

St Helens Borough Local Plan Examination

3. Are Policies LPA11 and LPD10 positively prepared, justified, effective and consistent with national policy?

We do not consider part (4) of Policy LPA11 or part (3) of LPD10 to be positively prepared because it assesses neither what an appropriate retail balance would comprise nor how many food and drink premises might be needed, but instead focusses on restricting a specific use without adequate justification.

No assessment has been made of collateral reductions in walkable choice of the large number of people who happen to live near schools, the distance at which the supposed harm ceases, peaks or even occurs at all, whether schools have 'open gates' policies or where walking or public transport routes are in relation to zones.

The policy would treat hot food takeaways whose operators committed to reformulate and offer healthier choices in the same way as those that have not, limiting innovation. This point was taken by the Examining Inspector in the Croydon Local Plan (2018), policies of which were modified in order to ensure soundness.

We do not consider part (4) of Policy LPA11 or parts (3) or (4) of LPD10 justified, as they rely on the evidence in the earlier Hot Food Takeaways Supplementary Planning Document (SPD), which itself has not been independently tested for soundness.

This focusses on vague concepts of 'fast food', definitions of which, and locations from and at which it is served, vary considerably in research (Williams et al, 2014 – see table 1 column 6) and forms of which can be seen to be available from premises in range of use classes, as recent research (Robinson et al, 2018) demonstrates.

The SPD evidence refers to the Government's 2007 Foresight Review, *Tackling Obesities: Future Choices*, which used a definition of fast-food outlets that included premises in Class A3, asserting that food purchased was more energy-dense than the average diet. However, this applies to most out-of-home consumption.

Indeed, the SPD references an early report (Sinclair & Winkler, 2008), a closer review of which discloses that the most common food sources of pupils during the school day quite clearly included premises in Class A1. In fact, in one of the two schools studied, the most popular shop was in fact the supermarket.

Whilst the report offered some useful insights, it was not published or peer reviewed and comprised a limited study of two secondary schools. Contrary to the assertions in the SPD about the health impacts of fast food, the report found that in many respects packed lunches and school food were of worse nutritional quality than bought food.

Unfortunately, even Public Health England's own data combines uses within former Classes A1, A3 and A5 and is therefore of little use in determining proliferation or concentration of the uses that the policy would control. Indeed, proximity analysis only really shows that schools tend not to be far away in densely populated areas.

Whilst the SPD contains significant amounts of information on the incidence of obesity or overweight (which we do not dispute and which we agree is problematic), it fails to demonstrate how the policy will have any bearing on this. Indeed, systematic reviews (Williams, J et al, 2014) have not found evidence to justify such policies.

In particular, there is no basis for restrictions around primary schools in terms of a mechanism for any link between incidence and proximity in such cases. Inspectors examining local plans recently in Rossendale, Mansfield (see Inspector's Report extract enclosed) and Calderdale have required such zones to be omitted.

Plan-making authorities often seek to justify the distance threshold uses as a typical walking distance, but research suggests purchases are often made along commuting routes and not specifically close to school. The distance chosen significantly affects the number of residents whose access to food and drink facilities is impacted.

Whilst excluding the specified town centres would reduce the extent and frequency with which sustainable locations for food and drink retail might not be developed, it still leaves open a possibility that sequentially-preferred edge- and out-of-centre locations will not be developed due to proximity to schools, including the many primaries.

Planning Practice Guidance (Reference ID: 53-004-20190722) has indicated that policies can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate and may need to have particular regard to proximity to schools, community centres and playgrounds.

This still requires local justification and, notably, does not specify a particular use or uses that can be controlled on this basis (albeit implicitly this must be uses where food and drink are purchased). It does not explicitly support the creation of zones within which takeaway uses will be refused, but rather seeks to limit proliferation.

Indeed, national policy generally tends to support the location of such uses in accessible places and aims to create and maintain retail balance.

4. Taking into account the creation of Class E, are the modifications proposed by the Council to Policy LPD10 sound?

No.

MM024 refers to "hot food takeaways falling within Use Class *sui generis*" and should say "hot food takeaways, a use *sui generis*".

MM049 seems to attempt to distinguish between new buildings to be used within Class E for food and drink and the same to be used within Class E for other uses.

