Healthy Hertfordshire

November 2025

HGB Hertfordshire Growth Board
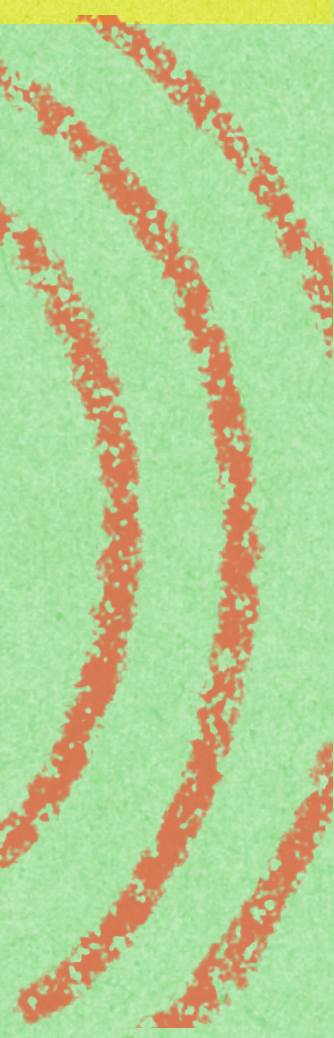
PRIOR +PTNRS

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

Contents

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.

> 66 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. 99

— *Chris Witty, Chief Medical Officer for England, 2022*

Determinants of Health Outcomes

60%

25%

15%

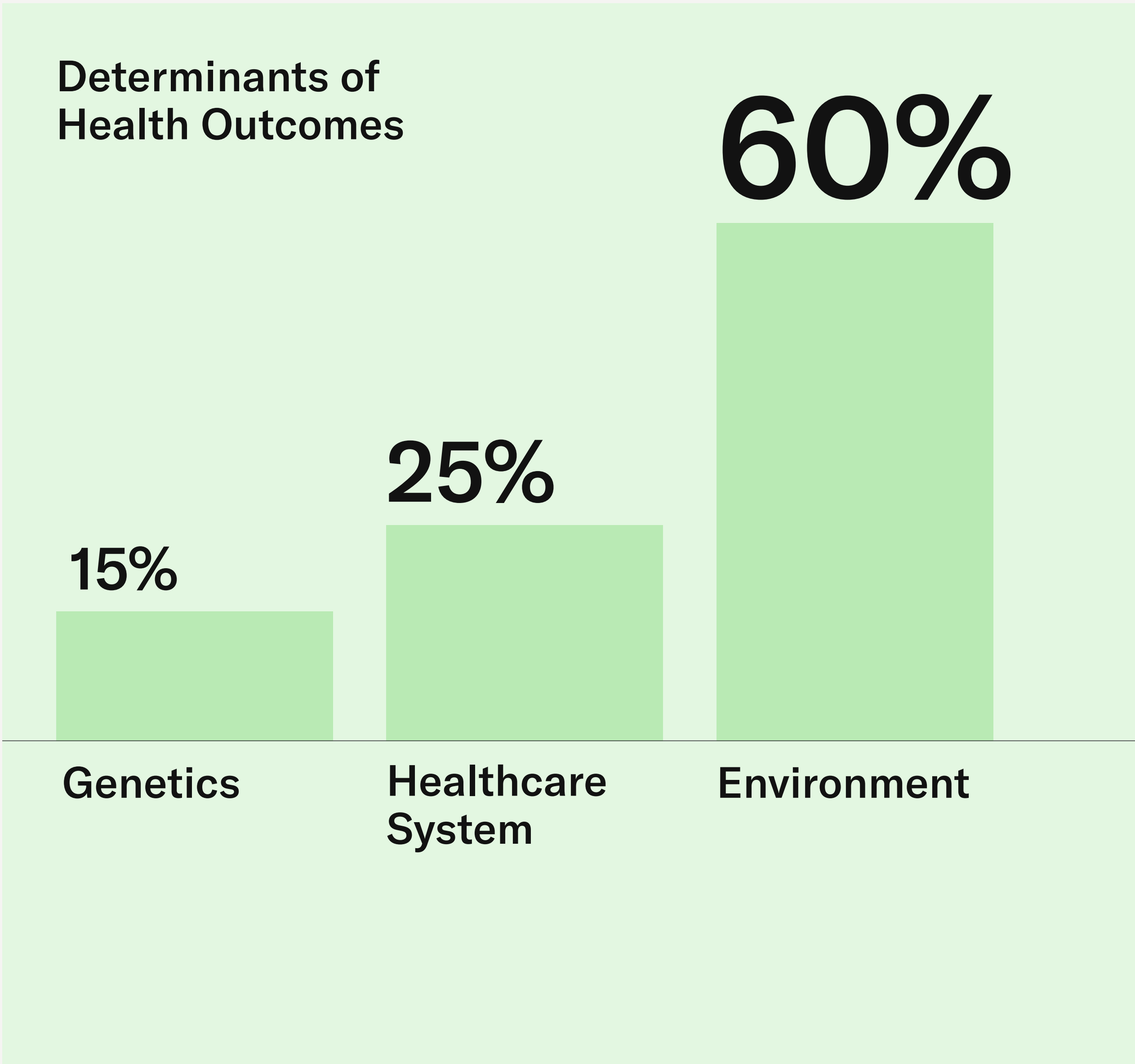Genetics   Healthcare System   Environment

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.
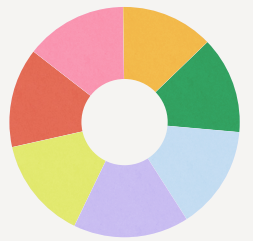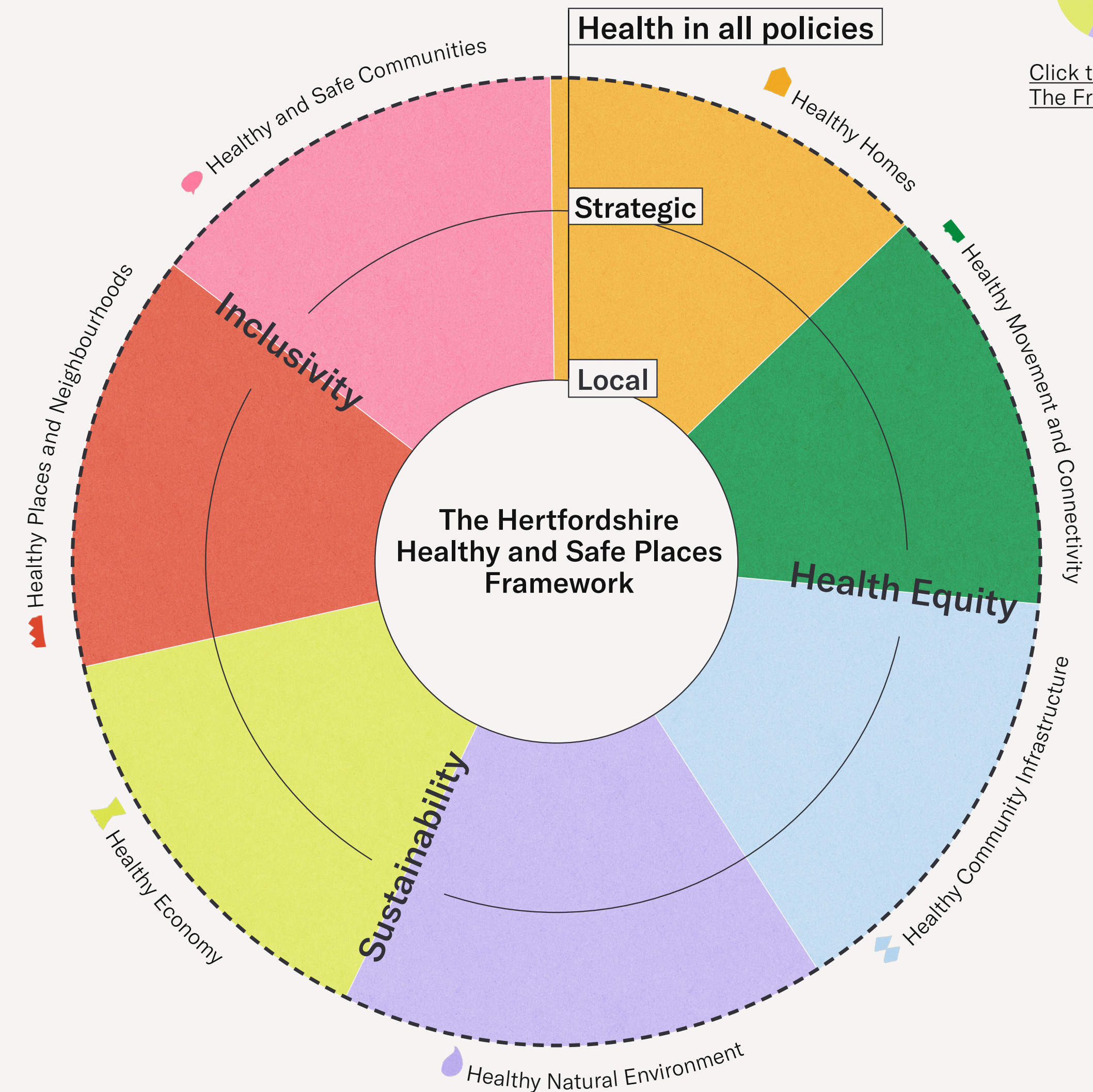
The World Health Organization (WHO) defines HiAP as:

 "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 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.
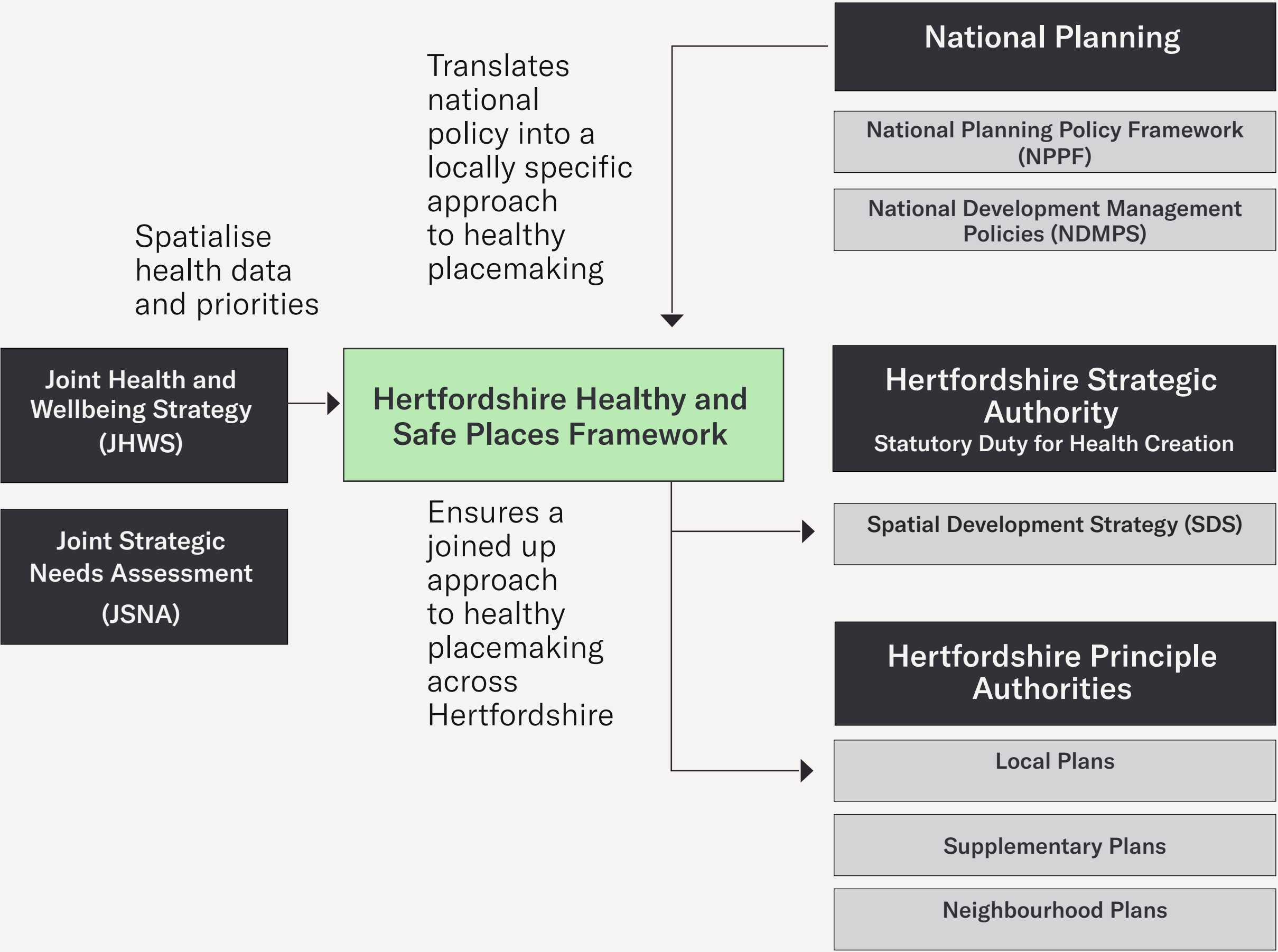
Spatialise health data and priorities

Translates national policy into a locally specific approach to healthy placemaking

National Planning

National Planning Policy Framework (NPPF)

National Development Management Policies (NDMPS)

Joint Health and Wellbeing Strategy (JHWS)

Hertfordshire Healthy and Safe Places Framework

Joint Strategic Needs Assessment (JSNA)

Ensures a joined up approach to healthy placemaking across Hertfordshire

Hertfordshire Strategic Authority
Statutory Duty for Health Creation

Spatial Development Strategy (SDS)

