

Luton Food Plan 2018-2022



Appendix A - Health Needs Assessment – Luton Food Plan

Key Summary:

- The reasons why people eat unhealthy diets are complex and associated with issues relating to food accessibility, affordability, knowledge and skills and culture.
- The ethnic composition of Luton fits a model known as ‘super-diversity’ in which there is an increasing number of BME communities within the population each with its own needs and cultures.
- Luton is becoming relatively more deprived in comparison to the other local authorities of England and the trend of has been happening since 2004. Luton has nine output areas in the top ten per cent most deprived areas in the country. Three of these are in Northwell, two in Farley and South wards and one in Biscot and Dallow wards.
- At reception year (4-5-year olds) 75.5% of children are a healthy weight, which drops to 56% at year 6 (10-11-year olds).
- Only 35% of local school pupils and 49.8% of adults report eating the recommended “5 a day”, with Luton adults eating less fruit and vegetables per day on average compared to England (2.4 vs 2.5 respectively).
- Luton has a higher density of fast food outlets 88.6 per 100,000 population compared to the England average of 88.2.
- Resident feedback showed just over 15% of residents considered themselves to be eating healthily all the time.
- Focus group feedback showed an appetite for greening up the Borough and the possibility of a range of local growing spaces.

1. Introduction

This Health Needs Assessment has been developed to provide information and intelligence about the need for a Luton Food Plan and relevant demographics, data and insight from residents. A JSNA chapter looking at the Luton Food Plan will be published in 2018.

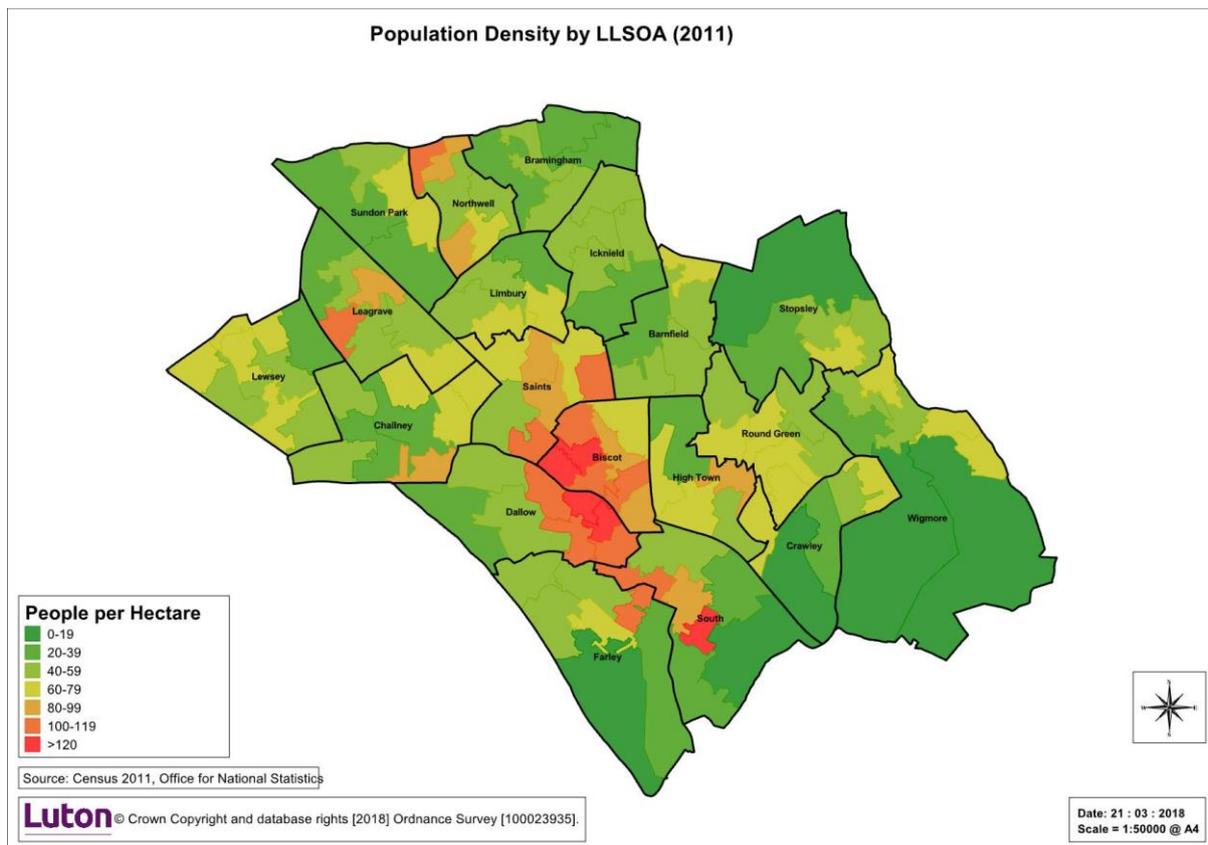
2. Luton Demographics

The health of the population of Luton tends to be slightly poorer than the England average. The poorer health outcomes are linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population. This section will describe the numbers and projected growth of the population; demographics (e.g. age, gender, and ethnicity); population movement in and out of the borough; deprivation and poverty.

The latest (2014) Office for National Statistics (ONS) Mid-Year Population Estimate for Luton was 211,000.

Figure 1 shows the most densely populated areas of Luton are in the centre of the town. With an area of 4,336 hectares, the official (ONS) population figure translates into a population density of 48 people per hectare. This figure is greater than many London Boroughs.

