

Consultation response: Proposed reforms to the National Planning Policy Framework and other changes to the planning system

September 2024

World Cancer Research Fund examines how diet, nutrition, weight and physical activity affect people's risks of developing and surviving cancer¹. As part of an international network of charities, we fund life-saving research, influence policy and raise public awareness of the importance of preventing and surviving cancer. Our work helps prevent cancer and enables people to live longer, healthier lives.

Our policy work provides evidence and recommendations to help governments and policymakers around the world design and implement policies to reduce preventable cases of cancer and other non-communicable diseases through promoting healthy diets and weight, supporting breastfeeding, increasing physical activity and reducing alcohol intake. We've been in official relations with the World Health Organization (WHO) since 2016 and work together on policy relating to modifiable risk factors and cancer survivorship through a range of activities such as advocacy, providing evidence, and disseminating WHO tools and guidelines.

Our response focuses on questions 70 and 71, as there is strong evidence on how the environment in which we live, work and learn influences our cancer risk. Planning is an important upstream tool that helps to shape and positively influence health outcomes. It is well established that local authorities play a key role in helping to shape environments to suit the needs of each community for example, limiting the number and spread of fast-food outlets, promoting active travel and access to green space, which in turn can reduce diet-related ill health in the community such as obesity and cancer. International guidance stresses the role of local authorities and the planning system in shaping public health outcomes^{2,3}.

In 2023, World Cancer Research Fund International developed a policy benchmarking tool⁴ and assessed diet and physical activity policies for 30 European countries, including the UK devolved nations^{5, 6}. The work was conducted as part of an EU Horizon 2020 project which aimed to reduce childhood obesity by working with young people to create policy actions promoting healthier environments⁷. Our assessment, which evaluated policies against aspirational standards formed under expert review, included a review of planning policies for both diet and physical activity. Our benchmarking tool builds on international standards and recommends that national governmental nutrition and physical activity policies include mandatory legislation and regulation and place a

¹ World Cancer Research Fund <https://www.wcrf-uk.org/>

² *Integrating health in urban and territorial planning: a sourcebook*. Geneva: UN-HABITAT and World Health Organization, 2020.

³ World Health Organization & United Nations Development Programme. (2016). Noncommunicable diseases: what municipal authorities, local governments and ministries responsible for urban planning need to know. World Health Organization. <https://iris.who.int/handle/10665/250228>

⁴ Vlad I, Oldridge-Turner K, Klepp K-I, et al. The development of the NOURISHING and MOVING benchmarking tools to monitor and evaluate national governments' nutrition and physical activity policies to address obesity in the European region. *Obesity Reviews*. 2023; 24(S1):e13541. doi:[10.1111/obr.13541](https://doi.org/10.1111/obr.13541)

⁵ World Cancer Research Fund International World Cancer Research Fund International Nutrition policy index (2023) <https://www.wcrf.org/policy/nutrition-policy/nutrition-policy-index/>

⁶ World Cancer Research Fund International World Cancer Research Fund International Physical Activity policy index (2023) <https://www.wcrf.org/policy/physical-activity-policy/physical-activity-policy-index/>

⁷ World Cancer Research Fund International NOURISHING and MOVING policy databases <https://www.wcrf.org/policy/policy-databases/co-create/>

focus on young people and or other vulnerable and marginalized communities to ensure inequities are addressed and population health is adequately prioritised for all communities.

Across Europe, for diet policy, we looked specifically if national governments support planning restrictions that reduce unhealthy food environments and increase healthy retail and food service environments in the immediate vicinity of schools, and if so, how do they do this. We also assessed the type of restrictions and if restrictions specify the distance from schools which allow food outlets and if planning restrictions consider specific population groups for example, those with disabilities. Further, we also assessed planning restrictions to reduce unhealthy food beyond the vicinity of schools, and initiatives to increasing the availability of healthy foods in retail and food environments

England received a moderate assessment⁸, where excellent was the highest assessment available and poor was the lowest available. This was because many of the policies consisted of voluntary guidance and did not support specific groups, such as those with disabilities or marginalised communities. Amongst other assessed countries in Europe, England was one of only 3 countries who scored moderately, the highest assessment achieved by all countries. Nonetheless, England fell short of the highest international standards, and the English planning system needs stronger policies in place to effectively improve healthy diets and increase physical activity.