Hertfordshire Principle Authorities

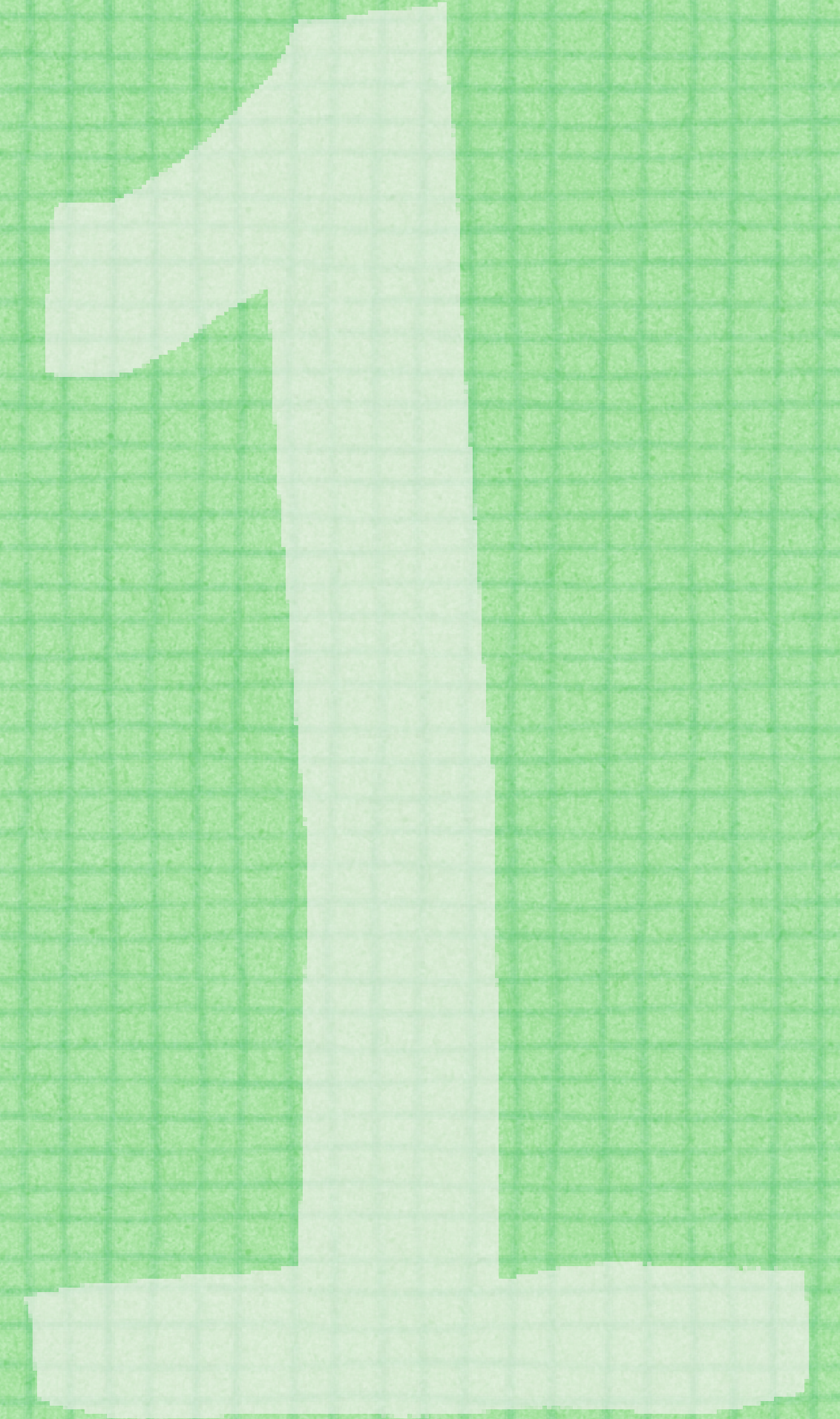Local Plans

Supplementary Plans

Neighbourhood Plans

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)

Rates of early death from Cardiovascular disease are

2.5%

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

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)

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)
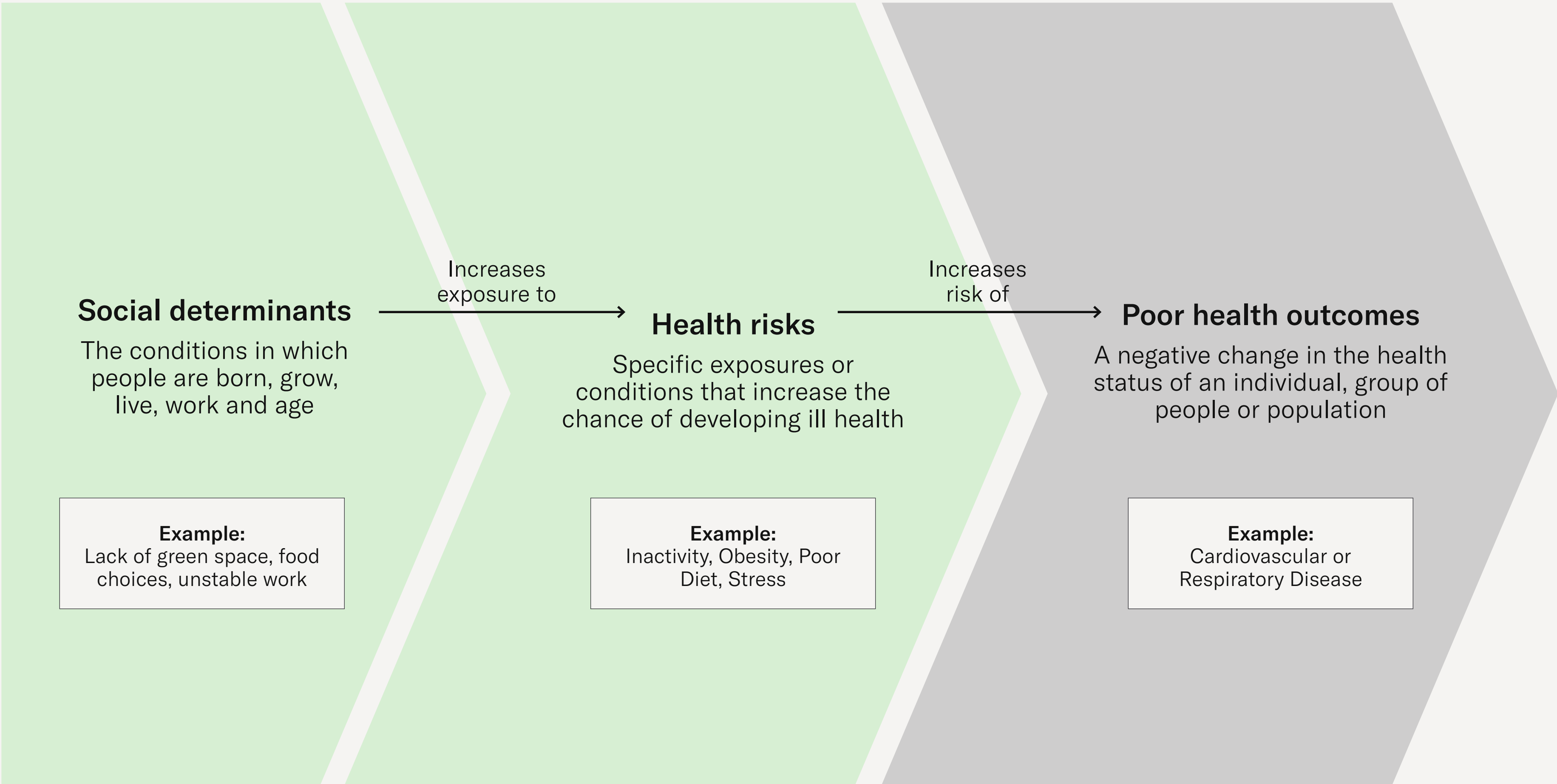
The social determinants of health

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).
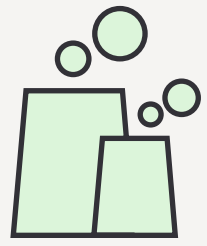
Role of the social determinants in health outcomes

Social determinants
The conditions in which people are born, grow, live, work and age

Increases exposure to →

Health risks
Specific exposures or conditions that increase the chance of developing ill health

Increases risk of →

Poor health outcomes
A negative change in the health status of an individual, group of people or population

Example:
Lack of green space, food choices, unstable work

Example:
Inactivity, Obesity, Poor Diet, Stress

Example:
Cardiovascular or Respiratory Disease
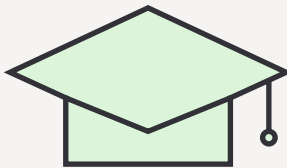
Social determinants addressed by planning

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).
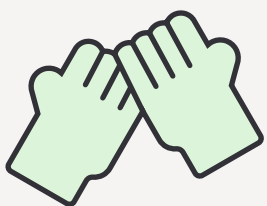
Barriers to education and work

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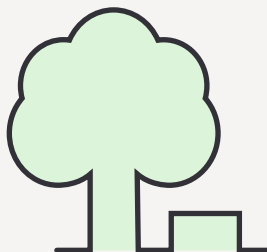
Unsuitable living conditions

Housing insecurity and poor quality housing – especially homes that are cold, damp, overcrowded or not unsuitable 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).
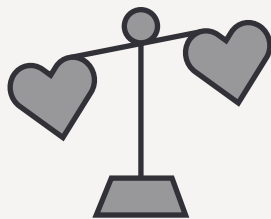
Anti-social environments

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).

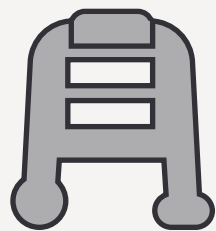### Barriers to amenities and facilities

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 form '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.

> 66 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. 99

— *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 (Depratment 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
Healthy Homes	Section 5 - Delivering a sufficient supply of homes [63]
Healthy Natural Environment	Section 14 - Meeting the challenge of climate change [161] Section 15 - Conserving and enhancing the natural environment [187, 192, 198]
Healthy Economy	Section 6 - Building a strong, competitive economy [85-87]
Healthy Movement and Connectivity	Section 9 - Promoting sustainable transport [109-111]
Healthy Places and Neighbourhoods	Section 12 - Achieving well-designed places [132, 133, 136] Section 8 - Promoting healthy and safe communities [96-98, 101, 103)
Healthy Communities	Section 8 - Promoting healthy and safe communities [96-98, 101, 102]
Healthy Community Infrastructure	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 Srategy 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 borad 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 misue.

○ 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

○ 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

○ 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.pdfHertfordshire 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

○ 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

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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)
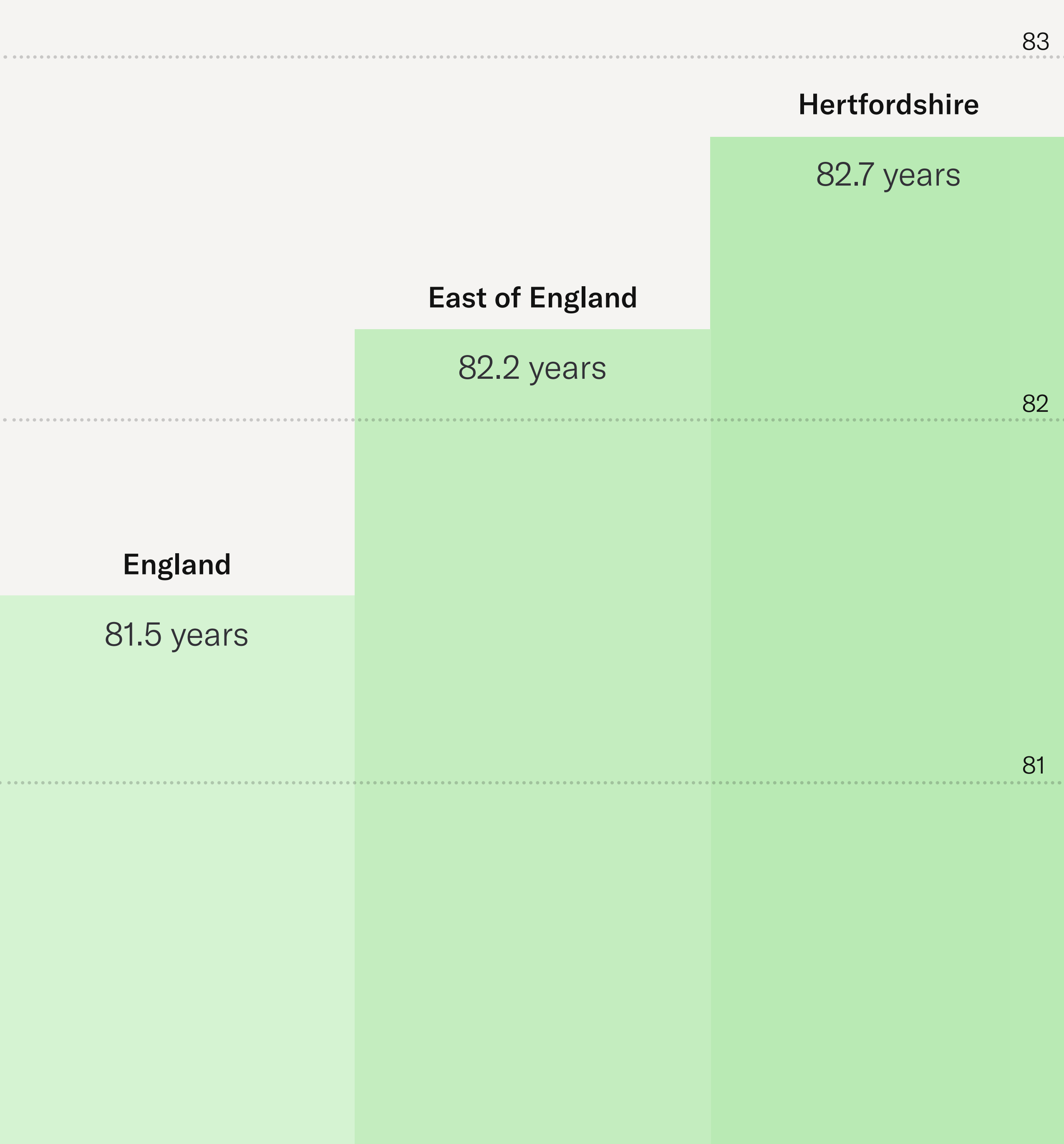
Healthy life expecancy for women

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)

83

Hertfordshire

82.7 years

East of England

82.2 years

82

England

81.5 years

81

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)

