

“On some estates it’s easier to buy crack than fresh fruit.”

Susi Leather, Food Standards Agency, 2001

“Poor diets now account for as much disease and early death as tobacco smoking.”

World Health Organisation Regional Office for Europe, 2003

How London’s planners can improve access to healthy and affordable food

Guidance notes from the
Food Strategy Unit of the London Development Agency

— THE —
FOOD
COMMISSION
Publisher of the Food Magazine

s u s t a i n
the alliance for
better food and farming

prepared by The Food Commission (UK)
and Sustain: The alliance for better food and farming

“Tackling health inequalities is a top priority for Government. Why? Because health inequalities are avoidable and are fundamentally unfair.”

Department of Health, 2003

“If you are on a low income, your kids get sick more often, they miss school, get poor grades and low paid jobs, and end up repeating the poverty cycle. Good nutrition is a family’s first step out of poverty.”

The Food Commission, 2004

WHAT WE KNOW

- Food and nutrition are a major public health issue
- People living on low incomes suffer disproportionately from diet-related diseases
- Local authorities can reduce health inequalities by improving access to healthy and affordable food

WHAT THIS DOCUMENT ADDS

- A framework showing how London borough planners can improve access to healthy and affordable food
- Guidance on key factors that need to be addressed
- Guidance on measures that can fulfil targets of development frameworks, Community Plans and local Public Service Agreements
- Examples of what local authorities have done and the lessons learnt

“Health is a critical determinant of the quality of all our lives. A range of factors affects the health of Londoners. Factors such as access to leisure facilities, fresh food or decent living conditions can all lead to healthier, longer lives. Planning decisions have the potential to influence these factors.”

The London Plan, 2004¹

¹ GLA (2004) The London Plan, Spatial Development Strategy for Greater London. Greater London Authority

Contents

Foreword	4
Summary	5
Introduction	7
1. Why is access to healthy and affordable food important?	9
Fruit and vegetables are central to public health policy	9
...but people on a low income may have poor access to fruit and vegetables	9
2. Why is improving food access important to local authorities?	12
2.1 The London Plan	12
2.2 Local Public Service Agreements	15
2.3 PSAs and targets for reducing health inequalities	16
2.4 Primary Care Trust priorities (in relation to national public health policy)	17
2.5 Neighbourhood renewal	18
2.6 Related social, environmental and regeneration objectives	19
3. How can London's borough planners improve food access?	21
3.1 Mapping and monitoring	21
3.2 Consultation with residents and local businesses	24
3.3 Support for existing and new neighbourhood food retail outlets	27
3.3.1 ODPM Under-Served Markets Project	28
3.3.2 Wholesale markets	28
3.3.3 Street markets and covered markets	29
3.3.4 Farmers' markets and local box delivery schemes	30
3.3.5 Crime reduction initiatives	30
3.3.6 Mixed use development	31
3.3.7 Other work to support food retailers	32
3.4 Support for community food projects and educational activities	34
3.6 Using Section 106 agreements	35
APPENDICES	36
Appendix 1. Glossary and definitions of terms	36
Appendix 3: Food access and Unitary Development Policies of London Boroughs	37
Appendix 3. Acknowledgements	40

Foreword

Foreword by an individual likely to be influential with London's planners, to say:

- Despite London being one of the wealthiest cities in the world, many Londoners suffer the effects disadvantage from the environment in which they live, especially in areas where there is poor access to healthy and affordable food
- A key aspect of the London Plan is to make sure that no-one is disadvantaged by where they live within the next 10 to 20 years
- This is backed by national policy – there is a new health and planning agenda, and they are complimentary
- Health promotion and disease prevention are the shared responsibility of local authorities and local and national organisations – Primary Care Trusts and community development groups will increasingly be looking to planners and regeneration teams to help tackle the problems that face deprived communities
- Improved food access can offer a win-win situation for everyone, delivering on objectives of social inclusion, community cohesion, crime reduction, urban regeneration, improved business opportunities as well as health
- The future holds tremendous opportunities for getting this right – through the sub-regional development frameworks and developments in the Thames Gateway – as long as we use the best knowledge and partnerships available to 'design out' the problems of poor food access, to create healthy and sustainable communities, to the benefit of all

Summary

This document presents guidance from the London Development Agency on how planners can help to improve access to healthy and affordable food for people living in deprived areas of London. It contains a wealth of ideas, drawing on examples of what local authorities and organisations have done and the lessons learnt.

The guidance presents the evidence that poor access to healthy and affordable food contributes to inequalities in life expectancy in London boroughs. It offers a framework within which London borough planners can seek to tackle these problems. It also signals how work to improve food access can help local authorities fulfil targets and commitments of the London Plan, local area frameworks, sub-regional development frameworks, Local NHS Delivery Plans, community plans and local Public Service Agreements.

The guidance demonstrates diverse ways in which planners and local authorities can help to improve food access, under the following broad themes:

- Mapping and monitoring, by means of
 - Undertaking retail need and capacity assessments and Health Checks.
 - Contributing data and expertise to mapping exercises.
 - Helping to relate data to other demographic measures.
 - Helping to analyse the findings in terms of what can realistically be done to alleviate the problems revealed (e.g. food deserts).
- Consultation with residents and local businesses, by means of:
 - Participating in partnership to work explicitly to address food access.
 - Engaging with other organisations such as community groups, PCTs and housing associations to broaden the range of views represented in consultations, and the range of social and health issues to be addressed.
 - Gathering and disseminating information about challenges facing local businesses, including food retailers.
- Engaging with existing and new local partnerships
- Supporting existing and new neighbourhood food retail outlets, by means of:
 - Recognising that local availability of healthy and affordable food contributes to reducing health inequalities.
 - Recognising the role of crime in undermining local retail services.
 - Recognising the need to supplement market forces with additional support measures.
- Supporting community food projects and education activities, by means of:
 - Recognising community food projects as activities of community benefit.
 - Recognising that community food projects and educational activities are likely to contribute to reducing health inequalities.
 - Allowing use of community / local authority facilities for community food and educational projects.
 - Ensuring that cooking facilities are built in to healthy living centres, community halls and schools.
 - Promoting and supporting food events and celebrations.
 - Protecting facilities from redevelopment or change of use that have benefits for community food projects and educational activities.
 - Turning over unused premises and facilities to community use.
- Using Section 106 agreements, by means of:

- Considering food access as an area worthy of support through Section 106 agreements
- Working in partnership with Primary Care Trusts, regeneration and health inequalities staff to identify priorities
- Identifying infrastructure improvements in the borough and region that would contribute to improved food access
- Improving transport links
- Developing infrastructure to tackle problems of physical access

Information about current projects and activities that support food access for deprived and ethnically diverse communities is presented in section 3, including information on:

- The Under-Served Markets Project of the Office of the Deputy Prime Minister
- Wholesale markets
- Street markets
- Farmers' markets and local box delivery schemes
- Crime reduction initiatives
- Mixed use development
- Other work to support food retailers, including:
 - Protection from change of use
 - Improving transport and physical access
 - Reducing the burden of regulation
 - Rates holidays
 - Use of vacant premises
 - Facilities for food cooperatives
 - Marketing and technical support

The document signals that work to improve food access can facilitate a creative partnership between local organisations and across borough departments – touching on planning, sustainable development, education, town centre management, regeneration, community, housing and health. It shows that work to improve the accessibility and sustainability of the capital's food supply can deliver on a wide range of social, environmental and regeneration objectives as part of the London Development Agency's commitment to a food and farming strategy for London.

Introduction

The London Development Agency (LDA) is preparing a sustainable food and farming strategy for London, due to be published in 2005. The Mayor of London has also established a mayoral food board (known as ‘London Food’) which aims ‘to help improve the health of Londoners and look at ways of making London’s food sustainable’ and which is coordinated and funded by the LDA.²

As part of this process, the LDA has commissioned guidelines useful to, for instance, planners, social housing organisations, local authority staff, Primary Care Trusts and local food and health organisations. The present document offers guidance for planners working in London boroughs, showing how they can help people on a low income to gain access to healthy and affordable food. It can be read in conjunction with other guidance being commissioned by the LDA on measures to reduce the environmental impact of food provision – for instance through local food sourcing for public-sector catering.³

The present document shows how a focus on food provision can help local authorities to fulfil their strategic priorities of local area frameworks and community plans, and meet the targets of local Public Service Agreements, especially where these relate to reducing health inequalities and improving the wellbeing of local people. The document also signals how such work can contribute to other strategic priorities relating to, for instance, the London Plan, Sub-Regional Development Frameworks, local economic regeneration, neighbourhood renewal, community cohesion, car-use reduction, Local Agenda 21 and building sustainable communities.

How was this guidance document developed?

Research contributing to the development of this guidance document included analysis of national and London-specific policy statements; health, transport, housing, crime reduction and retail strategy documents; and position papers and commentary from policy organisations. This identified key policies underpinning work to improve access to healthy and affordable food for Londoners, and to identify structures and programmes that include diet and food supply among their performance indicators. The research also included interviews, seminars and correspondence with local-authority planning and regeneration staff in several London boroughs, in boroughs outside London working to address health inequalities by improving diets; and in policy organisations, universities and community development groups working on public health, regeneration and local governance.

The resulting document comes with three caveats:

- Thanks are due to all of the people who contributed ideas and expertise to the development of this guidance document (see Appendix 3: Acknowledgements). However, inclusion in this list does not necessarily imply that the individuals or their organisations endorse the recommendations made here.
- Local authority action to improve people’s diets has gained increasing priority attention over recent years (not least due to the rise in obesity). This is a rapidly

² See: www.lda.gov.uk/server.php?show=ConWebDoc.792

³ For information about ongoing work to improve the environmental sustainability of London’s food supply, contact London Food Links (Sustain), tel: 020 7837 1228; email: ben@sustainweb.org; www.sustainweb.org/london_index.asp

developing area of public health policy. Some of the suggestions for action included in this document have already been implemented in London boroughs. Some reflect the aspirations of agencies and voluntary organisations working to improve food access, and seeking support from planners and other local authority departments.

- The actions suggested in this document have been drawn up in relation to the current remit and priorities of London's planners. The LDA and other agencies interested in reducing health inequalities through improved food access may need to consider whether more radical spatial and economic planning measures can improve access to healthy and affordable food for Londoners living in deprived areas; what new opportunities forthcoming changes to the planning system may present; and what changes to planning priorities and procedures are required in order for food access to be improved.

1. Why is access to healthy and affordable food important?

Poor diets lead to poor health. People on lower incomes are more likely to suffer from diet-related diseases such as heart disease, cancers and strokes, and to die at a younger age than people with higher incomes.

Lack of money, inadequate shopping facilities, conflicting information about food and health, and poor transport mean that many people are unable to make the healthy food choices that would help protect them from developing diet-related diseases. Many local authorities, health organisations and voluntary groups describe this state of affairs as 'food poverty'. Ways of addressing the problem of food poverty are described in this document under the general terms of 'improving food access' or 'improving access to healthy and affordable food'.⁴

Food poverty: the inability to make healthy food choices because fresh, nutritious products are not readily available, accessible or affordable.

Fruit and vegetables are central to public health policy...

Population studies show that people consuming a diet rich in wholegrain foods, fruits and vegetables, with moderate amounts of fish, lean meat and dairy foods, are more likely to enjoy good health, and less likely to suffer from conditions such as heart disease and certain cancers.

Drawing on this evidence, the '5 a day' message was developed, encouraging people to eat at least five portions of a variety of fruit and vegetables per day. The '5 a day' message is now a cornerstone of public health policy, primarily aimed at preventing heart disease and cancer, with positive knock-on effects in reducing the incidence of conditions such as asthma. The '5 a day' message is also linked to obesity prevention, since fruit and vegetables can displace high-calorie fatty and sugary foods, in the move to a healthier diet.

...but people on a low income may have poor access to fruit and vegetables

However, surveys show that people living on low incomes eat significantly less fruit and vegetables than people on higher incomes.⁵ This is attributed to both individual factors (e.g. lack of cooking skills and knowledge; lack of storage and cooking facilities for fresh food) and to environmental factors (e.g. lack of money; lack of availability of fresh foods locally; poor transport; and physical barriers to making everyday journeys to shops).

As the London Health Strategy acknowledges, *'In many poorer neighbourhoods it is very hard to obtain the fresh fruit and vegetables recommended as part of a healthy diet – only less healthy, processed foods are easily available.'*⁶

⁴ See: Leather, S. (1996) *The making of modern malnutrition: An overview of food poverty in the UK*. London: Caroline Walker Trust; National Food Alliance (1997) *Myths about food and low income*. London: NFA; Sustain (2002) *Hunger from the inside: The experience of food poverty in the UK*. London: Sustain: The alliance for better food and farming. See also : www.sustainweb.org/poverty_history.asp

⁵ For instance, the regular *National Diet and Nutrition Survey* undertaken by the Food Standards Agency, www.food.gov.uk

⁶ NHS Executive (2000) *London's Health: Developing a vision together*. The London Health Strategy Outline Strategic Framework. London: NHS Executive London Regional Office

Areas in which there are few or no shops selling fresh wholesome food are sometimes described as ‘food deserts’. The analogy of a ‘desert’ describes an area in which the provision of fresh food has ‘dried up’ – most food retailers have moved away and shops such as greengrocers and fishmongers have closed.

