Planning for Health and Wellbeing

Hot Food Takeaways and Obesity in South Tyneside:
Update on Evidence – Progress Report

August 2017

South Tyneside Council

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1. Introduction

1.1 In 2014, the Council's Public Health, Planning and Environmental Health teams worked together to produce an evidence document giving an overview of obesity and the proliferation of Hot Food Takeaways (HFTA) in South Tyneside. This document formed part of the wider approach to tackling obesity and provided a comprehensive portrayal of the role of each of the teams and how working together can help address issues on a local level.

1.2 This updated document provides details on progress, together with more recent national and local data, current evidence, policy guidelines and next steps.

1.3 Through the South Tyneside partnership, our vision for the Borough is to make 'South Tyneside an outstanding place to live, invest, and bring up families. To achieve this vision over the next 20 years, the South Tyneside Partnership has agreed 10 strategic outcomes under the themes of 'People' and 'Place'.

People

- Better Education and Skills
- Fewer People in Poverty
- Protect Children and Vulnerable Adults
- Stable and Independent Families
- Healthier People

Place

- A Regenerated South Tyneside with Increased Business and Jobs
- Better Transport
- Better Housing and Neighbourhoods
- A Clean and Green Environment
- Less Crime and Safer Communities

1.4 The recent refresh of *Our Better Health and Wellbeing Strategy* (2017-2021) updates our previous Joint Health and Wellbeing Strategy (2013-2016). The document builds on some of our previous successes, such as improving wellbeing by addressing the wider determinants of health. One of the key issues we face is that of excess weight in children and adults. The strategy includes five outcomes, each with one key priority to deliver over the next five years. Within the *'People Live Healthy Lives'* one of our priorities is:

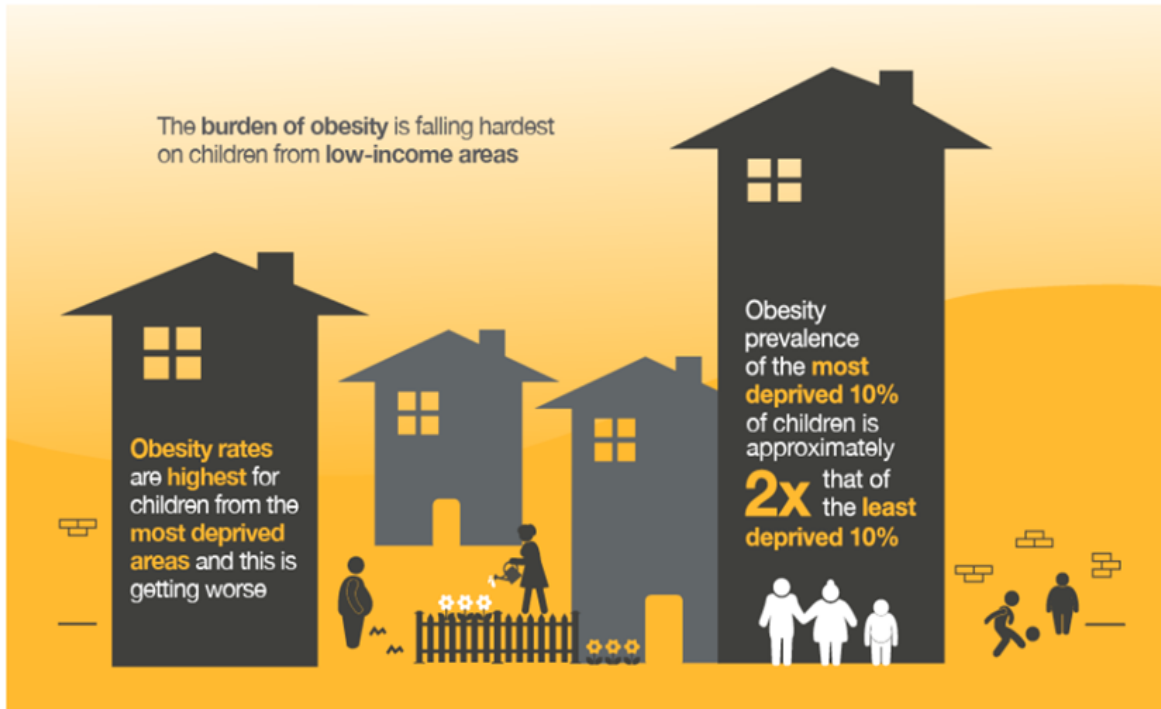**"To reduce unhealthy behaviours and make healthy choices the easy choices"**

1.5 The strategy focuses on the outcomes that we want to achieve and identifies how we will know progress is being made. It also sets out the priority areas of work that will contribute to that progress. Part of how we will achieve this is working in partnership on reducing the impact of hot food outlets and making health a central part of our Local Plan. Public Health and Environmental Health are an integral part of this and work closely together looking at addressing issues within the food environment such as food hygiene, licensing, business registration and the monitoring of A5 and A3 applications.

2. National and Local Policy Context

2.1 Reducing obesity is a national priority. Government aims are to decrease the proportion of children leaving primary school with excess weight and to reduce the levels of excess weight in adults.

2.2 The Foresight Report (2007) highlights that most adults in the UK are already overweight and modern living ensures every generation is heavier than the last. Tackling obesity requires a far greater change and cannot be prevented by individual action and needs a societal approach. Prevention is a societal challenge and requires partnership between government, science, business and civil society. The report also highlights the need to make modifications to the environment so that it supports being active, does not promote sedentary behaviour or provide easy access to high energy dense food.

2.3 Earlier this year, Public Health England (PHE) in collaboration with the Local Government Association (LGA) have produced a toolkit *'Strategies for Encouraging Healthier Out of Home Food Provision* (2017). This document includes types of interventions and emerging practice to help local council teams to work together to improve the food environment for children and families.

2.4 The government's strategy *'Healthy Lives, Healthy People: a Call to Action on Obesity'* (2011) clearly sets out the significant influence that planning policies can play in helping to tackle obesity by helping to shape and build an environment that encourages healthier lifestyles.

2.5 The National Institute for Health and Care Excellence (NICE), within the 2010 guidance '*Cardiovascular Disease Prevention'* suggests that local authorities should influence planning decisions around retail food outlets.

2.6 Public Health England is committed to helping local authorities and partner agencies work towards a healthier environment and encourages agencies to work together to achieve this. In '*Obesity and the Environment: regulating the growth of Fast Food Outlets'* (2014), written in conjunction with LGA and the Chartered institute of Environmental Health (CIEH) is part of 'healthy people, healthy places' briefing, this summarises the importance of action on obesity with a specific focus on hot food takeaways. It provides details and guidance on regulatory and other approaches that can be adopted at a local level.

2.7 The planning system cannot solve the issue of obesity alone. The LGA's '*Tipping the Scales'* (2016) provides a selection of case studies that highlight the use of the planning system to help limit the proliferation of hot food takeaways. This document complements the 2014 joint PHE, CIEH and LGA briefing.

2.6 The Town and Country Planning Association (TCPA) have also introduced a UK wide initiative *'Reuniting Health with Planning'.* This initiative focuses on improving the skills, understanding and knowledge of practitioners, planners and non-planners in particular from Public Health and the built environment who are involved in policy making and developments at national and local levels.

2.7 This initiative has also developed several useful publications including briefings, resources and guidance documents. Collaborative documents have also been produced together with PHE and the LGA, such as the practice based report '*Building the Foundations: tackling obesity through planning and development´* (2015) which demonstrates practice from 14 Local Authorities, including South Tyneside. The report was a result of a series of workshops across England.

3. Obesity & Obesogenic Environments

3.1 Areas of high deprivation tend to lend themselves to unhealthy physical and food environments, which contribute to higher levels of childhood and adult obesity in these areas. The factors contributing to increased obesity levels in these areas are complex and include a range of social, economic and physical factors. These factors contribute to producing what is known as an obesogenic environment.

The **burden of obesity** is falling hardest on children from **low-income areas**

Obesity rates are **highest** for children from the **most deprived areas** and this is getting worse

Obesity prevalence of the **most deprived 10%** of children is approximately **2x** that of **the least deprived 10%**
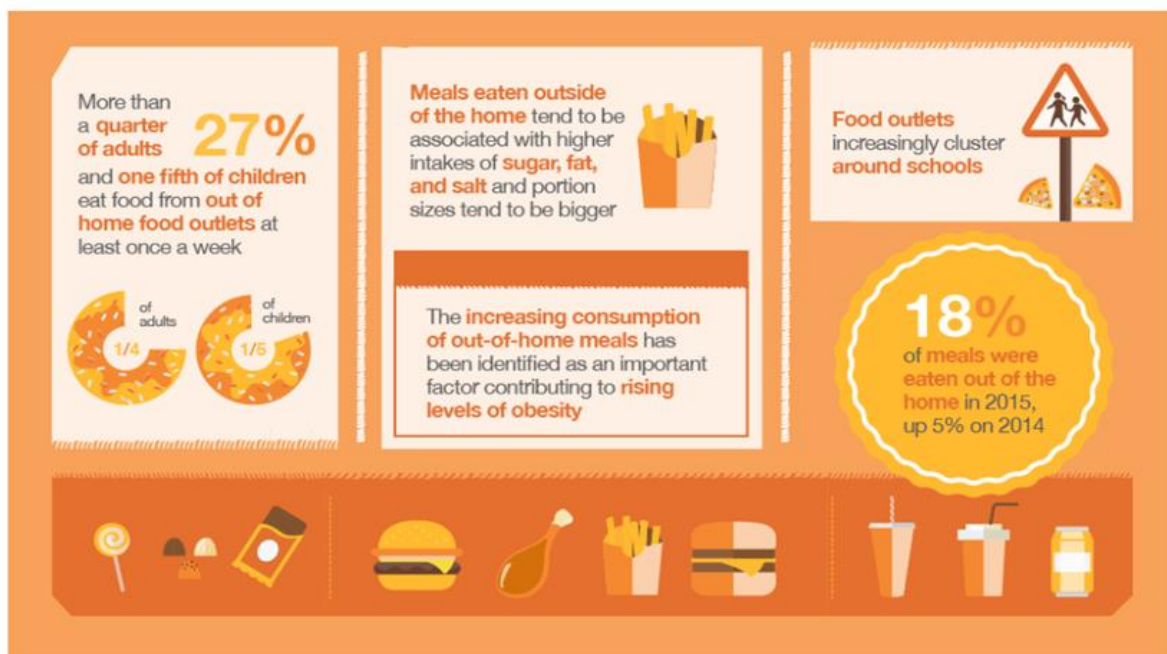
PHE 2017

3.2 There is an increasing recognition of the role that environmental factors can have on an individual's and a community's health and wellbeing. The term 'obesogenic environment' refers to the role environmental factors can play in determining both nutrition and physical activity. How the environment is built can influence an individual's choices and opportunities as well as barriers, to food intake and physical activity. External factors such as food availability and distance to healthier food, access to parks and the location and spread of housing may contribute to people being able to maintain a healthy weight.

