

**NLP/AD/91**

**Commentary of Kentucky Fried Chicken (Great Britain) Limited on evidence contained in London Plan Topic Paper: Hot Food Takeaways**

KFC commentary on evidence contained in London Plan Topic Paper: Hot Food Takeaways

*London Plan Topic Paper: Hot food takeaways – assessment of evidence review*

The sources referred to in the Topic Paper are intended to provide an evidence base to support the analysis contained in the paper. The following concerns are identified as examples:

- **SAMPLE SIZE:** Sound conclusions cannot be drawn from research based on studies with small sample sizes:
  - Example: the topic paper (at paragraph 8.19) relies upon the outcome of the qualitative aspect of an [Ipsos MORI report](#) to support a conclusion that “[a group of children’s food diaries] showed that the majority of school children ate fast food at least once a week.” This conclusion is drawn from interviews with focus groups in the Old Kent Road development area and the Oval and Kennington development area. This claim is based on a focus group of just 10 children in Year 9. This qualitative research is not a sound basis on which to base a policy approach which would apply across London.
- **OUTDATED STUDIES:** many cited reports rely on data from the early 2000s. This is a crucial time difference when considering the reformulation of many HFSS food products in recent years. As such, results about products from the early 2000s no longer applicable to today’s hot food takeaways.
  - Example: a [2003 paper by Prentice and Jebb](#) was cited to support a claim that hot food takeaways are generally a source of energy-dense and nutrient-poor food (paragraph 8.1). The nutritional information about fast food outlets used in this report is based on data gathered in July 2002 from the websites of three quick-service restaurants: Jack in the Box, Burger King and KFC. Jack in the Box does not operate in the UK, and both Burger King and KFC have updated their menus since 2002, in terms of product formulation, product range, and popularity/prevalence of certain products. As such, these findings are out of date.
- **DEFINITIONS OF “FAST FOOD” AND “UNHEALTHY FOOD”:** the London Plan topic paper is intended to set out the evidence base for the London Plan’s approach to hot food takeaways in London, being uses falling within Class A5. The paper relies on sources which identify outlets by food product, as opposed to the use class of the premises from which the product is sold.
  - Example: a [2016 Fast Food Map](#) from Public Health England is cited (at paragraph 2.11) to support the point that London boroughs contain some of the highest densities of fast food outlets in England. This source only maps the number of outlets supplying “fast food,” defined as “food that is available quickly,” and explicitly including “sandwich shops” and therefore does include information upon which a sound judgement about the density of Class A5 uses can be drawn.
- **AGE RANGE:** the topic paper draws upon data about adults’ eating habits (or obesity in adults) to inform a policy aimed at addressing obesity in school-age children.
  - Example: a study on [associations between takeaway food exposure and bodyweight in Cambridgeshire](#) was used to support the claim that “regular consumption of energy dense food from hot food takeaways is associated with weight gain” (paragraph 8.2). However, the paper is a “study of adults aged 29-62 years (born between 1950 and 1975) in Cambridgeshire, UK,” meaning that its results are not applicable to school-age children.
- **GEOGRAPHY:** the topic paper cites studies using data from other geographical areas of the UK (or other countries entirely) to support an argument for policy in London.
  - Example: the topic paper cites a [report](#) with findings based on 1-2 samples of several ‘fast food’ products from independent outlets in Liverpool, The Wirral and Knowsley (at paragraph 8.1) to claim that “the majority of meals were excessive for portion size, calories, fat and salt.” This assertion is based only on findings from Liverpool, The Wirral and Knowsley, and the data does not hold relevance for London. Since the outlets studied were independent outlets, the data is inadequate, as products are likely to be formulated differently in different parts of the UK. Additionally, these results do not capture data on any chain outlets with standardised recipes nationwide, so cannot be used as evidence around London’s hot food takeaway outlets.
- **CORRELATION AND CAUSATION:** many papers talk about a correlation between proximity of fast food takeaways and obesity, but several explicitly flag that no causal link between the two has been proved.
  - Example: the topic paper (at paragraph 8.7) quotes a 2014 paper from Public Health England on obesogenic environments, quoting the paper in stating that “there are strong theoretical arguments for the value of restricting the growth in fast food outlets.” However, it omits a point made in the same paragraph of the cited paper, stating that there is “an unavoidable lack of evidence that can demonstrate a causal link between actions [on restricting the prevalence of takeaways] and outcomes.”

Please note that key findings have been highlighted in yellow in the below table, in order to flag the most prominent issues with each of the papers cited in the *London Plan topic paper: Hot food takeaways*.

<b>EVIDENCE REVIEW</b>				
<b>LONDON PLAN TOPIC PAPER: HOT FOOD TAKEAWAYS</b>				
<b>Date, source and Hyperlinked paper</b>	<b>Issues with sources / inferences</b>	<b>Associated quotation in London Plan Topic Paper: Hot food</b>	<b>Relevant quotation(s) in cited report</b>	<b>Methodological weaknesses in cited paper? E.g. outdated evidence, small sample size, unrepresentative population studied (one per line)</b>
<b>2007: Foresight Group: <a href="#">Tackling Obesities: Future Choices – Project report</a></b>	<b>Confusion between causation and correlation</b>  <b>Outdated source</b>	<b>8.1:</b> "Dietary risk factors for obesity include high energy density foods, diets high in fat and low in fibre, sugar-rich drinks, and consumption of large portion sizes"	<b>Page 49 – 3.3.1:</b> "Measuring dietary intake in daily life outside the laboratory remains problematic, but by combining data from different kinds of research, a number of specific dietary risk factors for obesity have been identified. They include foods with a high energy density, diets high in fat and low in fibre, and the consumption of sugar-rich drinks, the effects of which may be magnified if a person habitually consumes large portion sizes. These risk factors provide promising targets for behavioural interventions and are consistent with other strategies for the prevention of chronic disease. However, research to test the impact of dietary change are hampered by poor compliance and the difficulties of measuring actual, as opposed to reported, intake. There are opportunities for interventions by the food industry through reformulation of existing products and innovation to provide healthier options."	The relevant passage of the Foresight paper cites S. A. Jebb - Dietary determinants of obesity (2007). This paper states the following: <b>Page 93 – "Methodological issues":</b> "Research into the dietary determinants of obesity has largely been based on observational studies of intake and weight or of body mass index (BMI). However, the evidence is weak and inconsistent. In part, this may be a true reflection of the multifactorial nature of the problem, but it also relates to methodological difficulties inherent in this approach that are not easily overcome. Body weight is the integrated product of a lifetime's diet and exercise habits, and so nutrients, foods or broader dietary habits measured on a small number of occasions may not be related to the longer-term development of obesity. Many dietary factors are highly correlated, and physical activity or other lifestyle traits are other important covariates. Cross-sectional studies are confounded by post hoc effects, in which dietary differences between individuals arise as a consequence of obesity rather than as a causal factor."  As such, the Foresight paper bases its suggestion that policy should be changed to affect dietary behaviour on an explicitly inconclusive evidence base.
		<b>8.5:</b> "The causes of obesity are complex and multi-factorial"	N/A	N/A

