



Hot Food Takeaways (2016)

Plan:MK

1. Introduction

This document has been prepared by Milton Keynes Council's Public Health Team to provide supporting evidence for the emerging development plan in Milton Keynes (MK). Public Health has examined the evidence in relation to diet, fast food consumption and the impact on the health and wellbeing of children and young people.

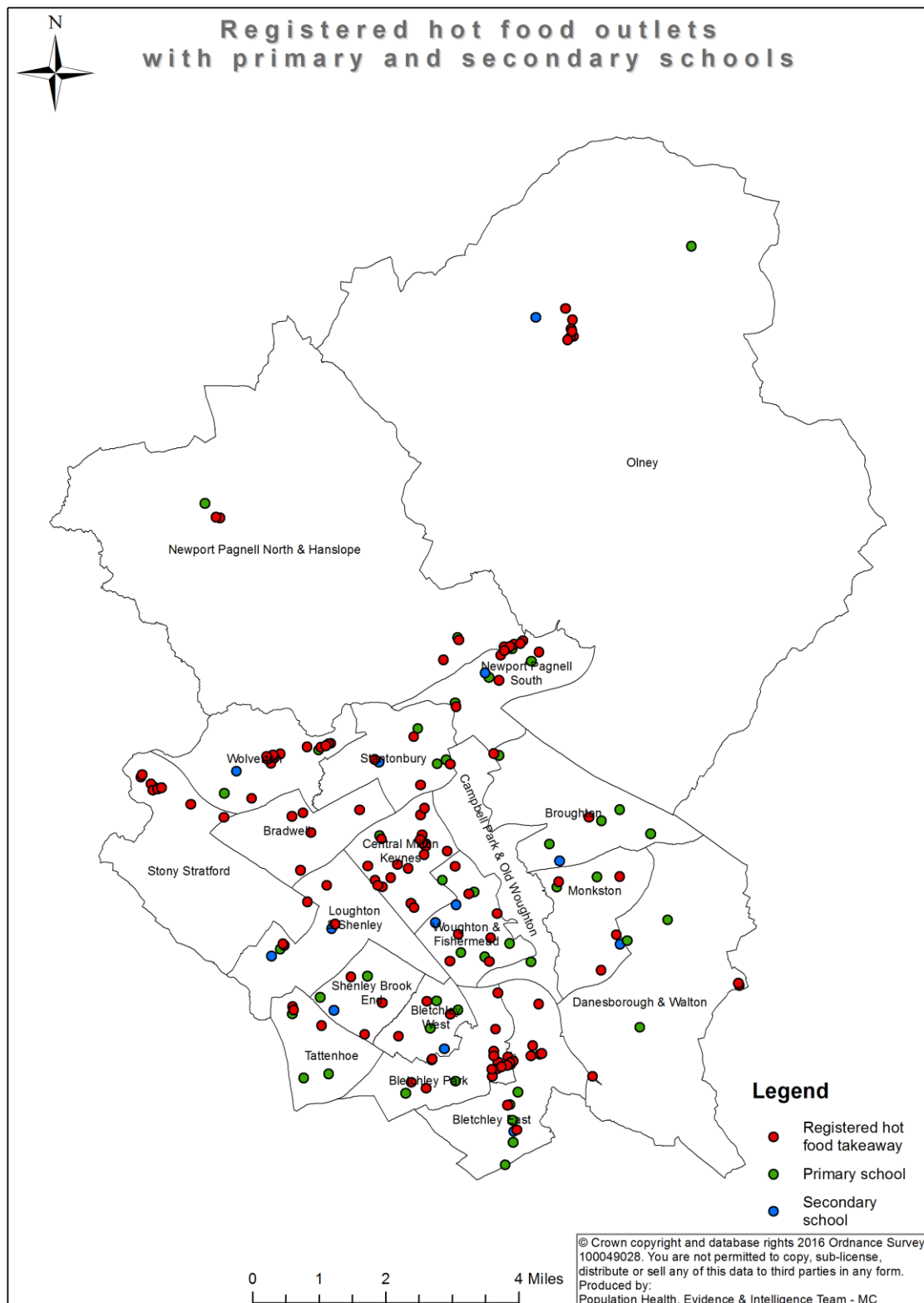
The emerging plan (Plan:MK) introduces a Policy (*EH8*) to restrict the opening of hot food takeaways within 400 meters of a primary or secondary school. The reasoning behind this is the concern over the health of school children due to the easy access to unhealthy food options at lunchtimes and after school. It also forms part of the Council's strategic approach to ensuring the Milton Keynes environment could contribute more to healthy living, as outlined in the [Health and Wellbeing strategy 2015-2018](#).

