

## Hot Food Takeaway SPD – Appendix 1 Modifications April 2022

### Wider Determinants of Health

#### Whole systems approach to support healthy environments and reduce obesity

Kirklees Council recognises that the decisions and behaviours of individuals, including the use of hot food takeaways are influenced by a complex relationship with a broad range of factors. This can be defined as the 'wider determinants of health'. Obesity is ~~more~~ complex. It is influenced by ~~than~~ what we eat, how we access our food, availability and affordability of healthy food and our skills and understanding of cooking healthy food. It is also ~~it's~~ about how physically active we are, how easy it is to walk and cycle around our communities, our income, ~~our skills and understanding of cooking healthy food, and~~ our social norms, ~~and our access to healthy food.~~ This complex relationship can create what is known as an obesogenic environment-(1). This is where the environments in which individuals, families and communities live make it challenging for people for make healthy choices, which increases the risk of becoming overweight or obese. The Foresight Report(2) also states that "Changes to our environment (including both the activity- and food-related environment) are a necessary part of any response to support behaviour change and appropriate behaviour patterns." This is demonstrated visually below:

While the planning system alone cannot solve the obesity crisis, when utilised effectively it can be a powerful tool for positively influencing healthy behaviours and providing healthy options through the built and natural environment(3).

Having a positive policy framework for a healthier food environment benefits Local Planning Authorities, public health, businesses and most importantly consumers and communities. It allows for all interests to be considered and balanced during development planning. The planning system should consider the impact of developments on people's eating behaviours and their health implications. Building on the evidence of existing literature, the Town and County Planning Association and The Office for Health Improvement and Disparities (OHID) (formerly Public Health England), developed a framework for influencing and planning for healthy weight environments(4). One element focus's on 'Healthy Food measures aimed at improving the food environment for access to, consumption and production of healthier food choices:

## Planning Healthy-Weight Environments – Six Elements

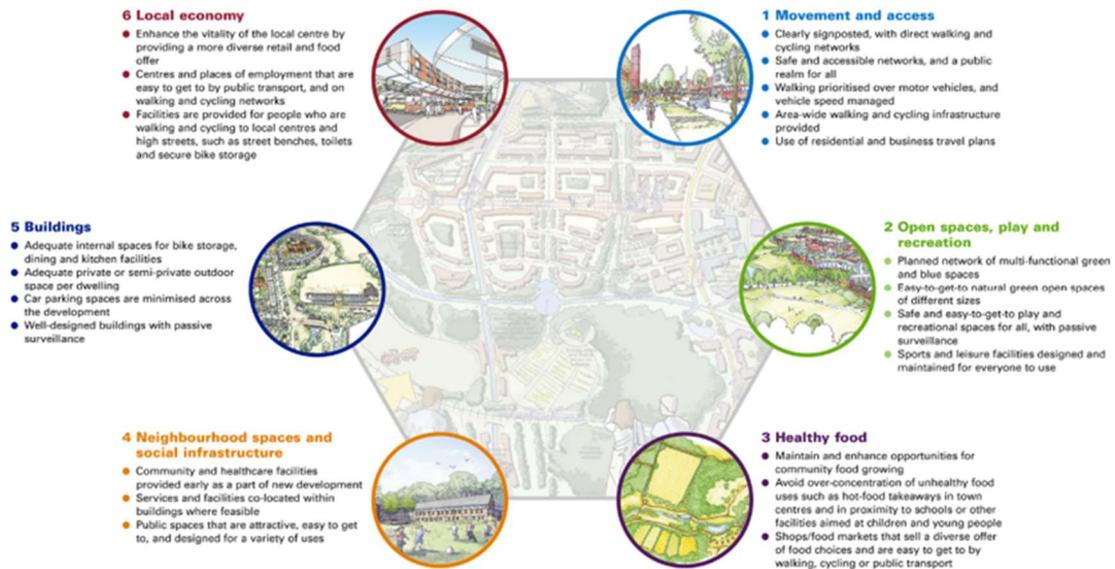


Figure 2. Planning Healthy Weight Environments Framework and the six themes (Ross & Chang, 2014).

It is therefore within this context in which the Hot Food Takeaway SPD plays a vital role in terms of enabling healthy environments across Kirklees.

