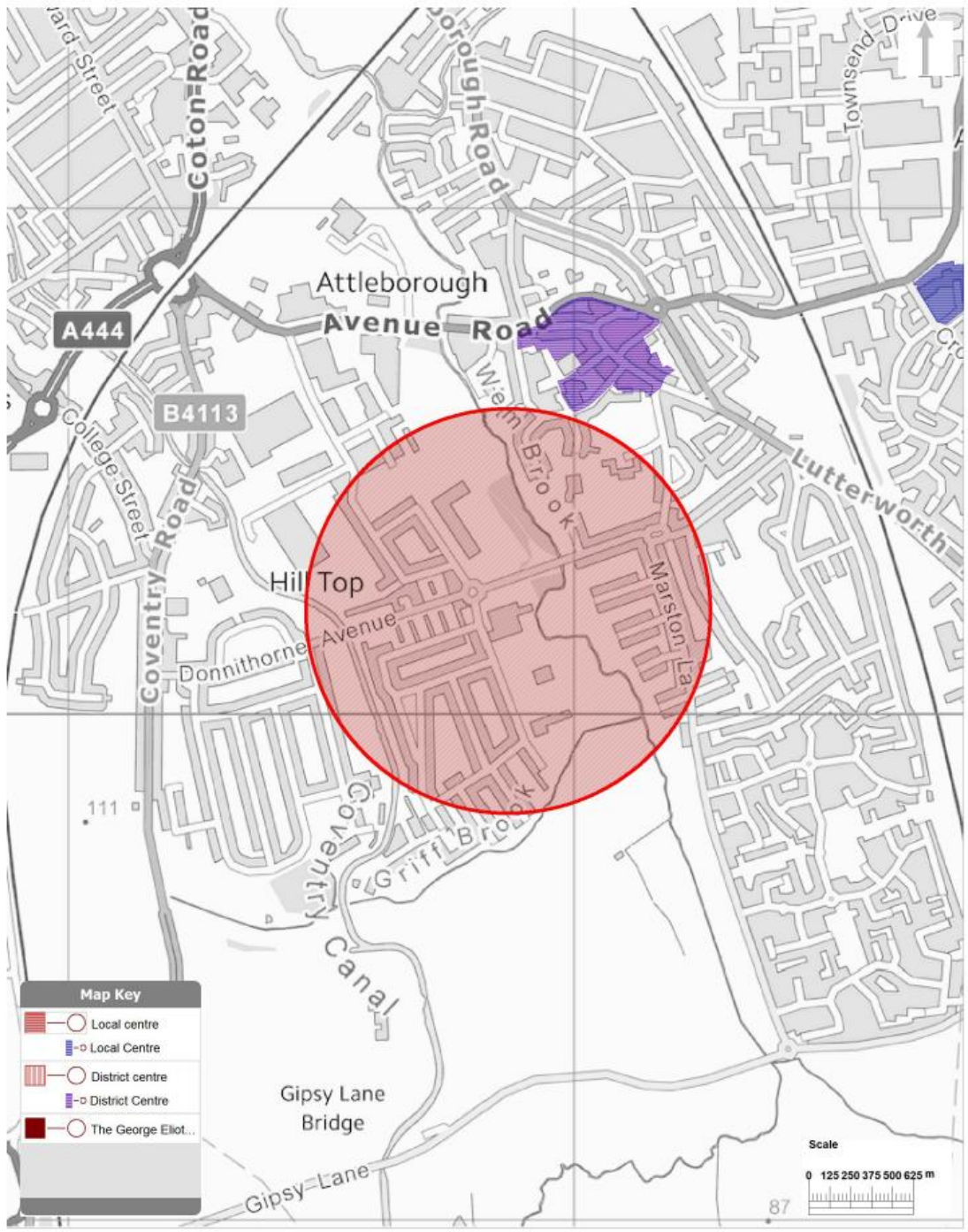
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**400m buffer from the entrance of Nicholas
Chamberlaine school & college**

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1:10000

Nicholas Chamberlaine School and College



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**400m buffer from the entrance of The George Eliot
 School**