3.3 Many people find it difficult to eat healthy. One of the main reasons for this is the obesogenic environment. This is exposure to high energy dense food where healthy choices are limited; this encourages excess weight and obesity. The availability of calorie rich food makes it harder to maintain healthier lifestyles (Foresight, 2007). Increasing consumption of out of home meals has been identified as a major factor contributing to the rising levels of obesity.

3.4 An unhealthy diet is a major contributor to premature death in England. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death.

3.5 At borough level, within South Tyneside, 51.7% of adults report that they consume the recommended 5 portions of fruit and vegetables on a usual day (Sport England, 2015). This is similar to national statistics of 52.3%.
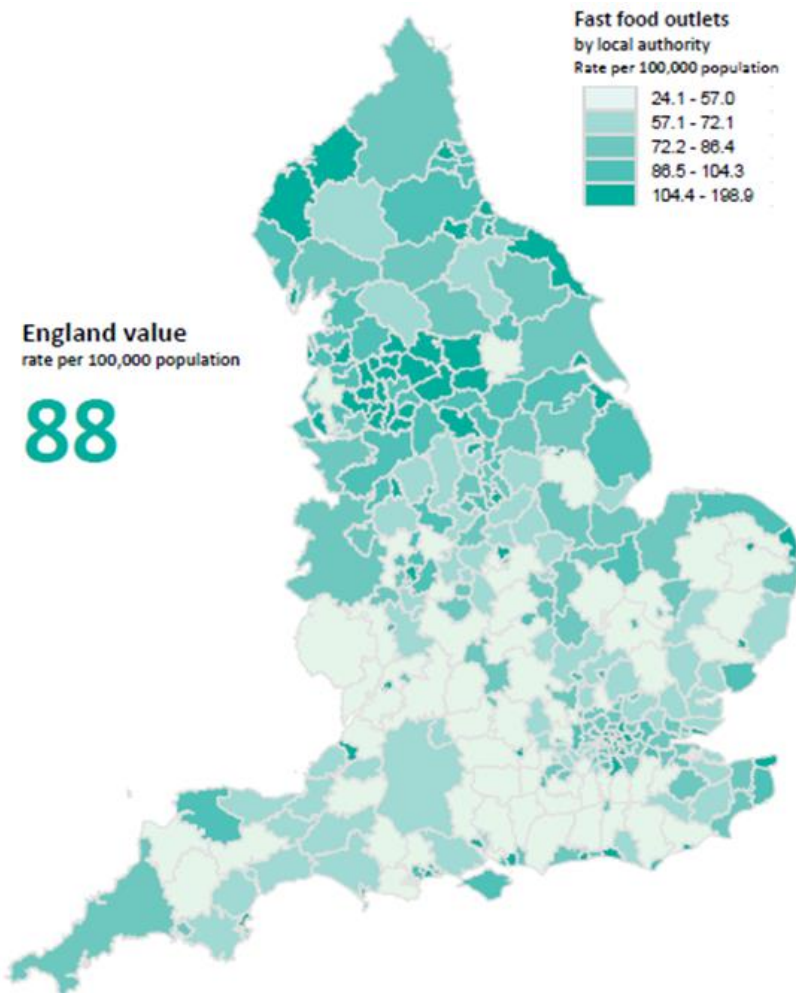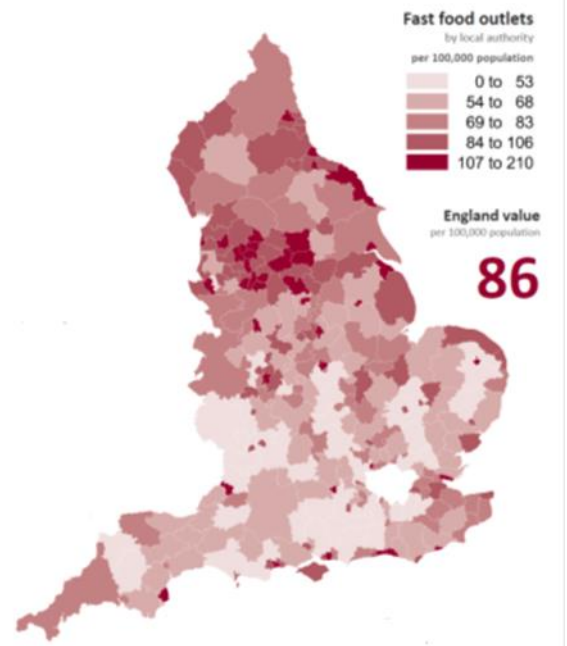
More than a quarter **27%** of adults and **one fifth of children** eat food from **out of home food outlets** at least once a week

1/4 of adults 1/5 of children

Meals eaten outside of the home tend to be associated with higher intakes of sugar, fat, and salt and portion sizes tend to be bigger

The **increasing consumption of out-of-home meals** has been identified as an important factor contributing to **rising levels of obesity**

Food outlets increasingly cluster around schools

18% of meals were eaten out of the home in 2015, up 5% on 2014

PHE 2017

3.6 Studies imply that obesity is more prevalent in areas where access to healthy food sources is limited or considered expensive. It suggests that deprived areas tend to have less access to recreation facilities -which can discourage physical activity; have reduced access to affordable food stores and stores which sell healthy goods, as well as being exposed to more readily available convenient fast food. Therefore, deprived areas are considered more likely to be obesogenic.

3.7 On average there are more fast food outlets in deprived areas than in more affluent areas. Public Health England estimate that there were over 50,000 fast food and takeaway outlets, fast food deliveries and fish and chips shop stores in England (PHE, 2017). The figures quoted by PHE are not exclusive to A5 classification (Hot Food Outlets).

3.8 The 2016 map below shows the density of fast food outlets across local authorities in England. Fast food refers to food that is available quickly and covers a range of outlets that include but are not limited to burger bars, kebabs, fish and chip shops and sandwich shops. The England value rate per 100,000 of the population is 88. For South Tyneside this value is 102.9 per 100,000.

Fast food outlets
by local authority
Rate per 100,000 population

24.1 - 57.0
57.1 - 72.1
72.2 - 86.4
86.5 - 104.3
104.4 - 198.9

England value
rate per 100,000 population

88

Fast food outlets
by local authority
per 100,000 population

0 to 53
54 to 68
69 to 83
84 to 106
107 to 210

England value
per 100,000 population

86

Public Health England 2014

Public Health England, 2016

6

4. Deprivation

4.1 South Tyneside is one of the 20% most deprived areas in England. Around 28% of children live in low income families with life expectancy for both men and women lower than the England average (PHE, 2017)

4.4 The map below (Fig. 1) shows the levels of deprivation across South Tyneside together with food outlets, this is not restricted to A5 uses and includes all fast food outlets.

Fig. 1 Index of Multiple Deprivation 2015 with All Fast Food
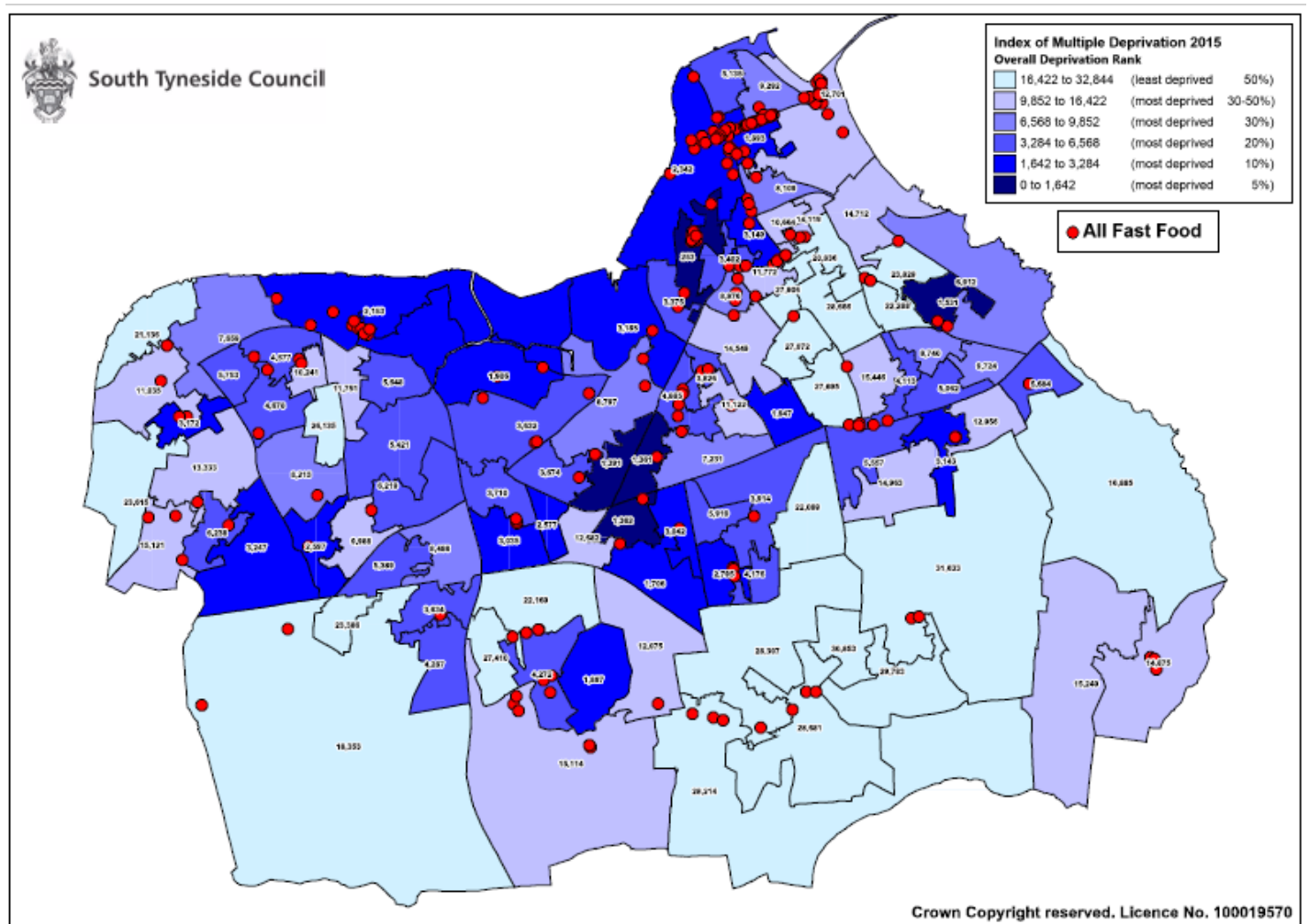
4.5 Hot food takeaways and other fast food outlets tend to be found in areas of high deprivation. This contributes to the obesogenic environment and health inequalities that tend to be found in these areas. Table 1 below shows ward level deprivation scores (2015) together with the number of hot food outlets within each of the wards.