The environment which children grow up in is a crucial determinant of whether a child gets the best start in life. There have been growing concerns over the diet of Milton Keynes children and young people, with recognition that many school children are regular consumers of fast foods. The city of Milton Keynes has an estimated 226 hot food takeaway outlets; including restaurants that provide takeaway food. The majority of these are near primary and secondary schools, with good access for children during school hours and after school (see Map 1.). In MK we have 226 hot food takeaways. We also have 36 establishments that enable a takeout option i.e., cafes etc. However, cafes will be excluded from this report.

Takeaways tend to be a source of cheap, energy dense and nutrient poor food. In particular, they tend to be high in sugar, unhealthy fat and salt which are risk factors for obesity, cardiovascular disease and cancer. In Milton Keynes the top 3 big killers are Lung Cancer, Chronic Ischemic Heart Disease and Acute Myocardial Infarction; both examples of cardiovascular disease ([Annual Public Health Report, 2015](#); [Health Inequalities in Milton Keynes](#)).

Along with other interventions aiming to reduce obesity prevalence in MK the proximity of hot food takeaway outlets to secondary schools is of particular concern across Milton Keynes. Research elsewhere in the UK looked at the dietary habits of school children and access to hot food takeaways (Caraher, 2014) concluded that the location of fast food outlets and takeaways has a significant impact on the number of pupils using takeaways. Whilst stating that access to takeaways is clearly associated with increased buying of fast food when located near schools (Caraher, 2014).

Map.1. Proximity of registered Hot Food Outlets to Primary & Secondary Schools in Milton Keynes (2016); including Index of Multiple Deprivation score (2015).



2. Health Context

Obesity is a complex problem with a range of influences and determinants which makes it difficult for people to adapt their behaviour to make changes to their diet and lifestyle.

Overweight and obesity are clinical conditions characterised by an accumulation of excess body fat leading to a number of complications and diseases. Traditionally these conditions and their complications were viewed as diseases of adulthood since very few children suffered from it. However, rates of childhood obesity and overweight has continued to rise and now one third of children aged 10-11 years old are overweight or obese ([Health and Social Care Information Centre, 2015](#)).

Weight is commonly measured and tracked through a person's body mass index (BMI), which is a measure of weight (kg) divided by height (m²) (kg/m²). In children and young people, who are still growing, their BMI is then compared to national average for their age on BMI centile charts. A BMI over the 91st centile is classified as overweight; a BMI over the 98th centile is classified as obese and a BMI over the 99.6th centile is classified as severely obese.

Overweight and obesity is such an important public health issue in children and young people because it leads to a multitude of common conditions which can impair quality of life. Conditions as a result of overweight and obesity include ([PHE, Health Risks of Childhood Obesity](#), accessed 30/08/16):

- Type 2 Diabetes;
- Asthma;
- Sleep apnoea;
- High blood pressure;
- Orthopaedic problems;
- Non-alcoholic fatty liver disease;
- Polycystic ovary syndrome;
- Poor self-esteem, low confidence and poor mental wellbeing;
- Vitamin and mineral deficiencies.

Childhood obesity is associated with significant psychological and physiological health problems. As well as increasing mortality, obesity is a risk factor for a range of chronic diseases including type 2 diabetes, coronary heart disease and some cancers. Most of these are considered diseases of adulthood, but the major risk of obesity and overweight in children is the likelihood that excess weight will continue into adulthood thus leading to the development of such diseases (overweight adolescents have a 70% chance of becoming overweight or obese adults). Of particular concern is the emergence

of type 2 diabetes, previously considered to be a disease of adulthood, now present in school children with excess weight. Childhood obesity has also been linked to poor self-image, low self-confidence and depression, as well as social and psychological consequences; including stigmatisation, discrimination and prejudice.

