



GHOST TOWNS

The Decline of the High Street and Health Inequalities

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EXECUTIVE SUMMARY

This report examines the decline of the high street in England. We found that over the last decade, our high streets have lost one in five retail units and shops, two in five banks, a quarter of their public toilets and one in six of their pharmacies. Depleted high streets and city centres are becoming "ghost towns" compared to even a decade ago.

At the same time, we have seen a rise in unhealthy amenities such as takeaways – which have risen by a quarter in all of England and a third in the most deprived areas. There are three times more takeaways, vape shops and bookmakers in the most deprived areas than in the least deprived areas.

There are also stark regional inequalities in high streets – the North of England has experienced almost double the increase in the number of unhealthy takeaway outlets than the rest of England. There are three times the number of pawnbrokers and twice as many vape shops in the North than there are in the South This increasingly unhealthy environment is likely to worsen the North-South health divide – exacerbating existing inequalities in obesity, cancer, and cardiovascular disease.

Coastal areas already suffer from high levels of health inequalities and deprivation. While they have a longstanding relationship with health and wellbeing, they have seen a rise of unhealthy shops, such as takeaways, bookmakers, and pawnbrokers, similar to other deprived areas.

Our research shows a national decline in the quality of our high streets and that they are becoming less healthy. This is especially so in deprived areas and in the North, England is becoming more unequal. The government needs to act urgently to reverse this decline and work with local communities to restore local high streets and local pride.

KEY FINDINGS

NATIONAL

Between 2014 and 2024 The number of vape shops increased by almost



There are over three times more vape shops in the most deprived areas of England compared to the least deprived areas

Pharmacy availability has decreased by



in the most deprived parts of England

Takeaway shops have risen by 244% in England and by 30% in the most deprived

areas

The number of banks and building societies on our high streets has been slashed by



nationally, and by



There are



in the most deprived areas

Supermarket provision has dropped by Deprived areas have over three times more bookmakers than the least deprived areas Public toilet provision has decreased by

38%

in the most deprived areas, disproportionately affecting women, young children and the elderly

2%

in the most deprived areas of England - compared to the national average of 10%. In the least deprived areas, it has not changed over the 10-year period

NORTH OF ENGLAND

In the North, there are



unhealthy takeaway outlets per 10,000 people compared to the national average of 10.2 and 8.9 in the South

Public toilet provision decreased by



in the North over the past decade, compared to 19% in the South, and higher than the national average of 23%



Across all three regions in the North, the rise in takeaway outlets is above the national average of 24%.

35% in the North East,33% in the North West,29% in Yorkshireand the Humber

The North has experienced almost double the increase of takeaway outlets than the South – in the North they increased by 31%, compared to 18% in the South and higher than the national average of 24%

> compared to just a

decline in the South

There are three times the number of pawnbrokers in the North than in the South in 2024 compared to 2014

> There are twice as many vapes shops in the North compared to the South

The decline in supermarkets was also greater in northern regions:



Yorkshire and the Humber

North East and North West

The decline in retail is greater in the North, with an 11% loss of department stores compared to a 12% increase in the South

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RECOMMENDATIONS

Increase local authority regulation of unhealthy amenities, such as takeaways, off licenses, vape shops and bookmakers – especially in deprived areas, coastal towns, and areas in the North.

Increase and incentivise health promoting amenities and "third places" – which are places away from home and the workplace, such as pubs, community centres and libraries, on our high streets.

Invest in street appeal and friendly architecture, such as seating areas, public toilets, and safe pedestrian routes, for people to increase high street footfall in city centres.

Target resources for high street redesign to the places that most need them and involve local communities in decision-making.

INTRODUCTION

The makeup of the places where people live, work, and play are part of the contextual factors that can affect their health.¹ Amenities, such as shops, pubs, and post offices, are a key component of place and greatly influence what a place is like. The provision of amenities, including the makeup of high streets, is not only an economic matter but is also related to the health and wellbeing of residents.

Places and amenities can be categorised as either health promoting (salutogenic) or health reducing (pathogenic).¹ Examples of directly health promoting amenities that are on the high street include community pharmacies and supermarkets with a choice of healthy food. On the other hand, health reducing amenities include things such as fast food outlets, vape shops and bookmakers. The health effects here are relatively clear, a pathogenic environment which contains many takeaway outlets may lead to residents having a higher rate of obesity.² Conversely, suitable supermarket provision may lead to better access to healthy food and therefore better health overall.^{3,4}

Some amenities are not clearly health promoting or health reducing, rather serve another function altogether. The idea of a "third place", somewhere to go that is not home or work, is central to the functioning of a community, by enabling social interactions, and can be described as "the anchors of community life".^{5.6} Examples of third places include cafes, pubs, libraries, social clubs and community centres. In both urban planning and health studies literature, a wide variety of amenities leads to more vibrant and safer communities, which in turn has a positive effect on people's health and wellbeing.

High streets and retail environments have been going through periods of unprecedented change for several reasons; from gradual societal changes such as the rise of out-of-town shopping centres, online shopping and changing consumer behaviours⁷, to worldwide shocks such as the "retail apocalypse"⁸ and the COVID-19 pandemic.⁹ However, not all high streets and amenity provisions have changed in the same way. There is an uneven burden of change and decline, where the changes in high streets and loss of amenities are strongly linked with socio-economic deprivation.^{10–12} Underused retail units on the high street (Greyfield land) are also associated with deprivation and further urban decay.¹³ Places which suffer this double burden of amenity loss and socio-economic deprivation are more likely to become "left behind" in terms of social and economic development.¹⁴

Current research shows that the decline of both health promoting amenities and third places, as well as the increase of health reducing amenities, is often associated with the socio-economic deprivation of an area.^{13,15,16} For example, 40% of pharmacy closures between 2015 and 2022 have occurred in the 20% most deprived parts of England.¹⁷ The observed decline in pubs has also been shown to correspond with greater economic deprivation in both England and Wales.¹⁸ It has also been found that fast food outlets with the unhealthiest menus are increasing in deprived areas when compared with affluent areas.¹⁹

Some descriptors of place are already associated with health. People living in deprived areas²⁰, in the North^{21,22} and on the coast²³ generally have worse health outcomes. Urban and rural environments also have different associations with health. The disappearance of amenities and reduced economic activity leads to "ghost towns" – where areas suffer due to both economic deprivation and a lack of amenities. This "double whammy" could influence people's health outcomes.

The decline of amenities and the high street as a whole also affects groups of people differently – for example, women, the elderly, pedestrians and children can experience these changes more acutely. In older adults, the lack of community spaces (and therefore the inability to participate in the community) leads to social isolation – which has knock on effects on health, increasing the risk of cardiovascular diseases, diabetes, and cognitive decline.^{24,25} Women's perceived safety is impacted by shuttered shop fronts, lack of lighting and lack of people present on the high street.²⁶ People who do not use cars are less able to access high streets due to vehicular traffic creating a dangerous environment.²⁷

As well as this, the lack of friendly architecture, such as seating areas, public toilets and safe pedestrian routes, create a hostile environment for people wishing to use their high street. This "hostile architecture" again affects groups of people differently – for example people with young children are unable to find public toilets to change them, or the elderly are not able to find somewhere to sit after shopping. This again dissuades large swathes of the community from visiting the high streets and further contributes to a decline in footfall.^{28,29}

While current evidence paints a bleak picture of the uneven burden of the high street decline, amenity loss and retail environment change, all is not lost. By revisiting the original purpose of the high street in towns and villages – as a spatial and social heart of the community – we can determine what should be included on high streets to meet the needs of the whole community. We know that some high streets have seen decline, however, there is a lack of data identifying and measuring change that captures the deterioration of urban environments over time and space.³⁰



WHAT IS A HIGH STREET?

