
HEALTH IMPACT ASSESSMENT

Land south of Chiswell Green Lane,
Chiswell Green, St Albans

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1.0 INTRODUCTION

- 1.1 This Health Impact Assessment (HIA) has been produced to accompany a planning application that is to be submitted for the construction of up to 391 dwellings on land south of Chiswell Green Lane, Chiswell Green. The planning application is being made jointly by Alban Developments Limited and Alban Peter Pearson, CALA Homes (Chiltern) Ltd and Redington Capital Ltd.
- 1.2 This HIA demonstrates that an integrated approach to the proposed development is being followed which will support healthier lifestyles and the general wellbeing of existing and future residents in the area. This HIA takes the form of a prospective rapid assessment and reviews the potential health impacts of the development, identifying any that are significant.

2.0 THE SITE

- 2.1 The application site extends to some 14.02ha and is located adjacent to the village of Chiswell Green, approximately 1.1 km southeast of St. Albans. Chiswell Green, along with the villages of Bricket Wood and Park Street lies with St Stephen Parish.
- 2.2 The application site comprises agricultural land, a farmyard with stables and equine facilities, and a derelict farmhouse and outbuildings. The agricultural land is divided into four distinct fields separated by mature trees. The fields in the northern part are intensively grazed by horses whilst the fields in the south are currently unmanaged grassland.
- 2.3 The northern boundary is formed by Chiswell Green Lane. The eastern and south-eastern boundaries adjoin the built-up area of Chiswell Green and the gardens to existing residential properties. There is a small woodland which is the subject of a Tree Preservation Order to the east of the site which is not included within the proposals but sits between the site and the existing residential properties. The western boundary adjoins in part a private car park and Miriam Lane. Lying adjacent to Miriam Lane is the former 'Butterfly World' attraction.
- 2.4 St. Albans Polo Club is approximately 80m northeast of the site with Chiswell Green Lane lying between the two areas. The M1 is 1.4km to the east and meets the M25 1.5km southeast of the site. The surrounding area contains residential areas to the east and agricultural land to the west.
- 2.5 The site does not have any planning history of relevance to the current proposals.

3.0 THE PROPOSED DEVELOPMENT

- 3.1 The application has been submitted for outline planning permission and has been described as demolition of existing buildings and construction of up to 391 dwellings (Use Class C3), the provision of land for a new two-form entry primary school, open space, associated landscaping, and new access arrangements.
- 3.2 The proposed development would comprise a variety of dwelling types and sizes however the precise mix would be determined through the subsequent reserved matters application. The development would include affordable housing (40.0%) and self-build plots (3.0%).

4.0 WHAT IS A HEALTH IMPACT ASSESSMENT?

- 4.1 The World Health Organisation (WHO) describes a HIA as a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative, and participatory techniques. There are however varying definitions of an HIA, particularly when applied to different policies, programmes, and practices. Nevertheless, all HIAs should involve a systematic approach to identifying the differential health and wellbeing impacts of plans and projects. The impacts identified within this assessment will be both positive and negative and can be both direct and indirect.
- 4.2 The European Centre for Health Policy Gothenburg consensus paper 1999 ¹ defines a HIA as: “A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”
- 4.3 HIAs use multidisciplinary approaches and include the use of qualitative and quantitative evidence from various sources including epidemiological and medical knowledge. Public and other stakeholder perceptions and experiences are valid means of evidence and information gathering. HIAs are concerned with the distribution of effects within a population and therefore looks at how social inequalities might be reduced (or increased) due to a proposal.

The Health Model

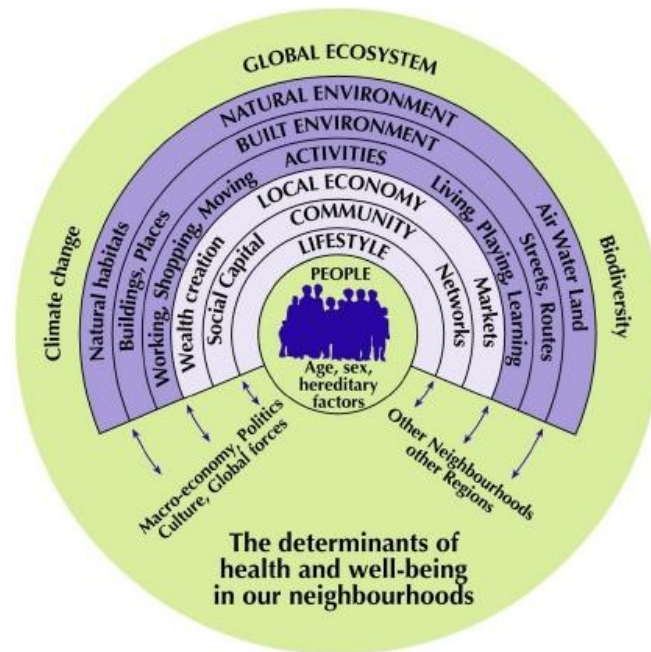
- 4.4 HIA processes use both the biomedical and social models of health. The biomedical model focuses on the physical and biological aspects of disease and illness. The outputs and outcomes of the biomedical model are to undertake diagnosis and ensure treatment. The social model of health takes a broader understanding of health and wellbeing, addressing the wider determinants of health.
- 4.5 Figure 1 shows an adapted health model in the form of a map by Barton and Grant ² which draws upon the earlier work of Whitehead and Dahlgren ³. The Health Map demonstrates how the wider social environment in society can impact on an individual. It includes issues such as community networks, housing, and wider government policy.

¹ The European Centre for Health Policy (1999) Gothenburg Consensus

² Barton, H. and Grant, M. (2006) A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health*, 126 (6). pp. 252-253.

³ Whitehead, M. and Dahlgren, C. (1991) "What can we do about inequalities in health". *The Lancet*. 338: 1059-1063

Figure 1 - The Health Map



Barton and Grant 2006

The Health Impact Assessment Process

- 4.6 There are five key stages when undertaking a HIA as illustrated by Figure 2. These are:
- Screening
 - Scoping
 - Appraisal
 - Reporting
 - Monitoring
- 4.7 The extent and nature of the activities undertaken at each stage will however be dependent upon the type and nature of the HIA being completed and its intended purpose.

Figure 2 - The Health Impact Assessment Process

Screening assesses the value of conducting a HIA by taking the proposal through an initial examination of the potential health impacts and finally deciding whether an assessment is required.

Scoping is informed by the screening process and establishes the setting of terms of reference for the HIA. This can include aspects of what is to be covered in the assessment, the length and depth of the assessment and population groups that the HIA will focus on. Other key aspects of scoping can include the formation of a steering group and agreeing how the assessment will be managed.

