

Scottish Parliament's Local Government, Housing and Planning Committee draft National Planning Framework (NPF4) – call for views

Response from Obesity Action Scotland
Closing date: 10 January 2022

Part 1 – National Spatial Strategy for Scotland 2045

What is your view on the Liveable Places section?

It is welcome that 20-minute neighbourhoods have been acknowledged and introduced in this section. 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.

This section mentions a desire to create healthy places, which is welcome. However, 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.

What is your view on the Productive Places section

The draft Strategy 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 goals². 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.

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.

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 times³. 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 that promote human and planetary health, by limiting the availability of unhealthy food outlets and prioritising healthy food provision through planning decisions.

What is your view on the Distinctive Places section?

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.

Town 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 makes reference 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.

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 health⁴. 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 issues⁶. 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.

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

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>

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, including⁷:

- 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.

What is your view on the 'Spatial principles for Scotland for 2045' section?

The spatial principles section 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 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 citizens⁸ 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.

Scotland faces a continued and growing challenge of overweight and obesity. Two-thirds of adults in Scotland have overweight or obesity and 29% of children are overweight or have obesity⁹. Additionally, 91% of people in Scotland feel that fast food is too easily available¹⁰ 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, and the clustering of fast food outlets disproportionately affects deprived areas¹¹. We comment further on this in our answer to the question on policy 14: health and wellbeing.

⁷ <https://www.thelancet.com/series/obesity-2015>

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 Obesity Action Scotland (2019) Obesity in Scotland – Prevalence, causes and impact https://www.obesityactionsotland.org/media/1457/prevalence_causes_impact_f-2904.pdf

¹⁰ <https://www.obesityactionsotland.org/>

¹¹ 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

It is imperative that the planning system takes the impact of place on health and health inequalities into consideration throughout the planning process. The most effective way to do so is to enshrine the right to health as a core purpose and principle of the planning system.

Planning decisions at both at a national and local level must have health as a key criterion¹², and assess the contribution of the decision to supporting 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.

Do you have any other comments on National Spatial Strategy outlined in NPF4?

Overall, the National Spatial Strategy and NPF4 are very weak on health and need to be stronger in this regard. 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 undertook 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 (48%)¹³. **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 high obesity levels 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 2 – National Developments

Please provide any other comments on the National Developments section of the NPF4.

Nationally, across each area, there needs to be consistency with the planning rules and principles applied to ensure fair and consistent health and wellbeing decisions and outcomes, that include food and the food environment as a primary consideration. However, it is also important that local authorities do have some flexibility to be able to respond effectively to specific planning issues or concerns in their area. For example, local authorities with higher levels of deprivation, must be able to use the planning system to make decisions that limit the number of hot food takeaways and other unhealthy food outlets, which are known to have a greater prevalence in more deprived areas. This would be much more necessary than in a more affluent area/local authority, where there are far fewer of these outlets.

¹² Government Office for Science (2007) Foresight Tackling Obesity: Future Choices – Project Report, 2nd edition

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf

¹³ Obesity Action Scotland (2020) Healthy Diet, Healthy Weight and Resilience
<https://www.obesityactionscotland.org/media/1497/resilience-oas-final.pdf>

An overarching national framework which supports health and the creation of healthy food environments should be used to inform and support decision making in local authority areas on individual planning applications.

Part 3 – National Planning Policy

Please provide your views on each of the National Planning Policies

Policy 1: Plan-led approach to sustainable development

We welcome the policy, in particular it's linkages to the Sustainable Development Goals (SDGs).

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

It is welcome that the importance of human rights is acknowledged in the policy in relation to planning. However, 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 food¹⁴. 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 Parliament.¹⁵ 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 system 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. Community empowerment and

¹⁴ https://downloads.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf

¹⁵ <https://www.obesityactionsotland.org/media/1684/20211222-oas-response-raine-committee-call-for-view-gfn-bill-january-2022-final.pdf>

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 system¹⁶ and are disappointed that it has not been included/acknowledged in the current draft NPF4 document.

Policy 6: Design, quality and place

We support the principle of the policy but it does not go 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 would we keen to understand the apparent change in focus in this regard.

However, in relation to the tool, we have previously commented¹⁷ 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.