MM049 also refers to permitted development but, most of the uses originally cited are now within the same class and so changes between them are not development at all.

References:

- (a) Williams, J et al, 2014. 'A systematic review of the influence of the retail food environment around schools on obesity-related outcomes' *Obesity Reviews* 15, 359-374 (Extract)
- (b) Robinson, E et al, 2018. '(Over)eating out at major UK restaurant chains: observational study of energy content of main meals' *BMJ* 2018 (363) 4982 (Extract)
- (c) Sinclair, S and Winkler, J, July 2008. 'The School Fringe: What pupils buy and eat from shops surrounding secondary schools', Nutrition Policy Unit, London Metropolitan University (Extract)
- (d) Croydon Local Plan Inspector's Report, January 2018. (Extract)
- (e) Mansfield Local Plan Inspector's Report, March 2020. (Extract)

Public Health

A systematic review of the influence of the retail food environment around schools on obesity-related outcomes

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Summary

The high prevalence of childhood obesity has led to questions about the influence of ‘obesogenic’ environments on children’s health. Public health interventions targeting the retail food environment around schools have been proposed, but it is unclear if they are evidence based. This systematic review investigates associations between food outlets near schools and children’s food purchases, consumption and body weight. We conducted a keyword search in 10 databases. Inclusion criteria required papers to be peer reviewed, to measure retailing around schools and to measure obesity-related outcomes among schoolchildren. Thirty papers were included. **This review found very little evidence for an effect of the retail food environment surrounding schools on food purchases and consumption, but some evidence of an effect on body weight.** Given the general lack of evidence for association with the mediating variables of food purchases and consumption, and the observational nature of the included studies, it is possible that the effect on body weight is a result of residual confounding. Most of the included studies did not consider individual children’s journeys through the food environment, suggesting that predominant exposure measures may not account for what individual children actually experience. These findings suggest that future interventions targeting the food environment around schools need careful evaluation.

Keywords: Child obesity, food environment, schools, systematic review.

Abbreviations: AOR, adjusted odds ratio; BMI, body mass index; CS, convenience store; FF, fast food; FFR, fast food restaurant; FO, food outlet; FRI, food retail index; HEI, healthy eating index; HFAI, healthy food availability retail index; HFSS, high in fat, sugar or salt; HFZ, healthy fitness zone; IRR, incidence rate ratio; OR, odds ratio; OW, overweight; SE, standard error; SM, supermarket; TA, takeaway.

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Introduction

The prevalence of childhood obesity in the world has increased dramatically over the past three decades and is considered by the World Health Organization to be one of

the most serious public health problems of the 21st century (1,2). Overweight or obese children are likely to remain overweight as adults and have an increased risk of developing chronic conditions such as cardiovascular disease or type 2 diabetes. Swinburn and Egger coined the term the

Table 1 Description of included studies on associations between food outlets around schools and student food purchases, consumption and body weight

