CONSULTATION RESPONSE

Obesity Action Scotland
Healthy weight for all

Scottish Government consultation on draft National Planning Framework 4 (NPF4)

Response from Obesity Action Scotland
Closing date: 31 March 2022

National Spatial Strategy for Scotland 2045

Sustainable Places

Question 1 – Do you agree that this approach will deliver our future net zero places which will be more resilient to the impacts of climate change and support recovery of our natural environment?

N/A

Liveable Places

Question 2 – Do you agree with this approach will deliver our future places, homes and neighbourhoods which will be better, healthier and more vibrant places?

We agree to some extent, but believe the approach can be strengthened.

It is welcome that 20-minute neighbourhoods have been acknowledged and introduced in this section. There is currently no mention of the food environment within 20-minute neighbourhoods in draft NPF4. This is a gap which needs to be addressed. Ensuring the provision of healthy food environments needs to be considered as a core and essential part of these neighbourhoods, with easy access to locally available healthy, nutritious and sustainable food prioritised.

Further, this section mentions a desire to create healthy places, which is welcome. However, as with 20-minute neighbourhoods, it mentions nothing about the food environment and the important role of planning in this regard. This is a significant omission. Planning has an essential role in creating healthy places and spaces, and both positively and negatively impacts on these places and spaces through the decisions taken, for example in terms of the outlets that are permitted to open and the distribution of these within an area. In order for 20-minute neighbourhoods to be effective, they need to be more clearly defined, with it explicitly pinned down what is meant, and this goes further than just active travel. For 20-minute neighbourhoods, it is important to recognise that a one-size fits all approach will not be appropriate, and local areas will require the ability to introduce it in a way which recognises and meets the needs of their area.

Productive Places

Question 3 – Do you agree that this approach will deliver our future places which will attract new investment, build business confidence, stimulate entrepreneurship and facilitate future ways of working – improving economic, social and environmental wellbeing?

We do not agree with the approach outlined. It fails to acknowledge the importance of the food environment and its important role in supporting economic, social and environmental wellbeing.

The draft document states *"Our strategy is to build a wellbeing economy that benefits everyone, and every place, in Scotland. The transformations needed to tackle the climate crisis and nature crisis, together with the impact of the pandemic, means that green investment is a key priority for the coming years"*[1]. In relation to this, we note there is no mention of the food system which is disappointing and a significant omission. To create productive places that build a wellbeing economy, and support and promote human and planetary health, the food system must be at the heart of (economic) decision-making processes in relation to planning.

There are significant costs associated with our current poor food system that results in us consistently missing our dietary goals[2]. Those costs include overweight and obesity alongside other non-communicable diseases (NCDs). These create both a health burden and an economic burden. Creating a food system that makes it easy to make a healthy choice and allows us to shift the population's diet towards achieving the dietary goals would have significant health and economic benefits. We believe that only through considering such costs and benefits can we truly see the positive financial benefits of a planning system which promotes health above all else, and which helps deliver a food system which supports achievement of a wellbeing economy for all in Scotland.

A healthy place must include accessible local businesses, services and amenities, which help to secure employment and training opportunities for residents. It is also essential for future food security and sustainability. Planning has a key role to play in protecting and promoting the local economy, which is essential for delivering on a wellbeing economy for all – local businesses are key for thriving communities. For example, evidence highlights that £10 spent in a local food outlet is actually worth £25 to the local economy, as it gets re-spent locally several times[3]. Crucially, in this regard, the role of planning must also be to ensure that these local businesses and local spending in food outlets positively contributes to health outcomes. If enhanced spending in local food outlets was on food that was predominantly unhealthy and high in fat, salt and sugar, this would create a series of negative externalities that would more than counteract the positive impact of the spending to the local economy. The planning system must ensure therefore that the local food outlets where money is spent are those with promote human and planetary health, by limiting the availability of unhealthy food outlets and prioritising healthy food provision through planning decisions.

Distinctive Places

Question 4 – Do you agree that this approach will deliver our future places which will be distinctive, safe and pleasant, easy to move around, welcoming nature-positive and resource efficient?

We agree with the approach outlined to an extent, but believe it needs to be strengthened.

We welcome recognition in this section of the importance of town centres. However, it does not go far enough and needs to be expanded, in particular to recognise the importance of food and the food environment to public health and wellbeing outcomes, and the opportunity that proposals to reshape town centres offers in this regard.

