



OVERVIEW AND SCRUTINY COMMITTEE

Date: Tuesday, 13 October 2026

Time: 6.00pm,

Location: Council Chamber - Daneshill House, Danestrete

Contact: Gemma O'Donnell (01438) 242216

committees@stevenage.gov.uk

Members: Councillors: Ellie Plater (Chair), Matthew Hurst CC (Vice-Chair),
Jim Brown, Andy McGuinness, Phil Bibby, Jeff Bullock,
Leanne Brady, Peter Clark, Claire Parris, Jackie Hollywell,
Ricki Rands, Jade Woods and Tom Wren

AGENDA

PART 1

1. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

2. MINUTES OF THE PREVIOUS MEETING

To approve as a correct record the minutes of the meetings of the Overview and Scrutiny Committee held on 15 September 2026.

5 - 12

3. PART I DECISION OF THE CABINET - REVIEW OF FEES AND CHARGES

To consider the decision of the Cabinet for a report seeking approval for the proposed Fees and Charges for the 2027/28 financial year, covering services within both the General Fund (GF) and the Housing Revenue Account (HRA).

Notice of Decisions to follow in separate document.

13 - 96

4. PART I DECISION OF THE CABINET - CLIMATE CHANGE - ANNUAL UPDATE OCTOBER 2026

To consider the decision of the Cabinet for a report outlining the annual summary of actions taken, and progress made, across the six-level framework guiding Stevenage's Climate Change Strategy delivery, with emphasis on regional and county-wide collaboration, town wide data, Council initiatives across the eight strategic themes, and community level engagement.

Notice of Decisions to follow in separate document.

97 - 156

5. PART I DECISION OF THE CABINET - HOUSING INCOME AND ARREARS RECOVERY POLICY 2026 - 2028

To consider the decision of the Cabinet for the draft Housing Income and Arrears Recovery Policy 2026–2028 which set out Stevenage Borough Council's approach to managing housing income, including current and former rent, service charges and other

housing-related debt, and establishes a consistent, fair, proportionate and effective framework for income collection and arrears recovery.

Notice of Decisions to follow in separate document.

157 - 214

6. PART I DECISION OF THE CABINET - HEALTHY STEVENAGE STRATEGY 2026 - 2031

To consider the decision of the Cabinet to seek approval for the refreshed Healthy Stevenage Strategy 2026-2031.

Notice of Decisions to follow in separate document.

215 - 410

7. URGENT PART I DECISIONS AUTHORISED BY THE CHAIR OF THE OVERVIEW AND SCRUTINY COMMITTEE

To consider any urgent Part I Decisions authorised by the Chair of the Overview and Scrutiny Committee

8. URGENT PART I BUSINESS

To consider any Part I business accepted by the Chair as urgent

9. EXCLUSION OF PRESS AND PUBLIC

To consider the following motions:

1. That under Section 100(A) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as described in paragraphs 1 – 7 of Part 1 of Schedule 12A of the Act as amended by Local Government (Access to Information) (Variation) Order 2006.
2. That Members consider the reasons for the following reports being in Part II and determine whether or not maintaining the exemption from disclosure of the information contained therein outweighs the public interest in disclosure.

10. PART II MINUTES OF THE PREVIOUS MEETING

To approve as a correct record the Part II Minutes of the meeting of the Overview and Scrutiny Committee held on 15 September 2026.

409 - 410

11. URGENT PART II DECISIONS AUTHORISED BY THE CHAIR OF THE OVERVIEW AND SCRUTINY COMMITTEE

To consider any urgent Part II Decisions authorised by the Chair of the Overview and Scrutiny Committee

12. URGENT PART II BUSINESS

To consider any Part II business accepted by the Chair as urgent

STEVENAGE BOROUGH COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE MINUTES

Date: Tuesday, 15 September 2026

Time: 6.00pm

Place: Council Chamber - Daneshill House, Danestrete

Present: Councillors: Ellie Plater (Chair), Matthew Hurst CC (Vice-Chair), Jim Brown, Andy McGuinness, Jeff Bullock, Lynda Guy, Peter Clark, Claire Parris, Jackie Hollywell, Ricki Rands, Jade Woods and Jaysica Marvell

Start / End Start Time: 6.00pm
Time: End Time: 7.15pm

1 **APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies for absence were received from Councillors Leanne Brady, Phil Bibby and Tom Wren.

Councillors Lynda Guy and Jaysica Marvell were present as substitutes.

2 **MINUTES OF THE PREVIOUS MEETING**

The Minutes of the Overview and Scrutiny Committee Meeting held on 21 July 2026 were agreed as a correct record and signed by the Chair.

3 **PART I DECISION OF THE CABINET - GENERAL FUND MEDIUM TERM FINANCIAL STRATEGY UPDATE (2026/27 - 2030/31)**

The Committee received an update on the general fund medium term financial strategy. A report had been considered by Cabinet the previous week and all recommendations had been approved.

Members asked whether the Council would seek to recover expenditure incurred in relation to Local Government Reorganisation (LGR), following the Government's announcement regarding the potential reimbursement of certain costs. Members were advised that the Council remained alert to the opportunity and would pursue any funding available. Expenditure to date was reported as approximately £14,000 in 2024/25 and £106,000 in 2025/26, with £500,000 having been set aside for 2026/27 and a further £500,000 subsequently allocated in anticipation of the implementation timetable. It was noted that County Council programme office costs had not yet been billed and that, following the pause in the LGR process, staff had been stood down from further expenditure. The Committee also discussed the wider staffing opportunity costs associated with LGR, with approximately 30 staff across the organisation having been involved, although these costs had not been included within the figures reported.

The Committee was advised that the pause in LGR could provide additional time for officers to undertake necessary systems and preparatory work, including the implementation of payroll and finance systems, should the timetable be extended.

In response to a query regarding the transfer of expenditure from capital to revenue, it was explained that the treatment reflected the nature of the work being undertaken. While staff costs associated with bringing assets into use could be charged to capital, much of the current work, particularly in relation to cloud-based IT services, constituted revenue expenditure and therefore could no longer appropriately be funded from capital.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

4 **PART I DECISION OF THE CABINET - HRA MEDIUM TERM FINANCIAL STRATEGY REVIEW**

The Committee received an update on the Housing Revenue Account (HRA) Medium-Term Financial Strategy (MTFS) for 2026/27 to 2030/31, which provided an assessment of the long-term financial sustainability of the HRA. It was noted that, although the HRA remained financially viable, pressures arising from inflation, borrowing costs, and forthcoming building safety and regulatory requirements would continue to be monitored. The nine recommendations presented to Cabinet had been approved.

In response to questions regarding financial resilience and stress testing, officers explained that a range of measures were in place, including maintaining a minimum HRA balance of £10 million, setting aside resources for debt repayment, limiting long-term borrowing where possible and spreading debt maturities to avoid significant repayments falling due in a single year. The HRA business plan incorporated borrowing assumptions and was reviewed over both a minimum five-year period and the longer-term 30-year plan. It was clarified that HRA debt was ring-fenced and was funded through HRA income rather than Council Tax.

Members were advised that the Council had a planned approach to repaying debt, while grant funding, private sales and a proportion of affordable housing within development schemes were used to support the delivery of new homes and maintain affordability. The Committee welcomed the explanation and acknowledged the work undertaken by officers to identify innovative approaches to supporting social and affordable housing delivery.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

5 **PART I DECISION OF THE CABINET - 1ST QUARTER REVENUE AND CAPITAL MONITORING REPORT 2026/27 – GENERAL FUND AND HRA**

The Committee received an update on the first quarter Revenue and Capital Monitoring Report for 2026/27, covering the General Fund, Housing Revenue Account (HRA) and Capital Programme. The report identified an overall underspend, although it was noted that it was still early in the financial year and budgets would continue to be closely monitored.

Underlying financial pressures had been absorbed, with the majority of the underspend arising from the reprofiling of capital expenditure into future years and the resulting interest generated on grants held by the Council, providing a one-off benefit to both the General Fund and HRA. The Cabinet had approved all twelve recommendations contained within the report.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

6 **PART I DECISION OF THE CABINET - ANNUAL TREASURY MANAGEMENT REVIEW 2025/26 AND PRUDENTIAL INDICATORS**

The Committee received an update on the Annual Treasury Management Review for 2025/26 that had been approved by Cabinet. It was reported that Treasury Management activities had been undertaken in accordance with statutory requirements, the CIPFA Code and the Council's approved Treasury Management Practices. No breaches had occurred during the year, and the Council had maintained compliance with all approved Prudential Indicators, operational boundaries and authorised borrowing limits.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

7 **PART I DECISION OF THE CABINET - CORPORATE PERFORMANCE QUARTER 1 2026/27**

The Committee received an update on the Quarter 1 Corporate Performance Report for 2026/27, which provided progress against the Council's priority programmes and projects and the corporate performance suite. Cabinet had approved the recommendations and noted progress in supporting adult retraining and education, including the opening of the new North Herts College town centre campus, the New Build Programme and key capital projects including the Sports and Leisure Centre, Ridlins Athletics Track and play provision.

Members also noted preparations for the Council's 80th Anniversary events programme and ongoing work on the Climate Change Strategy, with a further report due in October.

Members discussed performance in relation to void properties, damp and mould and graffiti. Officers advised that tenancy audits were being strengthened, with recharge and restrictions on transfers being considered where properties were not maintained to an acceptable standard.

In relation to Awaab's Law, the Council was working to improve access, case management, triage, and diagnosis, with additional funding allocated and further statutory requirements due to take effect. In relation to the legal reporting requirements within Awaab's Law for new damp and mould cases within the legal deadlines of 10 days, it is difficult to comply with the legislation as tenants must allow the Council access to inspect the property but in some cases the tenant does not always allow swift access to the property, which results in the Council having distorted performance indicators. Often the tenant is happy to extend this period if it

knows that the Council is taking action against the damp and mould, but the Council has to report the time it takes to carry out an inspection and this is why Officers and the Cabinet Portfolio Holder are looking at reviewing the current access arrangements. Graffiti removal remained a challenge, particularly where responsibility was shared between the Council, Hertfordshire County Council and other landowners, although additional resources and contractors had been deployed. Members were advised that the County Council's Ringway contract had commenced in October 2025 for an initial seven years, with options for extension, and that consideration was being given to protective surfaces and artwork in underpasses to help prevent and facilitate the removal of graffiti.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

8 **PART I DECISION OF THE CABINET - HOUSING ANNUAL REPORT, ANNUAL COMPLAINTS SELF-ASSESSMENT AND SERVICE IMPROVEMENT REPORT 2025/26**

The Committee received the Housing Annual Report, including the annual self-assessment against the Housing Ombudsman's Complaint Handling Code and the Housing Complaints and Service Improvement Report and Plan.

Members noted the assessment of tenants' experiences, which had identified areas of good performance and opportunities for improvement, particularly in relation to communication and preventing complaints from arising.

It was noted that the Council continued to work closely with the Housing Ombudsman, with any judgments or determinations reported to Cabinet through the quarterly Corporate Performance Report. Cabinet supported all three recommendations, including the submission of the required reports to the Housing Ombudsman by the end of September.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

9 **PART I DECISION OF THE CABINET - GSK RELOCATION UPDATE: IMPACT, RESPONSE AND OPTIONS**

The Committee received an update on the report that went to Cabinet regarding GSK's announcement that it intended to relocate its existing Stevenage site to Cambridge, noting the potential economic impact of approximately £80 million per annum without intervention. Members were advised that the Council remained confident in Stevenage's strong life sciences and defence sectors and had already engaged with Government, GSK and other partners to understand the implications and explore opportunities arising from the relocation. It was noted that discussions remained at an early stage, including consideration of the future of the site, potential impacts on employees and the possibility of a legacy for Stevenage, including skills initiatives.

Members discussed the reasons for the relocation and its potential implications for infrastructure, employment and the future use of the site. Officers advised that the Council did not have formal information on GSK's commercial reasons for the

decision but would continue discussions regarding the site and its infrastructure requirements, including the implications for the planned redevelopment of the nearby roundabout.

Officers confirmed that the Council would also consider appropriate planning levers and develop an evidence base to inform its approach, including potential funding streams and, if appropriate, options such as an enterprise zone. It was confirmed that the relocation related to GSK's existing site and that the adjacent Catapult and Catalyst facilities were expected to remain, while the future use of the GSK site remained uncertain.

Members emphasised the importance of diversifying employment opportunities in Stevenage and ensuring that future development provided a broad range of jobs and opportunities for local residents. The importance of maintaining close relationships with major businesses in the town was also highlighted, with officers confirming that ongoing discussion with businesses would continue through the Stevenage Development Board and other engagement activity. It was noted that the Council had been proactive in engaging with businesses following the GSK announcement and would continue to explore public and private funding opportunities, while seeking to maximise the long-term economic and employment benefits for Stevenage.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

10 **URGENT PART I DECISIONS AUTHORISED BY THE CHAIR OF THE OVERVIEW AND SCRUTINY COMMITTEE**

It was **RESOLVED** that the report be noted.

11 **URGENT PART I BUSINESS**

The Committee received an update on the urgent Part 1 report that went to Cabinet regarding the Government's decision to pause the proposed Local Government Reorganisation (LGR) programme. Members were advised that local authorities had been asked to pause implementation work, although appropriate preparatory activity could continue.

It was noted that the May 2027 local elections would proceed as scheduled, rather than the anticipated elections to shadow authorities, and that LGR had not been abandoned but remained subject to the outcome of the review. The Leader had expressed the Council's commitment to working with partners to seek clarity from Government, while maintaining effective service delivery and supporting staff during the period of uncertainty.

Members discussed the resources and expertise that had been committed to LGR and whether this capacity could be redirected towards other priorities during the pause. Officers advised that approximately 40–50 Stevenage Borough Council staff had contributed to the Hertfordshire-wide programme across a range of workstreams, predominantly alongside their existing roles, with associated consultancy support also having been scaled back. It was clarified that funding

allocated specifically for LGR could not simply be redirected to other purposes, although opportunities to support local economic growth could be considered through existing commitments and future budget-setting processes.

Members were also advised that Hertfordshire had proposed a Mayoral Strategic Authority covering the county and that a ministerial decision was awaited, with further detail on devolution expected in due course.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

12 **EXCLUSION OF PRESS AND PUBLIC**

It was **RESOLVED**:

1. That, under Section 100(A) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as described in paragraphs 1 to 7 of Part 1 of Schedule 12A of the Act, as amended by SI 2006 No. 88.

2. That having considered the reasons for the following item being in Part II, it be determined that maintaining the exemption from disclosure of the information contained therein outweighed the public interest in disclosure.

13 **PART II MINUTES OF THE PREVIOUS MEETING**

It was **RESOLVED** that the Part II minutes of the Overview and Scrutiny Committee meeting held on 21 July 2026 be agreed as a correct record and signed by the Chair.

14 **PART II DECISION OF THE CABINET - WHOLLY OWNED COMPANIES UPDATE REPORT**

The Committee received an update regarding the Wholly Owned Companies report.

The Committee asked several questions which officers responded to.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

15 **PART II DECISION OF THE CABINET - COUNCIL TAX AND HOUSING RENT AND RECHARGEABLE DEBT WRITE OFFS GREATER THAN £10,000**

The Committee received an update regarding the Council Tax and Housing Rent and rechargeable debt write offs report.

The Committee asked several questions which officers responded to.

It was **RESOLVED** that the Committee noted the decisions of Cabinet.

16 **URGENT PART II DECISIONS AUTHORISED BY THE CHAIR OF THE**

OVERVIEW AND SCRUTINY COMMITTEE

There were no Urgent Part II Decisions authorised by the Chair of the Overview and Scrutiny Committee.

17 URGENT PART II BUSINESS

There was no Urgent Part II Business.

CHAIR

This page is intentionally left blank

Meeting	CABINET
Portfolio Area	Resources and Performance
Date	8 October 2026
Authors	Veronika Mendy/Annajoy David
Contributors	Atif Iqbal Senior Leadership Team



REVIEW OF FEES AND CHARGES

KEY DECISION

1. PURPOSE

- 1.1 This report seeks approval for the proposed Fees and Charges for the 2027/28 financial year, covering services within both the General Fund (GF) and the Housing Revenue Account (HRA).
- 1.2 Fees and Charges are reviewed and recommended for approval annually. For General Fund services, the majority of revised charges will be implemented from January 2027. For the Housing Revenue Account, the updated charges will take effect from April 2027.
- 1.3 Fees and Charges represent a vital component of the Council's financial Balancing the Budget (BTB) strategy. It is essential that charges are set prudently to ensure cost recovery, while also being fair, transparent, and applied consistently across services.

2 RECOMMENDATIONS

- 2.1 That Fees and Charges 2027/28 for the General Fund (GF), as shown at Appendix A, be approved.
- 2.2 That Fees and Charges 2027/28 for the Housing Revenue Account (HRA), as shown at Appendix B, be approved.

3 BACKGROUND

- 3.1 Stevenage is a relatively young and economically active town, benefiting from strong employment opportunities and earnings levels that are generally around the national average. Its location within the London commuter belt, together with the presence of major employers in sectors such as advanced manufacturing, engineering, defence and life sciences, supports a resilient local economy. However, despite improvements in earnings and household incomes in recent years, many residents continue to experience financial pressures arising from housing, energy, food and other essential living costs.
- 3.2 While overall economic performance within the borough is positive, levels of income, deprivation and financial resilience vary across communities. Stevenage remains the most deprived district in Hertfordshire based on the 2025 Index of Multiple Deprivation, although nationally it sits around the middle of English local authorities, ranking 151st most deprived out of 296 based on average deprivation scores. Some households continue to face affordability challenges and rely on welfare support to meet essential living costs. These factors have been considered as part of the review of fees and charges for 2027/28 to help ensure that proposed increases are proportionate, balanced and mindful of their potential impact on residents, whilst supporting the Council's financial sustainability and service delivery objectives.
- 3.3 Stevenage Borough Council has experienced significant reductions in government funding over the last decade. However the introduction of Fair Funding from 2026/27 has improved the Council's financial outlook, although overall funding remains below historic pre-2010/11 levels in real terms. The Council continues to review its fees and charges annually to help support the ongoing delivery of services and maintain financial sustainability through the BTB priority.
- 3.4 Despite the financial challenges faced by local government, Stevenage Borough Council has a strong track record of delivering efficiencies and maintaining financial sustainability. Since 2010/11, the Council has delivered circa £18 Million of recurring savings through its BTB programme including fees and charges.
- 3.5 Balancing the Budget is one of the Council's key, Making Stevenage Even Better (MSEB) priorities, helping to ensure that the Council remains financially resilient while continuing to deliver its strategic priorities and essential services across both the General Fund and the Housing Revenue Account.

Figure 1. Balancing the Budget Priority

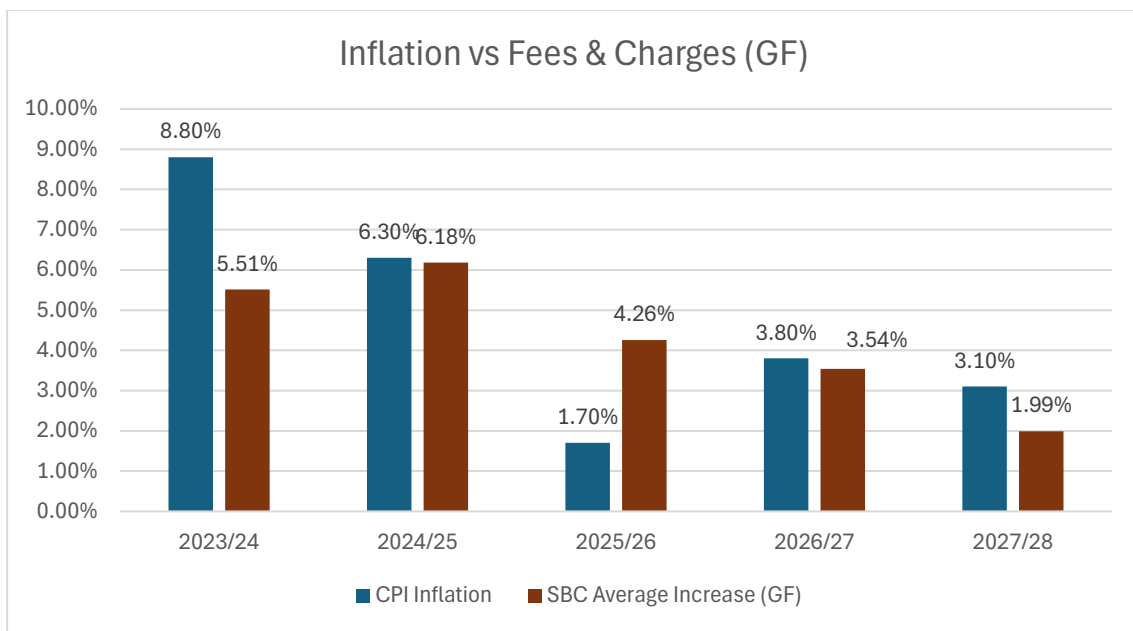


- 3.6 As part of this approach, services are encouraged to identify efficiencies, reduce the cost of service delivery, improve cost recovery and move towards financially sustainable operating models.
- 3.7 The 2026 Stevenage Residents' Survey indicated that residents generally favour generating additional income through fees and charges ahead of reducing or cutting services and increasing the Council Tax. The survey also identified service modernisation and increased use of digital services as residents' preferred approach to achieving budget savings.
- 3.8 Officers have proposed a targeted approach to the 2027/28 review of fees and charges. Careful consideration has been given to affordability, service costs, demand and market conditions when determining proposed charges.
- 3.9 As a result, a number of charges are proposed to be frozen or restricted to inflationary increases only. This approach recognises the financial pressures facing residents and businesses, whilst balancing the need to recover the costs of delivering services.
- 3.10 The Council remains committed to delivering high-quality services and supporting the local economy. The proposed fees and charges seek to achieve a balanced approach that maintains affordability for service users whilst contributing towards the financial sustainability of Council services.

4 REASONS FOR RECOMMENDED COURSE OF ACTION AND OTHER OPTIONS

- 4.1 The General Fund Medium Term Financial Strategy (MTFS), approved by Cabinet in September 2026, identified a *Balancing the Budget* savings target of £350,000 for 2027/28. This target is significantly lower than in recent years, reflecting the positive impact of the Government's Fair Funding reforms on the Council's financial position. The MTFS includes cumulative savings targets of £1.0 Million over the period 2027/28 to 2029/30, rising to £1.2 Million by 2030/31. The annual review of fees and charges forms an important part of the Council's wider approach to delivering these savings targets whilst supporting the continued delivery of Council services.
- 4.2 The Housing Revenue Account also faces significant financial pressures. The HRA Medium Term Financial Strategy (MTFS), approved by Cabinet in September 2026, identifies a savings requirement of £1.7 Million in 2027/28, rising to cumulative savings of £3.2 Million by 2029/30 and £3.6 Million by 2030/31. The annual review of HRA fees and charges forms part of the wider approach to maintaining a sustainable HRA Business Plan whilst continuing to provide services to tenants.
- 4.3 At the time of setting the 2026/27 General Fund budget, income from fees, charges and contributions totalled £29.2 Million, with the four largest income streams (parking, commercial property, garages and contributions) accounting for approximately 75% of the total
- 4.4 Income generated through fees and charges helps to support the delivery of wider Council services. It is therefore important that the Council continues to identify sustainable income opportunities and incorporates these within its Medium Term Financial Strategy (MTFS) to help address funding pressures and maintain financial resilience.
- 4.5 Members should note that the General Fund MTFS identified inflationary pressures of approximately £1.155 Million for 2027/28 based on assumptions including a 3.0% pay award and 2.5% CPI inflation and other service cost increases. Whilst inflation has reduced from the peaks experienced in recent years, cost pressures remain across Council services. The proposed fees and charges have therefore been reviewed in the context of these inflation assumptions, whilst also taking account of affordability, market conditions and service-specific factors.

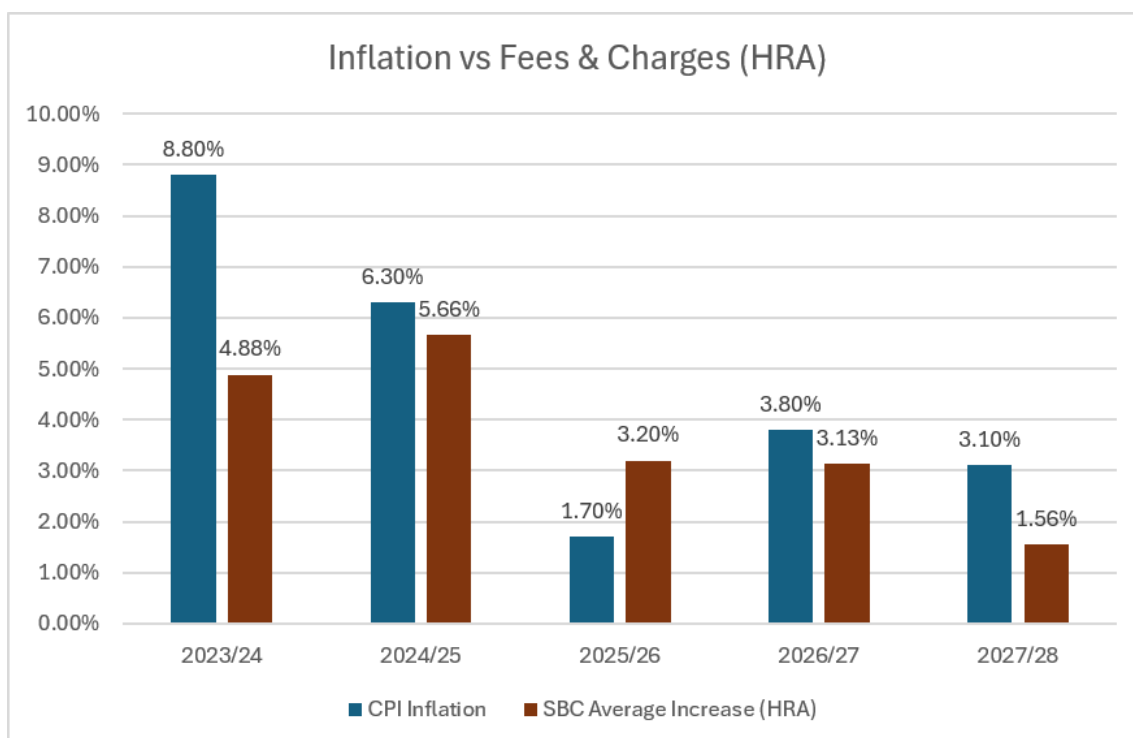
Figure 2. Trajectory of Inflation vs Fees and Charges (General Fund)



CPI rates are as of September.

For 2027/28, latest available CPI is August's CPI of 3.1%.

Figure 3. Trajectory of Inflation vs Fees and Charges (HRA)



CPI rates are as of September.

For 2027/28, latest available CPI is August's CPI of 3.1%.

- 4.6 At the time of drafting this report, the latest available CPI rate was 3.1% in August 2026. The Bank of England expects CPI inflation to rise in the near term, reflecting the direct and indirect effects of higher energy prices, before easing. The outlook remains uncertain, with the ongoing conflict in the Middle East contributing to volatility in global energy prices. Without corresponding funding support, councils may continue to experience financial strain and face significant pressure to bridge the budget gap.
- 4.7 Looking ahead to 2027/28, the savings required to meet the target as per the MTFs (paras 4.1 & 4.2) will be identified through a combination of measures, including the annual Fees and Charges review, the Star Chamber process and the identification of further efficiency savings and income opportunities. The Council remains committed to its established fees and charges principles, which include ensuring that costs are recovered where appropriate and, where feasible, achieving full cost recovery through service charges.
- 4.8 All fees and charges proposals are assessed against the following key considerations:
- True cost of service delivery
 - Charging model category (e.g. subsidised, cost recovery, commercial)
 - Service specific inflationary pressures
 - Demand levels and market competition
 - Impact on residents and businesses
 - Benchmarking against comparable services
 - Changes in trading and charging legislation

Figure 4. Timeline for Fees and Charges 2027/28

October 2026	January 2027	Staggered 2027
Approval of Fees and Charges at Cabinet <u>8th October</u>	Implement Majority of General Fund Fees and Charges	Implement Housing Revenue Account Fees and Charges in April 2027
Overview and Scrutiny <u>13th October</u>		Implement General Fund Fees and Charges exceptions: such as Garages, Pavilions, and meeting rooms in April 2027 Bowls pitches in May 2027 Football pitches In September 2027

- 4.9 **Trade Waste** – No increase is proposed to Trade Waste charges for 2027/28. The service has secured additional income from commercial

customers, enabling charges to be held at current levels whilst continuing to support local businesses. Maintaining current charges will help ensure the service remains competitive within the local market and supports continued customer growth.

- 4.10 **Leisure (Parks and Open Spaces)** - Whilst bookings for certain leisure services continue to be administered by Everyone Active, responsibility for maintaining these services remains with Stevenage Borough Council. These charges have therefore been included within the Council's Fees and Charges Schedule to ensure transparency and appropriate governance arrangements.

- 4.11 **Planning Fee** – Planning fees are proposed to increase by an average of 3% for 2027/28. However, a draft statutory instrument, *The Town and Country Planning (Fees for Applications, Deemed Applications, Requests and Site Visits) (England) (Amendment) Regulations 2026*, has been published setting out proposed national increases to planning fees and associated procedural changes. As the regulations remain in draft form, they are not yet in force and may be amended following consultation and parliamentary scrutiny. The proposed changes aim to increase cost recovery and simplify certain fee categories. Should the regulations be approved, the Council's planning fees will need to be updated accordingly and may differ from those set out in this Fees and Charges Schedule.

4.12 **Off-Street Parking –**

- a) Car park charges across the New Town are proposed to have modest increases and remain below current inflation on average, whilst season ticket prices have generally been frozen.
- b) It is proposed that the annual Blue Badge season ticket charge is removed for all car parks except the Railways car parks, where it would remain at £65 per annum.
- c) A new annual administration fee of £30 per annum has been proposed for Blue Badge holders using other eligible car parks to help recover the costs of administering the permit scheme.
- d) Parking charges in the Old Town are proposed to increase modestly, with most tariffs rising by only small amounts.
- e) Higher increases have been proposed to longer-stay parking tariffs to encourage shorter-stay visits and support continued access to the town centre, local businesses and services.
- f) All charges for up to 1 hour have been frozen.

4.13 **On-Street Parking –**

- a) All parking charges in the Town centre are proposed to be frozen.

- b) At King George V Playing Fields Car Park, a new charge has been proposed for longer stays to encourage the availability of parking spaces for visitors, whilst shorter visits would continue to benefit from free parking.
- c) Parking charges at Coreys Mill are proposed to increase but remain significantly lower than those at Lister Hospital, continuing to provide a more affordable parking option.
- d) Parking permit charges have also been reviewed to reflect increased administration and material costs, although some permit prices have remained unchanged for a number of years.
- e) Charges for H-bar markings are proposed to be frozen and parking bay suspensions are proposed to increase modestly to reflect the cost of providing these services.

4.14 HRA Fees and Charges Changes

- a) Independent Living Support Services - Dryer Charge. The proposed introduction of a £1 dryer token charge, which remains heavily subsidised during its first year. Given the significantly higher energy consumption of dryers compared with washing machines, the proposed charge is intended to encourage responsible use and partially recover operating costs. The laundry wash charge is proposed to remain at its current level.
- b) Statutory Mutual Exchange Service: There is no change to the existing statutory mutual exchange service, which is proposed to continue to be provided at no charge, as has always been the case.
- c) Mutual Exchange Additional works and services: Proposed introduction of charges for additional works or services that fall outside the statutory mutual exchange requirements, such as missed appointments, repeat or multiple appointments, and other additional services. These charges are intended to recover some of the additional costs incurred in providing services beyond the statutory requirements and reflect an approach adopted by a number of other local authorities. Some of these charges will be priced accordingly to the request and associated cost.
- d) Further details on the statutory service, the additional chargeable services and the rationale for introducing these charges are provided in the Additional Considerations section of the HRA EqIA (Appendix D).

5 IMPLICATIONS

5.1 Financial Implications

- 5.1.1 If the changes to fees and charges for the General Fund are all approved, this will result in an increase net budgeted income by £239.5K (average increase of 1.99% after considering any budget rebasing) for 2027/28. This will make a significant contribution towards the Council's remaining Balancing the Budget target of £273K as identified in the Medium Term Financial Strategy approved in September 2026. Equality Impact

Assessments (EqIAs) for both GF and HRA have been completed for the proposed changes to fees and charges across all service areas.

- 5.1.2 It is recommended that Members approve the increase in General Fund fees and charges mostly effective from January 2027, with the exception of garage and leisure fees which are to be implemented across 2027.
- 5.1.3 If the changes to fees and charges for the Housing Revenue Account are all approved, this will result in an increased income of £11,860 (average increase of 1.56%) and will be implemented in April 2027.

5.2 Legal Implications

- 5.2.1 The Local Government Act 2003 (LGA 2003) includes a general power for local authorities in England and Wales to charge for discretionary services. The discretionary charging powers do not apply to services which an authority is mandated or has a duty to provide. However, councils can charge for discretionary services. In order to do so, the recipient of the discretionary service must have agreed in advance, to pay for the provision of such services. The 2003 Act cannot be used where charging is prohibited or where another specific charging regime applies. Charging is limited to cost recovery and statutory guidance published in 2003 outlines how costs and charges should be established.

5.3 Risk Implications

- 5.3.1 The impact of Fees and Charges is evaluated through the completion of Equality Impact Assessments (EqIA) for each service area.
- 5.3.2 The overarching EqIA for Fees and Charges for the General Fund 2027/28 is shown in Appendix C.
- 5.3.3 The overarching EqIA for Fees and Charges for the Housing Revenue Account 2027/28 is shown in Appendix D.

APPENDICES

- A Fees and Charges 2027/28 – General Fund
- B Fees and Charges 2027/28 – Housing Revenue Account
- C Equality Impact Assessment – General Fund
- D Equality Impact Assessment – Housing Revenue Account

BACKGROUND DOCUMENTS

- BD1 MTFS GF Report, Cabinet 10 September 2026
- BD2 MTFS HRA Report, Cabinet 10 September 2026

This page is intentionally left blank

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Off Street Parking							
New Town:	<u>7am-7pm (6am-7pm at St Georges only) :</u>						
	Mon-Saturday up to 30 Mins (St Georges & Westgate only)	£1.20	£1.20	£0.00	0.00%		Price frozen for 2027/28
	Mon-Saturday up to 1 hour	£2.30	£2.30	£0.00	0.00%		Price frozen for 2027/28
	Mon-Saturday up to 2 hours	£3.50	£3.70	£0.20	5.71%		
	Mon-Saturday up to 3 hours	£4.70	£4.80	£0.10	2.13%		
	Mon-Saturday up to 5 Hours	£6.00	£6.20	£0.20	3.33%		
	Mon-Saturday Over 5 Hours (St Georges)	£7.10	£7.30	£0.20	2.82%		
	Mon-Saturday Over 5 Hours (Forum/Westgate)	£7.10	£7.30	£0.20	2.82%		
	Sunday	£2.50	£2.60	£0.10	4.00%		
Short Stay (Westgate/Forum/St G)	Night Parking 7pm to 7am (6am for St G)	£2.60	£2.60	£0.00	0.00%		
Total Short Stay						£33,710	
	Mon-Fri entry before 8.30am to 6pm	£10.50	£10.70	£0.20	1.90%		
	Mon-Fri entry after 8.30am to 6pm	£7.10	£7.50	£0.40	5.63%		
	Mon-Sat 6am-7pm (Southgate Only)	£7.10	£7.30	£0.20	2.82%		
	Saturday 6am - 6pm	£7.10	£7.30	£0.20	2.82%		
	Sunday	£2.60	£2.70	£0.10	3.85%		
	Night Parking (7pm to 6am or 6pm - 6am)	£2.60	£2.70	£0.10	3.85%		
	Sunday (Southgate Only)	£2.60	£2.60	£0.00	0.00%		
(Swingate/Daneshill/Southgate)	Night Parking (7pm to 6am or 6pm - 6am) - Southgate Only)	£2.60	£2.60	£0.00	0.00%		
Total Long Stay						£4,710	
Railways	Mon-Sat up to 6 hours	£7.80	£8.00	£0.20	2.56%		
	Mon- Sat 6-24 hours (Proposed new time band)	£12.00	£12.50	£0.50	4.17%		
Railways	Sunday	£4.50	£4.50	£0.00	0.00%		
Total Railways						£36,830	
Season Tickets	New Town (price per month)	£100.00	£100.00	£0.00	0.00%		Price frozen to ensure Season ticket is attractive than PAYG
	Railway (price per month)	£175.00	£175.00	£0.00	0.00%		
	Blue Badge Holders (Season Ticket, price per Annum)	£65.00	£0.00	(£65.00)	(100.00%)		Blue Badge Annual Season Ticket price removed for 2027/28
Blue Badge Holders Season Ticket - Admin Fee	All car parks, excludes railways (price per annum)		£30.00				Admin fee introduced to cover Blue Badge handling cost (excluding railways)
	Railway* (price per annum) *This can be used in all car parks		£65.00				Blue Badge price for Railways but can be used in all car parks
Season Tickets						-£2,740	
New Town Total						£72,510	
Old Town:							
Primett Rd North	<u>Monday - Saturday 0600-1600 hours</u>						
	up to one hour	£1.50	£1.50	£0.00	0.00%		Price frozen for 2027/28
	up to two hours	£2.10	£2.20	£0.10	4.76%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
	up to three hours	£3.00	£3.10	£0.10	3.33%		
	Up to five hours	£4.00	£4.20	£0.20	5.00%		
	More than five hours	£4.00	£4.20	£0.20	5.00%		
	Evenings (Mon-Sat) (4pm to 6am)	£1.10	£1.20	£0.10	9.09%		
	Sundays (6am-Mon 6am)	£1.10	£1.10	£0.00	0.00%		
Primett Rd South	<u>Monday-Friday</u>						
	0600-1600hrs	£4.00	£4.20	£0.20	5.00%		
	1600-0600hrs	£1.10	£1.20	£0.10	9.09%		
	<u>Saturday 0600-1600:</u>						
	up to one hour	£1.50	£1.50	£0.00	0.00%		Price frozen for 2027/28
	up to two hours	£2.10	£2.10	£0.00	0.00%		Price frozen for 2027/29
	up to three hours	£3.00	£3.10	£0.10	3.33%		
	More than three hours	£4.00	£4.10	£0.10	2.50%		
	<u>Saturday 4pm-Monday 6am</u>	£1.10	£1.20	£0.10	9.09%		
Church Lane North	<u>Mon-Sat 0600-1600hrs</u>						
	up to one hour	£1.50	£1.50	£0.00	0.00%		Price frozen for 2027/28
	up to two hours	£2.10	£2.20	£0.10	4.76%		
	up to three hours	£3.00	£3.10	£0.10	3.33%		
	More than three hours	£4.00	£4.20	£0.20	5.00%		
	<u>Saturday 4pm-Monday 6am</u>	£1.10	£1.10	£0.00	0.00%		
Season Tickets	Old Town (price per month)	£55.00	£55.00	£0.00	0.00%		Price frozen to bring the season ticket effective discount over daily pricing (for 5 days a week every week of the year) to 35% in line with New Town.
Old Town Total						£9,950	
Business Tokens/ Commercial Income						£0	
Loss of income due to price increase					20.00%	-£16,500	
Off Street Parking Total:						£65,960	

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
On Street Parking							
	up to 30 mins	£1.25	£1.25	£0.00	0.00%		Price frozen for 2027/28
	Up to 1 Hour	£2.50	£2.50	£0.00	0.00%		Price frozen for 2027/28
	Up to 2 Hours	£3.80	£3.80	£0.00	0.00%		Price frozen for 2027/28
	Up to 3 Hours	£5.00	£5.00	£0.00	0.00%		Price frozen for 2027/28
	Up to 4 Hours	£6.50	£6.50	£0.00	0.00%		Price frozen for 2027/28
	Up to 5 Hours	£8.00	£8.00	£0.00	0.00%		Price frozen for 2027/28
	Over 5 hours	£14.00	£14.00	£0.00	0.00%		Price frozen for 2027/28
Town Centre	up to 2 hrs	£0.00	£0.00	£0.00	0.00%		Most park visitors stay for less than two hours and will therefore be unaffected by the proposed changes. Blue Badge holders remain exempt from charges. The new three-hour charging band is expected to mainly affect longer-stay users, such as commuters, some Bowls Club members and those using the car park as an alternative to residential parking, while maintaining access for the majority of park users.
King George V	up to 3 hrs	£0.00	£1.00	£1.00	100.00%		
Pay & Display	up to 4 hrs	£1.80	£2.00	£0.20	11.11%		
	up to 5 hrs	£4.90	£5.00	£0.10	2.04%	£0	
Corey's Mill Lane	up to 1 hr	£2.30	£2.40	£0.10	4.35%		Demand for parking near the hospital remains high, particularly at peak times, which can contribute to congestion as drivers wait for spaces to become available. The proposed increase in charges is intended to help manage demand and promote the availability of parking spaces. The proposed charges remain competitive when benchmarked against Lister Hospital, which charges £4.10 for up to one hour, £6 for up to two hours and £8.20 for up to three hours following an initial 20-minute free parking period.
Pay & Display	up to 2 hrs	£3.60	£3.90	£0.30	8.33%		
	up to 3 hrs (max stay)	£5.40	£5.90	£0.50	9.26%	£30,130	
Old Town Parking Permits	First Permit	£45.00	£48.00	£3.00	6.67%		Requires 21 day notice in press plus time to implement
(Zone OT)	Second Permit	£71.00	£75.00	£4.00	5.63%		Requires 21 day notice in press plus time to implement
	Third Permit	£97.00	£103.00	£6.00	6.19%		Requires 21 day notice in press plus time to implement
	First Permit	£56.00	£61.00	£5.00	8.93%		Requires 21 day notice in press plus time to implement
	Second Permit	£82.00	£88.00	£6.00	7.32%		Requires 21 day notice in press plus time to implement
	Third Permit	£108.00	£115.00	£7.00	6.48%		Requires 21 day notice in press plus time to implement
	Fourth Permit	£134.00	£142.00	£8.00	5.97%		Requires 21 day notice in press plus time to implement
Burymead Parking Permits (Zone B)	20 visitor vouchers	£15.00	£20.00	£5.00	33.33%		Requires 21 day notice in press plus time to implement
	First Permit	£68.00	£68.00	£0.00	0.00%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Ingleside Drive (Zone ID)	Second Permit	£94.00	£94.00	£0.00	0.00%		
(New PPA Start June 25)	Third Permit	£120.00	£120.00	£0.00	0.00%		
	20 visitor vouchers	£20.00	£20.00	£0.00	0.00%	£1,260	
	H Bar Marking Application fee	£40.00	£40.00	£0.00	0.00%		Price frozen as currently in line with other councils
	H Bar Marking Fee	£110.00	£110.00	£0.00	0.00%		Price frozen as currently in line with other councils
	Suspension Application Fee	£125.00	£130.00	£5.00	4.00%		The proposed increase is designed to encourage the timely completion of works, reducing inconvenience and disruption for residents
	Parking Bay Suspension (per additional bay)	£22.00	£24.00	£2.00	9.09%	£1,640	
On Street Parking Total						£33,030	
Highways & Engineers							
Street Naming/Numbering							
Page 24	First Dwelling Numbering	£150.00	£155.00	£5.00	3.33%		
	Next ten dwellings (per dwelling)	£76.00	£80.00	£4.00	5.26%		
	All further dwellings	£39.00	£40.00	£1.00	2.56%		
	Naming of a building (e.g. block of flats)	£315.00	£325.00	£10.00	3.17%		
	Naming of new street	£350.00	£365.00	£15.00	4.29%		
	Change of house name (or adding alias)	£120.00	£125.00	£5.00	4.17%		
	Commercial numbering first unit	£390.00	£400.00	£10.00	2.56%		
	Commercial numbering further units	£195.00	£200.00	£5.00	2.56%		
Town Centre Charges							
Parking bay Suspension Charges *After 4 weeks, weekly fee is reduced by 5%; after 13 weeks, weekly fee is reduced by 20%; after 26 weeks, weekly fee reduced by 35%; after 52 weeks, weekly fee reduced by 50%	Suspension fee (per week, up to 5 bays/30m)*	£210 / £242	£216 / £249	£6.00 / £7.00	2.88%		
	Additional bay / 6 meters (per week)*	£6.00	£6.20	£0.20	3.33%		
	Week 1	£20.00	£21.00	£1.00	5.00%		
	Weeks 2-8	£22.00	£23.00	£1.00	4.55%		
	Weeks 9-16	£25.00	£26.00	£1.00	4.00%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Per bay per day (from 5m for bays parallel to the edge of the carriageway) *Daily loss of parking income in addition to the above charges	Weeks 17+	£29.00	£30.00	£1.00	3.45%		
	Pay and Display & controlled parking zones*	POA	POA	-	-		
	Overstay charge – per bay per day	£50.00	£52.00	£2.00	4.00%		
	Application Fee	£120.00	£124.00	£4.00	3.33%		
Traffic Regulation Orders (TTRO)/Permanent Traffic Regulations (PTRO)	TTRO/PTRO	£2,000.00	£2,200.00	£200.00	10.00%		The proposed 10% increase reflects additional costs associated with the introduction of digital Traffic Regulation Order (TRO) software, which will support the more efficient administration and management of the service.
	Emergency TTRO	£1,200.00	£1,350.00	£150.00	12.50%		
Street Development Agreement	Application Fee	£750.00	£773.00	£23.00	3.07%		
Land Rental Charges Zone A : Town Square, Queensway North, Danestrete North including for the Arrival Square (Dom Mecca Bingo to the Leisure Centre) - <i>per m² per week</i>	Weeks 0-26	£2.50	£2.60	£0.10	4.00%		
	Weeks 27-52	£2.75	£2.80	£0.05	1.82%		
	Weeks 53+	£3.00	£3.10	£0.10	3.33%		
	Weeks 0-26	£2.15	£2.20	£0.05	2.33%		
Zone B : The Forum, Queensway South, Danestrete South, Swingate and Danesgate - <i>per m² per week</i>	Weeks 27-52	£2.40	£2.50	£0.10	4.17%		
	Weeks 53+	£2.65	£2.70	£0.05	1.89%		
	Weeks 0-26	£1.90	£2.00	£0.10	5.26%		
Zone C: All other town centre roads and footways - <i>per m² per week</i>	Weeks 27-52	£2.10	£2.20	£0.10	4.76%		
	Weeks 53+	£2.30	£2.40	£0.10	4.35%		
Land Rental Charges	Application Fee	£150.00	£154.50	£4.50	3.00%	£570	
Street Hoarding Licences	Hoarding/Scaffold Licence (per week/50m)	£60.00	£62.00	£2.00	3.33%		
	Application Fee	£110.00	£115.00	£5.00	4.55%		
	Crane Licence	£2,800.00	£2,900.00	£100.00	3.57%		
	Skip Licence (per fortnight)	£54.00	£56.00	£2.00	3.70%	£830	
External Works (e.g. Other LAs)							

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Examples of Hourly Charge out rate for staff time (VAT to be added)	Engineering Services Manager	£85.00	£88.00	£3.00	3.53%		
	Principal Engineer	£80.00	£83.00	£3.00	3.75%		
	Traffic & Parking Enforcement Manager	£76.00	£79.00	£3.00	3.95%		
	Engineer	£60.00	£62.00	£2.00	3.33%		
	Inspector	£57.00	£59.00	£2.00	3.51%	£820	
Highways & Engineers Total						£2,220	
Garages:							
Prices shown are "NET" of VAT. Housing Tenants generally do not pay VAT but other customers do pay VAT, meaning the actual weekly increase for a Category A garage would be 60p. Around 2/3rd of all customers do pay VAT.	Standard Garage (Category A)	£15.00	£15.50	£0.50	3.33%	£80,410	Demand for garages remains strong, with 94% of Category A sites operating at over 80% occupancy.
	Standard Garage (Category B)	£13.92	£14.35	£0.43	3.09%	-£36,160	Around 25% of garages within this category are currently vacant, indicating lower levels of demand. The proposed increase maintains the weekly charge below the £15 threshold, ensuring a clear distinction remains between higher-demand Category A garages and Category B garages.
	Standard Garage (Category C)	£13.07	£13.50	£0.43	3.29%	£7,190	Smaller increase to stimulate demand within this category
	Road Facing Garages	£17.13	£17.70	£0.57	3.33%	£31,570	A higher increase has been applied to reflect the added benefit of a parking space located directly in front of the garage.
	Bubble	£7.25	£7.50	£0.25	3.45%	£1,550	Still make this the lowest priced garage across the stock & clear distinction compared with other sizes
	Large A	£15.50	£0.00	(£15.50)	(100.00%)	£0	A higher charging category has been applied to these larger garage units to better reflect their size and value. The "Large A" and "Large Wide B" categories have also been removed as no garages currently fall within these classifications.
	Large B	£15.07	£15.60	£0.53	3.52%	£30	
	Large Wide A	£15.61	£16.15	£0.54	3.46%	-£1,120	
	Large Wide B	£15.28	£0.00	(£15.28)	(100.00%)	£0	
	Premium Garage	£18.57	£19.20	£0.63	3.39%	£2,800	The largest increase has been applied to reflect the larger size and newer nature of these units, which generally offer space for both vehicle parking and storage.
	Premium Wide	£25.56	£26.50	£0.94	3.68%	£1,430	
	Premium Road facing	£20.99	£21.75	£0.76	3.62%	£10,370	
Commercial	Standard Commercial	£18.84	£19.50	£0.66	3.50%	£480	The largest increase has been applied to reflect the strong demand for these garages, which are currently 100% occupied and are generally re-let quickly when they become available.
	Commercial Large 1	£26.63	£27.50	£0.87	3.27%	-£1,250	
	Commercial Large 1 Road Facing	£27.17	£28.20	£1.03	3.79%	£160	
	Commercial Large 2	£22.28	£23.00	£0.72	3.23%	£710	
	Commercial Large 2 Road Facing	£23.09	£23.70	£0.61	2.64%	£60	
	Commercial 3	£82.59	£85.00	£2.41	2.92%	£130	
	Commercial 4	£42.49	£44.00	£1.51	3.55%	-£8,760	
	Commercial 5	£56.58	£58.50	£1.92	3.39%	£100	
Freeholder Charges	Cleansing, Weeding and Sweeping (Exc. VAT)	£14.49	POA	-	-	£14,960	The 2027/28 charge is yet to be confirmed and will be determined through the budget-setting process, taking into account pay award assumptions and operational time allocations required to deliver the service.
Garages Total			Average increase	-7%		£104,660	
Indoor Market							
	Indoor Market				3%	£8,640	
Indoor Market Total						£8,640	