<p><b>2017:</b> <i>Public Health England: Health matters: obesity and the food environment</i></p>	<p><b>Inconclusive studies quoted</b></p> <p><b>Outdated sources</b></p>	<p><b>8.8:</b> "PHE guidance published in March 2017 recommends that "Planning documents and policies to control the over-concentration and proliferation of hot food takeaways should form part of an overall plan for tackling obesity and should involve a range of different local authority departments and stakeholders.""</p>	<p><b>Page 132:</b> "There are studies that show association between proximity, or lack of, to healthy food, and health outcomes such as obesity or malnutrition, but these studies should be approached with caution. They are most often observational and so do not show causality between inadequate access and health outcomes.<sup>442</sup> One study in the UK on the greater access to unhealthy food has shown this <u>may</u> disproportionately affect those in more deprived areas.<sup>443</sup>"</p>	<p>The recommendation set out in the cited report, and quoted in the London Plan Topic Paper does not follow logically from the cited evidence. The cited paper states that most studies around proximity do not show a causal link between proximity and obesity.</p> <p>The Topic Paper uses this evidence base to suggest that proximity and over-concentration of hot food takeaways should be addressed in order to tackle obesity, and thus that there is a causal link between the two.</p> <p>The two sources quoted in the relevant passage from p132 of the cited report are:</p> <ul style="list-style-type: none"> <li>• Cummins S, McKay L, Macintyre S (2005) McDonald's restaurants and neighbourhood deprivation in Scotland &amp; England. <i>American Journal of Prevention Medicine</i> 4: 308–10</li> <li>• Cummins S, Petticrew M, Higgins C, Findlay A and Sparks L (2005) Largescale food retailing as health intervention: <u>Quasi-experimental evaluation</u> of a natural experiment. <i>Journal of Epidemiology and Community Health</i> 59: 1035–40.</li> </ul> <p>These studies both date back to 2005, and both are inconclusive on whether there is a causal link between proximity to hot food takeaways and obesity.</p>
<p><b>2016:</b> <i>Public Health England: 2016 Fast Food Map</i></p>	<p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p>	<p><b>8.4:</b> "London boroughs have some of the highest densities of fast food outlets in England and it has been shown that more deprived areas have a higher density of fast food outlets."</p>	<p><b>Page 2:</b> "In this analysis 'fast food' refers to food that is available quickly, therefore it covers a range of outlets that include, but are not limited to, burger bars, kebab and chip shops and sandwich shops."</p>	<p>Although a correlation between density of fast food outlets and deprivation is demonstrated, the cited report uses the following definition:</p> <p><b>Page 2 – "Density of fast food outlets in England":</b> "In this analysis 'fast food' refers to food that is available quickly, therefore it covers a range of outlets that include, but are not limited to, burger bars, kebab and chip shops and sandwich shops."</p> <p>This is at odds with an analysis purely based on A5 license-holders.</p> <p>As such, the correlation set out by this fast food map is based on a broader range of food outlets than just hot food takeaways.</p> <p>As such, assuming that the correlation holds true for hot food takeaways implies a logical leap / category error.</p>
<p><b>2003:</b> <i>Medical Research Council, London School of Hygiene and Tropical Medicine: Prentice, A.M. and Jebb, S.A., Fast Foods, Energy Density and Obesity: A Possible Mechanistic Link</i></p>	<p><b>Outdated source</b></p>	<p><b>8.1:</b> "Hot food takeaways are generally a source of cheap, energy-dense and nutrient-poor food."</p>	<p><b>Page 191:</b> "Fast foods stand out as being generally high in fat (10–27 g 100 g-1) and very energy dense (900–1700 kJ 100 g-1)."</p>	<p>The research used a selection of products from four QSRs: Burger King, Jack in the Box, KFC and McDonald's.</p> <p>However, this data was collected in July 2002 from the above companies' websites. Since 2002, Burger King, KFC and McDonald's have made multiple changes to their menus and the composition of their products. Jack in the Box does not operate in the UK.</p> <p><b>Page 190 – footnote:</b> "The examples cited here are from Burger King (<a href="http://www.burgerking.com">http://www.burgerking.com</a>), Jack in the Box (<a href="http://www.jackinthebox.com">http://www.jackinthebox.com</a>), KFC (<a href="http://www.kfc.com">http://www.kfc.com</a>), and McDonald's (<a href="http://www.mcdonalds.com">http://www.mcdonalds.com</a>). These are generally representative of the market sector as a whole. [...] Data were extracted in July 2002"</p>

<p><b>2014: London Health Commission:</b>  <a href="#">Better Health for London Report</a></p>	<p><b>Unavailable data</b></p>	<p><b>8.1:</b> "A single typical fast food meal contains nearly 60% of recommended daily calories, half the recommended daily level of salt and saturated fat, and no portions of fruit and vegetables."</p>	<p><b>Page 33:</b> "There are over 8,000 fast food outlets in London, many close to schools, and this number is increasing by 10% every year. A single typical fast food meal contains nearly 60% of recommended daily calories, half of recommended salt and saturated fat, and no portions of fruit and vegetables."</p>	<p>No data sources are available for this report. Citations exist, but the link has expired. The report contains the following text (linking to a non-existent website):  <b>Page 1 – "A note on engagement and evidence":</b> "The Commission has heard from thousands of Londoners and many expert witnesses during evidence sessions and a London-wide programme of engagement events, which have been central to this report. It is no exaggeration to say it would not have happened without them. The Commission has therefore used quotations from these contributors throughout the report to highlight particularly relevant points.  The Commission has also undertaken a significant amount of work to explore, develop and create its recommendations. The evidence base and detailed exploration of data which sits behind each of these is all available on the Commission's website at <a href="http://www.londonhealthcommission.org.uk/supportingdocuments">www.londonhealthcommission.org.uk/supportingdocuments</a>"  These supporting documents have been requested from the London Health Board, with no response.</p>
<p><b>2014: Liverpool Primary Care Trust:</b>  <a href="#">Jaworowska A, Blackham TM, Long R, Taylor C, Ashton M, Stevenson L, et al. Nutritional composition of takeaway food in the UK. Nutrition &amp; Food Science</a></p>	<p><b>Irrelevant location</b>   <b>Inadequate product samples</b>   <b>Only independent shops studied</b></p>	<p><b>8.1</b> "A study which analysed 489 samples of takeaway meals from a random sample of 274 takeaway establishments in Wirral, Liverpool and Knowsley showed that takeaway meals were inconsistent with UK dietary recommendations and that the majority of meals were excessive for portion size, calories, fat and salt. The content of one portion varied from 44 to 93 per cent of the estimated average requirement (EAR) for calories, total fat levels ranged from 37 to 106 per cent of the dietary reference value (DRV), and the majority of meals exceeded the reference nutrient intake (RNI) for salt."</p>	<p><b>Page 2:</b> "Takeaway meals were purchased anonymously from small, independent takeaway establishments from the following categories: Indian, Chinese, Kebab, Pizza, and English."</p>	<p>In Liverpool and The Wirral, only one of each product was purchased to test its nutritional value. This methodology is likely to produce unreliable nutritional content figures. In Knowsley only two of each product was tested.</p> <p><b>Page 2 – "Methods":</b> "Takeaway meals were purchased anonymously from small, independent takeaway establishments from the following categories: Indian, Chinese, Kebab, Pizza, and English. This took place within Liverpool by Liverpool City Council Trading Standards; within the Wirral borough by Wirral Metropolitan Borough Council Trading Standards and within the Knowsley borough by Knowsley Council Trading Standards. A total of 489 samples of 27 different types of takeaway meals were purchased in singlet, except for Knowsley Council Trading Standards where the majority of meals were sampled in duplicate"</p> <p>The sample meals were all purchased from independent takeaway shops. This is not representative of A5 license-holders as a whole.</p> <p>Independent takeaway shops are often less able to regulate the nutritional value of their products than larger chains.</p> <p>Samples were all from Liverpool, The Wirral and Knowsley. Thus, this evidence is not appropriate to use as a basis for policymaking in London.</p>

