



**MEETING** : EXECUTIVE  
**VENUE** : COUNCIL CHAMBER, WALLFIELDS, HERTFORD  
**DATE** : TUESDAY, 24 MARCH 2026  
**TIME** : 7.00 PM

### **MEMBERS OF THE EXECUTIVE**

Councillor Ben Crystall	- Leader of the Council
Councillor Mione H Goldspink	- Executive Member for Neighbourhoods
Councillor Carl Brittain	- Executive Member for Financial Sustainability
Councillor Alex Daar	- Executive Member for Communities
Councillor Joseph Dumont	- Executive Member for Corporate Services
Councillor Vicky Glover-Ward	- Executive Member for Planning and Growth
Councillor Sarah Hopewell	- Executive Member for Wellbeing
Councillor Tim Hoskin	- Executive Member for Environmental Sustainability
Councillor Chris Wilson	- Executive Member for Resident Engagement

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This meeting will be live streamed on the Council's Youtube page:  
<https://www.youtube.com/user/EastHertsDistrict>

## **Disclosable Pecuniary Interests**

A Member, present at a meeting of the Authority, or any committee, sub-committee, joint committee or joint sub-committee of the Authority, with a Disclosable Pecuniary Interest (DPI) in any matter to be considered or being considered at a meeting:

- must not participate in any discussion of the matter at the meeting;
- must not participate in any vote taken on the matter at the meeting;
- must disclose the interest to the meeting, whether registered or not, subject to the provisions of section 32 of the Localism Act 2011;
- if the interest is not registered and is not the subject of a pending notification, must notify the Monitoring Officer of the interest within 28 days;
- must leave the room while any discussion or voting takes place.

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Visit <https://www.eastherts.gov.uk/article/35542/Political-Structure> for details.

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## AGENDA

1. Apologies

To receive any apologies for absence.

2. Leader's Announcements

To receive any announcements from the Leader of the Council.

3. Minutes (Pages 6 - 13)

To approve as a correct record the Minutes of the meeting held on 10 February 2026

4. Declarations of Interest

To receive any Member(s) declaration(s) of interest.

5. Extension of the Grounds Maintenance contract and the use of glyphosate in the Grounds Maintenance contract (Pages 14 - 25)

6. The Hertfordshire Healthy and Safe Places Framework (Pages 26 - 116)

7. Financial Management 2025/26 - Quarter 3 Forecast to year end (Pages 117 - 129)

8. Strategic Risk register Quarter 3 Monitoring (Pages 130 - 137)

9. Regulation of Investigatory Powers Act (RIPA) Policy Review (Pages 138 - 179)

10. Urgent Business

To consider such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration and is not likely to involve the disclosure of exempt information.

## 11. Exclusion of Press and Public

No Part II business has been notified for this meeting. If Part II business is notified and the procedures set out in the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 have been complied with, the Chairman will move: -

That under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting during the discussion of item XX on the grounds that it involves the likely disclosure of exempt information as defined in paragraph XX of Part 1 of Schedule 12A of the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

# Agenda Item 3

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MINUTES OF A MEETING OF THE  
EXECUTIVE HELD IN THE COUNCIL  
CHAMBER, WALLFIELDS, HERTFORD ON  
TUESDAY 10 FEBRUARY 2026, AT 7.00  
PM

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PRESENT: Councillor B Crystall (Chairman/Leader)  
Councillors M Goldspink, C Brittain, A Daar,  
J Dumont, V Glover-Ward, S Hopewell,  
T Hoskin and C Wilson.

OFFICERS IN ATTENDANCE:

James Ellis	- Director for Legal, Policy and Governance and Monitoring Officer
Brian Moldon	- Director for Finance, Risk and Performance
Helen Standen	- Chief Executive
Stephanie Tarrant	- Assistant Director for Democracy, Elections and Information Governance

320 APOLOGIES

There were no apologies for absence.

321 LEADER'S ANNOUNCEMENTS

The Leader welcomed everyone to the meeting and reminded attendees that the meeting was being webcast. The full webcast of the meeting can be viewed here: Executive – [10 February 2026](#).

322 MINUTES - 13 JANUARY 2026

The Executive Member for Neighbourhoods proposed, and the Executive Member for Communities seconded a motion that the Minutes of the meeting held on 13 January 2026 be approved as a correct record and be signed by the Leader.

On being put to the meeting and a vote taken, the motion was declared CARRIED.

**RESOLVED** – that the Minutes of the meeting held on 13 January 2026 be approved as a correct record and signed by the Leader.

323 DECLARATIONS OF INTEREST

There were no declarations of interest.

324 BUDGET 2026/27 AND MEDIUM TERM FINANCIAL PLAN 2026 -2031

The Executive Member for Financial Sustainability presented the report. The report set out an updated MTFP for 2026/27 to 2030/31 and the proposed Capital Programme for 2026/27 to 2028/29. Members heard that the Government's settlement had aligned with the Council's most optimistic assumptions, meaning that whilst funding had still declined it was less sharp than expected.

The final settlement confirmed an increase in grants for homelessness, rough sleeping and domestic abuse, which would be reflected in the final budget. A review of the council's finances had identified £706,000 of new pressures for 2026/27, alongside significant uncertainty linked to Local Government Reorganisation. To prepare, the Council had prudently set aside £1 million over two years. Slower than expected growth from BEAM also required a £203,000 contingency, though performance

improvements were noted.

To maintain financial sustainability, the Council continued efficiency work and planned inflation-linked increases to fees and charges, whilst freezing some proposed car park rises. A favourable pension fund revaluation delivered nearly £1 million in annual savings, enabling the setting of a balanced budget and allowing additional reserves to be created to strengthen resilience.

Council tax for 2026/27 was proposed to rise by 2.99%. The capital programme remained limited due to low capital receipts, with new projects dependent on future asset disposals. The MTFP and draft budget had reviewed by the Joint Scrutiny Committee and the recommendations made were appended to the report.

The Executive Member for Financial Sustainability proposed the recommendations as detailed in the report.

The Executive Member for Corporate Services seconded the proposal.

Members commented on why Local Authorities were expected to fund Local Government Reorganisation (LGR) themselves, and whether Councils would be incentivised to minimise costs or required to pool larger contributions into a shared fund for the new Unitary Authority. Officers explained that many details of LGR were still unknown, including which structural option the Government would choose. All district councils and the County Council had agreed to set aside initial funds, but this was being held until further information emerged. It was advised that costs would depend on the final model selected, noting that other councils elsewhere had set aside larger sums.

Members praised staff at BEAM, noting that they had been undertaking a significant amount of work across the building and its programming. It was highlighted that this effort had been ongoing for some time and that there



were promising developments ahead.

In response to a Member question regarding whether recent Government changes to grant structures had effectively reduced funding for homelessness prevention, noting that the council now had to set aside its own money to cover temporary accommodation costs, officers explained that the situation was complex but confirmed that the temporary accommodation element of the homelessness grant had been moved into Revenue Support Grant. As a result, the Council had allocated around £400,000 from its general funding to cover these costs, as it had done in previous years. It was noted that this sat alongside roughly £1 million in other homelessness-related grants.

Members acknowledged how challenging the budget had been and praised officers for balancing it despite difficult economic conditions. It was noted that the introduction of the report highlighted the bleak wider economic outlook, including stubborn inflation and very modest national growth, which compared poorly internationally and contrasted with the more optimistic narrative from Central Government. Members highlighted that this context was important, particularly with Local Government Reorganisation approaching, as future Councillors would need to understand the realities they would face.

Members reflected on the Council's current financial position, noting previous large loans and commended officers and the Executive Member for managing the situation well and leaving the Council in a stable position.

It was acknowledged that the budget had been further scrutinised by the Joint Overview and Scrutiny and Audit and Governance Committee. Comments made at the Joint Committee highlighted the use of £250,000 reserves set aside and Members were reminded that they could propose ideas for how those reserves could be used.

The motion to support the recommendations, having been

proposed and seconded, was put to the meeting and upon a vote being taken, was declared CARRIED.

**RESOLVED** – that the following recommendations be submitted to Council for approval as part of the final Budget for 2026/27:

- a) That the final General Fund Budget for 2026/27, including a Band D Council Tax of £207.03 (reflecting a 2.99% increase), be approved.
- b) That the updated position on the General Fund Medium Term Financial Plan (MTFP), as set out in Appendix A, be noted.
- c) That the proposed fees and charges for 2026/27, as detailed in Appendix B, be approved.
- d) That the minimum level of General Fund balance of £3.649 million, based on the 2026/27 risk assessment of balances in paragraph 6.3, be approved.
- e) That the budget pressures identified in Section 4 of the report be noted.
- f) That the savings proposals identified in Section 5 of the report be noted.
- g) That the Section 25 Statement on the Robustness of Estimates and Adequacy of Reserves, as set out in Appendix D, be noted.
- h) That the Capital Programme for 2026 to 2029, as set out in Appendix E, be approved.
- i) That the minutes and comments of the Joint Meeting of Scrutiny Committees from 28 January 2026, as set out in Appendix F and paragraph 11.1, be noted.

325 CAPITAL STRATEGY, MINIMUM REVENUE PROVISION  
POLICY AND TREASURY STRATEGY 2026/27

The Executive Member for Financial Sustainability presented the report. The report set out the Council's investment programme, its financing and the process for

developing new proposals. It was noted that it was reviewed annually to ensure transparency and compliance with statutory guidance. Capital spending remained low and was being funded mainly through new capital receipts. It was noted that projected debt levels were falling and were expected to continue to decline over the next three years, with a corresponding improvement in the impact on the revenue account.

Members heard that the Treasury Management Strategy, emphasised the need to manage borrowing, investments and cash flow prudently in line with CIPFA codes. It was noted that the proposed 2026/27 policy continued the approach used over previous years, ensuring borrowing for capital purposes was repaid over an appropriate period.

The Executive Member for Financial Sustainability proposed the recommendations as detailed in the report.

The Executive Member for Neighbourhoods seconded the proposal.

In response to a question from a Member regarding two major Public Works Loan Board loans that were due for refinancing later in the year, officers advised that the Council had several loans, however the two large £25 million loans were due for refinancing in June and September 2026. Members heard that options would be explored with the Council's treasury advisers, taking account of market trends and the likelihood of falling interest rates. Officers added that decisions would need to be made closer to the refinancing dates and would also have to factor in Local Government Reorganisation, as a new unitary authority might have cash reserves that could allow internal rather than external borrowing, which could be more beneficial overall.

Members observed that the Council's debt had been steadily reducing and asked for context on how the Council had managed to bring debt down and whether

any risks might reverse that trend. Officers explained that debt reduced each year because the Council set aside minimum revenue provision (MRP) of around 2% annually to repay it. They added that no new borrowing was planned, with future capital spending intended to be funded through capital receipts from asset disposals. This approach avoided increasing debt and therefore avoided higher MRP charges on the revenue budget, whilst ensuring existing debt continued to fall.

Members noted that the Council had reduced its debt by nearly £8 million in the year, which appeared to be more than the 2% annual reduction previously mentioned and suggested this showed strong performance. Officers explained that in addition to the standard 2% minimum revenue provision, the Council had also made a voluntary repayment relating to vehicles purchased for the waste service, funded through capital receipts from asset disposals.

In response to a request for clarification following a newspaper report suggesting that the Old River Lane public square had been deferred, Members heard that the project had not been postponed. It was explained that the capital budget had been realigned to reflect the expected timetable, with expenditure moved from 2026/27 to 2027/28 because progress depended on the developer's pace. It was noted that the scheme had only recently submitted its planning application and could not proceed without permission. It was confirmed that the funding remained in place and that there was a strong intention to deliver the public square, subject to planning approval being granted.

The motion to support the recommendations, having been proposed and seconded, was put to the meeting and upon a vote being taken, was declared CARRIED.

**RESOLVED** – that (A) Executive recommends to Council that it approves the Capital Strategy, Minimum Revenue Provision Statement and the

Treasury Management Strategy 2026/27, including the Prudential Indicators contained within the reports.

326 URGENT BUSINESS

There was no urgent business.

The meeting closed at 19:31

Chairman .....
Date .....

# Agenda Item 5

## **EAST HERTS COUNCIL REPORT**

### **EXECUTIVE**

**DATE OF MEETING: TUESDAY, 24 MARCH 2026**

**REPORT BY: COUNCILLOR SARAH HOPEWELL, EXECUTIVE MEMBER FOR WELLBEING**

**REPORT TITLE: EXTENSION OF THE GROUNDS MAINTENANCE CONTRACT AND THE USE OF GLYPHOSATE IN THE GROUNDS MAINTENANCE CONTRACT**

**WARD(S) AFFECTED: ALL WARDS**

**Summary** – The grounds maintenance contract is due to expire on 31 December 2027. Following a review of service performance, procurement considerations and the wider context of Local Government Reorganisation (LGR), officers consider that extending the existing contract represents the most appropriate course of action.

Extending the contract will ensure continuity of service delivery across the district's parks and open spaces. Whilst maintaining operational stability and avoid the cost and risk associated with undertaking a full procurement exercise during a period of structural uncertainty.

The report also addresses the use of glyphosate within the grounds maintenance contract. In response to Member concerns and discussions at Overview and Scrutiny, it is proposed that glyphosate use is discontinued across East Herts Council owned parks and open spaces. Glyphosate may continue to be used only where the Council operates under the Hertfordshire County Council Highways Agency Agreement, where viable alternatives are currently limited.

### **RECOMMENDATIONS FOR EXECUTIVE:**

- a) Approve an extension of the current grounds maintenance contract with Glendale for a further five years, including an appropriate break clause to align with Local Government Reorganisation.

- b) Agree the withdrawal of glyphosate use across East Herts Council owned parks and open spaces and support the investigation and implementation of alternative weed control methods.

## **1.0 Proposals**

- 1.1 Considering LGR and following advice from the Procurement Team, extending the existing contract represents the most appropriate course of action currently. Undertaking a full procurement exercise during a period of organisational uncertainty would introduce additional cost, operational risk and potential disruption to frontline services.
- 1.2 The current contract includes provision for an optional five-year extension. Implementing this extension (with a 2-year break clause), will allow the Council to maintain service continuity while retaining flexibility to review delivery arrangements once the future local government structure becomes clearer.
- 1.3 As part of the extension process, officers will review and renegotiate key elements of the service specification. This will include consideration of weed management approaches and the removal of glyphosate from parks and open spaces managed by East Herts Council.

## **2.0 Background**

- 2.1 Parks and open spaces remain committed to delivering the vision set out in the Parks and Open Spaces Strategy 2022–2027, which provides a clear framework for the protection, management and development of the council's parks and open spaces. The Strategy recognises parks as essential community assets that support health, wellbeing and quality of life and create sustainable habitats, while responding to increased demand from population growth. It also commits to delivering improvement projects and ensuring that green spaces remain fit for purpose, financially sustainable where appropriate, and capable of continuing to deliver social and environmental benefits. Most of this work is delivered through the grounds maintenance contract by Glendale.

- 2.2 Should the grounds maintenance contract be retendered, the process would need to commence in early 2026, given that previous procurements of this scale have taken approximately two years to complete. Glendale is currently in year seven of an eight-year grounds maintenance contract which commenced in January 2020. The contract includes an optional five-year extension.
- 2.3 Officers are satisfied that Glendale is meeting contractual obligations and consistently achieving the required monthly performance indicators, including those relating to grass maintenance, shrubs, weeds, flowerbeds, footpaths, hedges, sports pitches and waste management.
- 2.4 The effective delivery of the Strategy is heavily dependent on the grounds maintenance contract, which is critical to the high-quality, day-to-day management of parks and open spaces. Glendale plays a central role in this delivery, providing the operational capacity, consistency and professional expertise required to maintain standards across the district. The contract covers routine maintenance of shrub beds, annual and perennial beds, grassed areas, hedges, football pitches, hard tennis courts, fitness tracks, shelters and watercourses, alongside associated instructed activities.
- 2.4.1 The contract includes risk-based inspections; trimming and formative pruning of shrubs and trees, weeding, fertilising, mulching and planting; sports pitch preparation and marking; litter and leaf collection; emptying of waste and dog bins; sweeping of paths and car parks; and the maintenance and painting of play areas, goalposts, equipment, fencing and seating. Through the contract, Glendale ensures that the Council's parks and green spaces remain safe, attractive and fit for purpose.

### **The Use of Glyphosate**

- 2.5 The use of glyphosate has been the subject of debate for many years, reflecting Members and public concern regarding



environmental impact, biodiversity and public health. It is important that the Council demonstrates leadership in responding to these concerns while ensuring that parks and open spaces remain safe, accessible and financially sustainable.

- 2.6 A contract extension would provide an opportunity to formally review and, where necessary, renegotiate the approach to glyphosate use as part of the wider contract discussions. This would enable the Council to carefully balance its environmental responsibilities with the need to deliver effective, safe, and practical grounds maintenance arrangements going forward.
- 2.7 The Council also undertakes weed control on pavements and gullies on behalf of Hertfordshire County Council under a Highways Agency Agreement. Glyphosate is currently applied twice each year as part of this service.
- 2.8 Alternatives to chemical weed control have previously been explored, most notably during the 2019 retender of the grounds maintenance contract. At that time, a Member Task and Finish Group considered the available options and were advised by tenderers that chemical control remained the most cost-effective solution.
- 2.9 Glendale also uses hand weeding and hoeing in specific ornamental areas, including herbaceous beds and annual bedding, where this approach is most effective in maintaining high standards. Historically, glyphosate use has been limited to areas where necessary, such as conservation or habitat improvement sites, including the control of invasive species such as Japanese knotweed.

### **3.0 Reasons**

- 3.1 The grounds maintenance contract provides a vital, customer-facing service and maintaining high standards is essential. Having reviewed performance, officers are satisfied that Glendale is meeting contractual requirements and delivering a cost-effective service. Officers consider that extending the contract by a further

five years, with a two-year break clause, will ensure continuity, operational stability and consistent standards across the district's parks and open spaces, while avoiding unnecessary disruption to frontline services.

- 3.2 The application of glyphosate has attracted scrutiny, due to concerns around environmental protection, biodiversity loss and potential impacts on public health. Considering this, it is important that the Council takes a proactive and responsible approach, while continuing to ensure that parks and green spaces are well maintained, safe for users, and delivered in a cost-effective manner. The proposed extension of the current contract provides a timely opportunity to reconsider existing weed management practices through formal discussions with the contractor.

## **4.0 Options**

### **4.1 Grounds Maintenance Contract Extension**

- 4.1.1 Full re-procurement is not appropriate at this time, as it would introduce additional cost, risk and uncertainty at a point when the Council requires flexibility. A new procurement exercise would carry risk of service disruption, including potential Transfer of Undertakings (protection of employment) (TUPE) implications and transition-related issues at the commencement of a new contract.
- 4.1.2 From a value-for-money perspective, the current contract provides cost predictability and acceptable performance standards. A full re-procurement would result in significant additional expenditure, including the likely appointment of external consultants (estimated at approximately £70,000), together with substantial officer time, without clear evidence that improved value would be achieved at this stage. Strategically, although re-procurement can avoid commitment to a longer-term delivery model, deferring this decision preserves necessary flexibility while the wider LGR landscape remains uncertain.
- 4.1.3 Therefore, the most favourable option is to extend the current contract with Glendale for a further five years, incorporating a

break clause, and to renegotiate key areas of service delivery which are to be confirmed.

## **4.2 Glyphosate in the Grounds Maintenance Contract**

4.2.1 In considering glyphosate specifically, officers reviewed three potential options. The first option is to discontinue glyphosate entirely through a full retender and investigate alternative technologies.

4.2.2 The second option is to return responsibility for footpath maintenance to Hertfordshire County Council, thereby removing glyphosate from the contract. However, this is not preferable, and the Council will continue to fulfil all statutory obligations and agreed responsibilities. Officers will prioritise a collaborative approach, aligning weed management with other services, such as street cleansing, to optimise efficiency and delivery.

4.2.3 It is therefore proposed that the third and balanced option is that glyphosate use will continue only where the Council is operating under the Hertfordshire County Council Highways Agency Agreement and where no viable alternatives currently exist. Though, as part of the extension and renegotiation of the grounds maintenance contract, glyphosate use will be discontinued across East Herts Council owned parks and open spaces, with alternative methods implemented instead. This approach reflects environmental responsibility while ensuring effective and practical service delivery.

## **4.3 Feedback from Overview and Scrutiny**

4.3.1 Overview and Scrutiny considered both the contract extension and use of glyphosate on 20 January 2026. Members raised concerns about the continued use of glyphosate in parks and open spaces, and sought clarification on alternative methods, potential cost implications, and the governance considerations of extending the grounds maintenance contract for up to five years considering LGR. They also requested assurance that any extension would include appropriate break clauses to maintain flexibility and value

for money. Support was given for the contract extension and removal of glyphosate from Council parks and open spaces.

## **5.0 Risks**

- 5.1 If the grounds maintenance contract were not extended and a full tender were pursued instead, the process would be highly resource-intensive, requiring substantial staff time. Furthermore, transitioning to a new contractor could be lengthy and carries a risk of service disruption due to the new provider's lack of familiarity with local areas and specific community needs.
- 5.2 Glendale is not contractually required to change its method of weed control during the current contract term. Any additional costs resulting from the removal of glyphosate will need to be funded by the Council, as glyphosate remains a low-cost and effective option compared with alternative weed control methods.
- 5.3 If the Council were to withdraw from undertaking weed control on behalf of Hertfordshire County Council, the County would likely continue management of footpath weeds through its own contractor. While this would shift responsibility away from the district, it would not reduce overall glyphosate use. Effective weed control on highway footpaths is essential to supporting the district's duties to maintain cleanliness and safety. Without such control, the Council would likely need to allocate additional resources to mechanically manage weeds.

## **6.0 Implications/Consultations**

### **Community Safety**

Nothing arising from this report.

### **Data Protection**

Nothing arising from this report.

### **Equalities**

Nothing arising from this report.

## **Environmental Sustainability**

The Council has agreed objectives in the current Parks and Open Spaces Strategy that take environmental considerations into account.

## **Financial**

Nothing arising at this time. The existing cost of the current contract is built into the Council's budget. If there are significant changes through the extension, this will need to be reviewed and factored in moving forward.

## **Health and Safety**

Nothing arising from this report.

## **Human Resources**

Nothing arising from this report.

## **Human Rights**

Nothing arising from this report.

## **Legal**

Legal and Procurement have been consulted, in principle, on the extension of the contract.

## **Specific Wards**

All

## **7.0 Background papers, appendices and other relevant material**

7.1 Appendix A - KPI performance summary

## **Contact Member**

Cllr Sarah Hopewell  
Executive Member for Wellbeing  
[sarah.hopewell@eastherts.gov.uk](mailto:sarah.hopewell@eastherts.gov.uk)

## **Contact Officer**

Sara Saunders  
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**Report Author**

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## APPENDIX A – KPI Performance Summary

### Annual Rectification Comparison 2020-2025

This appendix summarises key performance indicators for the grounds maintenance contract, focusing on validated complaints and rectifications between 2020 and 2025. These indicators demonstrate overall contract stability and support the recommendation to extend the contract.

Validated complaints remain relatively low compared with overall contract volumes and show a broadly stable trend over the period. Rectifications requested from the contractor fluctuate within an acceptable range and do not indicate any systemic decline in standards. Defaults issued by the contractor remain rare, further supporting the view that the contractor is delivering an acceptable level of performance under the existing specification.

### Summary of Contract Specific KPI Performance Areas

The grounds maintenance contract covers five core operational service areas which together support the safe, clean and attractive management of East Herts Council parks and open spaces.

#### 1. Horticultural Maintenance

- Grass cutting, shrub and hedge maintenance, planting, weeding and maintenance of annual and perennial beds.

#### 2. Tree and Shrub Management

- Formative pruning of young trees and shrubs, minor tree works within the contract scope and risk-based tree inspections feeding into programmed works.

#### 3. Sports and Leisure Facilities

- Maintenance of baseball and tennis courts, including line painting and resurfacing of tennis courts.

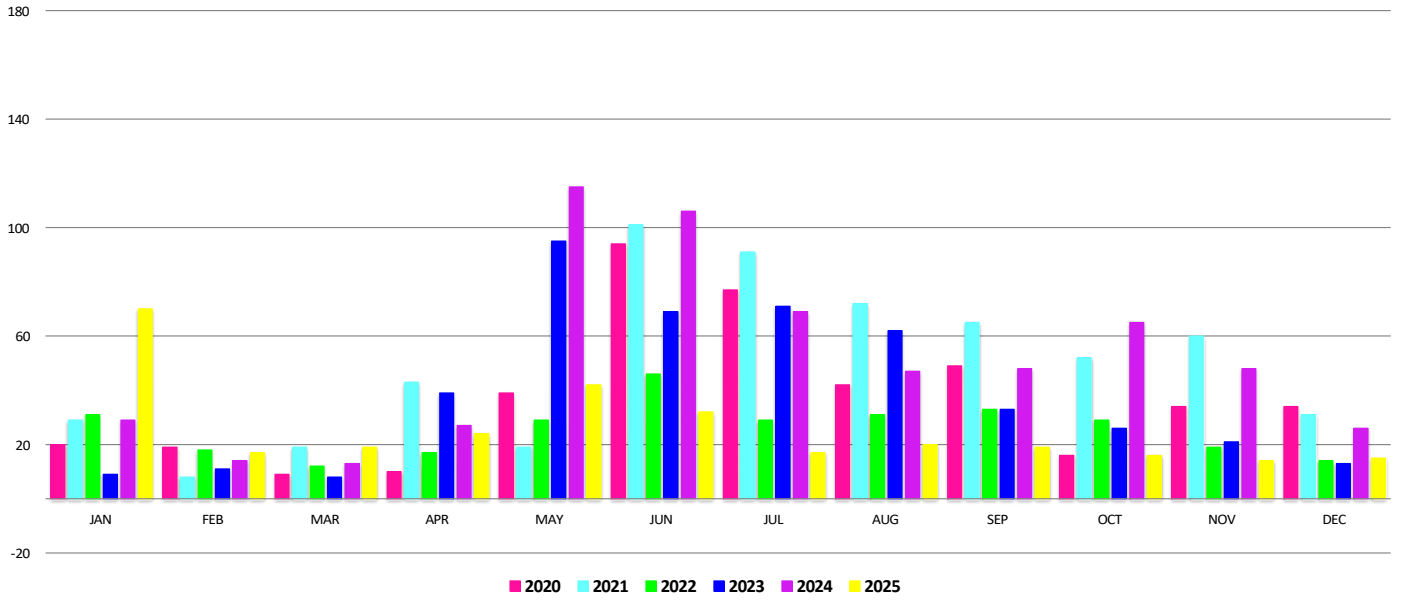
#### 4. Cleanlines

- Litter picking, dog-waste and litter bin emptying, sweeping of paths and car parks, and seasonal leaf clearance.

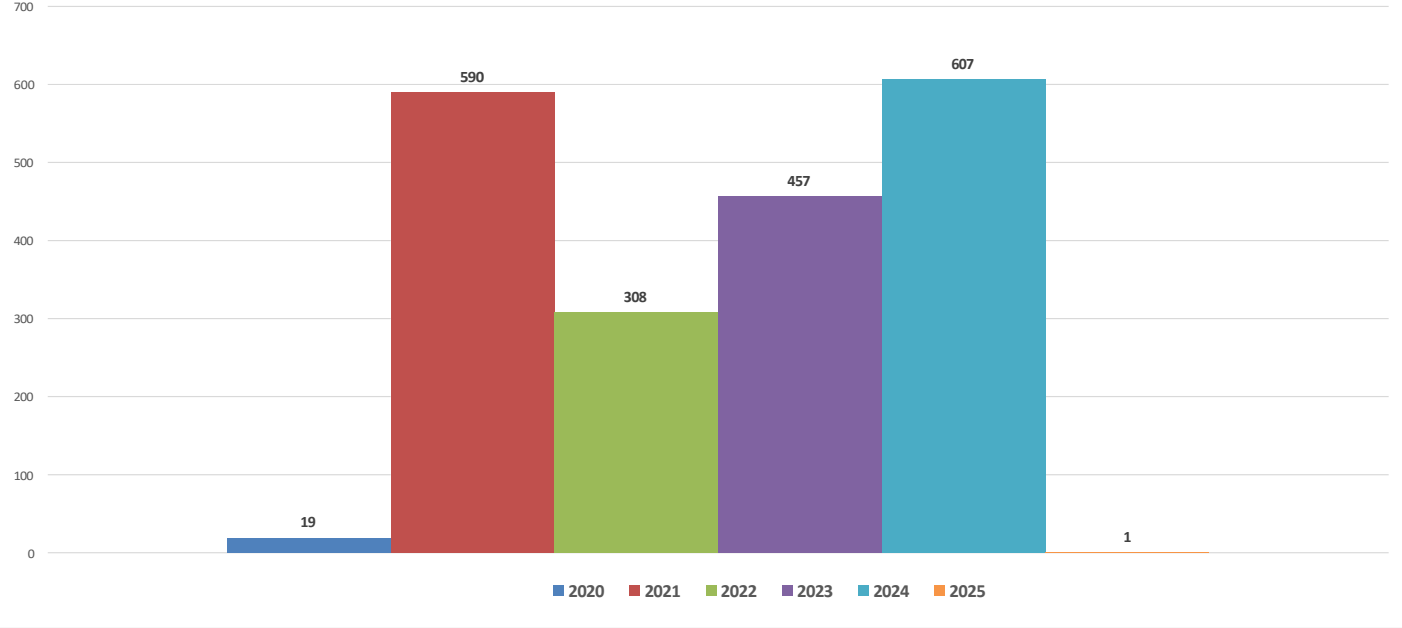
#### 5. Play Areas and Site Infrastructure

- Painting and minor repairs to play equipment, fencing, seating and signage, together with routine safety inspections and associated minor works.

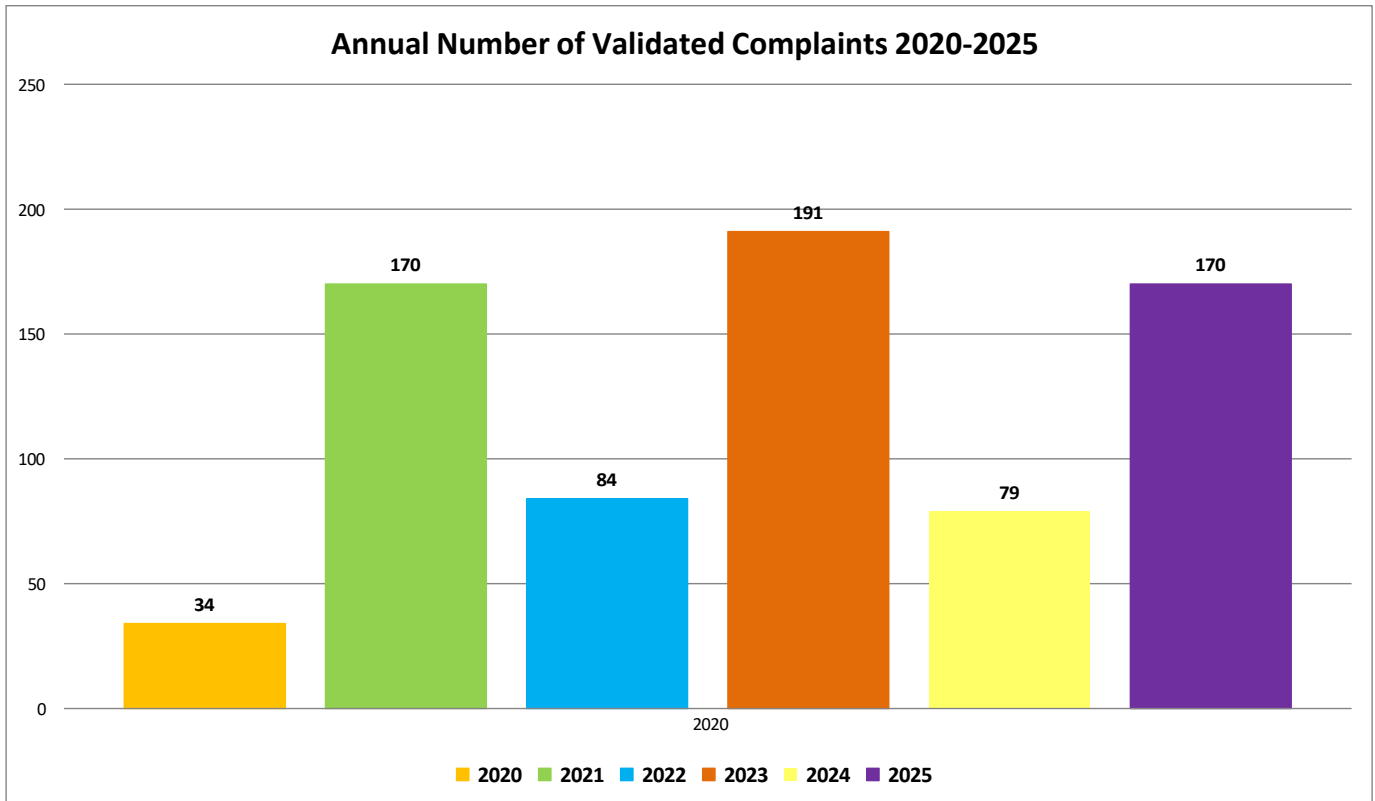
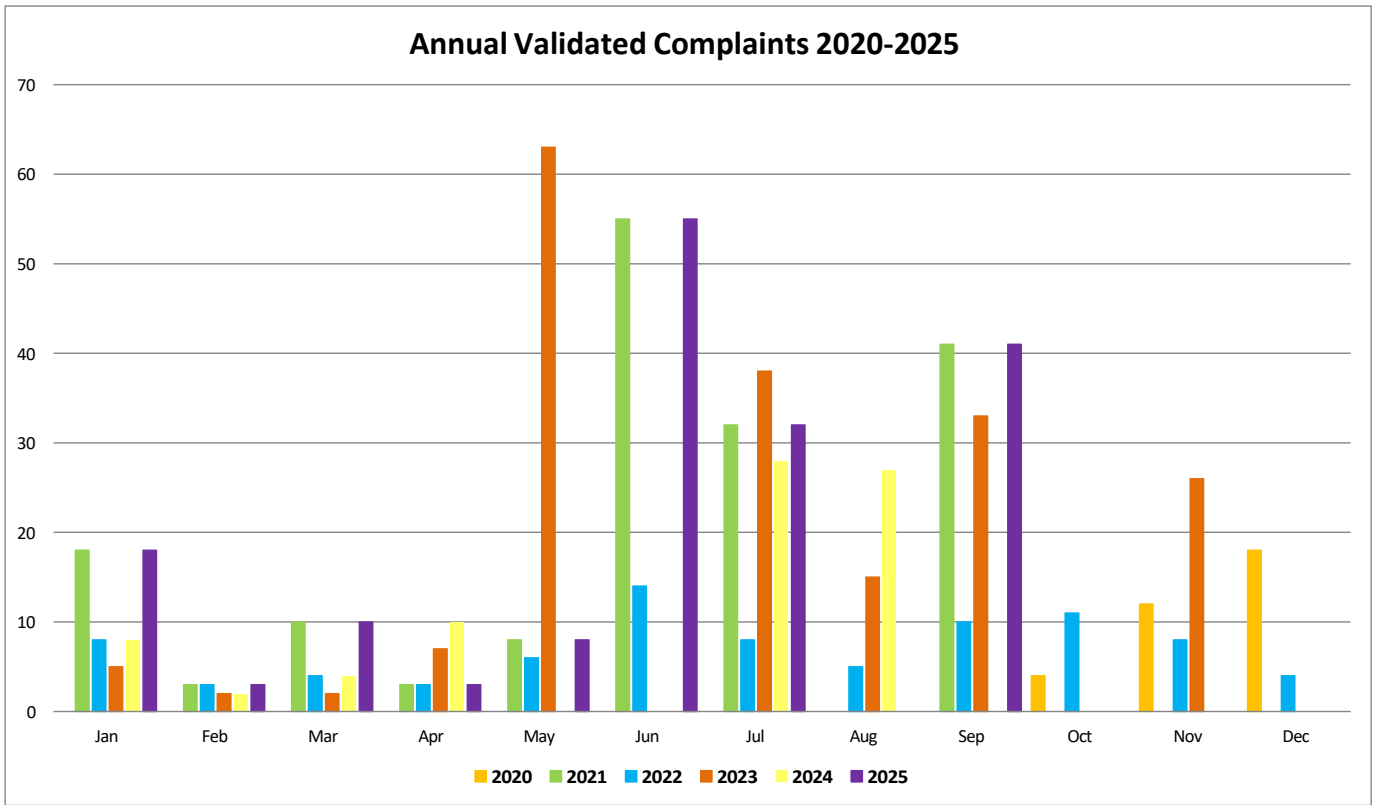
**Annual Level of Complaints 2020-2025**



**Annual Number of Complaints**







# Agenda Item 6

## **EAST HERTS COUNCIL REPORT**

### **EXECUTIVE**

**DATE OF MEETING: TUESDAY, 24 MARCH 2026**

**REPORT BY: COUNCILLOR VICKY GLOVER-WARD – EXECUTIVE MEMBER FOR PLANNING AND GROWTH**

**REPORT TITLE: THE HERTFORDSHIRE HEALTHY AND SAFE PLACES FRAMEWORK**

**WARD(S) AFFECTED: ALL WARDS**

**Summary** – Members have agreed to undertake a review of the District Plan, including an update of the evidence documents needed to support a new District Plan. The Hertfordshire Healthy and Safe Places Framework provides practical guidance on how to implement health-focused policies that can usefully inform local planning policies in East Herts. Therefore, this report summarises key priorities of the Framework and seeks agreement to use the document as part of the new District Plan evidence base, and to inform Development Management decisions.

**RECOMMENDATIONS FOR EXECUTIVE to recommend to Council that:**

- a) **The Hertfordshire Healthy and Safe Places Framework (2025) attached as Appendix A, be agreed as part of the evidence base to inform the new East Herts District Plan and as a material consideration for Development Management purposes in the determination of planning applications.**

### **1.0 Proposal**

- 1.1 The purpose of this report is to agree that the Hertfordshire Healthy and Safe Places Framework can be used as part of the evidence base for the new District Plan and as a material consideration in the determination of planning applications.

### **2.0 Background**

- 2.1 Local planning authorities are required to complete a review of their local plans at least once every 5 years from the adoption date

to ensure that plans remain relevant. In October 2023, the Council agreed that East Herts District Plan 2018 needs updating, and that work should commence in 2023/24 on updating the technical studies and other preparatory work required to provide a robust evidence base to support this Review<sup>1</sup>. The Council has been waiting for the Government to provide details of the new plan-making system, but it is now expected that the 30-month period of formal plan-making will commence later in 2026.

- 2.2 A clear, relevant and proportionate evidence base is essential for efficient and sound plan-making to ensure that all future planning policy and decisions are based on up-to-date information. The National Planning Policy Framework (NPPF, 2024) sets out the requirement for the preparation and review of all policies to be, *'underpinned by relevant and up-to-date evidence'* (paragraph 32).
- 2.3 The evidence base consists of supporting documents that will help inform the future policies and site allocations in the new District Plan. It will cover a range of social, economic, and environmental topics and help identify local needs, constraints and opportunities.
- 2.4 The evidence base will be developed throughout the preparation of the new District Plan and the planning policy team will seek agreement from Executive to include relevant studies as part of the evidence base. Because of the nature of the Healthy and Safe Places Framework, and its potential to influence policy formulation, it is considered appropriate to include it within the Council's evidence base.

#### *Development of the Healthy and Safe Places Framework*

- 2.5 The Hertfordshire Growth Board (HGB)<sup>2</sup> commissioned Prior + Partners to develop the Framework as a direct result of their 'Healthy and Safe Places for All' mission<sup>3</sup>.

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<sup>1</sup> [Agenda for Executive on Tuesday 3rd October 2023, 7.00 pm - East Herts District Council](#)

<sup>2</sup> Hertfordshire Growth Board comprises of Hertfordshire County Council, the 10 district and borough Councils, the NHS Hertfordshire and West Essex Integrated Care Board (ICB), Homes England, Hertfordshire Futures and the Police and Crime Commissioner.

<sup>3</sup> <https://www.hertfordshiregrowthboard.com/documents/vision-and-missions/#sec-10>

- 2.6 Published in November 2025, the Framework presents guidance on how to implement health focused policies into local plans and spatial development strategies.
- 2.7 The Framework responds to wider national policy context, such as the NPPF's aim to promote healthy and safe communities (paragraph 96)<sup>4</sup>. The 2024 update of the NPPF placed explicit emphasis on promoting health and wellbeing through the planning system, reflecting wider trends in national strategy to address health outcomes and inequalities. The draft NPPF, published in December 2025, also places an emphasis on promoting healthy communities in Chapter 16<sup>5</sup>. Additionally, the Government released the 10 Year Health Plan for England<sup>6</sup> in July 2025 which looks to tackle the nation's rising costs and pressures on healthcare.

### **3.0 Reason(s)**

#### *Importance of Healthy Placemaking*

- 3.1 Our environment determines around 60% of health outcomes and planning policy plays a key role in shaping our environment. It is important that this relationship is explored and utilised to ensure health outcomes are improved.
- 3.2 Across Hertfordshire and within the district of East Herts, health outcomes vary drastically due to a range of factors and inequalities. For instance, life expectancy varies by 14 years across the county.
- 3.3 The Framework aims to tackle the social and environmental determinants of health through planning policy, with a focus on key action areas where inequalities impact health outcomes, by providing guidance for local planning authorities (LPA) to integrate health into local plan policies and the planning process.

#### *Overview of the Framework*

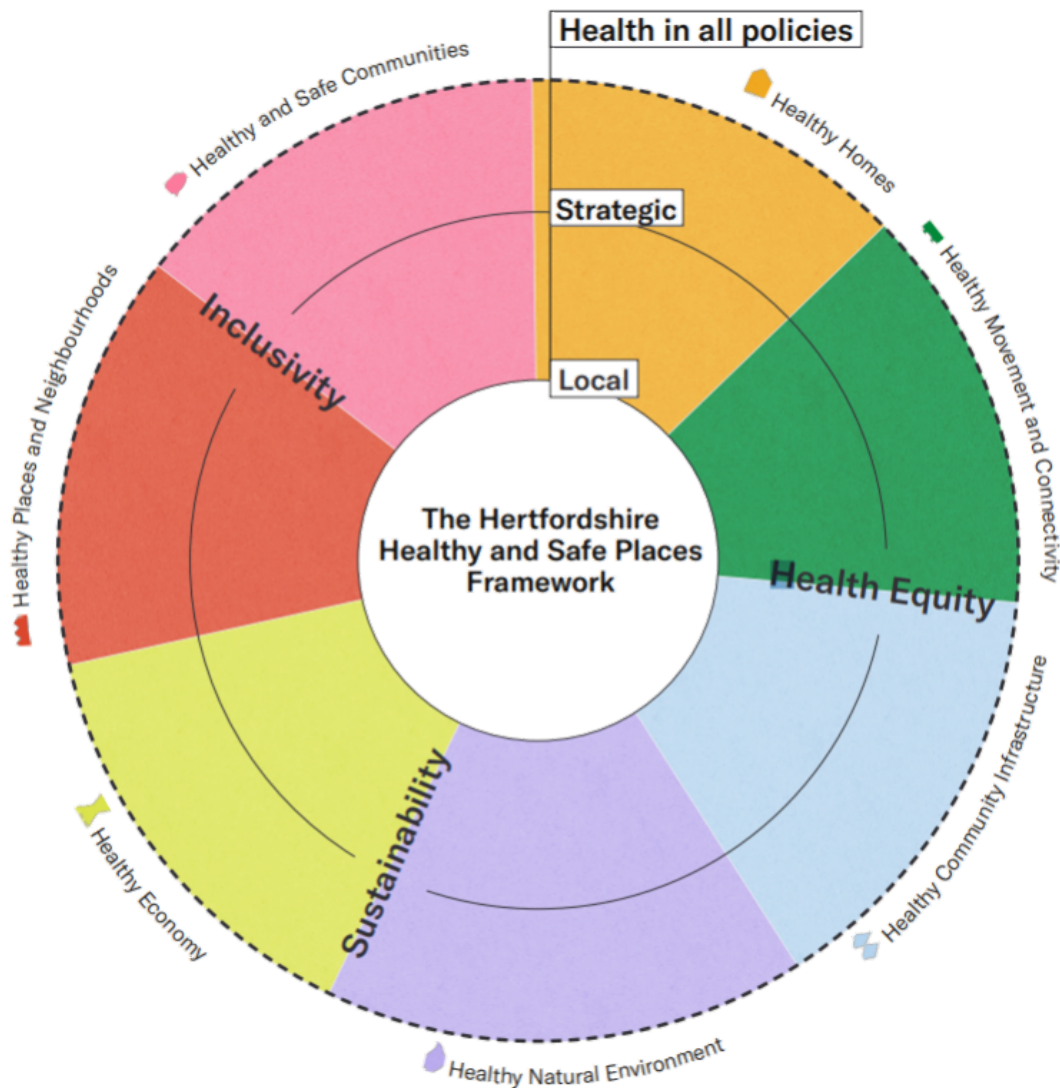
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<sup>4</sup> <https://www.gov.uk/government/publications/national-planning-policy-framework--2>

<sup>5</sup> <https://www.gov.uk/government/consultations/national-planning-policy-framework-proposed-reforms-and-other-changes-to-the-planning-system>

<sup>6</sup> <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

- 3.4 The Framework is divided into two parts. This first provides context for the role of planning policy in promoting health and the importance of this approach. The second part provides guidance on how the framework can be used to integrate health policies into all areas of planning.
- 3.5 The Framework requires all local plans and spatial development strategies to include a policy adopting a Health in All Policies approach (HiAP). This approach ensures health is considered in all areas of planning, including housing, transport, natural environment and economy, highlighting the commitment for development to improve health outcomes and address health inequality.
- 3.6 To take a holistic approach to healthy placemaking, the Framework focuses on three main themes – Health Equity, Inclusivity and Sustainability – and seven principles across both local and strategic scales. These themes and principles are presented in Figure 2 of the Framework, which can be seen below.



- 3.7 Each theme is discussed in further detail, looking at why it matters to health, and how strategic and local planning policies can create conditions to encourage healthy behaviour and reduce harmful impacts. These policy guidance pages provide support and evidence for the Council's work on the new District Plan.
- 3.8 The Framework also identifies health action areas. These are high stress, moderate stress, emerging stress and low stress areas, which have been mapped across the county. Areas identified as having higher levels of stress are areas of greater priority for health improvements. Targeted actions can then be applied to priority areas and wider health embedded policies can be used to support neighbourhoods.

*How the framework will be used*

- 3.9 The Framework provides a number of requirements and guidance points for local authorities to use in plan making and the planning process. Firstly, all local plans and spatial development strategies must include a strategic policy adopting the HiAP approach.
- 3.10 Health Impact Assessments (HIA) should be required in the planning application process. The Framework guides LPAs to set thresholds based on local context for when a HIA is required, proportionate to the proposed development.
- 3.11 Policy should also require masterplans as an early design tool to support positive health outcomes from proposed developments. Again, local context should be used to define when a masterplan is required.
- 3.12 The Framework recommends embedding health and wellbeing into visioning work from the outset. This should be co-developed with the community to ensure it reflects local need.
- 3.13 Engagement is a tool central to healthy placemaking. It should be inclusive, iterative, representative, empowering, and collaborative to ensure real experiences are reflected. A mixture of engagement methods should be used, such as focus groups, workshops and digital tools, with local people and key stakeholders across strategic areas, including NHS boards, transport providers, and public health professionals.
- 3.14 Evidence of local need informs planning policy. Sufficient local health evidence needs to be gathered and analysed to understand the most concerning health areas in the district. The Framework is recommended to be used as an evidence base document to support embedding health into local policies. Further sources are highlighted in the Framework as reliable evidence databases, such as census data available through the Office for National Statistics and Herts Insight.

- 3.15 Planning should make use of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). These are statutory assessments of local health and social care needs produced by Hertfordshire County Council and health boards<sup>7</sup>. These tools should be used to understand current and future health needs, to inform policy and plan making, and findings integrated into design proposals, to ensure plans align with local health objectives.
- 3.16 The Framework recommends that health indicators should be monitored to assess the effectiveness and long-term impacts on improving health outcomes through planning policies. Health and wellbeing indicators should be integrated into annual monitoring reports and demonstrate how they respond to local contexts and priorities.
- 3.17 An interactive webpage has been produced for the Framework where further resources can be found. This is available at <https://hertshealthyplacemaking-hertscc.hub.arcgis.com/>.
- 3.18 The Framework is presented in **Appendix A**.

## **4.0 Options**

- 4.1 The Council could choose not to agree to endorse the Hertfordshire Healthy and Safe Places Framework as part of the new District Plan evidence base.

## **5.0 Risks**

- 5.1 If the Hertfordshire Healthy and Safe Places Framework is not agreed as part of the evidence base, the policy guidance on creating and supporting healthy outcomes through development will not benefit our communities, and health inequalities will continue to grow.

## **6.0 Implications/Consultations**

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<sup>7</sup> <https://www.hertfordshire.gov.uk/microsites/jsna/what-is-the-joint-strategic-needs-assessment.aspx>



6.1 There are no proposed consultations arising from this report.

### **Community Safety**

There are no community safety implications arising from this report.

### **Data Protection**

There are no data protection implications arising from this report.

### **Equalities**

There are no direct equality, diversity, or inclusion implications in this report. An Equalities Impact Assessment (EqIA) will be carried out of the new District Plan in accordance with The Equality Act 2010.

### **Environmental Sustainability**

The purpose of the planning system is to contribute to the achievement of sustainable development, including the provision of homes, commercial development and infrastructure in a sustainable manner.

### **Financial**

There are no financial implications arising from this report.

### **Health and Safety**

There are no health and safety implications arising from this report.

### **Human Resources**

There are no human resources implications arising from this report.

### **Human Rights**

There are no human rights implications arising from this report.

### **Legal**

There are no legal implications arising from this report.

### **Specific Wards**

All

## **7.0 Background papers, appendices and other relevant material**

## 7.1 Appendix A – The Hertfordshire Healthy and Safe Places Framework

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# Healthy Hertfordshire

November 2025



The Hertfordshire  
Healthy and Safe  
Places Framework

# Foreword

Hertfordshire is a thriving, ambitious and forward-thinking county – recognised as a great place to live, learn, invest and work. Our vision is for Hertfordshire to be a place where everyone can fulfil their potential in healthy, safe and connected communities, and where our environment is protected for future generations.

As our population grows, pressures on housing, healthcare, schools and transport increase, and disparities in skills, income, health and connectivity persist. Tackling these challenges requires a joined-up approach. That is why the **Healthy and Safe Places Framework** is so important.

Developed by the **Hertfordshire Growth Board** – working with Prior +Partners, local councils, NHS partners, Homes England, the Police and Crime Commissioner, the voluntary sector and planning experts – this framework sets out a unified, evidence-based approach to embedding health, wellbeing and safety into spatial planning and development across the county.

