

Proposed reforms to the National Planning Policy Framework and other changes to the planning system - WCRF Response

March 2026

World Cancer Research Fund (WCRF) examines how diet, weight and physical activity impact the risk of developing and surviving cancer¹. As part of an international network of charities, we have been funding life-saving research, influencing global public health policy and educating the public since 1982. While society continues searching for a cure, our prevention and survival work is helping people live longer, happier and healthier lives - free from the devastating effects of cancer.

Our policy work provides evidence and recommendations to help governments and policymakers around the world – including the UK - 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 149, 158, and 161 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 outcomes²⁻³.

In 2023, World Cancer Research Fund International developed a policy benchmarking tool⁴ and assessed diet and physical activity policies for 30 European

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)

countries, including the UK devolved nations⁵⁻⁶. Our assessment included a review of planning policies for both diet and physical activity, some of which are relevant to this National Policy Planning Framework (NPPF) consultation, such as policies to restrict unhealthy food outlets near schools.

England received a moderate assessment⁷, 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. Overall, England fell short of the highest international standards, and despite recent improvements to the NPPF in 2024 that better support public health, the English planning system can still be enhanced to 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 outlets⁸. Unfortunately, as set out in our response to the Government's recent licensing reforms, these will serve to make alcohol more available, thereby increasing alcohol harm including cancer⁹.

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. Reforms to the NPPF 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 members of the Obesity Health Alliance (OHA),
we also endorse its response.**

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 Nutrition policy snapshots <https://www.wcrf.org/policy/england-nutrition-policy-snapshot/>

⁸ World Cancer Research Fund International. Alcohol policy <https://www.wcrf.org/policy/alcohol-policy/>

⁹ World Cancer Research Fund (2026). Uk government consultation on reforming the licensing system - WCRF response. Available at: <https://www.wcrf.org/wp-content/uploads/2025/11/Reforming-the-licensing-system-Call-for-evidence-WCRF-response-.pdf>

DP4: The Design Process

Question 149

Do you agree with the proposed approach to using design review and other design processes in policy DP4?

- Strongly agree
- Partly agree
- Neither agree nor disagree
- Partly disagree
- Strongly disagree

a) If not, what else would help secure better design and placemaking outcomes?

As members of the OHA, we strongly disagree with the proposed approach outlined in DP4 because we are concerned by the removal of paragraph 141 from the draft NPPF and recommend that it is reinstated. Paragraph 141 in the current NPPF is the only place in national planning policy that recognises the cumulative impacts of outdoor advertising on neighbourhood amenity and the quality and character of local areas. Removing it weakens an already limited planning regime and risks worsening health inequalities.

Evidence from Adfree Cities shows that 82% of outdoor adverts are located in the poorest half of England and Wales¹⁰, with increasing promotion of unhealthy food. Research from Bite Back and the University of Liverpool shows that the prevalence of high in fat, sugar and salt (HFSS) advertising is 6 times greater in the most deprived areas compared to the least deprived areas¹¹. Research by The Food Foundation also shows a 28% rise in outdoor advertising spend by food companies between 2021 and 2024¹², following the Government's decision to restrict TV and online advertising of less healthy products. As a result, HFSS advertising is becoming more concentrated on billboards, particularly in lower-income communities.

The removal of paragraph 141 leaves outdoor advertising addressed only in guidance and outdated regulations from 2007, which were not designed for today's digital billboards or modern public health objectives. Councils need stronger national policy and clearer legal backing to manage outdoor advertising effectively, not further weakening of the framework.

Well-designed places where people want to live are not characterised by prominent outdoor advertising billboards or digital screens. If councils are to create vibrant, healthy

¹⁰ Adfree Cities (2024) Unavoidable impact [online] Available at: <https://adfreesities.org.uk/wp-content/uploads/2024/03/Unavoidable-Impact-Advertising-Inequality-Full-Report-Adfree-Cities-4th-March-2024-WEB.pdf>

¹¹ Bite Back (2025). Fuel Us Don't Fool Us: Advertising. Are food giants bombarding young people on our streets?

https://cdn.bitebackmedia.com/media/documents/Bite_Back_Report_Fuel_Us_Dont_Fool_Us_Advertising.pdf

¹² Food Foundation (2025) State of the Nation's Food Industry [online] Available at: https://foodfoundation.org.uk/sites/default/files/2025-12/TFE_SofNFI_Report%202025_updated2.pdf

neighbourhoods and support high streets, they should be able to set clear local policies on outdoor advertising. The Design and Placemaking Practice Guidance does not currently reference outdoor advertising in its examples or case studies, which raises questions about how it fits within wider ambitions for healthy, attractive places. Consideration should also be given to broader public health objectives, light pollution in residential areas, reducing street clutter (including phone boxes), and protecting or enhancing green spaces.

