

Introduction

Guy's and St Thomas' Charity is an independent, place-based foundation. We work with Guy's and St Thomas' NHS Foundation Trust (GSTT) and others to improve the health of people in the London boroughs of Lambeth and Southwark.

We do this in two main ways:

- We take a programmatic approach to complex urban health issues, testing and exploring ideas with others
- Through a combination of fundraising and our own philanthropic support, we help GSTT provide exceptional care and a world-class environment for patients and staff

The content of this submission relates to insights from the first of these approaches. Our work as a hospital charity does not form part of this submission and on those matters we defer to any submission made by the Trust.

Our programmatic focus - improving health in urban, deprived and diverse areas

As one of the UK's largest place-based funders, we partner with London local authorities, central government and the Greater London Authority to jointly act, develop knowledge and share learning. We believe that the interplay between urban environment, diverse communities and high levels of deprivation is a driving factor behind inequality of health outcomes.

Our current programmes address two issues:

- reducing **childhood obesity** and;
- improving the health and care of people with **multiple long-term conditions**

These issues are prevalent across London, complex in nature, and of interest beyond our boroughs. We aim to scale the impact of these programmes by sharing learning nationally and internationally. We collaborate with those who have the best approaches and share our drive to make them happen, from grassroots community groups to businesses. Whenever possible, we fund jointly with others.

London Plan Consultation Response

We will be responding to the following sections of the London Plan:

- Policy GG3: Creating a healthy city
- Policy E9: Retail, markets and hot food takeaways

Policy GG3 Creating a healthy city

We are strongly supportive of any plans to make London one of the healthiest global cities. Unless we address the physical environment in which Londoners live and the impacts of planning policy and practice

on health, we are unlikely to make significant impact on addressing health inequalities in London and risk exacerbating existing inequalities.

The spaces in which many Londoners spend their time have more barriers to healthy eating and activity than they do opportunities. This is significant. Our research shows that **childhood obesity** is primarily not a problem of individual knowledge, motivation or self-discipline, but is often ‘a normal response to an abnormal environment’. This is especially true for those living in disadvantaged circumstances – and across the life-course. Research has shown that people from deprived areas are more likely to develop **multiple long-term conditions** earlier than those from wealthier ones. A person’s social context, their education and ability to cope with life events such as social isolation, influences the likelihood and severity of long-term conditions.

Urban areas such as London have both protective and risk factors for health. On the one hand there is proximity to services and social networks. On the other, there is competition for resources and diverse needs. As such, we believe it is important to develop environments that encourage these protective factors – for example, through increasing social connectivity and improving green spaces – while minimising risk factors – such as reducing unhealthy prompts.

Policy E9: Retail, markets and hot food takeaways

The strongest drivers of obesity are eating behaviour and physical activity, both key ingredients of ‘obesogenic environments’ – those that encourage people to eat unhealthily and not to do enough exercise. We believe that improving these environments is crucial if we want to create a long-term sustainable impact.

Our recently published report [‘Bite size: breaking down the challenge of inner-city childhood obesity’](#) highlights the latest evidence from behavioural science on childhood obesity. The report shows that many aspects of our built environment encourage behaviours that lead to childhood obesity – we are exposed to many food related prompts and our, often unconscious, decision making is biased towards unhealthy choices. As a result, in order to combat obesity, we need to make the healthy choices the norm.

We are strongly supportive of proposal E9 as part of a broader suite of policy initiatives to make the urban environments in which young Londoners spend their time as health promoting as possible. Our insights show that tackling children’s health works best when addressed in the three environments where children spend most of their time: with their parents/carers (home), education settings (schools/nursery) and consumer/community settings (streets).

Fast food outlet access is important because, typically, fast food is energy-dense and nutritionally poor, as well as highly accessible both in terms of time and money. That kind of food promotes weight gain as humans have limited innate ability to recognise how dense the food they are eating is, and down-regulate consumption appropriately to compensate and maintain energy balance.¹ Studies report that higher availability of fast food is consistently associated with lower dietary quality in children and adolescents.² The availability of fast food close to schools is of particular concern with estimates that snacks bought close to school can account for a quarter of young people’s energy intake.³

However, it is not just access to fast food that may be problematic for childhood weight gain. Convenience stores and corner shops have also been found to be associated with higher BMI scores and may prompt increased food consumption.⁴ Some research has also suggested that supermarkets, instead of increasing access to fruits and vegetables and reducing the impact of food deserts, play a role in making unhealthy food more readily available and actually have a negative impact on weight control in children.⁵

Conclusion

Planning plays a major role in reducing health inequalities in London. It is critically important that the London Plan places emphasis on the health and well-being of Londoners for the benefit of its present and future residents. We believe everyone has a part to play in ensuring the good and equal health of all Londoners. The London Plan is an important tool to help achieve that aim.

Overall the London Plan should aim to:

- Drive work that makes every home, school, high street and green space an area that encourages a nutritious diet and everyday activity. This should build on existing evidence, reward those who lead the way, and hold others accountable to follow
- Tip the balance so that the health-promoting features of London's more deprived environments cumulate to outweigh those that are health-destroying
- Address the commercial determinants of health in London, for example, the advertising of unhealthy foods and promotion of unhealthy convenience food especially to children and young people
- Support suitable accommodation for families and young people to aid their health and to maintain the positive impact of diversity within the city.
- Protecting park and open spaces to ensure that all Londoners have equal access to good quality open spaces for physical activity, good health and mental well-being.

References:

- ¹ Prentice, A. M., & Jebb, S. A. (2003). Fast foods, energy density and obesity: a possible mechanistic link. *Obesity reviews*, 4(4), 187-194.
- ² Townshend, T., & Lake, A. (2017). Obesogenic environments: current evidence of the built and food environments. *Perspectives in Public Health*, 137(1), 38-44.
- ³ Sinclair, S., & Winkler, J. T. (2008). *The School Fringe: What pupils buy and eat from shops surrounding secondary schools*. London: Nutrition Policy Unit, London Metropolitan University.
- ⁴ Cetateanu, A., & Jones, A. (2014). Understanding the relationship between food environments, deprivation and childhood overweight and obesity: evidence from a cross sectional England-wide study. *Health & place*, 27, 68-76.
- ⁵ Epstein, L. H., Raja, S., Daniel, T. O., Paluch, R. A., Wilfley, D. E., Saelens, B. E., & Roemmich, J. N. (2012). The built environment moderates effects of family-based childhood obesity treatment over 2 years. *Annals of behavioral medicine*, 44(2), 248-258.