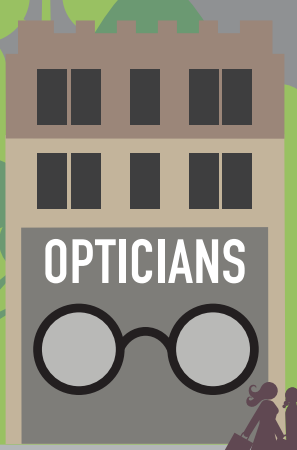
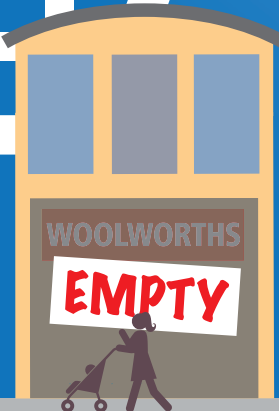


HEALTH ON THE HIGH STREET

Running on empty



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Foreword

“The city is not merely a repository of pleasures. It is the stage on which we fight our battles, where we act out the drama of our own lives. It can enhance or corrode our ability to cope with everyday challenges. It can steal our autonomy or give us the freedom to thrive. It can offer a navigable environment, or it can create a series of impossible gauntlets that wear us down daily. The messages encoded in the architecture and systems can foster a sense of mastery or helplessness. The good city should be measured not only by its distractions and amenities, but also by how it affects this everyday dream of survival, work and meaning.”

Charles Montgomery, *Happy City*¹



Shirley Cramer CBE
Chief Executive, Royal
Society for Public Health

The physical environment surrounds us, and in subtle and not so subtle ways, affects our health. The air that we breathe and our access to clean water have a direct impact on our health. Other factors affect our behaviours, influencing our choices about what to eat and drink, how much physical activity we do and how easy it is to be with friends. Planning can ensure that making the healthy choice is the easiest option, but for this to happen, health needs to be an intrinsic, central consideration in the planning process. Ultimately, it needs to be acknowledged that people have to be at the centre: “The intention must be to evolve towns and cities that are good for people to live in: not just for some people, but all people, whatever their income or abilities.”²

Over 80% of the UK population now live in urban areas,³ and the high street is just one part of the urban environment. Its architecture and design affects how we use our high streets, whether they are places we enjoy being or areas we avoid; whether they foster community and social interactions or encourage us to walk away quickly, eyes down until we reach our destination. Levels of traffic, how accessible it is for pedestrians and how safe we feel, determine whether we choose to visit our high street or prefer to sit at home making purchases over the internet instead.

It is important that planning of high streets considers all of these factors, and more. But this report focusses on one aspect of the high street – its transactional environment. We come to the high street with our money and time, and convert it into a leisurely hour with a friend, a bag full of shopping or a social experience. We come away with increased cultural capital, reassurance from a healthcare professional or the feeling of wellbeing that comes from a yoga class.

Yet this transaction is not always good for our health. When our time and money are converted into a loss at the bookmaker, a tan from a sunbed, a high cost loan or a bucket of fried chicken, the high street is enabling and supporting poor health behaviours.

At a time when the high street is struggling and every week brings news of another household name going into administration, it is time for a fresh look at what the high street means to us and what it might be like in the future. At RSPH we believe that our high streets have an important role to play in developing sustainable communities, but for this to happen, health needs to be prioritised as planners and other stakeholders make decisions about its future.

A handwritten signature in black ink that reads "Shirley".

Shirley Cramer CBE

Chief Executive, Royal Society for Public Health

Health on the High Street: Running on empty

1. Executive Summary

In 2015, we published our report Health on the High Street. It started a conversation about the impact of different outlets on health and the potential cumulative effect these outlets could have on a local population. Along with expert and public opinion, we developed a 'Richter Scale of Health' to measure the healthiness of shops on the high street.

We looked at a large number of outlets, including those we determined were bad for health – payday lenders, bookmakers, tanning salons and fast food outlets – and those that were good for health – pubs and bars, libraries, pharmacies, dentists, opticians and leisure centres.

The high street has continued to undergo much change in the last three years and this new report seeks to assess to what extent these changes have affected the health impact of the UK's high streets. We have reassessed the outlets included and have added to their number to reflect the changing face of the high street – cafés and coffee shops, convenience stores, off-licences, vape shops and empty shops are all part of the 2018 analysis.

This analysis follows the same methodology as our 2015 Health on the High Street report and uses a scale (the 'Richter scale of health') to measure the healthiness of different types of shops and other businesses on the high street.

The 2018 results: UK wide

The ten "unhealthiest" UK high streets

1. Grimsby
2. Walsall
3. Blackpool
4. Stoke-On-Trent
5. Sunderland
6. Northampton
7. Bolton
8. Wolverhampton
9. Huddersfield
10. Bradford

The ten "healthiest" UK high streets

1. Edinburgh
2. Canterbury
3. Taunton
4. Shrewsbury
5. Cheltenham
6. York
7. Brighton & Hove
8. Eastbourne
9. Exeter
10. Cambridge

The 2018 results: London

The ten "unhealthiest" London high streets

1. West Green Road/ Seven Sisters, Haringey
2. Roman Road (West), Tower Hamlets
3. Thornton Heath, Croydon
4. Angel Edmonton, Enfield
5. South Norwood, Croydon
6. New Addington, Croydon
7. Neasden, Brent
8. Harlesden, Brent
9. Canning Town, Newham
10. Rainham, Havering

The ten "healthiest" London high streets

1. Muswell Hill, Haringey
2. Hornchurch, Havering
3. Pinner, Harrow
4. St John's Wood, City of Westminster
5. Temple Fortune, Barnet
6. Hampstead, Camden
7. Kingsbury, Brent/Harrow
8. Whetstone, Barnet
9. Teddington, Richmond upon Thames
10. Beckenham, Bromley

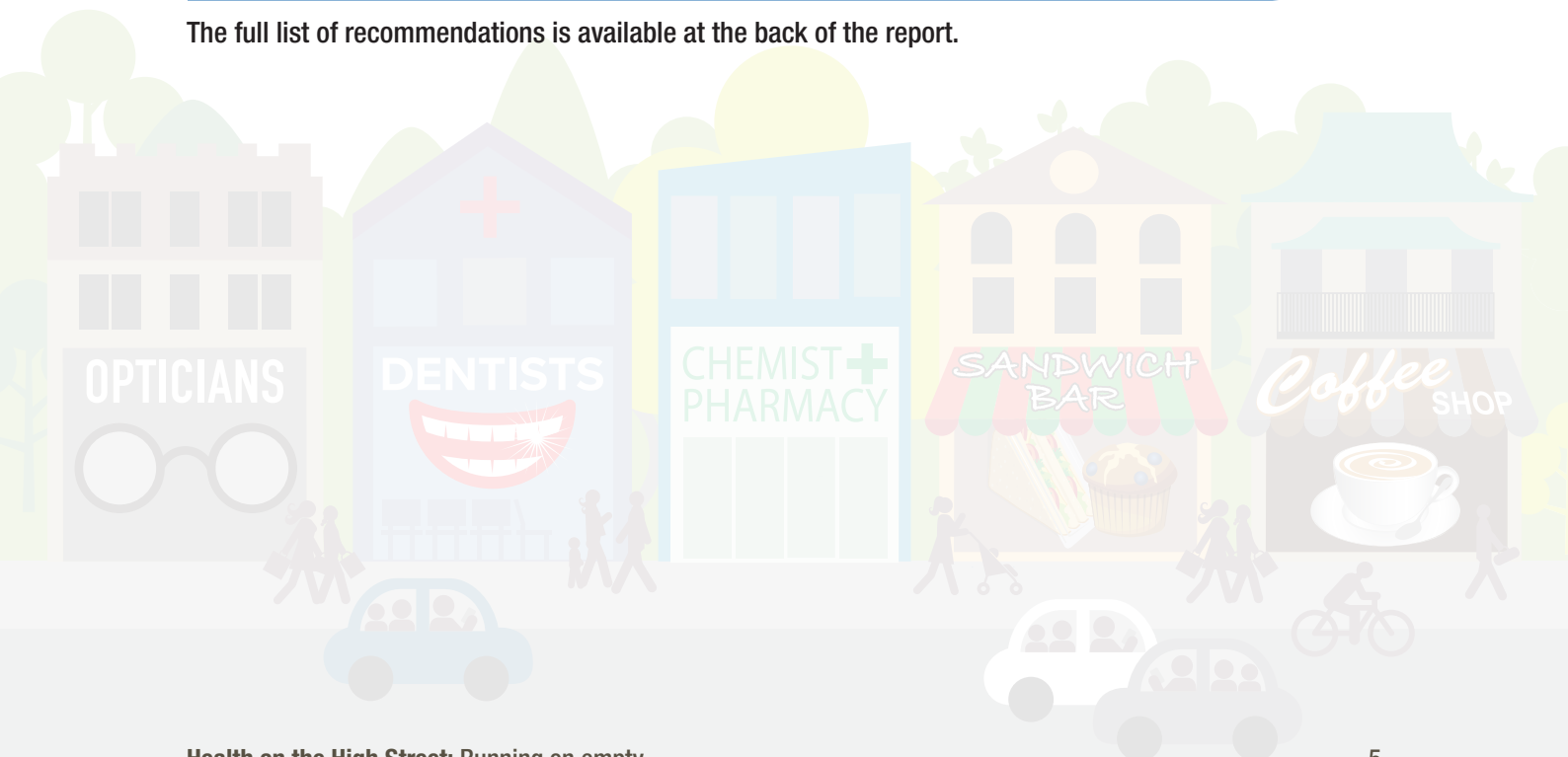
Recommendations

As a result of our analysis, we have put forward a number of recommendations that aim to inject new life into our high streets and also make the business offer that retailers provide more health promoting.

Key recommendations include:

- HM Treasury to review how businesses are taxed to ensure that online businesses are not put at an unfair advantage compared to the high street
- Facebook and Google to provide discounted advertising opportunities to local, independent health-promoting businesses
- Local authorities to support meanwhile use of shops by making records on vacant commercial properties publically accessible
- Vape shops to ensure all customers who smoke are aware of their local stop smoking service
- Councils to set differential rent classes for tenants based on how health-promoting their business offer is
- Business rates relief for businesses that try to improve the public's health
- Industry and all businesses selling food on the high street – cafés, pubs, fast food outlets, convenience stores, leisure centres – to reduce the calories in their products
- The Ministry of Housing, Communities and Local Government (MHCLG) to provide local authorities with the power and support to restrict the opening of new betting shops and other unhealthy outlets where there are already clusters
- Local authorities nationwide to introduce A5 planning restrictions within 400 metres of primary and secondary schools

The full list of recommendations is available at the back of the report.



2. Introduction

The modern British high street developed in the 1860s and 1870s when urbanisation meant that people could no longer grow or store food as they had previously. Market stalls turned into shops with fixed prices.⁴ During the 20th century, the high street developed and changed, affected by two world wars, the 1920s depression and ongoing technological development, yet it remained a cornerstone of British communities.

The latter years of the 20th century saw local high streets falling out of favour. Policy changes led to increased development of out of town shopping and decreased investment in the traditional high street.⁵ High street sales were further impacted by the economic crisis of 2007/8 and the rise in internet shopping. Over the last decade, many businesses have left the high street, unable to continue to trade in the current financial climate. While Woolworths, BHS, Blockbuster and Comet are among the many names whose high street presence was consigned to history, many others reduced their store numbers leaving increasing numbers of vacant premises across British high streets. Four years after the start of the credit crunch, Mary Portas described high streets as at “crisis point” having suffered “many years of erosion, neglect and mismanagement”.⁶ Once a community hub, in many parts of the UK the high street is now in desperate need of renewal.

High streets play an important role in social inclusion and cohesion and support the development of sustainable urban communities.⁷ In order to do this, however, a new vision needs to be created, where high streets meet the 21st century needs of their communities. Any redevelopment should be co-produced, not enforced from above. It has been argued that in too many places, urban gentrification has resulted in “longer-term residents often forced to relocate where retail and cultural facilities are more in keeping with their tastes and budgets”. It is vital that local communities are not excluded from their own high streets.

Yet it would be wrong to suggest that this means nothing should change. This report highlights that there are towns and cities with over a quarter of high street outlets vacant and that these empty shops are most numerous in areas of high deprivation. Even the residents of these areas confirm that their high streets are no longer thriving and change is needed.⁸ The downturn in the fortunes of the high street sits within a larger question about the urban environment and its impact on health. The high street, as a central component of the urban environment, has an impact on the public’s health, and if it is to continue along its current downward trajectory the consequences will not just be economic.

In 2015, we published our report *Health on the High Street*. It started a conversation about the impact of different outlets on health and the potential cumulative effect these outlets could have on a local population. We looked at a large number of outlets, including those we determined were bad for health – payday lenders, bookmakers, tanning salons and fast food outlets – and those that were likely to be good for health – libraries, pharmacies, dentists, opticians, leisure centres and pubs and bars.



This report seeks to rerun the analysis to assess whether there has been much change in the last three years. We have reassessed the outlets included and have added to their number to reflect the changing face of the high street – cafés and coffee shops, convenience stores, off-licences, vape shops and empty shops are all part of the 2018 analysis.

We have used empty shops as a key benchmark: for each outlet asking, would it be better for the public's health for any given shop to be empty? We argue that in the case of bookmakers, high cost credit providers (including payday lenders), tanning salons, off-licences and fast food outlets, it may be better for the shop to be put to another use or indeed even to remain empty. Yet, we also offer alternatives to empty shops and highlight the opportunities for pop-up or meanwhile use.

Sharing knowledge and experience is vital if UK high streets are to be developed into healthy places for all. It is with this in mind that we have developed an online hub to sit alongside this report to share best practice with open access to all. We have local authorities, national government, developers and community groups particularly in mind, but hope the resource will be useful to anyone who wishes to see their local high streets flourish.

We need a vision of the British high street that gives healthy businesses the tools they need to thrive, where the needs of communities are met and where people want to spend their time and money. High streets have come a long way since the 1860s and if they are invested in and protected, they should be around for many years to come.

3. Methodology

This analysis follows the same methodology as our 2015 Health on the High Street report and uses a scale (the 'Richter scale of health') to measure the healthiness of different types of shops and other businesses on the high street.

Richter scale of health

Health impact of each outlet was scored based on the same four areas of health:

1. Encourages healthy lifestyle choices*
2. Promotes social interaction
3. Allows greater access to health care services and/or health advice
4. Promotes mental wellbeing

OUTLET	TOTAL Richter scale score	1. Healthy/healthier choices	2. Social interaction	3. Access to services and advice	4. Mental wellbeing
Leisure centres	7	2	2	1	2
Health services (dentists/opticians/GPs)	6	2	0	2	2
Pharmacies	5	2	0	2	1
Health clubs	5	2	1	0	2
Libraries	4	1	1	1	1
Museums and art galleries	3	0	1	0	2
Vape shops	3	1	1	0	1
Pubs and bars	2	-1	2	0	1
Cafés & coffee shops	2	-1	2	0	1
Convenience stores	0	-1	0	0	1
Empty shops	-1	0	0	0	-1
Tanning shops	-1	-2	0	0	1
Off-licences	-2	-2	0	0	0
Fast food outlets	-2	-2	0	0	0
Bookmakers	-2	-1	0	0	-1
High cost credit outlets	-4	-2	0	0	-2

* For vape shops this is 'healthier' rather than 'healthy'

How did we score each retail outlet?

For each of these four areas, outlets were scored from -2 to +2, giving a maximum score of +8 and a minimum score of -8 when these values were combined. A score of 0 was given if the impact was perceived to be neutral or if the category is not relevant to the outlet.

After consideration, the scores for the 2015 outlets were kept the same and the new outlets were scored in the same way. The scoring is based on a combination of a review of the evidence, input from expert opinion and a survey of the public* to capture their views and experiences.

