

# Empowering Communities to Create Healthier Local Food Environments



Obesity Health Alliance  
Position Statement

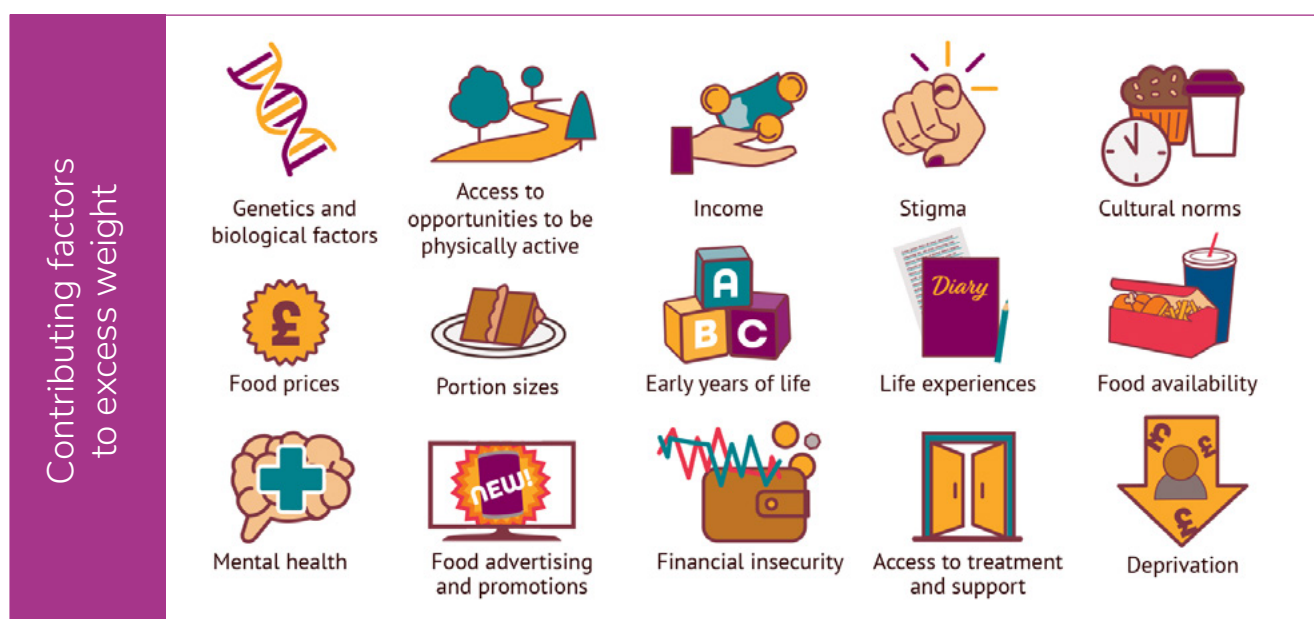
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# Context

The Obesity Health Alliance (OHA) is a coalition of 60 health organisations including the British Heart Foundation, Cancer Research UK, Diabetes UK, the British Medical Association and medical royal colleges. The vision of the Obesity Health Alliance is to prevent obesity-related ill-health by supporting evidence-based population level policies to help address the wider environmental factors that lead to excess weight.



We have a huge opportunity to improve the nation's health, tackle growing inequalities between our communities, enhance economic productivity and reduce long-term pressures on the NHS. The Obesity Health Alliance calls on government to commit to taking bold, effective action to address the high levels of diet-related ill-health in the UK and its impact on our economy and society.

With the revised National Planning Policy Framework stating that a purpose of the planning system will be to support healthy communities; national government has begun to recognise they can support local authorities with more powers and resources to create healthier local food environments, but they must go further.

Local governments also have important responsibilities that can support healthy weights in other ways, especially for children, particularly the delivery of physical activity spaces (e.g. leisure centres) and green spaces, as well as the delivery

of some parts of overweight and obesity management services. However, this document specifically looks at shaping food environments. Recommendations relevant to overweight and obesity management services will be outlined in our *Treatment Position Statement*.

The OHA works with the UK Government in Westminster, and our sibling organisations Obesity Action Scotland and the Obesity Alliance Cymru work with devolved administrations. The policy areas under discussion in this discussion are largely devolved to the UK nations and England, Scotland and Wales are taking increasingly divergent approaches. Unless specified otherwise, the recommendations in this document relate to England and the Westminster Government only.

This document outlines the known evidence base for action then makes specific policy recommendations to deliver on these ambitions.

