Lancashire County Council

Hot Food Takeaways

Public Health Advice Note for Planners

Dr Sakthi Karunanithi MBBS MD MPH FFPH,
Director of Public Health, Wellbeing and Communities,
Lancashire County Council
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Executive Summary

This Public Health Advice Note provides evidence-based guidance for Lancashire district planning authorities on using spatial planning to shape healthier food environments through the regulation of new sui generis hot food takeaways (HFTs). It responds to rising levels of obesity, widening health inequalities, and the strong association between the neighbourhood food environment, deprivation, and diet-related disease.

Obesity remains a significant public health challenge in Lancashire where 65% of adults are above a healthy weight and nearly 29% live with obesity, placing the county above the national average. Childhood obesity, while similar or better than England overall, shows a steep socioeconomic gradient, with the prevalence in the most deprived areas more than double that in the least deprived. HFT distribution follows a similar pattern, with 44% of outlets located in the most deprived quintile and only 6% in the least deprived. Research shows that greater exposure to HFTs increases consumption, BMI and obesity, particularly among children and households on low incomes.

The National Planning Policy Framework gives clear support for preventing new HFTs where concentrations risk harm to health or where they are within walking distance of schools and places where children congregate. NICE and OHID guidance further reinforce the role of planning in driving healthier environments and reducing health inequalities.

Lancashire data shows a long-term increase in HFT numbers across the county. Evidence demonstrates that multi-pronged planning policies, such as those adopted in Gateshead, can reduce HFT density and, in the deprived areas with highest HFT density, contribute to reductions in childhood overweight and obesity. This aligns strongly with Lancashire's Healthy Weight Declaration, Food Strategy ambition, and wider system commitments to preventing avoidable disease.

To support healthier environments, reduce exposure to high-fat, salt and sugar foods, and align planning decisions with local health need and national policy, two planning recommendations are proposed for adoption by all Lancashire district local planning authorities. These recommendations are designed to be robust, straightforward to operationalise, and supported by local data.

1. **Refuse new sui generis hot food takeaway uses within a 400m walking distance of entry points to schools and other places where children and young people congregate, unless the location is within a designated town centre.**
2. **Refuse new sui generis hot food takeaway uses within wards where the most recently published NCMP data classifies 10% or more of Reception pupils or 15% or more of Year 6 pupils as obese (including severe obesity).**

When applications for new sui generis hot food takeaway uses are outside of areas listed above and are approved, applicants should be encouraged to enrol on the Lancashire County Council Trading Standards Recipe 4 Health Scheme.

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Introduction

This public health advice note aims to assist Lancashire district local planning authorities (LPAs) in developing policies that restrict new sui generis hot food takeaways (HFTs) in defined areas, contributing to the development of environments that promote healthy weight and reduce health inequalities. The note's recommendations are based on an analysis of local obesity and hot food takeaway prevalence data, coupled with a review of existing literature. A table summarising the literature reviewed within this advice note can be found within Appendix A.

Wider determinants

Nearly every aspect of our lives, including our employment, education, social connections, and the physical and natural surroundings within which we live, work and play, has an impact on our health. The diverse range of social, economic and environmental factors which influence people's mental and physical health are termed the wider determinants of health (Figure 1).

Public Health at Lancashire County Council (LCC) works to influence the wider determinants of health by informing policies that ultimately affect the lives of Lancashire residents, with a particular emphasis on reducing health inequalities across the county. One way in which we do this is by influencing planning policy.

Figure 1. Adapted version of Dahlgren and Whitehead (1993) model of health determinants.

LCC's Foundations for Wellbeing approach[1] aims to embed health equity into policies and strategies to reduce health inequalities across the county. It focuses on improving health outcomes by identifying opportunities for equity, building capacity within organisations, and integrating best practices. Tools like the Health Equity Screening Tool and Health Equity Dashboard support monitoring and decision-making, ensuring that planning and partnerships contribute to a healthier Lancashire for all.

The Food Environment

The built environment is a key wider determinant of health, shaping the physical, social, and economic conditions in which people live. Elements such as housing quality, access to green spaces, transport networks, and urban design all influence physical activity, mental wellbeing, and exposure to environmental risks. In the UK, inequalities in the built environment can reinforce health disparities, particularly in deprived areas.

One critical aspect of the built environment is the food environment—how accessible, affordable, and appealing different types of food are within a community. Spatial planning therefore plays a vital role in shaping healthier food environments and supporting long-term public health outcomes.

Nutrition from Hot Food Takeaways

Food from HFTs is typically nutrient-poor and calorie-dense. A recent study of London takeaways found that up to 91.9% of meals were classified as ‘red’ under the Food Standard's Agency (FSA) traffic light system for total fat and saturated fat content per portion[2].

Similarly, the Gateshead Independent Takeaway Study Analysis of Nutrient Data (2013)[3] which sampled foods from 187 HFTs in Gateshead, found that a large proportion of takeaway food contained more calories and fat in a single portion than 66%, and in some cases nearly 100%, of the recommended daily intake for a woman.

These findings are consistent with previous research showing that a typical fast-food meal is energy dense, averaging around 236 kcal/100 g - twice the recommended energy density of a healthy diet[4]. In addition to excessive calories and fat, takeaway meals can contain very high levels of salt, with one UK study finding that 27% of salt analyses exceeded the recommended daily amount[5].

Hot Food Takeaways and Health Outcomes

Regular consumption of calorie-dense, high fat, salt, and sugar (HFSS) foods is closely linked with adverse health outcomes. Diets rich in these foods contribute to obesity,

[1] Lancashire County Council. Foundations for Wellbeing. Lancashire County Council. Accessed 20th October 2026.
[2] Jaworowska, A. and Force, S. (2025) ‘Total fat and fatty acid content in meals served by independent takeaway outlets participating in the Healthier Catering Commitment Initiative in London, UK’, International Journal of Environmental Research and Public Health, 22(1), 121.
[3] Gateshead Council. (2015). Hot Food Takeaway Supplementary Planning Document (SPD). Gateshead Council.
[4] Prentice, A. M. and Jebb, S. A. (2003). 'Fast foods, energy density and obesity: a possible mechanistic link'. Obesity Reviews, 4(4), 187–194.
[5] Saunders, P., Saunders, A., and Middleton, J. (2015) 'Living in a "fat swamp": exposure to multiple sources of accessible, cheap, energy-dense fast foods in a deprived community', British Journal of Nutrition, 113(11), pp. 1828-1834.

which in turn increases the risk of cardiovascular disease, type 2 diabetes, hypertension, and other chronic conditions. High salt intake alone is associated with hypertension and CVD risk[6], while diets high in saturated fat can elevate cholesterol levels, compounding CVD risk[7].

The link between poor diet and health is well established, but recent research provides robust evidence that diets high in HFSS, and ultra-processed foods are strongly associated with a range of adverse health outcomes. Thapsuwan et al. (2024)[8] in a large cross-sectional study of the Thai population found that sugar-sweetened beverages, high-fat foods and snacks were associated with increased odds of obesity. An umbrella review by Huang et al. (2023)[9], synthesising data from 73 meta-analyses, revealed consistent harmful associations between high sugar intake and multiple health outcomes, such as coronary heart disease, stroke, and certain cancers, with sugary drink consumption alone raising coronary heart disease risk by 17%.

HFTs play a significant role in shaping dietary behaviours, particularly among children and young people. Evidence suggests that takeaway outlets are disproportionately concentrated in areas of higher deprivation (see Hot Food Takeaways in Lancashire below), where families often face financial and environmental barriers to accessing healthier food options. This clustering contributes to health inequalities, as those living in these communities are more likely to consume HFSS foods, reinforcing patterns of poor diet and increasing long-term risk of obesity and related chronic conditions. The affordability, convenience, and aggressive marketing of takeaway foods further exacerbate these disparities, creating an obesogenic environment that disproportionately impacts disadvantaged groups.

Exposure to Hot Food Takeaways

UK research has shown that greater exposure to fast-food outlets is associated with higher fast-food consumption, BMI, and obesity[10]. The research also indicates a dose-response relationship, meaning the more outlets present in a local area, the greater the likelihood of consumption.

Neighbourhood takeaway exposure and household income appear to be *independently* associated with diet and obesity[11]. This highlights the double burden of low income and an unhealthy neighbourhood food environment, illustrating how these factors contribute jointly to social inequalities in health.

As Burgoine and Monsivais, authors of several key studies in this area, note:

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[6] Public Health England (2020). Salt reduction: targets for 2024. GOV.UK. Accessed 28th Nov 2025.
[7] Public Health England. (2019). Reducing saturated fat lowers blood cholesterol and risk of CVD. GOV.UK. Accessed 28th Nov 2025.
[8] Thapsuwan, S. et al., (2024). Relationship between consumption of high fat, sugar or sodium (HFSS) food and obesity and non-communicable diseases. BMJ Nutrition, Prevention & Health, 7(1), 78–87.
[9] Huang, Y. et al., (2023). Dietary sugar consumption and health: umbrella review. The BMJ, 381, e071609.
[10] Burgoine, T., Forouhi, N.G., Griffin, S.J., Brage, S., Wareham, N.J. and Monsivais, P. (2016) 'Does neighborhood fast-food outlet exposure amplify inequalities in diet and obesity? A cross-sectional study', The American Journal of Clinical Nutrition, 103(6), pp. 1540–1547.
[11] Burgoine, T. et al., (2018). Examining the interaction of fast-food outlet exposure and income on diet and obesity: evidence from 51,361 UK Biobank participants. International Journal of Behavioral Nutrition and Physical Activity, 15, Article 71.

> "We know that disadvantaged neighbourhoods tend to have greater numbers of takeaway outlets. Although all UK neighbourhoods have become less healthy in the last two decades, disadvantaged neighbourhoods have become unhealthier fastest. It would seem to make sense then that unequal neighbourhoods could be contributing to unequal waistlines"[12]

Planning Policy and Hot Food Takeaways

Over the past decade, a growing body of research has explored the role of spatial planning in shaping the food environment, particularly through the regulation of HFT outlets. This literature highlights the potential of planning policy to support public health objectives, especially in addressing obesity and dietary inequalities.

A key piece of research in HFT planning policy is by Brown et al (2022)[13] which aimed to assess the impact of Gateshead Council's multi-pronged HFT policy implemented in 2015. The planning policy aimed to reduce HFT density and improve the local food environment through planning restrictions based on school exclusion zones, retail density limits, and a ward child obesity rate threshold of 10%. The study found that density of fast-food outlets decreased by 12.5 per 100,000 population and the proportion of fast-food outlets dropped by 13.9% compared to other food outlets. The number of fast-food outlets showed a marginal decline, but this was not statistically significant after adjusting for population density. The policy did not reduce existing outlets, but prevented growth, leading to a relative decline as other types of outlets increased. The research indicates that multi-pronged planning policies are effective for reducing HFT density and help shape healthier food environments.

A follow-up study from the same team (Xiang et al 2024)[14] aimed to evaluate whether Gateshead's HFT planning policy led to reductions in childhood overweight and obesity. Using a quasi-experimental study design, child overweight and obesity (OWOB) data was compared in Middle Layer Super Output areas in Gateshead vs match control areas in North-East England. The study found no significant change in *overall* child OWOB in Gateshead, but in the most deprived areas (with the highest HFT density) there was a statistically significant 4.8% reduction in child OWOB. The research therefore indicates that the planning policy can be used to reduce child OWOB, and is most effective in deprived areas with high HFT density.

Obesity

Overweight and obesity occur when the body stores excess energy as fat, and this excess energy arises from consuming more food energy than is burnt in physiological metabolism[15]. This imbalance can be influenced by factors such as obesogenic environments, psychosocial influences, and genetic predisposition.

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[12] Burgoine, T., & Monsivais, P. (2016). Opinion: Local takeaways create a double burden for obesity. University of Cambridge Research News. Accessed 12th Nov 2025.

[13] Brown, H., Xiang, H., Albani, V., Goffe, L., Akhter, N., Lake, A., Sorrell, S., Gibson, E. and Wildman, J. (2022) 'No new fast-food outlets allowed! Evaluating the effect of planning policy on the local food environment in the North East of England', Social Science & Medicine, 306, 115126.

[14] Xiang, H., Goffe, L., Albani, V., Akhter, N., Lake, A.A. and Brown, H. (2024) 'Planning policies to restrict fast food and inequalities in child weight in England: a quasi-experimental analysis', Obesity, 32(12), pp. 2345–2353.

[15] Causes of Obesity | World Obesity Federation. Accessed 12th Nov 2025.

Overweight and obesity is a global and complex public health concern. Overweight is a condition of excessive fat deposits, and obesity is a chronic complex disease defined by excessive fat deposits that can impair health[16]. It is associated with reduced life expectancy and is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, cancer, liver, respiratory disease, and can impact mental health[17].

The obesity systems map[18] (Figure 2) demonstrates the complex and multi-faceted nature of the drivers of obesity. It highlights the roles of individual and the environment, and the interactions between the two. The map is useful tool for visualising the concept of 'the whole systems approach' and the need to incorporate ‘systems thinking’ into tackling the complex health issue.