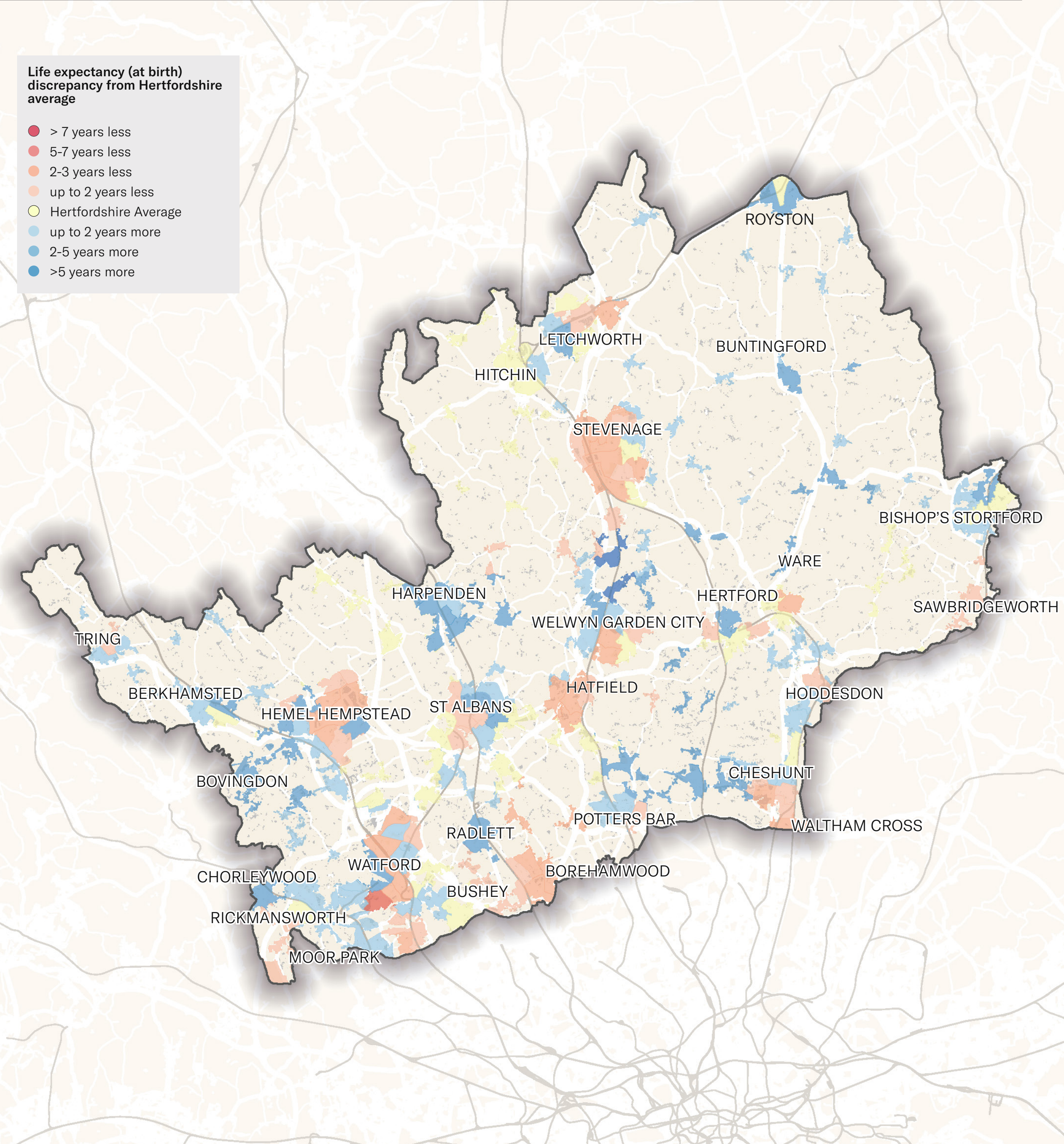**Percentage of Black and Asian Hertfordshire residents who feel their health is not equally protected:**

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)

Life expectancy (at birth) discrepancy from Hertfordshire average

- > 7 years less
- 5-7 years less
- 2-3 years less
- up to 2 years less
- Hertfordshire Average
- up to 2 years more
- 2-5 years more
- >5 years more

ROYSTON
LETCHWORTH
BUNTINGFORD
HITCHIN
STEVENAGE
BISHOP'S STORTFORD
WARE
HARPENDEN
HERTFORD
WELWYN GARDEN CITY
SAWBRIDGEWORTH
TRING
BERKHAMSTED
HATFIELD
HODDESDON
HEMEL HEMPSTEAD
ST ALBANS
BOVINGDON
CHESHUNT
POTTERS BAR
RADLETT
WALTHAM CROSS
CHORLEYWOOD
WATFORD
BOREHAMWOOD
BUSHEY
RICKMANSWORTH
MOOR PARK

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)

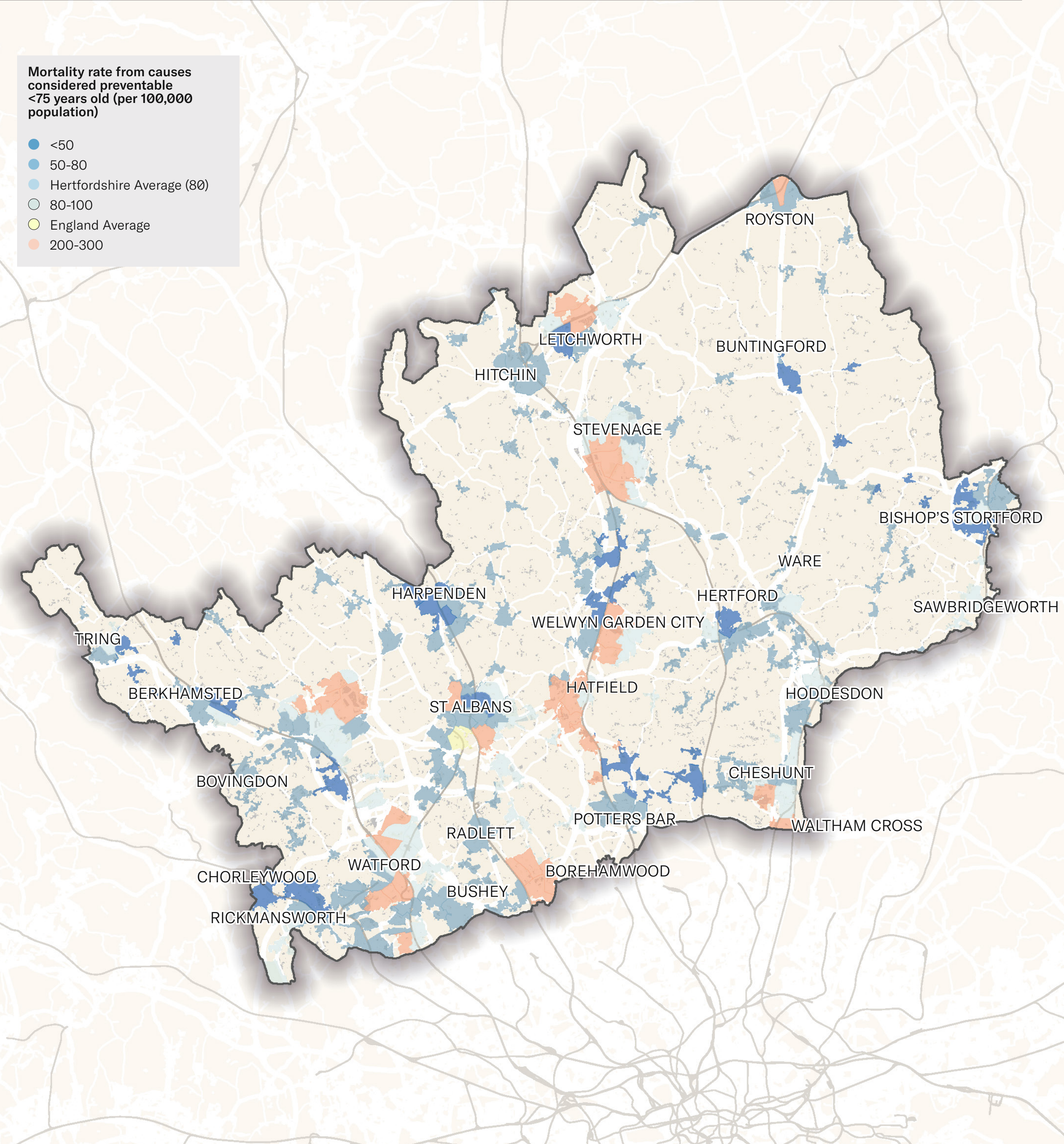**Estimated number of preventable deaths (under 75) each year:**

5,800

in 2022/23 across Hertfordshire
(OHID, 2025)

Hertfordshire had

16%

fewer preventable deaths than expected, compared to the national average

(OHID, 2025)

Mortality rate from causes considered preventable <75 years old (per 100,000 population)

- ● <50
- ● 50-80
- ● Hertfordshire Average (80)
- ○ 80-100
- ○ England Average
- ● 200-300

ROYSTON
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BUNTINGFORD
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CHESHUNT
POTTERS BAR
RADLETT
WALTHAM CROSS
CHORLEYWOOD
WATFORD
BOREHAMWOOD
BUSHEY
RICKMANSWORTH

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)

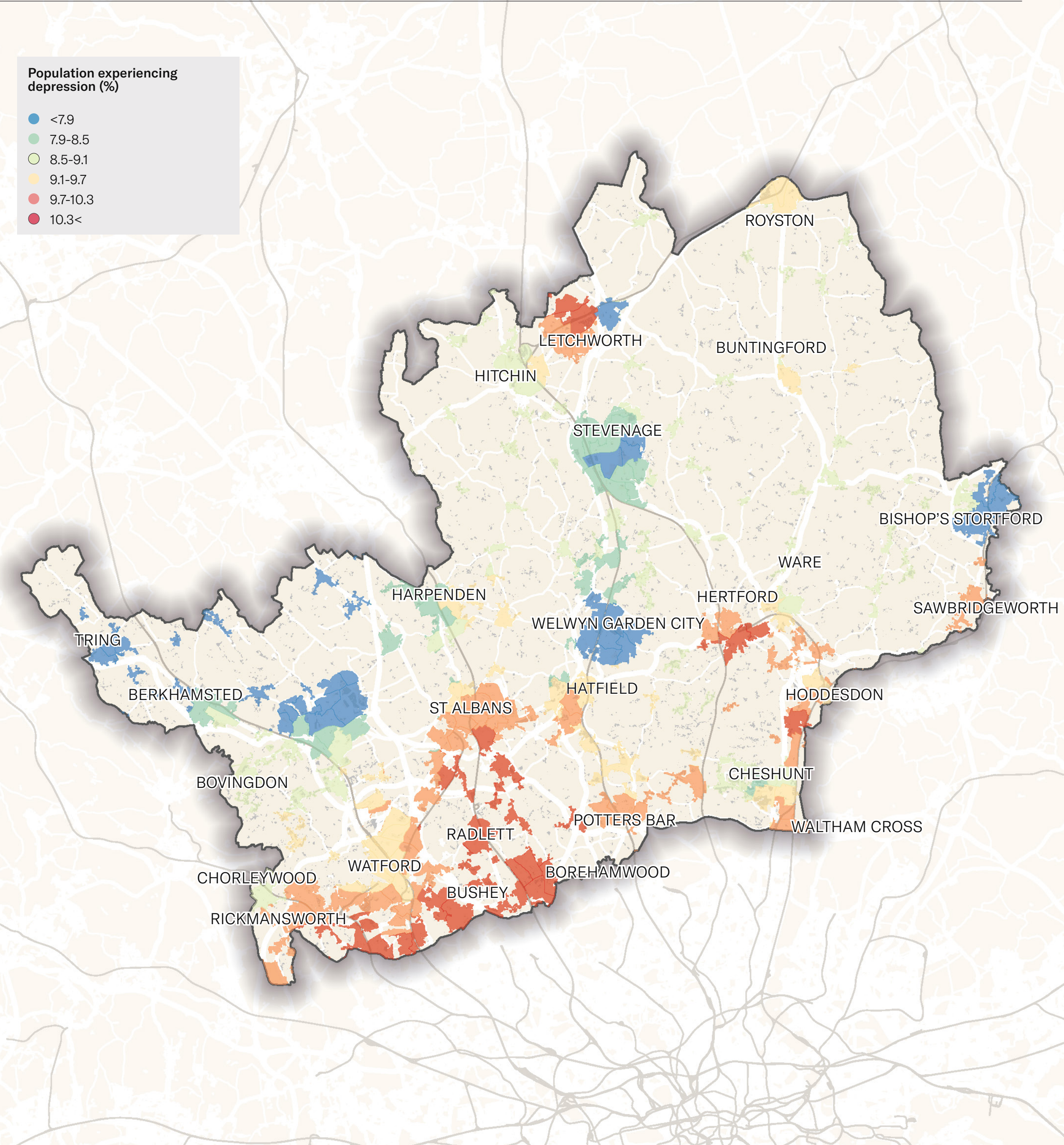**Number of Hertfordshire residents suffering from depression:**

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)

Population experiencing depression (%)

- <7.9
- 7.9-8.5
- 8.5-9.1
- 9.1-9.7
- 9.7-10.3
- 10.3<

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

Tobacco

High blood pressure

High fasting plasma glucose

Dietary risks

High body-mass index

High LDL

Non-optimal temperature

Alcohol use

Occupational risks

Kidney dysfunction

Air pollution

Low physical activity

150   100   50

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 obsese 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)

Overweight prevalence (Year 6)

- <16%
- 16-26%
- 26-31%
- 31-35%
- 35-36% (Herts average)
- 36-44%
- 44%<

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).
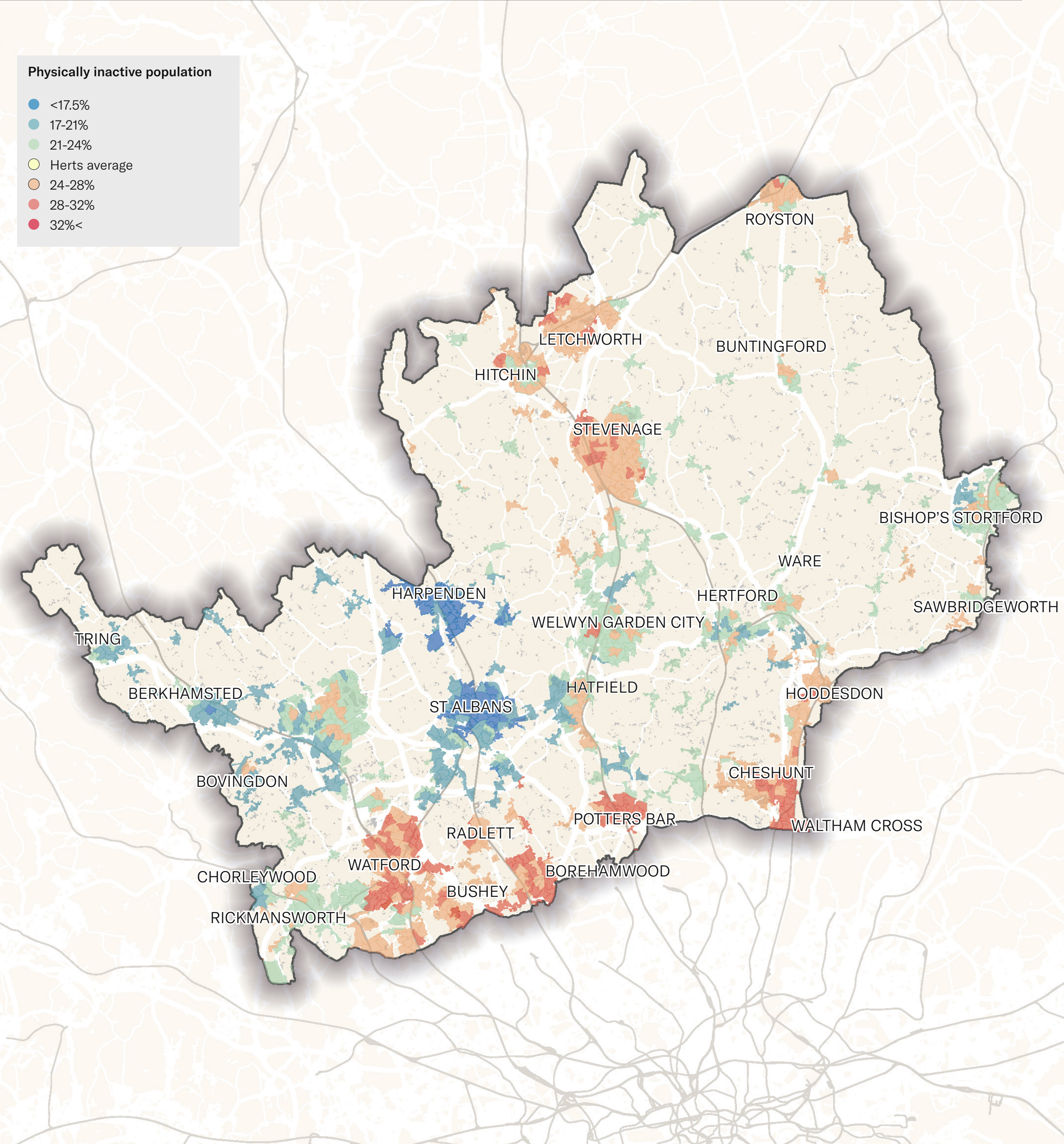
Total number of inactive Hertfordshire residents:

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)

Incidence of inactivity amongst adults in the most deprived areas is

2.5X

higher than in the least deprived areas (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).

