



The Association of Directors of Public Health

NPPF Consultation – ADPH response

Objectives and Scope

The Government is seeking views on a revised National Planning Policy Framework (NPPF). The [consultation questions](#) and the [proposed draft](#) text should be read together.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including [UKHSA](#) and [OHID](#) as well as the four CMOs, NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH response

Chapter 2: Plan-making framework

6. Do you agree with the role, purpose and content of spatial development strategies set out in policy PM1?

Partly agree. The following areas could be strengthened:

- Health in all Policies (HiAP) is an approach that considers and integrates health implications throughout decision-making across all sectors, recognising that decisions impacting health are made far beyond the health system.¹
- Health equity is a prerequisite for sustainable growth and, in turn, will positively influence economic and social development. The cost to the economy of working age ill-health and disability that prevents work in 2022 is estimated to be between £240-330 billion.²
- To strengthen policy PM1, a HiAP approach should be applied and embedded across spatial development strategies and plan-making. To do so, DsPH and local public health teams must have a key role in planning to deliver healthier physical places for the population.
- To achieve this, increased funding for public health teams is also needed. In England, LAs' public health funding has been cut by around a quarter (in real terms on a per person basis) over the last decade. Despite a welcome increase in the last two years, the grant is still not comparable to 2015/16 levels.

9. Do you agree with the role, purpose and content of local plans set out in policy PM2?

Partly agree. The following areas could be strengthened:

- To strengthen policy PM2 and improve health outcomes, health impact assessments (HIAs) should be embedded in local plan-making and referenced within the NPPF's information requirements so applicants understand expectations from the outset.
- Local plans should also explicitly mention health and adopt a HiAP approach throughout the plan-making process. HiAP is an approach that considers and integrates health implications throughout decision-making across all sectors, recognising that decisions impacting health are made far beyond the health system.³

Chapter 3: Decision-making policies

24. Do you agree with the principles set out in DM3?

Partly agree. The following areas could be strengthened:

- Development proposals should be co-produced with public health teams, ensuring that public health considerations are embedded across all spaces and stages of development.
- Health equity is a prerequisite for sustainable growth and, in turn, will positively influence economic and social development. The cost to the economy of working age ill-health and disability that prevents work in 2022 is estimated to be between £240-330 billion.⁴
- To achieve this, increased funding for public health teams is needed. In England, LAs' public health funding has been cut by around a quarter (in real terms on a per person basis) over the last decade. Despite a welcome increase in the last two years, the grant is still not comparable to 2015/16 levels.
- Maximising health outcomes and reducing health inequities must be central to planning. Health equity is a prerequisite for sustainable growth and, in turn, will positively influence economic and social development.

Chapter 5: Meeting the challenge of climate change

42. Do you agree with the approach to planning for climate change in policy CC1?

Partly agree. The following areas could be strengthened:

- The policy must reference health as a factor impacted by climate change and outline mitigation strategies specifically focused on addressing these risks. For example, recognising that green infrastructure and nature-based solutions can benefit health resilience as well as nature resilience, as stated in Policy CC1 paragraph 1d.
- Climate change disproportionately harms disadvantaged populations. Mitigation and adaptation strategies must consider and avoid further exacerbation of existing health inequalities.

47. Do you have any other comments on actions that could be taken through national planning policy to address climate change?

- Infrastructure that is vulnerable to climate change impacts, such as low-lying rail lines, should be upgraded to improve resilience and reduce service disruption. For example, flooding-related

rail closures restrict access to employment and health services and generate wider negative consequences on economy productivity.

- Existing and future infrastructure, including water systems, should be retrofitted and designed to be net zero, low-carbon, energy and water efficient, and climate resilient (eg future-proofed building fabric, ventilation, energy efficiency).
- A whole system, place-based approach should be adopted to ensure cohesive and complementary planning policies across sectors for climate mitigation and adaptation.
- LA public health teams, and other local partners, should be provided with adequate funding and access to climate change, water, and air quality data to respond to the public health impacts of climate change and to adapt investment to local needs.
- Competencies for the current and future public health workforce should be broadened to include climate and environmental knowledge and skills to meet challenges associated with the climate emergency.
- Active travel should be promoted to reduce the nation's dependencies on motor vehicles and to promote healthier lifestyle choices.

Chapter 6: Delivering a sufficient supply of homes

48. Do you agree the requirements for spatial development strategies and local plans in policy HO1 and policy HO2 are appropriate?