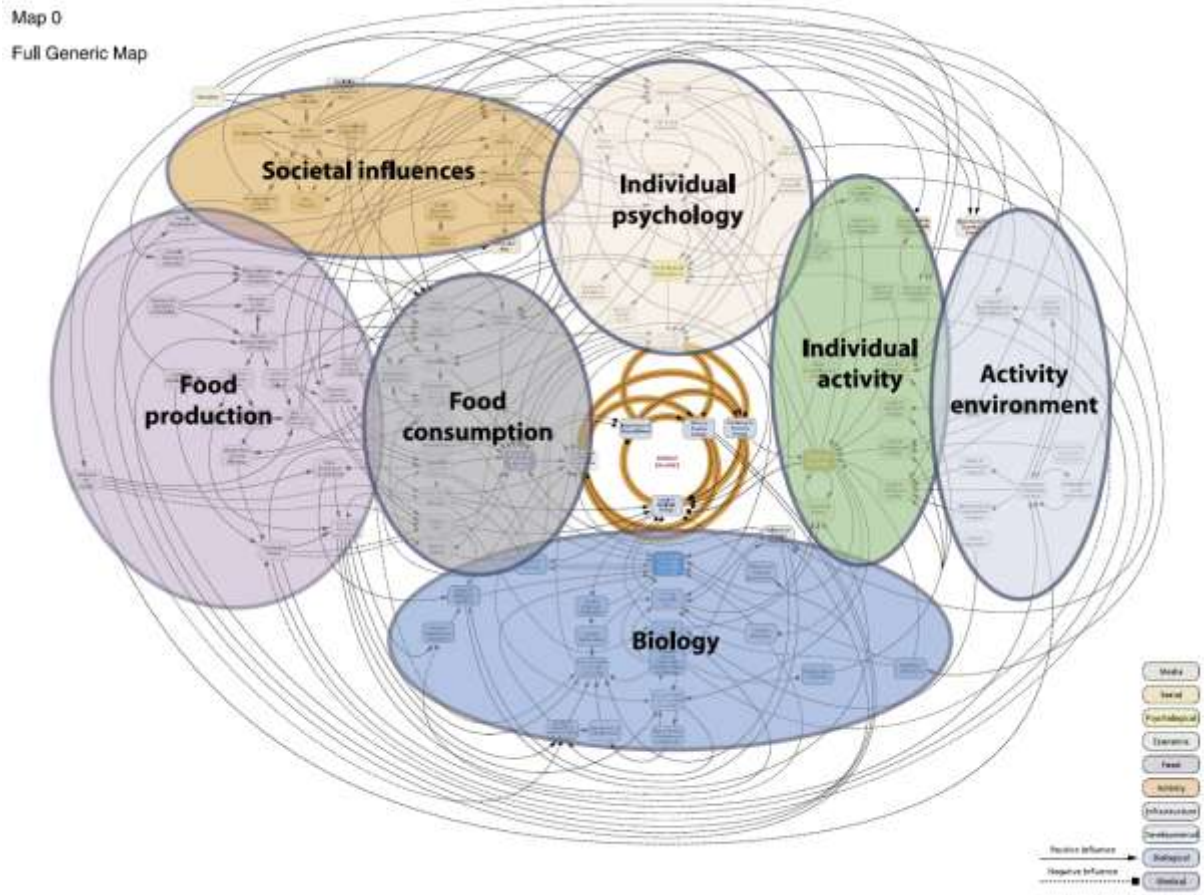

Figure 2. The Full Obesity System map from Section 8 of Tackling obesities: Future choices. Source: Tackling obesities: future choices - project report (2nd edition).

The map contains seven key clusters representing the risk factors of obesity:

- **Biology**: biological aspects of obesity, including genetic predisposition and metabolic factors that regulate body weight.

[16] World Health Organization. (2025). Obesity and overweight. Accessed 12th Nov 2025.
[17] Office for Health Improvement and Disparities. (2025). Obesity profile: short statistical commentary. GOV.UK.
[18] Government Office for Science. (2007). Tackling obesities: Future Choices – Project Report (2nd ed.). GOV.UK.

- **Individual activity:** personal and group physical activities, and how they are influenced by social and environmental factors.
- **Activity environment**: external factors that affect physical activity, such as infrastructure, safety, and cultural attitudes.
- **Food consumption**: the consumer food market and its influence on dietary choices, including the variety and nutritional quality of available food.
- **Food production**: the drivers within the food industry that affect food availability and consumption patterns, including economic and social pressures.
- **Individual psychology:** psychological attributes that influence eating behaviour and physical activity, such as self-esteem, stress, and parenting styles.
- **Societal influences:** media consumption, and societal norms related to weight and body image.

These seven clusters show that obesity is shaped by a complex system of biological, psychological, social, and environmental factors - and not by individual choice. Spatial planning has a critical role within this system: decisions about the location of food outlets, walkability, transport links, and access to green spaces directly influence food consumption and physical activity patterns. By embedding health considerations into planning policy, local authorities can help create environments that lead to healthy behaviours, reduce exposure to influences that are harmful to health and ultimately tackle health inequalities.

The Economic Cost of Obesity

The burden on the National Health Service (NHS) due to obesity and related illnesses is well recognised. The monetary cost each year, uplifted for inflation, was estimated at £6.5 billion in 2022[19]. When considering wider costs to social care, mental health, and the impact of COVID-19 risks, the full cost of obesity in the UK is estimated around £58 billion, which corresponds to 3% of the 2020 UK GDP[20].

The Office for Health Improvement and Disparities (OHID) further highlights that the overall national spend on treating obesity and diabetes annually, surpasses the combined spending on the police, fire service, and judicial system, with costs to wider society estimated to be around £27 billion[21]. These broader societal costs are anticipated to escalate to approximately £49.9 billion per year by 2050.

Whilst planning restrictions may have modest commercial implications for businesses, Derbyshire et al. (2024)[22] highlight the long-term economic burden of obesity significantly exceeds any short-term economic impacts associated with regulating HFT proliferation. This further supports the rationale for preventive planning policies.

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[19] NHS England. (2025). Adult overweight and obesity. NHS England Digital.
[20] Frontier Economics. (2023). The annual social cost of obesity in the UK [Report commissioned by Novo Nordisk]. Frontier Economics.
[21] GOV.UK. (2017). Health matters: obesity and the food environment. Public Health England.
[22] Derbyshire, D., Medina-Lara, A., Amies-Cull, B., Chang, M., Cummins, S., Hassan, S., Keeble, M., Liu, B., Mytton, O., Rahilly, J., Savory, B., Thompson, C., White, M., Adams, J., Burgoine, T. and Smith, R. (2024) 'Planning guidance to limit hot food takeaways: understanding the possible economic impacts', Heliyon, 10(20), e38798.

Why focus on obesity?

While hot food takeaways (HFTs) may contribute to a range of health issues including hypertension, cardiovascular disease, and type 2 diabetes, this advice note focuses on obesity because it is both a major health risk and a practical indicator for monitoring.

Obesity prevalence is routinely measured through the National Child Measurement Programme (NCMP) and other datasets, making it possible to apply ward-level thresholds as part of planning decisions. Using obesity as a criterion provides an evidence-based, measurable approach for targeting interventions where the health impact of HFT density is likely to be greatest. Childhood obesity is a particular focus because the NCMP provides robust and up-to-date data[23], and early excess weight strongly predicts obesity in adolescence and adulthood. Applying childhood indicators ensures planning controls address areas with the highest long term health risks, and opportunities greatest opportunities for prevention.

[23] Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care. Accessed 14th Nov 2025.

The National Planning Policy Framework

The National Planning Policy Framework (NPPF) sets out the Government's planning policies for England and provides guidance for local authorities in preparing development plans and making planning decisions. Recent updates to the NPPF[24] have strengthened its focus on public health, particularly within Chapter 8: Promoting Healthy and Safe Communities.

Paragraphs 96–98 emphasise the need to create healthy, inclusive environments and explicitly support the refusal of planning applications for hot food takeaways and fast-food outlets located near schools or areas where children congregate, unless within designated town centres.

96. Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other - for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;

b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion - for example through the use of well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and

c) enable and support healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

These provisions aim to contribute to reductions in health inequalities through the development of places that promote healthy lifestyles. Paragraph 97 relates specifically to hot-food-takeaways and fast-food outlets:

[24] Ministry of Housing, Communities & Local Government. (2024). National Planning Policy Framework. GOV.UK.

97. Local planning authorities should refuse applications for hot food takeaways and fast-food outlets:

a) within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre; or
b) in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social behaviour.

Although hot food takeaways are defined by Use Class Order (see below), 'fast-food outlets' are less clearly defined. The Town and Country Planning Association (TCPA) have called on the Government to provide clarification of the definition of 'fast food outlets' to avoid legal uncertainty and support councils in implementing the policy effectively25. In the absence of an agreed definition for 'fast food outlet' this policy advice focuses on hot food takeaways.

Public Health and Planning

New national guidance, 'Planning for healthy places: a practical guide for local authorities on embedding health in local plans and planning policies'[26], provides a clear and up-to-date framework for integrating health into spatial planning. This guide, developed by the TCPA in collaboration with the TRUUD research programme, emphasis that local plans mist not only promote health through built environment design but embed health into policy, implementation, and governance.

The NICE Public Health Guideline on cardiovascular disease prevention[27], recommends action to encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (e.g., within walking distance of schools). The guideline makes further recommendations for local authorities to regulate opening hours of takeaways, limit the number of takeaways within a given area, and help owners of takeaways to manage the nutritional quality of the food they provide. Although the NICE Guideline was established in 2010, the recommendations remain valid following a more recent evidence review[28].

Public Health England's 'Spatial Planning for Health - An evidence resource for planning and designing healthier places' (2017)[29] is a UK focused evidence review analysing and illustrating the links between health and the built and natural environment. The review sought to offer a comprehensive summary of the robustness of the evidence regarding the effects of the built and natural environments on health, with the intention of guiding actions and policies. The review focusses on five elements

[25] Town and Country Planning Association (TCPA) & Association for Public Service Excellence (APSE). (2022). Restricting the appeal and availability of junk food.
[26] Bird, E. L., Hyde, G., et al. (2024). Planning for healthy places: A practical guide for local authorities on embedding health in Local Plans and planning policies in England. Town and Country Planning Association.
[27] Department of Health. (2010). Cardiovascular disease prevention. GOV.UK.
[28] National Institute for Health and Care Excellence (NICE). (2014). Prevention of cardiovascular disease: Evidence update January 2014.
[29] Public Health England. (2017). Spatial planning for health: An evidence resource for planning and designing healthier places.

of the built and natural environment, one of which is healthier food. Specifically, it refers to research findings that suggest:

> "increased access to unhealthier food retail outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviours among children residing in low-income areas" (2017, pg. 30).

Building upon this work, OHID produced the 'Using the planning system to promote healthy weight environments' guidance document[30] with the aim of providing practical support for local authorities interested in utilising the planning system to achieve important public health outcomes in the areas of diet, obesity and physical activity. The document restated the role of planning in realising positive health outcomes:

> "The planning system has a range of powers and levers to implement effective change at local levels. All local authorities are encouraged to consider how they can best use the planning system to improve their communities' health and reduce health inequalities." (2020, pg., 3).

Reinforcing the need for collaboration between public health and planning, the document states "There are strong connections and shared objectives between public health and town planning" (2020, pg., 6) and how local planners can be seen as a "pivotal factor for change" with regard to supporting better health outcomes (2020, pg., 9).

The current health policy context establishes a clear ambition for taking decisive action on tackling numerous causes of poor health, including overweight and obesity[30]. The Prevention Green Paper, titled 'Advancing our health, prevention in the 2020s', for example, acknowledges obesity as a significant health challenge and commits the Government, in collaboration with its system partners, to addressing the issue[31].

Addressing inequalities and reducing obesity also aligns to OHIDs priorities[32], which include:

- identify and address health disparities, focusing on those groups and areas where health inequalities have greatest effect
- take action on the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of alcohol and drugs

Use Class Order

The Town and Country Planning (Use Classes) Order 1987 (as amended) puts uses of land and buildings into various categories known as 'Use Classes'. In general, planning permission is needed to change from one use class to another.

Prior to the 1st September 2020 hot food takeaways were classified under Use Class A5, defined as premises used for the sale of hot food for consumption off the premises.

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[30] Department of Health and Social Care. (2020). Using the planning system to promote healthy weight environments (Ref: GW-1028). GOV.UK.
[31] Cabinet Office & Department of Health and Social Care. (2019). Advancing our health: prevention in the 2020s. GOV.UK.
[32] Office for Health Improvement and Disparities. Office for Health Improvement and Disparities. GOV.UK. Accessed 15th Nov 2025.

From 1st September 2020, following amendments to the Use Classes Order (via the Town and Country Planning (Use Classes) (Amendment) (England) Regulations 2020), hot food takeaways were reclassified as sui generis.

'Sui generis' is a term used for premises that do not fall within a defined use class, and that cannot, generally, change to any other use, including other "sui generis" uses without obtaining express planning permission. The replacement of the A5 hot food takeaway use class with sui generis allows local authorities to have greater control, through using the planning application process, to prevent the proliferation of hot food takeaways.

Hot food takeaways are defined as premises where the primary purpose is the sale of hot food for consumption off the premises. For comparison, Restaurants are categorised as 'use class E(b): sale of food and drink for consumption (mostly) on the premises'.

The use class order does not include a type of building that is a 'fast food outlet'.

Public Health in Lancashire

Lancashire County Council's Public Health service is responsible for a range of activity aimed at making Lancashire a safer, fairer and healthier county for all. To promote healthy lifestyles, particularly healthy weight, LCC Public Health, in collaboration with other county council departments, delivers a range of upstream, preventative initiatives to improve residents' health across the county.

Healthy Weight Declaration

In 2017, LCC became the first two-tier authority to adopt the Healthy Weight Declaration (HWD)[33] and re-signed the declaration in 2022. This initiative, developed by Food Active, represents a comprehensive, strategic and system-wide commitment made by all council departments. Its aim is to promote healthy weight in local communities, safeguard the health and wellbeing of staff and residents, and make a positive economic impact on health and social care. By adopting the HWD, LCC has demonstrated its commitment to addressing a variety of factors that contribute to unhealthy weight locally, with the goal of mitigating their effects on the health and wellbeing of our residents. The box below provides an overview of the commitments within the declaration, including controlling the proliferation of hot food takeaways through the development of local planning policy (Commitment 9).

Wider Work

LCC is undertaking a comprehensive programme to improve population health through food system transformation and targeted interventions. This includes the development of a Food Plan to address health, environmental, and economic priorities within areas of council influence. Complementary initiatives include commissioned services to support healthy behaviours, such as Adult Healthy Weight Support and family lifestyle programmes, alongside schemes that shape the local food environment, including Recipe 4 Health and the Food for Life Schools Award. LCC also promotes lifelong wellbeing through the Lancashire Learning for Life Award and delivers Health Visiting and School Nursing services to support early development, healthy weight, and obesity prevention. Further detail on these programmes is provided in the appendix.

Two relevant initiatives, Lancashire Healthy Places and Recipe 4 Health are summarised below.

[33] For more information on Food Active's Healthy Weight Declaration, visit: Food Active - Healthy Weight Declaration.

The Healthy Weight Declarations shows commitment to reducing weight in our communities, protecting health and well-being of staff and citizens, and making an economic impact on health and social care and the local economy by striving to:
Strategic / System Leadership
1. Implement the Local authority HWD as part of a long-term, 'systems-wide approach' to obesity
2. Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place-based system' (e.g. Integrated Care System)
3. Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities (this includes preventing weight stigma and weight bias)
4. Invest in the health literacy of local citizens to make informed healthier choices; ensuring clear and comprehensive healthy eating and physical activity messages are consistent with government guidelines
5. Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's Whole System Approach to Obesity, including its tools, techniques and materials
Commercial Determinants
6. Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing such as offering and promoting healthier foods and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products
7. Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Such funding may be offered to support research, discretionary services (such as sport and recreation and tourism events) and town centre promotions
8. Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions at schools; at events on local authority-controlled sites
Health Promoting Infrastructures / Environments
9. Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited
10. Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment, and food security (consider an agreed process for local plan development between public health and planning authorities)
11. Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc
Organised Change / Cultural Shift
12. Review contracts and provision at public events, in all public buildings, facilities and 'via' providers to make healthier food and drinks more available, convenient, and affordable and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions and scrutiny given to any new contracts for food and drink provision, where possible)
13. Increase public access to fresh drinking water on local authority-controlled site, (keeping single use plastics to a minimum) and encouraging re-usable bottle refills
14. Develop an organisational approach to enable and promote active travel for staff, patients and visitors, whilst providing staff with opportunities to be physically active where possible (e.g. promoting stair use, standing desk, cycle to work/school schemes)
15. Promote the health and wellbeing of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more
Monitoring and Evaluation
16. Monitor the progress of our action plan against commitments, report on and publish the results annually.