[1] Scottish Government (2021) Scotland 2045: Our Fourth National Planning Framework Draft
[2] Food Standards Scotland (2020) Situation Report: The Scottish Diet: It needs to change. 2020 update https://www.foodstandards.gov.scot/downloads/Situation_Report_-_The_Scottish_Diet_It_Needs_to_Change_%282020_update%29.pdf
[3] Nourish Scotland (2014), Growing the Local Food Economy in Scotland & New Economics Foundation and The Countryside Agency (2002), The Money Trail: Measuring your impact on the local economy using LM3

Towns centres are the lifeblood of many communities and are where many people access the facilities and services they need for everyday life. We note the draft document refers to reshaping future town centres and will focus on quality. Town centres form a key part of physical environments and town centre action offers a unique opportunity to create physical environments that enable access to healthy food and physical activity. We would like to see this extended beyond new town centres to also include renewal of existing town centres. For town centres to support and enhance the lives of people in Scotland, they need to support and enable choices that lead to better health and wellbeing, and the planning system has a key role in facilitating this. There is a strong dependence on private investment on what happens in town and city centres, demonstrating the significant importance of the planning system in controlling this investment to ensure it promotes positive health and wellbeing outcomes.

The Lancet series in 2011 urged us to create a systems approach to tackling obesity, arguing that 'business as usual' was no longer acceptable in terms of its cost on population health[4]. Such an approach requires all sectors to be involved, including programmes such as town centre renewal and investment. **Policy coherence has been identified as a key factor in influencing food systems[5]**. We must ensure that all policies reinforce each other and, where we have commitments from Scottish Government to tackle overweight and obesity and improve diet, we must ensure that policies elsewhere in Scotland reinforce, rather than undermine, that commitment.

Accessing a healthy diet and maintaining a healthy weight are key public health preventative measures we must take in Scotland to tackle the challenges we face around NCDs such as type 2 diabetes and cancer. Diet, Physical Activity and Healthy weight is a public health priority of the Scottish Government and as such all governmental policies must take steps to address these issues[6]. We would therefore urge that the public health priorities are considered in plans for town centres through NPF4 and ensure that associated actions support public health.

Food is a fundamental need for public health and proposals to reshape town centres offers a significant opportunity to influence how we access food and what type of food we access. If we are to ensure a healthy, resilient population, we need to ensure the reshaping process plays its role in enabling access to healthy, nutritious food in a variety of ways, including[7]:
- easily accessible retail and out of home premises at a density that reflects the needs of the local population, for example incentivising healthy food retailers to enter low-income areas
- enabling and supporting the supply and sale of healthy nutritious fresh food
- preventing and discouraging oversupply of foods high in fat, sugar and salt, for example through preventing positioning of unhealthy food outlets where children gather.

Question 5 – Do you agree that the spatial strategy will deliver future places that overall are sustainable, liveable, productive and distinctive?

No, we do not agree.

Overall, the language used throughout the spatial strategy is quite weak and it is open to interpretation. There are also many areas which are either missing or need to be strengthened. As a result, in its current form, we believe the spatial strategy is unlikely to deliver on its objectives.

[4] https://www.thelancet.com/series/obesity-2011
[5] https://www.city.ac.uk/__data/assets/pdf_file/0018/504621/7643_Brief-5_Policy_coherence_in_food_systems_WEB_SP.pdf
[6] Scottish Government (2018) Public Health Priorities for Scotland https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf?forceDownload=true
[7] https://www.thelancet.com/series/obesity-2015

Question 6 – Do you agree that these spatial principles will enable the right choices to be made about where development should be located?

No, we do not agree.

The spatial principles section of the draft document does not include or mention health which is a significant concern. Health and creating a healthy weight environment should be one of the spatial principles in NPF4, as the planning system has a key role to play in promoting and supporting health and healthy environments. We would like to a see a spatial principle specifically focused on health, such as prioritising health outcomes. Having such a principle would also support achievement of the other principles listed.

We believe health should be enshrined as a core principle and function of the planning system, especially given that improving the health and wellbeing of the people in Scotland is one of the outcomes for planning outlined in Appendix A in the draft NPF4 document. The Scottish Government has an obligation to ensure the highest possible attainable standard of health for all citizens[8] and this includes an obligation to ensure all citizens have equal access to the determinants of good health, including those within the remit and competence of planning authorities.

In addition to enshrining health as a core principle of the planning system, health also needs to be included as one of the material considerations of the planning system. It is our understanding that these material planning considerations are the only things that can be considered in relation to a planning application i.e. the grounds on which to approve or refuse an application. It is therefore essential that health is added to the list of material planning considerations for the planning system in Scotland, to ensure health is at the heart of decision-making processes. In doing so, health must have equal weight to the other material considerations. It is currently unclear whether NPF4 would enable a local planner to refuse a planning application on the basis of health, and given that health is not currently a material planning consideration, it is unlikely it is or will be considered when deciding on a planning application.

Further, from engagement with local authority councillors, we understand that many councillors feel that they must vote in favour of a planning application, as voting against is likely to result in a legal challenge from the applicant which can be costly for the local authority, and are only likely to vote against it if there is strong evidence of a negative effect in relation to the material planning considerations. This position is hugely problematic. Local councillors should be empowered to feel they are able to vote against a planning application where they feel strongly inclined to do so. Given the widespread nature and impact of health on the planning system and outcomes, adding health as a material planning consideration could help in this regard. Additionally, we would also like to see local authorities work with and support applications from businesses which promote and enhance public health, such as healthy food businesses, using the health material planning consideration as a catalyst for this. It is important to stress that adding health as a material planning consideration can and should be used as a reason to approve applications, not just refuse or oppose them, where the application supports and delivers improved health and wellbeing outcomes.