23/07/2019
 1:10000

The George Eliot School



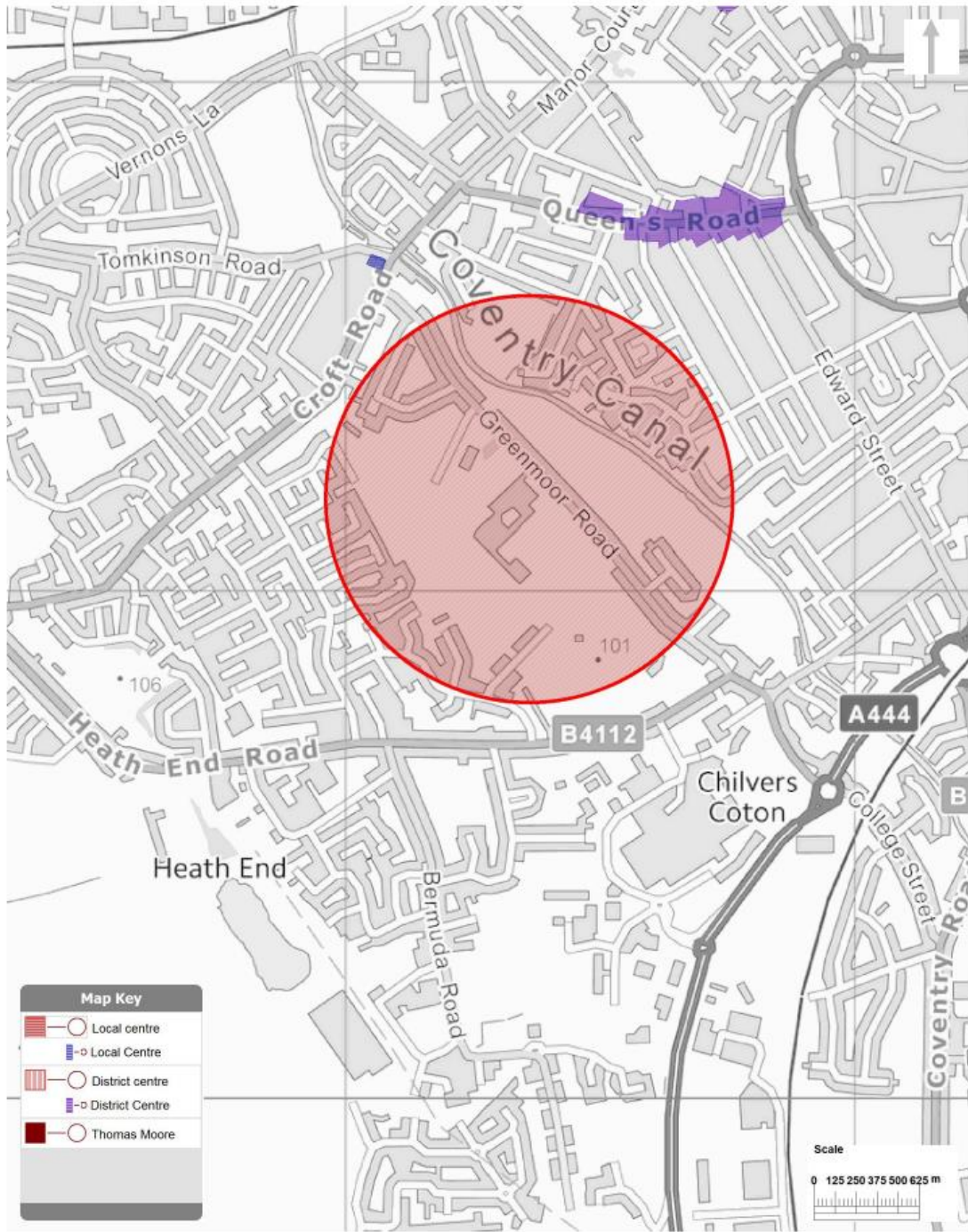
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**400m buffer from the entrance of Oak Wood
 secondary school**