Physically inactive population

- <17.5%
- 17-21%
- 21-24%
- Herts average
- 24-28%
- 28-32%
- 32%<

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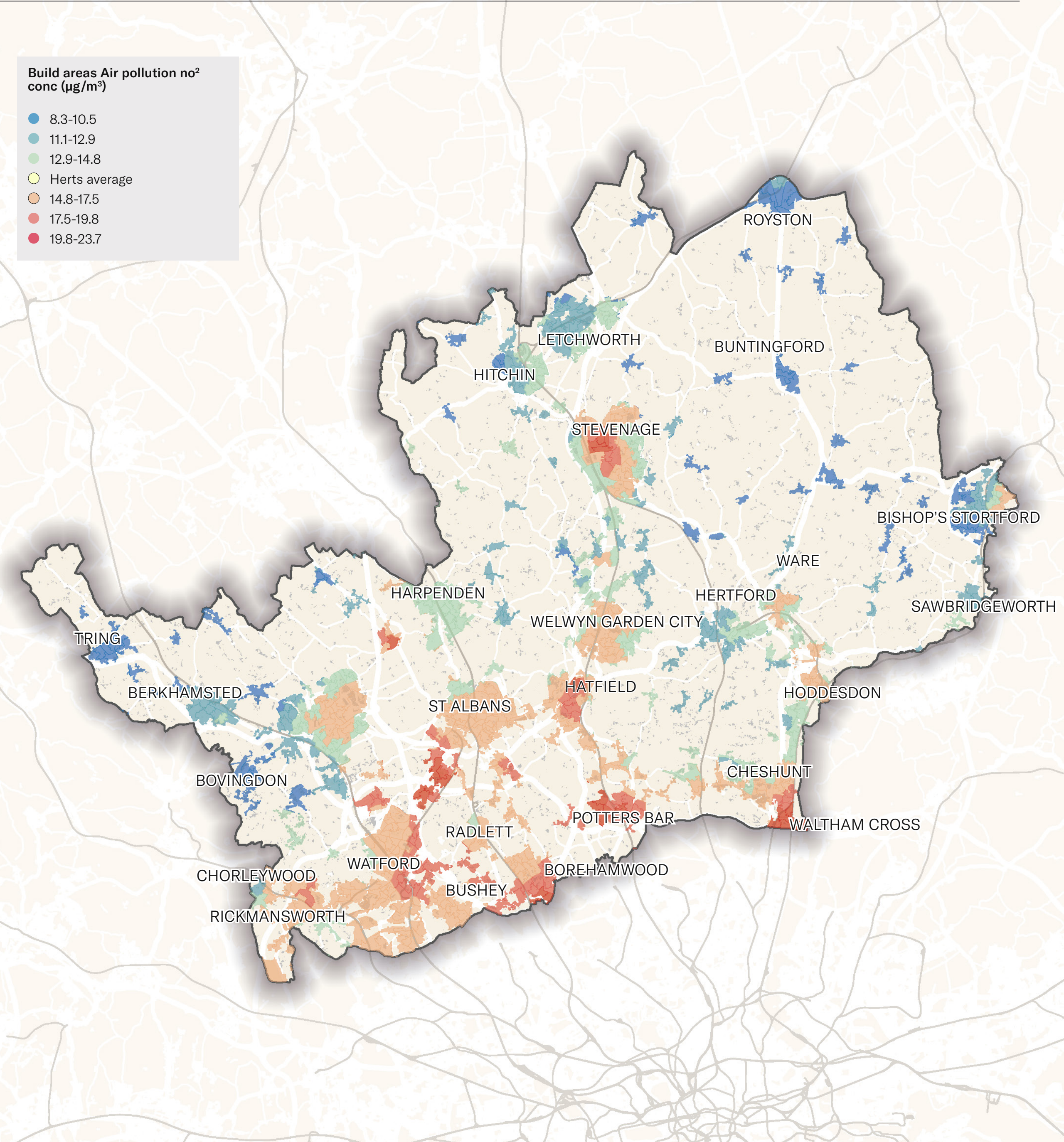
Percentage of deaths in Hertfordshire residents aged 30 and over attributable to air pollution:

6%

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

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

15

Build areas Air pollution no² conc (μg/m³)

- 8.3-10.5
- 11.1-12.9
- 12.9-14.8
- Herts average
- 14.8-17.5
- 17.5-19.8
- 19.8-23.7

ROYSTON

LETCHWORTH   BUNTINGFORD

HITCHIN

STEVENAGE

BISHOP'S STORTFORD

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HARPENDEN   HERTFORD

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BERKHAMSTED   ST ALBANS

CHESHUNT

BOVINGDON

POTTERS BAR   WALTHAM CROSS

RADLETT

CHORLEYWOOD   WATFORD   BOREHAMWOOD

BUSHEY

RICKMANSWORTH

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.

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.

Cross-cutting themes

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

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:

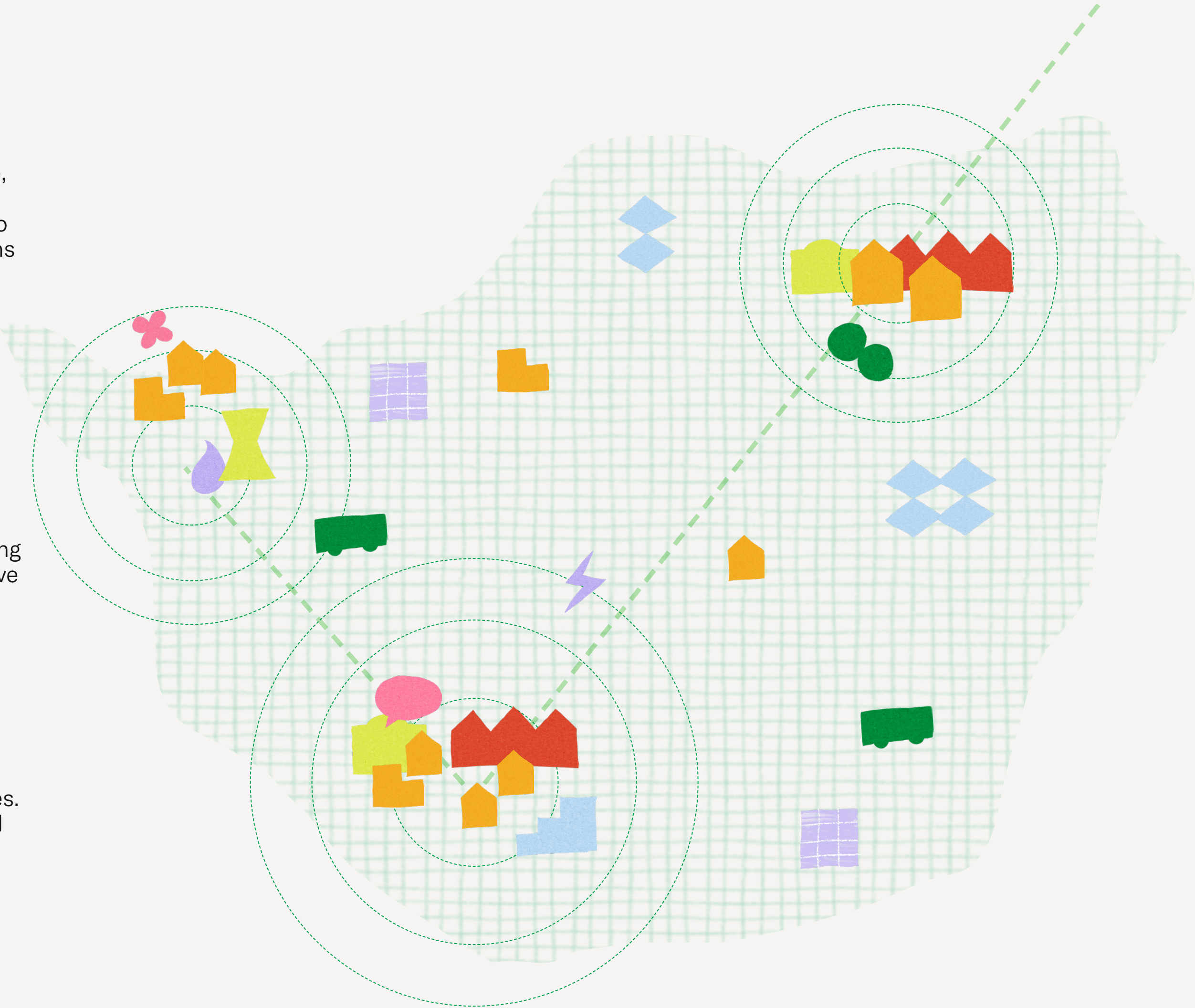## At a strategic scale

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.
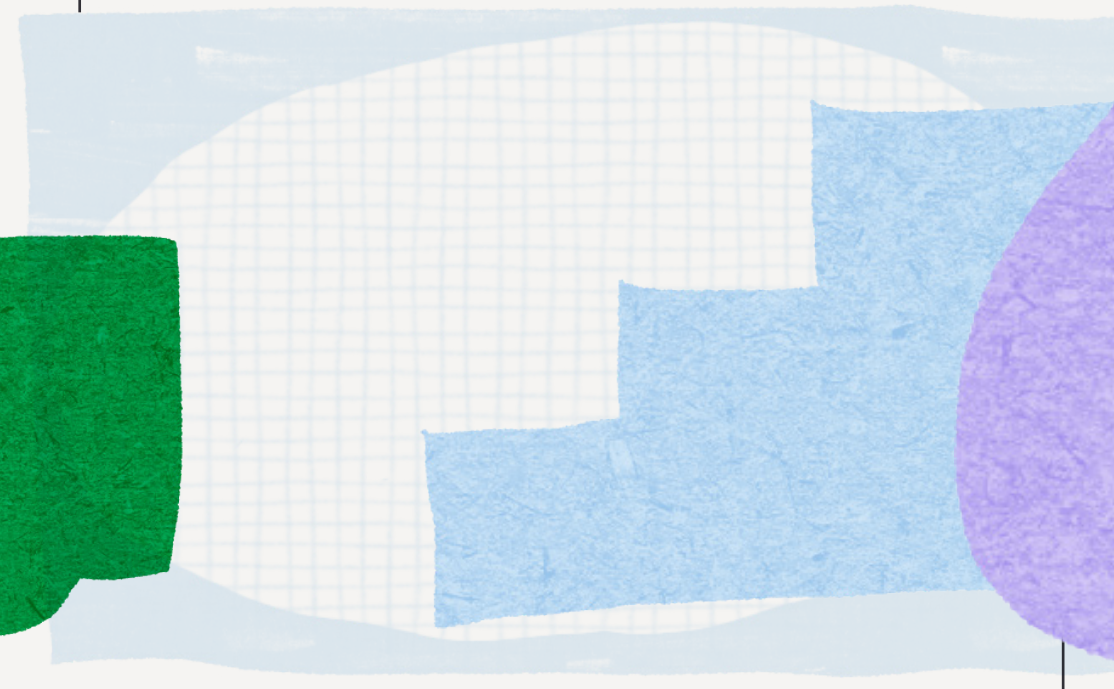
Healthy placemaking principles:

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.
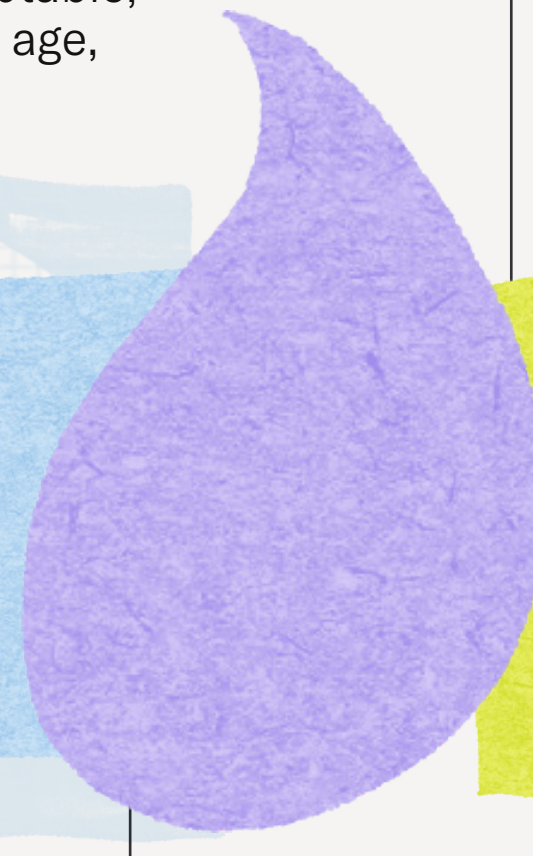
Healthy Community Infrastructure

