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## **POLICY PAPER SUBMISSION TEAM APPLES**

Office of the Minister Stephen Smith

Chair, Cabinet Health Committee

### **Planning Restrictions on Fast Food Outlets located near schools**

#### **Proposal**

Members are being asked to consider an alteration to Section 92 *Registration of food businesses* of the [Food Act 2001](#), which further expands the conditions where the Chief Health Officer may refuse to register the food business with a licence to operate.

#### **Recommendations**

The Minister for Health recommends that the Committee:

- **agrees** to the amendment to Section 92 of the *Registration of food businesses* of the [Food Act 2001](#) to include:

(d) any matter which may, individually or as a cumulatively, would have an unduly detrimental effect on the aims of the ACT Government's Wellbeing Framework<sup>1</sup>.

#### **Executive Summary**

This proposal is part of a regulatory mechanism to combat childhood obesity, pursuant to the Health Domain of the [ACT Wellbeing Framework](#). Other jurisdictions have exercised planning and regulatory powers to prevent an over-proliferation of fast food restaurants near schools.

\This proposal makes it explicit that as part of their public health responsibilities, the Chief Officer can refuse to register food businesses, not just in relation to food hygiene, but also in relation to food outlet location - if it is likely to exacerbate poor health outcomes.

The proposal does not recommend a blanket ban on fast food outlets near schools, and the approval of individual registrations under the Food Act 2001 is still at the discretion of the Chief Health Officer.

#### **Financial Implications**

Implementing this policy would require minimal public expenditure.

To support the proposal, it is recommended that the agency would undertake a targeted advertising campaign for potential proprietors of the food business. The resources generated would be made available through the ACT government's [starting a food business](#) website.

The costings for this education campaign will take account of the translation requirements and need to target materials for business owners from Culturally and Linguistically Diverse backgrounds<sup>2</sup>

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<sup>1</sup> See Appendix A for current legislation.

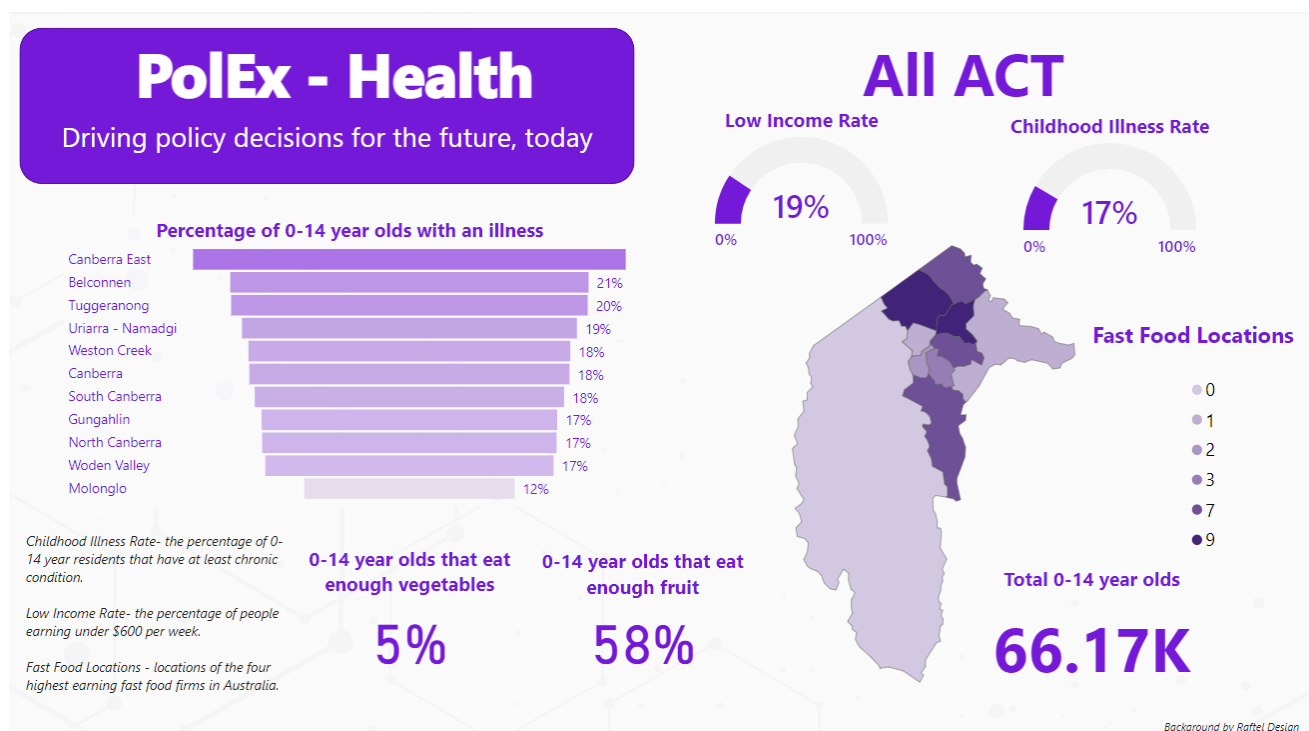
<sup>2</sup> The PolEx dashboard contains the latest ABS 2021 census data for languages spoken at home which will be utilised in the final communications plan