Aside from the personal cost to the individual, overweight and obesity has a major financial implication on health and social care costs. The cost of treating individuals as well as the subsequent complications and the number of work days lost are all health and society costs of overweight and obesity. The annual cost to Milton Keynes economy as a result of obesity was estimated to be 36.7M by 2015 ([Modelling future trends in obesity and the impact on health. Foresight tackling obesities: Future choices, 2007](#)).

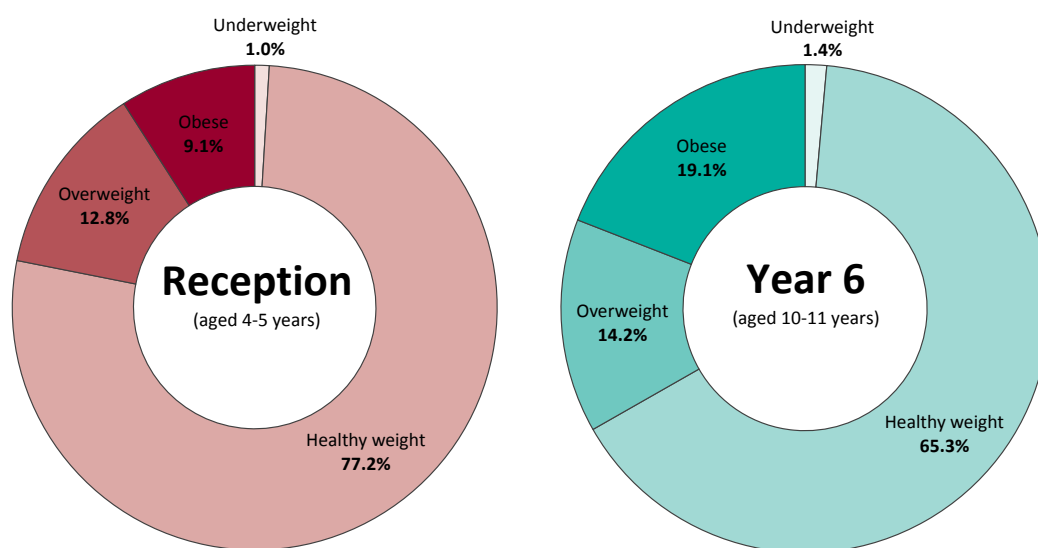
3. Prevalence of Overweight & Obesity

Nationally, the prevalence of obesity is rising among all age ranges. By 2050 it is predicted that 60% of adult men, 50% of adult women whilst 25% of children will be obese. The most up to date children's excess weight (overweight & obese) prevalence data from Public Health England (PHE) is shown below ([Health Survey for England, 2014](#)):

- In 2014 over a third (35%) of children aged 11-15 years old were overweight or obese
- Over a quarter (28%) of children aged 2-10 years old were overweight or obese
- Although the trend for children aged 11-15 years has reduced to levels seen in 2012, the trend for children aged 2-10 years old has continued to rise of the last two years.

Figure 1 identifies nationally that the percentage of children who are obese in Year R doubles when in Year 6.

Fig.1. BMI status of children by age (National Child Measurement Programme 2014/15)