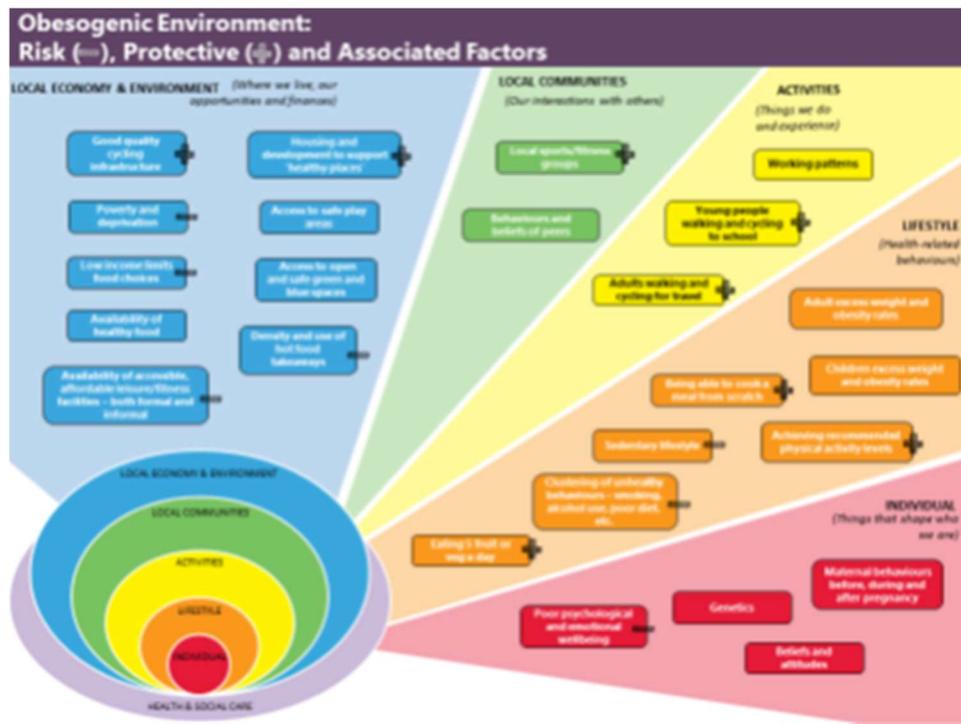
Obesity is determined by a wide range of factors sitting within the wider determinants of health, including the environment and therefore actions to reduce obesity prevalence requires a whole systems approach(5).

*Exploding Rainbows Diagram inserted here*

### The obesogenic environment

Evidence shows that the environment can help people access and choose healthier food options on our high streets, around schools and in our town centres(6). The quality of the local environment in which people live and work are contributing factors to excess calorie consumption and inactive lifestyles which make it challenging for people to make healthy choices and increase the risk of becoming overweight or obese(7).

This complex relationship can create what is known as an obesogenic environment and is demonstrated visually below:



## The impact of obesity

The rise in obesity is one of the biggest threats to health in the UK. In England, among adults 16 and over, 68% of men and 60% of women were overweight or obese in 2019, among children, 18% of boys and 13% of girls were obese and children with an obese parent were more likely to be obese(819) .

Food and nutrition, and our levels of physical activity, are second only to smoking tobacco in the impact on our health. A combination of eating too much energy as calories and a lack of physical activity leads to obesity, diabetes, heart disease, stroke and some cancers. Eating habits established in childhood and adolescence tends to continue and affect adult health. Individuals with irregular meal patterns are more likely to become overweight and obese(920) .

Obesity is associated with an increased risk of earlier death and a range of diseases that have a significant health impact on individuals, such as diabetes, heart disease, cancer and muscular skeletal problems. Additionally, the risk of maternal death from childbirth and infant death are increased(1024) .

It is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age(1122) .

Obesity is caused by the imbalance between calories (or energy) taken into the body and calories used by the body and burnt off in physical activity, over a prolonged period. Excess energy results in the accumulation of excess body fat. Therefore it is an individual's biology, for example, genetics and metabolism, and their eating and physical activity behaviour that are primarily responsible for maintaining a healthy body weight(1223) .

The typical adult diet exceeds recommended dietary levels of sugar and fat(1324) . One of the dietary trends in recent years has been an increase in the proportion of food eaten outside the

home, which is more likely to be high in calories. Over half of British adults have experienced an increase in the number of fast food shops on their nearest high street since they started living there(1425) . The Greater London Authority takeaways toolkit states that 'the increase in fast food outlets will be a contributory factor in the growth of the obesogenic environment'(1526) .

Children who are obese or overweight are increasingly developing type 2 diabetes and liver problems during childhood. They are more likely to experience bullying, low-esteem and a lower quality of life. They are highly likely to go on to become overweight adults at risk of cancer, heart and liver disease. They are also disproportionately from low-income households and black and minority ethnic families(1627) .