Assessing high street boundaries

We purchased data from the Local Data Company (LDC). For the towns and cities analysis, we used LDC’s boundaries for the core retail area and used data from the 70 largest UK towns and cities by total number of retail units. These boundaries have not changed since the 2015 analysis. The list of towns and cities is in Appendix 1.

For the London analysis, we consulted the 2016 Mayor’s Plan. As in 2015, we focussed on the district centres. District centres are defined as “providing convenience goods and services for more local communities and accessible by public transport, walking and cycling.” The 2016 plan identifies 151 district centres in London,⁹ an increase of three since the 2011 plan¹⁰ used in the 2015 report.

All the boundaries were reassessed using Google maps, both on the map view which typically highlights shopping areas with a pale peach outline, and Google Street View to enable us to virtually walk the high streets. In the 2015 analysis we focussed primarily on the main high street in a district centre, however, in

order to give a fuller picture of the district centre, this time we extended the boundaries to incorporate side streets leading off the main high street. Of the 151 London district centres, we excluded five because it was not possible to identify a high street. This resulted in 146 district centres included in the analysis.

Analysis

As in 2015, we included different businesses depending on whether we were looking at the main retail area for towns and cities or the London high streets. For the London high streets research, we have excluded leisure centres and health clubs, GP surgeries and medical centres, and libraries and museums/art galleries. This is because although they may be present in the borough, they are likely to be situated away from the high street.

Using the LDC data, we have calculated a value for each high street by multiplying the number of each type of outlet present by their overall Richter scale score, summing all the different outlet scores and dividing by the total number of outlets on the high street.

In order to account for clustering, where a particular type of outlet represents over 5% of the total number of outlets on the high street, we have scored the outlets up to and including 5% with the score in the above table, but for all outlets over 5%, we have reduced the total Richter Scale score by one. Therefore, bookmakers up to and including 5% will score -2, all subsequent bookmakers over this clustering threshold will score -3.

The overall score is calculated by the following equation:

$$\frac{(\text{Number of unhealthy outlets X their Richter score}) + (\text{Number of healthy outlets X their Richter score})}{\text{Total outlets on the high street}}$$

Limitations

We recognise that this research has a number of limitations which are expanded upon in Appendix 2.

*Populus survey to a representative sample of 2000 UK adults

4. Update since 2015

Our 2015 report 'Health on the high street' reviewed the evidence for the health impacts of betting shops, payday lenders, tanning salons, fast food outlets, libraries, pubs and bars, health services (pharmacy, opticians, primary care) and leisure centres.¹¹ We have included all of these outlets in the 2018 analysis, however would direct readers to the 2015 report for a full review of the evidence.

The below section highlights some key changes that have occurred relating to each of these outlets since 2015.



HIGH COST CREDIT

In our 2015 report, we highlighted the link between payday lenders and poor health, noting the devastating consequences that debt from payday loans can have on health as well as family and work life.¹²



In the UK's 70 largest towns and cities, the numbers of payday lenders has reduced by a third in the last three years, from 493 in 2015 to 327 in 2018.

In this report, we have not limited ourselves to payday lenders, but have also included other types of high cost lender that are common on the high street – rent-to-own (e.g. Brighthouse and Perfect View) and pawnbrokers. The RSPH report "Life on Debt Row" (2018) highlighted the impact all types of high cost credit have on the public's health.¹³

During 2014 it was reported that the UK was seeing a rapid rise in payday lenders, with 1,427 shops owned by the main lenders across England, Wales and Scotland, and 49 in Northern Ireland.¹⁴ Yet, on 2nd January 2015, a price cap came into force on the interest, fees and charges set by payday lenders. It means that borrowers cannot be charged more than 100% of the total amount borrowed.¹⁵

In its subsequent review of the cap in July 2017, the Financial Conduct Authority (FCA) concluded that the cap was having a positive effect on consumers, with the cost of borrowing decreasing significantly and a considerable reduction in default rates. It also highlighted that while there remained payday lenders operating, "many firms are unprofitable and several are trying to sell their businesses". The FCA predicted significant changes to the high street payday lender market.¹⁶

This has been reflected in the numbers of payday lenders operating. Notably, Wonga, the largest payday lender in the UK (albeit online only so not within the scope of this research) went into administration in August 2018.¹⁷ Our analysis found that since 2015, Eastbourne has lost nine payday lenders and Edinburgh, York and Huddersfield have lost seven. The future of payday lending in the UK is at best unclear.

The FCA has since carried out a review into other forms of high cost credit, including rent-to-own, doorstep lenders and catalogue credit.¹⁸ It is now considering capping rent-to-own charges.¹⁹

The rent-to-own sector is already looking vulnerable. In September 2017, Buy As You View, a large UK rent-to-own business went into administration²⁰ and the same month, Brighthouse put itself up for sale due to financial difficulties.²¹

In the Autumn Budget of 2018, plans to provide support affordable credit unions were announced, as well as an intention to pilot a no-interest loan scheme in early 2019 [HM Treasury, 2018]. While the impact of these commitments remains to be seen, it is certainly a welcome recognition from the Government that more must be done to support those who struggle to access credit in an affordable way.

A final change seen by the payday loan industry is, alongside bookmakers, a move out of the A2 planning class and into sui generis, so that planning permission is needed for any change of use.^{22,23} This was to support planners to control the increase in payday lenders on the high street.

Recommendations

- All stakeholders to work together to ensure that fair and affordable credit options are available for customers
- High cost credit providers to receive training in signposting vulnerable individuals to support services

There have been two major changes affecting betting shops since our 2015 report. The first is the switch of planning class. Betting shops used to be A2 class, which is the same planning class as financial institutions such as banks and building societies.



It meant that bookmakers could convert a bank or building society to a betting shop without needing planning permission from their local council. In April 2015, betting shops in England were moved into the 'sui generis' planning use category which now means that planning permission is needed before a betting shop can be opened and gives councils more powers to address the rise in betting shops on their high streets.²⁵ Scotland followed suit in February 2017.²⁶ However, while this is useful for applications for new betting shops, it does not address the bookmakers that are already on the high streets.

The graph on page 12 highlights that local authorities have begun to use planning measures to successfully address the rise in betting shops in certain parts of London.²⁷ It is notable that at the point that councils published revised guidance and evidence, betting shop numbers stop increasing at the same rate and in some cases decreased dramatically (see graph). It highlights the ability of planning legislation to control betting shops, however, many councils would argue that legislation needs to go further to give them more powers to control bookmaker numbers on their local high streets.

The second big change is the introduction of a maximum stake for fixed odds betting terminals (FOBTs). These machines, located inside betting shops, have been described as the crack cocaine of the betting world, allowing individuals to lose huge sums of money in very short periods of time.²⁸ Bookmakers are only allowed up to four FOBTs in each premises, but they are so lucrative that to overcome this limitation, multiple betting shops have been opened in very close proximity to each other. The UK Government called a review in late 2017 and concluded that the maximum stake allowed should be £2, reduced from £100. This was due to be introduced in early 2019, but there has been a lot of push back from the gambling industry and it is disappointing that in the Autumn Budget of 2018 the Chancellor announced an intention not to implement the reduced stakes until October 2019 [HM Treasury, 2018].

Recommendations

- The Ministry of Housing, Communities and Local Government (MHCLG) to provide local authorities with the power to restrict the opening of new betting shops and other unhealthy outlets where there are already clusters
- The Department for Digital, Culture, Media and Sport (DCMS) to ensure that the £2 maximum stake on Fixed Odds Betting Terminals (FOBTs) is implemented no later than April 2019
- Betting shop staff to receive training in signposting vulnerable individuals to support services

Newham Council has experienced a **47% increase** in betting shops since 2007 and in Hackney there are **six bookmakers licensed on a single street**.²⁹

Newham Council's approach to betting shops

Newham Council has taken a multi-agency approach to betting shops, leading the Local Government Association campaign on fixed odds betting terminals but also pioneering a new cumulative impact planning policy in its development plan.

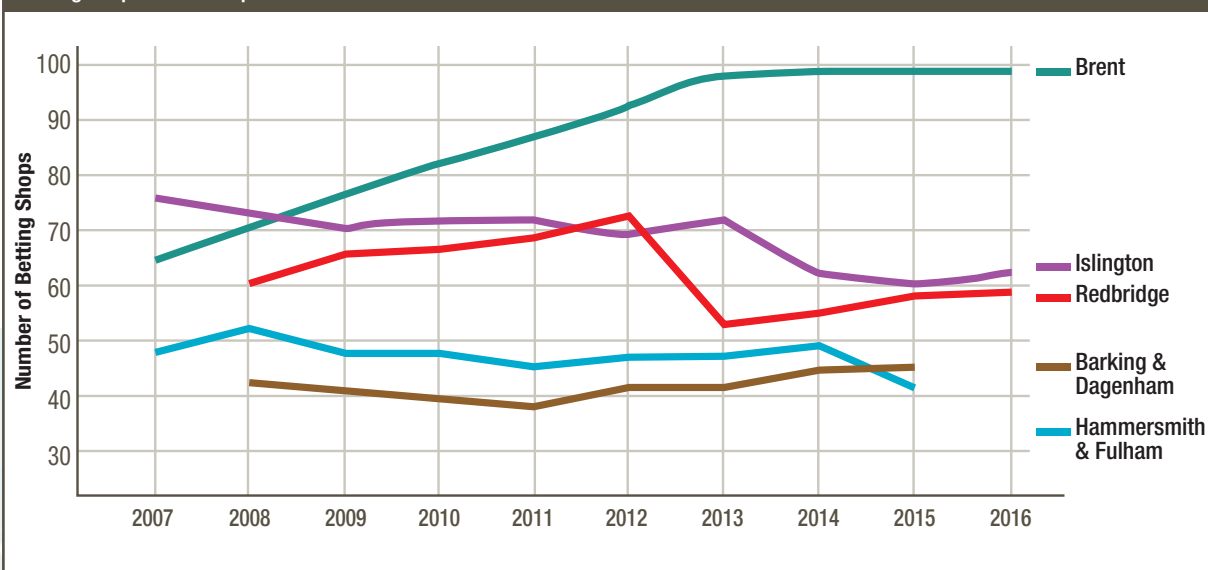
Responding to unusual levels of public concern over a planning matter (the proliferation of betting shops on the borough's high streets and the impact on local character) the Council mapped clusters and worked to ascertain 'how many is too many'. This is an area of policy silence noted by planning inspectors who kept allowing betting shops on appeal, overturning Local Planning Authority decisions and awarding costs against them.

Through a considered combination of engagement evidence, geospatial analysis and professional judgement, and linking arguments to the Council's broader spatial vision, officers arrived at several

justifiable policy thresholds or benchmarks, including a limit of three in a 400m area – a typical five minute walk. The policy was approved by the Planning Inspectorate on behalf of the Secretary of State, despite considerable opposition from Paddy Power at the Council's plan examination, and adopted by the Council in the autumn of 2016. The Inspector noted the process could not be scientific but that the policy was justified particularly in light of the engagement evidence. No proposals for new betting shops have since been approved or even received, though it is unclear whether this is due to the market being saturated and the change in betting shop use class at around the same time, or due to the policy putting applicants off 'at source'.

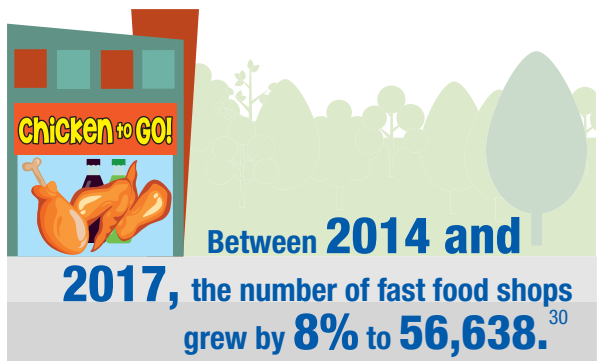
Sophie Donaldson, Policy Manager, Newham Council

The below graph highlights that local authorities have begun to use planning measures to successfully address the rise in betting shops in certain parts of London.



FAST FOOD OUTLETS

**RICHTER
SCALE
SCORE** **-2**

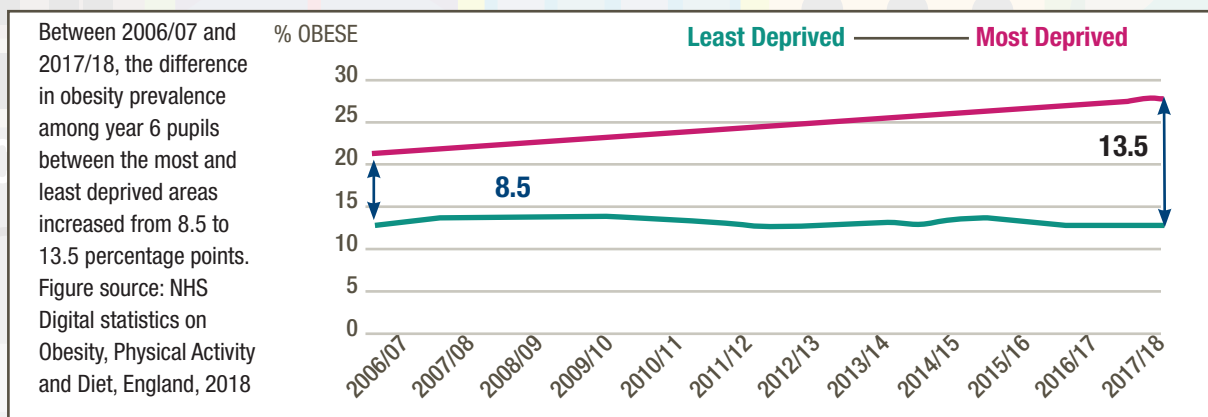


Meals from fast food outlets (FFOs) are typically very energy-dense and salt rich, coming in large portion sizes. The link between frequent FFO patronage and various health indicators and outcomes such as BMI, weight gain, insulin resistance, and high blood pressure, have all been well-documented.³¹ FFOs are also known to regularly engage in upselling, whereby serving staff are trained to persuade customers to buy additional or larger portions – a practice we explored in our 2017 report, *Size Matters*.³² In 2018, new research based on a sample of 50,000 UK adults found an association between FFO exposure, fast food consumption and obesity.³³

Some promising headway in the wider obesity landscape has been made since 2015, most notably with the introduction of the sugar levy in 2018.³⁴ This has led a number of high profile soft drinks manufacturers to develop low-sugar product reformulations, some of which have had significant commercial success – a positive development given that FFOs have always been notable purveyors of high-sugar soft drinks.³⁵

Less encouragingly, the disproportionate concentration of FFOs in deprived areas persists – remaining particularly stark in the north of the country, where levels of deprivation are typically higher than in the south. However, this trend is seen across the UK, in areas where the demand for inexpensive calorie-dense food is often higher. New data released in June 2018 by Public Health England highlighted just how extreme this localised clustering can be, with those in England’s poorest areas experiencing a density of fast food outlets five times higher than those in the most affluent areas.³⁶ These findings are increasingly worrying in light of a 2016 study indicating that neighbourhood fast-food outlet exposure amplifies inequalities in diet and obesity.³⁷

Fast food outlets have also come under more intense scrutiny in recent years with regards to their impact on childhood obesity specifically. As with adults, the proportion of overweight or obese children (aged 2-15 years) in England has remained fairly stable in the past decade, hovering between 28% and 31%.³⁸ However, it is of extreme concern that the gap in obesity prevalence between children in the most and least deprived areas has increased over time, and is still rising with children in deprived areas substantially more likely to be overweight or obese than in more affluent areas.³⁹



Kenton McDonald's

"The campaign I was involved with was over a proposed two-storey drive-through McDonald's, to be built on the site of a former pub in Newcastle – just over 400m from the largest secondary school outside of London. It began when McDonald's submitted their application to the Council and local people alongside councillors expressed their concerns about the impact for school children and other locals.

"Following the submission of the planning application by McDonald's, we gathered evidence as a local community and made representations at the Planning Committee, who went on to reject the application on public health grounds.