# Executive Summary

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All children should be able to grow up healthy, no matter where they live. Across the country, especially in the most deprived areas, local leaders are eager to make their communities healthier, but often lack the powers and resources to do so. High streets are flooded with unhealthy food and drink that is aggressively and often manipulatively marketed.

Local leaders are ideally positioned to address many aspects of the UK's broken food system and help people to make the places they live healthier. They should be empowered by the national Government to take this place-based approach to improving dietary health by giving them the powers and resources they need in key policy areas such as planning and licensing policy, advertising & marketing, local food partnerships, as well as influencing the national conversation and sharing examples of best practice.

The report recommends clear actions for the national Government to empower local authorities by tackling unhealthy food marketing, utilising planning to make high streets healthier, strengthen public food procurement and provision standards and ensure that local public health is properly funded.

## Key Recommendations

- Planned regulations to protect children from marketing of high fat, sugar and/or salt (HFSS) food and drink on TV and online should be extended to outdoor areas.
- 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.
- Local authorities must be protected against industry lobbying and commercial influences, with a particular focus on addressing legal challenges from companies seeking to undermine public health measures.
  - This should include direct support from a National Government Department in contesting legal challenges to public health plans brought by large corporations.
- National Government must take a stronger stance against engagement with companies that engage in unethical behaviour that undermines public health.
- National Government should use the ongoing reforms to planning in England to make it easier for local authorities to control their local food environments.
  - This should include ensuring that the new 'Design Codes' incorporate healthy food environments, reviewing 'Use Classes' and ensuring that the Public Health Directors are statutory consultees for relevant planning applications.
  - The proposed changes to the National Planning Policy Framework to address health (including obesity and hot food takeaways specifically) should be supported and brought forward with clear, impactful guidance for local authorities.
- 27% real-term cuts to public health grant should be immediately reversed, currently valued at a £1.5 billion uplift, and indexed to inflation in future.
- National Government should develop a central framework to support the creation of a local food partnership in every local area that wishes to establish them, and develop a national platform for sharing best practice and championing local excellence.
- All local authorities in England must continue to oversee and conduct the National Child Measurement Programme, and national Government must ensure that all statutory responsibilities in this regard are met in full.

# Case for Action on Reducing Obesity Rates

The UK has the third highest rate of people being classed as living with overweight or obesity in Europe, behind only Malta and Turkey. Rates are similar in Wales (62%) and England (64%) and highest in Scotland (67%).<sup>1</sup> Latest data on weight shows two in five children in England are leaving school above a healthy weight.<sup>2</sup> Those children are five times more likely to go on to develop serious and life limiting diet-related conditions in adulthood.<sup>3</sup> This has profound implications for health inequalities – twice as many children are overweight in the poorest areas compared to the richest, driving vast disparities in health outcomes.<sup>4</sup> All parents, wherever they live, want their children to grow up healthily however for those in poorer areas, the broken food system makes it much, much harder.

## A healthy population is the foundation of a strong economy

- OECD analysis found that the average UK tax bill is £500 per person per year more than if everyone was a healthy weight.<sup>5</sup>
- Frontier Economics estimates in 2023 that the total economic impact of obesity rates is £98 billion, accounting for the costs to the NHS and social care, lost productivity, workforce inactivity and welfare payments.<sup>6</sup>
- The Institute for Government estimated the economic impact of obesity was equivalent to 1-2% of UK GDP, and that lack of government intervention is resulting in significantly reduced economic productivity and labour force participation.<sup>7</sup>
- 2020 Modelling by the Institute for Public Policy Research estimated that obesity levels among the current cohort of children – over the course of their lifetime – will cost the wider society an estimated £405 billion overall.<sup>8</sup>
- People living with obesity take four extra sick days a year annually – approximately equivalent to an extra 37 million sick days across the UK working population. An additional £4 billion is spent on welfare payments for obesity-related workforce inactivity.<sup>9</sup>

## A healthy population relieves enormous pressure from our NHS and allows resource to be targeted at those most in need

- Frontier Economics estimates that the NHS (across the UK) spends £6.5 billion annually on treating obesity-related ill-health<sup>10</sup>, with Government analysis in 2017 projecting this to reach £9.7bn by 2050.<sup>11</sup>
- IPPR predict that excess weight amongst the current cohort of children will cost the NHS £74 billion over their lifespan.<sup>12</sup>
- Diabetes care alone accounts for nearly 10% of the NHS budget<sup>13</sup>, and the number of Type 2 diabetes diagnoses has doubled in the last 15 years. 87% of people diagnosed with Type 2 diabetes are living with overweight or obesity.<sup>14</sup>
- Excess weight is the second biggest preventable cause of cancer, after smoking. Over 1 in 20 UK cancer cases are due to excess weight and obesity is predicted to overtake smoking as the main preventable cause of cancer in women by 2035.<sup>15</sup>
- New drug treatments look promising for those with the highest levels of weight-related risk, however, increasing access to treatment without effective prevention strategies will simply add even greater pressure to NHS resources.<sup>16</sup>

# Case for Action on Reducing Obesity Rates

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## A healthy population needs a healthy food system

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.