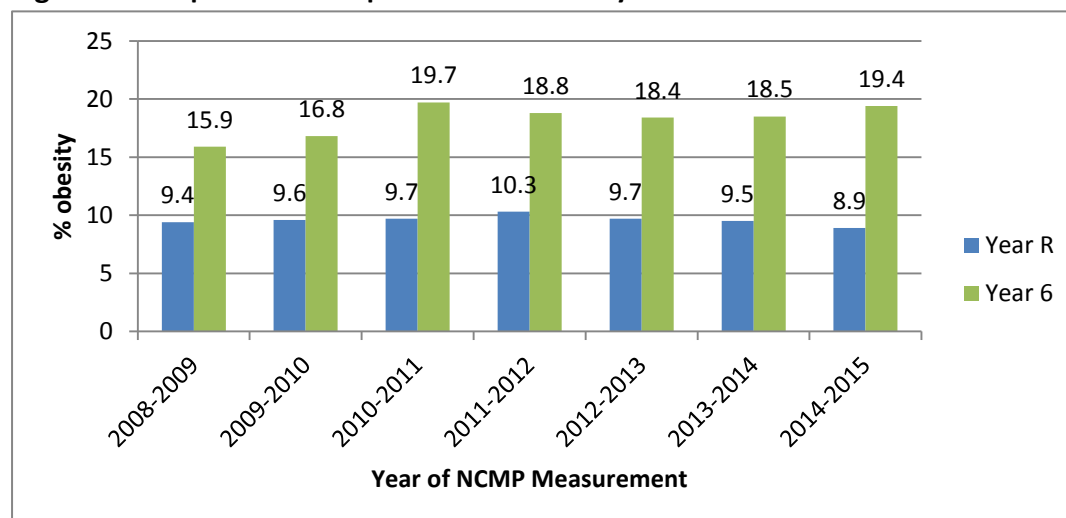


(National Child Measurement Programme data source: Health and Social Care Information Centre <http://www.hscic.gov.uk/ncmp>).

In Milton Keynes, the prevalence of overweight and obesity in children is measured annually via the National Child Measurement Programme (NCMP). The latest data from 2014-15 shows that 33.9% of Year 6 children are overweight or obese compared to the England average of 33.2%. In Reception (ages 4-5), 22% of Milton Keynes children are overweight or obese compared to England average of 21.9%, there has been a reduction since 2009/10 where levels peaked at 23.1% ([Public Health England; National Child Measurement Programme 2014/15](#)).

Figure 2 shows that the prevalence of overweight and obese Year 6 children in MK has been rising steadily over the last 3 years above the national average ([Public Health England; National Child Measurement Programme 2014/15](#)). In Milton Keynes we also see that obesity doubles from Year R to Year 6 therefore, children are starting secondary schools more obese. This adds to the need to limit access to takeaways around secondary schools.

Figure.2. Comparison of the prevalence of obesity in Year R and Year 6 in Milton Keynes.



4. Overweight, Obesity and Health Inequalities

It is evident that the majority of our deprived wards do show the highest levels of childhood obesity, however, data in figure 3 also shows the need for a proportionate universalism approach to consider the city as whole due to areas of low deprivation still having high levels of childhood obesity. Therefore, it is required that the policy applies across MK to support all communities to be healthier and not to focus all resources in deprived areas.

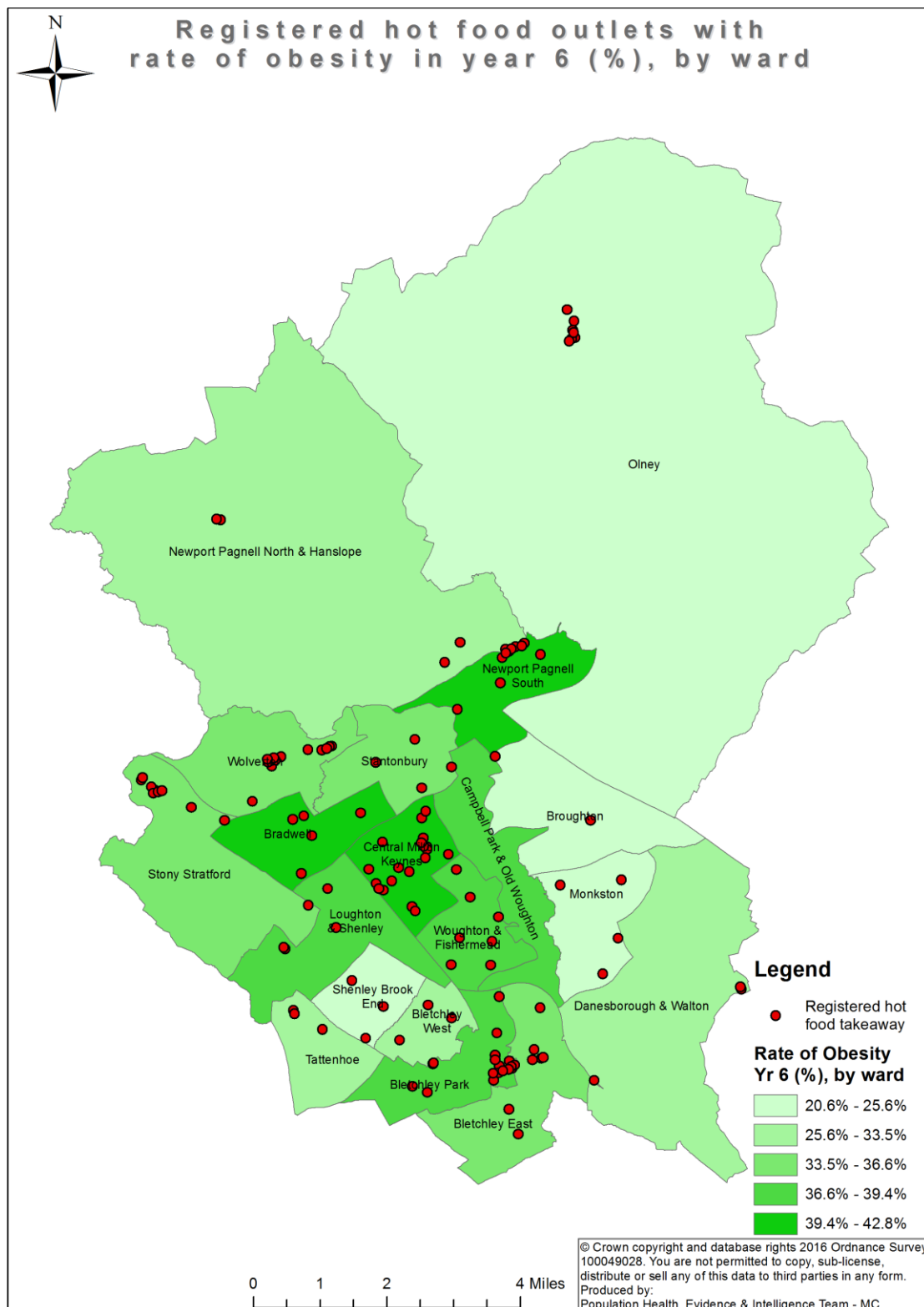
Figure 3: List of Milton Keynes Wards by IMD Rank and the corresponding rate of Obesity in Year 6.

