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# Briefing Paper

## Obesity, Hot Food Outlets and Planning in Cardiff

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## Introduction

Following a report in Public Health Today titled 'Fast Fed Children' (2017)<sup>1</sup>, Cardiff Council and Cardiff and Vale Public Health Team began a piece of work in partnership to identify if this work could be replicated on a local level and evidence an association between deprivation, hot food outlets and childhood obesity. This briefing paper provides an overview of the approach taken, highlights the current situation in Cardiff, draws conclusions from the available local data and provides recommendations for future action.

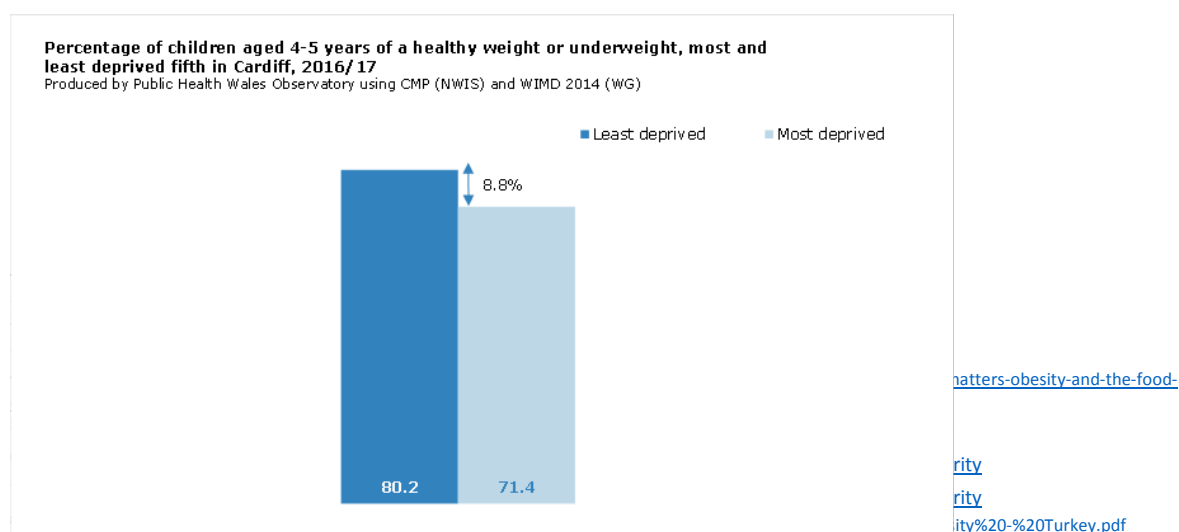
## The current situation

The World Health Organisation (WHO) has described obesity as now reaching epidemic levels globally, with at least 2.8 million people dying yearly as a result of being overweight or obese<sup>2</sup>. In the future it is possible that obesity will overtake tobacco as the leading cause of avoidable death in the United Kingdom and is currently responsible for 2.3% of all disability adjusted life years' lost (DALYs)<sup>3</sup>. As well as being a significant risk to individual health, obesity remains a great financial burden on the NHS<sup>4</sup>.

In Wales, over half of the adult population (16+) are overweight or obese (60%), while 22% are obese<sup>5</sup>. The characteristics reporting the highest level of obesity and overweight are male and 45 -74 year olds. In Cardiff, overweight or obese levels are lower than the national average, at 56%. The Child Measurement Programme in Wales provides robust data on the weight of children, including the rates of overweight or obese. In Wales more than a quarter of children are overweight or obese (27.1%) and 12.4% are reporting obese<sup>6</sup>. Similar, to the adult situation, childhood overweight or obesity percentages are lower in Cardiff but remain an immediate concern at 23.9% reporting overweight or obese and 10.7% obese<sup>7</sup>. Most alarmingly for the future, 60% of children who are overweight before puberty will be overweight in early adulthood, reducing the average age at which non-communicable diseases become apparent, reducing healthy and overall life expectancy and greatly increasing the burden on health services<sup>8</sup>

The Marmot Review acknowledged that no individual is immune to obesity but identified those on low income, living in areas of deprivation and some ethnic groups as more likely to be affected by obesity<sup>9</sup>. This is reflected in a strong evidence base and can be seen locally in Cardiff see Figure 1 and 2 where deprivation and childhood obesity is higher across the southern arc of Cardiff. Comparative data highlights a correlation between deprivation and childhood obesity, there is an 8.8% gap between 4 – 5 year olds of a healthy weight in most and least deprived areas in Cardiff, see Graph 1.