23/07/2019

1:10000

Oak Wood Secondary School



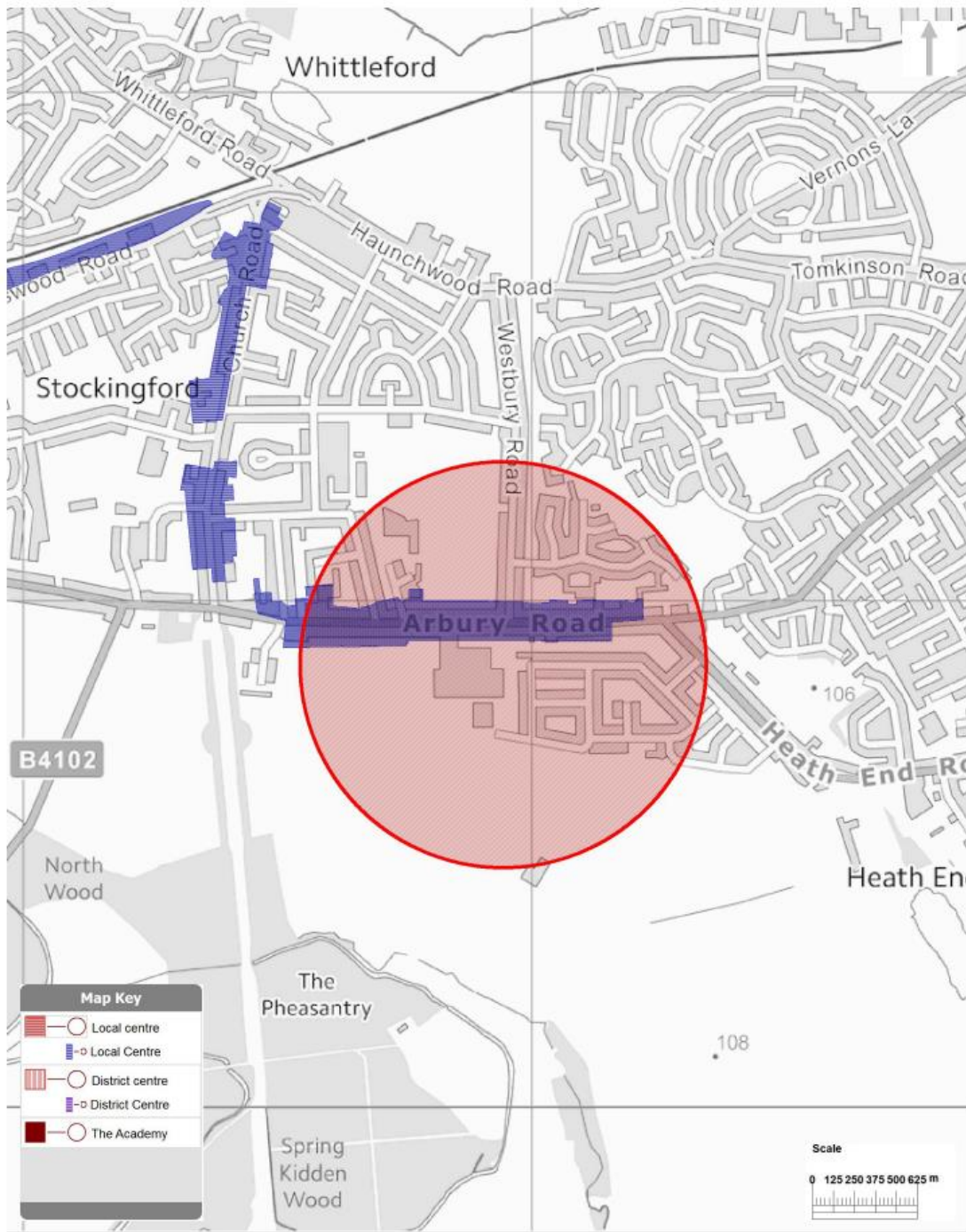
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**400m buffer from the entrance of St Thomas Moore
Secondary School & College**