Table 1 Levels of Deprivation in South Tyneside and Number of Hot Food Takeaways (A5 Use Class) per Ward		
Ward Name	Index of Multiple Deprivation (2015) Score (Most deprived to Least deprived)	Number of Hot Food Takeaways
Biddick and All Saints	49.6	15
Simonside & Rekendyke	48.2	18
Bede	43.7	7
Whiteleas	39.3	2
Beacon & Bents	35.0	22
Cleadon Park	33.1	2
Primrose	31.3	11
Monkton	30.8	3
Hebburn South	30.1	4
Fellgate & Hedworth	29.5	3
Horsley Hill	28.1	3
Hebburn North	28.0	6
Harton	26.8	7
Boldon Colliery	25.6	9
West Park	24.5	8
Whitburn & Marsden	21.6	2
Westoe	20.9	12
Cleadon and East Boldon	5.6	3

4.6 Appendix A provides a breakdown of ward maps for the borough; each detailing obesity levels at Reception and Year 6 together with the number of hot food takeaways (A5).

5. Obesity

5.1   Obesity is caused by consuming too much food and not doing enough activity. If high amounts of calories are consumed from high energy dense foods and these are not burned off by moving around, then the body will store the excess energy as fat.   Obesity does not affect communities equally - it is more common amongst people from deprived areas, older age groups, some black minority ethnic groups and people with disabilities.

Almost 4 out of 10 10-11 year olds are overweight or obese. Nationally it's just over a third.
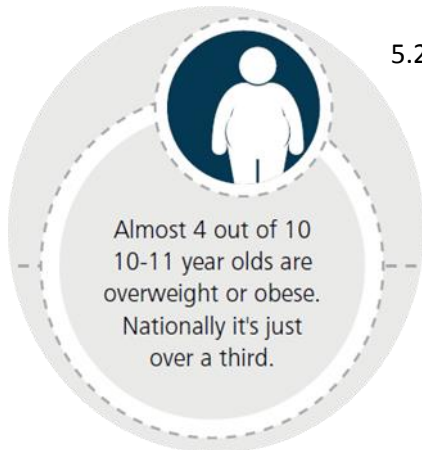
5.2   Obesity can lead to serious health conditions, for example Type 2 diabetes, coronary heart disease, some types of cancer such as breast cancer and bowel cancer and stroke. It is estimated that in 2014 – 2015, £6.1 million was spent on overweight and obesity related ill-health in England. It is estimated that obesity is responsible for more than 30,000 deaths per year.

5.3   England has one of the highest rates of unhealthy weight, with levels increasing. In 2015, 63% of adults in England were classed as being overweight.   13.2% of men were classed as obese in 1993, this has increased to 26.9% in 2015. For women, this has increased from 16.4% to 26.8%. Since 2001, the rate of increase has slowed however the trend is still that of an upward one. (PHE, 2017).

5.4   In terms of health, overweight and obese children are more at risk of high cholesterol, high blood pressure, bone and joint problems, pre-diabetes and breathing difficulties. Over the longer term, obese children are more likely to become overweight/obese adults. There is also a growing body of evidence suggesting that overweight or obese children do not do as well academically-something OFSTED are currently interested in (PHE, 2017).

5.5   The National Child Measurement Programme (NCMP) is an annual programme that measures the height and weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in England. NCMP data for all of England shows that in all areas there is a steady rise in obesity prevalence with increasing deprivation for both Reception and Year 6.

Childhood Obesity

5.6   In South Tyneside, NCMP data identified that in 2015/16, 25.6% (n=408) of Reception children measured as overweight or obese. 1.3% (n=180) of these reception children were obese, these statistics are very slightly lower than in previous years. However, based on the average class size of 30 children, this still equates to approximately 5 and a half classes of obese children at the start of their school careers. Fig 3 below shows ward level obesity for Reception Year together with all fast food.

Fig. 3 Reception Age Obesity Prevalence & All Fast Food
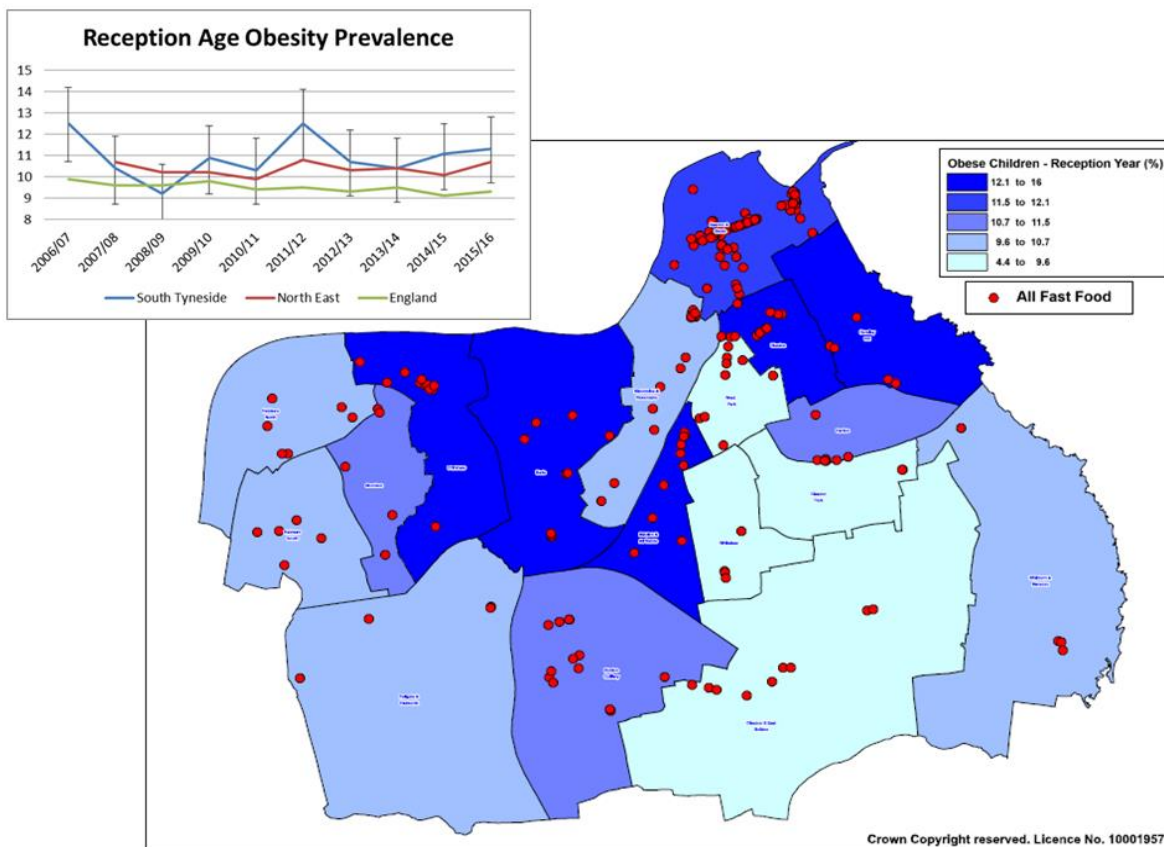
5.7 NCMP data also identified that 38.1% (n=560) of Year 6 children measured as overweight or obese. 22% (n=323) were obese- a figure that is higher than previous years. This equates to just over 12 full classes of obese Year 6 children in the borough, the year before they progress into secondary school. Fig.4 shows Year 6 obesity prevalence.

Fig.4 Year 6 Obesity Prevalence & All Fast Food
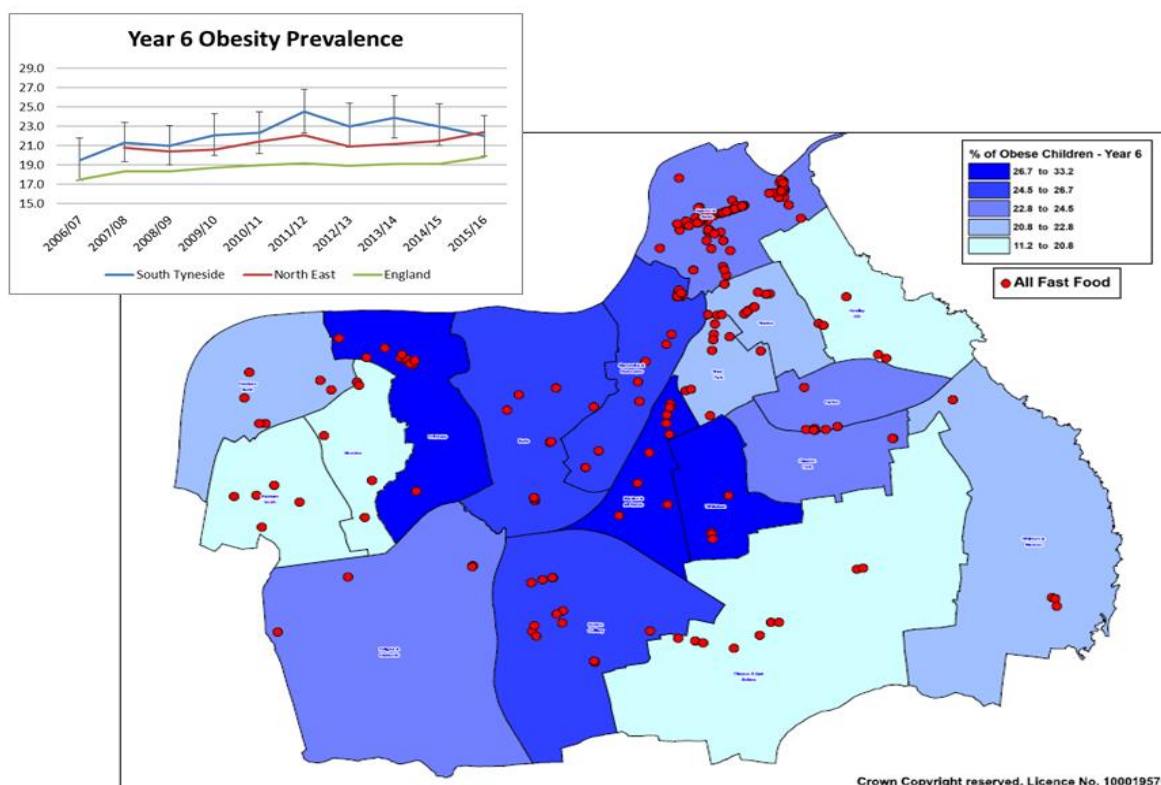
5.8 The NCMP records the weight of school age children in reception (Year 1) and Year 6. In England, 19.8% of children aged 10 to 11 were obese and a further 14.3% were overweight (PHE, 2017). In South Tyneside the NCMP data for 2015/16 shows that 16% of Year 6 pupils are overweight and 22% are very overweight or obese (Table 2). South Tyneside's figures are significantly higher than the national average.