**The costing associated with this recommendation is outside of the scope of the current paper.**

## Background

As the frequency of out-of-home consumption of hot food increases, the policy spotlight should fall on the availability of such food and the factors influencing food choice.

[ACT Public School Food and Drink Policy](#) recognises the effects of the environment on growing children's food preferences, and promotes a consistent, whole school approach to the provision and sale of healthy food and drinks. Using the PoEx Policy Explorer dashboard, and the evidence base discussed below, we continue to demonstrate that excessive fast food consumption by children leads to negative outcomes across Health and other ACT Wellbeing Framework Domains, and that these principles apply equally to the out-of-school environment.



A study of over 33,000 children aged 3–14 years who lived in Leeds, UK found there is a positive relationship between the density of fast food outlets per area and the obesity status of children. There was also a significant association between fast food outlet density and areas of higher deprivation.<sup>3</sup>

Using the PoEx Policy Explorer dashboard, local researchers were able to correlate results specific to the ACT and its sub-regions. Selecting Belconnen as a case study, the tool demonstrated evidence of a correlation between rates of chronic health conditions in children, and the density of fast food outlet locations.

## 1 Health Wellbeing Framework Domain

<sup>3</sup> Lorna K. Fraser, Kimberley L. Edwards,

The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK, Health & Place, Volume 16, Issue 6, 2010, Pages 1124-1128, ISSN 1353-8292, <https://doi.org/10.1016/j.healthplace.2010.07.003>.

Latest data from the [Australian Bureau of Statistics 2021 Census](#) can now reveal specific self reported chronic conditions amongst residents. This gives an opportunity to examine location effects at a geographically more granular level than merely an ACT aggregate. It also facilitates disaggregating the data into age groups so we can observe (and, with PolEx 2026 Census edition) track trends across different cohorts.

Variables of particular interest are Diabetes - which has long been correlated with obesity, and Cardiovascular Disease, which although often associated with older people, is still of concern with relation to children because childhood obesity is predictive:

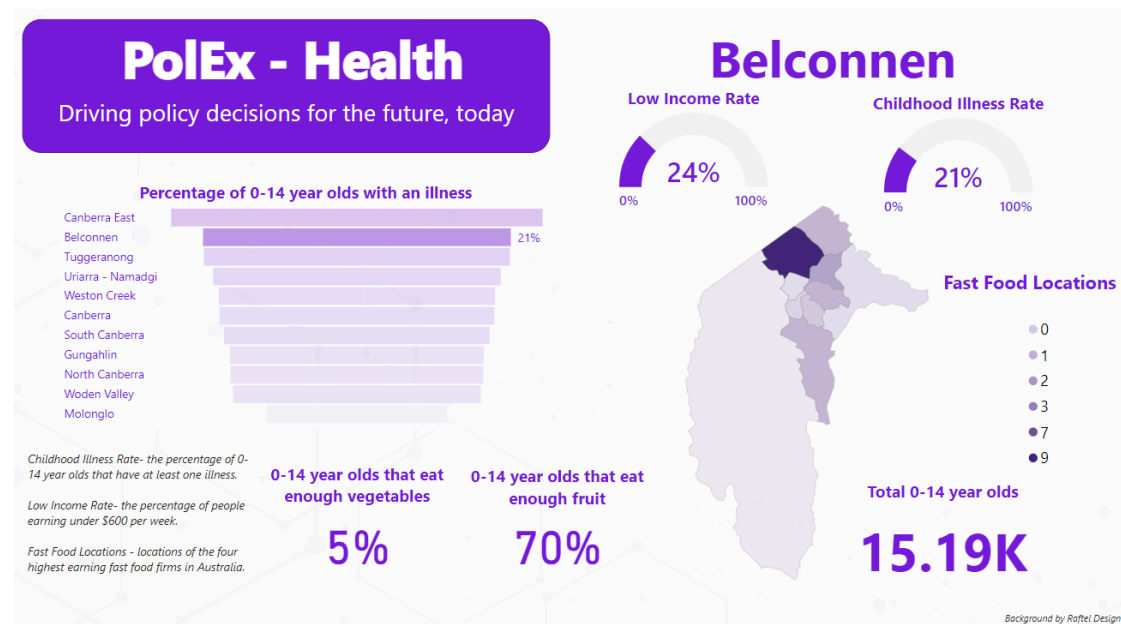
In 'Prevention of Cardiovascular Disease'. The UK National Institute for Health and Clinical Excellence recommends encouraging planning authorities "to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)"<sup>4</sup>.