Food desert: an area that lacks affordable fresh and nutritious food supplies.

Food deserts usually result from economic and social factors, with neighbourhood retailers failing to flourish in areas experiencing economic decline and rising crime rates. Large retailers (supermarkets) prefer larger and more economical sites. However, these tend to favour car-owning customers and those with a stable income (i.e. those having the resources, personal mobility and transport to purchase large shopping loads in a single lengthy trip) rather than lower-income shoppers.⁷ Older low-income residents, for instance, find it difficult to benefit from the offers that appear to make supermarkets a good deal for low-income customers, e.g. bulk buys and two-for-one offers. A cycle of deprivation sets in, exacerbating health inequalities.

In one estate in Greenwich... “all the shops have closed down and are shuttered. There was one shop, and it’s just shut down so there’s nothing there. This is an estate with 6,000 residents... In another area, the nearest shop is two bus rides away.”

Participant from a cooperative development agency, at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

“The existence of thriving local convenience shopping is important, especially for less mobile people and those on low incomes for whom ready access to the components of a good diet are essential to support good health.”

The London Plan, Spatial Development Strategy for Greater London, 2004⁸

⁷ Watson, A. (2001) *Food Poverty: Policy options for the new millennium*. London: Sustain the alliance for better food and farming

⁸ GLA (2004) *The London Plan, Spatial Development Strategy for Greater London*. Greater London Authority

Figure 1: What is healthy eating?



The plate shown in figure 1 illustrates the recommended balance of foods in the diet. It indicates the types of foods in five groups, in the proportion in which they should be eaten to have a well-balanced healthy diet. Choosing a variety of foods from the four main groups every day will provide the body with the wide range of nutrients it needs. Foods in the fifth group – fatty and/or sweet foods and soft drinks – are not essential to a healthy diet but can add variety and palatability to meals. This group of foods should form the smallest part of the diet.

The recommendations apply to most people, including children over five years of age. Revised versions of this diagram are also available to suit different ethnic dietary preferences. Younger children need the energy and vitamins that fatty foods like full fat milk and dairy products provide. Infants up to six months should be breastfed if possible. Elderly people who are underweight may need the energy and nutrients found in fatty foods like full fat milk, meat products, snacks and desserts.

For more details, see advice from:

- The Food Standards Agency: www.eatwell.gov.uk
- The Department of Health: www.wiredforhealth.gov.uk/cat.php?catid=864

2. Why is improving food access important to local authorities?

This section examines how food access relates to:

- The London Plan
- Local Public Service Agreements
- Targets for reducing health inequalities
- Primary Care Trust priorities (in relation to national public health policy), relating to development frameworks and community plans
- Neighbourhood Renewal
- Related social, environmental and regeneration objectives

2.1 The London Plan

In the London Plan, consideration of health and health inequalities form an integral part of the strategic framework for London's development over the coming years. The London Plan is built on three cross-cutting themes:

- Health of Londoners
- Equality of opportunity
- Contribution to sustainable development in the UK

The over-arching theme for regeneration in the London Plan is '*to ensure that no-one is seriously disadvantaged by where they live within 10-20 years*'. In the London Plan, opportunities to address disadvantage relate to provision of jobs, and the '*integrated provision of facilities such as schools, hospitals, health centres and housing*'. Integrated provision of facilities meeting everyday needs is also encouraged – including food shopping – partly to reduce car journeys, partly to encourage local economic regeneration, but also to ensure access to the basic requirements for good health. Borough Local Development documents should be in general conformity with the London Plan.

'Health is far more than the absence of illness; rather it is a state of physical, mental and social wellbeing. A person's health is therefore not only linked to age and gender but to wider factors such as education, employment, housing, social networks, air and water quality, access to affordable nutritious food, and access to social and public services in addition to health care.'

The London Plan, 2004⁹

This present document focuses in large part on how planning policies can help deprived communities meet their food shopping needs, within the planning framework provided by the London Plan. Provision and protection of food retail outlets, street markets and other opportunities to buy healthy and affordable food are essential to help relieve food poverty. The majority of planning policy options explored in the present document can promote permanent and market-based solutions to the problem of food deserts. However, due to multiple deprivation problems of areas that experience food poverty, traders selling food are likely to need additional help – including the consideration of publicly funded support – to help them overcome hurdles to sustaining their businesses.

⁹ GLA (2004) The London Plan: Spatial Development Strategy for Greater London (Section 3.87)

“Many small greengrocers have closed down and the remainder are only just viable. They’re not going to suddenly re-open without some pump-priming. Nor will they survive without support.”

Member of a retail trade association at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

Some borough policies already give support to community food projects through a range of practical and financial measures. For instance, Islington’s UDP – an especially detailed and far-reaching example – allows encouragement of “*other initiatives to provide local shopping facilities, for example support for co-operatives or voluntary schemes, establishing mobile shops, street trading or other measures which meet local residents’ needs. Financial assistance could be provided, if resources are available. Support could include rate or rent grants/loans, improvement grants to shops, and environmental improvements to shopping areas. Advice to shopkeepers and liaison with local residents groups are other activities that can usefully support the Council’s policies. In particular practical management advice to independent shopkeepers may be available from local business enterprise agencies; encouraging the use of vacant space above shops for other purposes, particularly residential use.*” See Appendix 1 for further details.

Such an approach is also recognised at national level by the Neighbourhood Renewal Unit of the Office of the Deputy Prime Minister. Its Under-Served Markets Project (for more details, see section 3.31) is working with major retailers and Business in the Community to “*harness the power of private sector investment to regenerate England’s most deprived areas,*” identifying investment opportunities in under-served areas and then working with local authorities to overcome, for instance, land purchase or planning difficulties. The project is working with several national retail chains – both food and non-food – and is being piloted in several areas of the UK, including London.¹⁰

Figure 2: Retail strategies and the London Plan

The London Plan makes explicit reference to the need for retail strategies ‘*to prevent the loss of retail facilities that provide essential convenience and specialist shopping*’ in both ‘*local and neighbourhood shopping facilities... in accessible locations.*’ It is worth quoting the retail facilities policy in full here:

Policy 3D.3 Maintaining and improving retail facilities

Boroughs should:

- *Work with retailers and others to prevent the loss of retail facilities that provide essential convenience and specialist shopping and to encourage mixed use development.*
- *Establish local retailing information in collaboration with local communities and undertake audits of local retail and service facilities identifying areas considered deficient in convenience shopping and services.*
- *Provide a policy framework for maintaining, managing and enhancing local and neighbourhood shopping facilities and where appropriate for the provision of further such facilities in accessible locations.*
- *Support the development of e-tailing and encourage the widening of access to it.*

In line with national planning policy embodied in PPG6 and PPS6, the London Plan encourages sustainable access to goods and services – including food. Boroughs should therefore encourage retail – including convenience retail and food – leisure and other

¹⁰ See: www.bitc.org.uk/programmes/programme_directory/regeneration/underserved_markets/

related uses in town centres and discourage them outside the town centres, to enable 'sustainable access' by public transport, bicycle, or on foot. The London Plan establishes a network of town centres ranging from the larger International, Metropolitan and Major centres to the smaller district and neighbourhood centres, and it is the latter two types of centre which are of particular importance in providing sustainable access to local food shopping.

The London Plan also states that boroughs should assess retail capacity and need, and identify capacity to accommodate need for new retail development in town centres as a first priority, before edge or out-of-centre locations. Boroughs should therefore assess the need for new retail development (which includes food shopping as part of convenience retail) and then identify the space/capacity in their town centres to accommodate this.

"It will be essential that boroughs undertake finer grained assessments of need for new retail space and in particular for convenience goods taking into account qualitative as well as quantitative factors, including accessibility. This advice is likely to be highlighted in forthcoming Sub-Regional Development Frameworks. Boroughs therefore play a key role in planning for new retail development."

Consultation response from senior strategic planner, GLA, 2005

Whilst other specific policies in the London Plan do not always make explicit reference to food access as a determinant of health and equality, many could have a positive impact on improving access to healthy and affordable food. For instance, the London Plan indicates:

- Areas for Regeneration are a key element of the Mayor's vision for tackling social exclusion. In their UDPs, community strategies, and neighbourhood renewal strategies, boroughs are encouraged to bring together regeneration, development and transport proposals with improvements in learning and skills, health, safety, access, employment, environment and housing..
- Development of Opportunity Areas for new housing should take into consideration provision of local services relevant to health, e.g. leisure centres and local shops.
- Planning decisions should reduce dependence on car use, especially for everyday journeys to meet everyday needs, e.g. food shopping.
- Mixed-use development is encouraged, not only to provide more housing opportunities, but also to ensure local custom for shopping and leisure facilities, to support economic regeneration and access to basic everyday needs.

The London Plan (in Policy 3A.20) encourages boroughs to "*have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough*". It also signals a changing agenda for the NHS and Primary Care Trusts, moving into greater involvement at community level – to focus not only on treatment but also on disease prevention. This will include work to improve diets, especially through the promotion of access to '5 a day' fresh fruit and vegetables. The London Plan encourages planners to become involved with NHS Local Delivery Plans, with the aim to '*improve the health of the local population and narrow inequalities in health*'.¹¹

Lastly, the London Plan acknowledges the need to encourage inward investment and the maintenance of economic prosperity through the provision of safe and secure environments

¹¹ GLA (2004) The London Plan, Spatial Development Strategy for Greater London (3.82, page 76)

with good public facilities and open access for all members of society. The Plan specifically recommends that developments ‘*should be safe and secure, taking into account the objectives of ‘Secured by Design’, ‘Designing out Crime’ and ‘Planning out Crime’.*’¹²

“The result of a loss of local services is emptying streets – an indicator of a local economy in decline. When the number of local retail outlets falls below a critical mass, the quantity of money circulating in a local economy will plummet, as people find no point trying to do a full shop with an impoverished range of local outlets.”

The Public Health Impact of Cities & Urban Planning, report to the LDA by The King’s Fund, 2004

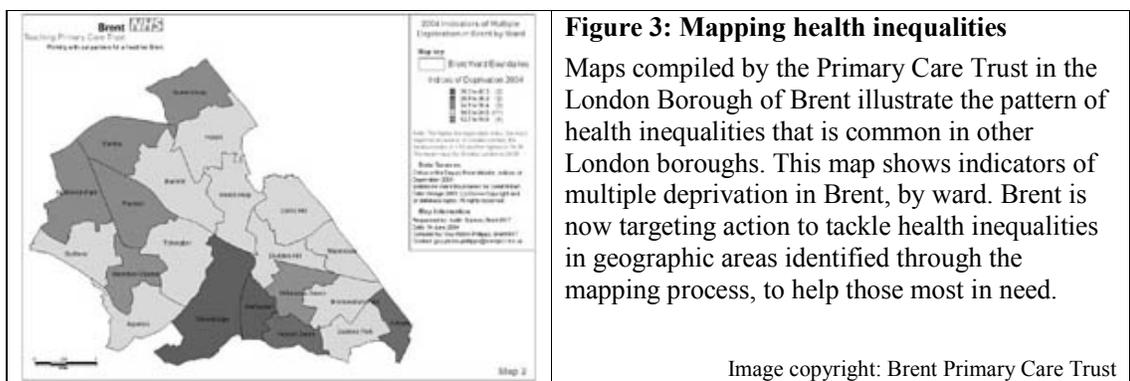
2.2 Local Public Service Agreements

“The White Paper [Choosing Health, 2004] reinforces the importance of the Public Service Agreement targets which have already been set to improve health and reduce inequalities. Delivery of these targets will be primarily through the work of the NHS and local government. For the NHS, improving health has also been identified as one of the four national priorities for the period to 2008, putting health goals alongside service delivery as a top priority for every NHS organisation, every NHS Chair and every Chief Executive. In local government, tackling health inequalities is one of the shared priorities endorsed by the Local Government Association.”

Department of Health, 2004

In July 2003, the Department of Health published *Tackling Health Inequalities: A programme for action*, with the support of 11 other government departments. This set out a framework for achieving the overall Public Service Agreement (PSA) target to reduce health inequalities by 10 per cent by 2010.

Local authority PSA targets to reduce health inequalities focus on two broad outcomes – infant mortality and life expectancy at birth. The measurement of life expectancy of people living in different areas of a borough, and in different areas of London, reveals considerable inequality between different communities. In the London Borough of Brent, for example, there is a difference in life expectancy of 10 years for men born in wards separated by just a few miles – see figure 3.