It provides practical guidance for Local Planning Authorities and, in time, any Mayoral Strategic Authority on how to implement health-focused policies into Local Plans and Spatial Development Strategies. By applying a health lens to growth and development, we can reduce inequalities, deliver high-quality housing and infrastructure, and create places that actively support physical, mental and social wellbeing.

This guidance reflects our strategic commitment to ensuring that Hertfordshire's places actively support physical, mental and social wellbeing – now and for future generations.

**Peter Taylor, Elected Mayor of Watford Chair, Hertfordshire Growth Board**

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# Introduction

## What is the Healthy and Safe Places Framework?

The Hertfordshire Healthy and Safe Places Framework (the “Framework”) establishes a shared approach to healthy placemaking across Hertfordshire. It provides a framework for local planning authorities and, in time, any Mayoral or Strategic Authority for embedding health considerations in local plans and spatial development strategies, while allowing policy makers the flexibility to respond to local priorities.

The Framework arises from the Hertfordshire Growth Board’s “Healthy and Safe Places for All” mission and aims to guide the creation of healthier, safer, and more inclusive environments across the area. It embeds principles of health, wellbeing, and safety into planning policy, ensuring that both new and existing communities support physical, mental and social health.

## Why is the Framework important?

Where we live impacts our health and wellbeing. Our environment and the social and economic conditions we live in account for around 60% of our health outcomes. Planning policy plays a key role in shaping these conditions. By ensuring planning policy considers health across all policy areas, the Framework is a key tool in improving health outcomes, tackling health inequalities and enabling people to grow, live, move, connect, and thrive within the places they call home.

“If you look back over the last 50 years, probably more has been done for public health by proper planning ... than almost any other intervention other than vaccination rates.”

— Chris Witty, Chief Medical Officer for England, 2022

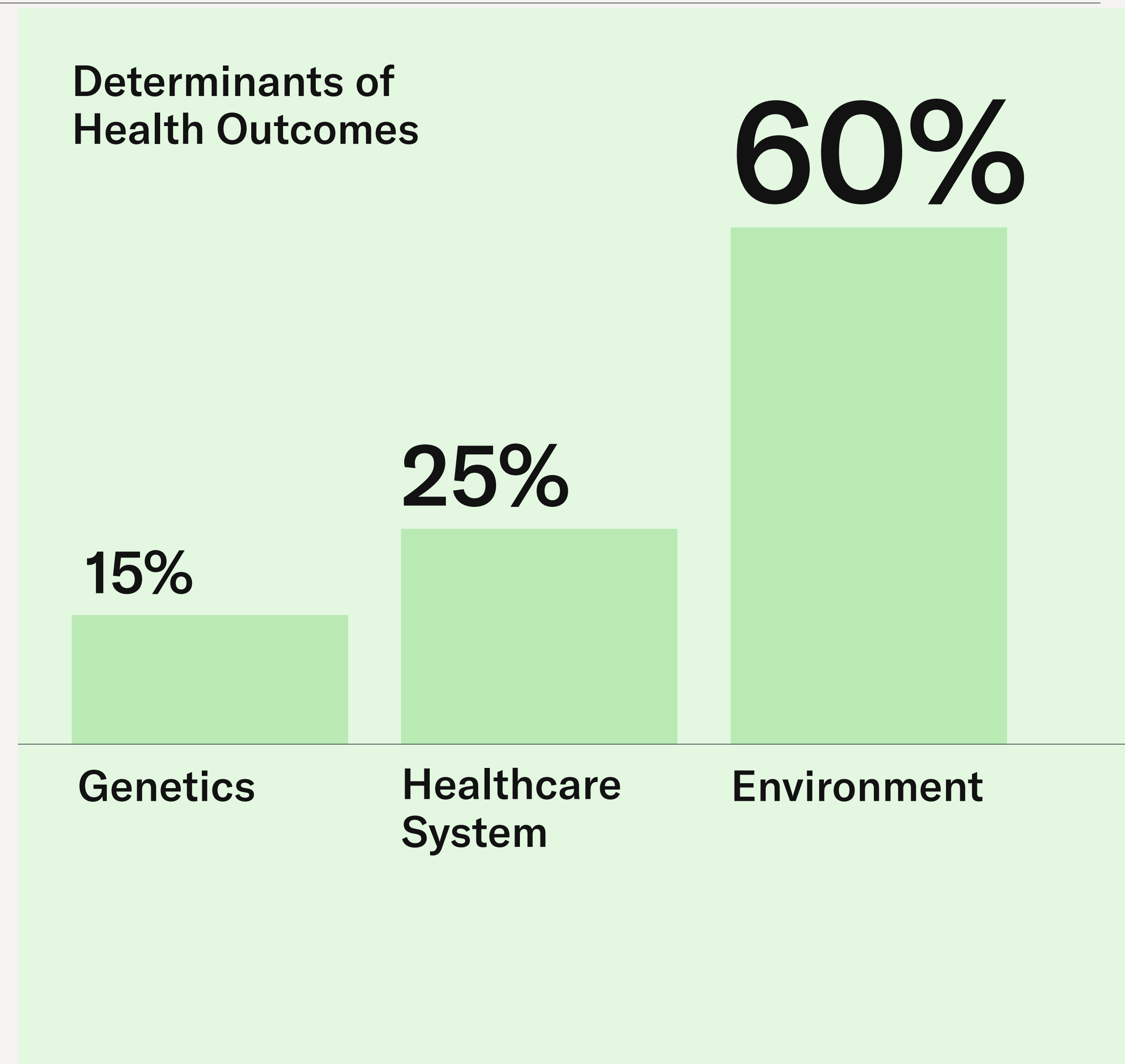


Fig 1: Our environment, including our social and economic conditions, determines around 60% of Health outcomes (CIFAR, 2012).

# A 'Health in All Policies' approach

## What is Health in All Policies?

Health in All Policies (HiAP) is the defining approach to the Framework. In the context of the Framework a HiAP approach ensures that the health outcomes arising from different policies are the focus throughout policy development, from both a process and an outcomes perspective. This means considering the health impacts of all planning policy areas from housing and transport to the economy and natural environment. It also means embedding and considering health outcomes throughout the planning process, from the vision stage through to monitoring.

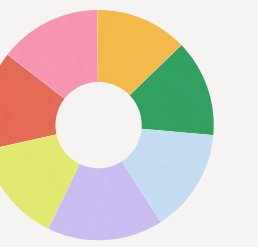
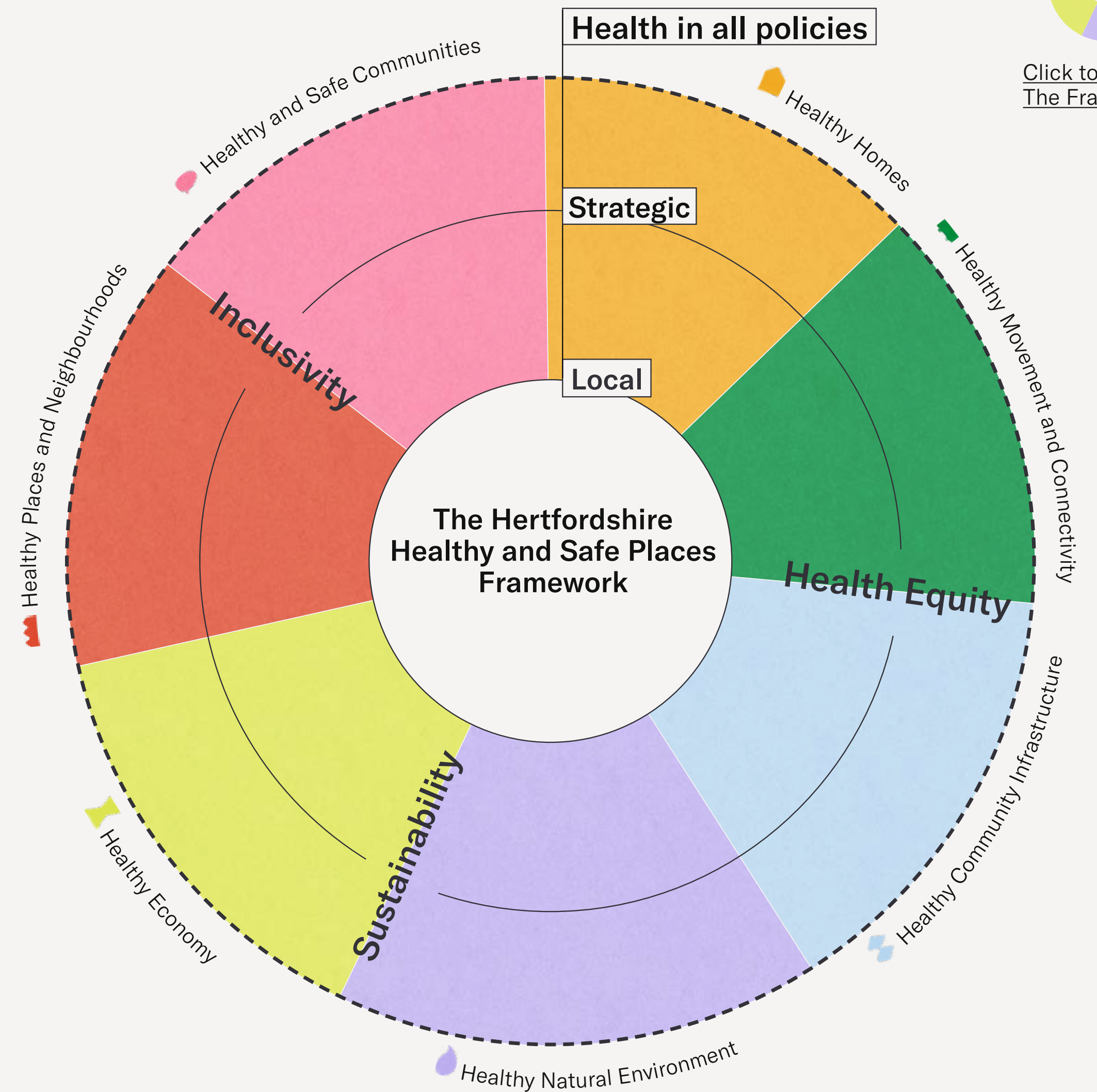
The World Health Organization (WHO) defines HiAP as:

*“an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity” (WHO, 2013)*

## How does the Framework promote HiAP?

By following and applying the Framework while developing local plans or spatial development strategies, policy makers will be taking an HiAP approach. It specifically explores implementing HiAP in the context of Hertfordshire, identifying ways in which policy can respond to local conditions. There are three key ways the Framework supports policy makers to embed an HiAP approach:

- It identifies three cross-cutting themes and seven healthy placemaking principles (see Fig.2), which ensure health is considered across all policy areas.
- It provides guidance on ensuring these themes and principles are embedded in policy and throughout the policy development process.
- It provides an evidence base, drawing together best practice, research, local data and statistical analysis to support the implementation of planning policy and address locally specific health inequalities and determinants.



[Click to jump to The Framework](#)

Fig 2: The Framework Key Diagram

# How to use the Framework

## Who is the Framework for?

This Framework primarily focuses on how Development Plans and policies might support health creation and address health inequalities. Following the enactment of the Planning and Infrastructure Bill (2024) the development plan is likely to primarily consist of Spatial Development Strategies and Local Plans.

Therefore, the key users of the Framework are those involved in developing planning policy in Hertfordshire. This will primarily be planning policy officers, but it could also serve as a tool for key stakeholders to ensure emerging policy embeds health considerations.

## Where should I start?

Familiarise yourself with the overview diagram on this page. How you use the Framework depends on the stage in the planning process, Section 2.2 provides guidance for each stage. Sections 1.3 and 2.1 set out the structuring principles and guidance on using these to develop policy. The rest of the document provides context and supporting evidence.

## Document Overview

### [Part 1] Context and Framework

Provides an overview of the role of planning in promoting health, key policy context, a baseline picture of health in Hertfordshire and a Framework for embedding health in planning policy.

#### 1.1 Health and Planning

Explores the role of planning as a tool for creating healthy places and the role of social determinants in health outcomes. It also sets out the key policy context.

#### 1.2 State of Health

Provides a picture of the overall state of health and health inequality in Hertfordshire. Identifies the key social determinants that the Framework aims to address.

#### 1.3 The Framework

Sets out the overarching framework for embedding healthy placemaking in planning policy.

### [Part 2] Framework Guidance - Implementing Health in All Policies (HiAP)

Provides guidance on using the framework to achieve a HiAP approach to policy development and how to develop place-led strategies and priorities.

#### 2.1 Healthy Placemaking Principles

Sets out each of the key principles and objectives for embedding health across all policy areas, along with a justification and policy levers for their implementation.

#### 2.2 Embedding Health in Plans

Provides guidance on embedding the healthy placemaking principles throughout the plan-making and policy development process.

#### 2.3 Health Action Areas

Sets out a methodology that begins to identify Health Action Areas across Hertfordshire informed by statistical analysis and machine learning.



# Planning Context

## A changing environment

The Framework has been developed during a period of significant and rapid change in planning and local government. Following the Levelling Up and Regeneration Act 2023, local plans will adopt a new staged process, and National Development Management Policies (NDMPs) are anticipated to streamline local planning.

Meanwhile, the Planning and Infrastructure Bill (2024) and English Devolution and Community Empowerment Bill (2025) signal a shift towards strategic planning through the introduction of Spatial Development Strategies (SDSs), led by new Mayors and Strategic Authorities sitting above new unitary Principal Authorities bringing existing District and County functions together. When preparing a SDS, Strategic Authorities will need to have regard to the impact of the SDS on the health outcomes experienced across their area and health inequalities. There is also a proposed new statutory health duty on Strategic Authorities that planning will likely be expected to support.

To ensure long-term relevance, the Framework is designed for Hertfordshire as a whole, beyond current administrative boundaries, recognising that health outcomes are not confined by borders. As such, the Framework does not explore health impacts or outcomes within existing boundary areas and neither does it provide specific guidance for different conditions in the area. This allows current planning authorities and future Strategic and Principal Authorities to develop policies consistently across their areas and over time.

### How does the Framework fit in?

The Framework's principle role is to shape planning policy, it seeks to translate and spatialise public health priorities and has therefore been co-developed by planning and public health officers. As such, the Framework has been informed by the local statutory Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA). It uses this information and further analysis to translate national planning policy requirements into a joined-up approach that addresses local health needs across Hertfordshire.

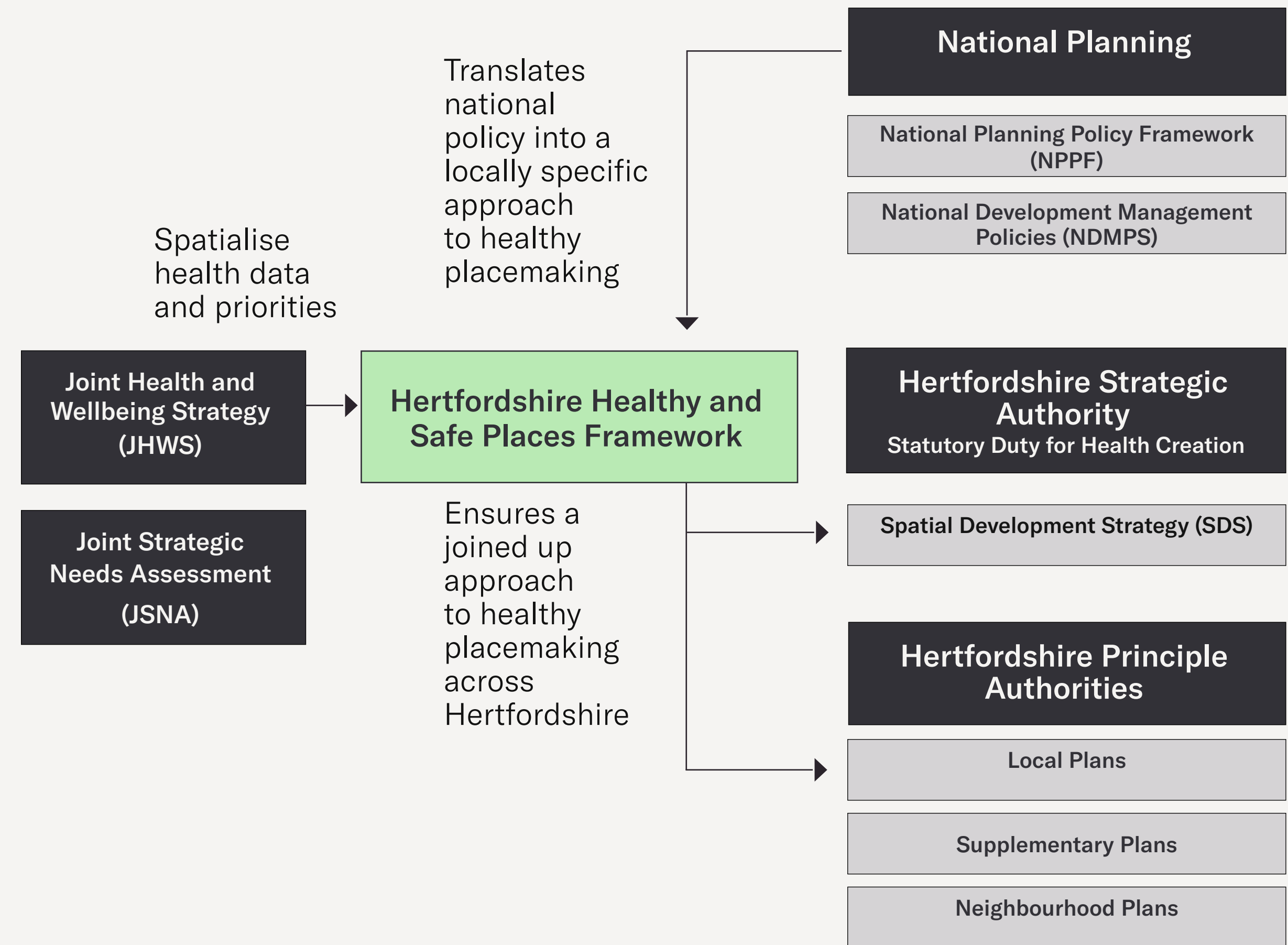


Fig 2: The Framework's place within the proposed new planning system

[Part 1]

# Context and Framework



# 1.1 Health and Planning

## 1.2 State of Health

## 1.3 The Framework

We are facing a growing health crisis. More people than ever are living with long term conditions that could have been prevented - at a great human and economic cost. Planning has a vital role in tackling this by shaping healthier homes and places, supporting local jobs, reducing harmful impacts and providing essential facilities and amenities. This Framework is part of a wider national policy shift towards returning planning to its original purpose, and using planning policy not just to treat illness, but to prevent it and create the conditions for good health, therefore easing pressure on the NHS.

# The national picture

## Setting the Scene

Over the 20th century, advances in Public Health and medicine significantly increased life expectancy in the UK. But since 2011, that progress has slowed – and for some conditions, such as Cardiovascular Disease (CVD), early death rates is higher than it was 10 years ago (British Heart Foundation 2025).

While people are living longer, a growing proportion of those years – up to 20% - are spent in poor health (Office for National Statistics, 2024). This is placing unprecedented pressure on health and care services, with a sharp increase in the numbers of people who are economically inactive due to long term illness (Powell 2024).

The most common causes of years lived with disability or long-term ill health are musculoskeletal conditions and mental health disorders, particularly depression and anxiety. These account for 40% of years lived with disability and the remaining 60% is split between diabetes, asthma, chronic obstructive pulmonary disease (COPD) and other long-term conditions. (GOV.UK. n.d).

## A picture of inequality

Health outcomes in the UK are marked by deep inequality. The burden of ill health falls unevenly, shaped by factors such as income, ethnicity and gender identity. In some of the most deprived areas of the UK, people can expect to live up to 25 fewer years in good health, compared to the most affluent (British Heart Foundation 2025).

## Risk factors

The main risk factors linked to long-term illness include smoking, poor diet, high body mass index, physical inactivity, air quality and mental health. Over the last 30 years, adult obesity has doubled, whilst one in three children aged 10-11 is now overweight or obese. Diet plays a major role - we consume too many calories, sugars, saturated fats and salt. Another is physical activity: regular activity can cut the risk of type 2 diabetes by 40%, heart disease by 35% and depression by 30%. Yet a third of adults fail to meet recommended activity levels. (GOV.UK. n.d).

## People economically inactive due to long-term illness

2.8m

Out of work or not looking for work in 2024, a record high of 7% of the working population. (Powell, A. 2024)

## Cost of poor mental health

105bn

Social and economic costs, including indirect costs of lost employment and direct costs for health and care provision. (Public Health England, 2018)

## Rates of early death from Cardiovascular disease are

2.5%

higher in the most deprived parts of England (British Heart Foundation 2025).

## Deaths a year caused by obesity

30,000

Obesity increases the risk of developing a broad range of diseases including cancer, heart disease and type 2 diabetes. (Public Health England, 2017a)

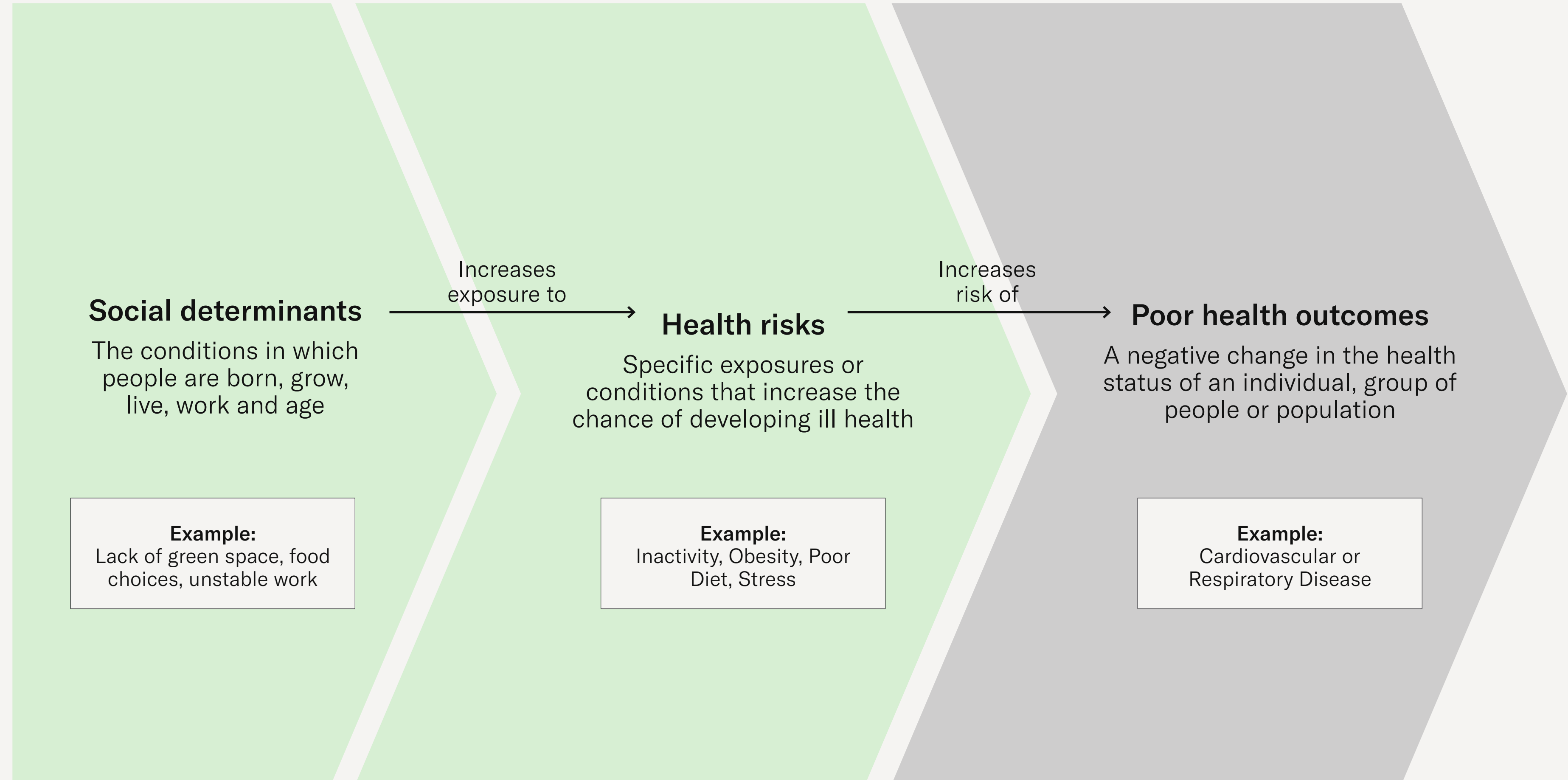
# The social determinants of health

Healthcare in the UK is often viewed mainly as a way to treat illness, rather than as part of a wider system that creates the conditions for good health and prevents ill health. The landmark Marmot Reviews (2010 and 2020), led by Professor Sir Michael Marmot, highlighted the shortcomings of this approach, linking it rising health inequalities across England.

Increasing evidence shows that the place we live - including our housing, public spaces, our workplace, the air we breathe and access to services - shapes our physical activity, diet, travel habits, social connections, and our overall health. Yet not all communities have access to the essentials for good health, deepening inequality.

**Our environment, including the social and economic conditions we live in - known as the social determinants of health – accounts for around 60% of our health outcomes** (Department of Health and Social Care, 2019).

## Role of the social determinants in health outcomes



## Social determinants addressed by planning



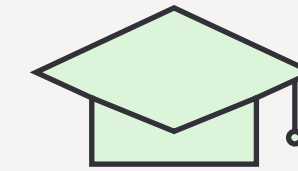
### Obesogenic environments

Discourage physical activity and encourage poor diet, increasing chance of obesity and long term illness. A lack of physical activity alone can double the likelihood of developing a chronic health condition (GOV.UK, n.d.; Public Health England, 2017a).



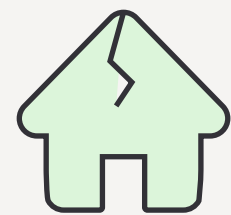
### Environmental hazards

Air, noise and light pollution contribute to major health problems, including cancer, asthma, stroke, heart disease, diabetes, obesity and changes linked to dementia either through direct health impact or through increased stress and loss of sleep (Royal College of Physicians, 2025; TCPA 2024).



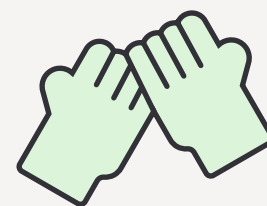
### Barriers to education and work

Unemployment and poor-quality work significantly affect both physical and mental health, limiting access to a better quality of life (Marmot, 2010).



### Unsuitable living conditions

Housing insecurity and poor quality housing – especially homes that are cold, damp, overcrowded or not suitable to daily needs - increases the risk of poor mental health preventable illnesses such as cardiac, pulmonary and respiratory conditions (TCPA, 2024, pg. 28; Durand et al, 2011).



### Anti-social environments

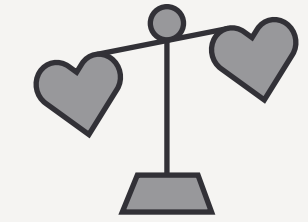
Places that are – or are perceived to be unsafe, inaccessible or unwelcoming to certain groups, discourage social interaction and physical activity. This can lead to loneliness, isolation and increased risk of heart disease, stroke, diabetes and mental illness (Holt-Lunstad, et al 2010; Stafford, Chandola and Marmot, 2007).



### Barriers to amenities and facilities

Access to green space, recreation, cultural activities and healthcare increase positive health outcomes and decrease risk factors such as physical inactivity. Those who experience physical, financial or social barriers to these facilities experience worse health outcomes (Davison & Lawson, 2006; NCCH, 2023).

## Cross cutting issues



### Health inequality

Refers to unfair and avoidable differences in health across the population and between different groups within society. Those suffering from forms of deprivation and members of vulnerable groups are more likely to be negatively affected by social determinants (Marmot, 2010).



### Inclusivity and accessibility

Refers to how people of different age, gender, ethnicity, physical ability and background are physically or socially excluded from health promoting environments.



### Planetary health and sustainability

Planetary health and human health are deeply intertwined with ecosystems providing essential services such as clean air, water, food and flood protection (Herts Wildlife Trust, 2019). Climate change also negatively impacts health outcomes (JSNA, 2025).

# What is a healthy place?

A healthy place is one that supports physical, mental, and social health and wellbeing through its design, development and ongoing improvement. It is inclusive, equitable and sustainable – enabling everyone to live well. This means providing access to safe and welcoming green space, walking and cycling routes, reliable public transport, affordable and secure housing, good- quality employment, community infrastructure and opportunities to connect with others.

● **Healthy Movement and Connectivity**

Active travel and public transport networks which promote physical activity, social interaction and reduce air pollution.

● **Healthy Places and Neighbourhoods**

Distinctive, characterful and connected neighbourhoods which are inclusive, welcoming and provide key amenities within walking distance.

● **Healthy and Safe Communities**

Socially connected and resilient communities which support inclusion, feeling safe, culture and creativity.

● **Healthy Community Infrastructure**

Equitable access to healthcare, recreation, sports facilities, and community amenities.

● **Healthy Economy**

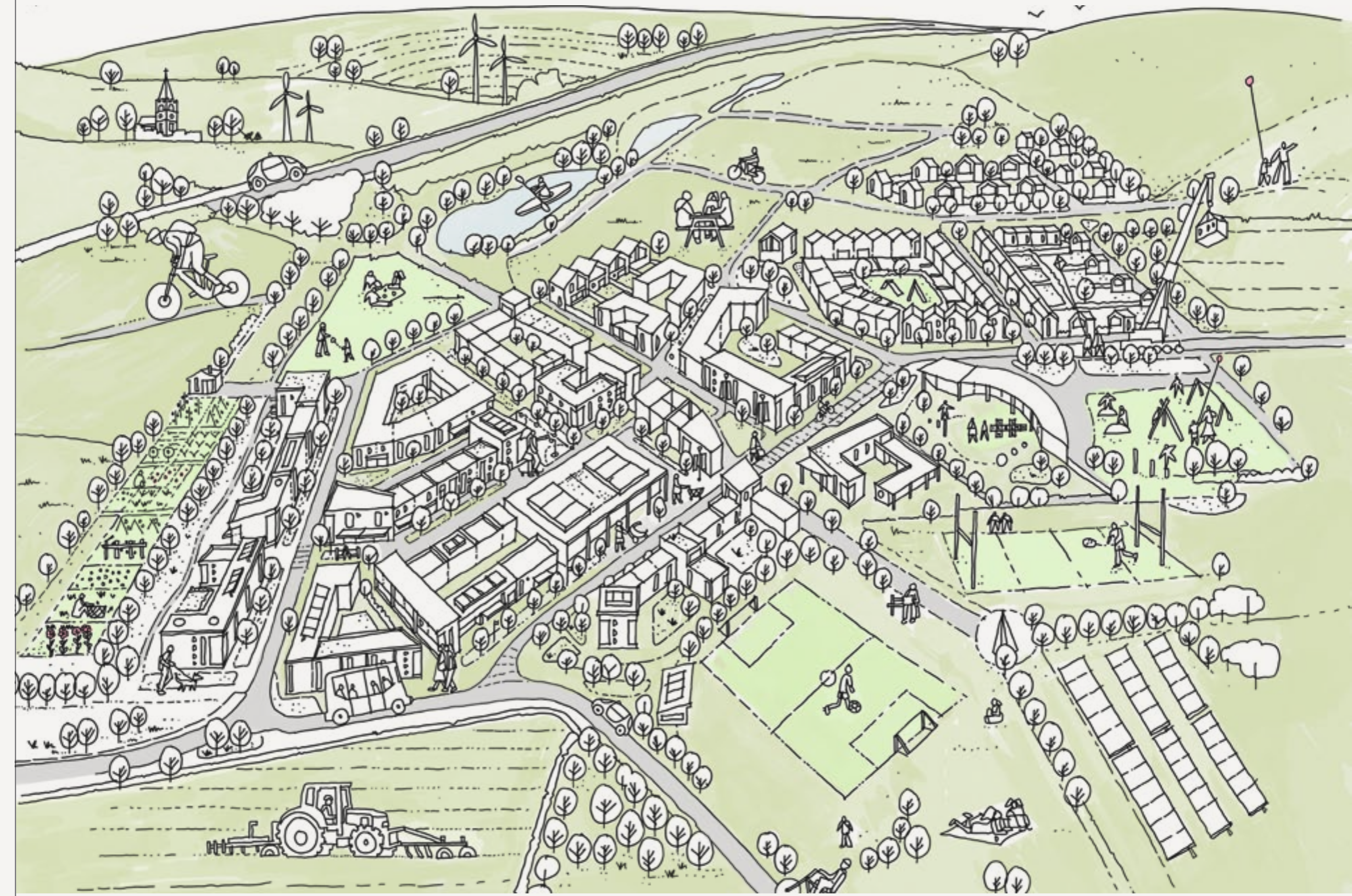
An inclusive economy which supports skills development and access to good work for all.

● **Healthy Natural Environment**

A natural environment which supports human health through clean air, water, food production and protection from environmental shocks. It also plays a vital role in climate resilience by helping to manage flooding, reduce heat, and absorb carbon.

● **Healthy Homes**

Affordable and secure homes which are the right temperature, well ventilated and free from damp, noise and overcrowding.



# Planning's role in creating healthy places

Health creation lies at the heart of planning, as town and country planning first emerged as a tool to improve the health of the general population. When effectively implemented, planning and design can shape a more resilient and inclusive built environment that fosters health-promoting conditions.

Planning plays a critical role in influencing the wider determinants of health by supporting environments that enable healthy lifestyles and mitigate harmful impacts.

This Framework primarily focuses on health creation through Development Plans. Following the Planning and Infrastructure Bill (2024) the development plan will primarily consist of Spatial Development Strategies and local plans.

Development Plans are crucial planning tools for creating healthy places by identifying and providing for housing needs, promoting sustainable transport, identifying and providing community facilities, protecting and enhancing open spaces and setting policy requirements for new developments. At present, health considerations are applied inconsistently in development plans across England (Chang and Hobbs, 2024).

“Why treat people and send them back to the conditions which make them sick?”

— Sir Michael Marmot in ‘The Health Gap’.

## Planning Policy Levers

### Creating conditions for healthy behaviour

The built and natural environment shapes how we move, connect and live – affecting our daily routines, social lives and activity levels. Planning cannot make people live healthily, but it can create the conditions that make healthy choices easy, attractive and safe.

### Reducing exposure to environmental stressors

Air, light, and noise pollution can harm physical and mental health. Planning plays a vital role in identifying, reducing and managing these risks.

### Setting standards

Planning policy, informed by local needs and evidence, can set clear expectations for new development, ensuring it actively supports health creation.

### Directing growth and allocating resources

Planning can direct growth by identifying strategic priorities and areas for focused action- shaping where community facilities, services and infrastructure are delivered to address health problems and inequalities. It can also help prioritise investment in underserved communities, ensuring equitable access to healthy environments and infrastructure.



# National health strategy

## Fit for the Future: 10-Year Health Plan for England

In July 2025 the Government released its [10 Year Health Plan for England](#) (GOV. UK 2025). The plan sets out its mission to rebuild the National Health Service and tackle the nation’s rising costs and pressures on healthcare.

The plan sets out three ‘radical shifts’, one of which is a move from ‘sickness to prevention’ aiming to reduce demand on the NHS by keeping people healthier in the first place. Among other prevention objectives, the plan places national focus on tackling obesity and improving air quality, both of which align with the objectives of the Framework.

### Ending the Obesity Epidemic

The objective focuses on reshaping environments to make healthy choices the easy, default option. The plan aims to keep people active by designing walkable neighbourhoods, expanding active travel infrastructure, and embedding physical activity into everyday life. To

reduce dietary temptation, it targets the widespread availability of unhealthy, ultra-processed foods through tighter advertising restrictions, clearer food labelling, and working with local authorities to limit fast food outlets near schools.

Schools, employers, and councils are enlisted to promote nutritious food environments, supporting a whole-society shift that prioritises prevention over treatment and builds healthier daily routines by design.

### Cleaning up our Air

This includes a national commitment to reducing the health harms of air pollution by tackling emissions at their source and reshaping environments to support cleaner living.

The plan prioritises walking, cycling, and public transport over car use, supported by investment in low-traffic neighbourhoods and clean travel infrastructure.

It also aims to cut indoor and outdoor pollution through tighter controls on wood-burning stoves, better ventilation in homes

and schools, and stronger local authority powers. By improving air quality in the places people live, learn, and work, the strategy seeks to reduce respiratory illness and support long-term population health.

“Finally, from sickness to prevention. We will reach patients earlier, to catch illness before it spreads and prevent it in the first place, by making the healthy choice the easy choice.”

— Keir Starmer, Prime Minister in *Fit for Future: 10 Year Health Plan for England, 2025*

## Other national strategies

- Get Active: A Strategy for the future of sport and physical activity (Department for Culture, Media and Sport, 2023). Available at: <https://www.gov.uk/government/publications/get-active-a-strategy-for-the-future-of-sport-and-physical-activity>
- Uniting the Movement (Sport England, 2021). Available at: <https://www.sportengland.org/about-us/uniting-movement>
- Tackling obesity: empowering adults and children to live healthier lives (Department of Health and Social Care, 2020). Available at: <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>
- Gear Change: A bold vision for cycling and walking (Department for Transport, 2020). Available at: <https://assets.publishing.service.gov.uk/media/5f1f59458fa8f53d39c0def9/gear-change-a-bold-vision-for-cycling-and-walking.pdf>
- Industrial Strategy Building a Britain Fit for the Future (Department for Business, Energy and Industrial Strategy, 2017). Available at: <https://www.gov.uk/government/publications/industrial-strategy-building-a-britain-fit-for-the-future>
- Childhood Obesity: A Plan for Action (Department of Health and Social Care, 2017). Available at: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

# National planning policy framework

The National Planning Policy Framework (NPPF) sets out the government’s planning policies for England and how they should be applied. A central aim of the NPPF is to support the creation of strong, vibrant, and healthy communities. An update to the NPPF in 2024 places explicit emphasis on promoting health and wellbeing through the planning system, reflecting wider trends in national strategy to address health outcomes and inequalities through planning.

## NPPF Paragraph 96

Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

**a)** Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other. For example, through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages.

**b)** Are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion. For example, through the use of well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas.

**c)** Enable and support healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities. For example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

The Hertfordshire Healthy and Safer Places Framework provides guidance on achieving NPPF objectives through plan making. The accompanying table shows how the Framework’s principles align with and support the wider requirements of the NPPF.

HERTFORDSHIRE HEALTHY AND SAFER PLACES FRAMEWORK PRINCIPLES (SEE CHAPTER 1.3)	NPPF REFERENCE
<b>Healthy Homes</b>	Section 5 - Delivering a sufficient supply of homes [63]
<b>Healthy Natural Environment</b>	Section 14 - Meeting the challenge of climate change [161] Section 15 - Conserving and enhancing the natural environment [187, 192, 198]
<b>Healthy Economy</b>	Section 6 - Building a strong, competitive economy [85-87]
<b>Healthy Movement and Connectivity</b>	Section 9 - Promoting sustainable transport [109-111]
<b>Healthy Places and Neighbourhoods</b>	Section 12 - Achieving well-designed places [132, 133, 136] Section 8 - Promoting healthy and safe communities [96-98, 101, 103]
<b>Healthy Communities</b>	Section 8 - Promoting healthy and safe communities [96-98, 101, 102]
<b>Healthy Community Infrastructure</b>	Section 9 - Promoting healthy and safe communities [96, 98]

# Hertfordshire health strategies

## Healthy and Safe Places for All

The Hertfordshire Growth Board (HGB) was set up in 2019 to provide a collective and coordinated approach to delivering good growth for the County. The HGB has defined a Vision and Missions which represent key opportunities for the County and set strategic goals for growth. This Framework is a direct result of the ‘Healthy and Safe Places for all’ Mission which sets out the following goals:

- Improve and regenerate existing places and design and deliver new housing developments to enable residents to lead healthier lifestyles, have good physical and mental health, and feel safe.
- Ensure that plans for regeneration and housing growth promote enhanced access to green spaces and community facilities including sport and recreation, and support walking and cycling.
- Target health inequalities faced by particular groups and communities through local plan policy and local health initiatives.

- Ensure there is a strategic and collaborative approach to the development of new and existing health facilities in Hertfordshire that supports residents to lead healthier lifestyles.
- Ensure the health and care services needed to support existing and new communities are identified and built into local plans.

“By 2040, Hertfordshire’s residents and communities will benefit from neighbourhoods that are designed and regenerated with physical health, mental wellbeing, safety and social connectedness at the heart.”

— *Healthy and Safe Places for All Mission, Hertfordshire Growth Board*

## Health and Wellbeing Strategy

The Hertfordshire Health and Wellbeing Strategy 2022-2026 sets out the County’s vision and strategic priorities for improving health and wellbeing and reducing health inequalities. It sets out the following broad priorities for focus:

- Give every child the best start in life.
- Good nutrition, healthy weight and physical activity.
- Good emotional and mental wellbeing throughout life.
- Reduction in smoking and substance misuse.
- A healthy standard of living for all.
- Healthy and sustainable places and communities.

## ➤ Key Hertfordshire documents

- Hertfordshire Health and Wellbeing Strategy, 2022-2026, (Hertfordshire Health and Wellbeing Board, 2022). Available at: [www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/hertfordshire-health-and-wellbeing-strategy-2022-2026.pdf](http://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/hertfordshire-health-and-wellbeing-strategy-2022-2026.pdf)
- Hertfordshire and West Essex Integrated Care Strategy (Hertfordshire and West Essex Integrated Care System). Available at: <https://www.hertsandwestessex.ics.nhs.uk/about/icp/strategy/>
- Visions and Missions (Hertfordshire Growth Board, 2024). Available at: <https://www.hertfordshiregrowthboard.com/documents/vision-and-missions/>
- Public Health Strategy 2022-2027, (Hertfordshire County Council, 2022). Available at: [www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/public-health-strategy-2022-2027.pdf](http://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/public-health-strategy-2022-2027.pdf)
- Air Quality Strategy (Hertfordshire County Council, 2019) <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/air-quality-strategy.pdf> Hertfordshire Development Quality Charter (Hertfordshire Growth Board, 2023). Available at: <https://www.hertfordshiregrowthboard.com/hertfordshire-development-quality-charter/>
- Sustainable Hertfordshire Strategy (Hertfordshire County Council, 2020) Available at: [www.hertfordshire.gov.uk/Media-library/Documents/About-the-council/data-and-information/Sustainable-Hertfordshire-Strategy-2020.pdf](http://www.hertfordshire.gov.uk/Media-library/Documents/About-the-council/data-and-information/Sustainable-Hertfordshire-Strategy-2020.pdf)
- Hertfordshire Economic Strategy (2025-2035). *Under Development.*
- Get Hertfordshire Working Plan. *Under Development.*
- Hertfordshire Local Nature Recovery Strategy. *Under Development.*

# Best practice and evidence for healthy placemaking

This Framework builds on a significant and growing body of frameworks, tools, guidance and evidence that support the integration of health into place-making. This following summary provides a reference point for policymakers. A full list of references is included at the end of this document.

## Frameworks and guidance

[Town and Country Planning Association, 2021. Healthy Homes: Principles and evidence. Version 2.0. \[pdf\] Available at: https://wyhealthiertogether.nhs.uk/application/files/7617/2899/3016/Healthy\\_Homes-principles-and-evidence-V2.pdf](https://wyhealthiertogether.nhs.uk/application/files/7617/2899/3016/Healthy_Homes-principles-and-evidence-V2.pdf)

[Town and Country Planning Association \(TCPA\), 2021. 20-minute neighbourhoods: Creating healthier, active, prosperous communities – An introduction for council planners in England. \[pdf\] Available at: https://www.tcpa.org.uk/wp-content/uploads/2021/11/final\\_20mnguide-compressed.pdf](https://www.tcpa.org.uk/wp-content/uploads/2021/11/final_20mnguide-compressed.pdf)

[Bird, E.L. & Hyde, G. et al., 2024. Planning for healthy places: a practical guide for local authorities on embedding health in local plans and planning policies in England. \[pdf\] Town and Country Planning Association, UWE Bristol, University of Bristol. Available at: https://www.tcpa.org.uk/wp-content/uploads/2024/09/Planning-for-healthy-places-Accessible.pdf](https://www.tcpa.org.uk/wp-content/uploads/2024/09/Planning-for-healthy-places-Accessible.pdf)

[Local Government Association, Prior + Partners & Quality of Life Foundation, 2024. Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods. \[pdf\] Available at: https://www.qolf.org](https://www.qolf.org)

[org/wp-content/uploads/LGA-Empowering-Healthy-Places-Final-compressed\\_1.pdf](https://www.qolf.org/wp-content/uploads/LGA-Empowering-Healthy-Places-Final-compressed_1.pdf)

[Quality of Life Foundation, 2024. Creating health and wellbeing: Evidence-led planning and design – A guide for local authorities. \[pdf\] Available at: https://www.qolf.org/wp-content/uploads/Evidence-led-planning-and-design-spreads-compressed.pdf](https://www.qolf.org/wp-content/uploads/Evidence-led-planning-and-design-spreads-compressed.pdf)

[Local Government Association \(LGA\), 2018. Developing healthier places: How councils can work with developers to create places that support wellbeing. \[pdf\] Available at: https://www.local.gov.uk/sites/default/files/documents/22%2018%20Developing%20healthier%20places\\_06.pdf](https://www.local.gov.uk/sites/default/files/documents/22%2018%20Developing%20healthier%20places_06.pdf)

[Public Health England, 2017. Strategies for Encouraging Healthier ‘Out of Home’ Food Provision: A toolkit for local councils working with small food businesses. \[pdf\] Available at: https://assets.publishing.service.gov.uk/media/5d83a91ee5274a27c5f4a8e8/Encouraging\\_healthier\\_out\\_of\\_home\\_food\\_provision\\_toolkit\\_for\\_local\\_councils.pdf](https://assets.publishing.service.gov.uk/media/5d83a91ee5274a27c5f4a8e8/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf)

[Town and Country Planning Association \(TCPA\), 2016. Building the foundations: Tackling obesity through planning and development. \[pdf\] Available at: https://www.local.gov.uk/sites/default/files/documents/building-foundations-tack-f8d.pdf](https://www.local.gov.uk/sites/default/files/documents/building-foundations-tack-f8d.pdf)

[NHS England, 2019. Putting Health into Place: Introducing NHS England’s Healthy New Towns programme. \[pdf\] Available at: https://www.england.nhs.uk/wp-content/uploads/2018/09/putting-health-into-place-v4.pdf](https://www.england.nhs.uk/wp-content/uploads/2018/09/putting-health-into-place-v4.pdf)

[Walker, S. & Clark, I., 2023. Make Space for Girls: The research background. \[pdf\] Available at: https://assets-global.website-files](https://assets-global.website-files)

[Playing Out CIC, 2024. Playing Out: Restoring children’s freedom to play outside. \[online\] Available at: https://playingout.net](https://playingout.net)

[Play England, 2025. Play England: Freedom to play. \[online\] Available at: https://www.playengland.org.uk/ \[Accessed 21 July 2025\].](https://www.playengland.org.uk/)

[Koksal, C., Hewett, F. & Hyde, G., 2023. Neighbourhood Planning and 20-Minute Neighbourhoods Toolkit. Spatial Policy and Analysis Laboratory, Manchester Urban Institute, University of Manchester. \[pdf\] Available at: https://www.tcpa.org.uk/wp-content/uploads/2023/09/FINAL-NP\\_20MN\\_Toolkit\\_14\\_Sep.pdf](https://www.tcpa.org.uk/wp-content/uploads/2023/09/FINAL-NP_20MN_Toolkit_14_Sep.pdf)

[Quality of Life Foundation, 2023. Design codes for health and wellbeing: A short guide for policymakers, planning officers and design teams. \[pdf\] Available at: https://www.qolf.org/wp-content/uploads/Design-codes-for-health-and-wellbeing.pdf](https://www.qolf.org/wp-content/uploads/Design-codes-for-health-and-wellbeing.pdf)

## Evidence

[Local Government Association \(LGA\), 2020. Social determinants of health and the role of local government. \[pdf\] Available at: https://www.local.gov.uk/sites/default/files/documents/22.52%20Social%20Determinants%20of%20Health\\_05\\_0.pdf](https://www.local.gov.uk/sites/default/files/documents/22.52%20Social%20Determinants%20of%20Health_05_0.pdf)

[Marmot, M., Allen, J., Boyce, T., Goldblatt, P. & Morrison, J., 2020. Health Equity in England: The Marmot Review 10 Years On. London: Institute of Health Equity. \[pdf\] Available at: https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_full%20report.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf)

[Institute of Health Equity, 2024. England’s widening health gap: Local places falling behind. \[online\] Available at: https://www.instituteofhealthequity.org/in-the-news/press-releases-and-briefings-/englands-widening-health-gap](https://www.instituteofhealthequity.org/in-the-news/press-releases-and-briefings-/englands-widening-health-gap)

[Public Health England, 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places. \[pdf\] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729727/spatial\\_planning\\_for\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf)

[UK Health Security Agency \(UKHSA\), 2024. Health Matters. \[online\] Available at: https://ukhsa.blog.gov.uk/category/health-matters/](https://ukhsa.blog.gov.uk/category/health-matters/)

[Garrett, H., Mackay, M., Nicol, S., Piddington, J. & Roys, M., 2021. The cost of poor housing in England: 2021 briefing paper. Watford: Building Research Establishment \(BRE\). \[pdf\] Available at: https://files.bregroup.com/research/BRE\\_Report\\_the\\_cost\\_of\\_poor\\_housing\\_2021.pdf](https://files.bregroup.com/research/BRE_Report_the_cost_of_poor_housing_2021.pdf)

[Public Health England, 2014. Everybody active, every day: An evidence-based approach to physical activity. \[pdf\] Available at: https://assets.publishing.service.gov.uk/media/5a7d8109ed915d2d2ac09597/Framework\\_13.pdf](https://assets.publishing.service.gov.uk/media/5a7d8109ed915d2d2ac09597/Framework_13.pdf)

[Public Health England, 2020. GRIP2: National resources for planning healthier places. \[pdf\] Available at: https://assets.publishing.service.gov.uk/media/5ffc666f8fa8f56401062502/GRIP2\\_PHE\\_national\\_resources\\_151220\\_for\\_Gateway\\_2.pdf](https://assets.publishing.service.gov.uk/media/5ffc666f8fa8f56401062502/GRIP2_PHE_national_resources_151220_for_Gateway_2.pdf)

[Town and Country Planning Association \(TCPA\), 2025. Climate Guide Case Studies. \[online\] Available at: https://www.tcpa.org.uk/resources/climate-guide-case-studies/](https://www.tcpa.org.uk/resources/climate-guide-case-studies/)

# 1.1 Health and Planning

## 1.2 State of Health

### 1.3 The Framework

Health in Hertfordshire presents a complex and varied picture. When compared nationally, Hertfordshire performs better than average in life expectancy and other health metrics. However, this masks stark inequalities - life expectancy varies 14 years across the County.

# Health outcomes in Hertfordshire

Overall, Hertfordshire performs consistently above the East of England and England for life expectancy and healthy life expectancy (the average number of years a person can expect to live in good health) for both men and women.