Milton Keynes Wards* <small>*ranked most deprived to least deprived (IMD 2015)</small>	IMD Rank	Rate of Obesity Yr 6 (%)
Central Milton Keynes	3	42.8
Bradwell	6	41.4
Newport Pagnell South	15	41.1
Woughton & Fishermead	1	39.4
Bletchley Park	7	38.9
Campbell Park & Old Woughton	8	37.7
Loughton & Shenley	13	36.7
Wolverton	4	36.6
Stantonbury	5	36.5
Stony Stratford	9	36.2
Bletchley East	2	35.5
Bletchley West	10	33.5
Newport Pagnell North & Hanslope	18	31.7
Tattenhoe	16	28.9
Danesborough & Walton	14	28.4
Shenley Brook End	11	25.6
Broughton	17	25.4
Monkston	12	25.2
Olney	19	20.6

Central Milton Keynes has the highest proportion of overweight and obese children in year 6 at 42.8%, followed by Bradwell at 41.4%. Olney has the lowest proportion at 20.6% and is also the least deprived by IMD ranking.

Map.2 explores the density of hot food takeaways in Milton Keynes wards whilst highlighting the wards by levels of obesity in Year 6 children. We can see that the ward with the highest levels of childhood obesity at Year 6 has a high density of hot food takeaways. This also applies to Bradwell and Newport Pagnell south, both wards have the second and third highest levels of obesity in Year 6 children respectively.