"Just before the appeal timescale lapsed, McDonald's submitted an appeal to the Secretary of State. We then developed our case against McDonald's appeal, sourced a range of experts who were willing to act on our behalf (on a pro-bono basis) and submitted our evidence to the Planning Inspectorate.

"We then took part in the first session of the planning appeal and were in the process of preparing for the second session, when McDonald's withdrew their appeal, citing new draft supplementary planning documentation (SPD) drafted by the Council. Their reasoning was that the new draft SPD would mean that developing a hot food takeaway on the site was no longer in keeping with emerging Council policy."

Steph Downey, Community Activist, Kenton

Public Health England announced in March 2018 a challenge to the food industry to reduce calories in foods eaten by children by 20% by 2024.⁴⁰ The government's childhood obesity plan of 2016 was followed by a second chapter in June 2018, which included a call to support local authorities to take bold action on childhood obesity, but stopped short of advocating stronger planning powers for local authorities to restrict clustering of FFOs.⁴¹

The most significant progress in this area has involved looking at the tendency of FFOs to target young people by clustering around schools, and what powers local authorities have to restrict this. Successful early examples of this include St. Helens in 2011, where fast-food free buffer zones were established around schools,⁴² as well as in Barking & Dagenham.⁴³ Since then there has been a general lack of consistency in planning policies emphasising the negative impact of FFOs on health and health inequalities, but current work being done under the London plan is beginning to remedy this. Twenty-four of the 32 London boroughs have now prepared policies on A5 fast food takeaways, with the majority using either a distance- or concentration-based policy.⁴⁴ The former usually takes the form of a stipulation that new FFOs cannot open up within 400m (approximately a five-minute walk) of a school, and the latter is based on one of several concentration measures, such as a limit of 5% of units within a town centre.



Evaluations of the effectiveness of these A5 fast food planning restrictions are yet to take place, but given what has been outlined about the well-known links between fast food availability and consumption, one would expect a significant positive effect on the diets of school children. A survey of 2,500 secondary school students in Brent illustrated this point: those at schools with FFOs within a 400m radius were more likely to visit those outlets at least once a week (62%) than those at schools with no FFOs within 400m.⁴⁵

Outside of the initiative for 400m restrictions, there are also examples of individual fast food restaurants whose planning applications have been rejected by the local council on public health grounds, often with significant support from community activists and organisers. There is much that can be learned by councils and communities across the country from examples such as these – even though they are still largely the exception rather than the rule (see case study above).

Finally, in our 2015 report we called for compulsory display of food hygiene ratings, and clear nutritional labelling including calorie information. The display of food hygiene scores became mandatory in Wales in 2013 and in Northern Ireland in 2016, but at present is still optional in England and Scotland.⁴⁶ At time of publication, the government is seeking views on its plans to make out-of-home food and drink outlets (including FFOs) display calorie information, with public consultation closing in December 2018.⁴⁷ This is an important potential avenue to influence the fast food offer in a positive way, with some research suggesting calorie information is effective at reducing overall intake.⁴⁸ There is a range of other possible interventions for changing the fast food offer in ways that promote healthier food intake, and ongoing work by Fuse and the Centre for Diet and Activity Research (CEDAR) is testing and developing the effectiveness of these options through their ‘foodscape’ programme.^{49,50}

Recommendations

- Local authorities nationwide to introduce A5 planning restrictions within 400 metres of primary and secondary schools
- Mandatory display of food hygiene ratings in England and Scotland
- The Government to follow through on its stated plans to legislate on mandatory calorie labelling for the out-of-home sector
- Industry and all businesses selling food on the high street to reduce the calories in their products
- The Ministry of Housing, Communities and Local Government (MHCLG) to provide local authorities with the power and support to restrict the opening of unhealthy outlets where there are already clusters



Healthier Choices Award, Blackpool Council

Blackpool Council Public Health team launched The Healthier Choices Award in January 2017, and since the launch 110 businesses have successfully achieved it, including fast food outlets, community cafés, nurseries, Children’s Centres, schools and staff restaurants.

The vast majority of Award winners are small independent businesses who sometimes have misconceptions about what healthy catering means. Our Registered Nutritionist helps to dispel these myths. As you would expect we encourage more fruit, vegetables and wholegrains to be added to the menu but it’s also about reassuring people that they don’t have to take chips off the menu: they can be prepared and cooked in a different way. Cutting them thicker or buying steak cut chips, cooking them at the right temperature, in unsaturated oil and draining them thoroughly are just a few of the changes required to achieve the Award.

The Award criteria is designed not to be too onerous, acknowledging that time is money for the business owners. The Award has five criteria: Fats and frying; portion sizes; fruit vegetables and wholegrains; salt; and

promoting healthier options. There is a small checklist of items under each criteria which are also used as the basis for a discussion about the specific menu on offer. This is where the scheme adds value, it’s a two way discussion recognising the great work already being done and what can be done in that particular premises to make the food offering healthier.

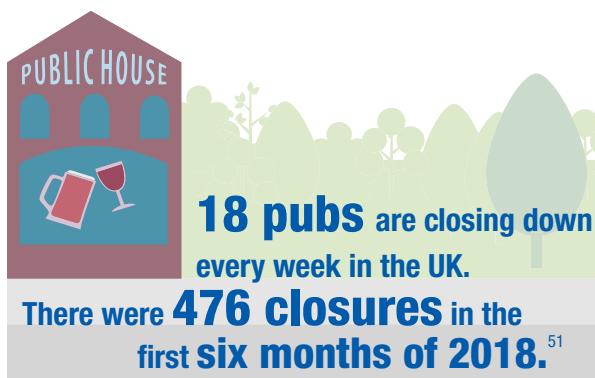
We have provided fish and chip shops with five hole salt shakers to replace the usual seventeen hole dispensers, made available low calorie sweeteners to be offered as an alternative to sugar and provided smaller take away cartons to encourage a business to test out if customers were interested in buying smaller portions.

Building on the success of the current scheme we are about to launch a Junior Healthier Choices Award promoting family friendly venues who welcome breastfeeding, bottle-feeding and infant feeding on their premises. These venues will also commit to offering child sized healthy menu items.

Nicky Dennison, Senior Public Health Practitioner, Blackpool Council

PUBS AND BARS

RICHTER
SCALE
SCORE **+2**



In 1989 Ray Oldenburg was the first person to articulate the importance of social meeting places for communities. He described them as third places: “a generic designation for a great variety of public places that host the regular, voluntary, informal, and happily anticipated gatherings of individuals beyond the realms of home and work”.⁵² He argued that third places come after the home (first) and the workplace (second). They offer a neutral ground, where no one is either host or guest, allowing people to come and go as they wish, bringing people of different ages and backgrounds into contact with one another.

These ‘third place’ social connections are an important part of leading a healthy life.

In Britain, historically, the pub served the role as a community’s third place, offering locals a chance to meet after a day’s work and drink a pint in convivial surroundings with other regulars. Despite this, numbers have been falling dramatically in recent years.

One step that has been taken to try to address this is to remove permitted development rights for pubs. Prior to May 2017, no planning permission was required to change pubs into a number of other uses, including supermarkets, or to demolish them. These permitted development rights have now been removed.⁵³ It is hoped that this will

help protect pubs from being destroyed and converted into other uses. While there is a clear need for pubs to offer healthier beverage and food options, and the RSPH has campaigned for calorie labelling on alcoholic drinks as well as better public understanding of recommended maximum unit intakes,⁵⁴ it is right that the social value of pubs is recognised that they are protected from being destroyed or converted to other uses without planning permission being sought.

There has also been a rise in co-operative pubs. A co-operative pub is a business owned and controlled by a large number of people from within the community with the primary purpose of stimulating community cohesion. In 2016, there were 46 community pubs trading across the UK, owned by 9000 shareholders, a rise of 15% from 2015. Co-operative pubs often offer additional community services, including micro shops, cafés, post offices and meeting facilities.⁵⁵

Recommendations

- Minimum unit pricing for alcohol to be implemented across all four nations of the UK, following its introduction in Scotland in 2018
- Mandatory display of food hygiene ratings in England and Scotland
- The Government to follow through on its stated plans to legislate on mandatory calorie labelling for the out-of-home sector
- Industry and all businesses selling food on the high street to reduce the calories in their products
- Local authorities, planning authorities and developers to encourage the development of ‘third places’ in town centres

4. Update since 2015

LIBRARIES, MUSEUMS AND ART GALLERIES

RICHTER
SCALE
SCORE **+4/+3**



Libraries play an important role in communities that extends far beyond offering books on loan. The Arts Council commissioned a series of podcasts to highlight the important role of libraries. They detailed the many activities that take place in UK libraries, from rhyme time for young children, to comedy and music performances, book clubs, cafés, education opportunities, knitting groups and code clubs. Libraries are spaces that are accessible to all members of society, with some even offering arts on prescription via GP referral and support for the homeless.⁵⁸ The proportion of adults from black and ethnic minority groups that visit their local library is higher than for white adults, adults living in deprived areas visit libraries more and more non-working adults visit libraries than working adults.⁵⁹ Many libraries offer activities and support specifically for older adults, helping to improve their overall

wellbeing,⁶⁰ and there are also libraries with a range of services designed to support those with disabilities.⁶¹

In times of financial difficulty, libraries are an easy target for funding cuts, but the impact on communities of losing such a hub cannot be overstated and it is vital that both local and national Government ensures that libraries are supported financially.

Museums and art galleries also have a key role to play in promoting health and wellbeing. A recent Government review of the sector highlighted that increases in art prices and funding cuts were affecting the ability of both to maintain and develop their collections.⁶² Cuts to libraries, museums and art galleries have been seen despite the 2016 Culture White Paper calling for increased public participation in the arts.

Empty shops on the high street are increasingly being used for “meanwhile projects” including pop up art galleries. In the light of funding cuts to traditional art galleries and increases in empty shops, this practice should be encouraged.

Recommendations

- RSPH to ensure training in brief interventions is available to all members of the wider workforce operating on the high street
- Local authorities, planning authorities and developers to encourage the development of ‘third places’ in town centres





How Coventry Libraries Support Health and Wellbeing

Libraries in Coventry provide access to reliable health information through trusted sources and organising a calendar of bespoke events tied in to national health campaigns.

However, arguably the largest impact Coventry Libraries have in terms of health and wellbeing comes from their work to reduce social isolation and loneliness in the city.

Dementia friendly “Sharing Memories” sessions which were developed in partnership with The Alzheimer’s Society provide a space for people and their carers to come together, converse, and interact whilst looking at memory evoking images, objects, and specialist resources. Craft groups, friendship groups and readers’ groups also help stimulate connectivity particularly amongst older residents.

In addition to helping toddlers develop language and social skills, rhyme times, which take place in libraries across the city several times a week, bring new parents together encouraging friendships and connections to helpful services such as breastfeeding and oral health teams.

The extremely popular Sahyadri Marathi friendship group was established when a group of newly-arrived residents from Maharashtra, Western India, were looking for a place to meet, socialise and celebrate and share their culture with the wider community. The library provides a space where cohesion and identity and increased cultural awareness thrives.

Coventry is a city that celebrates diversity and is focused on meeting the needs of the most vulnerable and disadvantaged. Resettlement and integration support for some of the most vulnerable refugees created by the crisis in the Middle East is co-delivered with libraries playing a central role. The city’s central library is the venue for the welcome meeting families attend in the first week after arrival in the city.

In short, Coventry Libraries empower their users to improve their health and wellbeing, providing stability, integration, friendships, and the opportunity to upskill and improve life chances.

Sorrelle Clements, Service Development Manager, Coventry City Council

4. Update since 2015

COMMUNITY PHARMACIES & HEALTH SERVICES

RICHTER SCALE SCORE **+5/+6**

Healthcare assets on the high street have long been and continue to be extremely valuable in promoting and supporting community health. In this category we consider community pharmacies, dentists, opticians, GP surgeries and health centres, and our 2015 report detailed the various ways in which these high street venues contribute to public wellbeing.



There are **11,619** community pharmacies in England,⁶³ and the **8,763** registered with and accredited by RSPH as

Healthy Living Pharmacies now make up the majority of this number.

Funding for pharmacies in England from the Department for Health and Social Care was reduced by 12% between December 2016 and March 2017, then a further 7% the following financial year.⁶⁴

Access to pharmacies has been found to be greatest in the most deprived areas⁶⁵ and they play a crucial role in interacting with 'hard-to-reach' groups. Ninety-five percent of people are within a 20-minute walk of their nearest pharmacy, and 70% of those visiting one will not access other healthcare services.⁶⁶

In January 2017, the Healthy Living Pharmacy (HLP) register was introduced. The boom in HLPs since the beginning of 2017 has been driven by the NHS England quality payment – a set of financial incentives awarded to pharmacies that provide certain approved services, and for which HLP status is now a key criterion.⁶⁷ This has been a positive development since HLPs are quality assured to have a skilled and qualified team of health champions trained in Making Every Contact Count and promoting behaviour change,⁶⁸ and can demonstrate engagement with the local community, other health and public health professionals, and social care services.⁶⁹

There are **433 million** health-related visits to community pharmacies each year⁷⁰ and **1.2 million** health related interactions every day.⁷¹



Alcohol awareness conversations taking place at WELL Pharmacy, Kenton

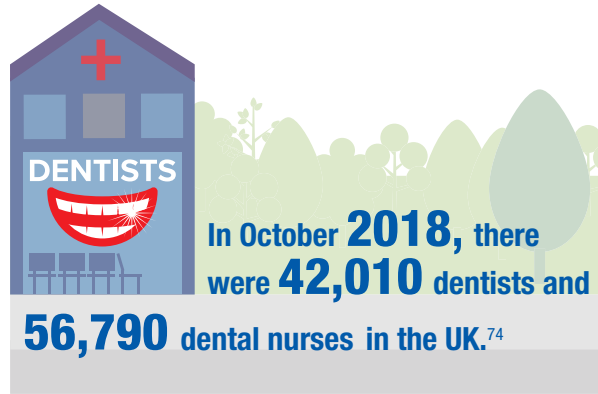
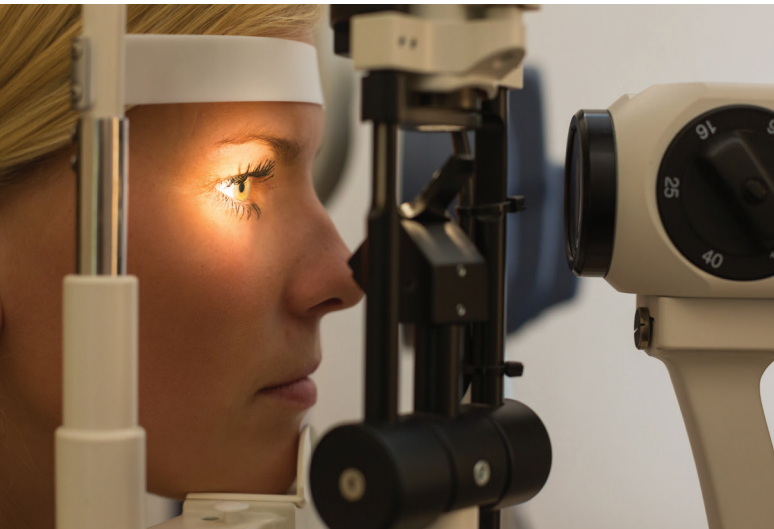
Well Pharmacy Kenton

"WELL Pharmacy Kenton achieved healthy living pharmacy status in October 2017, which was a steep learning curve for all the team. What changed for us as a pharmacy, and what impact did it have on the local community? In reality the difference was the pharmacy team itself. Staff had a renewed confidence, armed with knowledge from the health champion training and a clear vision of what was achievable.