Figure 1:



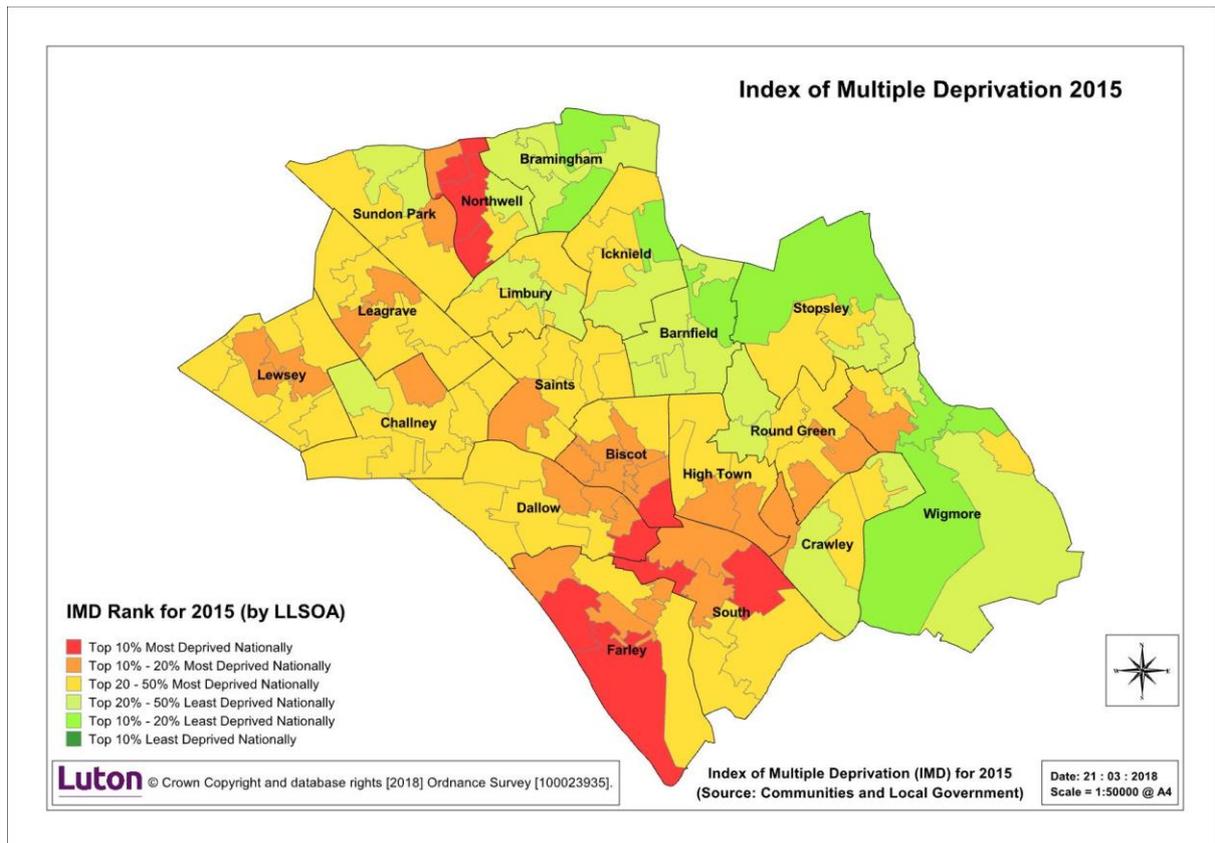
There is a broad ethnic groups in the Luton population, with approximately 45% of the population being of Black and Minority Ethnic Origin (BME) or non-white. The ethnic composition of Luton fits a model known as ‘super-diversity’ in which there is an increasing number of BME communities within the population each with its own needs and cultures. Luton has a long history of migration into the area both from elsewhere in the UK and overseas.

Analyses of translation service data also highlighted the levels of diversity in the town by identifying more than 120 languages or dialects being spoken by residents. This provides corroborating evidence of Luton being super diverse.

5% of the total population of Luton are Black African or Black African heritage (England 2.1%) and 5.9% Black Caribbean or Black Caribbean heritage (England 1.9%). 14.4% of the population are Pakistani (England 2.1%), 6.7% Bangladeshi (England 0.8%) and 5.2% Indian (England 2.6%).

Luton is ranked as the 59th (out of 326) most deprived local authority. In 2010 Luton was ranked as the 69th most deprived local authority, in 2007 as the 87th (out of 354 authorities) and in 2004 the 101th most deprived local authority. This indicates that Luton is becoming relatively more deprived in comparison to the other local authorities of England and the trend of has been happening since 2004. Luton has nine output areas in the top ten per cent most deprived areas in the country. Three of these are in Northwell, two in Farley and South wards and one in Biscot and Dallow wards as seen in Figure 2.

Figure 2: Map showing levels of deprivation



Luton Population Change

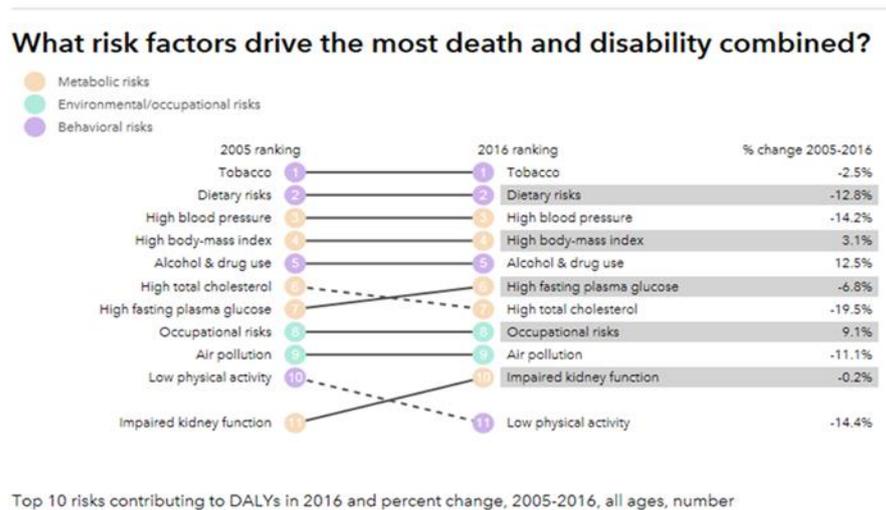
- The population of Luton continues to change and using various data sources it is estimated that approximately 30 to 50 per cent of the current population were either not born or not living in Luton at the time the 2011 Census.
- Internal migration is showing the impact of welfare reform with an increase of people moving from London boroughs to Luton.
- International migration has grown since 2011 and the population of Luton has become more diverse
- National Insurance records shows a growing number of Romanians coming to Luton
- School census records show Luton's population becoming more diverse with the number of children whose first language is not English now outnumbering pupils with English as a first language.
- South, Farley and High Town are the areas where population turnover is the fastest.
- Biscot and Dallow wards have the highest birth rates.

3. Why do we need a Luton Food Plan?

The reasons why people eat unhealthy diets are complex and associated with issues relating to food accessibility, affordability, knowledge and skills and culture.