The regular consumption of takeaway food is linked to obesity in children and young adults. A study carried out involving 9 -10 years children in three English cities, found that regular consumption of takeaway food, higher body fat weight, raised blood cholesterol and poor diets was greater when compared to children who rarely or never consumed takeaways(17). Additional calorie consumption was noted among children who ate takeaway food in the home compared to children who rarely eat these meals(18).

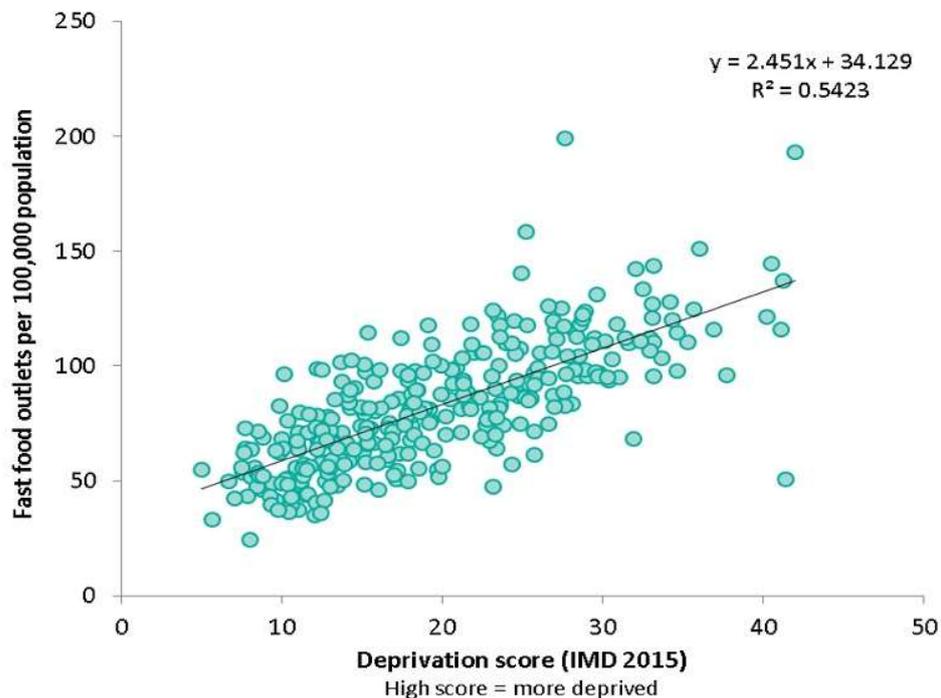
### **Prevalence of fast-food outlets in deprived areas**

Research shows that fast-food outlets are more prevalent in areas of deprivation and this research supports the supposition that fast-food outlets are associated with weight gain in children(1928) .

Research also shows that takeaway food can be a low-cost option for purchasers(20). Takeaway food outlets are 2-3 times as many in the most deprived parts of England compared to the least deprived areas (21). Furthermore, the frequency of takeaway food consumption among children from lower socio-economic groups (22), led to greater total calorie consumption than children in higher socio-economic groups (23).

The chart below illustrates the association between density of fast-food outlets and area level deprivation. The local authorities with a higher deprivation score (more deprived) have a greater density of fast food outlets(24):

## Relationship between density of fast food outlets and deprivation by local authority



Source: PHE

Adults living in the most deprived areas were the most likely to be obese. This difference was particularly pronounced for women, where 39% of women in the most deprived areas were obese, compared with 22% in the least deprived areas(2529) .

There are also inequalities in obesity rates between different socioeconomic groups, among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived. There is also a marked gradient in obesity levels among adults(2630)(2731) .

Tackling and preventing obesity is a high priority for the Government. OHID continues to prioritise reducing obesity, particularly among children and will work across the Department of Health and Social Care, the rest of government, the healthcare system, local government and industry to focus towards preventing ill health, in particular in the places and communities where there are the most significant disparities (28).

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(32).

In Kirklees, levels of childhood obesity are rising in line with national trends nationally. Obesity in children starting school is around twice as prevalent in those living in the most deprived areas compared to the least deprived areas, and with only a small number of overweight and obese children returning to a healthy weight in Year 6. A substantial number of children move out of the healthy weight category as they move through Primary school. This trend then continues into adulthood with 41% of 18-34 year olds in Kirklees been above a healthy weight(2933) .

In Kirklees, parents believe weight gain is a result of an external uncontrollable factor i.e. genetics or medication. Children give other reasons such as availability of cheap junk food, laziness and their parents working long hours, resulting in them eating whatever they can find when they return from school and turning to easy fast food for evening meals(3034) .