HC1: Planning for healthy communities

Question 158

Do you agree with the approach to planning for healthy communities in policy HC1, including the expectation that the development plan set local standards for different types of recreational land, drawing upon relevant national standards?

- Strongly agree
- Partly agree
- Neither agree nor disagree
- Partly disagree
- Strongly disagree

a) Please provide your reasons, particularly if you disagree.

As members of the OHA, we strongly disagree with the approach in the HC1 policy and believe the proposed changes considerably weakens the draft NPPF. Firstly, in the current NPPF, paragraph 96c states: “*reduce health inequalities between the most and least deprived communities*” which provides a clear impetus for local authorities that planning can play a key role in reducing health inequalities.

Yet in the draft NPPF, this reference to health inequalities has unfortunately been removed not only from Chapter 16, but there is no specific reference to health inequalities in the entirety of the draft NPPF. The term “inequalities” is used throughout the NPPF, but without clarification; it is broad and undefined. “Health inequalities” is a clearly defined concept, formally measured by the government¹³, who has clearly highlighted reducing this as a priority, including: set an objective of “narrowing the wide and widening health inequalities” as part of the NHS 10 Year Plan¹⁴; in the Planning and Infrastructure Act¹⁵ (Chapter 2, 12G, 2bii) and in the English Devolution and Community Empowerment Bill¹⁶. Removing “health inequalities” from such a key document as the NPPF contradicts this ambition.

¹³ Department for Health and Social Care (2025) Fingertips [online] Available at: <https://fingertips.phe.org.uk/>

¹⁴ Department for Health and Social Care (2025) Fit for the future: 10 Year Health Plan for England [online] Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-accessible-version>

¹⁵ HM Government (2025) Planning and Infrastructure Bill. <https://www.legislation.gov.uk/ukpga/2025/34>

¹⁶ HM Government (2026) English Devolution and Community Empowerment Bill. <https://bills.parliament.uk/publications/63703/documents/7396>

Furthermore, we are also disappointed to see the phrase ‘access to healthier food’ omitted from the draft NPPF (Chapter 8, paragraph 96c) and recommend that this is reinstated alongside a clearer definition in the glossary of the types of facilities that this phrase refers to. Sustain: the alliance for food and farming presents a range of different models of community food provision which may be a useful reference¹⁷.

Omitting this phrase underplays the crucial role that community settings such as social supermarkets, pantries, greengrocers, street trading and markets can play in increasing access to affordable healthy food, reducing social isolation, and addressing health inequalities and is in direct conflict with Chapter 16 of the draft NPPF’s objectives* and the government’s Plan for Change**.

**The objective of the policies in this chapter is to promote the creation of healthy and inclusive places and support the provision of appropriate public services, by enabling development which can support this aim and seeking to retain, improve and deliver new facilities which are important for community wellbeing and minimising inequalities.*

***The planning system should enable the creation of places that encourage and support healthy lives, promote inclusion and tackle loneliness through the provision and retention of appropriate public services and facilities that communities need.*

HC5: Hot food takeaways and fast-food outlets

Question 161

Do you have any views on whether further clarity is required to improve the application of this policy, including the term ‘fast food outlets’, and the types of uses to which it applies?

As members of the OHA, we support action that enables local communities to have the power to control their food environments and makes it easier for residents to be healthy. As part of our ‘Empowering Communities to Create Healthier Local Food Environments’¹⁸ position paper, we recommend:

- National planning guidance should be updated to explicitly state that a primary purpose of the planning system is to both promote good-health and prevent ill-health, reduce health inequalities and address major public health priorities such as obesity rates.
- The proposed changes to the NPPF to address health should be supported and brought forward with clear, impactful guidance for local authorities.

¹⁷ Sustain (n/d) Models of community food provision [online] Available at: <https://www.sustainweb.org/good-food-enterprise/models-of-community-food-projects/>

¹⁸ Obesity Health Alliance (2024) Empowering Communities to Create Healthier Local Food Environments [online] Available at: https://obesityhealthalliance.org.uk/wp-content/uploads/2024/09/OHA_EmpoweringCommunities_Final.pdf

We were therefore very supportive of the reforms in the current NPPF, which provided local authorities with the impetus to place greater importance on health as part of the planning process. However, whilst the 2024 reforms have been a positive step, lobbying from the food industry remains a real threat for local authorities and has the potential to derail local planning policies. In 2023, an investigation by the Times found that KFC had challenged 43 local authority planning refusals and overturned almost half of all cases¹⁹. More recently, an investigation by the BMJ reported that McDonald's deployed a GP to help overturn planning decisions in some of the most deprived communities in England, and threatened councils with covering the legal costs²⁰. As one local authority described it, "*one global grand vs one local authority*"²¹.

