



## **National Policy Planning Framework Consultation Submission**

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Action on Salt, and Action on Sugar

Interest group or voluntary organisation

### **Chapter 8 – Delivering community need**

#### **Q 70 How could national planning policy better support local authorities in (a) promoting healthy communities and (b) tackling childhood obesity?**

National planning policy plays a critical role in shaping the environments where people live, work, and play. To better support local authorities in promoting healthy communities and tackling childhood obesity, national planning policy should prioritise two key areas: enhancing access to healthier, affordable food options and reducing exposure to hot food takeaways.

We support the Obesity Health Alliance's detailed submission and would like to take this opportunity to reiterate a few points.

#### **Diet-related disease**

Poor diets high in excess calories, fats, sugars and salt, is the major risk factor for death and disability in the UK. Excessive amounts of calories consumed from fat and sugar can lead to obesity and subsequently increase the risk of type 2 diabetes, heart disease, cancer and stroke, as well as mental health problems such as depression, anxiety and low self-esteem. Dietary intake of free sugars is the main cause of tooth decay in children, and a high salt intake is linked to raised blood pressure, decreased bone health, chronic kidney disease and stomach cancer. Saturated fat is linked to increased blood cholesterol and increased risk of heart disease.

In the UK, two in three adults and one in three children (aged 11) are reported to be living with overweight or obesity<sup>i,ii</sup>. The NHS spends at least £6.5 billion annually on treating obesity-related ill health (£2.1 billion treating high blood pressure alone), with a total economic impact of £58 billion, accounting for NHS and care costs, lost productivity, workforce inactivity and welfare payments<sup>iii</sup>. A report by the Institute for Government 'Tackling obesity: Improving policy making on food and health' suggested the wider societal costs of obesity, including in reduced productivity, were estimated at 1–2% GDP<sup>iv</sup>. These escalating costs to the NHS of diet related disease are unsustainable, but in many cases entirely preventable.

#### **Our environment impacts choice**

There is a particular issue in where people live, and how this influences access, availability and affordability of healthier food. Those who are less mobile, either due to age, physical disability or lack of transport, whilst also living in 'food deserts' (areas without many food stores), may find it more difficult to access healthy, affordable food, with local stores often supplying more expensive products<sup>v</sup>.

Children growing up in more deprived areas of the country are more than twice as likely to be obese than those in higher income households<sup>ii</sup>. Streets across England are saturated with fast food outlets selling HFSS foods (fried chicken, chips, pizza, burgers, kebabs), which are often higher in calories, fats, sugars and salt. There is a strong link between the level of deprivation in an area and the density of fast-food outlets. The most deprived local authorities have almost twice as many fast-food outlets as the least deprived<sup>vi</sup>. Easier access to takeaways is linked to higher weight and increased consumption of takeaways. Some experts say that children who are exposed to fast food on their way home from school are more likely to eat unhealthily and be at an increased risk of gaining weight<sup>vii</sup>.

Despite some councils introducing policies to limit hot food takeaways near schools, to address childhood obesity in their local authority, many have faced legal action by multinational companies with deep financial and legal resources that far outweigh the resources of local authorities. In 2023 for example, KFC launched legal challenges to dozens of UK councils, successfully overturning childhood obesity plans in sixteen councils and watering down plans in a further nine. This was done pre-emptively to undermine local plans that might in the future prevent a new outlet opening<sup>viii</sup>.

Consuming a diet that is affordable and nutritious is a basic requirement for good health, but we cannot expect people to achieve this when there are unnecessarily high levels of calories, salt and sugar already in the foods we buy. If we want people to eat well, we need to give people more power over the places in which they live to ensure that they are more conducive to good health and well-being.

Any cost to businesses must be balanced against the personal, societal and economic costs posed by diet-related non-communicable diseases and related ill health, such as cardiovascular disease, obesity, type 2 diabetes and various cancers. Currently, it would appear that businesses have priority, while population health suffers and life expectancy stalls. We strongly recommend that the government considers the value of health over commercial interests, and invests in policies that protect wellbeing, the NHS and the economy.

### **Our recommendations**

The existing wording in the NPPF states that planning policies should “*enable and support healthy lifestyles*”, with examples given of “*safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling*”. This does not include any reference to giving a priority to preventing ill-health from foods high in fats, salt and sugars. This can lead local authorities to believe that their responsibilities are solely to provide services to help people be healthier (e.g. cycle lanes or community allotments), and not taking action to limit factors that cause health harms (e.g. unhealthy food outlets).