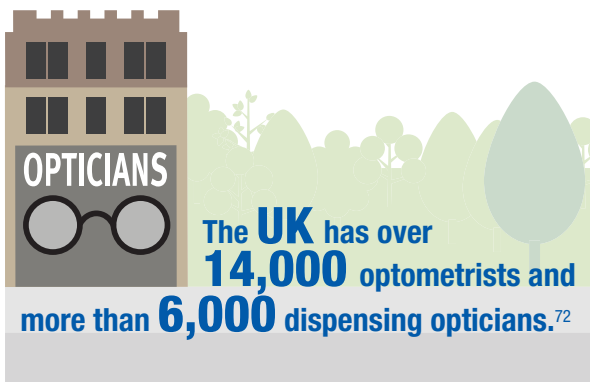
WELL Kenton's healthy living action plan allowed each team member to focus on a health issue which resonated with them personally and would benefit the local community. Initiatives such as healthy eating and weight loss in conjunction with the "Newcastle Can" campaign were a great success. Significant results were recorded locally, as well as a personal result for a pharmacy team member with a 18kg weight loss!

Other successful campaigns included a consultation room turned into an area for alcohol awareness, and patients completing questions via a scratch card. A mini holiday area during summer resulted in healthy conversations about skin cancer and safety in the sun. Currently in the pharmacy we're running a successful flu vaccination campaign, and a Stoptober campaign which includes receiving referrals from the local surgery."

**Saiqa Ajmal, Pharmacist Manager,
WELL Pharmacy, Kenton**



Contributions to the NHS dentistry budget from general taxation are in long-term decline, and this has led to consistently higher dental charges for patients.⁷⁵ According to the British Dental Association, nearly one in five patients has delayed treatment.⁷⁶ In more recent years, there has been a significant decrease in visits to NHS dentists in England – from 30.2 million patients in the 24-month period ending March 2016,⁷⁷ down to 22.1 million in the following 24-month period ending March 2018.⁷⁸ NHS dentists are excellent promoters of other health services, especially those that link to oral health such as smoking cessation services, so the decline in interactions with the public is disappointing, especially as the more expensive private sector alternative often financially excludes people who stand to benefit most. Dental decay is most prevalent in areas of highest deprivation: in 2014/15, 83% of five-year-olds in the least deprived areas of the country had healthy teeth, compared to just 70% in the most deprived areas.⁷⁹



Opticians play an important role in the wider public health workforce. Since 2015, there has been a series of pilots, focused in Dudley, exploring how the Healthy Living Pharmacy model could be employed in the optician environment through a scheme that enabled optical practices to become Healthy Living Optical Practices.⁷³ Plans for the more widespread development of this approach are currently underway, and as with the HLP scheme, the requirements will include (amongst other elements) training of the optical staff in order for them to become Health Champions – giving them the skills and information to have healthy conversations with customers, and so that they can demonstrate a commitment to improving community health and wellbeing.

Recommendations

- Healthy living pharmacies to reduce sugary drink sales
- RSPH to ensure training in brief interventions is available to all members of the wider workforce operating on the high street
- Councils to set differential rent classes for tenants based on how health-promoting their business offer is

LEISURE CENTRES AND HEALTH CLUBS

RICHTER
SCALE
SCORE **+7/+5**

Leisure centres play a key role in offering accessible sports and recreation to the public.



ukactive's analysis of three million leisure centre memberships highlights that leisure centres are used by all ages, ethnicities and genders. While 74% of members were white, this is lower than the UK population figure of 86%; 52% of members were female and while there were fewer memberships from people living in the most deprived postcodes in the UK than those in the least deprived, the difference was not stark.⁸¹ The three million members made over 52 million individual leisure centre visits in 2017, with the most common activity being swimming (35%), group workouts (28%) and the gym (19%).⁸²

Leisure centres offer a broad range of activities and there has been a transformation in the last twenty years in what is on offer. Many council-owned leisure centres rival the private health club sector, having invested heavily in new facilities including gym equipment, indoor climbing, spa facilities and soft play for children.⁸³ Leisure centres are also increasingly playing a role in exercise referral programmes from primary and secondary care, helping to reduce the burden on the NHS by supporting individuals to address health problems, such as diabetes and obesity.⁸⁴

In "Going the Distance" (2018) RSPH and ukactive examined how exercise professionals can support public health objectives.⁸⁵ Focussing on the 57,000 fitness instructors, group exercise instructors and personal trainers in the UK, the report highlighted that the overwhelming majority of them (85%) are already talking to their clients about wider health and wellbeing issues beyond physical fitness and 81% said that they would be willing to offer advice on health issues such as sleep, smoking and stress.⁸⁶ It underlines the impact that leisure centres and health clubs are already having on the public's health and the opportunities for greater impact with appropriate training and support.

Leisure centres and health clubs are in planning class D2⁸⁷ which can make it difficult for operators to access high street (predominantly A-class) premises. We would support steps to make it easier for sports facilities to open on the high street.

Recommendations

- Industry and all businesses selling food on the high street – cafés, pubs, fast food outlets, convenience stores, pubs, leisure centres – to reduce the calories in their products
- RSPH to ensure training in brief interventions is available to all members of the wider workforce operating on the high street

Stevenage Leisure Limited

For over 20 years charitable leisure trust SLL (Stevenage Leisure Limited) has been running a successful exercise on referral scheme; originally established at the Stevenage Arts and Leisure Centre it has now expanded to 12 sites across North Hertfordshire, Central Bedfordshire and Rutland.

The scheme has helped thousands of people with chronic medical conditions to enjoy the benefits of physical activity under the supervision of qualified level 3/4 fitness instructors. A variety of sessions are available including: cardiac, pulmonary, stroke, MS, mental health, cancer rehabilitation, the gym, swimming, walking football/netball, seated exercise sessions, badminton, bowls, golf, Pilates and Yoga. The scheme is very social, and customers enjoy annual trips to the seaside and Christmas parties.

Companywide, over 3,000 people have been referred onto the scheme by their medical professional.

SLL also launched a 'Healthy Hub' in January 2016, offering a unique and vital 'one stop shop' for the community to access a range of services including mental health, smoking cessation, substance abuse, weight management and employment. Since its opening, 12,000 visitors have engaged in the Healthy Hub.

SLL is committed to offering physical activity to all the community without exclusion, and witnesses on a daily basis how the services provided make a difference to so many people's quality of life, independence, physical and mental health and wellbeing.

Juanita Prescott, Stevenage Leisure Limited

Public sector funding to sport and recreation services decreased from £3,472 million in 2013/14 to £3,013 million in 2017/18.⁸⁸



5. New outlets for 2018

To reflect the changing face of the high street, we have added five new outlets to our 2018 review: off-licences, empty shops, convenience stores, cafés and coffee shops, and vape shops.

This section highlights the evidence for their health impact.

**RICHTER
SCALE
SCORE** -2

OFF-LICENCES



There are nearly **50,000** across England and Wales.⁸⁹ Industry revenue has shrunk at a rate of **1% per year** since **2013**, and is expected to continue at this rate for the next five years.⁹⁰

The off-licence is a term used to refer to small and relatively specialist shops, focusing on alcohol sales for consumption off premises, with cigarettes and snack style food also being typical offerings. One of the distinctive features of off-licences is their tendency to keep unusual hours, opening late in the day and closing late at night, depending on what is permitted by local by-laws. Supermarkets and convenience stores also form part of the off trade.

Excessive alcohol consumption is a serious and persistent public health issue in the UK, and its impact on a range of individual and community wellbeing outcomes is well documented. A comprehensive alcohol evidence review from Public Health England (PHE) in December 2016 demonstrated that although there has been a drop in total alcohol consumption since 2008, there has been no corresponding drop in the level of related harms⁹¹ and there are still more than one million alcohol-related hospital admissions every year.⁹² In the words of Professor Kevin Fenton, former National Director of Health and Wellbeing at PHE, “The harm alcohol causes is much wider than just on the individual drinker. Excessive alcohol consumption can harm children, wreck families, impact on workplace colleagues and can be a burden and drain on the NHS and economy. It hits poor communities the hardest.”⁹³ In our survey of the public, over two thirds of respondents (68%) stated

that off-licences discourage healthy choices.

According to industry analysis,⁹⁴ the reduction in off-licence sales seen over the last five years can be explained partly by the unfavourable economic climate, partly by the increasingly competitive pricing strategies of supermarkets, and also by the backdrop of declining per capita alcohol consumption.⁹⁵

Despite this trend, off-licences remain – alongside pubs – one of the most visible high street purveyors of alcoholic drinks to the public; and like pubs, those drinks tend to account for the majority of their revenue. The key point of distinction from pubs and bars, however, is that alcohol from off-licences is far cheaper. The affordability of alcohol has increased sharply over the last 30 years, and the Institute for Alcohol Studies has argued this change has overwhelmingly been driven by cheap alcohol in the off-trade.⁹⁶ Off-trade wine and spirits are more than twice as affordable than they were in 1987 (up 131%), while the affordability of off-trade beer in the same period has almost tripled (up 188%). Meanwhile, prices in pubs have been increasing steadily, corresponding to a much more modest rise in affordability.⁹⁷ Most recently, the Autumn Budget in 2018 saw duty on most alcoholic drinks frozen once again [HM Treasury, 2018]. As Chair of the Alcohol Health Alliance (AHA), Professor Sir Ian Gilmore, pointed out, alcohol duty freezes since 2013 are in fact cuts in real terms – cuts which “have already cost the Treasury about £4bn in lost revenue and will now cost another £5bn by 2023.” [AHA Budget response, 2018]

These considerations are important because there is an abundance of robust evidence that alcohol pricing strongly influences consumption levels.^{98,99,100} In fact, studies have suggested that in the UK heavy drinkers are more responsive to price changes than moderate drinkers for most products,^{101,102} and that this is especially true for off-trade sales of cheap alcohol.¹⁰³



Off-licences have also been linked to the problem of underage drinking, with concerns that they encourage or enable more drinking among adolescent groups than other alcohol purveyors. There is evidence to support this, with a study in Glasgow finding a clear link between frequent drinking among adolescents and proximity to off-licences – an association that did not hold true for on-premise outlets.¹⁰⁴ Moreover, recent surveys have found that of school pupils in England who have bought alcohol in the past four weeks, the most common source (other than from a friend or other person) was an off-licence (10%).¹⁰⁵ Overall, off-licences are the predominant direct and indirect points of access to alcohol for under 18s, and there is a growing evidence base linking off-licence density to different alcohol-related outcomes.¹⁰⁶

Nearly half (49%) of off-trade purchases are made by hazardous drinkers, with a further 32% accounted for by harmful drinkers.¹⁰⁷

Finally, off-licences play a significant role in tobacco sales, further contributing to their unhealthy offering as a high street retailer. Again, this is of particular concern with regards to adolescent smoking: surveys in North West England indicate that purchasing from off-licences and similar small retailers is the most common means of acquiring tobacco among young people (other than acquiring from a friend or third party).¹⁰⁸

Recommendations

- Minimum unit pricing for alcohol to be implemented across all four nations of the UK, following its introduction in Scotland in 2018
- Business rates relief to be considered as a means to incentivise small retailers to no longer sell tobacco products

5. New outlets for 2018

EMPTY SHOPS

RICHTER
SCALE
SCORE -1



There are very few high streets in the UK today that can boast being free from empty shops. Vacancy rates remain higher than before the financial crisis in 2007/8 and there are also concerns about the increase in properties vacant for over two years.¹¹¹ The impact of empty shops on a high street is far from neutral, and not just economic. While one or two may be overlooked by consumers, clustering of empty shops negatively affect the feel of the high street. In one report, perceived neighbourhood disorder, which included vacant housing, although not specifically empty shops, was shown to be associated with stress and depressive symptoms in local inhabitants.¹¹² The Portas Review (2011) highlights that, “When key high street buildings are in a state of disrepair or lifelessness, they can destroy the spirit and potential of the town”.¹¹³ Over half of respondents (51%) in our survey to the public agreed that their mental wellbeing is negatively affected by empty shops on their high street. It is important that this impact on mental wellbeing is not overlooked when considering how empty shops impact on communities.

The impact on mental health may also be augmented by a perceived association between empty shops and antisocial behaviour. The Portas Review notes that empty shops can attract vandalism, decrease sense of security and increase fear. The link between antisocial behaviour and empty shops leans on the broken window hypothesis which states that small public disorders, such as broken windows, disused buildings and the presence of gangs of young people, lead to a chain reaction of greater acts of crime. In essence,

they give the go-ahead to people to increase the disorder in the community. As it was put in the original article of The Atlantic in 1982 where the theory was described: “Serious street crime flourishes in areas in which disorderly behavior goes unchecked”.¹¹⁴

Amongst other things, antisocial behaviour includes people using or dealing drugs, rubbish or litter lying around, teenagers hanging on the streets and vandalism, graffiti, and other deliberate damage to property.¹¹⁵ One of the locations identified by the public as being linked to young people hanging around, to vandalism and graffiti, and to drug taking, is near local shops,¹¹⁶ and empty shops are likely to offer a more hidden environment than those in daily use for these types of activities. There is evidence that the demolition of vacant residential properties can reduce burglary and theft rates in the vicinity,¹¹⁷ although more research needs to be done to ascertain whether this would also be the case for vacant shops. There have been some attempts to address the sense of dereliction that comes from empty shops by covering the shop fronts with advertising and art work. One project found that this was associated with a decrease in vandalism.¹¹⁸

Empty shops represent a reduction in community assets. Yet, it is, as highlighted above, when clustering of empty shops occurs that the real loss to the high street is felt in terms of loss of community assets. Citizens can become disengaged from their local retail centres,¹¹⁹ resulting in fewer visits which in itself causes further vacancies.¹²⁰

One increasingly popular way to fill empty shops is through meanwhile use. Meanwhile use is a term used to describe generally, although not always, short-term uses of empty properties or land. This could involve pop up art galleries, shops or community centres. A recent report from the Centre for London estimates that there are currently at least 51 active meanwhile sites in the capital, with an estimated floor space of 188,600 square metres. It also highlights that the average London meanwhile use project lasts for between one and three years.¹²¹ Meanwhile use provides opportunities for new initiatives without long leases and the associated costs.

Pengetout and Gifted

Empty shops are a bleak reminder of how our shopping habits are changing. The pressures of the retail sector, together with increasingly high rents mean that any independent store must work twice as hard and often for a very low wage which makes it unworkable.

Through Pengetout in SE20 and Gifted in Orpington we have undertaken to open pop-up shops for a year where local people have been able to test trade their original products within a retail gift shop. The shop is managed as a whole, but everyone involved has their individual line of products, often made themselves, and takes their turn working in the shop.

Our customers have told us we are like a little ray of sunshine in the greyness of the high street and love to find something different to buy whilst supporting local businesses. We have had time to talk and provide a personal service with customers often popping in for a chat as well as a browse. At Pengetout the population has a growing number of young families and the parents loved not having to get in the car or on public transport, with all the stress that involves, to travel to other shopping areas. We have also become a key part of the community as a hub for locals to drop in for a chat and find out what is going on in the area.

For those involved in the shops it has provided a huge amount of help, not only in understanding how their products are received by the customers, allowing them to refine and develop their offering, but has made them part of a creative community where they can share experience and draw inspiration from each other to move on to bigger and better things. With all the creative talent we have also undertaken some classes for local people, inspiring the wider community.

Carina Dixon, Owner of Pengetout and Gifted

It has been argued that “temporary, flexible and interchangeable uses should be seen as part of the normal response to regeneration”¹²² with multiple benefits for local community members, landowners, and developers.¹²³

In our analysis Grimsby has the highest percentage of empty shops (27%) followed by Bolton (26%).



Of the 70 towns and cities featured in our report, 54 have over 10% of their shops empty; 22 have over 15% and 8 have over 20%.

Despite this there are barriers to meanwhile use, including council planning and licensing systems not set up to deal with the quick turnarounds needed for meanwhile use operators, misplaced concerns about risk from some developers, lack of publically accessible information about where empty premises are available, and eligibility for business rates.¹²⁴ The latter are due if the premises was liable for business rates based on the previous use, irrespective of the current meanwhile use.¹²⁵ Making meanwhile use projects more viable is key to addressing the issue of empty shops on the high street and encouraging new businesses and initiatives to grow and thrive.