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.
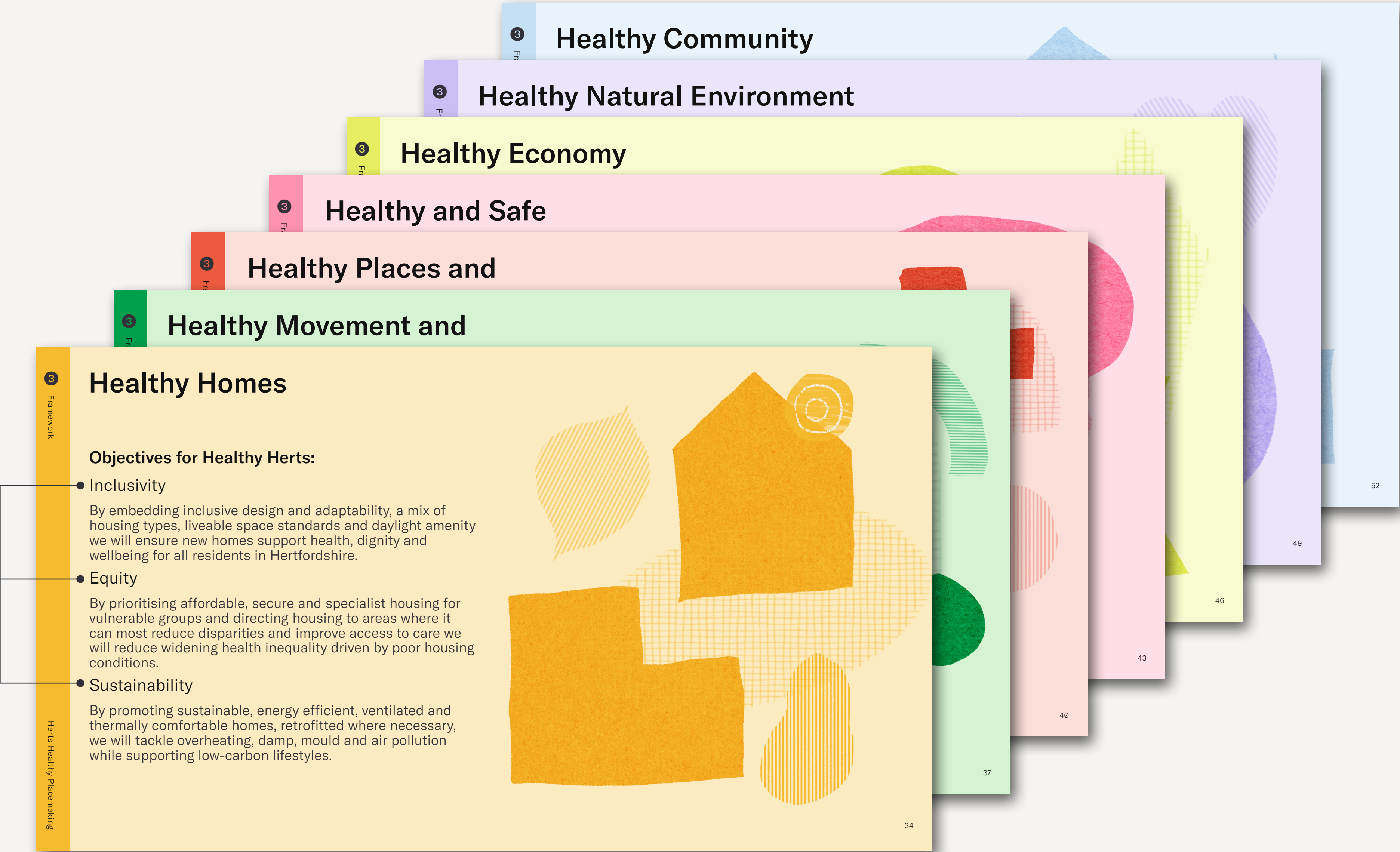
Healthy Places and Neighbourhoods

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

Healthy Community

Healthy Natural Environment

Healthy Economy

Healthy and Safe

Healthy Places and

Healthy Movement and

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.

Framework

Herts Healthy Placemaking

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37

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[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
Increased health risk factors as a result of social determinants	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 depreivation	Low physical activity, social isolation	Social isolation, loneliness, low physical activity, fear of crime
Healthy Homes	⌂	⌂				⌂
Healthy Natural Environment	○		○			
Healthy Economy	○			○	○	
Healthy Movement and Connectivity	○		○	○	○	○
Healthy Places and Neighbourhoods	○				○	○
Healthy and Safe Communities					○	○
Healthy Community Infrastructure		○			○	○

Healthy Homes

Healthy placemaking principles:

⌂ At a strategic scale

⌂ At a local scale
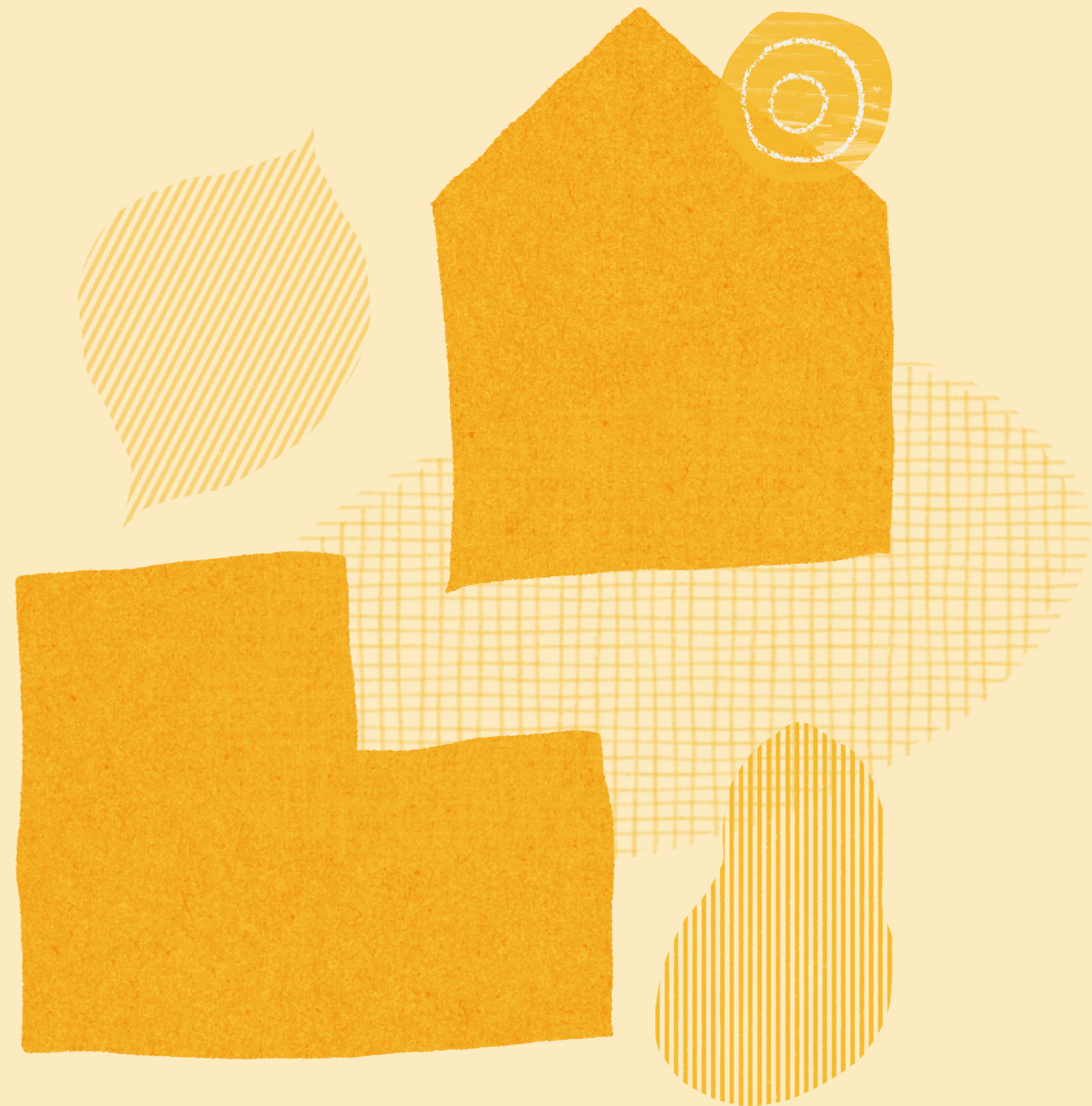
Objectives for Healthy Herts:

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

4th
leading cause of death is respiratory infections, linked to poor quality housing (JSNA, 2022).

18,000
homes suffer from damp and mould, increasing the risk of preventable illnesses (Hertfordshire County Council, 2025)

9%
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
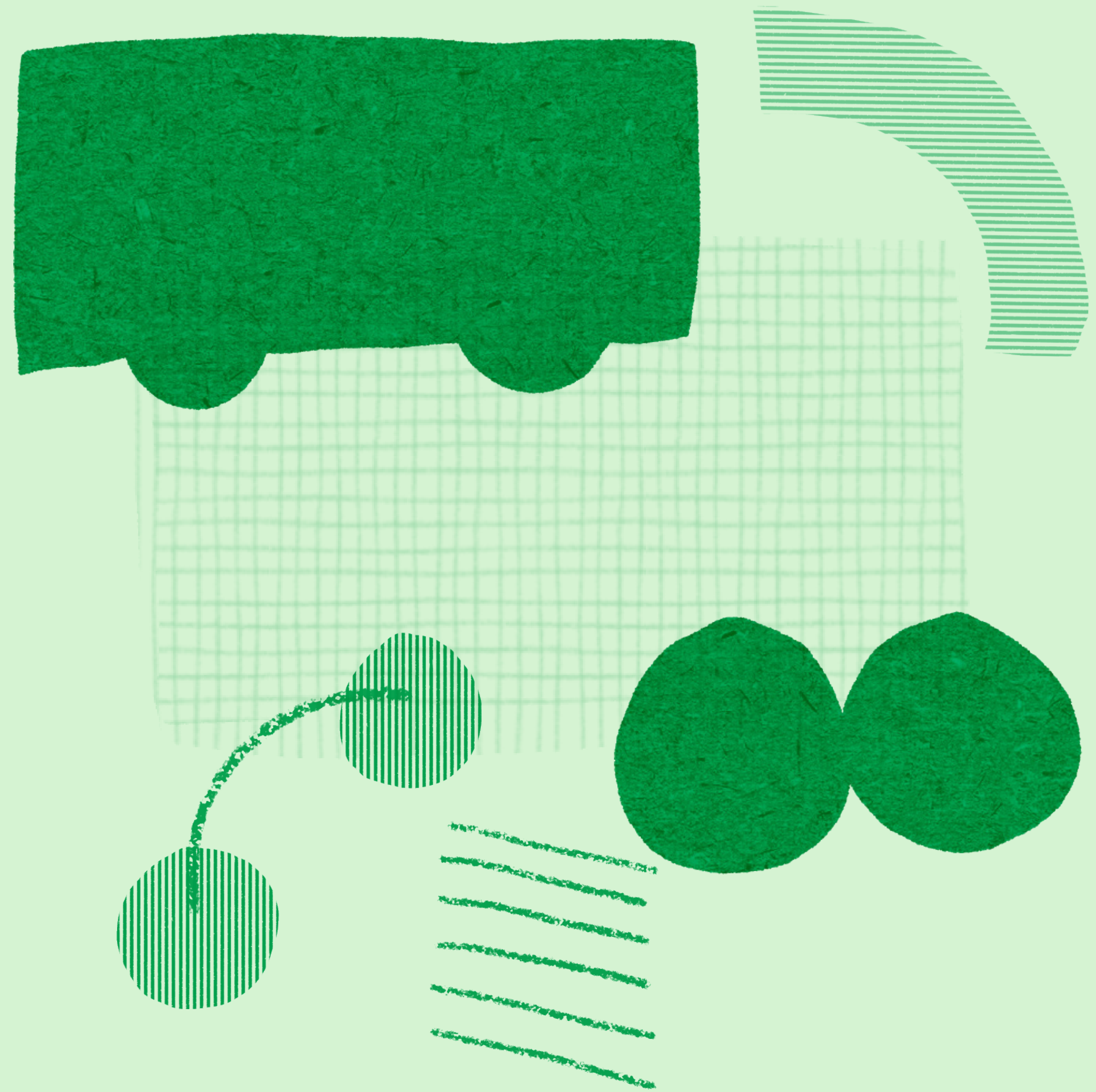
Objectives for Healthy Herts:

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.
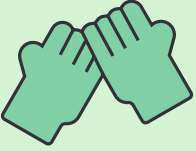
Why Healthy Movement and Connectivity matters

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 exiercise 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.
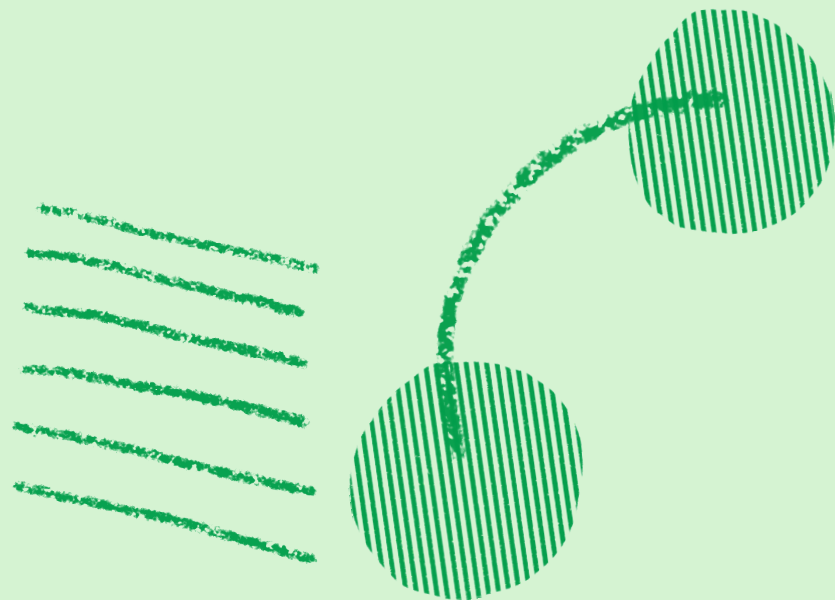
Reduce and limit harmful impacts

○ 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'.

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).
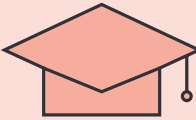
14yrs
Variance in life expectancy across Hertfordshire (OHID, 2025).

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
Increase accessibility to healthy food and promote healthy food choices		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).
Promoting compact, mixed use neighbourhoods		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).
Promoting the design of characterful and vibrant places				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 culmulative imapact assessments and health imapct 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

○ 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 postively 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.

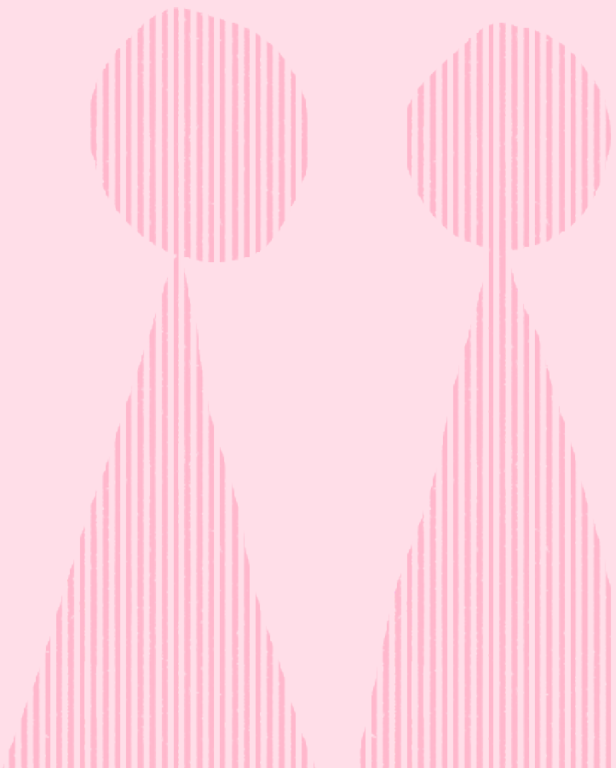## Local plan policy

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

○ 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 overal 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	OBESOGENIC ENVIRONMENTS	ACCESS TO AMENITIES, WORK AND SCHOOLS	ANTI-SOCIAL ENVIRONMENTS
Aligning economic development with strategic health, transport, and housing strategies		reduces car dependency and avoids unhealthy uses in deprived areas (QoL, LGA 2024).	encourages mixed-use development that integrates worspace, services and housing to support local economies (QoL, P+P, 2024).	
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 addresing 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

○ 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

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.