The evidence from the Global Burden of Disease is that diet is an important risk factor in many health issues and dietary risks are the second highest factor, the highest being Tobacco, affecting Disability Adjusted Life years (DALYs) as shown in Figure 3.

Figure 3:



Risk factors include diets high in sugar and trans-fats and low in fruit and vegetables. Poor diet contributes to around 50% of coronary heart disease and 30% of all cancer deaths, the two biggest causes of death in Luton.

Concerns relating to food retail outlets

We live in an increasingly obesogenic environment which is selling high energy, cheap, fast food. Research conducted in Leeds sought to analyse the association between childhood overweight and obesity prevalence and the density and proximity of fast food outlets in relation to the child's residential postcode.

Concerns are raised regarding the proximity of fast-food outlets to schools, parks and other land uses where there is a concentration of young people and/ or a focus on services that facilitate healthy living. Purchases from shops around the fringe of schools were found to provide at least 23% of recommended energy intakes for school children and an average 38% of calories from fat, compared with the recommended 35%. Food purchased by children from such outlets also provided them with more than a third above the recommended NEMES intake.

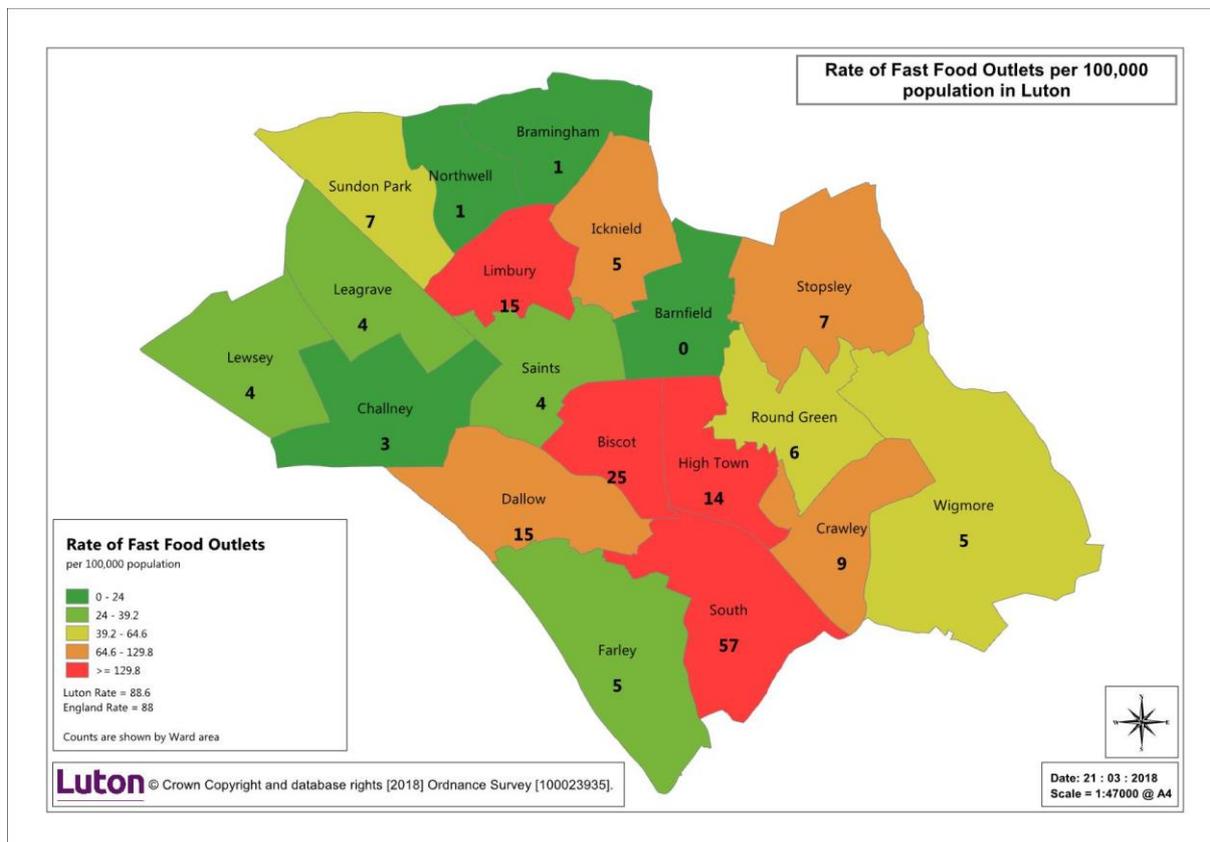
It found that there is a significant correlation between the density of fast food outlets and levels of deprivation. A higher density of fast food outlets was also significantly associated with the child being overweight/ obese. No significant association between distance to the nearest fast food outlet and overweight/ obese status was found.

Research in the US among young to middle-aged adults considered distance to food retail outlets against the consumption of food types 2. This found that fast food consumption among low-income respondents was related to fast food availability, particularly within 3 km of home. There were no significant relationships between the availability of supermarkets/ grocery stores and diet outcomes.

It is not just fast food outlets that are of concern. Energy dense foods are also sold through restaurants, vending machines and mobile food vans. Other food retail outlets such as corner shops, supermarkets and bakeries sell high fat, high sugar items such as cakes, crisps, chocolate, sweets and drinks.

Purchases from fast food outlets are often consumed 'on the move' and are therefore also a source of litter from both food and non-food waste. Food waste in particular attracts pests (e.g. rats and pigeons). Litter can also form blockages to urban drainage systems (increasing the risk of localised surface-water flooding) and settle in natural features such as rivers and hedges.

Figure 4: Map showing Rates and Count of Fast Food Outlets by Ward



Improving oral health

Consuming too many foods and drinks high in sugar can lead to weight gain and related health problems and plays a major role in the development of dental decay. Consumption of sugar sweetened drinks, compared to non-sugar sweetened drinks, results in greater weight gain and increases in body mass index in children and adolescents due to increased energy consumption and is associated with increased risk of type 2 diabetes.

In 2015 the Scientific Advisory Committee on Nutrition (SACN) advised that the recommended average population maximum intake of free sugars should be halved: not exceeding 5% of total dietary energy. Free sugars are defined as sugars added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. It does not

include sugars naturally occurring in milk products or whole fruit and vegetables. SACN also recommended that consumption of sugar sweetened drinks should be minimised by both adults and children.