Scotland faces a continued and growing challenge of overweight and obesity. Two-thirds of adults in Scotland have overweight or obesity[9] and 30% of children are overweight or have obesity[10].

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[8] Public Health Scotland. The Right to Health http://www.healthscotland.scot/health-inequalities/the-right-to-health/overview-of-the-right-to-health
[9] Scottish Government (2020) Scottish Health Survey 2019 edition. Volume 1. Main report https://www.gov.scot/publications/scottish-health-survey-2019-volume-1-main-report/documents/
[10] Scottish Government (2020) Diet and Healthy Weight Monitoring Report https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/10/diet-healthy-weight-monitoring-report-2020/documents/diet-healthy-weight-monitoring-report/diet-healthy-weight-monitoring-report/govscot%3Adocument/diet-healthy-weight-monitoring-report.pdf

Additionally, 91% of people in Scotland feel that fast food is too easily available[11] and in many cases is the default choice or the only affordable option. The planning system has a central role to play in tackling the availability and overabundance of unhealthy food. Our vision in this regard is of a Scotland where everyone has equal opportunity to be a healthy weight. This will require a fundamental shift in many areas of public policy and planning is one of the key areas. NPF4 provides a unique opportunity to create healthy weight environments that can have a positive impact on the health of our nation. For this to happen, health must be a core and primary objective of the planning system, with a health-first position adopted for all decision-making processes.

Health is strongly influenced by the physical and social environment. Communities are affected by planning decisions and once the decisions have been made, they can lock a community into particular lifestyle behaviours and environment for years and even generations to come. Further, it is those living in the most deprived communities who are the most likely to be exposed to social and environmental factors that negatively impact on their health. Research has found that essential food items can cost up to 3 times as much in a rural and deprived areas[12], and the clustering of fast food outlets disproportionately affects deprived areas[13]. We comment further on this in our answer to question 36 on policy 14: health and wellbeing.

It is imperative that the planning system takes the impact of place on health and health inequalities into consideration throughout the planning process and in decisions on where developments should be located. The most effective way to do so is to enshrine the right to health as a core purpose and include it as a material planning consideration in the planning system.

Planning decisions at both at a national and local level must have health as a key criterion[14], with health included in the material planning considerations, and assess the contribution of the decision to support easy access to healthy, nutritious and sustainable food. We need NPF4 to create a framework that allows local decision makers to change the availability and accessibility of unhealthy and healthy food at local level.

Question 18 – What are your overall views on the proposed national spatial strategy?

Overall, the National Spatial Strategy and NPF4 are very weak on health and need to be strengthened. Despite improving the health and wellbeing of the people of Scotland being one of the identified outcomes of NPF4, the content of the national spatial strategy makes little reference to health and needs to go much further.

Evidence from the Covid-19 pandemic highlights how a changed or modified environment can change people's behaviours, and planning is central to this. To better understand the impact of the pandemic on people's food consumption behaviours, we commissioned polling activity in May 2020, and found a clear indication that the pandemic had changed the lifestyles of people in Scotland in both positive and negative ways. The survey found that although 43% reported cooking from scratch more often and 44% purchased fewer takeaways, 54% reported eating more out of boredom, with people reporting more snacking on cakes and biscuits (49%), confectionery (47%) and savoury snacks

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[11] https://www.obesityactionscotland.org/

[12] https://www.smf.co.uk/wp-content/uploads/2018/10/What-are-the-barriers-to-eating-healthy-in-the-UK.pdf

[13] Macdonald, L, Olsen J. R, Shortt, N. K and Ellaway, A (2018) Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate more in deprived areas in Glasgow City, Scotland?' Health and Place 51, 224 - 231

[14] Government Office for Science (2007) Foresight Tackling Obesities: Future Choices – Project Report, 2nd edition
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

(48%)[15]. **These changes demonstrate how quickly a modified environment can change people's behaviours,** and the impact that unhealthy social environments can have on health outcomes. Obesogenic environments are a powerful driver of unhealthy weight in Scotland, causing unhealthy lifestyles to become the default option.

It is important that the planning system takes steps to ensure the number and position of food outlets is appropriate and that these outlets sell nutritious, healthy food. It is crucial that the environment around us encourages us to eat healthily. We must also ensure that outdoor advertising, signage and hoardings encourage and promote healthy eating and a healthy diet.

Part 3 – National Planning Policy

Sustainable Places (Universal Policies)

Question 22 – Do you agree that addressing climate change and nature recovery should be the primary guiding principles for all our plans and planning decisions?