A high street can be defined through its physical spatial properties and its role in the social fabric of the community. It can be thought of as both the physical and social centre of a community, where people go to fulfil their needs. The primary difference between a high street in a small town and one in a large city is that in a city there may be more than one "centre" while in a town there is usually only one.³¹

High streets have specific spatial characteristics that set them apart from ordinary streets. The Office for National Statistics (ONS) and Ordnance Survey (OS) define a high street as a named street with a cluster of at least 15 retail addresses within 150 metres. They have identified almost 7,000 high streets in Great Britain.³² However, this method may not reflect the reality on the ground. In the physical sense, which street becomes the "high street" is determined by the urban morphology (spatial layout) of a neighbourhood and the connectivity of streets to one particular street, which becomes the high street. The concept of a "live centre" - a certain spatial organisation of streets that converge on one "high street" was first coined in 1999 by Bill Hillier and the Space Syntax Laboratory and is based on analysis of spatial layout and corresponding pedestrian movement. The live centre/high street of a community is the "location favoured by and influenced by retail, markets, catering and entertainment, and other activities which especially benefit from passing pedestrian movement".^{33,34}

The historical emergence of the high street (and a closely related concept, the market square^{31,35}) has occurred over hundreds of years and is subject to physical and socio-economic processes of change. They are considered the centre of the community where people gather to exchange interactions, goods, news, etc; the function has not changed, rather the actual components (which specific shops and amenities) change over time.³⁶ In fact, one of the defining characteristics of the high street is that it has always been in flux in order to serve the developing needs of the community.^{37,38}

Therefore, the definition of a high street can be thought of as the convergence of the physical spatial fabric of a town to a street where people can gather and fulfil their socio-economic needs; and that is easily accessible, vibrant and enables community wellbeing. It is a place that is one part of a complex socio-spatial system³⁹, which provides activities and retail to residents, as well as acts as a community space.

Aims and Methods

This 'Ghost Towns' project created a comprehensive spatiotemporal survey of key amenities over the past decade across all of England, and linked the changing composition of high streets to deprivation, changing demographics, and population health. This report aimed to describe the distribution and change over time of 16 amenities between 2014



and 2024 in England and investigated the relationship between the distribution of amenities and different types of places as described by socio-economic deprivation, urban/rural classification, region and coastal vs. inland areas. We aimed to understand the complex socio-geographic patterns that lie therein and gain insight into the context that people live in and its potential effects on their health.

Through monitoring change in amenities and studying the links between decline and deprivation, we can provide a baseline measure of which local areas have seen the steepest decline as well as the relationship with the health and wellbeing of the community. If we know where we started from, we can more accurately assess the effectiveness of interventions designed to improve the high street and the amenities available in our towns and cities.

For this report, we used data from the Ordnance Survey Points of Interest data product^{40–50} to find the location of 16 amenities:

Health promoting:

- Pharmacies
- Public Toilets
- Supermarkets

Health reducing:

- All takeaway services (fast food and fish and chip shops)
- Alcohol only outlets (shops that primarily sell alcohol including offlicenses)
- Bookmakers
- Vape Shops

Third spaces and retail:

- Amusement Parks and Arcades
- Pawnbrokers
- Libraries
- Pubs, bars, and inns
- Charity shops
- Department stores
- Post Offices
- Banks and Building Societies
- Shopping Centres and Retail Parks

The amenities were chosen by relevance to health and as indicators of what is available on the high street, as well as data availability. Some of the amenities fulfil a necessary socio-economic function. For example, post offices and banks enable people to access their money and paperwork. Libraries fill an essential niche for accessing information and the internet, and pubs serve a social function as well as selling alcohol. We used Middle Super Output Areas (MSOAs - an Office for National Statistics census geography) as a representation of a person's local area. We then linked this with data on the yearly population estimate for the local area, its urban/rural classification and level of area deprivation using the Index of Multiple Deprivation (IMD). We also break down results by region and coastal areas.

We use mean provision per 10,000 people as the summary measure, also known as the supply or availability of an amenity. This does not represent an individual's usage but whether they can reasonably visit this amenity in their local area. This makes provision comparable across areas.

We also calculate relative retail vacancy which is the difference between the number of retail units in 2024 and the highest number of retail units between 2014 and 2024. This is not the absolute vacancy rate, rather it shows the change in retail units over the past decade. It does not capture units which have been vacant longer than 10 years, and also units which are not classified as retail, such as office buildings or pubs.

AN OVERVIEW OF ENGLAND

High streets and local areas have been hit by multiple crises in the past decade, with the 'retail apocalypse' in 2017, the COVID-19 pandemic, the cost of living crisis and changing behaviours of consumers. There is a general decline in all of England of the quantity of health promoting amenities, retail and third spaces, but a significant increase in health reducing amenities (Figure 1). This section outlines the notable changes in amenities that have happened between 2014 and 2024 (Appendix 1). Across all of England between 2014 and 2024:

- Pharmacy provision has decreased by 17% from 2.1 to 1.8 pharmacies per 10,000 people.
- Takeaway services have increased by 24% from 8.2 to 10.2 takeaways per 10,000 people.
- There has been a large decrease in banks and building societies provision of 40%
- Supermarket provision has decreased by 10%.
- There has been a decrease of 23% in public toilet provision.
- The number of vape shops increased by almost 1200%

There was mean retail unit loss of 20%. Every local authority in England has had a loss of retail units ranging between 9% and 34%. Nine in ten MSOAs have lost at least 1 retail unit, seven in ten have lost 10% of their units and over a third have lost a quarter of their retail units.

However, this is not the full picture, as provision of these amenities varies significantly by area types and region. The changes have been uneven, with deprived areas and regions being hit significantly harder.

Fig 1: Change over time between 2014 and 2024 of selected amenities in England



Urban and rural areas have also experienced distinct levels of change. Coastal areas present a distinct type of retail environment. Some amenities are sensitive to macro-economic shocks, while others are more stable.

HEALTHY ENVIRONMENTS AND DEPRIVED AREAS

In this section we discuss the changes in the health promoting amenities (pharmacies, public toilets, and supermarkets) and health reducing amenities (takeaways, alcohol only outlets, bookmakers, pawnbrokers and vape shops). Our research shows that the provision of these amenities has a strong relationship with how deprived an area is (Box 1). Social deprivation and income inequalities have been shown as a primary driver of unequal health outcomes.⁵¹

Health Promoting Amenities

Pharmacies are one of the primary ways in which people in deprived areas can access healthcare. Previous research has shown that there is a 'positive pharmacy care law,' where there are more pharmacies in deprived areas, compared to those areas less deprived.⁵² Over the past decade, the positive pharmacy care law is eroding. In 2024, there is 60% more pharmacy provision in the top 20% most deprived areas (2.3 per 10,000) than the 20% least deprived areas (1.4 per 10,000). However, the 20% most deprived areas have experienced a decline in provision of 20% compared with 13% in the 20% least deprived areas (Figure 2).