Graph 1



<sup>9</sup> <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

Figure 1

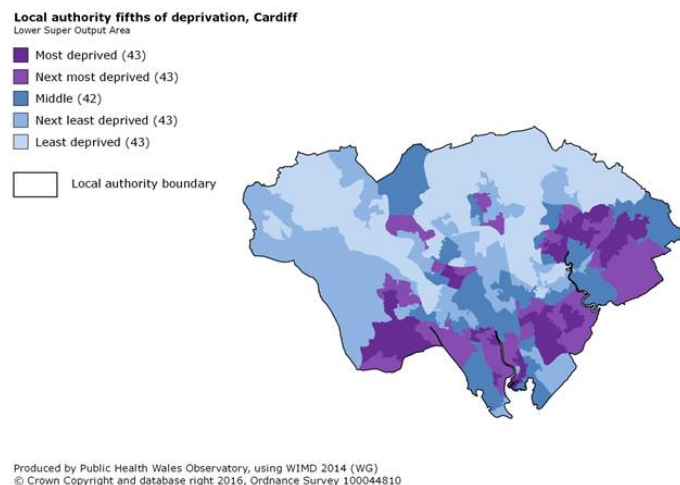
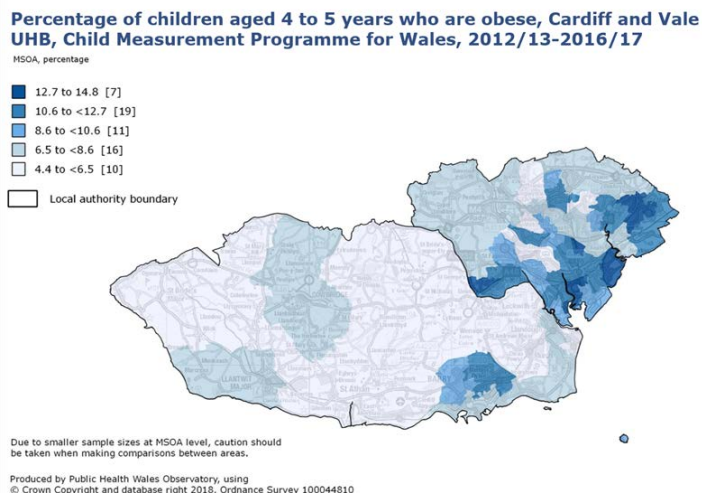


Figure 2



## Causes of Obesity

Obesity is a multifaceted issue which has worsened steadily over the past 30 years as a result of many causes and requires a multi-component approach to begin to halt and reduce what is a significant public health epidemic<sup>10</sup>. Issues that impact on population weight levels include;

- Individual Behaviour
- Biology
- Built and natural environment
- Technology
- Opportunity to be active and/or eat healthily
- Economy / Economic drivers
- Marketing / Advertisement

<sup>10</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf)

The influence and impact of the built and natural environment is substantial and is a key element of the multi-component approach needed to reduce obesity, NICE recognise that clinical management of obesity cannot be viewed in isolation from the environment in which people live<sup>11</sup>. The design and provision of infrastructure has the potential to impact levels of walking and cycling, improve access to food growing and food retail opportunities, support access to local health and social care facilities and improve air quality, all of which can support well-being, physical activity and access to healthy food. One aspect of the food retail environment is the provision of hot food outlets in communities; the remainder of this paper focuses on this issue.

### The Food Environment

The food environment plays an important role in promoting a healthy diet, but this decision making process is complex and is influenced by a person's proximity to food retail outlets and the type of food available. Secondary to the built environment is food trends and consuming food at home, in school or in work. There is an increase of the proportion of hot food being purchased outside the home and this food is more likely to be unhealthy, higher in sugar, fat and salt, and is an important factor to the rising levels of obesity<sup>12</sup>. Public bodies including Health Boards and Councils have a responsibility to ensure the built environment positively improves health and wellbeing. There is also an obligation to prevent the extent to which an environment promotes obesity, accessibility to unhealthy food outlets, in particular hot food outlets falls within this responsibility<sup>13</sup>.

The WHO, has described the marketing and promotion of fast food outlets and energy dense foods and beverages as causative to obesity<sup>14</sup>, making it a priority to support children and families to make healthier choices. There is a growing tendency of unhealthy food outlets increasingly clustering around schools, which obstructs the opportunity for people to make healthy choices<sup>15</sup>. A study published in 2008, identified that secondary school students consume more food from unhealthy vendors, including takeaways than school premises, in spite of any restrictions to being allowed off site. The 'after school' period was identified as the opportune time to access food<sup>16</sup> and this also applies to pupils in primary education who are not allowed out of school premises during the school day. NICE guidance recommends Local Authorities restrict the increase in any further unhealthy outlets being built or developed in walking distance from school grounds<sup>17</sup>. Improving the quality of the food environment around schools has the potential to positively influence children's food behaviours and possible future food habits. It is well known that childhood learnt behaviours influence adult life and as already identified those who are obese in adolescence are likely to remain so in adult life<sup>18</sup>.