Partly agree. The following areas could be strengthened:

- LA public health teams should have active involvement with local development plans and the spatial development strategy. Public health should be adequately resourced to integrate into all tiers of local planning. Working at the strategic level may miss the opportunity to engage with public health where it sits at different levels in different LAs.
 - DsPH should be equipped to lead collaboration with planners, health, social care, and housing sectors to make health central to planning and reduce inequalities.
 - HIAs should be conducted early in the design process to ensure health, wellbeing, and equity are embedded into design decisions, supporting healthier populations and economic growth.
- To ensure a national standardised approach, a quality of housing policy should be developed which adheres to the Healthy Homes Principles.⁵
 - Homes should be safe, affordable, accessible, not overcrowded, ventilated, and of high quality. This includes 'futureproofing' homes for ageing populations.
 - Sufficient environmental health resources should also be allocated to protect vulnerable populations from hazards linked to poor housing quality, such as damp and mould.

Chapter 14: Achieving well-designed places

148. Do you agree policy DP3 clearly sets out principles for development proposals to respond to their context and create well-designed places?

Partly agree. The following areas could be strengthened:

- The inclusion of HIAs early in the design process will enhance the creation of well-designed places by embedding health, wellbeing, and equity into design decisions, supporting healthier populations and economic growth.
 - Gentrification can exacerbate existing inequalities; design decisions must prioritise equity and community engagement to avoid a ‘two town approach’ and ensure urban development delivers benefits for all residents.
- Adequate funding must be provided to ensure LAs are equipped to deliver these principles effectively.
- The DP3 key principles should be aligned with the [Building for a Healthy Life design code](#) to ensure all aspects of a healthy neighbourhood are considered.⁶ As well as creating inclusive public spaces, new developments should be designed to maximise social cohesion.

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

Partly disagree.

- We call for the reinstatement of paragraph 141 of the previous NPPF which protected against outdoor advertising.
- Control of outdoor advertising consents is not referred to in any other planning legislation, policy or guidance. The removal of paragraph 141 of the NPPF would remove all mention of the ‘cumulative impact’ of outdoor advertising from legislation, regulations, policy, and planning practice guidance, which LAs may want to use to inform their local development plans.
- The removal of this paragraph represents a weakening of the planning regime around outdoor advertising, acknowledging that poorly placed or designed advertisements can harm the quality and character of an area.
- In addition, there is strong public support for industry-focused regulations. A 2023 study showed almost 70% of people felt public health policy should be protected from unhealthy food and drink industry influence.⁷

Chapter 15: Promoting sustainable transport

150. Do you agree that policy TR1 will provide an effective basis for taking a vision-led approach and supporting sustainable transport through plan-making?

Partly agree. We strongly agree with the vision-led approach to address local need and achieve a modal shift. However, the following areas could be strengthened:

- Public health should be central to planning, and active travel infrastructure should be co-produced with public health teams and local communities to ensure suitability for its residents and achieves its intended vision to increase movement.
- To achieve this, increased funding for public health teams is needed. In England, LAs' public health funding has been cut by around a quarter (in real terms on a per person basis) over the last decade. Despite a welcome increase in the last two years, the grant is still not comparable to 2015/16 levels.

- Health equity is a prerequisite for sustainable growth and, in turn, will positively influence economic and social development. The cost to the economy of working age ill-health and disability that prevents work in 2022 is estimated to be between £240-330 billion.⁸
- Safety must also be built into the design of active travel infrastructure.
- Further we would recommend adding the term accessible and affordable to TR1 paragraph 1.

Chapter 16: Promoting healthy communities

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

Partly disagree.

- To achieve the aim of healthy and inclusive places, public health should be central to planning through strategies such as conducting HIAs early in the design process and co-producing plans with LA public health teams.
- The proposed approaches place an emphasis on physical infrastructure. Greater focus should be given to healthy placemaking and to the built and natural environments as the building blocks of health and wellbeing.
- HC1 paragraph 1e should include a reference to reducing health inequalities which is outlined in paragraph 96 of the current NPPF. It is important to align the NPPF with the [Planning and Infrastructure Act \(2025\)](#), the English Devolution and [Community Empowerment Bill, and other Government priorities](#).⁹
- The current draft weakens commitments to tackling health inequalities by removing explicit reference to ‘reducing health inequalities between the most and least deprived communities’. It also omits ‘access to healthier food’. We recommend both references are reinstated in HC1.

159. Do you agree that Local Green Space should be ‘close’ to the community it serves?

Strongly agree.