**Average life expectancy across Hertfordshire is**

## 82.7 years

which is higher than the both the East of England and England averages. (Herts & West Essex ICS Health, 2025)

**Healthy life expectancy for women**

## 66 years

which is 3.8 years above the England average of 62.2 years. (Herts & West Essex ICS Health, 2025)

**Healthy life expectancy for men is**

## 65 years

which is 3 years above than the East of England average of 62 years. (Herts & West Essex ICS Health, 2025)



# Variance in life expectancy

Despite strong overall performance, the Hertfordshire average masks wide variations in health outcomes across the County. Many areas experience significantly lower life expectancy than the Hertfordshire and England averages.

Residents in deprived areas spend up to

# 18 years

longer in poor health compared to those in more affluent areas (Hertfordshire and West Essex ICP, 2024)

Percentage of Black and Asian Hertfordshire residents who feel their health is not equally protected:

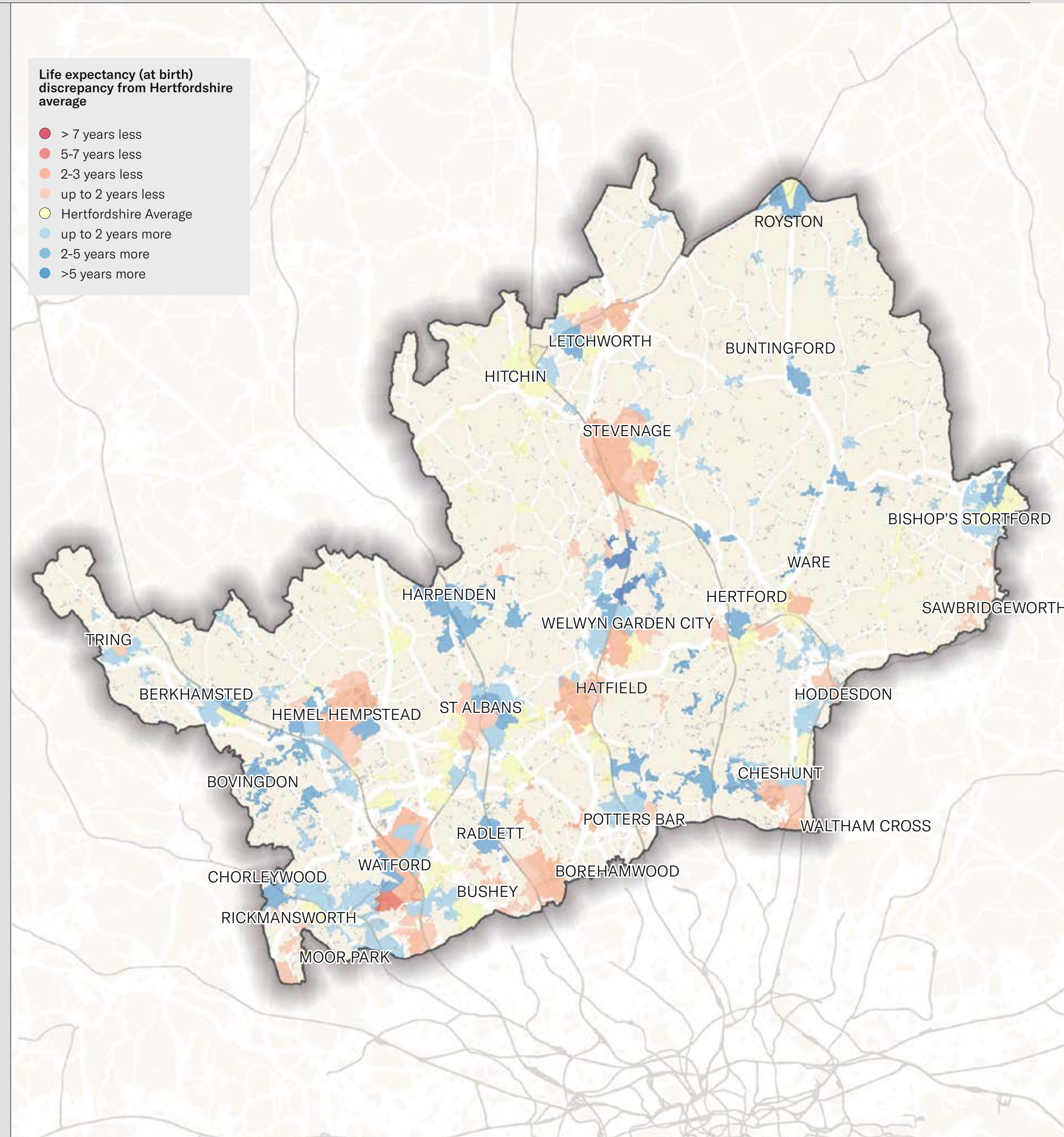
# 44%

(Healthwatch Hertfordshire, 2022)

Variance in life expectancy is

# 14 years

across the County, the widest gap being between areas of Watford and Bishop Stortford. (OHID, 2025)



# Variance in preventable deaths

In addition to overall life expectancy, areas across Hertfordshire show significantly variable levels of premature mortality from avoidable causes.

**Preventable causes accounted for approximately**

# 42%

**of all deaths in Hertfordshire residents under 75 years.**

(OHID, 2025)

**Estimated number of preventable deaths (under 75) each year:**

# 5,800

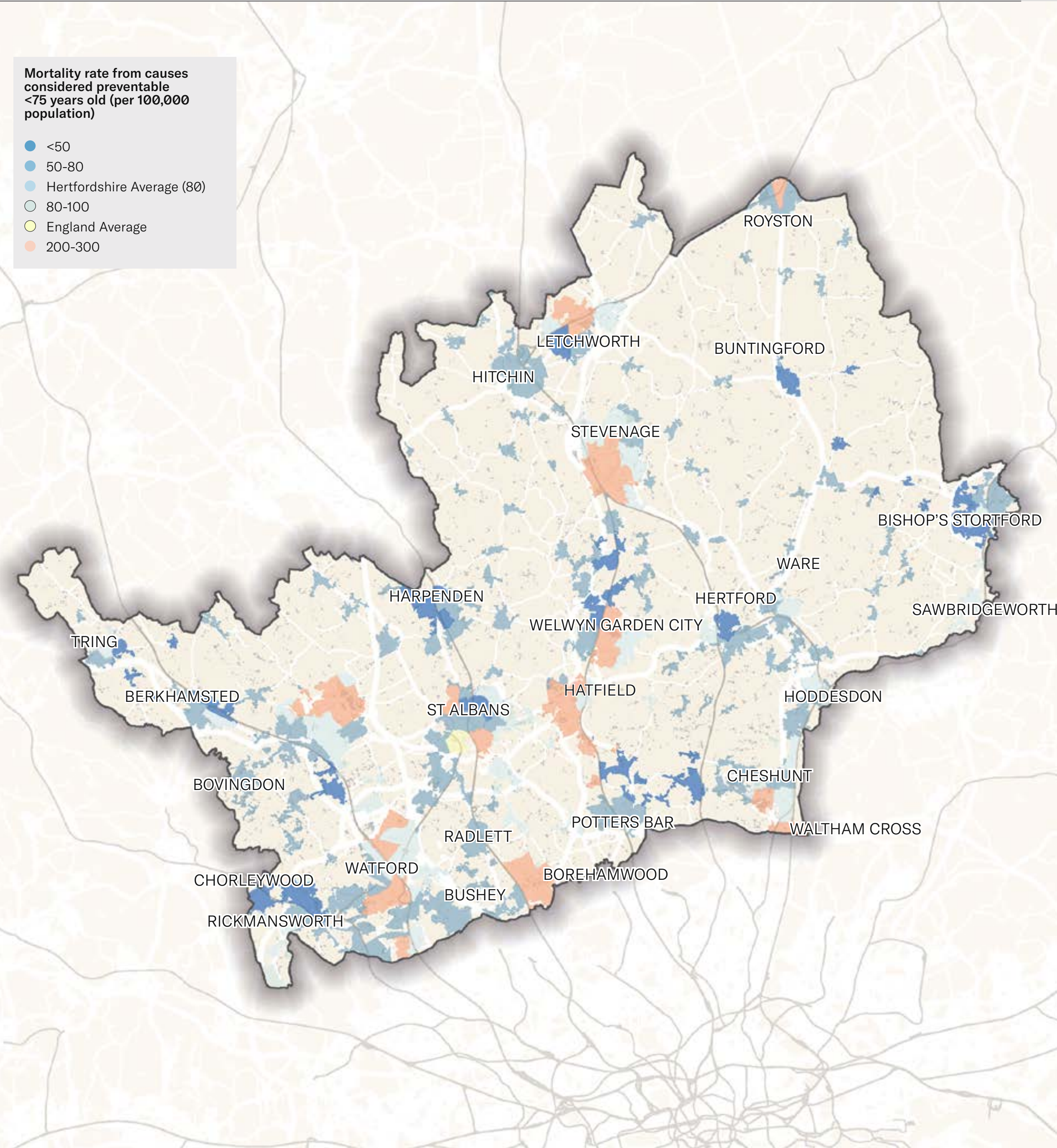
in 2022/23 across Hertfordshire (OHID, 2025)

**Hertfordshire had**

# 16%

**fewer preventable deaths than expected, compared to the national average**

(OHID, 2025)





# Variance in mental health outcomes

In addition to physical health, and as the map shows, unequal outcomes in mental health are also prevalent in Hertfordshire. On average, 11.8% of residents suffer from depression - slightly below the England average of 13.2%, but has been increasing steadily in recent years (JSNA, 2021)

**Number of Hertfordshire residents suffering from depression:**

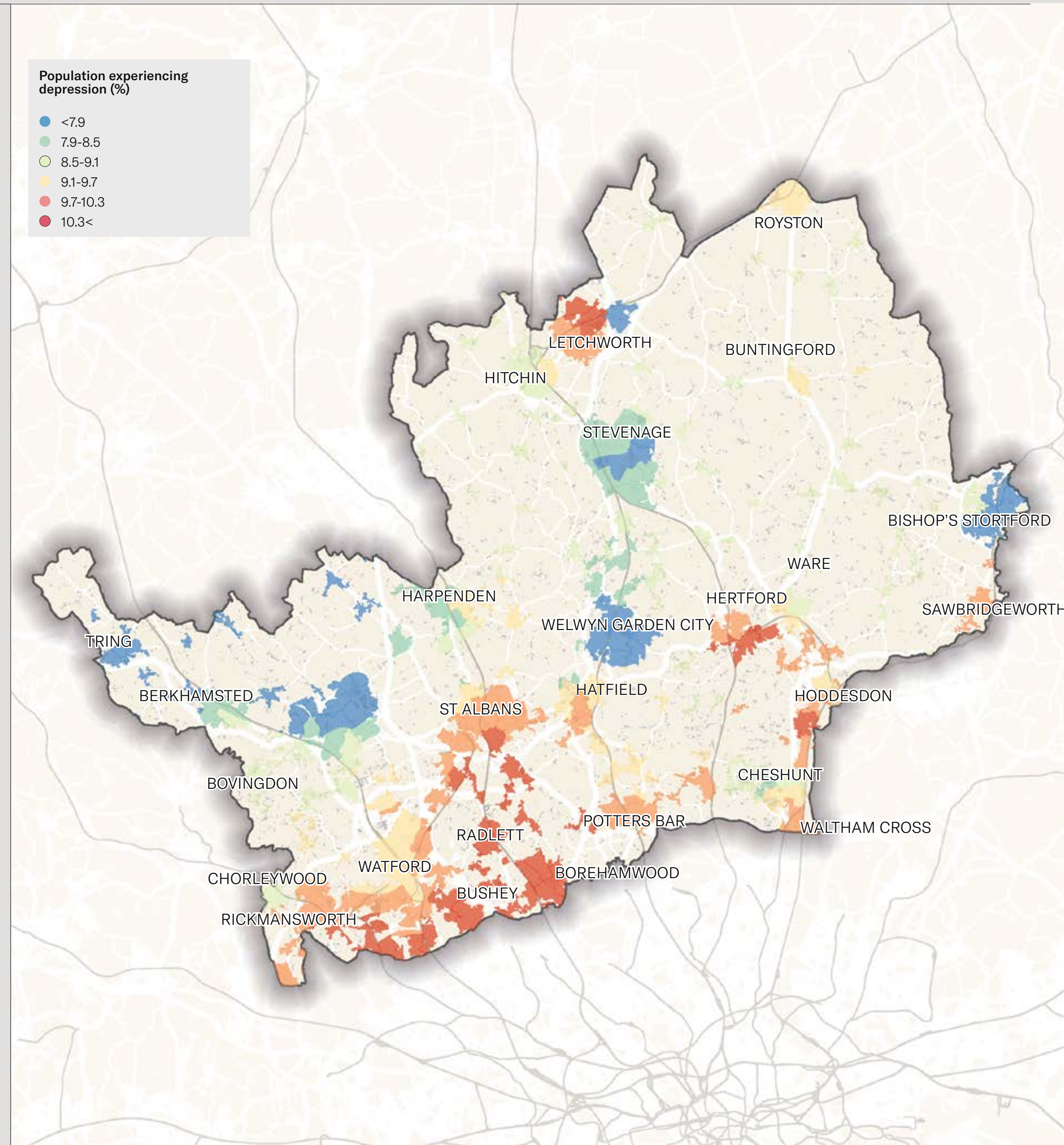
**11.8%**

in 2022/23. (JSNA, 2021)

**Number of young people aged 5-17 years with a mental health disorder**

**23,170**

in 2017/18 across Hertfordshire. (Hertfordshire and West Essex Integrated Care Board, 2025a)



# Health risks in Hertfordshire

In Hertfordshire, the most common causes of death are cancers, cardiovascular disease, neurological disorders (e.g. Alzheimers) and respiratory infections.

After tobacco smoking, metabolic risk factors – including raised blood pressure, raised blood sugar, obesity, and high lipid levels - were the next most significant risks. These collectively accounted for 52.68% of total deaths in Hertfordshire. These metabolic parameters are directly linked to poor diet, obesity and physical inactivity (JSNA, 2022).

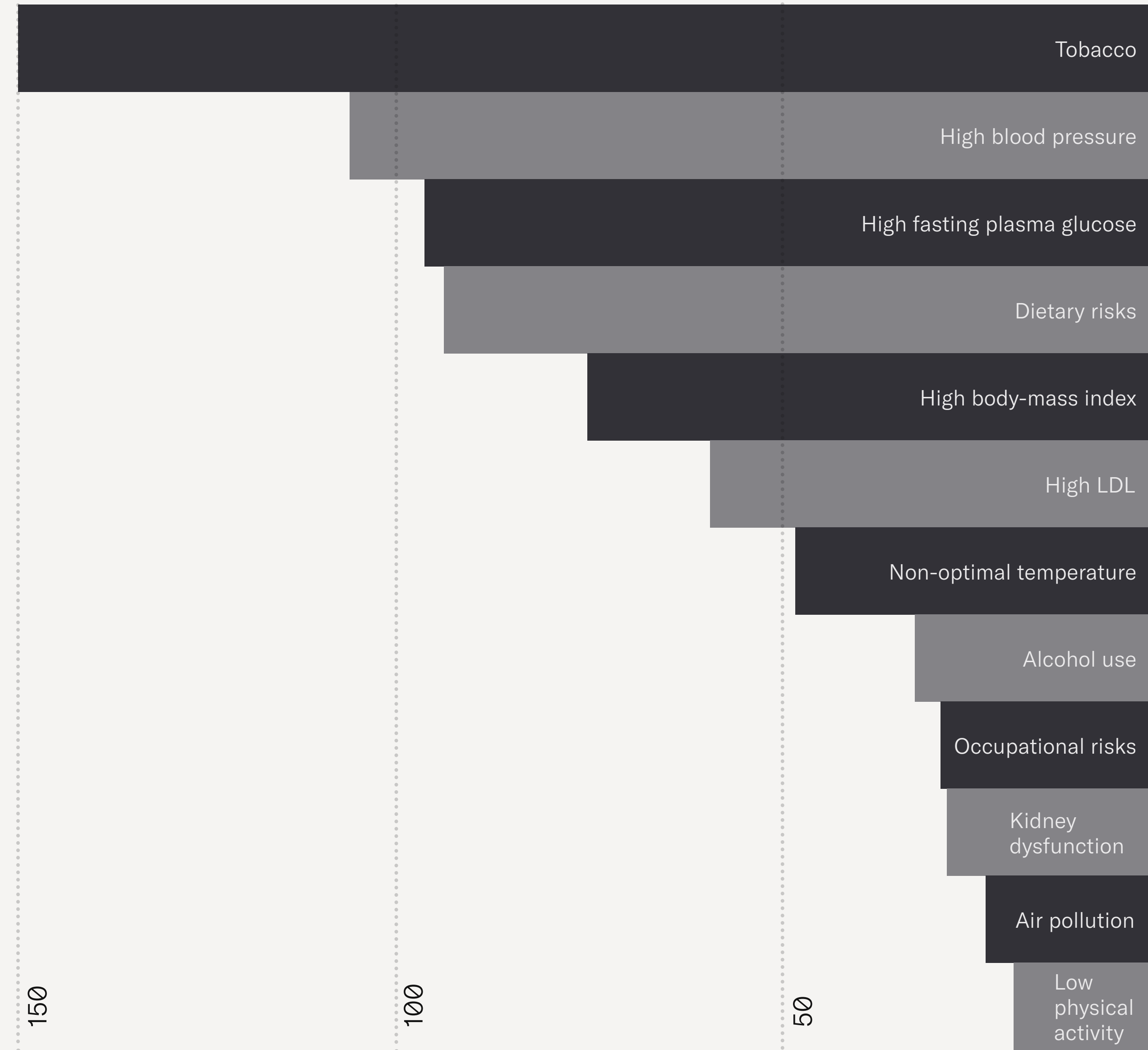
\* The table over shows both internal health indicators (e.g. blood pressure) and external risks (e.g. air pollution), many of which are interrelated.

## Leading Causes of Death in Hertfordshire (2019)

1	Neoplasms (Cancers)
2	Cardiovascular Diseases
3	Neurological Disorders
4	Respiratory Infections
5	Chronic Respiratory
6	Digestive Diseases
7	Other non-communicable
8	Diabetes & CKD
9	Unitentional injury
10	Self Harm and Violence

## Risk factors contributing to death in Hertfordshire in 2019 (Deaths per 100,000):

Hertfordshire, Both sexes, All ages, 2019 - JSNA 2022



# Obesity

Obesity is a leading health risk in Hertfordshire and directly linked to major metabolic conditions and early mortality. Childhood obesity is also a significant concern, contributing to long-term health issues into adulthood. Children in the most deprived areas are more likely to be overweight or obese (Hertfordshire County Council, 2016).

## Percentage of overweight or obese Year 6 students in selected areas of Hertfordshire:

>40%

including Waltham Cross (46%), Stevenage (40%) and Dacorum (40%) (Hertfordshire and West Essex Integrated Care Board, 2025a)

## Percentage of obese adults in Hertfordshire:

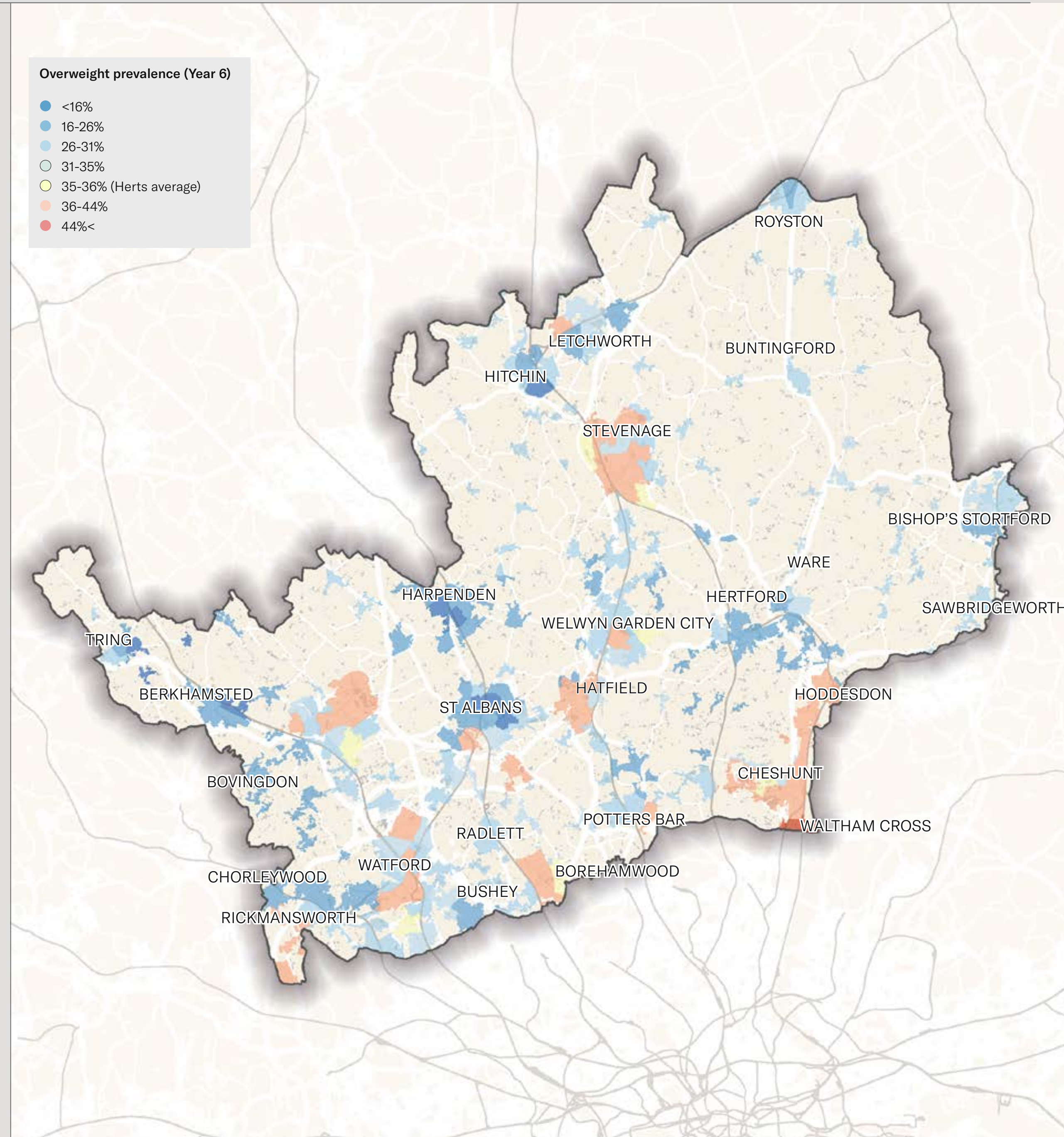
26-29%

consistent with England wide averages (OHID, 2025a)

## Percentage of overweight or obese children aged 4-5 in Hertfordshire:

19.3%

which is lower than national averages but remains significant (LGA, 2020)



# Physical inactivity

Physical inactivity (less than 30 minutes of moderate physical activity a week) is another critical risk factor that contributes to increased incidence of avoidable illnesses. Increased physical activity can reduce risk of type 2 diabetes by 40%, heart disease by 35%, and depression by 30% (GOV.UK. n.d).

**Incidence of inactivity amongst adults in the most deprived areas is**

# 2.5X

higher than in the least deprived areas (PressRed, 2025)

**Total number of inactive Hertfordshire residents:**

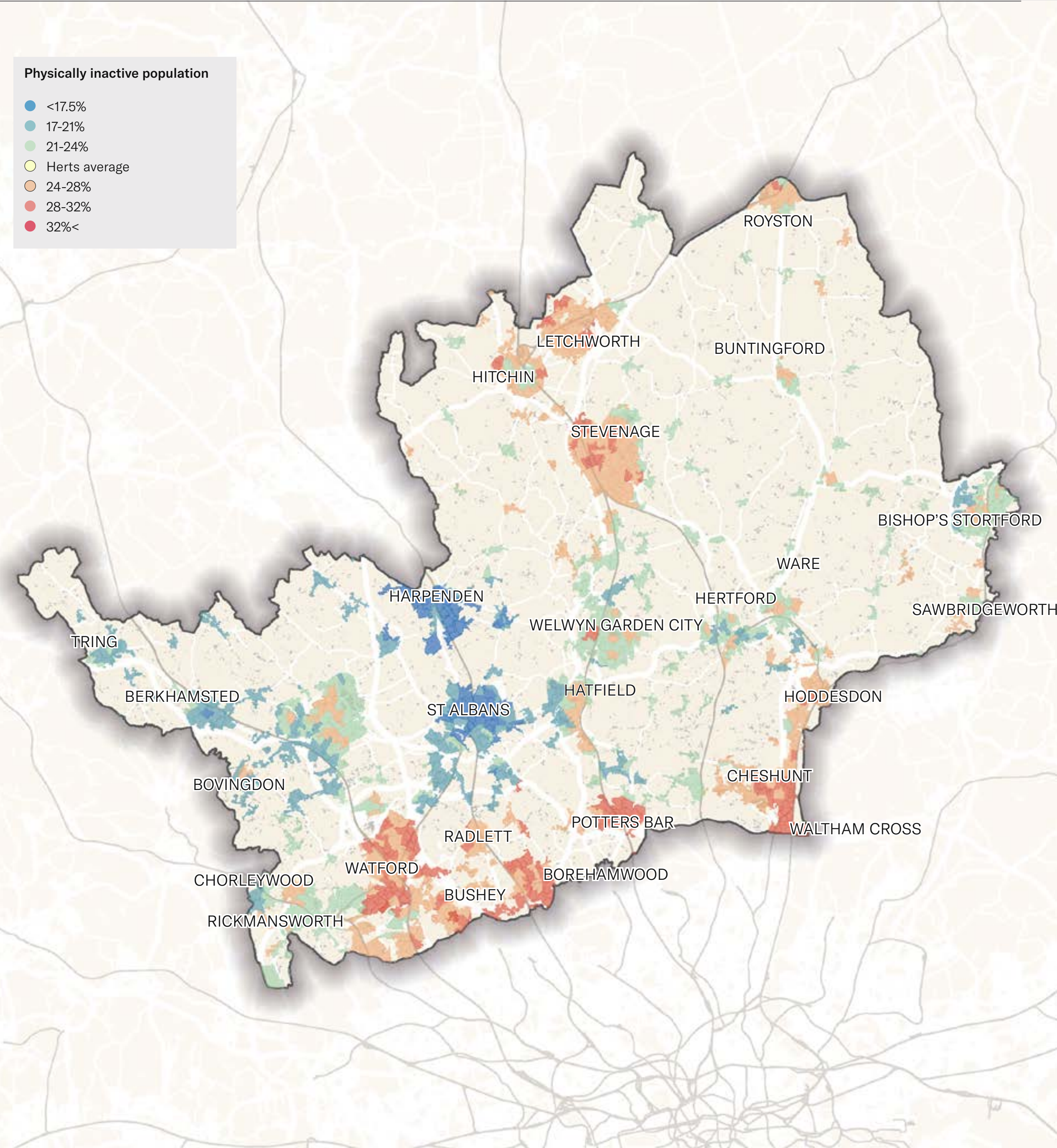
# 200,000

This inactivity is unequally distributed, with higher rates among deprived communities, individuals with long-term conditions, and those who are economically inactive (PressRed, 2025)

**Percentage of residents over 65 and with a long term illness or disability which are inactive**

# 48%

This entrenches and exacerbates poor health outcomes and deepens health inequality (PressRed, 2025).



# Air pollution

Air Pollution, from vehicles, industry, domestic burning and gas cooking is an avoidable risk factor that contributes to several major health conditions, including cancer, asthma, stroke, heart disease, diabetes, obesity and neurological changes linked to dementia (Royal College of Physicians, 2025).

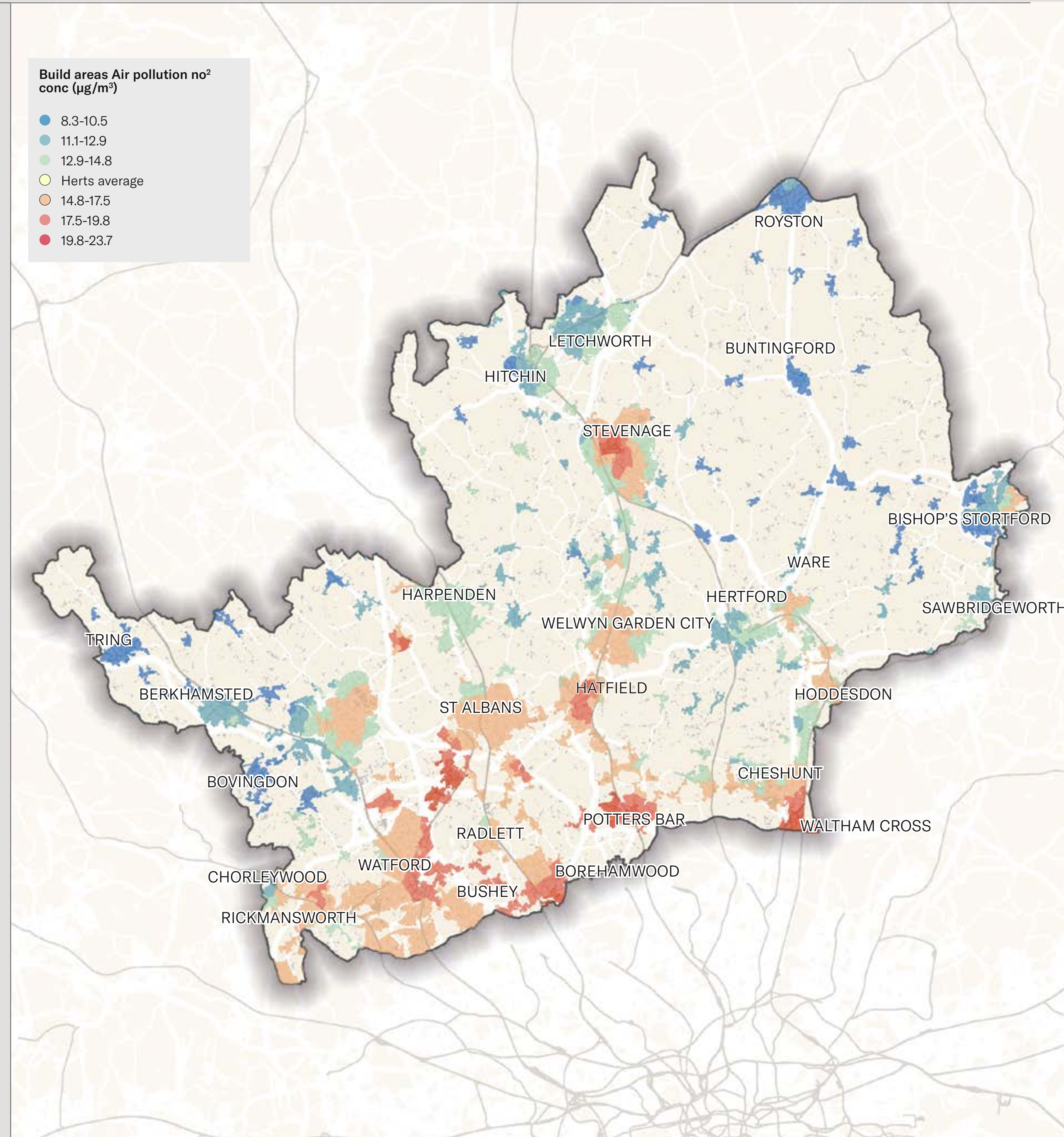
**Percentage of deaths in Hertfordshire residents aged 30 and over attributable to air pollution:**

**6%**

which is higher than the national average (OHID, 2025b)

**Number of Air Quality Management Areas (AQMAs) in Hertfordshire:**

**15**



# 1.1 Health and Planning

## 1.2 State of Health

### 1.3 The Framework

The Framework establishes the overall approach to healthy placemaking in Hertfordshire through a set of principles, supported with guidance on achieving these through planning policy.

# Framework structure

The Framework takes a holistic approach to ensuring planning policy supports healthy and safer places for all

## Approach - Health in All Policies (HiAP)

HiAP is a policy approach that integrates health considerations into policy making across all areas and sectors, with the express objective of improving population health and reducing health inequalities. This is the defining approach of the framework, ensuring health is considered across all local plan policy areas.

## Cross-cutting themes

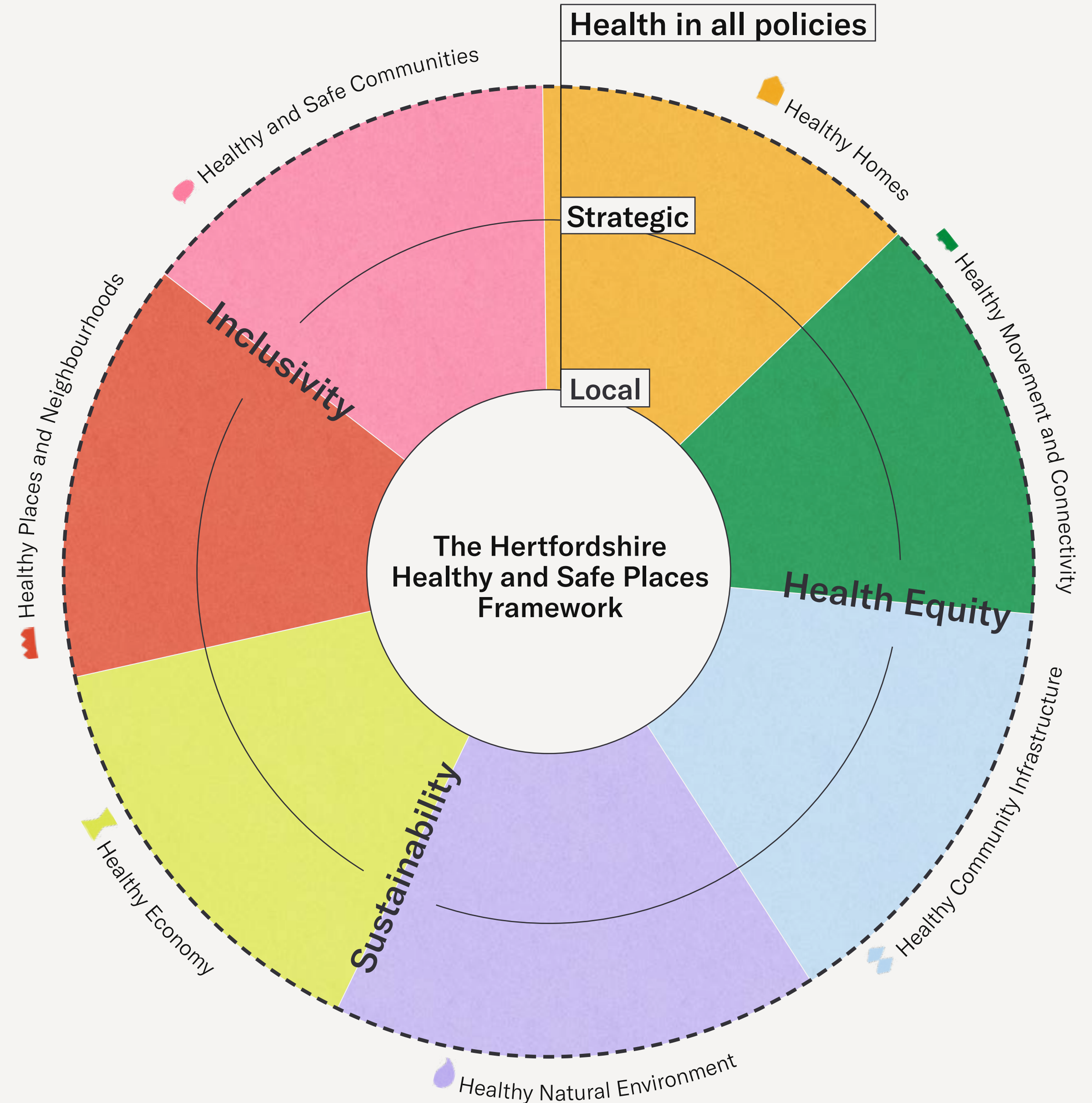
Identified during stakeholder engagement and through the literature (Pineo, 2020), there are cross-cutting themes which apply to all healthy placemaking principles and at all scales to ensure that health outcomes are maximised for the greatest number of people. These are Inclusivity, Equity and Sustainability.

## Seven Healthy Placemaking Principles

The Framework is structured by seven healthy placemaking principles covering communities, homes, movement, environment, economy, infrastructure and places. Together, these principles ensure health outcomes are considered holistically.

## Two scales

Health impacts operate at many different scales, from the hyper local to the planetary. As the Framework will inform both strategic plan and local plan policy, it considers health at these two scales to ensure the emerging planning ecosystem supports both sub-regional and local health outcomes.



# Cross cutting themes

**Planning policy at all scales should be informed by the three cross-cutting themes: Inclusivity, Equity and Sustainability. These are integral considerations which interconnect with all of the Placemaking Principles. When developing policy in accordance with the Framework, policy makers should question if the policy is inclusive, equitable and sustainable (Pineo, 2020).**

## Inclusivity

Inclusivity is essential to creating healthy places, both as an outcome and a process. Inclusive healthy placemaking must consider how people with different physical ability, age, race, gender, and other characteristics interact with places. A place that seems 'healthy' but is not accessible to different parts of the community does not reduce health inequalities. Creating healthy places with inclusivity in mind means enabling all people to engage with places without disadvantage.

## Equity

Health equity is central to creating healthy places. It emphasises equitable access to health-promoting environments such as suitable housing and green spaces, and reduces physical, social, and economic barriers to health. Health inequalities are not confined to poor health for the poor and good health for everyone else. Instead, health follows a social gradient. Everyone below the top has greater risk of worse health than those at the top. It is important to be sensitive to this gradient and respond proportionately to need. This is the basis of 'proportionate universalism', as defined by the Marmot Review (2010).

## Sustainability

It is impossible to create a healthy place without a healthy planet. Sustainability involves meeting present needs without compromising the ability of future generations to meet theirs, supporting both human wellbeing and ecological health. Healthy placemaking and sustainable development both work towards the same goal of improving social and economic conditions whilst protecting the environment.



# Healthy placemaking principles: At a strategic scale

## **Healthy Homes**

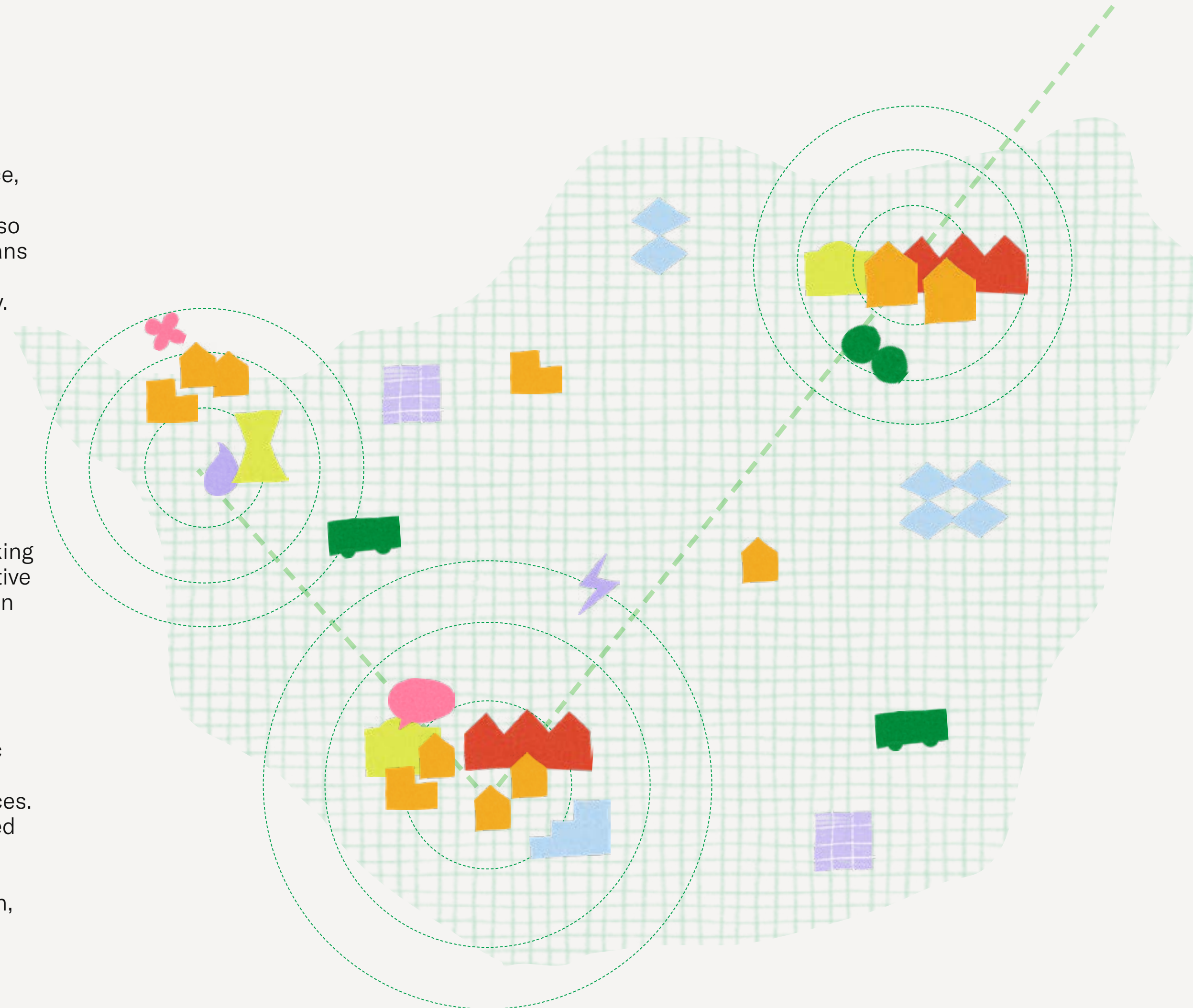
Planning for healthy homes means allocating housing growth in sustainable places that optimise access to jobs, healthcare, green space, sustainable transport and reduce exposure to environmental hazards. Strategic plans must also embed healthy design principles into masterplans and design codes, ensuring new settlements deliver healthy homes that enable health equity.

## **Healthy Movement and Connectivity**

Healthy movement and connectivity means enabling integrated movement networks that connect homes, jobs, education and health services across local authority boundaries. This includes prioritising inter-regional bus and rail networks that reduce car dependency while linking up wider active travel corridors to enable attractive routes for walking, cycling and wheeling between places.

## **Healthy Community Infrastructure**

Healthy community infrastructure at a strategic scale plays a vital role in supporting healthy growth by aligning essential systems and services. This involves, for example, targeting underserved populations and promoting renewable energy to build climate-resilient and low-carbon communities, and ensuring that strategic health, community and recreational infrastructure is in place to support population wellbeing.



## **Healthy Natural Environment**

A healthy natural environment involves identifying strategic nature recovery networks, enhancing ecological connectivity, and managing air quality. At scale, it focuses on protecting and enhancing significant landscapes and ecosystems to support health and build resilience to environmental risks.

## **Healthy Economy**

A health-aligned County-wide economy prioritises job growth that promotes wellbeing by connecting employment sites with housing. Strategic employment locations should improve access to good work, reduce commuting stress, and support inclusion. At a strategic scale, a healthy economy works to reduce economic inequality across the County.

## **Healthy Places and Neighbourhoods**

Healthy neighbourhoods start with a clear vision of place and spatial hierarchy, which balances growth across towns, cities and rural centres while protecting local identity. A strategic approach to centres ensures growth in places that can deliver healthy, walkable, mixed-use neighbourhoods with access to food, services, and green space. Coordinated policy can also support town centre renewal, health-centred regeneration, and design codes.

## **Healthy and Safe Communities**

Health and inclusion thrive when cultural, social, and heritage infrastructure is protected and enhanced at the County-wide level. Strategic plans should champion regionally significant cultural assets and destinations as anchors for wellbeing, identity and social cohesion. A County-wide or sub-regional strategy for creative health, safety and social infrastructure ensures that placemaking is not just about buildings and roads, but about nurturing connected, confident and resilient communities.

# Healthy placemaking principles:

## At a local scale

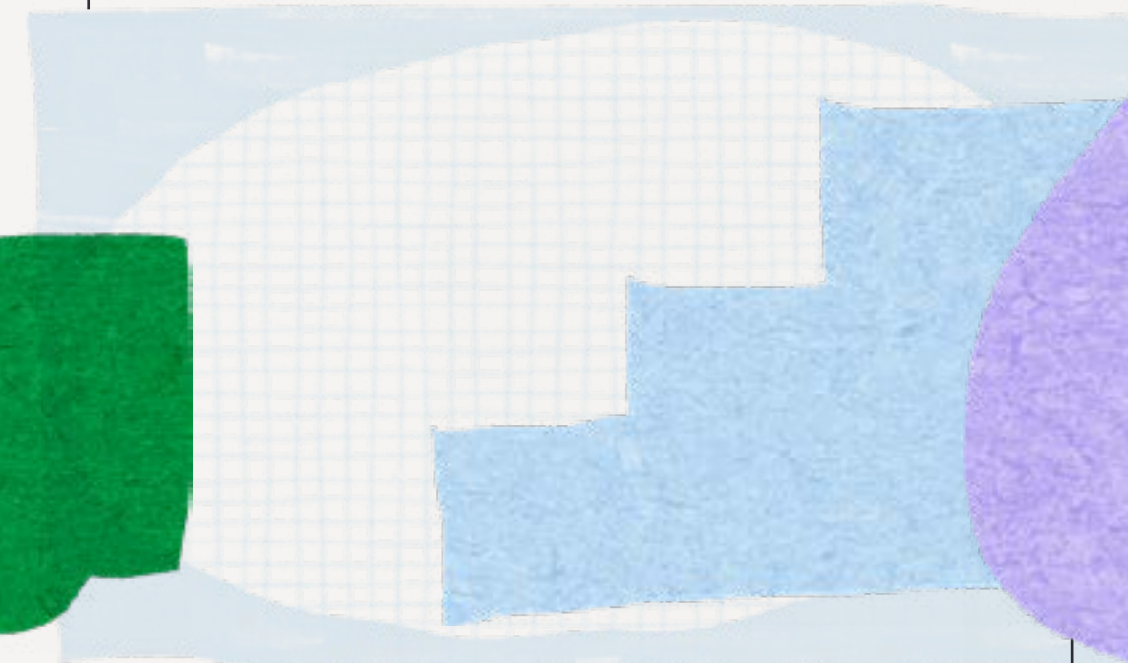
### Healthy Homes

Healthy homes are the cornerstone of individual and community wellbeing. A healthy home promotes resident wellbeing through every season. It's well ventilated, warm in winter and not too hot in summer, free from damp, noise, and overcrowding. It's affordable, secure, and designed to support daily life - physically, mentally and socially.



### Healthy Community Infrastructure

Healthy community infrastructure underpins healthy places. Equitable access to healthcare, recreation, sports facilities, and community centres supports physical and mental wellbeing, reduces health inequalities, and fosters social connection. These spaces must be inclusive, adaptable, and responsive to local needs across age, culture, and ability.



### Healthy Economy

A healthy economy is a fundamental determinant of local population health. Access to education, skills and secure, meaningful employment improves mental wellbeing, reduces health inequalities, and supports community resilience. Without a healthy and inclusive economy local health inequalities will persist or worsen.



### Healthy and Safe Communities

A healthy and safe community is one where all individuals feel secure, valued, and connected. When places are accessible and safe, everyone can participate in community life. Culture also plays a vital role, as engagement with arts and heritage improves mental health and social connection. However, access to these benefits remains uneven, often excluding those who need them most.



### Healthy Movement and Connectivity

A healthy place extends beyond the home to the routes used daily. Healthy movement and connectivity means being able to walk, cycle, wheel or use public transport easily and safely to increase physical activity, reduce isolation and create equal access to opportunity. Designing places for movement is how healthier, more connected lives are supported.



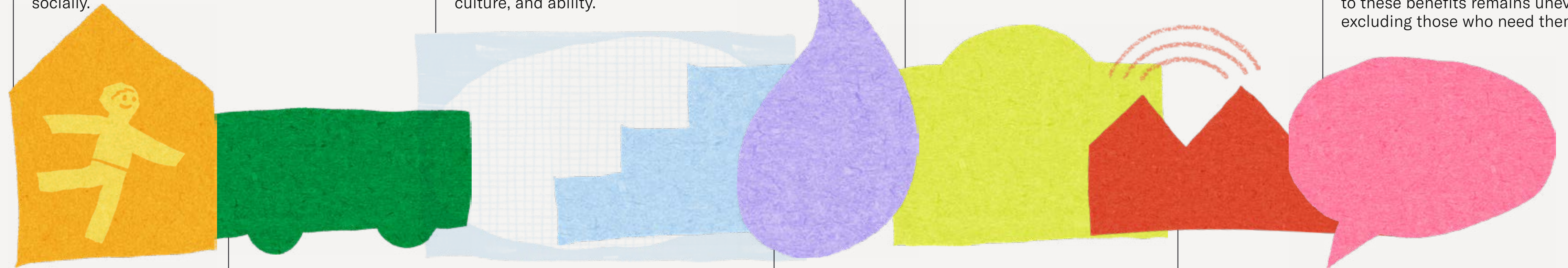
### Healthy Natural Environment

A healthy natural environment is essential to human health. Living with clean air and near nature not only improves daily health behaviours but also protects against long-term risks, from cardiovascular illness to depression. Biodiversity underpins vital services like clean water, food, and flood protection. In a changing climate, green infrastructure also shields communities from heat and flooding.



### Healthy Places and Neighbourhoods

Healthy places and neighbourhoods lay the foundation for everyday wellbeing. When communities have access to healthy food, green spaces, essential services and characterful and welcoming places within walking distance, people are more likely to lead active lives, maintain a healthy weight, and feel socially connected.



# Our objectives

Each Healthy Placemaking Principle has three objectives. These are set out in the following chapter. The objectives articulate the intended actions and health outcomes for each principle. They have been written through the lens of the cross cutting themes. This ensures that inclusivity, equity and sustainability remain embedded throughout.



## Objectives for the Healthy Homes Principle

Framework

### Healthy Homes

#### Objectives for Healthy Herts:

- **Inclusivity**  
By embedding inclusive design and adaptability, a mix of housing types, liveable space standards and daylight amenity we will ensure new homes support health, dignity and wellbeing for all residents in Hertfordshire.
- **Equity**  
By prioritising affordable, secure and specialist housing for vulnerable groups and directing housing to areas where it can most reduce disparities and improve access to care we will reduce widening health inequality driven by poor housing conditions.
- **Sustainability**  
By promoting sustainable, energy efficient, ventilated and thermally comfortable homes, retrofitted where necessary, we will tackle overheating, damp, mould and air pollution while supporting low-carbon lifestyles.