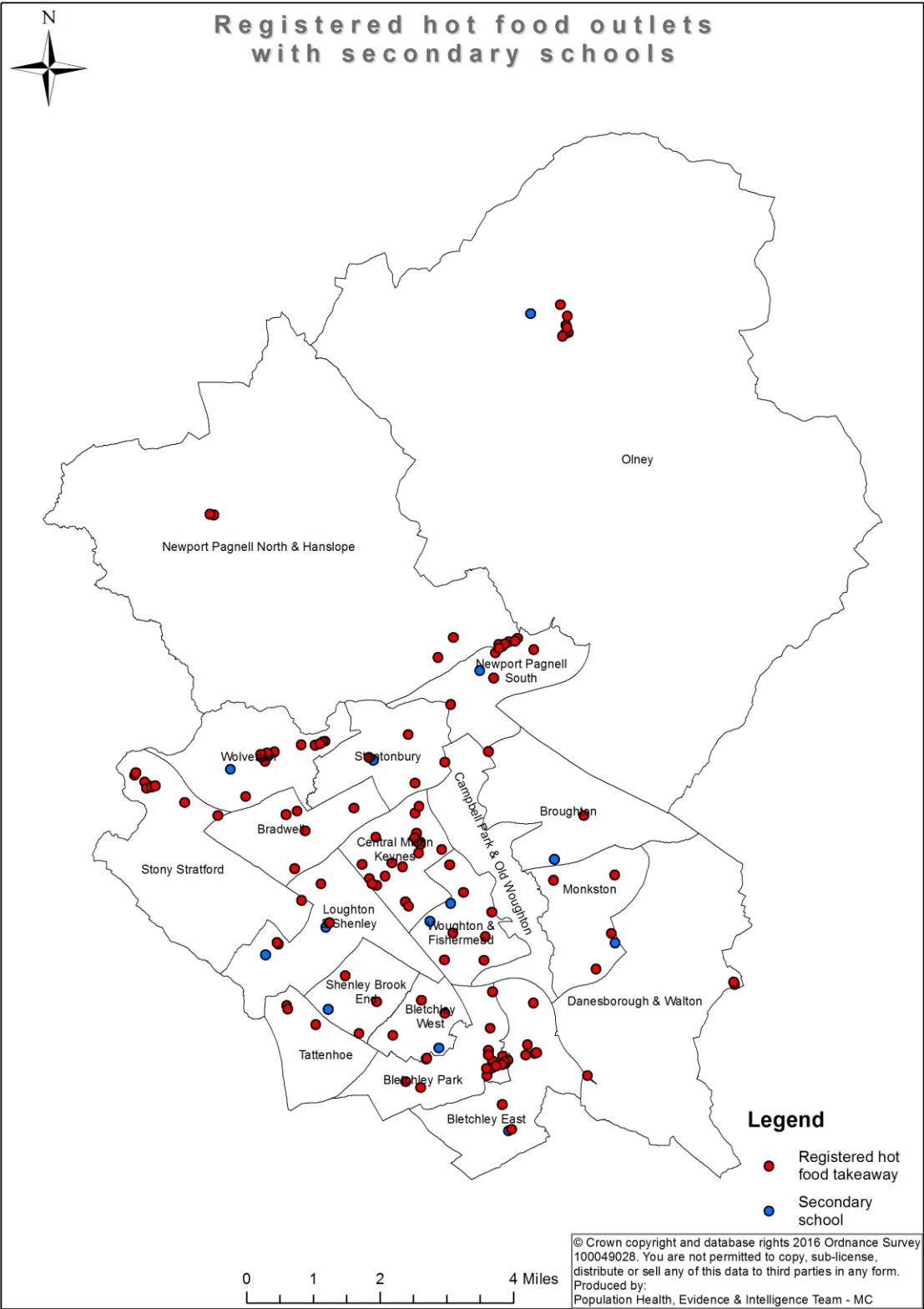
Map.2. Registered hot food outlets location by ward and rate of obesity in year 6 (%).



The significant socio-economic inequalities in obesity levels in Milton Keynes, negatively impact our most disadvantaged communities, with the result that health inequalities could widen further. Therefore reversing the rising tide of obesity cannot be done in isolation and will require policies and interventions at multiple levels and across the social determinants of health to address the wider issue of deprivation and reducing inequalities.

Knowing that twice as many children begin secondary school overweight or obese, compared to when they started school in year R, it is understandable to address the impact of hot food takeaways and their proximity and density to secondary school locations. Map.3 shows that the majority of secondary schools in Milton Keynes has a hot food takeaway within 400m of the school premises, indicates the need to consider whether new applications for hot food takeaways should be allowed to open in the same locations.

Map.3. Proximity of registered Hot Food Takeaways to Secondary Schools in Milton Keynes (2016).



5. Local approach to tackling obesity

Tackling obesity is complex and evidence suggests that any single intervention is unlikely to be effective on its own but many will contribute to a change. The [Foresight report](#) in 2007, noted 74 cost-effective interventions in 18 areas. Such interventions that help change the environment and societal norms help make healthy behaviours easier to adopt. This has been suggested to include; reducing default portion sizes, supporting local food outlets to offer healthy options and encouraging physical activity to name just a few. The 2016 Childhood Obesity: A Plan for Action ([Department of Health, 2016](#)) was released with an ambitious aim to significantly reduce England's rate of childhood obesity within the next ten years. The plan sets out 14 areas that can influence obesity levels across the UK.