Author, year	Country	Age in years (grade)*	Number of students (schools)	Exposure	Type of food outlet	Outcome	Covariates/stratification
An 2012 (46)	United States	5–17	13,462	GIS: density within 0.1, 0.5, 1.0 and 1.5 mile circular buffer of school	CS, FFR, grocery stores and SMs, small food stores	Diet ^{SR} : F, V, FF, juice, milk, soda, high-sugar foods	Age, gender, household size, education, parent weight, race/ethnicity, survey wave
Buck 2013 (67)	Germany	6–9	610	GIS: clustering around schools, food retail index (kernel density estimates of FOs per km ²)	Bakeries, FFR, kiosks, SMs	BMI ^M , Diet ^{SR} : Junk food (SSB, chocolate, crisps, etc.)	Age, sex, household income, parent education, under and over-reporting
Chiang 2011 (38)	Taiwan	6–13	2,283	GIS: density within 500-m circular buffer of school	CS, FFR, fresh produce markets, street vendors	BMI ^M	Age, ethnicity, father's education, household income, pocket money, birth weight, time spent watching TV on weekdays, diet quality, region
Currie 2010 (43)	United States	14–15 (9)	8,373	GIS: presence within 0.1, 0.25 and 0.5 mile straight line buffer	FFR	Body fat ^M	Census demographics of nearest block, ethnicity, free school meals, school characteristics, school test scores, student : teacher ratio
Davis 2009 (39)	United States	12–17 (7–12)	529,367	GIS: presence within 0.25, 0.25–0.5 and 0.5–0.75 mile straight line buffer. Density within 3 miles	FFR, 'other restaurants'	BMI ^{SR} and diet: F, V, juice, soda, fried potatoes	Age, gender, grade, physical activity, FSM eligibility, race/ethnicity, school location type, school type
Forsyth 2012 (68)	United States	11–14 (6–9)	2,724 (20)	GIS: Density within 800-m street network buffer	FFR: traditional, pizza, subs/sandwiches, other FF	Diet: FF	Ethnicity/race, grade level, gender, SES
Gebremariam 2012 (30)	Norway	11–12 (6)	1,425 (35)	Survey of school staff: presence 'within walking distance from school'	'Food outlets where food or drinks could be purchased'	Diet ^{SR} : F, V, snacks, SSB, fruit drinks	Canteen/food booth at school, food outlets present, gender, parent education, school nutrition committee, school's perceived responsibility for student diet, two parents
Gilliland 2012 (34)	Canada	10–14	1,048 (28)	GIS: presence within 500 and 800-m straight line buffer, street network buffer and school walkshed [†]	CS, FFR	BMI ^{SR}	Age, sex
Grier 2013 (40)	United States	12–17	1,000	GIS: straight line distance to closest outlet	FFR	BMI ^{SR} and diet ^{SR} : soda	Age, grade, sex, physical activity, race/ethnicity, school time, per cent eligible for FSM, school urbanicity
Harris 2011 (69)	United States	14–17 (9–12)	552 (11)	GIS: density within 2 km (1.24 mile) straight line buffer of school, distance to closest store	Bagel shops, bakeries, coffee shops, FFR (burger/fries or Mexican), fried chicken restaurant, ice cream shops, pizza parlours, sandwich/sub shops, sit-down restaurants, snack bars	BMI ^{SR}	Age, birth weight, diet quality, ethnicity, father's education, household income, pocket money, region, time spent watching TV on weekdays
Harrison 2011 (33)	England	9–10	1,995	GIS: density within 800-m pedestrian network buffer weighted sum of the distance to every facility within 6 km of home and school	'Healthy outlets' (SMs and green grocers), 'unhealthy outlets' (CS and takeaway)	Fat mass index ^M	Age, sex, parent education, mode of travel to school
He 2012 (45)	Canada	11–13 (7–8)	810 (21)	GIS: density within 1-km straight line buffer; shortest network distance to nearest outlet	CS, FFR	Food purchase ^{SR}	Mode of transportation, father's education, land use mix
He 2012 (35)	Canada	11–13 (7–8)	810 (21)	GIS: density within 1-km straight line buffer; shortest network distance to nearest outlet	CS, FFR	Diet ^{SR} : HEI	Gender, grade level, neighbourhood distress score, annual family income, ethnicity, family structure, parent education
Heroux 2012 (65)	Canada, Scotland, United States	13–15	26,778 (687)	GIS: density within 1-km straight line buffer	CS, chain FFR restaurants and cafés	BMI ^{SR}	Family affluence, grade, sex
Howard 2011 (44)	United States	14–15 (9)	(879)	GIS: Presence within 800-m network buffer	CS, FFR	BMI ^M	Ethnicity, percentage of students receiving free meals, urbanicity