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.



# Case for Action at a Local Level

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In response to the growing levels of excess weight, and in the absence of national action, many local authorities have been taking innovative approaches to help support their communities to achieve and maintain a healthier weight. They are ideally placed to do so, as the functions they are responsible for serve all generations and can directly influence people's health<sup>17</sup>.

Since 2013, local authorities in England have been responsible for improving the health of their local populations supported by a ring-fenced public health grant and a public health team<sup>18</sup>. Some local authorities have utilised various levers (actions available at a local level) such as planning, licensing, system leadership and procurement to create healthier environments.<sup>19</sup> **Addressing obesity rates at a local level can help councils to meet some of their overarching objectives, including:**

- Reduce health inequalities and reduce pressure on local health services
- Boost the local economy via increased productivity and increased workforce capabilities
- Respond to rising social care needs by increasing longevity and years of healthy life<sup>20</sup>

However, the overall current approach to addressing obesity rates using local action is not working. Existing interventions largely focus on encouraging individual behaviour change via increased physical activity or altering dietary habits, rather than making structural changes to the food environment that people live in. **A recent National Institute for Health and Care Research (NIHR) study concluded the following<sup>21</sup>:**

- Free access to public sport and leisure services can help people to be more physically active, but the picture is mixed over its effectiveness, and there are challenges reaching those that need interventions most.
- Programmes aimed at preventing excess weight in children and young people in the community can be effective, but impact varies across age groups.

- Interventions in schools to increase physical fitness or alter dietary habits have achieved limited results; most NIHR-funded interventions in UK schools have not been effective.

## A Whole Systems Approach is needed

A growing body of evidence has demonstrated the need to take a whole systems approach.<sup>22,23,24</sup> Whole systems thinking looks at the relationships between different parts (rather than considering each separately), to generate dynamic and flexible interventions.<sup>25</sup> It moves away from isolated interventions, and brings communities, statutory organisations, community businesses and other voluntary, community and social enterprises together to tackle structural determinants of health.<sup>26,27</sup>

In 2019 Public Health England (now the Office for Health Improvement & Disparities) published their 'whole systems approach to obesity' – Appendix 1<sup>28</sup>. Many councils have also made a declaration to promote healthy weight in their communities via a whole systems approach<sup>29,30</sup>. This includes working with a wide range of departments within the council, integrated care systems and other partners in promoting healthier weight, including senior officials and elected members wherever possible to demonstrate system leadership focusing on the wider drivers and local policy opportunities.

The NIHR note that addressing obesity rates is a priority for the whole local authority and not just for public health departments. At the same time, they report that the evidence on how to implement

## Case for Action at a Local Level

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whole systems approach to address public health problems is in its infancy and further research is required.<sup>31</sup> We support further research into upstream population-wide interventions designed to promote healthier environments, including best practice in engaging relevant partners and the wider community; relationship building; good governance; finance; and embedding the systems approach within broader policy.

NIHR should commission this research into best practice in delivering a whole systems approach to public health. Local authorities should be encouraged and supported to take whole systems approaches to promoting healthy weight environments, which should be a foundational principle underpinning all recommendations made in this document.

### Local action must be supported by clear commitment and action from national government

Local government, in large part, takes direction on how they should use the powers and resources available to them from national guidance, both in terms of practical implementation and strategic outcomes. 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.

Furthermore, there is only so far local authorities can go with regards to some key drivers of overweight and obesity rates. Some policy areas, such as marketing and advertising on TV and online media, reformulation programmes to make foods healthier and limiting promotions of less healthy food and drink in retailers, are beyond local authority control.

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. National Government will need to play a role in ensuring that local authorities are incentivised and recognised for their work to reduce pressures on health services.





# Protect Children From Unhealthy Food Advertising

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Our high streets are covered with unhealthy food advertising that pressures people into making unhealthy decisions. This includes places that children pass every day on their way to school, including billboards, bus stops and phone boxes. Children should be protected from bombardment of unhealthy advertising, which is directly proven to impact children's long-term health and wellbeing, and only advertising of healthier products should be allowed.