In contrast, a recent longitudinal study of takeaway density and body fat in Cambridgeshire did not find an association between increased body fat and hot food outlets. The review concluded the strength of the study was impacted by the data set used, recognising the lack of recent and strong local data had potentially distorted any findings<sup>19</sup>. The built environment remains a significant

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<sup>11</sup> NICE (2006) <https://www.nice.org.uk/guidance/cg43>

<sup>12</sup> PHE (2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296248/Obesity\\_and\\_environment\\_March2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf)

<sup>13</sup> PHE (2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296248/Obesity\\_and\\_environment\\_March2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf)

<sup>14</sup> [http://www.who.int/dietphysicalactivity/regulatory\\_environment\\_CHawkes07.pdf](http://www.who.int/dietphysicalactivity/regulatory_environment_CHawkes07.pdf)

<sup>15</sup> <https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/>

<sup>16</sup> <https://www.healthyrbandevelopment.nhs.uk/wp-content/uploads/2013/12/HUDU-Control-of-Hot-Food-Takeaways-Feb-2013-Final.pdf>

<sup>17</sup> <https://www.nice.org.uk/guidance/ph25/chapter/1-recommendations>

<sup>18</sup> <https://www.publichealth.ie/files/file/WHO%20European%20Ministerial%20Conference%20on%20Counteracting%20Obesity%20-%20Turkey.pdf>

<sup>19</sup> <https://www.sciencedirect.com/science/article/pii/S2468266717302128>

determinant of human health and wellbeing<sup>20</sup>. The evidence base remains strong, accessibility to unhealthy foods, the built environment and deprivation have a causal relationship with obesity.

### Case Studies

The significant growth in obesity over the past 30 years combined with the widespread availability of hot food outlets has led the UK government advising local authorities to use planning as a way to restrict hot food outlet growth and clustering<sup>21</sup>. Across England and Wales action has been taken to reduce the impact of hot food outlets, particularly in proximity of schools, in areas of high childhood obesity or high concentrations of hot food outlets as a part of a whole systems, multi-agency response to obesity. The following are a few examples

[Gateshead Council, Hot Food Takeaway Supplementary Planning Document \(2015\)](#) includes restriction of A5 premises in a 400-metre radius of schools, youth centres, leisure centres and parks. Planning applications for A5 Premises will be refused if the ward childhood obesity (Year 6 pupils) exceeds 10%.

[South Tyneside, Supplementary Planning Document 22: Hot Food Takeaways & Heath \(2017\)](#) includes a restriction of A5 premises in a 400-metre of secondary schools. Also states that planning applications for A5 premises will be refused if the ward childhood obesity (Year 6 pupils) exceeds 10% assessed against the most up to date annual National Child Measurement Programme (NCMP) data.

[Salford Council Hot Food Takeaway Supplementary Planning Document \(2014\)](#) aims to guarantee high quality foods are available within the city, minimising negative impacts of hot food takeaways on childhood health. Working with venders to include healthy eating options during the pre-application process and the SPD has raised awareness of childhood obesity locally.

[Waltham Forest Supplementary Planning Document, Hot Food Takeaway Shops \(2009\)](#) Aims to limit opportunities that young people have to eat fast food as a part of the plan to reduce childhood obesity. It focuses on the concentration and clustering, proximity of takeaways and on creating an environment that enables healthy food choices.

[Wrexham County Borough Council Local Planning Note No. 9, relating to Hot food takeaway \(2011\)](#) includes improving sustainable design, community health and quality of life and is part of a broader Healthy Eating and Being More Active Strategy. The note focuses on appropriate location and concentration of hot food outlets and amplifies adopted Unitary Development Plan policies, being a material consideration in the determination of planning applications. The Planning Guidance Note directed that no new hot food takeaways should be located within 400 meters of a school or tertiary college.

### Local Context

The [Adopted Cardiff Local Development Plan 2006 – 2026](#) (LDP)<sup>22</sup> provides a framework to guide and manage development of housing and business across Cardiff. Within the LDP, Key Policy KP14: Health Living and Detailed Policy C6: Health; specify that Cardiff will be made a healthier place to live, seeking to reduce health inequalities, by encouraging healthy lifestyles, addressing of social determinants of health and providing accessible health care facilities.