Appraisal makes up the main body of the HIA and has key elements that must be undertaken. Baseline assessments and community profiling should focus on health and wellbeing issues of the local community and the identification of any health inequalities within the area. There should be a consideration of the economic, social, and environmental aspects of the proposal and its potential effects on communities. This is the step that requires the collation of evidence and its analysis. The evidence could be in the form of stakeholder, community opinion (via workshops and involvement), published papers within peer reviewed journals and government documents and guidance on identified issues.

Reporting allows the HIA team and steering group to bring together the evidence and findings within a written report. This might include the identification of a range of measures to minimise potential negative impacts and maximise potential positive impacts. Roles and responsibilities for this can be assigned at this stage if in agreement with key stakeholders, steering group and/or commissioner.

Monitoring allows a reflective look on the approach of the assessment and evaluation of the HIA process. It also includes accessing the accuracy of predictions over time.

Types of Health Impact Assessment

4.8 The HIA process generally supports the notion that the National Health Service (NHS) is unable to tackle all the root causes of health. A HIA therefore provides a tool for ensuring that all sectors, including the non-traditional health sectors such as the town and country planning system, can contribute to health improvement. The principles underpinning HIA include:

- Working towards sustainable development,
- Aiming for fairness and equity for all,
- Targeting disadvantaged and marginalised groups,
- Encouraging full participation of those likely to be affected by the proposal, and,
- Making use of qualitative and quantitative evidence.

- 4.9 There are three forms of HIA which can be undertaken. These are:
- a rapid desk top assessment,
 - an intermediate rapid assessment, or
 - a comprehensive HIA.
- 4.10 While a combination of all three approaches can be used depending upon the nature of the proposal and its complexity, it is usual to follow a single approach.
- 4.11 It should also be noted that HIA's can be conducted at various stages in the development process and may be referred to as:
- Prospective - conducted before a proposal is implemented,
 - Retrospective - conducted after implementation, and
 - Concurrent - conducted during implementation.

This Health Impact Assessment

- 4.12 This HIA is a desk-based **prospective rapid assessment** in recognition of the need to inform the assessment and determination of the planning application for the development of the land to ensure that health and wellbeing objectives are fulfilled.
- 4.13 No direct consultation with stakeholders and the community has been undertaken as part of the HIA, which is typical for a rapid assessment. A request for a Screening Opinion under the provisions of the Town and Country Planning (Environmental Impact Assessment) Regulations 2017 (as amended) was however requested from the City and District Council in October 2021. Whilst the Council confirmed that the proposal did not constitute EIA development, it highlighted the need for the proposals to be accompanied by a HIA in line with the Position Statement published by Hertfordshire County Council dated November 2019.
- 4.14 The proposals will be subject to further consultation by the City and District Council as part of the planning application process.

5.0 HEALTH AND PLANNING CONTEXT

- 5.1 This section of the HIA reviews some of the relevant planning policy drivers and strategies that seek to promote healthier lifestyles and wellbeing through development proposals that are applicable to the proposal.

National Planning Policy Framework

- 5.2 In 2021 the revised National Planning Policy Framework (NPPF) was published. This sets out the Government's planning policies for England and how they should be applied to achieve sustainable development.
- 5.3 The NPPF sets out in Paragraph 8 that there are three interdependent and overarching objectives that need to be pursued if sustainable development is to be achieved. These are:
- **an economic objective** – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right

time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;

- **a social objective** – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and
- **an environmental objective** – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.

5.4 Paragraph 9 indicates that planning policies and decisions should play an active role in guiding development towards sustainable solutions, but in doing so should take local circumstances into account, to reflect the character, needs and opportunities of each area.

5.5 Specific planning policy guidance on the promotion of healthy and safe communities is contained in Section 8 of the NPPF and paragraphs 92 and 93 advise that:

92. 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 attractive, well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and
 - c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – 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.
93. To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:
 - a) plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;
 - b) take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;
 - c) guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;
 - d) ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and
 - e) ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.

- 5.6 In addition, the NPPF makes it clear at paragraph 130 that planning policies and decisions should aim to ensure that developments:
- a) will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development,
 - b) are visually attractive as a result of good architecture, layout and appropriate and effective landscaping,
 - c) are sympathetic to local character and history, including the surrounding built environment and landscape setting, while not preventing or discouraging appropriate innovation or change (such as increased densities),
 - d) establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit,
 - e) optimise the potential of the site to accommodate and sustain an appropriate amount and mix of development (including green and other public space) and support local facilities and transport networks, and
 - f) create places that are safe, inclusive, and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.
- 5.7 Further links to health and planning are found throughout the NPPF, including policies on the promotion of sustainable transport, climate change and the natural environment.

Planning Practice Guidance

- 5.8 The Planning Practice Guidance (PPG) was produced to support the previous version of the NPPF and was last updated in October 2019. It contains the following advice which is relevant.
- “The design and use of the built and natural environments, including green infrastructure are major determinants of health and wellbeing. Planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population).*
- Public health organisations, health service organisations, commissioners, providers, and local communities can use this guidance to help them work effectively with local planning authorities to promote healthy and inclusive communities and support appropriate health infrastructure.”*
- (Paragraph: 001, reference ID:53-001-20190722, revision date: 22 07 2019).
- 5.9 In terms of defining a healthy place, the PPG states that:
- “A healthy place is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.*
- It is a place which is inclusive and promotes social interaction. The National Design Guide sets out further detail on promoting social interaction through inclusive design including guidance on tenure neutral design and spaces that can be shared by all residents.*

It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments”

(Paragraph: 003, reference ID:53-003-20191101, revision date: 01 11 2019).

City and District of St Albans Local Plan District Local Plan Review, 1994

- 5.10 The Local Plan was adopted in 1994 and contains saved policies that are relevant to this HIA pending the preparation of a new Local Plan. Policy 69 requires all new development to be of a high standard of design which responds to the local context in terms of height, size, and scale. Policy 70 goes on to deal with the design and layout of new housing areas and requires that proposals incorporate a range of dwelling types and sizes and open space, including play areas.
- 5.11 St Albans City and District Council is in the process of preparing a new Local Plan but at present a draft document does not exist that sets out a direction of travel on emerging policies

St Stephen Neighbourhood Plan 2019 – 2036

- 5.12 The St Stephen Neighbourhood Plan has been submitted for Examination and is at an advance stage. The appointed Examiner has raised several questions and points of clarification which are currently being considered. The Neighbourhood Plan once ‘made’ (adopted) following a successful referendum contains policies that seek to direct new housing development to the built-up areas of the parish, including Chiswell Green, and encourage a mix of dwelling types and sizes. Other policies relate to the design of new development, including energy performance and sustainability considerations such as water conservation, the maintenance of the natural environment, the provision of community transport, walking and cycling routes and the provision of leisure facilities.