<p><b>2014: BHF, Cancer Research UK, Economic &amp; Social Research Council, Medical Research Council, National Institute for Health Research, Wellcome Trust: <a href="#">Burgoine T. et al, Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study.</a></b></p>	<p><b>Outdated sources</b></p> <p><b>Irrelevant age groups studied</b></p> <p><b>Irrelevant location</b></p> <p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p>	<p><b>8.2 "Studies show that regular consumption of energy dense food from hot food takeaways is associated with weight gain."</b></p>	<p><b>Page 2: "Patronage of takeaway food outlets and overconsumption of takeaway foods have been linked strongly to low diet quality and to weight gain.<sup>12-17</sup> This link could be due to the types of foods obtained in these outlets, which tend to be energy dense, and because consumers often greatly underestimate their energy consumption when eating in these outlets."</b></p>	<p>The paper is from 2014, while the sources used for the relevant quote (sources 12-17) range from 2004 - 2013, suggesting that some of these sources are outdated.</p> <p><b>Page 6 – Sources:</b></p> <ol style="list-style-type: none"> <li>12. Duffey KJ, Gordon-Larsen P, Steffen LM, Jacobs Jr DR, Popkin BM. Regular consumption from fast food establishments relative to other restaurants is differentially associated with metabolic outcomes in young adults. <i>J Nutr</i> 2009;139:2113-8.</li> <li>13. Pereira MA, Kartashov AI, Ebbeling CB, Van Horn L, Slattery ML, Jacobs Jr DR, et al. Fast-food habits, weight gain, and insulin resistance (the CARDIA study): 15-year prospective analysis. <i>Lancet</i> 2005;365:36-42.</li> <li>14. Bowman SA, Vinyard BT. Fast food consumption of US adults: impact on energy and nutrient intakes and overweight status. <i>J Am Coll Nutr</i> 2004;23:163-8.</li> <li>15. Bowman SA, Gortmaker SL, Ebbeling CB, Pereira MA, Ludwig DS. Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. <i>Pediatrics</i> 2004;113:112-8.</li> <li>16. Smith KJ, McNaughton SA, Gall SL, Blizzard L, Dwyer T, Venn AJ. Takeaway food consumption and its associations with diet quality and abdominal obesity: a cross-sectional study of young adults. <i>Int J Behav Nutr Phys Activ</i> 2009;6:1-13.</li> <li>17. Moore LV, Diez Roux AV, Nettleton JA, Jacobs DR, Franco M. Fast-food consumption, diet quality, and neighbourhood exposure to fast food: the multi-ethnic study of atherosclerosis. <i>Am J Epidemiol</i> 2009;170:29-36.</li> </ol> <p>All of the papers cited within the relevant quote are based on studies which were conducted in either the United States or Australia, with some taking place over 10 years ago. Product formulation differs in different markets, and product portfolios are subject to change over time.</p> <p>The study is of adults aged 29 - 62 years old, born between 1950 and 1975 based in the Fenlands, Cambridgeshire, which is not an appropriate evidence base for policymaking regarding school children in London. The paper even states the following:</p> <p><b>Page 2 – “Methods – Study sample”:</b> “The Fenland Study is an ongoing, population based cohort study of adults aged 29-62 years (born between 1950 and 1975) in Cambridgeshire, UK”</p> <p><b>Page 6 – “Methodological considerations and limitations:</b> “The Fenland Study was designed to be representative of the Cambridgeshire region, achieving sample characteristics congruent with the region’s demographic characteristics (educated, employed, and white British). However, the sample may be less representative of other regions within the UK.”</p> <p>Numbers of takeaway food outlets and supermarkets were counted within participants’ neighbourhoods as a measure of outlet density. However, data on supermarkets is not appropriate to use within a debate around A5 licences.</p>
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<p><b>2011:</b> <i>UK Medical Research Council, The Wellcome Trust, University of Bristol: <a href="#">Fast food, other food choices and body mass index in teenagers in the United Kingdom (ALSPAC): a structural equation modelling approach.</a></i></p>	<p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p> <p><b>Irrelevant location</b></p>	<p><b>8.2:</b> "A UK cross-sectional study of over 3,600 children aged 13 years showed that increased frequency of eating at fast food outlets was associated with higher consumption of unhealthy foods, lower intake of fruit and vegetables and higher body mass index standard deviation score (BMISDS)."</p>	<p><b>Page 1327:</b> "This model showed that increased frequency of eating at FF outlets was positively associated with higher consumption of unhealthy foods (b ¼ 0.29, Po0.001) and negatively associated with the consumption of healthy foods (b ¼ 1.02, Po0.001)."</p>	<p>The <b>data for the study was based on people living in the old Avon County</b>, and thus is not appropriate for use in London policymaking.</p> <p><b>Page 1326 – "Methods":</b> "The data for this study were obtained from the Avon Longitudinal Study of Parents and Children (ALSPAC),<sup>26</sup> which is a birth cohort study where pregnant mothers who lived in the old Avon County in the United Kingdom (the Bristol region) were recruited in the early 1990s."</p> <p>The cited paper offers findings about 'fast food restaurants' not A5 license-holders.</p>
<p><b>2004:</b> <i>Barnardo's: <a href="#">Burger boy and sporty girl: children and young people's attitudes towards food in school</a></i></p>	<p><b>Inadequate sample size of people</b></p> <p><b>Irrelevant locations</b></p> <p><b>Outdated source</b></p> <p><b>Unsupported evidence</b></p>	<p><b>8.3:</b> "There is evidence that takeaway food is appealing to children. Interviews with children in nursery, primary and secondary schools in London and other parts of the UK, conducted by Barnardo's, identified that pupils view 'fast food' as the most tasty and desirable food."</p>	<p><b>Page 7:</b> "Taste and money play a significant part in what children and young people choose to eat and fast food is viewed as the most tasty and desirable food."</p> <p><b>Page 24:</b> "There is no doubt that children and young people view fast food as the most tasty and desirable food"</p>	<p>The <b>sample size was 174 children and young people, with the subjects of the study split between 9 schools.</b> It is therefore doubtful whether the subjects are representative of their respective areas due to the small sample size per school.</p> <p>The paper was published in 2004, and so is now outdated.</p> <p>The interviews took place in 9 schools in England, Wales and Scotland. There was <b>only one primary school in inner London and one secondary school in suburban London</b>, as well as two London nurseries. As such, it is inappropriate to use this as an evidence base for policy in London.</p> <p><b>Page 47 – "Appendix 1 – Methodology":</b> "Barnardo's spoke to 97 girls and 77 boys – a total of 174 children and young people in nine schools in England, Wales and Scotland." – the schools surveyed are listed on this page.</p>
<p><b>2011:</b> <i>Department of Health: <a href="#">Healthy Lives, Healthy People: A call to action on obesity in England</a></i></p>	<p><b>Confusion between causation and correlation</b></p> <p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p>	<p><b>8.6:</b> "The paper recognises that the environment and availability of high calorie food makes it much harder for individuals to maintain healthy lifestyles and that it is the role of the Government, local government and partners to change the environment to support individuals to change their behaviour, for example, by using the planning system to create a healthier built environment."</p>	<p><b>Page 5:</b> "The Government supports the Foresight view that while achieving and maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment (and particularly the availability of calorie-rich food) now makes it much harder for individuals to maintain healthy lifestyles – and that it is for Government, local government and key partners to act to change the environment to support individuals in changing their behaviour."</p>	<p>The 2007 Foresight report forms the basis for the claim set out in the quote - this has been examined in the first row of this table. It tackles the issue of "fast food", rather than hot food takeaways.</p> <p>The Foresight report notes the following:</p> <p><b>Page 138 – 8.1:</b> "<b>Obesity illustrates a number of well-known yet still persistent methodological challenges in the accurate measurement of key obesity determinants, especially relating to behaviour; the need for more large-scale studies; a longitudinal approach; the need for a common language and appropriate definitions; the value of multidisciplinary research; the need for better data collection, including the expansion of surveillance schemes, as well as data on the determinants of health-related behaviours, and mechanisms to exploit existing data sets.</b>"</p>