Public toilets are necessary for the health and hygiene of people outside the home. The impact of toilet provision varies across populations, with women, older people and people with young children disproportionately disadvantaged by a lack of public toilets.^{53,54} In 2024, there is lower provision in the 20% most deprived areas of 0.9 per 10,000 compared to 11 per 10,000 in the 20% least deprived. IMD quintiles 3 and 4 have the highest provision at 1.6 and 1.4 per 10,000, respectively. The 20% most deprived areas have experienced double the decline of the 20% least deprived areas, 38% compared to 19% (Figure 3). Box 1: Summary Tables – All statistics mentioned in this section are summarised here

Mean provision per 10,000 people in 2024 of health promoting and reducing amenities by deprivation quintile

| | | • | | | | |
|----------------------|--------------------|------------------------------|-----------|-----------|-----------|-----------|
| | England Average | IMD Q1 (Most deprived) | IMD Q2 | IMD Q3 | IMD Q4 | IMD Q5 |
| Pharmacies | 1.8 | 2.3 | 1.9 | 1.7 | 1.5 | 1.4 |
| Public Toilets | 1.2 | 0.9 | 1.2 | 1.6 | 1.4 | 1.1 |
| Supermarkets | 1.2 | 1.1 | 1.2 | 1.3 | 1.2 | 1.1 |
| Takeaways | 10.2 | 16 | 12.5 | 9.9 | 7.4 | 5.6 |
| Alcohol only outlets | 0.9 | 1.0 | 0.9 | 0.9 | 0.7 | 0.6 |
| Bookmakers | 1.1 | 1.8 | 1.5 | 1.0 | 0.7 | 0.5 |
| Vape Shops | 0.4 | 0.7 | 0.5 | 0.4 | 0.3 | 0.2 |

Change over time percentage between 2014 and 2024 of health promoting and reducing amenities by deprivation quintile

| | England Average | IMD Q1 (Most deprived) | IMD Q2 | IMD Q3 | IMD Q4 | IMD Q5 |
|----------------------|--------------------|------------------------------|-----------|-----------|-----------|-----------|
| Pharmacies | -17% | -20% | -19% | -16% | -16% | -13% |
| Public Toilets | -25% | -38% | -29% | -21% | -16% | -19% |
| Supermarkets | -10% | -22% | -11% | -8% | -8% | 0% |
| Takeaways | +24% | +30% | +22% | +19% | +21% | +27% |
| Alcohol only outlets | -21% | -27% | -25% | -16% | -15% | -15% |
| Bookmakers | -19% | -21% | -23% | -23% | -24% | -19% |
| Vape Shops | +1198% | +1036% | +1227% | +1560% | +1019% | +1576% |

Supermarkets contribute to the healthfulness of an environment by enabling access to healthier food choices.⁵⁵ While there has been an overall decrease in provision, the most deprived areas have experienced a decrease of 22% compared to no change in the least deprived areas (shown as the dark line in Figure 4).

Health Reducing Amenities

Excessive consumption of fast food has been shown to affect people's health negatively. Obesity has been associated with high fast food outlet availability for both adults⁵⁶ and children.⁵⁷ Coupled with a lack of physical exercise opportunities, a high density of fast food outlets contributes to an 'obesogenic environment' which increases the risk of diabetes, cardiovascular issues, and other poor health outcomes.⁵⁸ There is also a link between fast food availability and deprivation. In 2024, there is over three times the takeaway provision the top 20% most deprived areas (16 per 10,000) than the 20% least deprived areas (5.6 per 10,000). The 20% most deprived areas have experienced an increase in provision of 30% compared with 27% in the 20% least deprived areas (Figure 5).

Alcohol consumption has been associated as a risk factor for a wide variety of physical and mental health outcomes, including excess deaths.^{59,60} Excessive alcohol consumption is primarily linked to liver problems in the public consciousness, but recent research indicates that alcohol consumption is linked to shrinking brain size⁶¹ and cardiovascular issues.⁶² While alcohol can be purchased in supermarkets and convenience stores, it has been found that living near alcohol only outlets could be a determinant of harmful alcohol consumption.⁶³ Our research indicates that there is higher alcohol only outlet provision the most deprived areas (1.0 per 10,000) than the least deprived areas (0.6 per 10,000) in 2024. This puts more deprived populations at higher risk of alcohol related illnesses.

Gambling harms have significant impacts on physical and mental health. Gambling disorders are associated with increased all cause mortality⁶⁴ and increased mental health issues such as anxiety and depression.⁶⁵ With the rise of online gambling, physical premises of bookmakers are in decline. However, our research shows that in 2024, there are over three times more bookmaker premises in the most deprived areas (1.8 per 10,000) than the least deprived areas (0.5 per 10,000), again exposing more deprived populations to gambling risks.

Smoking and vaping both pose health risks, with smoking being considered more harmful. The risks of vaping include cardiovascular dysfunction, periodontal and oral illnesses, and lung inflammation.^{66–68} Vaping and e-cigarette usage is also particularly harmful to adolescents and young adults. In the UK in 2023, 20.5% of children aged between 11-17 had tried vaping. 72% of 11-17 year olds have been exposed to vape advertising and promotion in 2024, with 55% of this in shops.⁶⁹

Adolescent nicotine use, whether from vaping or smoking, can affect cognitive development, interfering with attention span, emotional regulation, and mental illnesses.⁷⁰ While traditional tobacconists are declining, shops selling exclusively vapes and e-cigarettes have hugely increased. In 2024, there are over three times more vape shops the top 20% most deprived areas than the 20% least deprived areas (Figure 6). This means that children and adolescents who live in deprived areas are also much more likely to be exposed to vape advertising and promotion from shops, than those living in more affluent areas.

All of these changes taken together show that the retail environments and high streets of deprived areas are becoming increasingly unhealthy. There is a steady decline of health promoting amenities such as supermarkets, public toilets, and pharmacies. This is coupled with a sharp increase of health reducing amenities like fast food outlets, alcohol only outlets, bookmakers and vape shops. Deprived areas already have a higher burden of ill-health, and an increased availability of unhealthy amenities risks further damage to people's health. A lack of health promoting amenities makes it harder for people to undertake healthy behaviours such as buying healthier foods and seeking healthcare. The availability of amenities becomes an important contextual factor for people's health.

Figure 2: Line graph showing the change over time of pharmacy mean provision per 10,000 people by IMD quintile



Figure 3: Change in Public Toilets over time by IMD Quintile



Figure 4: Change over time in Supermarkets by IMD Quintile



Figure 5: Change in Takeaways over time by IMD Quintile



Figure 6: Change in Vape Shops over time by IMD Quintile



REGIONAL DIFFERENCES

Box 2: All statistics mentioned in this section are summarised here:

Mean provision per 10,000 people in 2024 of amenities by region

| | England Average | North | Midlands | South |
|-------------------|--------------------|-------|----------|-------|
| Takeaways | 10.2 | 12.9 | 9.9 | 9.0 |
| Pawnbrokers | 0.2 | 0.3 | 0.1 | 0.1 |
| Public Toilets | 1.2 | 1.1 | 1.0 | 1.4 |
| Vape Shops | 0.4 | 0.6 | 0.5 | 0.3 |
| Pharmacies | 1.8 | 2.0 | 1.8 | 1.6 |
| Department Stores | 0.4 | 0.4 | 0.4 | 0.4 |
| Pubs | 6.5 | 7.3 | 6.2 | 6.3 |

Change over time percentage between 2014 and 2024 of amenities by region

| | England | | | |
|-------------------|---------|-------|----------|--------|
| | Average | North | Midlands | South |
| Takeaways | +24% | +31% | +28% | +18% |
| Pawnbrokers | -26% | -29% | -28% | -36% |
| Public Toilets | -25% | -32% | -29% | -19% |
| Vape Shops | +1198% | +978% | +1450% | +1335% |
| Pharmacies | -17% | -14% | -12% | -15% |
| Department Stores | +0.7% | -11% | -7% | +12% |
| Pubs | -3% | +7% | -7% | -6% |



There are longstanding regional differences in people's health between the North and the South of England.^{21,71} The North, particularly the North East, has worse life expectancy and higher levels of health inequalities than the rest of the country.⁷² These differences are partially linked to material deprivation, there are many more deprived areas in the North compared to the South, again particularly in the North East.⁷³

In our research, there is evidence that there is a regional component to the provision of amenities, both the ones related to health and in third spaces (Box 2). This is broken down further by Northern Regions and North East Local Authorities in Appendices 2 and 3.