Lancashire Healthier Places

To further support and progress the commitments of the Healthy Weight Declaration and strengthen existing activities, the county council has established a work programme with Food Active: Lancashire Healthier Places[34].

Lancashire Healthier Places takes a system-wide approach to transforming the food environment, focusing on three levers for change: system leadership and the adoption of district-level HWDs, business engagement, and social movement. The dual strategy of top-down leadership and bottom-up community engagement aims to ensure that policies and actions resonate with the needs of local people, whilst seeking to align district policies to support public health, demonstrating a proactive stance towards building a healthier society.

Recipe 4 Health

The Recipe 4 Health scheme[35] is a Lancashire County Council Trading Standards initiative designed to support and recognise food businesses that promote healthier eating, environmental sustainability, and social responsibility. It is open to all out-of-home food businesses in Lancashire (e.g. cafés, takeaways, restaurants) with a minimum Food Hygiene Rating of 3 or above. There are three award levels: bronze, silver, and gold. Businesses complete a self-assessment covering food safety, healthier eating practices, allergen awareness, and environmental considerations. This may be followed by a short visit or call. Award holders receive a support pack with healthy catering tips (including cuisine-specific advice), recipe cards, and promotional materials. Awarded businesses are featured on the council's website, social media, and in council buildings, helping to boost visibility and customer engagement.

The scheme aims to improve the local food environment by encouraging small changes to menus and practices that enable healthier eating. It acknowledges the role of food outlets in shaping dietary habits, particularly in 'obesogenic environments' where unhealthy options are often the default. By incentivising healthier practices, Recipe 4 Health contributes to obesity prevention and health improvement at a community level.

[34] Health Equalities Group. (2025). Lancashire Healthier Places Programme: Strengthening local action for healthier communities. Lancashire Healthier Places.
[35] Lancashire County Council. (2024). Recipe 4 Health award: Scheme for caterers promoting healthier eating. Lancashire County Council.

Hot Food Takeaways in Lancashire

Whilst there is a 'fast-food outlet' indicator available from OHID, this report focusses on hot food takeaways only, because there is currently no consistent and agreed definition of 'fast-food outlet' in planning. Due to slight differences between this methodology and that for OHID's 'fast-food outlet' indicator, the rates of HFTs in this advice note are approximately 20% lower than those reported by OHID[36].

Since 2012, data collected by environmental health officers for the Food Standards Agency (FSA) Food Hygiene Rating Scheme (FHRS), including the geographical coordinates of all businesses/premises where food is consumed, sold or provided for all local authorities in England, Scotland, Wales and Northern Ireland have been made available online[37,38].

FSA FHRS data was downloaded for each Lancashire district across the years 2018 – 2025. 'Hot food takeaway' data relates to any premises recorded as 'takeaway/sandwich shop', and any outlet with no recorded postcode was also removed. It would be impractical to try to distinguish between takeaway and sandwich shop based on this data, but it is acknowledged that the inclusion of sandwich shops is a limitation of using this FSA data to determine hot food takeaway outlet numbers.

Looking at both the total number of hot food takeaways (HFTs) and the rate per 100,000 population provides a fuller picture of their prevalence and potential impact. The total number shows the absolute scale of HFTs in an area, while the rate accounts for population size, allowing for fair comparisons between districts of different sizes and helping identify areas with disproportionately high concentrations.

Number of hot food takeaways

Table 1 shows the change in the total number of hot food takeaways across each Lancashire district, between the years of 2018 to 2025. In Tables within this section, a graded colour scale has been applied to each row to highlight change over time more clearly, whereby the darkest green colour shows the lowest values (i.e., the lowest count of total hot food takeaways) and the darkest red showing the highest values (i.e., the highest count of total hot food takeaways) within each individual district.
Between 2018 and 2025 there has been an overall increase in the number of HFTs across Lancashire by 168, which equates to a 13.7% increase over seven years (Table 2). The highest number of HFTs recorded in Lancashire was in 2022 (n=1408), followed by a gradual decline over 2023-2024, with a slight uptick in 2025 (n=1391). Preston currently has the highest number of hot food takeaways (n=214) whereas Ribble Valley has the least (n=57).

There was a proliferation of HFTs in Lancashire in 2021 with a gain of 93 new HFTs between 2020 and 2021. The sudden increase may be attributed to the increased

[36] Office for Health Improvement and Disparities. (2025). Wider determinants of health: Statistical commentary on the location of fast food outlets. GOV.UK.
[37] All local authorities are required to upload data of recently inspected premises at least every 28 days. This data is free and accessible via: FSA UK food hygiene rating data API. Historical data is available to access via the National Archives.
[38] Kirkman, S. et al., (2020). Field validity and spatial accuracy of Food Standards Agency Food Hygiene Rating Scheme data for England. Journal of Public Health, 43(4), e720–e727.

demand for home-delivery food services following the COVID-19 pandemic. For this reason, the percentage changes are shown for the whole period of 2018 to 2025, and from the 'peak' of total number of HFTs in 2022 to 2025.

Table 1. The number of hot food takeaways in the Lancashire-12 districts (2018-2025). Each row has been colour-scaled from lowest (green) to highest (red) for ease of interpretation of time-trends.

Lowest **Highest**

Area / Year	2018	2019	2020	2021	2022	2023	2024	2025
Burnley	132	128	147	149	155	144	138	135
Chorley	106	114	115	121	120	121	121	122
Fylde	79	78	80	82	77	70	64	72
Hyndburn	109	112	119	121	136	128	129	129
Lancaster	124	121	127	133	136	135	128	131
Pendle	87	88	87	92	97	103	113	108
Preston	177	189	195	205	207	197	200	214
Ribble Valley	53	52	51	57	61	61	62	57
Rossendale	76	74	80	106	108	108	108	107
South Ribble	99	104	91	106	106	107	108	103
West Lancashire	68	68	71	77	78	85	86	89
Wyre	113	120	124	131	127	126	128	124
Lancashire	**1223**	**1248**	**1287**	**1380**	**1408**	**1385**	**1385**	**1391**

Between 2018 and 2025, Lancashire has seen an overall increase of 13.7% in the total number of HFTs (Table 2). Rossendale and West Lancashire have seen relatively large increases in the number of HFTs at 40.8% and 30.9% respectively. Pendle and Preston have also seen increases of over 20% since 2018. Only one district, Fylde, has seen an overall decrease (8.9%) in the number of HFTs.

Since the peak in 2022 however, Lancashire has experienced a slight overall decline of HFTs (1.2%). Most districts have experienced declines in the number of HFTs between 2022 and 2025, with only Chorley, Pendle, Preston, and West Lancashire experiencing an overall increase.

Table 2. The total and percentage change in the number of hot food takeaways in Lancashire (between 2018 and 2025 and between 2022 and 2025). The percentage change column has been colour-scaled from lowest (green) to highest (red) for ease of interpretation.

	2018-2025		2022-2025	
Area	**Difference**	**% change**	**Difference**	**% change**
Burnley	3	2.3	-20.0	-12.9
Chorley	16	15.1	2.0	1.7
Fylde	-7	-8.9	-5.0	-6.5
Hyndburn	20	18.3	-7.0	-5.1
Lancaster	7	5.6	-5.0	-3.7
Pendle	21	24.1	11.0	11.3
Preston	37	20.9	7.0	3.4
Ribble Valley	4	7.5	-4.0	-6.6
Rossendale	31	40.8	-1.0	-0.9
South Ribble	4	4.0	-3.0	-2.8
West Lancashire	21	30.9	11.0	14.1
Wyre	11	9.7	-3.0	-2.4
Lancashire	**168**	**13.7**	**-17.0**	**-1.2**

Across Lancashire, the rate of HFTs per 100,000 is 107, but some districts have rates much higher or lower than the Lancashire average (Table 3). Hyndburn currently has the highest **r**ate of hot food takeaways (n = 149.9) whereas West Lancashire has the lowest (n = 70.5)[39].

[39] This data is based on FSA Food Hygiene Rating Scheme from 2024 rather than 2025 as mid-year population estimates are currently on available for 2024.

Table 3. Rate of hot food takeaways per 100,000 population by Lancashire district between 2018 and 2024.

Area / Year	2018	2019	2020	2021	2022	2023	2024
Burnley	149.1	143.9	164.5	157.3	162.2	147.8	139.1
Chorley	90.7	96.4	96.7	102.6	101.2	101.0	100.1
Fylde	99.0	96.6	98.5	100.2	92.8	83.1	74.9
Hyndburn	134.9	138.2	146.7	147.1	163.4	151.0	149.9
Lancaster	86.0	82.9	85.7	93.6	94.2	93.1	88.3
Pendle	95.2	95.5	94.4	96.0	100.9	105.2	113.3
Preston	124.8	132.0	135.3	138.9	136.6	124.4	122.8
Ribble Valley	88.2	85.4	82.2	92.1	96.7	94.2	94.2
Rossendale	107.2	103.5	112.0	149.3	151.8	150.1	147.9
South Ribble	89.6	93.9	81.9	95.3	94.5	93.9	93.0
West Lancashire	59.7	59.5	62.0	65.7	65.3	70.7	70.5
Wyre	101.6	107.1	109.7	116.5	110.6	107.8	107.8
Lancashire	**101.1**	**102.3**	**104.9**	**111.6**	**112.4**	**108.6**	**107.0**

The rate of HFTs has increased in Lancashire by 5.9 (5.8%) between 2018 and 2024 (Table 4). Rossendale has had the highest increase in the rate of HFTs by 40.7 (37.9%), followed by Pendle and West Lancashire which have increased by 18.1 (19.0%) and 10.8 (18.1%), respectively. Conversely, three districts have experienced a decline in the rate of HFTs including Fylde has seen a decline of 24.1 (24.3%), and Burnley and Preston which have seen smaller declines of 10 (6.7%) and 2 (1.6%), respectively. As with the total number of HFTs, the rate of HFTs in Lancashire peaked in 2022 and has declined in all but two (Pendle and West Lancashire) since 2022. It is worth noting the change in trend in Rossendale that had an increasing rate of HFTs up until 2022 where it began to experience a decline.

Table 4. The total and percentage change in the rate of hot food takeaways per 100,000 population in Lancashire (between 2018 and 2024 and between 2022 and 2024). The percentage change column has been colour-scaled from lowest (green) to highest (red) for ease of interpretation.

Area	2018-2024		2022-2024	
	Difference	Percentage change	Difference	Percentage change
Burnley	-10.0	-6.7	-23.1	-14.3
Chorley	9.4	10.4	-1.1	-1.1
Fylde	-24.1	-24.3	-17.9	-19.3
Hyndburn	15.0	11.1	-13.5	-8.3
Lancaster	2.3	2.6	-5.9	-6.3
Pendle	18.1	19.0	12.4	12.2
Preston	-2.0	-1.6	-13.8	-10.1
Ribble Valley	6.0	6.8	-2.5	-2.6
Rossendale	40.7	37.9	-3.9	-2.6
South Ribble	3.4	3.8	-1.5	-1.6
West Lancashire	10.8	18.1	5.2	8.0
Wyre	6.2	6.1	-2.8	-2.5
Lancashire	**5.9**	**5.8**	**-5.4**	**-4.8**

Hot food takeaway distribution and inequalities

In England, fast food outlet density is positively correlated with deprivation[36], and Lancashire's HFT distribution is in-line with this trend.

Postcodes of HFTs in Lancashire (2025) were matched with Index of Multiple Deprivation (IMD) (2019) quintiles to examine how takeaway distribution varies by deprivation level (Table 5). Exploring takeaway distribution in this way provides insight into whether a social gradient exists regarding takeaway prevalence across Lancashire.

Just under half (43.7%) of takeaways in Lancashire are concentrated within the 20% most deprived areas, whereas only 5.6% are located in the 20% least deprived. This shows a clear social gradient, with nearly half of all outlets concentrated in the most deprived areas and very few in the least deprived. People in more deprived communities are therefore more likely to be exposed to HFT's.

Table 5. Number of hot food takeaways in 2025 in Lancashire by IMD (2019) quintile, with quintile 1 being the most deprived, and quintile 5 the least deprived.

IMD quintile (2019)	Number of takeaways (2025)	Proportion (%)
1	606	43.7
2	344	24.8
3	204	14.7
4	156	11.2
5	78	5.6
Lancashire	**1388**	**100.0**

The rate of HFTs per 100,000 per population at each IMD quintile follows the same trend as the total number of HFTs, with a larger proportion of HFTs within the most deprived quintile (Table 6). HFT density in Lancashire is strongly linked to deprivation, with the most deprived areas (IMD Quintile 1) having a rate of 195.6 per 100,000 compared to just 35.2 per 100,000 in the least deprived areas (Quintile 5). The Lancashire average (110.7) masks this steep gradient.

Table 6. Rate of hot food takeaways per 100,000 population in Lancashire (2024) by IMD (2019) quintile, with quintile 1 being the most deprived, and quintile 5 the least deprived.

IMD quintile (2019)	HFT Rate (2024)
1	195.6
2	146.3
3	99.3
4	55.3
5	35.2
Lancashire	**110.7**

Diet Related Health Outcomes

Overweight and Obesity

Worldwide, adult obesity has more than doubled since 1990 with 1 in 8 people living with obesity worldwide (2022). In England, the increase has been even more pronounced, reaching nearly one in three adults by 2022[40].

According to the latest data (2023/24)[40], the majority of adults (64.5%) in England are above a healthy weight (defined as Body Mass Index of 25 kg/m^2 or higher and otherwise referred to as overweight, including obesity) with 26.5% living with obesity. Meanwhile, through the National Child Measurement Programme (NCMP), that monitors child health in Reception and Year 6, 22.1% of Reception children were identified as above a healthy weight (9.6% classed with obesity), and 35.8% of Year 6 children were above a healthy weight (22.1% classed with obesity).

