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To Whom it May Concern

13th January 2016

RE: Haringey's Local Plan Examination in Public (EIP) – letter of support to Local Plan policies on the promotion of improved health and wellbeing outcomes, including tackling obesity

Public Health England (PHE) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We are an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

The built and natural environment are recognised as major determinants of health and wellbeing across the life course and can determine the establishment of social networks, the location and quality of housing, and human exposure to air and noise pollution. It can determine connectivity within a neighbourhood, the creation of a safe and accessible transport system and active travel. It also plays a crucial role in promoting access to open space, employment and healthy food options. These are aspects of the environment which have a significant impact on health.

Some of the UK's most pressing health challenges – such as obesity, mental health issues, physical inactivity and the needs of an ageing population – can all be influenced by the quality of our built and natural environment. In other words, the considerate design of places can help promote good health, access to goods and services and alleviate, or even prevent, poor health.

Our [Strategic Plan](#), published in 2016, recognises the importance of the built and natural environment as one of the major determinants of health and wellbeing across the lifecourse. The Strategic Plan also recognises obesity as one of the most significant issues affecting the health and wellbeing of the nation. Obesity and poor diet, alongside smoking, are two of the leading causes of poor health in Britain. This is in line with the [Foresight Report](#) & Global Burden of Disease which identified need to tackle “obesogenic environments” as urgent and

failure in doing so having grave consequences for individuals, communities and society as a whole.

Tackling obesity is complex and requires approaches focussing both on individuals, their behaviours and lifestyle choices as well as action which affects the whole of the local population involving multiple sectors. We call this addressing the 'wider determinants' of health. There is broad consensus that obesity is the result of a very large number of factors, activities and determinants and that similarly there is no single solution. Multiple policies and actions are required, operating across a range of causal factors, and at various systems levels, including the built environment.

PHE's ['Whole System Approach'](#) is based on this rationale. The built environment, and consequently the planning system, can promote access to healthier food as well as encouraging physical activity and the pursuit of healthier living choices. Please also see attached PHE's obesity work plan: five pillars for action (attached). The national importance of obesity as a health threat to England has been signalled in the Childhood Obesity Plan, which includes fiscal and structural measures to tackle obesity, and goes beyond plans from other countries. The national importance of obesity as a health threat to England has been signalled in the Childhood Obesity Plan, which includes fiscal and structural measures to tackle obesity, and goes beyond plans from other countries.

Evidence shows that over one fifth of children aged 4-5 years old; more than a third of 10-11 year olds; and two thirds of English adults, are obese or overweight.. Being obese can increase the risk of developing a range of serious diseases, including hypertension, type 2 diabetes, cardiovascular diseases, some cancers, obstructive sleep apnoea, and musculoskeletal problems. Obesity is a major risk factor for morbidity and early death and is characterised by its impact on mental health and, in children, there appears to be a widening in the inequalities gap between the most and least deprived.

Put simply, obesity levels amongst adults and children remain too high and it continues to be a priority for PHE.

However, the obesity 'epidemic' has immense consequences beyond that just for the individual and their health and wellbeing but for the NHS and indeed, the wider economy: the costs associated arising from obesity to the wider economy, NHS and social care systems are estimated to be £27 billion, £6.1 billion a year and £352 million respectively.

It is well evidenced that physical activity alone will not tackle the nations obesity problem alone, reduction in calorie intake is required. Recently published evidence which studied the associations between exposure to takeaway food outlets, takeaway food consumption and body weight in Cambridgeshire, concluded that, overall, access to takeaway food outlets in all domains combined (home, work and along commuting routes) was positively associated with takeaway food consumption, body weight and obesity¹. Strong links between obesity

¹ Burgoine T FN, Griffin S, Wareham N, Monsivais P. Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study. *BMJ*. 2014;348:g1464.

and deprivation² have also been established as well as links between higher levels of deprivation and higher concentration of hot-food takeaways³.

There is also evidence to show that fast food outlets tend to sell food that is energy dense, high in saturated fat and have low micronutrient content⁴.

PHE's position in relation to A5 uses is set in the [Regulating the growth of fast food outlets](#) briefing document, published in 2014. This briefing summarises the importance of action on obesity, with a specific focus on hot food takeaways, and outlines the regulatory and other approaches that can be taken at local level to manage its growth.

Following from its publication, PHE, in association with the Town and Country Planning Association (TCPA) has also published the [Planning Healthy Weight Environments](#) document, designed to prompt local action on tackling obesity, and, with the TCPA and the Local Government Association (LGA), the [Building the Foundations: Tackling obesity through planning and development](#) document.

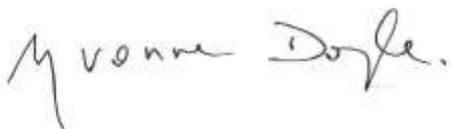
PHE is working across national, local government and other sectors to deliver population level changes to improve access to healthier food in public spaces; tackle the amount of sugars in our food; and work with planners to create healthier local environments to support families get more active and make the healthier choice the default. We believe that policies which comply with this aim should be supported.

PHE recognises that the appropriate location and density for hot food takeaways in a specific area is a matter for each local planning authority to determine under their local plans, but PHE would encourage and support the development of local plan policies which aim to achieve this.

As per the Health and Wellbeing PPG in support of chapter 8 of the NPPF, when developing local plans, local planning authorities should work with public health leads, including the Director of Public Health, and other health organisations to understand and take account of the health status and needs of the local population, including issues linked to food.

We also believe there is a precedent in this area, with several other local planning authorities in London, with high levels of deprivation and higher than average concentration of hot food takeaways, having policies in place which aim to tackle what is locally defined as an over concentration of A5 uses. For example, we believe this is the case of the London Borough of Tower Hamlets, Newham and Lewisham, to quote a few examples.

Yours sincerely,



Yvonne Doyle CB MD, Regional Director London

² National Observatory Obesity. About Obesity - Health Inequalities: Public Health England; 2015 [cited 2015]. Available from: http://www.noo.org.uk/NOO_about_obesity/inequalities

³ National Observatory Obesity. Fast Food Outlets by Local Authority, 2016 [cited 2016] Available from: https://www.noo.org.uk/securefiles/170111_1741/FastFoodmap_FINAL.pdf

⁴ Fraser Lorna K. et al The Geography of Fast Food Outlets: A Review Int. J. Environ. Res. Public Health 2010, 7(5), 2290-2308; doi:[10.3390/ijerph7052290](https://doi.org/10.3390/ijerph7052290)



Obesity work plan: five pillars for action

Where future generations live in an environment, which promotes healthy weight and wellbeing as the norm and makes it easier for people to choose healthier diets and active lifestyles

1. Systems Leadership

- influence local & national leaders
- raise the national debate
- influence political ambition
- maximise communication

2. Community Engagement

- enable behaviour change through social marketing
- drive social investment through local action
- support communities with tools on healthy eating & getting active to help reduce health inequalities

3. Monitoring & Evidence Base

- enhance surveillance, analysis & signposting of data
- tailor evidence to meet local needs - PHOF
- support effective commissioning & evaluation
- develop & communicate research to inform strategy
- promote evidence of good practice

4. Supporting Delivery

- support the obesity care pathway
- work with DsPH & CCGs
- support commissioning
- practical tools to help deliver healthier places; enable active travel

5. Obesogenic Environment

- develop long term, evidence based strategy to deliver a whole system approach to tackle the root causes of obesity and address health inequalities

Tackle obesity, address the inequalities associated with obesity and improve wellbeing