We agree that addressing climate change and nature recovery should be a guiding principle, as they are both important. However, it shouldn't be the only primary guiding principle. Addressing climate change and nature recovery cannot be seen in isolation to other key influences. The importance of health and health outcomes in planning decisions in relation to climate change (and nature recovery) needs to be considered. In this regard, we feel that health has not been given enough consideration within NPF4, in comparison to tackling climate change. Both should be given equal weighting, and not pursued at the expense of one another. In this regard, consideration of health and health outcomes needs to be strengthened.

Action is needed to align with other major and related policy areas to ensure policy coherence. Some policies can indirectly act to reduce the incidence of obesity via policy actions with other motivations. For example, policies related to climate change and health inequalities have been identified as being of particular importance in the development of strategies to tackle obesity and deliver healthy food systems[16]. This was explored in a 2019 report by the Lancet Commission which introduced the idea of "the Global Syndemic" – the challenges of obesity, climate change and undernutrition are closely aligned and by bringing them all together under the "Global Syndemic" concept, there is increased potential to strengthen action and also accountabilities on all three challenges[17]. Additionally, the National Food Strategy report[18] outlines the significant negative impacts of junk food and calls for a focus on breaking what it calls the junk food cycle. Importantly, it stresses that the best and most effective way to do this is through change to the food system, with structural, economic and cultural changes required at all levels. Addressing these challenges requires a comprehensive and systems-oriented approach. Cross-government, cross-sector collaboration must be a key outcome. This will ensure that key decisions that are made on food consider the impact beyond food policy and the food system/environment.

This example from food policy demonstrates the importance of taking a coherent, cross-cutting approach to policy decision-making and further highlights why health needs to be placed at the centre of the planning system to ensure this coherence.

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[15] Obesity Action Scotland (2020) Healthy Diet, Healthy Weight and Resilience
https://www.obesityactionscotland.org/media/1497/resilience-oas-final.pdf
[16] Government Office for Science (2007) Foresight Tackling Obesities: Future Choices – Project Report, 2nd edition
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf
[17] Swinburn B, Kraak VI, Allender S, et al (2019) The Global Syndemic of Obesity, Undernutrition and Climate Change: The Lancet Commission report, Lancet 393(10173):791-846
[18] National Food Strategy Independent Review (2021) The Plan https://www.nationalfoodstrategy.org/

Policy 1: Plan-led approach to sustainable development

Question 23 – Do you agree with this policy approach?

We welcome the policy, in particular it's linkages to the Sustainable Development Goals (SDGs). It would be useful for SDGS to be mentioned more often throughout draft NPF4. We would also like to see reference to Scotland's Public Health Priorities, in particular priority six *"A Scotland where we eat well, have a healthy weight and are physically active"[19]*.

The policy states *"All local development plans should manage the use and development of land in the long-term public interest… should seek to achieve Scotland's national outcomes and the UN Sustainable Development Goals (SDGs)".* This is welcome. In particular, there are 3 SDGs that could be supported through NPF4. First, goal 9 (industry, innovation and infrastructure) covers building resilient infrastructure to support economic development and human well-being, with a focus on affordable and equitable access for all. Second, goal 3 (good health and wellbeing) includes reduction in the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination. Finally, goal 10 (reduced inequalities) covers empowering and promoting the social inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status; and ensuring equal opportunity by promoting appropriate legislation, policies and action in this regard.

Policy 4: Human rights and equality

Question 26 – Do you agree that this policy effectively addresses the need for planning to respect, protect and fulfil human rights, seek to eliminate discrimination, and promote equality?

It is welcome that the importance of human rights is acknowledged in the policy in relation to planning. However, we do not agree that the policy effectively addresses the need for planning to respect and fulfil human rights, seek to eliminate discrimination, and promote equality in its current form. The policy needs to go further to reflect the importance of a right to health to support delivery of other rights, such as the right to food.

As outlined earlier in our response, we believe the right to health should be enshrined as a core purpose of the planning system. Enshrining this as a core purpose/right places a duty on planning authorities, local authorities and national government to ensure this right is met and to prevent actions and activities which undermine achievement of this right.

Once this right is established, it can then be used as a framework to support delivery of other rights within the planning system. The UN Convention on the Rights of the Child states that all children have a right to the best possible health, including access to nutritious food[20]. The planning system has an essential role in delivering this right, by ensuring easy access to healthy, nutritious and sustainable food for children.

Another example is the right to food. We are currently advocating alongside the Scottish Food Coalition, of which we are a member, for the right to food, specifically the right to healthy and nutritious food, to be included in the Good Food Nation Bill, currently going through the Scottish

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[19] Scottish Government (2018) Scotland's public health priorities
https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf?forceDownload=true
[20] https://downloads.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf

Parliament.[21] We believe this right is fundamental for improving diets and associated health outcomes in Scotland, and must be delivered at the earliest opportunity. As has been established throughout our response, health and food are intrinsically linked. Thus, having the right to health as a core principle of the planning system, can help to strengthen delivery of the right to food, as part of a planning system which puts health and delivering a health-promoting food environment first.