In Lancashire, there is a significant public health issue relating to overweight and obesity (Figure 3), with around two-thirds (66.2%) of Lancashire adults above a healthy weight. Of these 28.5% classed as living with obesity based on data from 2023/24. Adult obesity in Lancashire is statistically worse than the England average of 26.5%, and among its 15 nearest statistical neighbours (NHS England), Lancashire ranks 4th, behind Nottinghamshire, Worcestershire, and Staffordshire.

For Lancashire children, 23.4% of Reception children were above a healthy weight (9.3% classed with obesity), and 35.6% of Year 6 children were above a healthy weight (21.0% classed with obesity). Obesity prevalence in Reception children in Lancashire is statistically similar to the England average of 9.6%, and 6th among its 15 nearest statistical neighbours. For Year 6 children, obesity prevalence is statistically better than the England average of 22.1%, and 5th among Lancashire's statistical neighbours.

Although some of Lancashire's obesity levels are statistically similar to, or better than, the England average, it remains a significant public health concern. These figures are high in absolute terms, regardless of national trends, and reflect the significance of obesity-related health risks.

[40] Department of Health and Social Care. Obesity, physical activity and nutrition – Data | Fingertips. Accessed 15th Nov 2025.

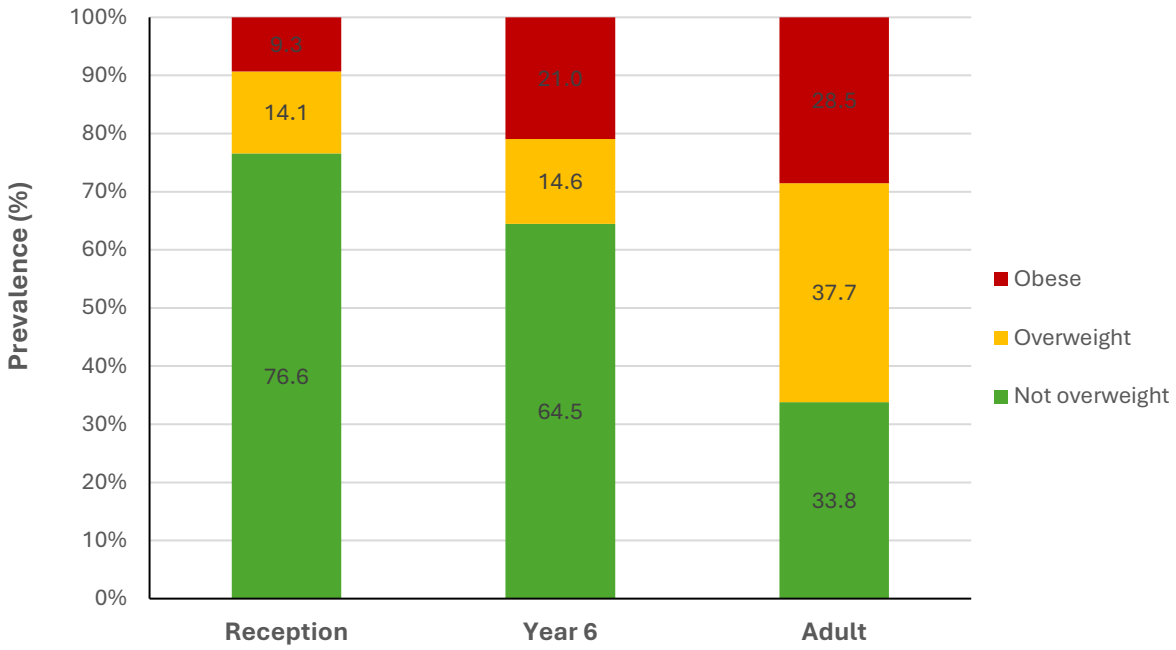


Figure 3. The proportion of adults and children (Reception and Year 6) in Lancashire that are classified as overweight (yellow), with obesity (red), or neither (green) based on 2023/24 data. Source: Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

As noted above, overweight and obesity are increasing globally and nationally. In Lancashire, there has been a similar upward trend in obesity prevalence. For adults, prevalence has risen from 23.0% to 28.5% between 2015/16 and 2023/24 (Figure 4).

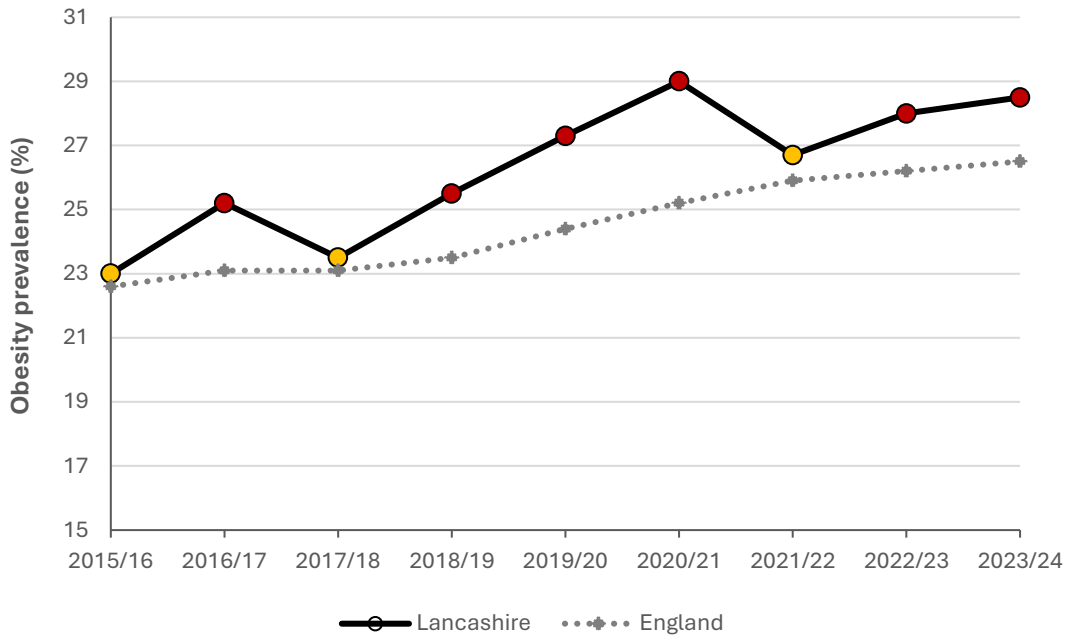


Figure 4. Adult obesity in Lancashire and England between 2015/16 and 2023/24. Red filled markers indicate significantly worse than, and orange filled markers indicate statistically similar to, the England average. Source: Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

For Reception children in Lancashire, obesity prevalence has remained around the range of 9-10% since 2007/08, with some fluctuations. The highest recorded percentage was in 2019/20 at 10.4%. Reception children obesity prevalence has been consistently statistically similar to the England average (Figure 5).

For Year 6 children in Lancashire, prevalence has been steadily increasing since 2007/08, with some fluctuations and a slight decrease in recent years, in line with the national trend. The highest recorded obesity prevalence was in 2021/22 at 22.9%. For Year 6 in recent years it has become statistically similar to England (Figure 6).

The high levels reported in 2020/21 for England should be interpreted with caution due to the small sample size as a result of the COVID-19 pandemic response.

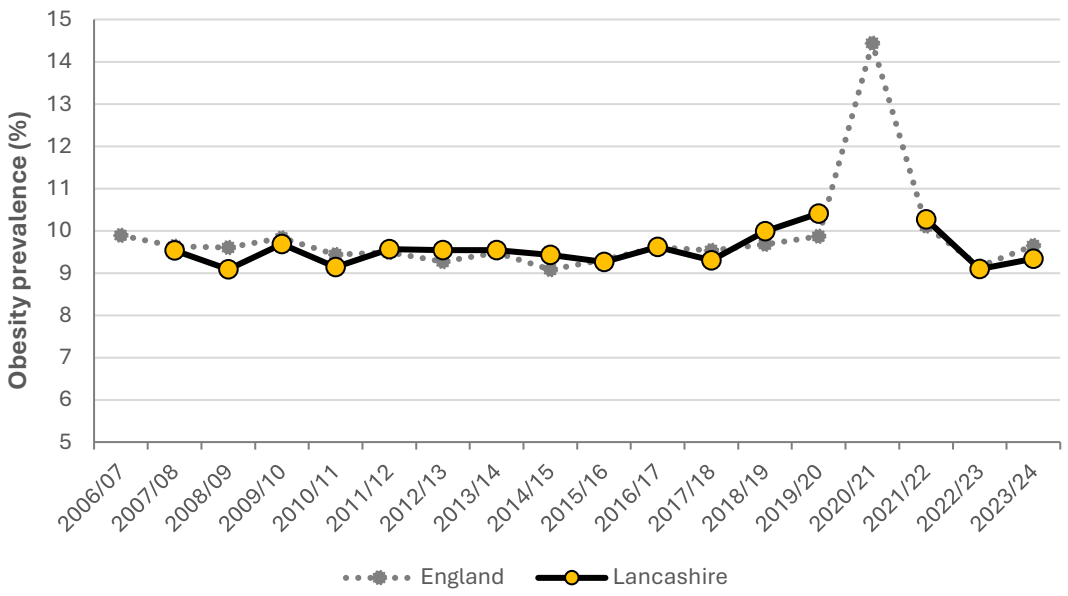


Figure 5. Reception obesity prevalence in Lancashire and England between 2006/7 and 2023/24. Orange filled markers indicate statistically similar to England average. Source: Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

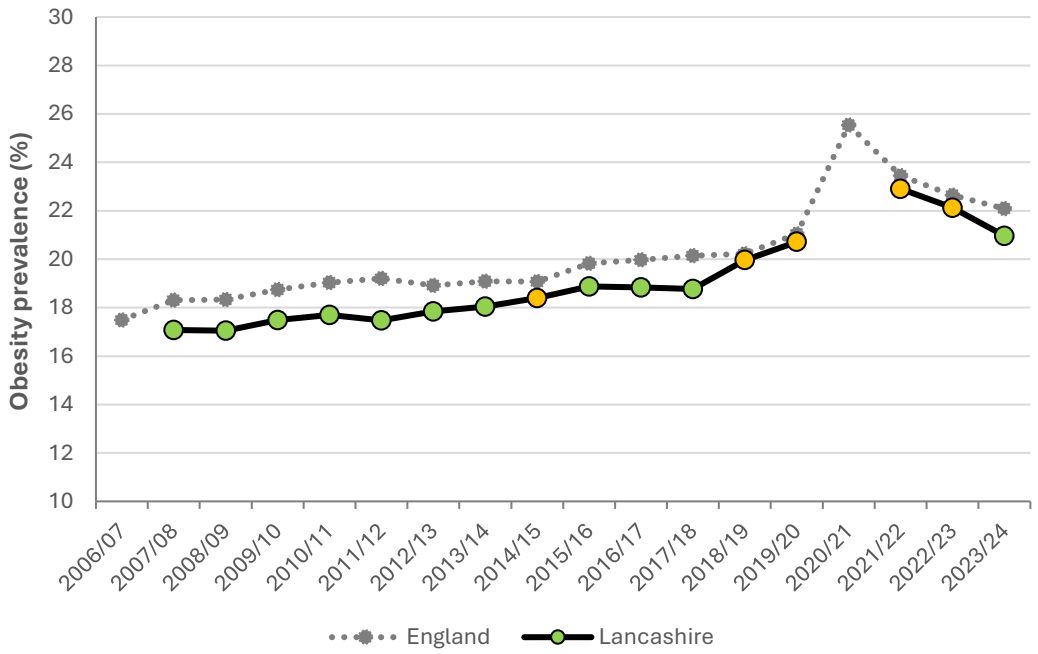


Figure 6. Year 6 obesity prevalence in Lancashire and England between 2006/7 and 2023/24. Orange filled markers indicate statistically similar, and green markers statistically better than, then England average. Source: Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

Lancashire Districts

As noted above, adult obesity in Lancashire is statistically worse than the England average. On a district level (Figure 7), adult obesity varies considerably. Based on data from 2023/24, Burnley has the highest adult prevalence (34.7%), with Fylde, Hyndburn, Pendle and Rossendale all having percentages above 30%. West Lancashire has the lowest adult prevalence (20.9%), closely followed by Ribble Valley (21.2%).

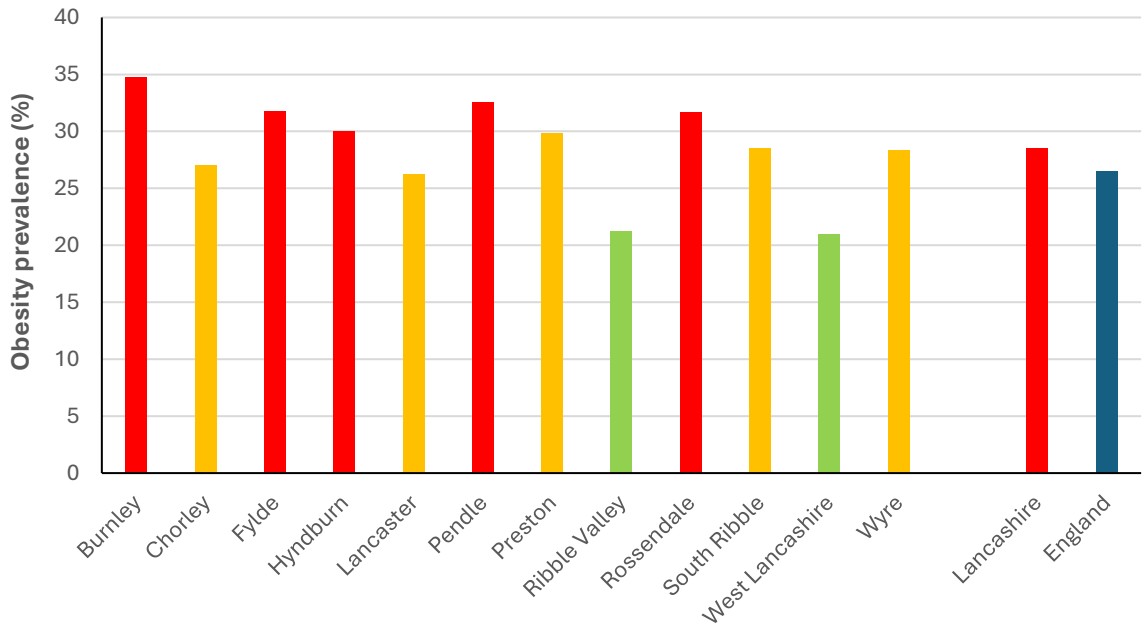


Figure 7. Adult obesity prevalence in the twelve Lancashire districts, Lancashire and England (2023/24). Red indicates statistically worse, orange similar, and green better than the England average. Source: NHS England, National Child Measurement Programme via Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

Unlike adults, for children in Lancashire obesity prevalence is either similar (as for Reception) or better (as for Year 6) than the England average. Similarly to adults, however, childhood obesity varies between the twelve districts in Lancashire. For Reception children, obesity prevalence ranges from 7.6% in South Ribble, to 10.9% in Lancaster, but all bar one district (South Ribble) are statistically similar to the England average (Figure 8). For Year 6 children, the range in prevalence across the districts is more distinguished with the lowest prevalence in Fylde (14.9%) and the highest in Pendle (25.0%). Both Pendle and Burnley (24.8%) have Year 6 percentages statistically worse than the England average (Figure 8).