We therefore welcome this opportunity to consider how the NPPF can be strengthened to provide local authorities with greater clarity and confidence during the planning process, particularly when refusing applications for fast food outlets. Furthermore, a strong national framework proves very helpful to make the case in areas that may not have a specific hot food takeaway/fast food outlet policy within their local plan, or may be in the process of developing - as in the case of Sheffield City Council which presented a useful case study at the LGA/ADPH public health annual conference in February²².

Defining fast food outlets

We support retaining the phrase 'fast food outlets' in the draft NPPF. Early evidence indicates HC5 is already working in practice across planning and public health teams, including Sheffield City Council²³, Hull City Council²⁴, North Somerset²⁵ and Cheshire West and Chester Council²⁶.

The inclusion of 'fast food outlets' within the policy has only been in place for just over a year, which is a very short period of time in planning terms, as the process applications and appeals take many months. Further time is needed to understand the impact of this policy to improve the health of local environments.

¹⁹ Sustain. KFC's aggressive tactics to undermine councils' health policies exposed. Sustain Press Release. 6 December 2023. Available from: <https://www.sustainweb.org/news/dec23-kfc-undermining-councils-health-planning/>

²⁰ Borland S. McDonald's triumphs over councils' rejections of new branches—by claiming it promotes "healthier lifestyles" BMJ 2025; 388 :r163 doi:10.1136/bmj.r163

²¹ Pickard, A. (2026) Sheffield McDonald's Drive-Thrus - Using the NPPF to object [online, Slides 38-57]. Available at: https://www.local.gov.uk/sites/default/files/documents/event_presentation_-_opportunities_to_mitigate_the_impact_of_fast-food_takeaways.pdf

²² Pickard, A. (2026) Sheffield McDonald's Drive-Thrus - Using the NPPF to object [online, Slides 38-57]. Available at: https://www.local.gov.uk/sites/default/files/documents/event_presentation_-_opportunities_to_mitigate_the_impact_of_fast-food_takeaways.pdf

²³ Sheffield City Council (2026) Agenda 9b - full planning application.

<https://democracy.sheffield.gov.uk/documents/s81993/25-02698-FUL%20Land%20North%20West%20of%20London%20Road%20and%20Broadfield%20Road.pdf>

²⁴ <https://www.bbc.co.uk/news/articles/c75xz9gnk5eo>

²⁵ North Somerset (2025) Planning application for McDonalds refused [online] Available at:

https://www.thewestonmercury.co.uk/news/25180287_plans-new-mcdonalds-weston-business-park-refused/

²⁶ Cheshire West and Chester Council (2026) Cheshire West & Chester Council and partners stop McDonald's planning application [online] Available at: <https://champspublichealth.com/cheshire-west-chester-council-and-partners-stop-mcdonalds-planning-application/>

Whilst the term ‘fast food outlet’ is a commonly understood term by the public, and has been widely used by politicians in relation to this policy, we believe further clarification within the draft NPPF on what a ‘fast food outlet’ constitutes would be helpful to support the application of the policy.

We suggest referring to existing definitions of ‘fast food outlets’. For example, the Office for Health Improvement and Disparities²⁷ (OHID) defines ‘fast food’ outlets as part of its wider determinants data: *“Food that is energy dense and available quickly, usually via a counter service, and for consumption on or off the premises. This definition covers a range of outlets selling foods including, but not limited to: Burgers, pizza, kebabs, chicken, Indian takeaway, Chinese takeaway, fish and chips.”*

We acknowledge the difficulties in classifying outlets based on the types of food that they sell. The market is constantly evolving, outlets can sell a wide range of food and drink and there are clear issues with obtaining accurate data in order to conduct more detailed nutritional analysis such as the Nutrient Profiling Model (NPM - at present). Local authority feedback also raised concerns about the practicality of planners being able to conduct such an analysis. We therefore recommend that MHCLG carry out cross-stakeholder workshops including academics, NGOs and industry to further refine the OHID definition and find a consensus across the sector which includes delivery-only outlets*.

Looking forward, this government has committed to implementing mandatory reporting which will require all large food businesses to report on healthy food sales, using the NPM. This will unlock the data required to better understand the types of food businesses are selling, therefore opening up opportunities to use this data to classify large food businesses in future iterations of the NPPF.