¹² *Secured by Design*, Association of Chief Police Officers Project and Design Group, 1994; *Designing out Crime*, RVG Clarke and P Mayhew, HMSO, 1980; *Planning out Crime*, Department of the Environment, Circular 5/94, 1994.

A similar pattern can be seen in many other London boroughs. The London Health Observatory Boroughs calculates that boroughs just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – each stop travelling east, on average, marks nearly a year of shortened lifespan.

The inequalities in life expectancy are generally attributed both to individual factors (e.g. ethnicity, smoking or drug use) and environmental or structural factors (e.g. housing quality, availability of health-care services, opportunities to take part in physical activity or access to retailers selling healthy and affordable food). Some of these environmental or structural factors have spatial and economic components – hence the need to involve planners in helping to solve these problems as part of Public Service Agreements.

2.3 PSAs and targets for reducing health inequalities

Reducing inequalities in life expectancy requires action designed to measure and improve both short-term and long-term health outcomes. Installation of speed bumps can result in an immediate measurable reduction in the death rate due to car accidents. However, deaths contributed to by the rising rate of childhood obesity will not show up in life expectancy statistics for several decades to come. Local authorities seeking to tackle inequalities in diet-related diseases (such as heart disease, cancers, diabetes and obesity¹³) therefore use intermediate targets, to tackle factors that are known to contribute to the development of disease in later life.

These intermediate dietary targets may be made explicit in a local authority's PSA. For instance:

- Manchester has the lowest life expectancy in England. In negotiation with the Department of Health, Manchester City Council set targets for reducing this health inequality, focusing on two key areas: better identification and treatment of disease, and improving diets.
- Coventry City Council's PSA agreement included a target for tackling food poverty, focusing on education and training.
- Plymouth City Council has recently set a PSA target to reduce levels of obesity through diet and exercise schemes coordinated by a Health & Well-being Partnership, with actions included as part of the Primary Care Trust and City Council's Environmental Regulation Service Plans. Plymouth's action plan also commits the local authority to conduct Health Impact Assessments of all public policies and plans.

Figure 4: Short-term dietary goals can address long-term life expectancy and health inequality reduction targets

Improving the nutritional quality of people's diets will help to reduce inequalities in life expectancy, but the effects will be seen mainly in the long term. The aim of improving school meals, for instance, is to improve health in childhood, but also life expectancy rates in adulthood, decades down the line. Therefore, government and local authorities have set targets and priorities to

¹³ Although some health professionals do not consider obesity to be a disease in its own right, obesity is a contributory factor to many diet-related diseases. Obesity is also more prevalent among people living on a low income and in certain ethnic groups, and is therefore an important indicator of health inequality.

address factors that are known to contribute to diet-related health inequalities, for instance:

- Better nutritional quality of school meals.¹⁴
- Improved education about food and improved information, such as advice given by GPs, dietitians and nutritionists.
- Increased consumption of fruit and vegetables for children and adults, to a target of at least five portions per day.
- Reduced levels of salt in everyday processed foods, restaurant meals, take-aways and other catering.
- Better access to healthy and affordable food through neighbourhood retail outlets, street markets, food co-operatives and food growing schemes.
- Protection, promotion and improvement of allotments.

2.4 Primary Care Trust priorities (in relation to national public health policy)

In 2004, the Department of Health signalled that addressing wider determinants of health should be of increasing importance to local authorities. In the Government's landmark Public Health White Paper *Choosing Health*,¹⁵ Primary Care Trusts and Strategic Health Authorities were given a new steer to take a more proactive role in preventing disease. Currently, national priority public health policy focuses on improving services for, and reducing the incidence of, cancer, heart disease and obesity. These are all conditions to which diet is a major contributory factor. They are also conditions that show a greater incidence among people living on a low income or in poverty.

The London Health Observatory has a lead role in monitoring health inequalities in the capital. Food and nutrition feature in its 'basket of indicators' available to Primary Care Trusts seeking to reduce health inequalities. Amongst indicators covering the broad range of individual and environmental factors that affect health inequalities, the National Headline Inequality Indicators includes a measure relating to food and nutrition: '*The proportion of people consuming five or more portions of fruit and vegetables per day in the lowest quintile of household income distribution*'.¹⁶ In line with priorities highlighted in the Public Health White Paper, measures of fruit and vegetable consumption – for adults and children – will be among new indicators added to the PCTs 'basket of indicators' from spring 2005.

Fruit and vegetable consumption is often used as a proxy measure of the overall quality of a person's diet. This is because people eating plenty of fruit and vegetables also tend to eat less fatty and sugary foods, and also because the scientific evidence for the beneficial effects of fruit and vegetable consumption is especially strong. The promotion of the advice 'Eat at least five portions of fruit and vegetables per day' is therefore a cornerstone of national and local UK public health policy.

Food strategies

In addition, all Primary Care Trusts have either developed, or should be working towards, a Food Strategy. In August 2001 following the foot & mouth crisis, the government appointed Sir Donald Curry to chair a commission into the Future of Farming and Food. Its

¹⁴ Reference to DfES Healthy Schools Standard [CHECK]

¹⁵ DH (2004) *Choosing Health: Making healthier choices easier*. Public Health White Paper. London: The Stationery Office

¹⁶ Fitzpatrick, J.; Jacobson, B. (2003) Local basket of inequalities indicators. London: Association of Public Health Observatories / London Health Observatory / Health Development Agency

remit covered England and its report (known as the Curry Report¹⁷) contained over 100 recommendations for change in the farming and food sectors. In 2002, the government published its response to the Curry Report, entitled *The Strategy for Sustainable Farming and Food: Facing the Future*.¹⁸ In it, the government sets out its requirement for the development of a strategy for healthy eating, and places the responsibility for such a strategy in England on each Primary Care Trust (PCT) working in partnership with local authorities:

“The Department of Health will lead the development of a Food and Health Action Plan which will address healthy eating at every stage of life... Delivery will require action by all sections of the food chain, at a national, regional and local level... The Director of Public Health in each Primary Care Trust, working with local authorities as part of Local Strategic Partnerships, will need to ensure that Local Delivery Plans (LDP) provide for appropriate action to overcome local barriers to healthy eating.”¹⁹

Whilst the government did not stipulate what that “appropriate action” should be, nor issue guidelines as to when or how this should be done, the aspirational policies of the Curry Report continue to filter down to borough level through PCT strategy development.

In London, these aspirations are encouraged by bodies such as the London Development Agency (which commissioned this present guidance for planners) and London Food. This signals the need for healthy-eating and food access policies to be incorporated into local area frameworks, local delivery plans and community plans, with input at all levels from Local Strategic Partnerships.

‘It is estimated that 4 million people in the UK cannot afford a healthy diet, with one in seven people over 65 at serious risk of malnourishment.’

Food Justice Campaign, 2001

2.5 Neighbourhood renewal

Government Floor Targets²⁰ for reducing health inequalities in areas receiving money through the Neighbourhood Renewal Fund (NRF) focus on improving life expectancy, reducing under-18 pregnancy, and reducing road casualties. There is no explicit measure of food-related health. However, research conducted in support of this guidance document showed that some local authorities have interpreted their commitment to reducing inequalities in life expectancy in terms of interventions on food access. A Birmingham City Council Scrutiny Committee report on preventing childhood obesity, for example, recommended using NRF money to fund a healthy food delivery scheme to households in deprived areas.²¹

In addition, several members of the G15 (an association of the largest housing associations operating in the London area, managing nearly 250,000 homes in the capital) have

¹⁷ The Policy Commission Report on the Future of Farming and Food, 29 January 2002

¹⁸ The Strategy for Sustainable Farming and Food: Facing the Future, 12 December 2002

¹⁹ Sustain (2003) Food Strategies Across the UK, report by the Food Poverty Project. London: Sustain

²⁰ ‘Floor Target’ is the term used in the Treasury Spending Review (2000) to describe a target that sets a minimum standard for disadvantaged groups or areas, or a narrowing of the gap between them and the rest of the country. Audit Commission (2003) Economic Regeneration: Performance indicators detailed definitions (revised). London: HMSO

²¹ Birmingham City Council Scrutiny Committee (2004) Report to the City Council, Children’s Nutrition: Obesity

undertaken food and health projects under the banner of neighbourhood renewal.²² The London Development Agency has commissioned guidance for housing associations on how to get involved with promoting access to healthy and affordable food.

“A decent home does not stop at the front door and the environment outside the home is a fundamental determinant of how good a place to live that home can be.”

Development of the London Housing Strategy 2005 (draft), Greater London Authority

2.6 Related social, environmental and regeneration objectives

The Office of the Deputy Prime Minister (ODPM) has described the local Public Service Agreements as providing ‘a mechanism for transforming the vision underlying shared priorities into reality’. ODPM states that local PSAs can improve:

- Standards in schools
- The quality of life of older people
- Opportunities for children and young people
- Health inequalities
- Community safety
- The local environment
- Provision and use of local transport
- Local economies

“Improving food access is a route to health, social inclusion, employment and regeneration.”

Member of a cooperative development agency at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

Local authority action to improve diets may be instigated primarily in order to improve health. However, local authority activities which improve food access often contribute to other social, environmental and regeneration objectives such as those listed by ODPM (above), and are valued by participating bodies and community groups for contributing to this wider agenda. For instance:

- School breakfast clubs are often started in deprived areas to improve the nutrition of school children. One scheme in east London also helped low-income parents with affordable child-care, and contributed to lower truancy rates at the school.²³
- The Healthy Croydon Partnership has developed local food work to improve access to healthy and affordable food, but also to promote sustainably produced local food, and to reduce car use for everyday journeys.
- In Newham, which experiences some of the most extreme health inequalities in London, the Newham Food Access Partnership (NFAP) supports food co-operatives that have improved food access for diverse ethnic communities and contributed to a greater sense of community cohesion. This work has been facilitated by the strategic and bridging role that NFAP plays in working with planners, trading standards, the PCT and the community, to influence the long-term determinants of poor food access and related health inequalities.

²² G15 (2004) Social Capital: The regeneration activities of the G15 housing associations. London: G15

²³ LDA (2005) Food Access & Social Housing: How London’s housing associations can help their residents to gain better access to healthy and affordable food. London Development Agency

- NFAP has also supported the formation of Community Food Enterprise, a social enterprise that delivers fresh food to deprived areas of Newham, runs breakfast clubs, supports a community café, supports volunteering opportunities, and will launch a training programme for community food workers in 2005.
- In 2004, the London Borough of Hackney adopted proposals for a food industry cluster in both an Olympic and Non-Olympic situation – aimed at developing infrastructure that offers retail outlets as well as new employment opportunities, especially suited to the diverse ethnic population of Hackney.
- The Under-Served Markets Project of the Office of the Deputy Prime Minister aims to encourage large retailers (including food retailers) to consider under-served areas as a market opportunity, to become an anchor store for economic regeneration, encouraging footfall to the area, opportunities for small satellite businesses, and opportunities for training and jobs for the long-term unemployed.
- Working with retailers throughout London, the not-for-profit organisation FareShare delivers surplus food from retailers and food packers (usually surplus due to mislabelling or over-production) directly to projects that help homeless people. FareShare redirects 1,800 tonnes of food to charity each year, which might otherwise end up in landfill, contributing to waste reduction targets. The Environment Agency estimates that in the UK, 2,192,000 tonnes of food waste is thrown away annually by food manufacturers and food retailers.²⁴
- Sandwell Primary Care Trust (in Dudley, West Midlands) has undertaken a programme of work to support neighbourhood food retailers through a crime reduction strategy. With support from the local Government Office, retailers report increased security and a reduction in crime by as much as 40 per cent.²⁵

²⁴ Hansard reply to parliamentary question on 'Food Dumping', 19th January 2005, Column 943W. From The Environment Agency's National Waste Production Survey (NWPS) of 20,000 businesses, conducted in 1998–99

²⁵ Presentation at the seminar 'How can local food retailing be supported, to improve access to healthy & affordable food?', Food Commission, 2005

3. How can London's borough planners improve food access?

This section examines how London's borough planners can help to improve food access by means of:

- Undertaking retail need and capacity assessments and Health Checks
- Mapping and monitoring
- Consultation with residents and local businesses
- Engaging with existing and new local partnerships
- Supporting existing and new neighbourhood food retail outlets
- Supporting existing and new community food projects
- Supporting existing and new food education activities
- Using Section 106 agreements
- Improving transport links
- Developing infrastructure to tackle problems of physical access

3.1 Mapping and monitoring

How can planners help to map the pattern and extent of food access problems? In summary, by:

- Undertaking retail need and capacity assessments and Health Checks
- Contributing data and expertise to mapping exercises
- Helping to relate data to other demographic measures
- Helping to analyse the findings in terms of what can realistically be done to alleviate the problems revealed (e.g. food deserts)

Undertaking retail need and capacity assessments and Health Checks

As has been noted above, the London Plan states that boroughs should assess retail capacity and need, and identify capacity to accommodate need for new retail development in town centres as a first priority, before edge or out-of-centre locations. This is a key way in which planners can contribute to a better understanding of food access needs within a borough. Under the London Plan, boroughs should therefore assess the need for new retail development (which includes food shopping as part of convenience retail) and then identify the space/capacity in their town centres to accommodate this.