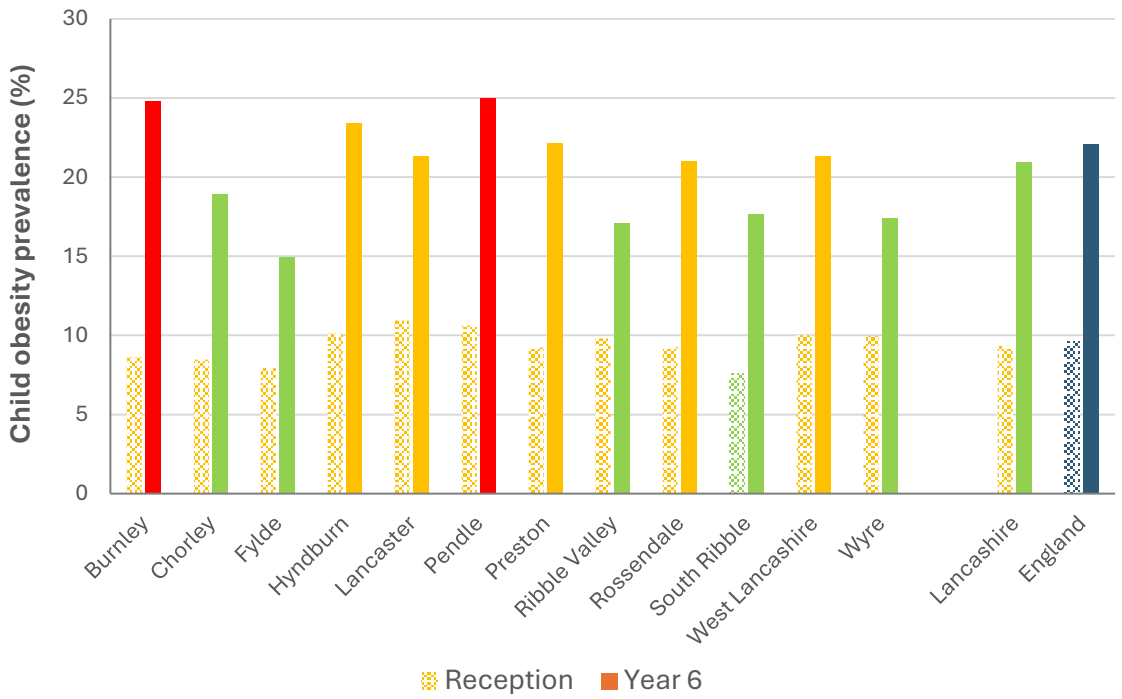


Figure 8. Child obesity prevalence for the twelve Lancashire districts, Lancashire and England (2023/24). Red indicates statistically worse, orange similar, and green better than the England average Source: Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

Figure 9 demonstrates how children in Lancashire theoretically progress across the BMI categories over time. NCMP data from 2017/18 was compared with that of 2023/24 to demonstrate weight status changes over time, with the same 'cohort' of children (i.e. those that were in Reception in 2017/18 and then Year 6 in 2023/24).

Between 2017/18 and 2023/24, as children moved from Reception to Year 6, the number of children classed with obesity more than doubled (from 9.3% to 20.9%). Children were far more likely to develop overweight or obesity by the time they reached Year 6 compared to Reception.

Out of the proportion of children who were above a healthy weight in Year 6, a higher percentage were classed with obesity (20.9%) than overweight (14.6%), suggesting that once children begin to gain excess weight, they may be more likely to progress to obesity. This shows the heightened vulnerability for primary school age children for developing obesity.

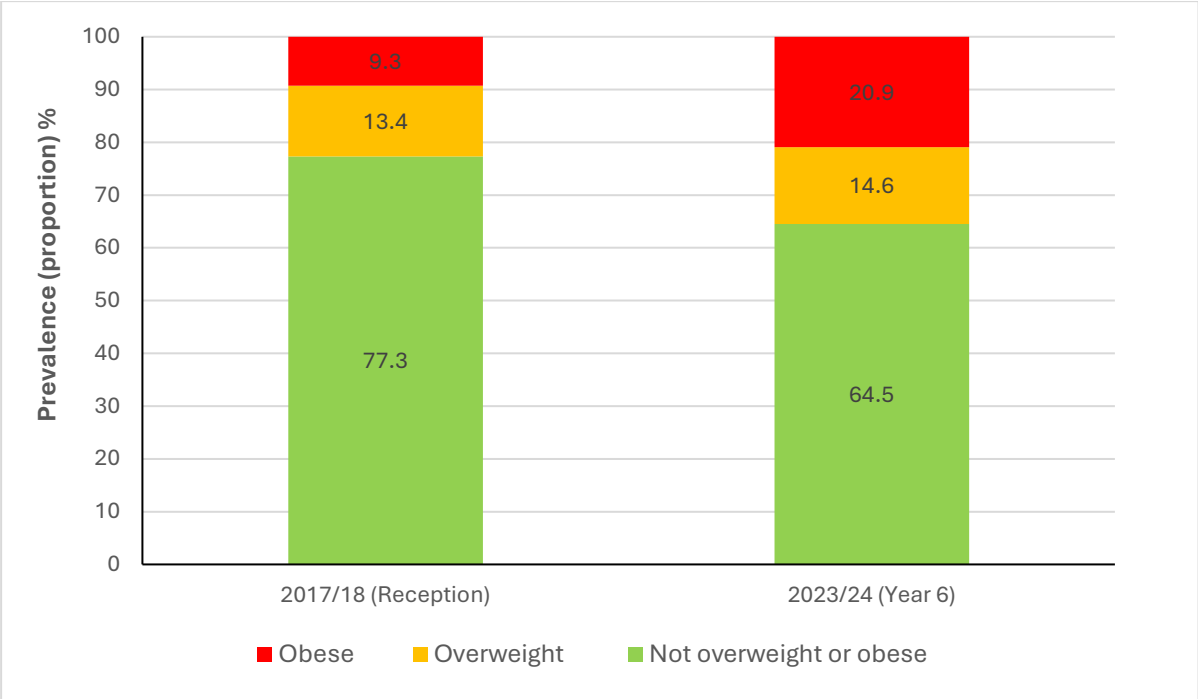


Figure 9. Prevalence of overweight and obesity (above a healthy weight) in a cohort of children who were in Reception in 2017/18 and Year 6 in 2023/24. Source: Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

Obesity and Inequalities

Individual record-level NCMP data (2020/21-2024/25) was integrated with data from the IMD (2019), to investigate the existence and extent of a socioeconomic gradient in childhood obesity rates in Lancashire (Table 7). Due to data availability, adult obesity data (2023/24) has been integrated with IMD for England only.

This data suggests a clear socioeconomic gradient in obesity prevalence for Lancashire children and England adults, with the 20% most deprived areas (quintile 1) experiencing much higher rates of obesity compared to less deprived areas.

Table 7 also suggests that the obesity gap between the most and least deprived widens with age. The difference between quintiles 1 and 5 is 4.5% in Reception, 11.2% in Year 6, and 14.3% in adults.

Table 7. Child (Reception and Year 6) and adult (18+) prevalence (%) of obesity by IMD (2019) quintile. Child data is based on years 2020/21-2024/25 aggregated for Lancashire, and adult data is from 2023/24 for England. Quintile 1 includes the 20% most deprived areas whereas quintile 5 includes the 20% least deprived. Source: IMD 2019 and Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care.

	Obesity prevalence (%)		
IMD Quintile	**Lancashire Reception**	**Lancashire Year 6**	**England Adult**
1	12.1	26.9	35.6
2	10.3	23.3	28.8
3	9.2	19.9	26.4
4	8.5	18.6	24.6
5	7.6	15.7	21.3

As alluded to above, there is a higher density of HFTs in deprived areas, lower access to affordable healthy food, and greater exposure to marketing of calorie-dense, nutrient-poor food, contributing to an overall more obesogenic environment in deprived areas.

Compounding the effects of the obesogenic environment are economic barriers. The obesity–poverty paradox describes the counterintuitive pattern where individuals in lower socioeconomic groups have higher rates of obesity despite having less disposable income[41]. This is linked to the affordability and availability of high-calorie, low-nutrient foods[42].

Hot Food Takeaways and Obesity

As demonstrated above, HFTs are clustered in more deprived areas. Figure 10 demonstrates the associations between deprivation, HFT density, and obesity. IMD quintile 1 (most deprived) has a HFT rate of 195.6 per 100,000 and obesity prevalence of 35.6 % for adults, 26.9% for Year 6 children, and 12.1% for Reception children. At IMD quintile 5 (least deprived), there are 35.2 HFTs per 100,000, and 21.3% of adults, 15.7% of Year 6 children, and 7.6% of Reception children with obesity.

[41] Żukiewicz-Sobczak, W. et al., (2014). Obesity and poverty paradox in developed countries. Annals of Agricultural & Environmental Medicine, 21(3), 590–594.
[42] The Food Foundation. (2024). Families cutting back on healthy food risks widening health inequalities. Food Foundation News.

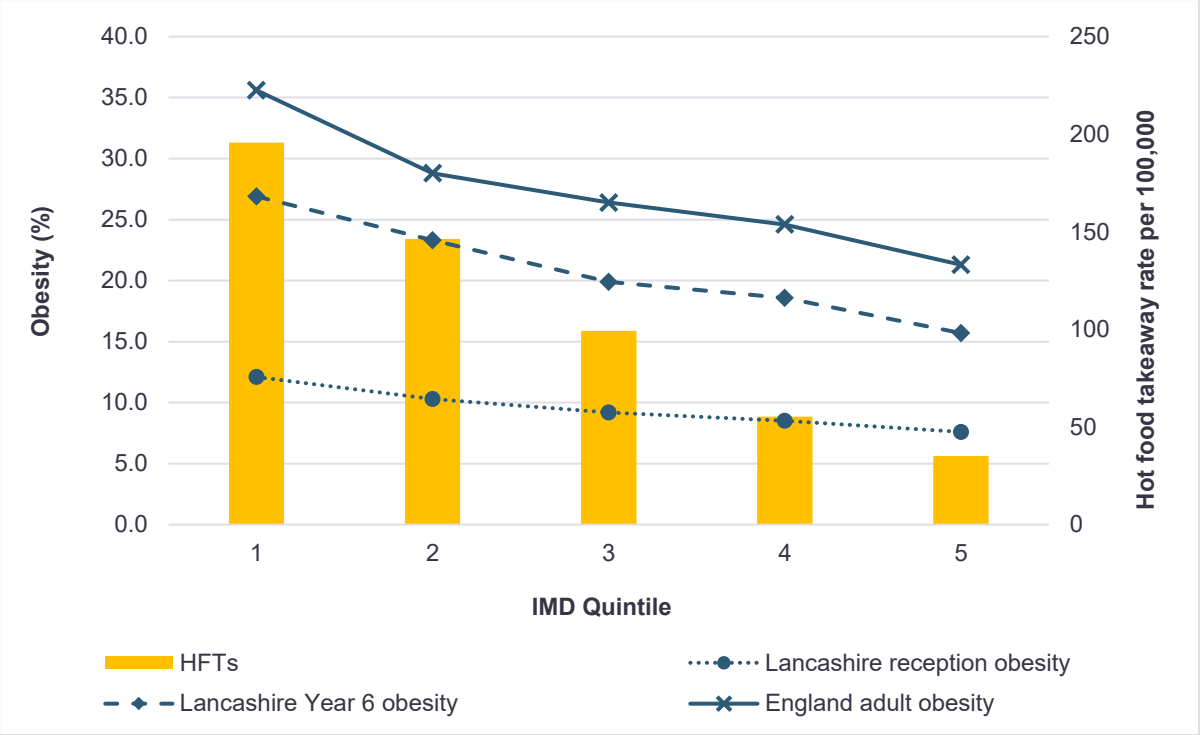


Figure 10. Obesity prevalence (%) for Lancashire Reception and Year 6 children (5 years combined, 2020/21-24/25), England adult obesity (2023/24), and Lancashire hot food takeaway (HFT) rate per 100,000 (2024) for each IMD (2019) quintile (1 – most deprived, 5 – least deprived). Sources: various - as above.

Cardiovascular Disease

Cardiovascular disease (CVD) is an umbrella term for all diseases of the heart and circulation. It includes everything from conditions that are inherited or that a person is born with, to those that develop later, such as coronary heart disease (CHD), heart failure, and stroke[43].

CVD is the primary cause of mortality globally[44] and is responsible for just over a quarter (26%) of all deaths in England; that's over 170,000 deaths each year, or 480 each day, or one death every three minutes[43]. Not only is CVD a significant contributor to mortality, but it also has a substantial impact on morbidity, posing a significant financial challenge to health and social care and broader society. The healthcare costs related to CVD in England alone are estimated to be around £8.3 billion per year, with the annual costs to the wider economy estimated at £21 billion43.

One of the first medical consequences of obesity to be recognised was CVD[45] and in England around 1 in 6 heart and circulatory disease deaths are today associated with a high BMI[43].

[43] British Heart Foundation. (2025). UK cardiovascular disease factsheet. British Heart Foundation.
[44] British Heart Foundation. (2025). Global cardiovascular disease factsheet. British Heart Foundation.
[45] Pérez Pérez, A., Ybarra Muñoz, J., Blay Cortés, V., and de Pablos Velasco, P (2017) 'Obesity and cardiobascular disease', Public Health Nutrition, 10(10A), pp 1156-1163.

Mortality is a direct measure of health care need indicating the overall burden on the population and reflecting both the incidence of disease and the ability to treat it. Mortality in Lancashire due to CVD, including CHD, and stroke, is explored below.

Lancashire has a rate of under 75 mortality from CVD which is significantly higher than the England average[46] (Figure 11). Burnley, Hyndburn and Preston districts have the highest rates of mortality from CVD, whereas Ribble Valley has a rate significantly lower than the England average.