Recommendations

- Local authorities to support meanwhile use of shops by making records on vacant commercial properties publicly accessible
- Local authorities, planning authorities and developers to encourage the development of ‘third places’ in town centres
- Councils to set differential rent classes for tenants based on how health-promoting their business offer is
- Business rates relief for businesses that try to improve the public’s health

CONVENIENCE STORES

RICHTER
SCALE
SCORE

0



There are **46,262** convenience stores in the UK,¹²⁶ a **rise of at least 17%** in the **last 5 years**¹²⁷ and the

total value of convenience stores sales is **39.1 billion**. This is over a fifth of the total grocery market.¹²⁸

The Association of Convenience Stores (ACS) defines a convenience store as being “under 280sq m/3,000sq foot in size and stock at least seven of the following product categories: alcohol, bakery, chilled, confectionery, fast food/food to go, frozen, fruit and vegetables, health and beauty, household/non-food, lottery, milk, newspapers/magazines, packaged groceries, snacks, soft drinks, tobacco.”¹²⁹ This includes chain type stores, for example Tesco Metro, Sainsbury’s Local and Little Waitrose, co-operatives as well as independent stores and ethnic food stores.

There was a 3.8% increase in spending on fruit and vegetables in convenience stores in 2017, equating to £176.4 million and making it the fastest growing grocery category of the year. Alcohol also grew steadily, with spirits, sparkling wine and ale & stout also in the top 10 for growth, equating to a combined sales increase of £273.2 million. Budweiser was the fastest growing product, followed by Monster, avocados, Barefoot wine, Coca-Cola, Hovis, and in seventh place, raspberries.¹³⁰

Despite the sales growth in fruit and vegetables, a survey by Harris International conducted for The Grocer magazine in 2018 highlights that consumers do not feel that their local convenience store is offering enough healthy food. While over half (51%) of respondents stated that they would buy healthy

options if they were available, just 29% felt that there was a wide range of fruit and vegetables and just 18% felt that there was a wide range of healthy snacks.¹³¹ This is confirmed by Heidi Lanschuetzer, from retail research consultancy Him, who states that convenience stores have “some catching up to do when it comes to healthy options”.¹³² This lack of healthy options is particularly harmful in ‘food deserts’, areas where there is an almost complete absence of shops selling fresh fruit and vegetables. These tend to be areas of low income where residents are only able to access food and drink through local convenience stores because they lack transport to visit larger supermarkets.¹³³ It highlights how important convenience stores can be to ensuring healthy food and drink options are available for local communities, although it should also be highlighted that the relationship between availability of healthy food, diet and weight is complex.^{134, 135}

Convenience stores are also known for their promotions on unhealthy food and placement of high calorie snacks around the till. The Government’s childhood obesity plan aims to ban both price promotions on unhealthy foods and drinks and the promotion of unhealthy food and drink at checkouts, the end of aisles and store entrances. Consultation on the plans is due before the end of 2018.¹³⁶

People may also avoid buying healthy food from convenience stores because there is a perception that they are more expensive than larger supermarkets for fruit and vegetables.¹³⁷ Findings from Which? suggests that this is likely to be the case for some products.¹³⁸

In the year to March 2018, 20.4% of convenience store sales were tobacco and e-cigarettes, 14.9% were alcohol, 6.2% were confectionery and 4.3% were fruit and vegetables.¹³⁹



The rise in numbers of convenience stores is perhaps unsurprising when viewed alongside the rise in convenience culture in the UK. While convenience up until the 1990s was expressed through out of town shopping retail parks, in the last 20 years, there has been a shift towards shopping little and often for groceries in local outlets. Demographic changes, such as the increase in smaller households, an ageing population and longer working hours now means that consumers expect retailers to fit into their lives, rather than vice versa.¹⁴⁰ Therefore convenience stores have a role to play in meeting these needs for individuals within communities, reducing the stress associated with busy schedules by making food easily accessible at a time that suits the individual.

While there has been some research that highlights the role of local facilities on social interaction which suggests that the elderly in particular can find social support from local shops,¹⁴¹ Hickman stresses that “it is important not to overstate the value and significance of these interactions” as they will not be important or relevant to many individuals within

a community.¹⁴² Our survey of the public highlighted that for over half of people (53%), their local convenience store was not a place that they believe encourages social interaction. We would encourage convenience stores to do more to build social capital in their local areas, for example organising local events and fundraising.

Recommendations

- The calls within the Government’s childhood obesity plan to be implemented within convenience stores as soon as possible
- Business rates relief to be considered as a means to incentivise small retailers to no longer sell tobacco products
- Industry and all businesses selling food on the high street to reduce the calories in their products
- Minimum unit pricing for alcohol to be implemented across all four nations of the UK, following its introduction in Scotland in 2018

81% of convenience stores have an alcohol licence.¹⁴³



The high street has seen a sharp rise in cafés in recent years,* helping to “revitalise town centres, boost economic performance, support regeneration, and build community pride and social integration.”¹⁴⁵

The café plays an increasingly important role as a ‘third place’, providing opportunities for people to meet and interact, as well as a sociable environment for accessing the internet to work, study or relax.¹⁴⁶ In 1700, there were 550 coffee houses in London – by 1800 this had fallen to just 12 as coffee houses converted to other outlets, most notably pubs.¹⁴⁷ The last 20 years have seen a reverse of this shift – coffee shops and cafés have increased as pub numbers decline. It is estimated that the number of coffee shops will overtake pubs by 2035¹⁴⁸ and has been argued that cafés and coffee shops are increasingly fulfilling the same role that pubs have in the past as a place to socialise, eat and drink.

Andy Harrison, former chief executive of Whitbread has argued that the coffee shop is a social venue that is “filling a hole in British society that would previously have been met by pubs”. He highlights that while pubs have historically been typically about men and evening trade, coffee shops are open all day and are far more family friendly, with over half of customers being women.¹⁴⁹ One café owner states that they use the term “urban village hall” to describe their establishment.¹⁵⁰ This was reflected in our survey to the public: nearly three quarters of respondents (74%) believe that cafés encourage social interaction and over half (54%) that they have a positive impact on mental wellbeing.

Waxman investigated how people form place attachments to coffee shops, noting that: “the coffee shop is about more than just coffee; perhaps the place in which it is consumed has significance in itself”. She highlights that place attachment can boost positive affect, promote comfort and increase sense of belonging. She also states that one of the most interesting findings from the study is the number of people interviewed who gained social value from visiting a coffee shop even if they had no verbal interaction with others.¹⁵¹

These ‘third place’ social connections are an important part of leading a healthy life. Umberson and Montez highlight that, “Adults who are more socially connected are healthier and live longer than their peers”.¹⁵² They add that the emotional support provided by social ties enhances psychological wellbeing by reducing the impact of stress or fostering a sense of meaning and purpose in life.¹⁵³ In addition, many cafés make a deliberate effort to engage with and support their local community.¹⁵⁴

There is a broad range of food and drink products for sale across the café market, however, in general, you will find both healthy and unhealthy options – fruit and salads often sitting alongside pastries and cakes. Our survey of the public highlighted that nearly half of respondents (43%) believe that cafés discourage healthy choices and less than a fifth (16%) that they encourage healthy choices. Blueberry muffins from Starbucks for example, have 472 calories and 26.3g of sugar – much more sugar than a Big Mac and nearly as calorific.¹⁵⁵

The blueberry muffin survey from the Obesity Health Alliance and Action on Sugar found that 61% (17 out of 28) muffins sold outside the home, including from Costa, Caffè Nero, Pret a Manger, Starbucks and EAT contained on average six teaspoons of sugar or more, which is the upper daily limit for a child aged 7-10 years. It also found that café and coffee shop muffins had 19% more sugar (equivalent to 1.2 teaspoons) and were 32% larger than the average supermarket muffin.¹⁵⁶ A Which? Survey highlighted that some high street sandwiches, with examples given of some sold by Pret a Manger and Greggs, have higher fat content than a McDonald’s meal.¹⁵⁷

Coffee shop drinks have also faced criticism for their sugar content, with Starbucks' venti Grape with Chai, Orange and Cinnamon Hot Mulled Fruit, being found to have 25 teaspoons of sugar per serving and Costa's massimo eat-in Chai Latte, 20 teaspoons of sugar.¹⁵⁸

In light of these unhealthy food and drink options, there have also been questions about the acceptability of Costa coffee shops being situated in nearly half of all major UK hospitals given the food on offer and the NHS experiencing increasing pressure from an obesity epidemic.¹⁵⁹

Cafés and coffee shops, like many fast food outlets, also frequently upsell products, asking customers whether they'd like to add a cake or muffin to their drink order, and the food options around the till tend to be high in calories. There has also been recent concern about allergen labelling.¹⁶⁰

In addition, cafés may be encouraging less healthy choices by the seduction of healthy branding, a phenomenon known as the 'halo' effect. This term was coined in the 1920s to describe how if someone is perceived in a positive light about one attribute, they tend to be perceived in a positive light for other attributes as well, even if there is no actual knowledge to base this on.¹⁶¹ This cognitive phenomena has been developed since to encompass how companies are viewed. Rosenzweig describes how when Marks and Spencer posted strong sales and profits, it created a halo that extended to everything else the company did: "Impressed by its strong performance, observers inferred that Marks & Spencer must be innovative, that it must have great management, that its marketing must be brilliant, and so on."¹⁶²

This has been further expanded to include the health halo effect, which refers to, "the act of overestimating the healthfulness of an item based on a single claim, such as being low in calories or low in fat."¹⁶³

Pret a Manger, for example, markets its products as 'natural', 'fresh' and 'preservative-free', all of which are associated with healthy eating by consumers¹⁶⁴ and add to the halo effect: "by highlighting one appealing selling point you erect a canopy of goodness around the entirety of the product, irrespective of whether it is merited".¹⁶⁵

The halo effect can result in consumers perceiving their food choices to be more healthy than they are, encouraging unhealthy eating. An example of this is in 'healthy' breakfast options offered at some cafés:

Pret's Berry Bircher Muesli has 32g of sugar; EAT's dairy-free Chai Almond Oat pot has 347 calories and 10g of sugar.¹⁶⁶

Subway is marketed as using fresh ingredients and is often thought to be a healthier alternative to fast food, for example, McDonald's. This is posited to explain why, when consumers were asked to estimate calories in comparable meals purchased from Subway and McDonald's, they were much more likely to underestimate the calories in the Subway meal.¹⁶⁷

It is clear that most, if not all, cafés and coffee shops could be doing more to support the health of their customers through the food and drink items on offer, including reducing sugar and calorie content in line with recent PHE programmes.^{168,169} PHE is also consulting on mandating calorie labelling in the out-of-home sector,¹⁷⁰ which is a key step towards making nutritional information more readily available so that consumers can see through the halo effect and start to make more informed decisions about the food they are choosing to purchase.

*For the purposes of this research, cafés include branded coffee shops, independent coffee shops as well as other types of café on the high street that sell lunchtime foods, such as Pret a Manger, EAT, Subway and Greggs. While there will be some differences between outlets, they have much in common in terms of the types of items for sale, the option for an individual to sit down and eat/drink on the premises and the opportunity they provide for social interaction.

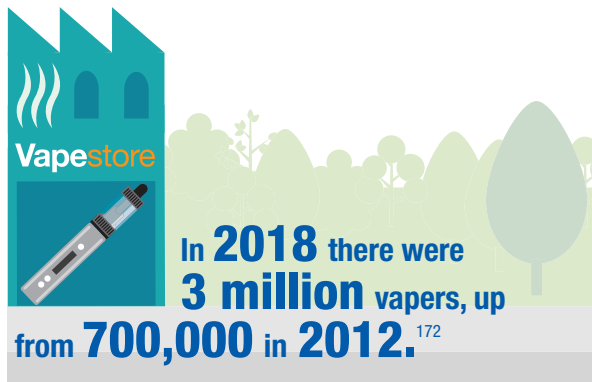
Recommendations

- **Mandatory display of food hygiene ratings in England and Scotland**
- **The Government to follow through on its stated plans to legislate on mandatory calorie labelling for the out-of-home sector**
- **Industry and all businesses selling food on the high street to reduce the calories in their products**
- **Local authorities, planning authorities and developers to encourage the development of 'third places' in town centres**

Between 2011 and 2016 there was a 31% increase in coffee shops on the high street.¹⁷¹

VAPE SHOPS

RICHTER
SCALE
SCORE **+3**



Since their introduction into the UK market in 2005, electronic cigarettes (or ‘vapes’) have surged in popularity. Accompanying this trend has been the development of a widespread bricks-and-mortar retail scene, consisting most visibly of specialist vape shops which now line the high streets of Britain. While the expansion of vape shops has slowed recently, the trajectory is still firmly upwards: they rose in number by around 20% in 2017, and account for a high proportion of sales (45%)¹⁷³ within what is now the largest e-cigarette market in Europe.¹⁷⁴

It is well accepted within the public health community that, while the precise long-term effects of vaping are unknown, it is nevertheless substantially safer than smoking traditional cigarettes. This is a position now endorsed by organisations such as Action on Smoking and Health (ASH),¹⁷⁵ the Royal College of Physicians (RCP),¹⁷⁶ and Public Health England (PHE), whose 2015 estimate that vaping is 95% safer than smoking was restated in an updated evidence review in 2018.¹⁷⁷ This growing consensus was reflected in a report of the Science and Technology Select Committee in August 2018.¹⁷⁸ There is also an emerging evidence base around their efficacy as a quitting aid,¹⁷⁹ with recent research estimating that e-cigarette use has led to an additional 22,000 people or more quitting smoking every year.¹⁸⁰

Some have raised concerns that vaping may have the effect of renormalising smoking, and potentially leading those who would not otherwise smoke to become addicted to e-cigarettes. It is important to be vigilant to

this possibility (particularly as the absolute long term health impact of vaping is still unknown), but currently it is not occurring at any significant level. Annual monitoring has consistently demonstrated that for both adults and young people, regular e-cigarette use is very rare among those who have never smoked.^{181,182}

Others raise concerns that e-cigarette use could be functioning as a possible gateway to tobacco smoking. There is currently no evidence of such a gateway effect in the UK, but it is nevertheless a live question which must be monitored as any relevant studies emerge. For example, in 2017, RSPH research revealed that the majority of vape shops (87%) are prepared to sell e-cigarettes to non-smokers, either knowingly or unwittingly.¹⁸³ Given the aforementioned low vaping rates among never-smokers, this is not an urgent issue at present; however, we would call on all e-cigarette retailers to take a precautionary stance and ensure that e-cigarettes sales are only ever made with the avoidance of smoking in mind.

Overall, vape shops are providing a setting that on balance supports many people every year in their efforts to make a positive change to quit smoking. The health and wellbeing benefits of a successful quit attempt are extensive and well documented.¹⁸⁴ This is the case not just for physical but mental health as well, despite popular misconceptions that poor mental health is exacerbated by quitting smoking.¹⁸⁵ In fact, smoking cessation has been shown to improve positive mood and quality of life as well as reduce depression, anxiety and stress – and appears to do so at least as effectively as antidepressants.¹⁸⁶

Total number of vape shops doubled from 1,000 to 2,000 in the past three years.¹⁸⁷

This is the equivalent of one new vape store opening every day since 2015.



As vape shops contribute heavily to the public profile of e-cigarettes, they are ideally placed to play a central role in their promotion towards smokers who want to quit but have not yet tried vaping. This is important because, although it is by some distance the most popular quitting method, there remains much misunderstanding around the relative harms of vaping: only 17% of the public (and 25% of smokers) correctly believe that e-cigarettes are a lot less harmful than smoking.¹⁸⁸

This was reflected in our public survey where over half of respondents felt that vape shops discourage healthy choices and a third felt that they have a negative impact on mental wellbeing. The relatively high profile positions of vape shops on high streets is therefore vital for communicating a positive message to smokers who have never entered one. Smoking accessories and messaging are, by contrast, largely absent from high street frontage, enhancing the comparative visibility of vaping.