5.9 The NCMP data shows that the levels of obesity amongst Year 6 pupils in South Tyneside exceeds 10% in all wards. Cleadon and East Boldon has the lowest levels of obesity with 11.5% of Y6 pupils falling into this category. Eleven out of the eighteen wards in the borough exceed the national average of obese Y6 pupils and a further 10 of those have levels which exceed the borough's average. Cleadon Park has the highest level of Y6 obesity with 29.1% of pupils identified in this category; this is followed by Biddick and All Saints (28.8%) and Bede (28.7%).

| Table 2 South Tyneside NCMP 2015/16 – Ward Level				
	Overweight		Very Overweight / Obese	
Year 6	#	%	#	%
Beacon and Bents	15	17.2%	16	18.4%
Bede	17	19.5%	25	28.7%
Biddick and All Saints	14	12.6%	32	28.8%
Boldon Colliery	15	17.4%	21	24.4%
Cleadon and East Boldon	12	15.4%	9	11.5%
Cleadon Park	13	15.1%	25	29.1%
Fellgate and Hedworth	12	15.0%	12	15.0%
Harton	16	17.4%	21	22.8%
Hebburn North	18	16.2%	18	16.2%
Hebburn South	10	13.9%	14	19.4%
Horsley Hill	13	16.7%	12	15.4%
Monkton	14	16.9%	18	21.7%
Primrose	11	14.9%	21	28.4%
Simonside and Rekendyke	12	17.4%	17	24.6%
Westoe	6	10.3%	10	17.2%
West Park	7	12.7%	14	25.5%
Whitburn and Marsden	9	16.4%	15	27.3%
Whiteleas	20	24.7%	19	23.5%
	237	16.1%	323	22.0%

5.10 Our strategy 'Best Start in Life' aims to ensure ownership of our key objectives for children and young people of which one of these key aims is to reduce excess weight in children.

Adult Obesity

5.11   The prevalence of obesity is similar among men and women, but men are more likely to be overweight. In South Tyneside, there are 71.3% of adults (aged 16+) identified has having excess weight - much higher than the national figure of 64.8% (Sport England, 2015).

5.12 The map below (Fig. 5) shows the levels of adult obesity at ward level together with all fast food outlets.

Fig 5 Adult Obesity at Ward Level – South Tyneside
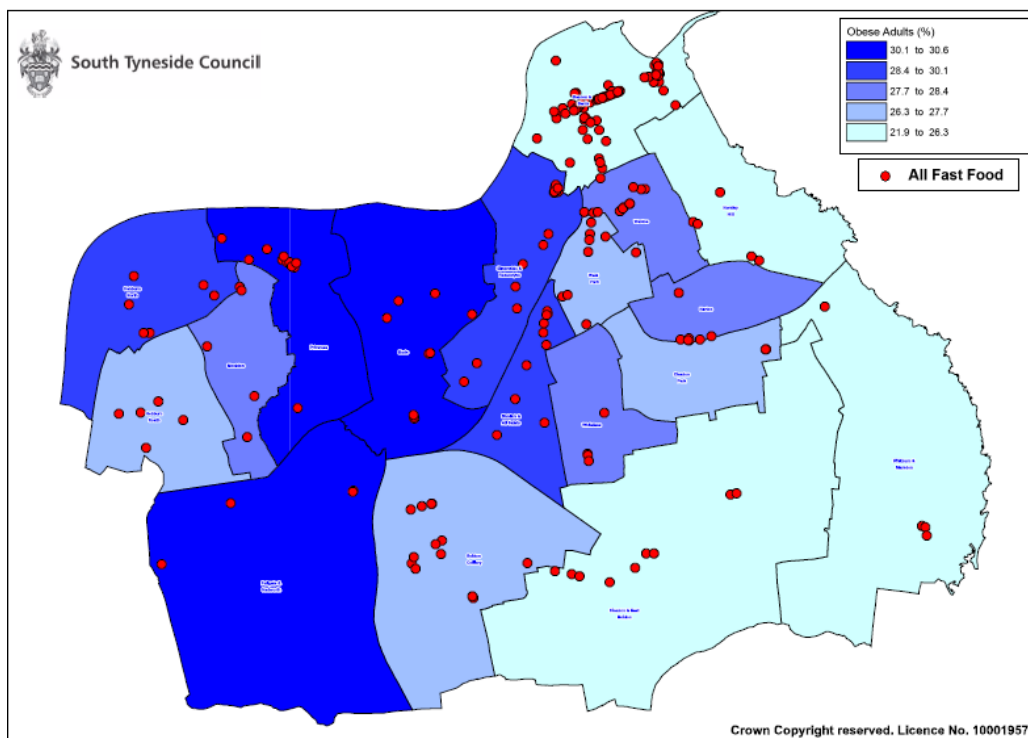
5.13   Weight gain is a major risk factor for diabetes. South Tyneside has a higher level of diabetes prevalence at just over 7%. Nationally this is at 6.5%. There has been a steady increase over the last 3 years at local, regional and national level.

5.14   In South Tyneside it is estimated that there are just over 11% of those aged 16 and over with non-diabetic hyperglycaemia (NDH). NDH is also known as pre-diabetes which refers to raised blood glucose levels but not within the diabetic range. People with NDH are at increased risk of developing Type 2 diabetes as well as being at risk of other Cardiovascular Disease conditions.

6. Physical Activity

6.1   Being inactive directly contributes to one in six deaths in the UK – this is equal to the same number of smoking related deaths. Around one quarter of adults are classified as inactive – that is failing to achieve a minimum of 30 minutes of activity per week.

6.2   In South Tyneside, 55.4% (68,100) of our 16+ population are classed as active; the national prevalence is 60.7%. (Sport England, 2017).

6.3   Locally 31.5% (38,700) of the 16+ population are classified as inactive. This is above the national average of 25.6%.

6.4   An active life is essential for physical and mental health and wellbeing. Regular physical activity can guard against cancer, diabetes and conditions like obesity, hypertension and depression. Estimates indicate that physical inactivity costs South Tyneside over £4,000,000 annually.

6.5   In South Tyneside we have a wealth of assets and opportunities that can enable us to integrate physical activity into our daily lives. From our fantastic leisure facilities, award winning parks and generous coastline to the vast array of opportunities available within our communities there is something for everyone. Table 3 below provides a summary of the opportunities that are available throughout the Borough.

Table 3 Physical Activity Opportunities in South Tyneside	
Get Active Leisure Services	A range of physical activity opportunities such as gym sessions, exercise classes and swimming. Bespoke sessions are also available.
The Green Gym	Improving physical and mental health through participation, which includes environmental management in parks and formal park gardening.
Walking	Simple, free and one of the easiest ways to get more active, lose weight and become healthier. Ideal for people of all ages and fitness levels.
Parks and green spaces	The perfect environment for getting out and being active. With friends, family or individually everyone can enjoy the health benefits.
Community Based Opportunities	Throughout South Tyneside there is a strong network of community and voluntary sector organisations that provide a range of activities.

7. Planning

7.1 The National Planning Policy Framework (NPPF, 2012) states that the planning system can play an important role in creating healthy, inclusive communities', with Section 8 of the outlining the role of planning and its contribution to encouraging 'healthy communities'. The Government's Planning Practice Guidance (PPG, March 2014) supports the NPPF and provides further guidance to planning authorities. The NPPG identifies a range of issues that could be considered through the planning process in respect of health and healthcare infrastructure; these issues include:

- development proposals can support strong, vibrant and healthy communities and help create healthy living environments which should, where possible, include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital;
- the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities;
- opportunities for healthy lifestyles have been considered (e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation).

7.2 Local Planning Authorities can play a role in helping to control the proliferation of Hot Food takeaways in a local area; however, there are limitations to the extent planning can have on tackling the wider problems of obesity. Hot food outlets generally come under national planning Use Class designations A5 for Hot Food Takeaways. A5 Uses are defined as providing hot food for consumption off the premises. A5 Uses may provide 'unhealthy' food which if consumed regularly can contribute to obesity. However, other food retailers, such as bakers, drive-through restaurants and sandwich bars may also sell food considered to be unhealthy. These types of retailers fall within Use Classes A3 for Cafes and Restaurants and Use Class A1 – general retail. This makes it more difficult to control food sales from these types of retail units.

7.3 In addition, the planning system cannot regulate who operates any food outlet or the quality and healthiness of the food sold from those outlets. Planning conditions can nevertheless be applied and negotiated with a granting of planning permission, including in relation to the opening hours of an outlet, although these restrictions must be reasonable and justified in terms of clear evidence.

7.4 The number of A5 uses has steadily increased over recent years. South Tyneside currently has 139 retail units identified as A5 Use Class, with an 18% increase in units since 2014. This trend is contributing to creating a food environment which is increasingly obesogenic and allows for unhealthy food options to be widely available within concentrated areas within the borough.

Table 4 Number of A5 Units in South Tyneside			
2011	**2013**	**2015**	**2017**
114	129	133	139

7.5 Fig.5 below shows that between November 2008 – March 2017, 113 applications for new A3 or A5 Use Class were decided by South Tyneside Planning authority either by Planning Committee or under delegated authority. 78% of applications which related to a change of use to or creation of a new A3 or A5 outlet were approved by the Council and 22% were refused.

7.6 Applications refused by the Local Planning Authority can be subject to an appeal which is decided by the Government's Planning Inspectorate. Since 2008, 17 refused applications were challenged at appeal, of which 29% (5 applications) were allowed by the Planning Inspectorate and 70% (12 applications) were dismissed.

7.7 Since 2008, South Tyneside undertook 31 enforcement actions relating to the unauthorised sale of hot food. Enforcement outcomes typically resulted in:

- Submission of a planning application
- Sale of hot food confirmed as only an ancillary use
- Unlawful sales of hot food curtailed and restricted to being only an ancillary use
- Unlawful sales of hot food stopped

Fig. 6   Planning Applications Decided by South Tyneside Council 2008 - March 2017
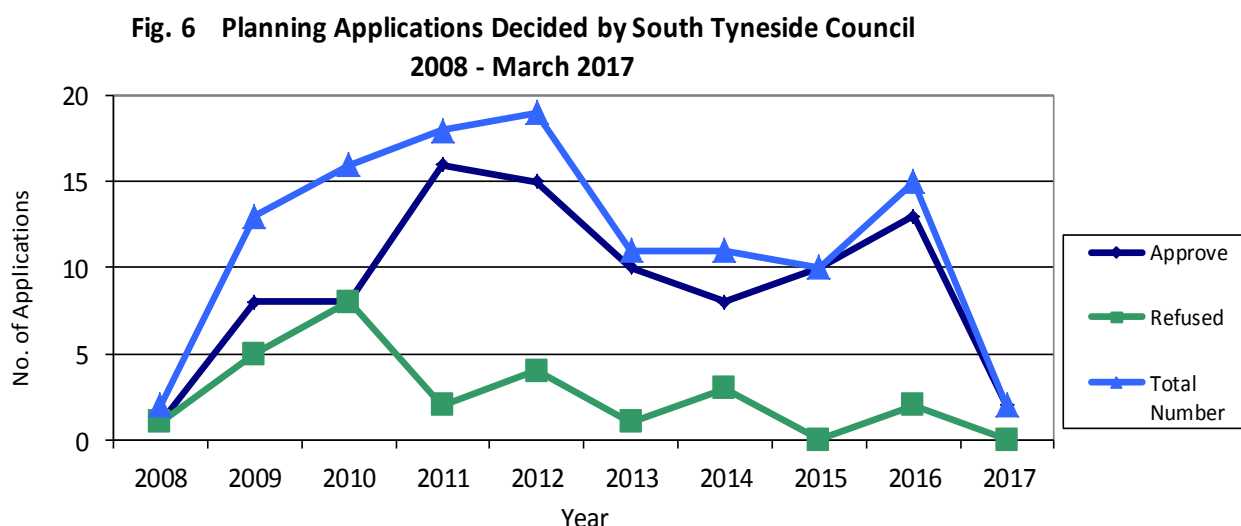
7.8   The number of applications for A3/A5 uses reached a peak in 2012, after a decline 2014, the number of applications appear to be increasing once again.   Development Management Policy DM3 'Hot Food Uses in Shopping Centres' was adopted in 2012 and may have had some influence on the number of application received by the council. Since the adoption of Policy DM3, there appears to have been a shift in the distribution of A5 units within the borough, with a decline in number located in 'other centres' (including neighbourhood shopping centres) and an increase of premises located in District Shopping centres.