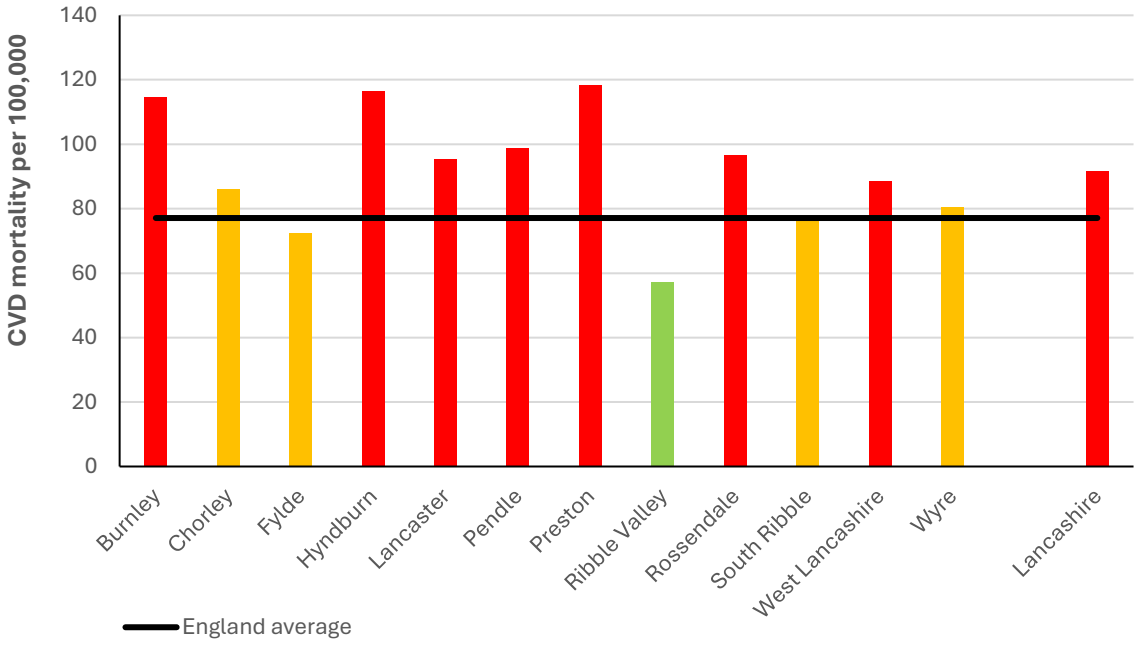


Figure 11. Under 75 mortality rates from cardiovascular disease (2021-23) - (directly standardised rate per 100,000) for Lancashire. Red indicates statistically worse, orange similar, and green better than the England average (black line). Source: Fingertips | Department of Health and Social Care.

Coronary Heart Disease

Lancashire has a mortality from coronary heart disease (CHD) which is significantly higher than the England average (Figure 12). Ten of the twelve Lancashire districts have CHD mortality rates significantly higher than the England average, with Ribble Valley and Fylde having similar and lower CHD mortality rates, respectively.

[46] Department of Health and Social Care. Cardiovascular disease data. Fingertips. Accessed 16th Nov 2025.

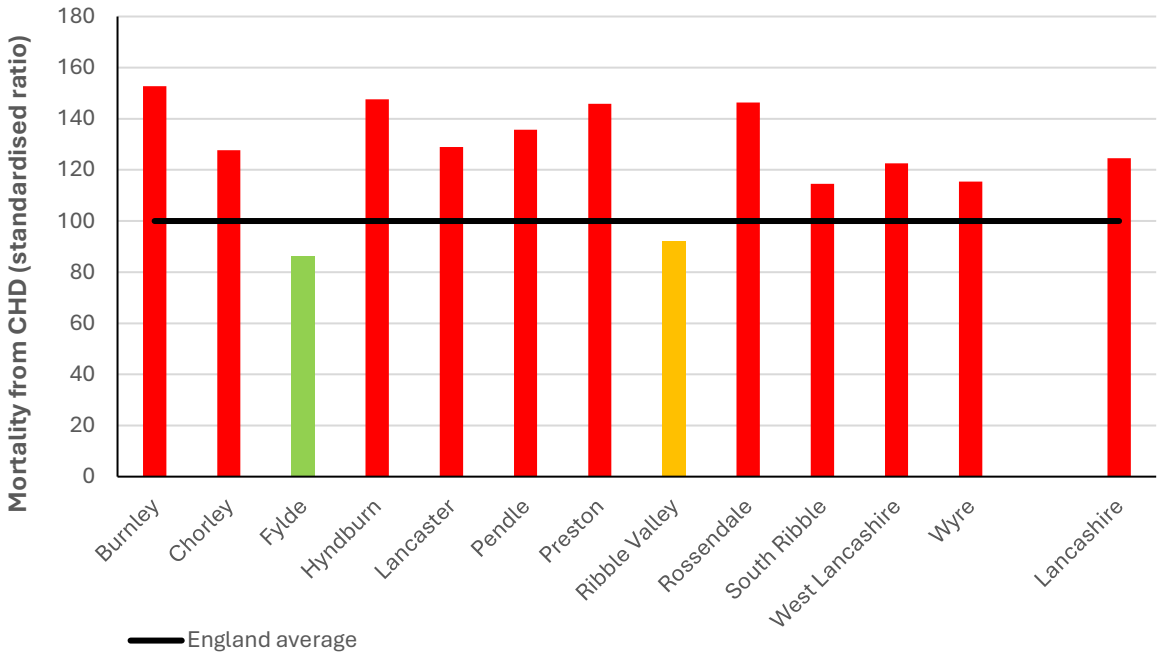


Figure 12. Mortality from coronary heart disease (2019-23) - (indirectly standardised ratio per 100) for Lancashire. Red indicates significantly worse, yellow similar, and green better than the England average (black line). Source: Fingertips | Department of Health and Social Care.

Stroke

Mortality from stroke (all ages) is significantly higher in Lancashire than the England average[47] (Figure 13). Burnley, Lancaster, and West Lancashire districts have stroke mortality rates significantly higher than the England average, with Ribble Valley and South Ribble having lower mortality due to stroke compared to the England average.

[47] Department of Health and Social Care. Stroke data. Fingertips. Accessed 17th Nov 2025.

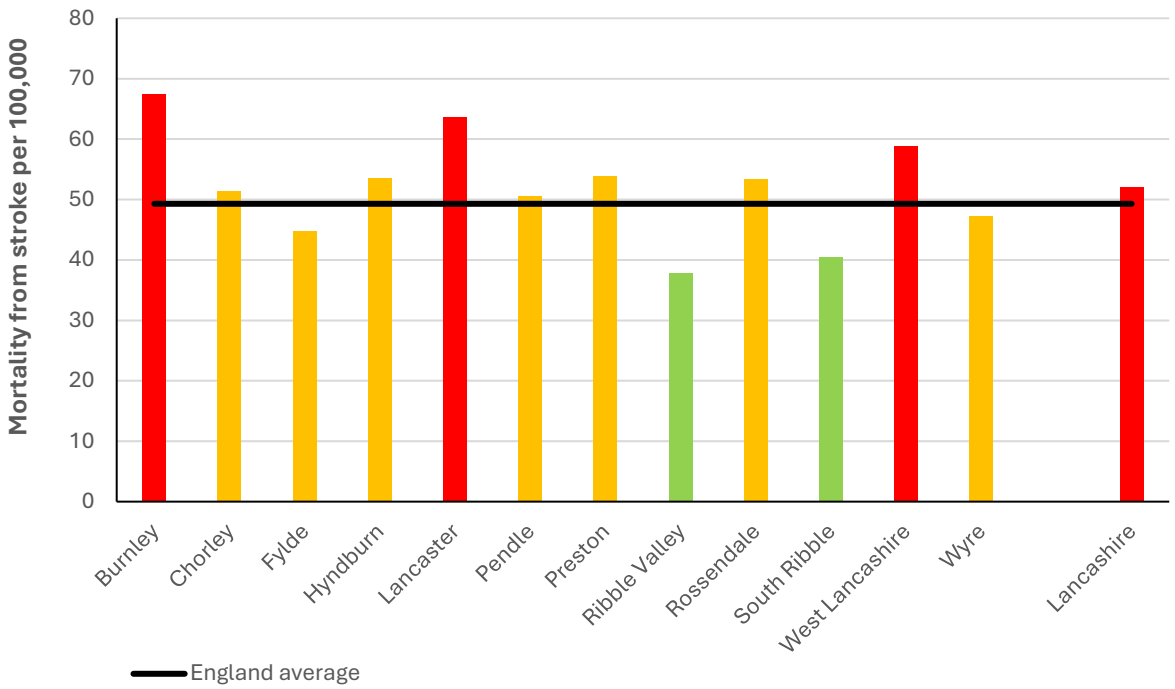


Figure 13. Mortality rates from stroke (2021-23) - (directly standardised rate per 100,000) for Lancashire. Red indicates significantly worse, orange similar, and green better than the England average (black line). Source: Fingertips | Department of Health and Social Care.

Cancer

Approximately 6% of all cancers in the UK are attributed to obesity[48]. In the UK, overweight and obesity are noted to be the second biggest causes of cancer (after smoking) and attributable to more than 1 in 20 cancer cases[48]. Several of the most common obesity-related cancers include breast, colorectal, oesophageal, kidney, gallbladder, uterine, pancreatic, and liver cancer[49].

Findings from a 2023 study suggest that excess body fat also results in an approximately 17% increased risk of cancer-specific mortality, although this relationship is not yet fully understood. It is, however, thought to involve altered factors such as fatty acid metabolism, immune dysregulation, and chronic inflammation. The study also found obesity to increase treatment-related adverse effects, as well as influence treatment decisions regarding specific types of cancer therapy[50].

Cancer incidence (all cancers) is similar in Lancashire to the England average[51] (Figure 14). Burnley and Preston however, have cancer incidence significantly higher than the England average, with Ribble Valley having a lower incidence of cancer compared to the England average.

[48] Brown, K. F., Rumgay, H., Dunlop, C., et al. (2018). The fraction of cancer attributable to known risk factors in England, Wales, Scotland, Northern Ireland, and the UK overall in 2015. British Journal of Cancer, 118(8), 1130–1141.
[49] Cancer Research UK. (n.d.). How does obesity cause cancer? Cancer Research UK. Accessed 23rd Nov 2025.
[50] Pati, S., Irfan, W., Jameel, A., Ahmed, S., & Shahid, R. K. (2023). Obesity and cancer: A current overview of epidemiology, pathogenesis, outcomes, and management. Cancers, 15(2), 485.
[51] Department of Health and Social Care. Cancer data. Fingertips. Accessed 23rd Nov 2025.

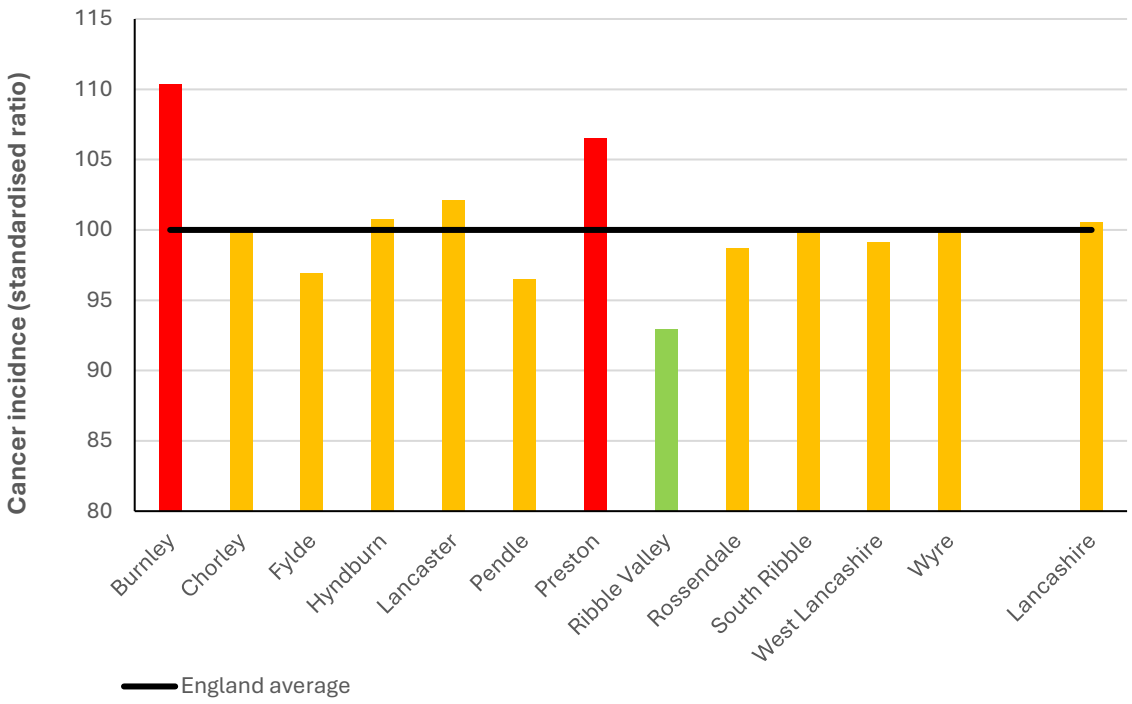


Figure 14. Cancer (all cancers) incidence (2015-19) - (indirectly standardised ratio per 100) for Lancashire. Red indicates significantly worse, yellow similar, and green better than the England average (black line). Source: Fingertips | Department of Health and Social Care.

Diabetes

Being above a healthy weight is the main modifiable risk factor for type 2 diabetes. In England, adults living with obesity are five times more likely to be diagnosed with diabetes than adults of a healthy weight, and currently 90% of adults with type 2 diabetes are overweight or living with obesity[52].

In Lancashire, 7.6% of GP registered patients (aged 17+) are listed on the diabetes register[53]. A more detailed distribution across the 12 districts is provided in Figure 15. Four districts (Burnley, Hyndburn, Pendle, and Wyre) have a percentage of registered diabetic patients that is significantly above the Lancashire average. Conversely, six districts (Chorley, Lancaster, Preston, Ribble Valley, South Ribble and West Lancashire) are identified as having a percentage that is statistically below the county average. The percentages for the remaining two districts (Fylde and Rossendale) are statistically comparable to the Lancashire average.

[52] Gatineau, M., Hancock, C., Holman, N., Outhwaite, H., Oldridge, L., Christie, A., & Ells, L. (2014). Adult obesity and type 2 diabetes. Public Health England.
[53] NHS Midlands and Lancashire Commissioning Support Unit.