Sugar intakes of all population groups are above these recommendations, contributing between 12 to 15% of energy. Consumption of sugar and sugar sweetened drinks is particularly high in school age children, who consume up to three times the recommendation. It also tends to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. By meeting these recommendations within 10 years we would not only improve an individual's quality of life but could save the NHS, based on a conservative assessment, around £500m every year.

In general, the main sources of sugar in the UK diet for both children and adults include soft drinks; table sugar; confectionery; fruit juice; biscuits, buns, cakes, pastries and puddings; breakfast cereals; and alcoholic drinks (for adults) with sugar sweetened beverages the biggest contributor in children's diets.

Childhood Obesity

At reception year (4-5 year olds) 22.6% of children are overweight or obese (Figure 4), which increases to 41.5% in year 6 (10-11 year olds) see Figure 6.

Figure 5:

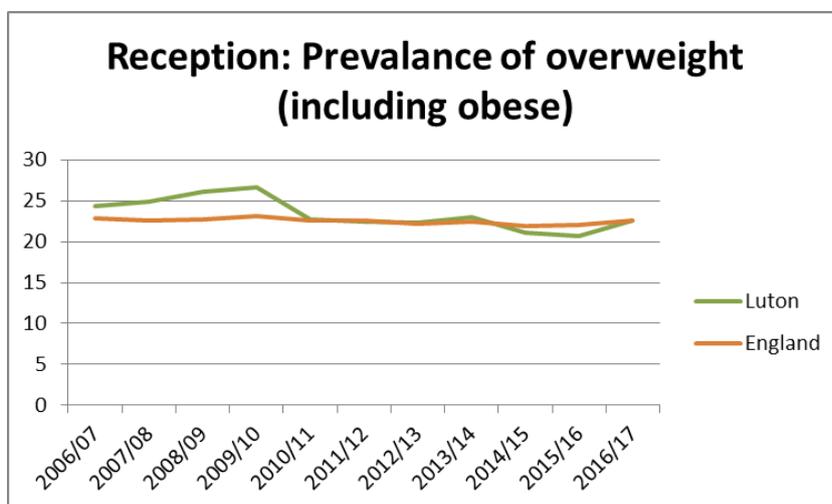
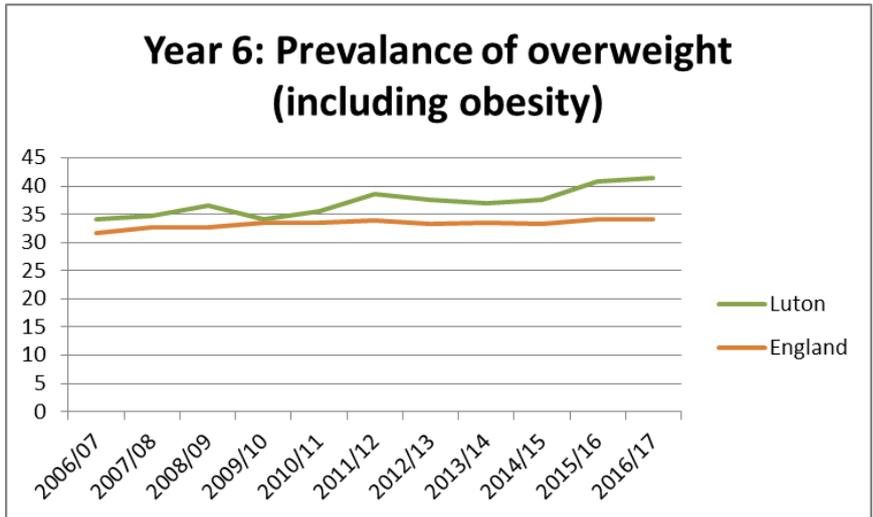


Figure 6:



Fruit and Vegetable Consumption

Data for Luton show us that the average portions of fruit and vegetables that are consumed by adults is 2.4 (compared with England 2.5) which is less than half of the Public Health England (PHE) recommended target of a minimum five portions. 46.5% of the population of Luton adults consumes 5-a-day on a usual day. This is significantly lower than England (52.3%) although all but one of similar areas has a smaller proportion of the population meeting this target (see figure 7).

Figure 7: Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

Area	Value	Lower Ci	Upper Ci
England	52.3	52.1	52.5
Derby	52.4	48.9	56.0
Milton Keynes	51.8	48.2	55.4
Rochdale	49.6	45.7	53.5
Bradford	49.4	46.9	51.9
Peterborough	48.0	43.9	52.2
Medway	47.4	43.9	50.8
Luton	46.5	42.4	50.5
Coventry	46.3	43.2	49.5
Salford	45.9	42.3	49.6
Blackburn with Darwen	45.0	40.3	49.8
Bolton	44.6	41.2	48.0
Nottingham	44.4	41.3	47.6
Leicester	44.3	41.2	47.4
Oldham	44.1	40.4	47.9
Sandwell	42.7	39.6	46.0
Thurrock	40.1	35.7	44.6

Source: Sport England Active People Survey

Food Outlets

Despite Luton being a relatively small town, with many outlets contained in the town centre the density of fast food outlets is 88.6 per 100,000 population which is slightly higher than England (88.2). Data is shown in figure 8.

Figure 8: Density of fast food outlets per 100,000 population

Area	Value	Lower CI	Upper CI
England	88.2	87.4	89.0
Blackburn with Darwen	128.1	110.5	147.8
Leicester	127.1	115.3	139.7
Nottingham	115.8	104.2	128.4
Sandwell	114.3	102.8	126.7
Bolton	112.7	100.6	125.8
Bradford	110.4	101.6	119.7
Salford	106.6	94.0	120.4
Derby	104.2	92.0	117.6
Rochdale	103.3	90.1	117.9
Oldham	95.3	83.1	108.8
Luton	88.6	76.4	102.3
Medway	86.5	75.8	98.2
Thurrock	84.5	71.0	99.9
Coventry	83.6	74.1	93.9
Peterborough	82.4	70.0	96.4
Milton Keynes	67.9	58.2	78.7

Source: Numerator: PointX. Points of Interest Denominator: ONS mid-year estimates of population

There is a growing body of evidence on the association between exposure to food retail outlets and obesity. We know from national and local health surveys that the prevalence of child overweight and obesity rises with deprivation, and often will continue into adulthood.