Recent town centre Health Checks co-ordinated by the GLA recorded data on the scale of convenience goods retail in London's town centres, and requested information on the presence of street markets. One action for boroughs might be to consider the scope for local town centre Health Checks to be supplemented with data regarding the availability of food retail, including qualitative aspects relating to healthy and affordable food.

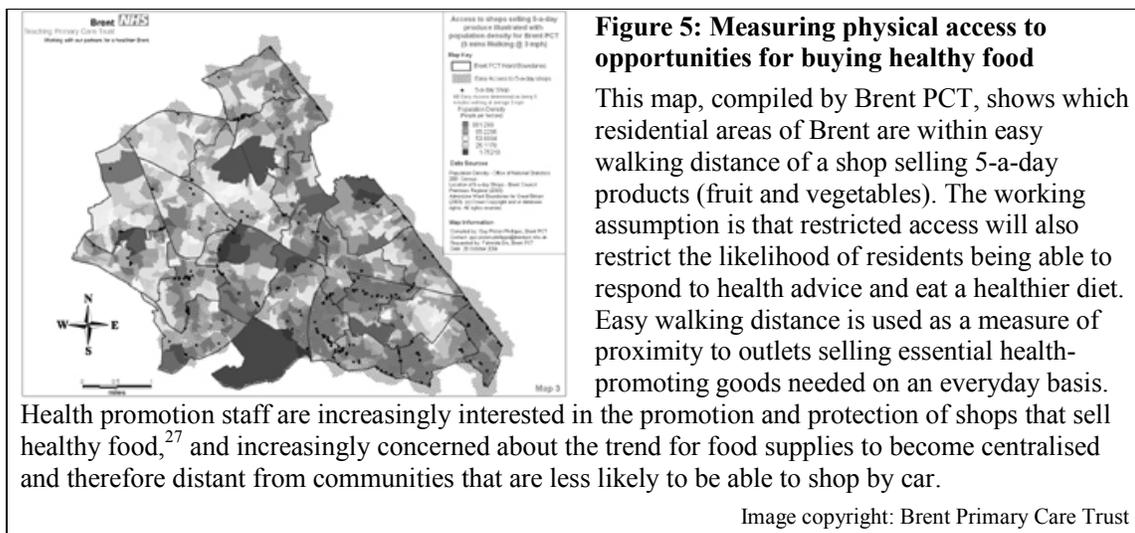
Consultation with local and neighbourhood retailers could be undertaken as part of the Health Checks of shopping centres, or as part of borough and regional retail surveys. Importantly, results of such data-gathering and consultations could be shared with Local Strategic Partnerships and PCTs, to enable them to participate in identifying methods and resources for supporting food retail, to achieve social, health and environmental goals.

Mapping

Mapping can help individuals and organisations to understand the problems faced by communities experiencing food poverty, to assess local needs (e.g. the existence of food deserts) and target interventions.

Food deserts

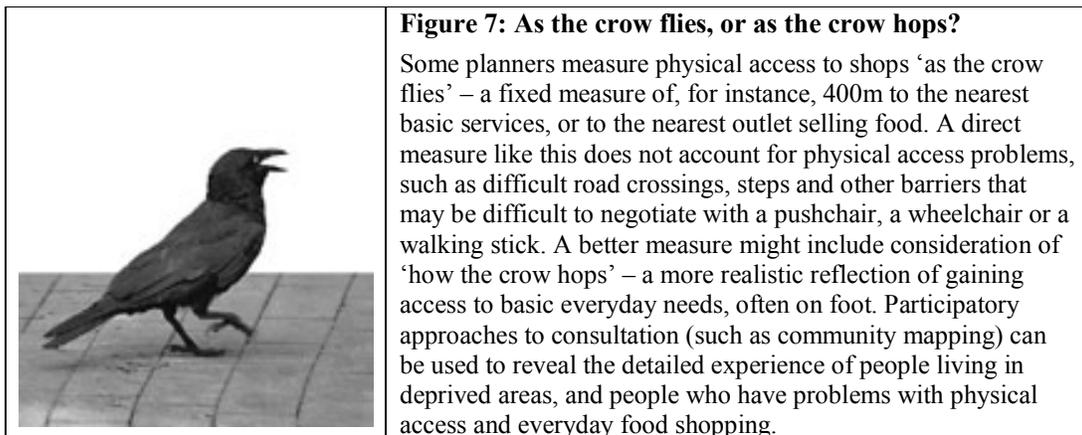
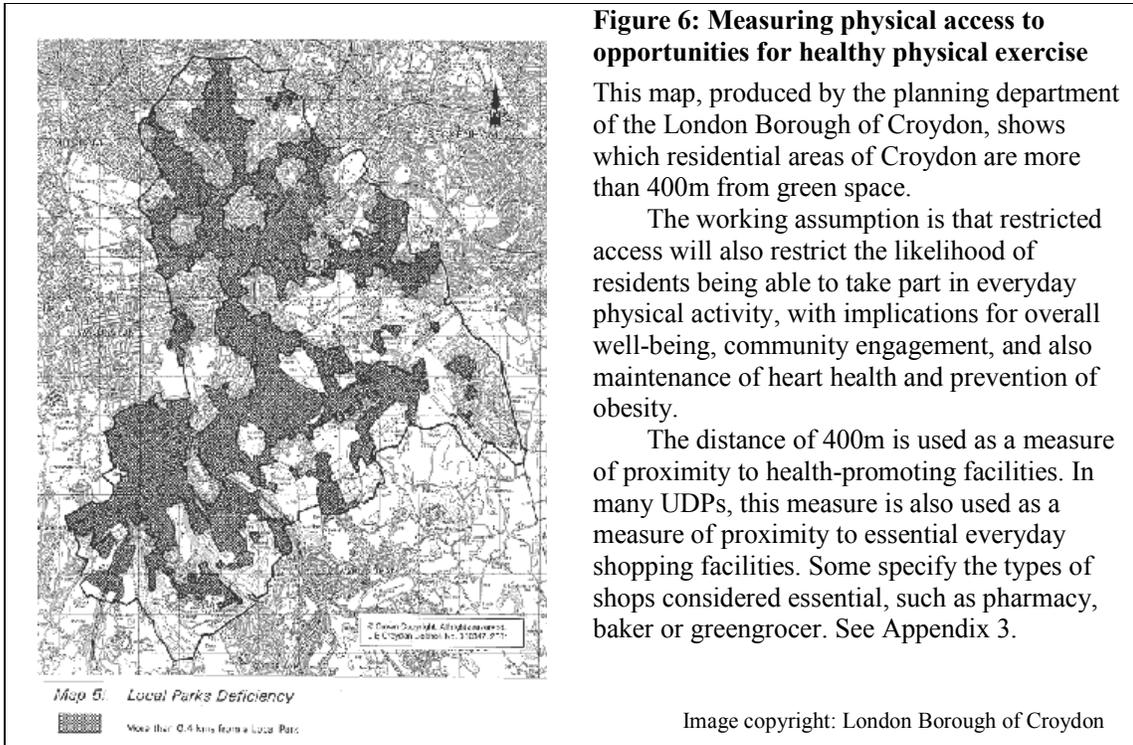
Areas in which there are few or no shops selling fresh, wholesome and affordable food are sometimes described as ‘food deserts’. As discussed earlier, a food desert describes an area in which food retailers have moved away and shops have closed, and remaining shops offer only a very limited range of foods that do not provide the components of a balanced diet. Larger retailers and supermarket chains favour larger, more economical sites, which rely on car-owning customers and those with a stable income (i.e. those having the resources, personal mobility and transport to purchase large shopping loads in a single lengthy trip).²⁶ Food deserts may therefore be more apparent to, say, older residents or low-income mothers with young children, than to other residents in the same location. Community mapping methods can help expose these issues (see figure 8).



Other types of local health shortage may also be revealed through mapping methods, such as access to green spaces for recreation and exercise (see figure 6).

²⁶ Watson, A. (2001) *Food Poverty: Policy options for the new millennium*. London: Sustain the alliance for better food and farming

²⁷ From interviews undertaken by the Food Commission with London borough planners, autumn 2004 and spring 2005



Monitoring access to food

For PSA agreements, interventions must be seen to make a measurable difference. This means monitoring the intervention, which in turn means selecting appropriate baseline measures that reflect the problem being addressed and which are sensitive to showing changes within a relatively short time. There is a lack of good evidence in this area and no authoritative guidance. Baseline data might be gathered from consultation, from mapping, from disease patterns and statistics, or from more personal measures such as surveys of changes in behaviour, skills, attitudes or awareness. London’s PCTs are beginning to explore this area but welcome input from planners to find out what is workable. The following points are drawn from consultation with several London boroughs undertaken in preparation of the present document.

Fuel poverty and food poverty

National government, local authorities and utility providers (electricity and gas boards) have long been familiar with the term ‘fuel poverty’. *‘Fuel poverty occurs when a household needs to spend 10% or more of its income on fuel to maintain satisfactory heating and other energy services. They suffer the poor health and inferior well-being associated with living in cold, damp homes, risking debt if they try to stay warm.’*^{28,29}

This approach to defining and understanding fuel poverty may also be useful in defining and understanding food poverty. Whilst a standard numeric measure of food poverty (such as a proportion of household income needed to obtain an adequate diet) has not yet been officially established, it is an approach that has been explored by researchers and advocacy organisations as one indicator of food access problems. Such a measure might give local authorities another tool to help identify areas likely to suffer the effects of poor diet relating to low income. The caveat is that for household fuel, the vast majority of households are connected to the national fuel supply, so problems of fuel poverty are almost exclusively linked to cost and low income. In contrast some households are not within easy reach of a nutritionally adequate food supply, so factors other than income have to be taken into account when addressing food poverty, such as access to transport and the relative cost of healthy to less healthy foods.

Data collected by PCTs

Being aware of the challenge facing low-income communities, PCTs gather data on disease patterns and can use these to identify areas of health inequality. The kinds of things they measure are selected to match the priorities of national government, including life expectancy, chronic disease rates, infant mortality rates, birth weights, hospital admissions, surgical procedures, dental service usage, GP visits and pharmaceutical usage. Community health workers such as health visitors, school nurses and health promotion officers may also collect data. Increasingly PCTs will be expected to monitor the rising levels of obesity among adults and, especially, among children, and may also include indicators of diet and exercise. It is to be hoped that the information being collected will be fully available for local authority and community use, and that the statistics will be broken down into useful categories, such as by area, age, gender and ethnic group.

3.2 Consultation with residents and local businesses

How can planners help to consult with residents and local businesses on food access issues? In summary, by means of:

- Participating in partnership to work explicitly to address food access.
- Engaging with other organisations such as community groups, PCTs and housing associations to broaden the range of views represented in consultations, and the range of social and health issues to be addressed.
- Gathering and disseminating information about challenges facing local businesses, including food retailers.

²⁸ CSE (2003) Fuel Poverty Indicator: Predicting fuel poverty in England at the local level, www.cse.org.uk/fuelpovertyindicator - Bristol: Centre for Sustainable Energy

²⁹ The ‘10% of household income’ definition is also used in the Scottish Fuel Poverty Strategy (2001)

Consulting the local community

One of the constant challenges identified by planners, community groups and social housing organisations is engaging the community in consultation. Familiar methods such as public meetings and postal questionnaires may result in a poor turn-out and the ‘usual suspects’ turning up to complain about ‘the same old things’. Organisations reporting better success in engaging the community state that overcoming apathy takes persistence, creativity and sensitivity to the needs and expectations of different groups.

Consultation via community organisations is one route, since such organisations may have a trusted image among borough residents. Engaging with people via interest groups that they already attend may also prove fruitful, such as women attending mother-and-toddler groups, older people visiting lunch clubs, or people from particular ethnic backgrounds engaging in cultural activities. Community organisations report that events publicised as social occasions (often with food on offer) can attract a wider audience. Whatever the method, there is a need to prompt people to discuss their experiences of food access, since other more acute problems (e.g. crime or racism) may dominate over long-term issues such as poor shopping facilities or food quality concerns.³⁰

Some local authorities use maps to identify areas deficient in food provision – often using GIS technology to help them undertake analysis of health and demographic data in relation to areas of their borough (see section 3.1). GIS is an excellent tool to deliver such information and to help track changing circumstances over time. However, these may not fully reveal the everyday lived experience of food access problems. Therefore information can be gathered by more participative means, tailored to gain the experiences of ethnic communities, or clusters of other types of residents, e.g. old age, low-income families, and single-parent families – see figure 8.