### Wider economic related impacts

The rising prevalence of obesity is a concern beyond the related poor health outcomes and mortality. Studies have projected an upward trend in obesity cases which will add further economic burden to healthcare services and wider society. The combined medical costs associated with treatment of obesity and associated diseases is estimated to increase by £1.9 -2 billion a year in the UK by 2030 compared to £6.1 billion in 2014 to 2015 (31) (32). Obesity also affects economic development, with the overall cost of obesity to the wider society estimated to be £27 billion (33).

### **Covid-19 and obesity**

Throughout 2020, we have seen that being overweight or living with obesity puts you at risk of dying from COVID-19. ~~As PHE's recent assessment has made clear, n~~New evidence in the UK and internationally, indicates that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, advanced levels of treatment such as mechanical ventilation or admission to Intensive Care Units and death from COVID-19. These risks increase progressively as an individual's body mass index (BMI) increases. ~~It suggests that the risk posed by being overweight or living with obesity to people with COVID-19 is relatively high.~~ Throughout 2020, we have seen that being overweight or living with obesity puts you at risk of dying from COVID-19. New evidence in the UK and internationally, indicates that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, advanced levels of treatment such as mechanical ventilation or admission to Intensive Care Units and death from COVID-19. These risks increase progressively as an individual's body mass index (BMI) increases. The risk posed by being overweight or living with obesity to people with COVID-19 is relatively high (34).

Excess weight is one of the few modifiable factors for COVID-19 and so supporting people to achieve a healthier weight will be crucial to keeping people fit and well as we move forward. ~~We must take action to to help everyone, especially children to prevent obesity developing~~(35) .

### Takeaway meals in England

Access to takeaway food outlets has been associated with increased takeaway food consumption and higher body weight (36).

The Ordnance Survey data shows that since 2017, the number of takeaway food outlets in England has risen in the last three years from 56,638 outlets to an additional 4,000 (8%) during this period (37). The takeaway industry has reported an increase in nominal expenditure on takeaway food from £7.9 billion in 2009 to £9.9 billion in 2016 and is set to grow further in the next five to 6 years (38). Annual growth of 2.6% per annum is forecasted over the next five years 6 (39).

Takeaway food outlets are particularly associated with obesity, whereas restaurants and supermarkets are not. The food choices available in restaurant and meals eaten out of the home may be 'unhealthy', however, there is more varied food options available which include more healthy options and the portion sizes tend to be smaller than takeaway food portions. In one UK study (of adults) only frequent use of takeaways (not cafes and not restaurants) was associated with

obesity (40) (41). Access to supermarkets has been shown to be protective of obesity in adults (42) (43).

**Footnotes:**

1. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf).
  2. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf)
  3. Hamidi S, Ewing R. Compact Development and BMI for Young Adults. 2020, J Am Plann Assoc., pp. 86(3): 349-363.
  4. [https://pdfs.semanticscholar.org/6997/d79b4e4d62bb9fea8d0a14f64051c3389c51.pdf?\\_ga=2.81305490.447073067.1647425935-1568852899.1647425935](https://pdfs.semanticscholar.org/6997/d79b4e4d62bb9fea8d0a14f64051c3389c51.pdf?_ga=2.81305490.447073067.1647425935-1568852899.1647425935)
  5. [Using planning powers to promote healthy weight environments in England \[version 1; peer review: 2 approved\]. Emerald Open Res 2020, 2:68](https://doi.org/10.35241/emeraldopenres.13979.1)  
<https://doi.org/10.35241/emeraldopenres.13979.1>
  6. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/863821/PHE\\_Planning\\_healthy\\_weight\\_environments\\_guidance\\_1\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance_1_.pdf)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/863821/PHE\\_Planning\\_healthy\\_weight\\_environments\\_guidance\\_1\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance_1_.pdf).
  8. Health Survey for England 2019  
<https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019>
  9. Kirklees Joint Strategic Needs Assessment, 2013
  10. Kirklees Joint Strategic Needs Assessment, 2013
  11. Health matters: obesity and the food environment; Public Health England; 31 March 2017
  12. Kirklees Joint Strategic Needs Assessment, 2013
  13. Health matters: obesity and the food environment; Public Health England; 31 March 2017
  14. Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, et al. Tackling Obesities: Future Choices – Project report. Government Office for Science, 2007
  15. Takeaways Toolkit: Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways. Greater London Authority, November 2012
  16. Childhood Obesity, A Plan for Action, Department of Health and Social Care, 2018
  17. Pearce M, Bray I, Horswell M. Weight gain in mid-childhood and its relationship with the fast-food environment. *Journal of Public Health* Volume 40, Issue 2, June 2018, Pages 237–244
  18. Donin, A. S. et al. 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. *Arch. Dis. Child.* [archdischild-2017-312981](https://doi.org/10.1136/archdischild-2017-312981) (2017). doi:10.1136/archdischild-2017-312981
  19. Pearce M, Bray I, Horswell M. Weight gain in mid-childhood and its relationship with the fast food environment. *Journal of Public Health* Volume 40, Issue 2, June 2018, Pages 237–244
  20. Smith, K. J. et al. Takeaway food consumption and cardio-metabolic risk factors in young adults. *Eur. J. Clin. Nutr.* 66, 577–584 (2012).
  21. Drewnowski, A. & Spector, S. E. Poverty and obesity: the role of energy density and energy costs. *Am. J. Clin. Nutr.* 79, 6–16 (2004).
  22. Public Health England. Obesity and the environment Density of fast food outlets. (2016).
  23. Donin, A. S. et al. 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. *Arch. Dis. Child.* [archdischild-2017-312981](https://doi.org/10.1136/archdischild-2017-312981) (2017). doi:10.1136/archdischild-2017-312981
  24. Goffe, L., Rushton, S., White, M., Adamson, A. & Adams, J. Relationship between mean daily energy intake and frequency of consumption of out-of-home meals in the UK National Diet and Nutrition Survey. *Int. J. Behav. Nutr. Phys. Act.* 14, (2017).
- [Obesity and the environment – the impact of fast food - UK Health Security Agency \(blog.gov.uk\)](#)

