Birmingham Local Plan Preferred Options (Reg 18)

Background Paper: Local Centres

Appendix 6: Hot Food Takeaways

July 2023

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Birmingham City Council

Hot Food Takeaways

The Council recognises the role that hot food takeaways play in the economy, and is supportive of the principle of these uses in appropriate locations such as the city centre and other local centres because they provide a service to local people and add vitality and interest to local centres.

However, it is acknowledged that they can have an impact on their surrounding area because of litter, noise, smell, opening hours, parking considerations etc., and the nature of these impacts can be different to cafes, pubs and restaurants, in that customer visits tend to be short in duration, but frequent.

It is important that these are taken into consideration in planning applications, as they can generate a significant number of objections. It is equally important that hot food takeaways can provide a service to local people, but without having a negative impact on the health and wellbeing of nearby residents.

The Shopping and Local Centres SPD was adopted in March 2012, to help address a range of issues affecting the vibrancy and vitality of Birmingham's network of shopping centres outside the city centre. Its purpose is to encourage investment into local centres and guide future development to help maintain a viable balance between retail and non-retail uses.

The SPD identified a hierarchy of Town, District and Neighbourhood centres. This was modified on adoption of the BDP in 2017, and further changes are proposed in Policy EC5 of the Birmingham Local Plan. Definitive Centre boundaries and Primary Shopping Areas are identified on the Policies Map,

The SPD contained several policies. In particular, Policy 1 sought to maintain a minimum of 55% of units in the Primary Shopping Area of Town and District Centres and 50% of units in the Primary Shopping Area of Neighbourhood/Local Centres in A1 retail use. Policy 4 sought to avoid an overconcentration of A5 hot food take-away uses by restricting their number to no more than 10% of the total units in a centre or individual parade, and On adoption of the Birmingham Development Plan (BDP) in 2017, Policies 1 and 4 of the SPD were incorporated into BDP Policy TP24 to give them full Development Plan status. Proposed Policy EC7 will supersede this in due course.

Returning to health and wellbeing, excess weight (defined as weight that is in excess of the ideal body weight) and obesity are associated with a myriad of health problems. These include heart disease, stroke, high blood pressure, diabetes and arthritis. For example, 90% of adults with type 2 diabetes are estimated to be overweight or obese. Obesity has also been associated with a higher risk of cancer. The consequences of obesity and excess weight cost the NHS £6 billion annually.

Obesity has numerous other drawbacks aside from health, including employee absenteeism from work6 and social exclusion. 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 well as detrimental health outcomes and quality of life for those affected.

Increased obesity from a younger age contributes to a negative impact on the ability of children to live a healthier lifestyle. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more GP appointments than normal weight children. As children constitute the future workforce of an economy, this is also associated with a reduction in employee productivity and increased spending on health care over their lifetime. This clearly illustrates the importance and relevance of the topic of addressing childhood obesity in the UK, if the UK economy and society is to make the most of the available human resources.

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 available. Current daily guidelines for adults in the UK are that men should consume approximately 2500 kcal per day and women approximately 2000 kcal per day. Of this total daily energy intake, not more than 11% (30 g for men and 20 g for women) should be from saturated fat. Adults should reduce their daily intake to less than 6 g of salt per day (SACN). Sampling by Liverpool John Moores University has identified that a single portion of fish and chips can contain between 1076 and 2476 calories and up to 66g of saturated fat and 9.3g of salt, and that a portion of special fried rice contains between 870 and 1942 calories and up to 23g of saturated fat and 14.4g of salt.

Research suggests that at least 25% of calories are now consumed outside the home and that over the past decade consumption of food away from the home has increased dramatically by 29%, a trend driven by a proliferation of hot food takeaways. Research indicates these social and environmental trends could be contributing to rising levels of overweight and obesity in the UK. We live in an obesogenic environment, where the less healthy choices are the default (which can lead to excess weight gain and obesity). The increased focus of academics and researchers on obesity has contributed to emergence of a new area of research which explores the relationship between obesity and food environment and the importance of addressing this.

Research and reports into the impact of hot food takeaways near schools is an area that continues to expand (i). Research has indicated that children attending schools near fast food outlets are more likely to be obese than those whose schools are more inaccessible to such outlets (ii). Further to this, research 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 (iii).” Researchers have also successfully identified the link between the hot food takeaway presence within the 400m of schools and childhood obesity (iv/v). Hot food takeaways within easy walking distance of schools can provide an attractive and affordable food option for pupils.

In addition to this a study by Davis and Carpenter (vi) found that students with fast food restaurants near their schools consumed fewer servings of fruit and vegetables, consumed more servings of soda, 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 weight issues, and that ‘policy interventions limiting the proximity of fast food restaurants to schools could help reduce adolescent obesity’.

Studies show that food outlets in close proximity to, and surrounding schools were an obstacle to secondary school children eating healthily. Some schools might have a stay-on-site policy during lunch hours, which supports research that has indicated that the most

popular time for purchasing food from shops is after school (vii). 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 students37. 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 adulthood (ix). As there is a positive relationship between hot food takeaways in close proximity of the school not only in secondary schools, but also primary schools, BLP Policy EC5 refers to schools covering the age range for both primary and secondary schools.

Another publication (x) reviewed the way in which planning adds value to obesity prevention, noting how planning can assist in tackling obesity amongst other health care issues facing the UK society. This was supported by Lowe et al in 2015 (xi) when their analysis showed the importance of tackling obesity in general and particularly how critical the role of the local planning authority can be.

(i) Local Government Association (2016) Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways.
(ii) 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)
(iii) 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.
(iv) Fraser, L. K., Edwards, K. L., Cade, J., & Clarke, G. P. (2010). The geography of fast food outlets: a review. International journal of environmental research and public health, 7(5), 2290-2308.
(v) Barrett, M., Crozier, S., Lewis, D., Godfrey, K., Robinson, S., Cooper, C., ... & Vogel, C. (2017). Greater access to healthy food outlets in the home and school environment is associated with better dietary quality in young children. Public health nutrition, 20(18), 3316-3325.
(vi) Davis B, Carpenter C (2009)' Proximity of fast-food restaurants to schools and adolescent obesity' American Journal of Public Health Vol 99, No. 3 505-510
(vii) Sinclair, S. and Winkler, J. (2009). The School Fringe: from Research to Action. Policy Options within Schools on the Fringe. Nutrition Policy Unit, London Metropolitan University
(viii) 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.
(ix) 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
(x) Goodwin, D. M., Mapp, F., Sautkina, E., Jones, A., Ogilvie, D., White, M., ... & Cummins, S. (2014). How can planning add value to obesity prevention programmes? A qualitative study of planning and planners in the Healthy Towns programme in England. Health & place, 30, 120-126.
(xii) Lowe, M., Whitzman, C., Badland, H., Davern, M., Aye, L., Hes, D., ... & Giles-Corti, B. (2015). Planning healthy, liveable and sustainable cities: how can indicators inform policy?Urban Policy and Research, 33(2), 131-144.

We have researched planning applications for hot food takeaways and mixed-use developments (including any element of takeaway uses) in Birmingham within 400m of schools, or not within a designated local centre or the City Centre, between April 2014 and April 2023. This covers a 10-year period after adoption of the Shopping and Local Centres SPD:

- Applications approved – 61 (average less 6 per year across the city). Many of these are located in a row of existing neighbourhood shops.
- Applications Refused - 75

- Applications Withdrawn – 44

Refusals and withdrawn applications are more than double the number of approvals in these locations.