Herts Healthy Placemaking

# [Part 2] Framework Guidance



# 2.1 Healthy Placemaking Principles

## 2.2 Embedding Health in Plans



## 2.3 Health Action Areas



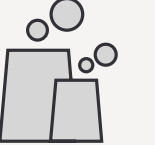


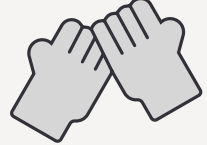





















The Framework is structured by seven healthy placemaking principles covering communities, homes, movement, environment, economy, infrastructure and places. Together, these principles ensure health outcomes are considered holistically and across all areas of planning policy.

The following section sets out key objectives for achieving these principles, supporting evidence and justification and guidance for integrating them into planning policy at a strategic and local scale.

# Addressing social determinants

The Healthy Placemaking Principles work by targeting the social determinants of health (see 1.1). This table demonstrates how the principles work together to holistically address the range of determinants in the built environment, economy and society which can contribute to poor health outcomes. The social determinants of health are interrelated; targeting one often addresses another, and when working together the principles create co-benefits. This is reflected in the opacity of the icons.

 = primary target  
 = co-benefit

						
SOCIAL DETERMINANTS	OBESOGENIC ENVIRONMENTS	UNSUITABLE LIVING CONDITIONS	ENVIRONMENTAL HAZARDS	ACCESS TO EDUCATION AND WORK	ACCESS TO AMENITIES AND FACILITIES	ANTI-SOCIAL ENVIRONMENTS
<b>Increased health risk factors as a result of social determinants</b>	Poor diet and low physical activity	Mental stress, unsuitable temperature, low physical safety.	Poor air quality, high noise, damp and mould which leads to lack of sleep, blood pressure, anxiety.	Socio-economic deprivation	Low physical activity, social isolation	Social isolation, loneliness, low physical activity, fear of crime
<b>Healthy Homes</b>						
<b>Healthy Natural Environment</b>						
<b>Healthy Economy</b>						
<b>Healthy Movement and Connectivity</b>						
<b>Healthy Places and Neighbourhoods</b>						
<b>Healthy and Safe Communities</b>						
<b>Healthy Community Infrastructure</b>						

# Healthy Homes

## Healthy placemaking principles:

- At a strategic scale
- At a local scale

## Objectives for Healthy Herts:

### Inclusivity

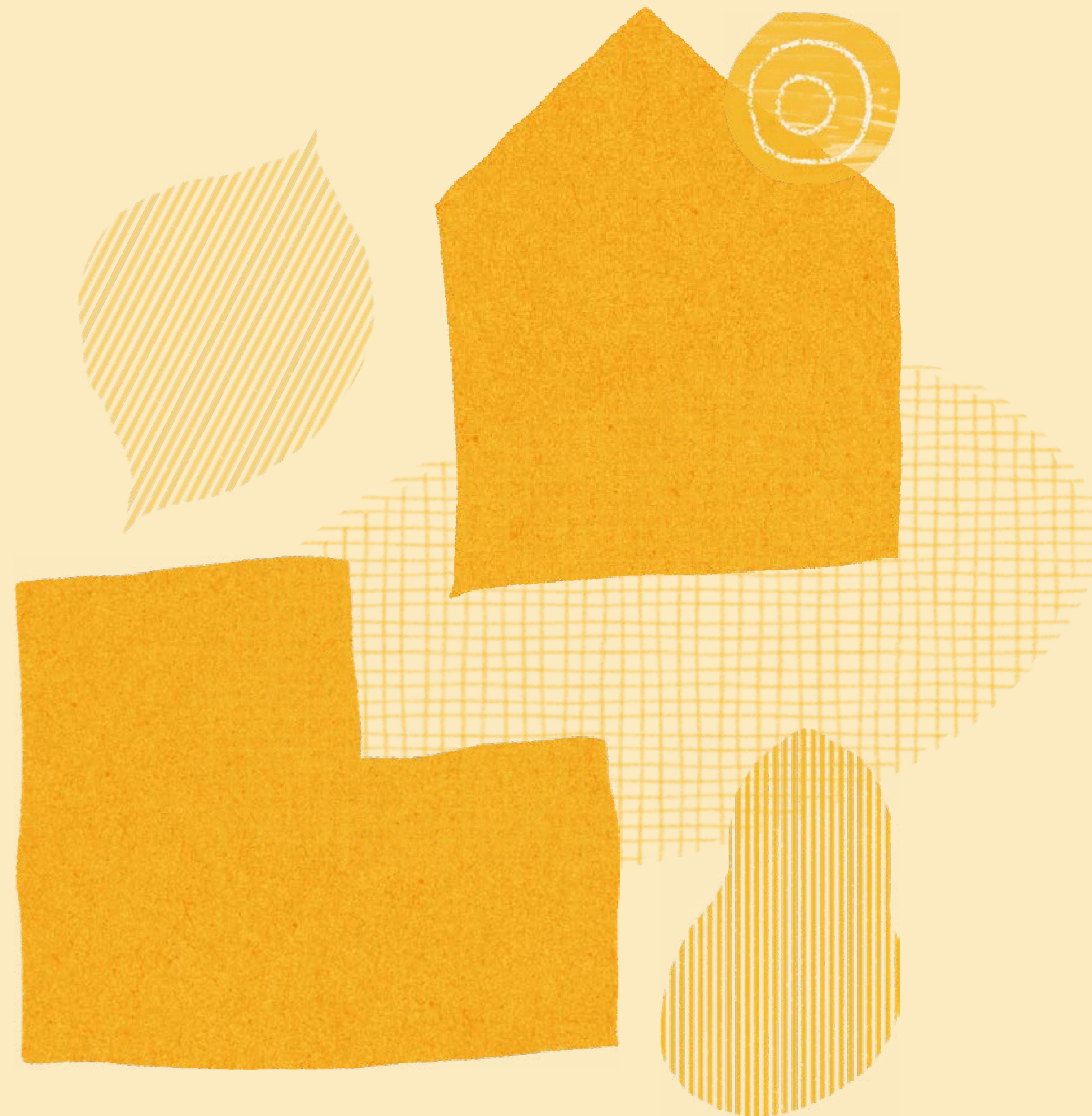
By embedding inclusive design and adaptability, a mix of housing types, liveable space standards and daylight amenity to ensure new homes support health, dignity and wellbeing for all residents in Hertfordshire.

### Equity

By prioritising affordable, secure and specialist housing for vulnerable groups and directing housing to areas where it can most reduce disparities and improve access to care to reduce widening health inequalities linked to poor housing conditions.

### Sustainability

By promoting sustainable, energy efficient, well ventilated and thermally comfortable homes, retrofitted where necessary, to tackle overheating, damp, mould and improve air quality, and support low-carbon lifestyles.



# Why Healthy Homes matter

Home represents security and belonging. Everyone needs a good quality, affordable home that supports good physical and mental health.

Yet, the United Kingdom is in the midst of both a housing and a health crisis. Not enough homes, particularly affordable homes, have been built where they are needed most, while health inequalities have widened. These two crises – health and housing – are inseparable. The homes we live in shape our health in many ways, for good and, increasingly, for ill.

Hertfordshire is no exception. Nine in ten residents are impacted by the cost of living, with 80% cutting back on heating and 30% reporting worsening physical health (Healthwatch Hertfordshire, 2021).

To reduce pressure on the NHS, a preventative and equitable approach must be adopted, ensuring everyone has access to safe, warm housing that supports their wellbeing.

**0.1%** **4th**

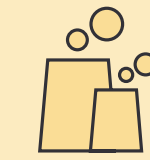
of properties in Hertfordshire had very efficient Energy Performance Certificate (EPC) ratings. Most properties (37%) had average EPC ratings (ESRI, MHCLG, 2024).

leading cause of death is respiratory infections, linked to poor quality housing (JSNA, 2022).

**18,000** **9%**

homes suffer from damp and mould, increasing the risk of preventable illnesses (Hertfordshire County Council, 2025)

of homes face fuel poverty and spend over 10% of income on energy - raising risks of respiratory and heart illness (Hertfordshire Community Foundation, 2023)



**SOCIAL DETERMINANTS**

**OBESOGENIC ENVIRONMENTS**

**UNSUITABLE LIVING CONDITIONS**

**ENVIRONMENTAL HAZARDS**

**ANTI-SOCIAL ENVIRONMENTS**

**Delivering a mix of housing types tailored to local needs**

is linked to higher levels of physical activity (Durand, 2011).

reduces isolation by fostering more socially connected communities (NPPF).

**Prioritising affordable, secure housing for vulnerable groups**

increases engagement with healthcare services (Bassuk et al., 2014).

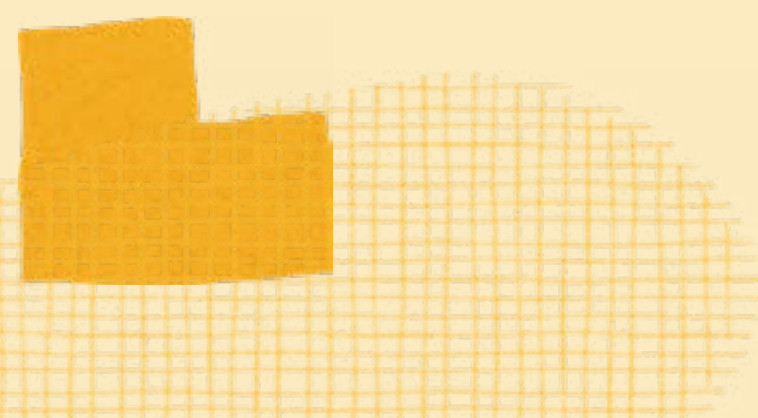
improves behaviour in vulnerable groups (Reif et al 2014) and reduces crime by creating better resourced environments (TCPA, 2024).

**Ensuring minimum liveable space standards that support health, dignity and functionality**

improves general health outcomes (Clark et al., 2007) and reduced health inequalities (Gibson et al. 2011).

**Promoting sustainable design that enhances thermal comfort, noise reduction and daylight and good air quality**

reduces respiratory and cardiac conditions, improves mental health, and lowers mortality rates (Krieger et al., 2014; WHO, 2010).





# Planning policy levers

## Strategic plan policy

### Create conditions for healthy behaviour:

- Promote equitable access to healthy housing across Hertfordshire, through strategic distribution aligned with need to support health and reduce health inequalities.
- Direct housing growth in locations that enable healthy behaviour, including proximity to existing facilities and green space, public transport connections, active travel routes to promote reduced reliance on private vehicles.
- Support tenure diversity, affordability and social housing delivery.

### Reduce harmful impacts:

- Embed climate resilience and indoor environmental quality in strategic housing policy to address overheating, damp and air quality.

## Local plan policy

### Create conditions for healthy Behaviour:

- Promote mixed, tenure-blind neighbourhoods that integrate a varied mix of housing types including accessible and adaptable dwellings.
- Prioritise affordable, secure and specialist housing for vulnerable groups, including older people and people with disabilities.
- Set clear policy language regarding adoption of Nationally Described Space Standards to ensure sufficient internal space in housing and enable flexibility.
- Ensure all new dwellings are provided with private or shared outdoor amenity space to support home growing.

### Reduce harmful impacts:

- Ensure sites are designed to maximise daylight, sunlight and provision of dual aspect residences.
- Support proposals that demonstrate design measures to reduce noise, light and air pollution.
- Support proposals that promote thermal comfort in all seasons through their layout, design, construction, materials and operation.
- Prioritise retrofitting and regeneration of existing housing stock through appropriate strategies and support the alignment of funding.

### Set standards

- Policies should adopt the Town and Country Planning Associations (TCPA) 'Healthy Homes' Principles, through a dedicated 'Healthy Homes' policy or by embedding them into relevant thematic policies.

## ↗ Guidance and resources

- Further information and evidence supporting the TCPA's Healthy Homes Principles is available at <https://www.tcpa.org.uk/resources/healthy-homes-principles/>
- Decent Homes Standard. Available at: <https://www.gov.uk/guidance/decent-homes-standard-review>



# Healthy Movement and Connectivity

## Healthy placemaking principles:

- At a strategic scale
- At a local scale

## Objectives for Healthy Herts:

### Inclusivity

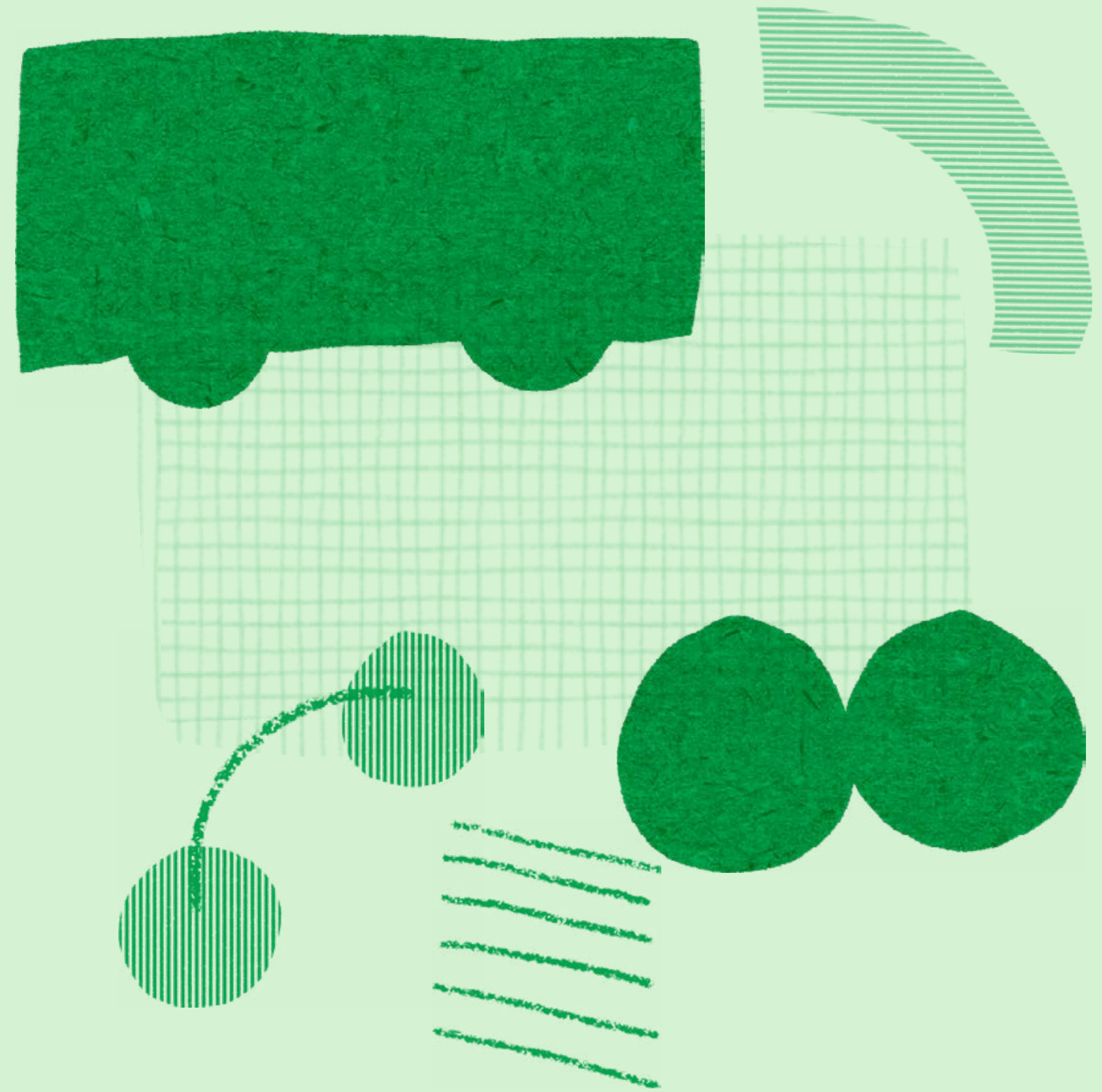
By promoting safe, accessible and inclusive active travel connections, public transport networks and digital connectivity we will ensure everyone can move actively and connect with others.

### Equity

By prioritising cohesive active travel and public transport networks that connects people from all areas to jobs, schools, healthcare and green space we will reduce transport inequalities and improve health outcomes for those most at risk of isolation, inactivity and exposure to poor air quality.

### Sustainability

By removing barriers to choosing walking, wheeling, cycling and public transport as the first choice for daily travel we will reduce car dependency, cut pollution and support low-carbon, active and socially connected places.



# Why Healthy Movement and Connectivity matters

Health is largely shaped by factors outside of the healthcare system. One such factor is movement and connectivity: how easily people can access work, education, services and social networks, and remain physically active. Inequalities in this social determinant of health translate into inequalities in health.

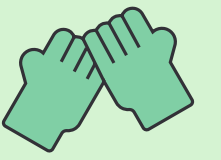
In Hertfordshire, people in the County’s most deprived areas are nearly twice as likely to be inactive, with children in those neighbourhoods facing higher obesity rates. High levels of private vehicle usage contributes to traffic-related air pollution, contributing to nearly 6% of deaths among over-30s in 2022. The effects of this crisis fall hardest on disadvantaged groups. Health inequalities linked to limited movement and connectivity have worsened and require urgent, preventative action to avoid further deepening.

**25.5%** of adults in Hertfordshire are inactive in 2020/21. (JSNA, 2022)

**2x** more likely for adults in deprived areas to be inactive (38.9%) compared to those in least deprived areas (20.5%).(JSNA, 2022a)

**47%** of those aged 75 and over are considered inactive. (JSNA, 2022a)

**18%** of adults utilised an outdoor space for exercise of health reasons in Hertfordshire in 2015 (JSNA, 2024)



## SOCIAL DETERMINANTS

## OBESOGENIC ENVIRONMENTS

## ACCESS TO AMENITIES, WORK AND SCHOOLS

## ENVIRONMENTAL HAZARDS

## ANTI-SOCIAL ENVIRONMENTS

**Providing and encouraging use of public transport at regional and local levels**

is associated with higher levels of active travel among children (Davidson & Lawson, 2006).

mitigates severance of communities by motorised traffic (Scally, 2016).

improves mobility and enhances quality of life of those with mental or physical impairments (Lezzoni et al. 2001).

**Promoting walking, wheeling and cycling as the first choice of travel by providing inclusive active travel infrastructure**

increases activity levels in all age groups which helps to manage weight (Carlin et al., 2015).

provides low-income communities with access to jobs, education and essential services (Rae et al. 2016).

improves air quality and perception of pollution, encouraging outdoor activity (Annear et al., 2014).

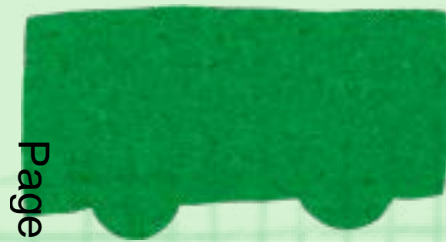
reduces loneliness by facilitating social interactions and allowing people to engage in daily life (Marmot Review, 2010).

**Removing barriers to physical activity by prioritising pedestrians and cyclists on our roads and streets**

promotes accessible pavements, safe crossings and resting places, which increases physical activity and reduces preventable illnesses (TFL, 2017).

reduces noise pollution, mitigating stress and sleep disruption (TFL, 2017).

facilitates walking and reduces isolation among certain groups such as older people, children, and disabled people (TFL, 2017).



# Planning policy levers

## Strategic plan policy

### Create conditions for healthy behaviour

- Ensure active travel and public transport accessibility are core criteria in the spatial distribution of strategic housing and employment growth.
- Support cross boundary rail and bus networks to enhance regional connectivity.
- Support the provision of of sustainable transport corridors, capable of demonstrating how they prioritise active and sustainable travel over private cars, that connect key growth areas, employment hubs, nature protection and recovery areas and health services.
- Ensure digital connectivity is utilised as a complementary tool to reduce unnecessary travel and support flexible working.

## Local plan policy

### Create conditions for healthy behaviour

- Ensure new development integrates with existing places, strengthening wider public transport and active travel networks and connections between new developments and existing local services, schools, jobs and green spaces.
- Ensure new developments provide safe, direct, and accessible active travel and public transport routes within the new development boundary.
- Support development of high quality active travel infrastructure that is user friendly and inclusive with suitable shade, wayfinding and storage solutions including cycle parking and end of trip facilities.

## Reduce and limit harmful impacts

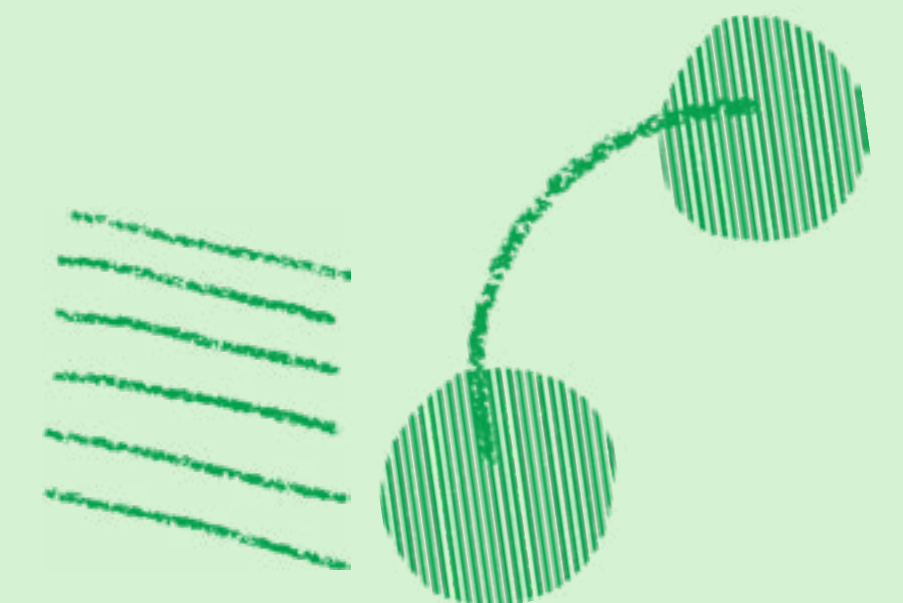
- Promote solutions that allocate suitable space for different road users including segregated cycle and pedestrian routes that provide an increased perception of safety and reduced chance of collision.
- Promote ambitious parking standards, which reduce overall parking levels, particularly where public transport connectivity is high and support schemes that offer no, low and innovative parking solutions.

## Set standards

- Developments should be required by policy to use the 'Healthy Streets checklist for new developments' and the 'Healthy Streets Design Check' to assess proposals against key indicators and demonstrate how their score has been maximised. Where relevant this should also include an assessment of improvements to the existing street network.
- Policy should also require consideration of Hertfordshire Highways 'Place and Movement Planning Design Guide'.

## ↗ Guidance and resources


- Further information and tools for measuring Healthy Streets Indicators is available here: <https://www.healthystreets.com/resources>
- The Healthy Streets Index which rates the existing index performance of all streets in Hertfordshire is available here: [https://static1.squarespace.com/static/6048ed6105c2155a63b0c831/t/6622744d50d5ad01e92ba47d/1713534036135/HSI\\_2023\\_Hertfordshire\\_Map\\_Traffic+Light\\_R00\\_SM.pdf](https://static1.squarespace.com/static/6048ed6105c2155a63b0c831/t/6622744d50d5ad01e92ba47d/1713534036135/HSI_2023_Hertfordshire_Map_Traffic+Light_R00_SM.pdf)
- Hertfordshire County Council (n.d) Place and Movement Planning and Design Guidance for Hertfordshire. Available at: <https://www.hertfordshire.gov.uk/services/highways-roads-and-pavements/business-and-developer-information/development-management/highways-development-management.aspx>



# Healthy Places and Neighbourhoods

## Healthy placemaking principles:

 At a strategic scale

 At a local scale

## Objectives for Healthy Herts:

### Inclusivity

By promoting well designed, characterful and vibrant neighbourhoods with a mix of uses and services to create places where people of all ages and abilities can thrive, connect easily and have pride in place.

### Equity

By promoting access to healthy food choices, walkability and co-locating services, to reduce spatial inequalities and enable healthier life choices for all communities.

### Sustainability

By encouraging compact, mixed-use development and high quality public realm, to reduce travel demand and support neighbourhoods that foster community resilience.

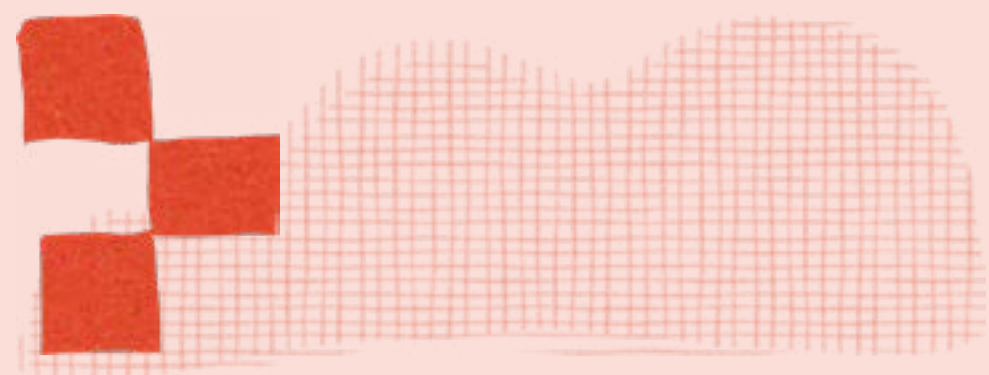


# Why Healthy Places and Neighbourhoods matter

Neighbourhoods are places where people live, work, play and have a sense of belonging. Their design, walkability, and land use impact day-to-day decisions and therefore shape people's health behaviours.

If a neighbourhood does not provide residents with healthy conditions, then good health is not possible. The prevention of ill health and health inequalities begins with investing in safe, active, and inclusive places.

In Hertfordshire, people live longer than the national average but often spend up to 20 years in poor health. Despite good overall health, dietary risks and diabetes were major contributors to mortality in 2019. By curating neighbourhoods and places where healthy choices are easier than unhealthy ones, strategic and local plan policies can help Herts residents live not just longer but healthier.



22%

of residents were 'Very Satisfied' with their local area in 15-20 min walking distance, down from 58% in 2024 (Hertfordshire Residents Survey, 2024).

14yrs

Variance in life expectancy across Hertfordshire (OHID, 2025).

4th

most common cause of death in 2019 in Hertfordshire was dietary risks, which are related to obesogenic environments. (JSNA, 2022)

176,000

adults in 2021 across Hertfordshire made use of outdoor spaces for exercise, showing the value of accessible parks. (JSNA, 2024)

SOCIAL DETERMINANTS	OBESOGENIC ENVIRONMENTS	ACCESS TO AMENITIES, WORK AND SCHOOLS	ENVIRONMENTAL HAZARDS	ANTI-SOCIAL ENVIRONMENTS
<b>Increase accessibility to healthy food and promote healthy food choices</b>	reduces the disproportionate amount of fast food outlets in low-income areas and associated higher obesity levels (Cobb et al., 2015).			is linked to nutritious food consumption which reduces stress, depression, and anxiety (Giskes et al. 2010).
<b>Promoting compact, mixed use neighbourhoods</b>	encourages walking and cycling across all ages (Fraser et al. 2011) and increases activity among adolescents (Rothman et al. 2014).	supports dependable public transport services (London, 2020), connecting deprived communities to opportunities.	is conducive to non-motorised transport (Durand, 2001; Gomez, 2015), which reduces air and noise pollution.	makes facilities accessible which helps strengthen social bonds by encouraging connection (Mitchell & Popham, 2008).
<b>Promoting the design of characterful and vibrant places</b>			can provide restorative experiences when stressors like noise and crowding are managed (TFL, 2017).	supports mental wellbeing by encouraging people to spend time outside and connect with others (TFL, 2017).

# Planning policy levers

## Strategic plan policy

### Create conditions for healthy behaviour

- Identify a strategic centres hierarchy which promotes the growth of healthy places and neighbourhoods and ensures protection of high streets.

## Local plan policy

### Create conditions for healthy behaviour

- Ensure the provision and protection of allotments and community garden spaces in new developments and consider strategies for their long-term management.
- Promote the protection, enhancement and delivery of high quality public realm that provide safe, accessible and comfortable spaces that encourage increased and incidental interaction and social connection.
- Beyond formal play and recreation (see Healthy Community Infrastructure) provide informal spaces for children, young people and adults to engage in self-expression, contemplation, relaxation and connection.
- Promote compact, mixed-use schemes that support co-location and proximity to everyday facilities and amenities, connected by safe and accessible active travel links.

## Reduce harmful impacts

- In accordance with NPPF paragraph 97, prevent hot food takeaways and fast food outlets located outside of town centres and within walking distance of schools.
- Introduce hot food takeaway restriction areas where existing high density of outlets is correlated with high levels of overweight or obese adults or in areas where young people congregate.
- Betting shops should also be subject to requirements to provide cumulative impact assessments and health impact assessments to ensure health inequalities have been minimised.

## Set standards

- Encourage development that enhances the character and distinctiveness of place through high quality design principles supported by character studies, area or typology-specific design codes.
- Ensure that area specific design codes prioritise and embed health outcomes to create consistency and clarity for developers.

## ↗ Guidance and resources

- Public Health England (2017) Strategies for encouraging healthier out of home food provision: a toolkit for local councils working with small food businesses. London: Public Health England. Available at: [https://assets.publishing.service.gov.uk/media/5d83a91ee5274a27c5f4a8e8/Encouraging\\_healthier\\_out\\_of\\_home\\_food\\_provision\\_toolkit\\_for\\_local\\_councils.pdf](https://assets.publishing.service.gov.uk/media/5d83a91ee5274a27c5f4a8e8/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf)
- Town and Country Planning Association and Local Government Association (2016) Building the foundations: Tackling obesity through planning and development. London: TCPA and LGA. Available at: <https://www.local.gov.uk/sites/default/files/documents/building-foundations-tack-f8d.pdf>
- Quality of Life Foundation, 2023. Design codes for health and wellbeing: A short guide for policymakers, planning officers and design teams. [pdf] Available at: <https://www.qolf.org/wp-content/uploads/Design-codes-for-health-and-wellbeing.pdf>



# Healthy and Safe Communities

## Healthy placemaking principles:

- At a strategic scale
- At a local scale

## Objectives for Healthy Herts:

### Inclusivity

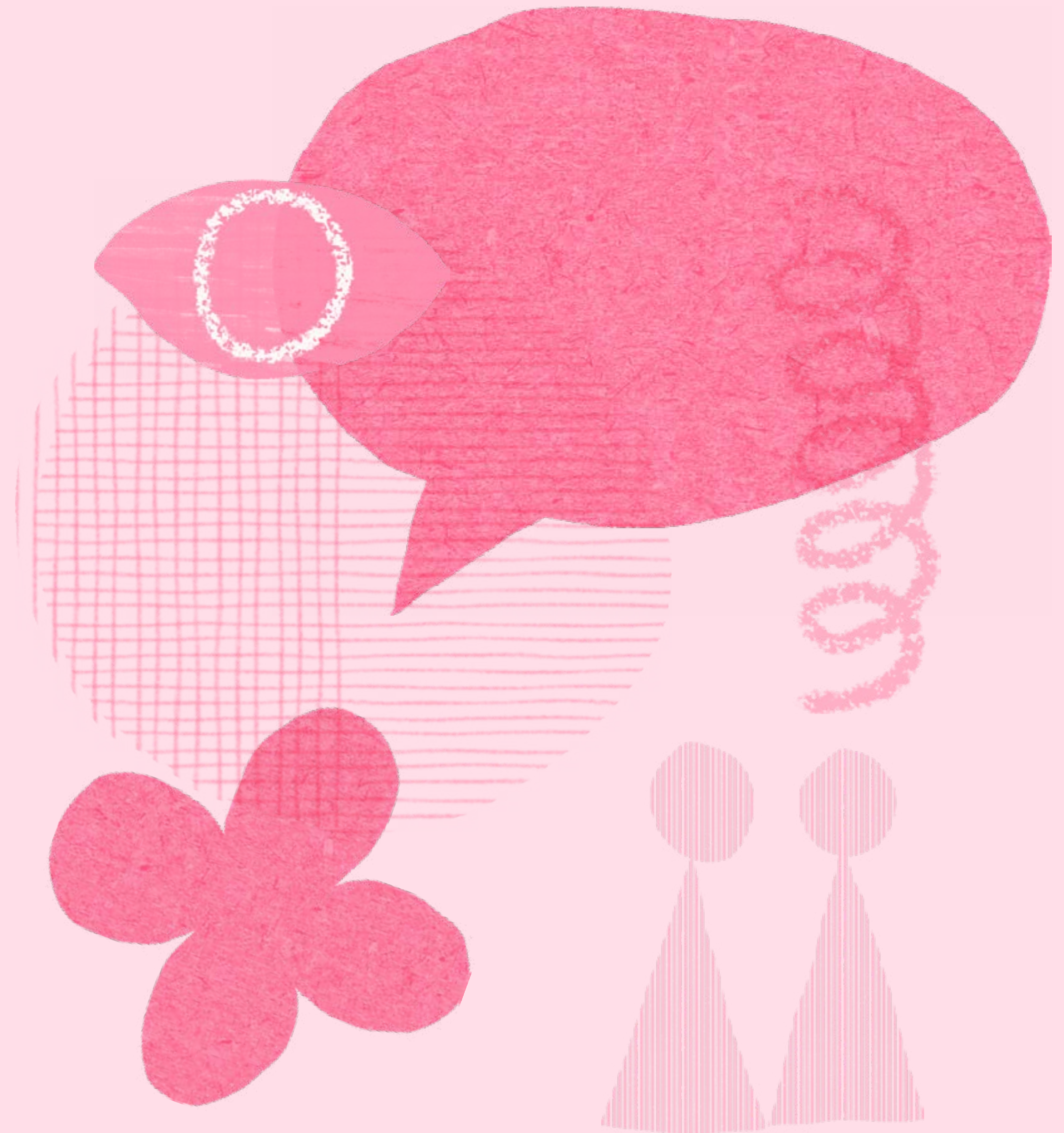
By ensuring the design of public spaces and neighbourhoods is welcoming, accessible and responsive to the needs of all residents, irrespective of age, gender, background or physical ability, to ensure Hertfordshire's communities support mental wellbeing and social connection.

### Equity

By reducing barriers to participation in public life, especially for those in deprived areas or facing discrimination, to address health inequalities linked to fear and exclusion.

### Sustainability

By fostering community stewardship and designing adaptable, multifunctional spaces that support cultural expression, social interaction and long-term engagement, to create resilient, health-promoting communities across Hertfordshire.





# Why Healthy and Safe Communities Matter



Feeling safe and included in a community is fundamental to health and wellbeing. In Hertfordshire, safety concerns limit the use of public transport and parks – particularly among women and girls (Green Spaces, JSNA). There is also unequal access to cultural institutions and uses that promote overall wellbeing. People with disabilities and those in deprived areas face barriers to accessing cultural spaces due to cost, transport limitations, and physical inaccessibility (JSNA, 2024a).

Inclusive, safe and socially connected environments reduce isolation, improve mental health, and encourage physical activity. Community cohesion and stewardship also strengthen resilience and reduce anti-social behaviour. By adopting a whole-community approach that prioritises inclusive culture and safety, Hertfordshire can ensure planning considers age, gender, disability, ethnicity, and income in order to promote health equity.

27.8%

of households in Hertfordshire had one person living alone (ESRI, ONS, 2021).

45%

of Hertfordshire Adult Social Care users reported having as much social contact as they would like in 2024 (ESRI, PHOF, 2024).

59%

of those living in the most deprived areas of the UK reported engaging with the arts in the past 12 months in 2019 - lower than any other group (JSNA, 2024a).

8%

of East of England GVA was generated by the Creative Industries in 2022 (DCMS, 2025).

## SOCIAL DETERMINANTS

## ANTI-SOCIAL ENVIRONMENTS

**Promoting and protecting regional and local cultural assets and visitor attractions**

supports the prevention of health conditions and positively impacts physical and mental health (Fancourt et al 2021). It also supports the expansion of arts and heritage prescription modes which are important for holistic health management (JSNA, 2024a) and mitigates structural barriers to culture and associated poor health outcomes (Pineo, 2018).

**Ensuring the design of new places is responsive to the needs of vulnerable groups and different users**

builds community cohesion and mental health but must be intentionally embedded to avoid reinforcing existing inequalities (NCCH, 2023), whilst applying gender-sensitive design improves individual wellbeing (Criado-Perez, 2019; Clark & Walker, 2023).

Inclusive design acts as an enabler for all other objectives by ensuring vulnerable groups can access health-promoting environments.

**Ensuring communities feel safe and secure**

supports overall wellbeing and is an important pre-cursor to encouraging physical activity. Particularly for women, safety concerns are a barrier to the use of public transport and park facilities (Criado-Perez, 2019; Clark & Walker, 2023).

# Planning policy levers

## Strategic plan policy

### Create conditions for healthy behaviour

- Support regional cultural and tourism assets as part of a broader wellbeing strategy.

## Local plan policy

### Create conditions for healthy behaviour

- Support development that enables local creative uses such as flexible arts space as part of a wider community hub (see Healthy Community Infrastructure) or public art and heritage interpretation.
- Enhance local ownership of public places by involving communities in decision-making around how places celebrate local culture and historic heritage.
- Ensure all proposals account for the ways age, gender, income, physical ability or ethnicity influence how people interact with public spaces, with a strong commitment to inclusive design.
- Explicitly support the facilitation of increased social prescribing by protecting and enhancing local and regional cultural uses and spaces.
- Encourage schemes that integrate community ownership and stewardship models.

### Reduce harmful impacts

- Support the early integration of crime prevention into scheme design and improve perceptions of safety by referencing best practice design guidance such as the Design Council's 'Designing out Crime: A Designers' Guide' or the Police Crime Prevention Initiatives 'Secured by Design: Residential Homes Guide (2025)'.
- Promote multifunctional public spaces that support programmed activities, installations, and temporary uses to enhance social interaction and improve perceptions of safety.

## ↗ Guidance and resources

- National Centre for Creative Health (2024) Creative Health Toolkit. Available at: <https://creativehealthtoolkit.org.uk/>
- National Centre for Creative Health (NCCH), (2023) Creative Health Review: How Policy Can Embrace Creative Health. Available at: <https://ncch.org.uk/creative-health-review>
- MARCH Network (no date) MARCH Legacy: Social, cultural and community assets and mental health. Available at: <https://marchlegacy.org/>
- Design Council (2009) Designing out crime: a designers' guide. London: Design Council. Available at: [https://www.designcouncil.org.uk/fileadmin/uploads/dc/Documents/designersGuide\\_digital\\_0\\_0.pdf](https://www.designcouncil.org.uk/fileadmin/uploads/dc/Documents/designersGuide_digital_0_0.pdf)
- Police Crime Prevention Initiatives (2025) Secured by Design Residential (Homes) Guide 2025, Edition 1. Available at: <https://www.securedbydesign.com/images/RESIDENTIAL%20GUIDE%202025%2027325.pdf>



# Healthy Economy

## Healthy placemaking principles:

- At a strategic scale
- At a local scale

## Objectives for Healthy Herts:

### Inclusivity

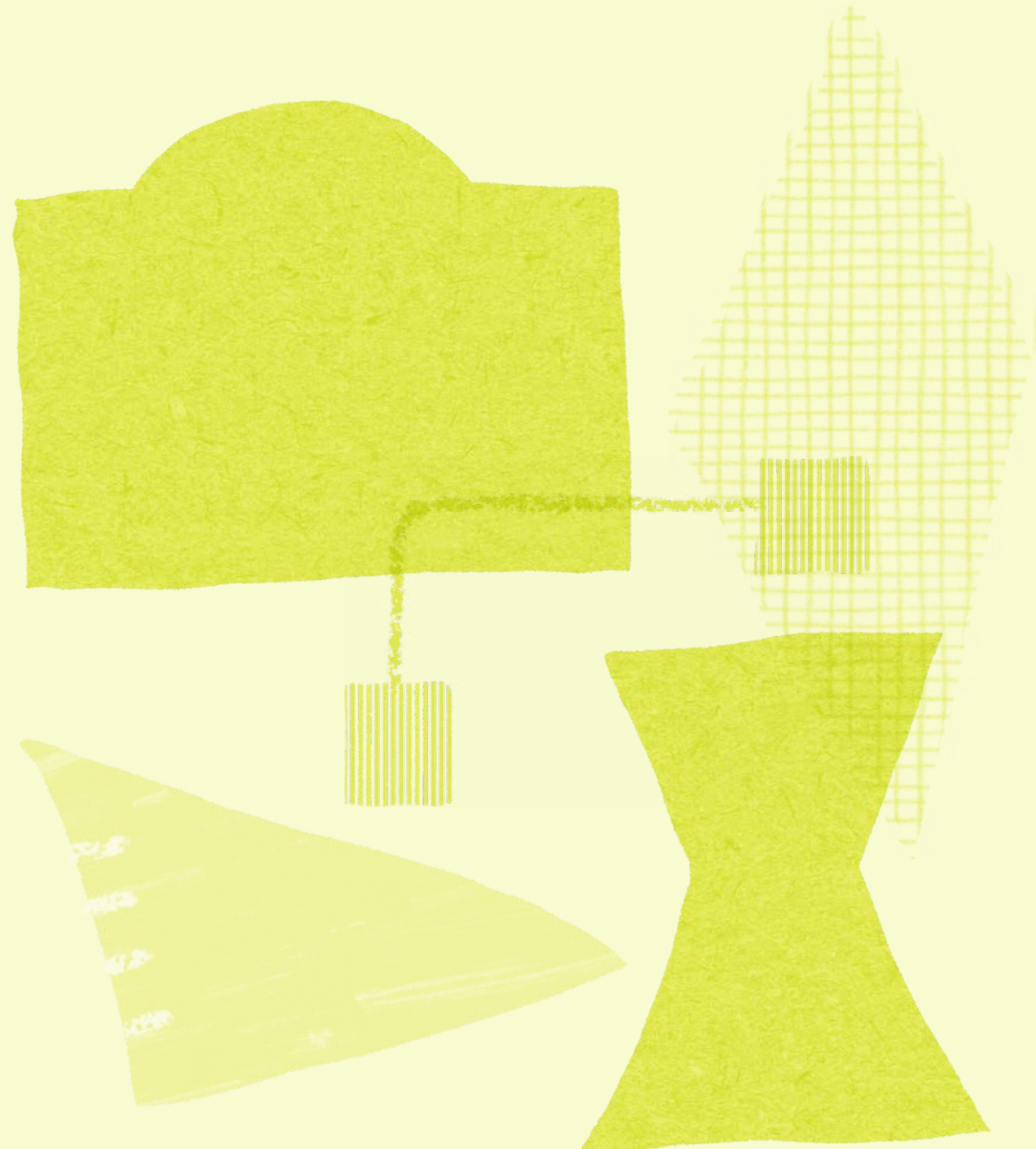
By supporting access to secure, meaningful employment, diverse local enterprise, and lifelong learning opportunities, all residents in Hertfordshire can participate in and benefit from a healthy economy

### Equity

By reducing spatial and social disparities in access to jobs, skills development and enterprise support particularly for young people and vulnerable groups health inequalities linked to economic exclusion can be addressed.

### Sustainability

By promoting resilient, locally rooted economies that reduce commuting stress, support wellbeing, and adapt to future challenges, Hertfordshire's economy can become both health-supporting and future-proof.



# Why Healthy Economy matters

A healthy economy is a key foundation of overall community health. Access to secure, meaningful employment can improve mental wellbeing, reduce health inequalities, and strengthen community resilience.

Hertfordshire benefits from a strong economy, contributing nearly £50 billion in GVA to the national economy each year and outperforming the national unemployment average. However, challenges remain. In some areas, the number of jobs falls short of the working-age population, and a notable proportion of residents lack the skills needed to access opportunities. These challenges are not evenly distributed; certain groups - such as disabled individuals - face greater barriers to achieving financial security and a good quality of life.

Planning can play a vital role by aligning economic development with inclusive skills strategies, ensuring land use, infrastructure, and investment decisions actively support equitable access to employment, training, and enterprise.

0.69

is the job density (number of jobs per people) in North Hertfordshire, showcasing lack of opportunity (ESRI, ONS, 2021).

3.5%

of the population in Hertfordshire lack attainment in education, skills and training (ESRI, ONS, 2024).

2x

more likely for disabled people (6%) compared to abled people (3.4%) to be unemployed in the East of England (ESRI, ONS, 2024).

61,060

enterprises in Hertfordshire as of 2024, adding £49.7M GVA to the national economy, which averages £40.9m GVA per head (ESRI, ONS, 2024a).

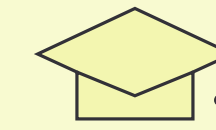


## SOCIAL DETERMINANTS

**Aligning economic development with strategic health, transport, and housing strategies**

## OBESOGENIC ENVIRONMENTS

reduces car dependency and avoids unhealthy uses in deprived areas (QoL, LGA 2024).



## ACCESS TO AMENITIES, WORK AND SCHOOLS

encourages mixed-use development that integrates workspace, services and housing to support local economies (QoL, P+P, 2024).



## ANTI-SOCIAL ENVIRONMENTS

**Ensuring access to employment opportunities across all communities**

improves a person's social status which directly correlates to decreased risk of ill-health (Marmot Review, 2010).

reduces health inequalities by addressing spatial disparities in access to jobs, services, and healthy natural environments (QoL, P+P, 2024).

reduces health inequalities among those with disabilities, mental ill-health, some ethnic minority groups, older workers and young people (Marmot Review, 2010).

**Supporting local enterprise, social value, and community wealth-building.**

provides more flexibility for businesses to adapt, helping to revitalise town centres which positively impacts health (QoL, LGA 2024).

supports inclusive growth by prioritising developments that benefit the local community (QoL, P+P, 2024).

**Promoting skill development to strengthen local economies and support healthier communities**

reduces inequalities in educational outcomes which affect physical and mental health (Marmot Review, 2010).

# Planning policy levers

## Strategic plan policy

### Create conditions for healthy behaviour

- Enable access to good work by ensuring strategic employment growth is well-located and integrated with transport and housing.
- Locate strategic employment growth where this will address spatial disparities in access to jobs, services, and healthy natural environments.
- Safeguard land for schools, colleges, training centres and support the continued expansion of education and research facilities.

## Local plan policy

### Create conditions for healthy behaviour

- Support inclusive growth by prioritising developments that deliver social value and community wealth-building.
- Encourage diverse, local economies that are adaptable to change and supportive of wellbeing. Encourage mixed-use developments that integrate learning, enterprise spaces and flexible workspace including through integrated community hubs (see Healthy Community Infrastructure).
- Support digital infrastructure and flexible learning environments.
- Locate employment centres near public transport and active travel networks to reduce car dependency and improve access.
- Support flexible and affordable workspace for SMEs, social enterprises, and community-led businesses.

## Reduce harmful impacts

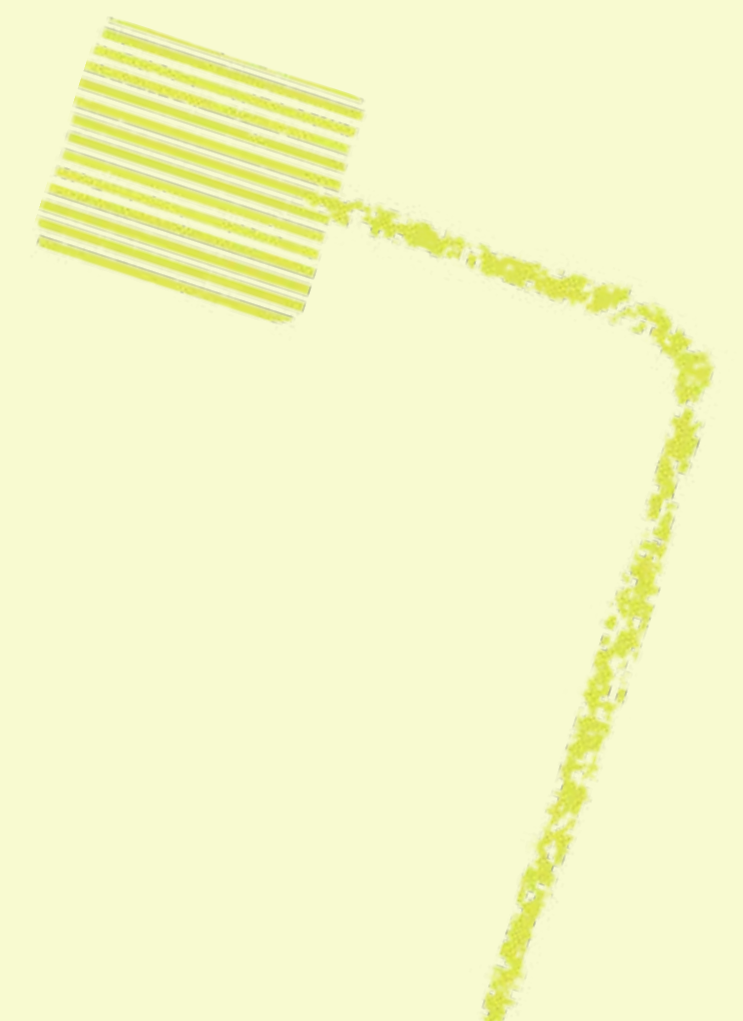
- Ensure employment land policies do not undermine access to green space, daylight for residential areas, or air quality.

## Set standards

- Ensure employment areas are safe, accessible, and promote wellbeing (e.g. daylight, rest areas, green infrastructure).
- Adopt social value procurement policies that prioritise local hiring, training, and wellbeing outcomes.