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).
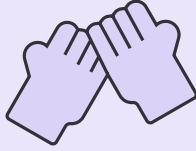
1,224%

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	OBESOGENIC ENVIRONMENTS	ENVIRONMENTAL HAZARDS	ANTI-SOCIAL ENVIRONMENTS
Protecting regionally significant landscape areas and promote strategic nature recovery		facilitates access to green spaces which reduces risk of mortality across all ages (Gascon et al. 2016) and obesity among adolescents (Calogiuri & Chroni, 2014) .	sustains capacity of natural environment to provide ecosystem services such as clean water, climate regulation, and crop pollination (Munoz Criado, 2016).	provides high quality of life and preserves cultural values (Munoz Criado, 2016), which improves mental health (Dunton et al. 2009).
Supporting climate change mitigation by promoting low carbon development			can allow developers to reduce a site's carbon footprint by up to 20% if considered at the masterplan stage (UKGBC, 2021).	
Promoting developments that are future proofed against the effects of climate change including heath, extreme weather events and flooding			such as through green infrastructure can reduce urban heat islands (Bowler, 2010), and reduce fatalities associated to extreme temperatures (CCC, 2017).	
Reducing and preventing localised air pollution		is associated to increased physical activity among older adults (Annear et al., 2014) and can encourage active travel (PHE, 2017).	can improve CVC, respiratory symptoms, and lung cancer (WHO, 2010; RCP, 2016).	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).
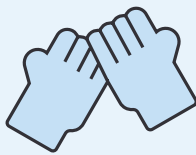
49%

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.
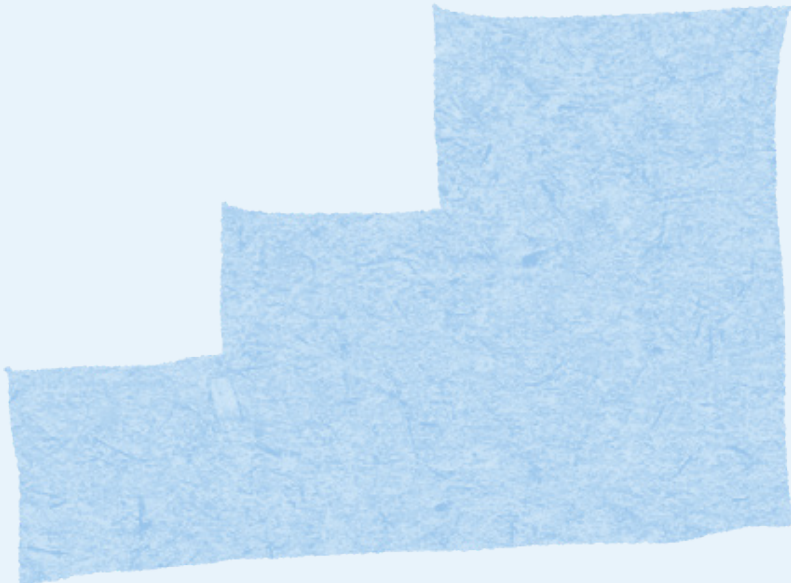
○ Ensure play equipment reflects the preferences of young people, including girls. Make Space for Girls identified that young people prefer swings, trampolines and play adventure equipment to traditional Multiple Use Games Area (MUGA) and skate park provision.

○ 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 an 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:
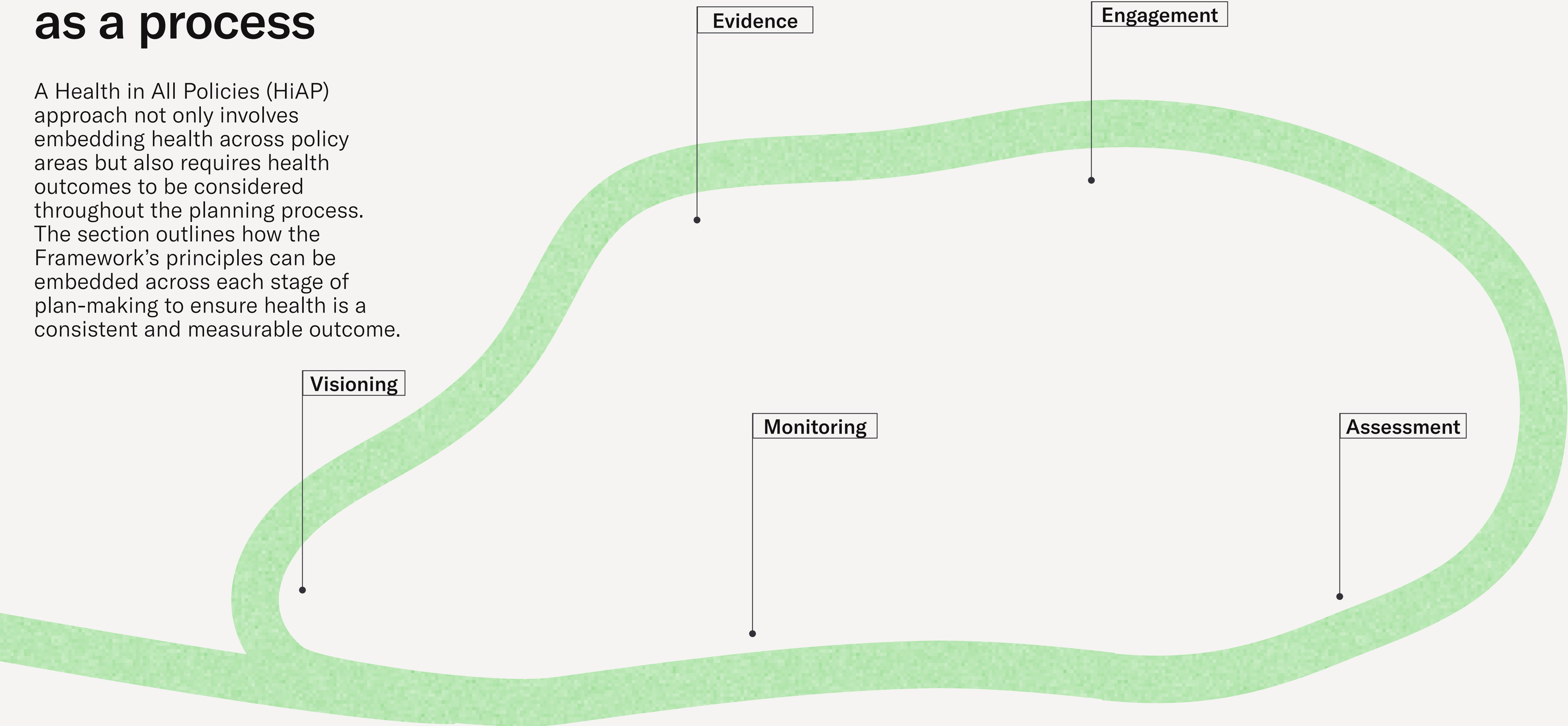
○ Define when a site masterplan is required.

○ 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

○ 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 authroty public health and planning teams. Available at: 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.

Evidence

Engagement

Visioning

Monitoring

Assessment

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.healthyurbandevelopment.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 km2

○ Households in poverty (%)

○ Average combined size of parks, public gardens, or playing fields within 1,000m (m^2)

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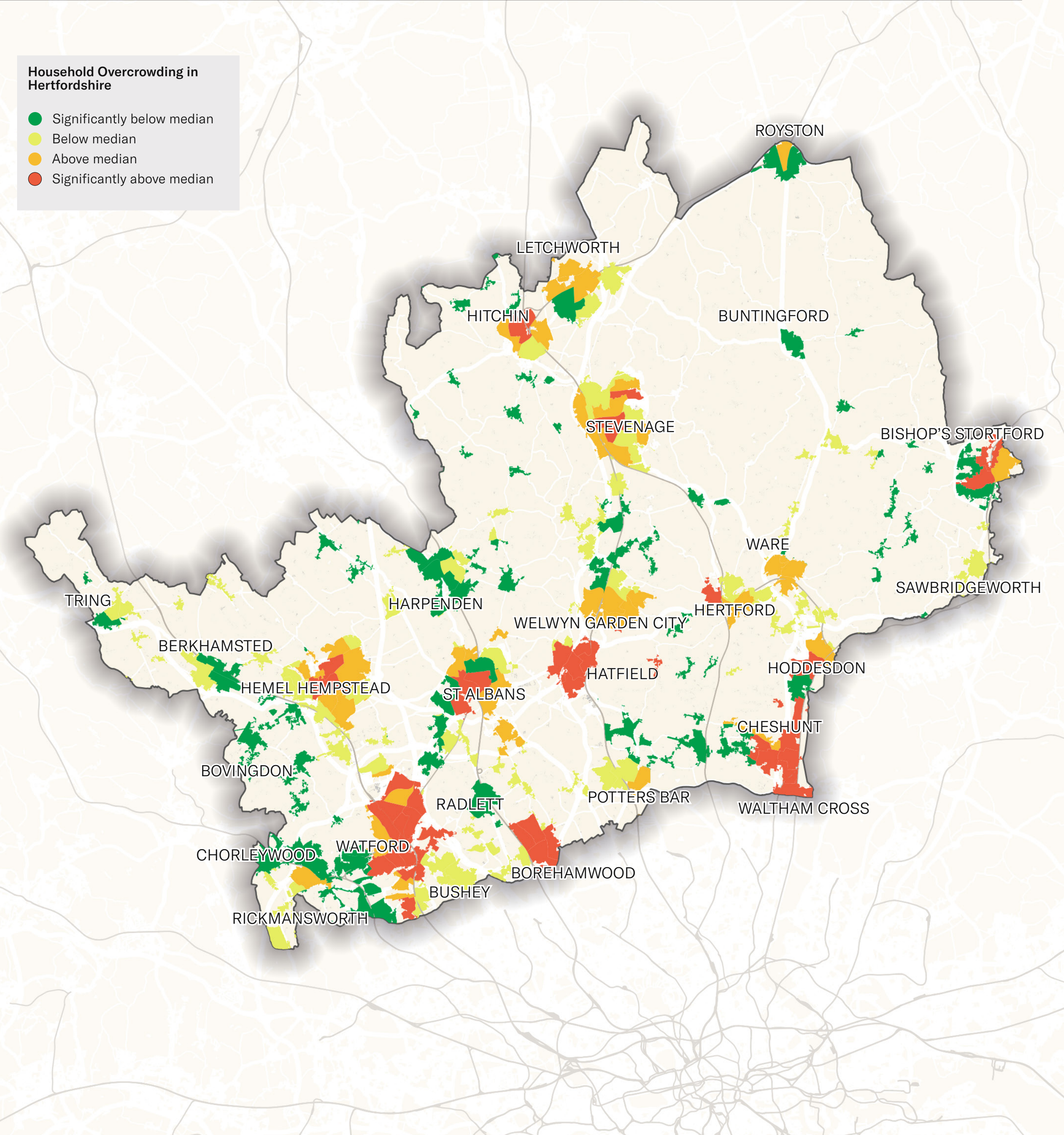
Overcrowding is also moderately linked to long-term unemployment. These relationships highlight the complex interplay between housing conditions and wider social and spatial factors.

Data source

This dataset captures the overal 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.

Household Overcrowding in Hertfordshire

- 🟢 Significantly below median
- 🟡 Below median
- 🟠 Above median
- 🔴 Significantly above median

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.
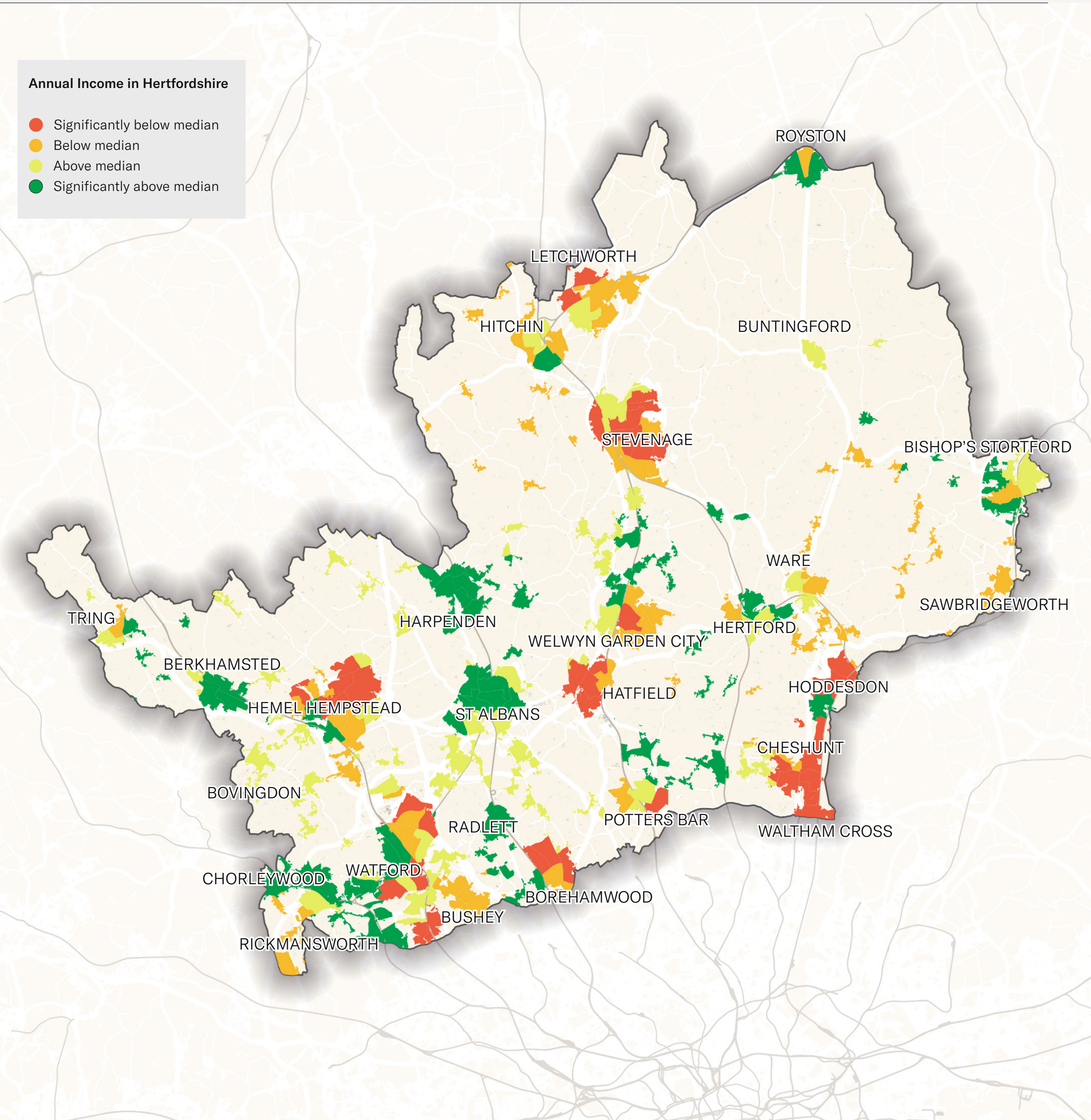
Data source

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.