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<sup>20</sup> [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30237-2/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30237-2/fulltext)

<sup>21</sup> <https://academic.oup.com/jpubhealth/article/40/2/237/4098863>

<sup>22</sup> <https://www.cardiff.gov.uk/ENG/resident/Planning/Local-Development-Plan/Pages/default.aspx>

To support the LDP Cardiff Council approved the [Planning for Health and Well-being, Supplementary Planning Guidance](#) in 2017. The SPG supplements the policies adopted in the LDP relating to health and planning. It aims to provide supporting information and guidance for planners, developers and investors who make environmental and planning decisions at the proposal stage of planning applications. The SPG advocates for health and reducing inequalities to be a key consideration and provides guidance on the impact of the built environment. The guidance supports the Wellbeing goals set out in the Wellbeing of Future Generations (Wales) Act 2015.

Planning Policy in the adopted Cardiff LDP states that hot food takeaways are most appropriately located within the City Centre, the inner harbour/waterfront area of Cardiff Bay and District and Local Shopping centres. Planning applications for hot food takeaways within these areas are assessed against the impact on the shopping role of centres and not on the impact on the health of the population living near these centres. Factors assessed include the existing level of hot food takeaways within the centre as a whole and the distribution and proximity of non-shopping uses within a frontage (proposals that result in 3 or more takeaways in a row are less favourably considered). The findings of this work can help inform a future review of the LDP and specifically the policies relating to the siting of hot food takeaways.

### Methodology

The aim of the project was to replicate the work reported in Public Health Today (2017), “Fast Fed Children”<sup>23</sup> which provided a clear visual picture, highlighting the links between deprivation, number of hot food outlets and childhood obesity across all London Boroughs.

The approach taken to identify if available local data for hot food outlets, obesity and deprivation show an association included:

Cardiff Council Policy and Planning department;

1. Identified all A3 premises (food and drink outlets including takeaways and cafes) in Cardiff at ward level, recording;
  - Total A3 premises
  - Total A3 takeaway premise - *the definition of an A3 takeaway premises covers a range of outlets that include, but are not limited to Bakeries selling hot food to takeaway (including Greggs, Subway), Burger bars, kebab and chicken shops, Chinese and Indian takeaways, chip shops and pizza outlets*
  - Total Population level 16+ 2016 midyear population estimates
  - Total child population 2016 midyear population estimates
  - Equivalent A3 takeaways per 100,000 population
  - 4 – 5 years’ child population per A3 takeaway / and per 100,000 child population
2. Overlaid identified A3 outlets in Cardiff, on maps of Cardiff that provided detail of;
  - Childhood obesity rates taken from the Child Measurement Programme
  - Deprivation data, taken from Welsh Index of Multiple Deprivation (WIMD)
3. Plotted Primary and Secondary Schools onto the maps
  - 120 Schools were plotted
  - Special schools were excluded

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<sup>23</sup> <https://www.fph.org.uk/media/1559/pht-spring-2017-child-obesity.pdf>

- Using green and red dots to identify schools in or outside a 400 metre radius (walking distance) of a A3 takeaway premise.
  - Green indicating no A3 takeaway within this radius
  - Red indicating an A3 takeaway is within this radius

## Results

The mapping process provided a clear picture of the current situation within Cardiff. Table 1 presents the findings from the mapping process across Cardiff focusing on school location, hot food outlet proximity, obesity and deprivation. The results table below, breaks down the number of schools inside and outside a 400m boundary of hot food outlet by category. The information was populated following analysis of the maps; and is also showing the number of schools at risk.

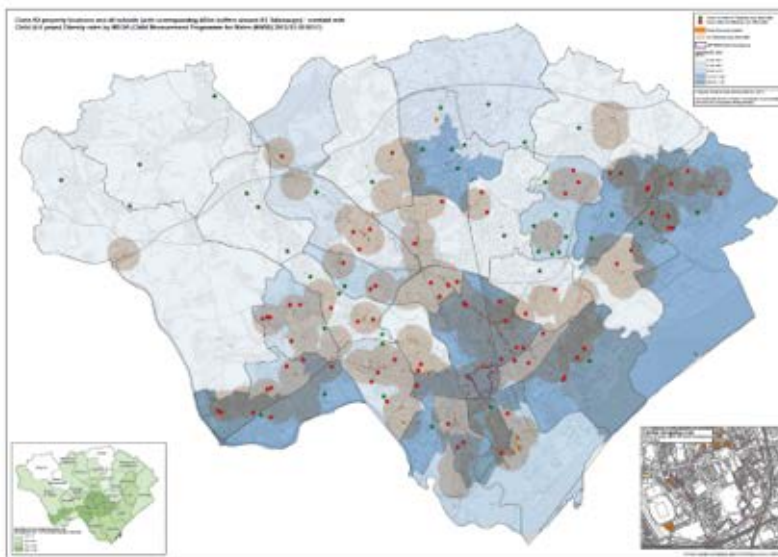
Table 1

Category	MSOA's with childhood obesity rates between 11.3 – 14.8%	MSOA's with childhood obesity rates between 4.4 – 9.9%	Category	Most and next most deprived local 5ths	Least and next least deprived local 5ths
No. of Schools within 400M of an A3 Takeaway	31	24	No. of Schools within 400M of an A3 Takeaway	42	17
No. of Schools outside 400m of an A3 Takeaway	12	21	No. of Schools outside 400m of an A3 Takeaway	14	20
No. of Schools at risk	7	3	No. of Schools at risk	11	2