7.9   Since the last evidence document, Public Health have submitted several representations for A5 planning applications. These have been considered as part of the information used by the Development Management Team to inform the overall decision for the application. The representations made by Public Health have highlighted obesity issues within the Borough and other health considerations relevant to these applications.

Opening Times

7.10   It is difficult to ascertain specific opening times from Planning or Environmental Health for HFTAs in the borough. Opening time limits of many new premises will have been set by planning conditions when they were originally granted planning permission, typically this relates to the lateness of opening in the interests of residential amenity. Planning permission is required to vary the opening hours set out in the original planning application. Environmental Health hold information on opening times but this is held on each premises record and can change between inspections.

Online Availability

7.11   The availability of HFTA menus and the ability to order food online increases the accessibility of takeaway food by providing more choice and opportunity from a wider area. In 2014, a review of two online takeaway websites (Just-eat.co.uk and Eateasy.co.uk); show that there were at least 113 HFTA outlets registered online within the South Tyneside area. However, there are also a substantial number of HFTAs located outside of the borough's boundaries which offer delivery to areas within South Tyneside. This increases the ease of access to high energy dense food.

8. Environmental Health

8.1   Environmental Health makes a vital contribution to improving and protecting public health and helping to reducing health inequalities. Environmental Health officers have worked closely with Planning and Public Health colleagues to help address the issues of over concentration of hot food outlets. Expert knowledge and comprehensive data has been provided, that has been compared and cross referenced with planning data in order to give an accurate illustration of the number of food providers within the borough.

8.2   The table below shows the changes in businesses over a seven year period. Although this data includes outlets other than A5 use classification, businesses self-classify so they do not necessarily identify themselves as a hot food takeaway. However, outlets such as delicatessens and sandwich shops can have available hot food which is often high in calories and fat.

Table 5 Environmental Health – Fast Food Outlets 2009 - 2016								
	2009	2010	2011	2012	2013	2014	2015	2016
Delicatessens	3	3	3	3	3	14	15	16
Chinese	21	22	22	23	25	29	29	29
Indian	19	20	24	24	26	41	41	42
Pizza/Kebab	13	15	15	16	23	32	36	38
Fish & chips	22	22	22	25	25	34	35	36
Sandwich	10	11	12	14	17	29	33	33
Totals	88	93	98	105	120	178	189	194

8.3   From 2009 to 2016, the data shows a 93% increase of fast food type outlets, with a 120% increase of all food outlets.

8.4   Environmental Health incorporates a public health approach whenever possible and is keen to continue to work with and support this area.   In supporting food businesses to make their food provision healthier, they have include the following options:
- promoting reduced salt flow shakers
- helping food businesses provide nutritional information on menus
- providing training workshops with food businesses around delivering healthy catering guidelines around fat and salt content.

Nutritional Project

8.5   The Council's Environmental Health team has supported local food businesses to produce modified meals by reducing the levels of fat and salt, introduce measuring consistency into their food and offer calorie and nutritional information on some of their dishes.

8.6   The businesses have allowed their base recipes to be tested for fat and salt content analysis and calculated calories information that will help apply the relevant data to add to their existing menus.

8.7   This project has also helped to standardise portion sizes and provide customers with a more informed choice on nutritional content for some popular dishes.

9. Next Steps

9.1   This document contributes to the council's ongoing commitment to tackle obesity within South Tyneside. Future Steps have been identified which span across council services which will contribute to a holistic approach in improving health and wellbeing in the borough. These steps are set out below:

Planning

- **The production and adoption of a Hot Food Takeaway Supplementary Planning Document (SPD)** - This SPD will form part of the suite of documents used to determine planning applications. This will be a material consideration for A5 planning applications and should help to control the proliferation of A5 uses within the borough.

- **The Local Plan** - The emerging Local Plan will replace the existing suite of Development Plan Documents for the borough. The Local Plan will seek to include health and wellbeing as a central concept of the plan. Policies will seek to promote a 'health in all policies' approach to ensure that where relevant, healthy and sustainable options are encouraged. The Local Plan will also review current Developing Plan policies relating to hot food takeaways. (Development Management Policy 3) and will provide updates to this policy where relevant.

Public Health

- **Providing public health support to Planning**- Representations will continue to be provided by Public Health to the Development Management Team for A3 and A5 applications. Public Health will also provide relevant support to the development and adoption of a Hot Food Takeaway Supplementary Planning Document and the development of the Local Plan.

Environmental Health

- **Ongoing contribution to promoting healthy and informed food options -** Environmental Health will continue to work with local businesses in supporting them to provide alternative options, enabling customers to make an informed choice.

Appendix A – Ward Maps: Deprivation and Hot Food Takeaways (A5 uses)

Beacon & Bents	
IMD Ward Rank	5/18
Reception	17.2%
Year 6	35.6%
HFTA A5 ●	22

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Bede	
IMD Ward Rank	3/18
Reception	24.7%
Year 6	48.3%
HFTA A5 ●	7

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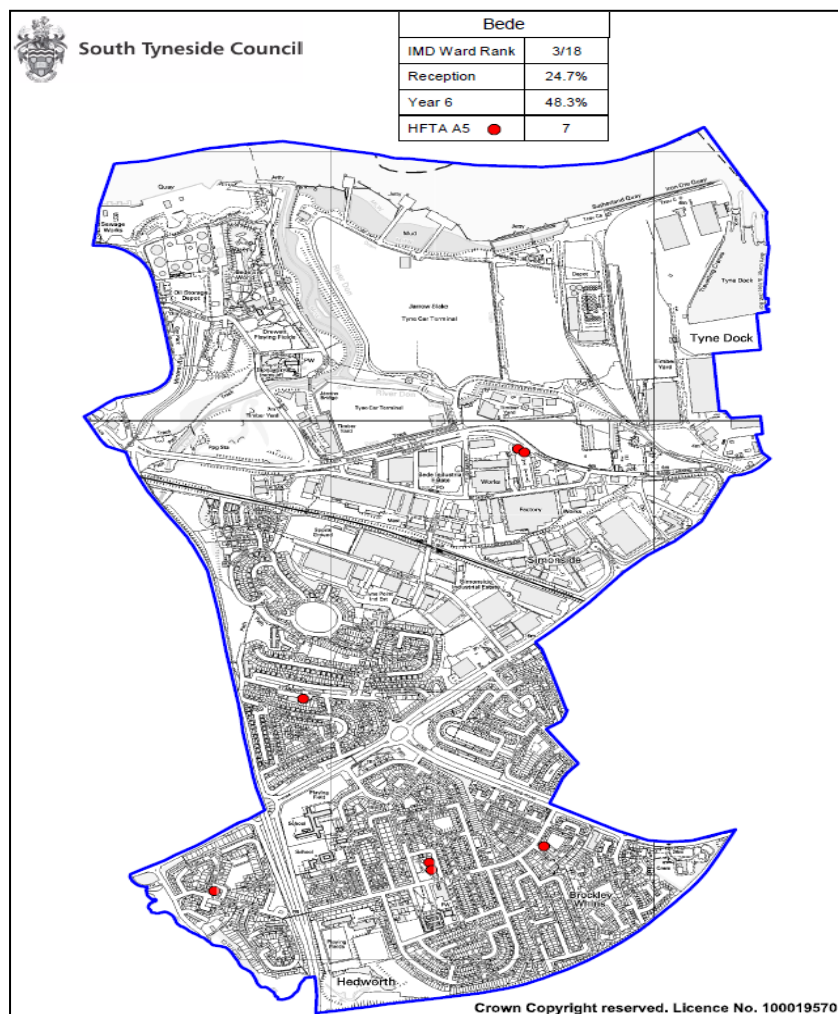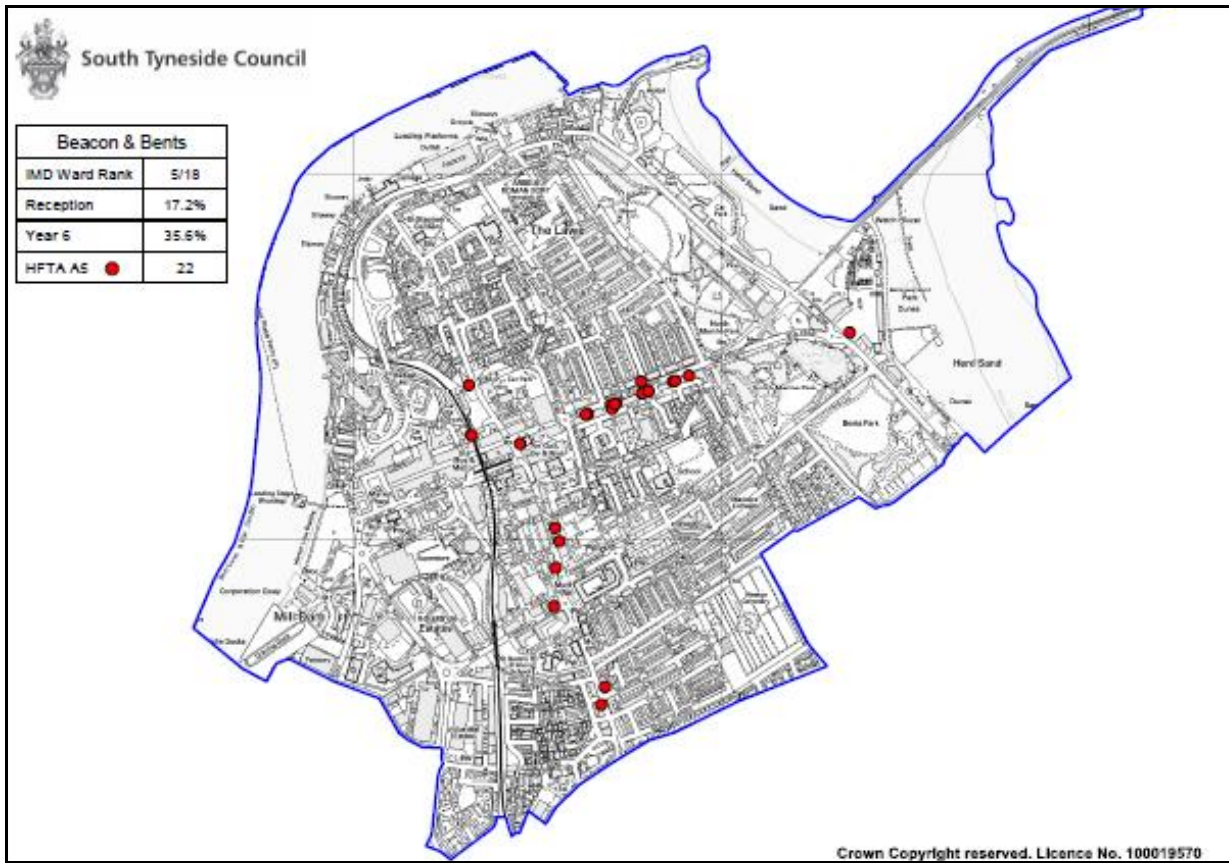
South Tyneside Council