Reforms to the planning system also presents opportunity to support measures to reduce alcohol consumption, as there is no safe level of alcoholic drink consumption for cancer risk. Our alcohol policy brief outlines recommendations for reducing alcohol consumption including recommendations to reduce the availability and accessibility of alcohol for sale and regulating alcohol retail outlets⁹.

The Government's pledge to reform the planning system to build 1.5million homes provides an opportunity to embed health, including healthy food environments and opportunities for physical activity and active travel, in new housing developments and communities more broadly. The reforms to the National Planning Policy Framework present a vital opportunity to embed health at the heart of the planning system and bring England's planning policy up to highest standards.

As a member of both the Obesity Health Alliance and the Alcohol Health Alliance, we also support their consultation responses.

This consultation response has been prepared by Jennifer O'Mara, Senior Policy and Public Affairs Officer and Kate Oldridge-Turner, Health of Policy and Public Affairs

policy@wcrf.org

⁸ World Cancer Research Fund International Nutrition policy snapshots <https://www.wcrf.org/policy/england-nutrition-policy-snapshot/>

⁹ World Cancer Research Fund International. Alcohol policy <https://www.wcrf.org/policy/alcohol-policy/>

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

a) promoting healthy communities

Around 1 in 2 people will face cancer in their lifetime¹⁰, disproportionately affecting vulnerable groups. In 2023, 184,000 potentially preventable cancer cases were diagnosed in the UK¹¹ (out of an estimated 375,000 new annual cases¹²), costing an estimated £113 billion or 5.07% of annual GDP¹³. Approximately 40% of cancers are preventable by addressing key risk factors such as poor diets, obesity, low physical activity, and alcohol consumption, alongside socio-economic disparities¹⁴. The Office of Budget Responsibility identifies economic inactivity due to ill health as a significant economic risk¹⁵.

1. Overarching recommendations:

1.1. Promote a health-focused National Planning Policy Framework

Recommendation: Amend the National Planning Policy Framework (NPPF) to explicitly state that the planning system must both promote good health **and** prevent ill-health, ensuring public health is a key priority.

The NPPF currently 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”. Current planning policy lacks clear directives regarding the prevention of ill-health. It does not include any reference to preventing ill health from health-harming products, which can lead local authorities to believe their services are not concerned with limiting the factors that cause ill health.

By prioritising health prevention, local authorities have a stronger mandate to create healthier environments for all residents. This includes addressing health inequalities by ensuring deprived areas with higher obesity rates are given special attention in planning decisions.

1.2. National policy support for local authorities

Recommendation: National government should provide clear guidance to local authorities on their powers to promote public health, particularly in areas beyond local control, such as marketing, advertising, and reformulation of unhealthy products.

Many key drivers of ill-health, such as food and alcohol marketing and the promotion of unhealthy food and drink, are determined at the national level. For example, alcohol marketing directly influences alcohol consumption, including that of children and young people. There is substantial evidence that exposure to alcohol marketing leads children to start drinking earlier and more than they otherwise would¹⁶. Despite being legally underage to buy alcohol, children encounter alcohol

¹⁰ Overview Cancer. NHS. Accessed May 2024, www.nhs.uk/conditions/cancer/

¹¹ The societal and economic costs of preventable cancers in the UK. 2023. September 2023. Accessed May 2024. www.frontier-economics.com/uk/en/news-and-insights/news/news-article- i20141-cost- of-preventable-cancers-in-the-uk-to-rise/

¹² Cancer incidence statistics – Cancer incidence for all cancers combined. Cancer Research UK. Accessed May 2024, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Zero>

¹³ The societal and economic costs of preventable cancers in the UK. 2023. September 2023. Accessed May 2024. www.frontier-economics.com/uk/en/news-and-insights/news/news-article- i20141-cost- of-preventable-cancers-in-the-uk-to-rise/

¹⁴ Cancer incidence statistics – Cancer incidence for all cancers combined. Cancer Research UK. Accessed May 2024, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk#heading-One>