Table 1 Continued

Author, year	Country	Age in years (grade)*	Number of students (schools)	Exposure	Type of food outlet	Outcome	Covariates/stratification
Langellier 2012 (70)	United States	10–15 (5–9)	(1,694)	GIS: presence within 800-m network buffer	Corner stores, FFR	BMI ^M	Eligibility for title 1 funding, race/ethnicity, school type, urbanicity
Laska 2010 (71)	United States	11–18	334	GIS: density within 800, 1,600 and 3,200 m network buffer	Bakeries/doughnut shops, FFR, gas stations, grocery stores, variety stores	BMI ^{SR}	Age, parent education, school and area-level SES, sex
Leatherdale 2011 (72)	Canada	9–13 (5–8)	2,429 (30)	GIS: density within 1-km straight line buffer	Any retail facilities, CS, FFR, grocery stores	BMI ^{SR}	Ethnicity, gender, grade, physical activity
Li 2011 (36)	China	11–17	1,792 (30)	Survey of school staff: 'presence within 10-min walk of school'	Western FFR	BMI ^M	Age, household wealth, parent BMI, parent education
Nixon 2011 (41)	United States	14–15 (9)	(41)	GIS: density within 400- and 800-m straight line buffer, closest facility, degree of clustering around schools	FFR	BMI ^{SR}	School lunch policy, percentage of students receiving free meals, race/ethnicity, percentage of students in talented education program, parent education level
Park 2013 (37)	South Korea	9–15 (4–9)	1,342	Survey: density within 500-m radius of school	SM, traditional markets, F and V markets, street vendors, snack bars, CS, FFO, doughnuts, ice cream, bakery shops, full-service restaurants	BMI ^M , HEI	Age, sex, screen time, family affluence, mother's employment, school nutrition environment (composite index), social safety net program participants
Richmond 2013 (73)	United States	11–14 (6–8)	18,281 (47)	GIS: density within a 1,500-m straight line buffer	FFR, CS	Diet ^{SR} : SSB	Age, sex, race/ethnicity, percentage of students receiving free school meals
Rossen 2013 (28)	United States	8–13	319	GIS: mean healthy food availability index (HFAI), density of outlets within 100 m of shortest street network path between home and school	CS, SM/GS, CS, restaurants (full service or carry-out), gas stations	BMI ^M , waist circumference (baseline and 1 year)	Age, gender, race/ethnicity, number of siblings, receipt of free or reduced price lunch, walking to school status, distance to school (log km), school violence strata, census-tract deprivation index
Sánchez 2012 (42)	United States	10–15 (5–9)	926,018 (6,362)	GIS: density within 800-m straight line buffer around school	CS, FFR	BMI ^M	Age, sex, school-level characteristics and interactions with race/ethnicity
Schafft 2009 (74)	United States	10–13 (5, 7)	243 school districts	GIS: absence of 'large grocery store' within 10 mile straight line buffer around 'population based centroid' of the school district	Large grocery store: grocery or retail food store with more than 50 employees	BMI	Median family income, per cent mobile home residence, per cent incomplete kitchen
Seliske 2009 (75)	Canada	11–16	7,281 (178)	GIS: density within 1 and 5 km straight line buffer	CS, doughnut/coffee shops, FFR, full-service restaurants, sub/sandwich shops	BMI ^{SR} †	BMI, family affluence scale, physical activity, sex, urbanicity
Smith 2013 (29)	England	11–16	1,382 (29)	GIS: density within 400 and 800-m road network buffer, median and minimum distance to grocer or TA	TA, grocer/SM/CS	Diet quality: 'Healthy' or 'Unhealthy' (aggregate score)	Age, gender, FSM eligibility, ethnicity, school-level deprivation
Svastisalee 2012 (47)	Denmark	11–15 (5–9)	6,034 (80)	GIS: 'Exposure:' number of FOs divided by total road segments within 300 m of schools	FFR, SMS	Diet ^{SR} : F, V	Age, family social class, sex
Timperio 2009 (32)	Australia	5–12	816	GIS: density within 50 m buffer along route to school, Presence of FO along route	Cafes, FFR, restaurants, takeaway stores	Diet ^{SR} : FF or takeaway	Age, SES
van der Horst 2008 (31)	Netherlands	12–15	1,293 (15)	GIS: density within 500-m straight line buffer	Bakery, FFR, fruit/vegetable store, large SM, small food store	Diet ^{SR} : SSB and snacks	Date of measurement, ethnicity, education

Buffer size in **bold** indicates the buffer distance that we used in our analysis.

*When papers reported student grade level only, we inferred age in years from the grade described in parentheses.

†The walkshed is the territory within a school's catchment that encompasses only those students living within walking distance.

‡Outcome was percentage of students falling within a 'healthy fitness zone', which includes both fitness measures and BMI.

BMI, body mass index; CS, convenience store; F, fruit; FF, fast food; FFR, fast food restaurant; FO, food outlet; FSM, free school meal; HEI, healthy eating index (a composite variable that reflects overall diet quality); M, measured; SES, socioeconomic status; SM, supermarket; SR, self-report; SSB, sugar-sweetened beverage; V, vegetable.