With regards to consulting and engaging collaboratively, meaningfully, and purposefully, the policy needs to say more on how this will be done and who the key stakeholders to consult will be. This should include communities and groups who are often least heard. Building in lived experience, especially for those with overweight and obesity, is very important and should be prioritised. Community empowerment and engagement are essential to improve health and social outcomes, and reduce inequalities by improving the places and spaces we live in. Establishing robust processes for genuine and meaningful community engagement in planning processes is essential to ensure people feel empowered to influence local decisions that affect them and can strengthen communities. These views can then be used to inform local priorities. This is something we have previously called for in the planning system[22] and are disappointed that it has not been included/acknowledged in the current draft NPF4 document.

Policy 6: Design, quality and place

Question 28 – Do you agree that this policy will enable the planning system to promote design, quality and place?

We agree with and support the principle of the policy but do not believe it goes far enough. We would wish to see it:
- recognise the importance of the food environment
- be more specific about the use of the Place Standard Tool
- acknowledge and deal with the gaps within the Place Standard Tool, most specifically the food environment.

This policy advocates that development proposals should be able to demonstrate how the six qualities of successful places have been considered and incorporated into the design of developments so such developments make a positive contribution to the area, and developments that have been poorly designed, including those which are not consistent with the six qualities should not be supported or approved. This principle is welcome.

The first of the six qualities is: *places designed for lifelong health and wellbeing*. We welcome this as a quality, however, it is not sufficient in its current state. It fails to mention anything about food and the food environment, and the importance of this to physical and mental wellbeing, which is a core element of the quality.

The Place Standard Tool is referenced in this section as a suggested design tool. We note this is the only reference to the Place Standard Tool in the whole document. Through previous engagement in NPF4 consultation processes, we understood that the Place Standard Tool was being considered as the most useful mechanism for integrating health and place issues within NPF4. Given this commitment, it is concerning that the Place Standard Tool features so little in the current draft document. There is no explanation given as to why there is little emphasis on the tool in the draft document, and we are keen to understand the apparent change in focus in this regard.

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[21] https://www.obesityactionscotland.org/media/1684/20211222-oas-response-raine-committee-call-for-view-gfn-bill-january-2022-final.pdf
[22] https://vhscotland.org.uk/wp-content/uploads/2018/09/Health-and-Place-Planning-Scotland-Bill-Briefing.pdf

However, in relation to the tool, we have previously commented[23] on the need for caution against the wholesale transference of the themes within the tool alone, on an assumption that it presents a comprehensive mechanism for tackling the health and wellbeing element of the planning system.

Policy 7: Local living

Question 29 – Do you agree that this policy sufficiently addresses the need to support local living?

We note that the draft NPF4 document loosely defines 20-minute neighbourhoods as "a method of achieving connected and compact neighbourhoods designed in such a way that all people can meet their daily needs within a reasonable walk, wheel or cycle (approx. 800m) of their home". As outlined earlier in our response in our comments to question 2 in the liveable places section, ensuring the provision of healthy food environments needs to be considered as a core and essential part of 20-minute neighbourhoods, with easy access to locally available healthy, nutritious and sustainable food prioritised. It is welcome that the draft document acknowledges that the application of the concept will vary across the country and will be required to be adjusted to meet local needs. This is important to ensure that local planning authorities are able to utilise and apply the concept in a way which suits their local area(s) and that a one-size-fits-all approach is unlikely to be effective.

We understand from the Local Government, Housing and Planning Committee oral evidence session which took place on 18th January 2022, that the definition of 20-minute neighbourhoods will be amended following review of the evidence received during the consultation process[24]. In this regard, we would like to see the provision of healthy food environments included as a core element of 20-minute neighbourhoods and be included in the definition. As commented in our response to question 2, there needs to be more work done to pin down exactly what is meant by a 20-minute neighbourhood.

Policy 9: Quality Homes

Question 31 – Do you agree that this policy meets the aims of supporting the delivery of high quality, sustainable homes that meet the needs of people throughout the lives?

Housing supply, in particular social housing and the quality of housing, has a profound impact on health outcomes[25].

As important as the provision of housing is its location. New housing supply should be located in areas which are easily accessible by active modes of transport and provide easy access to healthy and nutritious food. Housing developers have a role to play to ensure they are not creating dependence on obesogenic environments and to work alongside other actors in the planning system to support and facilitate access to healthy and nutritious food. This should be intrinsically threaded into 20-minute neighbourhoods for example, which we discussed earlier in our response.

Policy 14: Health and wellbeing and Policy 15: Safety

Question 36 – Do you agree that this policy will ensure places support health, wellbeing and safety, and strengthen the resilience of communities?

Our comments are on policy 14: health and wellbeing.