## 2 Living Standards Wellbeing Framework Domain

Since obesity in children is correlated with deprivation, any measures to tackle it are actually attempting to level the playing field in terms of Living Standards (another Wellbeing Domain) across the region.

"Neighbourhoods with lower SES [socio-economic status] have inferior food environments and various studies have identified a relationship between food environment and diet quality"<sup>5</sup>

The Wellbeing Framework discussed using indicators for different regions of the ACT<sup>6</sup> but chose to present aggregates for the ACT overall. However, the ABS Census 2021 data reveals pockets of deprivation, as evidenced in the PolEx dashboard.



Furthermore, there is a strong relationship between deprivation and childhood obesity. Analysis of data from the [National Child Measurement Programme \(NCMP\)](#) shows that obesity prevalence

<sup>4</sup> National Institute for Health and Clinical Excellence. Prevention of cardiovascular disease. London 2010.

<sup>5</sup> Reis WP, Ghamsary M, Galustian C, Galust H, Herring P, Gaio J, Dos Santos H. Childhood Obesity: Is the Built Environment More Important Than the Food Environment? Clin Med Insights Pediatr. 2020 Jul 31;14:1179556520932123. doi: 10.1177/1179556520932123. PMID: 32843844; PMCID: PMC7416135.

<sup>6</sup> ACT Wellbeing Framework 2020. section 4.2 Wellbeing in different parts of the ACT

among children in both Reception and Year 6 increases with increased socioeconomic deprivation (measured, for example, by the 2010 Index of Multiple Deprivation (IMD) score). **Obesity prevalence in the most deprived 10% of children is approximately twice that of the least deprived 10%.**<sup>7</sup>

### 3. Environment & Climate Wellbeing Framework Domain

Restricting the proliferation of new fast food outlets benefits the whole community by:

- reducing the amount of litter in the area, which affects the ecosystem condition and catchment health indicators.
- cutting down on discarded food waste and litter, which can stop foraging animals and pests
- improving the visual appeal of the local environment and reducing night-time noise
- reducing traffic congestion caused by short-term car parking outside takeaways
- improving access to healthier food in deprived communities, which may contribute to reducing health inequalities

### Other Policy Response Options Considered

A Public Health England paper: *Obesity and the environment: regulating the growth of fast food outlets* notes three approaches to address the problem of overproliferation of hot-food takeaways in city centres and near schools:

- Working with the takeaway businesses and food industry to make food healthier
- Working with schools to reduce fast food consumed by children
- Using regulatory and planning measures to address the proliferation of hot food takeaways<sup>8</sup>

Internationally, other policy approaches that utilise behavioural economics, such as a 'sugar tax' on soft drinks have been demonstrated to be effective against childhood obesity (e.g. in Mexico<sup>9</sup>), but are impractical in this instance, since levying the drinks industry to reformulate its products is beyond the scope of a jurisdiction such as the ACT.

Authorised for lodgement

Hon Rachel Stephen-Smith

Minister for Health

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<sup>7</sup> [Health matters: obesity and the food environment - GOV.UK](#)

<sup>8</sup> Public Health England: Obesity and the environment: regulating the growth of fast food outlets 2014

<sup>9</sup> Association between tax on sugar sweetened beverages and soft drink consumption in adults in Mexico: open cohort longitudinal analysis of Health Workers Cohort Study BMJ 2020; 369 doi: <https://doi.org/10.1136/bmj.m1311> (Published 06 May 2020)

## **APPENDIX A**

Section 92 *Registration of food businesses* of the [Food Act 2001](#):

(4) In deciding whether to register the food business, the chief health officer may have regard to—

- (a) whether the proposed premises are fit for their intended use; and
- (b) any contraventions of this Act by the person; and
- (c) any other matter relevant to the handling of food intended for sale or the sale of food.

a fourth consideration be added, thus:

- (d) any matter which may, individually or as a cumulatively, would have an unduly detrimental effect on the aims of the ACT Government's Wellbeing Framework.