OPEN ACCESS



(Over)eating out at major UK restaurant chains: observational study of energy content of main meals

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ABSTRACT

OBJECTIVES

To examine the energy content of main meals served in major UK restaurant chains and compare the energy content of meals in fast food and “full service” restaurant chains.

DESIGN

Observational study.

SETTING

Menu and nutritional information provided by major UK restaurant chains.

MAIN OUTCOME MEASURES

Mean energy content of meals, proportion of meals meeting public health recommendations for energy consumption (≤ 600 kcal), and proportion of meals with excessive energy content (≥ 1000 kcal).

RESULTS

Main meals from 27 restaurant chains (21 full service; 6 fast food) were sampled. The mean energy content of all eligible restaurant meals (13 396 in total) was 977 (95% confidence interval 973 to 983) kcal. The percentage of all meals that met public health recommendations for energy content was low (9%; $n=1226$) and smaller than the percentage of meals with an excessive energy content (47%; 6251).

Compared with fast food restaurants, full service restaurants offered significantly more excessively calorific main meals, fewer main meals meeting public health recommendations, and on average 268 (103 to 433) kcal more in main meals.

CONCLUSIONS

The energy content of a large number of main meals in major UK restaurant chains is excessive, and only a minority meet public health recommendations. Although the poor nutritional quality of fast food meals has been well documented, the energy content of full service restaurant meals in the UK tends to be higher and is a cause for concern.

REGISTRATION

Study protocol and analysis strategy pre-registered on Open Science Framework (<https://osf.io/w5h8q/>).

Introduction

The prevalence of overweight and obesity has increased markedly across most of the developed world.¹ Increases in energy intake caused by major changes to the food environment have been identified as a key factor explaining weight gain at the population level.²⁻⁴ In the UK, meals are regularly consumed out of the home; data collected from 2008-12 showed that a quarter of UK adults ate out once a week or more often.⁵ However, a more recent report from the UK Food Standards Agency in 2016 indicates that eating out of the home may be becoming more common, with 39% of UK adults reporting eating out at least once a week.⁶ Several studies suggest that people who eat out of the home more often are at increased risk of weight gain and obesity.⁷ Fast food restaurants in particular have been highlighted as providing meals that are low in nutritional quality.^{8,9} Some evidence also suggests that a higher geographical density of fast food restaurants is associated with an increased risk of obesity.^{10,11} Because of this, public health calls have been made to limit where fast food restaurant outlets can operate in the UK.^{12,13} However, more traditional “full service” restaurants also contribute substantially to the out of home dining market in the UK.¹⁴

Recent public health recommendations made by Public Health England suggest that adults should aim to consume 600 kcal or less for their main lunch and dinner meals to avoid excess daily energy intake and maintain a healthy body weight.¹⁵ This is in part motivated by Public Health England’s estimate that the average adult in the UK is consuming an excess of 195 kcal a day.¹⁵ Because the amount of energy a person consumes during a meal is strongly influenced by the energy density and portion size of the food served,¹⁶⁻¹⁹ meals provided to consumers that are high in energy promote excess energy intake and are problematic for public health. However, public health action on improving the nutritional quality of food prepared outside of the home has to date focused largely on encouraging the food industry to make reductions to the energy content of supermarket food,²⁰ rather than focusing on the restaurant sector. To date, the number of kilocalories in main meals served by major UK restaurant chains has not been examined, so whether consumers can adhere to public health recommendations for meal energy consumption when eating in these establishments is unclear. Moreover, legislation has been passed that will result in kilocalorie labelling of all food products

WHAT IS ALREADY KNOWN ON THIS TOPIC

Eating out of the home is common in the UK
The poor nutritional quality of “fast food” has been well documented
The energy content of traditional “full service” restaurants has received less attention

WHAT THIS STUDY ADDS

The average energy content of main meals served in both fast food and full service restaurants in the UK is higher than public health recommendations
The proportion of main meals in UK restaurant chains that meet public health recommendations for energy content is smaller than the proportion that have an excessive energy content
Compared with fast food restaurants, full service restaurant meals in the UK contain significantly more kilocalories on average