As vape shops have become more accessible to the public there has also been a trend among some towards taking on various characteristics of social centres. This is both through store design - with seating areas

and café facilities - and generating an informal and welcoming setting, based on the familiarity that can develop between return customers, shared interests, and attentive staff. Though there is variation from store to store, many vape shops now arguably offer a 'third-place' experience to their customers.

A 2018 qualitative study of the role of vape shop environments in London and East Anglia found that "at an interpersonal level, shops offered opportunity to socialise and reinforce a vaping identity".¹⁸⁹ They often attract a base of regular customers through offering an "ongoing point of contact for practical help", and an informal atmosphere and layout to the store which can better attract those who enjoy the social aspects of smoking. Lead researcher on the study, Dr Emma Ward, said, "many of the shops market themselves as places for socialising and relaxing with a 'café' feel interior."¹⁹⁰

This experience is not uniform among vape shops, however. The study also found that some environments can be perceived as intimidating and exclusive, particularly by new e-cigarette users, indicating that more still can be done.



Staff at Up in Smoke celebrating their Smokebusters campaign, which works closely with the Lancashire NHS Quitsquad

Recommendations

- Vape shops to ensure all customers who smoke are aware of their local stop smoking service
- Facebook and Google to provide discounted advertising opportunities to local, independent health-promoting businesses
- Council to set differential rent classes for tenants based on how health-promoting their business offer is

Vape shops working with local partners to drive down smoking rates

Up in Smoke (Morecambe, Lancashire)

"In recent years vaping has become a crowded and complicated market, and we've recognised the need to strip the service back and make things more simple, to ensure that our customers who are new to vaping can access the information they need without being intimidated by the vast array of products on offer.

With this in mind, we were excited to launch Smokebusters in October 2018 – a new programme we've designed to provide structure and continuity to those wishing to use vaping as a means to stop smoking tobacco. Service users have various measurements taken on sign up and then return weekly for motivating sessions with a member of our trained staff.

We work closely with the NHS Quitsquad in Lancashire and accept direct referrals from them. In addition, we recognise that e-cigarettes will not work for everyone, and we have no hesitation in recommending their services when needed. Stoptober seemed like the logical point to launch Smokebusters and we are offering a free e-cigarette to anyone wanting to sign up to the service. Our hope is that vaping is recognised as a serious contender in the fight against smoking and that programmes like Smokebusters can provide the structure that is currently lacking in the industry as it continues to mature.

We also recognise that vaping has quickly become very appealing to the younger generation, many of whom have never smoked. We operate a strict age policy, and take the time to incorporate an educational element into our work."

Mike Zorab, General Manager of Up in Smoke (Morecambe, Lancashire)

- In Essex, vape stores have worked with the council lifestyle services who are training their staff to deliver stop smoking support to their customers wishing to stop smoking by using an e-cigarette. As of the end of September 2018 this had resulted in more than 900 people quitting through e-cigarettes.¹⁹¹
- A housing association in Salford, CityWest Housing Trust, have teamed up with the local vape shop to offer starter packs of e-cigarettes to tenants who smoke.¹⁹² The pilot scheme in early 2018, whereby vape shops would provide the devices and pharmacies the behavioural support, enabled over 1000 smokers in social housing to gain access to e-cigarette starter kits, and led to promising quit rates of over 60% at four weeks.¹⁹³

6. The rise of online retail

The rise in online shopping has had perhaps the biggest impact on the high street in the last 20 years, and it is impossible to argue for change on the high street without acknowledging its impact. Not only does online shopping provide opportunity for purchasing goods that would usually be bought on the high street, it also provides consumers with access to other activities traditionally associated with the high street, including gambling and fast food.



Online gambling has risen sharply in recent years, with latest figures putting the market share of online gambling at 35% (£4.9 billion out of a total of £13.9 billion gross gambling yield* in 2016/7).¹⁹⁵ Online ordering of takeaways is also increasingly commonplace. Companies such as Deliveroo and Just Eat make access to a broad range of ready prepared foods, many of them high in fat, sugar, salt and low in fruit and vegetables, increasingly easy and remove the need for customers to visit the high street. Some online food delivery companies also produce food from a base on an industrial estate, completely removing the high street from the equation. There are also increasing numbers of 'Dark Kitchens', small boxes inside which cooks prepare food for delivery companies. While food may be sold under the name of an established restaurant or takeaway, in reality it is being produced by chefs in a dark, cramped and low paid environment which is frequently either too hot or too cold.¹⁹⁶ Deliveroo's 'Rooboxes' have also been accused of undercutting delivery services

offered by local restaurants on the high street and causing job losses.¹⁹⁷

The Office for National Statistics describes three possible ways that online shopping and high streets may interact with each other: substitution (online shopping replaces visits to the high street); complementarily (online shopping facilitates or enhances physical shopping, e.g. through click and collect); and modification (high street shopping is changed by online shopping, this might include change in the frequency or duration of trips and also in the destination of trips).¹⁹⁸

While consumers believe online shopping to be less time consuming, more convenient, less expensive and to offer a wider range of goods than on the high street, they also find it less sociable.¹⁹⁹ This highlights the very particular area of need that the high street can meet for consumers: "As our simple transactional purchases... shift to online retailers, space is opening up for more sociable high street pursuits and services we can't get online. Beauty salons, hairdressers, restaurants, coffee shops and bars are filling the places left behind – the future of the high street seems to be one of sociable interactions, rather than just shopping".²⁰⁰

However, alongside an acknowledgement that online is here to stay and that the public are embracing it with arms wide open, there needs to be a careful look at the costs associated with owning a high street business compared to running one online. It has recently been reported that Amazon paid just £4.2 million in corporation tax in 2017 despite sales of nearly £2 billion²⁰¹ and out of town warehouses such as those used by online businesses also typically attract much lower business rates per square foot than high street stores.²⁰² It has been estimated that the average high street shop pays 2.3% of its turnover on business rates, while online businesses pay just 0.6%.²⁰³

*Gross Gambling Yield is the sum of amounts paid or accrued to the licensee minus the amounts paid out as winnings.²⁰⁴

Earlier this year, the Government conducted its first reassessment of business rates since 2008. With the rise in property prices seen across much of the UK over the last 10 years, it meant that rates were expected to rise for around half a million businesses, some experiencing a 150% rate increase.²⁰⁵ Amazon, however, had expected rate decreases at six of its nine major distribution centres, with the bill for Amazon's nine UK warehouses set to fall by more than £140,000.²⁰⁶ The most recent developments, announced in October 2018, include a reduction of one third for businesses valued at £51,000 or less, lasting for two years from April 2019 until the next revaluation in 2021 [HM Treasury, 2018]. Even taking this into account, there will remain a significant disconnect between the burden on online goods retailers compared to high street retailers.

High street businesses are being penalised for maintaining a high street presence. Sir Ian Cheshire, chairman of Debenhams and former head of the British Retail Consortium, said: "They're still trying to collect what is effectively a window tax in an era when business models have moved on."²⁰⁷

The Autumn budget of 2018 saw the announcement of a special digital services tax on multi-national technology firms to "make sure they pay their fair share", which is anticipated to generate £400 million a year from 2020 [Guardian, 2018]. This income is a relatively small sum for such firms, but it is a welcome first step which should be built on in the future – most likely through new international treaties.

Local authorities are reliant on business rates to fund services including public health, and cannot afford a reduction in income. However the current model is not working and taxing online businesses fairly should lead to an increase in income for local councils rather than a reduction.

As Amazon continues to grow into other sectors, including making a deal with Morrisons to offer one-hour delivery of groceries,²⁰⁹ there is an ongoing need to assess how to offer high street businesses a fair landscape from which to operate.

Recommendation

- HM Treasury to review how businesses are taxed to ensure that online businesses are not put at an unfair advantage compared to the high street
- The online equivalents of high street businesses to operate to best practice guidelines
- Facebook and Google to provide discounted advertising opportunities to local, independent health-promoting businesses

The most popular online purchases were clothes or sports goods (bought by 55% of adults), followed by household goods including furniture, toys and vehicles (bought by 48% of adults).²¹⁰

Bishy Road, York



In November 2015, Bishopthorpe Road in York won the prestigious Great British High Street Award as the winner in its category for a local parade of shops. It also won the Winner of Winners Award.

Bishy Road is a traditional Victorian terrace street with about 40 shops. Of these, over 90% are independents, giving it a unique character. It has a vibrant community and there are regular very well attended events. This has all been achieved without a penny of public money being spent.

But it was not always like this. In the 1970's and 80's the street was severely blighted by a proposed dual carriageway that was planned to cut through the heart of the street. This plan was fortunately scrapped by the Council but the street had been blighted for a decade.

It was not a fashionable area and was seen as a run down district of York. Through the early 2000's it began to attract good new businesses, but suffered a blow in 2007 when the nearby Terry's factory closed and in 2008 the Post Office closed. This left seven empty properties on the street. Combined with the onset of the recession there was a fear amongst local traders that the street might be heading for terminal decline.

But in 2010 Bishy Road staged its first street party. Within 15 minutes of the street being closed to traffic there were around 3000 people on the street. This was the eureka moment that began the transformation of the street. A Traders Association was formed and the rest is history.

Johnny Hayes, Bishy Road, Traders Association

7. The results: UK

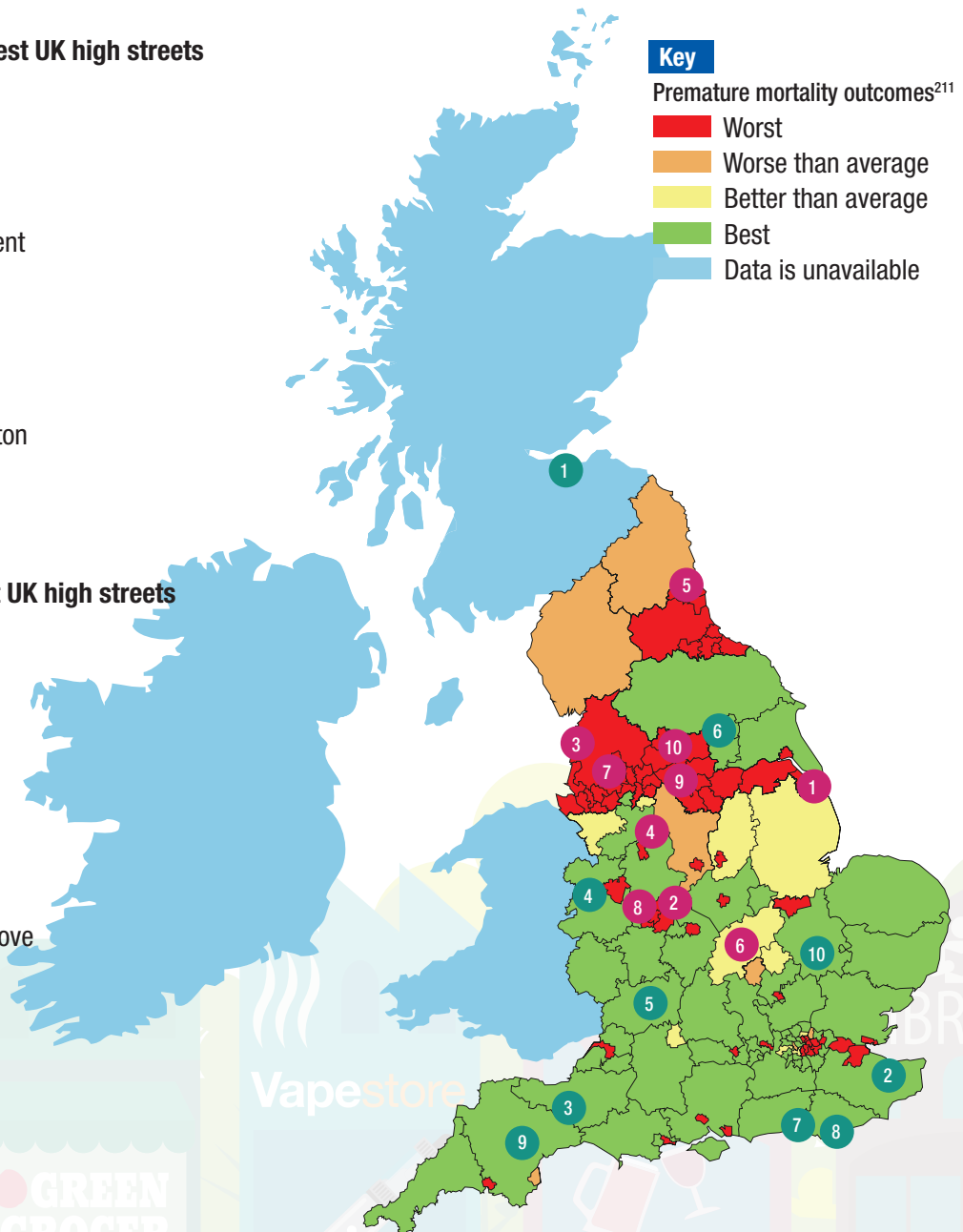
Based on the methodology described earlier in the report, we have created a ranking of the 70 largest towns and cities across the UK, excluding London. These are the same 70 towns and cities that were included in the 2015 report and they are ranked based on the prevalence of businesses identified as being either health-promoting or potentially damaging to health. The analysis below includes all outlets, including those new for 2018.

The ten unhealthiest UK high streets

1. Grimsby
2. Walsall
3. Blackpool
4. Stoke-On-Trent
5. Sunderland
6. Northampton
7. Bolton
8. Wolverhampton
9. Huddersfield
10. Bradford

The ten healthiest UK high streets

1. Edinburgh
2. Canterbury
3. Taunton
4. Shrewsbury
5. Cheltenham
6. York
7. Brighton & Hove
8. Eastbourne
9. Exeter
10. Cambridge



The towns in the 'unhealthiest' table have the greatest number of unhealthy businesses and the least number of health promoting outlets. The total number of outlets in each location ranged from 518 in Stoke-On-Trent to 3669 in Edinburgh.

Clusters

In some areas, there was clear evidence of clustering of businesses (over 5% of the total number of outlets being one business type). In the towns and cities analysis, we identified that many places had clustering of outlets and that all 70 towns and cities had over 5% of empty shops. The four types of outlet that exhibited clustering were empty shops, pubs and bars, fast food outlets and cafés.

The below table highlights the five areas with the highest percentages of a range of outlets:

Empty shops	Pubs and bars	Fast food
Grimsby (27.0%)	Liverpool (11.2%)	Luton (6.7%)
Bolton (26.4%)	Newcastle (9.5%)	Lincoln (5.6%)
Walsall (23.9%)	Manchester (9.2%)	Scarborough (5.3%)
Stockport (23.0%)	Leeds (9.2%)	Bedford (5.0%)
Ayr (22.5%)	York (8.6%)	Bournemouth (5.0%)

Luton had the highest percentage of bookmakers (1.71% of all outlets) and Walsall had the highest percentage of high cost credit outlets (1.72%).

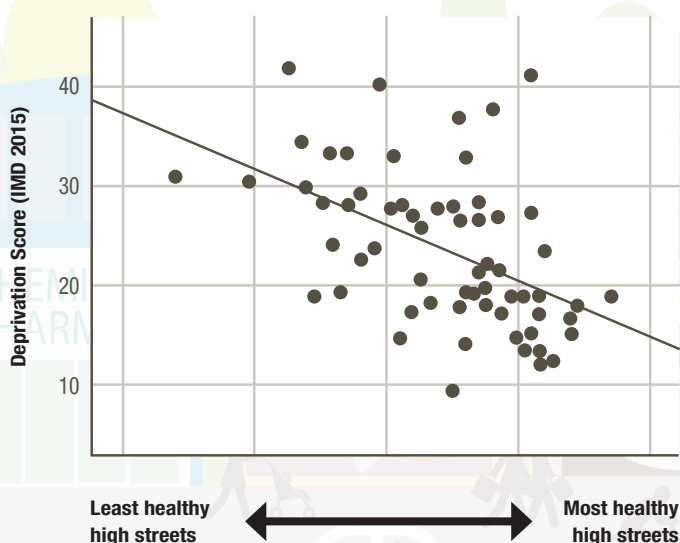
The graph (right) demonstrates the relationship between our high street score and deprivation scores. Each dot on the graph represents a town or city in England. As our high street score increases, representing a more healthy high street, deprivation scores tend to decrease. The mean English IMD score is 21.8 and our towns and cities ranged from 9.4 (Guildford) to 42.0 (Blackpool).