Annual Income in Hertfordshire

- 🔴 Significantly below median
- 🟠 Below median
- 🟡 Above median
- 🟢 Significantly above median

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.
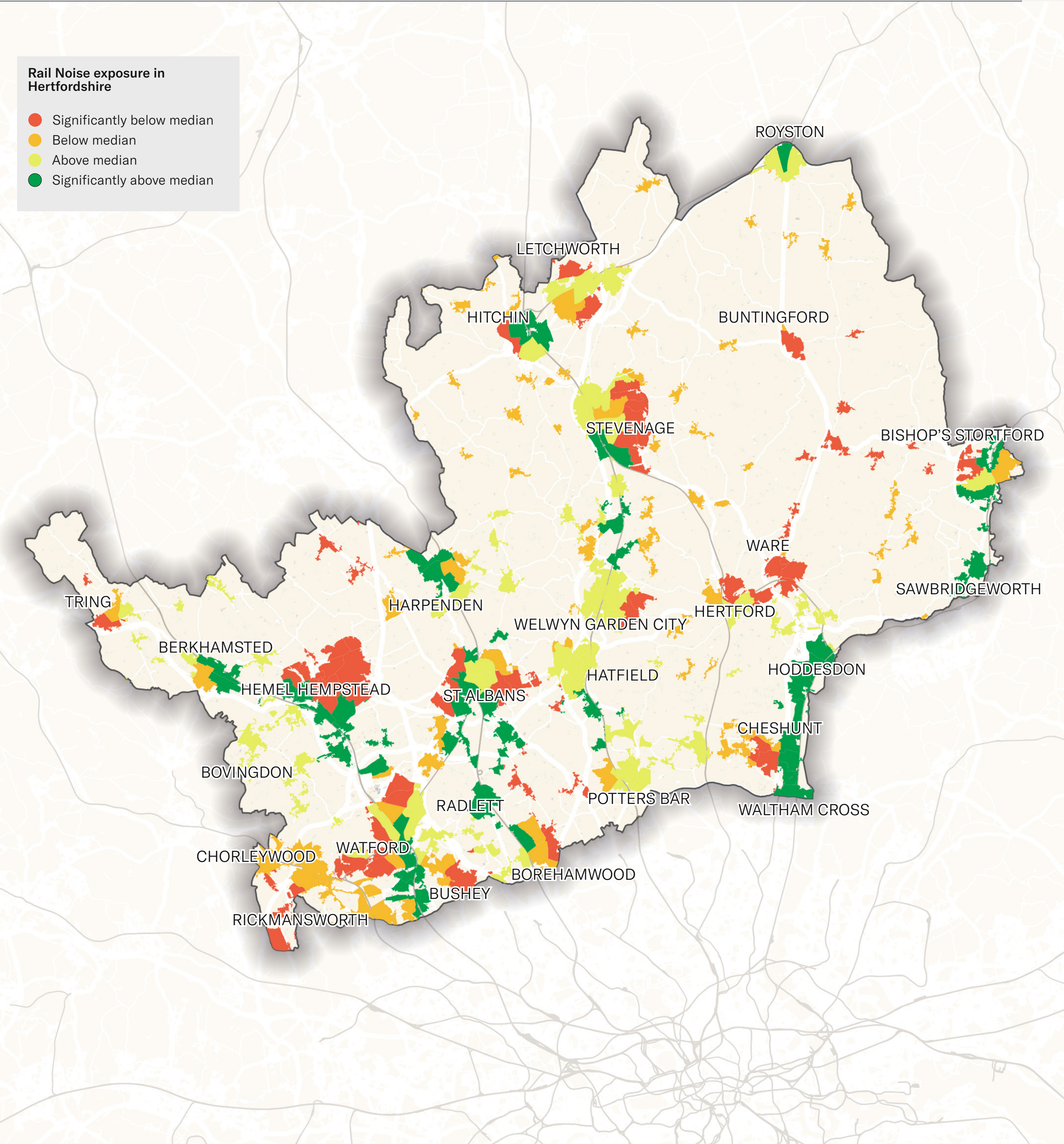
Data source

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.

Rail Noise exposure in Hertfordshire
- 🔴 Significantly below median
- 🟠 Below median
- 🟡 Above median
- 🟢 Significantly above median

Green space coverage

What is green space coverage?

Green space coverage refers to the proportion of land in each area that consists of parks, playing fields, woodlands, and other natural or vegetated land. It is positively and consistently associated with life expectancy in Hertfordshire.

Green space coverage is a key determinant of health, contributing to physical, mental, and social wellbeing. Evidence shows that access to quality green space supports increased physical activity, reduced levels of obesity, lower stress and anxiety, improved cardiovascular outcomes, and reduced mortality. (Public Health England, 2017)

Relationship with other determinants

Green space coverage is moderately negatively correlated with household overcrowding, meaning that areas with less green space tend to experience more overcrowding and vice versa. It is also strongly negatively correlated with stop density, reflecting the fact that the most built-up areas (with many transport stops) often have less green space available.

Importantly, green space coverage is not strongly linked to income, fuel poverty, or crime, suggesting it captures a distinct and independent environmental condition that supports health regardless of socioeconomic status.
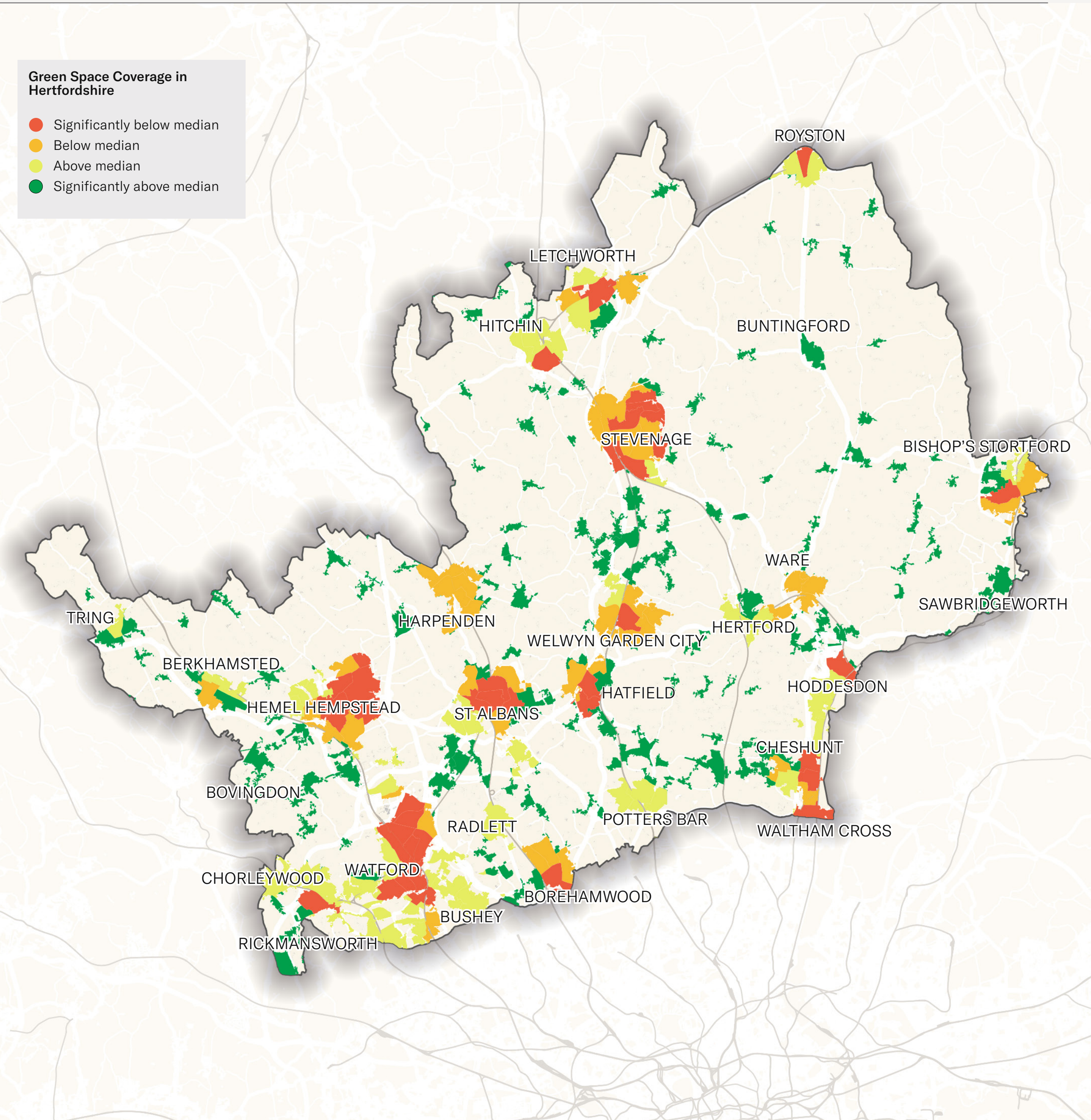
Data source

This dataset captures the Percentage of Green Space Coverage derived from LCM official land cover class codes per MSOA. DEFRA (2021): https://catalogue.ceh.ac.uk/documents/73ecb85e-c55a-4505-9c39-526b464e1efd

Interpreting the results

While overall green space coverage is a useful indicator of access to open space and nature, it does not account for quality, safety, walkability or accessibility. Nonetheless, the results show a clear and expected urban-rural divide.

The lack of strong correlation with income, fuel poverty, or crime reinforces that access to open space can independently promote better health outcomes. This strongly suggests green space coverage is a credible and actionable determinant for healthy placemaking in Hertfordshire.

Green Space Coverage in Hertfordshire

- Significantly below median
- Below median
- Above median
- Significantly above median

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.
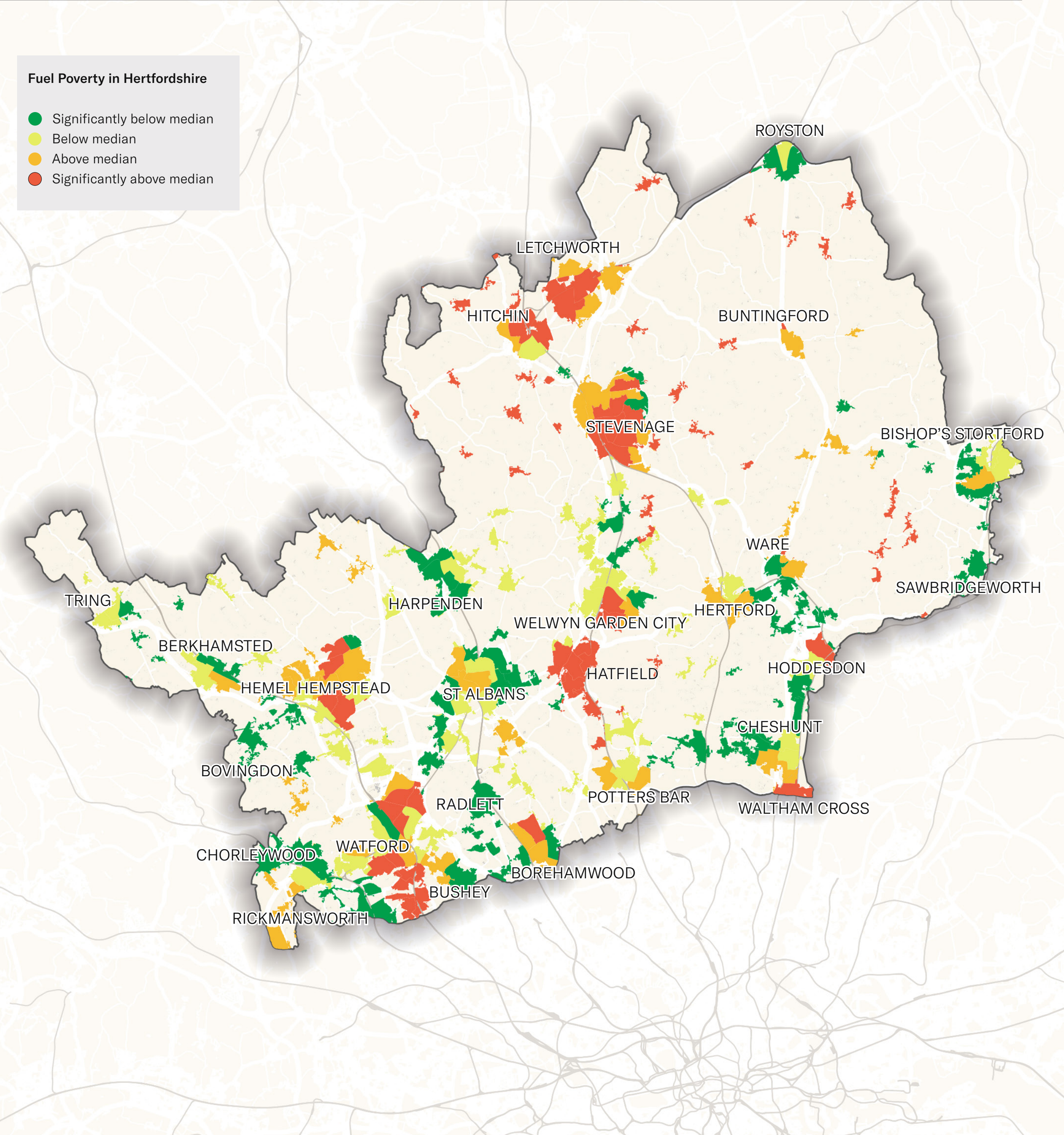
Data source

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 os therefore essential to improving health equity.

Fuel Poverty in Hertfordshire

- Significantly below median
- Below median
- Above median
- Significantly above median

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).