23/07/2019

1:10000

St Thomas Moore secondary School and College



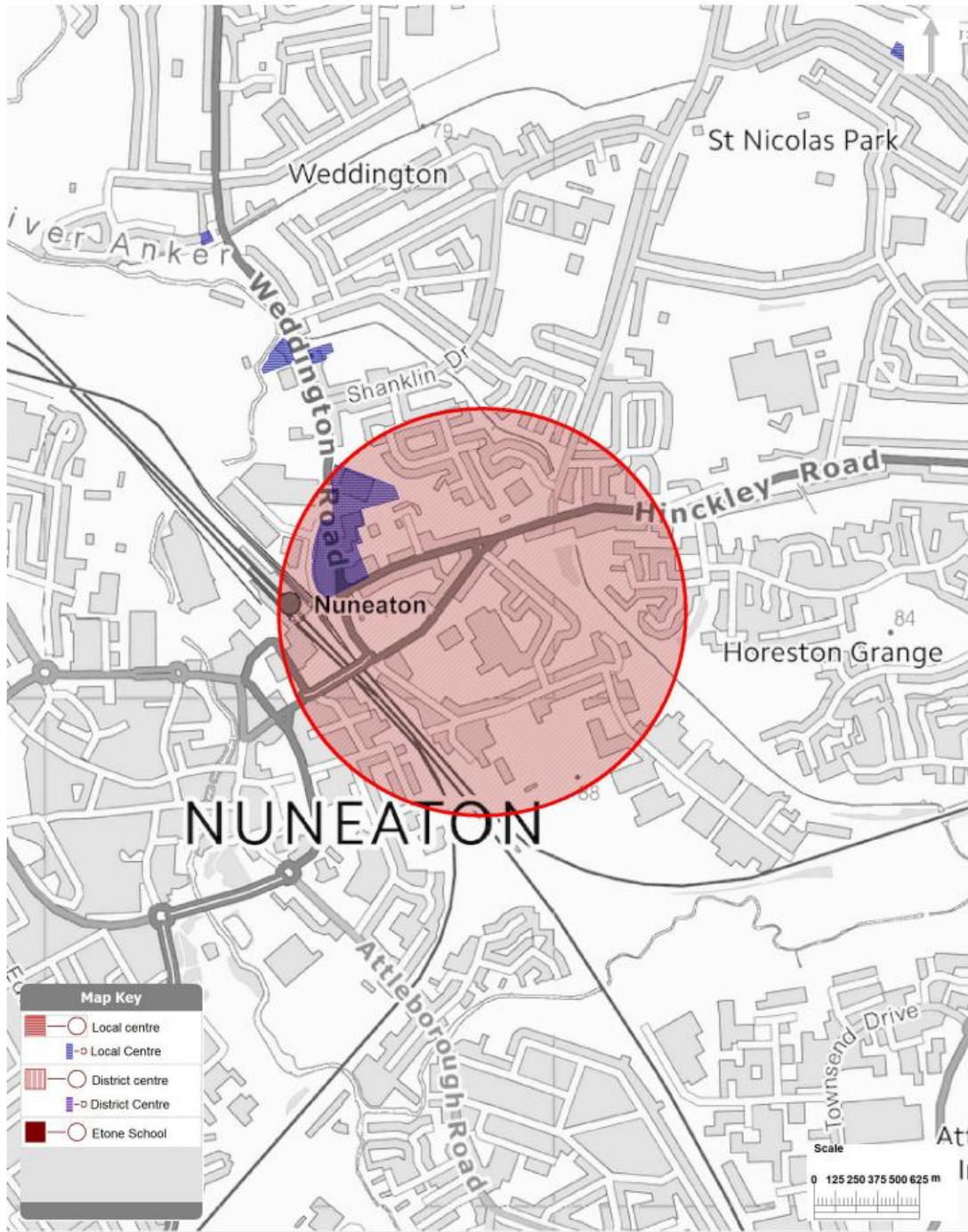
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**400m buffer from the entrance of The Nuneaton
Academy**