The School Fringe

WHAT PUPILS BUY AND EAT FROM SHOPS
SURROUNDING SECONDARY SCHOOLS

Key Findings

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Diversion from Canteen: Pupils are diverted from school canteens by several forms of alienation. Eating at school involves long queues, in sometimes raucous disorder. Both canteens provided seats for less than a quarter of pupils. So entry during the hour-long lunch break is divided into staggered short sessions for different year groups. Attractive foods sell out early. Prices are perceived to be high. Boys especially prefer sport or other activities during lunch, eating during morning break instead, often with food bought in fringe shops. For older students, leaving school at lunchtime is a sign of maturity. School dinners and packed lunches are uncool. In sum, there are pull factors that draw pupils to fringe shops, but also push factors within schools that drive them out.

Takeaways: Fast food shops near schools raise concern. Their products are assumed to be fatty. Seven of our 16 shops fit this category. **Ironically, the archetypal unhealthy fast food shop, McDonalds, was near Urban, but seldom used by pupils; it was too expensive.** Local independent shops offered child-size portions at child-size prices. They organised fast service in busy periods, even took on extra staff. Their food was fattier, on average 45% of calories from fat, versus 32% from other fringe shops. But, the six takeaways around Urban, offering meat meals, also provided 70% of users' daily protein needs. **Despite the surfeit of fast food outlets, our observations showed the most popular shop near Urban was the supermarket, with more visits than all takeaways put together.** Hence, over-consumption of sugar was even greater than of fat.

Nutritional Quality of Food from Takeaways and Other Shops

Percentage of energy intake	All purchases		Suburban		Urban	
	Take away	Other	Take away	Other	Take away	Other
Fat %	45	32	45	34	44	25
Total carbohydrate %	44	60	49	58	39	68
Sugar %	4	39	3	35	4	53
Percentage of daily DRV						
Energy %	38	17	43	18	33	13
Protein %	53	15	31	19	70	8
Salt %	16	12	10	15	20	6

Virtually all takeaway food was sold in smaller, cheaper, children's portions. Near our schools, independent shops and even supermarkets offered branded confectionery in tiny sizes with a price point of 10p per pack. Pupils bought handfuls at a time.

Restricting Fast Food Shops: Announcing the government's Obesity Strategy in January, the Secretary of State for Health proposed using planning controls to limit new fast food shops near schools. The idea provoked instant dissent from local authorities. The value of the initiative, in any case, substantially depends on the existing mix of fringe shops. For example, around Suburban, there was one takeaway. Urban already had six. The real significance of the proposal is that, for the first time, the fringe attained a place on the policy agenda. The nutritional problems created by fringe feeding were well documented in a official survey conducted in 1983. But successive governments have heretofore declined to engage with the issue.

CONCLUSIONS

Limitations of This Research: This is a small piece of research, more than a pilot study, less than a representative survey. It covered only two schools, both in southeast England, neither in a conurbation. It is no basis for generalising about fringe feeding in the whole UK. However, it provides the only credible information available on what pupils actually eat from the shops around schools. It is a start, on a subject now belatedly recognised as significant for children's health, on which action needs to be taken.

Nutritional Quality of All Food Sources: This research provides the first nutritional analysis of fringe purchases. As a result, in the UK, there are recent nutritional profiles of all three sources of pupils' food during the school day. Nelson and colleagues conducted a large study of secondary school lunches in 2004. In the same year, Jefferson and Cowbrough researched the packed lunches of secondary school pupils. Inconveniently, all three studies present their results in slightly different ways. But all agree on the most important point --- the nutritional quality of secondary schoolchildren's diet is not what is required. We have partly adjusted the data to be on as comparable a basis as possible. The results are set out in the following table.

Take-aways

258. I am less convinced by the way these policies apply to new or additional uses in the A5 Use Class (hot-food take-aways). The effects of policies DM5-DM9 would be to allow these in just twenty areas; Croydon Metropolitan, District and Local Centres but not in shopping parades in Neighbourhood Centres or elsewhere or in any edge of centre or out of centre location. The reasons given in paragraph 5.37 are to retain a greater choice of local retail services (but other sections of the policy allow loss of local retail services up to a limit; if the loss is allowable anyway, there is little reason for the new use not to be in the A5 use class), to limit waste and delivery issues (but policy could require that these be dealt with; a complete ban is not necessary to achieve the desired result); and to support healthier food options (but not all A5 uses produce unhealthy food; the Council's own campaign to persuade take-away proprietors to adopt healthy food options would be as stymied by this policy as would purveyors of less healthy food).