In 2024, the North has higher provision of takeaway outlets (12.9 per 10,000) when compared with the South (9.0 per 10,000) (Figure 7) and the North has experienced almost double the increase of the South (31% vs 18%) (Figure 8).

Pawnbrokers are also generally found in more deprived areas, and this is evident in the regional dimension too (Figure 9). In 2024 there is three times the provision of pawnbrokers in the North than in the South. Public toilet provision also has a regional dimension. In 2024, the North has lower provision at 11 per 10,000 than the south at 1.4 per 10,000 (Figure 10). The North has also experienced a decline of 32% compared to 19% in the South (Figure 11).

In 2024, there are double the vape shops in the North (0.6 per 10,000) when compared to the South (0.3 per 10,000) (Figure 12).

Retail has also been hit in the North, there has been a larger decrease of department stores in the North of 11% compared to an increase of 12% in the South.

Not all amenities have been in decline in the North – pharmacies in the North have a higher provision than the South (2.0 in the North vs 1.6 in the South). Pubs also have a higher provision at 7.3 per 10,000 compared to 6.3 in the South, and the North has seen an increase of 7% compared with a decrease of 6% in pubs in the South (Figure 13).

As well as already being more deprived and suffering from health inequalities, people in the North are being exposed to more unhealthy amenities. This is an additional axis of inequality on an already sociospatially deprived population. However, the changes are not only in health reducing amenities since the North has more pubs and pharmacies than the South, suggesting a regional dimension to amenity provision.





Figure 11: Change in Public Toilets by region over time

Figure 8: Takeaways per 10,000 people over time by region

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URBANICITY AND RURALITY

Box 3: All statistics mentioned in this section are summarised here

Mean provision per 10,000 people in 2024 of amenities by urban/rural classification

| | England Average | Urban Conurbations (most urban) | City and Town | Town and Fringe | Villages and Hamlets (most rural) |
|-----------------------------------|--------------------|---------------------------------------|------------------|--------------------|---|
| Pharmacies | 1.8 | 1.9 | 1.8 | 1.7 | 0.7 |
| Banks | 1.2 | 1.2 | 1.4 | 0.9 | 0.3 |
| Pubs | 6.5 | 5.6 | 6.3 | 8.1 | 10.1 |
| Post Offices | 1.6 | 1.1 | 1.3 | 2.6 | 4.7 |
| Public Toilets | 1.2 | 0.8 | 1.3 | 2.0 | 2.4 |
| Charity Shops | 1.4 | 1.1 | 1.8 | 1.4 | 0.5 |
| Department Stores | 0.4 | 0.4 | 0.5 | 0.3 | 0.2 |
| Supermarkets | 1.2 | 1.0 | 1.4 | 1.5 | 0.7 |
| Retail units | 44 | 43 | 47 | 41 | 38 |
| Retail parks and shopping centres | 0.4 | 0.4 | 0.5 | 0.2 | 0.2 |

Change over time percentage of amenities by urban/rural classification

| | England Average | Urban Conurbations (most urban) | City and Town | Town and Fringe | Villages and Hamlets (most rural) |
|-----------------------------------|--------------------|---------------------------------------|------------------|--------------------|---|
| Pharmacies | -17% | -17% | -20% | -7% | -6% |
| Banks | -40% | -39% | -38% | -54% | -57% |
| Pubs | -3% | +2% | +2% | -5% | -21% |
| Post Offices | -2% | -1% | -1% | -5% | 0% |
| Public Toilets | -25% | -37% | -25% | -14% | -6% |
| Charity Shops | -21% | -24% | -23% | -11% | +30% |
| Department Stores | +0.7% | -3% | -4% | +78% | +60% |
| Supermarkets | -10% | -9% | -11% | -13% | +3% |
| Retail units | -20% | -22% | -23% | -21% | -16% |
| Retail parks and shopping centres | -3% | -11% | +3% | +6% | -12% |

Urbanicity and rurality are important identifiers of the makeup of a place. According to the ONS, urban areas are defined by a residential population of over 10,000, while rural areas are below that. The classification combines different environmental factors, such as population density, building density and access to services into one index.⁷⁴ The term "urban" describes an environment that has high density of people, destinations, and services.⁷⁵ Urbanicity-rurality is a gradient, with eight main categories in the ONS urban-rural classification. In this report we use four consolidated categories: urban conurbations (the largest cities), small cities and towns, town and fringe, and rural villages and hamlets.

Both urban and rural areas have different effects on people's health. People in urban environments can suffer from health-reducing exposures such as ambient air pollution^{76,77} and environmental noise.⁷⁸ However, urban environments also offer better access to opportunities such as jobs, education, amenities, and transport. Urban areas have high access to developed green spaces such as urban parks and their associated health benefits.^{79,80} People who live in urban areas also tend to have better cognitive health outcomes than those in rural areas, indicating that an urban environment is stimulating enough to reduce the risk of cognitive decline.⁸¹

Rural areas face health challenges due to the environment. Rural populations tend to be older than urban ones, so have worse health outcomes associated with age, such as poorer cardiovascular health⁸², cognitive decline⁸³ and cancer.⁸⁴ Rural areas also have higher rates of loneliness and social isolation²⁵ which influences both physical and mental health of residents. However, rural areas have higher exposure to

natural green spaces, and generally less pollution, which could mitigate against some health risks.

Our research shows that rural and urban areas differ in the provision and change over time of amenities. Box 3 outlines the summary statistics for the affected amenities.

Urban areas have a higher provision of pharmacies and banks. In 2024, the most urban areas have a higher provision of pharmacies of 1.9 per 10,000 compared with 0.7 per 10,000 in villages and hamlets. However, urban areas have seen a decline in pharmacies of 17% compared with a decline of 6% in the most rural areas. For banks, the most urban areas have a provision of 1.2 per 10,000 compared to 0.3 per 10,000 in the most rural areas. The most urban areas have seen a decline of 39% in bank provision, while the most rural areas have seen a decrease of 57%. Rural areas have higher provision of pubs, post offices and public toilets when compared to urban areas. In 2024, the most urban areas have a lower provision of pubs of 5.6 per 10,000 compared with 10.1 per 10,000 in villages. However, the most rural areas have seen a decline of 21% in pubs compared with a 2% increase in the most urban areas. For post offices, most urban areas have a provision of 1.1 compared to 4.7 in the most rural areas - almost five times the provision in rural areas than urban areas. For public toilets, the most urban areas have 0.8 per 10,000 compared to 2.4 per 10,000 in the most rural areas.

The change over time of some amenities is also very different in urban and rural areas. Charity shops have decreased overall; however, the most urban areas have seen a decline of 24% while the most rural areas have seen an increase of 30%. All urban areas have seen a decline in



department stores, while rural areas have seen an increase of 60%. For supermarkets, the most urban areas have experienced a decline of 9% compared to an increase of 3% in rural areas. The places that have lost the most retail units since 2014 are also all city centre locations.

It is not only the most urban and the most rural areas that are seeing changes. Retail parks and shopping centres are changing the way people shop for their goods. The highest provision of department stores, shopping centres and retail parks is in city and town areas of 0.5 per 10,000 (Figure 14 and Box 3). The most urban areas have seen a decline of 11% in retail parks and shopping centres and the most rural areas have seen a decline of 12%. However, city and town, and town and fringe, have seen an increase of 3-6% in retail parks and shopping centres, and an increase of 78% in department stores.