All Red dots in the maps represent schools which have one or more A3 hot food outlets within walking distance (400m), all green dots represent schools which are currently have no A3 hot food outlets within 400m radius. The results show within Cardiff hot food outlets are more likely to be located near a school in areas of deprivation or higher childhood obesity.

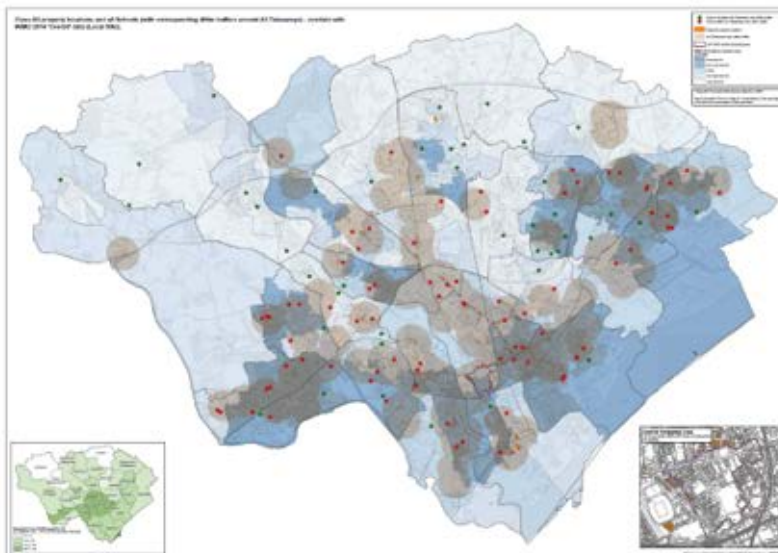


## Maps



*Diagram 1*

Primary and Secondary Schools (with corresponding 400m buffer) - overlaid with Child (4-5 years) Obesity rates by MSOA (Child Measurement Programme for Wales (NWIS) 2013/14-2015/16).



*Diagram 2*

Class A3 property locations and all schools (with corresponding 400m buffer) - overlaid with WIMD 2014 'Overall' data (Local 5ths).

*Please see Appendix II and III for A4 size maps*

Analysis of the maps has identified that 78% (42 out of 54) of schools in the most and next most deprived fifths in Cardiff are within 400m of an A3 takeaway premises. 72% (31 out of 43) of schools within middle super output areas (MSOA) with a higher percentage of childhood obesity are within 400m of A3 takeaways.

The maps included shading of a 400m radius around all A3 hot food outlets which has allowed identification of schools which can be defined as at risk. Allowing identification of schools currently categorised as green which are at risk of becoming red if expansion of hot food outlets continues. Of these at risk schools the majority are in areas of deprivation and areas with higher childhood obesity, making these schools a priority for action in Cardiff.



As identified in the evidence and reflected within this work, obesity is multifaceted and is a consequence of a number of influencers. The mapping work suggests that in Cardiff there is a relationship between deprivation, school location and hot food outlet density. However, when focusing on childhood obesity the results are not as compelling. In areas with higher childhood obesity, schools are more likely to have hot food outlets within 400m reflecting *Fast Fed Children* but the results also suggest schools located in areas of lower obesity are more likely to have an A3 hot food outlet within 400m. A contributing factor for this anomaly could be a result of the data sources used, which again is reflective of the current research on this topic, the data available is not strong or robust enough to draw any conclusions. WIMD data is robust and includes multiple measures whilst the childhood measurement programme is systematic and provides a good snapshot of childhood obesity it only reports on one measure (BMI) and one age group (4-5) which limits the rigour and scope of the data as it doesn't capture the multiple determinants which can influence obesity.

## Discussion

The mapping work undertaken by Cardiff Council Planning Department supports the growing body of evidence that obesity is affected by the food environment and deprivation<sup>24</sup>. The mapping includes A3 hot food outlets, WIMD data, childhood obesity data with primary and secondary schools also included. The decision to include schools was informed by work undertaken in other local authority areas and the growing evidence base around school environment, eating trends and school aged children.