¹⁵ Fiscal risks and sustainability. 2023. [www.obr.uk/docs/dlm_uploads/ Fiscal_risks_and_sustainability_report_July_2023.pdf](http://www.obr.uk/docs/dlm_uploads/Fiscal_risks_and_sustainability_report_July_2023.pdf)

¹⁶ Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol Alcohol*. 2009;44(3):229-243. doi:10.1093/alcalc/agn115

advertising on public transport and its infrastructure (such as in subway stations, on buses and at bus stops),¹⁷. Children, particularly those living in more deprived areas, spend a substantial amount of time around bus stops and roads for example, when commuting to and from school¹⁸. Without clear direction and support from central government, local authorities struggle to fully leverage their planning powers to reduce health inequalities and improve community health.

1.3. Collaborative policy approach between National and Local Government

Recommendation: National and local governments should work in partnership to address public health challenges, using a broad range of policy levers, including planning and health promotion strategies.

Local authorities cannot address public health issues, such as obesity, in isolation. A coordinated effort between national and local governments is necessary to create a robust framework that addresses ill-health at all levels, ensuring consistent and comprehensive action across the country.

1.4. Support Planning Officers with training and clear guidelines

Recommendation: Provide training and guidance to local planning officers and the Planning Inspectorate on how planning decisions impact public health, including childhood obesity.

Many planners are unaware of the role the built environment plays in influencing obesity rates. Clear guidance and training will provide the knowledge needed to incorporate health considerations into planning decisions, ensuring consistent and effective action across local authorities.

Furthermore, the Royal Town Planning Institute reported that over 3000 planning officers were lost between 2010-2020¹⁹ meaning public sector planning capacities are much lower than previously, highlighting the need for investment and training in personnel.

1.5. Recognise the role of local authorities to reduce pressure on health services

Recommendation: Ensure that local authorities are incentivised and recognised for their work to reduce pressures on health services.

In England, local authorities do not have direct control over local NHS services, nor are they assessed on their performance. Local public health teams also sit outside the NHS. Many of the most important impacts of local action to address obesity rates will be seen by reduced pressure on local NHS services, but local authorities will not have their contributions to this acknowledged under existing systems.

2. Supporting physical activity:

People of all ages benefit from being physically active as this can help to reduce the risk of developing a preventable cancer as well as addressing key risk factors such as obesity, diabetes and heart disease whilst reducing stress and increasing social interaction. Physical activity

¹⁷ Olsen JR, Patterson C, Caryl FM, et al. Exposure to unhealthy product advertising: Spatial proximity analysis to schools and socio-economic inequalities in daily exposure measured using Scottish Children's individual-level GPS data. *Health Place*. 2021;68:102535. doi:10.1016/j.healthplace.2021.102535

¹⁸ Olsen JR, Patterson C, Caryl FM, et al. Exposure to unhealthy product advertising: Spatial proximity analysis to schools and socio-economic inequalities in daily exposure measured using Scottish Children's individual-level GPS data. *Health Place*. 2021;68:102535. doi:10.1016/j.healthplace.2021.102535

¹⁹ Royal Town Planning Institute. State of the Profession 2023 <https://www.rtpi.org.uk/research-rtpi/2023/november/state-of-the-profession-2023/>

decreases the risk of three cancer types and indirectly reduces cancer risk by maintaining healthy body weight²⁰, with physical inactivity causing around 1% of all cancers²¹.

How can the planning system help and what reforms are needed?

Physical activity and health are some of the most significant issues in urban design and planning. Evidence is growing that built environments that take a more health orientated approach can improve the health of communities^{22, 23}.

Levels of physical activity can be influenced by the built environment - for example, the presence of adequate paths and streetlights appear to encourage physical activity and reduce health related risks associated with physical inactivity²⁴. Additionally, the built environment plays a significant role in population physical activity levels, for example through active travel, thus influencing health outcomes²⁵. Therefore, planning should be a core component in all government departments who are involved in transport.

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”. However, in our assessment on the strength of policy design in England we identified a lack of active design guidelines for green spaces and measures to support access to quality public open space and green spaces²⁶.

Recommendations:

2.1 Ensure there is a specific focus on young people and vulnerable groups

Recommendation: All plans should have a focus on young people, people of all abilities, vulnerable and marginalized communities in addition legislation and regulation for urban design and compact mixed land use policies.