Food companies spend millions every year on a range of different marketing techniques to help keep unhealthy food in the spotlight. A wealth of evidence shows there is a clear link between food advertising and the food children eat.<sup>32</sup> Unhealthy food marketing in particular is linked with strong preference for these food products<sup>33</sup>, more snacking<sup>34</sup> and greater intake of junk food and lower intake of healthy food overall.<sup>35</sup> There is also significant academic consensus on the association. The only groups that downplay the link between advertising and obesity are those with vested interests such as the food and advertising industries.

The UK Government is bringing in restrictions to protect children from the harmful effects of advertising in October 2025, with a 9pm watershed ban of less healthy food advertising on TV and a complete ban online.<sup>36</sup> However, these new restrictions only cover TV and online; outdoor advertising is excluded. Outdoor marketing has been shown to be effective: repeated exposure on the way to school or work promotes the purchase of products from that brand.<sup>37</sup> People living in the most deprived parts of the UK are far more exposed to unhealthy food advertising, which contributes to vast disparities in health outcomes between the richest and poorest parts of the UK<sup>38</sup>. Four out of five outdoor billboard adverts in England are in deprived areas<sup>39</sup>.

Councils and devolved mayors can restrict advertising featuring unhealthy products on council-owned properties (typically this can include bus stops, some billboards and digital screens, lamppost ribbons, planters, roundabouts, road signs and their website) and in some cases, within sites which they rent out to other services, such as leisure centres.

They are currently unable to restrict advertising beyond local government owned assets, which makes up most of the advertising in most local areas. This may include most billboards and digital screens, hoardings, telephone boxes, transport networks – including the inside and outside of all vehicles and station concourses. Many local authorities are also locked into lengthy contracts with advertising partners, meaning that opportunities to update advertising policies only arise once every few years.

Telephone boxes have been a particular source of concern for local authorities, as they are increasingly unused for the stated purpose (phone calls) but are still kept as advertising spaces, despite concerns about their poor maintenance and public hygiene issues.<sup>40</sup> In high traffic public areas, advertising companies undermine planning legislation to erect structures that house a payphone but are essentially advertising panels.<sup>41,42</sup>

More than 100 local authorities are now consulting Sustain; the Alliance for Better Food and Farming for support with bringing in a local food advertising policy for their assets. To date, eleven local authorities have brought in Healthier Food Advertising Policies. This is in addition to the Mayor of London, who first established this policy on one of the world's most valuable advertising estates – the Transport for London estate in 2019.

London's advertising restrictions have led to an estimated 20% reduction in sugary product purchases and 1000 calories per week per household reductions from unhealthy foods and drinks<sup>43</sup>. The University of Sheffield's modelling research has demonstrated that this would be expected to lead to 100,000 fewer cases of obesity,

# Protect Children From Unhealthy Food Advertising

3,000 fewer cases of type 2 diabetes, 2,000 fewer cases of heart disease and would save the NHS £218 million over the course of the lifetime of the current London population<sup>44</sup>. Interestingly, there have been no financial losses across any site that has implemented the policy because no company is banned from advertising – they simply need to swap from advertising unhealthy to healthier food, or fill the gaps with other products. Transport for London’s advertising revenues actually increased in their first year after the policy was implemented by £2.3million.<sup>45</sup>

Despite all the academic evidence of impact, the years of precedent at multiple locations and the positive financial records, the policy has faced considerable opposition, both from local government commercial teams who are often working at odds with the aims of the policy, but also due to significant lobbying against these policies, both at the combined authority level (e.g lobbying received by the Mayor of London)<sup>46</sup>, and at local council level.<sup>47</sup> Industry-funded lobbyists will share information to discredit peer-reviewed academic literature about the policy and spread fear of financial repercussions, where there is to date no evidence that this is taking place.

OHA’s 2023 YouGov polling shows that 76% of the public support local advertising restrictions near areas where children congregate (only 15% opposed), and 64% support totally restricting outdoor advertising of unhealthy food and drink products (24% opposed). This is true across all voting blocks, as over 70% of Labour, Conservative and Liberal Democrat voters support this policy.<sup>48</sup>

## Local Advertising Recommendation

- **Children should be protected from all marketing of unhealthy food and drinks, with restrictions on high fat, sugar or salt (HFSS) food and drink advertising extended to all outdoor media likely to be seen by children.**
  - Whilst there are a number of ways this could be achieved, the most effective would be using primary legislation modelled on the equivalent regulations for tobacco (The Tobacco Advertising and Promotion Act 2002). This has clear precedent and the legal grounding to be implemented easily and effectively.