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Bulky Waste:							
	Up to 3 Items	£51.00	£53.00	£2.00	3.92%		
	Per additional item above 3 (max 10)	£14.00	£14.00	£0.00	0.00%		
	Cancellation Fee	£12.00	£12.00	£0.00	0.00%		
Bulky Waste Total:						£2,480	
Trade Refuse:							
	Refuse 1100L bin, weekly collection - Inside Stevenage	£23.95	£23.95	£0.00	0.00%		Price frozen for 2027/28
	Refuse 1100L bin, weekly collection, Outside Stevenage	£24.45	£24.45	£0.00	0.00%		
	Paper/Cardboard (Fibre) 1100L bin, fortnightly collection - Inside	£13.00	£13.00	£0.00	0.00%		
	Paper/Cardboard (Fibre) 1100L bin, fortnightly collection Inside S	£14.00	£14.00	£0.00	0.00%		
	25 TRADE SACKS	£74.70	£74.70	£0.00	0.00%		
	50 TRADE SACKS	£139.90	£139.90	£0.00	0.00%		
	75 TRADE SACKS	£192.30	£192.30	£0.00	0.00%		
	100 TRADE SACKS	£251.80	£251.80	£0.00	0.00%		
	125 TRADE SACKS	£308.60	£308.60	£0.00	0.00%		
	150 TRADE SACKS	£371.50	£371.50	£0.00	0.00%		
	200 TRADE SACKS	£467.10	£467.10	£0.00	0.00%		
	300 TRADE SACKS	£659.40	£659.40	£0.00	0.00%		
	500 TRADESACKS	£1,065.48	£1,065.48	£0.00	0.00%		
	REF240	£9.65	£9.65	£0.00	0.00%		
	REF330	£9.65	£9.65	£0.00	0.00%		
	REF360	£9.65	£9.65	£0.00	0.00%		
	REF660	£17.37	£17.37	£0.00	0.00%		
	REF1100	£23.95	£23.95	£0.00	0.00%		
	REF660 Schools	£14.95	£14.95	£0.00	0.00%		
	REF1100 Schools	£18.54	£18.54	£0.00	0.00%		
	REC240 Plastic	£7.50	£7.50	£0.00	0.00%		
	REC240 Glass	£7.50	£7.50	£0.00	0.00%		
	REC240 Paper	£7.50	£7.50	£0.00	0.00%		
	REC360 Plastic	£9.40	£9.40	£0.00	0.00%		
	REC360 Glass	£9.40	£9.40	£0.00	0.00%		
	REC360 Paper	£9.40	£9.40	£0.00	0.00%		
	REC660 Paper	£12.20	£12.20	£0.00	0.00%		
	REC1100 Paper	£13.20	£13.20	£0.00	0.00%		
	Food Waste	£13.00	£13.00	£0.00	0.00%		
New	Account Set Up Fee	£20.00	£20.00	£0.00	0.00%		
New	Duty of Care Fine Fee	£50.00	£50.00	£0.00	0.00%		
New	Contaminated Waste Charge	£50.00	£50.00	£0.00	0.00%		
New	Replacement Bin Fee	£270.00	£270.00	£0.00	0.00%		
Trade Refuse Total:						£0	
Skips:							
<u>Material</u>	<u>Skip Size</u>						Price frozen for 2027/28

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
RoRos	20 Yard	£659.33	£659.33	£0.00	0.00%		
RoRos	40 Yards	£659.33	£659.33	£0.00	0.00%		
Skips Total:						£0	
Third Party Tipping & Other Waste Charges							
	Cancelled Appointment on day	£30.00	£30.00	£0.00	0.00%		Price frozen for 2027/28
	Missed Appointment on day	£30.00	£30.00	£0.00	0.00%		
	Gate Fee	£10.00	£10.00	£0.00	0.00%		
	General Waste - p/t	£170.00	£170.00	£0.00	0.00%		
	Hardcore / Soil - p/t	£56.00	£56.00	£0.00	0.00%		
	Green	£10.00	£10.00	£0.00	0.00%		
	Wood - p/t	£68.00	£68.00	£0.00	0.00%		
<u>Third Party Tipping</u>	Contaminated load	£250.00	£250.00	£0.00	0.00%	£1,650	
<u>Other Waste Charges</u>	Bin Delivery for Developments	POA	POA	-	-	£0	
Third Party Tipping & Other Waste Charges Total						£1,650	
Cemeteries:							
Page 28	Burials -5' single	£975.00	£1,004.00	£29.00	2.97%		
	Burials - 6' double	£1,303.00	£1,342.00	£39.00	2.99%		
	Burials - 8' - treble	£1,711.00	£1,762.00	£51.00	2.98%		
	Natural Burial - Grant of Rights	£1,327.00	£1,485.00	£158.00	11.91%		
	Natural Burial - 5' single	£943.00	£1,004.00	£61.00	6.47%		
	Natural Burial - Ashes (single)	£352.00	£362.00	£10.00	2.84%		
	Natural Burial - Ashes (double)	£514.00	£514.00	£0.00	0.00%		
Purchase or Grant of Exclusive Rights to Grave/Plot							
	Child - 50yrs	£310.00	£319.00	£9.00	2.90%		
	Adult - 50yrs	£1,442.00	£1,485.00	£43.00	2.98%		
	Garden of Rest	£479.00	£493.00	£14.00	2.92%		
	Grant Transfer	£107.00	£107.00	£0.00	0.00%		
Pre-Purchased Graves							
	Child - 50yrs	£1,310.00	£1,319.00	£9.00	0.69%		
	Adult - 50yrs	£2,442.00	£2,485.00	£43.00	1.76%		
	Single	£670.00	£670.00	£0.00	0.00%		
	Double	£998.00	£998.00	£0.00	0.00%		
Cremated Remains - Sanctum							
	Sanctum Vault - 2 internments (30yr)	£1,150.00	£1,150.00	£0.00	0.00%		
New	Sanctum Vault - 2 internments (50yr)	£1,450.00	£1,450.00	£0.00	0.00%		
	Lease Renewal	£1,150.00	£1,150.00	£0.00	0.00%		
	Lease Transfer	£87.00	£87.00	£0.00	0.00%		
Cremated Remains							
	Grave Space	£352.00	£362.00	£10.00	2.84%		
	Garden of Rest	£352.00	£362.00	£10.00	2.84%		
	Lawn Birches (scattering)	£85.00	£85.00	£0.00	0.00%		
	Rose Gardens	£674.00	£693.00	£19.00	2.82%		
	Deed	£156.00	£150.00	(£6.00)	(3.85%)		The rose garden fee is now split with £150 deed fee; reduction on deed fee but increase on ashes
Cremated Remains - Double Casket							
	Grave Space	£514.00	£524.00	£10.00	1.95%		
	Garden of Rest	£514.00	£524.00	£10.00	1.95%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
	Rose Gardens	£1,003.00	£1,022.00	£19.00	1.89%		
	Chapel Hire	£166.00	£166.00	£0.00	0.00%		
Saturday Internments	Burials	£1,495.00	£1,539.00	£44.00	2.94%		
	Ashes	£460.00	£473.00	£13.00	2.83%		
Memorials	Headstone	£275.00	£283.00	£8.00	2.91%		
	Memorial (Garden of Rest)	£254.00	£254.00	£0.00	0.00%		
	Additional Inscription	£105.00	£108.00	£3.00	2.86%		
Commemorative Information	Memorial Wall / Paving - renewal fee for 5 yr	£60.00	£63.00	£3.00	5.00%		
	Digital Book of Remembrance - per entry	£105.00	£105.00	£0.00	0.00%		
	Plaques for Tree & Shrubs	£130.00	£130.00	£0.00	0.00%		
	Memorial Tree Leaf (5 years)	£160.00	£160.00	£0.00	0.00%		
	Memorial Tree Leaf (10 years)	£280.00	£280.00	£0.00	0.00%		
	Bench Plaques (10yr)	£500.00	£500.00	£0.00	0.00%		
	Exhumations - Cremated Remains	£535.00	£540.00	£5.00	0.93%		
Cemeteries Total:						£5,900	
Parks and Open Spaces:							
	Senior Pitches (no facilities) 2 hours	£65.00	£66.00	£1.00	1.61%		
	Junior / 9 vs 9 (no facilities) 2 hours	£32.00	£33.00	£1.00	3.23%		
	5 vs 5 / 7 vs 7 (no facilities) 1 hour	£29.00	£30.00	£1.00	3.57%		
	St Nicholas Pavilion (whole pavilion p/h)	£55.00	£57.00	£2.00	4.00%		
	St Nicholas Pavilion Meeting Room (p/h)	£20.00	£21.00	£1.00	5.00%		
	Peartee Pavilion (p/h)	£25.00	£26.00	£1.00	4.00%		
Pitches, Pavilions & Bowls	Outdoor Bowls Rink Hire (per rink/per season)	£1,700.00	£1,820.00	£120.00	7.59%		
	Monday–Friday, 9am–5pm	£17.00	£18.00	£1.00	6.67%		
	Monday–Friday, 5pm–10pm	£22.00	£23.00	£1.00	5.00%		
	Saturday–Sunday, 9am–10pm	£22.00	£23.00	£1.00	5.00%		
	Pavilion (annual)	£11,700.00	£12,000.00	£300.00	2.63%		
	Field hire (Annual)	£3,850.00	£4,000.00	£150.00	4.12%		
King George V Playing Field	Park Event Hire (subject to negotiation)						
Parks and Open Spaces Total:						£3,760	
Allotments:							
	Price per M ² per year	£0.90	£0.93	£0.03	3.00%		
	100M ² per year	£90.00	£92.70	£2.70	3.00%		
	250M ² per year	£225.00	£231.75	£6.75	3.00%		
	Allotment Setup Admin Fee	£25.00	£25.75	£0.75	3.00%		
Allotments Total						£2,650	
Fishing:							

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
	Adult Day Ticket	£10.00	£10.00	£0.00	0.00%		
	Junior Day Ticket	£8.00	£8.00	£0.00	0.00%		
	Night Fishing	£24.00	£26.00	£2.00	8.33%		
	2nd or 3rd Rod - cost per additional rod	£5.00	£5.00	£0.00	0.00%		
Fishing Total						£240	
Planning:							
Major Developments							
Category A - Major development •100+ residential units (gross); •Site exceeds 3ha; or •6,000sq.m+ non-residential floorspace (including change of use).	Fixed Fee - Up to a maximum of four meetings with officers, including one with design/heritage advisor advice and a second meeting to discuss viability.	£18,000.00	£18,540.00	£540.00	3.00%		
	Any additional meetings or advice charged per meeting.	£750.00	£773.00	£23.00	3.07%		
Category B1 – Large major development •75-99 residential units; or •Site is between 2ha and 2.99 ha with residential units proposed; or •Between 4,001 to 5,999sq.m non-residential (including change of use).	Fixed Fee - Up to a maximum of two meetings with officers, including one with design/heritage advisor and one meeting to discuss viability	£14,000.00	£14,420.00	£420.00	3.00%		
	Any additional meetings or advice charged per meeting.	£600.00	£618.00	£18.00	3.00%		
Category B2 – Large major development •50-74 residential dwellings; •Between 3,001sq.m to 4,000sq.m non-residential (including change of use)	Fixed Fee - Up to a maximum of two meetings with officers, including one with design/heritage advisor and one meeting to discuss viability	£10,500.00	£10,815.00	£315.00	3.00%		
	Any additional meetings or advice charged per meeting.	£500.00	£515.00	£15.00	3.00%		
Category B3 – Large major development •24-49 residential dwellings; •Between 2,001sq.m to 3,000sq.m non-residential (including change of use)	Fixed Fee - Up to a maximum of two meetings with officers, including one with design/heritage advisor and one meeting to discuss viability	£7,000.00	£7,210.00	£210.00	3.00%		
	Any additional meetings or advice charged per meeting.	£470.00	£484.00	£14.00	2.98%		
Category C – Small major development •10-24 residential dwellings; •The site is between 0.5ha and 1.99ha with residential units proposed; or •1000 to 2000 sq.m non-residential (including change of use).	Fixed Fee - Up to a maximum of two meetings with officers, including one with design/heritage advisor and one meeting to discuss viability	£5,000.00	£5,150.00	£150.00	3.00%		
	Any additional meetings or advice charged per meeting.	£470.00	£484.00	£14.00	2.98%		
Bespoke Fees applicable to Major Developments - Categories A, B1, B2, B3 and C	Per Hour	£250.00	£258.00	£8.00	3.20%		
	Meeting with Assistant Director (per hour)	£350.00	£361.00	£11.00	3.14%		
	Meeting with Head of Planning (per hour)	£150.00	£155.00	£5.00	3.33%		
	Design/Heritage Advice	£200.00	£206.00	£6.00	3.00%		
	Technical Workshops	£2,500.00	£2,575.00	£75.00	3.00%		
Minor & Householder Developments							
Category D – Minor development •6-9 dwellings units (gross); or	Up to a maximum of two meetings with officers and one meeting on specialist advice (design/heritage/viability).	£2,000.00	£2,060.00	£60.00	3.00%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
•The site is between 0.5ha and 1ha; or •Between 500 to 999sq.m of non-residential (including change of use)	Any additional meetings or advice charged per meeting.	£350.00	£361.00	£11.00	3.14%		
Category E – Minor Development (2) •2-5 dwellings units (gross); or •Sites less than 0.5ha; or •Up to 499sq.m of non-residential (including change of use).	Fixed Fee - One meeting with officers, Design/Heritage advice provided in writing.	£1,500.00	£1,545.00	£45.00	3.00%		
Category F •Creation of a single-dwelling.	Fixed Fee - written advice without meeting	£400.00	£412.00	£12.00	3.00%		
	Fixed Fee - written advice with meeting	£450.00	£464.00	£14.00	3.11%		
Category G1 – Householder (including Lawful Development Certificates)	Fixed Fee - written advice with site visit	£320.00	£330.00	£10.00	3.13%		
Note: Proposed extensions and alterations to a dwellinghouse.	Fixed Fee - written advice without site visit	£220.00	£227.00	£7.00	3.18%		
Category G2 – Householder (including Lawful Development Certificates)	Fixed Fee - Virtual Meeting (MS Teams) with follow up note issued in 5 working days (does not include site visit)	£120.00	£124.00	£4.00	3.33%		
Other Specialist Advice							
Category H – Listed Building Advice only	Fixed hourly rate	£180.00	£185.00	£5.00	2.78%		
Category I – Other (including but not limited to) •Advertisements •Telecommunications •Shop fronts •Conditions	Bespoke advice from consultants (Quote provided from Council).	£180.00	£185.00	£5.00	2.78%		
	Fixed Fee - written advice without meeting	£250.00	£258.00	£8.00	3.20%		
	Fixed Fee - written advice with meeting	£350.00	£361.00	£11.00	3.14%		
PPA's (Planning Performance Agreements)							
Preparing a PPA for Category A to Category C – The applicant would have to contact the planning department to agree fees as they will need to be tailored for each pre-application proposal. Fees will be charged at the respective hourly rate.		N/A	N/A	N/A	N/A		
Category A (Large Major Development) – Officer resources to discharge all planning conditions attached to a planning permission.		£20,000.00	£20,600.00	£600.00	3.00%		
Category B1 (Large Major Development) - Officer resources to discharge all planning conditions attached to a planning permission.		£7,000.00	£7,210.00	£210.00	3.00%		
Category B3 (Large Major Development) & Category C (Small Major Development) - Officer resources to discharge all planning conditions attached to a planning permission.		£5,000.00	£5,150.00	£150.00	3.00%		
Legal Agreements (S106)							
Requests related to Legal Agreements (S106)	Confirmation of compliance with a specific agreement (including financial obligations)	£134.00	£138.00	£4.00	2.99%		
	Discharge a Section 106 obligation	£223.00	£230.00	£7.00	3.14%		
	Deed of variation to Section 106 agreement	£2,200.00	£2,266.00	£66.00	3.00%		
Fast Track Service							
	Household Applications	£194.00	£194.00	£0.00	0.00%		The fees were introduced in 2026/27 and their implementation remains dependent on available team capacity. As the level of demand and uptake is still uncertain at this early stage, it is proposed that the fees remain unchanged for 2027/28 while usage levels are monitored and reviewed.
Fast Track Service	Certificate of Lawful Development Applications	£97.00	£97.00	£0.00	0.00%		
Planning Live Application Amendment Service							
	Householder applications	£180.00	£180.00	£0.00	0.00%		These fees were introduced in 2026/27 and there remains uncertainty regarding future uptake. It is therefore proposed that fees are frozen for 2027/28 pending a review of demand and usage levels.

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Planning Live Application Amendment Service	Minor Applications	£300.00	£300.00	£0.00	0.00%		
	Major Applications	£600.00	£600.00	£0.00	0.00%		
	Advertisement Applications	£150.00	£150.00	£0.00	0.00%		
	Lawful Development Certificates	£90.00	£90.00	£0.00	0.00%		
	Conditions (Householder)	£50.00	£50.00	£0.00	0.00%		
	Conditions (Other)	£150.00	£150.00	£0.00	0.00%		
Other Enquiries							
	Simple PD Enquiry / Whether property is located in a Conservation or is a Listed Building (5 working days).	£5.00	£5.00	£0.00	0.00%		
	Standard General Enquiry (20 working days).	£10.00	£10.00	£0.00	0.00%		
	Standard General Enquiry (10 working days).	£20.00	£21.00	£1.00	5.00%		
	Advanced General Enquiry – Virtual Meeting / Telephone Call (30 mins).	£100.00	£103.00	£3.00	3.00%		
Planning Total						£1,950	
Environmental Health & Licensing							
Pest & Vermin Control	(a) Rats & Mice (free for SBC tenant)	£65.00	£65.00	£0.00	0.00%		No changes are proposed for 2027/28 as this is a contracted service and all fee income is retained by the contractor. The contractor has not requested any changes to the current fees.
	(b) Cockroaches, bedbugs (single-family dwelling) (free for SBC tenant)	£110.00	£110.00	£0.00	0.00%		
	(c) Wasps	£65.00	£65.00	£0.00	0.00%		
	(d) Fleas, ants, silverfish & other insects not in (b) or (c) above	£110.00	£110.00	£0.00	0.00%		
	(e) Squirrels	£140.00	£140.00	£0.00	0.00%		
	(f) Treatments in house of multiple occupation	£140.00	£140.00	£0.00	0.00%		
Stray Dogs	Microchipped (correct details)	£51.50	£69.00	£17.50	33.98%		The charge now incorporates the first day's kennelling fee, which was previously provided free of charge until 2026/27. The revised fee has then been increased by 3.5% to reflect inflation and rounded for ease of administration.
	Not microchipped/incorrect details	£77.50	£96.00	£18.50	23.87%		The charge now incorporates the first day's kennelling fee, which was previously provided free of charge until 2026/27. The revised fee has then been increased by 3.5% to reflect inflation and rounded for ease of administration.
	Daily kennel charge	£15.50	£15.50	£0.00	0.00%		
	Return dog from kennels to owner's premises	£95.00	£98.00	£3.00	3.16%		
Other Dog Charges	Fixed penalty dog fouling	£50.00	£50.00	£0.00	0.00%	£10	
Activities involving animals							
	Selling animals as pets	£298.00	£308.00	£10.00	3.36%		
	Providing boarding for cats	£298.00	£308.00	£10.00	3.36%		
	Providing boarding for dogs in kennels	£298.00	£308.00	£10.00	3.36%		
	Providing home boarding for dogs (including franchise/arrangers)	£269.00	£278.00	£9.00	3.35%		
	Providing home boarding for dogs as a franchisee host	£135.00	£140.00	£5.00	3.70%		
	Providing day care for dogs	£298.00	£308.00	£10.00	3.36%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Part A Fee - Payable on application (First Application)	Breeding dogs	£298.00	£308.00	£10.00	3.36%		
	Hiring out horses	£298.00	£308.00	£10.00	3.36%		
	Keeping or training animals for exhibition	£298.00	£308.00	£10.00	3.36%		
	Selling animals as pets	£170.00	£176.00	£6.00	3.53%		
	Providing boarding for cats	£170.00	£176.00	£6.00	3.53%		
	Providing boarding for dogs in kennels	£170.00	£176.00	£6.00	3.53%		
	Providing home boarding for dogs (including franchise/arrangers)	£135.00	£140.00	£5.00	3.70%		
	Providing home boarding for dogs as a franchisee host	£135.00	£140.00	£5.00	3.70%		
	Providing day care for dogs	£170.00	£176.00	£6.00	3.53%		
	Breeding dogs	£170.00	£176.00	£6.00	3.53%		
	Hiring out horses	£170.00	£176.00	£6.00	3.53%		
	Keeping or training animals for exhibition	£170.00	£176.00	£6.00	3.53%		
Part A Fee - Payable on application (Renewal)							
	Selling animals as pets	£159.00	£165.00	£6.00	3.77%		
	Providing boarding for cats	£159.00	£165.00	£6.00	3.77%		
	Providing boarding for dogs in kennels	£159.00	£165.00	£6.00	3.77%		
	Providing home boarding for dogs (including franchise/arrangers)	£159.00	£165.00	£6.00	3.77%		
	Providing day care for dogs	£159.00	£165.00	£6.00	3.77%		
	Breeding dogs	£159.00	£165.00	£6.00	3.77%		
	Hiring out horses	£159.00	£165.00	£6.00	3.77%		
Part B Fee - Payable on grant (year 1)							
	Selling animals as pets	£225.00	£233.00	£8.00	3.56%		
	Providing boarding for cats	£225.00	£233.00	£8.00	3.56%		
	Providing boarding for dogs in kennels	£225.00	£233.00	£8.00	3.56%		
	Providing home boarding for dogs (including franchise/arrangers)	£225.00	£233.00	£8.00	3.56%		
	Providing day care for dogs	£225.00	£233.00	£8.00	3.56%		
	Breeding dogs	£225.00	£233.00	£8.00	3.56%		
	Hiring out horses	£225.00	£233.00	£8.00	3.56%		
Part B Fee - Payable on grant (year 2)							
	Selling animals as pets	£293.00	£303.00	£10.00	3.41%		Increased in line with inflation (3.5%), then rounded.
	Providing boarding for cats	£293.00	£303.00	£10.00	3.41%		
	Providing boarding for dogs in kennels	£293.00	£303.00	£10.00	3.41%		
	Providing home boarding for dogs (including franchise/arrangers)	£293.00	£303.00	£10.00	3.41%		
	Providing day care for dogs	£293.00	£303.00	£10.00	3.41%		
	Breeding dogs	£293.00	£303.00	£10.00	3.41%		
	Hiring out horses	£293.00	£303.00	£10.00	3.41%		
Part B Fee - Payable on grant (year 3)	Keeping or training animals for exhibition	£293.00	£303.00	£10.00	3.41%		
Combination of activities	Per additional activity added to part A fee	£106.00	£110.00	£4.00	3.77%		
Re-inspection for re-rating purposes		£199.00	£206.00	£7.00	3.52%		
Variation of licence (admin only)		£35.00	£36.00	£1.00	2.86%		
Variation of licence (officer inspection required)		£106.00	£110.00	£4.00	3.77%		
Zoos	Initial grant or renewal of licence excluding vet fees	£2,408.00	£2,492.00	£84.00	3.49%		
Dangerous Wild Animals	Dangerous wild animal licence excluding vet fees	£560.00	£580.00	£20.00	3.57%	£80	
Other Environmental Health Charges	Issue of Certificate of Destruction of Unfit or Unsound Food	£169.00	£175.00	£6.00	3.55%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
	Health Certificate for Food Export	£134.00	£139.00	£5.00	3.73%		
	Health Certificate for Food Export – amendment	£35.00	£36.00	£1.00	2.86%		
	Food Hygiene Rating Scheme re-rating visit	£242.00	£250.00	£8.00	3.31%		
	Contaminated land searches	£96.00	£99.00	£3.00	3.13%		
Chargeable time where no specific fee is set e.g. work in default of notices	Hourly rate – Head of EH & Licensing	£88.74	£88.74	£0.00	0.00%		Hourly rates to remain unchanged for 2027/28.
	Hourly rate – EH & Licensing team managers	£79.32	£79.32	£0.00	0.00%		
	Hourly rate – Environmental Health Officer (EHO)	£61.01	£61.01	£0.00	0.00%		
	Hourly rate Technical/Licensing Officer	£53.00	£53.00	£0.00	0.00%		
	Administrator	£34.50	£34.50	£0.00	0.00%	£310	
Local Government (Miscellaneous Provisions)	Annual street trading consent	£591.00	£612.00	£21.00	3.55%		Increased in line with inflation (3.5%), then rounded.
	Group street trading consent for 10+ traders (up to 72hrs)	£66.00	£68.00	£2.00	3.03%		
Plus additional fees apply per trader as follows*	- Food Trader	£0.00	£22.00	£22.00			New fee introduced.
	- Non-Food Trader	£0.00	£12.00	£12.00			New fee introduced.
A 50% discount is applicable where 50% or more of the proceeds are given to charity. Evidence to support this is required.	- Occasional street trading consent (up to 28 days)□	£66.00	£68.00	£2.00	3.03%		
	- Farmers' Market street trading consent (annual)*□	£123.00	£127.00	£4.00	3.25%	£250	
Acupuncture, Tattooing, Ear-piercing and Piercing	Registration of premises and one practitioner	£474.00	£491.00	£17.00	3.59%		
	Registration of premises only	£365.00	£378.00	£13.00	3.56%		
	Registration of persons	£200.00	£207.00	£7.00	3.50%	£60	
Sex Establishments	Sex cinema licence	£3,794.00	£3,927.00	£133.00	3.51%		
	Sex shop licence	£3,794.00	£3,927.00	£133.00	3.51%		
	Licence Renewal	£721.00	£746.00	£25.00	3.47%		
	Transfer charge	£600.00	£621.00	£21.00	3.50%		
	Variation	£533.00	£552.00	£19.00	3.56%	£20	
Taxis							
Private Hire Operators	Private Hire Operator one year licence	£263.00	£285.00	£22.00	8.37%		
	Five year licence	£1,005.00	£1,044.00	£39.00	3.88%		
Hackney Carriage/Private Hire Vehicles	Hackney carriage vehicles/Private Hire Vehicle licence grant/renewal or change of vehicle	£279.00	£338.00	£59.00	21.15%		Where applicable, fees have been updated in line with the October 2025 Cabinet decision. All other fees have been increased by 3.5% to reflect inflation and then rounded for ease of administration.
	Temporary change of vehicle e.g. accident replacement vehicle	£147.00	£190.00	£43.00	29.25%		
	Transfer of vehicle and licence	£83.00	£107.00	£24.00	28.92%		
	Plate Bracket	£20.00	£21.00	£1.00	5.00%		
	Door sign (magnetised) - each	£25.00	£26.00	£1.00	4.00%		
	Internal plate	£10.00	£11.00	£1.00	10.00%		
	Replacement paper licence due to theft, loss, change of address	£10.00	£11.00	£1.00	10.00%		
Hackney Carriage/Private Hire Drivers	Hackney Carriage/Private Hire driver (dual licence) - grant/renewal	£169.00	£240.00	£71.00	42.01%		
	Three year licence grant/renewal	£429.00	£578.00	£149.00	34.73%		
	Enhanced D.B.S. check	£99.00	£102.00	£3.00	3.03%		
	Language test	£91.00	£94.00	£3.00	3.30%		
	Replacement badge due to theft, loss, change of address	£25.00	£26.00	£1.00	4.00%		
	Replacement plate due to theft, loss, change of address	£50.00	£52.00	£2.00	4.00%	£0	

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Housing Act 2004							
Licence for House in Multiple Occupation - Part A	First time application	£650.00	£673.00	£23.00	3.54%		
	Renewal application including part A inspection	£526.00	£544.00	£18.00	3.42%		
	Renewal application excluding part A inspection	£363.00	£376.00	£13.00	3.58%		
Licence for House in Multiple Occupation - Part B	First time application	£404.00	£418.00	£14.00	3.47%		
	Renewal application including part A inspection	£404.00	£418.00	£14.00	3.47%		
	Renewal application excluding part A inspection	£567.00	£586.00	£19.00	3.35%		
	Replacement licence due to theft, loss, change of address or minor variation	£12.00	£13.00	£1.00	8.33%		
	Service of improvement notice/prohibition order	£483.00	£500.00	£17.00	3.52%		
HMO Consultation Fees	Assisted HMO Licence Applications	£92.00	£95.00	£3.00	3.26%		
	HMO Compliance Advice – Desktop only	£122.00	£126.00	£4.00	3.28%		
	HMO Compliance Advice – Inspection	£214.00	£221.00	£7.00	3.27%	£820	
Gambling Act 2005							
Regional Casino	New (Provisional Statement)	£5,000.00	£5,000.00	£0.00	0.00%		
	New (No Provisional Statement)	£10,000.00	£10,000.00	£0.00	0.00%	£0	
Scrap Metal Dealers Act 2013	Site Licence – grant/renewal	£753.00	£753.00	£0.00	0.00%		
	Collector Licence – grant/renewal	£433.00	£433.00	£0.00	0.00%		
	Change of site	£291.00	£291.00	£0.00	0.00%		
	Change of site manager	£99.00	£99.00	£0.00	0.00%		
	Change of mobile collector licence to site licence	£686.00	£686.00	£0.00	0.00%		
	Change of site licence to mobile collector licence	£157.00	£157.00	£0.00	0.00%		
	Cost of badge	£7.00	£7.00	£0.00	0.00%	£0	
Pavement Licensing	New Application	£500.00	£500.00	£0.00	0.00%		
	Renewal Application	£350.00	£350.00	£0.00	0.00%	£350	
Environmental Health & Licensing Total:						£1,900	
Legal							
Estates	Sale of Freehold Reversion – Residential Leases	£865.00	£865.00	£0.00	0.00%		
	Various transactions involving preparation of an agreement or Deed e.g. small land sales, Deeds of Release, Easements, Garage sales and purchases	£515.00	£515.00	£0.00	0.00%		
Indoor Market	New Market Licences	£175.00	£175.00	£0.00	0.00%		
	Market Licences Amendments	£175.00	£175.00	£0.00	0.00%		
Legal Total						£0	
Estates - Other							
Lease Assignment	Legal Fees	£1,000.00	£1,000.00	£0.00	0.00%		
	Professional and admin fee	£570.00	£670.00	£100.00	17.54%	£260	

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
	Building surveyor fees	£625.00	£800.00	£175.00	28.00%	£1,960	
Small Land Disposals	Legal Fees	£515.00	£515.00	£0.00	0.00%		
	Professional and admin fee	£330.00	£330.00	£0.00	0.00%		
	Valuation fee, based on land size	£660.00	£660.00	£0.00	0.00%	£0	
Estates Total						£2,220	
Town Centre Trading							
Outdoor Seating	Tier 1 - non-prime location, single business	£75.00	£75.00	£0.00	0.00%		
Per table	Tier 2 - prime location, single business	£100.00	£100.00	£0.00	0.00%		
	Tier 3 - non-prime location - chain business	£100.00	£100.00	£0.00	0.00%		
	Tier 4 - prime location- chain business	£142.86	£142.86	£0.00	0.00%		
Outdoor Spreads	Per square metre	£35.00	£35.00	£0.00	0.00%		
Advertising A Boards	Advertising A boards - Town Centre	£100.00	£100.00	£0.00	0.00%		
	Advertising A boards - Estates	£100.00	£100.00	£0.00	0.00%		
Other fees relating to outdoor spreads, seating and A Boards	New Application Admin Fee – Town Centre	£25.00	£25.00	£0.00	0.00%		
	Adjustments to existing application – Town Centre	£25.00	£25.00	£0.00	0.00%		
	Adjustments to existing application – Estates	POA	POA				
	Non-compliance cleaning fee – Town Centre	POA	POA				
	Non-compliance cleaning fee – Estates	POA	POA				
Town Centre Trading Total						£0	
Local Land Charges	Residential Property (Con 29)	£110.55	£114.40	£3.85	3.48%		
VAT Is PAYABLE on these fees (fees shown is GROSS of VAT)	Residential Property (LLC1) NO VAT	£19.65	£19.65	£0.00	0.00%		
	Commercial Property and Areas of Land (Con 29)	£141.00	£145.90	£4.90	3.48%		
	Commercial Property and Areas of Land (LLC1) NO VAT	£25.55	£25.55	£0.00	0.00%		
	Con29O Enquiry Q4 and additional parcels of land	£18.55	£19.20	£0.65	3.50%		
	Con29O Enquiry Q5-21 (each)	£9.25	£9.55	£0.30	3.24%		

GENERAL FUND PROPOSED FEES AND CHARGES 2027/28

Service	Details	2026/27 Fee	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
	Con29O Enquiry Q22	£43.45	£44.95	£1.50	3.45%		
	Additional Enquiry	£20.15	£20.85	£0.70	3.47%	£2,280	
				Budget increase 2027/28		£239,540	

This page is intentionally left blank

HOUSING REVENUE ACCOUNT FEES AND CHARGES 2027/28

Service	Details	Net Fee (2026/27)	VAT (exemption applied on certain fees)	2026/27 Fee	2027/28 Proposed Net Fee	VAT (exemption applied on certain fees)	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Specialist Support:											
Guest Bedrooms	Silkin Court, Brodie Court, Scarborough Avenue, Southend Close, Pinewoods & Fred Millard. (per night)	£13.83	£2.77	<u>£16.60</u>	£14.25	£2.85	<u>£17.10</u>	£0.50	3.01%		Inflationary Increase applied
Guest flats	Norman Court, Silkin Court (per night)	£23.83	£4.77	<u>£28.60</u>	£24.58	£4.92	<u>£29.50</u>	£0.90	3.15%		Inflationary Increase applied
Short Stay Units	Assessment (per night)	£15.30		<u>£15.30</u>	£15.80		<u>£15.80</u>	£0.50	3.27%		Inflationary Increase applied
	Respite (per night)	£28.10		<u>£28.10</u>	£29.50		<u>£29.50</u>	£1.40	4.98%		Respite price will become the same price as Guest flats fee
									3.60%	£160	
Laundry Charges	Independent living/flexicare laundry wash	£3.08	£0.62	<u>£3.70</u>	£3.08	£0.62	<u>£3.70</u>	£0.00	0.00%		Fee frozen
Laundry Charges	New - Dryer token				£0.83	£0.17	<u>£1.00</u>				New fee
									0.00%	£3,260	
Room Hire	Hairdressing at Silkin/Fred Millard, Brodie Court Spa (Hourly charge)	£5.67	£1.13	<u>£6.80</u>	£5.83	£1.17	<u>£7.00</u>	£0.20	2.94%		Inflationary Increase applied
	Private chiropodist and other services, (per hour)	£5.67	£1.13	<u>£6.80</u>	£5.83	£1.17	<u>£7.00</u>	£0.20	2.94%		Inflationary Increase applied
									2.94%	£60	
Support Services and Care connect 24/7 for SHYA tenants	Independent Living and Extra Care housing related support	£20.20		<u>£20.20</u>	£20.30		<u>£20.30</u>	£0.10	0.50%		
	Additional pendant for 2nd service user (additional weekly charge) (52 weeks)	£0.55		<u>£0.55</u>	£0.60		<u>£0.60</u>	£0.05	9.09%		Priced so council and private tenants pay the same fee
	Independent Living and Extra Care support charge for previous HRS protected clients and new residents entitled to HB	£11.00		<u>£11.00</u>	£11.00		<u>£11.00</u>	£0.00	0.00%		
	Response service for new customers (52 weeks)	£7.25		<u>£7.25</u>	£7.50		<u>£7.50</u>	£0.25	3.45%		Priced so council and private tenants pay the same fee
	Response service to other provider equipment (52 weeks)	£4.17		<u>£4.17</u>	£4.30		<u>£4.30</u>	£0.13	3.12%		Priced so council and private tenants pay the same fee
	Monitoring only service (52 weeks)	£3.50		<u>£3.50</u>	£3.60		<u>£3.60</u>	£0.10	2.86%		Priced so council and private tenants pay the same fee
									3.17%	£4,920	
Care Connect 24/7 alarm - private	Response service (52 weeks)	£7.50	£1.50	<u>£9.00</u>	£7.50	£1.50	<u>£9.00</u>	£0.00	0.00%		Price freeze to stay competitive
	Additional pendant (52 weeks)	£0.58	£0.12	<u>£0.70</u>	£0.60	£0.12	<u>£0.72</u>	£0.02	2.86%		Inflationary Increase applied
	Response service out of area (52 weeks)	£7.25	£1.45	<u>£8.70</u>	£7.75	£1.55	<u>£9.30</u>	£0.60	6.90%		
	Response service to other provider equipment (52 weeks)	£4.17	£0.83	<u>£5.00</u>	£4.30	£0.86	<u>£5.16</u>	£0.16	3.20%		
	Monitoring only service (52 weeks)	£3.50	£0.70	<u>£4.20</u>	£3.60	£0.72	<u>£4.32</u>	£0.12	2.86%		Inflationary Increase applied
									3.16%	£2,530	
Key Fobs	Winkhaus Key	£13.61		<u>£13.61</u>	£14.05		<u>£14.05</u>	£0.44	3.23%		Inflationary Increase applied
	Fobs - Sheltered Schemes (Shark)	£13.08		<u>£13.08</u>	£13.50		<u>£13.50</u>	£0.42	3.21%		Inflationary Increase applied
Replacement Pendants	Tynetec Pendant	£56.75	£11.35	<u>£68.10</u>	£56.75	£11.35	<u>£68.10</u>	£0.00	0.00%		
	Chiptech	£50.00	£10.00	<u>£60.00</u>	£50.00	£10.00	<u>£60.00</u>	£0.00	0.00%		
									1.61%	£60	
General Needs Tenants and Leaseholders:											
	New "Shark" Fobs	£13.08	£2.62	<u>£15.70</u>	£13.50	£2.70	<u>£16.20</u>	£0.50	3.18%		Inflationary Increase applied

HOUSING REVENUE ACCOUNT FEES AND CHARGES 2027/28

Service	Details	Net Fee (2026/27)	VAT (exemption applied on certain fees)	2026/27 Fee	2027/28 Proposed Net Fee	VAT (exemption applied on certain fees)	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Communal door entry keys	Replacement keys for entry doors to flat blocks.	£20.83	£4.17	<u>£25.00</u>	£21.46	£4.29	<u>£25.75</u>	£0.75	3.00%		Inflationary Increase applied
Laundry charges - Roundmead	Wash tokens	£5.92	£1.18	<u>£7.10</u>	£6.08	£1.22	<u>£7.30</u>	£0.20	2.82%		Inflationary Increase applied
	Dry Tokens	£3.17	£0.63	<u>£3.80</u>	£3.29	£0.66	<u>£3.95</u>	£0.15	3.95%		Inflationary Increase applied
Management Fees for Westwood Court & Kilner Close	Administration Fees	£1.21	£0.24	<u>£1.45</u>	£1.25	£0.25	<u>£1.50</u>	£0.05	3.45%		Inflationary Increase applied
Mutual Exchanges	Standard Admin, appointments, inspections and misc.				£0.00	£0.00	<u>£0.00</u>				
NEW - Mutual Exchanges	Missed Appointment or Failed Access Beyond Standard Requirement				£38.60	£7.72	<u>£46.32</u>				Officer Rate for 1 hour
NEW - Mutual Exchanges	Repeat or Additional MEX Inspection Beyond Standard Requirement				£38.60	£7.72	<u>£46.32</u>				Officer Rate for 1 hour
NEW - Mutual Exchanges	Additional Compliance Re-inspections Beyond Standard Requirement				POA	POA	<u>POA</u>				Will have to be priced accordingly to request
NEW - Mutual Exchanges	Remedial Works, Reinstatement, Clearance and Cleaning				POA	POA	<u>POA</u>				Will have to be priced accordingly to request
NEW - Mutual Exchanges	Legal Proceedings, Warrants and Forced Entry				POA	POA	<u>POA</u>				Will have to be priced accordingly to request
									3.28%	£60	

HOUSING REVENUE ACCOUNT FEES AND CHARGES 2027/28

Service	Details	Net Fee (2026/27)	VAT (exemption applied on certain fees)	2026/27 Fee	2027/28 Proposed Net Fee	VAT (exemption applied on certain fees)	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Stores	Use of store	£7.90		<u>£7.90</u>	£8.15		<u>£8.15</u>	£0.25	3.16%		
Lock change	Callout	£144.17	£28.83	<u>£173.00</u>	£148.50	£29.70	<u>£178.20</u>	£5.20	3.01%		
	Admin charge	£51.58	£10.32	<u>£61.90</u>	£53.17	£10.63	<u>£63.80</u>	£1.90	3.07%		
									3.08%	£580	
Tenant's Retrospective Charges:											
Inspection charge - depending on cost of work	From £0 to £999	£267.00		<u>£267.00</u>	£275.05		<u>£275.05</u>	£8.05	3.01%		Inflationary Increase applied
	From £1,000 to £1,999	£272.00		<u>£272.00</u>	£280.20		<u>£280.20</u>	£8.20	3.01%		
	From £2,000 to £2,999	£295.00		<u>£295.00</u>	£303.90		<u>£303.90</u>	£8.90	3.02%		
	From £3,000 to £3,999	£306.00		<u>£306.00</u>	£315.25		<u>£315.25</u>	£9.25	3.02%		
	From £4,000 to £4,999	£363.00		<u>£363.00</u>	£373.90		<u>£373.90</u>	£10.90	3.00%		
	From £5,000 to £5,999	£487.00		<u>£487.00</u>	£501.65		<u>£501.65</u>	£14.65	3.01%		
Administration	Administration	£193.00		<u>£193.00</u>	£198.80		<u>£198.80</u>	£5.80	3.01%		
									3.01%	£210	
Leasehold charges for services (VAT not applicable. All fees are additional income for SBC):											
Solicitor's enquiries/standard pre-sale enquiries	10 working day response - from date of payment	£215.00		<u>£215.00</u>	£221.50		<u>£221.50</u>	£6.50	3.02%		Inflationary Increase applied
Solicitor's enquiries/standard pre-sale enquiries*	3 working day response - from date of payment	£329.00		<u>£329.00</u>	£338.90		<u>£338.90</u>	£9.90	3.01%		
Re-mortgage enquiries*	Enquiries raised at a time of remortgaging	£102.00		<u>£102.00</u>	£105.10		<u>£105.10</u>	£3.10	3.04%		
Redemption of Mortgage	Enquiries raised at a time of remortgaging	£119.00		<u>£119.00</u>	£122.60		<u>£122.60</u>	£3.60	3.03%		
Applications for consent for additional borrowing and Postponement of Right To Buy Discount Charge	Enquiries raised at a time of remortgaging	£93.00		<u>£93.00</u>	£95.80		<u>£95.80</u>	£2.80	3.01%		
Copy of lease*	fee for providing a copy of the lease	£51.00		<u>£51.00</u>	£52.55		<u>£52.55</u>	£1.55	3.04%		
Copy Transfers	fee for providing a copy of the lease	£52.00		<u>£52.00</u>	£53.60		<u>£53.60</u>	£1.60	3.08%		
Copies of quarterly service charge invoice*	additional inspection fee	£45.30		<u>£45.30</u>	£46.70		<u>£46.70</u>	£1.40	3.09%		
Copies of service charge estimate or actual statement*	additional inspection fee	£45.30		<u>£45.30</u>	£46.70		<u>£46.70</u>	£1.40	3.09%		
Deed of Postponement		£147.00		<u>£147.00</u>	£151.45		<u>£151.45</u>	£4.45	3.03%		
Notice of Charge		£51.00		<u>£51.00</u>	£52.55		<u>£52.55</u>	£1.55	3.04%		
Notice of Transfer/Assignment		£51.00		<u>£51.00</u>	£52.55		<u>£52.55</u>	£1.55	3.04%		
Lease extension	Valuation fee	£397.00		<u>£397.00</u>	£408.95		<u>£408.95</u>	£11.95	3.01%		
	Legal fee	£862.00		<u>£862.00</u>	£887.90		<u>£887.90</u>	£25.90	3.00%		
	Administration fee	£204.00		<u>£204.00</u>	£210.15		<u>£210.15</u>	£6.15	3.01%		
	Deposit - £260 or 10% of the premium, whichever is higher	£295.00		<u>£295.00</u>	£303.90		<u>£303.90</u>	£8.90	3.02%		
Collective enfranchisement	Valuation fee	£828.00		<u>£828.00</u>	£852.85		<u>£852.85</u>	£24.85	3.00%		
	Legal fee	£862.00		<u>£862.00</u>	£887.90		<u>£887.90</u>	£25.90	3.00%		
	Administration fee	£204.00		<u>£204.00</u>	£210.15		<u>£210.15</u>	£6.15	3.01%		
Consent fee/sub let fee	Cost of requesting permission to sublet the property	£79.40		<u>£79.40</u>	£81.80		<u>£81.80</u>	£2.40	3.02%		
									3.03%	£20	Infrequent charges, no budgetary impact.

HOUSING REVENUE ACCOUNT FEES AND CHARGES 2027/28

Service	Details	Net Fee (2026/27)	VAT (exemption applied on certain fees)	2026/27 Fee	2027/28 Proposed Net Fee	VAT (exemption applied on certain fees)	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
Leasehold Alterations:											Inflationary Increase applied
Minor alterations - these are internal works within the demised premises that do not require planning permission or building control approval	Pre-application advice (non-refundable)	£227.00		<u>£227.00</u>	£233.85		<u>£233.85</u>	£6.85	3.02%		
	Minor application consideration and decision (non-refundable)	£454.00		<u>£454.00</u>	£467.65		<u>£467.65</u>	£13.65	3.01%		
	Letter licence - deed	£306.00		<u>£306.00</u>	£315.20		<u>£315.20</u>	£9.20	3.01%		
	Full licence - issued by Building Surveyor	£465.00		<u>£465.00</u>	£479.00		<u>£479.00</u>	£14.00	3.01%		
	Extension of the letter licence period	£272.00		<u>£272.00</u>	£280.20		<u>£280.20</u>	£8.20	3.01%		
		£0.00									
Major alterations	Pre-application advice (non-refundable)	£272.00		<u>£272.00</u>	£280.20		<u>£280.20</u>	£8.20	3.01%		
	Major application consideration and decision (non-refundable)	£737.00		<u>£737.00</u>	£759.15		<u>£759.15</u>	£22.15	3.01%		
	Landlord licence - deed	£533.00		<u>£533.00</u>	£549.00		<u>£549.00</u>	£16.00	3.00%		
	Supplemental lease/deed of variation additional premises/restrictions)	£238.00		<u>£238.00</u>	£245.15		<u>£245.15</u>	£7.15	3.00%		
	Extension of the letter licence period	£363.00		<u>£363.00</u>	£373.90		<u>£373.90</u>	£10.90	3.00%		
Minor alterations - these are internal works within the demised premises that do not require planning permission or building control approval	Pre-application advice (non-refundable)	£323.00		<u>£323.00</u>	£332.70		<u>£332.70</u>	£9.70	3.00%		
	Minor application consideration and decision (non-refundable)	£595.00		<u>£595.00</u>	£612.90		<u>£612.90</u>	£17.90	3.01%		
	Retrospective letter licence	£488.00		<u>£488.00</u>	£502.65		<u>£502.65</u>	£14.65	3.00%		

HOUSING REVENUE ACCOUNT FEES AND CHARGES 2027/28

Service	Details	Net Fee (2026/27)	VAT (exemption applied on certain fees)	2026/27 Fee	2027/28 Proposed Net Fee	VAT (exemption applied on certain fees)	2027/28 Proposed Fee	2027/28 Proposed Increase (£)	2027/28 Proposed Increase (%)	Budget Increase (from fee proposals)	Options considered/Rationale
		£0.00									
Major alterations	Pre-application advice (non-refundable)	£369.00		<u>£369.00</u>	£380.10		<u>£380.10</u>	£11.10	3.01%		
	Major application consideration and decision (non-refundable)	£1,066.00		<u>£1,066.00</u>	£1,098.00		<u>£1,098.00</u>	£32.00	3.00%		
	Supplemental lease (extension of demised premises)	£465.00		<u>£465.00</u>	£479.00		<u>£479.00</u>	£14.00	3.01%		
	Landlord licence - deed	£760.00		<u>£760.00</u>	£782.85		<u>£782.85</u>	£22.85	3.01%		
Unauthorised alterations (The cost of this will depend on whether it is Minor or Major Works and the figure given is the minimum for major works)	Minor assessment and ruling	£567.00		<u>£567.00</u>	£584.05		<u>£584.05</u>	£17.05	3.01%		
	Major assessment and ruling	£839.00		<u>£839.00</u>	£864.20		<u>£864.20</u>	£25.20	3.00%		
	Stop and make safe notification (including liaison with other council officers)	£414.00		<u>£414.00</u>	£426.45		<u>£426.45</u>	£12.45	3.01%		
	Re-instatement minor works	£839.00		<u>£839.00</u>	£864.20		<u>£864.20</u>	£25.20	3.00%		
	Re-instatement major works	£1,111.00		<u>£1,111.00</u>	£1,144.35		<u>£1,144.35</u>	£33.35	3.00%		
										£0	
	GRAND TOTAL									£11,860	

This page is intentionally left blank



Fees and Charges General Fund 2027/28

Equality Impact Assessment (EqIA) Form

January 2027 – August 2028

Date created	August 2026
Approved by	Cabinet
Owner	Atif Iqbal
Version	1
Author	Director Finance & Deputy S151 Officer
Business Unit and Team	Finance

Please [click this link](#) to find the EqIA guidance toolkit for support in completing the following form.