Hertfordshire Local Transport Plan 2018-2031

- 5.13 The Plan seeks to address the travel demand challenges presented by the county’s projected population increase which is forecast to grow by 21% by 2039, from 1.18million people in 2016 to 1.43million. Addressing the challenge of increased future travel demand will require significantly stronger support for walking, cycling, passenger transport, and traffic demand management measures where appropriate.
- 5.14 The Plan identifies improved connectivity between the following towns as being of importance:
- Stevenage
 - Hemel Hempstead
 - St Albans
 - Watford
 - Welwyn Garden City and Hatfield – combined due to their proximity
 - Luton
 - Harlow
- 5.15 The Local Transport Plan sets out to meet the following key objectives:
- Improve access to international gateways and regional centres outside Hertfordshire,

- Enhance connectivity between urban centres in Hertfordshire,
- Improve accessibility between employers and their labour markets,
- Enhance journey reliability and network resilience across Hertfordshire,
- Enhance the quality and vitality of town centres,
- Preserve the character and quality of the Hertfordshire environment,
- Reduce carbon emissions,
- Make journeys and their impact safer and healthier, and
- Improve access and enable participation in everyday life through transport.

St Albans City and District Health and Wellbeing Strategy 2018 – 2021 (Revised 2020)

- 5.16 This document sets out two key priorities for the District and aims to ensure that everyone lives a healthy and fulfilling life. These are:
- Improving physical health and wellbeing, and
 - Improving mental health and wellbeing.
- 5.17 The strategy records that excess weight, smoking and physical activity levels in the St Albans District are better than the England average. Similarly, rates of sexually transmitted infections, tuberculosis, rates of statutory homelessness, early deaths from cardiovascular disease and early deaths from cancer are locally better than average. Nevertheless, local data reveals that physical health – notably increasing activity and reducing obesity – is key to preventing a range of serious health conditions.
- 5.18 The strategy therefore aims to encourage and support those who require help into physical activity and schemes for weight reduction. The strategy also aims to address the mental wellbeing of young people, the working age population, and older people in partnership with others. Via the Healthy Hubs initiative funded by Hertfordshire County Council an expansion in social prescribing is envisaged.

Hertfordshire Public Health Strategy 2017 - 2021

- 5.19 The Strategy highlights that whilst Hertfordshire's health statistics are mostly favourable compared with the national picture, there are persistent, notable health inequalities across the county. It is also known that health inequalities exist between different groups within the population, with people's health often varying significantly when broken down by sex, ethnicity, age, or social and financial status. In striving to identify and address health inequalities across the county there is a particular focus on those with greatest inequality in health outcomes e.g. those with low incomes or with most need, while improving the health and wellbeing of the population overall.
- 5.20 The Strategy refers to the planning system as having a key role and increasing importance in shaping the environment so that living a healthier lifestyle can be the easier choice. It seeks to:
1. Work with planners in local authorities to design sustainable neighbourhoods which support health and wellbeing, using its health and wellbeing planning guidance and other tools.
 2. Work with district councils to improve housing conditions and prevent ill-health associated with poor housing.
 3. Support the development of a joined-up quality communities' agenda, including connectivity of planning, housing, and infrastructure to improve and protect human health.

4. Support plans to improve air quality and specifically seek that, where possible, statutory consultees refer to air quality issues on consultation responses.
- 5.21 It states that spatial planning can influence over 50% of the determinants of health and wellbeing (green space, employment, housing, environment, transport, education, access to services, healthy behaviours, air quality, road safety and social isolation). Increasing access to 'green space' has a positive influence on physical activity levels particularly for those from poorer communities. It refers to the following costs and benefits:
- The costs to society of transport-induced poor air quality and road accidents exceed £40bn per year.
 - Getting one more child to walk or cycle to school could pay back as much as £768 or £539 respectively in health benefits, NHS costs, productivity gains and reductions in air pollution and congestion.
 - Poor housing costs the NHS an estimated £1.4bn per year in treatment costs.
 - Cold housing is a major factor behind the UK's 25,000 or so excess winter deaths each year.

Hertfordshire Health and Wellbeing Strategy 2016 – 2020

- 5.22 This strategy sets out high level priorities for Hertfordshire using the four significant life stages:
- Starting well
 - Developing well
 - Living and working well, and
 - Ageing well.
- 5.23 In relation to each priority a series of objectives have been set out with detailed aims against each objective. For example, under the Developing Well priority there is an objective which seeks to ensure children and young people are equipped to become healthy and successful adults by improving the life chances of the most disadvantaged children and young people.

Hertfordshire Community NHS Trust Health and Wellbeing Strategy 2017 - 2022

- 5.24 Hertfordshire Community NHS Trust (HCT) provides general and specialist adult and children's community health services to local communities across Hertfordshire. Its aim is to maintain and improve the health and wellbeing of the people of Hertfordshire and other areas served by the Trust.
- 5.25 The strategy provides a framework through which the NHS Trust aims to work with local communities to reduce health inequalities and improve people's health whilst also ensuring the provision of high-quality community health services.
- 5.26 The strategy aims to deliver the following outcomes:
- Children are supported to get the best start in life and enabled to thrive and become healthy adults
 - People achieve their individual health and wellbeing goals
 - People with complex care needs receive well-coordinated, personalised, multi-agency care
 - Children with disability and / or life-threatening disease and adults with long term conditions and disabilities are supported to manage their own care as far as possible

- People at the end of their life are supported to live the life they wish to the best of their ability
- Services are organised around individuals and local communities and provided as close to home as possible
- Unnecessary stays in hospital are avoided
- People receive safe and effective care from trained and skilled professionals

Putting Health into Place, 2019

- 5.27 The learning from the Healthy New Towns programme developed by NHS England in 2015 has been distilled into four publications which cover, in detail, ten principles for healthy placemaking. Each principle is of interest to different audiences, and at different stages in the planning and development process.
- 5.28 The places where people live have a significant impact on their mental and physical health, but that impact is too often negative and linked to a range of complex but preventable determinants of health such as income and education. Putting Health into Place therefore advocates a step-change in emphasis and an alignment of approaches across the public, private, and voluntary, community and social enterprise sectors as part of a 'whole systems approach' to the health of local populations.
- 5.29 By working across traditional sector boundaries on common goals the aim of Putting Health into Place is to address immediate needs but more importantly the root causes and wider determinants of preventable health conditions and poor wellbeing. This includes addressing the role of the built environment and the way new places are planned and shaped to overcome some of the causes of inequality for generations to come. In addition, Putting Health into Place calls for wider action on preventing ill-health to moderate the demand on health and other public services.
- 5.30 Putting Health into Place reinforces the objectives and principles set out in the Essex Healthier Places Guidance and provides useful case studies which underscore good practice.