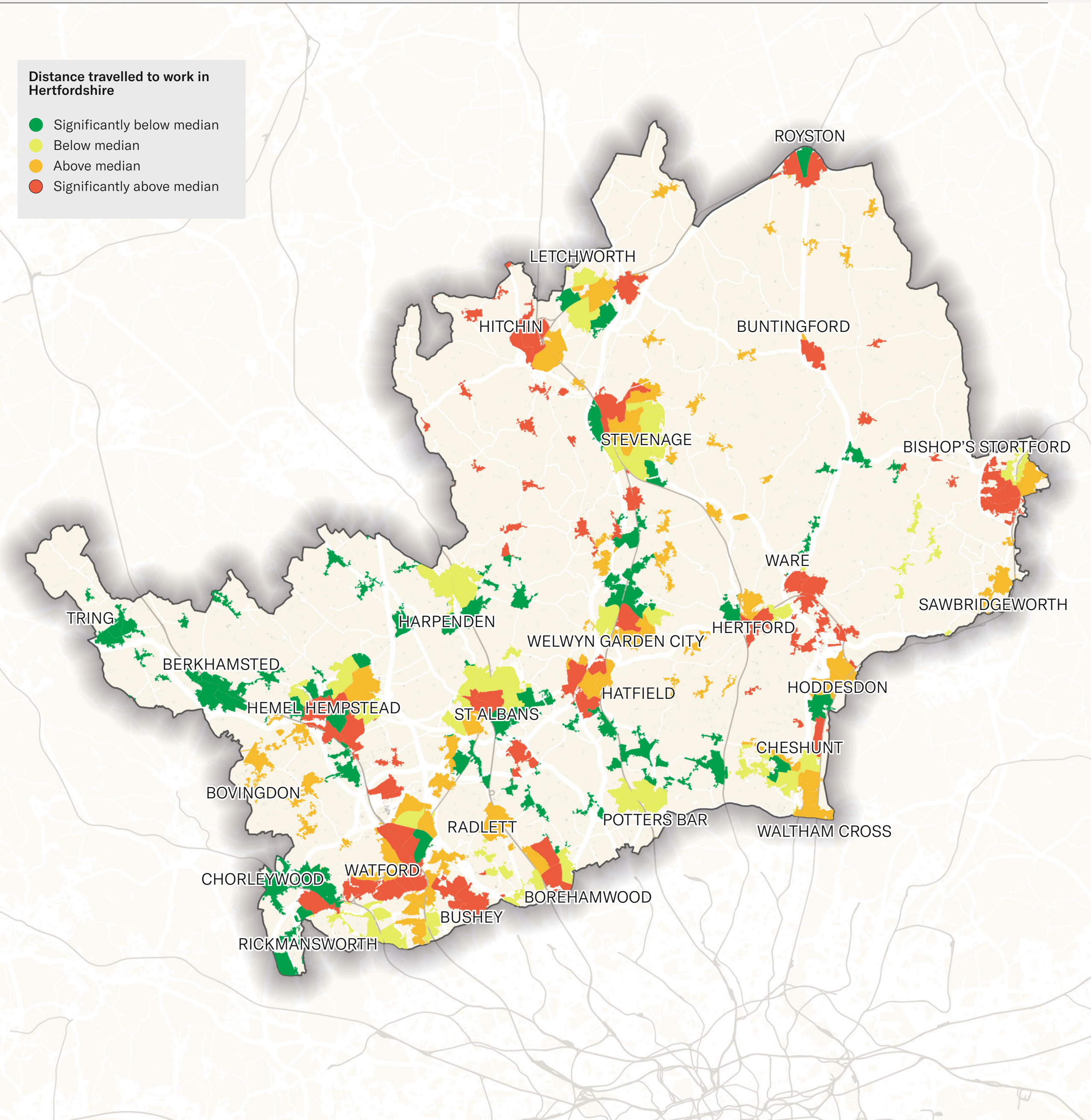## Relationship with other determinants

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 congnisant 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 acccess to work and car dependency.

Distance travelled to work in Hertfordshire

- Significantly below median
- Below median
- Above median
- Significantly above median

Air pollution

What is air pollution?

Air pollution is measured here using levels of NO_2 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.
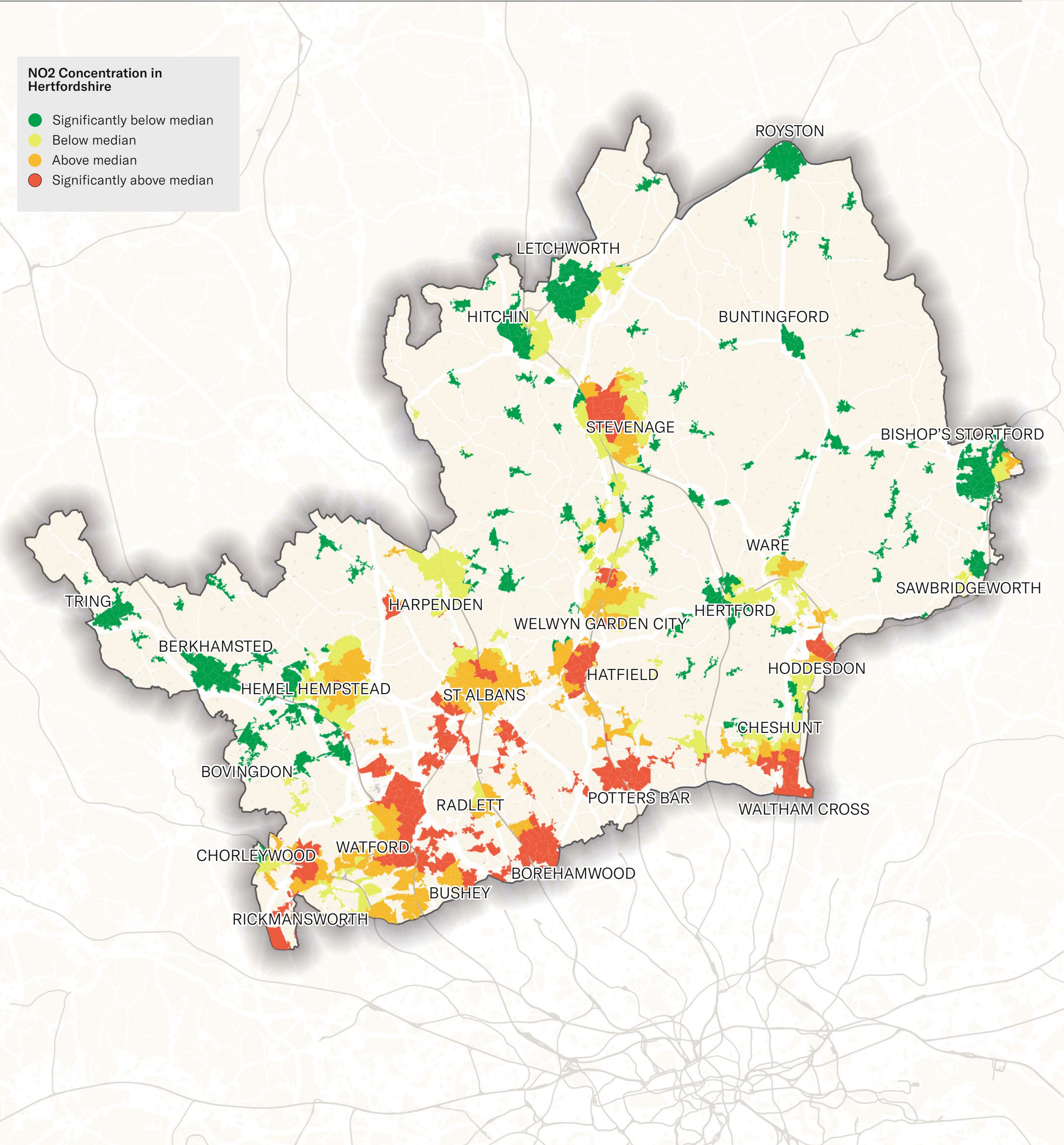
Data source

This dataset captures average NO_2 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_2 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_2 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.

NO2 Concentration in Hertfordshire

- Significantly below median
- Below median
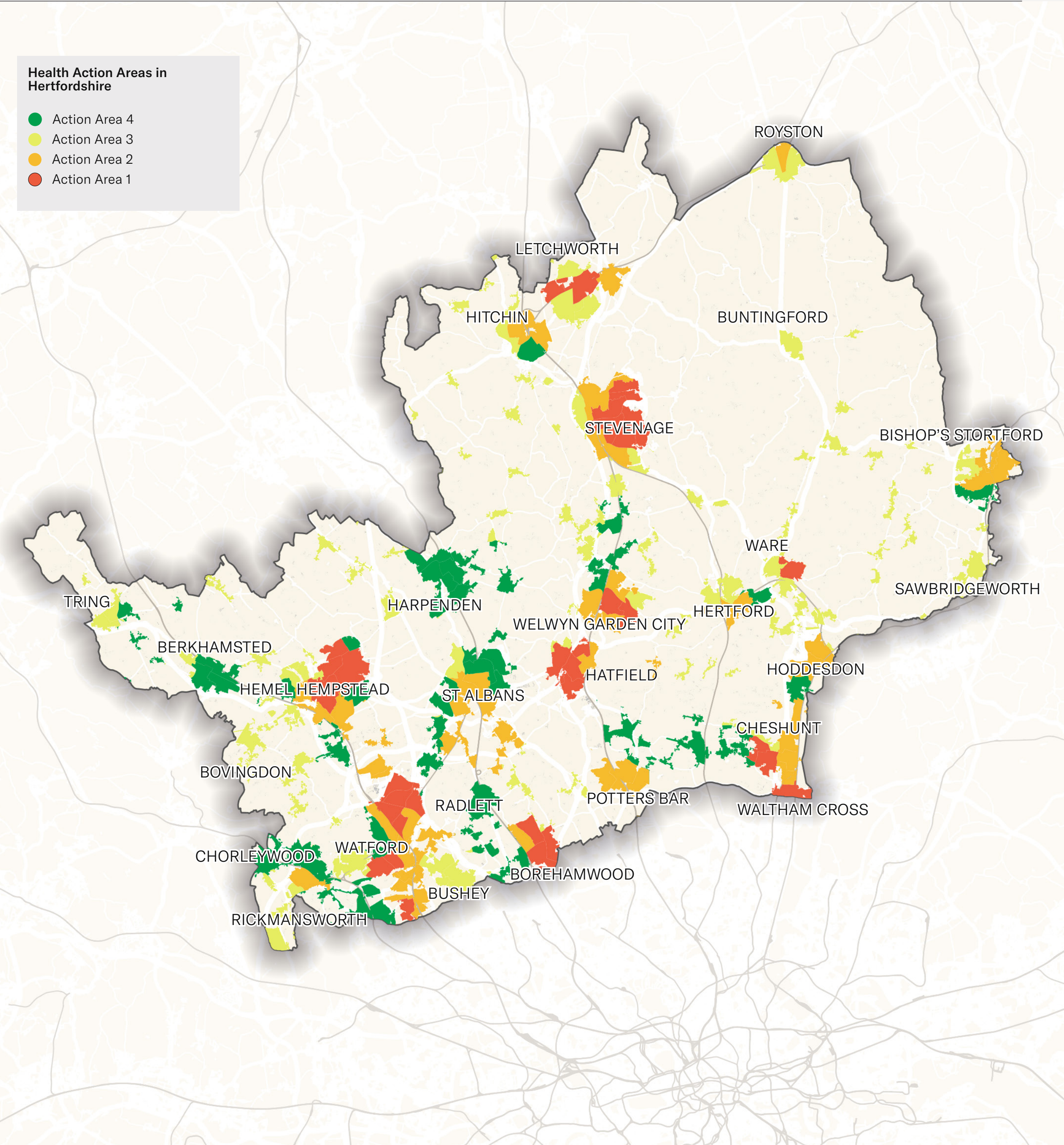- Above median
- Significantly above median

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.

Health Action Areas in Hertfordshire

- Action Area 4
- Action Area 3
- Action Area 2
- Action Area 1

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.

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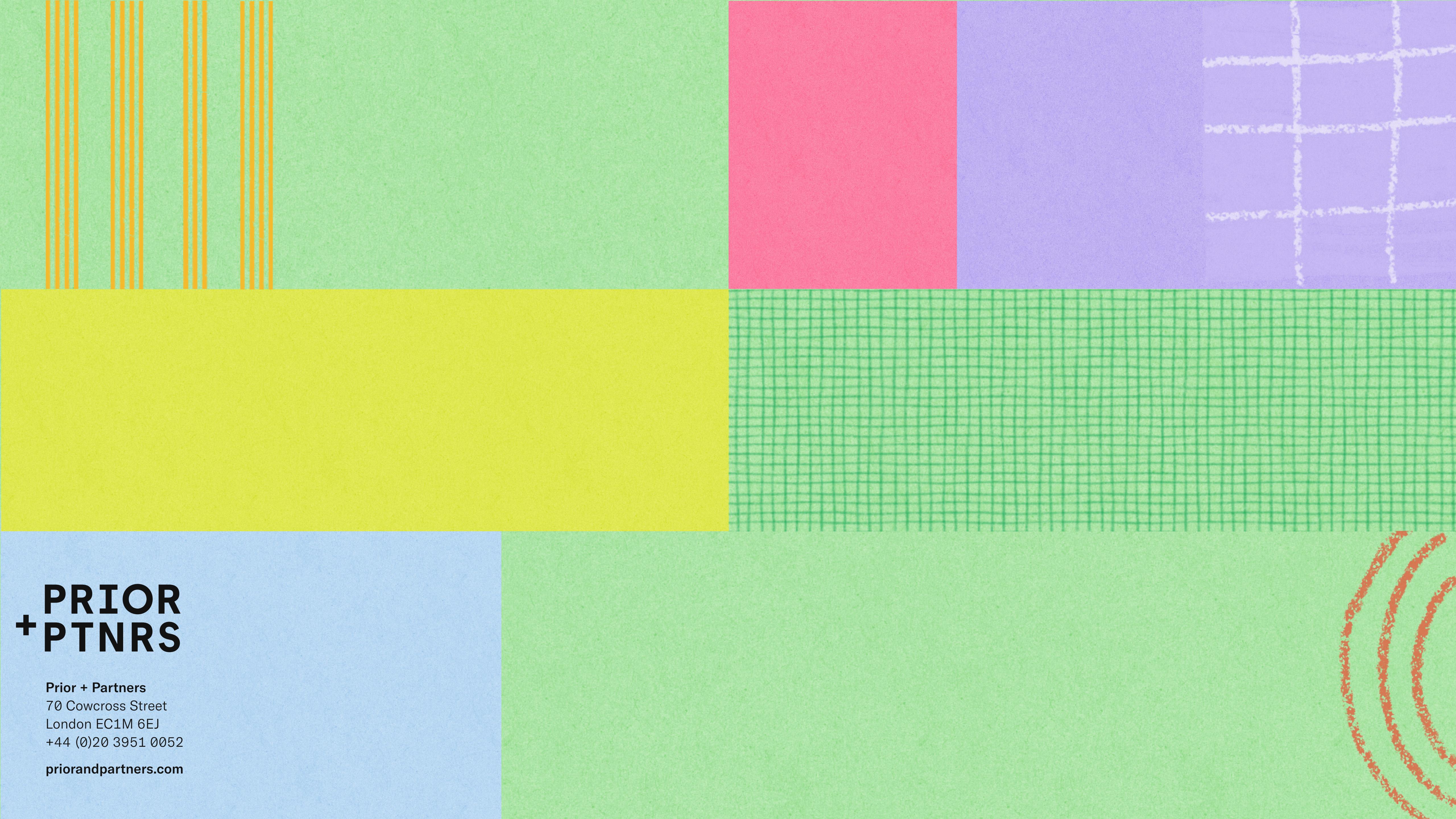
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