<p><b>2014: Public Health England: <a href="#">Healthy people, healthy places briefing Obesity and the environment: regulating the growth of fast food outlets</a></b></p>	<p><b>Quotations taken out of context</b></p> <p><b>Confusion between causation and correlation</b></p> <p><b>Irrelevant data (about food available inside schools)</b></p> <p><b>Inconclusive evidence</b></p>	<p><b>8.7:</b> "PHE's briefing on obesity and the environment highlights the need for planning authorities to take action on obesity and the importance of modifying the environment so that it does not provide easy access to energy-dense food. PHE has stated that 'improving the quality of the food environment around schools has the potential to influence children's food-purchasing habits', and that 'there are strong theoretical arguments for the value of restricting the growth in fast food outlets'"</p>	<p><b>Page 5:</b> "Improving the quality of the food environment around schools has the potential to influence children's food-purchasing habits, potentially influencing their future diets. However, it is important to note that taking action on hot food takeaways is only part of the solution, as it does not address sweets and other high-calorie food that children can buy in shops near schools.</p> <p>However, there are strong theoretical arguments for the value of restricting the growth in fast food outlets, and the complex nature of obesity is such that it is unlikely any single intervention would make a measurable difference to outcomes on its own"</p>	<p>The paper relies on the 2007 UK Government Foresight Report 'Tackling obesities: future choices' as the following:</p> <p><b>Page 3 – "1. The importance of action on obesity":</b> "The 2007 government Foresight report 'Tackling obesities: future choices'<sup>4</sup> remains the most comprehensive investigation into obesity and its causes".</p> <p>This has been examined in the first row of this table.</p> <p>The source cited for improving the quality of the food environment (<i>Seventh annual survey on School lunch take up in England, 2011-2012</i>), does not contain data on the environment of hot food takeaways surrounding schools.</p> <p>The paper itself notes that taking action on hot food takeaways does not mitigate issues around sweets and other high-calorie food available for children to buy in shops. However, it does note that addressing takeaways is part of the solution.</p> <p>The London Plan Topic Paper does not complete the full quoted sentence. The full sentence used in the PHE report is</p> <p><b>Page 5 – "School food":</b> "However, there are strong theoretical arguments for the value of restricting the growth in fast food outlets, and the complex nature of obesity is such that it is unlikely any single intervention would make a measurable difference to outcomes on its own."</p> <p>The paper also includes a case study about a chicken shop that opened near a school in Tower Hamlets, following a "lack of evidence" that the shop would undermine schools' healthier eating policies.</p>
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<p><b>2010:</b> <i>National Institute for Healthcare and Excellence: <a href="#">Cardiovascular Disease Prevention: Public Guideline</a></i></p>	<p><b>Outdated sources (some of the NICE recommendations have now been withdrawn)</b></p> <p><b>Irrelevant topic (cardiovascular disease, not obesity)</b></p> <p><b>Irrelevant age groups studied</b></p>	<p><b>8.9:</b> <i>"NICE recommends that planning authorities "restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)"</i></p>	<p><b>Page 1:</b>  <b>"Recommendation 11 Take-aways and other food outlets (see also recommendations 23 and 24)</b>  <i>Food from take-aways and other outlets (the 'informal eating out sector') comprises a significant part of many people's diet. Local planning authorities have powers to control fast-food outlets.</i></p> <p><b>Policy goal</b>  <i>Empower local authorities to influence planning permission for food retail outlets in relation to preventing and reducing CVD. To achieve this, the following are among the measures that should be considered.</i></p> <p><b>What action should be taken?</b>  <i>Encourage local planning authorities to restrict planning permission for take-aways and other food retail outlets in specific areas (for example, within walking distance of schools). Help them implement existing planning policy guidance in line with public health objectives. (See also recommendation 12.)</i></p> <p><i>Review and amend 'classes of use' orders for England to address disease prevention via the concentration of outlets in a given area. These orders are set out in the Town and Country Planning (Use Classes) Order 1987 and subsequent amendments."</i></p>	<p>NICE first published the guidance in 2010. As such, it could be considered to be outdated evidence.</p> <p>NICE is now consulting on withdrawing recommendations 1-12 from the guidance. Including Recommendation 11 on takeaways and other food outlets:</p> <p>Via <a href="#">this link</a> – <b>"Is this guideline up to date?"</b>: <i>"We have checked this guideline and are proposing to withdraw recommendations 1–12. We are consulting on this proposal."</i></p> <p>Recommendation 11 cites "Evidence statement R4.18a" (citation found on <b>page 81</b> of the <a href="#">pdf version of the guidance</a>), which notes that the evidence comes from seven studies which report that the local physical environment had important effects on the ability of community CVD risk-reduction projects to be successful. However, the evidence statement does not indicate which seven studies were used and fails to provide links to them in the official guidance.</p> <p>Additionally, the paper's aim is to provide guidance on cardiovascular disease among the general population, rather than obesity among children.</p>
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<p><b>2015:</b> <i>Royal Society for Public Health: <a href="#">Health on the High Street</a></i></p>	<p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p> <p><b>Relies on public opinion to draw scientific conclusions</b></p> <p><b>Evidence not publicly available</b></p>	<p><b>8.10:</b> <i>"The Royal Society for Public Health's Health on the High Street report identifies the negative impact of fast food outlets on health and makes a series of recommendations to make high streets healthier which include:</i></p> <ul style="list-style-type: none"> <li><i>• using planning controls to limit the concentration of fast food outlets</i></li> <li><i>• encouraging businesses to adopt healthier cooking practices through schemes such as the Healthy Catering Commitment"</i></li> </ul>	<p><b>Page 5:</b> <i>"Based on a combination of feedback from public and expert opinion, plus a review of the evidence related to the health impact of each of these types of businesses we have developed our Richter scale score which is the total positive or negative health rating based on looking across these four areas of health."</i></p>	<p>The paper has developed its indicator based on a combination of public and expert opinion. The paper notes that:</p> <p><b>Page 3 – "Richter scale of health - how we define health":</b> <i>"the scores given to each outlet, shown in Table 1, have been informed by extensive desk-based research, consultation with public health experts and a survey of a representative sample of 2,000 members of the public."</i></p> <p>No details are provided on the research undertaken or which health experts were consulted.</p> <p>No details are provided on how the members of the public were chosen, or how they were assessed to be a representative sample.</p> <p>The paper relies on self-reporting from businesses.</p> <p>Paper talks about 'fast food takeaways' - this is an umbrella term, including outlets with A5 licenses as well as other outlets.</p>
<p><b>2014:</b> <i>Town &amp; Country Planning Association, Public Health England: <a href="#">Planning Healthy-Weight Environments. A TCPA Reuniting Health with Planning Project</a></i></p>	<p><b>Evidence not publicly available</b></p> <p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p> <p><b>Irrelevant age group studied</b></p>	<p><b>8.11:</b> <i>"In 2014, the Town and Country Planning Association (TCPA) developed 'Six Healthy Weight Environment elements' as part of the Planning Healthy Weight Environments project supported by Public Health England. One of the six elements is a healthy food environment which provides access to healthy food retail. The TCPA recommends that development avoids overconcentration of hot-food takeaways (A5 uses) in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families."</i></p>	<p><b>Page 12 (Themes and elements of a healthy-weight environment):</b> <i>"Development avoids overconcentration of hot-food takeaways (A5 uses) in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families."</i></p>	<p>The Healthy Places initiative no longer exists as a website despite being cited as a source in the paper under Food Retail. It has since been replaced by the Healthy Places page on the UK Government website.</p> <p>Source A5 in Annex 2 (cited on <b>page 29</b>) is used to justify the food retail policy:</p> <p><i>D.H. Bodicoat, P. Carter, A. Comber, C. Edwardson, L.J. Gray, S. Hill, D. Webb, T. Yates, M.J. Davies and K. Khunti: 'Is the number of fast-food outlets in the neighbourhood related to screen-detected type 2 diabetes mellitus and associated risk factors?'. Public Health Nutrition, 2014. <a href="http://dx.doi.org/10.1017/S1368980014002316">http://dx.doi.org/10.1017/S1368980014002316</a></i></p> <p>However, the mean age of participants in this study is 59 and they measure the number of fast-food outlets within 500m of participants' postcode. It focuses neither on young people nor proximity to schools.</p> <p>The "<a href="#">NICE guidelines on Obesity: working with local communities</a>" do not feature any recommendations on hot food takeaways, but instead suggests that the Local Healthwatch should help to identify local residents' concerns, and that this could include the siting of hot food takeaways.</p>

