City Development Plan 2: consultation response, 18th November 2026

Representation on: Entire Plan

From: Glasgow Centre for Population Health (GCPH) on behalf of the Glasgow Food Policy Partnership (GFPP) [Note: GCC partners did not contribute to this response].

Introduction and summary of response and requests

This response is from the Glasgow Centre for Population Health (GCPH) on behalf of the Glasgow Food Policy Partnership (GFPP), which it hosts, although partners from Glasgow City Council have not contributed to this response. The GFPP, made up of public, private and community sector organisations, has been working together since 2014; it developed and now coordinates delivery of the 10-year Glasgow City Food Plan which was launched in 2021.

This response is one of three representations submitted by GCPH, together with the following:

- Glasgow Centre for Population Health response
- EQIA feedback

We welcome the proposed City Development Plan (CDP) and its recognition of public health as a driver of change. We also welcome its recognition of the importance of access to healthy food in all parts of the city. However, we would like the City Development Plan (CDP) to more explicitly recognise its role in shaping the food environment, influencing population health and reducing health inequalities. Planning policy is a key determinant of the local food environment and can either support or undermine equitable access to healthy, affordable food. We therefore recommend the inclusion of a dedicated Healthy Food Environment Policy that gives effect to National Planning Framework 4 (NPF4) Policies 15, 20, 23 and 25.

The Healthy Food Environment Policy and related policies should:

- Set out a comprehensive approach to the food environment in or linked to Policy 19.
- Strengthen controls on hot food takeaways.
- Improve access to affordable, nutritious and culturally appropriate food in underserved communities, recognising community food assets, allotments, market gardens, food cooperatives, community supermarkets, community-led food markets and similar initiatives as essential neighbourhood infrastructure.
- Restrict the expansion of advertising infrastructure, particularly digital billboards and advertising associated with unhealthy commodities.
- Further strengthen commitments to food growing in Policy 16.

These measures would support Glasgow's ambitions to reduce health inequalities, advance community wealth building, strengthen climate resilience and create healthier places. Given the city's inequalities in diet-related health outcomes and uneven access to healthy food, CDP2 should ensure that future development contributes to a fairer and healthier food system.

Overview: Strengthening the plan's approach to food environments, food access and food growing

We welcome this opportunity to comment on Glasgow City Council's proposed City Development Plan. While the Plan contains important commitments relating to health, place-making, sustainability and addressing inequalities, we believe it should include a stronger and more explicit policy framework relating to food environments, food access and local food systems.

The planning system has a significant role in shaping the food environments experienced by Glasgow's residents and can make an important contribution to reducing health inequalities, improving population health, supporting community wealth building and strengthening climate resilience.

Food is a significant driver of health and well-being and is essential to population health. The quality, adequacy and accessibility of healthy food and healthy eating behaviours are critical to individual and community health and well-being and are vital factors in addressing health inequities.

The health of Glasgow's residents continues to lag behind the rest of Scotland with lower life expectancy (74.3 years for men and 78.7 for women in Glasgow, compared to 77.2 and 81.1 years for Scotland) and lower healthy life expectancy for men (55.7 years in Glasgow compared to 59.1 years for Scotland) and women (56.1 years compared to 59.4 years for Scotland)(Life Expectancy & Mortality - Glasgow City Council). There are substantial differences between communities with people in the most deprived areas spending 25 fewer years[1] in good health than those in the least deprived areas.

Diagnoses of diabetes type 2, strongly influenced by diet and body weight, have been steadily increasing in the city. Childhood obesity continues to be a concern, with 12.8% of p1 children in Glasgow at risk of obesity (and a further 11.8% at risk of overweight in 2024/25) with increasing inequalities between children living in the most and least deprived areas of the city (5.9% at risk of obesity in the least deprived areas of Glasgow compared to 14.8% in the most deprived areas). Consumption of fruit and vegetables (a proxy for a healthy diet) remains low and, at the most recent NHSGGC survey in 22/23, had fallen for the first time in many years. Food insecurity is high, influenced by rapid

[1] National Record of Scotland. Healthy Life Expectancy, 2022 to 2024. Available from: https://www.nrscotland.gov.uk/publications/healthy-life-expectancy-2022-2024

increases in the cost of food compared to incomes in recent years and limited access to affordable, nutritious foods in some parts of the city. In contrast, Glasgow has the highest number of food takeaways and sandwich shops of any local authority in Scotland and is amongst the highest in the UK, with 1122 outlets across the city (equating to 17.2 outlets per 10k population) (Search a local authority area - Glasgow City | Food Hygiene Ratings). We welcome the recognition in the City Development Plan of areas of 'shopping deficiency areas' across the city and support action to address this but we would like to see the City Development Plan go further in its ambitions to support improved and more equitable access to healthy food.