Our research shows the changing dynamics of urban/city/rurality and its complex relationship with amenities. Villages have higher rates of amenities such as post offices, pubs, and public toilets, and are seeing an increase in retail options. Retail parks and department stores are increasingly based outside of the main urban areas. Urban areas are in a steady decline, with city centres and high streets especially losing amenities and appeal at a rapid rate, and in need of intervention to secure their future.

Figure 14: Change over time in retail parks by Urban/Rural classification



Urban/rural categories

Urban conurbations

City and town

Town and fringe
Rural village and hamlet



COASTAL HIGH STREETS

Box 4: Summary Tables – All statistics mentioned in this section are summarised here

Mean provision per 10,000 people in 2024 of amenities by coastal classification England Average Inland Coastal

| Public Toilets | 1.2 | 1.1 | 2.1 |
|-----------------------------|------|------|------|
| Pharmacies | 1.8 | 1.7 | 2.0 |
| Supermarkets | 1.2 | 1.2 | 1.4 |
| Takeaways | 10.2 | 9.8 | 13.3 |
| Arcades and Amusement Parks | 0.4 | 0.3 | 1.0 |
| Pubs | 6.5 | 6.3 | 7.8 |
| Charity Shops | 1.4 | 1.3 | 1.9 |
| Bookmakers | 1.1 | 1.0 | 1.4 |
| Pawnbrokers | 0.2 | 0.16 | 0.3 |
| Vape Shops | 0.4 | 0.4 | 0.5 |
| Alcohol only outlets | 0.8 | 0.8 | 0.8 |

Change over time percentage of amenities by coastal classification

| | England Average | Inland | Coastal |
|-----------------------------|-----------------|--------|---------|
| Public Toilets | -25% | -25% | -22% |
| Pharmacies | -17% | -13% | -18% |
| Supermarkets | -10% | -10% | -12% |
| Takeaways | +24% | +23% | +28% |
| Arcades and Amusement Parks | +69% | +82% | +48% |
| Pubs | -3% | -5% | +14% |
| Charity Shops | -21% | -20% | -26% |
| Bookmakers | -21% | -22% | -19% |
| Pawnbrokers | -26% | -31% | -34% |
| Vape Shops | +1198% | +1295% | +878% |
| Alcohol only outlets | -27% | -20% | -23% |



However, coastal areas in the modern day suffer from poorer health outcomes than inland areas. Some coastal areas are also deprived, which compounds their health challenges. In the Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities, they describe some of the challenges faced by coastal communities around housing, job opportunities and health. According to the ONS, coastal areas have a higher median age than non-coastal areas, which leads to poorer health outcomes associated with age. Job security is often poorer in coastal areas, with work being seasonal and related to specific industries such as tourism, fishing, or trade ports.²³

Health inequalities are especially prevalent in coastal communities. For example, healthy life expectancy in Hartlepool is five years lower than the England average. In Morecambe, emergency admissions, lung cancer incidence and standardised mortality ratios are all worse than the England average. In Torbay, the rates for long term conditions such as cardiovascular disease, diabetes and respiratory disease are significantly higher than the England average. Blackpool is the most deprived local authority in England, and has the worst life expectancy in the UK, despite being a holiday destination. However, analysis of the Health Survey for England shows that coastal residents have better mental health, especially in the most socio-economically deprived areas.²³



Our research into the availability of amenities shows the complex histories and development of coastal areas (Box 4). The health promoting legacy of coastal areas is still evident to this day. Public sanitation efforts show up as a higher provision of public toilets - coastal areas have double the provision of 2.1 per 10,000 compared to 1.1 per 10,000 in non-coastal areas. While likely also related to deprivation, coastal areas have higher provision of pharmacies of 2.0 per 10,000 than inland areas of 1.7 per 10,000. There is also slightly higher provision of supermarkets in coastal areas of 1.4 per 10,000 compared to 1.2 per 10,000 in non-coastal areas. Coastal areas have higher amenities related to tourism, retail, and social activities. Coastal areas have much higher provision of takeaways of 13.3 per 10,000 people (primarily driven by fish and chip shops) and have experienced a higher increase over the past decade of 28% vs 23% for inland areas. There are also more arcades and amusement parks in coastal areas (1.0 per 10,000) than in non-coastal areas (0.3 per 10,000). In 2024 there is higher provision of pubs, bars, and inns in coastal areas (7.8 per 10,000 people) compared to non-coastal areas (6.3 per 10,000). There has been an increase in pubs provision over the past decade of 14% in coastal areas compared to a decrease of 5% in non-coastal areas (Figure 15). There is also higher provision of charity shops in coastal areas (1.9 per 10,000 people) compared to non-coastal areas (1.3 per 10,000).

On the other hand, coastal areas have seen an increase of some healthreducing amenities, similar to other deprived areas. In 2024 there is higher provision of bookmakers in coastal areas (1.4 per 10,000 people) compared to non-coastal areas (1.0 per 10,000). There is almost double the provision of pawnbrokers in coastal areas of 0.3 per 10,000 people than there are in non-coastal areas (0.16 per 10,000) (Figure 16). Coastal areas have not seen similar levels of vape shops and alcohol only outlets that are present in other deprived areas, and rates of such amenities are similar to the England average. The unique circumstances of coastal areas as health and tourism destinations shows up in the availability of certain amenities. While deprivation has an influence on which amenities are available in coastal areas, they seem to have been immune to some of the increases seen in other deprived contexts. Coastal areas have complex relationships with health due to their history and proximity to the sea, being shown to be both health promoting, and have some worse health outcomes. Our work shows that coastal areas represent a distinct typology where there is a legacy of health and wellbeing coupled with modern deprivation, and any health or built environment interventions should take this unique composition into account.



Figure 16: Change over time in pawnbrokers in coastal areas





AMENITIES AS ECONOMIC BAROMETERS

One of the drivers of change of amenities are macro-economic changes in the retail environment and legislation. In the past decade, there has been an ongoing 'retail apocalypse' which refers to the closure of high numbers of retail premises, which started gaining attention in 2017. Several major retail chains such as BHS, Debenhams and Wilkos have folded completely in the past few years.^{86,87} The COVID-19 pandemic also played a role in the closure of retail chains and many amenities on the high street. During the pandemic, retail volume also fell by almost 2%, which is the largest annual fall on record.⁸⁸ Our research shows that some amenities are particularly sensitive to such macro-economic shocks.

Department stores are one such amenity. In our dataset, department stores have a broad definition and include a range of shops such as Marks and Spencer, John Lewis, Wilko, and B&M. There are clear drops in provision in 2017 with the 'retail apocalypse' and in 2020/2021 after the COVID-19 pandemic. There has been an uneven recovery since 2021 shown in Figure 17 and Appendix 1. The 20% most deprived areas have seen a decrease of 32% compared to an increase of 81% in the 20% least deprived areas. All urban areas have seen a decline in provision of 3% while rural areas have seen an increase of 60%. There has been a larger decrease in the North of 11% compared to an increase of 12% in the South. Coastal areas have seen a decline of 15% compared to an increase of 4% in non-coastal areas.

Another amenity that seems to be sensitive to macro-economic changes are supermarkets. Again, there was a drop in provision in 2017 and 2020, and recovery has been uneven as shown in Appendix 1. In 2024, there is similar provision in both the 20% most deprived and 20% least deprived areas of around 1.1, but the 20% most deprived areas have experienced a decrease of 22% compared to no change in the 20% least deprived areas (shown as the dark line in Figure 18). The most urban areas have a provision of 0.9 per 10,000 compared to 0.7 per 10,000 in the most rural areas. The most urban areas have experienced a decline of 9% compared to an increase of 3% in rural areas. All regions have similar provision of supermarkets in 2024 of around 1.2 per 10,000, however the North has experienced a decline over the past decade of 17% compared to 5% in the South.