<p><b>2012: NHS Tower Hamlets: <a href="#">Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity?</a></b></p>	<p><b>Inadequate sample size of people</b></p> <p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p>	<p><b>8.13:</b> "A survey of 11-14 year old school children in Tower Hamlets showed that 54% of children purchased food or drinks from fast food or takeaway outlets twice or more a week. Chips were frequently purchased on their own or with other items like fried chicken or pizzas. 70% of the children said they prefer to buy sweetened fizzy drinks compared to other drinks when purchasing fast food. The authors of the study concluded that actions are needed to either limit the ability of children to access fast food outlets or to substitute the food and drinks available for healthier options."</p>	<p><b>Page 3:</b> "About half of the sampled population (54%) reported that they usually purchased food or drinks from fast food or takeaway outlets more than two to three times a week."</p> <p><b>Page 3:</b> "Additionally, it was observed that a majority (about 70%) when asked to rate which type of beverages would they normally purchased reported fizzy sweetened drinks as their first choice."</p> <p><b>Page 6:</b> "Our results showed that chips were frequently purchased either on their own or purchased with other fried items like fried chicken or pizzas."</p> <p><b>Page 7:</b> "Clearly, actions need to be taken to either limit the ability of these children to access fast food outlets or to change the foods they purchased at these outlets (e.g., less calorie dense, with more fruit and vegetables, with less fat and salt) and to have a ban on the sale of sweetened soft drinks at these outlets."</p>	<p><b>Page 2 – "Methods – Participants":</b> "A total of 193 pupils (females n=75, males n=108, gender not specified n=10) aged between 11 and 14 years were recruited."</p> <p>This is a <b>small sample size</b>.</p> <p><b>Page 5 – "Discussion":</b> "A previous study has shown that there are more than 40 fast food outlets in close proximity to each school in Tower Hamlets. Furthermore, 97% of residents in the borough of Tower Hamlets were found to live within 10 minutes of a fast food outlet. It is likely that such easy access could influence the schoolchildren's fast food consumption, in addition to the low cost of this type of food".</p> <p>This statement includes a logical leap (about the links between proximity and consumption), and is thus not appropriate to use as the basis of policymaking.</p> <p>The study looks at <b>"food and drinks purchased from fast food outlets and takeaway outlets" (Page 1 – "Main outcome measures")</b>, rather than specifying A5 license-holders.</p> <p>The study reports that:</p> <p><b>Page 3 – "Results":</b> "the ethnic background of the study population was mainly Asians (48.3%) and Black/African-Caribbeans (19.4%), reflecting the sampling region."</p> <p>The region in question here was Tower Hamlets, which is not representative of the London population as a whole.</p>
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<p><b>2008:</b> <i>London Metropolitan University: Sinclair S and Winkler J (2008) The School Fringe: What pupils buy and eat from shops surrounding secondary schools</i></p>	<p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p> <p><b>Inadequate sample size of people</b></p> <p><b>Inaccuracy from self-reporting</b></p>	<p><b>8.14:</b> <i>"An observational study conducted by the Nutrition Policy Unit of London Metropolitan University found that food outlets close to schools were an obstacle to secondary school children eating healthily, with many local fast food takeaways offering child-sized portions at child-sized prices."</i></p>	<p><b>Page 8:</b> <i>"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."</i></p>	<p>This is an observational study of just two schools, assessing a select group of food outlets surrounding each school.</p> <p>It relies on questionnaires for school students on their dietary habits, with a suspected 30% inaccuracy rate. This is supplemented by observations of a limited number outlets to validate the data:</p> <p><b>Page 4 – "How we did the research":</b> <i>"adolescents seldom tell researchers fully or accurately what they eat. Just like their parents, only more so. For both boys and girls, this "underreporting" exceeds 30% of their daily intakes."</i></p> <p>The study talks about 'fast food' outlets, not 'hot food takeaways' and thus is not applicable to policy concerning A5 license-holders.</p> <p>In the cited paper, students from the 'urban' school studied visited the local supermarket more than all the takeaways put together. This led to overconsumption of sugar from the supermarket as a more prominent issue than overconsumption of fat from takeaway outlets. The Topic Paper does not acknowledge this factor, uses this evidence as a basis for shaping policy on A5 license-holders:</p> <p><b>Page 8 – "Takeaways":</b> <i>"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."</i></p>
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<p><b>2014: London Borough of Brent:</b>  <a href="#">Takeaway use among school students</a></p>	<p><b>Inaccuracy from self-reporting</b></p> <p><b>Biased source</b></p>	<p><b>8.15:</b> "A survey of nearly 2,500 Brent secondary school pupils showed that pupils attending schools with takeaways within 400m are more likely to visit a hot food takeaway after school at least once a week (62%) than pupils at schools with no takeaways within a 400m radius (43%)."</p>	<p><b>Page 10:</b> "Brent Council's Planning team are in the process of proposing a 400m buffer zone for new takeaway outlets around secondary schools in Brent. Other councils throughout England have already implemented this amendment, and it's been adopted in Wembley and Brent is looking to extend this to a borough wide policy. This research was undertaken to provide local data.</p> <p>The aims of this research were to:</p> <ul style="list-style-type: none"> <li>- provide the planning team with local evidence to support the 400m buffer zone policy amendment around secondary schools,</li> <li>- to determine whether there was any measurable difference in takeaway use between students depending on the proximity of their school to local takeaway outlets;</li> <li>- determine the frequency, time and type of takeaway visits made by secondary school children in Brent;</li> <li>- understand the reasons as to why children in Brent choose to / not to visit takeaways;</li> <li>- gain insight into the takeaway frequency of families in Brent; and</li> <li>- measure student's perception and knowledge of healthy eating."</li> </ul> <p><b>Page 9:</b> "the government's public health strategy 'Healthy lives, healthy people', which acknowledges that health considerations are an important part of planning policy"</p>	<p>The findings were based on a questionnaire completed by secondary school students themselves. Sinclair and Winkler (the row above in this table) suggests that there was a suspected 30% inaccuracy for teenagers self-report on their dietary habits.</p> <p>The Brent report references the government's '<a href="#">Healthy Lives, Healthy People</a>' strategy as supporting ideas that health considerations should influence planning policy.</p> <p>However, <b>the evidence drawn upon from this strategy is that:</b></p> <p><b>Page 28 – "Harnessing the reach of local government":</b> "A number of local areas have also taken steps to use existing planning levers to limit the growth of fast food takeaways, for example by developing supplementary planning policies."</p> <p><b>This is not equivalent to providing scientific evidence around links between proximity of hot food takeaways and obesity.</b></p> <p>Further, many recommendations around planning policy with regard to health talk about the need to increase physical activity (more green space, etc) rather than purely focusing on the food environment. The document never explicitly recommends altering planning policy to curb the introduction of new hot food takeaways.</p>
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<p><b>2014:</b> Wandsworth Youth Council: <a href="#">Hot Food Takeaway Survey</a></p>	<p><b>Evidence not publicly available</b></p> <p><b>Biased survey questions</b></p> <p><b>Inadequate sample size of people</b></p> <p><b>Unclear age group studied</b></p>	<p><b>8.16:</b> "In 2014 Wandsworth Youth Council conducted a survey with 200 young people attending secondary schools across Wandsworth on their use of hot food takeaways.</p> <p>The results found that:</p> <ul style="list-style-type: none"> <li>• 49% of young people buy food from hot food takeaways at least once or twice a week</li> <li>• 38% of respondents reported buying food from hot food takeaways at lunchtime and 44% reported buying it after school</li> <li>• 45% reported buying from takeaways near school</li> <li>• 85% of respondents reported that there is a takeaway shop within a 10-minute walk of their school"</li> <li>• 76% said that they would buy healthier alternatives if they were available"</li> </ul>	<p><b>Page 1:</b> "Wandsworth Youth Council consulted with 200 young people about their use of hot food takeaways. Below is some of the highlights:</p> <ol style="list-style-type: none"> <li>1. 32% said they buy fast food 1 - 2 times a month, while 30% said 1 - 2 times a week</li> <li>2. Home (72%), school (45%) and places of entertainment (45%) were where most young people bought fast food</li> <li>3. Young people were generally willing to spend £4-£6 on a takeaway</li> <li>4. Reasons for buying takeaways included: Convenience (34%), Food Cheap (33%), School lunches being bad (25%) and enjoyed the food (72%).</li> <li>5. 44% said takeaway shops were within 5 minutes' walk of their school, and 71% they should be near their school so that they can get food and not be late for school"</li> </ol>	<p>There is no publicly available data on the age range or any other demographics of the 'young people' surveyed.</p> <p>Additionally, results are based on self-reporting by 200 'young people' in Wandsworth. This is a small sample size and unlikely to be representative of London as a whole:</p> <p><b>Page 1 – “What was said?”:</b> “Wandsworth Youth Council consulted with 200 young people about their use of hot food takeaways.”</p> <p>Wandsworth Youth Council did not provide any evidence for the links between obesity and proximity to hot food takeaways. Instead, it referenced the issue of obesity amongst young people, and separately collected data on young people's dietary habits regarding hot food takeaways.</p> <p>The research does not take into account the fact that many hot food takeaways offer healthy options, and does not assess the nutritional value of the food eaten by the survey respondents.</p> <p>It includes the finding that:</p> <p><b>Page 1 – “Recommendations”:</b> “77% said they would buy [healthier food options]” if they were available.</p> <p>This implies an assumption that all food from hot food takeaways is necessarily unhealthy, which is not the case. Additionally, this statistic could imply that many young people are buying healthier alternatives from hot food takeaways, since they often <u>are available</u>.</p>
<p><b>2012:</b> London Borough of Newham: Newham Youth Survey 2012</p>	<p><b>Evidence not publicly available</b></p>	<p><b>8.18:</b> "The Newham Youth Survey conducted by Newham Council in 2012 was completed by 996 secondary school pupils in years 9, 10 and 11 (age 13 – 16 years). 53% of young people reported eating fast food once a week or more."</p>	<p>N/A</p>	<p>The Youth Survey is not accessible via the according to a Freedom of Information request to the London Borough of Newham for the 2010 version of the survey, <a href="#">logged in August 2014</a>:</p> <p><b>Page 68 – request number 20354:</b> "We do not disclose Liveability or the <u>Youth Survey</u> externally these are used internally for the development of public policy and fall within Section 36 of the Freedom of Information Act. Under the Freedom of Information Act we have the right to refuse a request for information held if an exemption applies. We believe in this case Section 36 applies, which provides for exemption where disclosure would be prejudicial to the effective conduct of public affairs. We have therefore redacted the report in part and the action plan at Appendix 1 on these grounds, as stated below."</p>