23/07/2019

1:10000

The Nuneaton Academy



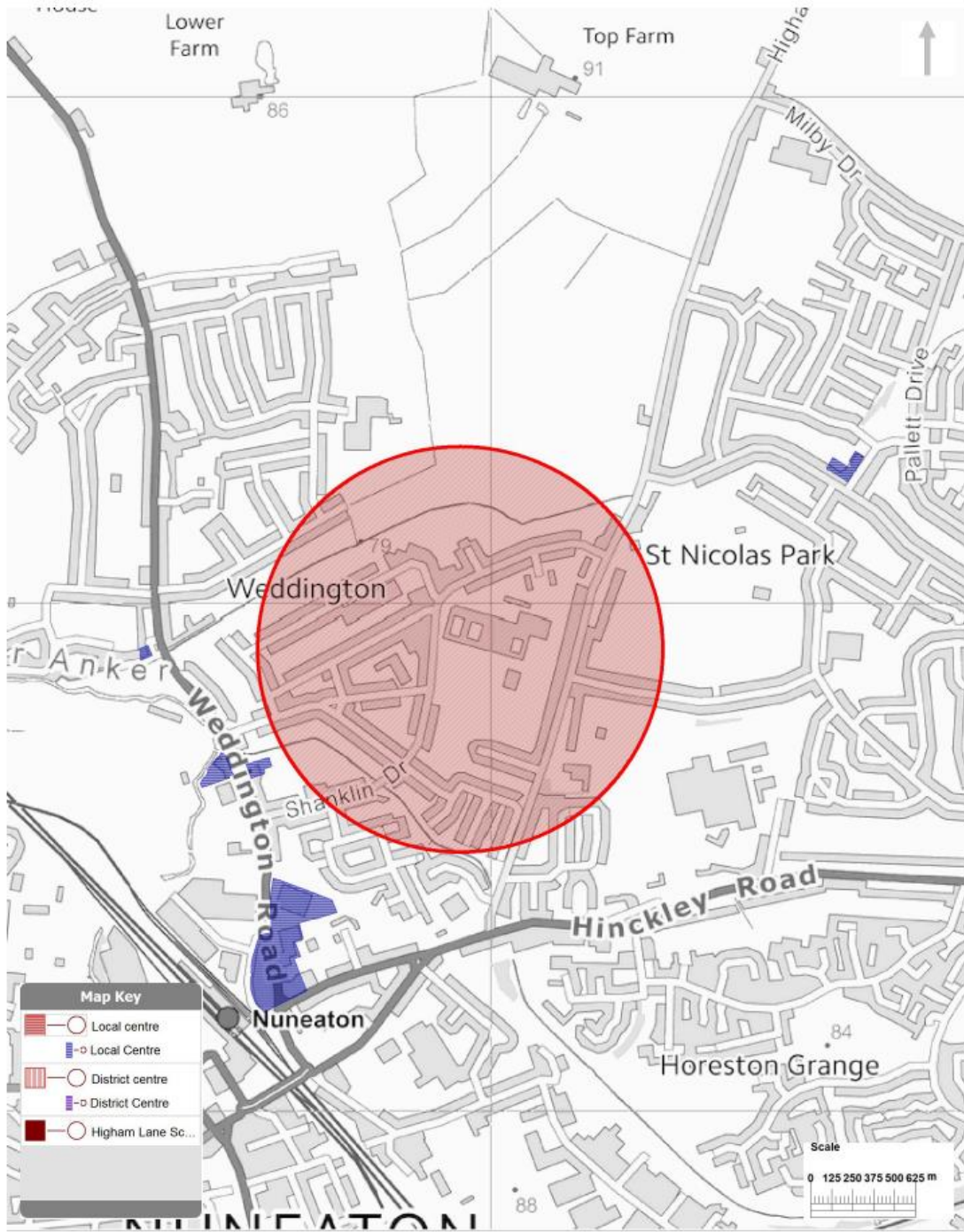
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**400m buffer from the entrance of Etone Secondary
School**