Biddick & All Saints	
IMD Ward Rank	1/18
Reception	17.2%
Year 6	35.6%
HFTA A5 ●	15
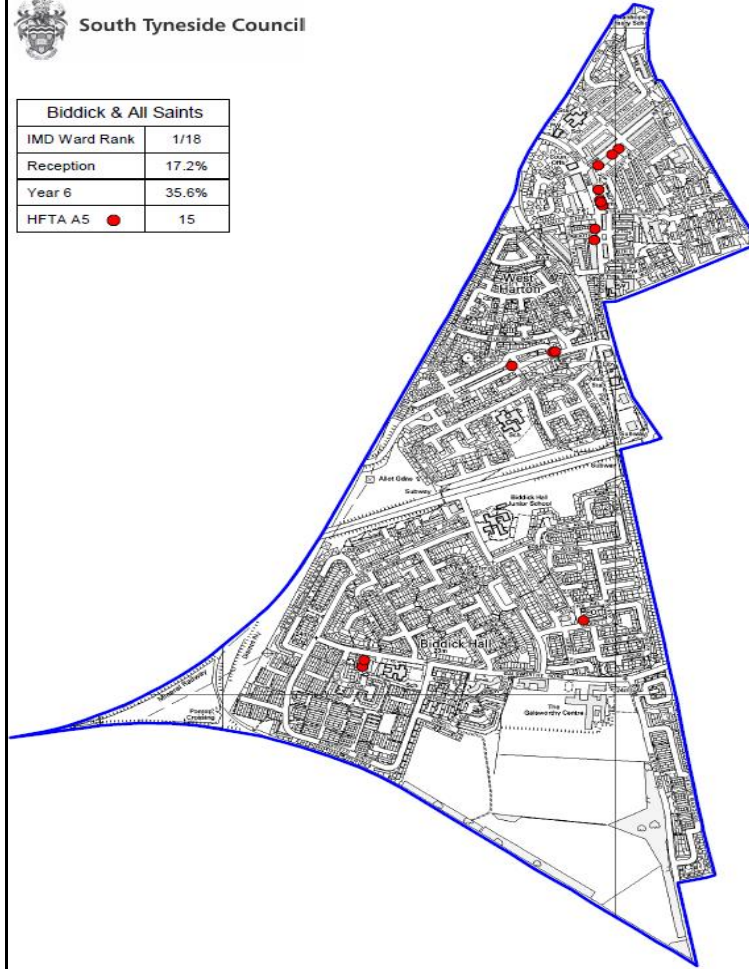
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Boldon Colliery	
IMD Ward Rank	14/18
Reception	29.1%
Year 6	41.9%
HFTA A5 ●	9
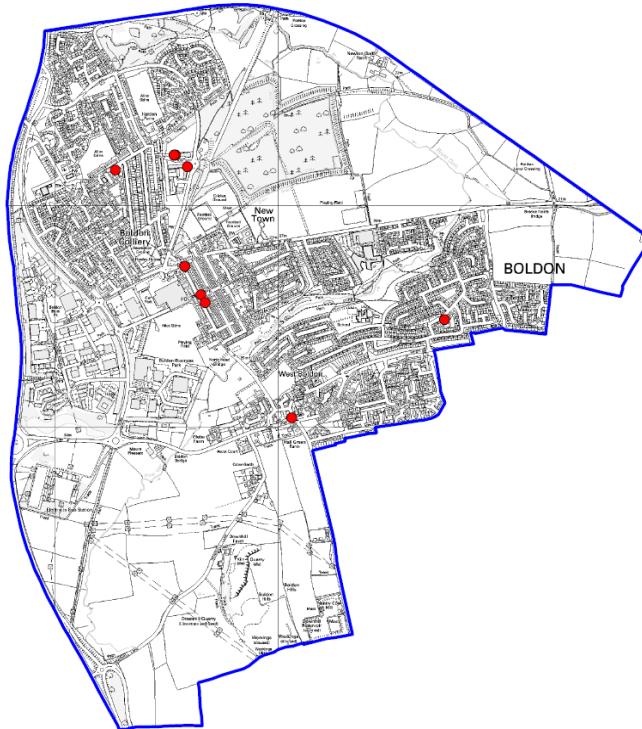
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Cleadon & East Boldon	
IMD Ward Rank	18/18
Reception	16.9%
Year 6	26.9%
HFTA A5 ●	3
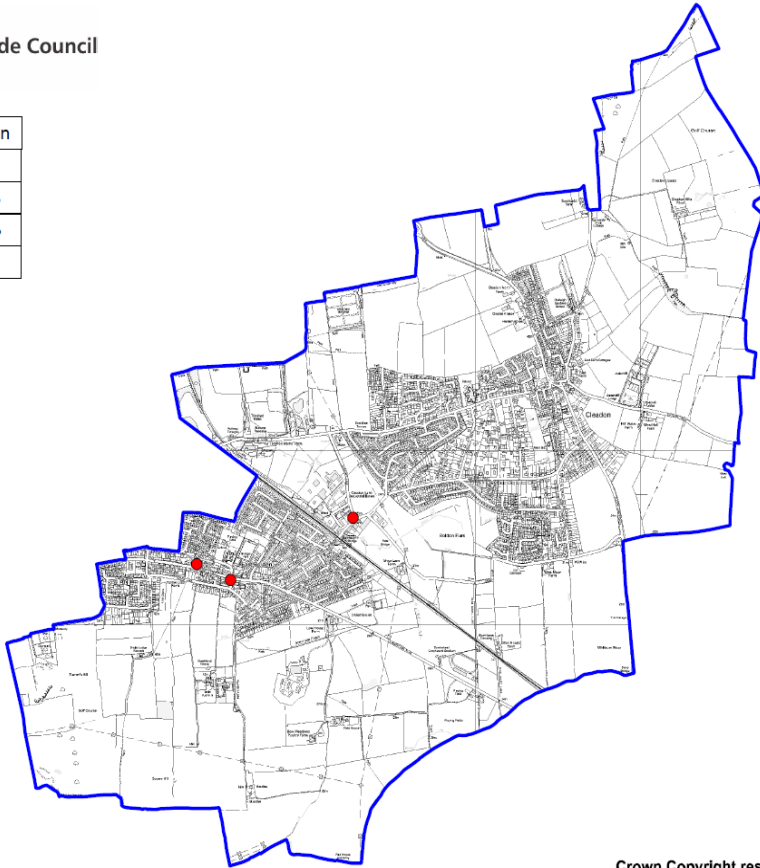
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Cleadon Park	
IMD Ward Rank	6/18
Reception	26.5%
Year 6	44.2%
HFTA A5 ●	2
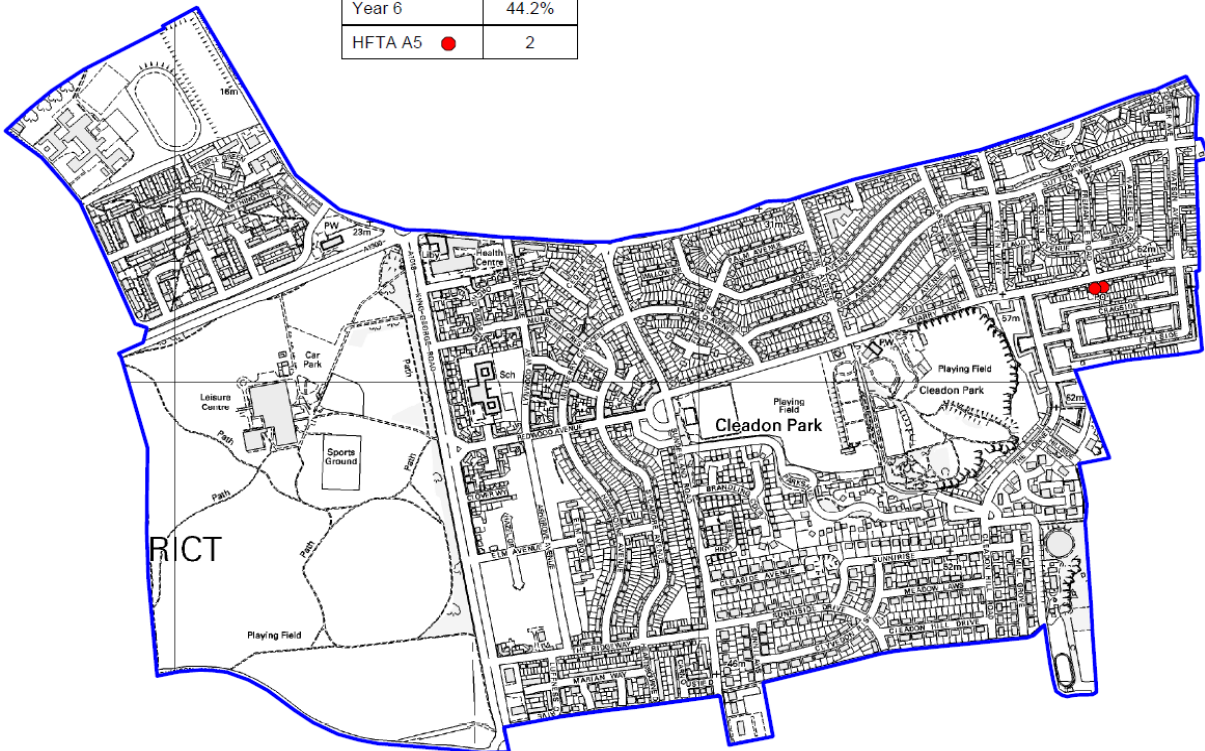
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Fellgate & Hedworth	
IMD Ward Rank	10/18
Reception	30.6%
Year 6	30.0%
HFTA A5 ●	3
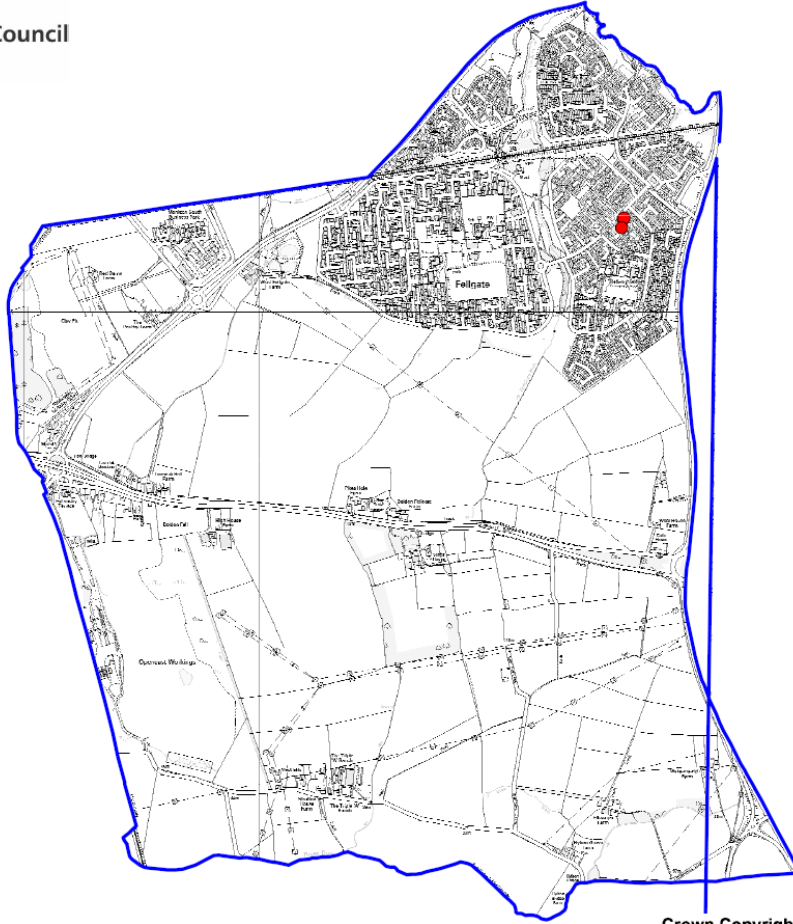
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Harton	
IMD Ward Rank	13/18
Reception	22.9%
Year 6	40.2%
HFTA A5 ●	7
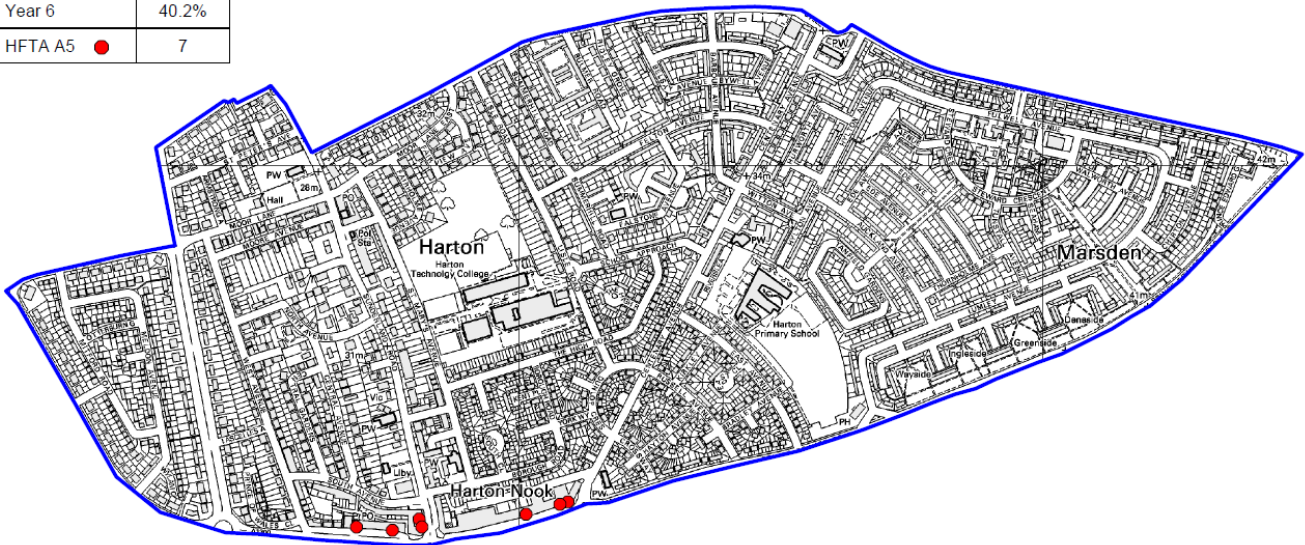
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Hebburn North	
IMD Ward Rank	12/18
Reception	29.2%
Year 6	32.4%
HFTA A5 ●	5
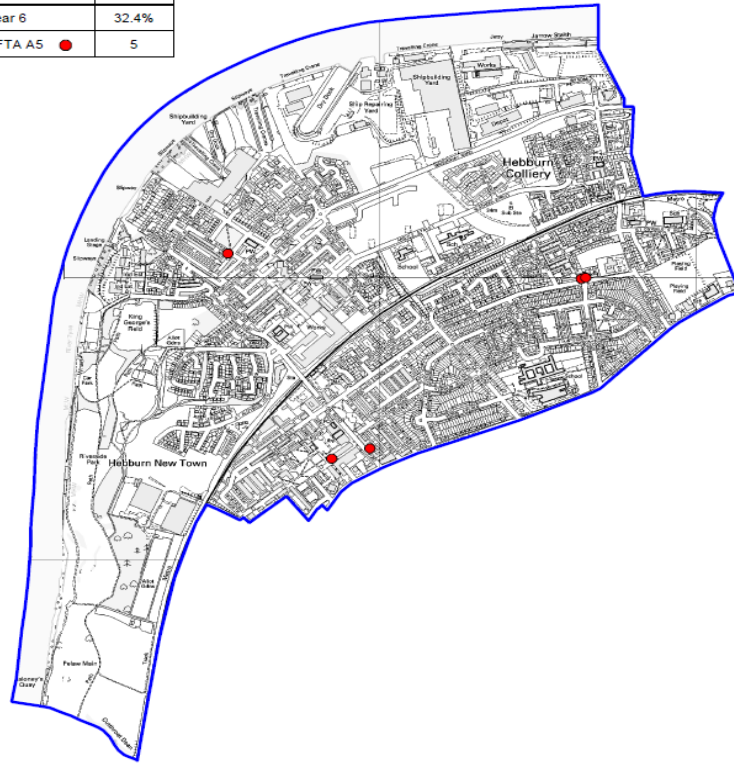
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Hebburn South	
IMD Ward Rank	9/18
Reception	33.3%
Year 6	33.3%
HFTA A5 ●	6