The cost of living crisis is another macro-economic shock which some amenities are related to. Areas which have been hit hardest by increased cost of living, such as in the North and in deprived areas, also have higher availability of pawnbrokers, with an uptick of new loans from pawnbrokers over the last 12 months.⁸⁹ As shown in Appendix 1, in 2024, there are 25 times more pawnbrokers in the top 20% most deprived areas (0.5 per 10,000) than the 20% least deprived areas (0.02 per 10,000). While there has been a decline in availability overall, the decrease has been much slower in the 20% most deprived areas, which have experienced a decrease in provision of 26% compared with 43% in the 20% least deprived areas. There is three times the provision of pawnbrokers in the North than in the South (0.3 vs 0.1), and the North has experienced a decline of 29% vs 36% in the South. Areas which already suffer from high levels of economic deprivation are sustaining demand for pawnbrokers when other lending options are not available.

Alongside unexpected macro-economic changes, provision of amenities can change with the introduction of new legislation. The change over time in bookmakers can be linked to legislative changes over the past decade. Two major changes in gambling legislation have happened during the past decade, firstly in 2018 when the maximum stake for Fixed Odds Betting Terminals (FOBT) was changed from £100 to £2. The other change, introduced in early 2020, banned the use of credit cards for gambling. The Association of British Bookmakers predicted that over 4,000 betting shops will close on the high street, and indeed this is visible in our dataset, with a decrease of betting shops starting from 2019 onwards shown in Figure 19.

Stable Community Amenities

Despite these macro-economic shocks, some amenities have remained relatively stable over time. Banks have decreased by 40% in all of England, and it can be argued that post offices have been filling that niche by enabling access to people's money. As shown in Appendix 1, there has been a modest decline of 2% in post office provision in all of England. There is minimal regional variation in both provision and change over time – the North has slightly more post office provision at 1.6 than the South at 1.5. Coastal areas have a provision of 1.3 compared with 1.6 in non-coastal areas. Libraries experienced major closures between 2010 and 2016 due to austerity measures.⁹⁰ Since then, there has been minimal change in provision per 10,000 people as shown in Appendix 1. There is minimal variation in libraries by deprivation, region and coastal in both provision and change over time. There tend to be more libraries in urban areas vs the most rural areas, but the difference is not large (0.5 vs 0.4).

Figure 17: Change in Department Stores over time



Mean department stores by IMD over time



Figure 18: Change over time in Supermarkets showing the lack of recovery in IMD Quintile 1

Figure 19: Change over time of Bookmakers showing decline between 2018 and 2020



HOW CAN WE REVERSE THE DECLINE OF THE HIGH STREET?

The high street in cities and towns is the spatial and social centre of the community and has existed in different forms for hundreds of years in a constant state of change and adaptation to the needs of the local people. We can reframe the idea of "saving the high street" as supporting the transition to its newest form, rather than a return to a nostalgic ideal of how things were.⁹¹

We can encourage people to visit their high street through innovative spatial design and investing in street appeal for people, not cars. This concept of street appeal for pedestrians is summarised by Carmona: "the more appealing streets are physically for walking and cycling, the more conducive they are likely to be as locations where the social, economic and even cultural life of the city will flourish and where populations will be healthier and perhaps even happier." By reducing dependency on the motor vehicle as a mode of transport to high streets, we prioritise the value of intangible qualities and social benefits over retail and car-centric transport.⁹²

Carmona's research in London has shown that by prioritising pedestrians over vehicles, there was a 30% uplift in the physical quality of the street, a 5.7% uplift in retail rental values, a 17% decline in retail vacancy, and "very strong perceptions amongst both everyday street users and local property occupiers that street improvement schemes significantly enhance street character, walkability, ease of crossing, opportunities for sitting, and general street vibrancy." In practical terms, this can be achieved through extensive pedestrianisation of our high streets, the provision of efficient, frequent public transport and park and ride schemes for those who wish to use vehicles.⁹³

Investing in friendly architecture enables high streets to self-sustain footfall as people would be drawn to spend time there and attracts people who may otherwise feel disincentivised such as the elderly and families with young children. Increased footfall in turn means that there are more people on the street, which in turns increases natural surveillance. Natural surveillance, the "eyes on the street" described by Jane Jacobs in her seminal work The Death and Life of Great American Cities⁹⁴ is an excellent deterrent for crime and anti-social behaviour, as a busy, vibrant high street is less likely to see incidents of anti-social behaviour than one that is empty and derelict. A drop in anti-social behaviour means increasing feeling of perceived safety, especially for

women⁹⁵, which in turn improves the experience for all, and drives further footfall, and thus the cycle becomes self-sustaining and more resilient. To quote Jane Jacobs, "the sight of people attracts still other people".

2024

There are also local government policy interventions that could increase future resilience of the high streets. Since 2010, the local government funding structures have been changed to reduce funding from central government and incentivise local councils to raise funding through business rates, council tax and commercial revenue.⁹⁶ One of the main ways that local councils raise money for investment is through business rates, which is a tax on most non-domestic properties on the high street. Currently, local councils only keep around half of the revenue they raise⁹⁷, but there are pilot areas where the local council keeps 100% of the business rate income. As well as the potential increase in income, this trial gives local areas greater powers and independence from central government and allows them to invest the money as they see fit in their local areas.

However, by increasing the business rates that councils can keep, there has been a corresponding reduction in Revenue Support Grant (RSG) that councils receive from central government. This has led to councils of more deprived areas not benefitting from the retained business rates. Newcastle City Council argued that the rate retention scheme benefits wealthier councils and "resulted in a lower level of available funding to distribute towards needs formulae for deprived councils".⁹⁸ The Levelling Up, Housing and Communities Committee therefore recommended that "The system of local government finance should both enable councils to increase revenue by growing their tax base and protect those in more deprived areas".⁹⁹

Our research suggests that high streets in cities and towns are losing retail units and amenities at a rapid rate, while rural and semi-urban areas are increasing in amenities. The future resilience of the high street and city centres can be supported through focusing on transition to the newest phase of the high street's life cycle. Through innovative spatial design, we should invest in street appeal for people and friendly architecture for the whole community to use. We should also target interventions in both street design and local government policy to groups and authorities that most need them, and centre equity in such decision-making.

CONCLUSIONS AND RECOMMENDATIONS

Our report presents a depressing profile of our changing towns and cities and the decline of the high street over the last decade. We have found that there are fewer amenities in England, with only takeaways and vape shops increasing. More deprived areas have seen greater increases and provision in takeaways, off-licenses, bookmakers, and pawnbrokers over the last decade than other areas, and they have also experienced greater declines in supermarkets, shops and toilets. Villages might have a post office and a charity shop, but they are less likely now to have pub. Coastal areas have arcades, fish and chip shops and public toilets, but a decline in everything else. There has been an increase in shopping centres, retail parks and department stores in the 'city and town' and 'town and fringe' areas – highlighting the movement of shops to out of town shopping areas. Our research has also found significant regional inequalities with greater high street declines in the North than the rest of the country – likely associated with higher rates of deprivation. The government needs to act urgently to reverse these declines in the high street by working with local communities: a rising tide lifts all boats. If we make spaces more accessible, attractive, and healthy, it will improve the quality of our cities, towns, and villages for everyone.

RECOMMENDATIONS

Increase local authority regulation of unhealthy amenities,

such as takeaways, off licenses, vape shops and bookmakers – especially in deprived areas, coastal towns, and areas in the North.

Increase and incentivise health promoting amenities and "third places" – which are places away from home and the workplace, such as pubs, community centres and libraries, on our high streets.

Invest in street appeal and friendly architecture, such as seating areas, public toilets, and safe pedestrian routes, for people to increase high street footfall in city centres.