Whilst we agree with and advocate policy coherence, the use of only the current place standard headings in decision making processes would leave some significant gaps. At the time of development of the place standard, the understanding of the complexity of the food system and the concept of “food environment” were not fully developed and it is therefore significantly lacking in this area. It is also designed as a mechanism for framing conversations and action at local level and would still need some significant development to provide a useful tool to local planners to enable strategic and operational decisions to be made on a day to day basis.

Policy 7: Local living

As outlined earlier in our response in our comments in the liveable places section, ensuring the provision of healthy food environments needs to be considered as a core and essential part of 20-

¹⁶<https://vhscotland.org.uk/wp-content/uploads/2018/09/Health-and-Place-Planning-Scotland-Bill-Briefing.pdf>

¹⁷<https://www.obesityactionsotland.org/media/1449/oas-npf-4-consultation-response-final.pdf>

minute neighbourhoods, with easy access to locally available healthy, nutritious and sustainable food prioritised.

Policy 14: Health and wellbeing

We support the principle of the policy and 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, it does not go far enough. 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 made¹⁸.

Overall, 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 intertwined 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 wellbeing¹⁹. 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 and choose healthier options.

Policy 16: Land and premises for business and employment

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.

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

¹⁸ <https://vhscotland.org.uk/wp-content/uploads/2018/09/Health-and-Place-Planning-Scotland-Bill-Briefing.pdf>

¹⁹ 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

- focus to be expanded to beyond just hot-food takeaways, to embed a focus on the food 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

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. Additionally, 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.

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 non-healthy 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 communities²⁰.

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 health²¹. 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. Conversely in England, some planning authorities have done this on the basis of health by introducing appropriate policies and guidance. Local authorities and local health boards 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 conditions²². This highlights how, when health is a primary motivating objective, the planning system can be used effectively to create healthier food environments.

The above example was taken from a research project commissioned by the Scottish Government in 2018. Despite this case and other examples outlined in the paper clearly highlighting the importance

²⁰ 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>

²¹ Scottish Government (2018) Research Project: To Explore the Relationship Between the Food Environment and the Planning System

²² Scottish Government (2018) Research Project: To Explore the Relationship Between the Food Environment and the Planning System

of having health as a core principle of the planning system, as far as we are aware, little has been done to put this into practice to enable planning applications/decisions to be controlled or decided upon on the basis of health in Scotland. This needs to be a priority action for the planning system and NPF4. We must ensure that the planning system enables us to tackle the issues identified, as well as achieving the best food and health outcomes possible.

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 issues including litter, noise, longer opening hours, and extra traffic²³. We note that negative contributions to health are not listed here.

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 Takeaways²⁴. 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 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 system 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 system, such as supermarkets and corner shops which sell often heavily discounted or price (and non-price) promoted high fat, salt and sugar 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 products²⁵, many of which are HFSS products. Simply focusing on fast-food outlets will only address a small part of the issue. Health 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

²³ Scottish Government (2018) Research Project: To Explore the Relationship Between the Food Environment and the Planning System

²⁴ Ibid

²⁵ Superlist UK Health 2021. Supermarkets and the promotion of unhealthy food [76335340-81f7-4dc4-b3bf-32c49bef0a4f_QM-Superlist-UK_Health_FINAL-perpage.pdf](https://www.prismic.io/documents/uuid/76335340-81f7-4dc4-b3bf-32c49bef0a4f_QM-Superlist-UK_Health_FINAL-perpage.pdf) (prismic.io)

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

Please provide your views on each of the key delivery mechanisms

Development Plan Policy and Regional Spatial Strategies

We note that health is not detailed as one of the planning obligations outlined or one of the criteria accounted for.²⁶ Given the fundamental/crucial role of the planning system to improving health (outcomes), as we have demonstrated throughout our evidence, 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 wellbeing²⁷ 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.

About

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

For any enquiries relating to this submission, please contact Jennifer Forsyth
jennifer.forsyth@obesityactionsotland.org

²⁶ Scottish Government (2020) Planning Obligations and Good Neighbour Agreements (Revised November 2020) Circular 3/2012

²⁷ <https://vhscotland.org.uk/11097-2/>