## ↗ Guidance and resources

- Wellbeing Economy Alliance (2021) Wellbeing Economy Policy Design Guide. Available at: [https://www.c40knowledgehub.org/s/article/Wellbeing-economy-policy-design-guide?language=en\\_US](https://www.c40knowledgehub.org/s/article/Wellbeing-economy-policy-design-guide?language=en_US)



# Healthy Natural Environment

## Healthy placemaking principles:

- At a strategic scale
- At a local scale

## Objectives for Healthy Herts:

### Inclusivity

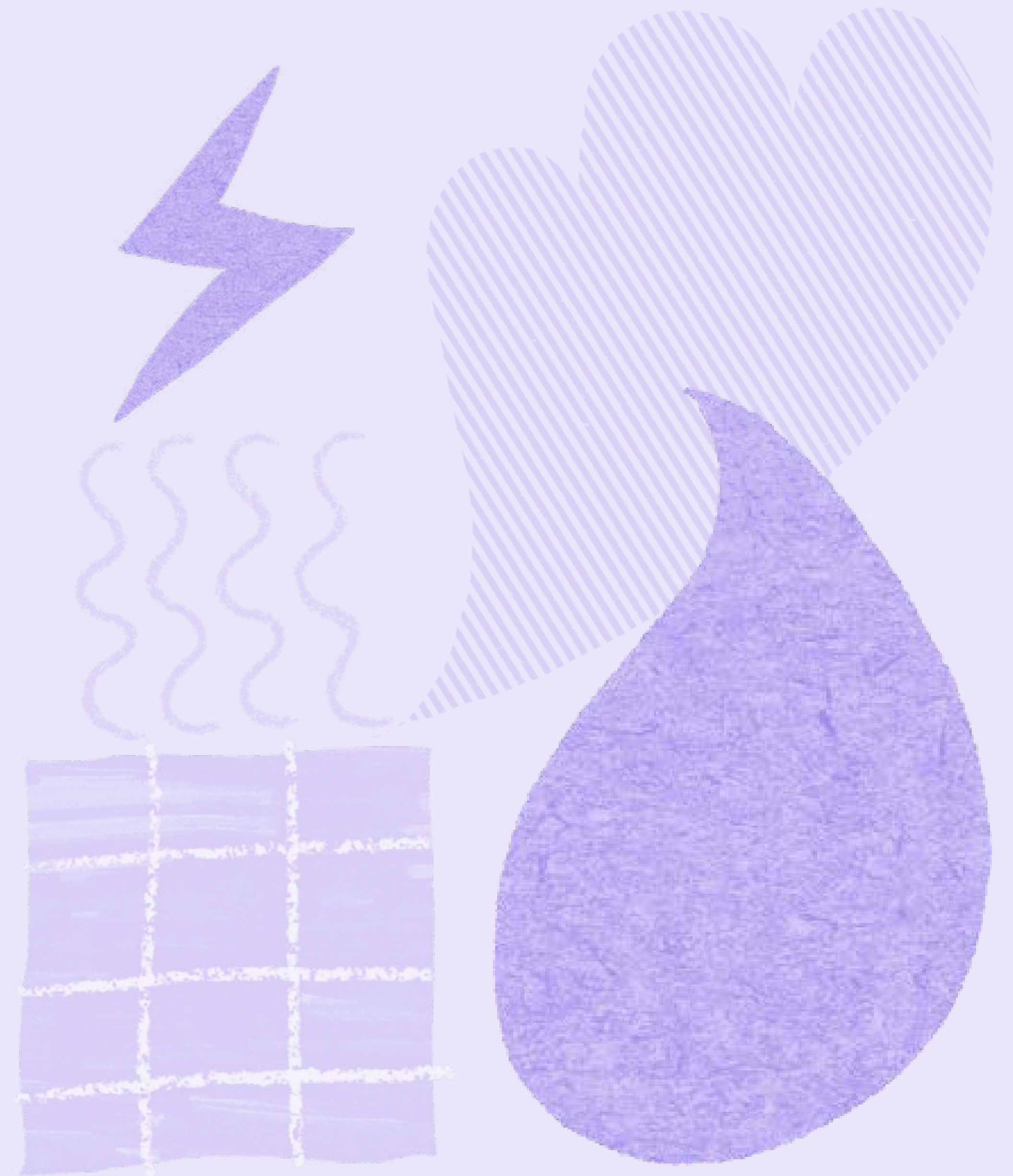
By ensuring all communities in Hertfordshire have access to high-quality green and blue spaces, this will support physical and mental wellbeing, reduce isolation, and enable everyone to benefit from access to nature.

### Equity

By addressing environmental risks that disproportionately affect deprived communities, this will reduce health inequalities linked to air pollution, flooding, heat exposure and lack of access to green space.

### Sustainability

By protecting natural assets, promoting nature recovery and embedding climate resilience into development, this will safeguard Hertfordshire's environment for future generations and support long-term public health.



# Why Healthy Natural Environment matters

The natural environment is a critical determinant of health. Access to nature and green space is crucial for physical activity and mental wellbeing. On the other hand, environmental hazards such as air pollution, flooding and extreme heat pose growing risks to health and this risk is heightened for vulnerable groups and areas of higher deprivation.

In Hertfordshire, access to green space, vital for physical and mental wellbeing, is declining. Simultaneously, environmental risks are increasing: deaths due to heat are projected to rise by over 1,200% by 2070 across the UK, and over 1,000 properties have experienced internal flooding in the past decade in Hertfordshire alone. Planning can help mitigate these risks and promote health by embedding nature into development, protecting biodiversity, and ensuring equitable access to green and blue infrastructure.

3.6%

less people had access to woodlands between 2015-2020 in Hertfordshire (Green Spaces JSNA, 2024).

1,224%

projected increase in heat-related deaths from 2018 to 2070 across the UK (2018 to 2070 across the UK JSNA, 2025).

1,021

properties reported internal flooding between 2014-2024 in Hertfordshire (JSNA, 2025).

6%

of deaths in Hertfordshire are attributable to air pollution in people aged 30 or over (JSNA, 2025).



## SOCIAL DETERMINANTS

**Protecting regionally significant landscape areas and promote strategic nature recovery**

**Supporting climate change mitigation by promoting low carbon development**

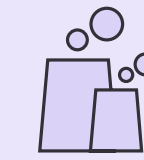
**Promoting developments that are future proofed against the effects of climate change including heath, extreme weather events and flooding**

**Reducing and preventing localised air pollution**

## OBESOGENIC ENVIRONMENTS

facilitates access to green spaces which reduces risk of mortality across all ages (Gascon et al. 2016) and obesity among adolescents (Calogiuri & Chroni, 2014) .

is associated to increased physical activity among older adults (Annear et al., 2014) and can encourage active travel (PHE, 2017).



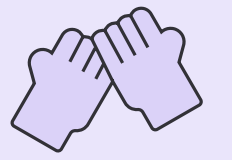
## ENVIRONMENTAL HAZARDS

sustains capacity of natural environment to provide ecosystem services such as clean water, climate regulation, and crop pollination (Munoz Criado, 2016).

can allow developers to reduce a site's carbon footprint by up to 20% if considered at the masterplan stage (UKGBC, 2021).

such as through green infrastructure can reduce urban heat islands (Bowler, 2010), and reduce fatalities associated to extreme temperatures (CCC, 2017).

can improve CVC, respiratory symptoms, and lung cancer (WHO, 2010; RCP, 2016).



## ANTI-SOCIAL ENVIRONMENTS

provides high quality of life and preserves cultural values (Munoz Criado, 2016), which improves mental health (Dunton et al. 2009).

improves social participation (PHE, 2017).

# Planning policy levers

## Strategic plan policy

### Create conditions for healthy behaviour

- Protect significant landscapes and promote strategic nature recovery.
- Embed nature-based solutions (e.g. green and blue infrastructure, tree planting, wetlands) into strategic growth areas, to support climate resilience and improve environmental quality.

### Reduce harmful impacts

- Identify and address Strategic Air Quality Management Areas.
- Promote low-carbon development, retrofitting, and climate-resilient infrastructure.

## Local plan policy

### Create conditions for healthy behaviour

- Identify and provide for suitable accessible natural spaces and protect existing natural spaces.
- Ensure new development protects, enhances and expands on existing green and blue infrastructure, maximising interconnectedness and multi-functionality.
- Protect and enhance biodiversity and promote nature recovery in accordance with Hertfordshire's Local Nature Recovery Strategy.

### Reduce harmful impacts

- Promote and encourage development that is resilient to the future impacts of climate change and extreme weather. This includes through the provision of green infrastructure and Sustainable Urban Drainage systems (SUDs) which reduce risk of flooding and urban heat island effects.

- Reduce and prevent localised air pollution including by identifying Local Air Quality Management areas.
- Mandate air quality assessments for major developments and require mitigation strategies in areas with poor air quality or high traffic volumes.
- Ensure the layout of development is configured to reduce the impacts of air pollution, including siting homes, schools, nurseries and recreational uses away from roadsides and other areas where pollution levels are increased.

### Set standards

- In line with Hertfordshire's 'Development Quality Charter', planning policy should ensure developments identify a sustainability standard that exceeds current minimum build regulations as part of their planning application.

## ↗ Guidance and resources

- Hertfordshire Growth Board, 2023. Draft Hertfordshire Development Quality Charter. [pdf] Available at: <https://www.hertfordshiregrowthboard.com/wp-content/uploads/2023/08/Draft-Hertfordshire-Development-Quality-Charter.pdf>
- Town and Country Planning Association (TCPA), 2025. Climate Guide Case Studies. [online] Available at: <https://www.tcpa.org.uk/resources/climate-guide-case-studies/>
- Air Quality Strategy (Hertfordshire County Council, 2019) <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/air-quality-strategy.pdf>





# Healthy Community Infrastructure

## Healthy placemaking principles:

- At a strategic scale
- At a local scale

## Objectives for Healthy Herts:

### Inclusivity

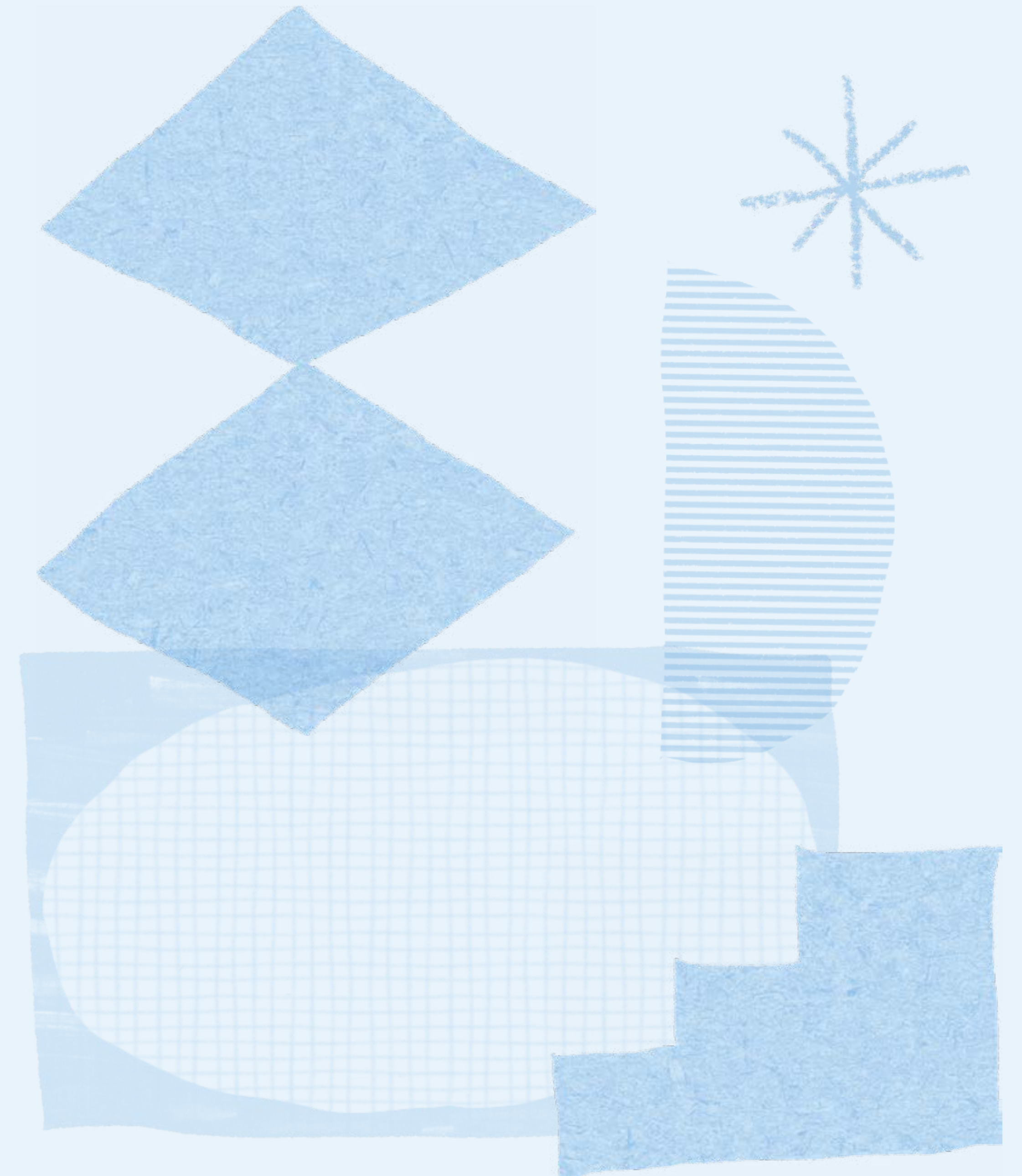
By ensuring all communities in Hertfordshire have access to integrated, accessible and inclusive health, recreation and community infrastructure, this will support physical activity, social connection and equitable access to care and services.

### Equity

By co-locating services and addressing gaps in access for older adults, people with disabilities and those in deprived areas this will reduce health inequalities and improve outcomes for underserved populations.

### Sustainability

By promoting energy-efficient infrastructure, renewable energy, and multifunctional community hubs, this will support climate goals, reduce pressure on the NHS, and create resilient, health-supporting environments.



# Why Healthy Social Infrastructure matters

Infrastructure is the backbone of healthy communities. Access to healthcare, recreation and community services influences physical and mental wellbeing. In Hertfordshire, nearly 70% of adults are physically active - which is above the national average - but this masks inequalities. Older adults living with disabilities report very low activity levels (JSNA, 2022).

Community health hubs, where care comes to people and is integrated into communities, can reduce inequalities and NHS costs. Recreation spaces encourage activity and social connection. At a broader scale, the UK's transition to clean energy by 2030 presents a critical shift that will support access to clean energy and tackle air pollution and climate instability.

67%

of residents chose 'access to nature and outdoor spaces' as an area of most importance (Herts Resident Survey, 2024).

6%

of Hertfordshire residents said they felt lonely often, always or some of the time in 2023 (ESRI, PHOF, 2024).

54%

of residents had used 'countryside footpaths and rights of way' in the past year (Herts Resident Survey, 2024).

49%

of residents felt 'not very strongly' or 'not at all strongly' part of their community (Herts Resident Survey, 2024).

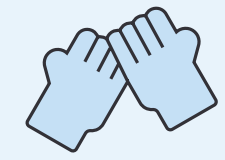


**SOCIAL DETERMINANTS**

**OBESOGENIC ENVIRONMENTS**



**ENVIRONMENTAL HAZARDS**



**ANTI-SOCIAL ENVIRONMENTS**

**Promoting increased renewable energy capacity**

will contribute to reducing carbon intensity (DESNZ, 2024) and decrease death toll due to air pollution, fuel poverty, and extreme weather (UKHACC, 2024).

**Promoting the co-location of health and other community facilities into community hubs**

reduces health inequalities by increasing hub visits compared to traditional healthcare services among deprived communities, ethnic minorities and young people (NHS Providers, 2024), and simultaneously reduces NHS costs by 6% (DHSC et al. 2025).

**Enhancing local access to recreation and sports facilities**

is associated with reduced risk of obesity among adolescents (Calogiuri & Chroni, 2014).

# Planning policy levers



## Strategic plan policy

### Create conditions for healthy behaviour

- Secure provision of strategic new or improved healthcare infrastructure that improves access to primary and secondary care.
- Promote increased renewable energy capacity to reduce air pollution and carbon emissions and reduce inequalities through lower energy costs, improved energy security and reduce reliance on biomass and solid fuel burning.
- Provide strategic provision of facilities for recreation, sport and leisure and reduce inequalities in access in underserved areas.
- Coordinate social infrastructure delivery with housing and employment growth to ensure timely provision of services for new and existing places.

## Local plan policy

### Create conditions for healthy behaviour

#### Play and recreation:

- Provide clear standards and promote access for all to sports facilities, play and recreation opportunities.
- Ensure sports, play and recreation facilities are located in sustainable locations that are accessible by active travel.
- Ensure sports, play and recreation facilities are supported by ancillary uses that encourage use, such as public toilets, wayfinding, cycle parking and street furniture.
- Sports, play and recreation facilities should consider different equipment and activities for children, young people and adults that promote physical activity and interaction. Policy should consider referencing Play England’s 10 principles for designing successful play spaces.

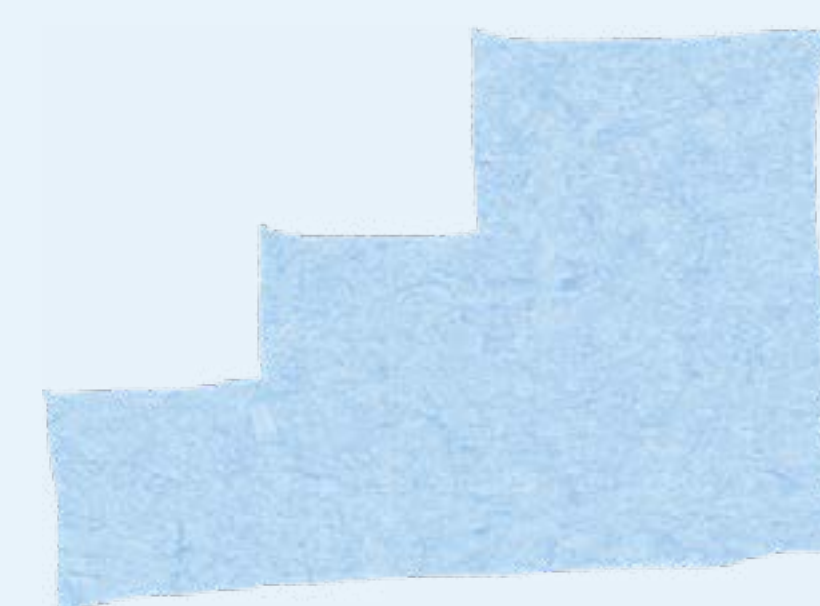
- Ensure play equipment reflects the preferences of young people, including girls. Make Space for Girls identified that young people prefer swings, trampolines and play adventure equipment to traditional Multiple Use Games Area (MUGA) and skate park provision.
- Ensure parks and recreation facilities are designed to remove barriers to access for girls and women, including good lighting, clear signage, multiple entrances and exits, natural surveillance and different zones.

#### Community hubs:

- Planning authorities should work in partnership with health authorities to maintain and improve access to the full range of health services.
- Health services should be co-located with other community amenities, recreational uses and cultural uses into integrated community hubs.
- Community hubs should provide flexible space for arts, culture, entrepreneurship and other identified local needs to support the objectives of a Healthy Economy and Healthy and Safe Communities.

## ↗ Guidance and resources

- Make Space for Girls (2025) Councils. Available at: <https://www.makespaceforgirls.co.uk/our-work-3/councils>
- Shackell, A., Butler, N., Doyle, P. and Ball, D. (2009) Design for play: a guide to creating successful play spaces. London: Department for Children, Schools and Families and Department for Culture, Media and Sport. Available at: <https://static1.squarespace.com/static/609a5802ba3f13305c43d352/t/60a3779623f60f41729fd84d/1718621808342/design-for-tplay.pdf>
- Playing Out CIC, 2024. Playing Out: Restoring children’s freedom to play outside. [online] Available at: <https://playingout.net>
- Play England, 2025. Play England: Freedom to play. [online] Available at: <https://www.playengland.org.uk/>
- Sport England, 2024, Active Design Guidance. [online] Available at: <https://www.sportengland.org/guidance-and-support/facilities-and-planning/design-and-cost-guidance/active-design>



# 2.1 Healthy Placemaking Principles

## 2.2 Embedding Health in Plans

### 2.3 Health Action Areas

A Health in All Policies (HiAP) approach ensures that health outcomes are considered not only in policy wording but throughout the plan-making and policy development process from visioning, evidence and engagement to assessment and monitoring. This chapter sets out how health can be systematically embedded across the local plan and spatial development strategy development process aligning with statutory duties and best practice to reduce health inequalities and promote wellbeing as a process as well as an outcome.

# General Guidance

## Strategic HiAP policy

All local plans and Spatial Development Strategies must include a strategic policy adopting a Health in All Policies (HiAP) approach. It must highlight this central commitment and articulate clear objectives for development to improve health outcomes and address health inequity. Accordingly, each strategic policy should include reference to health outcomes linked to the overarching HiAP commitment.

### Strategic health policies should:

- Explicitly support proposals that are in accordance with the Hertfordshire Healthy and Safe Places Framework.
- Reference the Framework's 'Cross-Cutting Themes' by supporting development that fosters inclusivity, reduces health inequalities and promotes sustainability.
- Support proposals that actively consider and seek to improve health outcomes and minimise and mitigate negative impacts.
- Reference key documents such as the JSNA and the evolving Health Action Area work (see Chapter 2.3).

## Health Impact Assessment (HIA) for development proposals

Policy makers should consider requiring a HIA at the earliest opportunity in the planning application process. HIA identifies both positive and negative health impact and informs design and decision making.

### HIA Policy should:

- Set clear thresholds for when a HIA is required, based on local context. Specify that desktop, rapid or full HIA (see Public Health England, 2020) will be proportionate to the development proposed and agreed with Public Health.
- Consider lower thresholds or more detailed HIA for proposals within identified Health Action Areas (see Chapter 2.3).
- Outline the HIA process, including early screening in collaboration with Public Health. See references for screening and scoping templates.

## Masterplanning policy

Masterplans set out a vision and implementation strategy for a place and are key tools for embedding healthy placemaking principles. Many health benefits can be achieved at no or limited extra cost to developers through early layout design (LGA). Planning policy should require masterplans to support positive health outcomes. Masterplan Policy should:

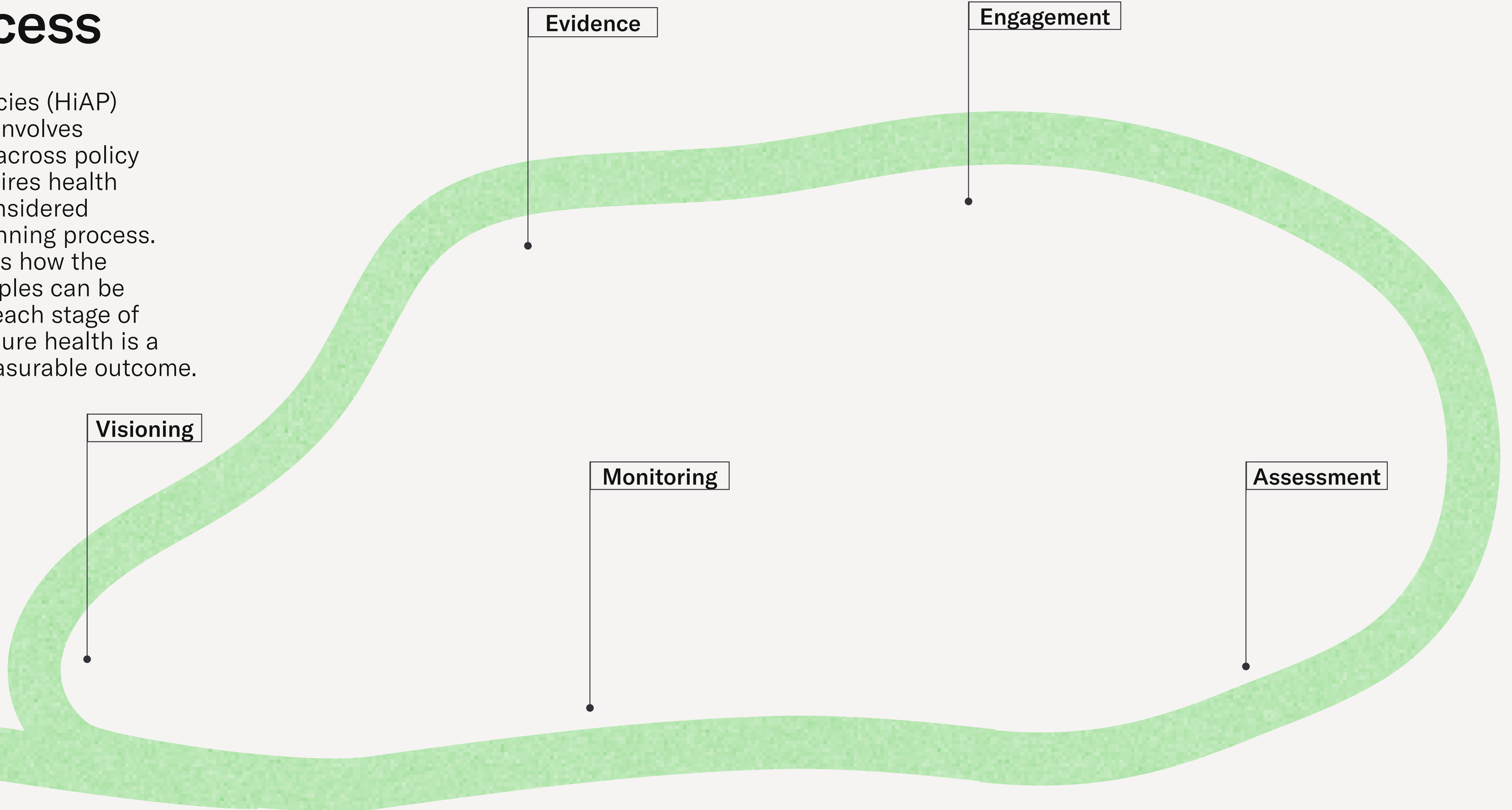
- Define when a site masterplan is required.
- Set clear objectives for masterplans as early design tools.
- Require health considerations to be embedded, and in accordance with the Framework's principles.
- Ensure masterplans are endorsed before more detailed planning applications are developed and treated as material consideration in decision making.

## Resources and guidance

- Public Health Wales (2021) Health Impact Assessment Screening Record Sheet including Mental Wellbeing template. Available at: [https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/Health\\_Impact\\_Assessment\\_Screening\\_Record\\_Sheet\\_incl\\_MWB\\_template.pdf](https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/Health_Impact_Assessment_Screening_Record_Sheet_incl_MWB_template.pdf)
- Public Health Wales (2021) Health Impact Assessment Scoping Checklist: determining the focus, methods and work-plan for the HIA. Available at: <https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/12/New-Scoping-Checklist-master-final-draft.pdf>
- Public Health England (2020) Health Impact Assessment in spatial planning: a guide for local authority public health and planning teams. Available at: [https://assets.publishing.service.gov.uk/media/5f93024ad3bf7f35f184eb24/HIA\\_in\\_Planning\\_Guide\\_Sept2020.pdf](https://assets.publishing.service.gov.uk/media/5f93024ad3bf7f35f184eb24/HIA_in_Planning_Guide_Sept2020.pdf)
- Welwyn Hatfield Borough Council (2024) Planning Guidance Note: Approach to Masterplanning. Welwyn Hatfield: Welwyn Hatfield Borough Council. Available at: <https://www.welhat.gov.uk/downloads/download/475/planning-guidance-note-approach-to-masterplanning>
- East Herts District Council (2023) Masterplans. Available at: <https://www.eastherts.gov.uk/planning-and-building/planning-policy/masterplans> (Accessed: 22 July 2025).

# Embedding health as a process

A Health in All Policies (HiAP) approach not only involves embedding health across policy areas but also requires health outcomes to be considered throughout the planning process. The section outlines how the Framework's principles can be embedded across each stage of plan-making to ensure health is a consistent and measurable outcome.



# Health focused visioning

## What is a health focused vision and why is it important?

The vision in a strategic plan or local plan sets the strategic direction for how a place will evolve and grow over the plan period. It articulates the long-term ambition, identity, priorities and objectives to guide delivery.

Visions act as a ‘golden thread’ in plan-making, guiding engagement, evidence gathering, policy development and assessment. Good visions are place-based, compelling, and aspirational, but grounded in evidence and achievable.

### Building a healthy vision

The Local Government Association (LGA) report ‘Developing Healthier Places’ focused on identifying ways councils can work with developers to create health and wellbeing. It found that early, clear and consistent messaging about health and wellbeing is crucial for securing healthy developments. This starts with the local plan vision.

By embedding health into the vision from the outset, positive health outcomes and tackling inequity become the guiding principle for subsequent plan-making stages and development management. This naturally supports a HiAP approach and integrates the Framework’s principles.

A health-focused vision positions health, inclusivity, equity, and sustainability at the heart of strategic and local growth objectives. This in turn influences decision-making around spatial strategy options and the development of planning policy to encourage healthy growth patterns and development aligned to the Framework’s principles.

## Guidance for a health based vision

- Plan visions should place positive health outcomes and tackling inequity at the centre, expressing a future where people can live healthier, longer lives.
- Visions should reflect place-specific

health challenges, including those identified in the Framework where relevant.

- The vision should integrate the Framework’s cross-cutting themes - health equity, inclusion and sustainability - to ensure health inequality is addressed holistically.
- Visions should use the Framework to position health as a unifying theme across broader ambitions: environment, economy, transport, communities, places, infrastructure, and homes.
- Ensure the health-based vision is co-developed with local communities to reflect their priorities (see following page).
- The health-based vision should inspire action and set a clear, bold picture for a healthier future.

## ↗ Examples of health based visions

- Plymouth City Council, 2024. The Plymouth Plan: A Healthy City. [online] Available at: <https://theplymouthplan.com/plan-structure/a-healthy-city>
- Liverpool City Council, 2024. Council Plan: Pillar 4 – Healthier lives for children and adults. [online] Available at: <https://liverpool.gov.uk/council/strategies-and-policies/council-plan/pillar-4-healthier-lives-for-children-and-adults/>

# Health focused engagement

## What is health focused engagement and why is it important?

Engagement is central to healthy placemaking and embedding a Health in All Policies approach. It's not just about collecting views; it's a way to build trust, empower communities, and foster a sense of agency, which in themselves are all factors that can determine health and wellbeing. (LGA, 2024)

When people feel they have control over their environment, it supports mental wellbeing and social connection (LGA, 2024). Engagement is therefore not just a tool, it's an integral part of creating a healthy place.

### Purpose and principles

Good engagement ensures that plans reflect real experiences. It is a key way to implement the Frameworks 'cross-cutting themes' by identifying and understanding local health inequalities and particular

needs. Engagement should be:

- Inclusive – involving people who are often left out, especially those facing health challenges. (Quality of Life Foundation, 2024)
- Representative – reflecting the diversity of the community.
- Iterative – happening throughout the planning process, not just once.
- Empowering – giving people a real say in decisions. (LGA, 2024)
- Collaborative – involving a wide range of partners, including health, education, housing, transport, and community organisations. (Quality of Life Foundation, 2024; Bird, E.L. & Hyde, G. et al., 2024.)

## Guidance for health focused engagement

Planning teams should use a mix of traditional and creative methods, depending on the context. These might include:

- HIA Participatory Workshops – these should be integrated early in the HIA process (see 'Assessment' section) to inform assessment and incorporate local understandings.
- Focus groups and interviews – to understand specific health needs.
- Digital tools – for mapping, surveys, collaboration and feedback.
- Citizens' panels or assemblies – to reflect a broad range of views and explore complex issues.
- Community representatives – embedded in steering or advisory groups.
- Stakeholder forums – to align priorities across sectors. (LGA, 2024)

## Strategic alignment and joint working

In addition to community engagement, local plan stakeholder engagement should link with wider strategies such as health and wellbeing, transport, and climate plans.

A 'Health in All Policies' approach means engagement is more than just a planning task, it's shared across the authority and with partners. Joint working with NHS bodies, Integrated Care Boards, and other anchor institutions helps align priorities and share information, data and resources.

Mandating transdisciplinary collaboration and knowledge-sharing between town planning and public health professionals has been used effectively by East Sussex County Council through a [Memorandum of Understanding \(MoU\)](#).

To ensure strategic alignment between health and planning, authorities should establish an informal or formal engagement process with Public Health at the outset of local plan production, including setting out the roles and responsibilities of each, clear triggers for engagement and consultation and a defined process for knowledge sharing.



# Health-centric evidence

## What is health focused evidence and why is it important?

Planning Policy must be informed by robust evidence of local need and issues to ensure policies are effective, justified and legally sound. As a result, gathering sufficient health evidence and data is essential to embedding a Health in All Policies approach.

A health-focused evidence base makes the case for policy interventions in line with the Framework’s principles, supporting positive outcomes and tackling inequalities. It should be integrated from the earliest stages of plan-making, including the development of the vision, objectives, and spatial strategy.

## Guidance for health focused engagement

Health evidence should not be treated as a one-off exercise. Instead, it should be part

of a cyclical process that includes:

- Gathering and analysing data—including qualitative and quantitative sources;
- Translating insights into policies and strategies;
- Defining indicators and measurable outcomes (See ‘Monitoring’ section)
- Monitoring and review—understanding what is working and where adjustments are needed; and
- Feeding back into the next cycle of planning or project delivery.

This approach ensures responsive and adaptive policy development that can reflect changing health needs over time.

### Making use of the JSNA

The Joint Strategic Needs Assessment (JSNA) is a statutory tool produced by health and wellbeing boards. It identifies current and future health and care needs across a population by combining population health data, social determinants, and local knowledge.

Despite its value, JSNAs are underused in planning. A 2025 study by Chang and Hobs found that only 29.2% of local plans explicitly referenced the Joint Health and Wellbeing Strategy (JHWS) based on the JSNA.

In Hertfordshire Plans should:

- Reference the JSNA and JHWS (Joint Health and Wellbeing Strategy) to align with identified health objectives;
- Identify gaps in JSNA data relating to planning, the built environment and this Framework. Work with the Hertfordshire Health and Wellbeing board to fill these gaps;
- Use JSNA data to inform policy positions;
- Collaborate with public health teams to interpret and apply JSNA insights meaningfully; and
- Encourage developers to consider JSNA findings in Health Impact Assessments and design proposals.

## The Framework as an evidence base document

The Framework should be used as a living document for those developing local and strategic plans across Hertfordshire, reinforcing how plans and policies positively influence the social determinants of health and support health outcomes. Chapter 2.3 identifies leading determinants in Hertfordshire. This provides a framework for further evidence gathering.

## ↗ Key evidence sources

- Herts Insight - statistical data about Hertfordshire and residents. <https://storymaps.arcgis.com/stories/c73af5df9e3c4668b135ebfe96a080f0>
- Fingertips (OHID) – theme-based health indicator <https://fingertips.phe.org.uk/>
- Local Health – ward-level maps, charts, reports <https://www.localhealth.org.uk>
- JSNA & JHWS – <https://www.hertfordshire.gov.uk/microsites/jsna/hertfordshires-joint-strategic-needs-assessment.aspx>
- Nomis – labour market and demographic data <https://www.nomisweb.co.uk>
- UK Measures of National Wellbeing (ONS) – data across 58 wellbeing indicators <https://www.ons.gov.uk/peoplepopulationandcommunity>

# Health Impact Assessment (HIA)

## What is HIA and why is it important?

HIA is a structured, evidence-based process used to evaluate the health impacts of a strategic or local plan. As such, HIA is a useful tool to check and ensure that the Framework's principles and objectives have been integrated into policies. It also allows authorities to demonstrate how they are meeting their duties to deliver better health outcomes.

HIA should utilise existing Local or Strategic Plan evidence-base information and incorporate the principles, objectives and evidence contained in the Framework, helping to reduce resource demands.

## Integrated Impact Assessment (IIA)

IIA is a comprehensive assessment approach that integrates multiple assessment processes including SA, SEA, HRA and HIA. This allows an assessment of the interconnected effects of outcomes and maximises resources. Where an IIA is used, health outcomes and priorities must be explicit.

## Guidance for HIA

HIA is not a statutory process and as such does not have an established methodology. However, HIAs for development plans should broadly follow the stages below, maintained as a live document and updated as the plan progresses:

### 1. Screening.

Due to the impact of Development Plans on health outcomes, all Strategic and local plans should 'screen-in' a HIA.

### 2. Scoping

Plan making authorities should take an appropriate approach to either HIA or IIA in consultation with Public Health. Identify key themes and relevant policies using the Framework principles and objectives. Engage in a rapid participatory workshop to inform evidence gathering (see Public Health Wales, 2021).

### 3. Assessment

Conduct an assessment of the potential health and wellbeing impacts of the Plan. This should occur early at the 'Preferred Strategy' stage to influence the Draft Plan.

## 4. Recommendations

Based on the outcomes of the assessment stage, make recommendations to improve health outcomes or enhance policies and proposals and feed this back into the assessment stage or plan.

## 5. Monitoring

Measure health indicators and built environment indicators (see following page).

## Framework integration

The Framework should be used as the basis for HIA assessment to understand the degree to which emerging planning policy supports the Framework's principles and objectives and make subsequent recommendations to enhance positive health outcomes, supported by local evidence and community engagement. This could be supported by a standard Hertfordshire Plan-Making HIA Assessment Tool, designed to aid HIA screening and scoping, structured around Framework objectives.

## ↗ Further resources

- NHS London Healthy Urban Development Unit (HUDU), 2019. Rapid Health Impact Assessment Tool: Fourth Edition. Available at: <https://www.healthyurbandevlopment.nhs.uk/wp-content/uploads/2019/10/HUDU-Rapid-HIA-Tool-October-2019.pdf>
- Public Health Wales, 2021. Health Impact Assessment (HIA) and Local Development Plans (LDPs): A Toolkit for Practice. Available at: <https://phw.nhs.wales/publications/publications1/health-impact-assessment-hia-and-local-development-plans-ldps-a-toolkit-for-practice>
- Sharpe, C.A., 2021. Health impact assessment in spatial planning in England. *Cities & Health*, 5(6), pp. S191–S194. Available at: <https://www.tandfonline.com/doi/epdf/10.1080/23748834.2021.1876377>

# Monitoring health

## What is health monitoring and why is it important?

The effectiveness of plans and policies in shaping positively planning decisions and improving health outcomes must be monitored and reviewed to ensure continued development and local refinement of health-led policy.

By embedding health into monitoring processes, Local Authorities will be able to track the long term impact of planning policies, assess their effectiveness in reducing health inequality, and generate a feedback loop to inform future planning.

Health should be integrated into Local and Strategic plan monitoring frameworks by aligning indicators with health-related policy objectives across the Framework. This should be achieved by adopting a cross-cutting 'Health and Wellbeing' monitoring theme within Annual Monitoring reports.

The following section sets out a number of suggested indicators for adoption, but it is recommended that Authorities review and define a bespoke list to respond to specific local contexts and priorities.

## Guidance for health monitoring

When selecting appropriate health indicators, Authorities should have regard to the following principles and questions:

- **Importance and relevance** - The indicator should be aligned to the Framework's principles and objectives.
- **Validity** - Ensure the indicator measures what it means to.
- **Possibility** - Ensure sufficiently detailed and reliable information exists for the indicator.
- **Meaning** - What does variation across the indicator illustrate and would this warrant further investigation or action.
- **Implications** - Identify actions associated with indicator outcomes. Can any identified issue be investigated further, and can the indicator be monitored consistently over time?

## Social determinant indicators

The purpose of the Framework is to tackle the social determinants of health through planning policy. We have identified a list social determinants of key importance to life expectancy outcomes in Hertfordshire (see Chapter 2.3 for method and analysis). From this list, determinants which can change, be monitored over time and scalable are suggested as indicators.

Key indicators (of most importance to life expectancy in Hertfordshire):

- Household overcrowding (%)
- Households in fuel poverty (%)
- Total annual income (£)
- NO2 concentration

Supporting indicators (indicate wider performance of built environment):

- Public transport stop density per km<sup>2</sup>
- Households in poverty (%)

- Average combined size of parks, public gardens, or playing fields within 1,000m (m<sup>2</sup>)
- Rail noise exposure (%)
- Road noise exposure (%)
- Crime per 100 population
- Long-term unemployment (%)
- Older population living alone (%)

# 2.1 Healthy Placemaking Principles

# 2.2 Embedding Health in Plans

# 2.3 Health Action Areas

This chapter starts to examine the specific social determinants influencing health outcomes and differences in life expectancy across Hertfordshire. It uses statistical modelling and machine learning to begin identifying the most influential and locally relevant determinants of health, grouping neighbourhoods into targeted Health Action Areas.

The intention is to provide a clear, practical, and evidence-based foundation for targeted action and so bridge the gap between universal healthy placemaking principles and the lived realities of communities. While relevant data is often limited or partial, and the causal links between social determinants and health outcomes are complex and interrelated, this chapter offers a starting point ‘a living framework’ for developing place-specific and nuanced plans and policies. It supports a wider move towards bespoke interventions that respond to the unique combinations of determinants shaping health in different places.

# Introduction

This chapter sets out the results of an analytical process designed to explore the social determinants of life expectancy across Hertfordshire. The aim is to generate a locally focussed evidence base that supports targeted, place-centric policy and planning interventions aimed at reducing health inequalities.

In particular, this work seeks to answer three core questions:

- Which spatial, socio-economic, and demographic determinants specific to Hertfordshire are most strongly associated with life expectancy?
- Which combinations of spatial, socio-economic, and demographic determinants of health consistently emerge as most important and how does their influence vary across different parts of Hertfordshire?
- Can we group areas within Hertfordshire based on similar combinations of spatial, socio-economic, and demographic determinants of health to help better target policy, planning, and resources?

## Methodology summary

This method is designed to be revisited, refined, and repeated – supporting a ‘living framework’ for ongoing evidence gathering and targeted action.

This work builds on a published methodology developed by researchers at the University of Cambridge as part of the eMOTIONAL Cities Horizon 2020 project (Silva, Niu and Seraphim et al, 2023). Building on this foundation, we applied a tailored combination of established statistical methods, machine learning techniques and professional judgement to the Hertfordshire context.

Two complementary methods were used to assess which determinants are most strongly associated with life expectancy in Hertfordshire. The aim was not simply to identify statistical relationships, but to highlight determinants that can be influenced through planning, investment, and policy levers. This offers a practical starting point for understanding variation in health outcomes and identifying where targeted action may be most effective.

## Assessing linear relationships

We first ran an Ordinary Least Squares (OLS) regression using a refined list of determinants. This method identifies how life expectancy changes in proportion to each individual determinant. It is useful for spotting consistent relationships - such as whether higher income levels are generally linked to longer life expectancy.

## Assessing non-linear and conditional relationships

Next, a decision tree model was used to explore more complex relationships, where the impact of one determinant may depend on the presence or level of another. This helps identify how combinations of conditions shape life expectancy in different ways across different places.

By comparing results from both methods, we were able to isolate the determinants that are important across both:

- Household overcrowding
- Annual income
- Proximity to rail infrastructure

- Green space coverage
- Fuel poverty
- Distance travelled to work
- Air quality

## Interpreting the results

While the models help to identify which determinants might be most strongly associated with life expectancy, it's important not to take these results at face value. Each variable needs to be interpreted in context - not just in terms of what it measures directly, but what it may represent more broadly about a place. The causal relationships between social determinants and health outcomes are complex, often non-linear, and shaped by interdependencies. This chapter does not claim to offer definitive answers, but rather provides a structured and evidence-informed starting point for each plan-making authority to develop more nuanced, place-specific plans and policies.

# Household overcrowding

## What is household overcrowding?

Household overcrowding refers to situations where the number of people living in a home exceeds the space available, highlighting housing pressure and social disadvantage. It is the determinant most strongly associated with life expectancy in Hertfordshire.

Overcrowding is not only a marker of housing shortage or affordability pressures, but also a direct health risk. It increases exposure to communicable diseases, exacerbates stress and mental ill health, reduces opportunities for children to study or play, and undermines sleep quality. In the long term, overcrowded housing is associated with chronic respiratory conditions and poor educational and health outcomes for children (PHE, 2017).

## Relationship with other determinants

Where overcrowding is high, we often also see denser transport networks, higher proportion of minority populations and elevated crime, although it is not a perfect substitute for these dimensions.

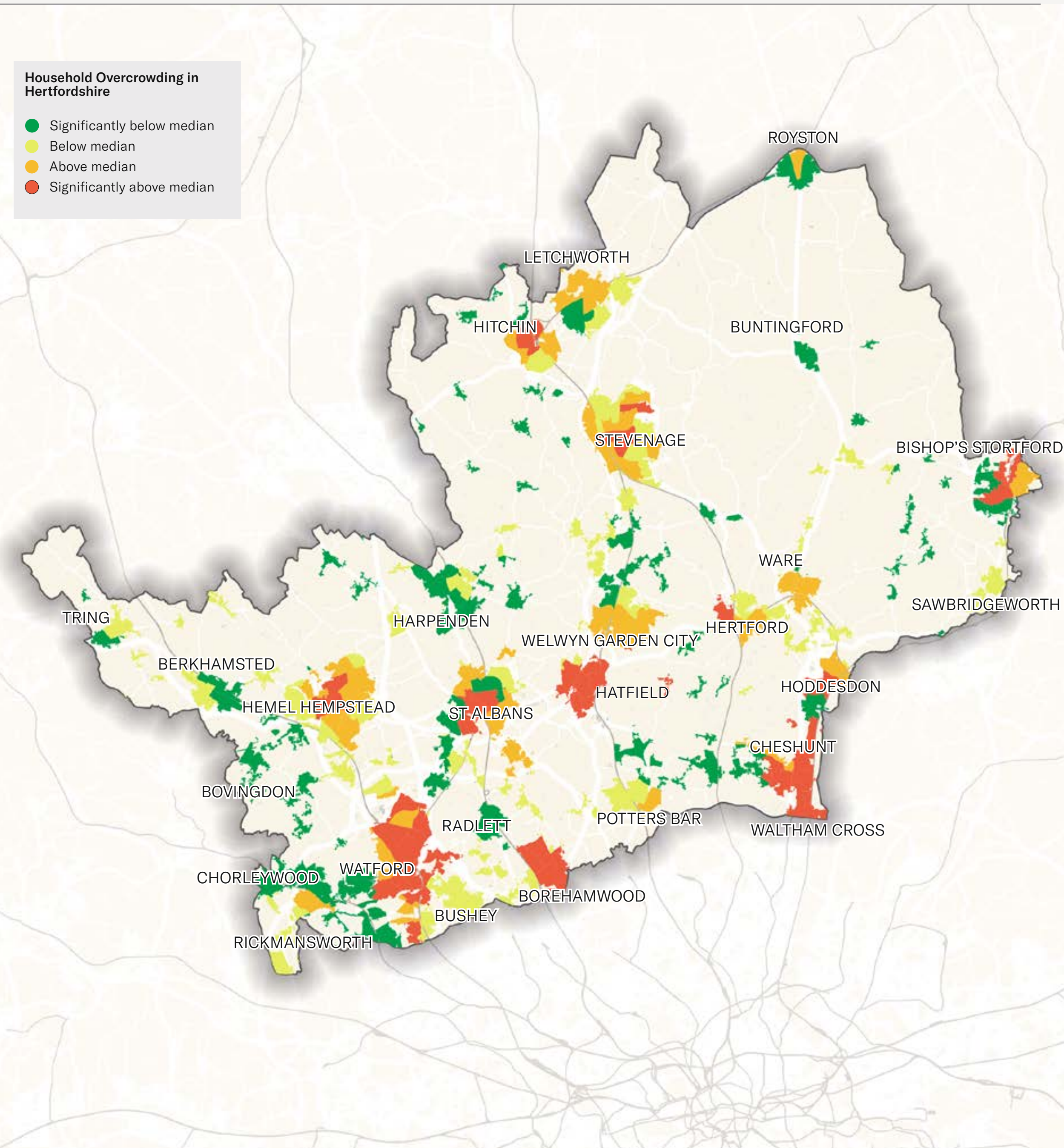
Overcrowding is also moderately linked to long-term unemployment. These relationships highlight the complex interplay between housing conditions and wider social and spatial factors.

## Data source

This dataset captures the overall percentage of overcrowded households per MSOA. OHID (2025) Public Health Profiles: <https://fingertips.phe.org.uk/profiles>.

## Interpreting the results

While household overcrowding is directly linked to poor health outcomes, it also act as a proxy for broader social disadvantage and housing stress. Its correlation with indicators like minority population share and crime suggests it may also reflect patterns of spatial inequality. Therefore, overcrowding shouldn't be viewed solely as a housing issue, but as a signal of compounding structural pressures on communities. Addressing it requires integrated planning, housing, and health responses, and should be central to place-based strategies aimed at improving health outcomes and reducing inequality.



# Total annual income

## What is total income?

Total annual income is a direct measure of community affluence and is one of the strongest predictors of life expectancy and healthy life years (Marmot, 2020). Income is a key social determinant, shaping access to nutritious food, transport, stable housing, and healthcare. In lower-income households, these choices are often constrained, limiting access to health-promoting resources.

In-work poverty is particularly relevant in Hertfordshire, where housing and transport costs often exceed wage growth in many sectors.

## Relationship with other determinants

It is most closely associated with higher affordable housing ratios and, to a lesser extent, better access to parks and green spaces. Therefore, areas with higher average incomes tend to offer both more affordable housing and greater green space provision.

## Data source

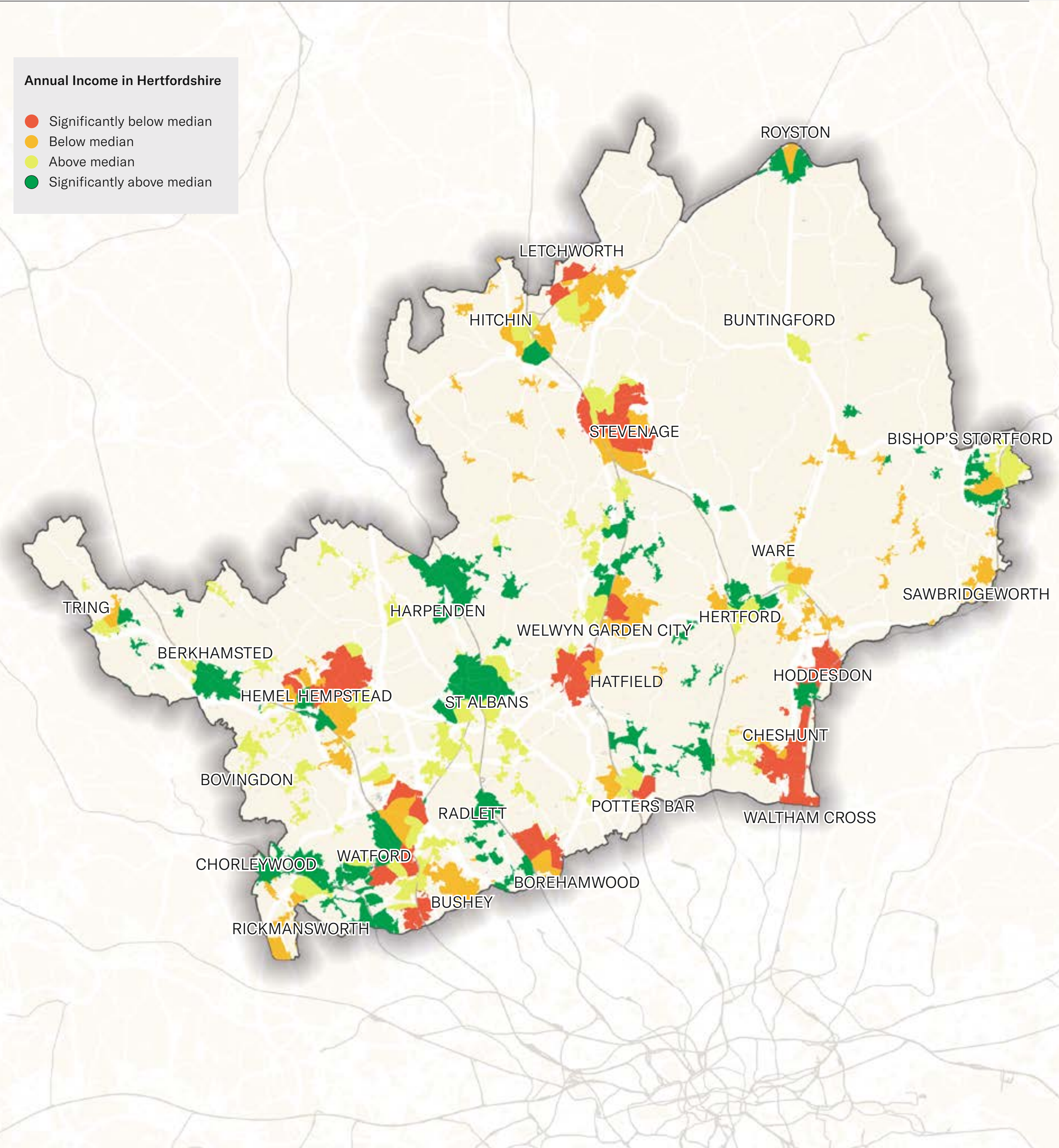
This dataset captures total average household Income per MSOA. ONS (2025) <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth>

## Interpreting the results

Income is a direct indicator of economic wellbeing. While it reflects capacity to meet basic needs, it may also capture a bundle of related advantages - such as access to better housing, healthier food, safer environments, and health services.