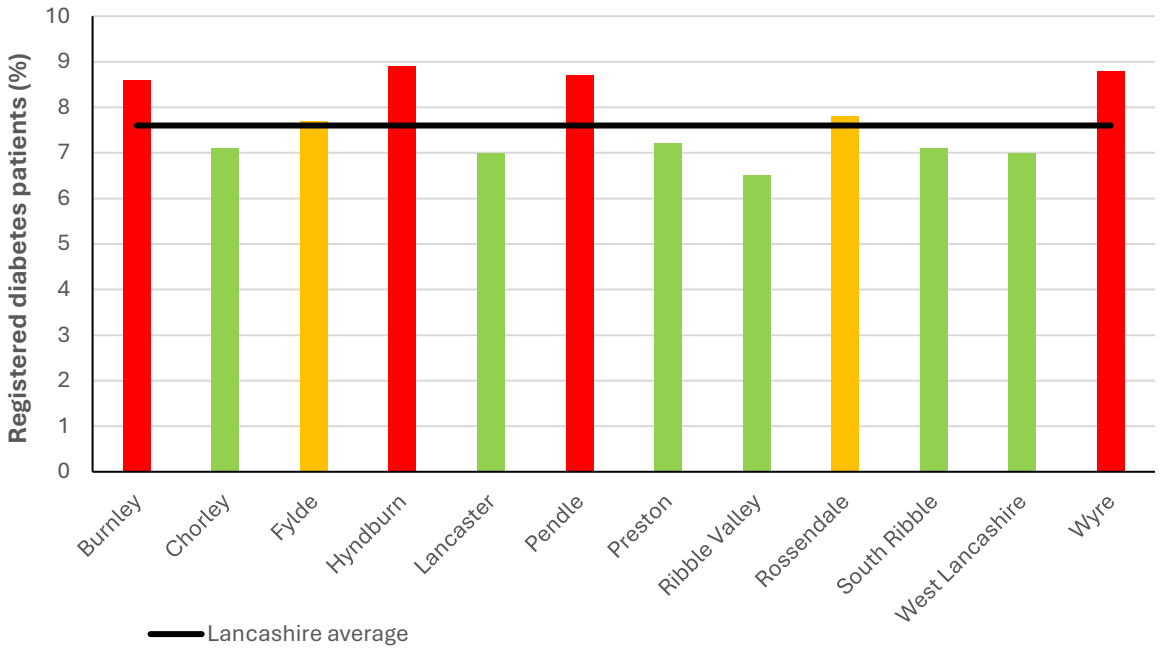


Figure 15. Prevalence of GP-registered patients on the Diabetes Register in Lancashire (2024). Bars are coloured in reference to whether the district is statistically significantly above (red), below (green) or similar (orange) to the Lancashire average (black line) of GP-registered patients on the Diabetes Register. Source: NHS Midlands and Lancashire Commissioning Support Unit.

Implementation and Monitoring

National Implementation

A review carried out in 2019 found that of the 325 local government areas with planning powers in England, just over half (164 authorities, 50.5%) had a policy specifically targeting takeaway food outlets. Of these, 56 (34.1%) had health-focused policies and 108 (65.9%) had non-health focused policies. Across the specific policies there were 532 individual planning criteria; 115 (21.6%) were health focused and 417 (78.4%) were not. 144 areas had non-specific policies that related to wider retail units and could in theory be used for takeaways.

The study broadly categorised the planning criteria based on its action strategies. In terms of the criteria focused on health, the two predominant themes were:

- Exclusion zones (33 criteria, 28.7%) - restricting the building of new takeaways around where children and families congregate including schools, parks and leisure facilities. They often also include restrictions on opening times such as school lunch times and after school.
- Density limitation (29 criteria, 25.2%) – limiting the number of consecutive takeaways or caps the proportion of all retail space occupied by this use.

Three local government areas had exclusion zones across a specified geographical area based on their childhood obesity rate. There were also a number of strategies employed to minimise the impact of takeaways on the local area, with other specific health-related criteria including the implementation of community infrastructure levies with funds allocated to obesity prevention initiatives; mandatory signups to a healthy catering commitment scheme; and requirements for submission of health impact assessments alongside planning applications.

Tabe 8 summarises hot food takeaway planning policies and criteria for a selection of local authorities.

Table 8. Summary of criteria for planning decisions relating to hot food takeaways in some local authorities. EZ = exclusion zone.

Criteria	Gateshead	Blackburn with Darwin	Blackpool	Lancaster	Rossendale
Wards with high levels of child obesity	✓		✓	✓	✓
400m EZ primary schools		✓			
400m EZ secondary schools	✓	✓		✓	✓
400m EZ sixth form college		✓			
400m EZ youth / leisure / parks	✓	✓			
Promoting healthier HFTs		✓			

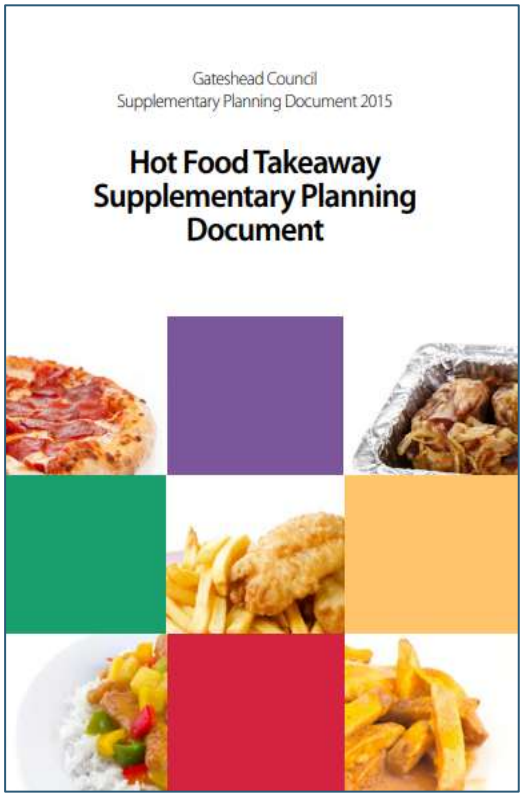
Case Studies

A 2016 publication by the Local Government Association (LGA)[54], provided seven case studies pertaining to local authorities across the UK who have developed policies with the objective of restricting the proliferation of hot food takeaways in defined areas, such as near schools.

We undertook a further, rapid desktop review of a range of Local Plans including the two upper-tier local authorities within the Lancashire boundary. Our findings have been presented below as short case studies, acting as examples of how a range of hot food takeaway planning policies can (and currently are) implemented in real-life situations.

[54] Local Government Association. (2016). Tipping the scales: Case studies on the use of planning powers to limit hot food takeaway. Local Government Association.

Gateshead



In 2015, Gateshead Council published its 'Hot Food Takeaway Supplementary Planning Document' (SPD)[55], setting out the council's priorities and objectives in relation to planning control of hot food takeaways, elaborating upon existing and emerging policy in relation to health and wellbeing. The council was the first in the UK to go beyond traditional planning considerations, developing a hot food takeaway SPD, based on research, to justify criteria based purely on health. As a result, the council was awarded the Local Government Chronicle Award for Public Health in 2017[56].

The council's SPD outlines two planning considerations related to health, aimed at preventing planning permission for new hot food takeaway uses in:

a) Locations where children and young people congregate - within a 400m radius of entry points to secondary schools, youth centres, leisure centres and parks (parks are categorised as playing areas, area parks over 5 hectares in size and neighbourhood open spaces over 2 hectares in size).
b) Locations where there are high levels of obesity - in wards where there is more than 10% of the year 6 pupils classified with obesity.

These considerations are derived from an analysis of the local hot food takeaway context, along with local obesity rates among both adults and children. With regard to takeaways, Gateshead had identified a rate of 1.03 takeaways uses per 1,000 people, higher than the national average of 0.86 (at the time of publication - 2015). Nearly one quarter (23%) of 10- and 11-year-olds (Year 6) in Gateshead were also classified with obesity at the time of publication, with the gap between the obesity rates among the most and least disadvantaged socioeconomic groups also identified to be widening for both Reception and Year 6 children.

Prior to Local Plan adoption, the Planning Inspector provided the following comments with regard to an objection concerning the SPD:

> "I note the objection to the statement in paragraph 12.10 that the Councils will consider controlling the proliferation of unhealthy food outlets in subsequent plans. However, there is clear evidence of poor health in Gateshead and Newcastle which is partly caused by unhealthy eating, and easy access to clusters of unhealthy food outlets exacerbates the problem. In principle, therefore, such an approach is sound".

[55] Gateshead Council. (2015). Hot food takeaway Supplementary Planning Document. Gateshead Council.
[56] Local Government Chronicle. (2017). Health & Care – News, comment and analysis. LGC.

Monitoring of the SPD's implementation is included in the council's Annual Monitoring Report (AMR). As part of this annual monitoring, the council have employed the following targets:

- Reduce the number of children with obesity in Gateshead to less than 10% by 2025.
- Fewer A5 uses per 1,000 residents than the England average (of 0.96 uses per 1,000 residents)

The latest AMR (2023/24)[57] indicates that there are currently 175 hot food takeaways in Gateshead, which is a reduction of 23 since SPD adoption in 2015. The report also highlights decreasing obesity rates among Year 6 students since 2021/22, with the most recent data showing a decrease by 1.6% to 22.5% in 2023/24.

Blackpool

Blackpool Local Plan Evidence Base

Topic Paper: Managing the Location of Hot Food Takeaways

December 2020 Update

Blackpool's topic paper entitled 'Managing the Location of Hot Food Takeaways' (published 2018, updated December 2020)[58] provides an overview of the council's priorities and objectives in relation to planning control of hot food takeaways, providing an analysis of the evidence base, planning policy context, as well as of local data with respect to obesity, deprivation and hot food takeaways. Based on this analysis, the paper offers the following public health recommendation, for adoption by the council's Local Plan:

'To promote healthier communities, the council will prevent the development of A5 uses in or within 400m of wards where there is more than 15% of the year 6 pupils or 10% of reception pupils classified as very overweight.'

Blackpool's 'Local Plan Part 2: Site allocations and development management policies'[59] was adopted in February 2023, containing a policy specific to the control of hot food takeaways on health grounds (Policy DM16), in light of the recommendation of the topic paper and as outlined above. It is important to note that based on the most recent data, Policy DM16 does not permit new hot food takeaway development in any ward across Blackpool.

In relation to adoption of DM16 and upon his review of the Local Plan, the Inspector provided a range of comments, including:

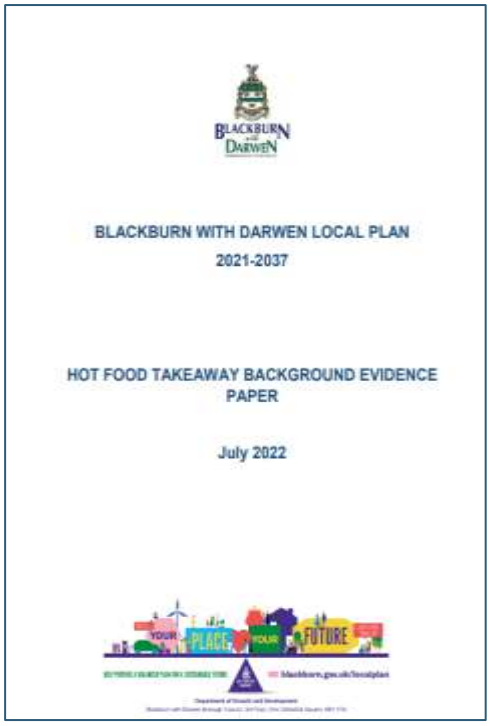
> "Policy DM16 seeks to promote healthier communities by restricting new hot food takeaways in or within 400 metres of wards where there are more than

[57] Gateshead Council. Authority Monitoring Reports. Accessed 25th Nov 2025.
[58] Blackpool Council. (2020, December). Hot food takeaways evidence base.
[59] Blackpool Council. (2023). Local Plan Part 2: Site allocations and development management policies.

15% of year 6 pupils or 10% of reception age pupils which are classified as obese by Public Health England."
"The Council's Healthy Weight Declaration (EL4.001) commits the Council to working with other bodies on a range of actions including reducing unhealthy weight in Blackpool. It also recognises the potential for the planning system to contribute towards such as part of a broad multi-disciplinary package of measures.
"Setting thresholds based on the obesity of reception age and year 6 children is reasonable as the choices and behaviours learned are more likely than not to be carried through to later adult life.
"Public Health England maintain data on child excess weight and obesity at ward-level which is freely available and updated annually, the thresholds are reasonably set at a level that should Policy DM16 be effective alongside other measures, obesity levels could reasonably be expected to fall below the threshold making hot food takeaways permissible in some wards over the plan period. In any event, the evidence shows the borough is already very well served."

Blackburn with Darwen

Adopted in January 2024, Blackburn with Darwen's (BwD) Local Plan (2021 – 2037)[60] contains a specific health-based policy (Policy DM01), encompassing planning restrictions on new hot food takeaway development, including in areas where more than 10% of year 6 pupils are classified with obesity. Based on current data, this threshold prevents any new hot food takeaway development across the entirety of BwD.



Policy DM01 also stipulates that:
"Where appropriate, the Council will consider imposing a condition restricting a business' opening hours to reduce the likelihood of it being visited by young people and impose personal permissions on hot food takeaway applications, working with the business to ensure a healthier offer."
Support and justification for Policy DM01 is provided within the council's accompanying 'Hot Food Takeaway Background Evidence Paper'[61]. In brief, the paper identifies a direct correlation between high levels of childhood obesity, high levels of deprivation and high numbers of hot food takeaways across BwD's electoral wards, "providing local evidence that hot food takeaways are causing harm to residents' health" (2022, pg. 2).
The evidence paper also accompanies the broader 'Planning for Health' SPD[62], originally adopted by BwD council in 2016. Whilst encompassing hot food takeaways, the SPD

[60] Blackburn with Darwen Borough Council. Local Plan 2021 to 2037.
[61] Blackburn with Darwen Borough Council. (2022, July). E91 hot food takeaway background paper: Evidence for Policy DM1, Blackburn with Darwen Local Plan 2021–2037.
[62] Blackburn with Darwen Borough Council. (2016). SPD – Planning for Health.

provides further analysis and supporting information on how the environment, and the planning decisions made, impact upon the health of local residents, acting as a material consideration in the determination of planning applications. The SPD is due to be updated in light of the recent Local Plan adoption.

The following monitoring indicators and targets have been applied to the abovementioned policies within DM01:

Indicator	Target
• Number of Year 6 pupils classed with obesity within the Borough • Number of premises annually awarded 'Recipe 4 Health'	• No increase in levels of childhood obesity • Increase in premises awarded Recipe 4 Health

To date, Policy DM01 has been cited in one appeal decision issued by the Planning Inspector, dated February 2024. Within their response, the Inspector stated:

> "Confirmation has been provided by the Council that the prevalence of obesity (including severe obesity) of Year 6 children in the ward within which the appeal site is located (from data combined from the years 2021/22 and 2022/23) is 26%, slightly above the percentage of 22.5% for England overall. Alarmingly, the prevalence of Year 6 children in the ward who are classed as overweight (including obesity) for the same years is 42% against an England percentage of 36.6%. Both figures are significantly above the 10% set out in Policy DM01 and as such, the proposal would conflict with Part 2 of this policy".