Proposed amendments to the NPPF should be supported in full, with the final document containing wording that explicitly states that a primary purpose of the planning system is to both promote good-health and prevent ill-health and create places in which people of all residents can live safe, active and healthy lives, including objectives to reduce health inequalities and address public health priorities such as healthy weight.

Finally, local action must be supported by clear commitment and action from national government. A lack of clear national guidance making local authorities aware of the powers available to them and encouraging the use of those powers to promote public health, is a major barrier to local leaders using available mechanisms to address high levels of excess weight in their community.

**We propose the suggested wording of the revised NPPF (96c) be amended as follows**

From:

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

*c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.*

To:

*Planning policies and decisions should aim to achieve healthy, inclusive and safe places and buildings which:*

*c) enable and support healthy lifestyles, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities. This includes reducing key preventable health harms from conditions such as obesity.*

- *Promotion of good health can be achieved via supporting access to healthier food (through local shops, markets, community food growing spaces and other services) and provision of services such as safe and accessible green spaces, active travel routes, sport and leisure facilities.*
- *Prevention of ill-health can be achieved via reducing the availability and visibility of health-harming products (i.e. foods high in fats, salt and sugars), particularly to children.*
  - *There is clear precedent and strong national evidence for local authorities across the country to take reasonable steps to limit the impact of health harming products to children, such as introducing 400 metre exclusion zones to prevent new unhealthy food outlets opening around schools. Local authorities should aspire to this as a baseline (with a presumption of rejection of opening new outlets opening near primary and secondary schools) and be empowered to extend the principle to other areas where children congregate (such as playgrounds, parks, post-16 education settings and nurseries), as appropriate for their local contexts.*

**Q 71 Do you have any other suggestions relating to the proposals in this chapter?**

Yes

These measures to improve the health of children and their families, and reduce inequalities in health outcomes within our communities, is an important step to reduce obesity and diet related disease but will not be effective in isolation. We need a cross-government approach to fix our broken food system and create a healthier future for our children. This must include:

- Protecting children from unhealthy food advertising, not just on TV and online, but also in outdoor advertising, as some local authorities have already done. This includes limiting advertising on owned ad sites, banning adverts on billboards, and implementing healthier food advertising policies
- Encouraging food and drink companies to make food and drink products healthier by removing calories, salt and sugar, through mandatory reformulation programmes, which are strictly enforced and closely monitored
- Restricting the sale of energy drinks to children
- Reversing cuts to the public health grant so as to deliver effective and necessary services to help children and their families live healthy lives.

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<sup>i</sup> Office for Health Improvement & Disparities. 2024. Obesity Profile: short statistical commentary May 2024

[https://www.gov.uk/government/statistics/update-to-the-obesity-profile-on-fingertips/obesity-profile-short-statistical-commentary-may-2024#:~:text=Prevalence%20of%20overweight%20and%20obesity,2015%20to%202016%20\(22.6%25\).&text=In%202022%20to%202023%2C%20the,74%20years%20and%20older%20groups.](https://www.gov.uk/government/statistics/update-to-the-obesity-profile-on-fingertips/obesity-profile-short-statistical-commentary-may-2024#:~:text=Prevalence%20of%20overweight%20and%20obesity,2015%20to%202016%20(22.6%25).&text=In%202022%20to%202023%2C%20the,74%20years%20and%20older%20groups.)

<sup>ii</sup> NHS Digital. 2023. National Child Measurement Programme 2022/23. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2022-23-school-year>

<sup>iii</sup> Frontier Economics. 2022. Estimating the Full Costs of Obesity. <https://www.frontier-economics.com/uk/en/news-and-insights/articles/article-i9130-the-annual-social-cost-of-obesity-in-the-uk/>

<sup>iv</sup> Institute for Government. 2023. Tackling obesity: Improving policy making on food and health. <https://www.instituteforgovernment.org.uk/publication/tackling-obesity>

<sup>v</sup> Social Market Foundation. 2018. What are the barriers to eating healthily in the UK? <https://www.smf.co.uk/publications/barriers-eating-healthily-uk/>

<sup>vi</sup> Public Health England. 2018. Fast food outlets: density by local authority in England. <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

<sup>vii</sup> Keeble, Matthew; Adams, Jean; White, Martin; Summerbell, Carolyn; Cummins, Steven; Burgoine, Thomas; (2019) Correlates of English local government use of the planning system to regulate hot food takeaway outlets: a cross-sectional analysis. The international journal of behavioral nutrition and physical activity, 16 (1). 127-.

<sup>viii</sup> The Times. 2023. Revealed: KFC thwarting efforts to stop fast-food outlets near schools <https://www.thetimes.com/uk/healthcare/article/kfc-local-councils-child-obesity-investigation-78vp0f5sl>