Between 2022-2023, the Active Lives Adult Survey by Sport England recorded 25.7% of people in England were physically inactive, doing on average less than 30 minutes of physical activity per week²⁷. Those classified as fairly active slightly decreased during this time by -1.4%. With the number of active adults decreasing with age, 35.3% of inactive adults are living in the most deprived areas compared to only 16.1% in least deprived areas²⁸.

2.2 Embed active design guidelines into the reformed NPPF

²⁰ Physical activity and cancer risk. World Cancer Research Fund International. Accessed May 2024, <https://www.wcrf.org/diet-activity-and-cancer/risk-factors/physical-activity-and-cancer-risk/>

²¹ Cancer incidence statistics – Preventable Cancers. Cancer Research UK. Accessed May 2024, <https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-One>

²² Susan L Handy, Marlon G Boarnet, Reid Ewing, Richard E Killingsworth, How the built environment affects physical activity: Views from urban planning, *American Journal of Preventive Medicine*, Volume 23, Issue 2, Supplement 1, 2002, Pages 64-73, [https://doi.org/10.1016/S0749-3797\(02\)00475-0](https://doi.org/10.1016/S0749-3797(02)00475-0)

²³ Wang, H., Dai, X., Wu, J. *et al.* Influence of urban green open space on residents' physical activity in China. *BMC Public Health* **19**, 1093 (2019). <https://doi.org/10.1186/s12889-019-7416-7>

²⁴ Lopez, R.P., Hynes, H.P. Obesity, physical activity, and the urban environment: public health research needs. *Environ Health* **5**, 25 (2006). <https://doi.org/10.1186/1476-069X-5-25>

²⁵ Devarajan R, Prabhakaran D, Goenka S. Built environment for physical activity—An urban barometer, surveillance, and monitoring. *Obesity Reviews*. 2020; 21:e12938. <https://doi.org/10.1111/obr.12938>

²⁶ World Cancer Research Fund International Physical activity policy snapshots <https://www.wcrf.org/policy/england-physical-activity-policy-snapshot/>

²⁷ Sport England. Active Lives Adult Survey November 2022-23 Report. https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2024-04/Active%20Lives%20Adult%20Survey%20November%202022-23%20Report.pdf?VersionId=veYJTP_2n55UdOmX3PAXH7dJr1GA24vs

²⁸ Ibid

Recommendation: Enhance accessibility to physical activity by implementing active design guidelines, increasing green spaces, and prioritizing walking and cycling infrastructure.

Evidence suggests that those with access to the natural environment are 22% more likely to be physically active²⁹. Good design and efficient use of land including green infrastructure in planning for example, street trees, green walls and having neighbourhoods within walking distance of green space can contribute to a physically active population. Physical inactivity is estimated to cost the UK £7.4 billion annually with £0.9 billion lost to the NHS³⁰. A rapid review suggests that neighbourhoods without active travel options contribute to poor mental wellbeing and increased risk of type 2 diabetes and cardiovascular diseases³¹.

3. Restricting alcohol purchasing and consumption

Alcohol consumption increases the risk of seven cancer types³², causing 3-4% of UK cancer cases³³. Around 10 million people in England exceed the CMO's low-risk guidelines, including 1.7 million high-risk drinkers³⁴. The most recent estimates put the total cost of alcohol harm in England alone at £27.44 billion per year³⁵. Alcohol-specific deaths are at record-high levels, rising 32.8% between 2019 and 2022³⁶. The World Health Organisation (WHO) has highlighted reducing availability of alcohol as one of the most cost-effective measures to tackling alcohol harm³⁷.

How can the planning system help and what reforms are needed?

Planning can regulate the density and zoning of alcohol retail outlets (including bars, restaurants, off-sale, grocery, and speciality shops); and regulate home-delivery (third party) responsibilities. The higher densities of off-sales alcohol outlets, particularly in deprived communities, is a barrier to promoting healthy communities.

Recommendations:

3.1 Change current alcohol licensing objectives to consider the density of outlets selling alcohol

Recommendation: Local authorities should be empowered to promote healthy communities by introducing 'protecting and improving public health' as a fifth licensing objective, as is the case in Scotland.