For translations, braille or large print versions of this document please email
equalities@stevenage.gov.uk.

Does this policy, project, service, or other decision need an EqIA?

Title:	Fees and Charges General Fund 2027/28	
Please answer Yes or No to the following questions:		
Does it affect staff, service users or the wider community?	Yes	
Has it been identified as being important to particular groups of people?	Yes	
Does it or could it potentially affect different groups of people differently?	Yes	
Does it relate to an area where there are known inequalities or exclusion issues?	No	
Will it have an impact on how other organisations operate?	No	
Is there potential for it to cause controversy or affect the council's reputation as a public service provider?	Yes	

Where a positive impact is likely, will this help to:	
Remove discrimination and harassment?	No
Promote equal opportunities?	No
Encourage good relations?	No

If you answered 'Yes' to one or more of the above questions you should carry out an EqlA.

Or if you answered 'No' to all of the questions and decide that your activity doesn't need an EqlA you must explain below why it has no relevance to equality and diversity.

You should reference the information you used to support your decision below and seek approval from your Assistant Director before confirming this by sending this page to equalities@stevenage.gov.uk.

--

I determine that no EqlA is needed to inform the decision on the .

Name of assessor:

Decision approved by:

Role:

Role:

Date:

Date:

Equality Impact Assessment Form

For a policy, project, strategy, staff or service change, or other decision that is new, changing or under review

What is being assessed?		Fees and Charges General Fund 2027/28			
Lead Assessor	Annajoy David			Assessment team	Atif Iqbal Annajoy David Daud Latif GF Service Managers
Start date	January 2027	End date	August 2028		
When will the EqlA be reviewed? (Typically every 2 years)	August 2027				

Page 47

Who may be affected by the proposed project?	Residents, Business and users of discretionary services across Stevenage
What are the key aims of the proposed project?	The proposed changes to fees and charges for 2027/28 aim to: • Support the Council's financial resilience by setting fees at levels that contribute towards the cost of service delivery and help address inflationary pressures. • Increase income across General Fund services where appropriate, supporting the Council's wider financial sustainability objectives, including the corporate priority of balancing the budget. • Minimise the use of public funds to subsidise services that primarily benefit individual users, organisations, or specific groups where cost recovery can reasonably be achieved. This EqlA aims to: • Assess the impact of revised fees and charges on Stevenage residents and businesses. • Ensure continued access to a broad range of Council services at affordable and varied price points.

What **positive measures** are in place (if any) to help **fulfil our legislative duties** to:

Remove discrimination & harassment	The Council's services are available to all residents and businesses, as appropriate. For each type of service request, the same fees and charges apply to all applicants, ensuring a consistent and transparent approach. Concessions are available for certain services, such as garages and allotments, for Council tenants and individuals in receipt of means-tested benefits. In addition, some services, including garages, operate a differentiated pricing structure, allowing residents to choose an option that best suits their budget. Residents also have access to a range of car parks with varying price points, providing flexibility and choice. For commercial services, such as trade waste collection, businesses may choose whether to use the Council's service or an alternative private sector provider. Allotments are offered based on the waiting list, i.e. those who have been on the list the longest. Applicants can view a plot before they take it on to see site arrangements and facilities as well as plot details. A range of plot sizes are available across all sites. Residents can	Promote equal opportunities	The Council's services are available to all residents and businesses, as appropriate. For each type of service request, the same fees and charges apply to all applicants, ensuring a consistent and transparent approach. Reducing the cost of Blue Badge parking arrangements helps support equality of opportunity for disabled people who may be more reliant on car travel due to mobility or accessibility needs. The changes aim to improve affordability whilst continuing to ensure the sustainable administration of the parking permit scheme.	Encourage good relations	All fees and charges are published online and are available for review before a customer applies for a service. Furthermore, service users are generally informed of any applicable charges before works commence, ensuring that all parties are aware of the costs prior to making a commitment. Where fee changes apply to ongoing services, such as garages or tenancies on Council estates, existing service users are notified in advance of the changes taking effect. The Council provides concessionary fees and charges where appropriate, including for garage tenants and certain planning services. These arrangements help support affordability and accessibility for eligible service users.
------------------------------------	--	-----------------------------	---	--------------------------	--

	choose the size they want or wait for specific plots to become available.		Allotment pricing is based on plot sizes only (per square metre) Allotment legislation ensures new tenants get at least 3 months' allowance before termination of tenancy can progress. Allotment tenancy agreement applies to all plot holders.		These measures demonstrate the Council's commitment to transparency, affordability, and supporting members of the community who may have limited financial means.
--	---	--	--	--	---

What sources of data / information are you using to inform your assessment?	Sectoral knowledge Demand data (Digital Lettings on garages) and usage statistics across service areas Benchmarking with other local authorities Feedback from past consultations (Parking services) Office for National Statistics (ONS) data LGA guidance on local fee setting for regulators (Environmental Health) Feedback from service users, benchmarking with neighbouring authorities and LGA guidance on local fee setting for regulators.
---	---

In assessing the potential impact on people, are there any overall comments that you would like to make?

Proposed fee increases across General Fund services have been assessed on a case-by-case basis. The average increase across General Fund fees is 1.99%, which is marginally below the annual inflation rate to August 2026 of 3.1%.

A summary of the key considerations for each service area is provided below.

Leisure and Green Spaces

Most fees have increased by £1 per hour or booking, where applicable. Larger increases generally apply to seasonal or annual bookings and equate to less than £1 per day. Leisure services continue to be subsidised by the Council.

Allotments and Fishing

Allotment fees have increased by an average of 3%, broadly in line with inflation. A modest increase of 3p per square metre is proposed. This equates to only a small additional weekly cost for tenants and would ensure allotments remain a highly affordable leisure activity compared with other hobbies and pastimes. An average 100m² plot currently costs £90 per year. The proposed 3p increase for 2027 would mean the same-size plot would cost £93. This equates to £1.78 per week. Costs associated with allotment provision have increased, particularly due to rising water charges and greater water usage during periods of drought. Water remains included within the annual rent and is not charged separately.

For fishing activities, day tickets and additional rod fees have been frozen, while night fishing permits have increased by £2.

Planning

Most planning fees have increased by approximately 3%. Newly introduced charges, including the Live Planning Application Amendment Service, remain unchanged, as do optional premium services such as the Fast Track Service.

To maintain accessibility, fees for simple and commonly requested services, including the Simple Permitted Development Enquiry and the Standard General Enquiry (20-day response service), have been frozen. This approach balances affordability with the need for financial sustainability.

Highways and Engineering

An average fee increase of 4% is proposed across the service. While slightly above the inflation rate, the majority of users are commercial organisations, including developers and housebuilders, that are generally able to absorb these costs.

A 3.6% increase is also proposed for hourly charge-out rates applied to other local authorities using Stevenage Borough Council services. This reflects increasing employment (for example Pay award) and operational costs while ensuring charges remain reasonable and competitive.

On and Off-Street Car Parking

The average increase in off-street car park charges across the New Town is 1.9%, which remains below the current rate of inflation. Season ticket prices have largely been frozen. The exception is the revised Blue Badge parking arrangement, whereby a new annual administration fee of £30 has been introduced for all car parks (except Railways), replacing the previous £65 annual season ticket. This is expected to have a positive impact on affordability for many Blue Badge holders. Parking charges for all tariff bands of up to one hour have been frozen.

In the Old Town car parks, charges have increased by an average of 4%. However, it should be noted that most fees have increased by only 10p to 20p per tariff band. The larger increases apply primarily to longer-stay parking, with the aim of encouraging shorter stays, increasing parking turnover, and reducing congestion. Charges for stays of up to one hour, as well as season ticket prices, have been frozen.

On-street parking charges across the town centre have been frozen. At King George V Playing Fields Car Park, a £1 charge for up to three hours' parking has been introduced to help ensure that visitors requiring convenient access can find available parking spaces while discouraging excessively long stays. Parking for up to two hours remains free, providing ample time for users to enjoy the park, while the charge for up to four hours has increased by 20p.

At Coreys Mill, parking charges have increased by 10p for one hour (bringing the charge to £2.40), 30p for two hours (bringing the charge to £3.90), and 50p for three hours (bringing the charge to £5.90). Despite these increases, the charges remain substantially lower than those at Lister Hospital, where parking costs £4.10 for up to one hour, £6.00 for one to two hours, and £8.20 for two to three hours. This continues to provide residents with a significantly more affordable parking alternative.

The various parking permit charges will increase by an average of 4.29%. However, it should be noted that Burymead permits have not increased since at least the 2021/22 financial year, and Old Town

permits have remained unchanged since 2024/25. The proposed increase is intended as a cost-recovery measure, reflecting significant rises in both administrative costs and the cost of specialist permit materials. These permits provide an important benefit to local residents by restricting parking in busy areas to permit holders, thereby helping to reduce parking pressures and improve availability for residents.

Finally, H-bar marking fees and parking bay suspension charges will increase by an average of 6.5%.

Trade Waste, Bulky Waste, Skips and Third-Party Tipping

Increases have been kept to a minimum, with the only proposed change being a £2 increase in bulky waste collection charges. This maintains affordability for residents while supporting cost recovery and encouraging responsible waste disposal.

All trade waste charges are proposed to be frozen. This supports local businesses across a range of sectors by helping to manage operating costs and maintain access to competitively priced waste services. The proposed fee freeze demonstrates the Council's commitment to supporting business resilience, encouraging economic diversity, and fostering a vibrant local economy, including small and start-up enterprises.

Cemeteries

Fees have increased by an average of 2%, below the current inflation rate. While most chargeable services have risen by around 3%, several areas, including pre-purchased plots, Sanctum cremated remains facilities, and commemorative displays, have been frozen.

Licensing

Most licensing fees have increased between 3% and 4%. Charges relating to pest and vermin control, gambling, scrap metal licensing, and pavement licensing have been frozen.

Some larger increases relate to stray dog services, where charges have been uplifted by inflation (3.5%) and rounded accordingly. The removal of previously waived first-day kennel charges also contributes to higher percentage increases.

Certain taxi licensing fees show larger increases as they represent the second year of phased increases approved by Cabinet in October 2025, combined with an inflationary uplift of 3.5% and rounding adjustments.

	Local Land Charges It is proposed that fees for CON29 search elements increase by 3.5%, with a maximum increase of £5 per search. These charges typically represent a very small proportion of the overall cost of purchasing property or land. LLC1 charges will remain frozen in anticipation of the future transfer of the LLC1 search function to HM Land Registry. Estates, Town Centre and Indoor Market To ensure full cost recovery for lease assignment applications, fees have been reviewed to reflect associated professional and administrative costs. External legal fees remain unchanged, building surveyor fees have increased by £175, and internal professional and administrative charges by £100. Charges relating to small land disposals and legal services associated with leases, agreements, and deeds have been frozen to maintain affordability for residents. Town centre trading fees, including charges for outdoor seating, displays, advertising boards, and associated administration, have also been frozen to support local businesses and encourage economic activity. A 3% increase is proposed for indoor market rents. Despite this increase, rents remain highly competitive and continue to be subsidised by the Council. Market licence administration fees will remain unchanged.

Evidence and Impact Assessment

Explain the potential impact and opportunities it could have for people in terms of the following characteristics, where applicable:

Age					
Positive impact		Negative impact	X	Neutral impact	
Please evidence the data and information you used to support this assessment	Service	Impact	Comments		
	Leisure and Green Spaces	Low	Most fees have increased by £1 per hour or per booking, where applicable. This increase is necessary to help offset the cost of providing these services. However, it is anticipated that the modest rise in charges will have only a limited impact on residents. Larger increases generally apply to clubs that make seasonal or annual bookings and, when spread across the duration of the booking period, equate to less than £1 per day. The extent to which these organisations choose to pass the additional costs on to their members will vary and remains uncertain		
	Allotments and Fishing	Low	The price increase might affect elderly people on pension credit and young people on low incomes. Holding an allotment is discretionary, and residents use them to grow their own produce, stay healthy, and benefit socially. If a plot holder can no longer afford the allotment, they may downsize to a smaller plot. Discounts are available for those on means-tested benefits.		
	Planning	Low	Most of the applicants will be in a financial position to pay the search fees as these costs will be a tiny percentage of extending/altering a property/land. To support prospective applicants, fees for simpler services, including the Simple Permitted Development Enquiry and Standard General Enquiry (20-day response), will remain unchanged, ensuring access to essential planning advice while balancing cost recovery requirements. Pre-application advice and the Fast Track Service are both discretionary services, with the latter only available where capacity permits. The recently introduced Live Planning Application Amendment Service fee		

			helps manage officer workload by discouraging unnecessary or excessive changes to submitted applications.
	Highways and Engineering	None	
	On and Off-Street Car Parking	Low	Higher parking charges may have a disproportionate impact on some older residents, particularly those on fixed or limited incomes. However, it should be recognised that not all older residents experience financial hardship. Older residents with disabilities or mobility-related needs may benefit from the revised Blue Badge parking arrangement. For eligible car parks, a £30 annual administration fee has replaced the previous £65 annual season ticket, which is expected to improve affordability for many users. It should also be noted that a range of national benefits and support schemes are available to eligible older people to assist with the cost of living and other essential expenses. Furthermore, older residents with care and support needs can apply for free carer permits. These permits allow carers to park within residents' parking permit areas while providing essential care and support services, ensuring that parking charges do not create a barrier to accessing necessary assistance.
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	Low	Most of the services are primarily targeted at trade customers (businesses) rather than individual residents, and eligibility criteria and charges are not based on the characteristics of any individual. The only proposed fee increase is a £2 rise for bulky waste collections of up to three items. However, this service is used relatively infrequently by individual households and is therefore expected to have a minimal impact on household budgets.
	Licensing	Low	The majority of charges are for businesses and taxi drivers. Whilst a fee increase may have a negative impact on certain age group this will be limited and it should be noted the increases are there to bring the service to a break even position. Certain services to residents are offered at concessionary rates for those in receipt of specified benefits in accordance with policy (i.e. Guaranteed Pension credit).

	Local Land Charges	Low	In the case of CON29 searches, most of the applicants will be in a financial position to pay the search fees as these costs will be a tiny percentage of a purchasing a property/land. LLC1 fees have been frozen.	
	Estates, Town Centre and Indoor Market	None		
What opportunities are there to promote equality and inclusion?	The Council's services are available to all residents and businesses, where appropriate. Fees and charges are published online and are generally communicated to service users before works commence, ensuring transparency and enabling informed decisions. For each type of service request, the same fees apply to all applicants, except where concessionary rates are available in accordance with Council policy for residents receiving specified benefits. Existing users of ongoing services, such as garages or Estate tenancies, are notified in advance of any changes to fees and charges. In Planning, enquiry fees may be waived in certain circumstances, for example where an older resident requires advice on property adaptations to support their day-to-day living needs. In Leisure, senior memberships, age-specific offers, and affordable junior and community rates are retained and actively promoted to encourage participation across different age groups. Engagement with users of junior football, bowls, and other community activities helps ensure that opportunities remain accessible, supporting health, wellbeing, and social connection		What do you still need to find out? Include in actions (last page)	Leisure: Booking, cancellation and participation trends by activity and age group; use of concessions; feedback from clubs and service users.

Disability e.g., physical impairment, mental ill health, learning difficulties, long-standing illness

Positive impact		Negative impact	X	Neutral impact	
-----------------	--	-----------------	---	----------------	--

Please evidence the data and information you used to support this assessment	Service	Impact	Comments
	Leisure and Green Spaces	Low	Most fees have increased by £1 per hour or per booking, where applicable. This increase is necessary to help offset the cost of providing these services. However, it is anticipated that the modest rise in charges will have only a limited impact on residents. Larger increases generally apply to clubs that make seasonal or annual bookings and, when spread across the duration of the booking period, equate to less than £1 per day. The extent to which these organisations choose to pass the additional costs on to their members will vary and remains uncertain
	Allotments and Fishing	Low	The price increase might affect people on disability allowance. Holding an allotment is discretionary, and concessions are available for those on means-tested benefits. If the tenant can no longer afford the current plot, they may be able to downsize to a smaller, more affordable plot.
	Planning	Low	Most of the applicants will be in a financial position to pay the search fees as these costs will be a tiny percentage of extending/altering a property/land. To support prospective applicants, fees for simpler services, including the Simple Permitted Development Enquiry and Standard General Enquiry (20-day response), will remain unchanged, ensuring access to essential planning advice while balancing cost recovery requirements. Pre-application advice and the Fast Track Service are both discretionary services, with the latter only available where capacity permits. The recently introduced Live Planning Application Amendment Service fee helps manage officer workload by discouraging unnecessary or excessive changes to submitted applications.
	Highways and Engineering	None	
	On and Off-Street Car Parking	Positive	Higher parking charges may have a disproportionate impact on some disabled residents, particularly those

			on lower incomes. However, the introduction of a £30 annual administration fee for Blue Badge holders in eligible car parks, replacing the previous £65 season ticket (except Railways car parks), is expected to improve affordability for many users. Free carer permits also remain available to support residents with care needs. Where parking charges reduce demand, increased parking availability may further benefit disabled residents who rely on access to convenient parking.
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	Low	Most of the services are primarily targeted at trade customers (businesses) rather than individual residents, and eligibility criteria and charges are not based on the characteristics of any individual. The only proposed fee increase is a £2 rise for bulky waste collections of up to three items. However, this service is used relatively infrequently by individual households and is therefore expected to have a minimal impact on household budgets.
	Licensing	Low	The majority of charges are for businesses and taxi drivers. Whilst a fee increase may have a negative impact on certain disabled group this will be limited and it should be noted the increases are there to bring the service to a break even position. Certain services to residents are offered at concessionary rates for those in receipt of specified benefits in accordance with policy
	Local Land Charges	Low	In the case of CON29 searches, most of the applicants will be in a financial position to pay the search fees as these costs will be a tiny percentage of a purchasing a property or land. LLC1 fees have frozen.
	Estates, Town Centre and Indoor Market	Low	A small portion of Commercial Tenants on the portfolio are charities that operate with disabilities eg physical impairment, mental ill health, learning difficulties and long standing illness.

What opportunities are there to promote equality and inclusion?	The Council's services are available to all residents and businesses, where appropriate. Fees and charges are published online and are generally communicated to service users before works commence, ensuring transparency and enabling informed decisions. For each type of service request, the same fees apply to all applicants, except where concessionary rates are available in accordance with Council policy for residents receiving specified benefits. Existing users of ongoing services, such as garages or Estate tenancies, are notified in advance of any changes to fees and charges. In Planning, while the Council provides a chargeable pre-application enquiry service, the fee may be waived where a disabled person seeks general advice in relation to extending or adapting their property. Additionally, disabled applicants may be exempt from planning application fees where the proposal relates to works required to meet their needs, in accordance with Central Government Planning Fee Regulations. In Leisure, targeted memberships, facilities, and activities for people with long-term health conditions help reduce barriers to participation, build confidence, and support both physical and mental wellbeing. The Council will continue to maintain and promote programmes for individuals with long-term health conditions, provide reasonable adjustments where required, ensure accessible booking information is available, and clearly communicate concessionary and essential carer arrangements. Community pricing	What do you still need to find out? Include in actions (last page)	Leisure: Usage and complaints from disabled customers; current concessions and carer policy; accessibility of booking, payment and facilities.

	structures also help support inclusive participation in leisure activities.		
--	---	--	--

Gender Reassignment

Positive impact		Negative impact		Neutral impact	
Please evidence the data and information you used to support this assessment	Service	Impact	Comments		
	Leisure and Green Spaces	None			
	Allotments and Fishing	None			
	Planning	None			
	Highways and Engineering	None			
	On and Off-Street Car Parking	None			
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None			
	Licensing	None			
	Local Land Charges	None			
	Estates, Town Centre and Indoor Market	None			
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)			

Marriage or Civil Partnership

Positive impact		Negative impact		Neutral impact	
-----------------	--	-----------------	--	----------------	--

Please evidence the data and information you used to support this assessment	Service	Impact	Comments
	Leisure and Green Spaces	None	
	Allotments and Fishing	None	
	Planning	None	
	Highways and Engineering	None	
	On and Off-Street Car Parking	None	
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None	
	Licensing	None	
	Local Land Charges	None	
	Estates, Town Centre and Indoor Market	None	
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	

Pregnancy & Maternity					
Positive impact		Negative impact		Neutral impact	
Please evidence the data and information you used to support this assessment					
	Service	Impact	Comments		
	Leisure and Green Spaces	None			

	Allotments and Fishing	None	
	Planning	None	
	Highways and Engineering	None	
	On and Off-Street Car Parking	Low	Pregnant women may be more likely to attend the hospital, and therefore disproportionately affected by price rises there but charges help to improve availability of spaces for all visitors and are still at a substantial discount to the Hospital car park.
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None	
	Licensing	None	
	Local Land Charges	None	
	Estates, Town Centre and Indoor Market	None	
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	

Race				
Positive impact		Negative impact		Neutral impact
Please evidence the data and information you used to support this assessment	Service	Impact	Comments	
	Leisure and Green Spaces	None		

	Allotments and Fishing	None	
	Planning	None	
	Highways and Engineering	None	
	On and Off-Street Car Parking	None	
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None	
	Licensing	None	
	Local Land Charges	None	
	Estates, Town Centre and Indoor Market	None	
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	

Religion or Belief				
Positive impact		Negative impact	X	Neutral impact
Please evidence the data and information you used to support this assessment	Service	Impact	Comments	
	Leisure and Green Spaces	Low	Faith groups may hire pavilions, meeting rooms, parks, and sports pitches for regular activities and events. Most fees have increased by £1 per hour or per booking, where applicable, to help offset the cost of providing these services. Given the modest nature	

			of the increase, it is anticipated that the impact on faith groups will be limited and should not present a significant barrier to accessing Council facilities.
	Allotments and Fishing	None	
	Planning	None	
	Highways and Engineering	None	
	On and Off-Street Car Parking	None	
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None	
	Licensing	None	
	Local Land Charges	None	
	Estates, Town Centre and Indoor Market	None	
What opportunities are there to promote equality and inclusion?	Leisure: Use consistent and transparent community-rate criteria and engage faith groups that regularly hire facilities.	What do you still need to find out? Include in actions (last page)	Leisure: Use of affected venues by faith groups, the frequency of bookings and any affordability concerns or cancellations.

Sex					
Positive impact		Negative impact		Neutral impact	
Please evidence the data and information you used to support this assessment	Service	Impact	Comments		
	Leisure and Green Spaces	None			
	Allotments and Fishing	None			
	Planning	None			
	Highways and Engineering	None			
	On and Off-Street Car Parking	None			
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None			
	Licensing	None			
	Local Land Charges	None			

	Estates, Town Centre and Indoor Market	None		
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)		

Sexual Orientation e.g., straight, lesbian / gay, bisexual				
Positive impact		Negative impact		Neutral impact
Please evidence the data and information you used to support this assessment	Service	Impact	Comments	
	Leisure and Green Spaces	None		
	Allotments and Fishing	None		
	Planning	None		
	Highways and Engineering	None		
	On and Off-Street Car Parking	None		
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None		
	Licensing	None		
	Local Land Charges	None		
	Estates, Town Centre and Indoor Market	None		
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)		

Care Experience¹

e.g., residents that spent more than 13 consecutive weeks (up to age 18) in care

[Further guidance on this new group can be found in the linked toolkit]

Positive impact		Negative impact	X	Neutral impact	
Please evidence the data and information you used to support this assessment	Service	Impact	Comments		
	Leisure and Green Spaces	Low	Care-experienced young people may face financial disadvantage and could be more affected by increased charges for sport or community activity. The KGV PlayZone partner and community rates, which may range from free to £20, provide a potential mitigation.		
	Allotments and Fishing	None			
	Planning	None			
	Highways and Engineering	None			
	On and Off-Street Car Parking	Positive	Carers parking permits are provided free of charge in permit areas to support those with care needs at home.		
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	None			
	Licensing	None			
	Local Land Charges	None			
	Estates, Town Centre and Indoor Market	None			

¹Although non-statutory, the Council passed a motion to include Care Experience as a protected characteristic and so decision-makers should use their discretion to consider the impact on people with care experience.

What opportunities are there to promote equality and inclusion?	Certain services to residents are offered at concessionary rates for those in receipt of specified benefits in accordance with policy. Work with relevant youth and care-leaver services to use partner or community rates for inclusive programmes and clearly explain eligibility.	What do you still need to find out? Include in actions (last page)	Current use by care-experienced residents and organisations supporting them; whether existing community-rate criteria meet their needs.
---	--	--	---

Socio-economic² e.g., low income, unemployed, homelessness, caring responsibilities, access to internet, public transport users, social value in procurement					
Positive impact		Negative impact	X	Neutral impact	
Please evidence the data and information you used to	Service	Impact	Comments		
	Leisure and Green Spaces	Low	Most fees have increased by £1 per hour or per booking, where applicable. This increase is necessary to help offset the cost of providing these services. However, it is anticipated that the modest rise in charges will have only a limited impact on residents. Larger increases generally apply to clubs that make seasonal or annual bookings and, when spread across the duration of the booking period, equate to less than £1 per day.		

²Although non-statutory, the Council has chosen to implement the Socio-Economic Duty and so decision-makers should use their discretion to consider the impact on people with a socio-economic disadvantage.

support this assessment			The extent to which these organisations choose to pass the additional costs on to their members will vary and remains uncertain
	Allotments and Fishing	Low	The price increase might affect residents with socio-economic disadvantage who receive benefits, although concessions are available for that purpose. Holding an allotment is discretionary. Around 9% (78 out of 870) of plot holders are on a concessionary rate. However, many of these have multiple plots; 10 have multiple plots and could return them if unaffordable.
	Planning		The risk of changes to planning fees disproportionately impacting residents experiencing socio-economic disadvantage is considered to be low. Residents in this group are generally less likely to undertake significant development projects, which often involve expenditure of many thousands of pounds. In such cases, planning fees typically represent only a small proportion of the overall project cost. Consequently, any proposed fee increases are unlikely to be a determining factor in whether development proceeds. To support prospective applicants, fees for simpler services, including the Simple Permitted Development Enquiry and Standard General Enquiry (20-day response), will remain unchanged, ensuring access to essential planning advice while balancing cost recovery requirements. Pre-application advice and the Fast Track Service are both discretionary services, with the latter only available where capacity permits. The recently introduced Live Planning Application Amendment Service fee helps manage officer workload by discouraging unnecessary or excessive changes to submitted applications.
	Highways and Engineering	None	
	On and Off-Street Car Parking		Any increase in parking charges has the potential to have a greater impact on residents who are already experiencing socio-economic disadvantage, and for some individuals this may affect the affordability of parking. However, the town centre benefits from good accessibility through a range of alternative transport options, including public transport, walking and cycling routes. Furthermore, parking charges in locations surrounding Lister Hospital will remain significantly lower than those charged within the

		hospital's own car parks and therefore remain below the prevailing market rate for comparable parking provision. Existing and proposed parking charges represent only a small proportion of the overall cost of vehicle ownership and use. Evidence also suggests that lower-income households are less likely to own or regularly use a car. More broadly, the costs associated with maintaining and supporting the road network and wider transport infrastructure exceed the revenues directly generated from motorists. As a result, motoring benefits from wider public expenditure funded through general taxation, including contributions from non-motorists. It is also recognised that some protected characteristic groups are statistically less likely to own a vehicle and may therefore be less directly affected by parking charge increases. The Council recognises that increases in resident permit and visitor voucher charges may have a greater financial impact on some households, particularly residents on lower incomes and those with additional care, health or mobility needs. A number of measures are already in place to mitigate potential adverse impacts and to ensure that essential parking requirements continue to be met. Residents who hold a valid Blue Badge are entitled to a free resident parking permit and will therefore not be affected by the proposed permit fee increases. This exemption helps ensure that residents with disabilities or long-term mobility impairments can continue to access parking without incurring additional financial burden. Residents who require regular medical or social care support may apply for free carers' permits, allowing carers to visit and provide essential assistance without being subject to parking charges. In addition, professional carers, community healthcare staff and other eligible medical practitioners can obtain permits free of charge when visiting patients in their homes. These arrangements help ensure that vulnerable residents continue to receive necessary care and support services without being adversely affected by changes to parking permit charges. The Council has also undertaken benchmarking against neighbouring authorities, which demonstrates that current permit and visitor voucher	
--	--	---	--

			charges are generally lower than those charged elsewhere for comparable parking schemes. Even after the proposed increases, charges will remain proportionate when considered alongside regional averages and the increasing costs of administering, operating and enforcing the parking service. Following implementation, the Council will continue to monitor the impact of the revised charges and consider any evidence of disproportionate effects on particular groups. Information relating to free permits, concessions and other available support will remain readily accessible to ensure that residents who require assistance are able to benefit from the support mechanisms already in place. Whilst the proposed fee increases may result in a modest financial impact for some residents, the Council considers this impact to be proportionate and justified in light of rising administration, enforcement and operational costs. Importantly, specific mitigations are available for disabled residents, those requiring medical or social care support, and the healthcare professionals and carers who assist them. Consequently, no disproportionate adverse impact on individuals sharing protected characteristics has been identified, and the overall equality impact is considered to be low, with appropriate mitigation measures in place.
	Trade Waste, Bulky Waste, Skips and Third-Party Tipping	Low	Most of the services are primarily targeted at trade customers (businesses) rather than individual residents, and eligibility criteria and charges are not based on the characteristics of any individual. The only proposed fee increase is a £2 rise for bulky waste collections of up to three items. However, this service is used relatively infrequently by individual households and is therefore expected to have a minimal impact on household budgets.
	Licensing	Low	The majority of charges are for businesses and taxi drivers. Whilst a fee increase can have a negative impact on socio-economic disadvantaged group, it should be noted the increases are there to bring the service to a break even position. While the increases are not targeted at any particular group, some individuals and small businesses may experience a greater financial impact. The overall equality impact is assessed as low. The proposals are considered to be a proportionate and reasonable approach to ensuring that the Council can continue to provide effective regulatory services while

			recovering the costs of service delivery. The Council will continue to monitor the impact of fees and ensure that services remain accessible through reasonable adjustments, accessible information and appropriate support where available. Some services offered to residents are offered at concessionary rates for those in receipt of specified benefits in accordance with policy (i.e. Universal Credit).	
	Local Land Charges	Low	In the case of CON29 searches, most of the applicants will be in a financial position to pay the search fees as these costs will be a tiny percentage of a purchasing a property/land.	
	Estates, Town Centre and Indoor Market	Low/Medium	The majority of Commercial Tenants on the commercial portfolio are local independent businesses. The majority of fees and charges have been frozen to maintain affordability, support accessibility to Council services, and encourage economic activity within the town centre. A 3% increase in indoor market rental fees has been proposed. However, it should be noted that indoor market rents are currently subsidised by the Council and remain highly competitive. The proposed increase represents a modest contribution towards inflationary and energy cost pressures while continuing to provide good value for market traders.	
What opportunities are there to promote equality and inclusion?	The Council's services are available to all residents and businesses, where appropriate. Fees and charges are published online and are generally communicated to service users before works commence, ensuring transparency and enabling informed decisions. For each type of service request, the same fees apply to all applicants, except where concessionary rates are available in accordance with Council policy for residents receiving specified benefits. Existing users of ongoing services, such as garages or Estate tenancies, are notified in advance of any changes to fees and charges.		What do you still need to find out? Include in actions (last page)	

--	--	--	--

Additional Considerations					
Please outline any other potential impact on people in any other contexts					
Positive impact		Negative impact		Neutral impact	
Please evidence the data and information you used to support this assessment					
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)			

Consultation Findings

Document any feedback gained from the following groups of people:

Staff?	Service Managers and Staff, Commercial Team, Finance Team Discussions with Shared Legal, Property Services and Team Members regarding the costs, time, workload and inflationary pressures for dealing with applications and cases	Residents?	Leisure: Residents and the wider public were engaged through the Healthy Stevenage Strategy consultation. Proposals for new facilities are also subject to public consultation.
Voluntary & community sector?	Leisure: Community and voluntary groups were engaged through the Healthy Stevenage Strategy consultation. New-facility consultation also includes affected community groups and businesses.	Partners?	Leisure: Partners and businesses were engaged through the Healthy Stevenage Strategy consultation. Everyone Active supplied benchmarking for pitches, bowls and athletics; Football Foundation approval remains required for KGV PlayZone pricing.

Other stakeholders?	Leisure: Sports and bowls clubs, venue hirers, schools, event organisers and businesses are engaged through service channels and consultation on new facilities. Feedback will continue to inform annual reviews.
---------------------	---

Overall Conclusion & Future Activity

Page 73

Explain the overall findings of the assessment and reasons for outcome (please choose one):		
1. No inequality, inclusion issues or opportunities to further improve have been identified		
Negative / neutral impact, barriers to inclusion or improvement opportunities identified	2a. Adjustments made	
	2b. Continue as planned	The proposed fee increases apply consistently to all applicants and are intended to support the recovery of costs associated with delivering statutory, regulatory, and discretionary services. While the increases are not targeted at any particular group, it is recognised that some individuals and small businesses may experience a greater financial impact depending on their personal circumstances. Overall, the equality impact is considered to be low. The proposals represent a proportionate and reasonable approach to maintaining service delivery while ensuring that the Council recovers an appropriate level of the costs incurred in providing these services. The Council will continue to monitor the impact of fees and charges and will seek to ensure that services remain accessible through reasonable adjustments, accessible information, and appropriate support where available. In addition, concessionary rates are available for certain services, in accordance with Council policy, for residents who are in receipt of specified benefits. These arrangements help to support affordability and accessibility for those on lower incomes.

2c. Stop and remove

Detail the **actions that are needed** as a result of this assessment and how they will help to **remove discrimination & harassment, promote equal opportunities** and / or **encourage good relations**:

Action	Will this help to remove, promote and / or encourage?	Responsible officer	Deadline	How will this be embedded as business as usual?
Monitor the cost of providing services to ensure that fees and charges continue to recover an appropriate proportion of Council costs, minimising the need for subsidy except where there is a clear and justifiable reason to do so. This will support the Council in addressing its ongoing financial sustainability challenges.	Promote equal opportunity Encourage good relations	Finance and Commercial Team	August 2027	Review service costs and associated fees and charges annually as part of the Council's Fees and Charges setting process.
Continue to monitor service uptake and, where possible, analyse the characteristics of service users to identify whether any groups are disproportionately or adversely affected by changes to fees and charges. Where impacts are identified, consider appropriate mitigation measures to improve accessibility and affordability.	Promote equal opportunity Encourage good relations	Service Managers	Ongoing	Incorporate protected characteristic, equality, and affordability considerations into routine performance monitoring and business-as-usual reporting processes, ensuring that any emerging issues are identified, monitored, and addressed where appropriate.

Approved by Director: Atif Iqbal

Date: 09/09/2026

Please send this EqIA to equalities@stevenage.gov.uk for critical friend feedback and for final submittance with the associated project.



Fees and Charges Housing Revenue Account 2027/28

Equality Impact Assessment (EqIA) Form

April 2027 - March 2028

Date created	August 2026
Approved by	Cabinet
Owner	Atif Iqbal
Version	1
Author	Director Finance & Deputy S151 Officer
Business Unit and Team	Finance

Please [click this link](#) to find the EqIA guidance toolkit for support in completing the following form.

For translations, braille or large print versions of this document please email
equalities@stevenage.gov.uk.

Does this policy, project, service, or other decision need an EqlA?

Title:	Fees and Charges Housing Revenue Account 2027/28	
Please answer Yes or No to the following questions:		
Does it affect staff, service users or the wider community?	Yes	
Has it been identified as being important to particular groups of people?	Yes	
Does it or could it potentially affect different groups of people differently (unequal)?	Yes	
Does it relate to an area where there are known inequalities or exclusion issues?	No	
Will it have an impact on how other organisations operate?	No	
Is there potential for it to cause controversy or affect the council's reputation as a public service provider?	Yes	

Where a positive impact is likely, will this help to:	
Remove discrimination and harassment?	No
Promote equal opportunities?	No
Encourage good relations?	No

If you answered 'Yes' to one or more of the above questions you should carry out an EqlA.

Or if you answered 'No' to all of the questions and decide that your activity doesn't need an EqlA you must explain below why it has no relevance to equality and diversity.

You should reference the information you used to support your decision below and seek approval from your Assistant Director before confirming this by sending this page to equalities@stevenage.gov.uk.

I determine that no EqlA is needed to inform the decision on the .

Name of assessor:

Decision approved by:

Role:

Role: Assistant Director

Date:

Date:

Equality Impact Assessment Form

For a policy, project, strategy, staff or service change, or other decision that is new, changing or under review

What is being assessed?		Fees and Charges Housing Revenue Account 2027/28	
Lead Assessor	Annajoy David		Assessment team Atif Iqbal Annajoy David Amanda Rogers Kelly Holland Daud Latif
Start date	April 2027	End date March 2028	
When will the EqIA be reviewed? (Typically, every 2 years)		August 2027	

Page 77

Who may be affected by the proposed project?	Stevenage Borough Council tenants, leaseholders, residents in specialist support housing and other users of HRA services.
What is the key aims of the proposed project?	The proposed changes to fees and charges for 2027/28 aim to: • Support the long-term financial sustainability of the Housing Revenue Account (HRA) by setting fees at levels that contribute towards the cost of service delivery and help address inflationary pressures. • Generate appropriate income from housing-related services where charges can reasonably be levied, helping to support the delivery of tenant services and the objectives of the HRA Business Plan. • Reduce reliance on HRA resources to subsidise discretionary or additional services where it is appropriate to recover some or all of the costs from service users. This EqIA aims to: • Assess the impact of revised fees and charges on tenants, leaseholders and other users of HRA services. • Ensure continued access to HRA services that are fair, transparent and affordable.

- Consider whether the proposed charges could disproportionately affect any protected characteristic group or those experiencing socio-economic disadvantage and identify suitable mitigation where required.

What **positive measures** are in place (if any) to help **fulfil our legislative duties** to:

Remove discrimination & harassment	Charges are applied consistently and transparently in accordance with published fees and charges. For certain fees council tenants receiving some benefits are eligible for a discount on those charges. This reinforces our commitment to equal opportunities For independent living support charges, anybody on housing benefit and on the fairer charging scheme pays a	Promote equal opportunities	For most of the charges where applicable, all residents ranging from private to council tenants are charged the same. For certain fees council tenants receiving some benefits are eligible for a discount on those charges. This reinforces our commitment to equal opportunities. For independent living support charges, anybody on housing benefit and on the fairer charging scheme pays a lower rate than standard. To ensure the efficient use of resources and timely progression of mutual exchanges, applicants are expected to be adequately prepared and actively engaged throughout the process. Where applicants are not ready to proceed, fail to provide required information, repeatedly miss appointments, or do not complete agreed actions within reasonable timescales, Council resources may be diverted away from applicants who are ready and	Encourage good relations	The fees are transparent to service users and are listed clearly on the SBC website. A letter notifying any increase is sent out at least 28 days before the change in line with rent notification letters. To ensure the efficient use of resources and timely progression of mutual exchanges, applicants are expected to be adequately prepared and actively engaged throughout the process. Where applicants are not ready to proceed, fail to provide required information, repeatedly miss appointments, or do not complete agreed actions within reasonable timescales, Council resources may be diverted away from applicants who are ready and committed to completing their exchange.
------------------------------------	--	-----------------------------	--	--------------------------	---

	lower rate than standard.		committed to completing their exchange.		
--	---------------------------	--	---	--	--

What sources of data / information are you using to inform your assessment?	Service usage statistics from internal databases such as NEC reports Benchmarking with other local authorities and other providers
---	--

In assessing the potential impact on people, are there any overall comments that you would like to make?	Proposed fee increases across HRA services have been assessed on a case-by-case basis. The average increase across HRA fees is 1.56%, which is below the annual inflation rate of 3.1% to August. A number of service-specific changes are also proposed: Independent Living Support Services (Specialist Support) Within Independent Living Support services, which support some of the most vulnerable residents, fee increases have been kept to a minimum in real terms. Daily rental charges for guest bedrooms and flats have increased by between £0.50 and £1.40, business room hire by £0.20 per hour while washing machine charges are frozen. An introduction of a £1.00 dryer token charge, which remains heavily subsidised during its first year. Given the significantly higher energy consumption of dryers compared with washing machines, the charge is intended to encourage responsible use and partially recover operating costs. Care Connect Private Careline charges have been maintained at current levels to remain competitive with alternative providers. Charges have been aligned between private and HRA customers to promote fairness and consistency. General Needs Tenants and Leaseholders For general needs tenants and leaseholders, fee increases remain modest, with the smallest increase being £0.05 for management fees and the majority of increases below £0.75. The largest increase is £5.20 for the occasional lock-change call-out service.
--	---

Leaseholder charges primarily relate to legal and administrative services, including solicitor enquiries, deeds, notices and lease extensions. These are generally unavoidable, one-off charges. The largest increase is £25.90 (linking with current inflation) for lease extension legal fees, while all but four charges in this category have increased by less than £10.

Charges for tenant and leaseholder alterations vary according to the scale of the proposed works. The largest increase is £33.35 for reinstating unauthorised major works. For retrospective tenant applications, the highest increase is £14.65 for inspections relating to works valued at £5,000 or more. All increase are within the current inflation rate.

Mutual Exchange Service

The following amendments are proposed to the HRA Fees and Charges Register:

- Introduction of a Standard Mutual Exchange Service at no charge, in line with practice across many local authorities.
- Introduction of charges for additional works or services outside the scope of the standard service. The full details of this can be found in the additional details section of the EQIA.
- A fee of £38.60 (excluding VAT) / £46.32 (including VAT) for missed appointments or inspections, reflecting one hour of officer time.
- Charges for other works or services will be assessed and quoted on application, according to the nature and extent of the request.

Evidence and Impact Assessment

Explain the potential impact and opportunities it could have for people in terms of the following characteristics, where applicable:

Age					
Positive impact		Negative impact	X	Unequal impact	
Please evidence the data and information you used to support this assessment	Independent Living Support Services: The residents that are charged a support charge are predominantly older residents aged 60 and over. It is a requirement for residents living in older persons accommodation to receive support services, however there are disability and pension benefits that help with the additional cost of being disabled or older. Pension credit, Disability Living Allowance, PIP and Attendance Allowance are available for older and/or disabled residents that require extra help with care needs or regular supervision. These benefits can support older and/or disabled residents to meet the costs of these charges. General tenants and leaseholder: No direct unequal impact is anticipated. Older and younger tenants will be subject to the same charging framework. However, officers should monitor whether any age group is disproportionately affected or experiences barriers in accessing or understanding the standard service.				
What opportunities are there to promote equality and inclusion?	The biggest fee increases will be for infrequent services such as lock changes and leaseholder services, whilst everyday services have had a nominal increase as mentioned in the above sections.	What do you still need to find out? Include in actions (last page)			

Disability e.g., physical impairment, mental ill health, learning difficulties, long-standing illness					
Positive impact		Negative impact	X	Unequal impact	
Please evidence the data and information you used to support this assessment	Most individuals classified within the disability category have age-related conditions. Consequently, they are likely to receive the benefits identified in the preceding section relating to age. Residents who are disabled for other reasons may also be eligible for financial support to help with the additional costs associated with living with a disability. This can include benefits such as Disability Living Allowance (DLA), Personal Independence Payment (PIP), or Attendance Allowance, which can help disabled residents manage the costs of these charges. General tenants and leaseholder: The statutory mutual exchange service will continue to be provided free of charge. Where additional charges apply for services outside the standard process, individual circumstances, vulnerabilities and reasonable adjustments should be considered before any charge is applied.				
What opportunities are there to promote equality and inclusion?	The biggest fee increases will be for infrequently used services such as lock changes and leasehold services, whilst everyday services have had a nominal increase as mentioned in the above sections.		What do you still need to find out? Include in actions (last page)		

Gender Reassignment					
Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	No impacts identified.				
What opportunities are there to promote equality and inclusion?			What do you still need to find out? Include in actions (last page)		

Marriage or Civil Partnership

Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	No impacts identified.				
What opportunities are there to promote equality and inclusion?			What do you still need to find out? Include in actions (last page)		

Pregnancy & Maternity

Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	No impacts identified.				
What opportunities are there to promote equality and inclusion?	Individual circumstances should similarly be considered before applying a missed appointment charge where pregnancy, childbirth or associated circumstances have affected attendance.		What do you still need to find out? Include in actions (last page)		

Race

Positive impact		Negative impact		Unequal impact	
Please evidence the data and information	No impacts identified.				

you used to support this assessment			
What opportunities are there to promote equality and inclusion?	Information about what is included within the free standard service and what may incur a charge should be clear and accessible, with translation/interpretation support available where appropriate.	What do you still need to find out? Include in actions (last page)	

Religion or Belief					
Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	No impacts identified.				
What opportunities are there to promote equality and inclusion?	No direct unequal impact identified, although appointments should take account of religious observance where practicable.	What do you still need to find out? Include in actions (last page)			

Sex					
Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	No impacts identified.				

What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	
---	--	--	--

Sexual Orientation e.g., straight, lesbian / gay, bisexual					
Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	No impacts identified.				
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)			

Care Experience ¹ e.g., residents that spent more than 13 consecutive weeks (up to age 18) in care <i>[Further guidance on this new group can be found in the linked toolkit]</i>					
Positive impact		Negative impact	X	Neutral impact	
Please evidence the data and information you used to support this assessment	Children who have been in care are significantly more likely to experience homelessness or housing instability as young adults compared with their peers. Due to this reason any increases in Specialist Support fees could negatively impact this group. However, it should be noted that within Specialist Support services, which support some of the most vulnerable residents, fee increases have been kept to a minimum in real terms. Daily rental				

¹Although non-statutory, the Council passed a motion to include Care Experience as a protected characteristic and so decision-makers should use their discretion to consider the impact on people with care experience.

	charges for guest bedrooms and flats have increased by between £0.50 and £1.40, washing machine charges not increased and business room hire by £0.20 per hour. The proposed introduction of a £1.00 dryer token charge, which remains heavily subsidised during its first year. Given the significantly higher energy consumption of dryers compared with washing machines, the charge is intended to encourage responsible use and partially recover operating costs.		
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	

Socio-economic² e.g., low income, unemployed, homelessness, caring responsibilities, access to internet, public transport users, social value in procurement					
Positive impact		Negative impact	X	Unequal impact	
Please evidence the data and information you used to support this assessment	Potentially any HRA fee increases could negatively affect residents in a lower socio-economic standing as they will have a lower amount of funds to pay for any price increases, However fees have reviewed carefully on a case by case basis. General Tenants and Lease Holders: Many HRA charges, particularly leaseholder and alteration-related fees, are unlikely to have a significant impact on residents in lower socio-economic groups. These charges generally apply to leaseholders or tenants seeking discretionary property alterations, which often require access to financial resources that are not typically available to lower-income households. Leaseholder fees are primarily charged to recover legal and administrative costs associated with services such as deeds, notices, solicitor enquiries and lease extensions. These are standard costs associated with home ownership and are comparable to charges that would be incurred by any leaseholder or homeowner requesting similar services.				

²Although non-statutory, the council has chosen to implement the Socio-Economic Duty and so decision-makers should use their discretion to consider the impact on people with a socio-economic disadvantage.

A similar approach has been applied to charges affecting general needs tenants and leaseholders. In this category, the smallest increase is £0.05 for management fees, with the majority of increases being less than £0.75. The largest increase is £5.20 for the occasional lock-change call-out service. These modest increases have been designed to balance cost recovery requirements with affordability considerations.