- **Specific measures should be taken to support local authorities in dealing with telephone boxes that are being used primarily for advertising. This would specifically involve:**
  - Strengthening the existing express consent regime to require planning applications for street furniture to a. declare if the intended primary revenue-generating purpose of the structure is for advertising and b. include evidence that the proposed secondary facility remains valued by the community.
  - Provide clear guidance to local authorities on including a ‘Right to Remove’ clause for where privately-owned street furniture is no longer appropriate.
  - Extend OFCOM’s rules regarding the removal of BT phone boxes to all public call boxes owned by code operators.
- **Local authorities must be protected against industry lobbying and commercial influences with accountability through legally binding systems for all stages of policy-making.**
  - National Government must support local authorities with clear guidance on the evidence for measures to protect children from unhealthy food and drink advertising and the tactics used by industry groups to undermine these policies, as well as mandate public health teams be given appropriate priority in decision making.

# Use Planning Policy to Build Healthier Communities

Planning is an upstream tool that can influence the built environment to improve health and help reduce excess weight in local communities. Local planning authorities can influence local food environments by limiting commercial drivers of poor health, alongside wider intentions such as promoting active travel, green spaces and physical activity. This document will focus on policies that can impact the local food environment, particularly hot food takeaways and home deliveries.

## Case for Action

The UK diet exceeds recommended dietary levels of calories, sugar, salt and fat, and 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 supermarket.<sup>50</sup> 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 areas.<sup>51</sup>

Out of home (including home deliveries) food tends to have larger portion sizes, resulting in greater caloric intake when eating out of home more frequently as compared to in the home.<sup>52</sup> Even for the same brand, portion sizes are larger in out of home settings versus at the supermarket.<sup>53</sup>

Hot food takeaways within easy walking distance of schools can provide an attractive and affordable food option for pupils.<sup>54</sup> Research has shown associations between exposure to takeaway outlets, takeaway consumption and body weight in adults. There was some evidence that these associations were stronger in groups with lower levels of education, which may contribute further to socioeconomic inequalities in obesity.<sup>55</sup>

## Existing Powers

In England, there is potential for councils (primarily at District, Borough or City level) to adopt a planning policy, based on strong local health evidence, that will restrict the number of hot food takeaways in a particular area, though cannot restrict other shops selling unhealthy food items such as newsagents and petrol stations.<sup>56</sup>

A qualitative study from 2021 found that planning policies can successfully regulate takeaway food outlets with the intention of improving health and wellbeing.<sup>57</sup> Planning policies and decisions can also influence whether new housing developments include other sources of healthy food (e.g private gardens, public allotments, community orchards).

Under these existing policies local authorities can in certain circumstance reject applications for new hot food takeaways. Local leaders have taken the initiative in certain areas to introduce exclusion zones for new takeaways within 400 metres of schools or reject new fast-food outlets in areas of high obesity rates in councils such as Gateshead, Newcastle, Blackburn and Darwen and several London boroughs.<sup>58</sup>

Supplementary Planning Documents (SPDs) are available to guide local authorities in delivery of impactful planning policies. Some councils have used SPDs to restrict the permission for or hours of operation of hot food takeaways within 400m of primary and secondary schools.<sup>59</sup> A census of local authorities in England found that 164 (50.5%) of local government areas had a policy specifically targeting takeaway food outlets. Of these, 56 (34.1%) focused on health through policies such as exclusion zones around places children and families congregate, especially schools.<sup>60</sup>

There is currently major reform of the national planning policy framework underway, with direction for all local authorities to have a supplementary plan in place in each local authority. As part of this, SPDs will be replaced and must either be transferred to these new plans or no longer be valid. It is unknown if the new plans will have the ability to address healthy food environment.<sup>61</sup>

# Use Planning Policy to Build Healthier Communities

## Barriers to Progress

The first major barrier to progress is that promoting good health is just one of very many considerations that planning policy is supposed to consider. Unless there is an explicit statement in national planning policy that one of the purposes of planning is to create places that both support good-health and prevent ill-health, actions such as reducing the prevalence of hot food takeaways will appear to be of low importance and easy to contest. There are number of individual documents considered by planners that give indications in this direction, but they lack a clear overarching objective or direction from national government.