<p><b>2017: Ipsos MORI: <a href="#">The impact of planning policy on health outcomes and health inequalities in Southwark and Lambeth</a></b></p>	<p><b>Inadequate sample size of people (10 people)</b></p> <p><b>Relies on public opinion to draw scientific conclusions</b></p>	<p><b>8.19:</b> "Ipsos MORI conducted qualitative research with primary and secondary school children and residents in the Old Kent Road Opportunity Area and Oval and Kennington Development Area in 2017. School children and residents in both areas appeared to be well informed about healthy eating. They reported that there are too many hot food takeaways and a lack of healthy alternatives in the area:          "If I know I have to wait a while before getting home I'll get myself some chicken and chips" (Pupil, Year 8, Old Kent Road Opportunity Area)          "McDonalds. We went past it the other day and it was literally over pouring with students" (Pupil, Year 8, Old Kent Road Opportunity Area)          "Lots of unhealthy food shops – too many chicken shops" (Resident, Southwark Social Isolation Workshop).          "5 chicken shops around a school means you will have fat people." (Resident, Southwark Social Isolation Workshop).          "Unhealthy area to eat food – lots of chicken and chips shops – sometimes one next to another next to another – it's nice but unhealthy" (Pupil, Year 9, Oval and Kennington Development Area).</p>	<p><b>Page 85:</b> "the qualitative research with school children revealed that young people in the Oval and Kennington Development Area are eating a lot of junk food and take-away. The analysis of the children's food diaries (completed for the seven days prior to the research group) suggests that fast food is being consumed at least once a week, and for some multiple times over a week."</p>	<p><b>Pages 6-7 – "1.3 Profile of participants in the qualitative research":</b>          The focus groups used for this topic were:          -10 participants per group (30 in total)          -Two focus groups in Southwark - one group of Year 5 students and one group of Year 8 students          -One focus group in Lambeth - Year 9 students</p> <p>The cited report states that:</p> <p><b>Page 85 – "6.3 – Dietary behaviour":</b> "the qualitative research with school children revealed that young people in the Oval and Kennington Development Area are eating a lot of junk food and take-away. The analysis of the children's food diaries (completed for the seven days prior to the research group) suggests that fast food is being consumed at least once a week."</p> <p>The Oval and Kennington development area is in the London Borough of Lambeth.</p> <p>As such, the quote from the London Plan Topic Paper that: <b>(8.19) "the [food] diaries showed that the majority of school children ate fast food at least once a week"</b> applies only to a <b>sample size of 10 students in Year 9 in Lambeth.</b> This is inadequate for the following reasons:          -The sample size is too small - 10 is insufficient to draw a general conclusion.          -All 10 students studied were in Year 9 - as such, this finding is irrelevant for broad policy around 'young people'.          -Lambeth is not representative of the wider London area.</p> <p><b>Re quotes:</b>          The quotes used in the qualitative research are insufficient to support the theory that local proximity or density of hot food takeaways is a cause of obesity.</p> <p><b>Re focus groups:</b>          There is no comparison with national averages regarding how frequently children eat fast food compared to their proximity to hot food takeaways.</p> <p>Also, the research also found that:</p> <p><b>Page 82 – "6.3 – Dietary behaviour":</b> "The majority (63%) of people in the Old Kent Road Opportunity Area eat take-away foods (such as a kebab, pizza, fried fish, chicken and chips or a burger) less frequently than once or twice a week"</p>
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		<i>Children participating in the focus groups completed food diaries for the seven days prior to the focus groups. The diaries showed that the majority of school children ate fast food at least once a week."</i>		
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<p><b>2017: Healthy London Partnership: <a href="#">The Great Weight Debate report</a></b></p>	<p><b>Biased survey questions</b></p> <p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p>	<p><b>8.21: "The Great Weight Debate is a London conversation on childhood obesity coordinated by the Healthy London Partnership Prevention Programme in partnership with London boroughs, NHS Clinical Commissioning Groups, the Greater London Authority, NHS England (London), and Public Health England (London). Londoners were invited to complete the Great Weight Debate survey from September to December 2016 where they could share their ideas on what they thought could be done to help children in their area lead healthier lives. 2,765 London residents responded to the survey. <b>86% of respondents thought that tackling childhood obesity in London was the top priority or a high priority.</b> Londoners were asked to select the top three things that they think make it harder for children to lead healthy lives in their areas: <b>60% of Londoners said 'Too many cheap unhealthy food and drink options' and 44% of Londoners said 'Too many fast food shops'.</b>"</b></p>	<p><b>Page 17: "How much of a priority for London do you think tackling childhood obesity should be?"</b></p> <ul style="list-style-type: none"> <li>-Top priority: 30%</li> <li>-High priority: 56%</li> <li>-Moderate priority: 11%</li> <li>-Low priority: 1%</li> <li>-Not a priority at all: 1%</li> <li>-Don't know if it should be a priority: 1%"</li> </ul> <p><b>Page 18: "Please tick the top three things that you think make it harder for children to lead healthy lives in your area."</b></p> <ul style="list-style-type: none"> <li>-Too many cheap unhealthy food and drink options: 60%</li> <li>-Too many fast food shops: 44%</li> <li>-Safety concerns for children (not letting them play outdoors unsupervised): 33%</li> <li>-Too much advertising of unhealthy food and drink: 30%</li> <li>-The cost of healthy food and drink: 29%</li> <li>-Lack of time, skills or facilities to prepare healthy food: 27%</li> <li>-Lack of opportunities to be physically active: 21%</li> <li>-Lack of opportunities for children to walk/cycle as part of day-to-day travel: 18%</li> <li>-Lack of places for children to play: 14%</li> <li>-I don't think it's too hard for children to lead healthy lives in London: 7%</li> <li>-Don't know: 1%"</li> </ul>	<p><b>Survey for participants used leading questions not conducive to objective responses.