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[23] https://www.obesityactionscotland.org/media/1449/oas-npf-4-consultation-response-final.pdf
[24] https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=13528
[25] https://www.scotphn.net/wp-content/uploads/2015/11/2017_06_27-FINAL-SHIIAN-50-000-New-Homes-HIA-Report-ES.pdf

We support the principle of the policy. It is welcome that health and wellbeing is included as an explicit policy within NPF4, acknowledging the central role the planning system has on health and health outcomes. However, we do not agree that policy 14 will ensure health and wellbeing is placed at the heart of the planning system. It does not go far enough and has some significant omissions. We would like to see it:

- include explicit reference to food and the food environment, recognising that food is a core influencing factor of health and wellbeing
- acknowledge and explicitly reference the clear link between food and the environment, diet, and overweight and obesity and other health outcomes

We note the commitment for development proposals not to be supported where significant adverse health effects are likely to occur and for a health impact assessment (HIA) to be required for proposed developments that are considered likely to have significant health effects. This is something we have previously called for, as an HIA can help to ensure greater transparency and accountability in how decisions are made[26].

This policy needs to go further to explicitly reference food and the food environment. As has been demonstrated throughout our response, food is an essential element of health and wellbeing and is intrinsically linked with the planning system. The planning system has a huge influence on how we access food and the type of food we access. The Town and Country Planning Association in England (TCPA) have completed an extensive amount of work linking health and planning. In particular, they identified food as one of six key themes for the planning system supporting health and wellbeing[27]. We would like to see a similar outcome in Scotland, where health is recognised as key theme for planning, which is currently absent. Through the planning system, we must create places that are healthy and which facilitate people to access healthier options.

As things currently stand, it is unclear from NPF4 whether health can be used as the grounds for refusing a planning application, and if local planners will be able to do so in future. As discussed earlier, this is something we like to see included as a core part of the planning system, with health included as a material planning consideration. We reiterate this point here and refer to our earlier response to question 6.

Policy 16: Land and premises for business and employment

Question 37 – Do you agree that this policy ensures places support new and expanded businesses and investment, stimulate entrepreneurship and promote alternative ways of working in order to achieve a green recovery and build a wellbeing economy?

We broadly support the principle of the policy, including its commitment for *"Development proposals for business and industrial uses must consider… population health and wellbeing, including inequality".* However, this could be expanded to include reference to the food environment, both in terms of internal catering in businesses occupying the premises and also the wider food environment, if the businesses and/or land use is for predominantly unhealthy food.

Policies 24 to 27

Question 45 – Do you agree that these policies will ensure Scotland's places will support low-carbon urban living?

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[26] https://vhscotland.org.uk/wp-content/uploads/2018/09/Health-and-Place-Planning-Scotland-Bill-Briefing.pdf
[27] TCPA and PHE (2014) Planning Healthy-Weight Environments. A TCPA reuniting health with planning project. https://www.london.gov.uk/sites/default/files/osd53_planning_healthy_weight_environments.pdf

We will comment on policy 25: retail and policy 27: town centre living. Our comments on both policies address the importance of ensuring health is recognised a core function of the planning system and how both policies need to be expanded and updated to reflect this, as they do not sufficiently do so in their current state.

We are disappointed that the question is limited to only addressing low-carbon urban living. This by default excludes comments on a range of other issues that are relevant in relation to the policies covered in this section. In particular, for policy 25, we have significant comments we wish to make in relation to the food environment and health and this question does not provide us with a sufficient opportunity to outline and discuss them. We presented the following evidence in our submission to the call for views by the Scottish Parliament Local Government, Planning and Housing Committee and would like to reiterate them here. It should be noted that policies which work to create a healthier food system will have a positive environmental impact. As outlined earlier in our response, tackling the climate and health should both be given equal weighting,

Policy 25: Retail

We broadly support the principle of the policy, including the following statement in the policy - *"Development proposals should not be supported if they contribute to the number and clustering of some non-retail uses, such as hot food takeaways, including permanently sited vans… which would undermine the character and amenity of centres or the health and wellbeing of centres and their communities, particularly in disadvantaged areas"* - as it makes an important contribution to supporting delivery of healthy places and healthy weight environments. However, the policy does not go far enough and needs to be expanded to include a broader range of types of businesses which have a negative impact on health outcomes.

We would like to see:
- health recognised as a central and primary motivating factor in planning decision-making
- the policy expanded to also include reference to some retail uses, to recognise the impact of other outlet types on health outcomes
- focus to be expanded to beyond just hot-food takeaways, to embed a focus on the food environment/system as a whole
- priority, not just consideration, given to outlets and premises which promote and facilitate access to healthy, nutritious and sustainable food
- ability to control planning applications on the basis of health in Scotland, specifically for health to be included as material planning consideration

Based on current wording, the policy seems to only apply to non-retail uses, and it is not clearly defined in the document what this means i.e. which types of businesses this covers and why. We would like to see a clear definition of what is regarded as non-retail use, and for the policy to be extended to include some retail uses, to prevent clustering of retail outlets which are damaging to health and wellbeing outcomes. Further, we note the policy references permanently sited vans only, and does not mention temporary vans. This is a significant omission. We would like to understand why this is the case and for the policy to be extended to also include temporary vans.