23/07/2019

1:10000

Etone Secondary School



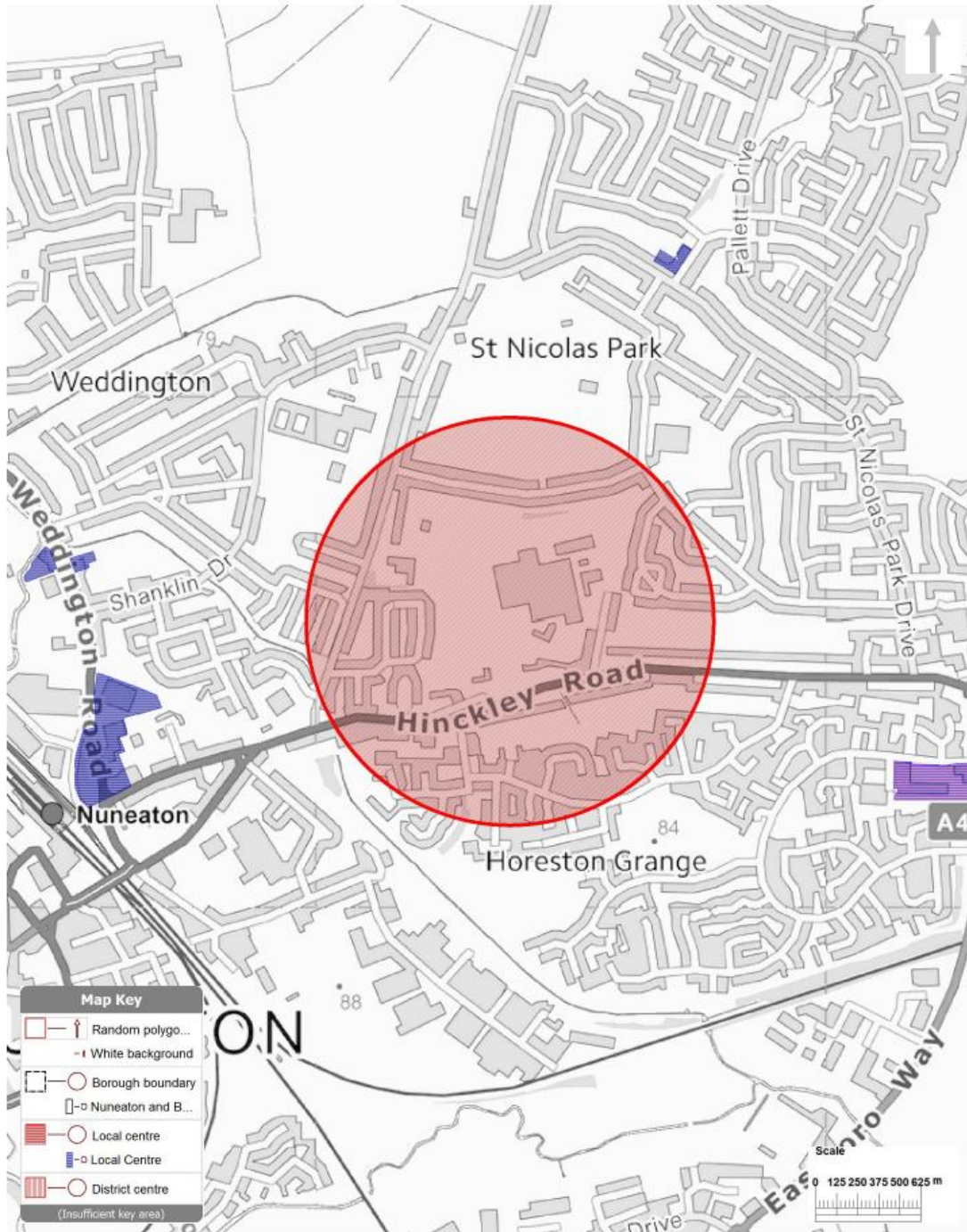
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**400m buffer from the entrance of Higham Lane
School and Sixth Form College**