- Proximity to green space directly impacts accessibility and use. Green spaces provide opportunities to exercise, socialise, and reduces air and noise pollution.¹⁰ These spaces are essential for promoting mental health, wellbeing, and community cohesion, and should be embedded in town planning for inner-urban, edge, and rural sites alike.
- Local public health authorities should be supported in implementing [NICE Guidance NG90](#) on physical activity and the environment. This includes ensuring the provision and maintenance of adequate green spaces and community facilities within local areas (eg benches and toilets) and improving transport accessibility.

161. Do you have any views on whether further clarity is required to improve the application of this policy (HC5), including the term ‘fast food outlets’, and the types of uses to which it applies?

The HFSS industry shapes the population’s health both directly, through consumption, and indirectly due through business practices and a high prevalence in deprived neighbourhoods.¹¹ We strongly support the 2024 NPPF reforms that introduced this policy; however, it must avoid ambiguity and provide clear,

easily interpretable guidelines for LAs to follow to ensure consistency in implementation. It is important to clarify:

- ‘Fast food outlets’, as currently they can be classified under broader E use classes, such as restaurants and bakeries, which can be freely moved between without new planning permissions. This poses difficulties when attempting to restrict new premises.
- How hybrid restaurant/takeaway establishments and delivery-only dark kitchens fit into HC5.
- What constitutes a ‘reasonable walking distance’, and to ensure that HC5 is not weakened as a result of the addition of ‘reasonable’ to the policy.

Furthermore, a strong national framework proves very helpful to make the case in areas that may not have a specific hot food takeaway/fast food outlet policy within their local plan, or may be in the process of developing - as in the case of Sheffield City Council, which presented a useful case study at the LGA/ADPH public health annual conference in February.¹² There is also strong public support for industry focused regulations. A 2023 study showed almost 70% of people felt public health policy should be protected from unhealthy food and drink industry influence.¹³

We provide the following recommendations to support this clarification:

‘Fast food outlets’

- Creating a Sui Generis Use Class for ‘fast food outlets’ as is the case for hot food takeaways (rather than the broader E use classes). This will allow the outlets to be defined by the type of food, rather than the number of seats within the establishment or where customers eat.
- Initially, we suggest referring to existing definitions of ‘fast food outlets’ such as the OHID definition: “Food that is energy dense and available quickly, usually via a counter service, and for consumption on or off the premises. This definition covers a range of outlets selling foods including, but not limited to: Burgers, pizza, kebabs, chicken, Indian takeaway, Chinese takeaway, fish and chips”.¹⁴
- Ideally, a definition is based on the content of the food and detailed nutritional analysis from tools such as the Nutrient Profiling Model (NPM). This could include setting a threshold definition for the percentage eg 50% of a fast food outlet’s menu that contains high fat, salt, and sugar products. This would also need to include an NPM based pass/fail threshold and easily interpretable data that provides planners with a clear and consistent decision-making outcome.
- However, we acknowledge at this stage, there are practical challenges with implementing a definition like this. We therefore recommend that MHCLG carry out cross stakeholder workshops including academics, NGOs, and industry to further refine the OHID definition and find a consensus across the sector which includes delivery-only outlets.
- Looking forward, this Government has committed to implementing mandatory reporting which will require all large food businesses to report on healthy food sales, using the NPM. This will unlock the data required to better understand the types of food businesses are selling, therefore, opening opportunities to use this data to classify large food businesses in future iterations of the NPPF.
- The definition should also encapsulate hybrid establishments and dark kitchens.
- We also recommend enforcing a threshold to limit the density of hot food takeaways and fast food outlets within a town centre or local shopping area.

‘Reasonable walking distance’

- A defined walking distance from the boundary of the school or place where children and young people congregate. A minimum distance of 800m would be consistent with the 20-minute neighbourhood concept, where people’s needs are met within a ten-minute walk or cycle ride.
- We also recommend that this is combined with childhood obesity prevalence as is the case in Gateshead, for example.¹⁵
- Further, flexibility should be given to allow restrictions of new fast food outlets also based on other factors which may reflect important local contexts, such as:
 - Concentration/clustering of such uses in a given area.
 - Whether schools allow pupils out at lunchtime, and if so, for how long.
 - Environmental health considerations.
- It is important that the NPPF avoids undermining work already happening in areas which uses such metrics to inform planning decisions.

Chapter 17: Pollution, Public Protection and Security

167. Do you agree with the criteria set out in proposed policy P3 as a basis for securing acceptable living conditions and managing pollution?