A study from the Centre for Diet and Activity Research (CEDAR) at the University of Cambridge, titled 'Does neighbourhood fast-food outlet exposure amplify inequalities in diet and obesity? A cross sectional study' concluded greater fast-food consumption, BMI, and odds of obesity were associated with greater fast-food outlet exposure and a lower educational level. Fast-food consumption and BMI were significantly different across education groups at all levels of fast-food outlet exposure. High fast-food outlet exposure amplified differences in fast-food consumption across levels of education suggests that policies to improve the food environment in towns and cities could be helpful in tackling social inequalities in diet and health.

Health Related Behaviour Survey

The Health-Related Behaviour Survey developed by the Schools Health Education Unit (SHEU), report for Luton Primary school aged children in Years 5 & 6 in 2016 showed:

Figure 9: Shows a decrease between the percentages of children having no fruit and veg as well as slight increase in the number of children eating 5-a-day.

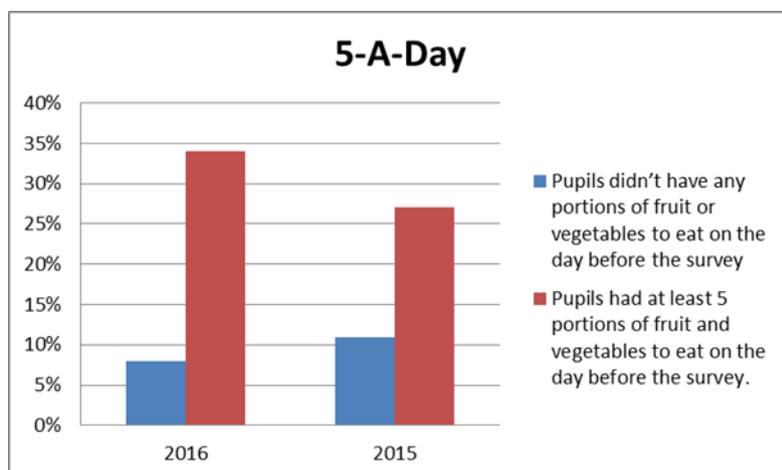


Figure 10: Shows a decrease in the number of pupils who had school food for lunch. Of concern is an increase in the number of pupils who did not have lunch as well as a decrease in pupils who felt that the place they can get school lunch is friendly.

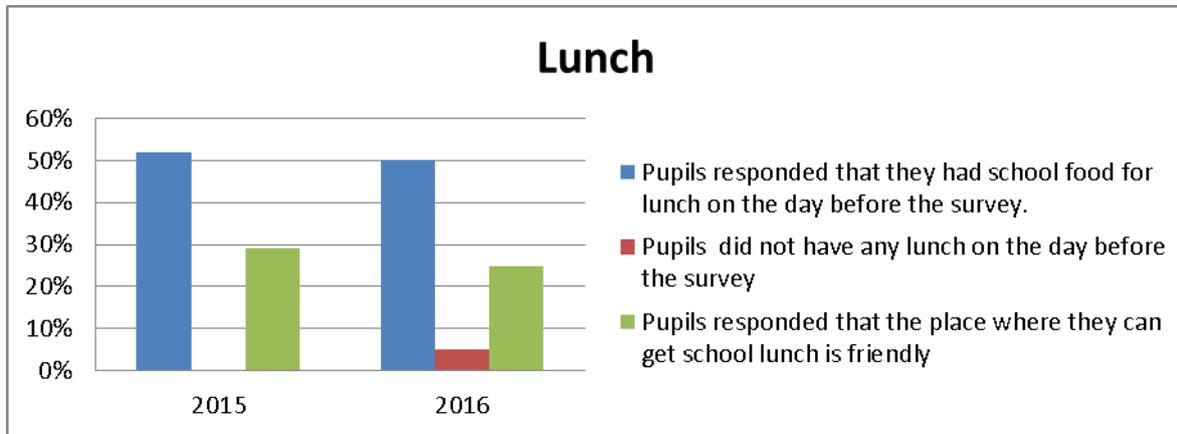
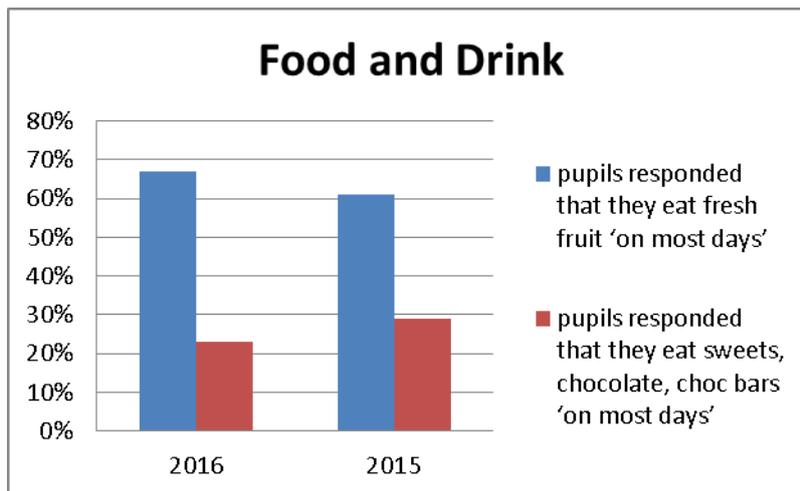


Figure 11: This showed a positive result of an increase in pupils that eat fresh fruit 'on most days' and a decrease in those that eat sweets, chocolate, choc bars 'on most days'.



Secondary School SHEU data (Year 8 & 10)

Figure 12: Shows a decrease in the pupils who had a school lunch. Worryingly this age group also shows a significant increase in the percentage of pupils who didn't have any lunch on the day before the survey.