1. Introduce a dedicated healthy food environment policy

The Plan should contain a dedicated policy that explicitly recognises the relationship between planning decisions, dietary health and health inequalities. The policy should aim to:

- Improve access to affordable, nutritious and culturally appropriate food.
- Reduce exposure to environments that encourage unhealthy consumption.
- Support a diverse range of food retail and food provision models that contribute positively to community wellbeing.
- Ensure planning decisions help reduce, rather than reinforce, health inequalities.
- Food access should be recognised as a core component of healthy neighbourhoods alongside housing, transport, greenspace and community facilities.

This should either be a separate policy or incorporated within Policy 19. It should include provisions to restrict further concentrations of hot food takeaways, support increased access to nutritious food in underserved communities, recognise the role of community and social enterprise food provision, and address the promotion of unhealthy products through advertising. It should also require food environment considerations to be incorporated within place-making, health impact and equality assessments for major developments.

2. Strengthen controls on hot food takeaways

The Plan should strengthen controls on new hot food takeaway developments, particularly in areas where there is already a high concentration of these premises.

Evidence demonstrates that deprived communities and areas surrounding schools are disproportionately exposed to unhealthy food outlets, contributing to poorer dietary outcomes and wider health inequalities.

While Policy 19 refers to development that should not result in clusters of uses that may affect health and wellbeing, including hot food takeaways, the policy lacks a clear

definition of what constitutes a cluster. Greater clarity is required, and there is a strong case for adopting a more ambitious approach.

One option would be to explore a model similar to that adopted by Gateshead Council, where restrictions on new takeaway developments in areas with high childhood obesity levels (i.e. areas where childhood obesity was higher than 10%) were associated with reductions in childhood obesity in disadvantaged communities.[2] Glasgow Centre for Population Health would welcome the opportunity to work with the Council to explore whether a comparable approach could be developed for Glasgow.

Alternatively, the Plan could adopt measures similar to those proposed by Midlothian Council,[3] including:

- Refusing new hot food takeaways in centres already experiencing excessive concentrations of such uses, with a clear definition of clustering.
- Restricting hot food takeaways, including mobile units, within defined exclusion zones around schools, unless operating outside school hours.

Another approach we can learn from is that of Belfast which defines a cluster as more than two hot food takeaways together, or where the proportion of hot food takeaway frontages is more than 10 per cent of all non-residential ground floor frontages in a particular part of the centre concerned.[4]

The Plan should also require applicants to demonstrate how proposals will contribute positively to local health outcomes and should consider cumulative impacts on health rather than assessing applications in isolation.

The Glasgow Food Policy Partnership and the Glasgow Centre for Population Health would welcome the opportunity to work with the Council to explore whether a comparable approach could be developed for Glasgow.

3. Improve access to affordable, nutritious and culturally appropriate food in underserved communities

Alongside restrictions on unhealthy food provision, the Plan should include stronger measures to improve access to affordable and nutritious food in areas where provision is currently limited.

We note the identification of "food shopping deficiency areas" and the policy support for increased convenience retail. However, convenience stores often provide limited

[2] https://www.gateshead.gov.uk/media/1910/Hot-Food-Takeaway-SPD-2015/pdf/Hot-Food-Takeaway-SPD-2015.pdf?m=1599656142873

[3] https://www.midlothian.gov.uk/download/downloads/id/4519/food_and_drink_supplementary_guidance.pdf

[4] https://www.belfastcity.gov.uk/documents/sensitive-uses Section 3.4

healthy food options and frequently allocate a substantial proportion of retail space to products associated with poor health outcomes, including alcohol, tobacco, confectionery, vaping products and gambling services.