23/07/2019

1:10000

Higham Lane Secondary School and Sixth Form College



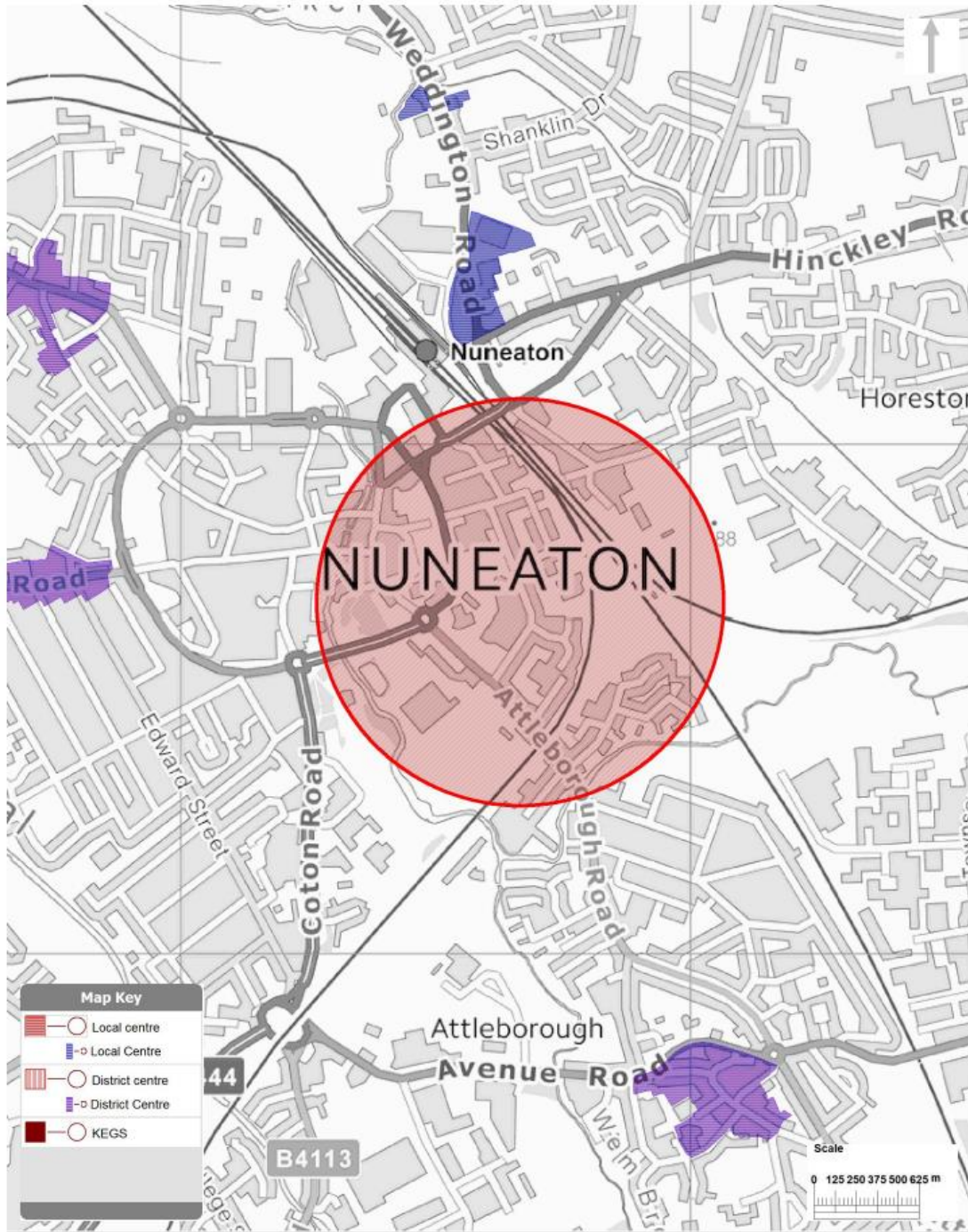
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 Leics College**