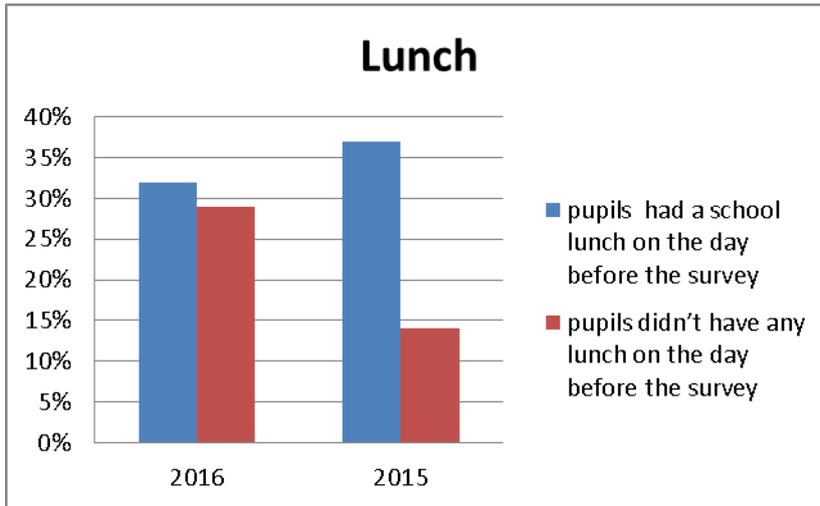


Figure 13: Shows an increase in the pupils that eat fresh fruit 'on most days'

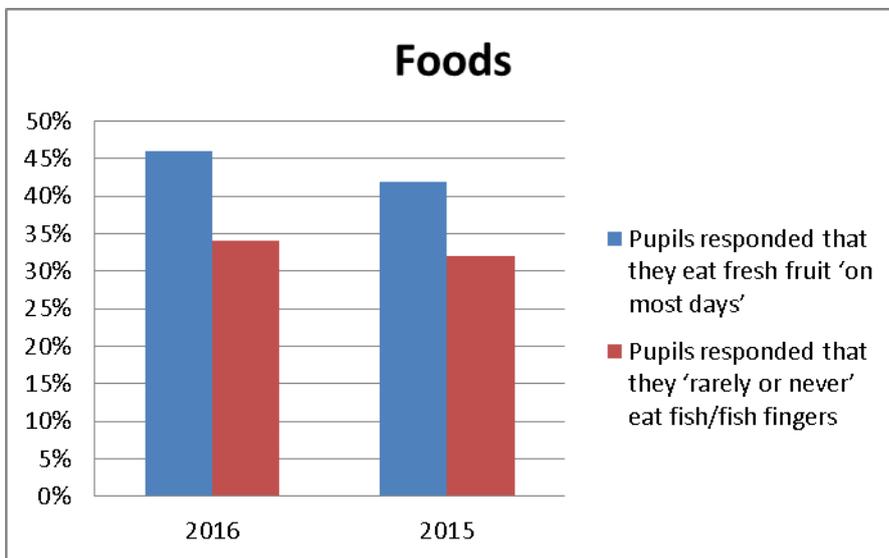
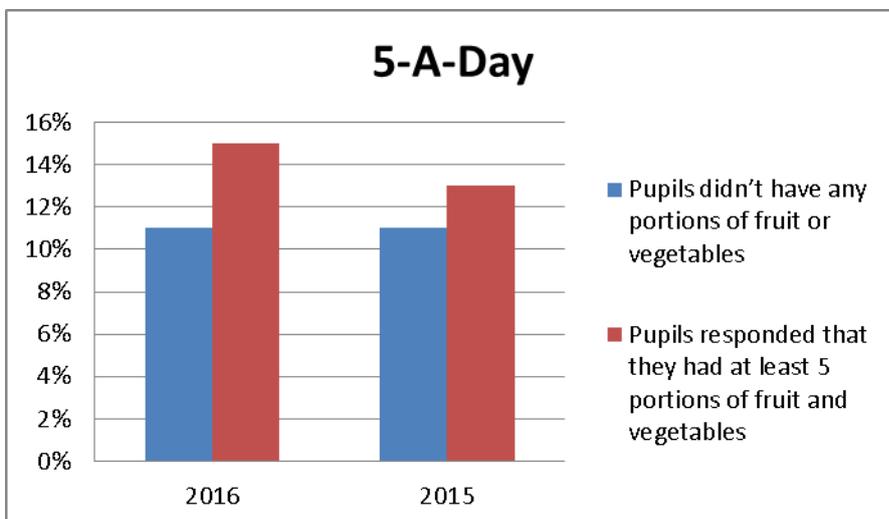


Figure 14: Shows a similar level of pupils who didn't have any portions of fruit or veg but an increase in those that had at least 5 portions of fruit and vegetables.



4. Resident Feedback

As noted, the reasons why people eat unhealthy diets are complex and associated with issues relating to food accessibility, affordability and culture.

To provide further local insight into this LBC's Public Health team undertook a mixed-methods consultation exercise in the second half of 2017, which comprised an online survey followed by a series of 15 informal 'focus groups' in community settings with guided discussion topics, focusing on knowledge, habits and experience. Just over 200 residents completed the online survey and a similar number took part in the various focus groups. Questions covered knowledge, information, habits, motivations, barriers and what people thought our current initiatives. White British people were overrepresented in the online survey responses, which possibly reflects overall media consumption habits and general patterns in public consultation responses. We therefore made a specific effort to rectify this with the focus group targeting. Time and resource constraints prevented us from getting full representation of Luton's communities or demographics but we improved the overall diversity of respondents.

We found:

- An overwhelming majority a respondents considered that they had a good or better knowledge of healthy eating.
- Nearly two thirds felt there was enough information available. (The third that didn't made this something that we wanted to explore more in our focus groups.)
- More than two thirds felt that the quality of information available was good. Again, the proportion that didn't prompted us to explore this further. (community opportunities and social media both came out strongly).
- Social media and community settings were seen as good ways to get more information.
- Just over 15% considered themselves to be eating healthily all the time. Most respondents seemed to occupy the middle ground, with around 40% being self-confessed occasional or rare healthy eaters.
- Self-control in the face of temptations seemed to be people's biggest barrier, followed by lack of time to cook, which led people to convenience food.
- Issues around labelling and understanding food content were significant.
- Getting existing fast food outlets and schools to provide healthier food was prioritised, as was the idea of healthy cooking classes.

Key findings from the focus groups were that:

- Luton residents are, broadly speaking, food literate. They tend to know what they should be eating.
- They are concerned about the availability of good food and the quality of labelling.
- They question the proliferation of cheaper fast food takeaways, especially near schools.
- The education of children is seen as important, also as a conduit to educate adults, but there are mixed views on how well schools are doing this.
- Money and time are issues for many

- There's a big appetite for greening up the Borough and the possibility of a range of local growing spaces
- Participants broadly support the Council's priorities and actions.
- People like the idea of community education around food.
- Social media is a good communications tool for almost all communities, but many particularly like YouTube.