How our data sits alongside deprivation data

In September 2015, the Ministry of Housing, Communities and Local Government (MHCLG) published its most recent data set on deprivation levels in England.²¹²

The Indices of Multiple Deprivation (IMD) is based on the idea that there are distinct domains of deprivation which can be recognised and measured separately, and which are each experienced by individuals living in an area. Seven distinct domains are calculated: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation and Crime. The IMD is calculated for each local neighbourhood and then to create scores for larger areas, for example, cities, the population weighted averages of all the neighbourhoods in that area are used.

Using IMD scores for each of the 70 towns and cities in our analysis, it is possible to assess whether there is a correlation between deprivation and the health of high streets. The data is only available for England, so eight towns and cities based in either Scotland or Wales have been excluded from the analysis.



The IMD data also provides a value of the proportion of neighbourhoods in a given area that are in the 10% most deprived nationally.²¹³ The average score for the 10 least healthy high streets is 23.7%.

In contrast, the average score for the 10 healthiest high streets is 2.8%.

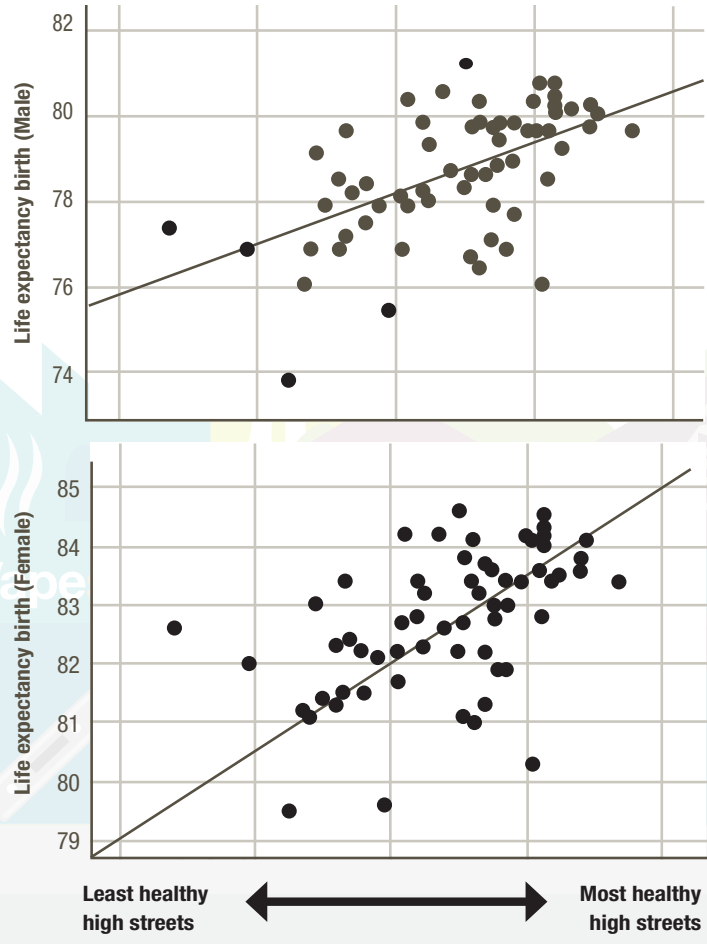
Mean English Local Authority District Score	7.1%
Huddersfield (data for Kirklees)	8.9%
Northampton	12.0%
Sunderland	19.5%
Bolton	20.3%
Walsall	20.4%
Wolverhampton	26.0%
Grimsby (data for NE Lincs)	29.3%
Stoke-On-Trent	30.1%
Bradford	32.6%
Blackpool	38.3%

Edinburgh	N/A
Canterbury	0%
Cambridge	0%
York	0%
Shrewsbury (data for Shropshire)	0.5%
Exeter	2.7%
Eastbourne	3.3%
Taunton (data for Taunton Dean)	4.5%
Cheltenham	4.0%
Mean English Local Authority District Score	7.1%
Brighton & Hove	10.3%

A similar analysis can be done looking at life expectancy. The below graphs highlight that life expectancy for both men and women tends to be lower in the areas with the least healthy high streets.²¹⁴

While it is beyond the scope of this research to posit a causal link between unhealthy high streets and deprivation or life expectancy, it is important to ensure that high streets do not exacerbate health inequalities within an area. There are particular issues of bookmakers and payday lenders deliberately targeting poorer communities, and clustering of fast food outlets in more deprived areas, all of which need to be addressed.

A direct comparison with 2015, excluding the new 2018 outlets is available in Appendix 3.



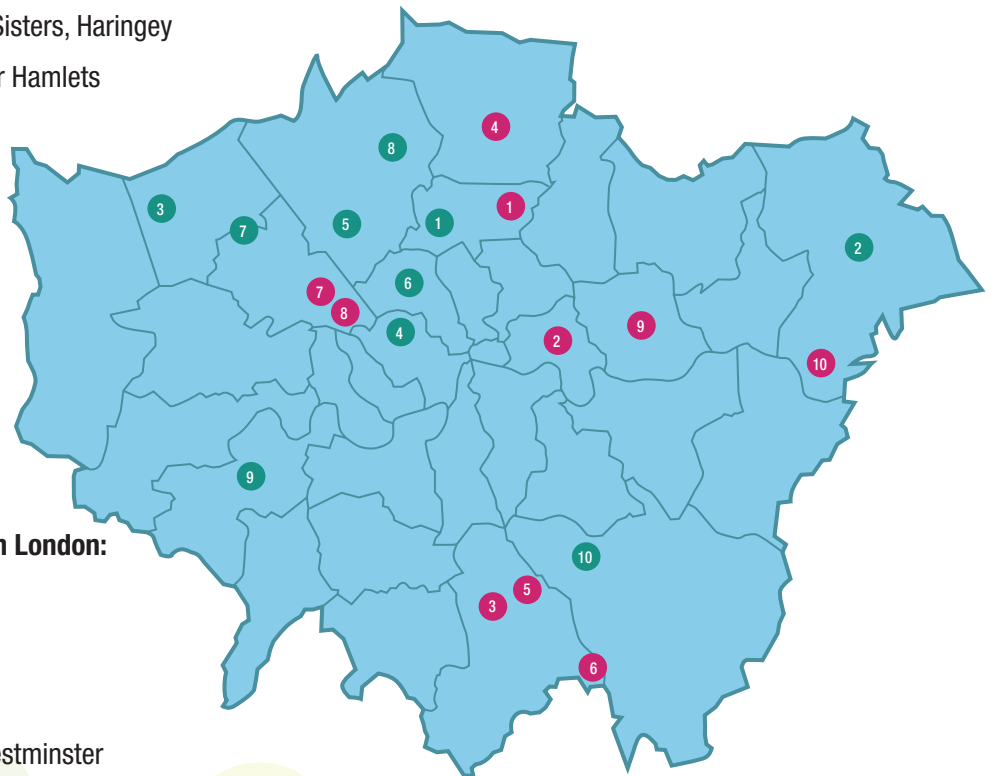
8. The results: London

In 2017, the Mayor of London highlighted his commitment to London's high streets as important social, cultural and economic parts of the city.²¹⁵ Our analysis demonstrates that despite their central role in the lives of Londoners, there is great disparity in the impact that different London high streets have on health.

The below table highlights the top 10 most and least healthy high streets in London.

10 least healthy high streets in London:

1. West Green Road/ Seven Sisters, Haringey
2. Roman Road (West), Tower Hamlets
3. Thornton Heath, Croydon
4. Angel Edmonton, Enfield
5. South Norwood, Croydon
6. New Addington, Croydon
7. Neasden, Brent
8. Harlesden, Brent
9. Canning Town, Newham
10. Rainham, Havering



10 most healthy high streets in London:

1. Muswell Hill, Haringey
2. Hornchurch, Havering
3. Pinner, Harrow
4. St John's Wood, City of Westminster
5. Temple Fortune, Barnet
6. Hampstead, Camden
7. Kingsbury, Brent/Harrow
8. Whetstone, Barnet
9. Teddington, Richmond upon Thames
10. Beckenham, Bromley

The least healthy high streets had more unhealthy outlets than the most healthy high streets, and were more likely to experience clustering of the unhealthy outlets. For example, while just one of the healthiest high streets had over 5% of fast food outlets, all of the unhealthiest high streets had over 5%.

Of the 146 London high streets, 89 had over 5% clustering of fast food outlets; 24 had over 5% of empty shops and eight had over 5% of bookmakers. There was also clustering for some of the outlets that we considered overall to be healthy: 83 high streets had clustering of cafés and coffee shops and seven had clustering of pubs and bars. Clustering of convenience stores was found in 62 London high streets. Clustering of outlets demonstrates a lack of variety and choice on the high street and highlights the added value that could come from better use of empty shops across the capital.

Using deprivation scores from London borough data, the 10 unhealthiest high streets had an average deprivation score of 26.9 - much higher than the average score of 19.7 for the healthiest high streets.* London borough IMD scores range from 10.0 (Richmond upon Thames) to 35.7 (Tower Hamlets).²¹⁶



A tale of two high streets

It is notable that the healthiest and least healthy high streets are both in the same borough – Haringey. Haringey is a very diverse borough with affluent areas sitting next to areas with high levels of poverty. The two high streets are approximately 3.5 miles apart, and yet, they are at opposite ends of our scale.

Haringey scores 31.0 on the IMD deprivation index compared to the England average of 21.8, making it the 30th most deprived authority out of 326 English authorities and the sixth most deprived in London.²¹⁷

Yet the borough ranges from high levels of deprivation in the east to much lower levels in the west. Twelve of Haringey's 19 wards are within the most deprived 20% in England, located predominantly in the east of the borough and seven of Haringey's 19 wards are within the most deprived 10% in England.²¹⁸

The section of West Green Road that leads up to Seven Sisters sits in Tottenham Green ward.

Analysis shows that this ward is:

- **330/7699** most **deprived** in **England**
- **11/630** most **deprived** in **London**
- **3/19** most **deprived** in **Haringey**

In contrast, Muswell Hill ward is:

- **4551/7699** most **deprived ward** in **England**
- **498/630** most **deprived ward** in **London**
- **18/19** most **deprived ward** in **Haringey**.²¹⁹

However, it is important to acknowledge that redevelopment of the Seven Sisters end of West Green Road has been agreed and many shops are due to be demolished to allow the construction of new homes, shops and restaurants.²²⁰

Due to the changes to London high street boundaries, it was not possible to do a like-for-like comparison with the 2015 analysis.

*As Kingsbury crosses two boroughs, a mean deprivation score based on the two borough scores was used.

Taster's Fried Chicken and the Healthy High Streets Challenge

In January 2018, Taster's, a Fried Chicken shop on West Green Road in Tottenham, was the winner of the Healthy High Streets Challenge. The Challenge invited people who work and live around participating high streets to submit their ideas for helping children and young people to make healthier food choices.

Shahid Majeed, owner and manager of Taster's winning idea was tested over a four-week period of trading. The first week saw the launch of the new menu for children to rival an existing menu with its fried chicken favourites: nuggets, strips, burgers and fries. The new, healthier menu features grilled chicken, salad and chunky chips (which are lower in calories than french fries) in controlled portion sizes and is pitched at the same price point £1.30-£2.50 as the existing fried chicken menu for children.

Through the other weeks in the trial, staff at Taster's experimented with different nudging techniques, including offering special discounts during the after-school rush and recommending that customers consider the healthier menu for children at point of sale.

Sales of the healthier children's menu have been strong. In each week of the trial, almost as many healthier children's food items were sold as items from the existing children's fried chicken menu. In the week of the 'after-school special', sales of the healthier menu surpassed the fried food menu.

According to Shahid, crucial factors for success are an affordable price-point and selling something that looks and tastes good. "The main reason people will switch is because the alternative tastes good. The most important thing is you need to know how to cook healthy and tasty food."

9. Recommendations

Injecting New Life into our High Streets

Local authority funding

- **Department of Communities and Local Government to reconsider local authority funding cuts in light of the impact on local communities.**

Many of the recommendations in this report call on local authorities to do more to make their high streets healthy. They are well placed to make the best decisions for their local communities and to create high streets that are healthy and thriving. However, funding cuts to local authorities are restricting the work that they can do, and will restrict their ability to enact many of the recommendations in this report. In October 2018 a £675 million future high streets fund was announced to support councils to invest in improvements to their high streets, including modernising planning rules and redeveloping empty shops [HM Treasury, 2018]. This is a welcome contribution and display of government intent, but must not be taken outside of the wider context. Local authority services face a funding gap of nearly £8 billion by 2024/5 and between 2010 and 2020 will have seen reductions of £16 billion to core government funding.²²¹ Local authorities are rightly concentrating on vital and statutory services with the funds they have available, but this means that high streets will continue to suffer, particularly in areas of deprivation where health inequalities are already at their greatest.²²²

Empty shops

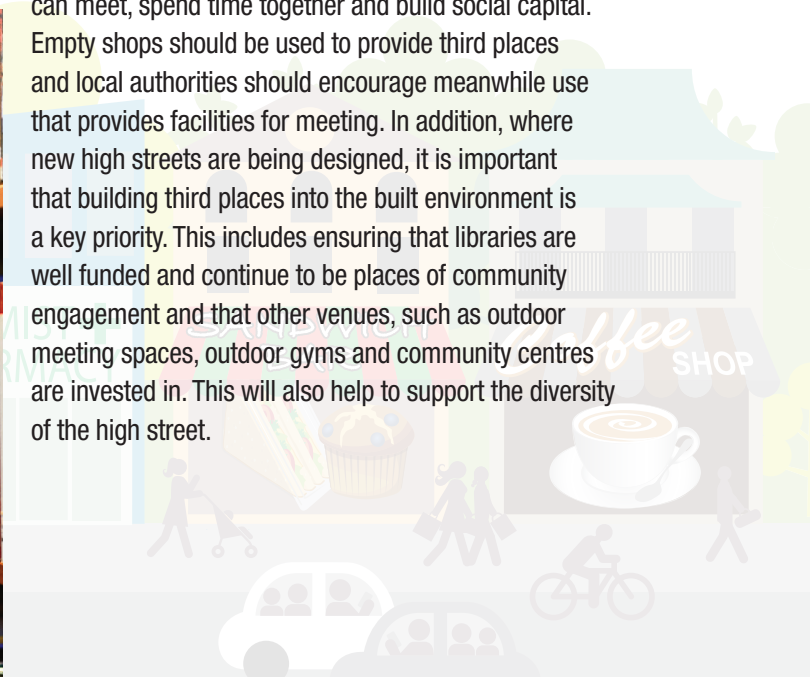
- **Local authorities to support meanwhile use of shops by making records on vacant commercial properties publically accessible.**

Empty shops are a missed opportunity for the high street and meanwhile use should be encouraged to provide social and economic value from the premises. However, a key barrier to meanwhile use is the difficulty for those interested in starting up a business or initiative accessing records of empty commercial properties. Not only do they need to know which businesses are empty, but also contact details of the owner. The current system, where it is very difficult to find out this information, significantly reduces access to vacant properties. Local authorities should make this information publically available to remove a barrier from potential developers of meanwhile use projects.

There should also be a register of individuals and groups who want to start up businesses in their area so that they can be matched with empty properties when they become available, supported by town centre managers.