It's not just about income, but the access it enables to health promoting resources. This is a crucial interpretation: by taking an equitable approach to healthy placemaking, we can ensure that areas and communities with lower income are still provided access to these resources.

In essence, income does not have to determine health outcomes if planning and policy actively work to close the gap.



# Proximity to rail infrastructure

## What is proximity to rail infrastructure?

This determinant uses exposure to rail noise as a proxy for proximity to rail infrastructure including stations. While this may appear counter-intuitive, areas with greater exposure to rail noise in Hertfordshire tend to be positively associated with life expectancy.

Living near rail infrastructure and stations often coincides with better public transport access, improved connectivity to jobs, and higher land values - all of which support overall wellbeing and better health outcomes. In contrast, communities located far from rail and other public transport options may face greater car dependency, longer commutes and increased social isolation.

## Relationship with other determinants

Rail noise in this dataset is largely independent of other indicators. None of the remaining or excluded variables show substantial correlation with rail noise, suggesting it captures a distinct spatial

condition not explained by income, green space, or other health-promoting resources.

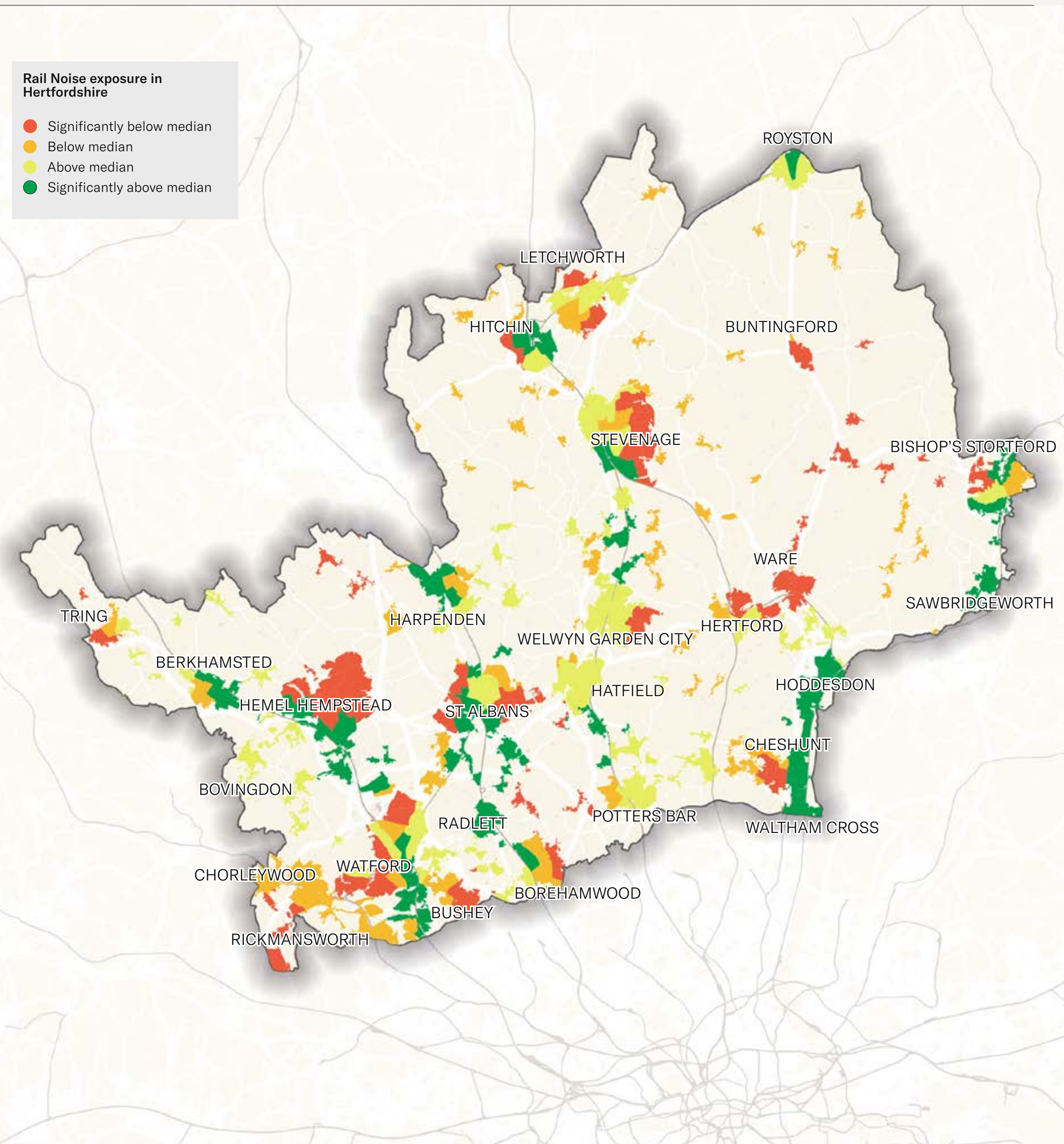
## Data source

This dataset captures the Percentage of Areas Exposed to Rail Noise per MSOA. DEFRA (2021): <https://environment.data.gov.uk/dataset/3fb3c2d7-292c-4e0a-bd5b-d8e4e1fe2947>

## Interpreting the results

This is a clear example of why interpretation matters. The positive association between life expectancy and rail noise does not imply that noise exposure improves health. Rather, it reflects the broader benefits of public transport connectivity and the spatial advantages that often accompany rail access.

Importantly, this determinant is not strongly linked to income, green space, or other health promoting resources. Unlike determinants such as household overcrowding or income - which often act as proxies for multiple overlapping factors - rail proximity appears to capture a distinct spatial advantage that supports healthier lives in Hertfordshire.







# Fuel poverty

## What is Fuel poverty?

Fuel Poverty occurs when a household cannot afford to heat their home to a safe and comfortable level given their income. A household is considered fuel poor if they would be left below the poverty line after spending the required amount to heat their home. It is an important determinant of life expectancy in Hertfordshire.

Fuel poverty is linked to winter mortality and respiratory illness, particularly among older adults and children (Institute of Health Equity, 2022). Cold, damp homes are directly associated with cardiovascular and respiratory conditions and exacerbate mental health issues - especially where fuel poverty overlaps with overcrowding. This is a particularly acute issue in Hertfordshire, which has 18,000 homes affected by damp and mould. (Hertfordshire County Council, 2025).

## Relationship with other determinants

Fuel poverty is moderately associated with overcrowding, and negatively correlated with income. These relationships reflect the

broader socioeconomic and housing-related pressures that compound fuel poverty.

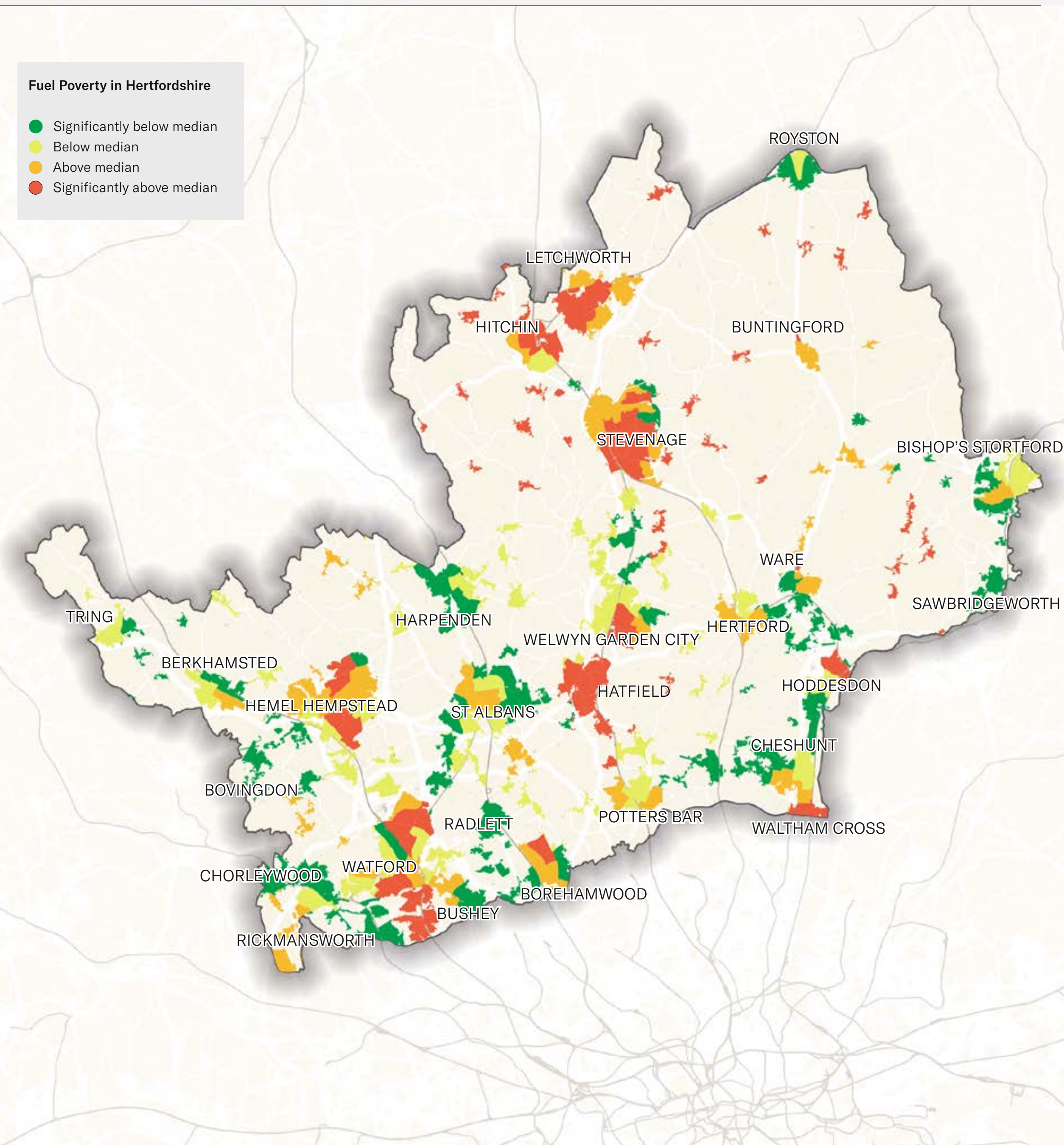
## Data source

This dataset captures the Percentage of Households experiencing fuel poverty per MSOA. OHID (2022): <https://fingertips.phe.org.uk/profile/wider-determinants/data>

## Interpreting the results

Fuel poverty does not only reflect challenges in affording energy – it also serves as a broader signal of housing quality, income deprivation, and energy efficiency standards. High levels of fuel poverty may point to poorly insulated homes, older housing stock, inefficient heating systems, or high energy prices relative to household income.

While fuel poverty is concentrated in areas facing multiple socio-economic challenges, the data clearly indicates that poor housing quality and low energy efficiency are contributing to negative health outcomes in Hertfordshire. Addressing fuel poverty through planning, housing and retrofit strategies is therefore essential to improving health equity.



# Distance travelled to work

## What is distance travelled to work?

This variable measures the average distance residents travel to reach their workplace. It acts as an indicator of local employment accessibility, transport connectivity and commuting burden. It is negatively associated with life expectancy in Hertfordshire.

Distance travelled to work has both environmental and personal health implications. Long commutes, particularly by car, are associated with physical inactivity, higher stress levels, and reduced time for social or physical activity (Durand et al., 2011).

## Relationship with other determinants

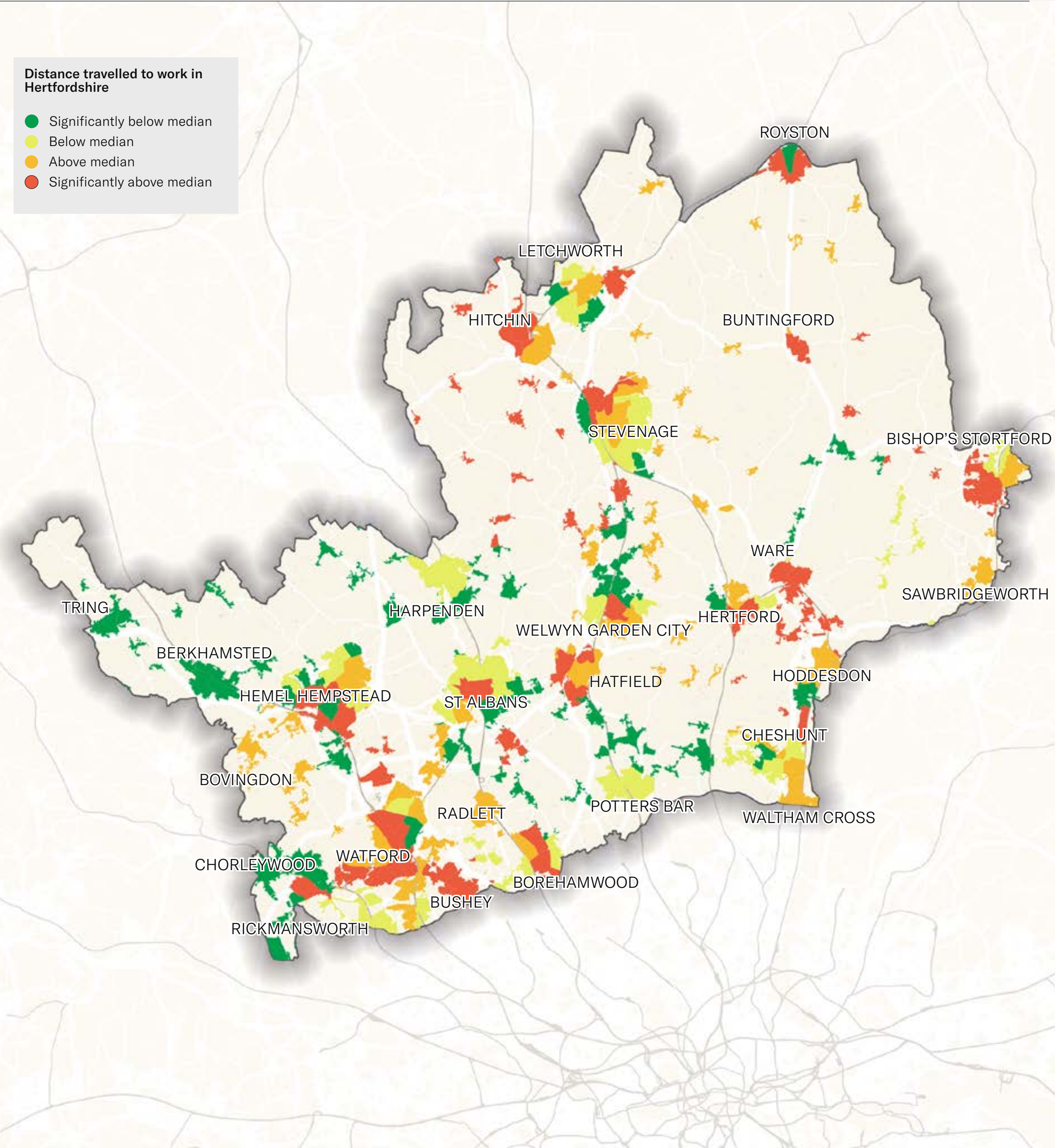
Distance travelled to work is moderately associated with overcrowding and public transport stop density. These relationships suggest that longer commutes may coincide with areas experiencing housing pressure and limited transport options.

## Data source

This dataset captures the average distance travelled to work in km per MSOA. ONS (2021): <https://www.ons.gov.uk/census>

## Interpreting the results

While long commutes and car dependency negatively impact health, this determinant may also reflect connectivity to economic centres or transport accessibility – factors that can support employment, income, and social inclusion. It is not strongly correlated with other variables, which highlights the importance of movement and connectivity as standalone contributors to health outcomes. Its moderate association with overcrowding suggests that longer commutes may also reflect economic isolation in certain communities. Local authorities also must remain cognisant that commuting levels are often determined by time rather than distance, as such improving transport leads to longer commutes in terms of distance as the time taken remains the same. This should therefore be viewed as a wider proxy for access to work and car dependency.



# Air pollution

## What is air pollution?

Air pollution is measured here using levels of NO<sub>2</sub> concentration as a proxy for overall air quality. In Hertfordshire, air pollution accounts for an estimated 6% of deaths among residents aged 30 and over (JSNA, 2025).

Although air pollution is typically classified as a health risk rather than a social determinant, it has been included in this study due to its disproportionate impact on more deprived neighbourhoods - adding environmental injustice to existing structural inequalities.

Crucially, air pollution is an avoidable risk with clear planning policy solutions, making it a relevant and actionable factor in healthy placemaking.

## Relationship with other determinants

Air pollution is moderately correlated with both road noise and overcrowding.

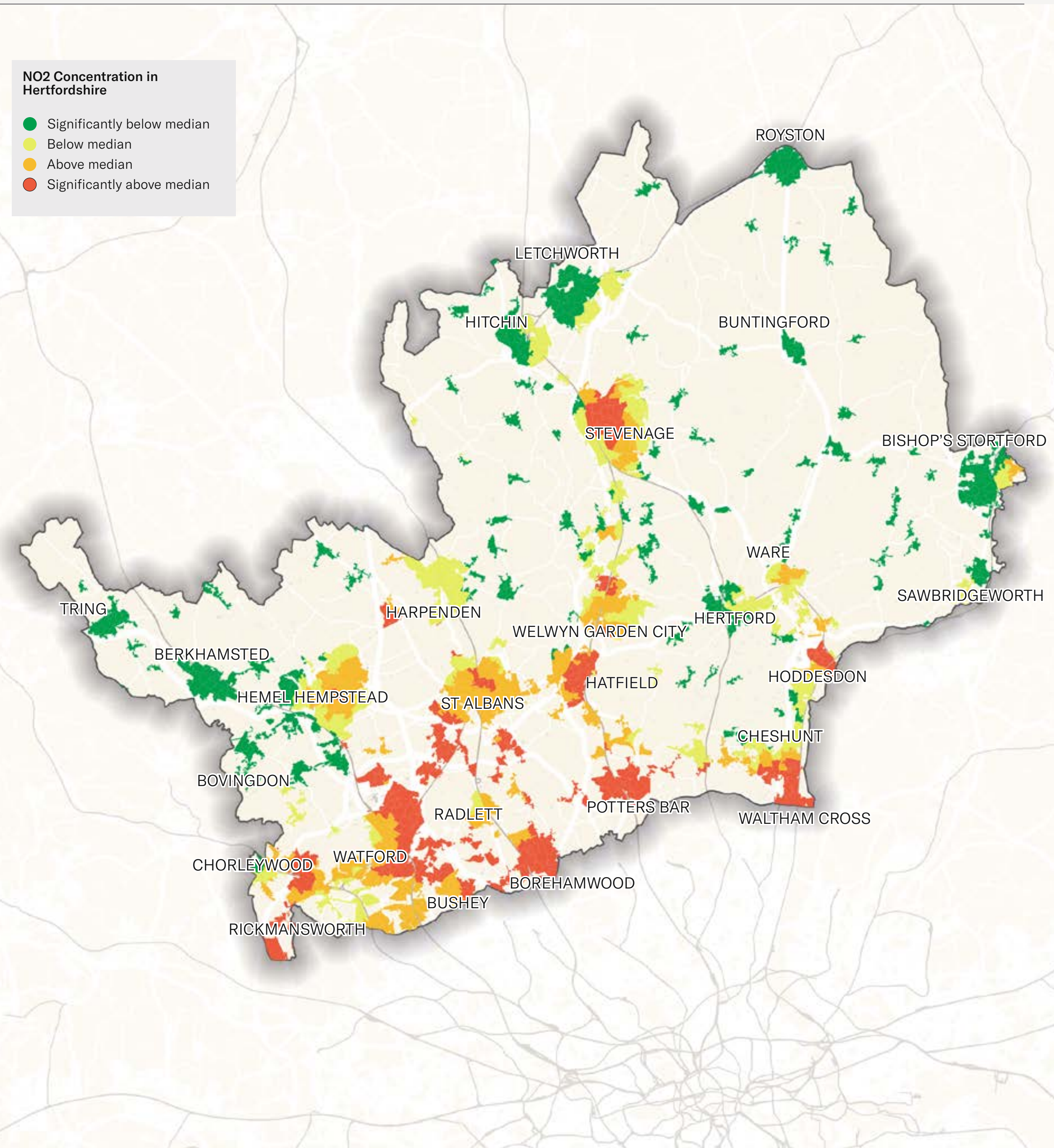
## Data source

This dataset captures average NO<sub>2</sub> concentration per MSOA . DEFRA (2021): <https://www.ons.gov.uk/census>

## Interpreting the results

Air pollution has a well-documented negative impact on health, particularly for respiratory and cardiovascular conditions. In some contexts, higher NO<sub>2</sub> levels are linked to denser, more urban areas - supported by its moderate correlation with road noise and overcrowding. However, urban areas often benefit from better access to services and employment, and NO<sub>2</sub> concentration is not strongly correlated with income levels.

This highlights the tension between environmental risk and socio-economic advantage. But given the clear link between air pollution and premature death, poor air quality must be addressed regardless of its association with otherwise well-connected places. This reinforces the need to shift away from car dependency and towards active travel and public transport, ensuring that connectivity and density are delivered in ways that support health.

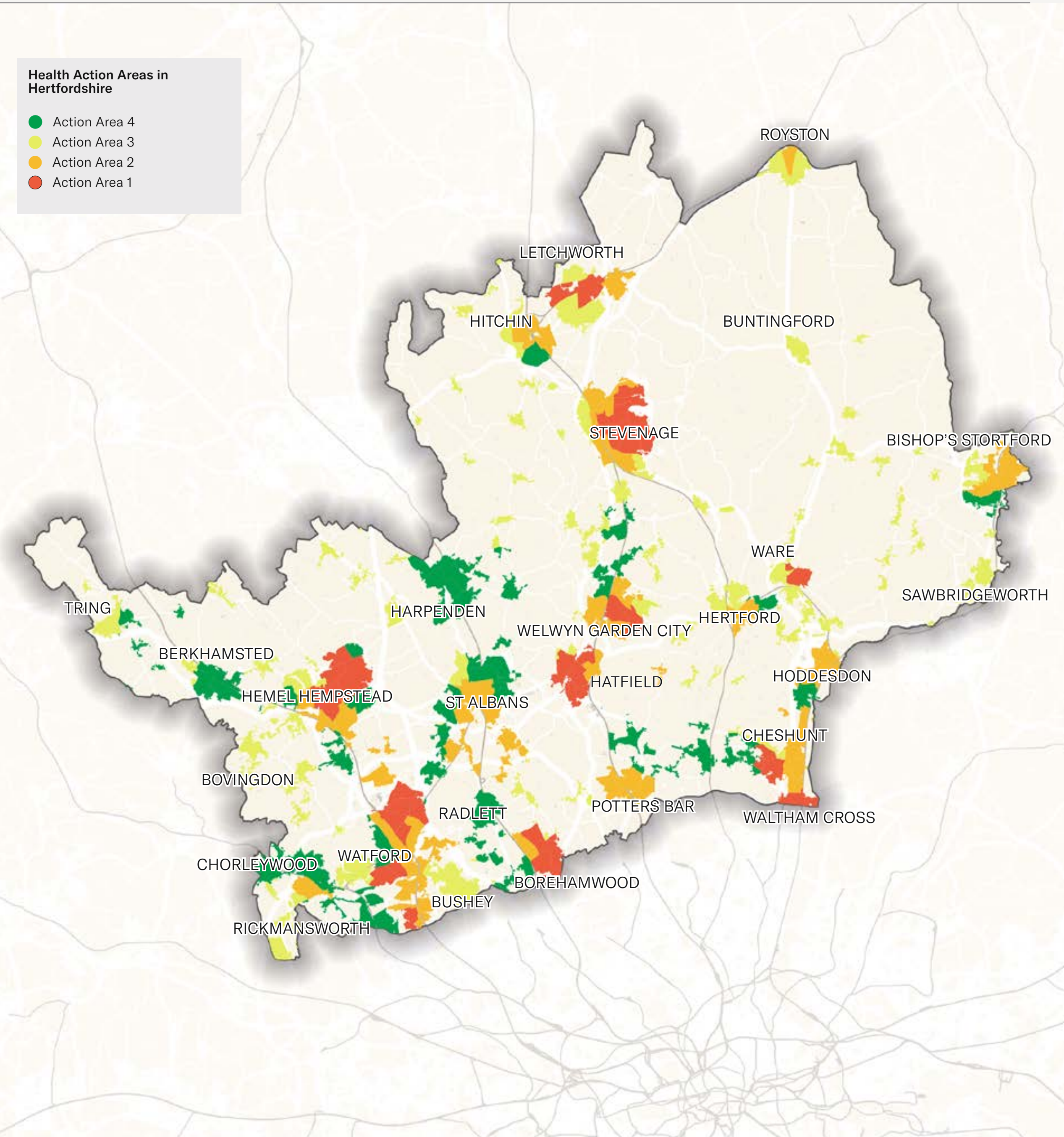


# Health Action Areas

To support further place-based decision-making, the key determinants identified have been grouped into clusters.

Middle Layer Super Output Areas (MSOAs) in Hertfordshire have been grouped into four distinct Health Action Areas, each reflecting combinations of the most influential determinants of life expectancy in Hertfordshire. While only a select number of variables are mapped, they act as proxies for a broader spectrum of social, environmental, and economic conditions. As such, the clusters represent more than just statistical groupings – they begin to tell a deeper story about local living conditions and distinct profiles of place-based challenges and opportunities begin to emerge.

This approach seeks to move beyond one-size-fits-all strategies by recognising the diversity of conditions that shape life expectancy across the County. It also reflects the interrelated nature of the key determinants identifies, offering the basis for a more nuanced understanding of spatial variation in health outcomes and enabling more responsive, locally tailored plans and policies.



# Defining Health Action Areas

To support targeted, place-based planning, four distinct Health Action Areas have been identified across Hertfordshire. These areas reflect combinations of key determinants that shape life expectancy and local health outcomes. Each cluster highlights a unique profile of environmental, social, and economic conditions, helping to guide tailored plans and policies.

## High stress area

Health Action Area 1 (HAA1): Low life expectancy with severe, overlapping challenges.

- Life expectancy: Lowest (80.3 years)
- Overcrowding: High
- Income: Lowest (~£44,000)
- Proximity to rail infrastructure: Lowest
- Green space: Lowest (25.7%)
- Fuel poverty: Highest
- Distance to work: Long
- Air pollution: Very High

These areas face the most acute challenges and should be prioritised for targeted, place-based action. Here, multiple social determinants converge to form a pattern of structural disadvantage. Severe household overcrowding, high fuel poverty, and poor air quality are compounded by social isolation, low incomes, and limited access to public transport.

## Moderate stress area

Health Action Area 2 (HAA2): - Moderate-low life expectancy with active health pressures.

- Life expectancy: Low (82.5 years)
- Overcrowding: Highest
- Income: Moderate (~£49,800)
- Proximity to rail infrastructure: High
- Green space: Low (40.3%)
- Fuel poverty: High
- Distance to work: Longest
- Air pollution: Very High

These areas show signs of vulnerability and would benefit from proactive, preventative action. High overcrowding, rising fuel poverty, and increased social isolation highlight growing pressures on housing and affordability. These dense, commuter-linked neighbourhoods face urban stressors such as limited green space and poor air quality.

## Emerging stress area

Health Action Area 3 (HAA3): Emerging Stress Areas - Moderate-high life expectancy with early signs of stress.

- Life expectancy: High (83.2 years)
- Overcrowding: Low
- Income: Moderate-High (~£50,600)
- Proximity to rail infrastructure: Low
- Green space: High (72.7%)
- Fuel poverty: Low
- Distance to work: Short
- Air pollution: Low

These areas are general healthy, leafy and suburban. Residents benefit from high green space coverage, lower air pollution, less household overcrowding, and relatively high income. However, early signs of stress may emerge as conditions evolve.

## Low stress area

Health Action Area 4 (HAA4): High life expectancy, lower health risks

- Life expectancy: Highest (84.7 years)
- Overcrowding: Lowest
- Income: Highest (~£59,300)
- Proximity to rail infrastructure: Moderate
- Green space: Moderate (54.6%)
- Fuel poverty: Lowest
- Distance to work: Shortest
- Air pollution: Moderate

These are affluent, comfortable suburbs or edge-of-town areas, with low household stress, good incomes, moderate environmental exposure, and low deprivation. Whilst not the leafiest or most rural, their conditions support high life expectancy and low deprivation.

# Policy implications - a Living Framework

This analysis provides a foundation for more targeted data use and evidence gathering to support the formulation of plans and policies as the basis for effective public health and spatial planning interventions across Hertfordshire. By attempting to identify the most influential and actionable determinants of health - and grouping neighbourhoods into distinct Health Action Areas, it becomes possible to supplement the universal principles of healthy placemaking with tailored, place-based strategies aligned to local conditions and priorities.

## Tailoring interventions to area need

Each Health Action Area identified through the clustering process reflects a distinct level and type of public health challenge that is addressable through planning. This enables authorities and local stakeholders to align action with need, using the Health Action Areas as a framework to:

- Prioritise high-risk areas (HAA1: High Stress Areas and HAA2: Moderate Stress Areas) for urgent, cross- sectoral intervention - particularly where life expectancy is lowest and multiple key determinants converge and compound

(e.g. fuel poverty, air pollution, and overcrowding).

- Target early support to neighbourhoods showing signs of emerging stress (HAA3: Emerging Stress Areas) to prevent worsening outcomes.
- Protect and sustain the health outcomes of areas performing relatively well (HAA4: Low Stress Areas), ensuring inequalities do not widen over time.

This is a high-level interpretation of the clusters based on statistical modelling, spatial analysis, and professional judgement. Its primary purpose is to act as a starting point for further and ongoing evidence building and for cross-sector collaboration. The true value of this approach lies in its ability to support ongoing expert interpretation and targeted action by planners, public health professionals, social care providers, housing authorities, voluntary sector groups, and others working across Hertfordshire.

Together, these groups are best placed to co-develop detailed, context-sensitive action plans to address specific challenges and unlock opportunities within each area.

This tailored approach ensures limited resources are directed where they will have the greatest impact, while recognising that not all places require the same type or intensity of intervention.

## Aligning with planning and public health tools

The analysis provides a shared evidence base that can be used to support and align with a range of planning and policy processes, including:

- Spatial Development Strategies
- Local and Neighbourhood Plans
- Health and Wellbeing Strategies
- Joint Strategic Needs Assessments (JSNAs)
- Local Growth Plans

The results also support Health in All Policies thinking – strengthening the case for health improvement through placemaking, rather than viewing health outcomes as the sole responsibility of the NHS or public health departments.

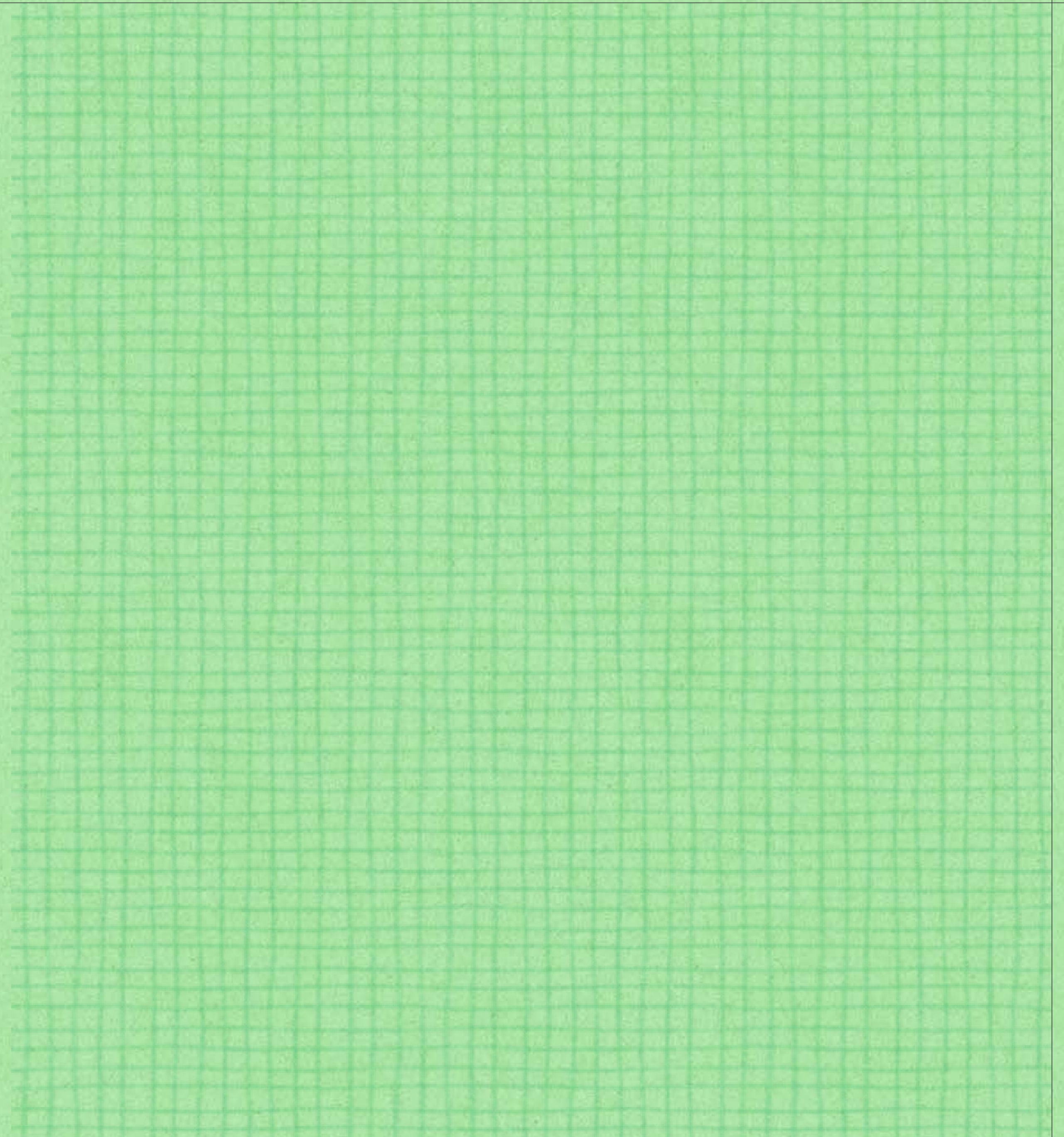
## Using the framework for future monitoring and evaluation

The methodology developed here offers not only a snapshot in time, but a **living, breathing framework** for ongoing use. As new, better, or more granular data becomes available - including healthy life expectancy

In this way, the model provides a living framework for:

- Monitoring changes in life expectancy across character areas.
- Assessing the impact of interventions on health determinants.
- Tracking whether inequalities are narrowing or widening over time.
- Informing more responsive planning and policy decisions.

# References





Annear, M., Keeling, S., Wilkinson, T., Cushman, G., Gidlow, B. & Hopkins, H. (2014). Environmental influences on healthy and active ageing: A systematic review. *Ageing & Society*, 34 (4), 590-622.

Bassuk, E.L., DeCandia, C.J., Tsertsvadze, A. & Richard, M.K. (2014). The effectiveness of housing interventions and housing and service interventions on ending family homelessness: A systematic review. *American Journal of Orthopsychiatry*, 84 (5), 457-474.

Bowler, D.E., Buyung-Ali, L., Knight, T.M. & Pullin, A.S. (2010). Urban greening to cool towns and cities: A systematic review of the empirical evidence. *Landscape and Urban Planning*, 97 (3), 147-155.

British Heart Foundation (2025), Bridging Hearts. Available at: <https://www.bhf.org.uk/-/media/files/what-we-do/policy-and-public-affairs/bridging-hearts-british-heart-foundation>.

Calogiuri, G. & Chroni, S. (2014). The impact of the natural environment on the promotion of active living: An integrative systematic review. *BMC Public Health*, 14:873.

Carlin, A., Murphy, M.H. & Gallagher, A.M. (2015). Do interventions to increase walking work? A systematic review of interventions in children and adolescents. *Sports Med*, 46 (5), 515-530.

Caroline Criado Pérez (2019). *Invisible Women. Exposing Data bias in a World Designed for Men*. New York: Harry N. Abrams Press.

Chang, M. and Hobbs, M. (2024). Location, location, location: understanding the geography of health policies in local spatial plans in England. *Cities & Health*, pp.1–9. doi:<https://doi.org/10.1080/23748834.2024.2408516>.

Clark, I. & Walker, S. (2023). *Make Space for Girls: the research background 2023, Make Space for Girls*. Available at: [https://cdn.prod.website-files.com/6398afa2ae5518732f04f791/63f60a5a2a28c570b35ce1b5\\_Make%20Space%20for%20Girls%20-%20Research%20Draft.pdf](https://cdn.prod.website-files.com/6398afa2ae5518732f04f791/63f60a5a2a28c570b35ce1b5_Make%20Space%20for%20Girls%20-%20Research%20Draft.pdf)

Cobb, L.K., Appel, L.J., Franco, M., Jones-Smith, J.C., Nur, A. & Anderson, C.A.M. (2015). The relationship of the local food environment with obesity: A systematic review of methods, study quality, and results. *Obesity*, 23(7), pp.1331–1344. Available at: <https://pubmed.ncbi.nlm.nih.gov/26096983/>

Created with Esri, data from MHCLG, Energy Performance of Buildings Register. (2024). Herts Insight: Domestic Energy Performance & Retrofit Profile for Hertfordshire. Available at: <https://www.reports.esriuk.com/view-report/6866c052f47749a0a85edad2e11d2e9c/E10000015?clear=true##>

Created with Esri, data from ONS, Annual Population Survey, (2024). Herts Insight: Employment, Jobs, and Skills Profile for Hertfordshire. Available at: <https://www.reports.esriuk.com/view-report/c786731717b0438eaf0dabc8d4925e2c/E10000015?clear=true>

Created with Esri, data from ONS, Census. (2021). Herts Insight: Housing Profile for Hertfordshire. Available at: <https://www.reports.esriuk.com/view-report/337a1c7a5c424b36bbaa483e0b93b377/E10000015?clear=true>

Created with Esri, data from ONS, Job Density (2021). Herts Insight: Employment, Jobs, and Skills Profile for Hertfordshire. Available at: <https://www.reports.esriuk.com/view-report/c786731717b0438eaf0dabc8d4925e2c/E10000015?clear=true>

Created with Esri, data from ONS, UK Business: Activity, size and location (2024). Herts Insight: Business and Industry Profile for Hertfordshire. Available at: <https://www.reports.esriuk.com/view-report/fb035856d6384c6594dd10a1dbbb2294/E10000015?clear=true>

Created with Esri, data from Public Health Outcomes Framework, Indicator B18a. (2024). Herts Insight: Health and Wellbeing Profile for Hertfordshire. Available at: <https://www.reports.esriuk.com/view-report/eb7013b48b5c416e814a386cde0b8c81/E10000015?clear=true>

Committee on Climate Change (2017). *UK Climate Change Risk Assessment 2017 Evidence Report: priorities for the next five years*. Available at: <https://www.theccc.org.uk/wp-content/uploads/2016/07/UK-CCRA-2017-Synthesis-Report-Committee-on-Climate-Change.pdf>

Davidson, L. & Lawson, C. (2006). Do attributes in the physical environment influence children’s physical activity? A review of the literature. *International Journal of Behavioural Nutrition and Physical Activity*, 3(19). Available at: <https://pubmed.ncbi.nlm.nih.gov/16872543/>

DCMS (2025). *DCMS Sectors Economic Estimates: Regional Gross Value Added 2023*. [online] GOV.UK. Available at: <https://www.gov.uk/government/statistics/dcms-sectors-economic-estimates-regional-gva-2023/dcms-sectors-economic-estimates-regional-gross-value-added-2023#creative-industries>

Department for Energy Security and Net Zero (2024). *Clean Power 2030 Action Plan: A new era of clean electricity (main report)*. DESNZ, viewed 25 July 2025. <https://assets.publishing.service.gov.uk/media/677bc80399c93b7286a396d6/clean-power-2030-action-plan-main-report.pdf>

Department for Levelling Up, Housing and Communities (2024). *National Planning Policy Framework*. Available at: GOV.UK [Accessed: 25 July 2025].

Department of Health and Social Care (2019), *Advancing our health: prevention in the 2020s – consultation document*. [online] GOV.UK. Available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>.

Department of Health and Social Care, Prime Minister’s Office 10 Downing Street, Starmer, K. & Streeter, W. (2025). *Fit for the Future: 10 Year Health Plan for England*. Department of Health and Social Care, London. <https://assets.publishing.service.gov.uk/media/68760ad755c4bd0544dcae33/fit-for-the-future-10-year-health-plan-for-england.pdf> [Accessed 21 July 2025]

Durand, C.P., Andalib, M., Dunton, G.F., Wolch, J. & Pentz, M.A. (2011). A systematic review of built environment factors related to physical activity and obesity risk: implications for smart growth urban planning. *Obesity Reviews*, 12 (5), e173-e182.

Dunton, G.F., Kaplan, J., Wolch, J., Jerrett, M. & Reynolds, K.D. (2009). Physical environmental correlates of childhood obesity: a systematic review. *Obesity Reviews*, 10 (4), 393-402.

Fancourt, D., Aughterson, H., Finn, S., Walker, E. & Steptoe, A. (2021). How leisure activities affect health: a narrative review and multi level theoretical framework of mechanisms of action. *The Lancet Psychiatry*, 8(4), pp.329–339. doi:10.1016/S2215-0366(20)30384-9. Available at: <https://pubmed.ncbi.nlm.nih.gov/33581775/>

Fraser, S.D. & Lock, K. (2011). Cycling for transport and public health: a systematic review of the effect of the environment on cycling. *European Journal of Public Health*, 21 (6), 738-743.

Gascon, M., Triguero-Mas, M., Martinez, D., Dadvand, P., Rojas-Rueda, D., Plasencia, A. & Nieuwenhuijsen, M.J. (2016). Residential green spaces and mortality: A systematic review. *Environmental International*, 86, 60-67.

Giskes, K., van Lenthe, F., Avendano-Pabon, M. & Brug, J. (2010). A systematic review of environmental factors and obesogenic dietary intakes among adults: are we getting close to understanding obesogenic environments? *Obesity Reviews*, 12, e95-e106.

Gibson, M., Petticrew, M., Bambra, C., Sowden, A.J., Wright, K.E. & Whitehead, M. (2011). *Housing and health inequalities: A synthesis of systematic reviews of interventions aimed at different pathways linking housing and health*. *Health & Place*, 17, 175-184.

Gomez, L.F., Sarmiento, R., Ordoñez, M.F., Pardo, C.F., de Sá, T.H., Mallarino, C.H., Miranda, J.J., Mosquera, J., Parra, D.C. & Reis, R. (2015). Urban environment interventions linked to the promotion of physical activity: A mixed methods study applied to the urban context of Latin America. *Social Science & Medicine*, 131, 18-30.

GOV.UK. (n.d.). *Advancing our health: prevention in the 2020s – consultation document*. [online] Available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document#chapter-2-challenges>.

GOV.UK. (2022) *Health matters: physical activity - prevention and management of long-term conditions*. [online] Available at: <https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions> [Accessed 25 July 2025].

GOV.UK (2025). *10 Year Health Plan for England: Fit for the Future*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>.

Healthwatch Hertfordshire (2022) Making Local Healthcare Equal: Healthcare Concerns in Black and Asian Communities. Published September 2022. Available at: [https://nds.healthwatch.co.uk/sites/default/files/reports\\_library/20221207\\_Hertfordshire\\_Making%20Local%20Healthcare%20Equal%20Report%20FINAL\\_0.pdf](https://nds.healthwatch.co.uk/sites/default/files/reports_library/20221207_Hertfordshire_Making%20Local%20Healthcare%20Equal%20Report%20FINAL_0.pdf)

Healthwatch Hertfordshire (2023) 9 in 10 Herts residents affected by cost of living. Available at: <https://www.healthwatchhertfordshire.co.uk/news/2023-07-17/9-10-herts-residents-have-been-affected-cost-living>

Hertfordshire and Middlesex Wildlife Trust. (2019). State of Nature | Herts and Middlesex Wildlife Trust. Available at: <https://www.hertswildlifetrust.org.uk/stateofnature>.

Hertfordshire and West Essex Integrated Care Board (2025) Overview of the Health and Wellbeing of the Hertfordshire and West Essex Population 2025. Available at: <https://www.hertsandwestessex.ics.nhs.uk/wp-content/uploads/2025/02/HWE-Overview-of-the-population-2025-24-February-2025-1.pdf> (Accessed: 23 July 2025).

Hertfordshire and West Essex Integrated Care Board (2025a) Children and Young People Insights Pack. Available at: <https://www.hertsandwestessex.ics.nhs.uk/wp-content/uploads/2025/02/CYP-insights-pack-V-1.0.2-Final-6-Feb-2025.pdf>

Hertfordshire and West Essex Integrated Care Partnership (2024) Our strategy for a healthier Hertfordshire and west Essex. Available at: <https://www.hertsandwestessex.ics.nhs.uk/about/icp/strategy/>

Hertfordshire Community Foundation (2023) Winter appeal to tackle fuel and food poverty in Hertfordshire. Available at: <https://www.hertscf.org.uk/news/all-news/winter-appeal-to-tackle-fuel-and-food-poverty-in-hertfordshire>

Hertfordshire County Council (2025) 18,000 homes in Hertfordshire are thought to be damp, with around 2% of these believed to have children under the age of 14 living in them. Available at: <https://www.hertfordshire.gov.uk/services/Health-in-Herts/Healthy-places/Healthy-places.aspx>

Hertfordshire County Council (2019) Air Quality Strategy. Available at: <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/air-quality-strategy.pdf>

Hertfordshire County Council (2016) Hertfordshire Adult Mental Health Strategy 2016-2021. Available at: <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/acs/adult-mental-health-strategy.pdf>

Hertfordshire County Council (2022) Hertfordshire Health and Wellbeing Strategy 2022–2026. Available at: <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/hertfordshire-health-and-wellbeing-strategy-2022-2026.pdf>

Hertfordshire Public Health Intelligence and Evidence JSNA (2023) Demand of Mental Ill Health on Services in Hertfordshire [redacted version]. Available at: <https://www.hertshealthevidence.org/microsites/jsna/jsna-documents/demand-on-mental-health-on-local-services-redacted.pdf> (Accessed: 23 July 2025).

Hertfordshire Public Health Intelligence and Evidence JSNA (2022) JSNA Lite Bite: Leading causes of death and disability in Hertfordshire. Available at: <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/lite-bites/lite-bite-death-and-disability.pdf>

Hertfordshire Public Health Evidence & Intelligence JSNA (2024) Accessible Green Spaces JSNA. Available at: <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents>

Hertfordshire Public Health Evidence & Intelligence JSNA (2025) Adverse and Extreme Weather JSNA. Available at: <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/adverse-and-extreme-weather-jsna.pdf>

Hertfordshire Public Health Intelligence and Evidence JSNA (2022a) Barriers and Enablers to Physical Activity in Older Adults. Available at: <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/lite-bites>

Hertfordshire Public Health Evidence & Intelligence JSNA (2024a) Creative Health JSNA. Available at: <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents>

Hertfordshire Public Health Intelligence and Evidence JSNA (2021) Mental Health and Wellbeing in Adults. Available at: <https://www.hertshealthevidence.org/microsites/jsna/jsna-documents/mental-health-adults.pdf>

Hertfordshire Residents Survey (2024). Available at: [https://www.hertfordshire.gov.uk/about-the-council/consultations/residents-survey/hertfordshire-county-council-residents-survey-2024.aspx?utm\\_source=partners&utm\\_medium=share&utm\\_campaign=rs2024](https://www.hertfordshire.gov.uk/about-the-council/consultations/residents-survey/hertfordshire-county-council-residents-survey-2024.aspx?utm_source=partners&utm_medium=share&utm_campaign=rs2024)

Holt-Lunstad, J., Smith, T.B. and Layton, J.B. (2010), Social Relationships and Mortality Risk: a Meta-analytic Review. *PLoS Medicine*, 7(7). doi:<https://doi.org/10.1371/journal.pmed.1000316>

House of Commons Health and Social Care Committee (2024), Prevention in health and social care: healthy places First Report of Session 2023-24 Report, together with formal minutes relating to the report. Available at: <https://committees.parliament.uk/publications/42948/documents/213571/default/>

Krieger, J., Jacobs, D.E., Ashley, P.J., Baeder, A., Chew, G.L., Dearborn, D., Hynes, H.P., Miller, J.D., Morley, R., Rabito, F. & Zeldin, D.C. (2014). Housing interventions and control of asthma-related indoor biologic agents: A review of the evidence. *Journal of Public Health Management*, 16 (5), S11-S20.

Lezzoni, L.I., McCarthy, E.P., Davis, R.B. & Siebens, H. (2001). Mobility difficulties are not only a problem of old age. *Journal of General Internal Medicine*, 16 (4), 235-243.

Local Government Association (2020) Hertfordshire County Council's whole systems approach to obesity. Available at: <https://www.local.gov.uk/case-studies/hertfordshire-county-councils-whole-systems-approach-obesity> (Accessed: 23 July 2025).

London, F. (2020). *Wellbeing Through Urban Design: Healthy Place Making*. London: RIBA Publishing.

Marmot, M. (2010). *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010*. The Marmot Review. Available at: <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020). Health equity in England: The Marmot Review 10 years on. [online] Institute of Health Equity. Available at: <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf>.

Mitchell, R. & Popham, F. (2008). Effect of exposure to natural environment on health inequalities: An observational population study. *The Lancet*, 372 (9650), 1655-1660.

Munoz Criado, A. (2016). *Green Infrastructure for the US: Maps and apps to connect the most valuable landscapes in the nation*. Redlands, CA: Esri. Available at: [https://www.esri.com/~media/files/pdfs/greeninfrastructure/green\\_infrastructure\\_booklet.pdf](https://www.esri.com/~media/files/pdfs/greeninfrastructure/green_infrastructure_booklet.pdf)

National Centre for Creative Health and All-Party Parliamentary Group on Arts, Health and Wellbeing (2023). *Creative Health Review: How Policy Can Embrace Creative Health*. Oxford: National Centre for Creative Health. Available at: <https://ncch.org.uk/creative-health-review>

NHS Providers (2024). Health hubs: A community centred prevention initiative to address health inequalities. Available at: NHS Providers. [Accessed 21 July 2025].