6.0 LOCAL HEALTH PROFILE

- 6.1 The Office for Health Improvement and Disparities publishes Local Authority Health Profiles to provide an overview of each local authority in England. The profiles pull together existing information in one place and contain data on a range of indicators for local populations, highlighting issues that affect health in each locality. The profiles are intended to promote a conversation around health and health inequalities with the aim of achieving improvements within local communities.
- 6.2 For the purposes of this HIA the Health Profile on-line tool hosted by the Office for Health Improvement and Disparities has been used to obtain selected data for St Albans. The table below provides an overview of the most up-to-date information.
- 6.3 Of all the indicators for St Albans, two areas of concern emerge: diabetes and dementia where the rates of detection at 64.7% and 54.4% respectively are poorer than the highest rates which are 98.7% and 83.2%.

St Albans Health Profile

	St Albans	Eastern Region	England
Life expectancy (males)	81.8	80.2	79.4
Life expectancy (females)	85.4	83.8	83.1
Percentage of physically active adults	77.8%	67.3%	66.4%
Percentage of adults aged 18 plus classified as overweight or obese	51.1%	62.3%	62.8%
Year 6 prevalence of obesity (including severe obesity)	11.3%	19.1%	21.0%
Under 18's conception rate / 1,000	6.2	13.9	15.7
Deprivation Score	7.7	21.8	42.0
Estimated diabetes diagnosis rate	64.7	76.7	78.0
Estimates dementia diagnosis rate	54.4	-	61.6
Smoking prevalence in adults aged 18 plus	4.1%	13.7%	13.9%
Percentage in employment	81.6%	76.9	75.1
Average attainment score	61.2	50.3	50.2
Children in low-income families (under 16's)	8.5%	14.1%	17.0%

Source: Public Health England

- 6.4 Small area data is also available from the Office for Health Improvement and Disparities for St Stephen Parish which encompasses Bricket Wood, Chiswell Green and Park Street which is designed to assist health care professionals and others in devising targeted interventions. The small area data shows that in terms of the population profile over a quarter of the residents are aged 65 and over. In relation to other issues such as income deprivation, child poverty, and child obesity the levels are

better than elsewhere in England. The reports showing this selected data are reproduced in Appendix A.

Healthcare

- 6.5 Primary healthcare is generally regarded as that provided by GP surgeries and dental practitioners whilst secondary healthcare is provided by district and regional hospitals. An assessment of the potential impact of the proposed development upon health care services is provided within a Socio-Economic Statement which accompanies the planning application. For the purposes of this HIA it should be noted that the nearest GP surgery is the Midway Surgery, Watford Road, St Albans. According to records held by the NHS there are 13,283 registered patients at the surgery ⁴ which has been rated as 'Good' by the Care Quality Commission. Secondary health care is provided at the St Albans City Hospital and Watford General Hospital. The Chiswell Green Dental Centre offers dentistry services.

Education

- 6.6 Killigrew Primary School is in Chiswell Green and according to the Hertfordshire School Census 2021 had 401 pupils on the roll. There are however further primary schools within St Stephen. Secondary education is provided at The Marlborough Science Academy which in 2021 had 1,284 pupils on the roll.

Community Facilities

- 6.7 The village centre contains two convenience stores, a post office, a chemist, other shops, takeaways, and service outlets. There is also a public house and an hotel with associated leisure facilities. Most of these facilities are within 400 – 500 metres of the application site.

Open Space and Recreation

- 6.8 Chiswell Green is served by Greenwood Park which is managed by St Stephen Parish Council. The park contains playing pitches, a well-used playground and a community centre consisting of three halls and a licensed bar.

Transport

- 6.9 How Wood and Park Street railway stations are located approximately 2.5 km from the application site and provide access to services operated on the Abbey Line. Further services are available to other destinations from St Albans City railway station which is on the Midland Main Line.
- 6.10 Bus services also operate via Watford Road to Bricket Wood, Garston, Harpenden, Heathrow Airport Luton, St Albans Watford, and Welwyn Garden City.

⁴ [Digital.nhs.uk/data-and-information](https://digital.nhs.uk/data-and-information)

7.0 RAPID HEALTH IMPACT ASSESSMENT

- 7.1 The following assessment does not identify all issues related to health and wellbeing but focuses instead on the built environment and matters that can be directly or indirectly influenced by the planning process. It has been undertaken by adapting the Rapid Health Impact Assessment Toolkit developed by the NHS London Healthy Urban Development Unit ⁵ and assesses the extent to which the proposed development satisfies given criteria. Not all the criteria are directly applicable in view of the nature of the proposals and in some cases, information is not available at this stage. Nevertheless, the assessment serves to demonstrate that health considerations have been and will be considered through the development process.
- 7.2 The Rapid Health Impact Assessment Toolkit refers to the following eleven topic areas and assesses the potential impacts of the development in terms of:
- Housing quality and design,
 - Access to health care and other social infrastructure,
 - Access to open space and nature,
 - Air quality, noise, and neighbourhood amenity,
 - Accessibility and active travel,
 - Crime reduction and community safety,
 - Access to healthy food,
 - Access to work and training,
 - Social cohesion and lifetime neighbourhoods,
 - Minimising the use of resources, and
 - Climate change
- 7.3 Health impacts may be short-term or temporary, related to construction or longer-term, related to the operation and maintenance of a development and may particularly affect vulnerable or priority groups of the population.
- 7.4 The process of conducting a HIA involves a qualitative rather than quantitative assessment due to the diverse nature of health determinants and health outcomes which are assessed. Although this HIA describes the likely qualitative health impacts, it is not possible to quantify the severity or extent of the effects which give rise to these impacts. As such, the potential health impacts during construction and subsequent occupation are described as follows:
- Positive - A beneficial impact is identified
 - Neutral - No discernible health impact is identified
 - Negative - An adverse impact is identified
 - Uncertain - Where there is uncertainty as to the overall impact
- 7.5 Where an impact is identified, commentary is provided on how it might be mitigated to enhance or secure a positive impact. It should be noted that in many cases, mitigation to reduce the impacts or measures to enhance certain benefits already form part of the development proposals.