Access to healthy food should therefore be understood more broadly and supported through a wider range of food providers, including:

- Independent retailers.
- Social enterprises.
- Community food organisations.
- Food cooperatives.
- Community supermarkets and pantries.
- Markets and market operators, including community-led food markets.
- Local food producers.

These forms of retail can also benefit the local economies by creating more local employment and training opportunities. The Plan should actively support the development and retention of these forms of provision through positive planning policies that recognise their contribution to population health.

Particular priority should be given to neighbourhoods where residents face limited access to affordable, nutritious food and where existing provision is dominated by retailers with restricted healthy food offers.

Policy 19 should therefore:

- Support developments that improve access to nutritious food in underserved communities.
- Embed food access considerations within regeneration and neighbourhood improvement programmes.
- Encourage healthy food retail within mixed-use developments.
- Recognise community-led food initiatives as essential local infrastructure.

4. Restrict the expansion of advertising infrastructure, particularly digital billboards and advertising associated with unhealthy commodities

We are disappointed that the proposed Plan does not address outdoor advertising. As outlined in a recent GCPH blog, outdoor advertising is not passive. It actively shapes what we see, what we value, and what feels normal in our shared spaces.

There is growing evidence that advertising influences food purchasing and consumption patterns, particularly among children and young people. Planning policy should

therefore play a role in limiting exposure to advertising associated with products that contribute to poor dietary health and wider health harms.[5]

While the development of a comprehensive advertising policy may require additional work, the Plan should establish a principle that health impacts are considered when assessing applications for advertising consent. We would welcome the opportunity to support Glasgow City Council in developing this area of policy further.

We are particularly concerned about the continued growth of digital advertising screens across the city.

Digital billboards provide high-frequency commercial messaging in public spaces and can significantly increase exposure to advertising for unhealthy products. They also raise broader concerns relating to visual amenity, energy consumption and impacts on vulnerable groups.

The Plan should:

- Create a presumption against additional large-scale digital billboard developments.
- Restrict digital advertising infrastructure in residential areas, communities experiencing high levels of deprivation and locations frequently used by children and families.
- Require health impact considerations for all proposals involving new digital advertising formats.
- Assess cumulative advertising exposure within neighbourhoods rather than considering applications individually.

Public spaces should be recognised as shared community assets and planning policy should ensure commercial advertising does not undermine public health objectives.

5. Further strengthen commitments to food growing

We welcome the inclusion of food growing within Policy 16 but would like to see greater clarity and ambition.

The Food Growing Strategy referenced in the Plan (paragraph 5.472) covered the period 2020-2025. The CPD2 should be guided by the strategic priorities, as agreed with the Food Growers Forum, informing delivery from 2027. An updated food growing strategy and delivery plan should accompany Policy 16 to ensure a coherent and strategic approach to investment in food growing, accountability and effective implementation.

We believe the Plan should prioritise:

- Protection and enhancement of existing growing sites.

[5] https://www.gcph.co.uk/latest/news-blogs/1298-reclaiming-our-streets-why-glasgow-needs-a-new-approach-to-public-advertising

- Development of high-quality growing opportunities including both above ground/raised based and in-ground cultivation sites.
- Meaningful engagement with communities to identify suitable sites and opportunities.
- Reinvestment in Bellahouston Nursery as a key food-growing asset while supporting existing tenants.

We would also like to CPD2 to require greater transparency regarding how developer contributions will support local food-growing infrastructure in Policy 14 (paragraph 5.399). These should include expectations around on-site provision, financial contributions and support for nearby growing sites.

Conclusion

Policies that support healthier food environments would support a wide range of existing city ambitions, including reducing health inequalities, improving dietary health, supporting child development, delivering community wealth building, strengthening local economies, employment and training opportunities, and enhancing climate resilience and creating more resilient local food systems.

Food environments are a fundamental determinant of health and wellbeing. Given Glasgow's persistent health inequalities and the substantial social and economic costs associated with diet-related ill health, the City Development Plan should move beyond a narrow land-use focus and adopt a more ambitious policy framework. This framework should actively support equitable access to affordable, nutritious food, protect opportunities for local food production, restrict development that undermines healthy dietary choices and ensure planning decisions contribute positively to Glasgow's long-term public health goals.