Office for Health Improvement and Disparities (2025) Public Health Outcomes Framework: Fingertips. Available at: <https://fingertips.phe.org.uk/public-health-outcomes-framework> (Accessed: 23 July 2025).

Office for Health Improvement and Disparities (OHID) (2025a) Obesity profile: short statistical commentary, May 2025. Available at: <https://www.gov.uk/government/statistics/obesity-profile-may-2025-update/obesity-profile-short-statistical-commentary-may-2025> (Accessed: 23 July 2025).

Office for Health Improvement and Disparities (OHID) (2025b) Concentrations of fine particulate matter (PM2.5) in the air, England 2018-2023. Available at: <https://oifdata.defra.gov.uk/themes/air/A3/>

Pineo, H. & Rydin, Y. (2018). *Cities, health and well-being*. London: Royal Institution of Chartered Surveyors.

PressRed (2025) Hertfordshire Physical Activity Key Messages, March 2025. Available at: <https://sportinherts.org.uk/newsfuse/uploads/documents/2025-Mar/1694-Pressred-Hertfordshire-Summary-March-2025.pdf>

Powell, A. (2024), Economic update: Inactivity due to illness reaches record. [online] House of Commons Library. Available at: <https://commonslibrary.parliament.uk/economic-update-inactivity-due-to-illness-reaches-record/>.

Public Health England (2018), Health matters: reducing health inequalities in mental illness [online]. Public Health England. Available at: <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

Public Health England (2017). Spatial Planning for Health: An Evidence Resource for planning and designing healthier places. PHE Publications. Available at: [https://assets.publishing.service.gov.uk/media/5b59b090e5274a3ff828c70c/spatial\\_planning\\_for\\_health.pdf](https://assets.publishing.service.gov.uk/media/5b59b090e5274a3ff828c70c/spatial_planning_for_health.pdf)

Public Health England (2017a). Health matters: Obesity and the Food Environment. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

Quality of Life Foundation, Prior + Partners (2024). Evidence-led planning and design: A partnership approach to evidence-led planning and design in our cities, towns and villages. QoLF. <https://www.qolf.org/wp-content/uploads/Evidence-led-planning-and-design-spreads-compressed.pdf>

Quality of Life Foundation, Prior + Partners & Local Government Association (2024). Empowering Healthy Places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods. Available at: [https://www.qolf.org/wp-content/uploads/LGA-Empowering-Healthy-Places-Final-compressed\\_1.pdf](https://www.qolf.org/wp-content/uploads/LGA-Empowering-Healthy-Places-Final-compressed_1.pdf)

Rae, A., Hamilton, K., Crisp, R. & Powell, R. (2016). Overcoming Deprivation and Disconnection in UK Cities. York: Joseph Rowntree Foundation. Available at: <https://www.jrf.org.uk/report/overcoming-deprivation-and-disconnection-uk-cities>

Rosenthal, J., Arku, R., Yi, S., Stinchcomb, D. & Wolf, J. (2018). The health impacts of urban air pollution and related policies: A systematic review. *Environmental Research Letters*, 13(7), 073001.

Royal College of Physicians (2025). A breath of fresh air: Responding to the health challenges of modern air pollution. London: RCP. Available at: <https://www.rcp.ac.uk/media/hvbeolvx/21072025-update-rcp-full-report-a-breath-of-fresh-air.pdf>

Royal Town Planning Institute (2020). Planning Healthy-Weight Environments: A Practice Guide for Planners. Available at: [https://www.rtpi.org.uk/media/5505/planning\\_healthy-weight\\_environments.pdf](https://www.rtpi.org.uk/media/5505/planning_healthy-weight_environments.pdf)

Sharpe, R.A., Thornton, C.R., Nikolaou, V. & Osborne, N.J. (2015). Environmental mold and dampness as respiratory health hazards: A review of the evidence. *Environment International*, 85, 273-282.

Song, Y., Liu, Y., Bai, X. and Yu, H. (2024), Effects of neighbourhood built environment on cognitive function in older adults: a systematic review. *BMC Geriatrics*, 24(1). doi:<https://doi.org/10.1186/s12877-024-04776-x>

Stafford, M., Chandola, T. and Marmot, M. (2007), Association Between Fear of Crime and Mental Health and Physical Functioning. *American Journal of Public Health*, [online] 97(11), pp.2076–2081. doi:<https://doi.org/10.2105/ajph.2006.097154>

Stern, N. (2007). *The Economics of Climate Change: The Stern Review*. Cambridge University Press.

Topping, A., Jeffery, E. & Sargent, S. (2016). Changing places: Planning for healthy communities. TCPA. Available at: <https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=6db4ec82-3462-442e-850d-868d5bbdc03a>

Town and Country Planning Association (2024), Securing Healthy Homes at the Local Level: <https://www.tcpa.org.uk/wp-content/uploads/2025/01/Healthy-Homes-technical-guide-for-local-implementation.pdf>

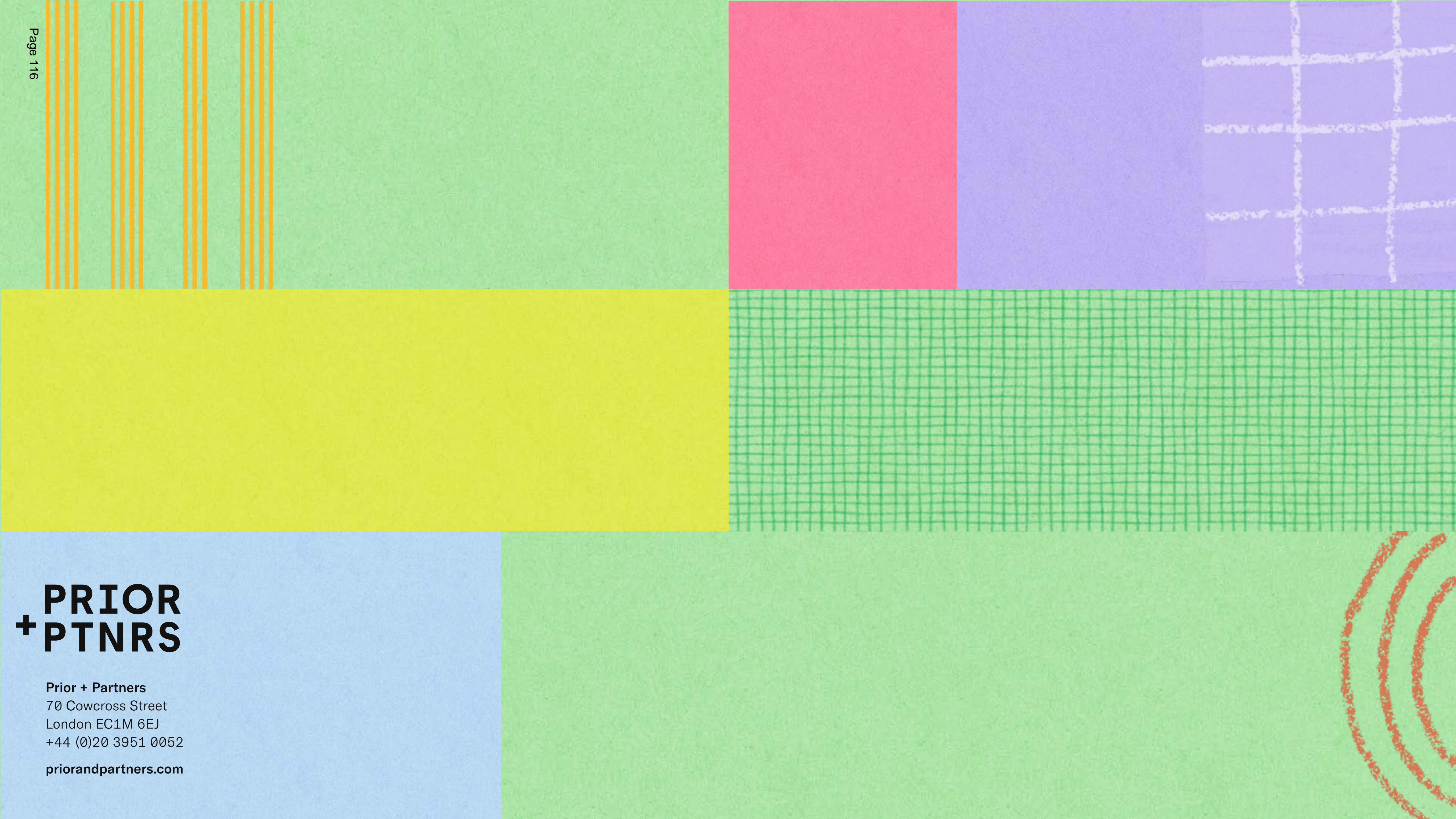
UKGBC (2021). Net Zero Whole Life Carbon Roadmap. [online] Available at: <https://ukgbc.org/wp-content/uploads/2021/11/UKGBC-Whole-Life-Carbon-Roadmap-A-Pathway-to-Net-Zero.pdf>.

Ulrich, R.S. (1984). View through a window may influence recovery from surgery. *Science*, 224, 420-421.

White, M., Alcock, I., Wheeler, B.W. & Depledge, M.H. (2013). Would you be happier living in a greener urban area? A fixed-effects analysis of panel data. *Psychological Science*, 24 (6), 920-928.

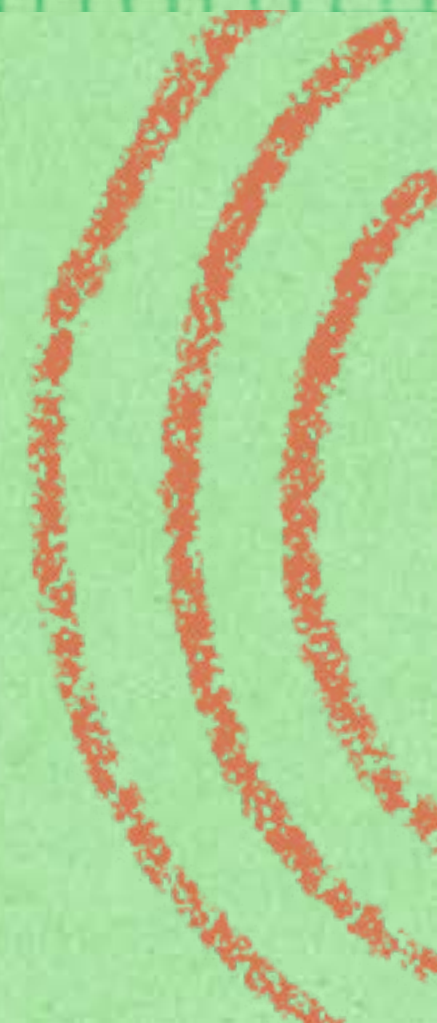
World Health Organization (2013) Helsinki statement on health in all policies. 8th Global conference on health promotion, Helsinki, 10-14 June 2013. Available at: <http://www.who.int/iris/handle/10665/112636>

World Health Organization (2016). Urban green spaces and health: A review of evidence. WHO Regional Office for Europe. Available at: <https://www.euro.who.int/en/publications/abstracts/urban-green-spaces-and-health-a-review-of-evidence-2016>



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## **EAST HERTS COUNCIL REPORT**

### **EXECUTIVE**

**DATE OF MEETING: TUESDAY, 24 MARCH 2026**

**REPORT BY: COUNCILLOR CARL BRITTAIN – EXECUTIVE  
MEMBER FOR FINANCIAL SUSTAINABILITY**

**REPORT TITLE: FINANCIAL MANAGEMENT 2025/26 - QUARTER 3  
FORECAST TO YEAR END**

**WARDS AFFECTED: ALL**

### **Summary**

This report summarises the Council's financial performance for quarter 3, highlighting the expected year-end position for both revenue and capital budgets.

The Council's net revenue budget for 2025/26 is £20.134 million. Based on spending up to 31 December 2025, we are currently forecasting that we will overspend by £505,000 by the end of the financial year.

For capital projects, the revised capital budget for 2025/26 is £11.885 million. We now expect to spend £9.38 million this year, which is £2.505 million less than planned.

### **RECOMMENDATIONS FOR EXECUTIVE**

- a) Note and consider the projected £505k overspend on the 2025/26 revenue budget.
- b) Agree the inclusion of an additional £400k UK Shared Prosperity Fund (UKSPF) grant for capital projects, and its addition to the capital programme.
- c) Note and consider the forecast £2.505 million underspend on the 2025/26 capital programme and the currently anticipated £1.14 million carry-forward, which remains subject to change at year-end.

#### **1.0 General Fund**

- 1.1. The Council approved the 2025/26 Medium Term Financial Plan (MTFP), revenue budget and capital programme on 26 February 2025. For 2025/26, the net revenue budget is £20.133 million. The table below shows this budget alongside the quarter 3 forecast position. A full breakdown of the budget and forecast is provided in Appendix A, with explanations of the main variances in Appendix B.

<b>Table 1: Revenue Budget and End of Year Forecast Outturn</b>	<b>2025/26 Budget</b>	<b>2025/26 Forecast Outturn</b>	<b>Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Net Cost of Services (NCS)	15,921	16,827	906
Total corporate budgets	4,377	3,619	(758)
Total reserve movements	(164)	193	357
<b>Net Revenue Budget</b>	<b>20,133</b>	<b>20,638</b>	<b>505</b>
Total funding	(7,008)	(7,008)	-
Funded by Council Tax	(13,131)	(13,131)	-
<b>Overspend/Underspend</b>	<b>(6)</b>	<b>499</b>	<b>505</b>

- 1.2. The forecast for the Net Cost of Services has improved slightly since quarter 2, with a £4k reduction in the expected overspend.
- 1.3. Appendix B provides details of all key variances. Two areas have seen the largest adverse movements since quarter 2:
- Place – Planning: an adverse movement of £216k, mainly due to increased pressures from salary and agency costs.
  - Regeneration, Customer & Commercial – BEAM: an adverse movement of £191k, driven by income not meeting the expected target.
- 1.4. There have also been several significant favourable movements since quarter 2:
- Place – Leisure: an improvement of £142k, following the new agency arrangement with Everyone Active, our leisure operator.
  - Centrally Managed Costs: an improvement of £85k, linked to treasury management fees. This budget was reviewed in detail during quarter 3, and an underspend is now forecast.

- Finance, Risk & Performance: a favourable variance of £126k due to the release of contingency funds to help offset overspends within BEAM.

1.5. A £357k overachievement is currently forecast against the investment and interest income budget. This reflects stronger-than-expected returns on the Council's investments and the treasury management decisions made during the year. In line with the reserves policy, it is proposed that a contribution is made to the Interest Equalisation Reserve.

## 2. Capital Programme

2.1. The capital budget for 2025/26 has been revised to £11.885 million, which includes an additional £400k from the UK Shared Prosperity Fund (UKSPF) for new capital projects. The forecast outturn shows a £2.505 million underspend for the year, of which £1.114 million is currently expected to be carried forward. A summary of the capital programme is provided below, with further detail available in the Appendix.

<b>Table 2: Capital Programme and Forecast outturn and carry forwards</b>	<b>Revised Budget 2025/26</b>	<b>Forecast Outturn 2025/26</b>	<b>Variance 2025/26</b>	<b>Carry forward to 2026/27</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Land and Buildings	2,019	413	(1,607)	782
Infrastructure	38	33	(5)	-
Vehicles, Equipment and Intangible Software	8,870	8,180	(690)	128
Community Assets	349	270	(79)	79
Revenue Expenditure funded as Capital under Statute (REFCUS)	609	484	(125)	125
<b>Capital Programme Total</b>	<b>11,885</b>	<b>9,380</b>	<b>(2,505)</b>	<b>1,114</b>

2.2. A total underspend of £2.505 million is currently forecast, made up of the following areas:

- Investment in Operational Assets: £392k underspend, with no expenditure now expected in 2025/26. It is proposed that this is carried forward to 2026/27.
- BEAM: £292k underspend, of which £81k is proposed to be carried forward to fund the outstanding Section 278 works.

- Old River Lane: £146k underspend, with £59k proposed to be carried forward to 2026/27 to meet the cost of public square design work.
- Pinehurst Community Hall: £172k underspend due to the transfer of the community hall to an external charity.
- Capital Contingency: No expenditure is expected against the £250k budget in 2025/26, and it is proposed that this is carried forward to 2026/27.
- ICT Rolling Programme: £275k underspend, with no further spend expected this year.
- Transformation Programme: £305k underspend, with £18k proposed to be carried forward to 2026/27.
- Parks & Open Spaces: £79k underspend, as Section 106 project work has not yet commenced and is now expected to be completed in 2026/27. A carry-forward is therefore proposed.
- UK Shared Prosperity Fund (UKSPF) Projects: £235k underspend. As these projects are expected to be delivered in 2026/27, ahead of the UKSPF deadline of September 2026, it is proposed that this budget is carried forward.

### **3. Debtors**

- 3.1. At the end of December (Q3), outstanding debt stood at £2.350 million, which is an increase of £383k compared with the £1.967 million reported at quarter 2. However, it is important to note that £819k of the debt in the 30-day category relates to regular payments from neighbouring local authorities, which will be paid when due. Excluding this, the underlying debt has reduced by £435k, bringing it down to £1.532 million.
- 3.2. Debt over 180 days old stands at £1.029 million, which is a small improvement of £25k compared with the position reported at quarter 2.
- 3.3. Chasing outstanding debt continues to be a priority for the Exchequer Team. A detailed breakdown of the aged debt profile is provided in Appendix D.



#### **4. Reasons**

- 4.1. Section 28 of the Local Government Act 2003 requires the Council to monitor its budget and to review the adequacy of its reserves and balances throughout the year. East Herts Council's financial management framework supports this by requiring quarterly reports to the Audit and Governance Committee and the Executive, including forecasts to year-end.
- 4.2. The Executive is required to consider these budget forecasts and ensure that appropriate action is taken where there are spending pressures or shortfalls in income, so that the Council's overall financial resources are not exceeded.

#### **5.0 Implications/Consultations**

##### **Community Safety**

None arising from this report.

##### **Data Protection**

None arising from this report

##### **Equalities**

None arising from this report.

##### **Environmental Sustainability**

None arising from this report.

##### **Financial**

All financial implications are contained in the report.

##### **Health and Safety**

None arising from this report.

##### **Human Resources**

None arising from this report.

##### **Human Rights**

None arising from this report.

## Legal

Section 28 of the Local Government Act 2003 requires the council to monitor the budget and monitor and assess the adequacy of reserves and balances during the year. East Herts Council's financial management framework requires the quarterly reports to Audit and Governance Committee and the Executive with forecasts to year end.

## Specific Wards

No

## 6.0 Background papers, appendices and other relevant material

Appendices	
A	2025/26 Revenue Budget & Forecast Outturn
B	2025/26 Significant variances
C	2025/26 Capital Programme and Forecast Outturn
D	Quarter 3 Debtors position

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2025/26 Revenue budget - Qtr 3 Forecast outturn position

Appendix A

		2025/26 budget	Forecast outturn	Q3 Variance	Q2 Variance (Memo item)
		£'000	£'000	£'000	£'000
Net Cost of Services	Chief Exec & Corp Support Team	305	276	(29)	(37)
	Communities	2,167	2,644	478	413
	Centrally Managed Costs	853	607	(247)	(68)
	Legal Policy & Governance	5,062	5,035	(28)	58
	Place	4,655	4,791	136	(20)
	Regeneration Customer & Commercial Services	(2,186)	(1,244)	942	708
	Finance, Risk Performance	5,065	4,719	(346)	(242)
	<b>Total Net Cost of Services</b>	<b>15,921</b>	<b>16,827</b>	<b>906</b>	<b>811</b>
Corporate Budgets	Fees & charges annual review	(100)	(100)	-	
	Minimum Revenue Provision	1,634	1,431	(203)	(203)
	Interest Payments on loans	3,269	3,071	(198)	(198)
	Interest & Investment income	(1,000)	(1,357)	(357)	29
	Pension Fund Deficit contribution	637	637	-	
	Executive Savings approved 2024/25 budget round	(63)	(63)	-	
	<b>Corporate Budgets Total:</b>	<b>4,377</b>	<b>3,619</b>	<b>(758)</b>	<b>(372)</b>
Use of Reserves	Contributions to Earmarked reserves	-	357	357	70
	Contributions from Earmarked reserves	(164)	(164)	-	-
	<b>Net Use of Reserves:</b>	<b>(164)</b>	<b>193</b>	<b>357</b>	<b>70</b>
<b>Net Cost of Services Total:</b>		<b>20,133</b>	<b>20,638</b>	<b>505</b>	<b>509</b>
Funding	Retained Business Rates - Business Rates	(5,092)	(5,092)	-	-
	Retained Business Rates - Section 31 Grants	-	-	-	-
	Council Tax Demand on the Collection Fund	(13,131)	(13,131)	-	-
	(Surplus)/Deficit on collection fund	-	-	-	-
	General Government Grants	(582)	(582)	-	-
	New Burdens Funding - food waste collection	-	-	-	-
	Revenue Support Grant	(141)	(141)	-	-
New Homes Bonus Grant	(1,193)	(1,193)	-	-	
<b>Non Departmental Budgets Total:</b>		<b>(20,139)</b>	<b>(20,139)</b>	<b>-</b>	<b>-</b>
<b>Total:</b>		<b>(6)</b>	<b>499</b>	<b>505</b>	<b>509</b>

**Appendix B - Summary of Significant Variances - Quarter 3 2025-2026**

Budget Area	2025-26 Budget £ 000's	Q3 Forecast Outturn £ 000's	Variance £ 000's	Q2 Forecast Outturn £ 000's	
<b>Chief Exec &amp; Corp Support Team</b>	305	276	(29)	267	<b>The service shows a £8K adverse movement from Q2 -</b> The variance to date relate to staffing
<b>Communities</b>	2,167	2,644	478	2,666	<b>The service shows a £21K improvement from Q2</b>
Strategic Property	1,163	1,603	440	1,567	Strategic Property is forecasting a £440k budget pressure. The main element of this relates to Rapier House, which accounts for £264k. This includes: 1. £115k in lost rental income, as the building is not generating rent during its current use. 2. £129k in security costs, which are required to ensure the site remains safe and compliant while it is being used for operational purposes by the grounds maintenance contractor. 3. £20k in utilities costs linked to the temporary relocation of the grounds maintenance contractor from the Buntingford Depot following the Waste Contract changes.  There is also a £113k pressure at the Northgate End flats, driven by essential security and council tax costs while the properties are not in use.  In addition, 14-16 Water Lane is currently vacant, resulting in a £35k shortfall in rental income.  Mitigation: Rapier House rental income been removed from 26/27 budgets, remaining pressure will go, once the Ground Maintenance contractor moves out. Northgate End pressure will also go, once the sale of Northgate End happens
Housing Service	425	428	4	515	As at Q3 Housing is still close to a balanced forecast, it is worth noting that Temporary Accommodation which is grant funded is running at a higher rate than last year with a current forecast spend of £847k, the prior year was £607k. There have also been some increased costs on Hostels however this still remains with budget.
Licensing & Enforcement	71	147	76	128	Licensing & Enforcement is reporting a budget pressure of £76k. The main elements contributing to this are: 1. £26k pressure on licence fees. 2. £36k shortfall because a staff recharge to another council has ended, so the income previously used to offset staffing costs is no longer received. 3. £18k cost pressure on Markets. 4. £14k pressure on agency staffing, which has been required to maintain service delivery while vacancies are being filled.  Mitigation: the £36K budget has been removed from the 2026/27 proposed budget.
Community & Well being Partnerships	451	383	(68)	375	This is due staff vacancies that are being held.
Other Variances	58	83	25	81	Minor variances
<b>Centrally Managed Costs</b>	853	607	(247)	692	<b>The service shows a £85k favourable movement from Q2, as a result of reduced cotreasury management costs</b>
<b>Legal Policy &amp; Governance</b>	5,062	5,035	(28)	5,120	<b>The service shows a £85K improvement from Q2</b>
Improvement and Insight	292	345	53	354	There is a £41k income target for staff recharges to other councils, but this can no longer be met as the arrangement has now ended.  Mitigation: the £41K budget has been removed from the 2026/27 proposed budget.
Legal Services	427	352	(75)	399	The underspend arises from vacancy savings, partly reduced by pressure on court costs.
Waste Services	3,312	3,256	(56)	3,321	There are some small remaining variances while the final contract costs are being confirmed with Veolia, the new contractor. North Herts, as the lead authority, is still completing this process. The current forecast reflects our best estimate of the agreed costs and expected inflation.
Democratic Services	944	990	46	982	Staffing pressure which is being supported the underspend on staffing in Legal services.
Other Variances	88	91	3	64	minor variances
<b>Place</b>	<b>4,655</b>	<b>4,791</b>	<b>136</b>	<b>4,634</b>	<b>The service shows a £156K adverse movement from Q2</b>

Budget Area	2025-26 Budget £ 000's	Q3 Forecast Outturn £ 000's	Variance £ 000's	Q2 Forecast Outturn £ 000's	
Planning and Gliston Garden Town	2,308	2,397	89	2,181	The main pressure remains staffing. The combined cost of salaries and agency staff is creating a £535k pressure. This is down to difficulties in recruiting to certain key posts and the use of temporary staff to support the work. Recruitment to permanent roles has been challenging reflecting the national picture with a shortage of experienced planners. Further options are being reviewed to reduce agency use. There is also a new £26k cost for archaeological work recharged by Hertfordshire County Council The overall position is partly offset by the underspend on the Gilston project, where £589k of costs previously expected this year are now likely to fall into a future year. This significantly reduces the net impact of pressures elsewhere.
Land charges	(19)	40	59	37	Land charge income is showing a pressure based on performance to date. Uncertainty in the housing market is having an impact on activity due to speculation of what the November budget in relation to further tax changes, plus the dampening effect of the SDLT implemented last April.
Parks & Open Spaces	1,457	1,464	8	1,409	The Parks forecast has increased by £56k since Q2, which removes the previously reported underspend. The service is now showing a small overall pressure of £8k. This change is mainly due to a higher-than-expected amount of essential tree work needed to keep sites safe for the public. These costs are unavoidable and have been greater than originally anticipated. To help manage the position, spending on materials and equipment is being limited to what is strictly necessary for the rest of the year.
Leisure Services	(888)	(890)	(2)	(748)	The Q2 pressure of £140k has reduced by £142k in Q3. This improvement is mainly due to the new agency arrangements with Everyone Active, which have had a positive knock-on effect on the VAT position.
Environmental Health	1,062	1,044	(19)	1,058	Minor variances - staffing
Other Variances	734	735	1	698	Minor variances
<b>Regeneration Customer &amp; Commercial Services</b>	<b>(2,186)</b>	<b>(1,244)</b>	<b>942</b>	<b>(1,471)</b>	<b>The service shows a £227K adverse movement from Q2</b>
Carparking	(3,353)	(2,955)	397	(2,976)	The Parking position has worsened by £21k since Q2, mainly due to additional property maintenance costs across the three towns. Despite this movement, the overall position remains very similar to what was previously reported. The two main cost pressures are unchanged: 1. £210k pressure from business rates on the three multi-storey car parks, and 2. £165k pressure relating to the cleansing contract.  Parking income continues to perform well and is broadly on track to meet the £5.079m target for the year.  Mitigation: The business rates pressure has been resolved in 2026/27 through the increase in budgets. There has also been a number of appeals submitted to the VOA for consideration.
Beam - Theatre	(200)	258	458	67	The Theatre is now forecasting a £458k pressure, which is an adverse movement of £191k since Q2. This means that instead of delivering the planned £200k surplus, BEAM is currently forecast to make a £258k loss for the year. This change reflects a combination of lower-than-expected ticket income across the Cinema and Theatre programmes, and the impact this has had on related income lines such as food and beverage sales. The catering offer also launched later than originally planned, which has reduced income in the early part of the year.  Mitigation: A revised business plan will come to Members in 2026/27 for the theatre.
Customer Services	960	994	34	1,001	Minor staffing variances
Comms & Digital Media	401	458	57	436	A net pressure due to agency costs covering the ORL project.
Other Variances	6	1	(5)	1	minor variances
<b>Finance, Risk Performance</b>	<b>5,165</b>	<b>4,819</b>	<b>(346)</b>	<b>4,923</b>	
ICT Shared Service	2,971	2,851	(120)	2,830	The ICT shared service is reporting an underspend due to staffing vacancies. This underspend has reduced in Q3 by £21k, reflecting changes in the staffing position during the quarter.

Budget Area	2025-26 Budget £ 000's	Q3 Forecast Outurn £ 000's	Variance £ 000's	Q2 Forecast Outurn £ 000's	
Other Variances	2,194	1,968	(226)	2,094	Underspends against budget relates to release of provision held to mitigate overspends, in 2025/26 to be utilised to mitigate part of the overspend forecast at BEAM
<b>Total Variances</b>	<b>16,021</b>	<b>16,927</b>	<b>906</b>	<b>16,831</b>	

## Appendix D

## EastHerts District Council - Aged Debt Analysis - December 2025

Outstanding Debt as at December 2025	Balance Outstanding	30 Days	30 - 60 Days	60 - 90 Days	90 - 120 days	120 - 180 Days	180+ days
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
<b>Outstanding Debt 31 Dec</b>	2,350.9	1,139.6	36.6	78.1	33.5	33.4	1,029.7
<b>Outstanding Debt 30 Sept</b>	1,967.7	300.7	191.0	224.6	123.1	73.9	1,054.4
<b>Increase / (Decrease)</b>	383.2	838.9	(154.4)	(146.5)	(89.6)	(40.5)	(24.7)
<b>Percentage Spread of Debt Across Periods</b>							
		48%	2%	3%	1%	1%	44%
<b>Percentage (Reduction) / Increase in Debt from 30 Sept</b>							
	19%	279%	(81%)	(65%)	(73%)	(55%)	(2.3%)



## Capital Forecast Outturn Quarter 3 - December 2025

	Revised Budget	Forecast Outturn	Variance	Forecast Carry Forward
	2025/26	2025/26	2025/26	2025/26
	£'000	£'000	£'000	£'000
<b>Land and Buildings</b>				
Investment in operational assets	392	0	(392)	392
Buntingford Depot	681	327	(354)	-
Hertford Theatre (BEAM)	311	19	(292)	81
Old River Lane and Arts Centre	205	59	(146)	59
S106 - Pinehurst Community Hall	180	8	(172)	-
Capital contingency- major projects	250	0	(250)	250
<b>Infrastructure</b>				
Bridges	38	33	(5)	-
<b>Vehicles and Equipment</b>				
Rolling programme to be utilised on ICT projects subject to ITSG review	399	124	(275)	-
BEAM - Website replacement	51	51	0	-
UKSPF - BEAM Solar Panels	60	0	(60)	60
UKSPF - Hartham Decarbonisation	50	0	(50)	50
Refuse & Recycling - cleansing vehicles	6,130	6,130	0	-
Refuse & recycling - containers	1,680	1,680	0	-
Transformation Programme	500	195	(305)	18
<b>Community Assets</b>				
Hertford Castle Grounds - Development Phase - HLF	270	270	0	-
Parks & Open Spaces	79	0	(79)	79
<b>Revenue Expenditure Funded as Capital Under Statute (REFCUS)</b>				
Warmer Homes - WH:LG	319	319	0	-
UKSPF - Various	290	165	(125)	125
<b>Current Capital Programme Budget Total</b>	<b>11,885</b>	<b>9,380</b>	<b>(2,505)</b>	<b>1,114</b>

# Agenda Item 8

## **EAST HERTS COUNCIL REPORT**

### **EXECUTIVE**

**DATE OF MEETING: TUESDAY, 24 MARCH 2026**

**REPORT BY: COUNCILLOR CARL BRITTAIN – EXECUTIVE MEMBER FOR FINANCIAL SUSTAINABILITY**

**REPORT TITLE: STRATEGIC RISK REGISTER QUARTER 3 MONITORING**

**WARD(S) AFFECTED: ALL WARDS**

**Summary** – This report provides the Committee with the corporate risk register for Quarter 3 of 2025/26 and sets out how East Herts manages these risks. It also includes an update on the recent internal audit report on the Council's risk management arrangements.

### **RECOMMENDATIONS FOR EXECUTIVE:**

- a) The 2025/26 quarter three corporate risk register and actions being taken to control and mitigate risk be considered and noted.
- b) That the actions being taken following the recent internal audit report on the Council's risk management arrangements be noted.

## **1. Background**

- 1.1. The Leadership Team reviews the content of the corporate risk register quarterly and provides updates that are relayed within this monitoring report to Audit & Governance Committee.
- 1.2. The Corporate Risk Register is attached at Appendix A. The format concentrates on key risks and is very focussed on control and mitigation actions.
- 1.3. As part of the Council's routine governance and assurance arrangements, an internal audit of the Council's risk management framework was carried out in December 2025. This periodic review forms part of good practice to ensure that the Council's

approach to identifying and managing risk remains robust, up to date.

## 2. Internal Audit Review

- 2.1. The internal audit of the Council’s risk management arrangements, carried out in December 2025, reviewed the effectiveness of the Council’s overall framework, including policies, roles and responsibilities, risk registers and training provisions. The audit formed part of routine good-practice assurance activity and assessed whether the Council’s risk management processes are being applied consistently across the organisation.
- 2.2. The audit confirmed that the Council has a structured and documented approach to risk management, supported by an up-to-date Risk Management Strategy and a defined five-stage risk cycle. It also highlighted areas where further strengthening would enhance consistency, transparency, and operational assurance across the organisation.
- 2.3. The following recommendations and actions came out of the review.

Recommendation	Action
Improve clarity and consistency of risk descriptions in the Strategic Risk Register.	Risk owners to review and update risks using a clearer structure.
Strengthen operational risk management across all directorates.	Directors to evidence operational and project-level risk arrangements.
Provide refresher training for Members and risk owners.	Training sessions to be arranged during 2026.
Add target risk scores and risk direction	Strategic Risk Register now

Recommendation	Action
indicators to the Strategic Risk Register.	incorporate this.
Develop practical operational risk-management tools and guidance.	Additional guidance and templates to be created and issued.

- 2.4. To further strengthen the Council’s oversight of risk management, the Leadership Team has introduced a programme of deep dives, each focusing on the strategic and operational risks of one directorate. This will provide dedicated time to review and challenge risks in detail, ensure that risks are clearly defined and consistently articulated, and support the identification of areas where Leadership Team attention or resources may need to be prioritised.
- 2.5. The first review focused on the Place Directorate, where the service outlined its key operational risks and the issues, they consider most significant. This provided Leadership Team with an initial overview of the directorate’s risk profile and set the foundation for a rolling monthly programme of reviews. Each month, a different directorate will present its risks to Leadership Team, and once all directorates have been considered, Leadership Team will reflect on the overall picture and determine where risks should remain at service level, where they may need to be escalated corporately, and where the Council may choose to acknowledge and accept certain risks.
- 2.6. In addition, dedicated risk management training will be provided for Members in June 2026. This will be a focused, in-person session and will be recommended for all Audit & Governance Committee members, while also being open to any other Members who wish to attend. If Members have particular areas of risk management, they would like the session to focus on, they will be encouraged to share these in advance so the training can be

tailored to their needs and support consistent understanding of the Council's approach.

- 2.7. Officer training will also be provided to strengthen understanding of how to clearly articulate risks, assess their impact, and develop appropriate mitigations, ensuring a consistent and robust approach across all services.

### 3. Risk Register result for quarter 3

- 3.1. Leadership Team has set a risk tolerance level. Risks above the tolerance level are actively managed and regularly reviewed to ensure that contingency and mitigation action is being taken. Risks below the tolerance line are managed by Services. Services are responsible for keeping all risks under review and taking action to reduce the impact of the risk on the Council.

		Likelihood			
		1	2	3	4
Impact	A				
	B		9		1, 2, 6
	C		3, 4, 7	8	
	D		5		

Table 1 Risk Score

- 3.2. Details of how risks are scored can be found below. Appendix A shows the comprehensive breakdown of each risk.

Likelihood	Score	Description	Likelihood of occurrence	Probability of occurrence	
	4	High	Monthly	The event is expected to occur or occurs regularly	
	3	Medium	Annually	The event will probably occur	
	2	Low	1 in 5 years	The event may occur	
	1	Very Low	Less frequently than 1 in 5 years	The event may occur in exceptional circumstances	

Impact	Score	Description	Financial	Reputation	Service / operation
	A	Critical	> £1m p.a.	Serious negative media	Catastrophic fall in service quality or long-term disruption to services
	B	Significant	£400,000 to £1m p.a.	Adverse national media	Major fall in service quality or serious disruption to services
	C	Marginal	£100,000 to £400,000 p.a.	Adverse local media	Significant fall in service quality
	D	Minor	< £100,000	Public concerns restricted to local complaints	Little impact to service quality

Table 2 Methodology of corporate risk scoring

- 3.3. The risk scores reflect control and mitigation measures (Residual scores) rather than the Inherent (before any action is taken to control) scores.
- 3.4. Between Quarter 2 and Quarter 3, the overall risk profile remained broadly stable, with almost all risks retaining the same residual impact and likelihood scores across the two periods. The only movement recorded was for the Climate Change risk, where the residual likelihood increased (from B3 in Q2 to B4 in Q3). This reflects the continued absence of planning permission for the Amwell depot site, despite earlier projected timelines. The planning aspects of the Amwell redevelopment are directly linked to our ability to adapt the estate to increasing flood risk associated with climate change. As the risk on the register relates specifically

to mitigation and adaptation measures, the delay in securing planning approval heightens the likelihood that these essential adaptation works cannot proceed as scheduled.

- 3.5. All other risks remained in the same scoring position, and no new risks were added or removed from the register.
- 3.6. Aside from the single movement in the Climate Change risk, there was also a structural enhancement to the register in Quarter 3, with the introduction of target scores and movement indicators. These additions are intended to help readers quickly identify whether any changes have occurred and to provide clearer visibility of the direction of travel for each risk, including where the Leadership Team aims for the risk position to move over time.

#### **4. Implications/Consultations**

##### **Community Safety**

No

##### **Data Protection**

The topic features within the corporate risk register.

##### **Equalities**

The topic features within the corporate risk register.

##### **Environmental Sustainability**

Climate change features within the corporate risk register.

##### **Financial**

Not specific but risk management can provide protection of budgets from unexpected losses. Better governance can be demonstrated, and the annual audit plan is risk based.

##### **Health and Safety**

Not specific but risk management can provide a safer environment across the district and all services for the benefit of the public, staff and our contractors.

### **Human Resources**

No

### **Human Rights**

No

### **Legal**

Not specific but legal matters feature within the corporate risk register.

### **Specific Wards**

No

## **5. Background papers, appendices and other relevant material**

### **5.1. Appendix A Corporate Risk Register**

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Risk Reference Risk Title	Risk Owner	Impact	Likelihood	Likelihood reduction	Target Score	Impact Mitigation	Movement Direction	Residual Impact	Residual Likelihood	Progress Update
<b>1 - Financial Resources -</b> Expenditure exceeds the resources available to the Council, caused by continued reductions in external funding, increasing service demand, and inflationary pressures, which could lead to the s.151 Officer issuing a Section 114(3) notice, triggering a public interest report and significant financial and governance consequences.	Brian Moldon	A	4	The Updated Medium Term Financial Plan (January 2026) sets out reductions in net expenditure to address ongoing real-terms reductions in Council funding. The annual savings plan has been refreshed, establishing new savings targets over the medium term. The Council continues to deliver efficiency improvements and modernise service delivery, including expanding digital access so customers can self-serve 24/7 and reducing reliance on more costly traditional channels. Non-essential capital expenditure has been reduced, and asset disposals have been approved to realise capital receipts that will be used to pay down debt.	B 3	A Section 114 report would require the appointment of Commissioners but may also enable access to Government support. CIPFA support is being sought ahead of reaching any Section 114 threshold to ensure robust financial oversight. Government support is being explored, although greater flexibility on capital receipts or borrowing could be counter-productive at this stage. A revised BEAM business plan is scheduled for further update in 2026/27.	← →	B	4	The savings schedule has been reviewed and updated within the 2026/27 Budget papers. Monthly budget monitoring meetings with the Leadership Team are ongoing. The updated Medium Term Financial Plan was presented to the January 2026 Executive. The accelerated asset disposal programme has commenced.
<b>2 - Climate Change -</b> Lack of mitigation of and adaptation to climate changes (a) requires expenditure to amend services and/or (b) requires new services, both/either putting financial pressure on the council	Jonathan Geall	A	4	Declaration of Climate Emergency by Council Reducing carbon emissions from council operations - Climate Change Action Plan Building adaptation into service design Seeking to influence residents to reduce carbon footprint for the district	B 3	Adaption Plan Business Continuity Plan Severe Weather section Emergency Plan including specific response plans to flooding etc. Health and Safety Policy details severe weather response Works to Great Amwell depot site taking account of flood risk assessment.	↑	B	4	<b>Increase in recognition that Amwell depot site still without planning permission despite earlier projected timeline</b> Adaption risk assessment complete. All vehicles in council fleet now BEVs and in waste contract management that came in effect in May is using electric smaller vehicles and has switched from diesel to hydrogenated vegetable oil (HVO). Council's carbon emissions report, which includes a discussion of routes to net zero carbon, has been published.
<b>3 - District Plan -</b> District Plan not up to date leading to a developer led system, resulting in unsustainable, unplanned, piecemeal development across the district without the required supporting infrastructure such as roads, schools, healthcare facilities etc.	Sara Saunders	A	2	By Executive / Council Budget for evidence studies in place, including reserve. Evidence base updated in line with the National Planning Policy Framework and Planning Practice Guidance. Legal requirements including the Duty to Co-operate met.	C 2	Programme of work agreed for the preparation of the new District Plan. Resources in place to progress the new District Plan. Duty to Co-operate complied with. New District Plan is legally compliant and in conformity with the NPPF.	← →	C	2	Formal work on the new District Plan will start in 2026 under the new planning system. In the meantime, we have undertaken the following preparatory work: •Agreed a revised timetable for the preparation of the new District Plan in the form of a Local Development Scheme (LDS). The LDS sets out the key plan-making stages and timetable for the new District Plan and takes account of the Government's plan-making reforms. •Undertaken a Call for Sites - an opportunity for landowners, developers, agents and site promoters to submit sites which may be considered to have the potential for future development. •Produced an updated Statement of Community Involvement. •Developed a Strategic Vision to chart a clear and ambitious course for the district's future which will serve as the golden thread for the new District Plan, informing policies and decision-making that will shape East Herts in the years to come. Community Engagement on the Vision was planned to take place in September/October 2025, however, this has been postponed pending publication of the secondary legislation which will implement the LURA's plan-making provisions. •Commenced work on a District Design Code. •Started work on updating our evidence base including – Green Belt Review, Employment Land Review, Buntingford Employment Study 2025, Open Space and Sports Facilities Assessment, Village Hierarchy Study, LCWIP, Bishop's Stortford Employment Study 2026, and Strategic Flood Risk Assessment (SFRA). •Applied for New System Plan Funding. •Committed to publishing our notice of intention to commence local plan preparation by 30 June 2026. •Committed to publishing our Gateway 1 self-assessment by 31 October 2026.
<b>4 - Key Contractor -</b> A key major contractor of the council fails meaning that services stop altogether e.g the refuse contractor fails and streets are not swept and bins are not emptied	James Ellis	C	3	Monitoring of major contractors for risks of business failure Parent Company Guarantee/Performance Bond Contract compliance procedure should note issues locally such as recruitment freeze or other issues that may indicate financial health issues with company	C 2	Local Authority Trading Company ready to activate to take over service provision Business Continuity Plans Performance Bonds or parent company guarantee	← →	C	2	Continued monitoring of positions. The new waste contract with Veolia is currently in mobilisation, and the Council will continue to monitor this as the new service is rolled out.
<b>5 - Governance -</b> There is a governance failure caused by a lack of policies, procedures and internal controls leading to loss of legal cases on process and/or loss of assets	James Ellis	B	4	All Executive, Committee and Council reports require sign off by legal and finance to ensure compliance with budget and policy framework and current legislation. List of policies maintained with review dates. Information Governance function strengthened to ensure compliance with data protection and Freedom of Information. Ensuring Equalities Impact Assessments are completed for all policies	D 1	In house legal staff in place with few vacancies therefore capacity available to address issues that arise unexpectedly. Internal audit provided by Shared Internal Audit Service using assurance mapping methodology which allows for all assurance levels to be seen and assessed. Monitoring Officer and s.151 officer work closely together and horizon scan for potential issues	← →	D	2	Minor amendments to Constitution to reflect legislation changes made. HR policies have been amended for legislative change.
<b>6 Ransomware attack deletes data -</b> A successful ransomware attack would render the council's IT systems completely inoperative for an extended period. This would paralyze all council operations, preventing it from collecting revenues, calculating and paying benefits, paying staff and suppliers, and executing any regulatory or enforcement actions.	Helen Standen	A	4	We patch all systems and have updated firewalls and anti-virus software for the network. Databases are moved, operating systems use support releases, and laptops are protected with AV and firewall systems. System access requires 2-factor authentication. Staff complete mandatory data protection and cyber security training.	B 3	Rubrik backs up our on-premises systems for a duration of 42 days. The most recent three backups are retained on the Rubrik appliance located in Daneshill, and all backups, including these three, are stored in the Rubrik Cloud Vault. Rubrik identifies indicators of compromise in our backups, allowing us to either revert to a clean backup (up to 42 days old) or recover the latest backup to an isolated network environment, remove the compromise, and then restore from the backup. We also maintain snapshots on the Pure arrays. A snapshot is created on the array volume every four hours, with all snapshots retained on the array volume for one week. Additionally, we keep a consolidated snapshot per day for an additional five days. This results in six snapshots per day, which are kept for five extra days beyond the current setup, totaling 42+5 (consolidated) snapshots.	← →	B	4	Our systems are presently undergoing scheduled updates as we transition business platforms to the New Vision system. Office Wi-Fi networks have been upgraded to deliver enhanced coverage and strengthened security. As part of our IT restructuring initiative, a dedicated cybersecurity team has been established to bolster our protective measures; nevertheless, it should be acknowledged that ransomware threats cannot be entirely eliminated. In 2024/2025, a total of 588 cyberattacks were detected and prevented, with 371 incidents successfully intercepted to date this year.
<b>7 - Major Data Breach -</b> A major data breach of sensitive personal data occurs causing reputational damage and the Information Commissioner to fine the Council	James Ellis	A	3	Mandatory staff training Laptop/mobile device security Confidential waste shredded	C 1	Mandatory staff training Data Protection and Privacy Statements Culture of reporting all breaches and learning from each breach	← →	C	2	The Cyber Police training course has been well received and uptake has been very high. IT will provide a half yearly update on any non compliance.
<b>8 - Staff and skills -</b> Recruitment and retention difficulties result in the lack of the right staff to deliver services leading to increased costs, service backlogs and failures. Staff are not necessarily skilled up to perform work in a digital environment and to work in an agile ways means that investment in systems and digital access channels is wasted.	Sara Saunders	B	4	Monitor recruitment activity, retention rates and impact on service delivery. Review of corporate learning and development programme in light of LGR. Commercial skills training requirements identified. Annual learning and development opportunities identified as part of the annual review process.	C 3		← →	C	3	A revised Leadership Team structure has been taken forward to ensure decision making is taken at the most efficient and cost effective level. New structure has been implemented and a further review is underway to apply the findings further down the organisation.
<b>9 - Lack of election candidates -</b> As LGR reaches a conclusion, and elections are held for the shadow authority, that the District Council experiences a scarcity of people willing to stand for election and serve as councillors at the District level, especially since the District Council would only have a limited time left until it ceased to exist.	Helen Standen	A	2	There has not been any suggestion that standing for election for the shadow authority would preclude a councillor from remaining as a councillor at District level. The risk would be reduced if the government were to legislate to do away with the need for elections at District level in 2027, which is when East Herts would next be going out to election. It is also unlikely that there would be no candidates at all willing to stand for election.	B 2	So long as the council is quorate, then a scarcity of candidates would not impact on the council's ability to conduct its business per se. Senior officers could speak with group leaders to ensure that they are identifying suitable candidates for any upcoming elections.	← →	B	2	Continued monitoring of position as the LGR programme reaches its conclusion.

# Agenda Item 9

## **EAST HERTS COUNCIL REPORT**

### **EXECUTIVE**

**DATE OF MEETING: TUESDAY, 24 MARCH 2026**

**REPORT BY: JAMES ELLIS – DIRECTOR FOR LEGAL,  
POLICY AND GOVERNANCE**

**REPORT TITLE: REGULATION OF INVESTIGATORY POWERS  
ACT (RIPA) POLICY REVIEW**

**WARD(S) AFFECTED: ALL WARDS**

### **Summary**

- This report updates the Committee on the Council's recent IPCO inspection and seeks fresh Member approval of the RIPA policy.

### **RECOMMENDATIONS FOR OVERVIEW AND SCRUTINY COMMITTEE:**

- A. That the Executive considers the content of the report and provides any observations to the Director for Legal, Policy and Governance.**
- B. That the Regulation of Investigatory Powers Act (RIPA) Policy at Appendix B be adopted.**

#### **1.0 Proposal**

- 1.1 To consider the council's recent IPCO inspection and provide an up-to-date review of the council's Regulation of Investigatory Powers Act (RIPA) Policy.

#### **2.0 Background**

- 2.1 The Investigatory Powers Commissioner's Office (IPCO) oversee the Council's use of investigatory powers, ensuring that they're used in accordance with the law and in the public interest. They do this by inspecting the Council on a three-yearly basis.
- 2.2 The Council was last inspected in 2022, meaning that the next scheduled inspection was due in 2025.

- 2.3 This inspection by the IPCO took place on 12 September 2025, with the resultant Inspection Report letter being provided to the Chief Executive on 7 January 2026.
- 2.4 The report letter, provided at Appendix A, confirms that the Investigatory Powers Commissioner (IPC) is “*satisfied the information provided offers the required assurance that ongoing compliance with RIPA 2000 and the Investigatory Powers Act 2016 will be maintained*”
- 2.5 The Inspector did, however, highlight that fact that the policy had not been internally reviewed or presented to, and approved, by Members since 2023.
- 2.6 Accordingly, the Director for Legal, Policy and Governance has since undertaken an internal review of the RIPA Policy and now presents this, at Appendix B, to Members for approval. As set out by the IPC, it is considered that the policy remains fit for purpose and requires no amendment at this time, other than to update the job title of the council’s nominated RIPA Senior Responsible Officer (SRO) from Head of Legal and Democratic Services to Director for Legal, Policy and Governance, as well as other authorised officers at Appendix B of the Policy.
- 2.7 The Director for Legal, Policy and Governance, acting in his role at the SRO, has also arranged for fresh RIPA training to be provided to all authorising officers in the coming weeks.
- 2.8 The council’s next review by the IPCO is due in 2028.

### **3.0 Reasons**

- 3.1 At paragraph 5.21.1(l) of the Constitution, the Overview & Scrutiny Committee has responsibility for considering reports relating to the authority’s use of the RIPA.
- 3.2 Whilst the council does not actively make use of its RIPA powers, it is important that RIPA, the policy and its usage, or otherwise, are kept at the forefront of Members’ minds.