A more thorough thematic analysis of issues raised will be completed separately.

Food poverty has been identified as a key issue in Luton, this food plan and the project group is working collaboratively with the Luton Food Poverty Alliance that concentrates on reducing food poverty in Luton to address this issue.

This needs assessment will be used to shape the Luton Food Plan Action Plan and a JSNA chapter on this will be developed in 2018.

Appendix B – Food Guidance Document:

Buffet and snack foods for Luton Borough Council Employees

What is this guide about?

Local authorities can improve workplace health in two ways – in their own role as an employer, and by encouraging and helping other employers to improve the health of their employees. NICE Workplace Briefing, July 2012.

'In 2014, over 1.9 billion adults were overweight; 600 million of these were obese', worldwide, (WHO 2015). In 2011, 24% of men and 26% of women in the UK were obese', (NHS choices 2015). That's over a quarter of the adult male and female population are at risk of major health consequences due to being obese. Obesity is a major risk factor for cardiovascular diseases such as heart disease and stroke, type 2 diabetes, musculoskeletal disorders and some cancers'

This change of lifestyle patterns is mainly due to environmental and societal changes, including an increased production and availability of convenience foods, which are often popular due to busy modern-day lifestyles, but are mostly extremely high in saturated fat, sugar and salt.

Why do we need this guide in LBC?

As set out in the Luton Food Plan after tobacco, diet has the greatest overall impact on health. Risk factors include diets high in sugar and trans-fats and low in fruit and vegetables. Poor diet contributes to around 50% of coronary heart disease and 30% of all cancer deaths, the two biggest causes of death in Luton.

Luton Borough Council supports a culture of healthy eating. This can be achieved by:

- Bringing in your own healthy lunch and/or snacks
- Providing affordable choices that can contribute to a healthy diet in canteens such as the depot and strangers way;
- Ensuring all food that is procured adheres to this guidance.

Supporting the implementation of the [Employee Wellness Plan](#) and the ethos of a health promoting workplace. All LBC employees are responsible for their own health and set an example to our partners and colleagues when providing food at any meeting/event or function. This will enable employees to make healthier choices by consuming fresh healthy foods, and as little processed foods as possible, in a cost-effective manner. Luton Council Public Health, Procurement and Commissioning will support this by developing a list of 'accredited' providers who will be briefed and provided with this guidance to ensure it is adhered to.

Procurement Guidelines

When procuring catering on behalf of the council for situations such as meetings, away days, social events, charity fundraisers, conferences and training, there are certain minimum

standards for healthy eating that [Public Health England](#) (PHE) have recommended organisations should follow.

Below is a table of recommended healthy foods to choose to provide to staff when procuring, contrasted with unhealthy foods to avoid/limit when procuring. As a fair-trade town, we promote the use of fair trade where possible.

	Choose	Avoid/Limit
Sandwiches	High Fibre/wholegrain breads (Including rolls, wraps, etc.) Spreads and dressings aren't necessary, if using choose low fat varieties and limit the amount Lower Saturated Fat & Salt Fillings (e.g. unprocessed lean meats like ham, beef, turkey and chicken without skin Fish, and Egg etc.) Oily Fish (e.g., Salmon, Tuna) Lower Fat Cheeses and Cheese Spreads Include 40g Salad/Veg in each Sandwich Provide Gluten Free options	White Breads (Including Rolls, Wraps etc.) Full Fat Spreads, Butters and dressings Fillings High in Saturated Fat &/or Salt (e.g. Processed Meats such as bacon, Processed Meat Slices) Full Fat Cheeses and Cheese Spreads
Other Savoury Options	Unsalted Nuts &/or Seeds E.g. Pumpkin Seeds, Sunflower Seeds, Cashew Nuts High Fibre Crackers/ Cracker Breads Low Fat Hummus with Wholegrain Pitta Bread Lentil Dishes e.g. Dahl, Lentil Soup Wholemeal Rice/Pasta	Processed Snack Foods (e.g. Mini Sausages, Mini Eggs) Crisps, Tortilla Chips, Savoury Biscuits Battered/Breaded/Pastry based Products (e.g. Goujons, Sausage Rolls, Pies, Quiche) Anything Deep Fried &/or Processed White Rice/Pasta
Meats	Fresh Meats Flavoured with Herbs &/or Spices E.g. Seasoned Chicken Fillet Strips Unprocessed and Lean Meats (e.g.) Majority Skinless White Meats	Red Meat Processed Meats (e.g. Salami, Chorizo, Processed Ham/Turkey Slices) Other Meat Products (e.g. sausage rolls, Crackling, Pork Scratchings) Cured Meats (High in Salt)
Cheeses	Reduced fat hard cheese (containing Less than 25g Saturated Fat/100g) or cheese naturally lower in fat e.g. low-fat cottage cheese and cream cheese Use Grated Cheese (For Smaller Portions)	Cheeses containing more than 25g saturated fat/ 100g Large Lumps of Cheese (Too big Portion Size)
Other Dairy	Semi Skimmed Milk	Full Fat Milk

Products	Low Fat & Low Sugar Yoghurt (2% Fat or Less) Containing Real Fruit Dairy free Alternatives E.g. Soya	Full Fat Yoghurt Any Dairy Products High in Sugar
Salads	Undressed Salads (Dressings Should be Served Separately and be Reduced/Lower Fat) Salads such as Coleslaw should be made with Low Fat Ingredients (e.g. low-fat Mayonnaise or yoghurt) Large Amounts of Salad to be Served on its own and Together with other Foods Salads should be widely available at all meeting/events Include Protein Ingredients in some Salads E.g. Nuts, Lentils	Dressed Salads/High Fat Salad Dressings
Dips	Vegetable Sticks E.g. Carrot, Celery, Cucumber, Peppers Vegetable-based dips Low Fat/Reduced Fat Dips E.g. Low-Fat Hummus	Non-Veg based Dips High Fat Dips e.g. cream and oil based
Desserts	Fresh and Dried Fruit Fruit Based Desserts Fruit Salads (Without Syrup) Currant Buns, Fruit Loaf, Malt Loaf Oatmeal Cookies Low Fat Yoghurt/Frozen Yoghurt	Non-Fruit Desserts All Confectionary such as Cakes, Biscuits, Muffins, Flapjacks, Sweets etc. Pastries (e.g. Croissants, Danish Pastries etc.) Cream
Drinks	Tap Water Bottled Water No Added Sugar Juices (Max 150ml per portion) 100% Pure Fresh Fruit Juices (Max 150ml per portion) Tea, Coffee, De-Caffeinated Option Available, Herbal Teas Available E.g. Green Tea	Added Sugar Drinks/Juices Carbonated Drinks From Concentrate Juices
Salt	Salt Should not be Provided on Tables (Provided only on Request) All foods should be low in Salt	High Salt Foods Table Salt Provided

General Guidelines:

Special Diets: Ensure plenty of healthy vegetarian and vegan options available, e.g. vegetarian sandwich options, vegetarian savoury options, vegan dessert options. Ensure gluten free options, e.g. sandwiches made with gluten free bread. Ensure to make clear of any foods containing nuts/traces of nuts.