25. Health Survey for England 2019 Overweight and obesity in adults and children  
<https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf>
26. Obesity and the environment: regulating the growth of fast food outlets. Public Health England, March 2014
27. Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, et al. Tackling Obesities: Future Choices – Project report. Government Office for Science, 2007
28. [Obesity Profile - OHID \(phe.org.uk\)](#)  
~~Health matters: obesity and the food environment, Public Health England March 2017~~
29. Health and Inequalities Across the Life Course. Director of Public Health Kirklees Annual Report 2020-21 <https://www.kirklees.gov.uk/beta/delivering-services/pdf/public-health-report.pdf>
30. Kirklees Joint Strategic Needs Assessment, 2013
31. [Health and economic burden of the projected obesity trends in the USA and the UK - The Lancet](#)
32. [Health matters: obesity and the food environment; Public Health England; 31 March 2017](#)
33. [Health matters: obesity and the food environment, Public Health England March 2017](#)
34. [Tackling obesity: empowering adults and children to live healthier lives. Department of Health & Social Care, July 2020](#)
35. [Tackling obesity: empowering adults and children to live healthier lives. Department of Health & Social Care, July 2020](#)
36. [Tackling obesity: empowering adults and children to live healthier lives. Department of Health & Social Care, July 2020](#)
37. [Keeble, M., Adams, J., White, M. et al. Correlates of English local government use of the planning system to regulate hot food takeaway outlets: a cross-sectional analysis. \*Int J Behav Nutr Phys Act\* 16, 127 \(2019\). <https://doi.org/10.1186/s12966-019-0884-4>](#)
38. [Maguire, E. R., Burgoine, T. & Monsivais, P. Area deprivation and the food environment over time: A repeated cross-sectional study on takeaway outlet density and supermarket presence in Norfolk, UK, 1990-2008. \*Health Place\* 33, 142–7 \(2015\).](#)
39. Centre for Economics and Business Research. [The Takeaway Economy Report. \(2017\).](#)
40. [Jaworowska, A. et al. Nutritional composition of takeaway food in the UK. \*Nutr. Food Sci.\* 44, 414–430 \(2014\).](#)
41. [Penney, T. L. et al. Utilization of Away-From-Home Food Establishments, Dietary Approaches to Stop Hypertension Dietary Pattern, and Obesity. \*Am. J. Prev. Med.\* 53, e155–e163 \(2017\).](#)
42. [Mackenbach, J. D. et al. Accessibility and Affordability of Supermarkets: Associations with the DASH Diet. \*Am. J. Prev. Med.\* 53, 55– 62 \(2017\).](#)
43. [Burgoine, T. et al. Interplay of Socioeconomic Status and Supermarket Distance Is Associated with Excess Obesity Risk: A UK Cross Sectional Study. \*Int. J. Environ. Res. Public Health\* 14, 1290 \(2017\).](#)