259. That last observation is not intended to belittle the Council's concerns with tackling the phenomenon of obesity as a health concern. The authorities quoted in the Council's observations on the suggested modifications to the plan demonstrate the seriousness of the matter and the government's recognition of the issue as a public health issue. But the quoted research demonstrating associations between obesity and ease of access to takeaway food and between obesity, deprivation and access to hot food takeaways has led the Council to adopt a policy which fails to distinguish between healthy and unhealthy takeaway food, which confounds its own efforts to improve the healthiness of the food provided by takeaway outlets and which fails to address the undoubted demand for the provision of convenience food.

260. Because the Council's reasons for this policy do not withstand scrutiny, they must be regarded as unsound and so a modification is required. In the light of the Council's representations on the suggested modifications, I now adjust the modification previously consulted upon in order to reflect what appears to be the Council's three main concerns; (a) to retain a sufficiency of A1 uses (b) to prevent an excessive concentration of take-aways and (c) to ensure that the food provided in a takeaway is healthy. (**MMs D17, D18, D21**).

Public houses

261. The Council's concern with promoting healthy eating habits through limiting the growth of hot food take-aways is not paralleled by promoting a reduction in places to drink alcohol. Instead, policy DM22 would seek their retention even if there is no defined need.

262. Such an indiscriminate policy is not supported by the Council's own evidence (document LBC-05-601). This distinguishes a variety of types of pub and emphasises the value of those which serve a social role as a meeting place, hosting a wide variety of community-oriented events, which it calls community pubs. It also realistically recognises that a few pubs become foci for crime and anti-social behaviour, a distinction not made in the Council's policy.

England. The 'Fast Food Outlets and Obesity Briefing Paper' published by Nottinghamshire County Council shows that four secondary schools are located within areas which have a higher density of fast food outlets than the national average. In 2013/14, 34.6% of year 6 children were overweight or obese compared with 31% for Nottinghamshire and 33.5% for England¹⁴. Whilst the causes are multi-faceted, managing the food environment is one element of a package of measures promoted in the Nottinghamshire Health and Well Being Strategy and the Healthy Mansfield document.

201. However, there is potential for ambiguity in Policy RT11 as submitted on the precise location that the 400 metre radius would be measured from. **MM66** is necessary to clarify that the measurement will be taken from the main access point to the secondary school or college and to change the structure of the policy for clarity and effectiveness. In addition, the areas to which the policy applies are not shown on the submission policies map and to ensure that Policy RT11 has an accurate geographical interpretation, the required changes have been prepared and consulted on by the Council.
202. Existing Class A5 outlets within the exclusion zones would not be affected by the new policy and subject to meeting the criteria in Policy RT11, other Class A5 uses could be permitted elsewhere in Mansfield and Warsop parish. On the basis of the evidence before me there is no justification to extend the proposed exclusion zones around primary schools.

Transport

203. The Plan's spatial strategy focuses development in locations with good access to services and facilities by sustainable modes of transport. The MARR has improved the District's connectivity to the M1 and A1 and enhanced opportunities for growth and development in the Mansfield Urban Area. Effective liaison with Highways England and Nottinghamshire County Council as the Highway Authority has occurred through the DtC.
204. The Mansfield Transport Study (2018) tested the cumulative impact of the Plan's proposals and those in adjoining authority areas on the capacity and operation of the road network up to 2033. The M1 is outside the District but additional traffic anticipated from the Plan will not materially affect the operation and capacity of Junctions 27, 28 and 29. Transport Assessments will be required for developments which generate significant levels of movement together with consultation with Highways England where there are potential impacts on the strategic highway network. The study identifies a number of junctions within the District that are forecast to be at or over capacity and for which developer contributions may be sought towards improvements. These are identified in the IDP and Appendix 9 of the Plan. Further investigation of capacity and the need for mitigation measures will be required through Policy IN9 which requires the submission of transport assessments.

¹⁴ Document SE4 - Nottinghamshire Joint Strategic Needs Assessment 2016