In the UK, the availability of alcohol is mainly determined by local licensing authorities. However, the current licensing objectives in England are too narrow to enable proper consideration of the

²⁹ Natural England (2011) Green space access, green space use, physical activity and overweight <https://publications.naturalengland.org.uk/publication/40017>

³⁰ Office of Health Improvement and Disparities (2022) Guidance Physical activity: applying All Our Health <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health#:~:text=Physical%20inactivity%20is%20associated%20with,35%25%20less%20active%20by%202030.>

³¹ Permitted development, housing and health: a review of national policy and regulations https://www.tcpa.org.uk/wp-content/uploads/2024/02/PD-HousingHealth_National-policy-review-FINAL-1-1.pdf

³² Alcoholic drinks and cancer risk. World Cancer Research Fund International. Accessed May 2024, <https://www.wcrf.org/alcohol-cancer-risk>

³³ Cancer incidence statistics – Preventable Cancers. Cancer Research UK. Accessed May 2024, <https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-Three>

³⁴ Alcohol treatment services – A briefing by the National Audit Office. 2023:13. <https://www.nao.org.uk/wp-content/uploads/2023/02/alcohol-treatment-services.pdf>

³⁵ Alcohol treatment services – A briefing by the National Audit Office. 2023:13. <https://www.nao.org.uk/wp-content/uploads/2023/02/alcohol-treatment-services.pdf>

³⁶ Office for National Statistics (2024) [Alcohol-specific deaths in the UK: registered in 2022.](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/alcohol-specific-deaths-in-the-uk-registered-in-2022)

³⁷ World Health Organization. (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. World Health Organization. [https://iris.who.int/handle/10665/259232.](https://iris.who.int/handle/10665/259232)

density of outlets, the different patterns of consumption seen in different groups of drinkers, and how the overall landscape of on and off-trade outlets can undermine public safety and enjoyment.

3.2 Grant local authorities the power to refuse planning applications on the grounds of public health

Recommendation: Empower local authorities to turn down planning applications that do not support public health objectives. This will help local authorities to better respond to legal challenges by industry.

In recent years local authorities have been at the receiving end of large well-resourced food and drink companies legally challenging planning decisions that are detrimental to public health. The lack of a public health licensing objective means that challenging local authority decisions is currently easier for large companies with significant financial resources both to do and to win. Currently local authorities are not empowered to promote healthy communities in the current licensing objectives and would benefit from the introduction of a fifth licensing objective to 'protect and promote public health', as is the case in Scotland.

At present, local authorities are limited on how robustly they can refuse new premises applications on the grounds of health harms, and appeals are both expensive and time consuming for local authorities who are already fiscally challenged. In many instances they stand to lose the case because current licensing and planning frameworks are not explicit enough in supporting public health considerations.

3.3 Support local authorities to reduce alcohol outlet density

Recommendation: Strengthen provisions in the NPPF to regulate the local availability of alcohol where they have the potential to reduce health inequalities, as they can be used when there is local concern about the impact of alcohol use in a community

In the Impact Assessment for including a health-related objective in the Licensing Act 2003, the Government stated that 'there is a good evidence base for the link between outlet density and alcohol-related harm and to suggest that a reduction in density would lead to a reduction in both alcohol-related health harm and crime and disorder'³⁸. Easier access to shop-bought or delivered alcohol results in purchases are more frequent, due to convenience thus, increasing consumption and alcohol-related ill-health. An evidence review by Public Health England in 2016 also concluded that 'Areas with more deprivation tend to have greater AOD [Alcohol Outlet Density]³⁹.

b) Tackling childhood obesity

Currently, the UK has the third highest rate of people living with overweight and obesity in Europe. Between 2022-2023, 64% of adults in England were living with obesity and 26.2% of adults were living with overweight⁴⁰. Latest data on weight shows two in five children in England are leaving school above a healthy weight highlighting the need for action⁴¹. The evidence shows that those

³⁸ Home Office Impact Assessment 2012 <https://assets.publishing.service.gov.uk/media/5a74a9b8ed915d0e8e39a034/ia-health-licensing-objective.pdf>