Partly agree. The following areas could be strengthened:

- Policy P3 should reference the need for high-quality infrastructure (eg adequate ventilation and insulation) to combat poor indoor air quality, adhering to Awaab’s law, and minimise exposure to damp, mould, and heat pollution alongside the other forms of environmental pollution listed.
- Embedding public health expertise throughout the planning process will ensure that acceptable living conditions are incorporated from the outset.
- Proactive measures to reduce pollution, such as regulating domestic combustion (eg wood burners), and incentivising low-emission vehicles, should be implemented where feasible. Consideration must be given to pollution reduction strategies which avoid further exacerbation of health inequalities.
- The environmental impacts of processing waste must be considered, including its implications on health.

Public Sector Equality Duty

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

- We would like to reiterate our support for the direction of travel and tone of the 2024 NPPF, which showed a clear purpose to ‘enable and support healthy lives’.
- There is much in the proposed NPPF that we welcome such as continued emphasis on place-making and role of planning in creating healthier places. However, we are concerned that the removal of references to health inequalities does not build on the progress made in 2024 and is out of step with other Government work and priorities.
- We look forward to learning the outcome of this consultation in due course and welcome any further opportunities to discuss the issues raised in this response.

¹ Local Government Association. Health in All Policies: A manual for local government [Internet]. 2016. Available from: <https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf>

² DWP, The cost of working age ill-health and disability that prevents work. DWP. 2025.

<https://www.gov.uk/government/statistics/the-cost-of-working-age-ill-health-and-disability-that-prevents-work/the-cost-of-working-age-ill-health-and-disability-that-prevents-work#conclusion>

³ Local Government Association. Health in All Policies: A manual for local government [Internet]. 2016. Available from: <https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf>

⁴ DWP, The cost of working age ill-health and disability that prevents work. DWP. 2025.

<https://www.gov.uk/government/statistics/the-cost-of-working-age-ill-health-and-disability-that-prevents-work/the-cost-of-working-age-ill-health-and-disability-that-prevents-work#conclusion>

⁵ Town and Country Planning Association, Healthy Homes Principles. 2023.

<https://www.tcpa.org.uk/resources/healthy-homesprinciples/>

⁶ Birkbeck D, Kruczkowski S, Jones P, Singleton D, McGlynn S. Building for a Healthy Life | Other Manuals and Briefings [Internet]. Urban Design Group. 2020. Available from:

<https://www.udg.org.uk/publications/othermanuals/building-healthy-life>

⁷ Public opinion on policy interventions for regulating four unhealthy commodity industries: a cross-sectional online survey of a representative sample of British adults 2023. <https://link.springer.com/article/10.1186/s12889-025-25271-x>

⁸ DWP, The cost of working age ill-health and disability that prevents work. DWP. 2025.

<https://www.gov.uk/government/statistics/the-cost-of-working-age-ill-health-and-disability-that-prevents-work/the-cost-of-working-age-ill-health-and-disability-that-prevents-work#conclusion>

⁹ Town and Country Planning Association. A policy gap at the heart of planning reform: where did health inequalities go? [Internet]. 2026. Available from: <https://www.tcpa.org.uk/a-policy-gap-at-the-heart-of-planning-reform-where-did-health-inequalities-go/>

¹⁰ The Health Foundation. Relationship between access to green space and health [Internet]. 2023. Available from: <https://www.health.org.uk/evidence-hub/surroundings/relationship-between-access-to-green-space-and-health>

¹¹ Abozied EZ, Todd A, Bamba C, Munford L. Unequal high streets? A spatial analysis of inequalities in health-related amenities in England from 2014-2024. *Social Science & Medicine*. 2025 Dec 4;390(118863).

¹² Pickard, A. (2026) Sheffield McDonald's Drive-Thrus - Using the NPPF to object [online, Slides 38-57]. Available at:

https://www.local.gov.uk/sites/default/files/documents/event_presentation_-_opportunities_to_mitigate_the_impact_of_fast-food_takeaways.pdf.

Full application:

<https://democracy.sheffield.gov.uk/documents/g9673/Public%20reports%20pack%20Tuesday%2013-Jan-2026%2014.00%20Planning%20and%20Highways%20Committee.pdf?T=10>

¹³ Public opinion on policy interventions for regulating four unhealthy commodity industries: a cross-sectional online survey of a representative sample of British adults 2023. <https://link.springer.com/article/10.1186/s12889-025-25271-x>

¹⁴ OHID. Wider Determinants of Health: statistical commentary on the location of fast food outlets

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

¹⁵ Gateshead Council (2020) Hot food takeaway Supplementary Planning Document [online] Available at:

<https://www.gateshead.gov.uk/article/3089/Hot-food-takeaway-Supplementary-Planning-Document>