Portion Size: It is recommended that we consume:

Starchy Food: 8-10 portions per day, one portion = one piece of bread, half a pitta bread, 3 small crackers, 3 tablespoons boiled pasta, 2 tablespoons boiled rice

Protein: 2-3 portions per day, one portion = 75g cooked meat, 75g oily fish, 2 medium eggs, 4 tablespoons of lentils, 2 tablespoons nuts

Dairy: 3 portions per day, one portion = 200ml milk, 150ml yoghurt, 30g hard cheese, 2 tablespoons cottage cheese

Fruit/Veg: At least 5 portions per day, one portion = 80g of any fruit or veg

Fat and Sugar: Limit intake of these, eat sparingly

Water: Water (tap water) should be visible and freely available always

Choosing Providers

Let the provider know what is expected of them and the rationale behind promoting a healthy work environment;

Give the provider examples of what you mean by 'healthy' and 'unhealthy';

Agree a cost and ensure that you have received the best price for your requirements ensuring value for money.

Different Occasions:

Meetings/Away days: Small numbers of staff, simple and healthy, water, salad and fruit provided. No dessert.

Social events: Larger numbers of staff and not necessarily LBC employees, therefore more variety of sandwiches and savoury options, some desserts possibly provided, with value for money. Water, salads and fruit available.

Conferences/Training: Large numbers of people including staff and not necessarily LBC employees, more variety of sandwiches and savoury options, possibly some desserts provided, with value for money. Water, salads and fruit available.

Staff Charity fundraisers: Promote choice by encouraging healthy options when baking, cooking or purchasing of foods.

How we communicate this guidance:

The guidance will be communicated to LBC employees ensuring awareness of the guidelines and to emphasise the importance of them.

The Public Health team will lead on communicating the guidance. Communication will include:

Directly discussing with staff, explaining the guidelines in more detail, explaining why it's important to follow the guidelines and to answer any questions;

Use of the intranet communicating the guidelines including poster campaign;

Individual emails to contacts engaged with health and wellbeing.

Guidance will be included within all new employee starter packs

Resources:

British Heart Foundation, Eating Well Booklet: <https://www.bhf.org.uk/publications/healthy-eating-and-drinking/eating-well>

NHS Choices, Food and Diet:

<http://www.nhs.uk/LiveWell/Goodfood/Pages/goodfoodhome.aspx>

PHE Guidance, Eat Well Guide: <https://www.gov.uk/government/publications/the-eatwell-guide>

PHE Guidance, Healthier and more sustainable catering:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347883/Nutrition_principles.pdf

References:

WHO: <http://www.who.int/mediacentre/factsheets/fs311/en/>

Healthy Working Lives: <http://www.healthyworkinglives.com/advice/Legislation-and-policy/Workplace-Health-and-Safety/consultation-with-employees>

NHS Choices: <http://www.nhs.uk/Conditions/Obesity/Pages/Complications.aspx>

<http://www.nhs.uk/conditions/Obesity/Pages/Introduction.aspx>

Bupa, Portion Size: <http://www.bupa.co.uk/health-information/directory/p/portion-size>

British Nutrition Foundation:

<http://www.nutrition.org.uk/healthyliving/healthyeating/8tips.html>

Appendix C: The council's position on new food retail development

The council is undertaking work to improve the food available in fast food outlets and its Food Plan will support the desired outcomes to be achieved in Luton. We will work with, as partners, local food outlets on a 'healthier options approach' to promote health, and where needed to have the means to protect children who are developing their lifestyle behaviours which at an early age can be set for life.

Local health concerns are an important consideration in the determination of planning applications and planning policy development. This is described in paragraph 17 of the National Planning Policy Framework:

'Within the overarching roles that the planning system ought to play, a set of core land-use planning principles should underpin both plan-making and decision-taking. These 12 principles are that planning should ... take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.'

This national direction is supported by the provisions of our own development plan, the Luton Local Plan 2011-2031. Policy LLP1 of this sets-out the local definition of a presumption in favour of sustainable development, which includes the direction that:

'...The Council will seek to encourage growth and sustainable development and to manage change, to create a network of connected, sustainable, high quality, locally distinctive, healthy places...'

In support of national and local policy, the Food Plan functions- as a local strategy to improve health for all and inform decision-making on planning applications to ensure that a network of healthy places can be realised.

To help decision-makers, this plan clearly sets-out the local issues and evidence. It does not constitute planning policy itself but will constitute the Council's general position on food retail and function as a material consideration when officers and councillors determine planning applications.

The Council considers it inappropriate for any food to be sold within easy walking distance of schools and other sensitive areas such as sports facilities. This concern covers but is not limited to:

- Newsagents
- Supermarkets
- Dessert parlours
- Sandwich bars
- Restaurants
- Pubs

- Hot food takeaways
- drive-through takeaways

The Council recognises that some food retail offers can be consistent with the objective to support health and wellbeing and that there might be some exceptions to this general position. The Council will consider planning conditions proposed by applicants that could make their development proposals acceptable in the light of the concerns identified in this Food Plan.

The Council will develop a scheme to work with food retailers to address the negative health impacts of their businesses on the wider community. When this scheme is operational, we will use of planning obligations/ conditions to ensure new food retail operators sign-up to this scheme. Such an approach would serve to mitigate negative impacts and make development acceptable in planning terms.

The department for Public Health, Commissioning and Procurement will advise the Council on the appropriateness of any relevant development proposals. It is also proposed that 12 months following the implementation of this approach it is reviewed to assess its effectiveness and if other methods used nationally would be more effective.