Figure 8: Community mapping reveals the lived experience of food access

Groups facilitating community consultation can adopt participative approaches that ask people about their experiences of buying and eating healthy food. Local authorities may tend to centralise their consultations, and use familiar methods such as postal surveys and interviews conducted with shoppers in town-centres.

However, such approaches may exclude low-income residents, especially those with a limited shopping range. These may also exclude people whose first language is not English, and different social groups such as young people, single-parent families and older or disabled people.

Participative approaches can involve creating a map of the local area to facilitate discussion of the real challenges facing people. This may help local authorities and community food workers to identify very simple measures that could improve people’s lives, e.g. a safe road crossing, security lighting, CCTV provision or a food delivery scheme. Or it may uncover more fundamental problems to be addressed, such as fear of crime or lack of availability of foods suitable to certain ethnic or age groups.^{31,32}

Image copyright: Sustain: The alliance for better food and farming

³⁰ Responses to interviews and correspondence conducted in development of this document, 2004/5

³¹ Sustain / Oxfam (2000) *Reaching the parts... Community mapping: Working together to tackle social exclusion and food poverty*. London: Sustain: The alliance for better food and farming

³² NACVS (2004) *Engaging communities in local public service agreements: Report of a seminar organised by the National Association of Councils for Voluntary Service (NACVS), with the collaboration and support of the Active Communities Unit in the Home Office (ACU)*. Sheffield: NACVS; www.nacvs.org.uk

Whatever the method, assessing food access problems is one of the first steps in a long journey. Greenwich Cooperative Development Agency, for instance, reports that it has invested three years of work in community mapping and community needs assessment, to provide the solid foundations for solving the borough's food access problems on a permanent basis.³³

Figure 9: Characteristics of good community engagement to support improvements in food access

Community groups, PCTs and planners interviewed for the present document identified the following characteristics of good community engagement and needs assessment to support improvements in food access:

- Provides good baseline data to allow for the study of change over time (especially useful for local-authority showing how it can deliver on targets and indicators).
- Identifies the lack of provision of basic everyday needs, and areas in which intervention needs to be targeted.
- Reflects the needs of residents (e.g. cultural acceptability), of local traders, and of wider priorities (e.g. health and sustainable development).
- Translates health and dietary priorities into local accessibility, e.g. the availability, quality and cost of fruit and vegetables.

Consulting the retailers

The Greater London Authority has recently undertaken detailed survey work with small retailers. It found that whilst the costs of operating in London, as compared to the rest of the country, are higher for all retailers, there are some costs that impact particularly on smaller enterprises. The cost of retail crime appears to fall more heavily on small retailers when compared to large retailers. In addition, the costs of complying with Government regulations, for example the Disability Discrimination Act, fall disproportionately on small retailers.³⁴ And whilst small retailers could benefit in the long-term from investment in security measures, environmental improvements, marketing and shop-front improvements, they may lack the capital, confidence or expertise to invest in such changes.

Local authorities, through partnership work involving planning departments, local chambers of commerce and retail associations, can help to identify such challenges for local retailers and work towards alleviating the problems.

In some areas, retail associations may not exist or may not be well supported. In these circumstances, the local authority can play a useful role in facilitating a trade association. In its survey of small retailers the GLA notes that local traders “tend to work collaboratively” rather than in competition.

However, if motivated by social gain such as improving fruit and vegetable consumption, organisers of retail associations must clearly demonstrate that they answer the question posed by retailers: ‘What’s in it for us?’ In Sandwell (Dudley), for instance, PCT staff undertook a survey of retailers before embarking on a programme to improve fruit and vegetable availability. They soon found that crime was the primary barrier to trade for local retailers. A crime reduction strategy involving over 400 local retailers has resulted in a 40 per cent drop in crime, and strong support from the unified Sandwell Traders

³³ Participant from Greenwich Cooperative Development Agency, at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

³⁴ GLA (in press) Small retailers in London. London: Greater London Authority

Association. In Lewisham, a programme to support local retailers helped shopkeepers apply for shop-front improvement grants worth £10,000, and offered free training to help food retailers comply with food hygiene regulations.

3.3 Support for existing and new neighbourhood food retail outlets

How can planners support existing and new neighbourhood food retail outlets? In summary, by means of:

- Recognising that local availability of healthy and affordable food contributes to reducing health inequalities.
- Recognising the role of crime in undermining local retail services.
- Recognising the need to supplement market forces with additional support measures.

The present document focuses in large part on how planning policies can help deprived communities meet their food shopping needs, within the planning framework provided by the London Plan. The provision and protection of food retail outlets, street markets and other opportunities to buy healthy and affordable food are essential to help relieve food poverty. The majority of planning policy options explored in this document promote permanent and market-based solutions to the problem of food deserts. Due to multiple deprivation problems of areas that experience food poverty, traders selling food may need additional help – sometimes publicly funded – to help them overcome hurdles to sustaining their businesses.

Initiatives designed to tackle food poverty have arisen in the past almost as ‘emergency aid’ to communities facing extreme poverty and a lack of adequate (sometimes a lack of any) shopping facilities. Such initiatives include food delivery buses run by community groups, food co-operatives set up by PCTs, and even free fruit and vegetables given away in schools and local fast-food outlets through the 5-a-day programme. However, these are beginning to be understood as temporary ‘band-aids’ for problems that need to be tackled more systematically to provide permanent market-based solutions.³⁵

Put simply: if neighbourhood food retailers are valued as part of strategic plans to tackle food availability and health inequalities, then they may qualify for preferential treatment and support from public funds to help them overcome barriers and set them on a more sustainable footing. Local authorities can intervene in the free market where the market has failed to deliver what is needed and is unlikely to do so without incentives. Planners can help by making conditions more conducive for traders to return.

The following pages show examples of initiatives planned or already underway, which planners can initiate or support in order to improve food access for people living in deprived areas.

³⁵ Commentary summarised from trade, community and government participants at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

3.3.1 ODPM Under-Served Markets Project

Information: This is a project of the Office of the Deputy Prime Minister, in partnership with the non-governmental organisation Business in the Community, and with major retailers (food and non-food). It is modelled on a project first undertaken in Harlem (USA), to attract major retailers into deprived areas that they might not otherwise consider. The idea is that they should become an ‘anchor store’, encouraging footfall and becoming an economic catalyst to smaller businesses opening up in the vicinity. The major retailers can be incentivised through, for instance, preferential planning treatment, facilitated land purchase (e.g. Compulsory Purchase Orders); and promotional opportunities. Pilot projects are currently being evaluated at to see if they can deliver on other goals including health and crime reduction.

Such work is in the process of evaluation for its impact social exclusion and public health. Using the example of a major retail development in the deprived area of Seacroft, Leeds, researchers have demonstrated that regeneration partnerships involving retailers, local authorities, government agencies and community groups can contribute to improved diets and employment opportunities.³⁶

“An authority that actively identifies and assembles suitable sites will find it easier to attract investment. It is difficult to generalise at this stage, but the main barriers cited by retailers [to investment in under-served areas] were: lack of suitable sites; poor accessibility, and complex multiple ownership of potential sites. If a local authority can assist in overcoming these obstacles then investment is more likely.”

Under-served Markets, Business in the Community

How can regional and borough planners contribute?: The local planning authority can facilitate discussions with a large retailer; identify and facilitate meaningful incentives; prepare the ground for land purchase and planning permissions; undertake economic/retail analysis on behalf of retailer; create other supportive infrastructure, e.g. cash machine, physical access; public transport; promotional opportunities.

“Local retail strategies, developed in partnership between communities, the retail industry and local authorities, can identify areas deficient in essential retail facilities and establish the means by which to stimulate investment. Co-ordinated planning and other interventions may be required to retain facilities, such as corner shops or small parades in estates, that provide an essential social service but are on the margins of economic viability. Improvements in e-infrastructure are required to enable access for all communities.”

The London Plan, 3.231, page 136

3.3.2 Wholesale markets

Information: Wholesale markets in London serve the needs of local retailers, food projects, caterers and the restaurant trade, but they are often not included in borough food strategies. This may be because they are not located within borough boundaries, or because strategy development staff may not be aware of the reliance of local food providers on the

³⁶ Wrigley, N.; Guy, C.; Lowe, M. (2002) Urban Regeneration, Social Inclusion and Large Store Development: The Seacroft Development in Context. Urban Studies: Vol 39, Number 11, 2101 - 2114

wholesale trade. However, several consultees, interviewees and academic advisors to this guidance highlighted the importance of understanding food access in terms of the whole supply chain. There are several very large wholesale markets in London, with many hundreds of traders and producers participating each day. They play a crucial role in London's food chain, and may be especially important in the supply of quality food at an affordable price.

How can regional and borough planners contribute?: Planners and PCTs could investigate partnership work with local wholesalers who can supply good quality food to local stores, and offer advice on storage, display and pricing. They are likely to be significant partners in such work, bringing expertise on stock and distribution, and a wide range of contacts in the food trade. They might also be encouraged to explore provision of ethnically diverse produce, especially from local farms, to facilitate greater use of land in and around London for growing and processing food products.³⁷ Planners might also, in their communication with local retailers, establish how reliant local shops are upon the wholesale trade, and take steps to protect wholesale markets if they come under threat.

3.3.3 Street markets and covered markets

Information: In January 2005, the London Development Agency commissioned a study of the economic and social impact of street markets, including farmers' markets, in terms of their provision of healthy and affordable food to diverse ethnic communities. It is hoped that the evidence from this study will help local planners to assess the value of street markets not only in economic terms, but also in relation to their contribution to tackling health inequalities and providing for the needs of London's diverse ethnic communities. Street markets and covered markets often serve low-income ethnic groups – the very groups most in need of fresh foods at affordable prices.

How can regional and borough planners contribute?: The approach outlined above, for the promotion of retail opportunities in under-served markets, is also feasible to protect and promote street markets and covered markets.



Anecdotal evidence (shortly to be analysed by the LDA's research) suggests that they offer cheap ethnically diverse food, and provide a visitor attraction in their own right. Currently, the contribution of street markets and covered markets is sometimes not measured in shopping needs surveys conducted at a borough level, so there may be a poor understanding of how they contribute to health and regeneration goals. Protection and promotion of markets can be supported by well-designed local needs surveys, explicitly looking at the very food facilities frequented by people from disadvantaged areas and diverse ethnic backgrounds.

As well as structural support (e.g. preferential planning decisions), even quite low-level planning arrangements may help markets to thrive, for instance

³⁷ LDA (xxxx) Farm Diversification: Catering for the ethnic communities market. London Development Agency

signage; parking; security arrangements; extending delivery times; provision of waste clearance services; public toilets; mixed use of cafés, provision of cash machines (since most purchases will be small scale and in cash). In some areas, the local authority may work to maximise benefit of street markets to disadvantaged consumers, e.g. by free rental space for fruit and vegetable stalls. For instance, the London Borough of Camden offers free rent to council-owned street markets for traders selling fresh fruit and vegetables, as part of its 5-a-day strategy.³⁸

“Our very low aspirational aim is to have no net loss of street markets across London, but we are setting our sites a lot higher than that, as we also aim to promote street markets. We recognise that street markets serve the needs of people on low income, people on no income, and people from different ethnic backgrounds.”

Participant from the LDA’s Food Strategy Unit, at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

3.3.4 Farmers’ markets and local box delivery schemes

Information: A farmers’ market is one in which farmers, growers or producers from a defined local area are present in person to sell their own produce, direct to the public. All products sold should have been grown, reared, caught, brewed, pickled, baked, smoked or processed by the stallholder.³⁹ Farmers’ Markets and local fruit and vegetable box delivery schemes have gained popularity in recent years, offering sustainably grown local produce and fresh foods. Many have explicit social objectives and some are run in conjunction with schools or community organisations on a profit-share basis.

How can regional and borough planners contribute?: Like street markets (see above), farmers’ markets may need planning support, e.g. for siting refrigeration facilities, temporary parking space for delivery vehicles, access on market days, opportunities for signage, etc. They will also be supported by other planning decisions such as provision of public toilets and provision of cash machines.

3.3.5 Crime reduction initiatives

“One of the most important problems for small retailers is crime. Probably two-thirds of the retailers that we interviewed said that crime was their main problem – often a more significant problem than bigger retailers moving in and competing for trade.”