</b> Screenshots of the survey used can be found here: <a href="https://apco.box.com/s/x1y0cpizedw6a53amcniueuingr3pcm6">https://apco.box.com/s/x1y0cpizedw6a53amcniueuingr3pcm6</a></p> <p>Regarding the two cited questions:</p> <p><b>Question 2: "How much of a priority for London do you think tackling childhood obesity should be?"</b></p> <ul style="list-style-type: none"> <li>-This question leads respondents to think that tackling childhood obesity should be a priority to some degree, rather than allowing respondents to decide objectively whether it should be a priority or not.</li> <li>-The options ("top priority," "high priority," etc) do not make sense in this context. When deciding upon prioritisation, "tackling childhood obesity" should have been compared to other priorities for London. "Top priority" does not make sense on its own, unless put in the context of a comparison.</li> </ul> <p><b>Question 2: "From the list below, please tick the top three things that you think make it harder for children to lead healthy lives in your area."</b></p> <ul style="list-style-type: none"> <li>-This question leads respondents to think that it <u>is</u> harder for children to lead healthy lives in London (or specific areas of London) than elsewhere.</li> </ul> <p>Survey results from the Great Weight Debate report refer to Londoners' opinions on the amount of "cheap unhealthy food and drink options" and the prevalence of "fast food shops" (<b>breakdown of Question 3 on page 18 of the <a href="#">report</a></b>). These categories are not equivalent to the category of outlets operating under A5 licenses, and cover many outlets operating under A3 and A4 licenses (sandwich shops, corner shops, eat-in fast food restaurants, etc).</p>
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<p><b>2014: Greater London Assembly: August 2014 GLA Health Poll</b></p>	<p><b>Irrelevant age group studied</b></p> <p><b>Relies on public opinion to draw scientific conclusions</b></p> <p><b>Definitions: 'fast food' versus 'hot food takeaway outlets'</b></p>	<p><b>8.22:</b> "In a health survey of 1,000 Londoners, 73% of people agreed that the government should limit the number of fast food outlets opening near schools. Only 15% of people disagreed."</p>	<p><b>Page 3:</b> "Q6. London has a higher rate of childhood obesity than the national average, and one of the highest levels of childhood obesity when compared to other global cities. Some policy makers believe that reducing the number of new unhealthy fast food outlets that open near schools could help to reduce the number of children who are obese or overweight.</p> <p>How much do you agree or disagree that the government should limit the number of fast food outlets opening near schools?  Strongly agree 51%  Tend to agree 22%  Neither agree nor disagree 11%  Tend to disagree 7%  Strongly disagree 8%  Don't know 1%"</p>	<p>This survey question assesses people's perceptions of what would help reduce the number of children in London who are obese or overweight, and cannot be used as a substitute for scientific evidence.</p> <p>All 1,004 people surveyed were 18+, so this may reduce the applicability to children and young people:</p> <p><b>Page 1:</b> "Results are based on interviews with 1,004 London residents aged 18+."</p> <p>Additionally, the data is about opinions on opening fast food outlets, which is not equivalent to outlets operating under A5 licenses.</p>
<p><b>2014: London Health Commission: Better Health for London</b></p>	<p><b>Evidence not publicly available</b></p>	<p><b>8.22:</b> [In a health survey of 1,000 Londoners, 73% of people agreed that the government should limit the number of fast food outlets opening near schools. Only 15% of people disagreed.<sup>35</sup>] The London Health Commission subsequently recommended in October 2014 that the Mayor support local authorities to protect London's children from junk food through tighter controls within 400 metres of schools.</p>	<p><b>Page 33:</b> "The next version of the London Plan should shift the burden of proof so that new fast food takeaways within 400 metres (10 minutes' walk) of schools will have to provide evidence that their establishment will not have an adverse impact on health. Exclusion zones should be considered to restrict any new 'A5' (the planning designation for fast food outlets) uses within 400 metres of the boundary of any school"</p> <p>This is supported by quote in row 5 above:  <b>Page 33:</b> "There are over 8,000 fast food outlets in London, many close to schools, and this number is increasing by 10% every year. A single typical fast food meal contains nearly 60% of recommended daily calories, half of recommended salt and saturated fat, and no portions of fruit and vegetables."</p>	<p>No data sources are available for this report. Citations do exist but the relevant link has expired. The report contains the following text (linking to a non-existent website):</p> <p><b>Page 1 – "A note on engagement and evidence":</b> "The Commission has heard from thousands of Londoners and many expert witnesses during evidence sessions and a London-wide programme of engagement events, which have been central to this report. It is no exaggeration to say it would not have happened without them. The Commission has therefore used quotations from these contributors throughout the report to highlight particularly relevant points. The Commission has also undertaken a significant amount of work to explore, develop and create its recommendations. The evidence base and detailed exploration of data which sits behind each of these is all available on the Commission's website at <a href="http://www.londonhealthcommission.org.uk/supportingdocuments">www.londonhealthcommission.org.uk/supportingdocuments</a>"</p> <p>The supporting documents were requested from the London Health Board, but no response was received.</p>