Independent Living:

Within Independent Living Support services, which support some of the most vulnerable residents, fee increases have been kept to a minimum in real terms. Daily rental charges for guest bedrooms and flats have increased by between £0.50 and £1.40, washing machine charges are frozen and business room hire by £0.20 per hour. The proposed introduction of a £1.00 dryer token charge, which remains heavily subsidised during its first year. Given the higher energy consumption of dryers compared with washing machines, the charge is intended to encourage responsible use while contributing towards operating costs.

Furthermore, a range of financial support measures are available to eligible residents to help manage cost of living. These provisions, alongside existing support available for older and disabled residents, help to mitigate the potential impact of the proposed fee increases on those least able to afford them.

Care Connect:

Charges have been aligned across private and HRA customers to promote fairness and consistency. Whilst some customers may experience financial pressures, not all Care Connect users are from lower socio-economic backgrounds.

Mutual Exchange Service:

Some tenants seeking an exchange may be on low incomes and therefore less able to afford additional charges. This is mitigated by the standard Mutual Exchange service remaining free. The “additional consideration” section of the EqlA explains what is included free of charge and this will be used as a template to advise tenants of any additional cost before a chargeable service is undertaken. Officers also have the scope to consider exceptional circumstances where applying a charge could cause significant financial hardship.

What opportunities are there to promote equality and inclusion?

The biggest fee increases will be for infrequent services such as lock changes and leaseholder services, whilst everyday services have had a

What do you still need to find out?
Include in

	nominal increase as mentioned in the above sections. For Care Connect 24/7 there are different levels of service with different fees available to use. The introduction of a clearly defined free Standard Mutual Exchange Service ensures that tenants can exercise their right to exchange without being required to pay for the core service. Clearly distinguishing between the free standard service and optional or additional chargeable services will improve transparency and enable residents to make informed choices. Reasonable adjustments and individual circumstances should be considered when determining whether charges, particularly missed appointment charges, should be applied.	actions (last page)	
--	---	---------------------	--

Additional Considerations					
Please outline any other potential impact on people in any other contexts					
Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	Standard Mutual Exchange Service The following activities form part of the Council's standard mutual exchange application and approval process and will be provided at no charge: • Receiving and registering mutual exchange applications. • Conducting an initial review of the application and tenancy details. • Assessing applicants' eligibility to exchange. • Reviewing the proposed exchange against relevant statutory grounds and tenancy requirements. • Liaising with other landlords where the exchange involves another local authority or housing association. • Carrying out the standard property inspection required as part of the mutual exchange process.				

- Identifying the condition of the property, including any tenant-responsibility repairs or unauthorised alterations.
- Completing tenancy and property checks necessary to determine whether consent can be granted.
- Reviewing rent accounts and any other relevant tenancy matters.
- Providing guidance and advice to tenants on the mutual exchange process and any requirements that must be met before the exchange can proceed.
- Issuing schedules of work or conditions arising from the standard inspection.
- Making and communicating decisions to grant consent, grant conditional consent, or refuse the application, as appropriate.
- Completing all standard administrative activities associated with the exchange and subsequent tenancy changes.

These activities are considered to be the core mutual exchange service. Accordingly, no application, administration, or processing fee should be charged for undertaking them.

Rechargeable Costs

Additional costs incurred outside the standard mutual exchange process, where they arise directly from a tenant's action or inaction and could reasonably have been avoided, may be recovered through the Council's recharge policy rather than through a mutual exchange fee.

Examples of potentially rechargeable costs include:

- Missed appointments where access has been agreed and confirmed.
- Repeat inspections required because agreed tenant works have not been completed.
- Repeat gas, electrical, or other compliance inspections resulting from avoidable delays or failed access.
- Repairs required due to tenant damage, neglect, or misuse.
- Reinstatement, certification, or remedial works associated with unauthorised alterations.
- Property clearance, rubbish removal, or cleaning beyond what would reasonably be considered fair wear and tear.
- Reasonable legal, warrant, locksmith, or enforcement access costs, where the appropriate procedures have been followed.
- Any other additional works undertaken by the Council that are properly the responsibility of the tenant.

Principles for Recharging

Any recharge must:

- Be reasonable, proportionate, and supported by evidence of the costs incurred.
- Be clearly communicated to the tenant in advance where practicable.
- Be applied in accordance with the Council's recharge policy and relevant procedures.
- Allow for the exercise of discretion in cases involving vulnerability, financial hardship, or other exceptional circumstances.

Applicant Engagement and Readiness

To ensure the efficient use of resources and timely progression of mutual exchanges, applicants are expected to be adequately prepared and actively engaged throughout the process.

Where applicants are not ready to proceed, fail to provide required information, repeatedly miss appointments, or do not complete agreed actions within reasonable timescales, Council resources may be diverted away from applicants who are ready and committed to completing their exchange.

Priority will therefore be given to applicants who:

- Actively engage with the mutual exchange process.
- Respond promptly to requests for information, documentation, and appointments.
- Work collaboratively with the Council and any partner landlords involved in the exchange.
- Comply with all tenancy requirements, statutory obligations, and exchange conditions.
- Complete any required actions or remedial works within agreed timescales.

This approach supports the effective management of the mutual exchange process, ensures fair allocation of resources, and helps facilitate exchanges for tenants who are committed to progressing their application in a timely and compliant manner.

	Policy Position This approach ensures that the statutory mutual exchange process remains free of charge for tenants, while enabling the Council to recover avoidable expenditure incurred as a result of individual tenant actions or omissions. It also protects the Housing Revenue Account (HRA) from bearing costs that are properly attributable to the responsible tenant. This approach also ensures that applicants who are actively engaged in the process can progress their mutual exchange applications in a fair, timely, and compliant manner.		
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	

Consultation Findings

Document any feedback gained from the following groups of people:

Staff?	Discussions with the Housing and specialist support teams as well as the HRA Finance team when considering HRA fee increases.	Residents?	
Voluntary & community sector?		Partners?	
Other stakeholders?			

Overall Conclusion & Future Activity

Page 92

Explain the overall findings of the assessment and reasons for outcome (please choose one):		
1. No inequality, inclusion issues or opportunities to further improve have been identified		
Negative / unequal impact, barriers to inclusion or improvement opportunities identified	2a. Adjustments made	
	2b. Continue as planned	The proposed changes will generate additional fee income of approximately £11,860, representing an average increase of 1.56%, which remains below the latest CPI inflation rate of 3.1% (August 2026). The proposals are considered to be a proportionate and reasonable approach to maintaining service delivery whilst supporting the long-term financial sustainability of the Housing Revenue Account. Charges have been reviewed on a service-by-service basis, taking account of affordability, cost recovery requirements and the potential impact on vulnerable residents.
	2c. Stop and remove	

Detail the actions that are needed as a result of this assessment and how they will help to remove discrimination & harassment, promote equal opportunities and / or encourage good relations :				
Action	Will this help to remove, promote and / or encourage?	Responsible officer	Deadline	How will this be embedded as business as usual?
Monitor the cost of providing services to ensure that fees and charges continue to recover an appropriate proportion of Council costs, minimising the need for	Promote equal opportunity Encourage good relations	Finance and Commercial Team	August 2027	Review service costs and associated fees and charges annually as part of the Council's Fees and Charges setting process.

subsidy except where there is a clear and justifiable reason to do so. This will support the Council in addressing its ongoing financial sustainability challenges.				
Continue to monitor service uptake and, where possible, analyse the characteristics of service users to identify whether any groups are disproportionately or adversely affected by changes to fees and charges. Where impacts are identified, consider appropriate mitigation measures to improve accessibility and affordability.	Promote equal opportunity Encourage good relations	Service Managers	Ongoing	Incorporate protected characteristic, equality, and affordability considerations into routine performance monitoring and business-as-usual reporting processes, ensuring that any emerging issues are identified, monitored, and addressed where appropriate.

This page is intentionally left blank

Part I – Release to Press



Agenda item: **##**

Meeting Cabinet
Portfolio Area Environment, Planning and Transport
Date 08 October 2026



CLIMATE CHANGE – ANNUAL UPDATE OCTOBER 2026

KEY DECISION

Author Alex Robinson
Lead Officers Alex Robinson, Fabian Oyarzun, Veronica Chan
Contact Officer Alex Robinson

1 PURPOSE

- 1.1 The report provides the annual update on delivery Stevenage's Climate Change Strategy covering Council-led action and progress across the eight strategic themes.
- 1.2 Work included implementing a new Greenhouse Gas Accounting Framework for Council's emissions, with a multi-scope inventory covering over 700 buildings, fuel and energy use, water use, and other indirect emissions.
- 1.3 In 2024, Stevenage recorded its lowest territorial emissions within local authority influence, at 275.7 ktCO_{2e} (2.2% lower than in 2023 and 52.6% below the 2005 level) with per capita emissions of 3.0 tCO_{2e}, below the Hertfordshire and East of England average.
- 1.4 The report highlights actions delivered in 2025/26 including those done with partners and local communities. These create wider benefits for residents and businesses including warmer homes and buildings which are cheaper to heat, increasing greenspaces and assets for community wellbeing and

enhancing the natural environment. Measures to be delivered in 2026/27 will build on these to increase benefits to more of our residents, whilst improving our environment.

- 1.5 While the Council continues to make steady progress towards its sustainability objectives, achieving its long-term goals will require ongoing legislative and financial support from central Government to ensure local living standards and energy efficiency continue to rise.

2 RECOMMENDATIONS - CABINET:

- 2.1 That the 2026 Climate Change Annual Update (Appendix 1), detailing 2025/26 delivery, be noted.
- 2.2 That Cabinet approves the forward-looking actions for 2026/27 as set out in 3.22.

3 BACKGROUND

- 3.1 Following the declaration of a Climate Emergency in June 2019, Stevenage Borough Council (the Council) committed to achieving net-zero emissions by 2030, recognising that this transition is deeply intertwined with building a sustainable future, thriving local economy, and improved quality of life. This commitment is supported by the 2020 Stevenage Climate Change Strategy, and guided by the online Climate Action Plan Tracker, while embedding “Tackling Climate Change” as a core priority within the Making Stevenage Even Better Corporate Plan to build long-term community resilience, enhance local environmental quality, and safeguard residents’ wellbeing.
- 3.2 This year’s report marks an evolution in reporting by adopting a streamlined 6-level structure for climate action (Global, National, Region & County, Town, Council, and Local Community) to prioritise local delivery and tangible impacts communications.

PROGRESS ACROSS THE 6-LEVEL FRAMEWORK

- 3.3 The following summarises the 6-level framework adopted by the Council and the main steps being taken under each:
- 3.4 **Global Context:** Grounded in the Paris Agreement (2015) framework, targeting limits on global warming to 1.5 °C. Aligned with international milestones, including the UK’s commitment at COP¹29 (Baku, 2024) to cut GHG emissions by at least 81% by 2035 relative to 1990 levels.
- 3.5 **National Context:** Structured around the UK’s legally binding net-zero target for 2050 and provisional 2025 territorial emissions data showing a 54% reduction since 1990. Benefitting from national programmes such as the Warm Homes Plan, the Local Power Plan, and the establishment of Great

¹ COP: Conference of the Parties

British Energy, alongside responding to national adaptation warnings regarding extreme heat, flooding, and drought.

- 3.6 **Region & County:** Delivering joint county-wide projects through the Hertfordshire Climate Change and Sustainability Partnership (HCCSP) such as Solar Together, “Your Tree, Our Future” planting, and the Hertfordshire Retrofit Strategy development and implementation and continuing to prepare for Local Government Reorganisation (LGR).
- 3.7 **The Town (Town-Level Data):** According to DESNZ² 2024 data (published in June 2026), Stevenage recorded its lowest territorial emissions within local authority influence at 275.7 ktCO_{2e}, a 2.2% drop from 2023 and 52.6% lower than in 2005. Per capita emissions stood at 3.0 tCO_{2e}, falling below the wider Hertfordshire (3.1 tCO_{2e}) and East of England (3.6 tCO_{2e}) averages. Sector breakdown shows that Domestic (30.72%) and Transport (29.06%) are the main emitting sources in the town.
- 3.8 **The Council (Operations & Governance):** Established a comprehensive and rigorous internal multi-scope Greenhouse Gas (GHG) Accounting Framework including a GHG inventory covering over 700 assets under the operational control consolidation approach (see *Background Document - GHG Reporting Framework Main Report*), replacing legacy baselines to govern future reduction strategies and decision-making. The revised market-based baseline (including all Scopes 1, 2 and 3) for FY 2023/24 stands at 4,710.12 tCO_{2e}, with FY 2024/25 emissions recorded at 4,458.44 tCO_{2e} (a 5.3% reduction). Formal progress tracking against the 2030 target is based on a dedicated target-tracking boundary comprising market-based Scope 1 and 2 and a selected subset of Scope 3 assets, standing at 2,998.76 tCO_{2e} for FY23/24 and 2,714.46 tCO_{2e} for FY24/25 (a 9.5% annual reduction).
- 3.9 **Local Community:** Engaging residents via the Climate Action Plan Tracker. Participated in Stevenage Day with a climate action stall in the STEM Village. Approved and funded 10 ward-level community-led green projects via the Climate Change Community Fund (CCCF). The approved projects covered a diverse range of environmental and sustainability enhancements across the borough: tree planting & improvements, community gardens & nature areas, rainwater harvesting, active travel infrastructure, and bulb planting.

DELIVERY ACROSS THE 8 STRATEGIC THEMES

- 3.10 The following sets out the key areas of delivery the Council has made across the 8 strategic themes:
- 3.11 **Businesses:**
- Supported SMEs³ through 200 Wenta’s Action Zero Gold Memberships to create carbon reduction plans.
 - Delivered the Small Business Sustainability Support Programme (workshops, audits, consultancy) via Sustainable X using UK Shared Prosperity Fund.

² DESNZ: UK Department for Energy Security and Net Zero

³ SMEs: Small and Medium-sized Enterprises

- Awarded £70,000 Green Business Grant to seven SMEs/charities to implement energy-saving measures and clean technologies.
- Promoted green skills through North Hertfordshire College's Town Centre Campus and the Pioneering Young STEM⁴ Futures programme.
- Continued embedding Social Value via the Social Value Portal and national TOMs⁵ framework.
- Enacted the Co-operative Procurement Strategy 2025-2028.

3.12 **Homes:**

- Progressing toward EPC⁶ Band C for all Council homes by 2030 (currently ~66% compliant). Subject to affordability through Housing Revenue Account and UK Government funding availability.
- Completed the Social Housing Decarbonisation Fund Wave 2.1: £2.62m grant + £3.97m Council match. 237 homes retrofitted using a fabric-first approach.
- Progressed the Major Refurbishment Contract, delivering insulation, efficient lighting, and upgraded windows/doors into properties.
- Started Warm Homes: Social Housing Fund (£3.85m grant + £3.15m Council match) to upgrade c.379 Council homes by 2028.
- Supported 48 private households via ECO4⁷ and GBIS⁸ schemes.
- Secured and started delivery of £1.5m from the Warm Homes: Local Grant to upgrade ~100 low-income private homes by 2028.
- Supported the delivery of Solar Together and the Hertfordshire Retrofit Strategy through HCCSP.
- Delivered sustainable new-build housing using a 5-star quality design approach.

3.13 **Construction & Regeneration:**

- Advanced construction of the all-electric, fossil-fuel-free Sports & Leisure Centre (featuring solar panels and heat pumps), completing in late 2027.
- Relocated the Indoor Market to a modern, all-electric facility; and repurposed the old building into a new Engineering and Construction Campus.
- Adopted the Local Plan Partial Review (July 2026) with strengthened policies on operational emissions, energy use, cooling, water efficiency, decentralised energy systems, green infrastructure, and SuDS⁹.

3.14 **Waste & Recycling:**

- Worked with the Hertfordshire Waste Partnership toward zero waste to landfill by 2030.
- Upgraded eight neighbourhood recycling sites using UK Shared Prosperity Fund and CCCF funding.

⁴ STEM: Science, Technology, Engineering, and Mathematics.

⁵ TOMs: Themes, Outcomes, and Measures.

⁶ EPC: Energy Performance Certificate.

⁷ ECO4: Energy Company Obligation - Phase 4.

⁸ GBIS: Great British Insulation Scheme.

⁹ SuDS: Sustainable Drainage Systems.

- Completed Flat-Block Recycling Pilot Phase 2 across 41 blocks funded by £719k of EPR¹⁰ funding, introducing custom three-wheeled bins, and expecting a 4% uplift in borough recycling rate.
- Rolled out weekly food waste collections to 38,000 properties (77,000 caddies deployed), alongside commercial food waste services.
- Recovered 240 unwanted or fly-tipped bikes through Recycle Your Cycle.
- Promoted Herts Sustainable Families initiatives.

3.15 **People & Awareness:**

- Integrated "Tackling Climate Change" as a Corporate Plan priority.
- Established a 28-member staff Climate Champions group with dedicated topic sub-groups (e.g., active travel, recycling, events).
- Promoted carbon literacy training for officers and members via LGA¹¹ and APSE¹².
- Updated the Climate Change Risk Assessment (CCRA) (~50 climate risks) and integrated findings into corporate and operational risk registers.
- Prepared a 5-Year Climate Adaptation Plan.

3.16 **Biodiversity:**

- Planted 121 new street trees while maintaining ~30,100 trees and 18 woodlands.
- Delivered additional tree planting and woodland management (Lanterns Lane) funded via CIL¹³.
- Supported the delivery of the "Your Tree, Our Future" planting scheme.
- Created three new Miyawaki micro-woods (3,000 whips) at Peartree Park, Chells Park, and Symonds Green.
- Adopted the Tree & Woodland Strategy and Green Spaces Strategy (June 2025).
- Started implementation of the Biodiversity Action Plan (2024-2028) (including a dedicated tracker portal).
- Established full Biodiversity Net Gain (BNG) monitoring via Exacom/Uniform, securing delivery sites at Chells Park, Canterbury Way, and Fishers Green.
- Green Space Volunteers contributed over 1,700 hours to green space improvements.
- New wildflower areas were created at Fairlands Valley Lakes and St Nicholas Park.

3.17 **Transport:**

- Switched the entire Council's road fleet to 100% Hydrotreated Vegetable Oil (HVO), cutting direct emissions by 98.6% (c. 760 tCO_{2e} avoided).
- Expanded the EV fleet to include seven electric vehicles and vans.
- Re-launched the Beryl Bikes Cycle Hire Scheme (150 e-bikes, 45 bays), recording over 90,000 journeys and 239,000 km cycled by mid-2026.

¹⁰ EPR: Extended Producer Responsibility.

¹¹ LGA: Local Government Association.

¹² APSE: Association for Public Service Excellence.

¹³ CIL: Community Infrastructure Levy.

- Installed seven secure cycle hangars across the town.
- Partnered with HCC¹⁴ under LEVI¹⁵ funding (Urban Fox awarded as the CPO in December 2025) for public EV charger rollouts in late autumn 2026.
- Approved licensing fee discounts for Hackney Carriages and Private Hire vehicles (50% for Zero Emission Vehicles, 25% for Ultra-Low Emission Vehicles).

3.18 **Energy & Water:**

- Maintained Zero Carbon for Business tariff with EDF for corporate electricity supply, guaranteeing zero Scope 2 emissions.
- Completed Phase 1 of the Gordon Craig Theatre lighting refit (replacing auditorium fittings with LEDs¹⁶) and awarded Phase 2 for stage lighting.
- Delivered LED upgrades at the Town Centre Clocktower, St George's & Westgate Multi-Storey Car Parks, and Daneshill House.
- Partnered with Everyone Active to drive energy efficiency (boilers, BMS¹⁷, LED lighting) across leisure sites.
- Appointed Telex Water as portfolio manager and launched a 15-month Automatic Meter Reading trial.
- Installed community rainwater harvesting systems (Roebuck shops and Greydells Allotments).
- Engaged with Great British Energy on future local funding and shared ownership models under the Local Power Plan.

3.19 Appendix 1 provides a detailed update on Stevenage's Climate Change Strategy and action plan delivery.

STRATEGIC CLASSIFICATION OF CLIMATE ACTIONS

3.20 To transparently demonstrate how the Council's climate actions deliver value and impacts, a detailed strategic assessment of climate-related interventions has been undertaken, cataloguing and evaluation major actions across delivery mechanisms, funding streams, influence pathways, and operational impact boundaries (as detailed in section 17 of Appendix 1).

3.21 The results highlight a balanced and proactive approach: while the majority of initiatives are directly council-led or capital-backed, a significant proportion actively leverages external grant funding, drives wider town-wide and community benefits, or directly cuts net operational GHG emissions (such as through fleet decarbonisation, estate energy efficiency, and extensive borough-wide green infrastructure management).

FORWARD-LOOKING DELIVERY ACTIONS FY 2026/27

3.22 The following forward-looking initiatives are planned for 2026/27 to maintain strategic momentum across the town and Council climate-related actions. To

¹⁴ HCC: Hertfordshire County Council.

¹⁵ LEVI: Local Electric Vehicle Infrastructure.

¹⁶ LED: Light Emitting Diode.

¹⁷ BMS: Building Management System.

ensure these measures resonate directly with local residents, they are explicitly designed to bring practical benefits back to our community, easing cost-of-living pressures through lower utility bills, creating warmer and healthier homes and spaces, expanding accessible green spaces, and securing a cleaner, more resilient environment for every Stevenage resident. The focus remains on coupling environmental improvements with measures that improve people's daily lives and capture operational efficiencies.

Homes

- Continue delivering the Warm Homes: Social Housing programme with Equans to upgrade approximately c.379 Council homes by April 2028.
- Deliver Year 2 of the Warm Homes: Local Grant, providing energy performance upgrades and low-carbon heating to eligible low-income private households.
- Transition to a dedicated delivery vehicle for the Hertfordshire Retrofit Strategy (led by HCCSP).
- Review the Private Rented Sector Exemptions register for Minimum Energy Efficiency Standards (MEES).
- Continue applying a 5-star approach to housing development projects.

Energy & Water

- Continue consolidating and monitoring Council utility bills and meter reading procedures.
- Explore decarbonisation and green energy across Council assets and operationalise a building decarbonisation group focused on prioritised sites.
- Progress Phase 2 of the Gordon Craig Theatre lighting project, installing LED stage lights to complete the high-efficiency transition.
- Implement rainwater harvesting opportunities at allotment sites.

Biodiversity

- Plant over 100 more trees, including CIL-funded initiatives, and tree replacement policies. Miyawaki micro-woods, the "Your Tree, Our Future" scheme, and other local projects are also considered.
- Develop CIL-funded meadow improvement works.
- Carry out developer-funded improvements to Fishers Green Common Pond.
- Continue work to implement the Biodiversity Action Plan via targeted conservation and update its online tracker portal.
- Implement the Tree & Woodland Strategy's targeted actions, focusing on increasing canopy cover and nature connectivity.
- Implement actions outlined in the Green Spaces Strategy (2025-2035).
- Implement and monitor Biodiversity Net Gain (BNG) actions.

Construction & Regeneration

- Continue progress in construction of the New Sports & Leisure Centre.
- Continue to work with regeneration partners committed to zero-carbon operations and responsible development.

Waste & Recycling

- Complete improvement works at flats to ensure they have access to recycling services, in line with Simpler Recycling legislation.
- Introduce kerbside flexible plastics recycling for all households by 31 March 2027.
- Promote recycling via communications and resident and schools' engagement.
- Promote Recycle your Cycle, Herts Sustainable Families, and other initiatives through the Hertfordshire Waste Partnership.

Businesses

- Keep on implementing Social Value and the Cooperative Procurement Strategy.
- Add sustainability objectives to Pavement Licensing and Street Trading Policies targeting single-use plastics and efficient outdoor heating.

People & Awareness

- Continue the Climate Change Community Fund (CCCF), using an enhanced model to empower resident-led climate projects via Cooperative Neighbourhoods.
- Maintain and update the online climate action tracker portal.
- Publish the termly Sustainability Newsletter for schools and colleges.
- Fully operationalise the GHG Accounting framework to standardise climate tracking across the Council.
- Complete the Climate Adaptation Plan and continue embedding high-priority climate risks into the Council's risk registers.
- Continue delivering the Climate Champions programme focusing on recycling, events, active travel, and green workspaces.
- Assess and propose upgrades for Stevenage Day and other events' sustainability features.

Transport

- Move toward the physical installation of public EV charging points funded by LEVI in partnership with HCC.
- Deliver public artworks for the Stevenage Heart Trails at Fairlands Valley Park, Millennium Path, and King George V Playground to promote active travel.
- Install more secure cycle hangars across the town.
- Monitor Hydrotreated Vegetable Oil (HVO) usage across fleet operations.
- Assess future fleet requirements for an electrification roadmap (including Cavendish base analysis and replacement cycles).

4 REASONS FOR RECOMMENDATIONS

- 4.1 The annual update on climate change actions is a significant mechanism to ensure the Council maintains transparent, robust, and auditable tracking of its progress toward its broader sustainability and operational targets, ensuring that local delivery continues to improve residents' lives and protect the environment while meeting its net-zero target.
- 4.2 Noting the annual update and endorsing the forward-looking delivery actions for FY 2026/27 allow members to evaluate past delivery performance (such as the successful rollout of 100% HVO across the Council road fleet, major social housing retrofits lowering utility bills and tackling fuel poverty, estate energy efficiency measures, and grassroots community projects funded via the Climate Change Community Fund) alongside future planned activities in local decarbonisation, waste management, active travel, and biodiversity, among others.
- 4.3 Alternative options to this course of action were assessed, as indicated below.
- 4.4 Option 1: Do nothing. This option was rejected because failing to actively progress and report on climate action would lack transparency, fail to meet emerging public expectations for local environmental leadership, and leave the Council without a structured mechanism to manage future environmental and climate responsibilities that directly affect residents' health, comfort, and financial wellbeing.
- 4.5 Option 2: Delay formal reporting of climate progress. This option was rejected because it would weaken future external funding bids (such as housing and retrofit grants that lower bills for residents) and leave the Council without a clear framework to evaluate long-term target progress and community benefits.
- 4.6 Option 3: Do not report annually to Cabinet. This option was rejected because, while there is no strict statutory duty to produce an annual climate cabinet report, choosing not to report would hinder transparency, negatively impact strategic decision-making, undermine the Council's corporate priority of "Tackling Climate Change" as set out in the corporate plan, and weaken the commitment to achieving long-term community climate resilience and raising local living standards.

5 IMPLICATIONS

Financial Implications

- 5.1 Approving the annual update, the forward-looking programme, and the Greenhouse Gas Emissions Reporting Framework has no direct, unbudgeted financial impact. The delivery of individual climate, retrofit, and biodiversity initiatives will continue to be managed through existing capital and revenue budgets, external grants, Section 106 contributions, and the Community Infrastructure Levy (CIL), among others.

- 5.2 The Council will continue to allocate £97,500 per year from Community Infrastructure Levy (CIL) through the Climate Change Community Fund (CCCF), supporting ward-level sustainability projects led by community organisations.
- 5.3 Achieving net zero by 2030 will require strong business cases. If Government support falls short, existing projects may need reprioritisation to manage financial pressures.

Legal Implications

- 5.4 There are no direct legal implications arising from noting the annual update or adopting the updated GHG baseline and reporting framework. The actions align with the requirements of the Climate Change Act 2008 and prepare the Council for emerging public sector reporting standards.

Risk Implications

- 5.5 Endorsing the updated framework mitigates data and reporting risks by establishing a verified multi-scope baseline across over 700 assets under the operational control approach. Failure to adopt a standardised framework would increase the risk of audit non-compliance and misalignment during the transition to new unitary authorities.
- 5.6 Delivery is challenged by internal capacity limits, supply chain issues, and reliance on external partners, potentially delaying progress and raising costs.
- 5.7 Missing the 2030 net-zero target could damage the Council's or the new unitary authority's reputation amid growing public scrutiny and national benchmarking. National policy shifts or delays may disrupt local plans, while stricter regulations could increase compliance burdens and expenses.

Policy Implications

- 5.8 The annual update on climate change supports the Council's own Climate Change Strategy delivery and wider corporate ambitions for a low carbon future across the town.
- 5.9 The actions outlined are consistent with wider corporate priorities, including the Medium-Term Financial Plan, Housing and Regeneration strategies, the Local Plan, and the Co-operative Procurement Strategy.
- 5.10 At the county level, the report aligns with the Hertfordshire Climate Change and Sustainability Partnership (HCCSP) priorities.
- 5.11 Nationally, the report supports Government strategies such as the Warm Homes Plan, the Local Power Plan, and the UK's commitment to carbon budgets under the Climate Change Act 2008 (as amended).

Climate Change Implications

- 5.12 This report highlights the risks, challenges, and opportunities that the Council must address, not only GHG emissions but its wider climate action aspirations. Actions outlined contribute directly to reducing GHG emissions across housing, transport, procurement, energy, and biodiversity.

- 5.13 The proposals also support climate adaptation and resilience. Workstreams such as the Climate Change Risk Assessment (CCRA), biodiversity enhancement, and sustainable urban drainage systems (SuDS) policies strengthen the town's ability to cope with flooding, heatwaves, and other extreme weather impacts.
- 5.14 Failure to progress climate action would increase local vulnerability to climate risks, undermine national and countywide net-zero objectives, and expose the Council to higher long-term costs.

Equalities and Diversity Implications

- 5.15 The climate initiatives endorsed within the report, specifically fuel poverty mitigation, home energy efficiency grants, and community-led ward projects, actively support vulnerable groups and help address health and socioeconomic inequalities across Stevenage.

This page is intentionally left blank

APPENDIX 1

STEVENAGE BOROUGH COUNCIL

2026 CLIMATE CHANGE ANNUAL UPDATE



OCTOBER 2026



APPENDIX 1

2026 CLIMATE CHANGE ANNUAL UPDATE

1 PURPOSE

- 1.1 To report the annual summary of actions taken, and progress made, across the six-level framework guiding Stevenage's climate action, spanning global commitments, national frameworks, regional and county-wide collaboration, town-wide data, Council initiatives across the eight strategic themes set out in the 2020 Climate Change Strategy, and community-level engagement.
- 1.2 This report highlights how the Council is embedding resource efficiency, tackling fuel poverty, lowering emissions, and driving measurable sustainability outcomes through local delivery, despite financial constraints and structural transitions such as Local Government Reorganisation (LGR). These local actions directly benefit residents and local businesses by making homes warmer and cheaper to heat, improving air quality, protecting environmental health, supporting SMEs, and expanding accessible green spaces and assets for community wellbeing, urban cooling, and climate resilience.
- 1.3 To note that while Stevenage continues to make progress towards its sustainability objectives, achieving its 2030 net-zero target will require ongoing legislative and financial support from central Government to ensure local living standards and energy efficiency continue to rise.

2 INTRODUCTION

- 2.1 Following the declaration of a Climate Emergency¹ by Stevenage Borough Council (hereafter, the Council) in June 2019, a commitment was established to work toward net-zero emissions by 2030, recognising that this transition is deeply intertwined with building a sustainable future, a thriving local economy, and an improved quality of life for residents. Resource efficiency, environmental protection, and public wellbeing remain central to all activities undertaken by the Council.
- 2.2 To guide this path, the Stevenage Climate Change Strategy² was released in September 2020, identifying eight strategic themes that lead the action plan. Furthermore, "Tackling Climate Change" has been formally embedded as a core strategic priority within the Council's Corporate Plan³ to build long-term community resilience.

¹ Available at: [Climate Change Emergency - Motion to Council](#)

² Available at: [Stevenage Climate Change Strategy](#)

³ Available at: [Corporate Plan: Making Stevenage Even Better \(2024-2027\)](#)

- 2.3 This 2026 Climate Change Annual Update marks an evolution in the Council's approach to climate reporting. Building upon the previous years' reports and appendices, a transition has been made to a streamlined 6-level structure designed to be more focused on delivery at a local level.
- 2.4 Following an extraordinary year marked by extreme summer heatwaves, severe water supply constraints, and drought conditions, the Council's local delivery is actively prioritising building long-term community and environmental resilience while safeguarding residents' wellbeing.
- 2.5 This report marks an evolution in the Council's approach to climate reporting. Building upon the previous year's reports, a transition has been made to a streamlined 6-level structure designed to be more focused on delivery at a local level.
- 2.6 Tangible actions taken by the Council that directly impact residents, businesses, and the natural environment are prioritised, recognising that the most effective climate action is achieved within the town, neighbourhoods, and communities. This report is structured to reflect this hierarchy of impact, transitioning from the broad context to the primary area of influence:



Figure 1. Stevenage Borough Council's Updated Approach: 6 Levels for Climate Action.

- 2.7 A critical advancement integrated into this year's reporting is the adoption of a structured internal Greenhouse Gas (GHG) Accounting Framework. By implementing this standardised methodology aligned with the GHG Protocol⁴, the transparency and accuracy of organisational emissions accounting have been significantly enhanced, ensuring that progress toward the 2030 target is guided by verified data.
- 2.8 Climate action in Stevenage is cutting emissions while improving residents' lives by lowering energy bills, tackling fuel poverty, and making homes warmer and more comfortable. Cleaner air, healthier travel choices, enhanced green spaces providing shade and urban cooling, and greater resilience to extreme weather also contribute to better wellbeing and a more sustainable town.

⁴ Further information at: [GHG Protocol](#)

- 2.9 In February 2024, the Council launched the Stevenage's Climate Action Plan Tracker⁵ on the Kausal platform. This supports effective delivery of the Strategy and Action Plan by capturing detailed progress on 54 actions linked to the Strategy and its priorities.
- 2.10 While navigating the transition toward Local Government Reorganisation (LGR) alongside ongoing economic and financial constraints, commitment to a more sustainable future remains in place, ensuring the Council delivers value for money and manages resources prudently.
- 2.11 The actions detailed in the following sections demonstrate that while achieving the climate targets requires continued legislative and financial support from central Government, clear and measurable progress is being made in Stevenage.

1 LEVEL 1: GLOBAL CONTEXT

- 1.1 The Paris Agreement, adopted by 196 countries at COP21 (2015), remains the cornerstone of global climate action. It legally commits signatories to limit global warming to well below 2°C above pre-industrial levels⁶.
- 1.2 The Agreement supports global mechanisms, including climate finance, technology transfer, and capacity-building frameworks. It also establishes a ratchet mechanism, requiring signatories to outline national targets through Nationally Determined Contributions (NDCs)⁷ on five-year cycles.
- 1.3 At COP29 (Baku, Azerbaijan, 2024), the UK announced a new national target to cut GHG emissions⁸ by at least 81% by 2035 (relative to 1990). This represents an upgrade from the previous pledge of a 68% cut by 2030⁹.
- 1.4 Despite pledges, 2025 ranked globally as the third-warmest year on record (following 2024 and 2023), with global surface air temperatures reaching approximately 1.47°C above pre-industrial levels. Furthermore, data indicates that the past 11 consecutive years (2015 to 2025) officially rank as the 11 warmest years on record globally¹⁰.
- 1.5 Furthermore, the report Limiting Overshoot¹¹ by UNEP, published in September 2026, established that under current policies and alternative near-term trajectories, exceedance of 1.5 °C of global temperature is now widely assessed as unavoidable.
- 1.6 Beyond emissions reduction, international focus has turned to structural climate resilience and adaptation. Over recent UN Climate Change COPs, key global frameworks (such as the Baku Adaptation Road Map and the Belém Adaptation Indicators) have been established in this regard, shaping

⁵ Available at: [Stevenage Climate Action Plan](#)

⁶ Further information at: [The Paris Agreement \(UNFCCC\)](#)

⁷ Further information at: [Nationally Determined Contributions \(NDCs\)](#)

⁸ Excluding international aviation and shipping,

⁹ Further information at: [UK shows international leadership in tackling climate crisis \(GOV.UK\)](#)

¹⁰ Further information at: [Global Climate Highlights 2025 – Insights from the Copernicus Climate Change Service](#)

¹¹ Available at: [UNEP - Limiting Overshoot](#)

the domestic mandates needed to protect communities against extreme weather, water stress, and rising temperatures.

- 1.7 Furthermore, outcomes from COP30 in Belém (Brazil) reinforce the critical global shift from target-setting to real execution through the "Belém Political Package", which emphasises practical economic resilience, energy security, and localised adaptation.

2 LEVEL 2: NATIONAL CONTEXT

- 2.1 The UK has committed to reducing GHG emissions by at least 68% by 2030 and 81% by 2035 (both relative to 1990 levels), maintaining its legally binding 2050 target¹².
- 2.2 Provisional figures for territorial GHG emissions¹³ estimate national net territorial emissions at 367 MtCO_{2e} for 2025. This is 2% below 2024 levels and 54% lower than in 1990.
- 2.3 The long-term trend in UK territorial GHG emissions from 1990 to 2025 is shown in Figure 2.

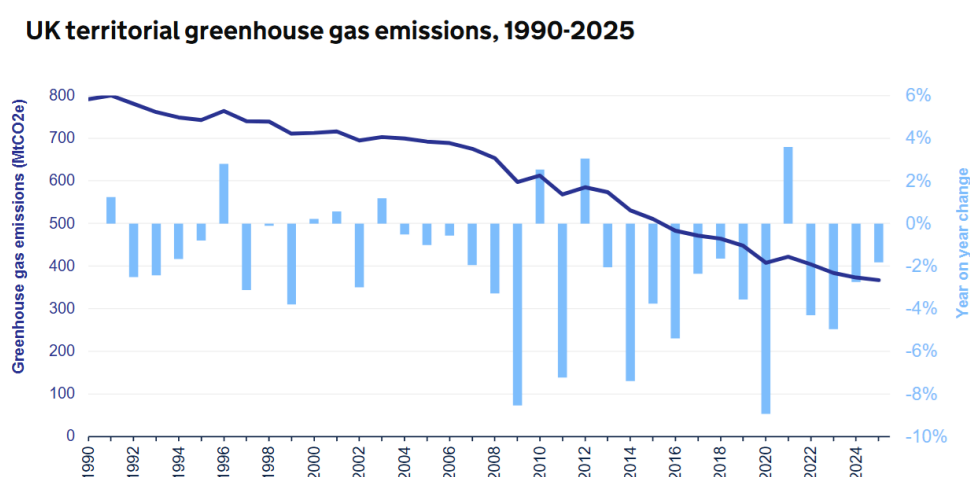


Figure 2. UK territorial GHG emissions, 1990-2025 (provisional figure for 2025).
Source: DESNZ, National Statistics.

- 2.4 The long-term emissions decline continues to be driven by structural shifts in the energy system, including the power grid transition from fossil fuels to renewables and improved energy efficiency.
- 2.5 Domestic transport remained the UK's largest emitting sector in 2025, accounting for 31% of total net emissions. National net territorial emissions by sector in 2025 are detailed in Figure 3.

¹² As outlined in its Net Zero Strategy, available at: [UK Net Zero Strategy](#)

¹³ Further information at: [2025 UK Greenhouse Gas Emissions \(Provisional Figures\)](#).

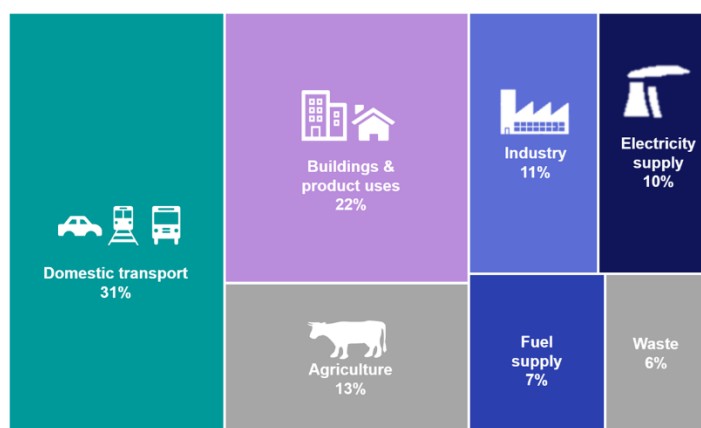


Figure 3. UK net territorial GHG emissions by sector, 2025 (provisional figures).
Source: DESNZ, National Statistics

- 2.6 At the national policy level, emphasis has been placed on building a "clean energy superpower" to protect the UK from volatile international fossil fuel markets and insulate households from energy price shocks. National priorities include establishing Great British Energy (GBE)¹⁴, decarbonising the power grid, and upgrading planning frameworks to fast-track low-carbon technologies.
- 2.7 To tackle household emissions and secure energy affordability, the government launched the Warm Homes Plan¹⁵, a £6.6 billion national investment over the current parliament to upgrade 5 million homes through enhanced insulation, fabric retrofitting, and low-carbon heating to lower energy bills and lift families out of fuel poverty.
- 2.8 Complementing this, the Local Power Plan (LPP)¹⁶ seeks to decentralise energy generation by partnering GBE with local authorities and community energy groups, providing funding and support to deliver small- and medium-scale renewable projects.
- 2.9 Alongside mitigation, accelerating climate risks have made adaptation a critical priority. All ten of the UK's warmest years on record have occurred since 2000 (with 2025 ranking the warmest, followed by 2022 and 2023). Moreover, February 2024 was the wettest February since records began in 1836, while formal droughts were declared in 2022, 2025, and 2026.
- 2.10 Addressing these growing vulnerabilities, the Climate Change Committee (CCC)'s A Well Adapted UK 2026¹⁷ Report identifies heat, flooding, and drought as the most critical climate risks. In response, the Government aims to set stronger adaptation objectives in the upcoming National Adaptation Programme (NAP)¹⁸, planning for a minimum 2°C temperature rise by 2050.
- 2.11 The CCC has warned that while the UK is making progress, delivery paces, particularly regarding domestic building retrofits, heat pump deployment, and

¹⁴ Further information at: [Great British Energy](#).

¹⁵ Further information at: [Warm Homes Plan](#).

¹⁶ Further information at: [GBE - Local Power Plan](#).

¹⁷ Available at: [CCC - A Well-Adapted UK](#).

¹⁸ Further information at: [UK Government - Understanding climate adaptation and the NAP3](#).

industrial electrification, must accelerate significantly to keep national targets within reach.

- 2.12 Overall, to ensure efficient local delivery, national frameworks stress the importance of long-term support for local authorities. In this context, the Government has committed to awarding local authorities multi-year funding and ending competitive bidding.

3 LEVEL 3: REGION & COUNTY

- 3.1 Collaborative regional partnerships are a key aspect of the Council's climate action as they enable it to attract investment, build strong business cases, share back-office resources, and eliminate administrative duplication, ensuring that local actions deliver maximum value for money.
- 3.2 Alignment across local, county, and regional initiatives is essential to ensure climate action is both effective and efficient.

Local Government Reorganisation (LGR)

- 3.3 Following ongoing structural discussions and recent national announcements regarding Local Government Reorganisation (LGR), Hertfordshire continues to navigate a potential transition from its current two-tier system toward a new unitary structure.
- 3.4 Neighbouring authorities across the area, including partner Councils such as North Herts and Welwyn Hatfield, share a 2030 target to achieve net-zero emissions for their own operations, closely aligning with Stevenage Borough Council's organisational goals.
- 3.5 Regardless of the final structural outcome, the ongoing focus on administrative reorganisation provides an important context to streamline governance, integrate local services, and leverage collaborative opportunities to support sustainable ambitions, resilience, and green economic growth.

Hertfordshire Climate Change and Sustainability Partnership (HCCSP)

- 3.6 Launched in January 2020, HCCSP¹⁹ is a member-led partnership delivering joint climate and sustainability initiatives across Hertfordshire. Members include all 10 districts, Hertfordshire County Council (HCC), and Hertfordshire Futures²⁰.
- 3.7 The Council has actively participated in HCCSP, supporting its priorities, particularly on carbon reduction, adaptation, biodiversity and retrofit, focusing strategic work at county level to maximise impact and avoid duplication of efforts.

¹⁹ Further information at: [Hertfordshire Climate Change and Sustainability Partnership](#)

²⁰ Further information at: [Hertfordshire Futures](#)

3.8 Key initiatives undertaken via HCCSP include:

- Solar Together²¹ – A group-buying scheme for domestic PV panels and batteries. Round 4 launched in January 2025 and closed in June 2025. According to the 2025 End of Scheme Report, Stevenage received 143 interested registrations (138 for PV, 5 for batteries) from homeowners and businesses. Of these, 24 accepted installation offers, 19 paid deposits, and 12 solar PV installations were completed (consisting of 121 panels with a 0.05 MW capacity, £82,596 in private investment, 10,065 kg of annual CO₂ reduction, and 10 batteries totalling 0.08 MWh).
- Your Tree, Our Future²² – A scheme distributing thousands of trees to residents for planting. In 2025, Stevenage residents planted 2,329 trees. For the upcoming December 2026 distribution, the Council contributed £1,000 to secure an additional 2,000 trees for Stevenage residents, complementing the 3,000 funded by HCC (bringing the total to 5,000). Backed by targeted communications, Stevenage residents have claimed over 7,600 trees alongside more than 1,000 metres of hedgerow packs. The map below shows where the trees given away during the first four years of the scheme have been planted in Stevenage, by postcode area.

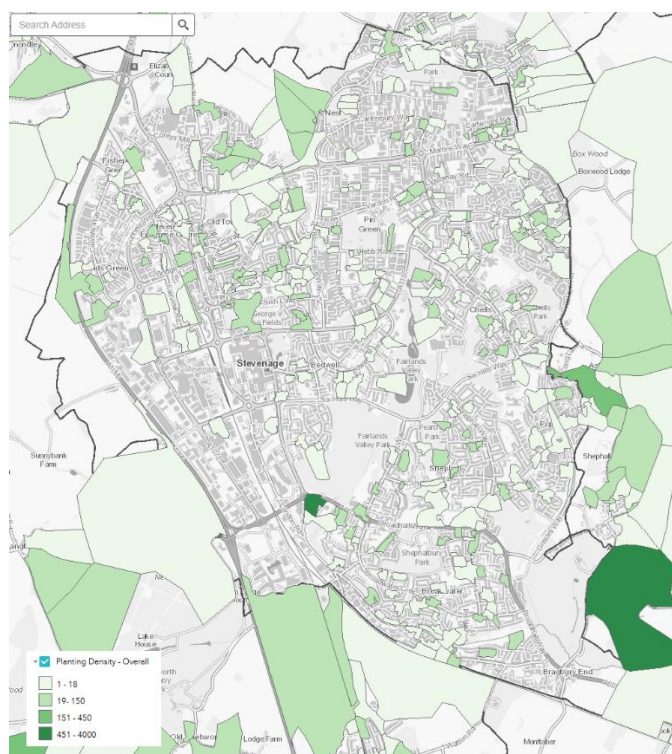


Figure 4. Your Tree Our Future giveaway trees planted locations in Stevenage²³.

- Hertfordshire Local Retrofit Strategy²⁴ – Endorsed by the Council in July 2025, this strategy was developed through the Local Area Retrofit Accelerator (LARA) led by HCCSP. Moving into its delivery phase, the

²¹ Further information at: [Group-Buying for Solar - Solar Together](#)

²² Further information at: [Your Tree, Our Future](#)

²³ Further information at: [HCC - Your Tree Our Future](#)

²⁴ Further information at: [Hertfordshire Local Retrofit Strategy 2025 to 2028](#).

Council has contributed £2,000 to support strategy implementation, and a dedicated HCCSP officer has been appointed to the role. Designed as a three-year, evidence-based roadmap, the strategy seeks to accelerate domestic retrofit by strengthening supply chains, ensuring equitable access, and coordinating delivery. Its vision is supported by key goals: increasing uptake and demand for retrofit measures; maximising social, economic, and environmental co-benefits; boosting local supply chain capacity and quality; and establishing a trusted delivery model and governance.

- 3.9 Through HCCSP, the Council has also delivered training and capacity-building for councillors and officers on sustainability, adaptation, retrofitting, political awareness, and planning.
- 3.10 More recently, HCCSP has also developed a dedicated workstream to support officers in navigating LGR, helping to shape optimal outcomes for future sustainability services across the new structures.

Other County-Wide and Regional Climate Collaboration Initiatives

- 3.11 Through HCCSP, the Council continues to collaborate with the Hertfordshire Growth Board (HGB)'s²⁵ Sustainable County Mission²⁶, supporting a prosperous low-carbon economy and thriving natural environment, maximising the benefits of sustainable growth and meeting long-term reduction goals through joint action on carbon reduction, climate adaptation, and behavioural change.
- 3.12 The Council and HCCSP also contribute to Climate Forum East (formerly the Regional Climate Change Forum)²⁷, led by Local Government East²⁸ (formerly EELGA). This forum brings together eight climate partnerships across the region, covering over 50 local authorities across the region.
- 3.13 Local Government East also organises the East of England Net Zero and Climate Resilience Conference, a key annual event advancing the region's climate agenda. The 2026 conference²⁹, scheduled for October, will continue to engage the Portfolio Holder (PH) for Environment, Transport and Planning and officers.

4 LEVEL 4: STEVENAGE (THE TOWN)

- 4.1 Central government data for Stevenage's 2024 territorial emissions³⁰ has been released³¹. These figures are based on detailed energy and resource

²⁵ Further information at: [Hertfordshire Growth Board](#).

²⁶ Further information at: [HGB - Vision and Missions](#) under the section "Sustainable County".