⁵ NHS London Healthy Urban Development Unit (2017) Rapid Health Impact Assessment Tool

1. Housing Quality and Design

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals address the needs of older and disabled people i.e. extra care housing, sheltered housing, wheelchair accessible homes?	Yes	The planning application has been submitted for permission in outline but through subsequent reserved matters applications the development would be designed to be accessible for people with impaired mobility and include, for example, level thresholds, wide entrance and internal doorways as required by the Building Regulations.	Positive
Do the proposals include homes that can be adapted to support independent living for older and disabled people?	Yes	As above	Positive
Do the proposals promote good design through layout and orientation, meeting internal space standards?	Yes	The proposed development would be designed to respond to the local context and integrate with its surroundings. The relevant internal space standards would be addressed through subsequent reserved matters submissions.	Positive
Do the proposals include a range of house types and sizes, including affordable housing responding to local housing needs?	Yes	This would be addressed through subsequent reserved matters submissions however 40% affordable housing provision is proposed to respond to local needs.	Positive
Do the proposals contain homes which are highly energy efficient?	Yes	This would be addressed through subsequent reserved matters submissions however a 'Fabric First' approach with an emphasis upon matters such as insulation, air tightness and building orientation to maximise solar gain would be applied to ensure that the proposed development is energy efficient. Air Source Heat Pumps would be the principal source of heating throughout the development.	Positive

2. Access to healthcare services and other social infrastructure

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Does the development retain, re-provide, or propose social infrastructure?	Yes	The proposals include open space provision and land for the construction of a primary school. Any additional infrastructure (if a legitimate need is identified) will be determined through the planning application process.	Positive
Do the proposals assess the demand for healthcare services and identify requirements and costs?	Yes	Consideration has been given to the availability of primary healthcare facilities within the locality. The provision of additional infrastructure (if a legitimate need is identified) will be determined through the planning application process.	Neutral/Positive
Do the proposals provide for healthcare services either in the form of a financial contribution or in-kind?	Yes	As above	Neutral/Positive
Do the proposals assess the capacity location, and other social infrastructure e.g. schools, social care, and community facilities?	Yes	The Local Health Profile section of this HIA provides details on the availability of schools, healthcare, and community facilities within the vicinity of the application site.	Neutral
Do the proposals explore the opportunities for shared community use and co-location of services?	No	Not applicable	Neutral
Do the proposals contribute to meeting primary, secondary and post 19 education needs?	Yes	The provision of contributions (if a legitimate need is identified) will be determined through the planning application process.	Neutral/Positive

3. Access to open space and nature

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals retain and enhance existing open and natural spaces?	Yes	The proposed development will incorporate a new community green core at the centre of the site as a focal point which will be visually connected to existing landscape features. New “off street” green routes will all be provided to create footpath and cycle connections as part of a wider green and blue infrastructure network.	Positive
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	Yes	As above	Positive
Do the proposals provide a range of play spaces for children and young people?	Yes	The precise details will be determined through subsequent reserved matters submissions.	Positive
Do the proposals provide links between open and natural spaces and the public realm?	Yes	As above	Positive
Are the open and natural spaces welcoming, safe and accessible for all?	Yes	It is envisaged that the main area of public open space would be located centrally within the development to allow for ease of access by existing and future residents.	Positive
Do the proposals set out how new open space will be managed and maintained?	Yes	The precise management arrangements have yet to be determined.	Neutral

4. Air quality, noise, and neighbourhood amenity

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals minimise construction impacts such as dust, noise, vibration, and odours?	Yes	Construction impacts such as noise, dust and vibration will be minimised by the adoption of best practice and formalised through a Construction and Environmental Management Plan if feasible. In this way residents will be protected from potentially disruptive construction operations and traffic movements.	Positive
Do the proposals minimise air pollution caused by traffic and energy facilities?	Yes	The proposed development will be well related to existing public and active transport routes reducing reliance on private vehicles. Discussions are taking place with service operators to re-route buses through the development.	Positive
Do the proposals minimise noise pollution caused by traffic and commercial uses?	Yes	The proposed development will be designed to mitigate potential noise impacts from major roads in the locality to ensure that the internal noise levels are acceptable and private rear garden areas can be used.	Positive

5. Accessibility and active travel

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals prioritise and encourage walking (such as through shared spaces)?	Yes	The application site is well connected to the existing network of paths and the proposals will provide links. Further opportunities to improve active travel will be determined through the planning application process.	Positive
Do the proposals prioritise and encourage cycling (e.g. through secure cycle parking, showers, and cycle lanes)?	Yes	As above.	Positive
Do the proposals connect public realm and internal routes to local and strategic cycle and walking networks?	Yes	The proposed development will connect with the existing network.	Positive
Do the proposals include traffic management and calming measures to help minimise and reduce road injuries?	Yes	The planning application has been submitted for permission in outline but through subsequent reserved matters applications the development would be designed to ensure that the internal road layout minimises vehicle speeds from the outset.	Positive
Are the proposals well connected to public transport, local services, and facilities?	Yes	The proposed development is located within approx. 0.5km of the village centre. Local services and facilities would therefore be accessible by foot or bicycle. Bus services operate via the village centre and the railway stations at How Wood and Park Street are 2.5km away. Discussions are taking place with service operators to re-route buses through the development.	Positive

<p>Do the proposals seek to reduce car use by reducing car parking provision, supported by controlled parking zones, car clubs and travel plans?</p>	<p>Yes</p>	<p>Onsite parking and cycle storage will be provided to comply with current requirements to avoid over provision. This will be determined through subsequent reserved matters applications. Where the use of private vehicles is unavoidable each property will have an EV charging point.</p>	<p>Positive</p>
<p>Do the proposals allow people with mobility problems or a disability to access buildings and places?</p>	<p>Yes</p>	<p>The proposed development will be designed to comply with Building Regulation requirements to allow for easy access for those with impaired mobility.</p>	<p>Positive</p>

6. Crime reduction and community safety

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals incorporate elements to help design out crime?	Yes	This will be determined through subsequent reserved matters applications however as a matter of principle all public areas will be overlooked, and parking areas will be subject to surveillance from the adjacent dwellings. All private garden areas will be gated. The objective is to obtain Secured by Design Accreditation.	Positive
Do the proposals incorporate design techniques to help people feel secure and avoid creating gated communities?	Yes	As above	Positive
Do the proposals include attractive, multi-use public spaces and buildings?	Yes	This will be determined through subsequent reserved matters applications however opportunities exist to generate green links between the development and the village centre by extending the network of public open spaces and existing pedestrian connections through a dedicated cyclist and pedestrian route which will run through the site from north to south.	Positive
Has engagement and consultation been carried out with the local community?	Yes	Consultation has been undertaken with St Stephen Parish Council and pre-application enquiries have been made of the District Council. The applicants have undertaken further consultation and there will be on-going consultation via the planning application process.	Positive