Local Implementation

Since its initial publication in 2018, Lancashire County Council Public Health has sought to embed the recommendations outlined within this advice note within the Local Plans of each district LPA across Lancashire.

LCC Public Health continues to raise objections to new hot food takeaway planning applications (where these infringe upon the recommendations set out above), using public health data and adopted Local Plan policy as our basis. For the districts of Lancaster and Rossendale (where a selection of the policy recommendations within this note have been adopted), 13 applications for sui generis hot food takeaways have been formally denied planning permission on health-related grounds (Table 9).

Table 9. The total hot food takeaway (HFT) planning application decisions (where HFT policy applies) in Lancaster and Rossendale between date of Local Plan policy adoption and 24th July 2025.

District	Local Plan Adoption	Applications	Permitted	Refused	Withdrawn	Proportion permitted
Rossendale	Dec-21	6	1	4	1	16.7%
Lancaster	Jul-20	15	4	9	2	26.7%

Recommendations for Lancashire

To create a healthier food environment and reduce the exposure of children, adults and communities in Lancashire to unhealthy high fat, sugar and salt foods Public Health make two recommendations to Lancashire district LPAs, relating to planning applications for new sui generis hot food takeaways:

1. **Refuse new sui generis hot food takeaway uses within a 400m walking distance of entry points to schools and other places where children and young people congregate, unless the location is within a designated town centre.**

Rationale: Aligns to NPPF requirement to refuse applications for hot food takeaways and fast-food outlets within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre[63]. 400m is an approximate 5-minute walking distance.

2. **Refuse new sui generis hot food takeaway uses within wards where the most recently published NCMP data classifies 10% or more of Reception pupils or 15% or more of Year 6 pupils as obese (including severely obese).**

Rationale: Aligns to NPPF requirement to refuse applications for hot food takeaways and fast-food outlets in locations where there is evidence that a concentration of such uses is having an adverse impact on local health[64].

It is also in line with the stated ambition of the government to "halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030"[65]. Achieving the Government's ambition of halving obesity would mean reducing the prevalence of obesity amongst Reception pupils to 5%, and amongst Year 6 pupils to 10%. The percentage triggers proposed are 5% above this target for each year group.

When applications for new sui generis hot food takeaway uses are outside of areas listed above and are approved, applicants should be encouraged to enrol on the Lancashire County Council Trading Standards Recipe 4 Health Scheme. This aligns to the NPPF requirement to take into account and support the delivery of local strategies to improve health[66].

[63] Paragraph 97 point a) National Planning Policy Framework
[64] Paragraph 97 point b) National Planning Policy Framework
[65] Department of Health and Social Care. (2018). Childhood obesity: A plan for action – Chapter 2. GOV.UK
[66] Paragraph 98 point b) National Planning Policy Framework

Public Health Support

Public Health is committed to supporting all Lancashire district LPAs to embed, implement and monitor the policy recommendations outlined within this document.
This includes:

1. Involvement in local plan-making processes to support the adoption of the policy recommendations (including the submission of consultation responses and attendance at Local Plan Examinations as required).
2. Following adoption of the policy recommendations, responding to planning applications for new hot food takeaway developments
3. Delivering information sessions to district LPAs on the evidence, data and wider context as outlined within this note.
4. Providing 1:1 support (written and in-person) on how to locate and interpret local data on obesity and/or hot food takeaway prevalence, and variation across place.

Appendix A – Evidence Summary

Table A1. Summary of relevant research

Title	Authors	Journal	Year	Summary
No new fast-food outlets allowed! Evaluating the effect of planning policy on the local food environment in the North East of England - ScienceDirect	Brown, Xiang Albani, Goffe, Akhter, Lake, Sorrell, Gibson, Wildman	Social Science & Medicine	2022	Restricting new fast-food outlets is one mechanism to create a healthier environment. From 2015, Gateshead, England banned all new fast-food outlets. Density and proportion of fast-food outlets decreased compared to control group. Supports a planning for health approach which can be implemented at local or national level.
Planning policies to restrict fast food and inequalities in child weight in England: a quasi-experimental analysis - Xiang - 2024 - Obesity - Wiley Online Library	Xiang, Goffe, Albani, Akhter, Lake, Brown	Obesity	2024	Gateshead Council introduced planning rules in 2015 to prevent new fast-food outlets, aiming to reduce childhood obesity and related inequalities. The study examined whether this policy had an impact. Researchers used national data from 2012–2020 and applied a difference-in-differences model with propensity score matching to compare Gateshead with similar control areas. Overall, there was no significant change in childhood obesity rates in Gateshead. However, in the most deprived areas with many fast-food outlets, there was a notable 4.8% reduction in childhood overweight and obesity. Limiting fast-food outlets in high-density areas may help reduce childhood obesity and health inequalities when combined with broader policy measures.
Does neighborhood fast-food outlet	Thomas Burgoine, Nita	Am J Clinical Nutrition	2016	This cross-sectional study examined how exposure to fast-food outlets interacts with educational attainment to

exposure amplify inequalities in diet and obesity? A cross-sectional study1,2	G Forouhi, Simon J Griffin, Søren Brage, Nicholas J Wareham, Pablo Monsivais			influence diet and obesity among adults in Cambridgeshire, UK. Researchers found that individuals with lower education levels consumed more fast food and had higher BMI and obesity rates, especially in areas with high fast-food outlet density. The impact of fast-food exposure on obesity was significant only among the least educated, suggesting that such environments may worsen existing health inequalities. The findings support targeted urban planning and public health interventions to reduce diet-related disparities.
Using the planning system to promote a healthier food environment: review of planning policies and appeal decisions in England for hot food takeaways	Chang, Horrocks, Ma, Smith	Town Planning Review Volume 96, Number 1	2024	LAs are using their planning powers to manage hot food takeaways. The use of these powers is mediated by the Planning Inspectorate. A case-study approach was adopted to understand outcomes of takeaways policy and decision after the statutory policy examination and appeal stages. Eight case studies in England were selected and a documentary analysis was undertaken to determine how public health issues were considered by inspectors. The analysis identified challenges and strengths in inspectors' approach and decisions. Understanding these factors can help the public health system navigate engagement with inspectors and secure successful outcomes when managing takeaways.
How does local government use the planning system to regulate **hot food takeaway** outlets? A census of current practice in England	Keeble, Burgoine, White, Summerbell, Cummins, Adams	Health & Place	2019	Conducted a census of English local government areas (n = 325) to locate planning policies regulating takeaway food outlets. 164 (50.5%) local government areas had a policy specifically targeting takeaway food outlets, 56 (34.1%) focused on health. In a typology of approaches, the study presents two foci: 'Place' with five targeted locations and 'Strategy' with four categories.

using document review				The most common health-focused approach was exclusion zones around places for children and families (n = 33). Found a range of current planning practice for regulating takeaway food outlets in England, more than previously estimated.
The adoption and implementation of local government planning **policy** to manage **hot food** takeaways near schools in England: A qualitative process …	Hassan, Thompson, Adams, Chang, Derbyshire, Keeble, Liu, Mytton, Rahilly, Savory, Smith, White, Burgoine, Cummins	Social Science & Medicine	2024	Planning and public health officers struggled to align economic and health agendas. Policy champions helped align agendas and push takeaway management policies forward. Policies were adapted to avoid use where they negatively impacted economic growth. Established processes and clearly worded policies facilitated policy implementation. The polices made it easier to deny planning permission for new takeaways.
Planning policies to restrict fast food and inequalities in child weight in England: A quasi-experimental analysis	Xiang, Goffe, Albani, Akhter, Lake, Brown	Obesity	2024	In 2015 Gateshead Council in the North-East of England introduced planning guidelines effectively banning any new fast-food outlets. Aim was to investigate if this policy led to any reductions in childhood overweight and obesity prevalence and inequalities in these outcomes. Methods: Data from National Child Measurement Programme, Food Standard Agency Food Hygiene Rating Data, and Office of National Statistics between 2012-2020. The study estimated a difference in difference model employing propensity score matching to identify a control group. Results: Found no significant change in population level childhood overweight and obesity in Gateshead compared to control areas. In sub-group analysis by area level deprivation, found that the quintile of deprivation with the highest proportion of fast-food outlets had a statistically

				significant reduction of 4.80% in the prevalence of childhood overweight and obesity compared to control areas. Conclusion: Restricting fast food outlets in areas with a high concentration of these outlets as part of a package of policies to reduce childhood obesity may help to reduce prevalence and inequalities in childhood overweight and obesity.
Correlates of English local government use of the planning system to regulate **hot food takeaway** outlets: a cross-sectional analysis	Keeble, Adams, White, Summerbell, Cummins, Burgoine	International Journal of Behavioural Nutrition and Physical Activity.	2019	A review of 325 local authority planning policies in England assessed whether they included health-focused takeaway food (HFT) restrictions. Using spatial statistics and regression models, the study found clusters of health-focused policies in the North East, North West, and Greater London. Areas with higher rates of childhood obesity and more takeaway outlets were significantly more likely to adopt health-focused policies. Even after adjusting for deprivation, the number of takeaway outlets remained a strong predictor. Urban areas under Labour control and those near similar policy-adopting authorities were also more likely to implement health-focused planning measures.
Planning and public health professionals' experiences of using the planning system to regulate **hot food takeaway** outlets in England: a qualitative study	Keeble, Burgoine, White, Summerbell. Cummins, Adams	Health & Place	2021	National planning guidelines in England offer the potential for local planning policies to promote healthier food environments through regulation of takeaway food outlets. Around half of English local government areas use this approach, but little is known about the process of adoption. Explored experiences and perceived success of planning policy adoption. In 2018 they recruited Planning and Public Health professionals from 16 local government areas in England and completed 26 telephone interviews. Analysed data with a thematic analysis approach. Participants felt that planning policy adoption was

				appropriate and can successfully regulate takeaway food outlets with the intention to improve health. They identified several facilitators and barriers towards adoption. Facilitators included internal co-operation between Planning and Public Health departments, and precedent for planning policy adoption set elsewhere. Barriers included “nanny-state” criticism, and difficulty demonstrating planning policy effectiveness. These could be considered in future guidelines to support widespread planning policy adoption.
Planning guidance to limit **hot food** takeaways: Understanding the possible economic impacts	Derbyshire. Medina-Lara, Amies-Cull, Chang, Cummins, Hassan, Keeble, Liu, Mytton, Rahilly, Savory, Thompson, White, Adams, Burgoine, Smith	Heliyon	2024	Between 2009 and 2017, 35 English local authorities introduced planning policies to restrict takeaway food outlets near schools, aiming to improve public health. These policies may also have economic consequences, both negative and positive. Short-term impacts could include reduced employment and tax revenue, while long-term benefits might involve lower healthcare costs and improved workforce productivity. A Causal Loop Diagram was used to illustrate these dynamics. The paper highlights the need for better economic understanding to help local authorities weigh short-term business interests against long-term societal health gains.
“It does help but there's a limit…”: Young people's perspectives on **policies** to manage **hot food** takeaways opening near schools	Savory, Thompson, Hassan, adams, Amies-Cull, Chang, Derbyshire, Keeble, Liu, Medina-Lara, Mytton, Rahilly, Rogers, Smith,	Social Science & Medicine	2025	Young people's perspectives of takeaway management zones are explored. Acceptability of zones was high as the existing food environment remains unchanged. The impact of takeaway management zones was deemed limited by its focus and scope. Considering wider aspects of the food environment is key for policy development. Future policy should also consider young people's social and emotional needs.

	White, Burgoine, Cummins			
Regulatory mechanisms to create healthier environments: planning appeals and **hot food** takeaways in England	O'Malley, Lake, Moore, Gray, Bradford, Petrokofsky, Papadaki, Spence, Lloyd, Chang, Townshend	Perspectives in Public Health	2023	This study explored how local authorities in England manage appeals against restrictions on hot food takeaway (HFT) outlets. Using eight case studies and interviews with planning and health professionals, it found that successful appeal responses depend on clear understanding of planning policies, access to accurate data, strong internal communication, and support from senior leadership. Effective collaboration across professional groups and community engagement were also key. The findings highlight the importance of capacity, resources, and strategic coordination in defending health-focused planning decisions.

Appendix B – Additional Programmes

In addition to the present hot food takeaway planning advice note, Lancashire County Council delivers a number of programmes and initiatives aimed at improving diet, supporting healthy weight, and creating healthier food environments. These activities complement the hot food takeaway policy advice by addressing additional drivers of overweight and obesity across the county.

Food Plan

LCC is currently developing a Food Plan, looking at the whole food system and identifying areas for improvement to support health, the environment, and the economy, particularly across those areas that the council has direct control or influence over. Policies such as those outlined within this advice note, form part of this wider work to support an improved food system.

Targeted Support

LCC in collaboration with each of the twelve Lancashire districts, commissions services to support people with healthy behaviours. Services are provided for adults and families and include the Adult Healthy Weight Support and Family Healthy Lifestyles Programme[67].

Food for Life Schools Award

LCC also works with the Soil Association to implement the Food for Life Schools Award. The award is a way for schools to demonstrate a commitment for healthy food and food education. As part of this, the county council's traded service for school meals earnt the Food for Life silver catering award by providing menus containing locally sourced, organic food, reformulated be low in fat, salt and sugar. By the end of 2025, LCC aims to have 145 schools enrolled on the award scheme across Lancashire.

Health Visiting and School Nursing Services

The county council also commissions Health Visiting[68] and Public Health School Nursing[69] services to support the health and wellbeing of children and families. These services aim to promote healthy development, identify needs early, and reduce health inequalities by supporting vulnerable families. The School Nursing Service delivers the National Child Measurement Programme (NCMP), a key component of the national obesity strategy. The Health Visiting Service provides five mandated contacts from pregnancy to age 2½, offering tailored advice on infant feeding, healthy weight, and physical activity. A specialist Infant Feeding Team supports families with breastfeeding and nutrition and leads on Baby Friendly Initiative accreditation. Additionally, the Breastfeeding Peer Support Service offers timely, community-based support to new mothers, working in partnership with local health and wellbeing services to promote sustained breastfeeding and healthy early nutrition.

[67] Lancashire County Council. Health Programmes.. Accessed 20th Nov 2025.
[68] Lancashire County Council. Health visiting. Accessed 20th Nov 2025.
[69] Lancashire County Council. School nursing. Accessed 20th Nov 2025.