²⁷ Further information at: [East of England Climate Change Forum \(RCCF\)](#).

²⁸ Further information at: [Local Government East](#).

²⁹ Further information at: [Climate East 2026](#).

³⁰ Territorial GHG emissions are those that occur within Stevenage's geographical borders, including all our residents, businesses, and activities.

³¹ The full dataset can be consulted at: [UK local authority and regional GHG emissions statistics](#).

use. Because borough-level data is published with a standard two-year lag, 2025 figures will be available in the next 8-9 months.

- 4.2 The latest DESNZ update (30 June 2026) shows the trajectory of territorial GHG emissions within the scope of local authority (LA) influence (see Figure 5).

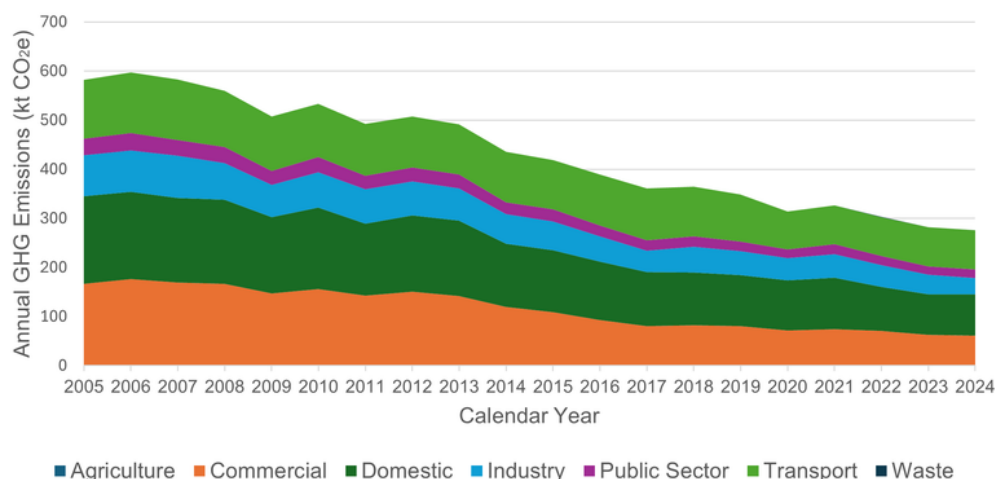


Figure 5. Stevenage territorial GHG emissions within the scope of influence of LAs, estimates 2005-2024 (ktCO_{2e}). Source: Based on DESNZ data³².

- 4.3 Emissions within the LA's scope of influence represent a practical subset of emissions over which the Council exercises realistic oversight, excluding national-level industry and regional infrastructure. This subset provides a clearer picture of emissions the Council can meaningfully impact to protect environmental quality.
- 4.4 In 2024, Stevenage recorded its lowest emissions within LA influence at 275.7 ktCO_{2e}, a 2.2% drop from 2023 (281.8 ktCO_{2e}), and 52.6% lower than in 2005 (582.0 ktCO_{2e}).
- 4.5 The reduction from 2022 to 2023 was primarily driven by drops in industrial (-17.6%) and commercial (-2.7%) emissions, with a slight increase in transport (+0.3%), domestic (+2.5%), and public sector (+1.0%) emissions.
- 4.6 Over the long term since 2005, sectoral emissions have consistently decreased. Residential emissions dropped by 52.6%, from 178.7 ktCO_{2e} in 2005 to 84.7 ktCO_{2e} in 2024. The public sector, including the Council, reduced its emissions by 49.6% over the same period, whereas commercial and industrial emissions decreased by 63.9% and 60.2%, respectively. Transport emissions also decreased by 33.2%, from 119.9 ktCO_{2e} in 2005 to 80.1 ktCO_{2e} in 2024.
- 4.7 Crucially, ongoing monitoring is essential to ensure these reductions are sustained and not simply a by-product of high energy costs affecting households or businesses.
- 4.8 Stevenage's 2024 per capita emissions within LA influence (3.0 tCO_{2e}) were below Hertfordshire (3.1 tCO_{2e}), and the East of England (3.6 tCO_{2e}).

³² Available at: [UK local authority and regional GHG emissions](#).

- 4.9 Stevenage's total territorial GHG emissions within LA influence by sector in 2024 are presented in Figure 6.

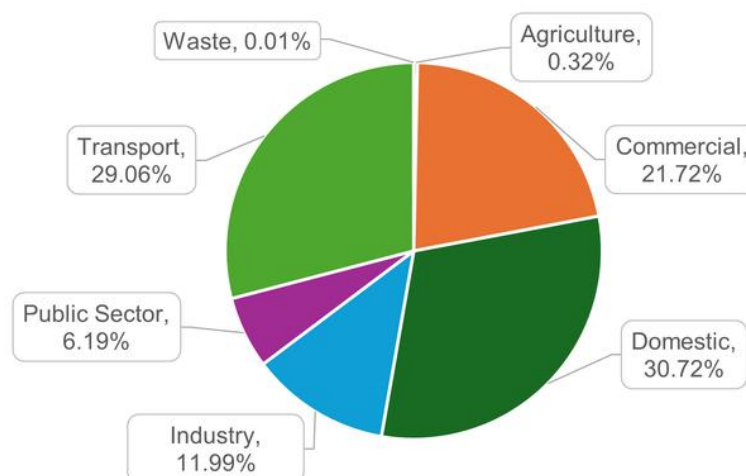


Figure 6. Stevenage territorial GHG emissions within LA influence, estimates in 2024 by economic sector. Source: Based on DESNZ data³³.

- 4.10 In 2024, domestic emissions were the highest (84.7 ktCO_{2e}, primarily from gas heating), followed by transport (80.1 ktCO_{2e}), commercial (59.9 ktCO_{2e}), and industry (31.1 ktCO_{2e}). The public sector, including the Council, accounted for just 17.1 ktCO_{2e}.

5 LEVEL 5: THE COUNCIL

- 5.1 In June 2019, the Council established a target to work toward net-zero emissions by 2030, making resource efficiency, energy reduction, and sound asset management central priorities for Council services and operations to safeguard public wellbeing and long-term community resilience.

Council's New Greenhouse Gas (GHG) Emissions Accounting Framework

- 5.2 To ensure robust, consistent, and transparent tracking toward its climate goals, the Council has implemented a new internal GHG Emissions Accounting Framework aligned with the GHG Protocol³⁴.
- 5.3 The core methodology and data inventories are detailed in the "GHG Reporting Framework Main Report" background document, establishing a comprehensive baseline and multi-scope methodology across Scopes 1, 2, and 3.
- 5.4 Based on the GHG Protocol, Scope 1 emissions come from sources directly owned or controlled by the Council (e.g., fuel burned in vehicles or gas used for heating buildings). Scope 2 emissions are indirect, from the production of energy that the Council purchases and uses, like electricity. Scope 3 emissions arise from activities up and down its value chain for which the

³³ Available at: [UK local authority and regional GHG emissions](#).

³⁴ Further information at: [GHG Protocol](#).

Council is indirectly responsible. A summary of GHG emissions scopes is shown in Figure 7.

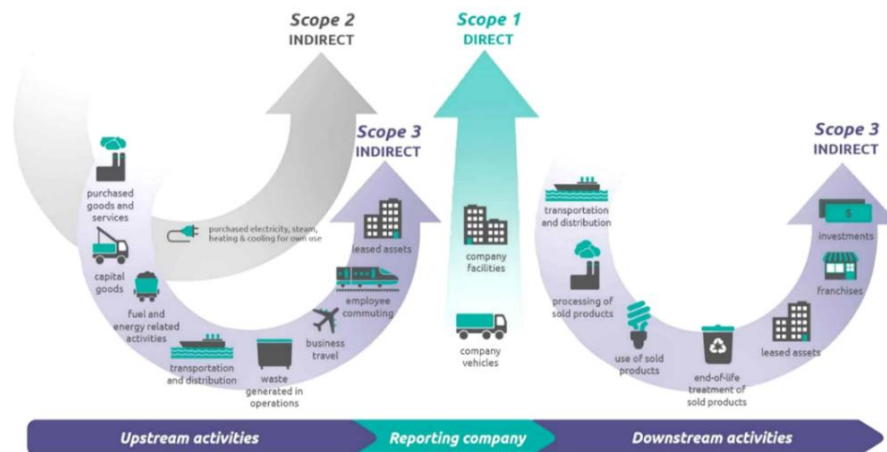


Figure 7. GHG emissions scopes for a reporting organisation.

Source: GHG Protocol, Corporate Value Chain Accounting and Reporting Standard.

- 5.5 In July 2020, CLS Energy established an initial 2018 emissions baseline for the Council at 3,399 tCO_{2e} (covering Scope 1 and 2 emissions, with limited Scope 3 considered). However, this baseline was not comprehensive, covering only 12 locations and omitting key sources like water and upstream emissions, and lacked full data granularity.
- 5.6 While previous reports tracked progress against this initial figure, indicating a 39% reduction by 2023 and projected reductions up to 61% following Hydrotreated Vegetable Oil (HVO) fleet adoption, these figures have been comprehensively re-evaluated.
- 5.7 Under the new framework, the Council updated its baseline to the 2023/24 financial year to incorporate over 700 buildings and facilities alongside expanded indirect emission sources, including transmission and distribution (T&D) losses, well-to-tank (WTT) upstream energy impacts, water supply, and fugitive emissions.
- 5.8 On a market-based approach, the updated baseline stands at 4,710.12 tCO_{2e}, with natural gas heating remaining the Council's primary operational emissions challenge and reduction priority.
- 5.9 The Council reports electricity emissions on a market-based approach to reflect its energy procurement choices. While the location-based method reflects average local grid intensity, the market-based method accounts for contractual instruments such as the Council's EDF Zero Carbon for Business tariff. This allows the Council to accurately measure and report the direct emissions benefits of sourcing zero-carbon electricity. A comparison between both approaches for the FY 2023/24 under the new GHG Accounting Framework can be found below.

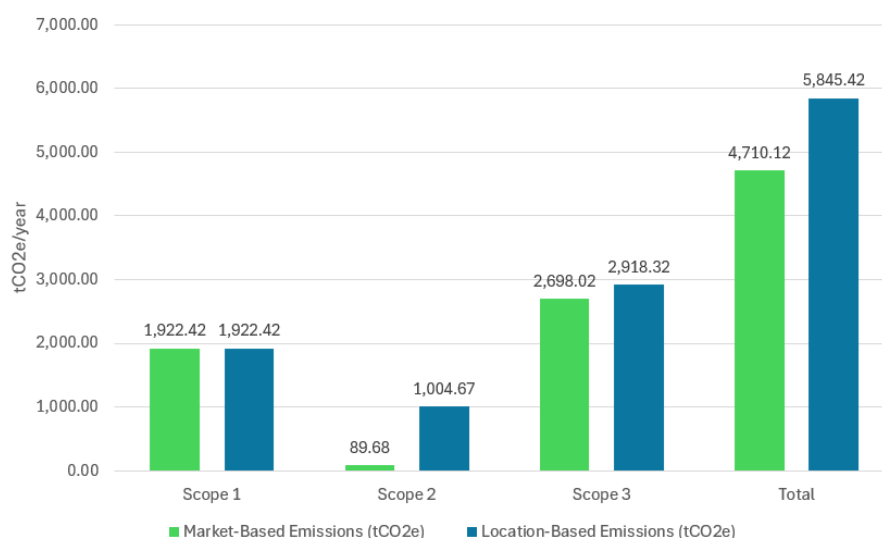


Figure 8. Total Council's emissions for FY 2023/24, market-based and location-based.

- 5.10 For the 2024/25 financial year, the Council's total market-based emissions were recorded at 4,458.44 tCO_{2e} (a 5.3% reduction from the previous year), as detailed below.

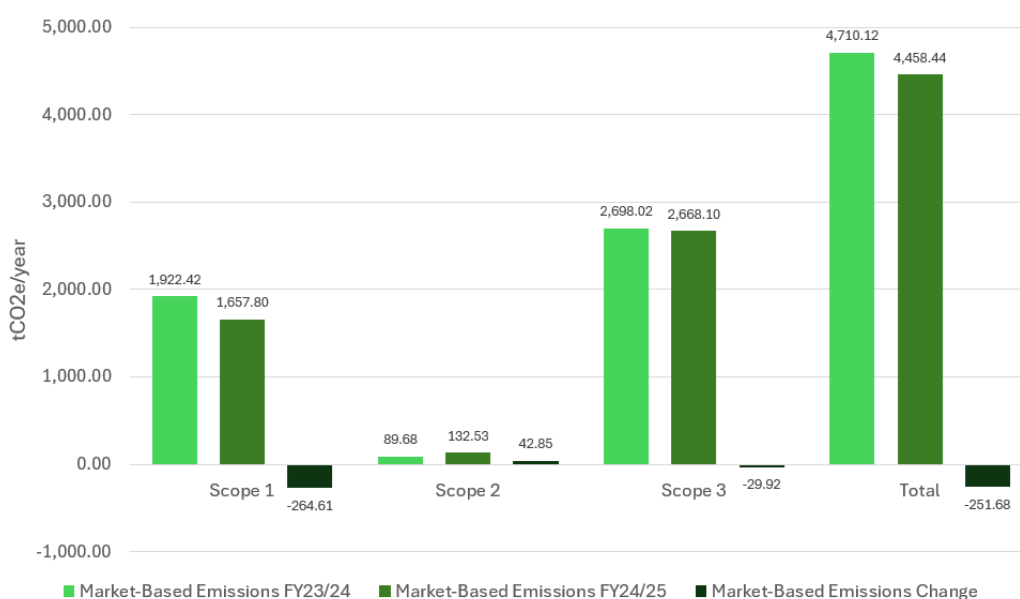


Figure 9. Total Council's emissions per scope (market-based) for FY 2023/24 and FY 2024/25.

- 5.11 Formal progress tracking against the 2030 target utilises a dedicated target-tracking boundary comprising market-based Scope 1 and 2 alongside a selected subset of significant Scope 3 assets (such as major leisure facilities like the Stevenage Arts and Leisure Centre and the Swimming Centre), standing at 2,714.46 tCO_{2e} for FY24/25. This specific boundary design provides crucial continuity with the Council's historic published emissions position while maintaining operational visibility over large, Council-owned assets that remain essential to the town's carbon profile, even though they are technically classified as Scope 3 indirect emissions.

5.12 The market-based target-tracking emissions for financial years 2023/24 and 2024/25 can be seen below. An overall 9.50% of emissions reductions can be attributed mainly to decreases in Scope 1 and 3 emissions.

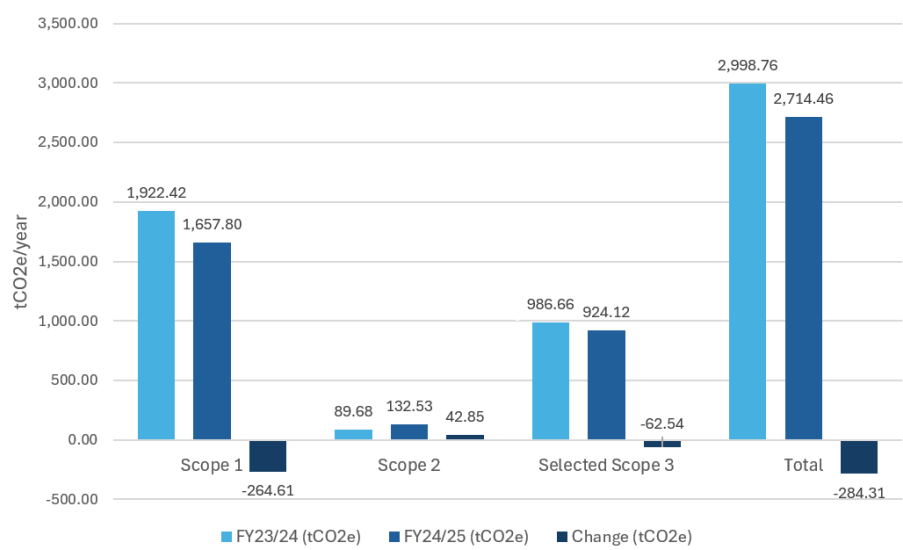


Figure 10. Total Council's target-tracking emissions (market-based) for FY 2023/24 and FY 2024/25.

- 5.13 Figures for the 2025/26 financial year are currently in development as part of ongoing framework implementation.
- 5.14 Ultimately, this GHG Accounting Framework implementation transitions the Council from a limited legacy baseline to a comprehensive multi-scope inventory, positioning it to prioritise reduction measures, particularly around building heating, and ensure transparent, accountable progress toward its long-term goals.

Climate Action Plan Tracker & Climate Scorecards

5.15 In September 2020, the Council released its Stevenage Climate Change Strategy³⁵, built around eight strategic themes guiding the action plan to net-zero.



Figure 11. Stevenage Climate Change Strategy's 8 strategic themes leading the action plan.

³⁵ Available at: [Stevenage Climate Change Strategy](#)

- 5.16 In February 2024, the Council, in partnership with Kausal³⁶, launched the Stevenage Climate Action Plan Tracker³⁷, an online portal showcasing over 50 actions across the eight strategic themes.
- 5.17 Throughout 2025 and into 2026, officers continued refining the tracker structure and contents to align with the Climate Scorecards³⁸ assessment by Climate Emergency UK. In the June 2025 results, the Council scored 35%, an increase of 8 percentage points from its 2023 score of 27%. Notable improvements were seen in Waste Reduction & Food (+19%), and Governance and Finance (+23%). The highest-scoring categories were Buildings & Heating (55%) and Collaboration & Engagement (52%). The full scores can be seen in the table below.

Questions	Stevenage Borough Council	
Category	2025 score	Versus 2023
Buildings & Heating	55%	--
Transport	13%	▲ 4
Planning & Land Use	14%	▼ -2
Governance & Finance	39%	▲ 23
Biodiversity	18%	▲ 3
Collaboration & Engagement	52%	▲ 7
Waste Reduction & Food	42%	▲ 19
Total score	35%	▲ 8

Table 1. Climate Scorecards 2025 – Stevenage Borough Council Results³⁹.

- 5.18 The following sections highlight the main actions taken by the Council during 2025/26 across the eight strategic themes.

6 LEVEL 5 – STRATEGIC THEME: BUSINESSES

- 6.1 Positioned within the UK's high growth "Golden Triangle", Stevenage hosts prominent international corporations (such as Airbus, GSK, MBDA, Fujitsu, and the Stevenage Bioscience Catalyst) driving innovation across aerospace, biotechnology, ICT⁴⁰, and defence. Through ongoing collaboration, the Council works alongside these key employers to share best practice, boost local economic resilience, and accelerate emissions reductions.
- 6.2 The Council support initiatives focus on empowering local SMEs⁴¹, individual companies, and the VCSE⁴² sector to navigate climate obligations, lower operating costs to ease financial pressures, and build sustainable business models.

³⁶ Further information at: [Kausal - Turn Climate Goals into Actions](#)

³⁷ Available at: [Stevenage Climate Action Plan Tracker](#)

³⁸ Further information at: [Council Climate Action Scorecards - Climate Emergency UK](#)

³⁹ Further information at: [Stevenage Borough Council - Climate Action Scorecards](#)

⁴⁰ Information and Communication Technology

⁴¹ Small and Medium Sized Enterprises

⁴² Voluntary, Community, and Social Enterprise

- 6.3 Since 2022, the Council has funded 200 Gold Memberships for Wenta's Action Zero Programme⁴³, helping local SMEs tackle climate change, identify operational efficiencies, lower utility overheads, and reduce footprint by setting targets and developing Carbon Reduction Plans (CRPs), monitoring and reporting progress and achieving accreditations. To date, 155 local businesses have joined.
- 6.4 Between 2023 and March 2026, the Council delivered the Small Business Sustainability Support Programme⁴⁴ via Sustainable X⁴⁵ using UK Shared Prosperity Fund (UKSPF)⁴⁶. This initiative provided workshops, audits, and tailored 1:1 consultancy to help local businesses cut running costs, enhance workplace comfort, improve efficiency, boost market competitiveness, and adopt clean technologies.
- 6.5 Introduced in late 2024 with a £70,000 fund, the Stevenage Green Business Grant⁴⁷ helped seven local SMEs and charities implement energy-saving measures and clean technologies following completed CRPs, directly lowering their running costs. Throughout 2025/26, the Council provided ongoing support to the awarded entities to assist them in implementation.



Figure 12. SPS Training Solutions' Solar PV installation funded by the Green Business Grant.

- 6.6 Building on these foundations into 2026/27, the Council is fostering local green and technical skills (benefiting local residents and youth employment) by supporting the opening of North Hertfordshire College's New Town Centre Campus for engineering and construction courses from September 2026 and continuing the Pioneering Young STEM Futures programme to ensure young people can access sustainable career pathways.
- 6.7 To address supply-chain emissions while driving local value, the Council continues to apply Social Value⁴⁸ via the Social Value Portal⁴⁹ using the

⁴³ Further information at: [Wenta Action Zero Programme & BTC Stevenage - Action Zero](#)

⁴⁴ Further information at: [Sustainable Business Programme](#)

⁴⁵ Further information at: [Sustainability Programmes by SBC and Sustainable X](#)

⁴⁶ UK Shared Prosperity Fund. Further information at: [UK Shared Prosperity Fund: Prospectus](#)

⁴⁷ Further information at: [Stevenage Green Business Grants Summary](#)

⁴⁸ Social Value is the UK's statutory approach to embedding sustainable procurement. Further information at: [LGA District Councils Social Value Toolkit](#)

⁴⁹ Further information at: [Social Value Portal](#)

national TOMs framework⁵⁰, maintaining a minimum 10% weighting in contract awards. Updated in May 2025⁵¹, these metrics now include reducing Scope 1 & 2 emissions, increasing Zero Emission Vehicles (ZEVs) adoption, supporting certified carbon offsets, and cutting plastic waste.

- 6.8 Furthermore, the Council's Co-operative Procurement Strategy 2025–2028⁵² came into effect in June 2025. This strategy embeds sustainability to support net-zero goals while championing local wealth building, reducing waste, and promoting circular economy and biodiversity enhancements.

7 LEVEL 5 – STRATEGIC THEME: HOMES

- 7.1 The Council has committed to achieving a minimum Energy Performance Certificate (EPC)⁵³ Band C for all 8,000 of its homes by 2030⁵⁴, ensuring safe, warm, and lower-cost living for tenants to protect households against rising energy costs and health risks associated with cold housing. Currently, around 66% of the Council's housing stock meets or exceeds EPC Band C, as shown below.

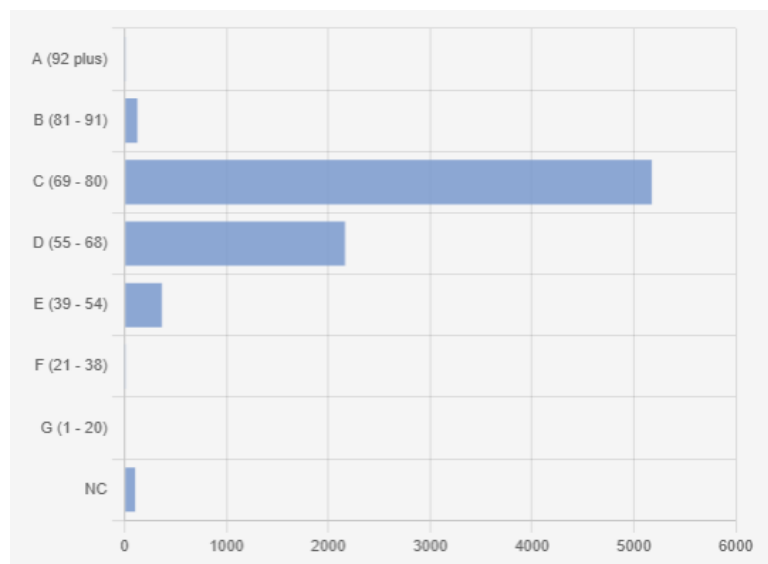


Figure 13. Distribution of the Council's housing stock by EPC band.

- 7.2 Central government funding and co-funding remain critical to tackling retrofitting challenges across both social and private housing stock to lift vulnerable families out of fuel poverty.

⁵⁰ Further information at: [Measurement - Social Value TOM System™ - Social Value Portal](#)

⁵¹ These are applied to procurements over £175,000 for services, and £250,000 for works that last 6 months or more. The Council is also exploring proportionate ways of embedding social value for mid-value procurements.

⁵² Available at: [Co-operative Procurement Strategy 2025-28](#)

⁵³ Further information at: [Energy Performance of Buildings Certificates in England and Wales](#)

⁵⁴ While it is essential for the Council to continue investing in decarbonising its social housing stock and achieving an EPC standard that ensures safe, warm, and quality homes, this is subject to affordability within the Housing Revenue Account (HRA), given the broader pressures currently faced by all social landlords.

- 7.3 Following a £2.62 million grant award alongside a £3.97 million Council contribution, the Social Housing Decarbonisation Fund (SHDF)⁵⁵ Wave 2.1 project successfully concluded in July 2025. This initiative retrofitted 237 properties (comprising 16 flat blocks and 100 houses) using a fabric-first approach (installing wall and loft insulation, double glazing, energy-efficient lighting, and solar panels) to lift the Council's least efficient homes to EPC Band C or B, directly cutting tenants' bills, improving indoor comfort, safeguarding health, and lowering emissions. Aico Environmental Sensors were also installed in selected homes to monitor temperature, humidity, and damp/mould risks.



Figure 14. SHDF Wave 2.1 retrofitting works.

- 7.4 The town-wide Major Refurbishment Contract (MRC)⁵⁶ continues through 2026, building on work from previous years. While focused on structural maintenance, communal repairs, and fire safety across low- and mid-rise blocks, it integrated vital energy upgrades like wall and loft insulation, energy-efficient lighting, and new windows and doors, significantly lowering energy bills, alleviating cost-of-living pressures, and improving thermal comfort for residents.
- 7.5 Building on these efforts, the Council commenced the three-year delivery of the Warm Homes: Social Housing Fund ⁵⁷ (Wave 3) following a £3.85 million grant award alongside Council co-funding (£3.15m). Partnering with Equans Regeneration Ltd, this project will upgrade 379 Council homes by 2028 with insulation, windows, doors, solar panels, and ventilation upgrades, aiming to achieve at least EPC Band C, reducing emissions, tackling fuel poverty, lowering household utility bills, and improving tenant well-being.
- 7.6 Running alongside dedicated decarbonisation funds, the ongoing Decent Homes⁵⁸ programme continues to upgrade energy efficiency across Council-owned homes through targeted window, door, and heating replacements to ensure homes remain safe, warm, and affordable.

⁵⁵ Further information at: [Social Housing Decarbonisation Fund](#)

⁵⁶ Further information at: [SBC Current Major Works](#)

⁵⁷ Further information at: [Warm Homes: Social Housing Fund Wave 3](#)

⁵⁸ Further information at: [Decent Homes Works](#)

- 7.7 The Council is also promoting schemes to decarbonise private homes, building on regional collaboration via HCCSP through the Hertfordshire Retrofit Strategy and Solar Together scheme (as noted in 3.8 - Level 3) to extend financial and comfort benefits across the wider community.
- 7.8 Partnering with the National Energy Foundation (NEF), the Council helped eligible homeowners and private tenants access funding for energy efficiency measures under the Energy Company Obligation⁵⁹ Round 4 (ECO4) and Great British Insulation Scheme (GBIS)⁶⁰. Supporting 48 households to permanently lower bills, improve home warmth, and reduce emissions, this NEF-managed scheme (now closed to new applications) operates until 31st December 2026 to finalise any remedial works.
- 7.9 In 2025, the Council secured £1.5m from the Warm Homes: Local Grant (WHLG) to provide energy upgrades and low-carbon heating to approximately 100 low-income privately owned households⁶¹, from 2025 to 2028. Delivered in partnership with NEF, it funds insulation, solar panels, Air-Source Heat Pumps (ASHPs), and low-carbon heating systems for EPC Band D-G properties. Eligible households include those with an income below £36,000, those in receipt of means-tested benefits, or those living in areas of high economic need⁶².



Figure 15. Warm Homes Local Grant – Stevenage Leaflet. The scheme is open until 2028.

⁵⁹ Further information at: [Help from your energy supplier: the Energy Company Obligation](#)

⁶⁰ Further information at: [Apply for support from the Great British Insulation Scheme](#)

⁶¹ Based on average retrofit costs per property.

⁶² Further information at: [Stevenage - Warm Homes Local Grant](#)

- 7.10 Addressing record housing demand in Stevenage, the Council is also delivering sustainable new homes through the Make Stevenage Even Better (MSEB)⁶³ Corporate Plan. All new Council housing developments follow a 5-star quality approach⁶⁴ with sustainability as a key criterion. Following award-winning schemes like Helston House and the Kenilworth Close (Phase 1), recent developments like the 27-home Dunn Close integrate advanced low-carbon features such as ASHPs, solar panels, and heat recovery systems, underpinned by a fabric-first approach to maximise energy efficiency and minimise heating costs for residents.

8 LEVEL 5: STRATEGIC THEME: CONSTRUCTION & REGENERATION

- 8.1 The building and construction sector is a major contributor to GHG emissions, making its transformation essential for tackling climate change and protecting the built environment for future generations.
- 8.2 Stevenage's regeneration programme⁶⁵ seeks to create a vibrant, mixed-use town centre that reflects the aspirations of residents and businesses while respecting its New Town heritage and enhancing community life.
- 8.3 As a leader in regeneration, the Council has significant influence to deliver sustainably designed, climate-resilient buildings and public spaces that benefit the entire community by improving public health, comfort, and local environmental quality.
- 8.4 The Council continues to work with regeneration partners committed to zero-carbon operations and responsible development, promoting energy-efficient designs, sustainable construction practices, and materials reuse and recycling.
- 8.5 A key flagship regeneration project is the new Sports & Leisure Centre on St George's Way, which will combine facilities from the Arts & Leisure Centre and Swimming Centre, two of the Council's highest energy-consuming buildings. Following formal planning permission granted in September 2025, main construction works have commenced with completion expected in late 2027.
- 8.6 Designed as a fully electric, fossil-fuel-free building, the new Sports & Leisure Centre will feature a 25-metre 10-lane pool, teaching pool, splash pad, soft-play, six-court sports hall, fitness suite, multi-purpose studios, and a café. Engineered for high energy efficiency, it features an estimated annual energy use of 1,246 MWh (182.5 kWh/m²), supported by on-site solar PV generating 14.8 MWh annually; ASHPs for heating, cooling, and pool water; high insulation levels; LED lighting; and smart energy management systems. Furthermore, the project commits to a 10% Biodiversity Net Gain (BNG) and provides a sustainable transport hub equipped with EV charging and extensive cycle parking, delivering a modern, low-cost community facility.

⁶³ Available at: [Corporate Plan: Making Stevenage Even Better \(2024-2027\)](#)

⁶⁴ Further information at: [Housing Development – On the Right Road](#)

⁶⁵ Further information at: [Stevenage Even Better - Stevenage Regeneration](#)



Figure 16. New Sports & Leisure Centre proposal.

- 8.7 Furthermore, the Stevenage Indoor Market has been relocated to a prominent, bespoke, and modern facility on the ground floor of Boston House in Park Place. Designed with an all-electric energy supply, the bright, welcoming, and flexible trading space secures the market's long-term future for local traders and shoppers.



Figure 17. New Stevenage Indoor Market in Boston House, Park Place.

- 8.8 Additionally, works have started to repurpose the former Indoor Market building into a new Engineering and Construction Campus for North Hertfordshire College, funded through the Government's Towns Fund, providing modern, high-tech training and career facilities for students, apprentices, and adult learners to foster local green skills and employment pathways.

Stevenage's Local Plan Partial Review

- 8.9 One of the crucial tools the Council uses to lead climate action is the Stevenage Borough Local Plan (SBLP)⁶⁶, which integrates strategies translating climate goals into practical mitigation and adaptation measures.
- 8.10 The Council successfully completed a partial review⁶⁷ of the SBLP, which was finalised and adopted in July 2026 following extensive public consultation and viability processes.
- 8.11 The partial review prioritises climate policies within its strategic approach, balancing low-carbon housing and development with the provision of new jobs and infrastructure, and the protection of green and cultural assets for residents.
- 8.12 The updated planning framework incorporates upgraded policies across key areas:
- Contribution to mitigating and adapting to climate change, reducing emissions, providing carbon sequestration, and securing sustainable resource use.
 - Major developments should aim to achieve net-zero regulated operational emissions by reducing overall energy demand, supplying energy efficiently, and adopting ultra-low or zero-carbon energy generation, with whole-life carbon net-zero proposals strongly supported.
 - Developments must prioritise active travel and public transport by integrating necessary infrastructure.
 - Developments should minimise air conditioning demand where appropriate by balancing solar gain and shading, managing internal heat, and providing passive ventilation to protect occupants from extreme heat.
 - New dwellings must restrict water consumption to a maximum of 110 litres per person per day. Proposals should provide rainwater harvesting (for new dwellings) or grey water recycling (for non-residential developments where appropriate) and encourage water neutrality.
 - Strong support is given for decentralised/district heat networks, intelligent energy systems, ultra-low or zero-carbon CHP⁶⁸ systems, and local renewable generation with surplus fed into the national grid.
 - Urban greening is encouraged, with support for incorporating green roofs, blue-green roofs, bio-solar roofs, or green walls.
 - Proposals that align with circular economy principles, local green jobs provision, local food-growing spaces (allotments, orchards, and food markets) enhancements, and sustainable waste disposal are strongly supported.

⁶⁶ Further information at: [Stevenage Borough Local Plan](#)

⁶⁷ Further information at: [Stevenage Borough Local Plan Partial Update 2026](#)

⁶⁸ Combined Heat and Power

- All developments should use Sustainable Drainage Systems (SuDS) to prevent increased peak run-off rates and follow the surface water disposal hierarchy. Development must also protect adjacent flood defences, maintain watercourses buffer zones, and re-naturalise culverts.
- 8.13 The adoption of these enhanced policies is expected to make a significant contribution toward achieving the town's sustainability objectives while protecting community infrastructure against climate risks and securing healthier, safer environment for residents.

9 LEVEL 5: STRATEGIC THEME: WASTE & RECYCLING

- 9.1 The waste sector significantly impacts climate change, making waste reduction, reuse, repair, recycling, and recovery central to the Council's management approach.
- 9.2 The Council is a member of the Hertfordshire Waste Partnership⁶⁹ (HWP), a collaborative initiative bringing together all 10 district and borough councils alongside HCC.
- 9.3 HWP supports residents in reducing, reusing, and recycling waste through awareness campaigns and long-term strategies, driving Council-led initiatives to cut waste and boost recycling.
- 9.4 HWP targets zero waste to landfill by 2030, aiming for 100% of Hertfordshire's residual waste to be processed at energy-from-waste (EfW) facilities. While April 2024 10-year HCC's ended directed landfill disposal, some rejected recycling may still reach landfill indirectly⁷⁰.
- 9.5 The Council handles regular bin and bulky waste collections⁷¹ alongside 13 recycling banks across the town⁷². In June 2025, eight neighbourhood recycling sites were upgraded with new signage and infrastructure, funded via the UKSPF and the Council's Climate Change Community Fund (CCCF)⁷³ to make recycling more accessible and cleaner for residents.
- 9.6 The Council operates an in-house recycling collection service, separating materials into paper & card, glass, plastics, and cans, with private arrangements for onward processing.
- 9.7 In 2025/26, the Council collected 29,562.09 tonnes of household waste from kerbside collections and 11,072.01 tonnes of recycling. Stevenage residents produced an average of about 321 kg of waste (recycled and residual) per person annually⁷⁴, compared to the Hertfordshire average of 378 kg⁷⁵. The

⁶⁹ Further information at: [Waste Aware Hertfordshire Partnership](#)

⁷⁰ Further information at: [HCC - New contracts to end landfill for Hertfordshire waste](#)

⁷¹ Further information at: [Stevenage Household Waste Management Policy](#)

⁷² Further information at: [Stevenage Recycling Banks](#)

⁷³ As described in paragraph 14.4.

⁷⁴ Based on a population estimate of 90,508 inhabitants in Stevenage.

⁷⁵ Further information at: [Hemel Today - Average of 378kg of waste thrown away by every Hertfordshire resident in 2025](#)

Council targets a 60% recycling rate by 2035⁷⁶; however, the 2025-26 figures indicate Stevenage's recycling rate stands at 37.5%, the lowest in the county, prompting targeted action in this regard.

- 9.8 The Council promotes recycling across corporate, residential, and commercial sites. Following Cabinet approval in July 2025⁷⁷, Phase 2 of the flat-block recycling pilot concluded by December 2025. Building on Phase 1, which increased flat-block recycling by 185% across six blocks, Phase 2 expanded to around 41 blocks, integrating resident engagement, surveys and educational materials alongside a custom three-wheeled bin designed for easier use on stairs. Backed by £719k of Extended Producer Responsibility (EPR) funding, the project provides opportunities for residents to recycle plastics, glass, cardboard and food to ensure equal access to recycling services across all housing types. Based on the pilot results, an overall 4% increase in the borough's recycling rate is anticipated if similar performance is achieved across all flats, with monitoring currently underway.



Figure 18. Three-wheeled bin tailored for Flat-Blocks Recycling Project⁷⁸.

- 9.9 The Council provided free glass, tins, and plastic recycling services to local schools, alongside paid paper collections, while promoting recycling awareness to approximately 3,000 children through 11 school assemblies.
- 9.10 In March 2026, the Council successfully launched separate weekly food waste collections across 38,000 properties (deploying 77,000 new caddies) in line with national Simpler Recycling⁷⁹ legislation. Promoted via a school children competition to design recycling superheroes (such as Captain Carrot), the service reduces GHG emissions and is expected to boost recycling rates by around 5%.

⁷⁶ Further information at: [Stevenage Climate Action Plan – Action WR 1. Increase Recycling Rates](#)

⁷⁷ Further information at: [SBC Items at Meetings - Flat Block Recycling Improvements](#)

⁷⁸ Further information at: [BBC - Multi-wheeled bins introduced in recycling trial](#)

⁷⁹ Further information at: [Simpler Recycling in England: Policy Update](#)



Figure 19. One of the selected Stevenage's food recycling superheroes: *Captain Carrot*.

- 9.11 Furthermore, the Council launched a commercial food waste collection service for businesses and schools on 31 March 2025, meeting statutory deadlines.
- 9.12 Under the Recycle Your Cycle⁸⁰ scheme, the Council collected 240 unwanted, abandoned or fly-tipped bikes in 2025/26 for refurbishment, reuse, and community benefit.
- 9.13 Finally, partnering with HWP, the Council continues to promote the Herts Sustainable Families⁸¹ initiative, which includes Herts Reusable Nappies, Herts Sustainable Periods, and Herts Confident Continence, aiming to stimulate reusable alternatives to single-use products to help local families lower household expenses and reduce plastic waste.

10 LEVEL 5: STRATEGIC THEME: PEOPLE & AWARENESS

- 10.1 Stevenage can only achieve its sustainability objectives if everyone plays their part to build a healthier, cleaner, greener, more resilient town. By educating, engaging, supporting, listening to, and communicating with residents from all backgrounds, the Council can encourage the behavioural changes needed.
- 10.2 Most resident-focused actions are outlined in **Level 6** of this report. Some internal awareness and governance actions are highlighted below to emphasise fostering a sustainable culture within the Council.
- 10.3 As part of embedding this commitment into high-level governance, "Tackling Climate Change" has been incorporated as a core priority of the Council's Corporate Plan, Making Stevenage Even Better (2024-2027)⁸², cementing the net-zero target and climate response as one of the organisation's primary focuses.

⁸⁰ Further information at: [Recycle Your Cycle](#)

⁸¹ Further information at: [Herts Sustainable Families - Hertfordshire County Council](#)

⁸² Further information at: [Corporate Plan: Making Stevenage Even Better \(2024-2027\)](#)

- 10.4 In November 2023, the Council acknowledged the “*Pathway 3 - People and Processes*” report, identifying that Council’s people-related emissions arise mainly from ways of working: commuting, business travel, waste production, water use, and resource consumption. To drive behavioural change, a Staff Climate Champions Group (SCCG) of 28 members from across departments has been established to raise awareness and strengthen engagement.
- 10.5 Priority topics (as shown below) were selected for 2025-26 (with continuing work into 2026-27). To address them, working sub-groups have been established to focus on challenges and opportunities linked to ways of working and organisational emissions.



Figure 20. Stevenage Climate Champions – Topic-specific working sub-groups for 2025-26.

- 10.6 Key deliverables from these sub-groups include analysing staff commuting and business travel incentives, producing an active travel induction pack for officers, upgrading recycling infrastructure and signage at Daneshill House and Cavendish, and conducting sustainability reviews of Council-led events like Stevenage Day.
- 10.7 Climate literacy is critical to raising environmental awareness and enabling informed decision-making. The Council continues to promote free carbon literacy opportunities for officers and members via the Local Government Association (LGA) and the Association for Public Service Excellence (APSE), of which it is a member.

Climate Adaptation

- 10.8 Climate adaptation is a vital part of building resilience. The Global Centre on Adaptation⁸³ defines it as the “*means to act to prepare for and adjust to the current and projected impacts of climate change*”.
- 10.9 Adaptation aims to reduce vulnerability and ensure that Council’s operations and policies can withstand climate impacts.
- 10.10 Recent extreme weather events affecting Stevenage and the wider Hertfordshire area indicate the increasing need for effective climate action, both to reduce emissions and to strengthen local resilience.
- 10.11 In June and August 2025, periods of extreme heat resulted in Amber Heat-Health alerts across the East of England, with temperatures exceeding 30°C and increased risks identified for older people and other vulnerable groups. In July 2025, heavy thunderstorms and intense rainfall caused flash flooding in Stevenage, with significant surface water reported along Station Road and Eastbourne Avenue. The severe winter weather in December 2025 and January 2026 brought snow and extreme cold, disrupting travel and local

⁸³ Further information at: [Global Center on Adaptation](#).

activities (e.g., football and hockey). Together, these events illustrate the range of extreme weather-related pressure on communities, infrastructure, services, and vulnerable residents.

- 10.12 As part of its ongoing work, in June 2025, the Council updated its Climate Change Risk Assessment (CCRA)⁸⁴, in line with DEFRA's⁸⁵ guidance (noting that adaptation reporting is voluntary for local authorities). This review assessed climate risks for Council services and assets across multiple climate scenarios (current, +2°C and +4°C), ensuring a robust understanding of future vulnerabilities.
- 10.13 The updated CCRA identifies about 50 climate-related risks across five sectors: natural environment, infrastructure, health and communities, business and industry, and international dimensions. While most risks are currently rated low to medium, medium-to-high risks increase under future warming scenarios.
- 10.14 The CCRA enhances preparedness by helping the Council understand and plan for potential climate risks. To increase service resilience, the Council began working with its risk lead in early 2026 to incorporate these climate risks directly into relevant operational and corporate risk registers.
- 10.15 The Council acknowledges the importance of climate adaptation and remains committed to building long-term operational resilience.
- 10.16 Looking through 2026, the Council is finalising a 5-Year Climate Adaptation Plan to provide a structured framework for medium-term preparedness, strengthening service resilience, prioritising monitoring impacts, safeguarding vulnerable infrastructure, enhancing emergency preparedness, broadening stakeholder engagement, and supporting residents.

11 LEVEL 5: STRATEGIC THEME: BIODIVERSITY

- 11.1 Biodiversity loss and climate change are closely linked. Climate change accelerates biodiversity loss, undermining nature's ability to regulate GHG emissions, while ecosystems like woodlands and wetlands act as vital carbon sinks. Protecting and enhancing biodiversity is crucial to tackling climate change.
- 11.2 Tree planting plays a key role in Stevenage in this context, reducing GHGs, mitigating climate impacts, improving air quality, providing wildlife habitats, cooling urban areas, lowering energy demand, and fostering healthier, more sustainable communities.
- 11.3 The Council has committed to planting over 4,000 trees by 2030⁸⁶ and increasing the town's canopy cover to 19%, in line with the Woodland Trust's

⁸⁴ A Climate Change Risk Assessment (CCRA) for local authorities involves evaluating the potential impacts of climate change on the local area and the services provided by the authority.

⁸⁵ Department for Environment, Food & Rural Affairs.

⁸⁶ Further information at: [Stevenage Climate Action Plan – Action BI3: Plant 4,000 Trees in Stevenage by 2030](#)

Emergency Tree Plan (2020)⁸⁷ and its Amenity Tree Management Policy⁸⁸. A 2024, i-Tree Canopy⁸⁹ assessment found existing canopy cover at 22%, though ward-levels coverage varies, dropping to 13% in some areas⁹⁰.

- 11.4 As part of its ongoing commitment, the Council plants around 100 mature trees annually, adding 121 new street trees in 2025/26. During this period, the Council also maintained 30,103 trees, 18 woodlands, 399 ha of grass, and 24 ha of shrub beds. Additionally, CIL⁹¹ funding has been allocated for two major projects: £80,000 funded across 2025/26 and 2026/27 to plant 80 trees across Stevenage (with planting scheduled for completion by January 2027), and £30,000 allocated for woodland management works at Lanterns Lane woods.
- 11.5 Following three Miyawaki micro-woods⁹² planted by the Council in 2024/25 using DEFRA's Coronation Living Heritage Fund (at St Nicholas Park, Hampson Park and Shephalbury Park, with 5,000 saplings), the Council created three more micro-woods in 2025/26 using 3,000 whips planted at Peartree Park, Chells Park, and Symonds Green.
- 11.6 A further rollout of new Miyawaki micro-woods is planned for 2026/27, backed by £30,000 in CIL funding for two micro-woods at Donkey Park and Broadhall Way. Species include beech, cherry, elder, hawthorn, hazel, holly, hornbeam, lime, field maple, and oak. These extend existing woodland, improve wildlife corridors, and connect wooded areas with grassland meadows. Monitoring confirms the Miyawaki technique has been highly successful in Stevenage.



Figure 21. Stevenage's Miyawaki micro-wood at Chells Park.

- 11.7 These initiatives complement the "Your Tree, Our Future" scheme detailed in 3.8.

⁸⁷ Available at: [Emergency Tree Plan - Woodland Trust](#)

⁸⁸ Available at: [Stevenage Amenity Tree Management Policy](#)

⁸⁹ i-Tree Canopy is an online canopy cover assessment tool, which provides a scientifically robust and consistent approach to estimating canopy cover. Further information at: [i-Tree Canopy](#).

⁹⁰ Further information at: [Stevenage Tree and Woodland Strategy](#)

⁹¹ Community Infrastructure Levy

⁹² Further information at: [Council secures funding to plant new trees in Stevenage](#)

- 11.8 Following public consultation, the Council adopted the Tree & Woodland Strategy (2025-2035)⁹³ in June 2025. It sets out 59 targeted actions to manage, protect, and enhance the borough's trees, woodlands, and ancient hedgerows across 10 key themes to strengthen Stevenage's climate resilience. It highlights the role of trees in carbon capture, air quality, and urban cooling, prioritising tree species with high carbon storage potential and targeting areas with low canopy cover.
- 11.9 While tree planting is vital, supporting biodiversity also requires a diverse range of habitats, including woodlands, grasslands, wetlands, and hedgerows.
- 11.10 Following public consultation, the Cabinet adopted Green Spaces Strategy (2025–2035)⁹⁴ in June 2025. This 10-year framework outlines how parks, woodlands, and wildlife areas will be protected and enhanced to support biodiversity, climate resilience, and community well-being by providing accessible, high-quality green spaces for residents. Early initiatives, including ecological surveys, are underway to balance development, ecology, and resident needs.
- 11.11 The Council also adopted the Biodiversity Action Plan (2024-2028)⁹⁵ as a strategic framework to guide local conservation efforts. Progress is driven by implementing targeted conservation across five priority habitats and tracked now via a dedicated online portal⁹⁶. Though there is currently no dedicated budget for full delivery, ongoing coordination, seasonal work, and volunteer engagement are helping implement key actions. By strengthening ecosystems, increasing habitat connectivity, and supporting species diversity, the BAP contributes directly to climate resilience and sustainability.
- 11.12 The Council is also implementing Biodiversity Net Gain (BNG)⁹⁷, now mandatory for all developments and requiring at least 10% biodiversity increase. The Council has transitioned to a full BNG monitoring framework via Exacom⁹⁸, integrated into development management procedures (using Uniform⁹⁹) to screen qualifying planning applications. Priority delivery sites have been identified, and work is underway at Chells Park, Canterbury Way Playing Fields, and Fishers Green.
- 11.13 Several of the above-mentioned initiatives rely on volunteers. In 2025-26, Green Space Volunteers¹⁰⁰ contributed over 1,700 hours to improving open spaces, carrying out woodland coppicing, pond improvements, tree planting, and butterfly surveys. Additionally, Council-led bulb planting at Hampson Park, Edmunds Drive, and Trent Close enhanced seasonal colour and boosted community pride and local environmental stewardship.

⁹³ Available at: [Stevenage Tree and Woodland Strategy](#)

⁹⁴ Available at: [Stevenage Green Space Strategy](#).

⁹⁵ Further information at: [Stevenage Biodiversity Action Plan](#).