Member of a retail trade association at the seminar ‘How can local food retailing be supported, to improve access to healthy & affordable food?’, Food Commission, 2005

Information: Crime is often a significant deterrent to small retailers continuing to operate in deprived neighbourhoods. In a recent retail survey, the Greater London Authority has shown that the costs of crime fall disproportionately on London’s smaller retailers when compared with larger retailers.⁴⁰

³⁸ Evidence from interviews conducted with borough planners by the Food Commission, 2005

³⁹ National Association of Farmers’ Markets: www.farmersmarkets.net

⁴⁰ GLA (in press) Small retailers in London. London: Greater London Authority

Tackling the problems of small retailers is one of the first steps to ensuring that the market can continue to provide nutritious and affordable food for people living nearby. As has been mentioned above, a retail crime reduction initiative in Sandwell, near Birmingham, demonstrates that a coordinated effort involving the Local Strategic Partnership, police, Primary Care Trust and the Sandwell Traders Association resulted in a reduction in crime by about 40 per cent - including shop theft, verbal and physical abuse of shopkeepers, and anti-social behaviour around shopping centres. Financed by the Government Office for the West Midlands, the scheme provided local retailers with walkie-talkie radios so that they could share information about gangs operating in the area. In negotiation with the police, retailers could also take digital pictures of suspected offenders and, on such evidence, exclusion orders could be served on persistent offenders, banning them from the 400+ Sandwell shops participating in the scheme. The initiative is coordinated by staff from the Sandwell Traders Association working with the local Primary Care Trust. Its primary aim is to improve access to fruit and vegetables for people living in Sandwell.

How can regional and borough planners contribute?: Crime reduction initiatives are an integral part of Neighbourhood Renewal and New Deal for Communities programmes, tackling inequalities in some of the most deprived urban areas in the UK.

Planners can contribute to crime reduction initiatives through participation in Local Strategic Partnerships, working to identify the needs of small retailers and practical action that can address the problems. In Sandwell, such work attracted support from the Government Office of the West Midlands Capital Modernisation Programme, and the West Midlands police.

Many housing associations in London are also interested in involvement in crime reduction initiatives, to help meet their own targets on controlling anti-social behaviour.⁴¹ Some of the bigger housing associations operating in the London area are also becoming increasingly interested in how such work can support other goals, such as improving health and improving access to nutritious and affordable food. Some London housing associations report that such initiatives would benefit from the involvement of local planners in improving, for instance, street lighting, pedestrianised areas and pleasant seating areas.

Clustering of retail outlets can also create opportunities to encourage hubs of activity to increase footfall and support for local economic regeneration.⁴²

3.3.6 Mixed use development

Information: The London Plan emphasises the aim to strengthen town centres to accommodate economic growth. Using local planning policy to promote mixed use is central to this aim, and local authorities are encouraged to “*seek to exploit and enhance the accessibility of town centres from the areas which they serve, particularly by public transport, walking and cycling,*” and “*provide for a full range of town centre functions including retail, leisure, employment services and community facilities.*”

⁴¹ Social Capital report, 2004

⁴² Jochelson, K. (2004) The Public Health Impact of Cities & Urban Planning, report to the London Development Agency. London: The King's Fund

How can regional and borough planners contribute?: In interviews conducted in support of this present guidance, planners said that promotion of mixed-use development was high on their agenda and generally encouraged in their current UDPs, although to varying degrees. It is worth noting here that mixed-use development can contribute to improved food access for deprived communities, since mixed use encourages inherent economic stability for town and neighbourhood shopping centres. However, housing associations also interviewed when drawing up this guidance often expressed extreme concern about the lack of mixed-use and retail provision incorporated into new housing developments. They also expressed concern about retail units being removed from council housing stock before transfer to housing associations, in effect creating new food deserts.

3.3.7 Other work to support food retailers

The following initiatives also support local and neighbourhood food retailers. Some may require the support of planners. Others may benefit from their input via, for instance, the Local Strategic Partnership.

Protection from change of use

Some Unitary Development Policies (e.g. those developed in Ealing and Hillingdon) have applied the notion of local proximity (such as 400m or five minutes walk) to the protection of shopping facilities, using the proximity measure to protect the last shop in a parade from change of use. This helps to defend opportunities for neighbourhood food provision, which may be of particular importance to residents with physical challenges, such as families with young children, those with physical disabilities, and older people. However, this has been described by one London borough planner as a ‘blunt instrument’⁴³, since planners are generally not in a position to distinguish between different shops in the A1 category and so cannot influence the nutritional adequacy of the goods that the last shop sells.

Local authorities can stipulate which types of shops deserve preferential attention, and can restrict applications for change of use from retail shops to non-retail uses – sometimes explicitly mentioning food retail as worthy of protection in this way. For instance, Hackney’s UDP states that “*The Council will use its powers and its role as landlord where possible to protect these essential facilities. The following uses will be considered ‘essential local shops’: food shops such as baker, butcher, greengrocer, grocer, specialist ethnic food shop. The following uses will be considered as ‘essential service shops’: dispensing chemist, launderette, newsagent and post office.*”⁴⁴

Improving transport and physical access

Work to improve transport, especially in deprived areas, can make a valuable contribution to improving food access, and needs and solutions are likely to be identified by Local Strategic Partnerships. Public transport links to and from new-build supermarkets are a common requirement in Section 106 agreements.⁴⁵ Some local authorities have also used Section 106 to extend this benefit to the community to improve public transport to other shopping facilities, to improve access and encourage competition.

⁴³ From interviews undertaken by the Food Commission with London borough planners, December 2004

⁴⁴ Hackney Unitary Development Policy, identified in an interview with a London borough planner, conducted by the Food Commission, 2004

⁴⁵ See Appendix 1 for definition of Section 106 agreements

Some deprived communities may require special action to improve their physical access to transport, and hence their access to retailers – including food retailers and street markets. Free buses may be provided to and from central shopping facilities. In some London areas, PCTs provide transport for older people to local shops. In others, community food enterprises have set up fruit and vegetable delivery schemes to alleviate the problems of food deserts. Such projects may require input from planning authorities to support, for instance, secure parking, storage facilities, and regular delivery areas in deprived neighbourhoods. Some food outlets (e.g. small retailers, street markets) may have particular concerns with regards to deliveries and parking. Such outlets may need special support from the local authority in order to be able to sustain their service of meeting basic local shopping needs.

Other infrastructure developments can also contribute to improved food access – for instance the provision of safe road crossings and traffic-calming measures. Such local requirements can be identified by community mapping techniques described in section 3.2.

Reducing the burden of regulation

The burden of meeting regulatory requirements can fall disproportionately on small retailers. The Greater London Authority’s recent survey of small retailers found that whilst the costs of operating in London, as compared to the rest of the country, are higher for all retailers, there are some costs that impact particularly on smaller enterprises. In particular, *“the costs of complying with Government regulations, for example the Disability Discrimination Act, fall disproportionately on small retailers”*.⁴⁶ Small retailers may benefit from practical advice, training and planning or financial support in order to meet regulatory requirements. In Lewisham, for instance, the Primary Care Trust has helped local retailers to apply for a Shop Front Grant of £10,000. The Town Centre Manager runs a food hygiene course for all local food retailers, with the aim of improving skills, reducing risks posed by food-borne illnesses, and creating a retailer network to further future work.

Rates holidays

Some local authorities have considered rates holidays for neighbourhood shops that provide an essential service in terms of providing nutritious and affordable food.

Use of vacant premises

Deprived areas may have a high proportion of vacant premises, including retail premises. Some local authorities have considered, or approved, the use of vacant premises for community use such as food co-operatives or healthy living centres.

Facilities for food cooperatives

At a small scale, food co-ops buy fruit, vegetables or groceries at wholesale, for low-cost re-sale to co-op members. They are sometimes set up and supported by local authorities or PCTs to improve access to fruit and vegetables for low-income groups. They can also improve social interaction of diverse ethnic groups. Although not generally included in the definition of ‘food retailer’, many are quite large (including, at a national level, the mainstream Co-op supermarket) and blur the boundary between community initiatives and food retailing. Some are now moving towards the status of ‘social enterprise’ – a self-sustaining organisation that trades, but whose purposes are not profit-driven. They may benefit from support from local businesses and the local authority through provision of

⁴⁶ GLA (in press) Small retailers in London. London: Greater London Authority

premises, space for delivery vehicles, and provision of business support and advice from the environmental health team of the local authority.

Marketing and technical support

Some local authorities facilitate retail networks or trade associations. These may wish to have input into retail needs surveys and Health Checks of shopping centres, and may benefit from sharing information with regeneration and planning staff in partnership with other interested organisations such as housing associations and Primary Care Trusts.

3.4 Support for community food projects and educational activities

How can planners help to support community food projects and educational activities? In summary, by means of:

- Recognising community food projects as activities of community benefit.
- Recognising that community food projects and educational activities are likely to contribute to reducing health inequalities.
- Allowing use of community / local authority facilities for community food and educational projects.
- Ensuring that cooking facilities are built in to healthy living centres, community halls and schools.
- Promoting and supporting food events and celebrations.
- Protecting facilities from redevelopment or change of use that have benefits for community food projects and educational activities.
- Turning over unused premises and facilities to community use.

Some solutions to food access problems come from the communities themselves, and from voluntary organisations working to address inequalities and provide services to deprived communities. These have admirable goals but limited funding, and are often run by volunteers meaning that there are always worries about their long-term future. There is growing recognition that community-based initiatives can have only a limited effect without being built in to the planning system, working to provide permanent market-based solutions such as improved food retailing.

Figure 10: Examples of community food and educational projects

- Breakfast club
- Lunch club
- Cook-and-eat demonstration
- Allotments
- Urban food growing scheme
- City farm
- Community café
- Food co-operative
- Share-a-car scheme
- Food delivery scheme
- Vegetable box scheme

However, even with these caveats in mind, community food projects often make a valuable contribution to improving food access and creating opportunities for training and economic regeneration in deprived areas. They may also provide part-time jobs suited to single parents, who are among the people most likely to live on a low income in London.

“Poor diet is rarely due to ignorance, as is often assumed, but is instead the result of a whole range of factors; from not having enough money, lack of cooking equipment, poor access to shops, or the poor quality and high cost of food locally. These problems mean that people are denied healthy food choices and this has become known as food poverty. Such problems must be understood in all their complexity in order to develop the right solutions at both local and national levels.”

The Food Poverty Network, Sustain⁴⁷

⁴⁷ Sustain: The alliance for better food and farming: www.sustainweb.org

Awareness and access to information are generally the province of health promotion teams, and their partners, e.g. community nurses, health visitors, GPs, community dietitians and nutritionists. However, even these educational activities can be assisted in a modest way by spatial planning considerations. For instance, healthy living centres may require built-in cooking facilities for cook-and-eat programmes, especially in deprived areas. Community facilities may be usefully turned over to food co-operatives, which in itself may require planning approval. Signage and promotions for events and markets may also be useful.

Planners may also share demographic information and expertise with PCT and other staff, to help with planning. This is an area open to creative thinking especially suited to partnership work involving community organisations. There is increasing interest in and partnership working aimed at resolving problems more systematically and permanently, by facilitating market mechanisms to solve problems of food access.

3.6 Using Section 106 agreements

How can planners use Section 106 agreements to improve access to healthy and affordable food? In summary, by means of:

- Considering food access as an area worthy of support through Section 106 agreements
- Working in partnership with Primary Care Trusts, regeneration and health inequalities staff to identify priorities
- Identifying infrastructure improvements in the borough and region that would contribute to improved food access

Planners report that there is increasing interest from different departments and interest areas, competing for the benefits promised by Section 106 agreements⁴⁸ to serve local needs. Improving food access is one such need, and Primary Care Trusts are also interested in this opportunity to provide resources for improving infrastructure to improve health.

Different local authorities have different approaches for dealing with Section 106 agreements, so their use will very much depend on local priorities and policy. However, they are recognised as an important tool in the armoury for combating food deserts, and developing and supporting neighbourhood food retail, so deserves consideration in this document. In Ealing and Islington, for instance, Section 106 agreements with large supermarkets have been used to develop town centre retail facilities and neighbourhood retail facilities. The staged decision-making process encouraged in PPG6 suggests that if large supermarket developments are permitted on the edge of town, a Section 106 agreement could be used to strengthen the facilities in the town centre. Other local authorities have used Section 106 agreements to support healthy living centres and community halls incorporating kitchen facilities; to provide trust funds for community projects; and/or to incorporate secure retail outlets into social housing developments.

Creatively applied, Section 106 agreements can be used to provide financial backing to tackle many of the actions identified in this document, to help improve food access and reduce health inequalities.

⁴⁸ See Appendix 1 for definition of Section 106 agreements

APPENDICES

Appendix 1. Glossary and definitions of terms

Examples of community food projects supported by local organisations, and the benefits they can offer

Breakfast club: Scheme providing a healthy low-cost breakfast for schoolchildren. Usually designed to improve health and classroom behaviour, reduce lateness and prevent truancy. Can also provide low-cost childcare.

Lunch club: Meal provision in a social setting. Often organised for people most likely to experience isolation, e.g. older people; people with disabilities; new parents.

Cook-and-eat demonstrations: Sometimes run by nutritionists, PCTs or SureStart, these improve cooking skills and healthy eating and can lead to employment. Associated recipe exchange clubs can help people share skills and experiences.

Allotments: Plots of land leased to residents by the local authority. Can improve access to fruit and vegetables (including unusual produce for diverse ethnic tastes), support community groups and provide opportunities for physical exercise.

Urban food growing scheme: There are many examples, such as rooftop and community gardens and school vegetable plots. They provide fresh food and educational opportunities.