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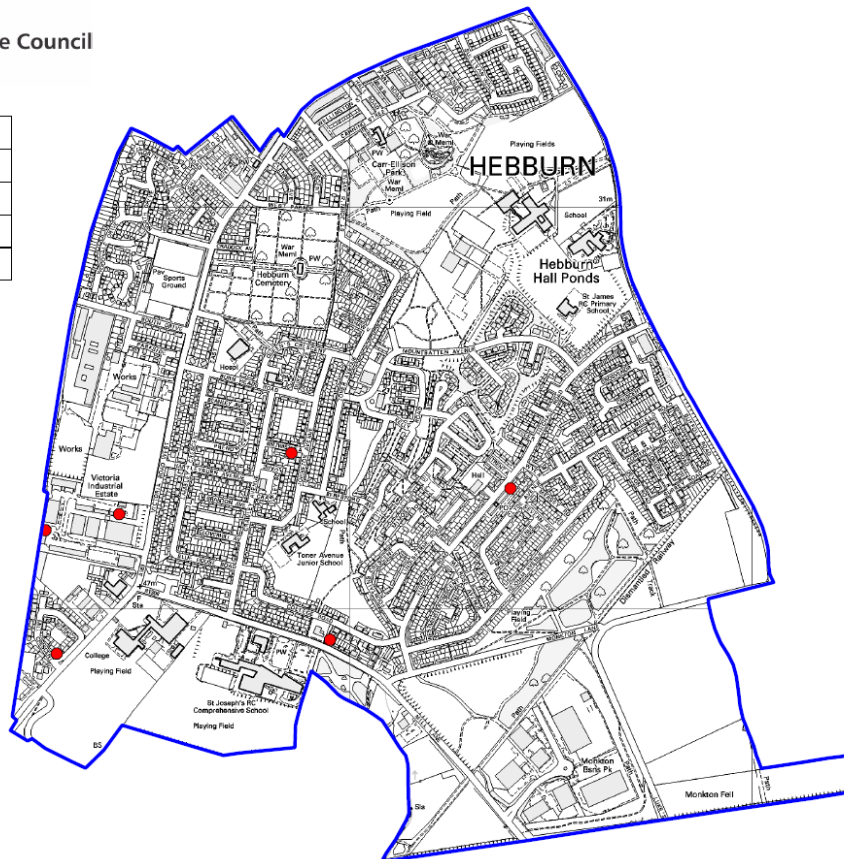
South Tyneside Council

Horsley Hill	
IMD Ward Rank	11/18
Reception	24.0%
Year 6	32.1%
HFTA A5 ●	3
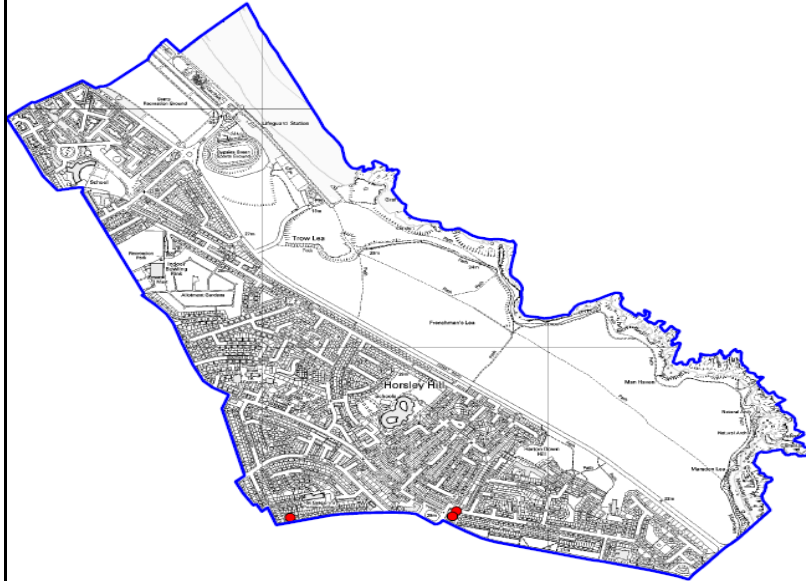
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Monkton	
IMD Ward Rank	8/18
Reception	29.9%
Year 6	38.6%
HFTA A5 ●	3

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Primrose	
IMD Ward Rank	7/18
Reception	23.5%
Year 6	43.2%
HFTA A5 ●	11

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Simonside & Rekendyke	
IMD Ward Rank	2/18
Reception	24.8%
Year 6	42.0%
HFTA A5 ●	18