⁹⁶ Available at: [Stevenage Biodiversity Action Plan: A Wilder Stevenage 2024-2028](#).

⁹⁷ Further information at: [Biodiversity Net Gain](#)

⁹⁸ Further information at: [Exacom - Products \(Biodiversity Net Gain Module\)](#)

⁹⁹ Further information at: [Uniform - Local Authority Case Management Software](#)

¹⁰⁰ Further information at: [Stevenage Green Space Volunteers](#)

- 11.14 In addition, work is also underway to expand a town-wide network of grassland meadows, with ongoing identification of new sites to increase coverage and ecological value. This includes a CIL-funded “Meadow Grassland - Town Wide” project (£20,000 funded for 2026/27) to identify existing meadow and rough grassland in autumn/winter 2026 and seeding completed by February 2027. Moreover, two new wildflower meadow areas were established in Fairlands Valley Lakes and St Nicholas Park to support biodiversity, improve habitat connectivity, and boost pollinator populations.

12 LEVEL 5: STRATEGIC THEME: TRANSPORT

- 12.1 Transport is one of the largest sources of GHG emissions in Stevenage, making action in this sector critical to achieving overall reductions and improving local air quality.
- 12.2 In the Climate Change Strategy, the Council committed to decarbonising its fleet by 2030 to lead by example in cutting operational emissions.
- 12.3 Following SLT's endorsement of “*Pathway 1 – Fuel and Fleet*” in 2023, the Council switched from diesel to Hydrotreated Vegetable Oil (HVO)¹⁰¹ in October 2024 as a low-carbon transitional solution, covering all road and non-road vehicles as well as machinery.
- 12.4 FY 25/26 marked the first financial year the Council's road fleet operated on 100% HVO. According to Renewable Fuel Declarations, issued as part of the Renewable Fuels Assurance Scheme by Zemo Partnership¹⁰², during this year the Council used about 300,000 litres of HVO to power its road fleet, resulting in just 10.7 tCO_{2e} of direct (tank-to-wheel) emissions, and avoiding c. 760 tCO_{2e} of direct emissions compared to standard diesel use, reducing direct road fleet emissions by 98.6% against FY 23/24 levels.
- 12.5 In line with Pathway 1, since August 2023, the Council has incorporated seven electric vans and small vehicles into its fleet, with plans to add more through a fleet replacement plan in the short- and mid-term. This rollout is supported by ongoing charging infrastructure assessments for a fully electrified fleet.

¹⁰¹ HVO is a synthetic, second-generation paraffinic biofuel produced from vegetable oil waste. Due to its production process, HVO has a longer shelf life than regular biodiesel. It is produced to conform to EN15940 & ASTM D975 standards for paraffinic & diesel fuels, and the EU Fuel Quality Directive (FQD) 2009/30/EC Annex 2. It was identified as a direct, drop-in replacement for diesel. It can be stored in the same fuel tank and be used in the same way as diesel, without modifications to the Council's fleet or machinery.

¹⁰² Further information at: [Renewable Fuels Assurance Scheme | Fuels | Zemo Partnership](#)



Figure 22. Stevenage Borough Council's small 100% Electric Vehicle (EV).

- 12.6 The Council recognises active travel as vital to meeting climate targets, cutting emissions, supporting healthier lifestyles, improving public health, and easing congestion. This is further supported by the Stevenage Heart Trails¹⁰³, launched in March 2026, which span over 27 miles of traffic-free routes connecting communities with local art and heritage while encouraging outdoor physical activity.
- 12.7 In October 2024, partnering with Beryl Bikes¹⁰⁴, the Council launched a town-wide Cycle Hire Scheme¹⁰⁵, featuring 45 bays and 150 e-bikes, funded via the UK Government's Towns Fund and Section 106 contributions¹⁰⁶. In June 2025, the scheme was successfully re-launched following a temporary pause to address vandalism. As of mid-2026, most bikes have been repaired, and all 45 parking bays are operational. Between the scheme's launch and mid-May 2026, users completed over 90,000 journeys on Beryl Bikes, cycling a total distance exceeding 239,000 km, demonstrating a strong community uptake in active travel.

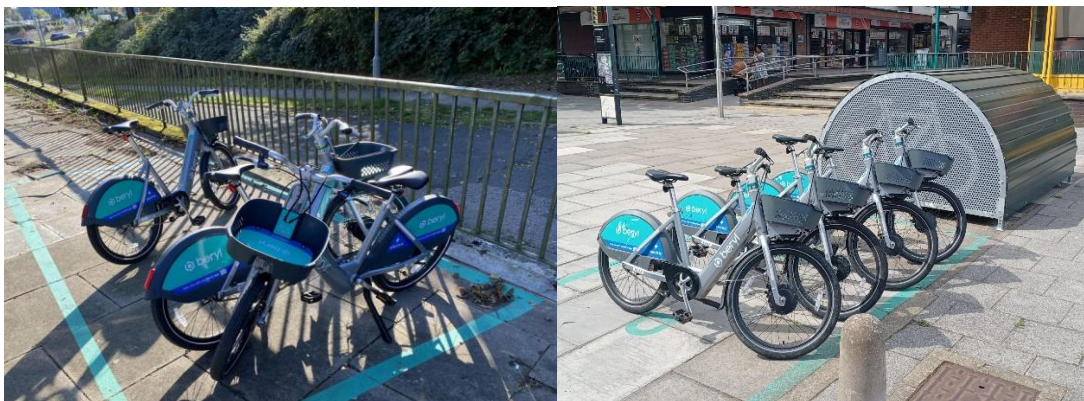


Figure 23. Stevenage's Cycle Hire Scheme in partnership with Beryl Bikes.

¹⁰³ Further information at: [Stevenage Heart Trails](#)

¹⁰⁴ Further information at: [Stevenage Bike Share - Beryl](#)

¹⁰⁵ Further information at: [Cycle Hire Scheme - Part I Report & Cycle Hire Scheme - Report and Public Consultation Feedback](#)

¹⁰⁶ GHG savings are tracked and reported to Council members and officers by Beryl.

- 12.8 The Council also introduced a staff cycle hire scheme allowing employees to use Beryl bikes during work hours (Monday to Friday, 9 AM - 5 PM), with individual journeys capped at 30 minutes, but unlimited journeys per day, providing an incentive for active and sustainable business travel and supporting staff wellbeing.
- 12.9 Through a Climate Champions working sub-group, the Council has promoted sustainable travel benefits for staff (including a Sustainable Travel Induction Pack included in starter pack). Staff benefits include the Enterprise EV Car Club¹⁰⁷, SmartGo Stevenage¹⁰⁸ (with discounted rail and bus tickets and passes, and railcards), and the Green Commute Initiative¹⁰⁹ Cycle-to-Work scheme (enabling staff to obtain bikes and e-bikes, and accessories up to £3,600 via gross salary deductions over up to 36 months).
- 12.10 The Council expanded the provision of lockable bike shelters by installing seven cycle hangars¹¹⁰ across the town to provide a secure storage alternative for residents living in flats or homes with limited space. Additionally, secure cycle parking has been identified as a potential Phase 2 CIL project (£40,000 allocated to deliver 6 standalone facilities).



Figure 24. Cycle hangar at South Gate, Town Centre, Stevenage.

- 12.11 Furthermore, the Council has delivered and progressed a programme of underpass upgrades, improving key walking and cycling links with safety and public realm enhancements for year-round use to ensure active travel routes are safe, welcoming, and accessible for residents.
- 12.12 While private cars remain essential, they must also transition, driving the Council's commitment to expanding public EV charging infrastructure across the town to support residents in shifting toward cleaner vehicles.
- 12.13 The Council is expanding provision through LEVI¹¹¹ funding. In September 2023, HCC secured funding to expand EV charging across the county. Under

¹⁰⁷ Further information at: [Enterprise Car Club Launches in Stevenage](#)

¹⁰⁸ Further information at: [SmartGo Stevenage](#)

¹⁰⁹ Further information at: [Cycle to Work Scheme - Green Commute Initiative](#)

¹¹⁰ Cycle hangar locations available at: [Lockable Bike Shelters](#)

¹¹¹ Low Emission Vehicle Infrastructure – further information at: [Local Electric Vehicle Infrastructure funding](#).

a partnership agreement with HCC, the Council carried out initial feasibility studies identifying up to 50 potential sites across parkland, leisure locations, and garages. Following a tender process in July 2025, the contract was awarded by HCC in December 2025, appointing Urban Fox as the Charge Point Operator (CPO) for Stevenage. Site assessments and resident engagement are underway, with physical rollout scheduled for late autumn 2026.

- 12.14 Moreover, under its Garages Asset Management Plan (2025–2035)¹¹², the Council is also exploring opportunities to convert underutilised garage sites into EV charging spaces, subject to suitability and local demand to improve neighbourhood infrastructure.
- 12.15 Finally, following a review of the Hackney Carriage and Private Hire Licensing Policy¹¹³, the Cabinet approved a two-tier licensing fee discount structure in October 2025 (effective January 2026 through 2030). To promote cleaner vehicles in line with net-zero targets and national policy, the policy offers a 50% discount for Zero-Emission Vehicles (ZEVs) and a 25% discount for Ultra-Low Emission Vehicles (ULEVs)¹¹⁴.

13 LEVEL 5: STRATEGIC THEME: ENERGY & WATER

Energy

- 13.1 The energy sector accounts for over two-thirds of global GHG emissions. Both the source and level of energy use present opportunities to significantly reduce the Council's operational emissions and overhead costs while easing budget pressures.
- 13.2 The UK aims to decarbonise its power grid by 2035. Heating, however, remains difficult to decarbonise and is still largely reliant on natural gas.
- 13.3 Different actions have been undertaken by the Council to monitor and better understand electricity and gas consumption across its sites, aiming to introduce decarbonisation measures and reduce natural gas dependency.
- 13.4 The Council continues with its Zero Carbon for Business (ZCB)¹¹⁵ tariff with EDF Energy for corporate electricity supply. This guarantees zero-carbon electricity and zero Scope 2 emissions under GHG Protocol best practice. The Council is working to consolidate its multiple accounts into a single zero-carbon tariff contract procured corporately to secure efficiency savings.
- 13.5 The Council completed Phase 1 of the Gordon Craig Theatre lighting project, installing infrastructure for a new LED control system and replacing all auditorium house fittings from tungsten to high-efficiency LED units to lower theatre maintenance and energy expenses.

¹¹² Further information at: [Stevenage Climate Action Plan - HO4](#)

¹¹³ Further information at: [Stevenage Hackney Carriage and Private Hire Policy](#)

¹¹⁴ Further information at: [Stevenage Climate Action Plan - TR6](#)

¹¹⁵ Further information at: [EDF Zero Carbon for Business](#)



Figure 25. Gordon Craig Theatre auditorium lights.

- 13.6 Following this, the Council awarded Phase 2 for stage lighting equipment at the Gordon Craig Theatre, aiming to further cut running costs and energy use by transitioning from tungsten and incandescent sources to modern LEDs.
- 13.7 Leisure facilities, managed by Everyone Active (EA), are among the Council's top energy users. Since April 2023, EA has introduced energy efficiency measures across the facilities, including LED lighting, Building Management Systems (BMS) upgrades, and insulation works. For example, at Ridlins Athletic Stadium, more energy-efficient boilers were installed in January 2026, whereas internal LED lighting upgrade at the Stevenage Arts & Leisure Centre was completed in May 2025.
- 13.8 In 2025, the Town Centre Clocktower lighting system was also replaced with an LED system, reducing energy consumption and maintenance costs while enabling multi-colour displays to mark days of national significance.

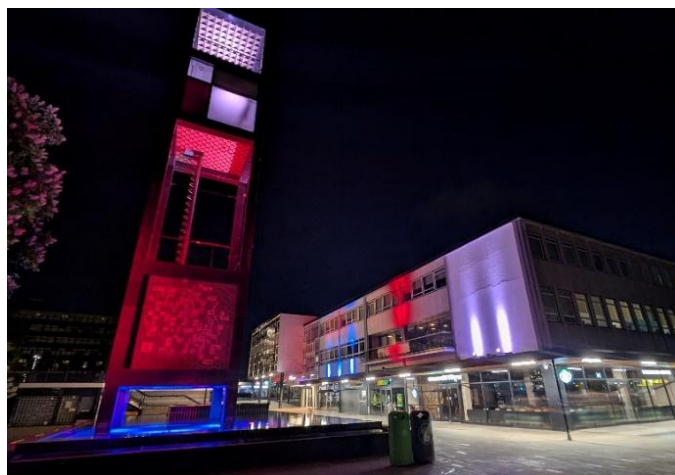


Figure 26. New Town Centre Clocktower LED lighting system.

- 13.9 The Council also upgraded lighting at St George's and Westgate Multi-Storey Car Parks (MSCPs) to full efficient LED systems with motion sensors (completed in summer 2025 and late 2025, respectively) to improve car park safety, visibility, and energy efficiency.



Figure 27. St George's MSCP new efficient LED lighting system.

- 13.10 Natural gas remains the Council's primary direct operational emissions source, accounting for approximately 73% of total Scope 1 emissions in FY24/25 (see "GHG Reporting Framework Main Report" in the background documents), with top consumption concentrated in a small number of assets. Phasing out natural gas for space heating and hot water remains the main challenge for building decarbonisation and long-term financial resilience.
- 13.11 As part of the Council's GHG Accounting Strategy (as described from paragraph 5.2 onwards), the top 10 emitting Council sites have been identified on a market-based approach (where corporately procured electricity emissions count as zero due to the zero-carbon tariff option). These comprise the target-tracking buildings (covering Scope 1, Scope 2, and selected Scope 3 assets), against which the Council measures its progress towards net-zero. To actively target and address emissions across priority sites, a dedicated building decarbonisation group of officers is currently being established.

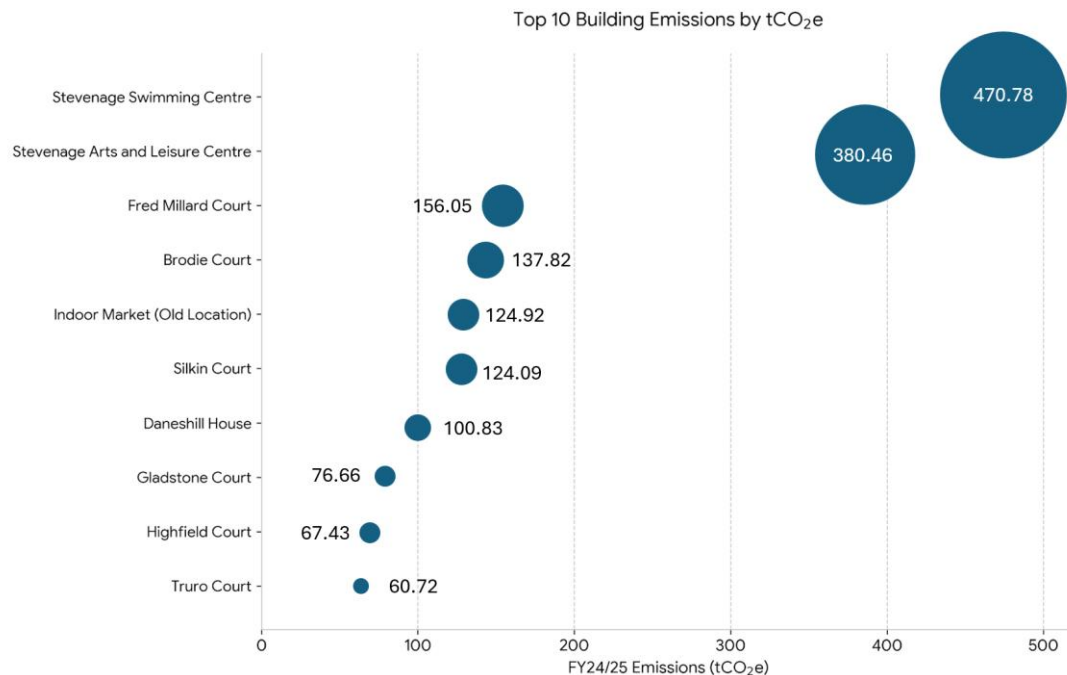


Figure 28. Top 10 GHG emitting Council sites identified on a market-based approach.

- 13.12 The Public Sector Decarbonisation Scheme (PSDS)¹¹⁶, and Low Carbon Skills Fund (LCSF)¹¹⁷, which previously supported energy efficiency and low-carbon projects in public buildings, lack UK Government funding for 2026/27¹¹⁸¹¹⁹. If this persists, it will constrain the Council's ability to phase out natural gas, requiring alternative financing options.
- 13.13 Addressing these emissions is critical for environmental targets and generating substantial financial savings on Council energy bills that can be reinvested into frontline services. In addition, the Council is improving energy billing and payment processes to reduce inefficiencies and costs.
- 13.14 Internal scoping work on Community Energy began in 2025/26. Still in its early stages, it aims to enhance understanding of the community energy landscape through training, expert insights, and collaboration. Additionally, Council officers have attended Great British Energy (GBE) webinars to provide local authority input on emerging GBE local funding instruments (part of the Local Power Plan delivery), partnership grants, and shared ownership models ahead of GBE's definitive funding announcements in autumn/winter 2026.

Water

- 13.15 Alongside energy, water is central to Stevenage's sustainability and climate resilience. As UK summers get hotter and drier, Stevenage's water supply is increasingly constrained, and Hertfordshire remains among the driest parts of the UK.
- 13.16 In 2025, the Council began working with Telex Water¹²⁰ as its new portfolio manager, moving sites to Source for Business¹²¹ to secure competitive rates. Beyond cost savings, Telex Water offers a data insights portal to track site-level consumption and identify potential leakages or inefficiencies. To simplify management and improve monitoring, the aim is to transfer all Council sites to the new supplier. As part of the partnership, the Council is also benefitting from a free 15-month Automatic Meter Reading (AMR) trial at a high-usage site, enabling it to gather more precise data and inform future water efficiency initiatives.
- 13.17 Following the adoption of the Local Plan Partial Update¹²² in July 2026, enhanced policies have been established to improve water efficiency, flood prevention, and sustainable water management across Stevenage.
- 13.18 Specific policies for Sustainable Drainage System (SuDS) promote their use in developments to manage surface water runoff, reduce flood risk, enhance

¹¹⁶ Further information at: [Public Sector Decarbonisation Scheme](#)

¹¹⁷ Further information at: [Public Sector Low Carbon Skills Fund](#)

¹¹⁸ Further information at: [Low Carbon Skills Fund - Salix Finance](#)

¹¹⁹ Further information at: [Public Sector Decarbonisation Scheme - Salix Finance](#)

¹²⁰ Further information at: [Water supplier for businesses - Telex Water](#)

¹²¹ Further information at: [Source for Business](#)

¹²² Further information at: [Stevenage Local Plan Partial Update 2026](#)

infiltration, incorporating rainwater harvesting, and reduce mains water demand to safeguard local water supplies.

- 13.19 Updated flood management policies aim to ensure new developments withstand flooding without transferring risk elsewhere, while protecting adjacent flood defences, maintaining watercourse buffer zones, and re-naturalising culverts.
- 13.20 The Local Plan Partial Update also encourages water-saving technologies to reduce consumption and improve efficiency, with a water use target of 110 litres per person per day in new developments.
- 13.21 Wastewater policies ensure adequate infrastructure for new developments while protecting water quality. Together with the promotion of greywater recycling, these measures will strengthen the town's resilience and support sustainable water management.
- 13.22 Practical community-level projects have also been delivered, including the Roebuck Community Rainwater Harvesting initiative completed in March 2026, which involved installing a water butt to collect roof rainwater for watering outside shop planters and reducing mains water demand.
- 13.23 Furthermore, the Greydells Allotments Rainwater Harvesting project was completed in May 2026, featuring gutter repairs and the installation of a 1,000-litre rainwater harvesting tank on a robust concrete base with a raised support frame, debris-prevention filter, and overflow pipe to capture runoff from neighbouring garage roofs and facilitate filling watering cans to support local food-growing and community resilience.



Figure 29. Greydells allotments rainwater harvesting project.

14 LEVEL 6: LOCAL COMMUNITY

- 14.1 Engaging communities at the neighbourhoods and ward level remained a priority in 2025/26. While many initiatives across the previous themes directly benefit residents or involve them as volunteers, this section highlights broader engagement, communication efforts, and the delivery of the Climate

Change Community Fund (CCCF), which relies on active participation from residents, businesses, community groups, and charities.

- 14.2 Each year, the Council updates its Climate Change Communications and Marketing Plan, outlining objectives, target audiences, key messages, strategies, and specific campaigns.
- 14.3 The Climate Action Plan Tracker¹²³, described in 5.16, allows residents and viewers to provide direct feedback to the Council regarding climate actions, enabling further engagement and participation and ensuring accountability to the community.
- 14.4 Community events provide excellent engagement opportunities. In June 2026, the Climate Change participated in Stevenage Day for the fourth consecutive year, hosting a Climate Action Stall in the STEM Village to promote sustainable living, renewable energy, home energy efficiency, recycling, and carbon footprint reduction through interactive and educational activities. The event also provided an opportunity to promote Council's climate change initiatives such as the CCCF and WHLG.



Figure 30. 2026 Stevenage Day's Climate Action stall.

- 14.5 In terms of the sustainability of Stevenage Day itself, several measures were incorporated into the event planning and delivery: encouraging sustainable transport via the provision of free secure cycling parking, reducing energy consumption by using energy efficient generations and stage equipped with LED lighting, and promoting proper on-site recycling.
- 14.6 The Council continues to promote awareness through online resources, including the Stevenage Sustainability Newsletter for Schools and Colleges¹²⁴. Shared at the start of each term, the newsletter supports environmental education by providing educational institutions with information on funding opportunities, upcoming events, and available sustainability-related resources.

¹²³ Available at: [Stevenage Climate Action Plan Tracker](#)

¹²⁴ Available at: [Stevenage Sustainability Newsletter June 2026](#)



Figure 31. Stevenage Sustainability Newsletter for Schools and Colleges (Summer 2026).

Climate Change Community Fund (CCCF)

- 14.7 The Council continues to deliver the Climate Change Community Fund (CCCF)¹²⁵, now in its fourth year of implementation during 2026/27.
- 14.8 To boost delivery, streamline resident engagement, and align with corporate priorities, administrative oversight of the £97,500 fund was formally transferred to the Community Development team in 2026, integrating it directly into the Cooperative Neighbourhoods (CN) Programme¹²⁶ to ensure grassroots projects closely match local community priorities.
- 14.9 The CCCF provides financial and technical support to community groups in Stevenage wishing to develop and implement 'green projects'. These projects must positively impact the local natural environment, aiding climate change mitigation or adaptation within Stevenage while enhancing neighbourhood liveability.
- 14.10 Funded by the Community Infrastructure Levy (CIL), £7,500 remains available per ward, per year for potential CCCF projects, maintaining a guaranteed allocation of £97,500 to support environmental initiatives across the borough. From 2026, any funds remaining unspent at the end of the financial year will be returned to the CIL pot to be earmarked for strategic green energy projects.
- 14.11 The CCCF accepts rolling applications from various groups and individuals within the community, including schools, charities, clubs and societies, faith

¹²⁵ Further information at: [Climate Change Community Fund \(CCCF\)](#)

¹²⁶ Further information at: [Stevenage Cooperative Neighbourhoods](#)

groups, and businesses. The Council aims to empower these groups to act against climate change and create local value. Under the updated administration, Community Development officers actively co-design project proposals with residents and partners, focusing on under-represented areas to ensure effective resource use and equitable community benefit.

- 14.12 Successful applications must be endorsed by a local Councillor, be infrastructure-based, and provide sustainability and environmental benefits.
- 14.13 In its third year of CCCF implementation (FY 2025/26), 10 projects were approved across Stevenage wards, totalling £28,370, as detailed below.

Table 2. CCCF approved projects in 2025/26.

Project Name	Ward	Description	Applicant	£ Approved
Bowling Green Tree Planting	Old Town	A new cherry tree has been planted to replace a diseased tree at Bowling Green while commemorating the 80th anniversary of VE and VJ Day. The tree enhances the local landscape, increases biodiversity, stores carbon, and provides shade to help the area adapt to a changing climate.	Stevenage Old Town Business and Community Partnership	450
Millennium Garden Tree Planting	Old Town	Seven carefully selected trees have been planted to celebrate the Millennium Garden's 25 th anniversary while minimising the future impact on the nearby bowls greens or the footpath. The new trees enhance biodiversity, increase carbon absorption, improve resilience to climate change, and provide long-term seasonal interest.	Stevenage Old Town Business and Community Partnership	3150
St Nicholas Health Centre Community Garden Upgrade	St Nicholas	Co-funded project to transform an outdoor NHS space into an accessible community garden for therapeutic gardening and wellbeing activities. Newly planted plants, rainwater collection and decked area will enhance biodiversity, improve climate resilience, and create a greener space that supports both people and wildlife.	St Nicholas Community Centre	6000
St Nicholas Community Centre Outdoor Nature Area	St Nicholas	A new outdoor nature and learning area is being created to provide opportunities for environmental education, recreation and community activities. The project will increase biodiversity, create new wildlife habitat, and improve resilience to climate change through additional planting and green infrastructure.	St Nicholas Community Centre	1000
Roebuck Community Rainwater Collection	Roebuck	Rainwater harvesting system is being installed to collect and reuse rainwater for watering plants. This reduces demand on the public water supply, supports sustainable water management, and helps communities adapt to increasing drought and hotter summers.	Roebuck Shops Business Owners	1650
Highcroft Secured Cycle Hangar	Roebuck	A secure cycle hangar is being installed to enable residents without suitable storage to store their bike more easily. The project encourages sustainable travel, helping to reduce carbon emissions, improve air quality, and support healthier lifestyles.	Local Resident	5000
Trafford Close Bulb Planting	Old Town	Spring-flowering bulbs have been planted to create seasonal colour and provide an early food source for bees and other pollinators. The project enhances biodiversity, supports local wildlife, and creates a more attractive green space for residents.	Local Resident	2700

Project Name	Ward	Description	Applicant	£ Approved
Buckthorne Avenue Tree & Bulb Planting	Bedwell	New trees and spring bulbs are being planted to replace those lost to disease and improve the local streetscape. The planting will increase biodiversity, capture carbon, provide shade, support pollinators, and strengthen resilience to climate change.	Local Resident	4620
Vardon Road Bulb Planting	Martin's Wood	A mix of spring-flowering bulbs are being planted to provide continuous colour and food source for pollinators from February to May. The project enhances biodiversity, supports local wildlife, and creates a more attractive and climate-resilient neighbourhood.	Stevenage Muslim Community Centre	1500
Greydells Allotment Rainwater Collection	Almond Hill	Installing a 1000 Litre rainwater harvesting tank to capture runoff from the neighbouring garage roofs. The utilisation of rainwater harvesting will help reduce mains water usage and supply costs. Rainwater is also ideal for garden/allotment irrigation, as it is softer and free from chlorine, encouraging healthy plant growth.	Stevenage Gardens and Allotments Association (SGAA)	2300

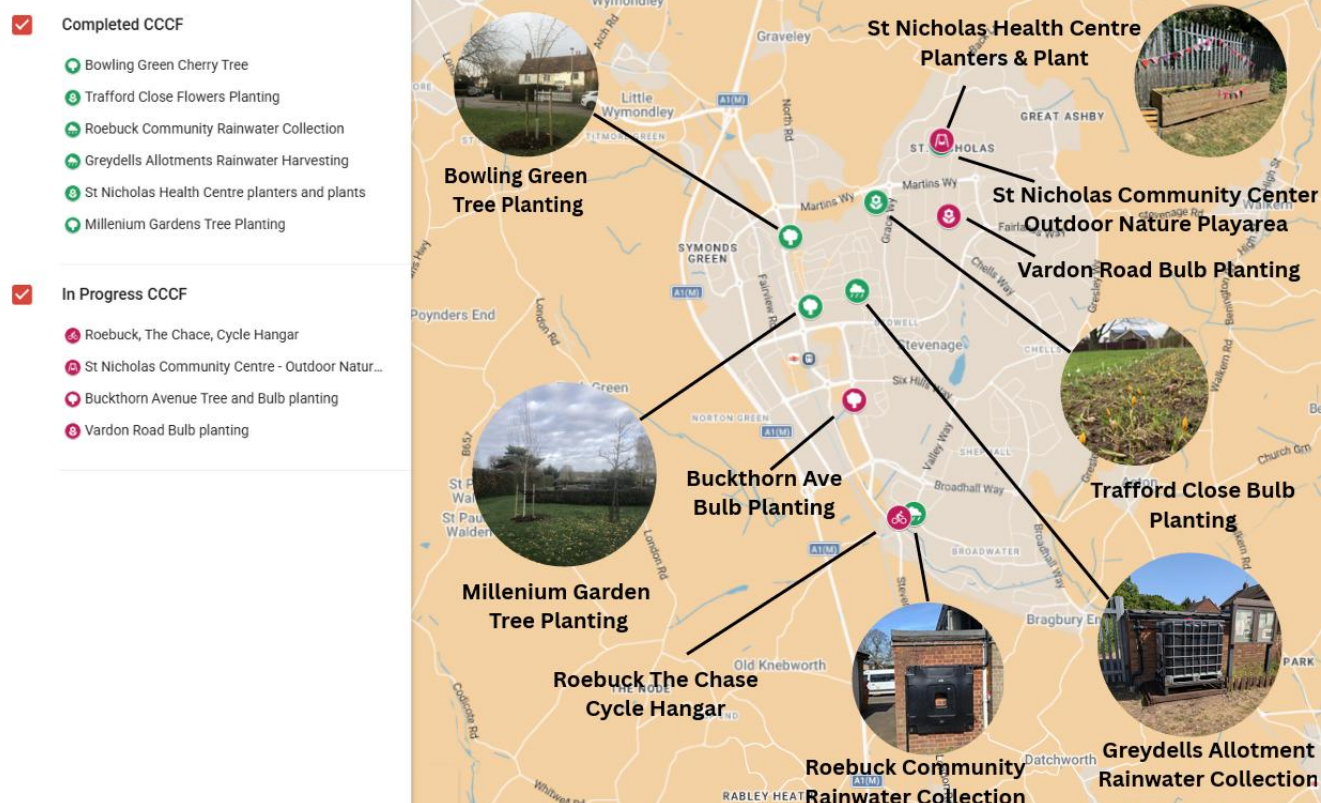


Figure 32. Location and progress status of the CCCF projects approved during the FY 2025/26.



Figure 33. St Nicholas Community Centre & Old Town Tree Planting CCCF Projects.

- 14.1 Ultimately, the success of Stevenage's climate action relies on grassroots empowerment. Through the CCCF and active local engagement, the Council is enabling residents and community groups to lead practical green projects, ensuring the journey to net-zero is built from the ground up to benefit people and the local environment.

15 STRATEGIC CLASSIFICATION OF CLIMATE ACTIONS

15.1 To transparently demonstrate how the Council delivers value, the following matrix evaluates Stevenage's climate-related interventions according to their strategic delivery mechanisms, funding streams, influence pathways, and operational impact boundaries.

Stevenage Borough Council Climate-Related Actions	Collaborative effort with other LAs	External Grant / Funding Secured (inc. CIL, S106, etc.)	Council Capital, Revenue or Resources Allocated	Direct Delivery / Council-led	Influencing Others / Leading by Example	Wider-Town & Community Benefits	Community Participation	Council's Operations - GHG Emissions Reductions
Solar Together	☒		☒		☒	☒	☒	
Your Tree, Our Future	☒	☒	☒		☒	☒	☒	
Hertfordshire Local Retrofit Strategy	☒	☒	☒		☒	☒		
Climate Action Portal			☒	☒				
Wenta Action Zero Programme			☒		☒	☒	☒	
Small Business Sustainability Support Programme		☒	☒		☒	☒	☒	
Green Business Grant			☒	☒	☒	☒	☒	
Social Value			☒	☒	☒	☒		
Social Housing Decarbonisation Fund Wave 2.1		☒	☒	☒		☒		☒
Warm Homes Social Housing Fund		☒	☒	☒		☒		☒
Major Refurbishment Contract (MRC)			☒	☒		☒		☒
Decent Homes Programme			☒	☒		☒		☒
ECO4 & GBIS		☒	☒			☒	☒	
Warm Homes Local Grant	☒	☒	☒	☒	☒	☒	☒	
New Sports & Leisure Centre		☒	☒	☒	☒	☒		☒
New Indoor Market Location		☒	☒	☒		☒		☒
Stevenage Local Plan Partial Review			☒	☒	☒	☒	☒	
Recycling Banks Improvements		☒	☒	☒	☒	☒		

Stevenage Borough Council Climate-Related Actions	Collaborative effort with other LAs	External Grant / Funding Secured (inc. CIL, S106, etc.)	Council Capital, Revenue or Resources Allocated	Direct Delivery / Council-led	Influencing Others / Leading by Example	Wider-Town & Community Benefits	Community Participation	Council's Operations - GHG Emissions Reductions
Flat Block Recycling Project (Phase 2)		☒	☒	☒	☒	☒	☒	
Recycling Awareness Promotion at School Assemblies			☒	☒	☒	☒	☒	
Weekly Food Waste Collections		☒	☒	☒		☒	☒	
Recycle your Cycle Scheme	☒	☒	☒		☒	☒	☒	
Herts Sustainable Families Initiative	☒	☒	☒		☒	☒	☒	
Climate Change Risk Assessment (CCRA)	☒		☒	☒	☒	☒		
5-Year Climate Adaptation Plan			☒	☒	☒	☒		
Mature Tree Planting		☒	☒	☒		☒		☒
Tree & Woodland Management		☒	☒	☒		☒		
Grass and Shrub Beds Management		☒	☒	☒		☒		
Miyawaki Micro-Woods		☒	☒	☒		☒		☒
Tree & Woodland Strategy (2025-2035)		☒	☒	☒		☒	☒	☒
Green Spaces Strategy (2025-2035)		☒	☒	☒	☒	☒	☒	
Biodiversity Action Plan (2024-2028) & Online Tracker		☒	☒	☒	☒	☒	☒	
Biodiversity Net Gain (BNG)		☒	☒	☒		☒		
Green Space Volunteers			☒	☒	☒	☒	☒	
Meadows Network Works		☒	☒	☒		☒		☒
HVO Transition & Monitoring			☒	☒	☒	☒		☒
EVs Fleet Integration			☒	☒	☒	☒		☒
Fleet Electrification Alternatives Assessment		☒	☒	☒	☒	☒		☒
Stevenage Heart Trails		☒	☒	☒	☒	☒	☒	
Cycle Hire Scheme (Beryl Bikes)		☒	☒	☒	☒	☒	☒	
Sustainable Travel Induction Pack			☒	☒	☒			
SmartGo Stevenage			☒		☒			
Green Commute Initiative - Cycle to Work Scheme			☒		☒			

Stevenage Borough Council Climate-Related Actions	Collaborative effort with other LAs	External Grant / Funding Secured (inc. CIL, S106, etc.)	Council Capital, Revenue or Resources Allocated	Direct Delivery / Council-led	Influencing Others / Leading by Example	Wider-Town & Community Benefits	Community Participation	Council's Operations - GHG Emissions Reductions
Cycle Hangars Installations		☒	☒	☒	☒	☒	☒	
Underpass Upgrades Programme		☒	☒	☒	☒	☒	☒	
LEVI Funding EV Charging Deployment	☒	☒	☒			☒		
Garages Asset Management Plan			☒	☒		☒		☒
Hackney Carriage & Private Hire Licensing Policy			☒	☒	☒	☒	☒	
Zero Carbon for Business Tariff (EDF Energy)			☒	☒				☒
Gordon Craig Theatre Lighting Project			☒	☒	☒	☒		☒
Leisure Sites Energy Efficiency Measures (Everyone Active)		☒	☒		☒	☒		☒
Town Centre Clocktower Lighting Project			☒	☒	☒	☒		☒
MSCPs Lighting Upgrades Programme			☒	☒	☒	☒		☒
SBC Building Decarbonisation Group			☒	☒				☒
Energy Bills & Payment Processes Improvements			☒	☒				☒
Energy Bills Consolidation & Transfer			☒	☒				☒
Telex Water Portfolio Manager Contract			☒					☒
Water Bills Consolidation & Transfer			☒					☒
Telex Water Data Insights Portal & High-Usage Water Site AMR Trial			☒					☒
Rainwater Harvesting Projects		☒	☒	☒	☒	☒	☒	☒
Stevenage Day - Climate Action Stall			☒	☒	☒		☒	
Sustainability Newsletter for Schools & Colleges			☒	☒	☒	☒	☒	
Climate Change Community Fund (CCCF)		☒	☒	☒	☒	☒	☒	

List of Acronyms

AMR:	Automatic Meter Reading.
APSE:	Association for Public Service Excellence.
ASHP:	Air Source Heat Pump.
BAP:	Stevenage Biodiversity Action Plan.
BMS:	Building Management System.
BNG:	Biodiversity Net Gain.
CCC:	Climate Change Committee.
CCCF:	Climate Change Community Fund.
CCRA:	Climate Change Risk Assessment.
CIL:	Community Infrastructure Levy.
COP:	UNFCC Conference of the Parties.
COP21:	21 st UNFCC Conference of the Parties, Paris, France, 2015.
COP29:	29 th UNFCC Conference of the Parties, Baku, Azerbaijan, 2024
COP30:	30 th UNFCC Conference of the Parties, Belem, Brazil, 2025
Council:	Stevenage Borough Council.
CPO:	Charge Point Operator.
CRP:	Carbon Reduction Plan.
DEFRA:	Department for Environment, Food and Rural Affairs.
DESNZ:	Department for Energy Security and Net Zero.
EA:	Everyone Active.
ECO:	Energy Company Obligation.
EELGA:	East of England Local Government Association.
EfW:	Energy from Waste.
EPC:	Energy Performance Certificate.
EPR:	Extended Producer Responsibility.
EV:	Electric Vehicle.
GBE:	Great British Energy.
GBIS:	Great British Insulation Scheme.
GHG:	Greenhouse Gas.
ha:	Hectares.
HCC:	Hertfordshire County Council.
HCCSP:	Hertfordshire Climate Change and Sustainability Partnership.
HGB:	Hertfordshire Growth Board.
HRA:	Housing Revenues Account.
HVO:	Hydrotreated Vegetable Oil.
HWP:	Hertfordshire Waste Partnership.
ICT:	Information and Communication Technology.
ktCO₂e:	Thousands of tonnes (kilo-tonnes) of Carbon Dioxide Equivalent.
LA / LAs:	Local Authority / Local Authorities.
LARA:	Local Area Retrofit Accelerator.
LCSF:	Low Carbon Skills Fund.
LED:	Light-Emitting Diode.
LEP:	Local Enterprise Partnership.
LEVI:	Local Electric Vehicle Infrastructure.
LGA:	Local Government Association.
LGR:	Local Government Reorganisation.
LP:	Local Plan.
LPP:	UK Government's Local Power Plan.

LULUCF:	Land Use, Land Use Change, and Forestry.
MRC:	Major Refurbishment Contract.
MSCP:	Multi-Storey Car Park.
MSEB:	Make Stevenage Even Better.
MtCO₂e:	Millions of tonnes of Carbon Dioxide Equivalent.
MW:	Megawatt.
MWh:	Megawatt-hour.
NAP:	National Adaptation Programme.
NDC:	Nationally Determined Contribution.
NEF:	National Energy Foundation.
Net-Zero:	Balance in the amount of GHG emitted with the amount removed from the atmosphere, resulting in no net increase in these gases.
ORR:	Operational Risk Register.
PH:	Portfolio Holder for Environment, Transport, and Planning.
PSDS:	Public Sector Decarbonisation Scheme.
PV:	Photovoltaic.
RCCF:	East of England Regional Climate Change Forum.
SBC:	Stevenage Borough Council.
SBLP:	Stevenage Borough Local Plan.
SCCG:	Staff Climate Champions Group.
SHDF:	Social Housing Decarbonisation Fund.
SLT:	Senior Leadership Team.
SME:	Small and Medium-Sized Enterprise.
STEM:	Science, Technology, Engineering, and Mathematics.
SuDS:	Sustainable Drainage System.
tCO₂:	Tonnes of Carbon Dioxide.
tCO₂e:	Tonnes of Carbon Dioxide Equivalent, a standard unit used to measure the impact of different greenhouse gases on global warming.
The Council:	Stevenage Borough Council.
T&D:	Transmission and Distribution.
TOMs:	Themes, Outcomes and Measures (Social Value).
UK:	United Kingdom of Great Britain and Northern Ireland.
UKSPF:	UK Shared Prosperity Fund.
ULEV:	Ultra Low Emission Vehicle.
UN:	United Nations.
UNEP:	United Nations Environment Programme.
UNFCC:	United Nations Framework Convention on Climate Change.
VCSE:	Voluntary, Community, and Social Enterprise.
WHLG:	Warm Homes Local Grant.
WHS:	Warm Homes Social Housing.
WNWN:	Waste Not Want Not.
WTT:	Well-to-Tank.
ZCB:	Zero Carbon for Business Tariff.
ZEV:	Zero Emission Vehicle.

This page is intentionally left blank

Meeting Cabinet
Portfolio Area Housing and Housing Development
Date 8th October 2026



HOUSING INCOME AND ARREARS RECOVERY POLICY 2026-2028

AUTHORS: SIMON KIFF/ELIZABETH DDAMULIRA

LEAD OFFICER: KERRY CLIFFORD

KEY DECISION

1 PURPOSE

- 1.1 To present the draft Housing Income and Arrears Recovery Policy 2026–2028, (Appendix A), which sets out Stevenage Borough Council's approach to managing housing income, including current and former rent, service charges, recharges and other housing-related debt, and establishes a consistent, fair, proportionate and effective framework for income collection and arrears recovery.
- 1.2 The policy supports the Council's responsibility to protect Housing Revenue Account (HRA) income while promoting tenancy sustainment, early intervention, financial inclusion and appropriate support pathways for residents experiencing financial difficulty.
- 1.3 The implementation of this policy will support the Council in collecting £58.6 million in rent and service charges, billed annually. It will also support the recovery of outstanding debt comprising rent and service charge arrears,

former tenant debt, including sundry accounts, court costs and rechargeable repairs.

2 RECOMMENDATIONS

- 2.1 That Cabinet approves the content and the adoption of the draft Housing Income and Arrears Recovery Policy 2026–2028 (Appendix A).
- 2.2 That the Strategic Director (RP), after consultation with the relevant Portfolio Holder, be given delegated authority to make minor updates and changes to this policy in line with legislative changes and best practice guidance.

3 BACKGROUND

- 3.1 The Council's Housing Revenue Account (HRA) is largely funded through rental income, service charges and other housing-related payments. This income enables councils to maintain and improve existing homes, meet increasing regulatory and building safety requirements, provide housing management services and invest in the delivery of new homes. As the Council operates within a ringfenced HRA, there is a need to ensure that income due is collected effectively so that services remain financially sustainable and residents continue to receive safe, high-quality housing services.
- 3.2 At the same time, the Council recognises that rent arrears can arise for a wide range of reasons, including changes in employment, rising living costs, welfare reforms, benefit delays, ill health or other personal circumstances. Effective income management is therefore about more than debt recovery. It also involves identifying financial difficulties at an early stage, helping residents access benefits and support, maximising household income and preventing debt from escalating to a level that places tenancies at risk.
- 3.3 There is also an expectation from Government and the Regulator of Social Housing that stock-owning authorities take a fair, consistent and proportionate approach to income collection and arrears management. This includes balancing the need to protect public resources with the need to support vulnerable households, promote tenancy sustainment and prevent homelessness wherever possible. Early intervention and tailored support are typically more effective than enforcement action alone and can deliver better outcomes for both residents and landlords.
- 3.4 Against this backdrop, the Council requires a clear and consistent framework for the management of housing income, tenant support and arrears recovery. Such a framework helps ensure compliance with legal and regulatory requirements, supports transparent decision-making and protects the long-term sustainability of the Housing Revenue Account.
- 3.5 The Council currently operates an Income Management and Recovery Policy which was last reviewed in 2020. Since that time, there have been significant changes in the legislative, regulatory and operating environment for social housing landlords, alongside wider economic pressures affecting tenants. A review of the existing arrangements has therefore been undertaken to ensure

that the Council's approach to housing income management, arrears prevention, tenant support and debt recovery remains fit for purpose, reflects current best practice and aligns with the Council's wider strategic and regulatory responsibilities.

4 REASONS FOR RECOMMENDED COURSE OF ACTION AND OTHER OPTIONS

- 4.1 The proposed Housing Income and Arrears Recovery Policy, attached at Appendix A, provides the Council with an updated framework for managing housing income, supporting tenants experiencing financial difficulty and recovering arrears in a fair, consistent and proportionate manner. The policy brings together the Council's approach to income management across the tenancy lifecycle, from tenancy commencement and early intervention through to arrears recovery, tenancy sustainment and where necessary, enforcement action.
- 4.2 The revised policy reflects current legislative and regulatory requirements, including the Regulator of Social Housing's Consumer and Economic Standards, the 2026 Rent Standard, UK GDPR and the Debt Respite Scheme. It also provides clearer provisions relating to benefit delays, joint tenancies, insolvency arrangements and safeguarding, together with greater transparency regarding how arrears are managed and support is provided.
- 4.3 Key improvements include more clearly defined responsibilities across housing and corporate services, weekly monitoring of rent accounts, a commitment to make early contact following missed payments, clearer affordability and repayment arrangements, and enhanced support for vulnerable households.
- 4.4 Governance and performance management have also been strengthened through enhanced operational monitoring, quarterly reporting and clearer oversight arrangements. Overall, the revised policy provides a more robust, consistent and legally compliant framework for managing housing income and arrears, balancing the need to protect HRA income with the Council's commitment to early intervention, tenancy sustainment, financial inclusion and the fair treatment of residents.
- 4.5 The key changes between the existing and proposed policy are summarised in the table below:

Area	Previous Policy	2026–2028 Policy	Key Change
Overall approach	Focused on income collection, early intervention and tenancy sustainment.	Retains these principles but provides a more structured and clearly defined approach to income management and arrears recovery.	Greater clarity and consistency in how the policy is applied.

Early intervention	Early intervention was an established principle.	Commitment to make early contact following missed payments, with clearer intervention arrangements.	Earlier and more systematic contact with residents.
Arrears monitoring	Income and arrears were monitored under existing operational arrangements.	Introduces weekly monitoring of rent accounts.	More regular monitoring and earlier identification of emerging arrears.
Affordability and repayment	Supported repayment arrangements and income maximisation.	Provides clearer requirements around affordability assessments and repayment arrangements.	Greater consistency in agreeing affordable repayment plans.
Arrears escalation	Recovery and enforcement arrangements were established but less specifically defined.	Provides clearer escalation arrangements, including a four-week arrears threshold for serving notices.	More transparent and consistent escalation process.
Enforcement	Legal action and eviction were available as recovery measures, alongside early intervention.	Reinforces that legal action and eviction should be used as a last resort, following appropriate preventative and recovery measures.	Stronger emphasis on proportionate, support-led enforcement.
Vulnerability	Recognised the importance of tenancy sustainment and support.	Provides greater clarity on consideration of vulnerability, disability, safeguarding, reasonable adjustments, household circumstances, affordability and engagement before enforcement.	More explicit consideration of individual circumstances.

Legal and regulatory framework	Based on legislation and regulatory requirements applicable at the time.	Updated to reflect the RSH Consumer and Economic Standards, 2026 Rent Standard, UK GDPR and Debt Respite Scheme, alongside other current requirements.	Policy updated to reflect the current legal and regulatory environment.
Former tenant debt	Included recovery of former tenant arrears.	Provides clearer arrangements for former tenant debt and write-off where recovery is no longer viable, in accordance with relevant Council policies.	Greater clarity around former tenant debt management.
Support and financial inclusion	Promoted income maximisation and tenancy sustainment.	Strengthens links to financial inclusion, debt advice, support services and partnership working.	Greater emphasis on preventing arrears and supporting tenancy sustainment.
Communication	Existing communication and contact arrangements.	Commits to clearer communication, accessible information and consideration of individual support needs.	More transparent and accessible engagement with residents.

- 4.6 The proposed policy has been developed in accordance with the Council's Corporate Debt Policy and reflects the Council's wider principles of fair, proportionate and consistent debt management, early intervention, financial inclusion and support for vulnerable residents.
- 4.7 Tenant consultation took place between 14 July and 23 August 2026 and was promoted through the Housing Portal and the Council's social media channels. The consultation received 121 responses and demonstrated broad support for the proposed policy. Respondents agreed that the policy provides an appropriate framework for managing rent arrears and recovering housing-related debt whilst continuing to support residents experiencing financial difficulty. Respondents particularly welcomed the policy's emphasis on early intervention and support before enforcement action is considered.

- 4.8 In response to consultation feedback, a number of service improvements are being implemented alongside the proposed policy to further enhance the customer experience. These include:
- simplifying policy language;
 - improving access to Income Officers;
 - strengthening support for vulnerable residents;
 - enhancing communication channels;
 - increasing proactive engagement with residents; and
 - providing clearer explanations of the arrears escalation process.
- 4.9 The Council will continue to engage with tenants and seek their views to ensure services remain accessible, responsive and focused on supporting residents to sustain their tenancies whilst meeting their tenancy obligations.
- 4.10 The policy was also considered by the Executive Housing Working Group in September 2026, which recommended that the policy be presented to Cabinet for adoption.