Target resources for high street redesign to the places that most need them and involve local communities in decision-making.

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APPENDIX 1

2014/2024 MEAN PROVISION PER 10,000 PEOPLE AND CHANGE OVER TIME

| Amenity | | England | IMD Q1 | IMD Q5 | Urban | Rural | North | South | Inland | Coastal |
|-----------------------|----------------|---------|--------|--------|--------|------------|-------|--------|--------|---------|
| Pharmacies | 2014 | 21 | 2.9 | 16 | 24 | 07 | 24 | 2.0 | 21 | 2.5 |
| | 2024 | 1.8 | 2.3 | 1.4 | 1.9 | 0.69 | 2.0 | 1.6 | 1.7 | 2.0 |
| | Change | -17% | -20% | -13% | -17% | -6% | -14% | -15% | -13% | -18% |
| All takeaway | 2014 | 8.2 | 12.1 | 4.4 | 9.8 | 1.9 | 9.8 | 7.6 | 7.9 | 10.4 |
| services | 2024 | 10.2 | 15.8 | 5.6 | 11.9 | 2.8 | 12.8 | 8.9 | 97 | 13.3 |
| | Change | +24% | +30% | +27% | +22% | +47% | +31% | +18% | +23% | +28% |
| | | | | | | 0.40 | | | | |
| Alcohol Only | 2014 | 1.0 | 1.4 | 0.7 | 1.4 | 0.43 | 1.2 | 1.0 | 1.0 | 1.0 |
| Outlets | 2024 | 0.8 | 1.0 | 0.6 | 1.1 | 0.4 | 0.9 | 0.8 | 0.8 | 0.8 |
| | Change | -21% | -21% | -15% | -25% | -1% | -25% | -18% | -20% | -23% |
| Bookmakors | 2014 | 1.4 | 23 | 0.6 | 10 | 0.07 | 16 | 1/ | 12 | 1.9 |
| BOOKIIIakeis | 2014 | 1.4 | 1.8 | 0.5 | 1.5 | 0.07 | 13 | 1.4 | 1.5 | 1.0 |
| | Change | -21% | -19% | -74% | -25% | -35% | -17% | -26% | -22% | -19% |
| | Change | 21/0 | 1070 | 21/0 | 20/0 | 00% | 17.70 | 20/0 | 22/0 | 1070 |
| Amusement | 2014 | 0.2 | 0.6 | 0.03 | 0.2 | 0.04 | 0.3 | 0.2 | 0.2 | 0.7 |
| Parks and | 2024 | 0.4 | 0.8 | 0.1 | 0.4 | 0.1 | 0.5 | 0.3 | 0.3 | 0.9 |
| Arcades | Change | +69% | +43% | +294% | +69% | +276% | +65% | +78% | +82% | +48% |
| | | | | | | | | | | |
| Pawnbrokers | 2014 | 0.3 | 0.6 | 0.04 | 0.35 | 0.02 | 0.4 | 0.2 | 0.23 | 0.4 |
| | 2024 | 0.2 | 0.5 | 0.02 | 0.2 | 0 | 0.3 | 0.1 | 0.16 | 0.3 |
| | Change | -32% | -26% | -43% | -34% | -100% | -29% | -36% | -31% | -34% |
| Libraries | 2014 | 0.5 | 0.5 | 0.42 | 0.5 | 0.3 | 0.47 | 0.45 | 0.47 | 0.45 |
| | 2024 | 0.5 | 0.5 | 0.46 | 0.5 | 0.4 | 0.5 | 0.5 | 0.5 | 0.5 |
| | Change | +6% | +1% | +10% | +0.3% | +12% | +7% | +7% | +6% | +5 % |
| | - | | | | | | | | | |
| Pubs, bars, | 2014 | 6.7 | 5.6 | 5.9 | 5.5 | 12.8 | 6.8 | 6.7 | 6.7 | 6.8 |
| and Inns | 2024 | 6.5 | 5.9 | 5.6 | 5.6 | 10.1 | 7.3 | 6.3 | 6.3 | 7.8 |
| | Change | -3% | +5% | -6% | +2% | -21% | +7 % | -6 % | -5 % | +14% |
| Charity Shops | 2014 | 1.8 | 2.0 | 1.3 | 1.4 | 0.4 | 1.7 | 1.8 | 1.6 | 2.6 |
| | 2024 | 1.4 | 1.4 | 1.2 | 1.1 | 0.5 | 1.3 | 1.4 | 1.3 | 1.9 |
| | Change | -21% | -31% | -10% | -24% | +30% | -20% | -21% | -20% | -26% |
| | | | | | | | | | | |
| Department | 2014 | 0.4 | 0.7 | 0.2 | 0.4 | 0.1 | 0.5 | 0.38 | 0.4 | 0.5 |
| Stores | 2024 | 0.4 | 0.5 | 0.4 | 0.4 | 0.2 | 0.45 | 0.4 | 0.4 | 0.4 |
| | Change | +0.7% | -32% | +81% | -3 % | +60% | -11% | +12% | +4% | -15% |
| Post Offices | 2014 | 1.6 | 1.3 | 1.65 | 1.1 | 4.7 | 1.6 | 1.6 | 1.7 | 1.3 |
| | 2024 | 1.6 | 1.25 | 1.6 | 1.1 | 4.7 | 1.6 | 1.5 | 1.6 | 1.3 |
| | Change | -2% | -4% | -2% | -1% | -0.4% | -1% | -2% | -2% | -1% |
| Banks and | 2014 | 2.0 | 2.1 | 1.5 | 2.0 | 0.6 | 20 | 2.0 | 2.0 | 2.2 |
| Building | 2024 | 1.2 | 1.4 | 0.8 | 1.2 | 0.3 | 1.2 | 1.3 | 12 | 1.3 |
| Societies | Change | -40% | -35% | -47% | -39% | -57% | -41% | -40% | -40% | -42% |
| Supermentert | 2014 | 12 | 1.4 | 11 | 11 | 07 | 1 5 | 1.2 | 10 | 16 |
| Supermarket | 2014 | 1.3 | 1.4 | 1.1 | 1.1 | 0.7 | 1.5 | 1.2 | 1.3 | 1.0 |
| Chains | 2024 Chango | 1.2 | 1.1 | 0% | 0.9 | 0.7 +3% | 1.2 | 5% | 1.2 | 1.4 |
| | Change | -1070 | -22/0 | 070 | -3 70 | 1370 | -1770 | -370 | -10 /0 | -12 /0 |
| Public Toilets | 2014 | 1.7 | 1.5 | 1.3 | 1.2 | 2.6 | 1.6 | 1.8 | 1.5 | 2.7 |
| | 2024 | 1.2 | 0.9 | 1.1 | 0.8 | 2.4 | 1.1 | 1.4 | 1.1 | 2.1 |
| | Change | -23% | -38% | -19 % | -37% | -6% | -32% | -19% | -25% | -22% |
| Shopping | 2014 | 0.4 | 0.6 | 0.2 | 0.44 | 0.19 | 04 | 0.4 | 0.42 | 0.37 |
| Centres and | 2024 | 0.4 | 0.6 | 0.2 | 0.4 | 0.17 | 0.4 | 0.4 | 0.4 | 0.4 |
| Retail Parks | Change | -3% | -4% | -2% | -11% | -12% | +2% | -2% | -5% | +9% |
| | | | | | | | | | | |
| Vape Shops | 2014 | 0.03 | 0.06 | 0.01 | 0.03 | 0.01 | 0.05 | 0.02 | 0.03 | 0.05 |
| | 2024 | 0.4 | 0.7 | 0.2 | 0.5 | 0.04 | 0.6 | 0.3 | 0.4 | 0.5 |
| | Change | +1198% | +1036% | +1576% | +1524% | +320% | +978% | +1335% | +1295% | +878% |