- **Local authorities, planning authorities and developers to encourage the development of 'third places' in town centres.**

Local communities benefit from spaces where individuals can meet, spend time together and build social capital. Empty shops should be used to provide third places and local authorities should encourage meanwhile use that provides facilities for meeting. In addition, where new high streets are being designed, it is important that building third places into the built environment is a key priority. This includes ensuring that libraries are well funded and continue to be places of community engagement and that other venues, such as outdoor meeting spaces, outdoor gyms and community centres are invested in. This will also help to support the diversity of the high street.





Supporting independent local retailers

- **Facebook and Google to provide discounted advertising opportunities to local, independent health-promoting businesses.**

In a world of increasing pressures on the physical high street retailer, it is more important than ever to support local, independent stores that will contribute to the vibrancy and community spirit of an area. There is a wealth of digital advertising options available to local retailers, but many are either unwilling or unequipped to pursue them for reasons of cost, among other factors. There are huge gains to be made by local businesses modernising in this way; for example, research from SaveTheHighStreet.org has shown that over half of Google searches now happen on mobiles, and over half of these have local intent.

Facebook and Google are by far the two biggest platforms in the advertising space, can target very effectively in a local area, and have very low barriers in terms of ease of use. RSPH calls on these platforms to provide discounted advertising opportunities to independent local businesses that are positive for community wellbeing, in order to mitigate the many disadvantages faced by small local retailers on the high street. This recommendation is backed by the majority of the public (51%).*

Online

- **HM Treasury to review how businesses are taxed to ensure that online businesses are not put at an unfair advantage compared to the high street.**

Business rates are supposed to be a tax on all businesses, however they are based on the value of physical premises. With the rise in online businesses, this is an archaic means of calculating tax which puts high street retailers at a huge disadvantage. The October 2018 announcement of one third rates relief over a two-

year period will be a boost for smaller and independent businesses, but does not address this fundamental mismatch between online and physical businesses. There needs to be a complete review of how businesses' taxes are calculated to take into account businesses that do not operate with a traditional shop front. This would have the backing of the public, of whom three quarters (75%) believe that business rates should not put high street retailers at an unfair disadvantage compared to online retailers.*

There is also a particular need to consider large, global online businesses which pay very little tax due to registering their operations outside of the UK. A so-called 'Amazon-tax' that ensures appropriate taxation of online giants such as Amazon, Apple, Google and eBay should be strongly considered. The digital services tax announced in October 2018 is a welcome first step in this direction, but much more far-reaching proposals, most likely through international treaties, will ultimately need to be considered if such companies are to be taxed at fair and appropriate levels. More than three in five of the public (63%) think such online companies should be taxed more heavily to better support physical businesses on the high street.*

- **The online equivalents of high street businesses to operate to best practice guidelines.**

Many of the outlets highlighted in this report have equivalent online versions. Betting, payday loans, pharmacy, ordering and delivery of fast food are now all easily accessible online. It is important that all of these online equivalents operate to best practice guidelines to protect consumers and ensure that health is not harmed.

- **Local authorities to create a high street environment that people want to visit.**

The high street environment, including levels of traffic, air pollution, safety and accessibility, can discourage people from visiting and make shopping online more attractive. Research from PHE highlights that changes to the urban environment including pedestrianisation, reducing traffic and decreasing cluttering (i.e. removing unnecessary street furniture and signage) can improve access for local communities.²²³ Poor and disadvantaged communities are more likely to live in areas that have poor quality built environments, including local high streets, and it is important that they are not excluded from their local areas.

* RSPH polling carried out by Populus, October 2018. Representative sample of 2,000 members of UK public.

9. Recommendations

Creating a System which puts Health at the Heart of Planning



Planning

- **The Ministry of Housing, Communities and Local Government (MHCLG) to provide local authorities with the power and support to restrict the opening of new betting shops and other unhealthy outlets where there are already clusters.**

Local authorities currently feel limited in what they can do to address the issue of clustering of unhealthy outlets despite the Government's belief that councils already have the sufficient powers.²²⁴ This is leading to a lack of diversity on the high street which is not healthy for local communities, economically or otherwise. The Government needs to ensure that councils have the right support to use the powers that exist and in addition, encourage the use of cumulative impact tests, which allow local authorities to set limits in their local plan for different types of outlets, through legislation. They would be particularly useful where clustering of betting shops and fast food outlets is a local concern.

There is also a need for local authorities to have more control over outlets once they are already open. One suggestion would be for Government to enable local authorities to restrict the time period of licences awarded and also to require a review of the planning classification of a property if it stops trading.

- **Local authorities to include 'health' as a priority within their town centre health checks as part of their local plans.**

All local authorities are required to produce a Local Plan that provides a vision and a framework for the future development of their area, addressing needs and opportunities in relation to housing, the economy, community facilities and infrastructure. The plan has to be kept up to date, which in practice means it is reviewed at least every five years.

As part of their Local Plan evidence base on town centres, local authorities include a 'town centre health check' which focuses on the retail and economic health of the town centre.²²⁵ The indicators used to make up this 'health check' do not, however, include health and wellbeing. We call for local authorities to include an indicator of health and wellbeing within their town centre health check, one part of which could include the methodology included in this report, to highlight the factors that are contributing to poor health within their communities.

Local authorities should also consider health and wellbeing when developing town centre strategies and planners should take on board the important role they have to play in supporting health on the high street.

Restricting fast food near schools

- **Local authorities nationwide to introduce A5 planning restrictions within 400 metres of primary and secondary schools.**

For a local authority to successfully restrict new A5 hot food takeaways from opening within 400m of a school, they must include a suitable policy and supporting evidence in their Local Development Framework (planning policy). Several London boroughs and some other local authorities have already adopted Local Plan policies to restrict new A5 uses within proximity of schools. To ensure that all local authorities are supported to implement A5 restrictions around schools, learnings from successful areas in how to effectively adopt and enforce these policies need to be efficiently shared with planning teams across the country. The majority of the public (53%) support such restrictions, so that fast food shops cannot open within short walking distances of schools.*

In the future there is also potential to look at how other restrictions could be enforced within 400m distances from schools. For example, the School Superzones project in London is exploring opportunities to improve the urban environment around schools by addressing issues such as unhealthy food, poor air quality, gambling outlets, and advertising of junk food.



Local authority rents

- **Councils to set differential rent classes for tenants based on how health-promoting their business offer is.**

One of the levers council property services have at their disposal is the power to set different rents for different business tenants, and this could be utilised more commonly to the advantage of healthier businesses. However, while in theory they are able to set higher rents for outlets like bookmakers and lower rents for the greengrocer or a new community pharmacy, in practice this rarely happens.

Central government should provide councils with a broad set of classes based on the community health and wellbeing credentials of different business types, with guidance on how rents could be set according to this framework. Councils would then be better equipped and more willing to incentivise businesses with healthier offerings at the expense of those that are more damaging, through differential rents. This is supported by more than half the public, with 56% agreeing that such differential rents would be fair.*

Business rates

- **Business rates relief for businesses that try to improve the public's health.**

Currently, businesses may receive business rates relief if they meet a number of criteria set by the local council, for example if they are a charity or rural business. We welcome the rates relief for small businesses announced in the October 2018 Autumn Budget, but would additionally like to see discounted rates for businesses which are health promoting and support wellbeing, for example those businesses that score positively in this report.



* RSPH polling carried out by Populus, October 2018. Representative sample of 2,000 members of UK public.

9. Recommendations

Making the Business Offer that Retailers Provide More Health Promoting

Betting shops

- **The Department for Digital, Culture, Media and Sport (DCMS) to ensure that the £2 maximum stake on Fixed Odds Betting Terminals (FOBTs) is implemented no later than April 2019.**

We welcome the Government's decision in May 2018 to reduce the maximum stake on FOBTs from £100 to £2. Reducing the stake on FOBTs will help tackle the harm these machines are causing to individuals, families and communities across the country. It will also help to address clustering of betting shops – FOBTs are limited to four per premises and in order to overcome this, bookmakers have been opening multiple premises in close proximity to each other. Reducing the stake will provide less incentive for betting shops to cluster their premises.

However, it is disappointing that in the Autumn Budget of 2018 the Chancellor announced an intention not to implement the reduced stakes until October 2019 [HM Treasury, 2018]. It is important that the new stake is implemented as soon as possible, no later than April 2019, to mitigate the harm and financial loss being caused by FOBT machines. A delay in implementation will deny social justice to vulnerable individuals within our communities.

High cost credit

- **All stakeholders to work together to ensure that fair and affordable credit options are available for customers.**

Problem debt is bad for health, and high cost credit leaves people more likely to end up with problem debt. These effects are clustered around the most vulnerable who have the fewest credit options and the most need of affordable credit. It is therefore vital for high cost credit to be tackled in the UK. As well as increased regulation around marketing and caps on charges, there needs to be greater investment in alternative, affordable forms of credit. This will ensure that one day soon, high cost credit lenders are no longer part of the UK high street.

Food outlets

- **Industry and all businesses selling food on the high street – cafés, pubs, fast food outlets, convenience stores, leisure centres – to reduce the calories in their products.**

The Government's 2016 childhood obesity strategy sets a challenge for the food industry to reduce sugar by 20% in the foods children eat most. This was updated in 2018 to look more broadly at reducing calories by 20% so that the focus was not solely on sugary foods. The strategy highlights that slowly changing the balance of ingredients in everyday products or making changes to product size are successful ways of improving diets. We would also challenge all food outlets to consider how they can reduce the calorie content of all of their foods, not just those targeted at children, whether by stocking reduced sugar alternatives in the case of convenience stores or leisure centre vending machines, or modifying recipes in the case of cafés, sandwich shops and fast food outlets.

- **The calls within the Government's childhood obesity plan to be implemented within convenience stores as soon as possible.**

The Government's 2018 childhood obesity plan states an intention for energy drinks to be banned for children, for the promotion of unhealthy food and drink to be banned near checkouts, ends of aisles and store entrances, and for the banning of price promotions on unhealthy foods and drinks. The RSPH supports these calls and asks that they be implemented within the convenience sector as soon as possible.

- **The Government to follow through on its stated plans to legislate on mandatory calorie labelling for the out-of-home sector.**

Consistent calorie labelling in the out-of-home sector – applying to restaurants, cafés and takeaways in England – is currently being considered as part of Chapter Two of the Government's Childhood Obesity Plan, published in Summer 2018.²²⁶

Until now, a small number of chain restaurants have introduced calorie labelling, but they are in a minority.²²⁷ This is despite 79% of the public agreeing that restaurants, cafés and takeaways should include the number of calories on their menus,²²⁸ and three in five (60%) saying that it would make them more likely to buy food from that establishment.²²⁹

RSPH calls on the government to follow through and legislate on mandatory calorie labelling for the out-of-home sector, a recommendation we first made in our 2015 report. This should also involve considering the inclusion of other contextual information on food labelling, for example displaying calorie content as a percentage of daily requirements.

The new rules should include exemptions for smaller, independent businesses, for whom recipes are unavoidably more variable and the cost of compliance would be unreasonably high. For such retailers an awards system may be more suitable, such as the Healthier Catering Award.²³⁰

- **Mandatory display of food hygiene ratings in England and Scotland.**

The Food Hygiene Rating System (FHRS) was launched in 2010, and is now mandatory in both Northern Ireland (since 2016) and Wales (since 2013). Since legislation the display rates in both countries has increased significantly – from 48% to 82% in Northern Ireland, and from 68% to 84% in Wales. By comparison, the display rate in England is floundering at 49%.²³¹

RSPH therefore reiterates calls made in 2015 for the Government to make it mandatory for all food outlets to display their food hygiene rating. This would enable the public to make informed choices about where to take their custom, and thereby encourage greater compliance among food providers. The public health case for such a move is strong already, but it is more encouraging still that over three-quarters (77%) of businesses concerned also believe that introducing compulsory display of scores would be a good thing.²³²



Retailers of tobacco

- **Business rates relief to be considered as a means to incentivise small retailers to no longer sell tobacco products.**

Retailers who sell tobacco as well as e-cigarettes could be incentivised to encourage their customers who smoke to switch to e-cigarettes. This could occur through offering discretionary relief to businesses which no longer sell tobacco products. This would help reinforce an existing financial incentive for retailers to favour e-cigarettes – the profit margin on e-cigarettes is around 40%, compared to 6% for tobacco products.²³³ RSPH therefore echoes calls made by ASH for small retailers to reduce tobacco stock to core products, and use the freed-up counter space to increase the visibility of higher profit margin products such as e-cigarettes and other alternative nicotine products.²³⁴

Retailers of alcohol

- **Minimum unit pricing for alcohol to be implemented across all four nations of the UK, following its introduction in Scotland in 2018.**

There is now a wealth of international evidence suggesting minimum unit pricing (MUP) would significantly reduce the risk of harm to the public from irresponsibly cheap, super-strength alcohol.²³⁵ Importantly, the health benefits would be felt most by the poorest in society, while price differences for pubs and moderate drinkers would be barely noticeable.²³⁶

Spring 2018 marked the endpoint of a hard fought battle to implement a minimum price per unit of 50p in Scotland, six years since the original legislation was passed, and at time of publication the Welsh government is consulting on its plans to introduce the same policy next Summer.²³⁷ However, England and Northern Ireland are now lagging behind in their efforts to reduce alcohol harm, and they should aim to legislate in favour of MUP – one of the most potent tools we have at our disposal – as soon as possible.

It is estimated that MUP in England could save 1,148 lives and prevent 74,000 alcohol-related hospital admissions in the first five years,²³⁸ and we are calling for its inclusion in the Chancellor's Autumn budget of 2018.

Pharmacies

- **Healthy Living Pharmacies to reduce sugar sweetened beverage sales**

In 2017, NHS England challenged hospitals to reduce the sale of sugar-filled drinks to 10 per cent or less of those bought on the premises. It was reported in June 2018 that the challenge had been met, with the proportion of drinks sold on NHS premises that contain added sugar cut from 15.6 per cent to 8.7 per cent.²³⁹ We call for Healthy Living Pharmacies across the UK to follow the lead of hospitals and reduce the sales of sugary drinks. Initial steps towards this would include minimising stocking sugary products and reviewing placement and visibility of products so that water and non-sugary drinks are at eye level. While genuine health reasons for needing sugary products should not be overlooked, there is much scope for reducing sales of sugary products and aiming for the same sales levels as NHS trusts.

Wider public health workforce

- **RSPH to ensure training in brief interventions is available to all members of the wider workforce operating on the high street**

The wider public health workforce includes anyone who has the opportunity to make a difference to the public's health through brief conversations. On the high street this particularly includes fitness professionals working in health clubs and leisure centres, librarians and those working in health services, such as pharmacists and opticians. Every contact with a member of the public has the potential to signpost to relevant services, start a conversation about health improvement and provide brief advice. RSPH is committed to providing training for the wider public health workforce and to support further development of Healthy Living Pharmacies and Healthy Living Opticians.

- **Betting shop staff and high cost credit providers to receive training in signposting vulnerable individuals to support services.**

Industry has a responsibility to recognise and support individuals who are experiencing problem debt or show signs of gambling addiction or the associated impacts on mental health. Mental health first aid training, for example, would help staff members to identify people who need mental health support and equip them to signpost customers to support services.

- **Vape shops to ensure all customers who smoke are aware of their local stop smoking service.**

Behavioural support services can significantly boost the chances of successfully quitting smoking and would be of great benefit both to first-time vapers as well as longer term 'dual users'.²⁴⁰

All appendices and the reference list are available at www.rsph.org.uk/hoths2018

The Health on the High Street Resource Hub can also be accessed through this page – a bank of resources for those working in planning, licensing, or members of the public, who want to make their high streets healthier.

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This research is supported by the Robert Wood Johnson Foundation Global Ideas Fund at CAF America.
The views expressed here do not necessarily reflect the views of CAF America or the Robert Wood Johnson Foundation.