<p><b>2015:</b> <i>London Borough of Waltham Forest, Waltham Forest Clinical Commissioning Group: <a href="#">Waltham Forest Joint Strategic Needs Assessment (JSNA) Refresh 2014/15</a></i></p>	<p><b>Inadequate sample size of people</b></p> <p><b>Irrelevant topic: health not always seen as the reason to limit HFTs</b></p>	<p><b>8.23:</b> <i>"The London Borough of Waltham Forest held a public consultation on its Hot Food Takeaway Supplementary Planning Document (SPD) in 2008. The consultation received 304 responses and 89% of respondents supported the proposed SPD to resist hot food takeaways within 400m of the boundary of an existing school or youth centred facility or park"</i></p>	<p><b>Page 34:</b> <i>"A public consultation took place regarding the Hot Food Takeaway SPD and 304 responses were received. Of the total responses 88.8% of respondents supported the proposed SPD to limit hot food takeaways around schools.</i></p> <p><i>Analysis of the responses included the following specific comments relating to the management of hot food takeaway shops in Waltham Forest:</i></p> <ul style="list-style-type: none"> <li>• 56% of respondents identified health (i.e. childhood obesity, proximity to schools and food quality)</li> <li>• 56% of respondents identified litter</li> <li>• 43% of respondents identified proliferation of outlets</li> <li>• 10% of respondents identified anti-social behaviour or crime</li> <li>• 9% of respondents specifically identified lack of retail diversity</li> <li>• 6.7% of respondents identified road safety</li> <li>• 6% of respondents specifically identified visual amenity."</li></ul>	<p>The London Plan Topic Paper cites the statistic that 89% of respondents supported the 400m policy.</p> <p>However, of the 304 respondents, only 56% of them identified "health (i.e. childhood obesity, proximity to schools and food quality)" as a reason to support the policy. This equates to 170 respondents.</p> <p><b>Page 34 – "Public perspective":</b> <i>"A public consultation took place regarding the Hot Food Takeaway SPD and 304 responses were received."</i></p> <p>Additionally, Waltham Forest cannot be taken as representative of the wider area of London.</p>
<p><b>2008:</b> <i>London Metropolitan University: <a href="#">Sinclair S and Winkler J, The School Fringe: What pupils buy and eat from shops surrounding secondary schools</a></i></p>	<p><b>Does not support proximity evidence</b></p> <p><b>Inaccuracy from self-reporting</b></p> <p><b>Outdated source</b></p>	<p><b>9.2:</b> <i>"1. Proximity to Schools The policy applies to primary and secondary schools. The majority of secondary school pupils travel to and from school independently and pupils may be allowed out of school premises at lunchtimes. This allows pupils to buy food from takeaways at lunchtimes and on their journey home from school when they are not supervised by an adult. Whilst primary school pupils are not allowed out of school premises during the school day, research has indicated that the most popular time for purchasing food from takeaways or shops is after school."</i></p>	<p><b>Page 3-4:</b> <i>"We selected two large, mixed comprehensive schools, one in leafy, affluent suburbia, the other in a poor, gritty city. Suburban school had a large catchment area, many pupils arriving by train or bus. Urban was a community school, to which most walked or cycled. Both were in modern buildings, had their own kitchens, tuck shops and dedicated, if small, canteens. Compared with many secondary schools, they were well equipped.</i></p> <p><i>Urban allowed pupils to leave at lunchtime if they had parental permission, which most did. Suburban let Sixth Formers out, but had a "locked gate" / "stay-on-site" policy for younger groups."</i></p>	<p>This is an observational study of two schools, looking at a select group of food outlets surrounding each school.</p> <p>It relies on questionnaires for school students on their dietary habits, with a suspected 30% inaccuracy rate:</p> <p><b>Page 4 – "How we did the research":</b> <i>"adolescents seldom tell researchers fully or accurately what they eat. Just like their parents, only more so. For both boys and girls, this "underreporting" exceeds 30% of their daily intakes."</i></p> <p>This is supplemented by observations of only a few outlets to validate / build the data.</p> <p>The study explicitly mentions that students at the 'Suburban' school were probably buying food from outlets close to the train stations / bus stops closer to their houses, rather than just using the outlets in the immediate proximity of their school. This does not support the need to target areas next to schools on A5 policy:</p> <p><b>Page 6 – "Which Shops?":</b> <i>"Pupils did not patronise all shops within a fixed distance of schools. Rather, our mapping showed pertinent shops concentrated along transport routes they used to get to school. For practical reasons, we studied only shops near the end of their journeys, on the fringe of the two schools. But, in all probability, they also bought food from shops near the start of those journeys, in their home neighbourhoods and, for Suburban pupils who travelled to school by train, around railway stations at both ends."</i></p>