7. Access to healthy food

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals facilitate the supply of local food, i.e. allotments, community farms and farmers markets?	No	Not applicable.	Neutral
Is there a range of retail uses, including food stores and smaller affordable shops for smaller enterprises?	Yes	There are local food stores available in the village centre approximately 0.5km away.	Positive
Do the proposals avoid contributing towards an over-concentration of hot food takeaways in the local area?	No	Not applicable.	Neutral

8. Access to work and training

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Does the proposal provide access to local employment and training opportunities including temporary construction and permanent end use jobs?	Yes	The proposal will provide employment opportunities during the construction phase and further employment will be provided at the proposed primary school/pre-school.	Positive
Does the proposal provide childcare facilities?	No	Not applicable.	Neutral
Does the proposal include managed and affordable workspace for local businesses?	No	Not applicable	Neutral
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	The proposal will provide employment opportunities during the construction phase however the arrangements for the engagement of contractors is unknown at this stage.	Positive

9. Social cohesion and lifetime neighbourhoods

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Does the proposal connect with existing communities, and thus avoid physical barriers, instead encouraging social cohesion?	Yes	The proposal development would be designed as an integrated extension to the village that will enable future residents to access existing services and facilities with ease. It will therefore enable social cohesion.	Positive
Does the proposal include a mix of uses and a range of community facilities?	Yes	The proposal incorporates land for a new primary school/pre-school.	Neutral
Does the proposal provide opportunities for the voluntary and community sectors?	No	Not applicable	Neutral

10. Minimising the use of resources

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals make best use of existing land?	Yes	The site is not allocated for development and comprises mostly of Grade 3 agricultural land where Grade 1 is Best and Most Versatile Agricultural Land and Grade 5 is of the poorest quality. The land directly adjacent to the eastern boundary of the site is classified as urban.	Positive
Do the proposals encourage recycling (including building materials)?	Yes	The planning application has been submitted for permission in outline but as a matter of principle waste during the construction phase will be managed in line with current best practice. Domestic waste and recycling will be managed in line with existing arrangements.	Positive

Do the proposals incorporate sustainable design and construction techniques?	Yes	This will be determined through subsequent reserved matters submissions however a 'Fabric First' approach with an emphasis upon matters such as insulation, air tightness and building orientation to maximise solar gain will be applied to ensure that the proposed development is energy efficient. Air Source Heat Pumps would be used throughout the development with energy purchased from renewable sources. All timber and timber products would be FSC or PEFC certified. Each property will have an EV charging point.	Positive
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11. Climate Change

Assessment Criteria	Relevant to proposals?	Response	Potential Health Impact
Do the proposals incorporate renewable energy?	Yes	The proposed development will be constructed to comply with Building Regulation requirements in relation to energy use. Opportunities for on-site generation will be explored through subsequent reserved matters submissions. Air Source Heat Pumps would be the principal source of heating throughout the development.	Positive
Do the proposals ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	Yes	This will be determined through subsequent reserved matters submissions but as a matter of principle passive and active design measures will be incorporated to future-proof the proposed development from the effects of climate change such as the careful use of materials, glazing, and planting.	Positive
Do the proposals maintain or enhance biodiversity?	Yes	The proposed development would be designed to enhance biodiversity by introducing further flora to help to attract invertebrates, birds, and other fauna to the area.	Positive
Do the proposals incorporate sustainable drainage systems?	Yes	The proposed development would be designed to incorporate sustainable drainage systems which will provide further opportunities to enhance biodiversity.	Positive

8.0 ANALYSIS AND CONCLUSIONS

- 8.1 The preceding assessment has demonstrated that from a built environment perspective the development proposals will have a positive effect upon the health and wellbeing. Using the following five themes consideration is given to the overall impacts in terms of addressing wider health objectives.

Delivering High Quality Places

- 8.2 Evidence suggests that good quality accommodation has a positive impact on physical and mental wellbeing and, when provided in well-designed and inclusive neighbourhoods, it can be described as having psychosocial benefits.
- 8.3 The proposed development will be in a highly accessible location, and within approximately 0.5km of the village centre which has a range of services and facilities available for day-to-day needs. Future residents will be able to access these services and facilities to the benefit of their health and wellbeing.

Employment

- 8.4 It is generally known that being in work is generally good for an individual's wellbeing, physical and mental health whilst being unemployed or long-term sick is associated with adverse physical and mental health.
- 8.5 The proposed development would be close to major employment centres and there are several businesses in Chiswell Green which are likely to offer local job opportunities. Future residents will therefore access to employment.

Active Travel

- 8.6 Good transport links improve social inclusion and promote access to work, schools, and healthcare. Conditions in urban and rural areas are however potentially hazardous to health, because of road conditions or congestion, poorer air quality, the propensity for accidents, and road safety perceptions. These factors can form barriers to active travel such as walking and cycling.
- 8.7 To address these barriers, it is proposed to implement a development-wide Travel Plan to promote and raise awareness of more sustainable modes of travel. This would be consistent with the provisions of the Hertfordshire Local Transport Plan seeks to encourage modal shift and active travel.
- 8.8 The implementation of a Travel Plan would complement the evidenced based guidance on the potential impacts of transport on health and health inequalities which highlights that being inactive is a major risk to health. People today are 20% less active than in the 1960's, and physical inactivity directly contributes to 1 in 6 deaths in the UK (the same number as smoking).
- 8.9 Undertaking brisk walking and cycling can reduce the risk of developing diseases such as diabetes, cardiovascular disease, and cancer. Encouraging people to being more active through the promotion of modal shift is the biggest potential public health benefit of transport policies and is a key plank to the St Albans City and District Health and Wellbeing Strategy.
- 8.10 The application site is well related to the existing network of footpaths and National Cycle Route 6 is located approximately 600 metres to the east. This is a long-distance route which connects Chiswell Green with locations such as Luton and Watford. Further opportunities to improve active travel routes

will be explored via the planning application process. Future residents will have an opportunity to access these routes which could have a positive effect upon their health and wellbeing.

Green Infrastructure

- 8.11 The proposed development site will incorporate public open space, play areas and a green infrastructure network. Further recreation and sports facilities are available in Chiswell Green. Future residents will therefore have an opportunity to access these facilities which could have a positive effect upon their health and wellbeing.

Community Safety and Crime

- 8.12 Although the planning application has been submitted for permission in outline, as a matter of principle the development proposals will be designed to incorporate high levels of natural surveillance to reduce the potential for crime to occur and the fear of crime. Overall, the development is likely to have generally positive health and wellbeing impact on future occupants.