3.3 The Covert Surveillance and Property Interference Code of Practice requires approval of the council's policy from elected members.

#### **4.0 Options**

4.1 To not seek approval of the policy from Members, this is NOT RECOMMENDED as it would be contrary to the requirements of the Covert Surveillance and Property Interference Code of Conduct.

#### **5.0 Risks**

5.1 It is important that the council continues to operate in accordance with RIPA to ensure that it is able to effectively manage its reputational risk whilst also exercising its legitimate evidence gathering powers in connection with enforcement activity.

#### **6.0 Implications/Consultations**

6.1 Not regularly reporting on the council's use of RIPA would risk it slipping out of the consciousness of Members.

#### **Community Safety**

Yes – Allows the council to legally make use of investigatory practices governed by RIPA, which could be utilised to protect communities from illegal activities.

#### **Data Protection**

Yes – Acting in compliance with RIPA means that all data gathered will be dealt with legally and safely.

#### **Equalities**

Yes – No RIPA investigations have been conducted by the council and so there is no data against which to assess the potential equalities aspects of RIPA use. If the council sought to use RIPA powers at some point, the equalities aspects would be considered at that time. The risk of having a policy that is not fit-for-purpose could lead to unintended equalities issues or risk of the perception of this.

#### **Environmental Sustainability**

No

## **Financial**

No

## **Health and Safety**

No

## **Human Resources**

No

## **Human Rights**

Yes – The use of powers under RIPA directly affects a person’s right to respect for private and family life under Article 8 of the Human Rights Act. It is imperative that RIPA is utilised correctly so as to make legal those potential intrusions.

## **Legal**

Yes – RIPA enables local authorities to carry out certain types of surveillance activity, as long as specified procedures are followed. The information obtained as a result of surveillance operations can be relied upon in court proceedings providing RIPA is complied with. Full details of the RIPA requirements and compliance are set out in the Policy, with relevant documents and guidance document available to relevant officers via the intranet should they consider it necessary to use these powers.

## **Specific Wards**

No

## **7.0 Background papers, appendices and other relevant material**

7.1 **Appendix A** – IPCO Inspection Report letter from the Investigatory Powers Commissioner.

7.2 **Appendix B** – Policy

## **Contact Member**

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Helen Standen  
Chief Executive  
East Herts District Council

*helen.standen@eastherts.gov.uk*

7<sup>th</sup> January 2026

Dear Chief Executive,

I am grateful to James Ellis, your Director for Legal, Policy and Governance and Monitoring Officer, and nominated RIPA Senior responsible Officer (SRO), for providing IPCO with the information requested by my Inspector, . I am satisfied the information provided offers the required assurance that ongoing compliance with RIPA 2000 and the Investigatory Powers Act 2016 will be maintained. As such, your Council will not require further inspection this year.

While I recognise your organisation has not used its CHIS and surveillance powers for some time, it is important you maintain a level of knowledge and awareness across the organisation to ensure no unauthorised surveillance is carried out by your staff. Unlike most local authorities, you have not delivered any training for some time. The Covert Surveillance and Property interference Code of practice at paragraph 4.46 places a responsibility on your SRO to ensure all authorising officers are of an appropriate standard and as you have not authorised any activity, regular training becomes even more important. Equally raising awareness of RIPA across the wider organisation will help staff recognise when an authorisation should be considered and will help prevent any unauthorised activity.

Your policy has been reviewed by my Inspector and is fine, but it has not been reviewed internally, nor has it been presented to and approved by your elected members as required by the Code of Practice, since 2023. This point is acknowledged by your SRO and should be addressed at the earliest opportunity.

Going forward, I would ask that you ensure that the key compliance issues receive the necessary internal governance and oversight through yourself and your Senior Responsible Officer. Your Council will be due its next inspection in 2028, but please do not hesitate to contact my Office if IPCO can be of assistance in the intervening period.

Yours sincerely,

The Investigatory Powers Commissioner

*Information contained in this document is exempt from disclosure under s.23 of the Freedom of Information Act 2000 (FOIA). If consideration is being given to disclosure of this information through any other avenue, please consult IPCO (at [info@ipco.org.uk](mailto:info@ipco.org.uk)), before making any disclosure.*



## **East Herts District Council**

# **Regulation of Investigatory Powers Act 2000**

## **Policy**

### Document Control

<b>Organisation</b>	East Hertfordshire District Council
<b>Title</b>	Regulation of Investigatory Powers Act 2000 Policy
<b>Author – name and title</b>	James Ellis, Director for Legal, Policy and Governance
<b>Owner – name and title</b>	James Ellis, Director for Legal, Policy and Governance
<b>Date</b>	January 2026
<b>Approvals</b>	Executive
<b>Version</b>	2.1
<b>Next Review Date</b>	January 2027



**East Herts Council**  
**Regulation of Investigatory Powers Act 2000**  
**Policy**

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## **1. Introduction**

### **1.1 Summary**

The Regulation of Investigatory Powers Act 2000 ("RIPA") came into force on 25 September 2000 and sought to regulate covert investigation practices undertaken by a number of bodies, including local authorities.

This Policy is the framework on which East Herts Council ("the Council") applies the provisions of RIPA as it relates to covert surveillance. It must be read in conjunction with the statutory codes of practice issued by the Secretary of State and any additional guidance provided by the Investigatory Powers Commissioner's Office (the "IPCO") (formerly the Office of Surveillance Commissioners – OSC) and individual Services to deal with the specific issues of their service.

### **1.2 Background**

The Human Rights Act 1998 requires the Council to have respect for the private and family life of citizens. However, in rare cases, it may be lawful, necessary and proportionate for the Council to act covertly in ways that may interfere with an individual's rights.

The rights conferred by Article 8 of the Human Rights Act are not absolute rights, but qualified right, meaning that it is still possible for a public authority to interfere with those rights provided the following criteria are satisfied;

- (a) It is done in accordance with the law
- (b) It is necessary (as defined in this document); and
- (c) It is proportionate (as defined in this document).

RIPA provides a statutory mechanism for authorising certain types of surveillance. It seeks to ensure that any interference with an individual's right under Article 8 is necessary and proportionate. In doing so, RIPA seeks to ensure both the public interest and the human rights of individuals are suitably balanced.

It is possible that unauthorised surveillance will be a breach of a person's right to privacy under Article 8. Even if surveillance without due authorisation in a particular instance is not illegal, if authorisation is not

obtained, the surveillance carried out will not have the protection that RIPA affords.

If the correct procedures are not followed;

- evidence may be disallowed by the courts,
- a complaint of maladministration could be made to the Ombudsman, and/or
- the Council could be ordered to pay compensation

It is therefore essential that this document, along with any further guidance that may be issued from time to time by the Director for Legal, Policy and Governance, always be complied with.

### **1.3 Policy Review**

RIPA and this document are essential for the effective, efficient and legal operation of the Council's covert surveillance activity. This document will, therefore, be kept under annual review by the Director for Legal, Policy and Governance.

Authorising Officers, as defined below, must bring any suggestions for the continuous improvement of this document to the attention of the Director for Legal, Policy and Governance, at the earliest possible opportunity.

### **1.4 Scope**

RIPA does not;

- Make unlawful anything that is otherwise lawful
- Impose any new statutory duties, or
- Prejudice or disapply any existing powers available to the Council to obtain information by any means not involving conduct that is governed by RIPA. (For example, it does not affect the Council's current powers to obtain information from the DVLA or the Land Registry).

If RIPA procedures are followed correctly the conduct of an investigation will be deemed lawful for all purposes (section 27 RIPA). This protection extends to criminal and civil proceedings, Employment Tribunal hearings and a complaint to either the Local Government Ombudsman or the

Investigatory Powers Tribunal. It therefore provides protection both for the Council and any officer who may have been involved in an investigation.

It should also be noted that the requirements of RIPA, and this policy, extends to external agencies working on behalf of the Council. Where such agencies are carrying out the Authority's statutory functions, the Authority remains liable for compliance with its duties. It is essential that all external agencies comply with the regulations, as they are contractually obliged to do so.

RIPA provides a means of authorising certain acts of covert surveillance for a variety of purposes. To fully understand the effects of RIPA, it is essential to understand the various types of activity that are covered, and those that are not permitted, and the purposes that will justify surveillance.

The provisions of RIPA that apply to Local Authorities provide a regulatory framework that permits;

- The use of Directed Surveillance
- The Use of Covert Human Intelligence Sources
- The Acquisition and Disclosure of Communications Data

## **2. Definition of Surveillance**

"Surveillance" includes:

- Monitoring, observing, listening to persons, watching or following their movements, listening to their conversations or their other activities or communications;
- Recording anything monitored, observed or listened to in the course of surveillance; and
- Surveillance by, or with, the assistance of a surveillance device, which will include cameras, video, and listening or recording devices.

Surveillance can be either overt or covert.

### **2.1 Overt Surveillance**

The overwhelming majority of surveillance undertaken by the Council will be done overtly, meaning there will be nothing secretive or hidden about the way it is conducted. In many cases officers will be going about Council business openly (e.g. a routine inspection by an Environmental Health Officer) or will have notified the subject of the investigation that they are likely to be under surveillance (e.g. where a noisemaker is warned (preferably in writing) that noise will be recorded if it continues.)

Overt surveillance does not require any authorisation under RIPA. Neither does low-level surveillance consisting of general observations in the course of law enforcement (for example, an officer visiting a site to check whether a criminal offence had been committed). Repeated visits may amount to systematic surveillance however, and require authorisation: if in doubt, advice should be sought from the Head of Legal and Democratic Service or the Senior Responsible Officer

Use of body worn cameras should also be overt. Badges should be worn by officers stating body cameras are in use and it should be announced verbally that recording is taking place. In addition, cameras should only be switched on when recording is necessary e.g. when issuing parking tickets.

## **2.2 Covert Surveillance**

Covert surveillance is any surveillance that is carried out in a manner calculated to ensure that the persons subject to the surveillance are unaware that it is or may be taking place.

It should be noted that if the same outcome can be achieved by overt means, then those means need to be fully explored in the first instance. Covert surveillance must only be undertaken when there is no less invasive way of achieving the outcome.

## **3. Directed and Intrusive Surveillance**

### **3.1 Directed Surveillance**

Directed surveillance is surveillance which is covert, but not intrusive, and undertaken:

- a) for the purposes of a specific investigation or specific operation;

- b) in such a manner as is likely to result in the obtaining of private information about a person (whether or not one specifically identified for the purposes of the investigation or operation); and
- c) otherwise, than by way of an immediate response to events or circumstances the nature of which is such that it would not be reasonably practicable for an authorisation under RIPA to be sought for the carrying out of the surveillance.

### 3.2 Intrusive Surveillance

Currently, local authorities are **not** authorised to carry out intrusive surveillance.

Surveillance becomes intrusive if the covert surveillance:

- a) is carried out by means of a surveillance device in relation to anything taking place on any residential premises or in any private vehicle; or
- b) where a device placed outside consistently provides information of the same or equivalent quality and detail as might be expected if it were in the premises or vehicle, or
- c) is carried out in places ordinarily used for legal consultation, at a time when they are being used for such consultations

Therefore directed surveillance turns into intrusive surveillance if it is carried out involving anything that occurs on residential premises or any private vehicle and involves the presence of someone on the premises or in the vehicle or is carried out by means of a surveillance device **OR** when directed surveillance is carried out in places ordinarily used for legal consultation, at a time when they are being used for such consultations.

Residential premises are any part of premises occupied for residential purposes or living accommodation, including hotel rooms or prison cells. However, it does not include common areas in blocks of flats and similar premises.

A private vehicle is a vehicle used primarily for private purposes by the owner or person entitled to use it.

Commercial premises and vehicles are therefore excluded from intrusive surveillance.

Only the police or other law enforcement agencies are permitted to employ intrusive surveillance. Likewise, the council has no statutory powers to interfere with private property.

## **4. Identifying directed surveillance**

You should ask yourself the following questions:

### **4.1 Is the surveillance overt or covert?**

Refer to paragraphs 2.1 and 2.2 above. If your activities are not hidden from the subjects of your investigation, you are not within the RIPA framework at all. If the proposed surveillance is covert in nature, then refer to paragraph 4.2 below.

### **4.2 Can the same outcome be achieved by overt means?**

Does the surveillance have to be covert? If not, then you should proceed with overt surveillance, including the use of signs and other notification techniques so that the subject of the surveillance is aware it is taking place.

### **4.3 Is the surveillance for the purposes of a specific investigation or a specific operation?**

Although, the provisions of the Act do not normally cover the use of overt CCTV surveillance systems, since members of the public are aware that such systems are in use, there may be occasions when public authorities use overt CCTV systems for the purposes of a specific investigation or operation. For example, if the CCTV cameras are targeting a particular known offender. In such cases, authorisation for directed surveillance may be necessary.

### **4.4 Is the surveillance likely to result in the obtaining of private information about a person?**

Private information is defined in RIPA section 26 (10) as including any information relating to a person's private or family life.



The European Court of Human Rights has considered this definition and has found that private life is a broad term not susceptible to exhaustive definition. Aspects such as gender identification, name, sexual orientation and sexual life are important elements of the personal sphere protected by Article 8.

The Article also protects a right to identity and personal development and includes an individual's private or personal relationship with others. It includes an individual's business and family relationships. Family life itself should be treated as extending beyond the formal relationships created by marriage.

#### **4.5 Is the surveillance otherwise than by way of an immediate response to events or circumstances where it is not reasonably practicable to get authorisation?**

Directed surveillance does not include covert surveillance carried out by way of an immediate response to events or circumstances which, by their very nature, could not have been foreseen. For example, an environmental crime officer would not require an authorisation to conceal themselves and observe a suspicious person which they came across in the course of a routine patrol.

However, if as a result of that immediate response, you undertake a specific investigation you will need authorisation.

### **5. Covert Human Intelligence Sources (CHIS)**

A person is a covert human intelligence source ("CHIS") if;

- a) he establishes or maintains a personal or other relationship with a person for the covert purpose of facilitating the doing of anything falling within paragraph (b) or (c);
- b) he covertly uses such a relationship to obtain information or to provide access to any information to another person; or
- c) he covertly discloses information obtained by the use of such a relationship or as a consequence of the existence of such a relationship.

A purpose is covert, in relation to the establishment or maintenance of a personal or other relationship if, and only if, the relationship is conducted in a

manner that is calculated to ensure that one of the parties to the relationship is unaware of the purpose.

A relationship is used covertly, and information obtained is disclosed covertly if, and only if, it is used or disclosed in a manner that is calculated to ensure that one of the parties to the relationship is unaware of the use or disclosure in question.

A member of the public who volunteers information to the Council is not a covert human intelligence source.

Likewise, members of the public who report allegations of anti-social behaviour and are asked to keep a note of incidents will not normally be CHIS either as they are not usually required to establish or maintain a covert relationship.

It should be noted, however, that if the information provided is recorded as potentially useful or actionable, there is potential duty of care to the individual, and the onus is on the public authority to manage human sources properly. Authorising Officers should be alive to the possibility of 'status drift'. Authorising Officers, when deciding whether to grant an authorisation, should take account of the difference between a volunteer of information already known to the individual and the relevance of the exploitation of a relationship for a covert purpose.

## 5.1 Conduct and use

The conduct or use of CHIS must be authorised in accordance with RIPA.

**Conduct** of a CHIS. This is establishing or maintaining a personal or other relationship with a person for the covert purpose of (or is incidental to) obtaining or passing on information.

**Use** of a CHIS. This includes inducing, asking or assisting a person to engage in the conduct of a source, or to obtain information by means of the conduct of such a source.

The use of a juvenile CHIS may only be authorised for four months at a time<sup>1</sup>.

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<sup>1</sup> Regulation of Investigatory Powers (Juveniles) (Amendment) Order 2018/715

## 5.2 Test Purchases

Carrying out test purchases will not require the purchaser to establish a relationship with the supplier with the covert purpose of obtaining information and, therefore, the purchaser will not normally be a CHIS. For example, authorisation would not normally be required for test purchases carried out in the ordinary course of business (e.g. walking into a shop and purchasing a product over the counter).

By contrast, developing a relationship with a person in the shop, to obtain information about the seller's suppliers of an illegal product will require authorisation as a CHIS. Similarly, using mobile hidden recording devices or CCTV cameras to record what is going on in the shop, or an adult is observing a juvenile test purchase, this will require authorisation, as directed surveillance. In all cases, a prior risk assessment is essential in relation to any young person used for a test purchase.

## 5.3 Security and Welfare

Only the Chief Executive is able to authorise the use of vulnerable individuals and juvenile CHIS's. The Authorising Officer shall have regard to the special safeguards and provisions that apply to vulnerable individuals and juvenile sources, more particularly set out in the Covert Human Intelligence Source Code of Practice which can be found [here](#).

The Authorising Officer shall ensure that arrangements are in place for the proper oversight and management of sources, including appointing individual officers for each source. The person responsible for the day-to-day contact between the public authority and the source will usually be of a rank or position below that of the Authorising Officer.

Officers using a source shall consider the safety and welfare of that source (even after cancellation of the authorisation), and the foreseeable consequences to others of the tasks they are asked to carry out. The Authorising Officer shall carry out a risk assessment before authorising the source.

## 5.4 Criminal Conduct Authorisations

The [Covert Human Intelligence Sources \(Criminal Conduct\) Act 2021](#) (CHIS(CC)A) received Royal Assent on 1 March 2021 and went live for the police on 15 September 2021. CHIS(CC)A amends the Regulation of

Investigatory Powers Act 2000 and provides an express power to authorise a CHIS to participate in conduct which would otherwise constitute a criminal offence. This power is known as a Criminal Conduct Authorisation (CCA). It is important to note that local authorities have not been given these powers, and it is mentioned here for the avoidance of doubt.

## 6. Communications Data

Before considering submitting an application for the acquisition of communications data, all officers must first refer the matter to the Senior Responsible Officer.

Communications Data ('CD') is the 'who', 'when' and 'where' of a communication, but not the 'what' (i.e. the content of what was said or written). Local Authorities are not permitted to intercept the content of any person's communications.

Part 3 of the Investigatory Powers Act 2016 (IPA) replaced part 1 chapter 2 of RIPA in relation to the acquisition of communications data (CD) and puts local authorities on the same standing as the police and law enforcement agencies. Previously local authorities have been limited to obtaining subscriber details (known now as "entity" data) such as the registered user of a telephone number or email address. Under the IPA, local authorities can now also obtain details of in and out call data, and cell site location. This information identifies who a criminal suspect is in communication with and whereabouts the suspect was when they made or received a call, or the location from which they were using an Internet service. This additional data is defined as "events" data.

A new threshold for which CD "events" data can be sought has been introduced under the IPA as "applicable crime". Defined in section 86(2A) of the Act this means:

- an offence for which an adult is capable of being sentenced to one year or more in prison,
- any offence involving violence, resulting in substantial financial gain or involving conduct by a large group of persons in pursuit of a common goal,
- any offence committed by a body corporate
- any offence which involves the sending of a communication or a breach of privacy; or

- an offence which involves, as an integral part of it, the sending of a communication or breach of a person's privacy.

Further guidance can be found in paragraphs 3.3 to 3.13 of the [Communications Data Code of Practice](#).

The IPA has also removed the necessity for local authorities to seek the endorsement of a Justice of the Peace when seeking to acquire CD. All such applications must now be processed through National Anti-Fraud Network (NAFN) and will be considered for approval by the independent Office of Communication Data Authorisation (OCDA). The transfer of applications between local authorities, NAFN and OCDA is all conducted electronically and will therefore reduce what can be a protracted process of securing an appearance before a Magistrate or District Judge (see local authority procedures set out in paragraphs 8.1 to 8.7 of the Communications Data Code of Practice).

## **7. RIPA Authorisation Procedure**

### **7.1 General**

Directed surveillance and the use of CHIS must be lawfully carried out in strict accordance with the terms of the relevant authorisation and Magistrates Court approval.

The Council can only authorise directed surveillance to prevent and detect conduct which constitutes one or more criminal offences. The criminal offences must be punishable, whether on summary conviction or indictment, by a maximum term of at least 6 months imprisonment or be an offence under:

- a) S146 of the Licensing Act 2003 (sale of alcohol to children);
- b) S147 of the Licensing Act 2003 (allowing the sale of alcohol to children);
- c) S147A of the Licensing Act 2003 (persistently selling alcohol to children); and
- d) S7 of the Children and Young Persons Act 1933 (sale of tobacco etc. to persons under the age of 18)

The Council will only very rarely make use of CHIS so the applicant officer should consult the Director for Legal, Policy and Governance before making an application for a CHIS authorisation in order to ensure that

the current statutory requirements and best practice are being observed.

Applications for authorisations and notices requesting communications data must be processed through the Council's Home Office accredited single point of contact ("SPoC"). As the need to obtain such information will only very occasionally arise the applicant officer should contact the Director for Legal, Policy and Governance before making an application in order to ensure that current statutory requirements and best practice are being observed.

All applications for authorisation must be sought and granted before any surveillance activity takes place. The decision whether or not to authorise an application must not be taken with the benefit of hindsight. This should be borne in mind when submitting an application to the Magistrates' Court.

Once approved, the original authorisation and accompanying paperwork must be forwarded to the RIPA Co-Ordinator (Senior Solicitor – Corporate Legal Team) to allocate the application a Unique Reference Number (URN) and for key details to be entered onto the central register.

## **7.2 Before Making the Application**

Before making an application for an authorisation, the requesting officer must;

- read this policy document,
- determine whether the activity that they are proposing to conduct involves directed surveillance or the use of a CHIS,
- assess whether the activity will be in accordance with the law – is it governed by RIPA,
- assess whether the activity is necessary and why,
- assess whether the activity is proportionate.

If the activity can be conducted overtly or if a less intrusive option is available and practical, then that option should be pursued rather than obtaining a RIPA authorisation.

## **7.3 Special consideration in respect of confidential information**

Particular attention is drawn to areas where the subject of surveillance may reasonably expect a high degree of privacy e.g. where confidential information is involved.

Confidential information consists of personal information (such as medical records or spiritual counselling), confidential journalistic material, confidential discussions between Members of Parliament and their constituents, or matters subject to legal privilege.

### **Legal privilege**

Generally, this applies to communications between an individual and his/her legal adviser in connection with the giving of legal advice in connection with or in contemplation of legal proceedings. Such information is unlikely ever to be admissible as evidence in criminal proceedings.

If in doubt, the advice of the Director for Legal, Policy and Governance should be sought in respect of any issues in this area.

### **Confidential personal information**

This is oral or written information held in (express or implied) confidence, relating to the physical or mental health or spiritual counselling concerning an individual (alive or dead) who can be identified from it. Specific examples provided in the codes of practice are consultations between a health professional and a patient, discussions between a minister of religion and an individual relating to the latter's spiritual welfare or matters of medical or journalistic confidentiality.

### **Confidential journalistic material**

This is material acquired or created for the purposes of journalism and held subject to an undertaking to hold it in confidence.

It should be noted that matters considered to be confidential under RIPA may not necessarily be properly regarded as confidential under section 41 Freedom of Information Act 2000.

Where such information is likely to be acquired, the surveillance may only be authorised by the Chief Executive or, in his absence, the person acting as the Head of Paid Service.

## 7.4 Who can give Authorisations?

Authorisations may only be given by the Authorising Officers listed in Appendix B. Only the Chief Executive can authorise the use of a CHIS, or the acquisition of confidential information (see paragraph 7.3 above).

Applications for the acquisition of Communications data can only be issued by a Home Office accredited single point of contact ("SPoC") (see paragraph 7.8 below)

It will be the responsibility of Authorising Officers who have been duly certified to ensure their relevant members of staff are also suitably trained as 'applicants' so as to avoid common mistakes appearing on forms for RIPA authorisations.

Training will be given or approved by the Director for Legal, Policy and Governance before Authorising Officers are certified to sign any RIPA forms. A central register of all those individuals who have undergone training or a one-to-one meeting with the Director for Legal, Policy and Governance, on such matters, will be kept by the Director for Legal, Policy and Governance.

Authorising officers should not normally be responsible for authorising operations in which they are directly involved, although it is recognised that this may sometimes be unavoidable. Where an Authorising Officer authorises such an investigation or operation the central register will highlight this and the Commissioner or inspector will be notified of this during his or her next inspection

Authorising Officers will also ensure that staff who report to them follow this guidance document and do not undertake or carry out any form of surveillance without first obtaining the relevant authorisations in compliance with this document.

Authorising Officers must also ensure that, when sending copies of authorisations and associated documentation to the Director for Legal, Policy and Governance, that these are sent in sealed envelopes and marked 'Strictly Private and Confidential'.

Any equipment to be used in any approved surveillance must be properly controlled, recorded and maintained for audit purposes.



## 7.5 Grounds for Authorisation

An Authorising Officer has a number of obligations within the provisions of the Act, which must be met before carrying out any form of surveillance.

An Authorising Officer shall not grant an authorisation for the carrying out of directed surveillance or for the use of a CHIS or for the obtaining or disclosing of communications data unless they have given **personal consideration** to the facts and believes:

- a) that an authorisation is necessary, and
- b) the authorised investigation is proportionate to what is sought to be achieved by carrying it out

For local authority investigations, authorisation is deemed “**necessary**” in the circumstances of the particular case if it is for the purpose of preventing and detecting crime or of preventing disorder.

Authorisation cannot be sought, and authority must not be given unless you are satisfied that the surveillance is “**proportionate**.” You have to make sure that any interference with privacy is justified by the end being sought. Unless the benefit to be obtained from surveillance is significant, and unless the problem you are seeking to tackle is serious, the use of surveillance is unlikely to be proportionate.

The conduct must also be the least invasive method of achieving the end and the risk of intrusion into the privacy of persons other than those who are directly the subjects of the investigation must be assessed and taken into account (see Collateral Intrusion below).

Consideration must be given to the seriousness of the offence under consideration. Authorisation for directed surveillance can only be granted if the purpose of the surveillance is the prevention or detection of crime(s) punishable by 6 months imprisonment or more, or relates to the sale or alcohol or tobacco to underage persons. Covert surveillance relating to dog fouling and other minor offences will not be deemed a proportionate activity.

Careful consideration needs to be made by authorising officers of all of these points. Such consideration needs to be demonstrated on the

authorisation form in the relevant parts. Authorising Officers must exercise their minds every time they are asked to sign a form. They must never sign or rubber stamp the form without thinking about their personal and the Council's responsibilities.

Any boxes not needed on the form/s must be clearly marked as being 'not applicable' or a line put through the same. Great care must also be taken to ensure accurate information is used and inserted in the correct boxes. Reasons for any refusal of an application must also be kept on the form and retained for future audits.

## **7.6 Collateral Intrusion**

Before authorising an investigation, the Authorising Officer shall also take into account the risk of intrusion into the privacy of persons other than those who are directly the subjects of the investigation or operation; known as collateral intrusion. The investigating officer shall take measures, wherever practicable, to avoid or minimise unnecessary intrusion into the lives of those not directly connected with the investigation or operation.

An application for an authorisation shall include an assessment of the risk of any collateral intrusion. The Authorising Officer shall take this into account, when considering the proportionality of the surveillance.

Where an operation unexpectedly interferes with the privacy of individuals who were not the subject of surveillance or covered by the authorisation in some other way, the investigating officer should inform the Authorising Officer.

## **7.7 Judicial Approval**

The Council is only able to grant an authorisation or renewal to conduct covert surveillance. No authorisations, nor any surveillance granted under them, will take effect until judicial approval has been sought and granted by a Magistrates' Court.

Once the authorising officer has authorised the directed surveillance or CHIS, the investigating officer who completed the application form should contact the Magistrates' Court to arrange a hearing for the authorisation to be approved by a Justice of the Peace.

The investigating officer will provide the Justice of the Peace with a copy of the original authorisation and the supporting documents setting out the case. This forms the basis of the application to the Justice of the Peace and should contain all information that is relied upon.

In addition the investigating officer will provide the Justice of the Peace with a partially completed judicial application/order form.

The hearing will be in private and the investigating officer will be sworn in and present evidence as required by the Justice of the Peace. Any such evidence should be limited to the information in the authorisation.

The Justice of the Peace will consider whether he/she is satisfied that at the time the authorisation was granted or renewed, there were reasonable grounds for believing that the authorisation was necessary and proportionate.

The Justice of the Peace will also consider whether there continues to be reasonable grounds.

The Justice of the Peace must also be satisfied that the person who granted the authorisation was an appropriate designated person and the authorisation was made in accordance with any applicable legal restrictions, for example, the crime threshold for directed surveillance has been met.

The Justice of the Peace will record his/her decision on the order section of the judicial application/order form.

A copy of the RIPA form and judicial application/order form will be retained by the Court.

If the authorisation is approved the council may commence the activity. If the Justice of the Peace refuses to approve the authorisation the council may not commence the activity although, if the reason for refusal is a technical error, the council may address this and reapply without going through the internal authorisation process again.

The Justice of the Peace may refuse to approve the authorisation, and quash it. The exercise of this power should not take place until the applicant has at least two business days from the date of the refusal to make representations.

## 7.8 Authorisation for Communication Data

The Act provides two different ways of authorising access to communications data; through an authorisation under Section 22(3) and by a provisional notice under Section 22(4).

An authorisation would, following judicial approval, allow the authority to collect or retrieve the data itself. A provisional notice is given to a postal or telecommunications operator and requires that operator to collect or retrieve the data and provide it to the authority serving the notice. An Authorising Officer decides whether or not an authorisation should be granted, or a provisional notice given.

An authorisation under Section 22(3) may be appropriate where:

- the postal or telecommunications operator is not capable of collecting or retrieving the communications data;
- it is believed the investigation may be prejudiced if the postal or telecommunications operator is asked to collect the data itself;
- there is a prior agreement in place between the authority and the postal or telecommunications operator as to the appropriate mechanisms for the disclosure of data.

Notices and, where appropriate, authorisations for communications data must be channelled through SPoC's. The SPoC is able to advise authorising officers as to whether an authorisation or notice is appropriate.

The Council use the services of the National Anti-Fraud Network (NAFN) for all Communications Data enquiries and as such NAFN performs the role of a SPoC through their qualified SPoC officers. All applicants must be registered with NAFN via the NAFN website at [www.nafn.gov.uk](http://www.nafn.gov.uk)

Applications to obtain communications data should be made on the NAFN standard form available on the NAFN website and submitted in the first instance to the SPoC. If appropriate the SPoC will forward the application to a Council Authorising Officer for either the authorisation of conduct or the issuing of a notice.

If satisfied that the proposed investigation is both necessary and proportionate, the Authorising Officer will return the authorisation or notice to the SPoC who will then liaise with the applicant and the

postal/telecommunications company, after the appropriate Judicial Approval has been obtained. The disclosure of data under a notice will only be made to the Authorising Officer.

Communications data, and all copies, extracts and summaries of it must be handled and stored securely. The requirements of the Data Protection Act 2018 and the principles of the Criminal Procedure and Investigations Act 1996 must be strictly followed.

## **8. Activities by other public authorities**

The investigating officer shall make enquiries of other public authorities e.g. the police whether they are carrying out similar activities if he considers that there is such a possibility in order to ensure that there is no conflict between the activities of this Council and those other public authorities.

## **9. Joint Investigations**

When some other agency has been instructed on behalf of the Council to undertake any action under RIPA, this document and the forms in it must be used (as per normal procedure) and the agency advised or kept informed, as necessary, of the various requirements. They must be made aware explicitly what they are authorised to do.

When some other agency (e.g. police, Customs & Excise, Inland Revenue etc.):

- a) wishes to use the Council's resources (e.g. CCTV), that agency must use its own RIPA procedures and, before any officer agrees to allow the Council's resources to be used for the other agency's purposes, they must obtain a copy of that agency's RIPA form for the record and/or relevant extracts from the same which are sufficient for the purposes of protecting the Council and the use of its resources
- b) wishes to use the Council's premises for their own RIPA action, the officer should, normally, co-operate with the same, unless there are security or other good operational or managerial reasons as to why the Council's premises should not be used for the agency's activities. In such cases, the Council's own RIPA forms should not be used as the Council is only assisting and not being involved in the RIPA activity of the external agency being involved in the RIPA activity of the external agency.

In terms of (a), if the police or other agency wish to use the Council's resources for general surveillance, as opposed to specific RIPA authorisations, an appropriate letter requesting the proposed use, remit, duration, details of who will be undertaking the general surveillance and the purpose of it must be obtained from the police or other agency before any Council resources are made available for the proposed use.

## **10. Duration, reviews, renewals and cancellation of authorisations**

### **10.1 Duration**

Authorisations must be reviewed in the time stated and cancelled once no longer needed.

Authorisations last for:

- a) 12 months from the date of the judicial approval for the conduct or use of a source
- b) three months from the date of judicial approval for directed surveillance

However, whether the surveillance is carried out/conducted or not in the relevant period, does not mean that the authorisation is spent. Authorisations do not expire, they have to be reviewed, or cancelled if no longer required.

### **10.2 Reviews**

The Authorising Officer shall undertake regular reviews of authorisations to assess the need for the surveillance to continue. The results of a review should be recorded on the central record of authorisations.

Where the surveillance provides access to confidential information or involves collateral intrusion the officer should conduct frequent reviews.

### **10.3 Renewals**

If at any time before an authorisation ceases to have effect, it is necessary for the authorisation to continue for the purpose for which it was given, it may be renewed in writing for a further period of 3 calendar months, beginning with the day when the original authorisation would

have expired. Magistrates Court approval is required before a renewal takes effect.

Authorisations may be renewed more than once, provided they continue to meet the criteria for authorisation and are approved by the Magistrates' Court. The renewal should be kept/recorded as part of the central record of authorisations.

The Authorising Officer must consider the matter afresh, including taking into account the benefits of the surveillance to date and any collateral intrusion that has occurred.

Authorisations can be renewed in writing shortly before the maximum period has expired. The renewal will begin on the day when the authorisation would have expired, provided the necessary judicial approval has been obtained.

An authorisation cannot be renewed after it has expired.

A further requirement in relation to renewal of a CHIS is that judicial approval will only be granted if the Magistrates are satisfied that a review has been carried out, which considers:

- the use made of the source in the period since authorisation was granted (or the last renewal); and
- the tasks given to the source during that period, and the information obtained from the conduct or use of the source

For the purposes of making an Order, the Magistrates have considered the results of that review.

#### **10.4 Cancellations**

The Authorising Officer must cancel an authorisation if they become satisfied that the surveillance is no longer required or appropriate.

Authorisations should not be allowed simply to lapse. The duty to cancel a notice falls on the Authorising Officer who issued it.

The Authorising Officer must then cancel the Application without delay. When cancelling the authorisation the Authorising Officer is required to consider whether the surveillance was effective, necessary and met its

objectives. Cancellations must be made using the cancellation form and should briefly detail what product(s) resulted from the surveillance.

When cancelling an authorisation, the Authorising Officer must ascertain what recorded material has been obtained by the use of directed surveillance. The Authorising Officer should comment on the recorded material and how it is to be managed or used thereafter. If the matter is not proceeding to a prosecution, the Authorising Officer must be satisfied that any recorded material has been securely destroyed.

In the case of a notice issued in respect of communications data, the relevant postal or telecommunications operator will be informed of the cancellation.

## **11. Record Management**

### **11.1 Central record of all Authorisations**

The Director for Legal, Policy and Governance shall hold and monitor a centrally retrievable record of all judicially approved authorisations. The Authorising Officer must notify and forward a copy of any provisional notice or authorisation granted, renewed or cancelled and any judicial approval received or refused within 1 week of the event to the Director for Legal, Policy and Governance to ensure that the records are regularly updated.

The record will be made available to the relevant Commissioner or an Inspector from the Investigatory Powers Commissioner's Office. These records will be retained for a period of 5 years from the ending of the authorisation. A record will be kept of the dates on which the authorisation notice is started and cancelled.

The Director for Legal, Policy and Governance will monitor the submission of judicially approved authorisations and notices and give appropriate guidance, from time to time, or amend any provisional or draft document as necessary. The records submitted to the Director for Legal, Policy and Governance, shall contain the following information:

- a) the type of authorisation or notice
- b) the date the authorisation or notice was given;
- c) name and rank/grade of the authorising officer;
- d) the date judicial approval was received or refused;



- e) the unique reference number (URN) of the investigation or operation;
- f) the title of the investigation or operation, including a brief description and names of subjects, if known;
- g) if the authorisation or notice is renewed, when it was renewed and who authorised the renewal, including the name and rank/grade of the authorising officer and the date of judicial approval;
- h) whether the investigation or operation is likely to result in obtaining confidential information;
- i) the date the authorisation or notice was cancelled.

## **11.2 Records maintained in the Department**

The Authorising Officer shall maintain the following documentation, which need not form part of the centrally retrievable record:

- a) a copy of the application and authorisation or notice together with a copy of any order of judicial approval or refusal, as well as any supplementary documentation and notification of the approval given by the Authorising Officer;
- b) a record of the period over which the surveillance has taken place;
- c) the frequency of reviews prescribed by the Authorising Officer;
- d) a record of the result of each review of the authorisation or notice;
- e) a copy of any renewal of an authorisation or notice, together with judicial approval or refusal and the supporting documentation submitted when the renewal was requested;
- f) the date and time when any instruction was given by the Authorising Officer,
- g) the unique reference number for the authorisation (URN)

Each form must have a URN. The Authorising Officers will issue the relevant URN to applicants. The cross-referencing of each URN takes place within the form for audit purposes. Rejected forms will also have URN's.

## **11.3 Records relating to a CHIS**

Proper records must be kept of the authorisation and use of a CHIS. An Authorising Officer must not agree an authorisation for the use or conduct of a CHIS unless he believes that there are arrangements in

place for ensuring that there is at all times a person with the responsibility for maintaining a record of the use made of the CHIS.

The records shall contain the following information:

- a) the identity of the source;
- b) the identity, where known, used by the source;
- c) any relevant investigating authority other than the Council;
- d) the means by which the source is referred to within each relevant investigating authority;
- e) any other significant information connected with the security and welfare of the source;
- f) any confirmation made by a person granting or renewing an authorisation for the conduct or use of a source that the information in paragraph (d) has been considered and that any identified risks to the security and welfare of the source have where appropriate been properly explained to and understood by the source;
- g) the date when, and the circumstances in which, the source was recruited;
- h) the identities of the persons who, in relation to the source;
  - i. hold day-to-day responsibility for dealing with the source and for the source's security and welfare
  - ii. have a general oversight of the use made of the source (not to be the person identified in h) i.
  - iii. have responsibility for maintaining a record of the use made of the source
- i) the periods during which those persons have discharged those responsibilities;
- j) the tasks given to the source and the demands made of him in relation to his activities as a source;
- k) all contacts or communications between the source and a person acting on behalf of any relevant investigating authority;
- l) the information obtained by the conduct or use of the source;
- m) any dissemination of information obtained in that way; and
- n) in the case of a source who is not an undercover operative, every payment, benefit or reward and every offer of a payment, benefit or reward that is made or provided by or on behalf of any relevant investigating authority in respect of the source's activities for the benefit of that or any other relevant investigating authority.

Records which reveal the name(s) of the CHIS should only be disclosed to persons to the extent that there is a need for access to them; if legally necessary; or if ordered by any Court.

## **12. Retention and destruction**

Generally, all material (in whatever media) produced or obtained during the course of investigations subject to RIPA authorisation should be processed, stored and destroyed in accordance with the requirements of the Data Protection Act 2018, UK General Data Protection Regulation (UK GDPR), the Freedom of Information Act 2000 and any other legal requirements, including those of confidentiality and the Council's policies and procedures regarding document retention.

Material obtained from properly authorised surveillance or a CHIS may be used in other investigations. Arrangements shall be in place for the handling, storage and destruction of material obtained through the use of covert surveillance, a CHIS or the obtaining or disclosure of communications data.

RIPA surveillance and CHIS records must be available for inspection by the Investigatory Powers Commissioner and retained for at least five years. Information obtained through covert surveillance or CHIS activity, and all copies, extracts and summaries which contain such material, should also be scheduled for deletion or destruction and securely destroyed as soon as they are no longer needed for the authorised purpose(s) set out in section 9.5 of the Covert Surveillance and Property Interference Code of Practice.

If such information is retained, it should be reviewed at appropriate intervals in line with the relevant retention schedules to confirm that the justification for its retention is still valid. In this context, destroying material means taking such steps as might be necessary to make access to the data impossible.

Authorising Officers must also ensure compliance with the appropriate data protection requirements and any relevant Corporate Procedures relating to the handling and storage of material and the authorising officer, (in consultation with the SRO, is responsible for the retention / destruction decisions in connection with covertly acquired material.

## **13. Social Media Sites**

Whilst it is the responsibility of an individual to set privacy settings to protect unsolicited access to private information, and even though data may be deemed published and no longer under the control of the author, it is unwise to regard it as “open source” or publicly available; the author has a reasonable expectation of privacy if access controls are applied. In some cases, data may be deemed private communication still in transmission (instant messages for example).

Depending on the nature of the online platform, there may be a reduced expectation of privacy where information relating to a person or group of people is made openly available within the public domain i.e. where privacy settings are available, but not applied, however in some circumstances privacy implications still apply. This is because the intention when making such information available was not for it to be used for a covert purpose such as investigative activity, regardless of whether a user of a website or social media platform has sought to protect such information by restricting its access by activating privacy settings.

To avoid the potential for inadvertent or inappropriate use of social network sites in investigative and enforcement roles, Council Officers should be mindful of any relevant guidance and the Council’s separate policy regarding the use of **Social Networking Sites and Conduct of Investigations**.

The Home Office Revised Code of Practice on Covert Surveillance and Property Interference, published in August 2018, provides the following guidance in relation to online covert activity:

*‘The growth of the internet, and the extent of the information that is now available online, presents new opportunities for public authorities to view or gather information which may assist them in preventing or detecting crime or carrying out other statutory functions, as well as in understanding and engaging with the public they serve. It is important that public authorities are able to make full and lawful use of this information for their statutory purposes. Much of it can be accessed without the need for RIPA authorisation; use of the internet prior to an investigation should not normally engage privacy considerations. But if the study of an individual’s online presence becomes persistent, or where material obtained from any check is to be extracted and recorded and may engage privacy considerations, RIPA authorisations may need to be considered. The following guidance is intended to assist public authorities in identifying when such authorisations may be appropriate.*

*The internet may be used for intelligence gathering and/or as a surveillance tool. Where online monitoring or investigation is conducted covertly for the purpose of a specific investigation or operation and is likely to result in the obtaining of private information about a person or group, an authorisation for directed surveillance should be considered, as set out elsewhere in this code. Where a person acting on behalf of a public authority is intending to engage with others online without disclosing his or her identity, a CHIS authorisation may be needed (paragraphs 4.10 to 4.16 of the Covert Human Intelligence Sources code of practice provide detail on where a CHIS authorisation may be available for online activity).*

*In deciding whether online surveillance should be regarded as covert, consideration should be given to the likelihood of the subject(s) knowing that the surveillance is or may be taking place. Use of the internet itself may be considered as adopting a surveillance technique calculated to ensure that the subject is unaware of it, even if no further steps are taken to conceal the activity. Conversely, where a public authority has taken reasonable steps to inform the public or particular individuals that the surveillance is or may be taking place, the activity may be regarded as overt and a directed surveillance authorisation will not normally be available.*

*As set out below, depending on the nature of the online platform, there may be a reduced expectation of privacy where information relating to a person or group of people is made openly available within the public domain, however in some circumstances privacy implications still apply. This is because the intention when making such information available was not for it to be used for a covert purpose such as investigative activity. This is regardless of whether a user of a website or social media platform has sought to protect such information by restricting its access by activating privacy settings.*

*Where information about an individual is placed on a publicly accessible database, for example the telephone directory or Companies House, which is commonly used and known to be accessible to all, they are unlikely to have any reasonable expectation of privacy over the monitoring by public authorities of that information. Individuals who post information on social media networks and other websites whose purpose is to communicate messages to a wide audience are also less likely to hold a reasonable expectation of privacy in relation to that information.*

*Whether a public authority interferes with a person's private life includes a consideration of the nature of the public authority's activity in relation to that information. Simple reconnaissance of such sites (i.e. preliminary examination with a view to establishing whether the site or its contents are of interest) is*

*unlikely to interfere with a person's reasonably held expectation of privacy and therefore is not likely to require a directed surveillance authorisation. But where a public authority is systematically collecting and recording information about a particular person or group, a directed surveillance authorisation should be considered. These considerations apply regardless of when the information was shared online.'*

#### **14. Scrutiny of investigatory bodies**

The Investigatory Powers Commissioner's Office independently scrutinises the use of RIPA powers by the investigatory bodies that are subject to it.

The Commissioners will inspect Councils to ensure compliance with RIPA and can audit/review the Council's policies and procedures, and individual authorisations. Further detail can be found at <https://www.ipco.org.uk/>

#### **15. Elected Members**

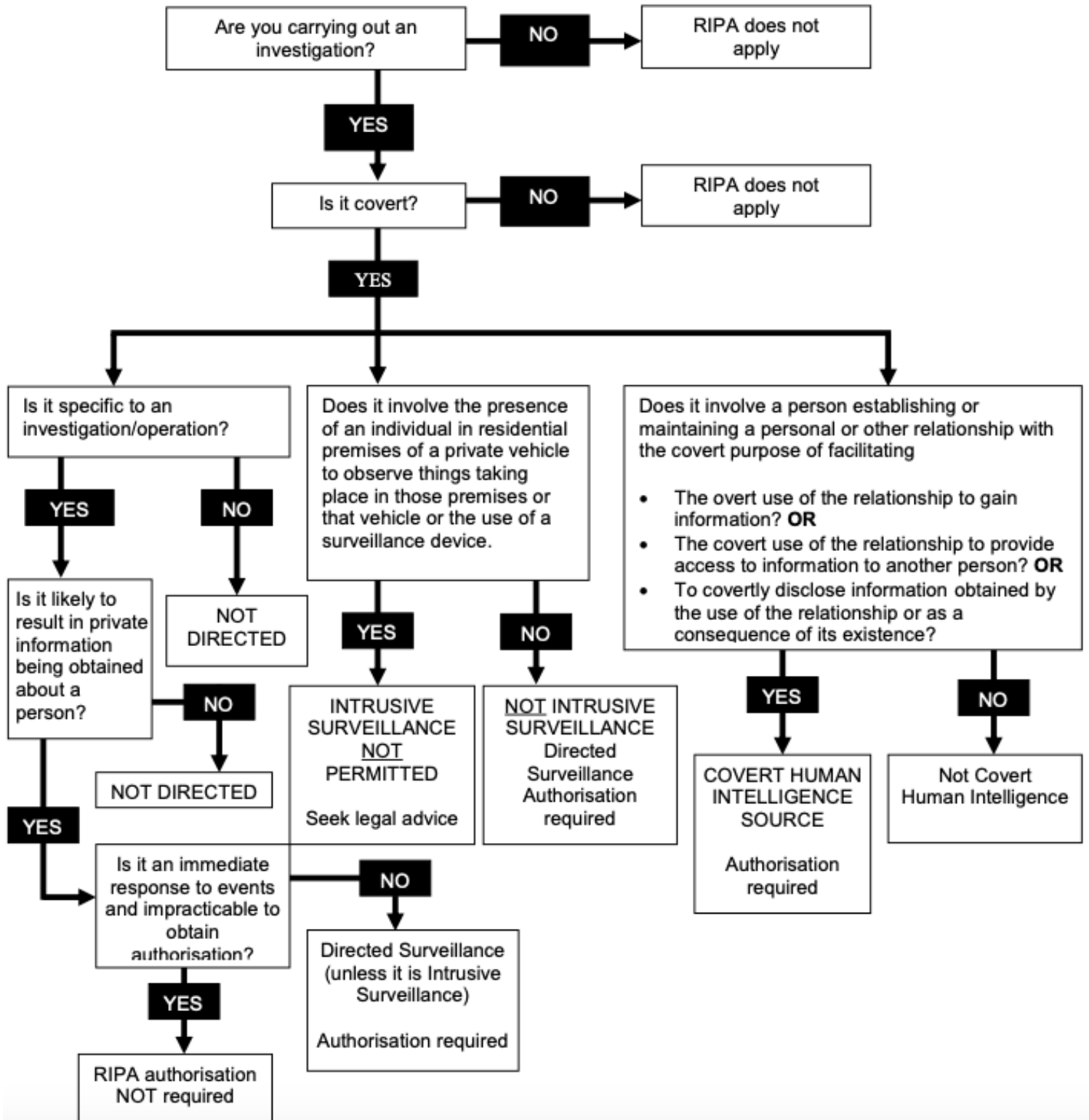
The elected members of the Council will review the council's use of RIPA and the authority's policy and guidance documents at least once a year. They will also be kept informed on a quarterly basis to ensure that it is being used consistently with the council's policy and that the policy remains fit for purpose. Members will not, however, be involved in making decisions on specific authorisations.

# APPENDIX A

## DIRECTED SURVEILLANCE

### Regulation of Investigatory Powers Act 2000

#### Do you need Authorisation?



## APPENDIX B

### List of Authorised and Responsible Officers

<b>RIPA Authorising Officers</b>	Chief Executive, Director for Communities Director for Place
<b>Authorising operations where confidential information may be obtained</b>	Chief Executive only
<b>CHIS Authorising Officer</b>	Chief Executive only
<b>CHIS Controller/Handler</b>	Director for Communities Director for Place
<b>Senior Responsible Officer</b>	Director for Legal, Policy and Governance

Please note:

- Where use of a CHIS is authorised, the head of the directorate carrying out the activity shall usually act as the CHIS Handler, with the CHIS Controller role being allocated by the Chief Executive.
- Authorising Officers must be “an assistant chief officer or investigations manager” or above.
- The Authorising Officers should not be directly involved in the investigation.



## **APPENDIX C i**

### **Application Forms**

#### **Directed Surveillance**

##### **Application**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/application-directed-surveillance?view=Binary>

##### **Review**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/review-directed-surveillance?view=Binary>

##### **Renewal**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/renewal-directed-surveillance?view=Binary>

##### **Cancellation**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/cancellation-directed-surveillance?view=Binary>

##### **Judicial Approval**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/local-authority-ripa-guidance/approval-order-form?view=Binary>

## APPENDIX C ii

### **Application Forms**

#### **Covert Human Intelligence Sources (CHIS)**

##### **Application**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/chis-application?view=Binary>

##### **Review**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/chis-review?view=Binary>

##### **Renewal**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/chis-renewal?view=Binary>

##### **Cancellation**

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/chis-cancellation?view=Binary>

## APPENDIX D

### Codes of Practice and Government Guidance

All current Government Codes of Practice are available on the Gov.uk website:

<https://www.gov.uk/government/collections/ripa-codes#current-codes-of-practice>

### **Protection of Freedom Act 2012 – Changes to provisions under the Regulation of Investigatory Powers Act 2000 (RIPA)**

See Home Office website:

<http://www.homeoffice.gov.uk/publications/counter-terrorism/ripa-forms/local-authority-ripa-guidance/local-authority-england-wales?view=Binary>

### **Communications Data Code of Practice**

See Home Office website:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/757850/Communications\\_Data\\_Code\\_of\\_Practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757850/Communications_Data_Code_of_Practice.pdf)