As an overall principle, we would like to encourage MHCLG to move away from defining food outlets based on the number of seats within the establishment or where customers eat the food they have purchased. Basing the definition on the type of food on sale is a far more accurate way to identify outlets. Whilst changing class uses is beyond the scope of this consultation, we believe it is pertinent for MHCLG to consider creating a Sui Generis Use Class for fast food outlets. Currently, ‘fast food outlets’ may be classified under broader E Use Classes, such as restaurants and bakeries, which local authority feedback suggests can pose difficulties and undermine planning policies. Under Class E, outlets can change without planning permission being granted, and some applicants are adding seating so they can be submitted under Class E(b) to avoid restrictions (Sale of food and drink for consumption (mostly) on the premises).

*We would also appreciate further consideration of how dark kitchens fit into HC5, which are businesses that only offer food for home delivery, and which have been growing since the COVID-19 pandemic and present a unique set of challenges with them. Recent research

²⁷ <https://www.gov.uk/government/statistics/wider-determinants-of-health-february-2025-update/wider-determinants-of-health-statistical-commentary-february-2025>

found that 14% of all online food retailers in England are dark kitchens.²⁸ This is a growing area of concern as they have the potential to increase the reach and density of less-healthy food options, and whilst an official definition is still needed, work commissioned by the National Institute for Health and Care Research has resulted in the first widely-agreed definition: “*Technology-enabled commercial kitchen(s) operating primarily for delivery, to fulfil remote, on-demand, consumer online orders of food for immediate consumption.*” A proactive approach is recommended to ensure dark kitchens do not undermine planning and policy attempts to limit the proliferation of fast food outlets and hot food takeaways.

Reasonable walking distance

In order to improve the application of this policy, we believe further clarification on what a ‘reasonable walking distance’ is should be provided.

We recommend that the draft NPPF stipulates a *minimum* distance of 400m (as per many Local Plans across the country). This sets a minimum baseline but allows local authorities discretion on the distance that is specified, informed by other important local data and considerations. The +400m distance should be specified from the school boundary, rather than reception or school entrance, as they can cover a large radius (particularly secondary schools) and have multiple entrance points. In addition, the distance should represent the actual walking distance, not ‘as the crow flies’ and consideration should be given to coastal communities where radius may not be a suitable measure.

We also recommend that the draft NPPF specifically recommends that local authorities combine a ‘reasonable walking distance’ with other measurements which may reflect important local contexts, such as:

- Prevalence of childhood obesity within that ward(s)
- Concentration/clustering of such uses in a given area (for example, 5% cap of total units; require minimum separate distances)
- Whether schools allow pupils out at lunchtime, and if so, for how long
- Environmental health considerations

It is important that the NPPF avoids undermining work already happening in areas which uses such metrics to inform planning decisions, for example, childhood obesity prevalence in Gateshead’s Supplementary Planning Document²⁹.

²⁸ Yuru Huang, Tom RP. Bishop, Jean Adams, Steven Cummins, Matthew Keeble, Chiara Rinaldi, Annie Schiff, Thomas Burgoine, Understanding the socio-spatial distribution of “dark retail” in England: Development of a unique retail location dataset, *Health & Place*, Volume 94, 2025, 103462, ISSN 1353-8292, <https://doi.org/10.1016/j.healthplace.2025.103462>.

²⁹ Gateshead Council (2020) Hot food takeaway Supplementary Planning Document [online] Available at: <https://www.gateshead.gov.uk/article/3089/Hot-food-takeaway-Supplementary-Planning-Document>

Question 224

Do you have any views on the impacts of the above proposals for you, or the group or business you represent and on anyone with a relevant protected characteristic?

- No
- Yes

As members of the OHA, we thank MHCLG for the opportunity to comment on the draft NPPF. Our recommendations below have been co-developed by a NPPF working group, coordinated by the Obesity Health Alliance, and representing members with an interest in local government and planning for health and academic observers of the OHA*, as well as being informed by feedback from 10 local authorities.

We would like to reiterate our support for the direction of travel and tone of the current NPPF; which marked a significant step forward in harnessing the power planning can play in helping to create healthier food environments. Whilst we support small revisions to specific elements of the HC5 policy, we do have concern that other revisions to the draft framework (specifically the removal of references to increasing access to healthier food and health inequalities) do not build on the progress made in 2024.

We look forward to learning the outcome of this consultation in due course and welcome any further opportunities to discuss the issues raised in this response. For any enquiries relating to this response, please email beth.bradshaw@obesityhealthalliance.org.uk at the OHA, of which WCRF is a member.

*Participating organisations in the working group include: Association for Directors of Public Health, Health Equalities Group, Sustain, Bite Back, Adfree Cities, Alexandra Rose and academics from Fuse: the centre from translational research in public health.