We understand in Scotland that regulation of such vans is covered by the Civic Government (Scotland) Act 1982, and as part of this, a local authority can place a restriction on a licence to restrict their operation in the vicinity of schools; however, up to 2014, only 14 out of 32 local authorities used this power, and it can be legally challenged, as was the case in North Lanarkshire Council in 2015[28]. To overcome this challenge and to strengthen linkages and coherence between planning and licensing policy decisions, we would like to see clear and effective guidance in this area to ensure that health and wellbeing-based decisions are taken with confidence at a local level.

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[28] https://www.obesityactionscotland.org/media/1202/eating-out-briefing2-002.pdf

We note the draft NPF4 document outlines that *"consideration should be given to where a retail proposal will alleviate a lack of convenience goods/fresh healthier food and drink provision, especially in disadvantaged or remoter areas".* Whilst this principle is welcome, rather than just simply consideration, we believe priority needs to be given to such outlets, which support and facilitate easy access to healthy, nutritious and sustainable food. This is particularly important in more disadvantaged areas where there is a higher prevalence of fast-food and unhealthy food outlets, where in many cases there can be as many as five times more of these outlets in the most deprived than in the least deprived communities[29]. Adding health as a material planning consideration would help to address this.

One area of particular concern for us that must be addressed through NPF4 for the planning system is that planning applications cannot currently be controlled on the basis of health[30]. It is currently the case in Scotland that clustering and density of hot food takeaways is controlled for other reasons, including anti-social behaviour and town centre viability, but crucially not for health reasons. Alternatively, in England, some planning authorities have done this on the basis of health by introducing appropriate policies and guidance. In England, the Department for Health and Public Health England have acknowledged the importance of public health in local planning policy[31] and, in 2017, published a toolkit, advising local authorities to use the legal system and planning laws to limit the growth of hot food takeaways[32]. Conversely however, such guidance doesn't exist in Scotland, and local authorities in Scotland are currently often frustrated by a perceived lack of power to control the density and position of hot food takeaways in their area.

Evidence from English local authorities demonstrates that the planning system can and has been used effectively to limit exposure to unhealthy food. One example is from Gateshead Council who were keen to control and limit the number of fast food takeaways in the area, as they had a much greater proportion of these takeaways per 1,000 of the population than the national average. To achieve this, they introduced a number of rules for where planning permission would not be granted. These included within a 400m radius of schools, where it would lead to clustering of these premises, and where the number of approved premises within a particular ward area already exceeds the UK national average per 1,000 of the population. As a result of these measures, in the year of their implementation, 3 applications were refused solely on the basis of one or more of these conditions[33]. This highlights how, when health is a primary motivating objective, the planning system can be used effectively to create healthier food environments.

A further difference between the planning systems in Scotland and England is the classification system used for planning applications for food-related businesses. In Scotland, there are 3 relevant classes for food businesses – use class 1, use class 3 and sui generis. Use class 1 relates to selling cold food, such as sandwiches for consumption off the premises; use class 3 relates to food and drink purchased for consumption on the premises; and sui generis relates to establishments selling hot food for consumption off the premises i.e. hot food takeaways. The latter category exists as the Scottish Government states that such premises present additional and different environmental

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[29] Westminster Hall debate on The National Food Strategy 15th December 2021
https://parliamentlive.tv/event/index/8aec0ef0-3b67-4e29-97d6-a4d62488267f?in=09:30:01
[30] Scottish Government (2018) Research Project: To Explore the Relationship Between the Food Environment and the Planning System
[31] Public Health England (2015) Chartered Institute of environmental Health and Local Government Association. Healthy people, healthy places briefing: Obesity and the environment: Regulating the growth of fast food outlets
[32] Public Health England (2017) Diet and Obesity Team. Strategies for encouraging healthier 'out of home' food provision: Toolkit for local councils working with small food businesses.
[33] Scottish Government (2018) Research Project: To Explore the Relationship Between the Food Environment and the Planning System

issues including litter, noise, longer opening hours, and extra traffic[34]. We note that negative contributions to health is not listed as one of the challenges.

Conversely, in England, there are 5 classes for planning applications associated with food businesses. The three most relevant in this regard are Class A3: Restaurants and Cafes, Class A4: Drinking Establishments, and Class A5: Hot Food Takeaways[35]. These classes give planning authorities greater precision and control when making planning decisions and can thus have greater knowledge of and control over the density and spread of particular types of premises within their area, as has been demonstrated in the example given earlier.