This project aimed to replicate *Fast Fed Children*<sup>25</sup>, and show a link between deprivation, childhood obesity and access to hot food outlets. The mapping work has made it possible to draw associations about the current situation in Cardiff, that areas of higher childhood obesity and areas of deprivation have more schools located within 400M of a A3 Hot food outlet. However, the mapping has not demonstrated a strong relationship between A3 hot food outlets and childhood obesity as seen in *Fast Fed Children*. Despite this, there remains a strong evidence base which calls for action on preventing clustering of hot food outlets, especially near schools or within areas of high childhood obesity. The evidence is strongly suggestive that hot food outlets are a part of wider natural and built environmental concerns which are causative to obesity, that areas of deprivation are more likely to experience clustering and the communities within these areas are at higher risk of being overweight or obese exacerbating health inequalities.

The mapping work was undertaken in partnership between the Cardiff and Vale Public Health Team and Cardiff Council Planning Department. Locally the project has highlighted areas for future consideration, the importance of monitoring and strengthened the need for ongoing investment and intervention to support individuals in Cardiff to make healthier choices. Whilst the report has not identified an association between hot food outlets and childhood obesity it has been successful in providing a clear overview of the current situation in Cardiff and highlighted areas of opportunity and consideration for both Planning and Public Health agendas.

The schools at risk of turning red (A3 hot food outlet within 400m) can now be flagged and monitored. Any changes to the current situation can be recorded, inform and develop local evidence, support future planning guidance and restrictions on Hot food outlets. With an aim to focus on protecting schools currently at risk and preventing further clustering, similar to the guidance note introduced by Wrexham County Council. This will be facilitated by the introduction of the hot food takeaways and

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<sup>24</sup> <https://academic.oup.com/jpubhealth/article/40/2/237/4098863>

<sup>25</sup> [http://www.fph.org.uk/uploads/PHT%20Spring%202017\\_PHT%20Spring%202017.pdf](http://www.fph.org.uk/uploads/PHT%20Spring%202017_PHT%20Spring%202017.pdf)

outlets singular A5 classification currently being proposed in Welsh Government and informs the review of the LDP in Cardiff beginning in 2019.

From a public health perspective, the mapping work has provided an overview of the current situation and there are a number of schools which would benefit from specialist support and advice as they are currently located within 400m of A3 hot food outlets. Targeting schools in areas of higher obesity and deprivation could be a priority in order to reduce inequalities associated. There is plenty of scope and opportunity for the Cardiff and Vale Public Health Team to support partners and schools including;

- Advocate for schools to introduce a stay-on-site lunch time policy
- Work with Cardiff Healthy Schools and Healthy and Sustainable Pre School programmes
- Enable schools to take action to promote healthy diet to children and families through campaigns and projects such as Veg Power / Nutrition Skills for Life / Peas Please
- Take action to mitigate the impact of A3 hot food outlets on children and young peoples' healthy development

Recently a similar mapping process took place across England<sup>26</sup>, this work had similarities and differences in methods and measures used. Due to Cardiff's unique demographic and environment any further investigation which compares Cardiff to the rest of Wales could potentially dilute the local narrative on the hot food environment and obesity. This is due to the vast rurality of Wales, the differing population demographics in other local authority areas and the unique environment, population density and need within Cardiff. Therefore, it is suggested, in future for Cardiff's Hot Food Outlet work to align with and be compared to the work taking place in England, with a specific focus on similar small, densely populated cities like Bristol or Plymouth.

Through the interpretation and analysis of the maps queries and gaps in understanding of the full picture have been identified which can inform any future monitoring done on A3 hot food outlets in Cardiff.

- Number of A3 Hot food outlets around individual schools
- Ease of access, whilst the maps provide a 400m radius around schools this is not indicative that the A3 hot food outlet are always easily accessible
- Whether or not schools have a *stay –on-site* lunch time policy
- Do the A3 hot food outlets around schools offer and provide healthy options
- In terms of public health priorities, mapping nurseries would be of great interest considering the current interest in the first 1000 days and the prevention agenda
- A small number of schools are located near boundaries of other LA's, hot food outlets outside the boundary have not been considered

*The limitations of the local data are;*

- **Welsh Index of Multiple Deprivation (WIMD) data** - the latest available release at the time, WIMD 2014, was used for the analysis. Therefore, the maps reflect the deprivation ranks in 2014 and do not take into account any potential change in deprivation rank over time.