23/07/2019

1:10000

North Warwickshire and South Leicestershire College



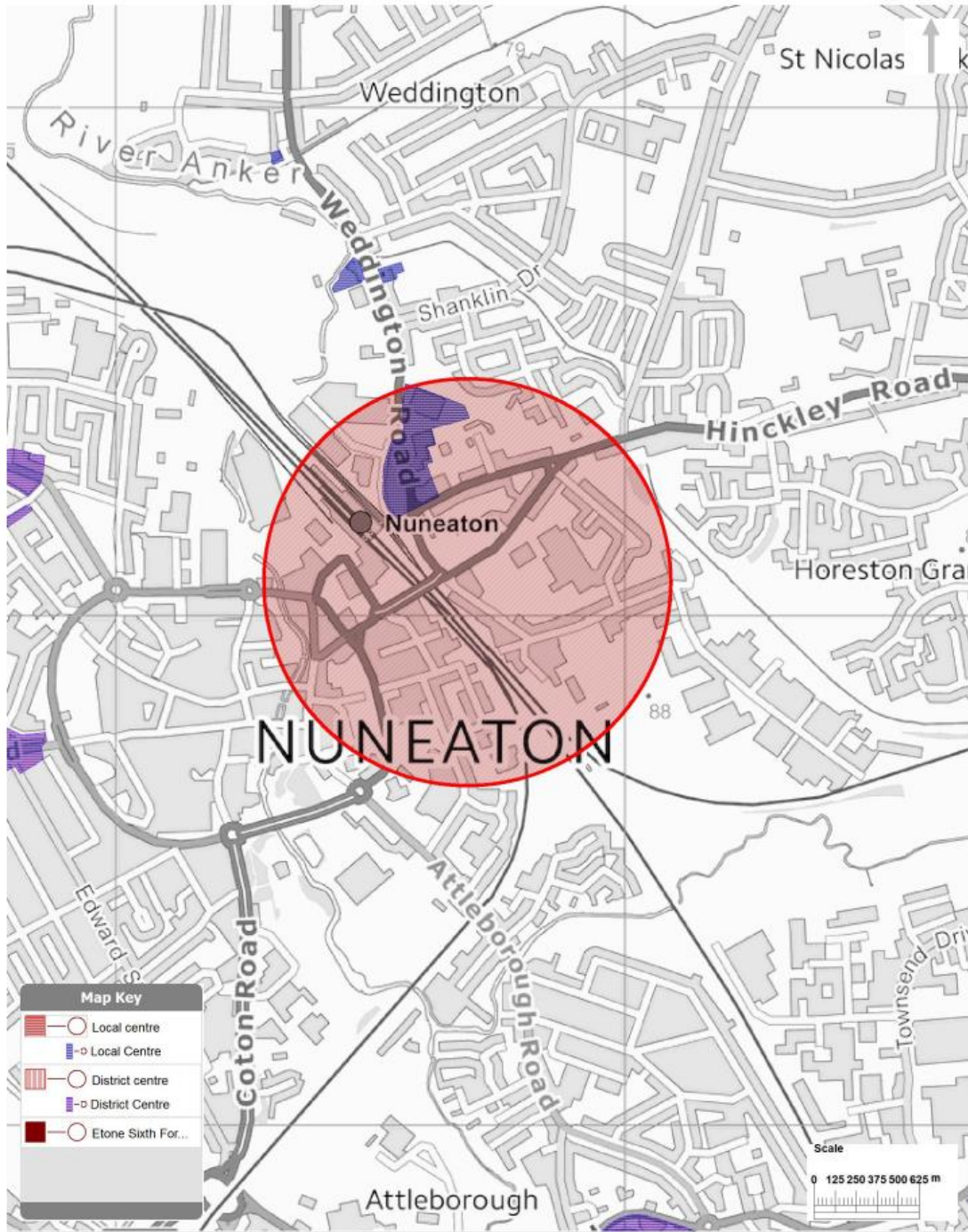
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400m buffer from the entrance of King Edward VI
College

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King Edward IV Sixth Form College



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**400m buffer from the entrance of Etone Sixth Form
College**

23/07/2019

1:10000

Etone Sixth Form College