Milton Keynes' Health and Wellbeing board set Obesity as one of their priority areas for concern, following the publication of the Healthy Weight Strategy 2014-19. We have therefore established a **Milton Keynes Obesity Steering Group**, which is a multi-layered, multi-agency group using evidence based information and local knowledge to create a culture and environment that supports eating well and being physically active ensuring the healthy choice is the easy choice. The steering group consists of partners from CCG, children's services, voluntary services, local physical activity groups and public health to steer the implementation of the healthy weight strategy and improving the obesogenic environment.

Our local approach to reducing obesity levels is summarised in three priorities of action:

- **Priority 1:** Reduce Obesity prevalence in Milton Keynes through preventative measures.
- **Priority 2:** Ensure there is effective support for individuals to manage their weight.
- **Priority 3:** Encourage healthy lifestyles in the population of Milton Keynes.

Key details within the implementation plan, aimed at delivering the healthy weight strategy, include activities specific to children and young people, adults and families. Current activity planned across the three priority areas includes the following:

- Develop and promote consistent messages about physical activity
- Support the local regulatory services, food industry and retailers to promote healthy eating choices.
- Promote active travel across Milton Keynes.

- Widen access to physical activity opportunities in areas of deprivation and for priority groups.
- Commission effective and appropriate provision of weight management services available to children, young people and adults who are overweight or obese.
- Ensure sufficient capacity and access to services to support children, young people and adults to achieve and maintain a healthy weight.
- Identify barriers and issues to managing and achieving a healthy weight
- Recognise the needs of groups at greater risk of excess weight issues, for example deprived, certain ethnic minority communities *and specific conditions/illnesses*, and commission appropriate and accessible services.
- Work with the Clinical Commissioning Group (CCG) and key health
- Ensure that individuals have access to information to enable them to make informed healthy lifestyle choices.
- Support individuals and families to eat more healthily in line with national guidelines on healthy eating.
- Develop further health education initiatives to encourage healthy cooking and food preparation in the community.
- Increase the number of adults, children and young people who are physically active in Milton Keynes
- Create safer environments for walking and traveling routes.
- Develop and implement training packages, support and resources for health and social care professionals to access correct information and guidance on healthy eating and physical activity.

6. Planning Context

Having fast food outlets in close proximity to schools negates some of the independent initiatives implemented in schools targeted at reducing over weight in children and young people and is a contributing factor in the rise of obesity in the area. It is for this reason that a buffer zone is set at 400m from both secondary and primary schools. This distance is equivalent to a five-minute walk and it is widely used across the country.

The [National Planning Policy Framework](#) (NPPF) makes it clear that local planning authorities (LPAs) have a responsibility to promote healthy communities. It says that local plans should “take account of and support local strategies to improve health, social and cultural wellbeing for all”.

The NPPF also gives clear advice that local planning authorities should “work with public health leads and organisations to understand and take account of the health status and needs of the local population....including expected changes, and any information about relevant barriers to improving health and wellbeing”. Important issues may be identified through health impact assessments that may be conducted as part of the planning process.

In response to this, a number of local authorities have drawn up supplementary planning or other documents to deal specifically with the issue of hot food takeaways. This includes: Waltham Forest (2009), Barking and Dagenham (2010), St Helen’s (2011), Gateshead (2015), Wolverhampton (2017) and the proposed submission version of the London Plan.

7. Conclusion

Being overweight or obese in childhood is a growing concern that can lead to a high chance of staying overweight and obese in adulthood and shortens life expectancy. In Milton Keynes almost a third of children (33.9%) aged 10-11 years old are overweight or obese and almost a quarter (22%) of 4-5 year olds are overweight or obese.

Overweight and obesity is a big contributor to health inequalities. Milton Keynes requires a proportionate universalism approach to tackling obesity, as although the highest levels of obesity are evident in the most deprived wards, there is a need to support all wards where obesity levels are above the national average across a deprivation gradient. Public health considers these issues a priority to be addressed through its commitment to improving the health of the population and reducing health inequalities. With regards to the policy of restricting hot food takeaways, the policy should be considered in the context of the available evidence and the opinions and guidance of experts.

The authority to take restrictive action of hot food takeaways near schools is already supplied by planning and regulatory powers. This has been confirmed by several authorities who have successfully implemented similar policies using planning and regulatory levers.