5 IMPLICATIONS

5.1 FINANCIAL IMPLICATIONS

- 5.1.1 The policy will support the financial sustainability of the Housing Revenue Account by providing a consistent framework for rent and service charge collection, arrears recovery and the management of other housing-related debt.
- 5.1.2 Effective early intervention should help prevent arrears from escalating and reduce the need for costly legal and enforcement action. Improved recovery of current and former tenant arrears, rechargeable repairs and other debts will also help protect HRA resources.
- 5.1.3 The policy recognises that enforcement and recovery action must be balanced against the circumstances of individual residents and the need to support tenancy sustainment.
- 5.1.4 Failure to maintain an effective income management framework could increase arrears, debt write-offs, legal costs and pressure on HRA resources.

5.2 LEGAL IMPLICATIONS

- 5.2.1 The policy supports the Council's compliance with relevant housing, debt recovery, equality, data protection and regulatory requirements.
- 5.2.3 Relevant legislation and regulatory requirements include the Housing Acts, Equality Act 2010, Human Rights Act 1998, Data Protection Act 2018 and UK GDPR, Welfare Reform legislation, relevant regulations concerning Housing Benefit and Universal Credit, the Debt Respite Scheme and the applicable regulatory standards of the Regulator of Social Housing.

- 5.2.4 The current Rent Standard 2026 applies from 1 April 2026 and should be reflected in the Council's rent-setting arrangements.
- 5.2.5 The Council will also comply with the Pre-Action Protocol for Possession Claims by Social Landlords before pursuing possession proceedings based on rent arrears.
- 5.2.6 The detailed legal application of the policy will remain subject to individual circumstances, the relevant tenancy or licence terms and current legislation.

5.3 EQUALITIES AND DIVERSITY IMPLICATIONS

- 5.3.1 An Equality Impact Assessment (EQIA) has been undertaken for the proposed policy and is attached at Appendix B.
- 5.3.2 The policy has the potential to affect residents experiencing financial hardship, disability, mental health difficulties, caring responsibilities, language or literacy barriers, digital exclusion and other circumstances which may affect their ability to engage with income recovery processes.
- 5.3.3 Mitigation measures include:
- early identification of support needs;
 - reasonable adjustments;
 - accessible and plain-English communications;
 - flexible methods of contact;
 - consideration of vulnerability before enforcement action;
 - referrals to appropriate advice and support services;
 - consideration of individual household circumstances; and
 - monitoring of equality impacts through service performance arrangements.
- 5.3.4 The Council will continue to meet its obligations under the Public Sector Equality Duty.

5.4 RISK IMPLICATIONS

- 5.4.1 Adoption of the policy will help mitigate financial, operational, legal, regulatory and reputational risks associated with housing income and arrears.
- 5.4.2 Without an effective policy framework, there is an increased risk of:
- rent and service charge arrears increasing;
 - loss of HRA income;
 - inconsistent arrears recovery;
 - avoidable legal and enforcement costs;
 - inappropriate or disproportionate enforcement;

- tenancy failure and homelessness;
- failure to identify vulnerability or safeguarding concerns;
- challenges under equality legislation;
- complaints and potential findings by the Housing Ombudsman; and
- Regulatory criticism concerning the management of housing income and treatment of tenants.

5.5 CLIMATE CHANGE IMPLICATIONS

5.5.1 The policy has no direct climate change implications.

5.5.2 However, maintaining sustainable HRA income supports the Council's ability to invest in the maintenance, improvement and energy efficiency of its housing stock.

6. BACKGROUND DOCUMENTS

APPENDICES

Appendix A – Draft Housing income and Arrears Recovery Policy 2026-2028

Appendix B – EQIA Tenancy Audit Policy

Housing Income and Arrears Recovery Policy 2026/28

Stevenage Borough Council

Date created	July 2026
Approved by	Cabinet
Owner	Simon Kiff, Head of Housing Operations
Version	1
Author	Elizabeth Ddamulira, Income Services Manager
Business Unit and Team	Housing and Neighbourhoods/Income Services
Policy Review Date	August 2028
Equality Impact Assessment Date	July 2026

For translations, braille or large print versions of this document please email equalities@stevenage.gov.uk.

Contents

1.	Purpose	3
2.	Scope	4
3.	Legal Framework	5
4.	Equalities	6
5.	Data Protection	7
6.	Policy	7
7.	Consultation	19
8.	Monitoring and Review	19
9.	References and Resources	20
10.	Abbreviations and Definitions	20
11.	Appendices	21
12.	Version History	21

1. Purpose

- 1.1 This policy sets out the Council's approach to managing housing income, including current and former rent, service charges and all housing related debt, for arrears to be recovered in a fair, consistent, and effective manner. It ensures that income to the Housing Revenue Account (HRA) is protected to enable the delivery of high-quality housing services, property maintenance, and tenancy sustainment. The policy reflects the Council's commitment to early intervention, tenant support, and full compliance with all relevant legal and regulatory standards.
- 1.2 The policy aims to:
- Maximise rental and service charge income to maintain the financial viability of the HRA and enable reinvestment in homes and communities.
 - Prevent arrears through early engagement and proactive support to help tenants meet their financial obligations.
 - Promote tenancy sustainment by offering tailored advice, support, and access to welfare and money management services, particularly for vulnerable households.
 - Ensure a fair and transparent approach to income collection and arrears recovery, in line with statutory obligations and sector best practice.
 - Build financial resilience among tenants by helping them to maximise their income and reduce dependency on crisis support.
 - Minimise the need for enforcement action and evictions by prioritising support-led solutions wherever possible, while maintaining accountability for rent payments.
- 1.3 This policy replaces the previous Income Management and Recovery Policy (2020). It has been reviewed and updated to reflect changes in legislation, best practice, welfare reform, and the Council's wider strategic objectives for housing and financial inclusion.

2. Scope

- 2.1 This policy applies to the management of all housing income with the Council's HRA. It covers rent and service charge collection, arrears recovery and income-related support services across the full tenancy lifecycle, from sign-up through to enforcement and former tenant debt recovery.

it applies to the following resident groups:

- Current and former secure tenants (fixed-term and periodic)
- Licensees, including those in hostels and temporary accommodation
- Households in Council-managed emergency or temporary accommodation

- Residents affected by housing-related charges

For the purposes of this policy, all individuals within these groups are referred to collectively as "tenants" or "residents".

- 2.2 This policy is administered by the Income Services Team, under the leadership of the Head of Housing Operations and Income Services Manager, with strategic oversight from the Director – Housing & Neighbourhoods.

Implementation responsibilities extend across the following teams

- Housing Neighbourhood
- Housing Investment
- Housing Asset Management
- Repairs and Maintenance
- Finance

It governs all aspects of income management within the HRA, including but not limited to:

- Rent and service charge collection
- Management of current and former tenant arrears
- Recovery of recharges, court costs, and sundry debts
- Charges for major works, support services, temporary accommodation, and tenancy loans
- Low Start Shared Ownership (LSSO) rent and mortgage collection
- Financial inclusion and welfare benefit support

The policy directly informs operational procedures, service standards, and decision-making within the Housing & Neighbourhood Business Unit and ensures a coordinated, consistent approach across all services contributing to income collection and tenant support.

- 2.3 To work in line with the Councils' financial regulations and anti-money laundering policy.

3. Legal Framework

- 3.1 This Housing Income Management and Arrears recovery Policy aligns with a comprehensive set of legal and regulatory requirements to ensure compliance in managing rental income, arrears, and service charges. The policy reflects and incorporates the following legislation:

- Housing Acts 1985, 1988, 1996
- Rent Act 1977
- Welfare Reform Act 2012
- Housing and Regeneration Act 2008

- Localism Act 2011
- Law of Property Act 1925
- Landlord and Tenant Acts 1985, 1987
- Commonhold and Leasehold Reform Act 2002
- Protection from Eviction Act 1977
- Housing Benefit Regulations 2006
- Universal Credit Regulations 2013
- The Social Landlords Discretionary Reduction of Service Charges (England) Directions 2014
- The Debt Respite Scheme (Breathing Space and Mental Health Crisis Moratorium) Regulations 2020
- General Data Protection Regulation (UK GDPR) and Data Protection Act 2018
- Equality Act 2010
- Human Rights Act 1998

The policy also incorporates the following regulatory standards and guidance:

- 2026 Rent Standard
- The Regulator of Social Housing's Rent Standard and Tenancy Standard; Consumer Standards:
 - Home Standard
 - Neighbourhood and Community Standard
 - Tenant Involvement and Empowerment Standard
- Economic Standards:
 - Governance and Financial Viability Standard
 - Value for Money Standard
- Pre-Action Protocol for Possession Claims by Social Landlords
<https://www.justice.gov.uk/courts/procedure-rules/civil/protocol/pre-action-protocol-for-possession-claims-by-social-landlords>

3.2 The Council must meet a range of legal and regulatory obligations to ensure fair, consistent, and lawful income management. These include:

- Rent setting in accordance with the Government's Rent Standard (currently the 2026 Rent Standard), ensuring social and affordable rents are appropriately calculated, within 80% of market rents for affordable tenancies.
- Annual rent review and approval by the Council's Cabinet to ensure compliance with statutory requirements and best practice.
- Adherence to the Pre-Action Protocol for Possession Claims, ensuring that all reasonable steps are taken to engage with tenants and resolve arrears prior to legal action.
- Data protection compliance under the UK GDPR and Data Protection Act 2018 in the handling of tenant and leaseholder information.
- Equality and non-discrimination, as per the Equality Act 2010, ensuring that policies and procedures are fair, inclusive, and accessible.

- Service charge transparency and affordability, as governed by the Landlord and Tenant Act 1985.
- Fair debt recovery practices, including recognition of protections under the Debt Respite Scheme (2020), and the Council's alignment with the Corporate Debt Policy.
- Compliance with lease terms for leaseholders, ensuring that all charges are consistent with the lease agreements.

3.3 In addition to meeting statutory and regulatory requirements, Stevenage Borough Council commits to the following broader aims and principles:

- Voluntary observance of the socio-economic duty, which although removed from the Equality Act 2010, is still considered in policy and service delivery to reduce disadvantage and inequality.
- Partnership commitments to cross-sector agreements.
- Adherence to best practice guidance and case law, ensuring continuous improvement in income management and customer service.

Procedural alignment with the Council's internal documents including:

- Rent Arrears Procedure
- Rent Refund Procedure
- Service charge Procedure
- Rent and Service Charge Setting Policy
- Tenancy Agreement
- Housing Allocation Policy
- Financial Regulations /Standing Orders

4. Equalities

4.1 Under the Equality Act (2010) the Council has a legal duty to fulfil the requirements of the Public Sector Equality Duty (PSED). Through this duty and in the application of this policy, the Council will carry out its functions in a way that:

- a. Removes discrimination, harassment, victimisation and any other conduct that is unlawful under the Equality Act (2010)
- b. Promotes equal opportunities between people who have a protected characteristic(s) and those who don't
- c. Encourages good relations between people who have a protected characteristic(s) and those who don't

Further information on the Council's fulfilment of the Equality Act (2010) is set out in the Equality, Diversity and Inclusion (EDI) Policy (2022) and Reasonable Adjustment Policy (2024).

5. Data Protection

- 5.1 The Council regards respect for the privacy of individuals and the lawful and careful treatment of personal information as very important to delivery of services.
- 5.2 The Council will ensure that it treats personal information lawfully and proportionately as set out in the General Data Protection Regulation (GDPR) and Data Protection Act (2018). For further information on the Councils approach to handling information please see [Data Protection Act \(stevenage.gov.uk\)](https://www.stevenage.gov.uk/data-protection-act)

6. Policy

6.1 Principles

The Council's approach to income management and arrears recovery is underpinned by the following principles:

- Customer-focused – Promoting a culture of rent payment responsibility, sustained tenancies, and financial wellbeing through positive engagement
- Preventative – Addressing financial difficulties early to avoid arrears escalation and carrying out tenancy assessments to identify support needs.
- Supportive – Providing tailored advice, signposting, and referrals to welfare and financial inclusion services.
- Consistent and fair – Apply procedures uniformly, while recognising individual tenant circumstances.
- Proportionate – Use enforcement and legal action only when all preventative measures have failed.
- Compliant – Ensure all actions align with statutory and regulatory obligations, including the Pre-Action Protocol for Possession Claims for Rent Arrears.

6.2 Tenancy Sign-Up and Early Engagement

- Rent responsibilities will be clearly explained at tenancy, licence or lease sign-up.
- Affordability checks and benefit entitlements will be discussed.
- Direct Debit and other convenient payment options will be promoted.
- Tenants will be advised that payments are due in advance.
- Initial follow-up contacts will take place within the first 1–4 weeks to identify and resolve payment or benefit issues.

6.3 **Payments**

The Council's preferred method of payment is Direct Debit, but we will offer multiple payment methods as set out below, for tenants to pay their rent and or charges. If these are not paid, it becomes an arrear. This is a debt that tenants owe to us as their landlord.

- Direct Debit
- Standing order
- Online payments
- Internet banking payments
- Telephone payments
- By post
- Cheques

The Council will continue to develop its payment options to actively promote the most cost-effective methods of rent and arrears and evolve the scope of payment options available to our residents to reflect the continued advances in technology

6.4 **Income Collection and Monitoring**

- Rent is payable in advance, unless otherwise agreed in the tenancy terms.
- SBC will operate a "Rent First" approach, promoting rent as a priority payment.
- Rent accounts will be monitored weekly to identify missed or irregular payments early.
- A range of flexible payment methods will be available (e.g. Direct Debit, online, phone).
- Flexible payment dates and frequencies will be offered, to coincide with having a clear rent account.
- We will aim to make contact within 7 days of a missed payment to initiate engagement.

6.5 **Arrears Prevention and Early Intervention**

The Council recognises the seriousness of rent arrears for both the tenant and the Council and aims to prevent rent arrears from happening in the first place.

We will contact tenants as soon as their rent account falls into arrears. We expect that tenants will work with us to resolve the debt. We expect that tenants will put things right at this early stage.

- Early contact will be made via text, calls, visits, or letters.

- Income and Expenditure assessments will support affordable repayment plans.
- Payment arrangements and direct deductions from benefits will be considered when appropriate.
- Referrals will be made to welfare, budgeting, and debt advice services.
- All contact; communication and actions will be documented on the tenant's account.
- Protocols with local advice agencies will be maintained for all levels of support.
- Tenants affected by under-occupation (e.g., "bedroom tax") will be supported to move to more suitably sized homes.

6.6 **Customer Support and Financial Inclusion**

We expect arrears to be paid in full but will on a case-by-case basis come to an arrangement with tenants to repay arrears.

Income Services and Housing teams will support tenants to:

- Access benefit, debt, and budgeting advice
- Maximise household income and manage debt
- Improve digital inclusion and financial literacy
- Access employment, training, and cost-of-living support
- Understand rent and service charge responsibilities

Additional support will be tailored for:

- Tenants with low literacy or numeracy skills
- Non-English speakers
- Tenants with vulnerabilities or limited digital access

Campaigns and initiatives will include:

- Targeted benefit take-up campaigns
- In-house advice and assistance with benefit claims
- Referrals and signposting to trusted local and national support services

6.7 **Supporting Vulnerable Tenants and Safeguarding**

We understand finances can be strained. This makes it more important that payment of rent is prioritised by tenants. Once rent arrears start to build, they can become difficult to repay.

We are willing to help tenants who are in arrears. It is essential that we contact the tenant as early as possible and that the tenants speak to us as soon as they are in difficulties.

There are many ways we can offer support. This includes advice on employment and training.

- Staff will be trained to identify signs of vulnerability.
- Tenants with additional support needs will be referred to appropriate internal or external support services.
- A multi-agency approach will be adopted to coordinate support for at-risk tenants.
- Referrals to safeguarding teams will be made as appropriate.
- Joint working with social services, housing advice, and tenancy sustainment teams will be prioritised.

Equality Impact Assessments will be carried out to identify support needs through the arrears recovery process and services tailored to meet the needs of individuals where appropriate.

While we accept that vulnerable tenants may need additional support, we still expect rent to be paid on time and arrears repaid quickly.

6.8 **Benefits**

We know that benefit payment problems can lead to arrears. It is important that tenants talk to us straight away if this is the case.

We will not initiate court proceedings in cases where arrears arise due to an outstanding benefit claim, provided the tenant can demonstrate the following:

The Benefits Services has all necessary evidence to process the claim.

- There is a reasonable expectation that the tenant will be eligible for the benefit (Housing Benefit or Universal Credit).
- The tenant has paid all other sums due that are not covered by Housing Benefit or Universal Credit.
- This policy ensures that we allow sufficient time for the claim to be processed, but we may still take further action in certain circumstances where necessary.

Tenants in receipt of Universal credit are expected to make payments to cover the full weekly rental charge where they receive the benefit payments direct to themselves.

All tenants receiving benefits, are expected to be in advance with their rent payments, in the same way as tenants who do not receive any benefits.

6.9 **Joint tenants**

Both tenants are 'jointly and severally' responsible for paying the full rent and for any rent arrears. This means that if one joint tenant does not pay, the other is fully liable.

This will still be the case where universal credit is only paid to one tenant, or where one joint tenant has left the property.

6.10 Debt Recovery and Enforcement

Taking Legal Action: Serving a Notice of Seeking Possession (NOSP) and notice of possession proceedings (NOPP)

Notices will be served for arrears where tenant(s) are 28 calendar days/ 4 weeks or more in rent arrears.

We will normally serve the notice by post, but where appropriate we will serve by hand at the tenants' home address.

We can serve notice after a shorter time and reserve the right to do this in exceptional circumstances, e.g. where a tenant fails to make payments towards static or low-level arrears less than 4 weeks rent.

We will still serve a notice even if an arrangement has been made if the arrears remain more than 4 weeks. This is to protect the Council's interest in the debt owed.

We may still issue a notice if the tenant is eligible for benefits but is not making any payments towards their rent arrears.

We may delay serving a notice if the tenant is vulnerable and facing significant support needs, provided the tenant is willing to engage with the support offered or sought.

Secure Tenancy

We will seek possession under Ground(s) 1 of Schedule 2 to the Housing Act 1985 - 'Any rent lawfully due from the tenant has not been paid or the obligation of the tenancy has been broken or not performed'.

The notice is valid for 12 months from the date it becomes 'live', unless the tenant clears the arrears before it becomes live.

A notice will be re-issued after the 12 months lapse if the arrears remain, and no court action has been taken even if the arrears are reducing to protect the interest of the Council.

Notice to Quit (NTQ) – Non-Secure Tenancy and Licensees (temporary accommodation)

We will serve a Notice to Quit (NTQ) for non-secure tenancies and licensees in temporary accommodation only where the accommodation is provided under section 193. If a licensee has arrears of 28 days or more and has not responded to our efforts to contact them or has failed to adhere to an agreement to repay the arrears, an NTQ may be served. We will ensure the use of the NTQ is proportionate and only serve it where necessary. For accommodation provided under section 188, a Notice to Quit is not required

6.11 A fair and proportionate approach to debt recovery will be taken:

- Legal enforcement will be pursued when the tenant has ceased to engage with the Council and/or when arrears are not reducing in a reasonable manner.
- We will proceed with possession action only where a tenant persistently fails to make payments and is in breach of a court order.
- Eviction requires senior officer authorisation, and all prior steps exhausted.

Enforcement will only proceed when a tenant:

- Refuses or fails to engage
- Declines or breaks agreements
- Does not meet contractual rent obligations

Before legal action:

- Cases will be reviewed in line with procedures
- Referrals will be made to Welfare Benefit and Debt Advice team and Citizens Advice
- Social services and housing advice teams will be consulted where appropriate

We will refer tenants to court to ensure that they pay us arrears that are owed after reasonable attempts have been made to engage with the tenant to settle the debt. This is a serious step and will result in the tenant having to pay for court costs.

If bailiffs are involved, their costs will also have to be paid by the tenant.

We will apply to court for a possession order once the notice becomes valid and will notify the tenant before applying to court. We will take into account the personal circumstances of the tenant before applying to court.

Court orders

6.12 Where possession proceedings have been issued, the Council will continue to engage with the tenant up to and including the date of the court hearing.

If, between the application for possession and the court hearing, an agreement is reached that enables the tenant to pay the current rent and make payments towards the arrears, the Council may ask the court to adjourn the proceedings on agreed terms, provided the agreement is being maintained.

Where an agreement cannot be reached, the Council will seek a possession order. This will usually be:

- a Suspended Possession Order (SPO), where the Council considers there is a reasonable prospect that the tenant can pay the current rent and clear the arrears; or
- an Outright Possession Order (OPO), where the Council does not consider there to be a reasonable prospect of the tenant maintaining rent payments and reducing the arrears.
- We may adjourn a case on terms if we can make an agreement with the tenant before any court hearing and the agreement is made and maintained prior to the court hearing

We will consider the tenant's circumstances when deciding to seek a possession order, including:

- Ability to repay the debt.
- Their benefit situation.
- Their payment history.
- The cause of the arrears (for example, changes in income, illness, or delays in benefit payments).
- Engagement with us to resolve the issue, including communication and cooperation.
- Any vulnerability or support needs (such as health issues, disability, or caring responsibilities).
- Whether the tenant is receiving or has been referred for debt or financial advice.
- The length of time the tenancy has been in place.
- Previous agreements made to clear arrears and whether these have been maintained.
- The impact of enforcement action on household members, particularly children or dependants.

- Availability of alternative solutions, such as repayment plans or discretionary housing payments.

A money judgement will always be sought with any possession order, in addition to an order for costs incurred.

6.13 The aim is to sustain tenancies. Evictions are always a last resort and the Pre-Action protocol for legal action will always be followed.

We focus on the prevention of arrears by providing tenants with the information, support and advice required to maximise income and prevent, minimise, or manage debt at an early stage.

The Income officers will work through the rent arrears procedure and in the event that eviction is the only option, support and information will be provided to the tenant about where to seek support, how to apply for a stay on a warrant and a referral will be made under the duty to refer for vulnerable adults or tenants with children.

6.14 Loss of Rights for Tenants in Arrears

Tenants in arrears will not usually be allowed to move home via the transfer list. (See the Council's Allocations Policy).

Tenants in arrears may not be able to carry out tenancy changes such as mutual exchanges and creating joint or sole tenancies, etc. until the arrears are cleared.

If a tenant is in arrears, any compensation or redress payments will be offset against their arrears with any remaining money due payable to the tenant.

6.15 Use and Occupation Charges

There are certain occupiers of council dwellings who because of their occupation status are not liable for rent, however, the council will instead recover use and occupation charges.

Use and occupation charges will be set in line with the agreed rent for the property concerned.

6.16 Rechargeable Repairs and Sundry Debts

Rechargeable repairs are costs billed to tenants for repairs or services that are their responsibility (e.g., damage or neglect). Sundry debts include other miscellaneous charges owed. The Council will ensure that

- Tenants are promptly informed of any rechargeable repairs and associated costs.
- The service carries out thorough inspections before tenancy termination to reduce the level of recharges and avoid disputes.
- The housing service improves collection practices to reduce sundry debt write-offs and improve recovery rates.

6.17 Court Costs

Court costs refer to legal fees incurred during housing-related legal proceedings.

The housing service will act swiftly to recover amounts owed to minimise arrears.

6.18 Low Start Shared Ownership

Low Start Shared Ownership schemes allow tenants to part-own and part-rent a property. Tenants make both mortgage and rent payments.

- The housing service works proactively with low start shared owners to ensure timely rent and mortgage payments.
- The service ensures that all conveyance costs associated with shared ownership are properly identified and recovered.

6.19 Former Tenant Arrears

- Former tenant arrears will be pursued where recovery is viable using proportionate recovery methods.
- Tracing services and forwarding addresses will be used.
- Where recovery is not possible, debts may be written off per the Council's Write-Off and Corporate Debt Policy.

Former tenant arrears may be recovered via:

- Tracing agents
- Garnishee orders
- Attachments of earnings
- County Court Judgments
- Debtor questioning
- Debt sale to approved agencies
- Small claims Court

6.20 Debt Respite Scheme (Breathing Space)

The Government's new breathing space period will freeze interest, fees, and enforcement for people in problem debt, with further protections for those in mental health crisis treatment

A 60-day breathing space period will see enforcement action from creditors halted and interest frozen for people with problem debt. During this period, individuals will receive professional debt advice to find a long-term solution to their financial difficulties.

Those receiving mental health crisis treatment will receive the same protections until their treatment is complete, in acknowledgement of the clear impact problem debt can have on wellbeing.

All requests for Breathing space will be requested through The Insolvency Service.

When requests are made, we will follow the government guidance.

6.21 Alternative payment orders

Alternative ways of seeking payments may be used. However, we will not use distraint / seizure of goods.

6.22 Attachment of earnings

The tenant's employer may be empowered to make regular deductions from the tenant's earnings and pay them directly into their rent account.

6.23 Insolvency Arrangements – Bankruptcy, Individual Voluntary Arrangements (IVA) and Debt Relief Orders (DRO)

Where a tenant is subject to an insolvency arrangement, they remain fully liable to pay their current rent as it falls due.

Rent arrears are not automatically written off as a result of bankruptcy or a Debt Relief Order (DRO). The Council will consider recovery of rent arrears in line with this policy and may take enforcement action where payment arrangements are not agreed or are not maintained.

A DRO places a temporary moratorium, normally for 12 months, which restricts creditors from enforcing recovery of debts included in the DRO. However, this does not prevent the Council from:

- requiring payment of current rent;
- recovering any rent arrears that arise after the DRO is made; and
- taking appropriate tenancy enforcement action, including possession proceedings, where rent is not paid or arrears continue to increase, even where earlier arrears are included in a DRO.

The Council will not delay enforcement action solely because a tenant is seeking, or is subject to, a DRO where this results in increasing arrears or a failure to pay ongoing rent.

6.24 Contacting the Income Team

Tenants can contact us in a number of ways, including by phone, email, online, in person or by letter.

Tenants can also check their rent account online through the Council website.

6.25 Customer Communication and Engagement

Effective communication is essential to this policy's success:

- Clear, plain English will be used in all communication.
- Contact details of income officers will be clearly provided
- Tenants will receive annual rent statements and have online account to account information.
- Information about rent and charges will be transparent and easy to understand.
- Communication channels will include the Council website, newsletters, and written materials.
- Income Services will engage tenants through consultation, feedback surveys, and service improvement sessions.

6.26 Governance, Training, and Best Practice

- Income Services will benchmark performance and adopt housing best practices.
- Procedures will be kept up to date and aligned with this policy.

The Income Services Manager will ensure:

- Staff are trained and confident in delivery of policy and procedures
- Collaboration across services is strong
- Resources and technology are used efficiently
- Vulnerable groups receive prioritised support

6.27 Joint Working and Partnerships

The Council will work closely with internal and external partners, including:

- Housing teams
- Revenues and Benefits
- Citizens Advice and other advice agencies
- DWP/Jobcentre Plus
- Public, voluntary, and third-sector organisations

Partnership working will include:

- Referrals, signposting
- joint working protocols

- Service Level Agreements where appropriate
- Challenging benefit errors and support income maximisation

6.28 Use of Resources and Flexibility

- Services will be responsive to individual needs and circumstances.
- Flexible payment methods and schedules will be available.
- Where appropriate, incentives may be explored to encourage regular payment, aligned with policy objectives.

6.29 Write-Offs

Where recovery is deemed no longer viable, debts will be written off in accordance with the Council's Financial Regulations and Corporate Debt Policy. Requests for write off will be escalated in line with the Council's financial regulations. Details of the circumstances and the reasoning for the write off will be provided as part of the submission

7. Consultation

7.1 This policy was developed in consultation with the following stakeholders:

- Tenants and resident engagement panels
- Income and housing management teams
- Legal, finance and governance departments
- Partner agencies, including local authority housing options and advice teams

Tenant feedback was incorporated throughout the development process to ensure fairness and transparency.

The final policy will be subject to scrutiny by a range of stakeholders. It will be shared via our website and through various communication methods, including SMS and email.

8. Monitoring and Review

8.1 We are committed to operating a successful rent collection service. Officers will monitor arrears cases every week, identify the source of arrears and take action as appropriate and in accordance with the Rent Arrears Recovery Procedure.

The Team Leader will monitor performance weekly, reviewing targets and actions regularly to ensure compliance with policy and procedures and that there is a consistent approach to arrears recovery.

- 8.2 **Performance Monitoring:** Arrears levels, recovery actions, eviction rates, and equality impacts will be monitored regularly, with performance reported quarterly to the Board and resident scrutiny panels.
- 8.3 **Policy Review Cycle:** This policy will be reviewed every **2 years**, or sooner if there are significant changes in legislation, regulation, or SBC operations.
- 8.4 **Review Process and Responsibility:** Reviews will be led by the relevant Head of Service or Service Manager. If over 10% of the content changes, the Director and Portfolio Holder will determine whether formal reconsideration by Cabinet or other decision-making body is needed.
- 8.5 **Policy Implementation Oversight:** SBC will monitor implementation to ensure consistency, fair treatment of residents, and appropriate cost recovery. Policy reviews may also be triggered by complaints, subject to approval by the Assistant Director

9 References and Resources

Related internal documents

- Rent and Service Charge Setting Policy
- Rent Arrears Procedure
- Rent Arrears Process Map
- Pre-Tenancy Assessment Procedure
- Service Standards
- Corporate Debt Policy
- Rechargeable Repairs Policy
- Former Tenant Arrears Procedure
- Service Charge Procedure
- Refund Procedure
- Write-Off Procedure
- Equality and Diversity Policy
- Under- Occupation Policy
- Allocations Policy
- Anti Money Laundering Policy

External links- Principle relevant statutes
See section 3.1.

10 Abbreviations and Definitions

EDI	Equality, Diversity and Inclusion
GDPR	General Data Protection Regulation
PSED	Public Sector Equality Duty
SBC	Stevenage Brough Council

FTAs	Former Tenant Arrears
UC	Universal Credit
HB	Housing Benefit
NOSP	Notice of Seeking Possession
PO	Possession Order
DPA	Data Protection Act
Arrears	Rent that remains unpaid after the due date
Eviction	The legal removal of a tenant from a property
Pre-Action Protocol	A legal framework to ensure fair treatment before court action

11 Appendices

- Appendix 1: Equality Impact Assessment (EQIA)

12 Version History

Date	Outlined Amendments	Author
May 2026	Initial draft	Elizabeth Ddamulira
June 2026	Updated regulatory and legislative guidance	Simon Kiff



Housing Income and Arrears Recovery Policy 2026/28

Equality Impact Assessment (EqIA) Form

Date created	July 2026
Approved by	Cabinet
Owner	Simon Kiff, Head of Housing Operations
Version	1
Author	Elizabeth Ddamulira, Income Services Manager
Business Unit and Team	Housing and Neighbourhoods

Please [click this link](#) to find the EqIA guidance toolkit for support in completing the following form.

For translations, braille or large print versions of this document please email
equalities@stevenage.gov.uk.

First things first:

Does this policy, project, service, or other decision need an EqlA?

Title:	Housing Income and Arrears Recovery Policy 2026/27
Please answer Yes or No to the following questions:	
Does it affect staff, service users or the wider community?	Yes
Has it been identified as being important to particular groups of people?	Yes
Does it or could it potentially affect different groups of people differently (unequal)?	Yes
Does it relate to an area where there are known inequalities or exclusion issues?	Yes
Will it have an impact on how other organisations operate?	No
Is there potential for it to cause controversy or affect the council's reputation as a public service provider?	Yes

Where a positive impact is likely, will this help to:	
Remove discrimination and harassment?	Yes
Promote equal opportunities?	Yes
Encourage good relations?	Yes

If you answered 'Yes' to one or more of the above questions you should carry out an EqlA.

Or if you answered 'No' to all of the questions and decide that your activity doesn't need an EqlA you must explain below why it has no relevance to equality and diversity.

You should reference the information you used to support your decision below and seek approval from your Assistant Director before confirming this by sending this page to equalities@stevenage.gov.uk.

--

I determine that no EqlA is needed to inform the decision on the .

Name of assessor:	n/a	Decision approved by:	n/a
Role:	n/a	Role: Assistant Director	n/a
Date:	n/a	Date:	n/a

Equality Impact Assessment Form

For a policy, project, strategy, staff or service change, or other decision that is new, changing or under review

Page 185

What is being assessed?		The impact of new Housing Income and Arrears Recovery Policy 2026-28 is being assessed. All policies and procedures within the Income Services Team are being reviewed and part of this process is rewriting some policies. The Housing Income Management and Arrears Recovery Policy replaces the previous Housing Income Policy. The new policy will be the overarching policy informing collection of rent, service charges, other housing related charges and debt recovery activities within the housing and neighbourhood area. The outcomes will be across a range of key indicators such as meeting service standard, customer satisfaction, performance, tenancy sustainment and any innovative approaches. The impact of the new policy on current and former tenants will be assessed in the following document using the information that is available so far. This will also be on-going because there several changes such as Universal credit, further welfare reform changes and the general economic climate ahead with anticipated impacts which will require regularly assessment as and when they occur.			
		Lead Assessor	Simon Kiff	Assessment team	Elizabeth Ddamulira Simon Kiff
		Start date	July 26		
When will the EqIA be reviewed? (Typically, every 2 years)		July 28			

Who may be affected by the proposed project?	- Existing tenants and leaseholders - Prospective tenants - Vulnerable groups (e.g., people with disabilities, older people) - Low-income households
--	---

	• Staff responsible for rent/service charge administration • This will also affect Council staff and Councillors, stakeholders and partners e.g. CA and East Herts Benefits Services.
What are the key aims of the proposed project?	The Council is committed to ensuring that all its policies, including the Housing Income Management and Arrears Recovery Policy, promote equality, prevent discrimination, and foster inclusive service delivery. The Equality Impact Assessment (EQIA) process helps identify and address any potential adverse impacts the policy may have on individuals or groups with protected characteristics under the Equality Act 2010. Ensure compliance with the Equality Act 2010, housing and landlord/tenant legislation, consumer standards from the Regulator of Social Housing, etc. The policy aims to ensure the Council manages housing income (rent, service charges) in a fair, transparent, consistent and effective manner; to maintain financial viability of the HRA; to support tenants to sustain tenancies and manage debt; to intervene early to prevent arrears; and to use enforcement only when required This EQIA applies to all aspects of the Housing Income Management and Arrears Policy, including income collection, arrears recovery, tenant support, enforcement actions, and communication strategies.

What positive measures are in place (if any) to help fulfil our legislative duties to:					
Remove discrimination & harassment	Embedding of the Equality and diversity policy in the day-to-day operations, processes, business systems and procedures. Mitigations are already incorporated into the policy and related procedures. All members of staff within the housing and neighbourhood	Promote equal opportunities	Same as measures taken to remove discriminations and harassment	Encourage good relations	The Policy and application of measures taken to remove discriminations and harassment will by default promote good relations.

	services have a responsibility to be aware of what constitutes harassment and discrimination and to take positive steps to discourage and challenge both. We provide a <i>more holistic</i> housing income management service through our internal support services and links with local Agencies and groups for a diverse range of tenants and service users. Investigation of complaints of discrimination and harassment are dealt with promptly, seriously fairly and sensitively with due regard. Where required the service is tailored to ensure accessibility				
--	---	--	--	--	--

	and delivery that meets customer needs. Pre tenancy interviews to identify support needs and to put a support plan in place for the first year of the tenancy. Flexibility in the level of support provided at sign-up i.e. dependent on the needs of the tenant(s). Tenancy sign up meetings at tenancy commencement administration to improve tenants' understanding of their rights and responsibilities. Calling all new tenants within the first 4 weeks of their tenancy to address any concerns that they may have.				
--	---	--	--	--	--

What sources of data / information are you using to inform your assessment?

The following data, information, and consultations have been or will be used to inform the Equality Impact Assessment (EQIA):

- Internal Policy Documents: The new Income Management & Recovery Policy (provided).
- Tenant Data: Demographic and household data including age bands, disability status, ethnicity, household composition, tenancy type, income levels, and digital access, as supplied by the Housing & Neighbourhood Business Unit.
- Arrears and Recovery Data: Information on arrears by tenant characteristics (where available), enforcement actions (e.g., visits, notices, court actions, evictions), write-offs, and former tenant debts.
- Consultation Feedback: Input from tenants and resident engagement panels during policy development (referenced in section 7).
- Local Strategic Documents: The Council's corporate plan ("Making Stevenage Even Better 2024-2027") and the Stevenage Tenancy Strategy, which outline equality, inclusion objectives, and housing priorities.
- External Partner Data: Information from local advice agencies, welfare benefit take-up statistics, and digital inclusion data for the borough.
- Relevant Legislation: The Welfare Reform and Work Act 2016, Housing and Planning Act 2016, and the Social Housing Act 2023.
- Rent and Service Charge Policy: Agreed by the Executive in October 2025.
- Customer Feedback and Complaints: Insights from residents regarding their experiences and concerns.
- Housing System Data: Information from the Housing System (NEC), including rent account details and supported housing service data.
- Demographic Profiles: Data on income levels, benefit dependency, ethnic background, age distribution, and disability status.
- Arrears and Affordability Trends: Analysis of arrears and affordability by protected characteristics.
- Disparity Identification: Review of demographic and service usage data to identify any disproportionate effects on specific groups, including those defined by protected characteristics, socio-economic status, and digital exclusion.

This comprehensive evidence base allows for a thorough assessment of the potential impacts of the policy on different groups, including those with protected characteristics, and helps identify any necessary mitigating actions.

In assessing the potential impact on people, are there any overall comments that you would like to make?

This EqIA confirms that, while the HRA Housing Income Management and Recovery has a broadly neutral or positive impact, steps should be taken to mitigate any unintended disadvantages for vulnerable or low-income residents. The policy will be monitored and reviewed regularly to ensure compliance with the Equality Act 2010.

The assessment of this policy needs and will continue over a year as it is anticipated that the actual impact is likely to change particularly due to the changing influences on the customers' incomes, changing legislation and any indirect discrimination that may affect our customers in one way or another. It is difficult to determine how these changes might affect future implementation of the HRA Housing Income Management and Recovery.

Evidence and Impact Assessment

Explain the potential impact and opportunities it could have for people in terms of the following characteristics, where applicable:

Age					
Positive impact	The Policy is inclusive of all people whatever their age and will have a positive effect as it seeks to provide an inclusive service to all customers wherever and whoever they are. The policy provides a framework that	Negative impact	Older tenants may be more likely to be digitally excluded (less confident with online payments, direct debits, digital communication) and the "flexible payment methods" emphasis may inadvertently assume digital access. Younger tenants may have lower income, more	Unequal impact	

	ensures that all customers receive an excellent service regardless their age. Early intervention and support (e.g., at sign-up, within first 4–6 weeks) may particularly benefit younger and new tenants who may lack experience of tenancy management or budgeting. Tailored support for tenants with low literacy/numeracy, non-English speakers, digital exclusion (which may also apply to older tenants) Encouraging flexible payment options and configurable payment frequencies may assist older people on fixed incomes (e.g.,		variable work/benefit status, and thus be at higher risk of arrears; the policy's "rent first" approach may impose pressure. There is a risk that enforcement measures (if applied) may disproportionately affect younger or older tenants depending on tenancy types or payment patterns.		
--	---	--	--	--	--

	pensioners) to manage payments. Prioritising support over enforcement can help sustain tenancies for older tenants, avoiding the disruption and risk of eviction.				
Please evidence the data and information you used to support this assessment	See page 7				
What opportunities are there to promote equality and inclusion?	Ensure non-digital payment and communication options remain widely available; staff monitor for signs of digital exclusion and offer alternative formats (paper, face-to-face) and assistance. Track arrears and enforcement outcomes by age band to monitor whether younger or older tenants are disproportionately represented. Proactively target financial inclusion support and budgeting advice for both younger and older tenants.	What do you still need to find out? Include in actions (last page)			

	Consider specific outreach to older tenants (e.g., via sheltered housing teams) to ensure understanding of policy and payment responsibilities.		
--	---	--	--

Disability e.g., physical impairment, mental ill health, learning difficulties, long-standing illness					
Positive impact	The policy explicitly recognises vulnerable tenants and includes a multi-agency approach for tenants with additional support needs which should assist tenants with disabilities. Tailored support and reasonable adjustments should help tenants with disabilities to access services, payment	Negative impact	Tenants with disabilities may have more complex financial situations (e.g., additional care costs, benefit changes) – the standard “rent first” and “monitor weekly” approach might not sufficiently allow for those complexities. Payment methods may assume stable income/benefit flows; disability-related benefit volatility may make arrears more likely. Enforcement actions may inadvertently impact disabled tenants who may be unable to respond quickly to missed payments or communications.	Unequal impact	

	schemes, budgeting advice. Early contact and supportive approach may prevent debt escalation which may disproportionately affect disabled tenants (who may face additional cost burdens, benefit complexity). Transparent communication in plain English helps accessibility				
Please evidence the data and information you used to support this assessment	The main issues affecting disabled people in relation to housing management and maintenance are: · Lack of understanding of needs · Access to information · Understanding of rights and responsibilities · Understanding of enforcement processes · Access time – carers · Tenant Participation barriers Social, behavioural, health and mental challenges could create barriers for accessing the services available or attendance at officer or events organised. This may also cause a problem if the tenants fail to understand that there are available participation opportunities and what they are.				

	Language could create a barrier if there is no provision for those with hearing and visual requirements however has; 1. Commitment to Accessibility: The Council ensures that communication is available in a variety of formats to cater to individuals with specific needs, including those with hearing or visual impairments, emphasizing inclusivity for traditionally "hard to reach" groups. 2. Provision for Language Support: Our Customer Service Centre provides documents in alternative formats and languages upon request and can arrange for telephone or in-person interpreters through Language Line, which supports the 28 most common languages. 3. Availability and Limitations: While the Council does not stock documents in alternative languages due to low demand, we are committed to meeting customer needs and plan to review the service as requests increase.		
What opportunities are there to promote equality and inclusion?	• Staff Training on Disability-Related Vulnerabilities: Ensure that Income Services staff are trained to recognize disabilities and related vulnerabilities, enabling them to activate appropriate support pathways early on. • Triggers for Disability-Related Income Reviews: Implement specific triggers to review cases where tenants have disability-related income overlaps (e.g., DDA benefits), before proceeding with enforcement actions. • Monitor for Disproportionate Outcomes: Regularly monitor arrears, payment arrangements, and enforcement actions for tenants with disabilities to identify and address any disproportionate impacts. • Tailored Payment Plans: Offer flexible payment plans designed specifically for tenants with disabilities, incorporating support from Adult Social Care, Housing Support, or relevant advisory services where needed. • Housebound Tenants Support: Ensure Housing and Neighbourhood Services staff proactively reach out to housebound and vulnerable tenants to offer assistance and check on their well-being. • Pre-Tenancy Assessments & Care Plans: Conduct comprehensive pre-tenancy assessments by the supported housing team, ensuring that care packages are tailored to meet the specific needs of each resident.	What do you still need to find out? Include in actions (last page)	

	Vulnerability Checks Before Legal Action: Carry out vulnerability checks with tenants prior to any legal action being initiated. Additionally, ensure that different staff members across various service levels conduct thorough checks to prevent the eviction of vulnerable tenants.		
--	---	--	--

Gender Reassignment					
Positive impact	The policy aims to provide a prompt, flexible, supportive and personalised service. The policy uses general inclusive language (“tenants or residents”) and seeks to tailor support rather than assume a “one-size fits all” – this is positive for trans or non-binary tenants. The multi-agency approach to vulnerability and targeted support means that those facing discrimination or additional barriers (e.g., trans people) should have	Negative impact	There may be unconscious bias or lack of awareness among staff about issues faced by trans/non-binary tenants (e.g., increased risk of income instability, harassment). The policy does not currently mention gender reassignment explicitly – this may reduce visibility of the need to address specific barriers faced by this group. Digital and communication methods may fail to recognise preferred names or pronouns, potentially causing	Unequal impact	

	recourse to assistance.		distress and reducing engagement.		
Please evidence the data and information you used to support this assessment	Residents in this group can suffer harassment, bullying and victimisation and it can be difficult to prove this or take effective action to resolve it. There is no evidence to suggest any specific impacts on customers within any of these protected characteristic groups. However, if an issue did arise, we have procedures in place to deal with this. 1. The Equality, Diversity and Inclusion (EDI) Strategy (2022-2026) outlines the Council's plan to advance equality, diversity, and inclusion within its services and workforce over the next four years, emphasizing collaboration with local communities, groups, and staff. 2. The Housing Income Management and Arrears Recovery Policy aligns with the EDI Strategy, ensuring that arrears recovery procedures are carried out in a fair and inclusive manner. 3. Tenants can access support and guidance from the Income Services Team, including senior staff and managers, to assist with any income-related issues.				
What opportunities are there to promote equality and inclusion?	Provide staff training on gender identity issues and awareness of additional barriers faced by trans/non-binary tenants. Ensure that data collection systems allow for self-identified gender and preferred name/pronouns, so that communications are respectful and inclusive. Monitor any difference in arrears or enforcement outcomes for tenants who identify as	What do you still need to find out? Include in actions (last page)			

	trans/non-binary (where legally permitted and with confidentiality).		
--	--	--	--

Marriage or Civil Partnership					
Positive impact	The policy does not differentiate between married/unmarried tenants in its approach; it focuses on household income and tenancy responsibilities. This helps ensure consistent treatment. Support services (benefit, budgeting) may assist couples as households.	Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	Residents who are married should not experience any effects of this policy. Residents who are in a civil partnership may experience harassment which is covered in the section above for Gender Reassignment on page 15 as the same strategy, policy and procedure apply here.				