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<sup>26</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/720058/Fast\\_Food\\_map.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/720058/Fast_Food_map.pdf)

- **Welsh Health Survey** – Due to the small sample size of adult overweight and obese data it was not possible to present the finding below cluster level in a robust manner. Therefore, this information was not presented in the report.
- **Child Measurement Programme (CMP)** – In England and Wales weight measurements are collected from children aged 4 – 5 years. England do a secondary measurement of all children at 11 – 12 years, supporting wider evidence that obesity in early years is likely to continue throughout childhood. This data is not collected in Wales, restricting further analysis and understanding of obesity in early years and childhood. Prevalence data has been aggregated and displayed at Middle Super Output Area (MSOA) level. To ensure an accurate and reliable estimate in these small geographical areas 5 years' worth of data were combined. Aggregating data allows for greater precision however any potential changes in Obesity prevalence overtime will not be captured.
- **Comparisons with London work** - Fast Fed Children looked at London Boroughs which are large and densely populated areas, and can be compared to in size to Cardiff. Trying to replicate this work in Cardiff was not possible as the data available at Ward level is not as strong as data available at borough level.

## Conclusion

Obesity is multifaceted, affected by a number of facilitators and barriers, one of which is the food environment. This report has provided detail on the local situation in Cardiff and identified key areas for action across planning and public health. The maps provide a good overview of the current location of hot food outlets within Cardiff and supports and informs future reviews of the Local Development Plan specifically policies relating to the location of hot food takeaways, schools and health promoting environments. Locally the mapping process has been useful, it has provided a good overview of the current Hot food takeaway environment, providing a narrative which supports action to prevent excessive clustering of A3 hot food outlets in areas most at risk of harm from an unhealthy food environment. The work can strengthen the argument against the growth of hot food outlets within school areas (especially areas which are currently take away free), social deprivation or areas with high childhood obesity rates.

The work has not evidenced a clear association between deprivation, obesity rates (Adults and Children) and hot food outlets in the Cardiff area. However, it has drawn attention to areas where the built and food environment could potentially enable and accelerate obesity rates and health inequalities in Cardiff. Schools were a focus of this project reflecting the NICE guidance, UK government directive and work undertaken across other local authorities across England and Wales. Childhood learnt behaviours are likely to continue into adulthood and 60% of children who are overweight or obese in childhood are likely to continue to be overweight or obese in adult life, making schools and the wider school environment a priority for monitoring and action. It is reasonable to conclude that continued monitoring and further action around hot food outlets is an obligation for public bodies as a part of a multi component response to obesity in order to halt and reduce the current epidemic and improve population life expectancy, healthy years and reduce the growing burden on the NHS.

## Recommendations

- Review the mapping of A3 hot food outlets and School location annually every March
- Adopt the Public Health England definition of hot food outlet to align to work taking place in England and compare findings with other small, densely populated cities.
- Encourage Local Authorities responsible for Swansea, Newport and Wrexham to map hot food outlets and schools for comparison with similar cities within Wales
- Inform future Local Development Plan Reviews, specifically policies relating to the siting of hot food takeaways
- Encourage Welsh Government to consider a Single Use Classes Order, similar to the approach taken in England where hot food takeaways have their own use class.
- Advocate for further childhood obesity measurements in Wales to provide stronger data and evidence base on the multiple determinants of obesity and enable action.
- Cardiff and Vale Public Health Team to work with schools located near hot food outlets
- Possible work with Cardiff Youth Council regarding access to food and align to Child Friendly Cities
- Explore possible ways to work with outlets to support them to provide health options, MECC support