APPENDICES

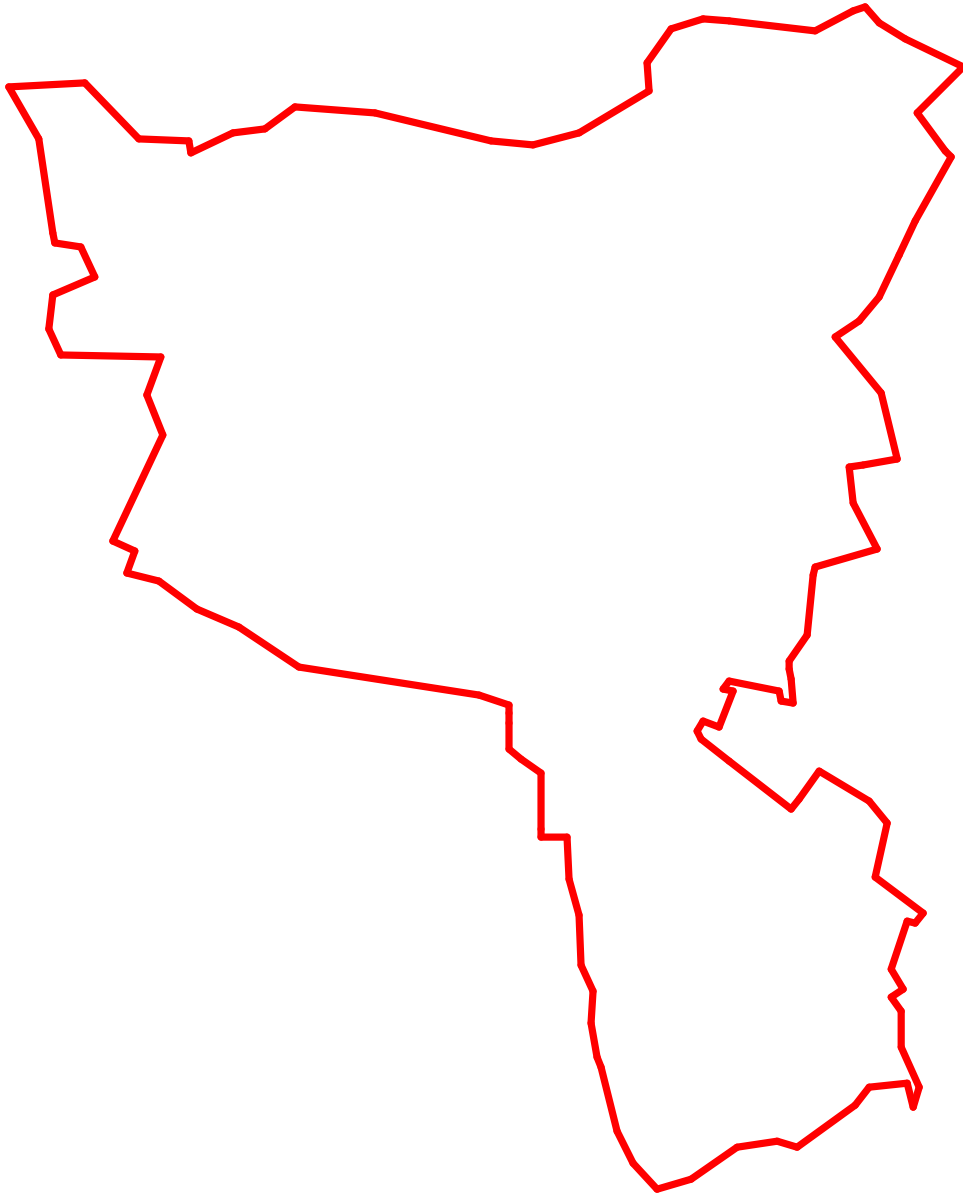
A Local Health Indicator Reports



Study area **St Stephen (Ward 2020)**, compared with **England**

REPORT PART 1 - POPULATION

Presentation map

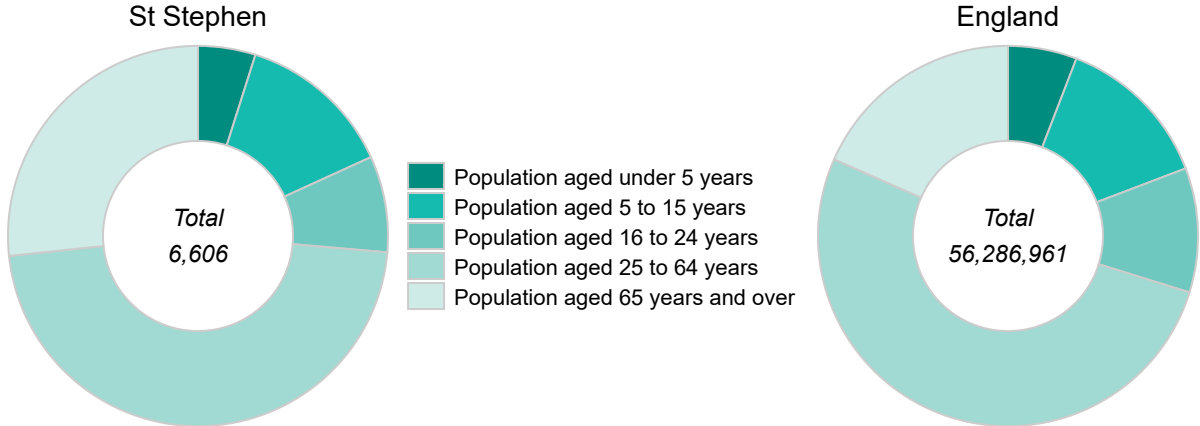




Study area **St Stephen (Ward 2020)**, compared with **England**

REPORT PART 1 - POPULATION

Population by age group, 2019



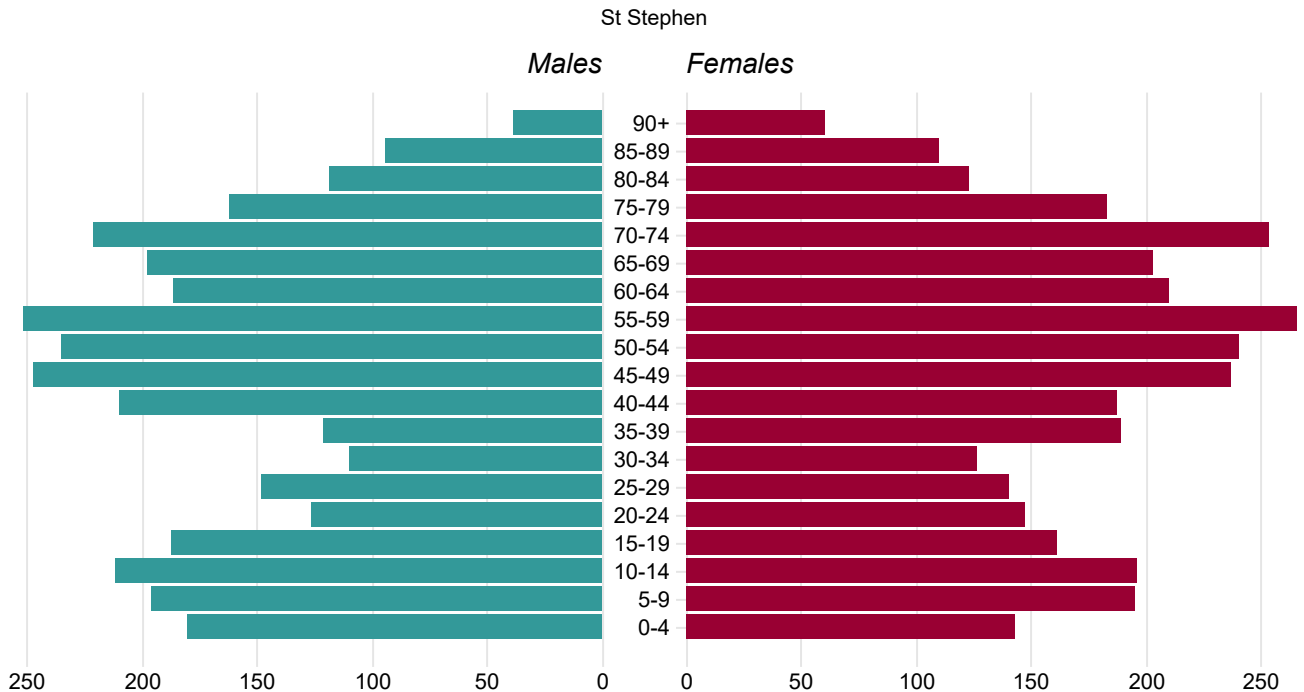
Source: ONS + Office for National Statistics (ONS) Small Area Mid-year Population Estimates + Office for National Statistics (ONS) Small area population estimates, England and Wales: mid-2019

Population by age group, 2019, numbers

Indicators	St Stephen	St Albans (LTLA 2021)	Hertfordshire (UTLA 2021)	England
Population aged under 5 years	323	9,336	73,714	3,299,637
Population aged 5 to 15 years	879	23,935	171,699	7,517,042
Population aged 16 to 24 years	540	12,181	112,798	5,953,505
Population aged 25 to 64 years	3,102	77,565	627,081	29,163,061
Population aged 65 years and over	1,762	25,435	204,227	10,353,716
Total population	6,606	148,452	1,189,519	56,286,961

Source: ONS + Office for National Statistics (ONS) Small Area Mid-year Population Estimates + Office for National Statistics (ONS) Small area population estimates, England and Wales: mid-2019

Age pyramid for selection: male and female numbers per five-year age group, 2019



Source: Office for National Statistics (ONS) Small Area Mid-year Population Estimates, 2019



Area: St Stephen

Press a category to filter the diagram

● Significantly better / England ● Not significantly different ● Significantly worse / England

Indicators	Selection Value	England Value	England Worst	Spine chart	England Best
Income deprivation, English Indices of Deprivation, 2019 (%)	4.2	12.9	50.7		0.7
Child Poverty, English Indices of Deprivation, 2019 (%)	3.9	17.1	63.4		0.4
Older People in Deprivation, English Indices of Deprivation, 2019 (%)	5.6	14.2	77.2		1.2
Older people living alone (%)	22.6	31.5	63.3		10.0
Overcrowded houses, 2011 (%)	3.5	8.7	54.4		0.2
Unemployment (%)	1.3	2.8	15.1		0.0
Long term unemployment (Crude rate per 1,000)	0.9	3.2	29.1		0.0
Low birth weight of live babies (%)	5.5	6.9	17.5		0.9
Reception: Prevalence of overweight (including obesity) (%)	22.6	22.6	40.0		6.1