City farm: Land used for farming in urban areas. They have a strong educational remit and often run events and welcome volunteers and school visits.

Community café: A café run by a social enterprises or voluntary organisation, often supported by local agencies. Can improve access to healthy and affordable food, provide space for social interaction; a drop-off point for vegetable box schemes. Can be used for formal training in catering, hygiene and running a small business.

Food co-operative: At a small scale, food co-ops buy fruit, vegetables or groceries at wholesale, for low-cost re-sale to co-op members. They are sometimes set up and supported by local authorities or PCTs to improve access to fruit and vegetables for low-income groups. They can also improve social interaction of diverse ethnic groups. Note: Large-scale food co-operatives include the national Co-op supermarket.

Share a car scheme: Shared transport for shopping trips. These can limit fuel and environmental costs and help people benefit from supermarket bulk-buy deals.

Food delivery scheme: People living in areas with poor food retail provision can benefit from food delivery schemes, such as vegetable box delivery or mobile food vans. They can also provide regular opportunities for informal social interaction.

Definition of Section 106 agreements (from the Healthy Urban Development Unit, London)

A section 106 agreement is the mechanism for the provision of a service or benefit which does not normally form part of the proposed development. Planning obligations are typically agreements between local planning authorities and developers negotiated in the context of granting a planning consent. They provide a means of ensuring that developers contribute towards the infrastructure needed by a development and services that local authorities can justify as appropriate community benefits. Contributions can be in cash or in kind. They have a wide scope and can include, for example, the provision of a new access road, employment training for local people, affordable housing and the provision of health centres.

Appendix 3: Food access and Unitary Development Policies of London Boroughs

The following notes contain extracts from current UDPs in London boroughs that offer insights into the different ways London boroughs approach the problem of loss of food retail. Emphasis in bold was added by the authors of this present guidance. These extracts were supplemented by interviews with planning staff in several boroughs, undertaken by the Food Commission, 2005.

CAMDEN

Camden UDP, section 6.48: Protection of local shops. Most of the Borough is within **400 metres (approximately 5 minutes' walk) of a Neighbourhood Centre or 800 metres (approximately 10 minutes' walk) of a Town Centre.** However, smaller parades not designated as centres and individual shops can be important for filling these gaps and providing local facilities for people with mobility difficulties. They can also provide community meeting places.

Camden UDP, section 6.49: The Council will consider granting permission for the loss of shops (Use Class A1), but only where there is alternative provision **within 5 - 10 minutes walk,** depending on the scale of provision. In the case of loss of a convenience store, the Council will seek to make sure there is another convenience store within walking distance. **The Council will take into account any history of vacancy of a shop unit and the prospect of achieving an alternative occupier for a vacant shop.**

CROYDON

Croydon UDP, section 13, SC20: There are a number of shopping parades in the Borough that serve a local community and are generally well supported because they are **400 metres (a quarter of a mile) or more from a designated centre or a major food store.**

Croydon UDP, Section 13 of revised latest draft of UDP: Shopping, Policy SP25: **The Council will seek to maintain and enhance the vitality and viability of its hierarchy of town centres within the Borough supported by a network of Shopping Parades. The town centres are the preferred locations for retail development and such development is encouraged there.**

GREENWICH

Change of use: A1 to A3 would normally be refused. They tend to encourage provision of supermarkets in town centres, which would include a pharmacy, cash machines, etc.

Greenwich UDP, TC19: Essential local facilities in Neighbourhood Parades and freestanding premises: In considering proposals for Neighbourhood Parades and freestanding neighbourhood shops the Council will **seek to safeguard existing A1 retail uses and the provision of a minimum range of essential local facilities including a general grocer, newsagent, post office, chemist, doctor and dentist.** Change of use in any such facility will be opposed if it would result in the loss without replacement of a valued local service, or its loss would place the **surrounding area more than 400 metres from the nearest alternative.**

Greenwich UPD, 8.46: In determining applications for premises in neighbourhood parades or freestanding local shops the Council will firstly seek to **safeguard existing essential local services,** as defined in the policy. The second objective is to ensure the provision of any essential local service not currently provided within a **400-metre radius.** The third objective is to **safeguard other existing A1 retail uses.**

HACKNEY

Hackney UDP, policy R8: Protecting local shops. The Council's powers are restricted to the determination of applications for change of use from retail shops to non-retail uses. A change from

one sort of retail shop to another may be made without planning permission but can nonetheless have a marked impact on the shopping facilities of local communities. However, the Council will use its powers and its role as landlord where possible to protect these essential facilities. **The following uses will be considered “essential local shops”: food shops such as baker, butcher, greengrocer, grocer, specialist ethnic food shop. The following uses will be considered as “essential service shops”: dispensing chemist, launderette, newsagent and post office.**

Hackney UDP, policies R4 and R8: relate to the issue of providing a wide and highly accessible range of shops suited to the cultural needs of the ethnic minority communities in the Borough. Policy R4 seeks to ensure that local shopping facilities are adequate by seeking, where **necessary, new shop units in the larger new housing schemes.**

Hackney UDP, policy R7: **The Council wishes to maintain the primary retail function of its shopping centres by controlling the number of non-retailing uses in them.**

HILLINGDON

Hillingdon UDP, Section 8.21: Despite the importance of local centres and parades for daily food shopping, there is, for the reasons outlined in paragraph 8.2, still a continuing decline in the number of local shops. There is considerable pressure for service uses in these areas and the continued loss of shops could seriously limit residents' accessibility to local shops. **A walking distance to local shops of 800m, i.e. about a 10 minute walk, is generally considered acceptable.** Any alternative shops available to residents within 800m will therefore be taken into account by the Local Planning Authority in considering applications for a change from retail use. It will take particular account of the availability **of the following shop uses which are important at the local level: chemist, Post Office counter, grocer, baker, butcher, greengrocer, newsagent...** These are the essential shop uses referred to in policies S7, S8 and S10. The service which the proposed new use is intended to perform and its appropriateness to the locality will also be important considerations.

ISLINGTON

Change of use: Policy S18: 8.3.6 Protecting local shops in respect to basic needs. Changes of use to a launderette (legally classed as a non-retail use) will be permitted in protected centres because it has been identified as a 'key local shop'. **As well as launderettes, key local shops comprise butcher, baker, greengrocer, grocer/supermarket, newsagent/confectioner/tobacconist, chemist, post office, off-licenses, dry cleaners and fishmongers.**

Islington UDP, policy S21: 8.3.9: The Council's aim is to ensure that as far as is possible, residents have a range of **key shops within 400m of their homes.** A launderette should be regarded as a retail use for the purposes of this policy because it has been identified as a key local use

Islington UDP, policy S22 The council can... **encourage other initiatives** to provide local shopping facilities, for example **support for co-operatives or voluntary schemes, establishing mobile shops, street trading or other measures which meet local residents' needs; financial assistance could be provided, if resources are available. Support could include rate or rent grants/loans, improvement grants to shops, and environmental improvements to shopping areas; advice to shopkeepers and liaison with local residents groups are other activities which can usefully support the Council's policies.** In particular practical management advice to independent shopkeepers may be available from local business enterprise agencies; **encouraging the use of vacant space above shops for other purposes, particularly residential use.**

Islington UDP, policy S22: The measures which the Council will consider taking to support local shopping in the borough could include the following: The Council will also use planning benefits and **section 106 agreements** to provide local shops.

Change of use: Lewisham is very concerned about vacant shops and lack of control over this.

Lewisham UDP, chapter 8, Shopping, STC 8: Local Shopping Parades and Corner Shops. The Council will grant planning permission involving the loss of a Class A1 shop from a Local Shopping Parade or as a corner shop, provided the new use would contribute towards preserving or enhancing the local character, vitality and viability of the parade. The following factors will be taken into account:

- (a) the availability of alternative shopping facilities within a comfortable walking distance (**approximately 400 metres**);
- (b) the number and type of units within the parade, the vacancy rate and the length of time a unit has been vacant;
- (c) any harm to the amenity of adjoining properties.

Lewisham UDP, STC 6: Major and District Centres - Other Shopping Areas. **As the retail industry has changed the multiple chain stores have tended to move from smaller centres to larger centres. Sometimes their space is taken by local traders and the health of the centre continues although in a different way. However, sometimes the changes in the retail industry and shoppers preference have meant that units become vacant for long periods.** The Council wants to ensure that its planning policies do not encourage the failure of shopping areas and hence a much more flexible approach to change of use outside the core and non core areas will be encouraged. **This includes a change of use back to residential in appropriate locations.**

Lewisham UDP, STC 12: Mixed Use Development. **The Council will welcome development proposals which involve appropriate mixed use schemes or a compatible mix of uses within close proximity to each other in the Major and District Town Centres and in other appropriate locations that are well served by public transport.**

Overview: Consultations are due to take place in June this year – these will include speaking to retailers. In respect of mixed use – all boroughs have to encourage this, however in Newham they have met resistance from developers who are not in the habit of including retail in their developments. Permission will only be given if they are willing to incorporate the two.

Newham UDP, 6.63: Food Stores. The Council considers that the existing town centres should remain the main focus for the development and expansion of food shopping in the Borough. However, since the mid-1980s there has been increasing interest in the development of out-of-town stores. Those operating include SavaCentre (Beckton), with Tesco (Barking and Bromley-by-Bow) just outside the Borough boundaries. New development outside the centres that draws significant amounts of trade away from Newham's town centres may have an adverse impact on their vitality and viability, and this will need to be a consideration in assessing new proposals. Government planning guidance (particularly PPG6 and PPG13) supports the continued role of town centres as the main focus for shopping provision.

Section 106: would be main means of securing benefits, could in theory be used for food access.

Consultation: They have a 'from the bottom up' approach to consultation. Whereas in the past planning would make decisions and then the plan would go out for consultation, now the consultation process is part of the development of the local development framework. The "Core Strategy" of the local development framework would embrace general and borough wide objectives, the council's vision of social development and regeneration. Newham planners commented that a borough-wide approach whereby each local authority has Food Access in its core strategy would feed up to government.

Appendix 3. Acknowledgements

Thanks are due to the following people whose research, reports and contributions were invaluable in the preparation of this document.

Peter Ambrose	University of Brighton, School of Applied Social Science
Sue Atkinson	Director of Public Health, Government Office London
Chris Baguma	Health Development Manager, Brent Primary Care Trust, Wembley Centre For Health & Care
Neil Barklem	Hoxton Bibliotech
June Barnes	Group Chief Executive, East Thames Housing Group Ltd
Jade Bashford	Soil Association
Diana Battaglia	Coordinator, Community Initiatives, Croydon Environmental and Sustainability Team
Michael Batty	Director, Centre for Advanced Spatial Analysis (CASA), University College London
Chris Bedford	Government Office for London
Khalida Begum	5 A DAY coordinator, Tower Hamlets PCT, Directorate of Public Health
Eve Bevan	Co-ordinator, Shepherd's Bush Healthy living Centre
Angela Blair	Food Policy Officer, Rowley Regis & Tipton Primary Care Trust
Tim Blanc	Willow Housing (Brent)
Sharon Bleakley	Building the Community-Pharmacy Partnership, Community Development & Health Network
Anne Blythe	Healthy Croydon Office Manager, Healthy Croydon Partnership
Belinda Boerkamp	Planning Officer, London Borough of Hackney
Anna Boltong	London Health Observatory
Duncan Booker	Healthy City Project Coordinator, Glasgow Healthy City Partnership
Michael Bourlakis	Lecturer in Food Marketing, School of Agriculture Food and Rural Development
Kate Bowie	5-A-DAY coordinator, School Fruit & Veg Scheme, Government Office for the South West
Duncan Bowie	Greater London Authority
Penny Bramwell	Sustainable Development Team Leader, Government Office for London
David Broadley	Planning Officer, Greenwich Borough Council
Carly Broughton	Policy Advisor, Business Engagement, Office of the Deputy Prime Minister
Gerard Burgess	Strategic Planning Manager, Greater London Authority
Vincent Burke	Media Manager, London Development Agency
Merryn Butler	Community Regeneration Manager, Family Housing Group
Guy Butterworth	London Borough of Hackney
Stephen Butterworth	County Consumer Services Officer, Social Care & Health, Staffordshire County Council
Cheryl Cohen	London Farmers Markets
Brian Camfield	Consumer Services - Public Health, Staffordshire County Council
Corinne Camilleri-Ferrante	Consultant in Public Health Medicine, Brent Primary Care Trust
Deborah Canley	Planner, West London Alliance
Martin Caraher	Reader in Food and Health Policy, Dept of Health Management and Food Policy
Jane Carlsen	Principal Planner, Policy & Partnerships, Greater London Authority
Roger Chapman	Service Performance and Initiatives Manager, London Borough of Hillingdon
Tim Chapman	Deputy Head, London Healthy Urban Development Unit
Graham Clarke	Professor of Business Geography, University of Leeds
Margaret Cochrane	Greater London Authority
Cheryl Cohen	London Farmers' Market
John Coker	Housing Strategy Team: Housing and Health, Ealing Borough Council
Jean Coleman	Trade Local, Harringey Corporate Procurement Unit
Katherine Cope	Forward Planning & Projects Team, London Borough of Camden
Gary Cox	Director, Healthy Urban Development Unit
Colin Cox	Healthy City Coordinator, Manchester Joint Health Unit
Caroline Cranbrook	Campaign to Protect Rural England
Lisa Dance	Co-ordinator, Croydon Foodlink, London Borough of Croydon
David Dash	Greater London Authority
Rachel Davis	5 A DAY coordinator, Five-a-day for life (Waltham Forest)
Joanne Denney-Finch	Institute for Grocery Distribution