³⁹ Public Health England 2016 The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review https://assets.publishing.service.gov.uk/media/5b6c5703ed915d3119112af6/alcohol_public_health_burden_evidence_review_update_2018.pdf

⁴⁰ Office for Health Improvement and Disparities: Official Statistics 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>

⁴¹ Publication, Part of National Child Measurement Programme National Child Measurement Programme, England, 2022/23 School Year <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2022-23-school-year>

living with obesity in childhood will continue to live with obesity in adolescence and adulthood, underlining the importance of early intervention in childhood⁴². Interventions to reduce the number of adults living with obesity need a life course approach as the evidence further suggests there are also adults living with obesity who had a normal weight in childhood⁴³.

Obesity is an established major risk factor for 13 different types of cancer including common cancers like breast and colorectal cancer⁴⁴. However, recent research indicates that obesity may be a risk factor in up to 18 types of cancer⁴⁵. Obesity is the UK's biggest cause of cancer after smoking, causing 1 in 20 cancers in the UK⁴⁶. If insufficient action is taken, obesity will overtake smoking as the number 1 risk factor.

Cancer typically has greater impacts on those living in the most deprived areas - for example, the combined incidence rates of all cancers in England is 16% higher in the most deprived areas compared to the least with nearly 17,000 yearly cases of all cancer types linked to deprivation⁴⁷. Obesity rates are higher in deprived areas, with the poorest 20% needing to spend 50% of their disposable income on food to meet dietary recommendations in 2023⁴⁸.

The NHS spends an estimated £6.5 billion annually on obesity-related diseases⁴⁹. Frontier Economics estimates in 2023 that the total economic impact of obesity rates is £58 billion, accounting for the costs to the NHS and social care, lost productivity, workforce inactivity and welfare payments⁵⁰. IPPR predict that excess weight amongst the current cohort of children will cost the NHS £74 billion over their lifespan⁵¹.

4. Recommendations:

4.1 Integrate health into National Planning Reforms to regulate food environments

Recommendation: National Government should use the ongoing planning reforms in England to make it easier for local authorities to regulate their local food environments. This should include explicit references to the role of the planning system in supporting public health and preventing ill health.

At present, the country's food system is broken – unhealthy choices are easier, cheaper and more convenient than healthier ones. The UK's high obesity rates are largely a result of this broken food system which is full of commercial influences from industries that profit from selling health-harming products. 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.

⁴² Simmonds, M. Llewellyn, A, Owen, C. G. et al. (2016) Predicting adult obesity from childhood obesity: A systematic review and meta-analysis. *Obesity reviews*. pp. 95-107. <https://doi.org/10.1111/obr.12334>

⁴³ Ibid

⁴⁴ Obesity, weight gain and cancer risk. World Cancer Research Fund International. Accessed May 2024, <https://www.wcrf.org/obesity-cancer-risk>

⁴⁵ World Cancer Research Fund International 'New study links overweight and obesity to more cancers than previously shown' <https://www.wcrf.org/latest/news-and-updates/new-study-links-overweight-and-obesity-to-more-cancers-than-previously-shown/>

⁴⁶ Cancer incidence statistics – Preventable Cancers. Cancer Research UK. Accessed May 2024, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk#heading-One>

⁴⁷ Cancer incidence statistics – Preventable Cancers. Cancer Research UK. Accessed May 2024, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Zero>

⁴⁸ Goudie S. The Broken Plate 2023 The State of the Nation's Food System. 2023. [foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL.pdf](https://www.foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL.pdf)

⁴⁹ Estimating the full costs of obesity. 2022. www.frontier-economics.com/media/hgwd4e4a/the-full-cost-of-obesity-in-the-uk.pdf

⁵⁰ Frontier economics. Estimating the full costs of obesity (2022) <https://www.frontier-economics.com/media/hgwd4e4a/the-full-cost-of-obesity-in-the-uk.pdf>

⁵¹ IPPR (2020) The Whole Society Approach <https://www.ippr.org/files/2020-08/a-whole-society-approach-aug-2020.pdf>

Every community in the country should be a healthy place for children to grow, learn and play. Local businesses need a healthy workforce to drive economic productivity and sustainable growth. People should be able to walk down their high streets without being constantly pressured to make choices that will harm their future health. The healthy choice should be the easy choice for everyone.