Reception: Prevalence of obesity (including severe obesity) (%)	9.7	9.7	21.4		2.9
Year 6: Prevalence of overweight (including obesity) (%)	25.0	34.6	54.5		7.7
Year 6: Prevalence of obesity (including severe obesity) (%)	13.9	20.4	37.5		3.9
Emergency hospital admissions for all causes (SAR)	83.2	100.0	208.9		34.6
Emergency hospital admissions for coronary heart disease (SAR)	74.3	100.0	372.6		17.8
Emergency hospital admissions for stroke (SAR)	76.0	100.0	248.7		24.3
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	71.5	100.0	313.1		15.3
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	42.4	100.0	592.2		0.0
Emergency hospital admissions for hip fracture in 65+ (SAR)	73.0	100.0	446.9		0.0
Incidence of all cancer (SIR per 100)	95.0	100.0	197.9		43.1
Incidence of breast cancer (SIR per 100)	84.9	100.0	223.3		33.6
Incidence of colorectal cancer (SIR per 100)	116.7	100.0	238.3		25.3
Incidence of lung cancer (SIR per 100)	85.4	100.0	361.0		23.0
Incidence of prostate cancer (SIR per 100)	71.2	100.0	258.3		25.8
Hospital stays for self harm (SAR)	37.8	100.0	655.7		0.0
Limiting long-term illness or disability (%)	16.8	17.6	40.8		2.2
Life expectancy at birth for males (years)	80.0	79.7	67.3		91.7
Life expectancy at birth for females (years)	84.4	83.2	72.4		95.0
Deaths from all causes, all ages (Standardised mortality ratio (SMR))	94.7	100.0	267.0		43.2
Deaths from all causes, under 75 years (Standardised mortality ratio (SMR))	84.5	100.0	301.1		30.9
Deaths from all cancer, all ages (Standardised mortality ratio (SMR))	92.1	100.0	221.0		36.4
Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR))	95.9	100.0	286.1		0.0
Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR))	69.6	100.0	261.2		20.7
Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR))	43.3	100.0	329.9		0.0
Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))	63.5	100.0	282.4		0.0
Deaths from stroke, all ages (Standardised mortality ratio (SMR))	76.4	100.0	661.5		0.0
Deaths from respiratory diseases, all ages (Standardised mortality ratio (SMR))	90.9	100.0	331.4		0.0
Deaths from causes considered preventable, under 75 years, SMR (Standardised mortality ratio (SMR))	66.6	100.0	374.0		4.7