Clare Devereux	Director, Food Matters
Joan Devlin	Healthy City Project Coordinator, Belfast Healthy Cities Project
Sue Dibb	Senior Food Policy Officer, National Consumer Council
Alec Dick	Director of SDP Regeneration Services, Stratford Development Partnership
Fahmida Din	5 A DAY coordinator, Health Promotion Department, Brent Primary Care Trust
Simon Doff	Food and Business Development Unit
Anne Dolamore	Chair, Sustain / London Food Links
Angela Donkin	Office of National Statistics
Marc Dorfman	Ealing Borough Council
Elizabeth Dowler	Reader in Food and Social Policy, University of Warwick, Sociology Department
Jenny Dunford	Under-served Markets Project, Business in the Community
Elizabeth Dunsford	5 A DAY coordinator, Department of Health, Regional Public Health Group, London
Dympna Edwards	Director of Public Health, N Liverpool, Liverpool Primary Care Trust
Michael Edwards	Professor of urban planning, The Bartlett School, UCL
Tony Elson	Kirklees Metropolitan Council
Anna Eltringham	Environment Project Officer, Environment & Sustainability Team
Gulsun Faik	Priory Court Community Development Officer, Circle 33 housing assoc.
Rachel Fairbairn	Community regeneration officer, Newlon Housing association
Mary Farrell	Food Access Pilot group member, Liverpool Primary Care Trust
Clementine Femiola	LSP Health Development Manager, Policy and Regeneration Unit, London Borough of Brent
Cath Fenton	Public Health Trainee, Brent Primary Care Trust, Wembley Centre for Health & Care
Anne Findlay	Institute for Retail Studies
Justine Fitzpatrick	London Health Observatory
Angela Flux	Head of Healthy Hillingdon, Healthy Hillingdon
Paul Fox	Healthy City Project Coordinator, Camden Healthy Cities Health Partnerships
Donnett Francis	Economic Development Officer, Croydon Council
Steven Francis	Social Investment Officer, Southern Housing Foundation
Declan Gaffney	Mayor's Policy Advisor on Social Inclusion, Greater London Authority
Ros Garcia	East Thames Housing
Pamela Gardener	Head of Neighbourhood Regeneration Unit, East Thames Housing Group Ltd
Gebbie-Diben	Greater Glasgow NHS Board (Maryhill Community Health Project)
Stephan Georgiades	Policy Planning Officer, London Borough of Camden
Evelyn Gloyn	Health Inequalities Strategy Co-ordinator, London Borough of Ealing
Vicki Goddard	Performance Information Manager, Improvement and Development Agency, Policy Unit
Janita Golding-Richards	5 A DAY Coordinator, Camden and Islington Food Connections
Bill Gray	Scottish Community Diet Project
Michael Green	Chief Executive, British Council of Shopping Centres
Alex Green	Marketing Manager, FareShare
Peter Griffin	Sandwell Traders Association
Sophie Grinnell	Planning Dept (building capacity for Health Impact Assessment), Liverpool City Council
Jill Gundry	Circle 33 Housing Group
Clifford Guy	Cardiff University, School of City and Regional Planning
Farhat Hamid	Nutrition & Dietetics Services Manager, Health Promotion Department, Brent PCT
Mark Handley	London Farmers' Markets
Lesley Harding	Environmental Policy Manager, London Development Agency
David Hare	Hackney Borough Council
Paula Hawley-Evans	Healthy City Project Coordinator, Healthy City Partnership
Lee Heckett	Tenant & Community Development Co ordinator, London Quadrant
Natascha Hermann	Health Inequalities Policy Officer, Healthy Croydon Partnership
Donald Hoodless	Chief Executive, G15
Jivko Hristov	Project Manager, Economic and Strategic Development Unit, London Borough of Croydon
Ken Hullock	Head of Planning Policy, London Borough of Brent
Jayne Humm	Community Involvement Indicators, Community Development Foundation
Ian Weake	Agenda 21 Officer, London Borough of Ealing

Ken Ife	Head of Business Link for London's Knowledge Centre on Black and Minority Ethnic Businesses, African Caribbean Business Network
Marco Inzani	Head of Health Promotion, Brent Primary Care Trust, Wembley Centre for Health & Care
Shahina Jiwa	ABI Associates
Karen Jochelson	King's Fund
Dick Johns	Senior Planner, Ealing Borough Council
Val Jones	National Farmers Union
Davy Jones	The Audit Commission
Yvonne Joseph	Strategic Regeneration Manager for NW Croydon, Croydon Council Regeneration Team
Shirley Judd	Liverpool Primary Care Trust
Jane Kendall	London First
Alan King	Overview and Scrutiny Officer , Hillingdon Borough Council
Andrew Knight	Health Promotion Development Manager, Healthy Hillingdon
Rosemary Kyle	Rowley Regis & Tipton Primary Care Trust
Liz Lamb	Coordinator, SportsLinx Programme
Jane Landon	Associate Director, National Heart Forum
Charles Layiwola	Solon Network
Kate Lees	Food strategy coordinator, Hackney PCT
John Lett	Strategic Planning Manager , Greater London Authority
Paul Lincoln	Director, National Heart Forum
Tony Louki	Haringey City Growth Food & Drink Cluster
James Lowman	Public Affairs & Communications Manager, Association of Convenience Stores Ltd
Philippa Lynch	Performance Information Analyst, Knowledge & Information Directorate, the Audit Commission
Michael Maguire	Planning Policy and Research Team, London Borough of Brent
Nadeem Malik	London & Quadrant HA
Barry Margetts	Southampton University, Faculty of Medicine, Health and Life Sciences
Rebecca Matthews-Joyce	Project Manager, Food and Regeneration Project, Devon County Council
Richard McDonald	Environmental and Sustainability Manager, Croydon Environmental and Sustainability Team
Junior McFarlane	Hackney Borough Council
Dierdre McGrath	Southern Housing Group
Neil McNroy	Director, Centre for Local Economic Strategies (CLES)
Debbie McMullen	Programme Manager, London Plan Team, Greater London Authority
Mumtaz Meeran	Lewisham PCT
John Middleton	Director of Public Health, Rowley Regis & Tipton Primary Care Trust
Philip Miles	Head of Regeneration, Family Housing Group
Kate Millington	Food Access Project Officer, Food Commission
Evelyn Milne	Head of Regeneration & Partnership, Acting Healthy City Coordinator Sheffield Healthy City Office
Jenny Mindell	Deputy Director, London Health Observatory
Kevin Morgan	Professor, University of Cardiff, School of City & Regional Planning
Steve Morton	Healthy Croydon Partnership Manager, Healthy Croydon Partnership
Alison Nelson	5-a-day Regional Coordinator Northwest Region, Government Office for the North West
Paul Nethercott	Newham Primary Care Trust
Kim Newstead	5 A DAY coordinator, STEP UP TO FIVE! (Lambeth), Health First
Ian Nichol	Director, West London Partnership
George Nicholson	The National Retail Planning Forum
Paul Nicolson	Zacchaeus Trust
Tina Nixon	Hyde Housing Association
Fola Ogunjobi	Policy Officer, National Housing Federation
Godwin Ohaja	Director, Satsuma Consultancy Ltd.
Stella Okeahialam	Assistant Head of ESDU, Regeneration, London Borough of Croydon
Tom Oliver	Campaign to Protect Rural England
Bina Omare	Circle 33 Housing Group
Andrew Parker	Director Commissioning & Modernisation, Brent Primary Care Trust

Jonathan Pauling	Newham Food Access Partnership
Sylvia Perwaiz	5 A DAY coordinator, Bromley, Bexley and Greenwich Fruity Schools
Paul Plant	Assistant Regional Director, Regional Public Health Group - London
Catherine Prisk	London Development Agency
Claire Pritchard	Co-ordinator Healthy Greenwich network, Greenwich Co-operative Development Agency
Colin Pritchard	Countryside Agency
David Pryce-Jones	Govt. Office for the South East/DEFRA
Simon Quin	Association of Town Centre Managers
Monique Raats	University of Surrey, School of Human Sciences
David Rae	Chief Executive, Association of Convenience Stores Ltd
Leigh Rampton	London Metropolitan University
Shanaz Rashid	Tower Hamlets Co-operative Development Agency
George Raszka	London Development Agency
Jenny Rathbone	Programme Manager, Hillmarton Sure Start, Regeneration Education Department
Kevin Reid	Greater London Authority
Lynne Richards	5 A DAY coordinator, Thrive with Five in Tottenham and Edmonton
Julia Ricketts	Regional Public Health Group, Government Office of London
Fiona Ross	Shoreditch Business Network
Justin Sacks	New Economics Foundation
Eric Samuels	Community Food Enterprise
Hillary Shaw	School of Geography, University of Southampton
Julie Sheppard	Food Standards Agency
Natalie Shepping	5 A DAY coordinator, Five-A-Day Everyday
James Simpson	Housing Association & Partnerships Manager, Regeneration & Development
Leigh Sparks	Institute for Retail Studies
Judith Stanton	Director of Public Health, Brent Primary Care Trust
Ros Stewart	Hackney Borough Council
Bob Stewart	Healthy City Project Coordinator, Newcastle Healthy City Project
Peter Stewart	Member of the Public Services team, National Consumer Council
Hayley Sullivan	5 A DAY coordinator, 5-A-Day community programme (Barking and Dagenham)
Riaz Syed	Community Initiatives & Regeneration Officer, Metropolitan Housing Trust Ltd
Michael Taplin	Head of Secretariat, British Council of Shopping Centres
Victoria Targett	Local Vision project, Food Standards Agency, Nutrition Division
Victoria Taylor	Community Dietitian , Croydon PCT
Julia Taylor	Healthy City Project Coordinator, Liverpool Central PCT Healthy Cities Project
John Taylor	New Economics Foundation
Tim Taylor	Consultant on community engagement toolkit, National Housing Federation
Barry Thomas	Policy Advisor, Health Team, Neighbourhood Renewal Unit, ODPM
Echez Ubaka	Community Development Co-ordinator, Goldcrest Youth Centre
Emille Van Heyninger	Assistant Head of ESDU, Association for London Government
Mark Viggars	Community Involvement Officer, Mosaic Homes
Ben Vinter	Overview and Scrutiny Officer , Hackney Borough Council
Kay Wagland	Community Development Manager, Groundwork East London
Matthew Waite	Greater London Authority
Chris Walker	Director of Planning Service, Brent Borough Council
Daniel Warm	Institute of Human Nutrition, Southampton University
Lita Webb	Service Development Manager, Community Food Enterprise
Stephen Weeks	Head of Area Planning, Brent Borough Council
Jehan Weerasinghe	Community Engagement Officer, London & Quadrant HA
Martin White	School of Population and Health Sciences, University of Newcastle upon Tyne
John Whitelegg	Eco-Logica Ltd
Joanna Williams	The Bartlett School, UCL
Victoria Williams	Food Matters
Gus Wilson	London Health Commission

Neil Wilson	Councillor, Newham Food Access Partnership
Richard Wiltshire	QED Allotments Group
Mario Wolf	Policy Advisor: Planning, Office of the Deputy Prime Minister
Paul Wren	Policy Advisor: Housing, Office of the Deputy Prime Minister
Simon Wright	Director, Organic Consultancy
Neil Wrigley	Professor, Southampton University, Faculty of Engineering, Science and Mathematics
Michael Young	Chief Officer, Brent Community Health Council
Eleanor Young	Greater London Authority

Special thanks are also due to:

Ben Reynolds	Coordinator, London Food Links
Dan Keech	Sustainable Food Chains, Sustain: The alliance for better food and farming
Helen Sandwell	Food Access Project Officer, The Food Commission
Jeanette Longfield	Coordinator, Sustain: The alliance for better food and farming
Kate Millington	Food Access Project Officer, The Food Commission
Kath Dalmeny	Senior Policy Officer, The Food Commission
Jody Chatterjee	London Development Agency
Mark Ainsbury	Food Strategy Unit, London Development Agency
Niall Machin	Food Strategy Unit, London Development Agency
Tejal Patel	Food Access Project Officer, The Food Commission
Tim Lobstein	Director, The Food Commission