Evidence published in 2022 found that people in the UK felt they had to trade off 'unhealthy' aspects of environments for accessibility and convenience⁵². Residents in communities should not feel this way. As almost 80% of takeaway outlet planning does not focus on health⁵³, planning policies must take into consideration reducing unhealthy foods and increasing healthy foods.

Specific recommendations include:

- The new Supplementary Plans and National Development Management Policies should explicitly address healthy food environments, including hot food takeaways.
- The Use Class Order should be reviewed and amended to ensure that there is consistency on all unhealthy food outlets regardless of the amount of seating they provide, with unhealthy food outlets separated out from other businesses currently also classified as 'Use Class E'.

5. Restricting Hot Food Takeaways

The UK diet exceeds recommended dietary levels of calories, sugar, salt and fat. In recent years, the proportion of food eaten outside the home has increased, and this food tends to have a higher calorie content than food purchased in a supermarket⁵⁴.

Hot food takeaway outlets are typically clustered together and located outside areas of high foot fall for example, schools and town centres⁵⁵. On average, there are 35 food outlets within a ten-minute walk of secondary schools, creating an environment that influences purchase behaviour and dietary patterns whether that be through social norms or peer pressure⁵⁶.

There are local authorities who are leading the way in supporting their communities to achieve good health. Local leaders in councils such as Gateshead, Newcastle, Blackburn and Darwen and several London boroughs have taken the initiative to introduce exclusion zones for new takeaways within 400 metres of schools or reject new fast-food outlets in areas of high obesity rates. Sheffield is developing a planning policy document restricting new hot food takeaways from opening within 800m of schools.

More needs to be done to support local authorities to roll out similar approaches. Some London boroughs are pilot testing the 400m exclusion zone, an innovative approach to create healthy zones around schools in deprived areas called School Superzones⁵⁷. Through this programme,

⁵² Roberts LF, Lounsbury O, Awuzudike V, Jennings N, Lawrance EL. Healthy Environments: Understanding Perceptions of Underrepresented Communities in the United Kingdom. *Int J Environ Res Public Health*. 2022 Aug 5;19(15):9643. doi: 10.3390/ijerph19159643. PMID: 35955008; PMCID: PMC9367862.

⁵³ Keeble M, Burgoine T, White M, Summerbell C, Cummins S, Adams J. How does local government use the planning system to regulate hot food takeaway outlets? A census of current practice in England using document review. *Health Place*. 2019 May;57:171-178. doi: 10.1016/j.healthplace.2019.03.010. Epub 2019 May 2. PMID: 31055107; PMCID: PMC6686733.

⁵⁴ Public Health England (2017) Guidance Health matters: obesity and the food environment <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

⁵⁵ Keeble M, Burgoine T, White M, Summerbell C, Cummins S, Adams J. How does local government use the planning system to regulate hot food takeaway outlets? A census of current practice in England using document review. *Health Place*. 2019 May;57:171-178. doi: 10.1016/j.healthplace.2019.03.010. Epub 2019 May 2. PMID: 31055107; PMCID: PMC6686733.

⁵⁶ Anne Ellaway, Laura Macdonald, Karen Lamb, Lukar Thornton, Peter Day, Jamie Pearce, Do obesity-promoting food environments cluster around socially disadvantaged schools in Glasgow, Scotland?, *Health & Place*, Volume 18, Issue 6, 2012, Pages 1335-1340, <https://doi.org/10.1016/j.healthplace.2012.06.001>.

⁵⁷ Public Health England. School Superzones <https://www.london.gov.uk/sites/default/files/superzones-final.pdf>

health and environmental inequalities can be targeted through creating a healthier environment within 400m of schools. Long term, the programme hopes it will be able to support co-ordinated borough led approaches in investing in the built environment to make it more child-friendly, particularly around schools.

Our assessment of England's planning restrictions on food service outlets, food service outlets around schools and increasing the availability of healthier food in stores and food service outlets received a moderate score as many of them were of weak design and did not meet the highest international standards. To meet such standards, planning restrictions should be mandatory legislation and regulation and place restrictions on food service outlets within at least 400m from schools.