- The National Planning Policy Framework (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”.<sup>62</sup>
  - The National Planning Policy Framework was published in 2012 and revised in 2018, 2019, 2021 and 5 September 2023. It sets out the government’s planning policies for England and how these are expected to be applied, covering economic, social and environmental aspects of development.
  - Crucially, as of July 2024 there is no mention in this document to a giving a priority to preventing ill-health from health-harming products. 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).
  - In July 2024, The Ministry of Housing, Communities and Local Government (MHCLG) released the latest proposed revisions to the NPPF alongside a consultation that concludes on the 24th September 2024. In this consultation, they specifically state an intention to take “action on public health and reducing health inequalities”, specifically “tackling obesity... such as through more consistent approaches to controlling hot food takeaways near schools.”<sup>63</sup>
- In 2021, the UK government updated the ‘Use Classes’ for planning to make hot food takeaways ‘sui generis’ – meaning local authorities have discretion to handle these outlets as they see fit.<sup>64</sup>
  - However, this only applies to outlets with no or little seating provided. Outlets with more seating are classified as restaurants, which fall into ‘Use Class E’. This is a very broad category including most shops and office spaces, and there is little limitation on how one ‘Use Class E’ building can be converted to another ‘Use Class E’ building.
  - This situation gives councils a great deal of control over smaller outlets, but little control over larger ones, as many larger fast-food brands built larger outlets with significant seating, with no ability for the council to distinguish between these outlets and traditional restaurants.
- The NICE Public Health Guideline on Cardiovascular Disease prevention recommends action to encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools).
- The Planning Practice Guidance (PPG) supports actions to limit the proliferation of less healthy uses such as hot food takeaways. Many local planning authorities (LPAs) have adopted development plan documents and supplementary planning documents (SPDs) referring to hot food takeaways.<sup>65</sup> Local authorities can direct public policy objectives towards promoting healthy weight environments through this statutory local plan.<sup>66</sup>



# Use Planning Policy to Build Healthier Communities

A second major barrier to action is legal action (or threats thereof) to any policies introduced by local authorities, by larger or multinational companies operating hot food takeaways and fast-food outlets. This primarily functions by companies using their deep financial and legal resources to make representations to the Planning Inspectorate when a local authority introduces a new plan to address childhood obesity that includes measures to limit hot food takeaways near schools, or appealing to the Inspectorate when a local authority attempts to refuse permission for a new outlet. Large companies are able to repeat this at scale across the country.<sup>67</sup>

The Planning Inspectorate for England and Wales is an executive agency of the Ministry of Housing, Communities and Local Governments. The Inspectorate has two key functions, the first of which is to review planning policies developed by local authorities. The second is deciding most planning and enforcement appeals on behalf of the Secretary of State. The NPPF is clear that the planning system should be genuinely plan-led and that where a planning application conflicts with an up-to-date development plan, permission should not usually be granted for an appeal. A planning inspectorate decision cannot be further appealed. The only recourse is to bring judicial review proceedings against the Inspectorate.<sup>68</sup>

A review of 52 appeals cases made to the Planning Inspectorate about health-related decisions found that 26 were upheld (local decision overturned and Planning Inspector (PI) found in favour of the business) and 26 dismissed (i.e. permission not given to the business).<sup>69</sup> **A number of key factors influencing dismissal were found:**

- Scepticism amongst PIs about the evidence of impact of hot food takeaways on obesity
- Personal ideological objections to the role government in addressing childhood obesity
- Economic factors, and the impacts on high-streets, council revenue and employment

The Local Government Association has identified these appeals as a major barrier, and noted that the action (or threat of action) can be entirely spurious in nature and still deliver the desired outcome for the company, as most local authorities do not have the financial resources to legally contest the challenges.



This issue has received significant media attention in 2023, when it was revealed that Kentucky Fried Chicken had 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>70</sup>

The third major barrier to action is that there is not uniform support for interventions from planning officers and local government officials. Interviews with Planning and Public Health professionals in England found generally high levels of support for action to address the issue of obesity.<sup>71</sup> However, they also found that many planners have an insufficient understanding of the causes of obesity and particularly the role of the food environment, which led to less willingness to use planning policies to address local obesity rates. Barriers included ideological objections to using government policy in this way, conflicting priorities between local health and economic objectives, and a lack of understanding of the ability of planning policies to influence health outcomes.<sup>72</sup>

**The Local Government Association's recommendations for councils to take a whole systems approach to tackling obesity through the built environment are:**

- A review should be undertaken into planning rules regarding the density and location of hot food takeaways, as well as their proximity to schools, nurseries and other places where children and young people congregate.

# Use Planning Policy to Build Healthier Communities

- A national review should be made into Planning Inspectorate decisions on appeals council decisions to limit the proliferation of hot food takeaways.
- Local areas need more support from national government to respond to well-funded legal challenges by these companies.
- Councils appreciate that a flourishing hospitality sector in our towns and cities is good for local economies and where they have introduced restrictions on takeaways are working with businesses to help create healthier menus for their customers.