APPENDIX 2

CHANGE OVER TIME IN THE NORTHERN REGIONS

Mean provision per 10,000 people and change over Time between 2014 and 2024 in the Northern Regions

| | | Pharmacies | Takeaways | Alcohol only outlets | Bookmakers | Pawnbrokers | Pubs | Department Stores | Banks | Supermarkets | Public Toilets | Vape Shops |
|-----------|--------|------------|-----------|-------------------------|------------|-------------|------|----------------------|-------|--------------|-------------------|---------------|
| England | 2014 | 2.1 | 8.2 | 1.0 | 1.4 | 0.3 | 6.7 | 0.4 | 2.0 | 1.3 | 1.7 | 0.0 |
| Average | 2024 | 1.8 | 10.2 | 0.8 | 1.1 | 0.2 | 6.5 | 0.4 | 1.2 | 1.2 | 1.2 | 0.4 |
| | Change | -17% | +24% | -21% | -21% | -32% | -3% | +0.7% | -40% | -10% | -23% | - |
| | | | | | | | | | | | | |
| South | 2014 | 2.0 | 7.6 | 1.0 | 1.4 | 0.2 | 6./ | 0.38 | 2.0 | 1.2 | 1.8 | 0.0 |
| Average | 2024 | 1.6 | 8.9 | 0.8 | 1.0 | 0.1 | 6.3 | 0.4 | 1.3 | 1.2 | 1.4 | 0.3 |
| | Change | -15% | +18% | -18% | -26% | -36% | -6 % | +12% | -40% | -5% | -19% | - |
| North | 2014 | 2.3 | 9.6 | 0.9 | 1.9 | 0.4 | 6.7 | 0.6 | 1.8 | 1.4 | 1.7 | 0.0 |
| East | 2024 | 2.0 | 13.0 | 0.6 | 1.6 | 0.3 | 7.1 | 0.5 | 1.3 | 1.2 | 1.1 | 0.5 |
| | Change | -16% | +35% | -36% | -16% | -26% | +7% | -24% | -30% | -14% | -32% | - |
| | | | | | | | | | | | | |
| North | 2014 | 2.5 | 10.1 | 1.5 | 1.7 | 0.4 | 6.9 | 0.5 | 2.1 | 1.4 | 1.6 | 0.1 |
| West | 2024 | 2.1 | 13.4 | 1.1 | 1.4 | 0.3 | 7.8 | 0.5 | 1.2 | 1.2 | 1.0 | 0.7 |
| | Change | -17% | +33% | -31% | -16% | -28% | +13% | -12% | -43% | -14% | -36% | - |
| Yorkshire | 2014 | 2.3 | 10.1 | 0.8 | 1.4 | 0.3 | 7.0 | 0.5 | 2.0 | 1.5 | 1.6 | 0.0 |
| and the | 2024 | 1.9 | 13.1 | 0.8 | 1.1 | 0.2 | 7.7 | 0.5 | 1.3 | 1.2 | 1.1 | 0.5 |
| Humber | Change | -15% | +29% | -2% | -16% | -20% | +10% | -2% | -39% | -23% | -30% | - |

APPENDIX 3

CHANGE OVER TIME IN THE NORTH EAST LOCAL AUTHORITIES

Mean provision per 10,000 people and change over Time between 2014 and 2024 in the North East Local Authorities

| | | Pharmacies | Takeaways | Alcohol only outlets | Bookmakers | Pawnbrokers | Pubs | Department Stores | Banks | Supermarkets | Public Toilets | Vape Shops |
|------------------------|--------|------------|-----------|-------------------------|------------|-------------|------|----------------------|-------|--------------|-------------------|---------------|
| England | 2014 | 2.1 | 8.2 | 1.0 | 1.4 | 0.3 | 6.7 | 0.4 | 2.0 | 1.3 | 1.7 | 0.0 |
| Average | 2024 | 1.8 | 10.2 | 0.8 | 1.1 | 0.2 | 6.5 | 0.4 | 1.2 | 1.2 | 1.2 | 0.4 |
| | Change | -17% | +24% | -21% | -21% | -32% | -3% | +0.7% | -40% | -10% | -23% | - |
| County | 2014 | 2.4 | 8.9 | 0.6 | 1.8 | 0.2 | 7.4 | 0.7 | 1.8 | 1.8 | 1.5 | 0.0 |
| Durham | 2024 | 2.1 | 11.9 | 0.5 | 1.4 | 0.2 | 6.5 | 0.5 | 1.1 | 1.3 | 1.0 | 0.3 |
| | Change | -12% | +33% | -21% | -24% | -22% | -11% | -35% | -36% | -26% | -35% | - |
| Gateshead | 2014 | 2.3 | 9.2 | 1.4 | 1.9 | 0.2 | 5.3 | 0.5 | 1.8 | 1.4 | 1.2 | 0.0 |
| | 2024 | 1.9 | 13.2 | 0.5 | 2.0 | 0.2 | 5.6 | 0.4 | 0.8 | 1.3 | 0.8 | 0.6 |
| | Change | -17% | +44% | -66% | +10% | 0% | +7% | -11% | -53% | -11% | -29% | - |
| Newcastle upon Tyne | 2014 | 2.3 | 11.4 | 1.1 | 2.1 | 0.4 | 8.6 | 0.6 | 2.1 | 1.0 | 0.8 | 0.0 |
| | 2024 | 1.8 | 13.6 | 0.7 | 1.7 | 0.3 | 9.6 | 0.5 | 1.4 | 0.9 | 0.4 | 0.5 |
| | Change | -23% | +19% | -35% | -18% | -20% | +12% | -27% | -34% | -12% | -57% | - |
| North | 2014 | 2.6 | 9.4 | 1.2 | 1.8 | 0.4 | 5.1 | 0.6 | 1.5 | 1.0 | 2.2 | 0.0 |
| Tyneside | 2024 | 2.1 | 11.9 | 0.7 | 1.6 | 0.3 | 6.4 | 0.3 | 1.1 | 1.1 | 1.6 | 0.7 |
| | Change | -21% | +27% | -42% | -11% | -30% | +26% | -43% | -22% | +16% | -25% | - |
| North'land | 2014 | 2.5 | 8.0 | 0.7 | 1.3 | 0.3 | 9.0 | 0.7 | 2.4 | 2.2 | 3.7 | 0.0 |
| | 2024 | 2.0 | 10.9 | 0.6 | 1.1 | 0.2 | 8.8 | 0.6 | 1.8 | 2.0 | 3.0 | 0.6 |
| | Change | -17% | +36% | -20% | -12% | -5% | -3% | -20% | -24% | -11% | -20% | - |
| South | 2014 | 2.5 | 10.4 | 1.1 | 1.9 | 0.5 | 5.8 | 0.7 | 1.3 | 0.8 | 1.5 | 0.0 |
| Tyneside | 2024 | 2.1 | 12.8 | 0.6 | 1.3 | 0.3 | 6.0 | 0.3 | 1.1 | 0.9 | 1.1 | 0.7 |
| | Change | -18% | +22% | -45% | -29% | -50% | +4% | -61% | -16% | +7% | -27% | - |
| Sunderland | 2014 | 2.1 | 8.9 | 0.8 | 2.1 | 0.4 | 5.6 | 0.5 | 1.5 | 0.9 | 1.6 | 0.1 |
| | 2024 | 1.9 | 14.6 | 0.7 | 1.9 | 0.3 | 6.2 | 0.4 | 1.1 | 0.9 | 1.0 | 0.6 |
| | Change | -12% | +64% | -13% | -9% | -20% | +11% | -29% | -27% | 0% | -37% | - |