5.1 Include preventing ill health as a goal of the NPPF

Recommendation: There needs to be an explicit statement in the national planning policy framework that one of the purposes of planning is to create places that both support good-health and prevent ill-health, otherwise actions such as reducing the prevalence of hot food takeaways will appear to be of low importance and easy to contest.

Evidence from England shows that more deprived areas (which also have higher child and adult obesity rates) have the highest concentration of fast-food outlets, with some of the most deprived areas having almost five times as many outlets than more affluent areas⁵⁸.

5.2 Grant powers to local authorities to restrict the quantity of authorities to restrict the quantity of new hot food takeaways

Recommendation: The NPPF should grant powers to councils at district, borough or city level to adopt a planning policy that will restrict the number of hot food takeaways in a particular area, meaning local authorities can in certain circumstances reject applications for new hot food takeaways. The NPPF should include the 400m exclusion zone of hot takeaways around schools as a minimum.

A qualitative study from 2021 found that planning policies can successfully regulate takeaway food outlets with the intention of improving health and wellbeing⁵⁹. The reformed NPPF should support all local authorities to exert decisions to reject applications for fast food outlets on the same basis.

Recommendation: Public Health Directors should be made statutory consultees for any planning decision on hot food takeaways.

⁵⁸ Public Health England (2018) Research and analysis Fast food outlets: density by local authority in England <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

⁵⁹ Keeble M, Burgoine T, White M, Summerbell C, Cummins S, Adams J. How does local government use the planning system to regulate hot food takeaway outlets? A census of current practice in England using document review. *Health Place*. 2019 May;57: 171-178. doi: 10.1016/j.healthplace.2019.03.010. Epub 2019 May 2. PMID: 31055107; PMCID: PMC6686733.

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

Yes - we have several other considerations we wish to highlight.

1. Defending planning appeals by health harming industries and minimising conflict of interest

Conflict of interest within the planning system must be minimised and local authorities must be supported to defend challenges from large corporations. For example, KFC challenged at least 43 councils in England: in more than half of these cases, the decision was overturned, significantly undermining local authority efforts to champion public health and tackle childhood obesity.

Recommendations: National Government should provide direct support to local authorities in defeating appeals to local public health plans made by large corporations.

This would require the creation of a team within the Department for Health and Social Care with expert knowledge of the evidence base on the issue and the most effective ways of contesting these challenges, to advise local authorities and their legal representatives and provide required data and toolkits. This would remove most of the administrative burden from local authorities.

It may also be necessary to create a central fund to support the short-term legal costs of local authorities contesting these applications using their existing contracted legal representatives. National government departments have the experience and resources to mitigate the impact of multinational companies' financial and legal resources, and in doing so can free up local public health teams to prioritise supporting local communities rather than fighting legal battles.

A large business, for the purpose of these regulations, would be defined as having more than 250 full time employees. This is aligned to definitions in other regulations, such as the regulations for calorie labels on menus.

This must be done alongside amendments to national guidance, to ensure that Planning Inspectorate and companies are fully aware that such actions are within the powers of local authorities and in line with national priorities. National Government must also take a stronger stance against working with companies that engage in unethical behaviour that undermines public health. In particular, companies that use spurious lawsuits and similar tactics should not be invited to engage with government, both directly or via trade associations. National Government should develop a best practice pathway for local authorities.

2. Maximising the co-benefits of integrating health promotion and prevention

Integrating health promotion and prevention into planning policy can have an impact on broader health, economic, and societal goals, specifically: tackling other non-communicable diseases (NCDs) such as diabetes, meeting environmental targets, reducing inequities, addressing commercial determinants of health, and fulfilling human rights.

Recommendation: The NPPF should specify and highlight the broader benefits of integrating health as a planning objective and ensure that planners and the Planning Inspectorate are trained in recognising these benefits.

3. Suggested Wording of Revised NPPF

Amend 96 c. (<https://www.gov.uk/guidance/national-planning-policy-framework/8-promoting-healthy-and-safe-communities>)

From:

Planning policies and decisions should aim to achieve healthy, inclusive and safe places and beautiful buildings 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, 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.