OHA's 2023 YouGov polling data shows that 58% of the public support councils using the planning system to reduce the number of unhealthy food outlets in their local area, including over 60% of Labour, Conservative and Liberal Democrat voters.

## Planning Reform & Built Environment Recommendations

- **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.**
  - This should include clear guidance to local authorities about using their local planning policies to increase the number of healthy food options and decrease the number of unhealthy food options, and that public health be given appropriate priority in all planning decisions.
  - There should be an explicit direction to presume against approving an application to open a new hot food takeaways located near any school, or in areas of high obesity rates or deprivation.
  - Once the NPPF is finalised, this guidance must be cascaded down to all relevant planning documents (including the Planning Practice Guidance) that inform local government planning policies.
- This guidance must be adequately conveyed to local planning officers and the Planning Inspectorate to ensure that individual lack of understanding of the issue, or personal ideological views, do not undermine public health initiatives. This should include additional training where necessary.
- Per the Local Government Association's recommendations, national reviews should take place into the density and location of hot food takeaways to inform local authority policymaking, and the Planning Inspectorate's decisions on industry appeals to council policies.
- National Government should use the ongoing reforms to planning in England to make it make it easier for local authorities to control their local food environments.
- 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 hot 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'.
- Public Health Directors should be made statutory consultees for any planning decision on hot food takeaways.
- **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 the vast majority

# Use Planning Policy to Build Healthier Communities

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- 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 engagement 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 to assist existing businesses to transition to healthier practices and increase the prevalence of healthier options.



# Invest in Public Health

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The public health grant has been cut by 27% on a real-term per person basis since 2015/16, despite providing excellent value for money. The grant is used by local council leaders to invest in the health of their residents. Failure to invest in vital preventive services will mean health worsening further, widening health inequalities, and the costs of dealing with this poor health will be felt across society and the economy.

In 2015/2016, the UK Government devolved the funding from the public health grant to local authorities in England<sup>74</sup> directly, along with the responsibility to deliver public health interventions at a community level. However, the level of funding provided to local authorities was not tied to inflation, which means that the grant is being cut in real terms every year. Devolving responsibilities to local government without sufficient resources undermines the central concept of devolution and prevents any potential benefits from greater local control of policymaking.

A clear priority must be reversing these real-terms cuts and ensuring that lessons are learned to prevent any future devolving of responsibilities to local authorities without providing sufficient resource to deliver those responsibilities. The Local Government Association continue to make the case for multi-year settlements and for more long-term certainty around public health funding, but so far, this has not come to fruition.<sup>75</sup>

Each additional year of good health achieved in the population by public health interventions costs £3,800, vs £13,500 from NHS interventions.<sup>76</sup> Yet public health teams have faced, and continue to face, an unprecedented period of funding and demand pressures and means that economic goals and statutory services take priority over all other functions.<sup>77</sup>

- Services to address obesity in adults represents one of the biggest cuts in spending since 2015/2016 with a 27% reduction in spend (Expected to be £132 million in 2023/2024).<sup>78</sup>
- Obesity services for children have also been cut by 15% since 2015/2016 (expected to be a reduction of £98 million in 2023/2024).<sup>79</sup>

## Public Health Grant Recommendation

- **27% real-term cuts to public health grant should be immediately reversed, currently valued at a £1.5 billion uplift, and indexed to inflation in future.** A wider review should be launched by national government into the adequacy of public health funding.
- This funding uplift should be used to drive an increased focus on prevention.





# Improve Procurement via Local Food Partnerships

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Local food partnerships support improvements in procurement to make supply chains more healthy, local, and sustainable. They play a central role in joining up otherwise disconnected and siloed health and food systems; taking a holistic view of people, their health and their communities.

Through engaging residents, community organisations, local governments and policy makers in shared dialogues, local food partnerships can play a central role in fostering people and community-centred approaches.<sup>80</sup>

- They can support communities to identify which health determinants they are being affected by, and to co-create solutions to tackle these.<sup>81</sup>
- They can create conditions where individuals and communities can influence decisions that impact the social, economic, cultural, and political determinants to health.<sup>82</sup>

The National Food Strategy<sup>83</sup> endorsed local food partnerships and noted that they have already brought together councils and partners from the public sector, voluntary and community groups and businesses to reduce diet-related ill-health and inequality while supporting a prosperous food economy.<sup>84</sup> Other reports from Public Health England<sup>85</sup> and the Local Government Association have also endorsed the model of improving procurement via these partnerships.<sup>86</sup> Local food partnerships have been acknowledged as a best practice model for advancing public health<sup>87,88</sup>, noting of their role in supporting communities during the Covid-19 pandemic.<sup>89</sup>