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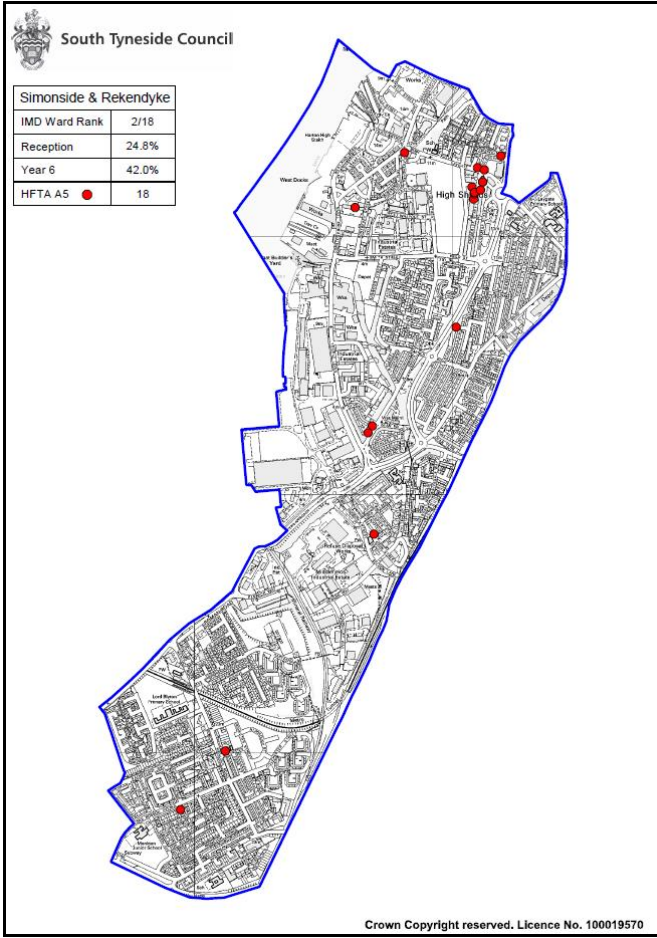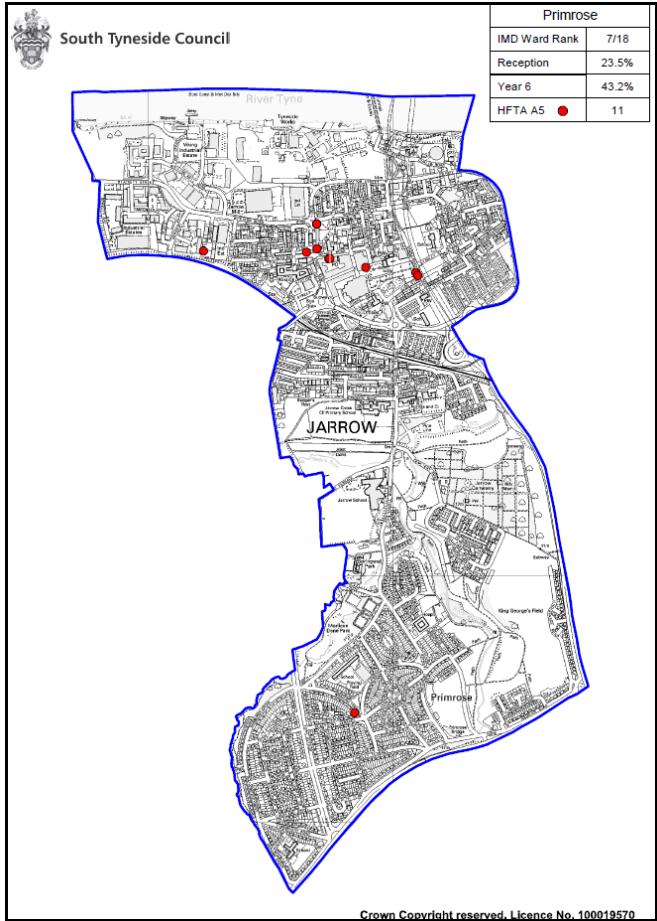
South Tyneside Council

West Park	
IMD Ward Rank	15/18
Reception	19.0%
Year 6	27.6%
HFTA A5 ●	8
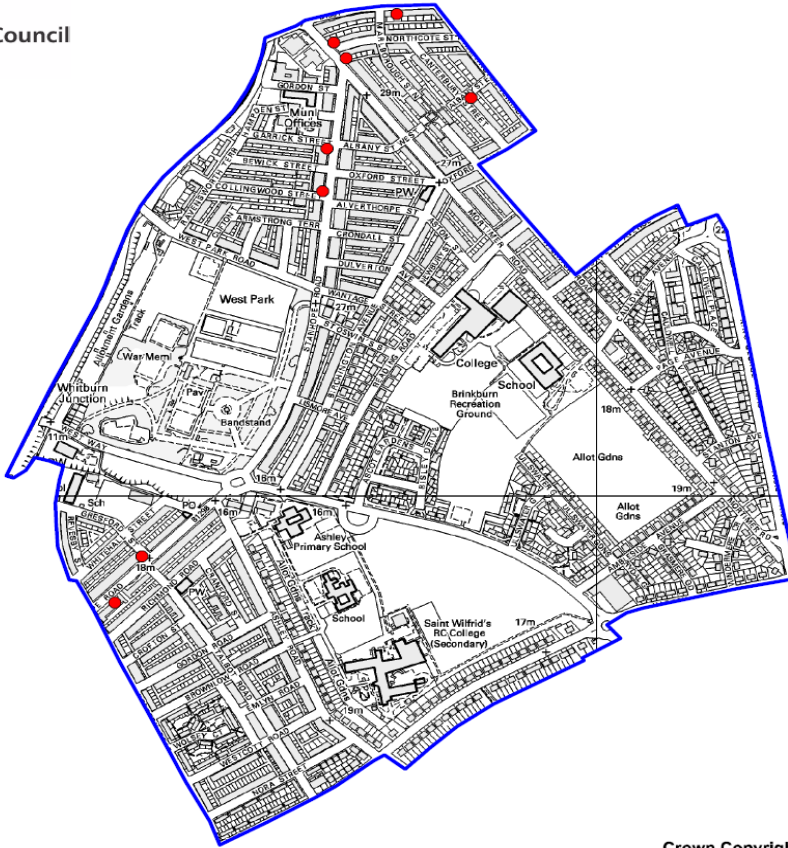
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Westoe	
IMD Ward Rank	17/18
Reception	31.3%
Year 6	38.2%
HFTA A5 ●	12
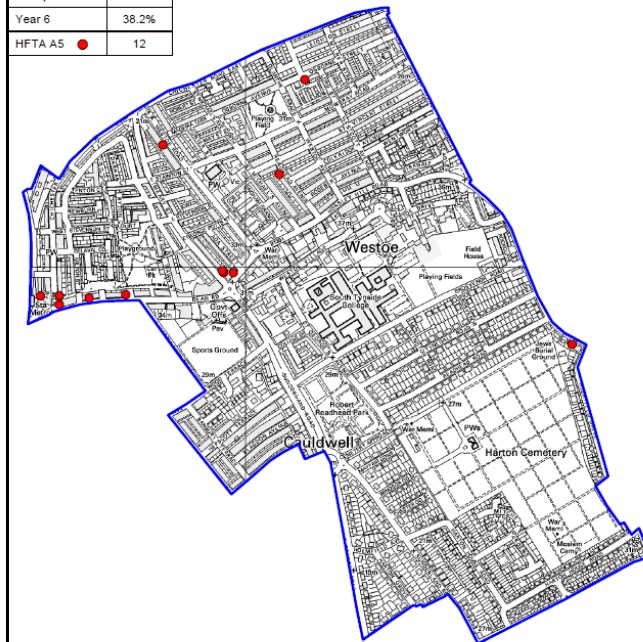
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Whitburn & Marsden

IMD Ward Rank	16/18
Reception	30.6%
Year 6	43.6%
HFTA A5 ●	3
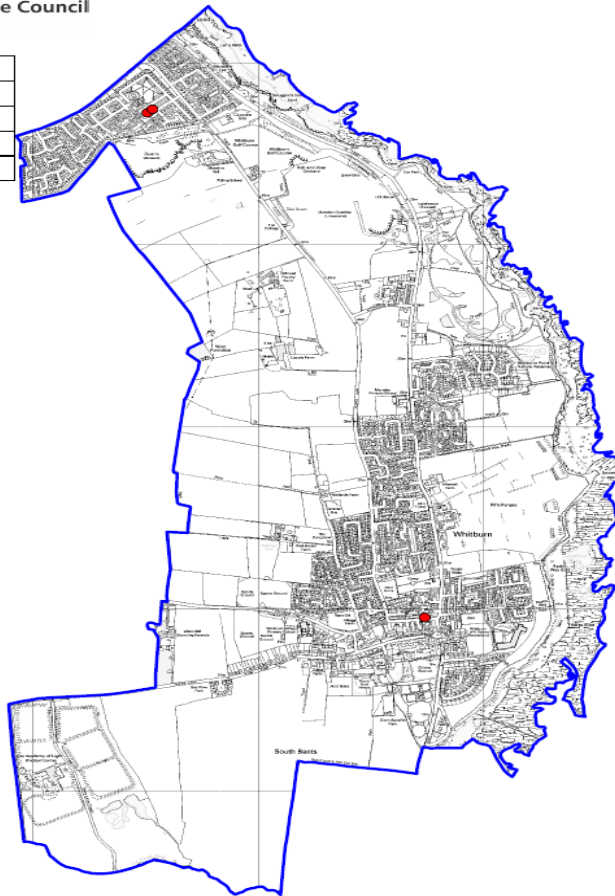
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Whitleas

IMD Ward Rank	4/18
Reception	18.3%
Year 6	48.1%
HFTA A5 ●	1
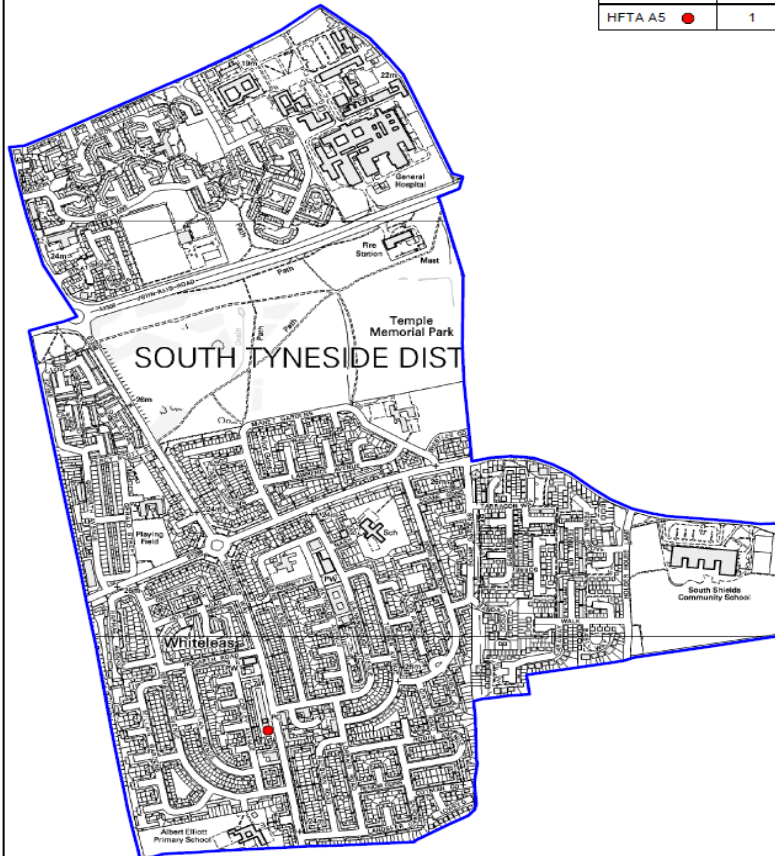
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Appendix B

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Acknowledgments:

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If you know someone who would like this information in a different format contact the communications team on (0191) 424 7385

Document <mark>Reference Number: ER/1234/MONYEAR</mark>