Of course, it should be noted that hot-food takeaways are only one source of food within an area and are part of a much larger food environment/system which contributes to residents' food purchasing and consumption patterns. Whilst it is important that action is taken through the planning system to control the spread and density of such outlets, there needs to be a focus on the food environment as a whole, including other locations where food is accessed, which are not covered by the classes outlined, and how this is influenced and affected by the planning (and licensing) system, such as supermarkets and corner shops which sell often heavily discounted or price (and non-price) promoted high fat, salt and sugar (HFSS) foods which make a profound contribution to rates of overweight and obesity. Evidence from a recent study which looked at price promotions in the 4 main UK supermarkets (Asda, Morrisons, Tesco and Sainsbury's) over a 5-week period in 2021, found that over 43% of promotions appeared to promote HFSS products. Price promotions – including simple price promotions and volume-based price promotions - can lead to a 14% and 22% respective increase in consumption of promoted products[36], many of which are HFSS products. Simply focusing on fast-food outlets will only address a small part of the issue. Health and the wider food environment must be a primary focus and objective for the planning system as a whole.

Policy 27: Town centre living

We welcome section A of the policy which states that town centre living should be encouraged and supported. Our comments in response to the section on distinctive places highlight the importance of town centres. In this regard, we would like to see consideration of other factors in town centres, such as proximity to schools for example, to ensure there is not a concentration of premises selling unhealthy food close to schools.

Our comments on policy 24: retail on little being done on the importance of having health as a core principle of the planning system for decision making, despite the evidence, also apply here to town centre living. It is essential that health is a core principle for town centre living to ensure that those living in town centres can readily access a food system which prioritises healthy and nutritious food.

Part 4 – Delivering our Spatial Strategy

Question 54 – Do you agree with our proposed priorities for the delivery of the spatial strategy?

No, we do not fully agree.

We will comment on the development plan policy and regional spatial developments, and monitoring key delivery mechanisms.

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[34] Ibid
[35] Ibid
[36] Superlist UK Health 2021. Supermarkets and the promotion of unhealthy food 76335340-81f7-4dc4-b3bf-32c49bef0a4f_QM-Superlist-UK_Health_FINAL-perpage.pdf (prismic.io)

Development plan policy and regional spatial developments

We note that health is not detailed as one of the planning obligations outlined or one of the criteria accounted for[37]. Given the crucial role of the planning system to improving health (outcomes), as we have demonstrated throughout our response, this is disappointing and could lead to decisions being made which negatively impact, rather than enhance, health outcomes.

We previously called for the establishment of a transparent mechanism to help Planning Authorities and developers assess and mitigate the impact of their decisions on public health and wellbeing[38] and it is disappointing that little or no action has been taken on this to date. We repeat this call here for such a mechanism to be put in place, and for planning obligations to be updated to ensure health is included as a core obligation which must be met or accounted for. This would be a welcome first step.

Monitoring

There needs to be a robust system of monitoring in place, with a clear timeline outlined. This should include the frequency at which the monitoring activity will take place and frequency of reporting. Standard practice for similar frameworks/policies is annual to two-yearly monitoring and reporting cycles, with a five-year reporting period. We feel this is appropriate in this instance.

We suggest that statutory health impact assessments (HIAs) are undertaken as part of the monitoring and review process. We note under Policy 14 that there is a recommendation that an HIA will be required for all proposed developments considered likely to generate significant health effects. This is welcome, but this should also be extended to monitoring and review processes to ensure there are no adverse prolonged or long-term impacts, or contradictory activity in other areas which may undermine achievement of health goals in planning.

HIAs provide a tool for developers and Planning Authorities to assess and balance the positive and negative impact of proposed plans on public health. This mechanism should ensure greater transparency and accountability in how decisions are made. However, whilst a commitment to HIAs in draft NPF4 is welcome, it should be noted that they are not a substitute for enshrining health as a core element of the planning system or having health as a material planning consideration, and they do not offer the guarantee/reassurance needed to be able to reject a planning application on the basis of health. This can only by achieved by making health a primary material planning consideration.

Question 55 – Do you have any other comments on the delivery of the spatial strategy?

Annex A – NPF4 Outcome Statements

Question 56 – Do you agree that the development measures identified will contribute to each of the outcomes identified in Section 3A(3)(c) of the Town and Country Planning Act?

Our comments are on Outcome (b) improving the health and wellbeing of the people living in Scotland.

The development measures identified won't be sufficient to contribute to achievement of this outcome.

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[37] Scottish Government (2020) Planning Obligations and Good Neighbour Agreements (Revised November 2020) Circular 3/2012
[38] https://vhscotland.org.uk/11097-2/

It is welcome that outcome (b) is included as one of the outcomes, acknowledging the central role the planning system has on health and health and wellbeing outcomes. However, as has been demonstrated throughout our response, we do not believe that the policies outlined to deliver the outcome go far enough and need to be strengthened.

Throughout the draft NPF4, there is little or no reference to the food environment, including its significant contribution to health and wellbeing outcomes, and the role of planning in shaping the food environment experienced. This is a significant omission which needs to be addressed.

About

Obesity Action Scotland provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.

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