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## Appendix I

### *Number of A3 per population density by ward*

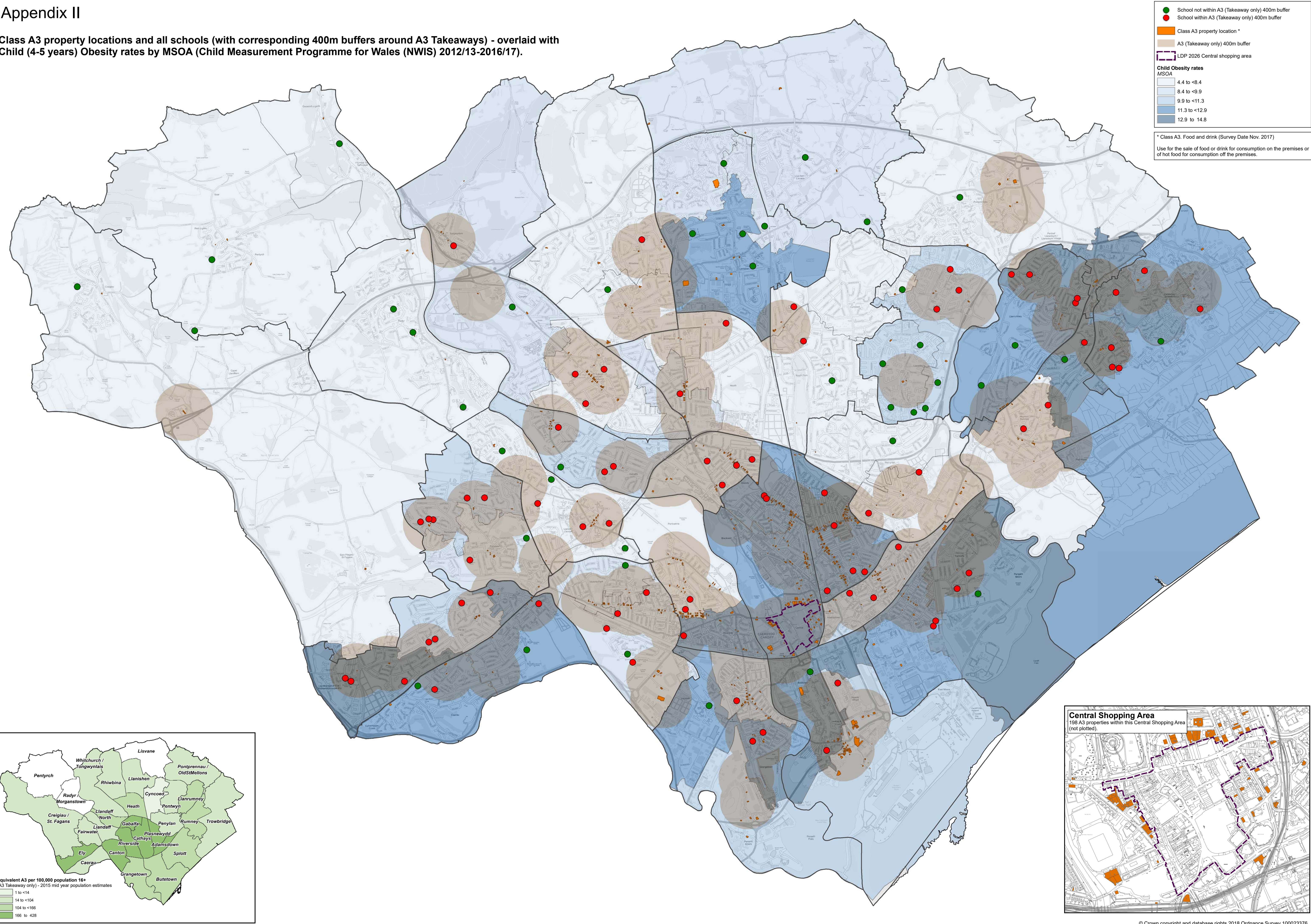
Ward	Total number of A3 takeaway premises	Total Population 16+	16+ Population per A3 takeaway premise	Equivalent to A3 takeaways per 100,000 population 16+	Total Population	Total Population per A3 takeaway premises	Equivalent to A3 takeaways per 100,000 total population
Rumney	9	7189	799	125	8943	994	101
Llanrumney	10	8553	855	117	11106	1111	90
Trowbridge	3	12488	4163	24	16681	5560	18
Riverside	32	11732	367	273	14436	451	222
Canton	22	11850	539	186	14655	666	150
Ely	18	10871	604	166	14881	827	121
Caerau	5	8867	1773	56	11692	2338	43
Grangetown	26	16491	634	158	21170	814	123
Butetown	14	10893	778	129	12408	886	113
Splott	11	10575	961	104	13554	1232	81
Adamsdown	25	9576	383	261	11458	458	218
Plasnewydd	56	15827	283	354	17932	320	312
Penylan	5	10806	2161	46	12987	2597	39
Heath	15	10222	681	147	12701	847	118
Gabalfa	21	8605	410	244	9566	456	220
Cyncoed	1	9774	9774	10	11800	11800	8
Lisvane	0	2950	0	0	3545	0	0
Pontprennau/Old St Mellons	6	7537	1256	80	9570	1595	63
Pentwyn	7	11930	1704	59	15635	2234	45
Llanishen	2	14187	7094	14	17432	8716	11
Cathays	88	20573	234	428	21696	247	406
Rhiwbina	5	9529	1906	52	11405	2281	44
Llandaff North	7	6697	957	105	8508	1215	82
Llandaff	2	7463	3732	27	8830	4415	23
Fairwater	10	10303	1030	97	12887	1289	78
Whitchurch	13	13584	1045	96	16468	1267	79
Radyr	0	5301	0	0	6742	0	0
Pentyrch	0	2804	0	0	3417	0	0
Creigiau	3	4131	1377	73	5055	1685	59
Cardiff	416	291308	700	143	357160	859	116

Cardiff Council Planning Department 2018



Appendix II

Class A3 property locations and all schools (with corresponding 400m buffers around A3 Takeaways) - overlaid with Child (4-5 years) Obesity rates by MSOA (Child Measurement Programme for Wales (NWIS) 2012/13-2016/17).





Appendix III

Class A3 property locations and all Schools (with corresponding 400m buffers around A3 Takeaways) - overlaid with WIMD 2014 'Overall' data (Local 5ths).