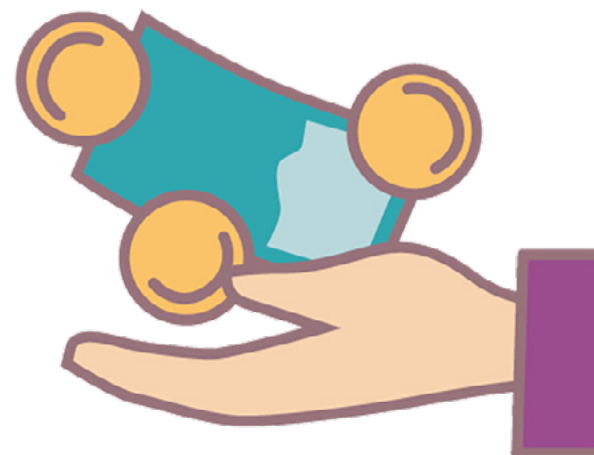
Sustainable Food Places partnerships were presented in a parliamentary consultation as contributing to improving action on access to healthy food.<sup>90,91</sup> Subsequently, the work of Sustainable Food Places partnerships has been incorporated into two government agency publications as an example of good practice and resource for local government work on a healthier

food environment and a whole systems approach to obesity.<sup>92,93,94</sup> The National Institute for Health and Care Excellence (NICE) guidance notes that community engagement as a strategy for health improvement leads to the provision of services that are better suited to meet the needs of community members.<sup>95</sup>

The work of local food partnerships can be supported by ensuring they are adequately resourced, both financially, and by having a broad array of partners and allowing sufficient time to build trust and support.<sup>96,97</sup> Civil society organisations provide services aimed at improving the health and wellbeing of the people in their communities, as well as tackling the social determinants of health.

## Local Food Partnership Recommendation

- The Government should develop a central framework to support the creation of a local food partnership in every local area that wishes to establish them, and develop a national platform for sharing best practice and championing local excellence.



# Consistent Population-wide Child Measurement

Gathering data for use at a population level is vital to identify the scale of an issue and an appropriate response. The invaluable data gained from the National Child Measurement Programme is being used to design ways of tackling the root causes of diet-related ill-health, such as the cheap, unhealthy, heavily processed food that is advertised to children day in, day out.

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. The programme is delivered in all local authorities in England. Heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. The measurement process is overseen by trained healthcare professionals in schools.

**The programme was set up in line with the government's strategy to address obesity rates, and to:**

- Inform local planning and delivery of services for children
- Gather population-level data to allow analysis of trends in growth patterns and obesity rates
- Increase public and professional understanding of weight issues in children
- Be a vehicle for engaging with children and families about healthy lifestyles and weights

Whilst not a mandated part of the programme, since 2008 parents in most local authorities have also received feedback letters as part of the NCMP, informing them of their child's measurements and weight status and directing them to resources aimed at supporting parents to help their child achieve and maintain a healthy weight. As weight status is an emotive subjective, giving feedback or having conversations about a child's weight can be challenging if not approached in a helpful and sensitive manner. There is little evidence

that informing parents has had a positive effect.<sup>98</sup> Generally, the uptake of services recommended through the NCMP letter are low.<sup>99</sup> There is an emerging body of evidence to suggest that the current process needs review, particularly in communicating and feeding back results to parents/carers.<sup>100</sup>

The Office for Health Improvement and Disparities provide a national template letter for feeding back results; this is currently under review and was expected to be made available for the 23/24 academic year. This takes account of a number of strands of research including work with Leeds Beckett University as part of a comprehensive letter analysis, a review of complaints and feedback received by the national team from parents/carers and local authorities in England, and an NIHR Trail of the MAPMe tool to improve parental understanding of the issue and measurement results.<sup>101</sup>



# Consistent Population-wide Child Measurement

The Royal Society of Public Health (RSPH) has called for the following changes<sup>102</sup>:

- For parents of children living with obesity to be contacted by phone before receiving a letter
- Support in the form of either healthy food vouchers or access to after-school activity clubs to incentivise healthier eating and exercise habits for those children who are living with excess weight
- Better integration of the National Child Measurement Programme with other public health initiatives, such as Change4Life.

## National Child Measurement Programme Recommendations

- All local authorities in England must continue to oversee and conduct the National Child Measurement Programme, and national government must ensure that all statutory responsibilities in this regard are met in full.
  - Recommendations made through OHID's review of the letter sent to parents, as well as the recommendations made by RSPH, should be implemented in full.



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