What opportunities are there to promote equality and inclusion?	Ensure household assessments recognise joint tenancies and shared income/expenditure.	What do you still need to find out? Include in actions (last page)	
---	---	--	--

Pregnancy & Maternity

Positive impact	Tenants who are pregnant or have recently given birth may face increased costs and reduced income; the policy's emphasis on early engagement and sign-up support may help address this. Flexible payment methods and tailored support can assist those on maternity leave or transitioning in/out of benefits.	Negative impact	The "rent first" payment prioritisation may put pressure on households with new babies where income may drop (maternity leave) and costs rise. Tenants may find it harder to engage in follow-up contacts (within 4-6 weeks) if they are dealing with birth, caring responsibilities or mobility issues.	Unequal impact	
Please evidence the data and information you used to support this assessment	There is no evidence to suggest any specific impacts on customers within any of these protected characteristic groups. However, the following issues were identified: • Barriers to involvement – childcare costs • Understanding of rights and responsibilities – separated, young women. • Communications				

	Although there are no specific issues affecting this group. We do have temporary accommodation units where there are a number of young single mothers who are given help and support to manage their lives and look after their children. A transparent and supportive policy can ensure that they receive consistent support at what is often a difficult time in their lives.		
What opportunities are there to promote equality and inclusion?	Ensure that sign-up and early engagement procedures specifically recognise tenants who are pregnant or on maternity leave; allow additional flexibility in arrangements. Provide proactive outreach to households expecting a baby or with new infants, perhaps via housing/neighbourhood teams, to offer budgeting/benefit advice early. Monitor for any disproportionate arrears or enforcement outcomes among tenants during the maternity period	What do you still need to find out? Include in actions (last page)	

Race					
Positive impact	The policy aims to provide a prompt, flexible, supportive and personalised service.	Negative impact	Some ethnic minority tenants may have lower average incomes, larger household sizes, or higher risk of benefit/systems-	Unequal impact	

			knowledge gaps – they may therefore be more vulnerable to arrears. Cultural or language barriers may reduce engagement with early contact, payment arrangements or debt advice. Digital exclusion may overlap with race/ethnicity groups (older migrants, limited English). If enforcement isn't carefully managed, there is a risk of disproportionate impact on minority ethnic groups		
Please evidence the data and information you used to support this assessment	There is no evidence to suggest any specific impacts on customers within any of these protected characteristic groups.				
What opportunities are there to promote equality and inclusion?	Have awareness training for staff on racial differences in household.	What do you still need to find out? Include in actions (last page)			

	Ensure translation/interpreter services and culturally appropriate communications are available. Work with local community organisations representing minority ethnic groups to ensure awareness of policy and support services. Monitor arrears, payment plans and enforcement outcomes by ethnicity (and nationality where data allows) to detect any disparity. Ensure that the payment options and early-intervention communications do not assume English-first language or full digital access.		
--	---	--	--

Religion or Belief					
Positive impact	The policy aims to provide a prompt, flexible, supportive and personalised service	Negative impact		Unequal impact	

Please evidence the data and information you used to support this assessment	There is no evidence to suggest any specific impacts on customers within any of these protected characteristic groups.		
What opportunities are there to promote equality and inclusion?	Have awareness training for staff on cultural and religious differences in household finances, payment patterns and willingness to engage. Offer flexible payment dates with regard to religious holidays or festivals (when income may be lower). Consult with faith-based community groups to ensure the policy is culturally sensitive and communication channels appropriate	What do you still need to find out? Include in actions (last page)	

Sex					
Positive impact	The policy aims to provide a prompt, flexible, supportive and personalised service	Negative impact		Unequal impact	
Please evidence the data and information	There is no evidence to suggest any specific impacts on customers within any of these protected characteristic groups.				

you used to support this assessment			
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)	

Sexual Orientation e.g., straight, lesbian / gay, bisexual					
Positive impact		Negative impact		Unequal impact	
Please evidence the data and information you used to support this assessment	There is no evidence to suggest any specific impacts on customers within any of these protected characteristic groups.				
What opportunities are there to promote equality and inclusion?		What do you still need to find out? Include in actions (last page)			

Socio-economic ¹ e.g., low income, unemployed, homelessness, caring responsibilities, access to internet, public transport users, social value in procurement					
Positive impact	The policy's emphasis on financial	Negative impact	Tenants on very low incomes may still struggle to prioritise rent payments ("rent first" approach) if	Unequal impact	

¹Although non-statutory, the council has chosen to implement the Socio-Economic Duty and so decision-makers should use their discretion to consider the impact on people with a socio-economic disadvantage.

	inclusion, tailored support, benefit maximisation, and digital inclusion can help tenants from lower income households, precarious work or digital-poor households. Flexible payment options and early intervention help reduce the risk of arrears for financially vulnerable tenants. Pre tenancy assessment and support. Referrals for debt advice Referrals for specialist support The service also uses various tools to support existing tenants and new tenants,		competing financial obligations (e.g., childcare, health costs) are severe. Digital payment/communication channels may disadvantage tenants without good internet access, or confidence using technology. Tenants with irregular income (zero-hours contracts, self-employed) may find weekly monitoring and strict payment expectations challenging. .		
--	---	--	---	--	--

	making links with support sections and officers				
Please evidence the data and information you used to support this assessment	Northgate reports on those in rent and service charge arrears and those supported. At the end of Q2 2024 35% were in rent arrears. It is suspected that there is a good number of customers who are likely to be affected by social –economic challenges but have not come forward for support of assistance. We have a dedicated debt and advice worker who works closely with tenants to deal with their debt and prevent homelessness				
What opportunities are there to promote equality and inclusion?	Identify and support those who are struggling utilising various support streams such as downsizing for those who are under occupying. We will ensure that this advice offer is continued. ensure staff actively identify digital exclusion during sign-up and early contact. Consider exceptions or additional flexibility for tenants with very low income or irregular income patterns – e.g., longer payment plan options, adjusted frequency. Monitor arrears and enforcement by socio-economic category (e.g., benefit claimants vs. non-	What do you still need to find out? Include in actions (last page)			

	benefit) to identify any disproportionate trends. Embed digital skills training or referral to local digital inclusion programmes as part of the tenant support offer.		
--	---	--	--

Additional Considerations				
Please outline any other potential impact on people in any other contexts				
Positive impact		Negative impact		Unequal impact
Please evidence the data and information you used to support this assessment				
What opportunities are there to promote equality and inclusion?	The policy has the potential to advance equality of opportunity and promote fair treatment for tenants, by emphasising early intervention, tailored support, flexible payment options, financial inclusion, plain language communications and a supportive rather than purely enforcement-led approach. The risk of adverse impact exists primarily in the areas of digital exclusion, irregular income, language/communication barriers, and specific vulnerabilities (age, disability, minority ethnicity, gender identity,	What do you still need to find out? Include in actions (last page)		

	pregnancy/maternity, caring responsibilities) that might make some tenants less able to engage with the policy as currently drafted. However, many of these risks are mitigated within the policy via tailored support clauses, multi-agency working, and flexible payment arrangements. To ensure the policy meets legislation requirement, the Council needs actively to monitor outcomes disaggregated by relevant characteristics (where data allows), ensure staff training, and adapt procedures where any disparity emerges. It is vital that this EQIA is treated as a live document and is revisited as the policy is implemented, data emerges, and practice develops. The Council should publicise summary results of monitoring (transparently but anonymised) to support accountability and build tenant trust.		
--	---	--	--

Consultation Findings

Document any feedback gained from the following groups of people:

Staff?	N/A	Residents?	Staff in the income services and Finance team will closely monitor through day-to-day income management and tenant account management to establish impact of the Policy and put in place systems to mitigate this accordingly.
--------	-----	------------	--

Voluntary & community sector?	N/A	Partners?	N/A
Other stakeholders?			

Overall Conclusion & Future Activity

Page 209

Explain the overall findings of the assessment and reasons for outcome (please choose one) :		
1. No inequality, inclusion issues or opportunities to further improve have been identified		
Negative / unequal impact, barriers to inclusion or improvement opportunities identified	2a. Adjustments made	The Policy aims to promote and encourage inclusion by providing a service that is prompt, flexible, supportive and personalised. The policy has the potential to advance equality of opportunity and promote fair treatment for tenants, by emphasising early intervention, tailored support, flexible payment options, financial inclusion, plain language communications and a supportive rather than purely enforcement-led approach. The risk of adverse impact exists primarily in the areas of digital exclusion, irregular income, language/communication barriers, and specific vulnerabilities (age, disability, minority ethnicity, gender identity, pregnancy/maternity, caring responsibilities) that might make some tenants less able to engage with the policy as currently drafted. However, many of these risks are mitigated within the policy via tailored support clauses, multi-agency working, and flexible payment arrangements. To ensure the policy meets legislation requirement, the Council needs actively to monitor outcomes disaggregated by relevant characteristics (where data allows), ensure staff training, and adapt procedures where any disparity emerges.

		It is vital that this EQIA is treated as a live document and is revisited as the policy is implemented, data emerges, and practice develops. The Council should publicise summary results of monitoring (transparently but anonymised) to support accountability and build tenant trust.
	2b. Continue as planned	• Consultation with service users. • tailored support for vulnerable tenants, accessible communication options, and flexible repayment plans. • Consultation with staff in team meetings, supervisions, appraisals, regular communication and continual professional development • Learning from compliments, complaints and comments. • Applying Good Practice Recommendations from the action plan will be included in the overall service improvement plan and performance will be monitored on a regular basis
	2c. Stop and remove	

Detail the actions that are needed as a result of this assessment and how they will help to remove discrimination & harassment, promote equal opportunities and / or encourage good relations:

Action	Will this help to remove, promote and / or encourage?	Responsible officer	Deadline	How will this be embedded as business as usual?
Monitor through day-to-day income management and tenant account management to establish to establish the impact of the policy and provide tenants with support accordingly	Remove discrimination and promote equal opportunities. Put in place systems to mitigate this accordingly	Elizabeth Ddamulira	Nov 2026	Current practice is to assess cases or groups that are experiencing challenges and putting in place processes and systems to mitigate impacts.
On-going training and awareness for staff on equality, diversity and social inclusion.	General Equality and diversity	Elizabeth Ddamulira	Nov 2026	April 26 but reviewed each quarter

Maintain and where possible improve upon working arrangements with community groups as conduits for information and meaningful participation between the Council, tenants and the wider community. We have a new Consultation and Engagement gateway system which further promote this.	General equality and diversity as well as Community cohesion	Elizabeth Ddamulira	Nov 2026	April 2026 but reviewed each quarter

Approved by Director / Strategic Director: Kerry Clifford

Date: 11/09/2026

Please send this EqlA to equalities@stevenage.gov.uk for critical friend feedback and for final submittance with the associated project.

This page is intentionally left blank

Part I – Release to Press



Meeting Executive
Portfolio Area Leisure, Culture & Wellbeing
Date 8 October 2026



HEALTHY STEVENAGE STRATEGY 2026-2031

RYAN ANSELL

KEY DECISION

1 PURPOSE

- 1.1 To seek approval for the refreshed Healthy Stevenage Strategy 2026-2031 strategy.

2 RECOMMENDATIONS

- 2.1 That the Healthy Stevenage Strategy 2026-2031, attached at Appendix A, be approved.
- 2.2 That the evidence of health inequalities in Stevenage and the strategy's focus on prevention, health promotion and targeted action in the communities experiencing the poorest outcomes be noted.
- 2.3 That the five strategic priorities be endorsed:
- Healthy Weight and Active Lives
 - Good Mental Health and Emotional Wellbeing
 - Ageing Well, Frailty Prevention and Dementia Support
 - Creating Healthy, Safe and Connected Places
 - Strengthening Prevention through the Healthy Stevenage Partnership.
- 2.4 That the Healthy Stevenage Partnership be supported as the main partnership forum for oversight and delivery, underpinned by the development of a focused

action plan with named leads, timescales, resource implications and measurable outcomes.

- 2.5 That it be noted that any actions requiring additional Council expenditure or significant service changes will be subject to the Council's normal financial, legal, procurement and governance processes.

3 BACKGROUND

- 3.1 The Council approved its first Healthy Stevenage Strategy in February 2018. The strategy covered the period to 2022 and established a local framework for prevention, health promotion and partnership action through the Healthy Stevenage Partnership.
- 3.2 The previous strategy helped raise the profile of health and wellbeing across the Council and supported the development of a broad range of preventative programmes. These included the Healthy Hub, physical activity and healthy weight programmes, mental wellbeing initiatives, dementia support, work with older people and community-based activity delivered with local partners.
- 3.3 The previous strategy is now out of date. Since its publication, the health and care system has changed substantially, the impact of the COVID-19 pandemic has widened some inequalities, and the evidence base for Stevenage has been strengthened through the 2025 Stevenage Health Inequalities Joint Strategic Needs Assessment (JNSA).
- 3.4 The latest evidence shows that Stevenage has a population of approximately 90,146. Around 20% of residents are children aged 0 to 15 and 16% are aged 65 or over. The population aged 65 and over is projected to increase by around 30% by 2043, increasing the importance of prevention, independence and neighbourhood support.
- 3.5 Stevenage remains the most deprived district in Hertfordshire. Deprivation is concentrated in particular neighbourhoods and is closely associated with poorer outcomes in long term conditions, healthy weight, mental health, frailty and dementia. Men living in the most deprived areas of the town have a life expectancy 5.1 years lower than men in the least deprived areas. The equivalent gap for women is 4.0 years.
- 3.6 The evidence identifies three prominent health themes requiring coordinated action. Around 72% of adults are overweight or obese and 37% of Year 6 pupils are overweight or obese. Mental ill health and demand for support are strongly associated with deprivation, with concerns relating to depression, self-harm and suicide. Dementia diagnosis rates are higher than Hertfordshire and England, while frailty, falls, mobility and social isolation present growing challenges as the population ages.
- 3.7 These health outcomes are shaped by wider factors including income, housing, education, employment, food security, transport, access to green space, safety and social connection. The revised strategy therefore recognises that health improvement cannot be delivered by health services alone and requires a place-based approach across Council services and partner organisations.
- 3.8 The revised strategy aligns with the Hertfordshire County Council Public Health Strategy 2022-2027 and the national 10 Year Health Plan for England. The national plan is based on three shifts: from hospital to community, from analogue to digital and from sickness to prevention. These shifts reinforce the

role of local government and community partners in neighbourhood prevention, early support and healthy place making.

- 3.9 Development of the revised strategy began in 2025 and has been informed by the JSNA, local service intelligence, national and county policy, learning from the previous strategy, engagement with Council services and discussion through local health and wellbeing partnerships.
- 3.10 The revised strategy places greater emphasis on a 'no wrong door' approach to prevention and access to support. Stevenage Healthy Hub provides a well-established local model for this, having operated in the town for over a decade and evolved to bring a wider range of health and wellbeing services together in one accessible setting. The Council's ambition, which has been raised with Government, is to build on this model with partners, including the Integrated Care Board (ICB), and explore opportunities to broaden the range of services available through the emerging Neighbourhood Health model.
- 3.11 Public consultation received 84 responses. Partner engagement involved just over 40 stakeholders from 17 organisations through three workshop sessions. Feedback broadly supported the five priorities, while calling for the final strategy to be more practical, visible, affordable, inclusive, and accountable.
- 3.12 The strategy has been revised in response to this feedback. It includes a stronger focus on access and affordability, a clearer 'no wrong door' approach, named ownership, measurable delivery, stronger partnership governance, annual reporting and active management of risks associated with funding, workforce capacity and Local Government Reorganisation.

4 REASONS FOR RECOMMENDED COURSE OF ACTION AND OTHER OPTIONS

Options considered

- 4.1 Option 1 is to approve and adopt the Healthy Stevenage Strategy 2026-2031. This would provide an up-to-date evidence-based framework for local prevention, clarify the Council's role, align partner activity around shared priorities and enable the development of a focused delivery plan. This is the recommended option.
- 4.2 Option 2 is not to adopt a new local strategy and instead rely on county and NHS plans. This is not recommended because those plans do not provide the same level of focus on Stevenage neighbourhoods, local assets, the Council's place shaping role or the specific partnership arrangements required to address inequalities within the town.

Reasons for the recommended course of action

- 4.3 Approval of the strategy is recommended because the evidence demonstrates persistent and, in some areas, widening inequalities. A clear local strategy is required to focus limited resources on the issues and communities where coordinated prevention can add the greatest value.
- 4.4 The strategy establishes a vision for Stevenage to be a town where everyone has a fair opportunity to live a healthy, connected and independent life, with a measurable reduction in health inequalities between neighbourhoods and

population groups. Its mission is to make prevention practical and visible by connecting services, strengthening partnerships and creating healthier places.

- 4.5 The five priorities provide a rational framework covering healthy weight and physical activity; mental health and emotional wellbeing; healthy ageing, frailty and dementia; healthy, safe and connected places; and partnership led prevention. Health inequalities, accessibility and the wider determinants of health are embedded across all five priorities rather than treated as separate issues.
- 4.6 The revised strategy is more delivery focused than the previous. It makes affordability, inclusive access, non-digital routes, community engagement and clear navigation explicit. It also proposes stronger communication, improved referral practice, a maintained directory of local support and a consistent 'no wrong door' approach so that residents do not need to understand organisational boundaries to find help.
- 4.7 The Council is not the statutory commissioner of most health services, but it has significant influence over the conditions that shape health. Housing, planning, environmental health, leisure, parks, community safety, regeneration, advice services, economic development and neighbourhood working all contribute to prevention and quality of life. The strategy will support health considerations to be embedded more consistently across these functions.
- 4.8 The Healthy Stevenage Partnership will be refreshed as a practical delivery and problem-solving forum. Membership and expectations will be clarified through revised governance, with stronger participation from NHS, primary care and voluntary, community, faith and social enterprise partners. The partnership will align activity, reduce duplication, identify gaps and coordinate collective action where no single organisation can deliver the required outcome alone.
- 4.9 A Healthy Stevenage Action Plan will translate the strategy into delivery. It will identify a limited number of priority actions, lead organisations, milestones, target communities, resource assumptions and measures of success. Task and finish groups may be established where focused partner input is required.
- 4.10 Progress will be reviewed through the Healthy Stevenage Partnership and reported annually through a simple performance dashboard. Monitoring will consider reach, outcomes, inequalities, resident experience, learning and any changes required. This will provide a stronger line of sight between strategic ambition, activity and impact than was available under the previous strategy.

Consultation

- 4.11 Three partner workshops involved just over 40 stakeholders from 17 organisations and generated 358 recorded comments across the five priorities. Partners supported the proposed structure and recognised strong local assets, including green spaces, cycleways, community centres, the Healthy Hub, leisure provision, mental health support, Age Friendly and Dementia Friendly work and established community networks.
- 4.12 Partner feedback identified fragmented pathways, inconsistent promotion, limited data sharing, short term funding and workforce pressures. The strongest message was that the strategy must define ownership, simplify access, establish shared measures, and provide visible follow through. Local

Government Reorganisation was identified as both an opportunity for alignment and a material delivery risk.

- 4.13 The public consultation received 84 responses. Of these, 55 respondents supported the five proposed priorities and a further 17 were broadly supportive with caveats. Eight raised significant concerns and four did not provide a clear view. Good Mental Health and Emotional Wellbeing was the priority most frequently ranked first.
- 4.14 Residents asked for more affordable physical activity, stronger support for children and young people, clearer mental health and crisis routes, more accessible communication, inclusive provision and safer, cleaner and better-connected places. Feedback also highlighted digital exclusion, disability, neurodiversity, transport, cost of living pressures and the need for visible accountability.
- 4.15 The consultation findings are valuable but are not statistically representative of the whole population. Public survey respondents were self-selecting, and the partner evidence was qualitative. The findings have therefore been considered alongside the JSNA, service intelligence, equality considerations and professional insight rather than being used in isolation.
- 4.16 Community engagement will continue during implementation. Resident voice, lived experience, Co-operative Neighbourhood activity and targeted engagement with groups experiencing barriers will be used to shape the action plan, test delivery and review whether programmes remain relevant and accessible.
- 4.17 In February 2026, the Community Select Committee considered the emerging Healthy Stevenage Strategy and supported its focus on prevention, reducing health inequalities and strengthening partnership working. Members particularly highlighted the importance of education and prevention, including healthy living, healthy food choices and awareness of mental and physical wellbeing, alongside a more joined-up and family-based approach to children and young people's health. [Agenda item - FOCUS ON PUBLIC HEALTH](#)
- 4.18 The Committee also emphasised the need to make health and wellbeing support more accessible and visible within local communities. This included improving outreach through the Healthy Hub and mobile provision, considering the timing and location of activities for working residents, carers and families, using inclusive messaging to encourage healthier behaviours, and continuing to broaden partnership working across education, voluntary, community and commercial organisations.

5 IMPLICATIONS

Financial Implications

- 5.1 Approval of the strategy does not, in itself, create an immediate additional financial commitment for the Council. Initial delivery will be based on existing budgets, commissioned services, partner contributions and the more effective alignment of current resources.

- 5.2 The action plan may identify proposals that require additional funding, match funding or changes to commissioned services. Any such proposals will be subject to a clear business case, identification of sustainable funding and the Council's normal financial approval processes. The Council and partners will continue to pursue appropriate external funding opportunities.

Legal Implications

- 5.3 There are no specific legal implications arising directly from approval of the strategy. Individual projects and information sharing arrangements will need to comply with relevant legal requirements, including data protection, procurement, contract management, health and safety, safeguarding and the Equality Act 2010. Legal advice will be obtained where required.

Local Government Reorganisation (LGR) Implications

- 5.4 The strategy period is expected to include significant organisational change arising from Local Government Reorganisation. This creates a risk to continuity, accountability, funding, data and established local relationships, but also an opportunity to align neighbourhood prevention and reduce fragmentation. Transition planning should protect priority services, local knowledge, partnership arrangements and clear ownership of delivery.
- 5.5 The Strategy will provide a useful evidence-based framework during and following Local Government Reorganisation. It will help ensure that Stevenage's specific health inequalities, neighbourhood needs and local priorities remain visible within any future unitary authority. The strategy and its recommendations can inform wider strategic planning, commissioning and resource allocation, while supporting continuity of local prevention activity and partnership working. It will also provide a clear basis for sharing local insight with the new authority and ensuring that future health and wellbeing arrangements remain responsive to the needs of Stevenage residents. A new unitary model also creates opportunities to upscale successful local delivery, share best practice across a wider geography and work with partners to embed proven approaches more consistently.

Risk Implications

- 5.6 There is a risk that without a clear strategic framework, activity to address health inequalities in Stevenage could become fragmented and opportunities for coordinated prevention may be missed. Delivery of the strategy will also be dependent on partner capacity, available resources and continued collaboration across the local health and wellbeing system. These risks will be mitigated through the Healthy Stevenage Partnership, a focused action plan, clear ownership of actions and regular monitoring of progress and outcomes.

Policy Implications

- 5.7 The Healthy Stevenage Strategy provides an overarching framework for the Council's approach to improving health and wellbeing and reducing health inequalities. It supports the Council's wider corporate priorities and strengthens the consideration of health across relevant policy areas including leisure, housing, planning, community development, regeneration and environmental

services. The strategy also provides a framework through which future Council policies and programmes can consider their contribution to prevention and population health.

Staffing and Accommodation Implications

- 5.8 There are no direct staffing or accommodation implications arising from the approval of the strategy. Delivery will be coordinated through existing Council services and partnership arrangements. Where individual actions within the supporting delivery plan require additional staffing capacity, accommodation or other resources, these will be considered separately as part of the development and approval of those specific initiatives.

Equalities and Diversity Implications

- 5.9 Reducing health inequalities is a central purpose of the Healthy Stevenage Strategy. Evidence from the Stevenage Health Inequalities JSNA demonstrates that health outcomes vary between neighbourhoods and population groups, with some residents experiencing greater barriers to good health. The strategy therefore adopts a universal but targeted approach, with additional focus on communities experiencing the poorest outcomes or greatest barriers to accessing support. Inclusive and accessible design, community engagement and the use of local evidence will be embedded within delivery to help ensure that interventions respond appropriately to the needs of Stevenage's diverse communities.

Service Delivery Implications

- 5.10 The strategy will provide a clearer framework for coordinating health and wellbeing activity across Council services and with external partners. It will support a stronger focus on prevention, earlier intervention, joined-up pathways and neighbourhood-based delivery, while making better use of existing community assets and services. Implementation will be supported by a focused action plan identifying priorities, responsible partners and measurable outcomes, with progress monitored through the Healthy Stevenage Partnership and relevant Council governance arrangements.

BACKGROUND DOCUMENTS

1.1 All documents that have been used in compiling this report, that may be available to the public, i.e. they do not contain exempt information, should be listed here:

- BD1 Stevenage Health Inequalities - Joint Strategic Needs Assessment (JSNA) 2025
- BD2 Addressing local priority health & wellbeing challenges in Stevenage 2025
- BD3 Healthy Stevenage Consultation Report

APPENDICES

- A Healthy Stevenage Strategy 2026-2031

HEALTHY STEVENAGE STRATEGY 2026–2031

Contents

Foreword by Councillor Myla Arceno, Cabinet Member for Culture, Leisure, and Wellbeing	3
1. Introduction	4
2. Achievements so far	5
3. Purpose of the Strategy	7
4. Determinants of Health	7
5. Our Public Health Approach.....	8
6. How Healthy Is Stevenage? (Summary of Key Inequalities)	8
Population and Context.....	8
Key health themes from the JSNA:	9
7. Strategic Framework	10
8. Strategic Priorities.....	11
Vision:.....	11
Mission:.....	11
Priority 1: Healthy Weight & Active Lives.....	11
Priority 2: Good Mental Health & Emotional Wellbeing.....	12
Priority 3: Ageing Well, Frailty Prevention & Dementia Support.....	13
Priority 4: Creating Healthy, Safe & Connected Places.....	14
Priority 5: Strengthening Prevention Through the Healthy Stevenage Partnership.....	15
9. Cross-Cutting Enablers.....	17
10. Partnership Working	18
Hertfordshire County Council Public Health.....	18
Integrated Neighbourhood Care Board	18
Healthy Stevenage Partnership	18
Residents and community voice	19
Stevenage Co-operative Action Network and voluntary, community, faith and social enterprise partners.....	19
Hertfordshire Sports & Physical Activity Partnership.....	19
11. Role of Stevenage Borough Council	20

Delivery.....	20
Collaboration.....	21
Championing.....	21
Statutory Duty.....	22
12. Making it Happen	23
Short Term - Plan and Reset.....	23
Medium Term - Mobilise Delivery.....	24
Long term - Influence and Scale.....	25
Monitoring Progress	25
13. Local Government Reorganisation (LGR).....	26
14. Conclusion	27

Foreword by Councillor Myla Arceno, Cabinet Member for Culture, Leisure, and Wellbeing

Stevenage continues to be a proud, diverse and resilient town. Despite significant strengths, the reality is clear. Our residents experience some of the most challenging health outcomes in Hertfordshire. Stevenage is currently the most deprived district in the county. People living in our most disadvantaged neighbourhoods face shorter lives, poorer health and fewer opportunities to thrive. Data shows that men living in the most deprived areas live just over five years less than those living in the least deprived areas. Women experience a gap of four years.

These inequalities are not a reflection of individual choices alone. They are shaped by people's housing, income, education, work, environment, access to services and levels of social connection. No single organisation can fix this in isolation. The council, the NHS, Hertfordshire County Council, and our voluntary, community and faith partners must continue to work as a unified system with a strong focus on prevention.

This strategy sets out a refreshed approach for the next five years. It recognises the pressures we face, the ambition we share and the leadership role that Stevenage Borough Council will continue to play. It provides a clear direction for the Healthy Stevenage Partnership and a renewed commitment to working together to give every resident the chance to live a healthy, independent and fulfilling life.

As local government changes through Local Government Reorganisation, this strategy gives Stevenage a strong foundation to protect local priorities, strengthen partnerships and ensure residents' health and wellbeing remain central to future local decision making.

1. Introduction

Health in Stevenage is mixed. While we perform close to national averages on many measures, we consistently fall behind the Hertfordshire average. The latest health needs assessments highlight three major themes that require coordinated action across the system.

Three key themes are dominant across all the evidence:

1. Healthy Weight – 72% of adults are overweight or obese, and 37% of Year 6 pupils are overweight or obese, significantly above the county average.
2. Adult & Young People's Mental Health – higher prevalence of depression, common mental health disorders (CMDs), self-harm admissions and male suicide risk, strongly associated with deprivation.
3. Frailty & Dementia – diagnosis rates are higher than Hertfordshire, with mortality particularly high in more deprived areas, and waiting lists for mobility and strength-based support growing.

These challenges are closely linked to wider determinants of health, including poverty, education, employment, housing and access to transport and green space. Addressing them requires long-term, place-based prevention and coordinated partnership working. The NHS 10 Year Health Plan reinforces a shift from hospital to community, analogue to digital and sickness to prevention, while the HCC Public Health Strategy similarly prioritises prevention, early intervention and reducing inequalities.

This strategy reflects that direction and local consultation. Feedback from 84 residents and over 40 stakeholders across 17 organisations supported the five priorities, while calling for delivery to be practical, visible, affordable, inclusive and accountable.

2. Achievements so far

Following the launch of the initial Healthy Stevenage Strategy in 2018, the council along with Healthy Stevenage Partnership have delivered a number of successful initiatives to tackle health inequalities.

Creating a dementia friendly Stevenage



Partnership working to provide support to residence with dementia and their carers.

Strong partnership during COVID mobilising support



Partners mobilised quickly to provide practical support and reduce isolation.

Getting people more active in their communities



Local activity programmes helped more residents move more, more often.

Healthy Hub has established a key route into support



The Healthy Hub became a key front door to advice, support and onward referral.

Delivered preventative programmes in partnership



Community Kitchen, 5 Ways to Wellbeing Workshops, Strength & Balance, Fit, Fed & Read, Summer Parks

Preventative action to support those in crisis



Support provided to those in crisis to access and be referred into services.

Promoted active travel to get people more active



Supported the set up of the Stevenage Cycle Hub and launched a Beryl Bike scheme to get people more active

More opportunities for young people during school holidays



Through partnership work created opportunities for young people to stay active in holidays

Secured investment into sport and recreation facilities



New Leisure Hub, upgraded tennis courts at Shephalbury Park, Playzone at KGV, Ridlins Athletics Track, Skatepark at Peartree Park

Enhanced our parks and green spaces



Investing in parks and green spaces to support active lifestyles

3. Purpose of the Strategy

This strategy sets the shared vision and priorities for improving health and tackling health inequalities in Stevenage between 2026–2031. It provides the framework for:

- A prevention-led town-wide approach
- A clear alignment with local JSNA evidence, the NHS 10 Year Health Plan and the Hertfordshire Public Health Strategy
- A re-set of the Healthy Stevenage Partnership as a system leadership platform
- A practical focus on interventions the local authority and partners are best placed to deliver, supported by named ownership, realistic resources and measurable outcomes

The strategy does not attempt to capture every service or programme delivered by health and care organisations. Instead, it focuses on a smaller number of priorities where the local authority and partners can work collectively to reduce inequalities, prevent avoidable ill health and support people to stay well for longer. It will be translated into a focused action plan, with annual public reporting on progress, learning and any changes required.

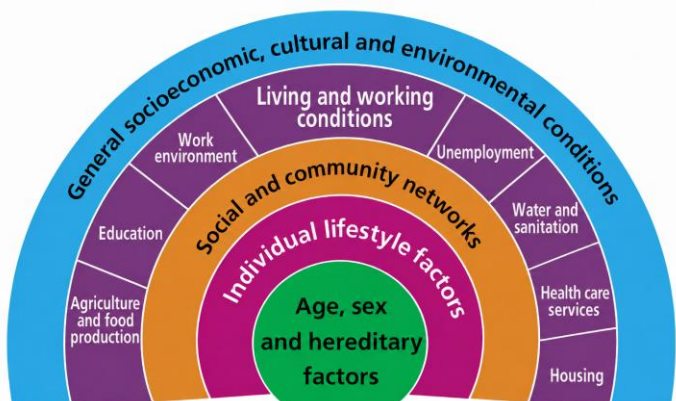
4. Determinants of Health

The JSNA makes it clear: health outcomes are shaped mainly by the conditions in which people are born, grow, live, work and age. In Stevenage, deprivation clusters in Bedwell, Shephall and Roebuck with higher rates of disability, long-term illness, unemployment and poorer access to services.

Key drivers of inequality include:

- Income & Cost-of-Living Pressures
- Housing quality and security
- Food insecurity
- Education and skills gaps
- Access to green space and active travel routes
- Social isolation and safety

Any effective health strategy must therefore be place-based, asset-led and grounded in local community insight.



Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried? Acknowledgement

5. Our Public Health Approach

The strategy adopts a prevention-first model aligned with the NHS Long Term Plan and the HCC Public Health Strategy:

1. Help people stay healthy through accessible services, healthy environments and everyday prevention.
2. Promote wellbeing, social connection and resilience across all ages.
3. Protect from harm, including poor housing, unsafe environments and preventable diseases.
4. Tackle inequalities head-on, recognising that deprivation is the strongest predictor of poor health in Stevenage.

We will embed behavioural science, lived experience, and data-driven decision-making across all programmes. Our approach will be universal but targeted: all residents should benefit, with additional outreach, capacity and investment directed towards neighbourhoods and population groups experiencing the poorest outcomes or greatest barriers. Digital routes will be supported by traditional options.

6. How Healthy Is Stevenage? (Summary of Key Inequalities)

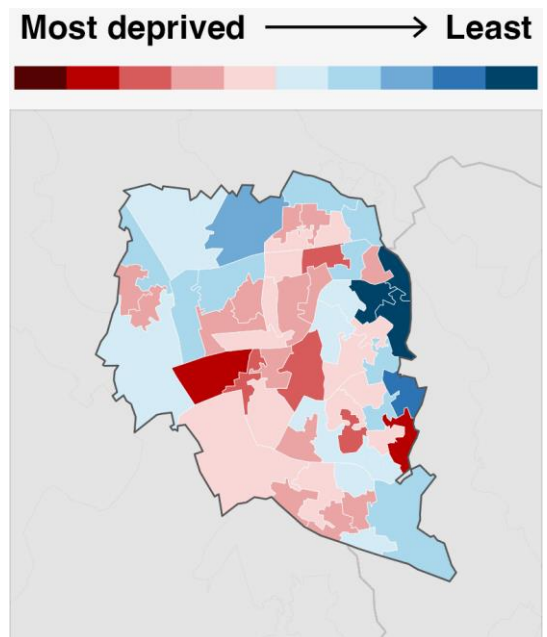
Population and Context

Stevenage has a population of around 91,000. While the town currently has a relatively young population, its demographic profile is changing, with the number of residents aged 65 and over expected to grow significantly over the coming years. Around 17.3% of residents are disabled and 2.7% provide more than 50 hours of unpaid care each week.

Stevenage is also increasingly diverse, with families, young people and growing ethnic minority communities contributing to the town's changing population. Alongside this, there are significant inequalities between neighbourhoods. Stevenage has the highest average deprivation score in Hertfordshire, with the greatest deprivation concentrated in parts of Bedwell, Bandle Hill and Poplars, Martins Wood and Shephall.

These inequalities are reflected in health outcomes. Average life expectancy is 80.8 years, including 79.3 years for men and 82.2 for women, lower than the Hertfordshire average.

Working in partnership with Public Health Hertfordshire and their evidence and insight team to produce a joint strategy needs assessment (JSNA) for Stevenage (Appendix 1).



Key health themes from the JSNA:



7. Strategic Framework



Strategy Framework



Vision

To reduce health inequalities and improve the health and wellbeing of all residents living in Stevenage



Mission

To enable people to live well for longer by creating healthy places, promoting prevention and strengthening partnership working across the town

Strategic Priorities

- 1 Healthy Weight and Active Lives
- 2 Good Mental Health and Emotional Wellbeing
- 3 Ageing Well, Frailty Prevention and Dementia Support
- 4 Creating Healthy, Safe and Connected Places
- 5 A Strong and Collaborative Healthy Stevenage Partnership

Cross-Cutting Enablers

- Strong Leadership
- Evidence & Insight Led
- Co-Production & Community Engagement
- Communication, Navigation & 'No Wrong Door'
- Partnership Governance
- Data Sharing & Evaluation
- Inclusive & Accessible Design

8. Strategic Priorities

Vision:

Our vision is to reduce health inequalities and improve the health and wellbeing of all residents living in Stevenage.

Mission:

Our mission is to enable people to live well for longer by creating healthy places, promoting prevention and strengthening partnership working across the town.

Priority 1: Healthy Weight & Active Lives

Healthy weight is a major concern for Stevenage. The strategy will aim increase physical activity, improve access to healthy food and support families to build healthy habits. Work will focus on reducing inequalities by targeting communities most affected by obesity and low activity levels.

What consultation told us: residents and partners asked for more free and low-cost activity, family options, non-competitive ways to move, clearer information and better use of parks, cycleways, schools and community venues.

What have we been doing? (Case Study): The Body Composition Project

This project gave 292 residents a free 12-week physical activity programme. The comprehensive programme was created to address the statistic that 70 percent of local adults in Stevenage are overweight or obese. This was a funded programme by HCC Public Health and worked in partnership with our Primary Care Networks (PCNs) that targets inactive adults with a body mass index (BMI) of 25 and above. Participants were given a body composition scan at week one, six and 12 to monitor their progress. Participants could be referred into the programme by their local GP or self-referred.



Recommendations:

- Expand free/low-cost access to physical activity through community-based and neighbourhood-focused interventions utilising parks, community centres, schools and leisure facilities.
- Strengthen the whole-system healthy weight approach across SBC, NHS, Herts Public Health and VCFSE partners by promoting opportunities for residents.

- Use planning, licensing, environmental health and local business engagement to support a healthier food environment and improve access to affordable healthy food.
- Increase early years and family-focused nutrition support, including culturally appropriate programmes for diverse communities.
- Treat physical activity as a cross-cutting prevention tool for mental wellbeing, healthy ageing, social connection and long-term condition prevention.

Priority 2: Good Mental Health & Emotional Wellbeing

Partners will work together to strengthen early support, promote positive wellbeing, connect people to community resources and address the causes of poor mental health including debt, housing insecurity and isolation.

What consultation told us: mental health was the priority most often ranked first by residents. Feedback called for trauma-informed support, stronger provision for children and young people, visible crisis routes, suicide prevention, reduced stigma and easier access before needs escalate.

What have we been doing? (Case Study): Schools Mental Wellbeing Programme

This programme was developed as a follow-on from *Feel Good Week* in February 2024 and delivered in partnership with the Stevenage Schools Parliament. The sessions supported children to understand how food choices influence mental wellbeing, learn about essential nutrients through the *Eatwell Plate* and fruit-tasting activities, explore body image and self-acceptance, and recognise physical activity as a key contributor to positive mental health. Delivered by Stevenage Sporting Futures, the programme reached 24 schools and engaged over 1,200 children. Feedback from schools and parents was highly positive, particularly around discussions of body image and the mental health benefits of physical activity.



Recommendations:

- Agree a 'no wrong door' mental wellbeing pathway linking the Healthy Hub, GPs, social prescribers, NHS services, schools and VCFSE support, using warm referrals wherever possible.
- Use targeted outreach through schools, workplaces, housing, faith and cultural groups, sports clubs and community champions to reach children and young people, men, carers, veterans and residents who may not seek help.
- Expand affordable social connection and trusted 'third space' activity that reduces loneliness and supports wellbeing without requiring a clinical referral.
- Maintain strong crisis and suicide-prevention pathways, while ensuring community organisations are not expected to manage specialist or complex needs without appropriate support.

Priority 3: Ageing Well, Frailty Prevention & Dementia Support

The strategy will support older residents to remain active, connected and independent, while recognising the pressures on unpaid carers and the growing number of people living longer with frailty, dementia and multiple conditions. Delivery must be easy to navigate and available through non-digital as well as digital routes.

What consultation told us: partners valued existing Age Friendly and Dementia Friendly work, but highlighted fragmented information, digital exclusion, limited transport, carer pressure and waiting times for strength, balance and mobility support.

What have we been doing? (Case Study): Memory Lane Dementia Café

Working in partnership with the Stevenage PCN's the Memory Lane Dementia Cafe launched in October 2024. This café offers residents with dementia and their carers and opportunity to take part in exercise sessions, quiz's, choirs, visits from local year 6 students and advice from Alzheimer's Society and financial advice. On average there are 30 people at each session and continues to provide a great opportunity for those with dementia to socialise and offer that crucial respite to carers.



Recommendations:

- Deliver a coordinated Age Friendly and Dementia Friendly action plan with named partner leads, clear measures and visible local activity.
- Expand dementia awareness and accreditation, strengthen support for unpaid carers, and use walking and accessibility audits, housing and regeneration decisions to make the town easier to navigate.
- Ensure regeneration, housing improvements and accessibility upgrades benefit older residents and carers.
- Improve access to strength, balance and falls-prevention support through clearer referral routes, local provision and better connection with neighbourhood health teams.
- Use community venues, independent living, parks, allotments and volunteering as local assets for social connection, purposeful activity and healthy ageing.

Priority 4: Creating Healthy, Safe & Connected Places

Healthy, safe and connected places make it easier for residents to be active, feel secure, build relationships and access support. This priority will focus on well-maintained neighbourhoods, inclusive community spaces, parks and green space, active travel and the health impact of planning, housing and regeneration decisions.

What consultation told us: residents linked health to safer and cleaner places, parks, walking and cycling, accessible transport and community spaces. Partners cautioned that the priority must remain focused, measurable and realistic rather than becoming a catch-all for every place issue.

What have we been doing? (Case Study): Promotion of the Health Food Award

Following the launch of the HCC Herts Responsible Food Award the Council's Environmental Health Team have been promoting this opportunity to local food establishments. In Stevenage, we have seen three businesses be given the award with two at gold standard. This award recognises the efforts each establishment is making to provide healthier food options and sustainable practices. In return, they are given fully funded Level 2 Food Hygiene courses for staff, access to support packages from the Hertfordshire Growth Hub to boost your profitability and sustainability, advertisement and promotion, networking opportunities and discounts from local suppliers. One of our most recent recipient is Yom, who impressed the food award team with their vibrant and colourful menu, consisting of whole foods and



sustainably sourced ingredients. Yom's environmentally friendly ethos also shone through to earn them their Gold Award, demonstrating how even small businesses can go above and beyond to champion health and sustainability.

Recommendations:

- Use ward-level insight and Co-operative Neighbourhoods to target practical improvements in the places experiencing the greatest inequalities.
- Protect and activate parks, green spaces, play areas and community venues as free or low-cost places for movement, connection and wellbeing.
- Require planning, housing, regeneration, licensing and public-realm decisions to show how they support health, accessibility, safety and reduced inequalities.
- Involve young people, women, older people, disabled residents and other groups who may avoid public spaces because of safety, stigma or accessibility concerns.

Priority 5: Strengthening Prevention Through the Healthy Stevenage Partnership

The Healthy Stevenage Partnership will be the accountable delivery forum for the strategy. It will coordinate prevention, simplify access, align partner resources and monitor a small number of shared outcomes, with stronger participation from NHS, primary care and VCFSE partners.

What consultation told us: partners support the partnership but want it to move beyond information sharing. They asked for clearer membership and expectations, named ownership, shared measures, stronger NHS participation, a central directory and visible follow-through.

What have we been doing? (Case Study): Suicide Prevention (Real People, Real Stories Event & Night Light Crisis Café)

Reducing suicide attempts in Stevenage has required strong, multi-agency partnership working, combining prevention, awareness-raising and rapid crisis support. In November, Stevenage Borough Council worked with Stevenage FC, Samaritans and Everyone Active to deliver a *Real People, Real Stories* event at a home fixture attended by over 5,000 supporters. Linked to International Men's Day, the event focused on male suicide, using lived-experience stories to challenge stigma and encourage help-seeking. Samaritans provided on-site support, while Everyone Active's Mobile Healthy Hub offered health checks and wellbeing advice, demonstrating how trusted community partners can reach men who may not engage with traditional services.

This partnership approach continued in the setup of the Nightlight Crisis Café, delivered by Hertfordshire Mind Network with support from Stevenage Borough Council, HCC Public Health, NHS partners, police and transport organisations. This was established following increased suicide attempts at Stevenage station, the café provides immediate, non-clinical support every evening. Since opening in 2022 in it first 12 months the cafe supported over 1,400 people, helping reduce suicidal ideation, self-harm and social isolation. Together, these initiatives show how partnership working has been crucial in delivering an effective, place-based suicide prevention response in Stevenage.



Recommendations:

- Refresh the partnership's terms of reference, membership, leadership, attendance expectations and reporting routes, securing stronger NHS and primary care ownership.
- Agree a focused annual delivery plan with named leads, milestones, resource assumptions and a limited set of shared outcomes linked to the JSNA.
- Develop and maintain a central prevention, wellbeing and activity directory, with clear responsibility for keeping information current and non-digital alternatives.
- Publish a simple annual dashboard showing reach, outcomes, inequalities, learning and what will change, alongside a clear feedback route for residents and partners.
- Build sustainable delivery capacity through joint funding bids, shared assets and realistic support for voluntary and community organisations.
- Manage Local Government Reorganisation as a planned transition, protecting local relationships, data, priority services and accountability while using opportunities to align neighbourhood prevention.

9. Cross-Cutting Enablers

Strong Leadership	Stevenage Borough Council will provide visible local leadership on prevention and health inequalities. Using local insight, relationships and our democratic mandate, we will bring partners together, champion residents' needs and focus on communities where outcomes are poorest. Health and wellbeing will be embedded across council policy and decision-making, including planning, housing, regeneration, environmental services, community safety, leisure and neighbourhood working, recognising that many key drivers of health sit outside formal healthcare.
Evidence and Insight Led	Action will be guided by the Stevenage Health Inequalities JSNA, Public Health Outcomes Framework data, local service intelligence, community insight and evaluation. We will continue to use evidence to prioritise activity, understand where inequalities are greatest and avoid duplicating provision that already exists.
Co-Production & Community Engagement	Residents, community groups and people with lived experience should help shape the design and delivery of local action. Engagement will not be a one-off exercise. It will be built into consultation, delivery planning, neighbourhood work and review points so that activity remains relevant to local need.
Communication, Navigation and 'No Wrong Door'	Residents and professionals should be able to find and access support without needing to understand organisational boundaries. Partners will use consistent Healthy Stevenage branding, a maintained directory, warm referral practice and promotion through GPs, schools, community centres, housing, libraries, faith organisations and trusted local networks. Traditional routes will remain available alongside digital channels.
Partnership Governance	The Healthy Stevenage Partnership will be refreshed so it has a clear purpose, active membership and a stronger route into delivery. It should operate as a practical problem-solving forum, not simply an information-sharing meeting. Partners will be expected to contribute insight, capacity, assets or influence where this aligns with their role.
Data Sharing and Evaluation	Partners will seek to improve the way local data, service intelligence and evaluation findings are shared within appropriate information governance arrangements. This will help identify need earlier, track whether activity is reaching priority groups and understand what is working, what is not and where resources should be redirected.
Inclusive and Accessible Design	Programmes, communications, venues and engagement must be designed around residents who face the greatest barriers. This includes children and young people, older people, disabled and neurodiverse residents, carers, low-income households, ethnic minority communities, veterans, people with poor mental health, residents with limited digital access and those who may not routinely engage with services. Accessibility must consider affordability, transport, language, sensory and mobility needs, stigma, confidence and service thresholds.

10. Partnership Working

Improving health and wellbeing in Stevenage requires partners to act together, align priorities, share resources and join up services. The Healthy Stevenage Partnership, Integrated Neighbourhood Care Board, Hertfordshire County Council Public Health, Hertfordshire Sports & Physical Activity Partnership Stevenage Co-operative Action Network and residents will play a key role in targeting need, closing gaps and strengthening prevention.

Healthy Stevenage Partnership

The Healthy Stevenage Partnership will be the main delivery forum for the strategy, providing shared leadership and maintaining focus on agreed priorities. Bringing together the council, Public Health, NHS, VCFSE, leisure, housing, community safety, education, community partners and residents, it will coordinate action across Stevenage. The partnership will use JSNA evidence and local insight to agree priorities, join up prevention activity, strengthen referral and support pathways, make better use of partner assets and networks, identify funding opportunities, monitor progress and address barriers requiring wider system leadership.

Integrated Neighbourhood Care Board

The Integrated Neighbourhood Care Board and Integrated Neighbourhood Teams are central to delivering more joined-up, preventative care closer to home. In line with the NHS 10 Year Health Plan, this creates opportunities to connect health, care, council and voluntary sector support around local need. The strategy will align with neighbourhood priorities including frailty, dementia, falls prevention, mental health, long-term conditions, healthy weight and social prescribing. Stevenage Borough Council will help connect this work with community assets, Healthy Hub activity, housing, leisure, parks, community safety and wider place-based services.

Hertfordshire County Council Public Health

Hertfordshire County Council Public Health will remain a key strategic partner in delivering the Healthy Stevenage Strategy. We share a strong focus on prevention, early intervention, reducing health inequalities and addressing the wider determinants of health. HCC Public Health will support local delivery through JSNA evidence, population health intelligence, behavioural science, specialist public health advice and wider system leadership. This expertise will help partners identify need, target action effectively and connect Stevenage to relevant countywide prevention and commissioning programmes, ensuring local activity is evidence-led, coordinated and focused on improving outcomes for residents.

Hertfordshire Sports & Physical Activity Partnership

Hertfordshire Sports & Physical Activity Partnership (HSP) will be a key strategic partner in helping Stevenage residents be more active, more often. Its Strategic Plan 2022–2027, aligned with Sport England's *Uniting the Movement*, supports our focus on tackling inequalities through physical activity. HSP will help strengthen local pathways, build capacity across clubs and community providers, support inactive and underrepresented groups, and connect Stevenage to wider investment, insight and good practice. This will support healthy weight, mental wellbeing, ageing well and stronger social connection.

Stevenage Co-operative Action Network and voluntary, community, faith and social enterprise partners

Stevenage Co-operative Action Network (CAN) and the wider voluntary, community, faith and social enterprise sector play a vital role in reaching residents who may not engage with statutory services. These organisations bring trusted relationships, local insight and practical support across issues including financial hardship, housing, food insecurity, social isolation, mental wellbeing, carers support and disability. The strategy will strengthen links between Stevenage CAN, VCFSE partners, Healthy Hub Stevenage, social prescribing, neighbourhood teams and council services. This will help create more joined-up support around the social and economic factors that influence health, wellbeing, long-term conditions and frailty.

Residents and community voice

Residents must remain at the centre of the strategy. Partner consultation, public consultation, cooperative neighbourhood activity, targeted engagement and lived experience feedback will be used to test priorities, identify gaps and shape delivery. This is particularly important for groups and neighbourhoods most affected by inequality.

11. Role of Stevenage Borough Council

Stevenage Borough Council is not the statutory commissioner of most health services, but it has a significant influence on the conditions that shape health and wellbeing. Through the services we provide, the partnerships we lead, our local leadership and our statutory responsibilities, we can help create the conditions for residents to live healthier, safer and more connected lives. This work sits within our corporate plan, Making Stevenage Even Better, which sets out our commitment to improving the quality of life for residents and creating a fairer, healthier and more sustainable town. The Healthy Stevenage Strategy supports this ambition by translating the plan's priorities into practical action to improve health and reduce inequalities.

Our role can be described through four areas: Delivery, Collaboration, Championing and Statutory Duty.

Delivery

The council delivers and commissions a wide range of services and programmes that contribute directly to prevention and wellbeing, often through services and places that residents already know and use.

Leisure and physical activity are central to this role. Through our leisure contract with Everyone Active, we will continue to provide high-quality facilities while strengthening the focus on prevention, reducing inactivity and reaching residents who face the greatest barriers to participation. The Active Communities Programme extends this work beyond leisure centres into parks, community centres, neighbourhood venues and other local settings, supporting healthy weight, mental wellbeing, mobility, confidence and social connection.

Healthy Hub Stevenage remains an important part of the local prevention offer. Delivered through the leisure contract and supported by Hertfordshire Public Health, the Hub provides a local one-stop-shop for information, advice, signposting and practical support. Its offer includes physical activity, healthy weight, mental wellbeing, stop smoking support and wellbeing checks. The Mobile Healthy Hub takes this support directly into neighbourhoods and community spaces, particularly for residents who may not access traditional services.

The council will also continue to support **Age Friendly and Dementia Friendly Stevenage**, working with partners to help older residents remain active, independent and socially connected. Parks, playgrounds, green spaces, allotments, walking routes, community events and outdoor facilities provide further free or low-cost opportunities for activity, recreation and connection.

Other council-led services also contribute directly to wellbeing. Advice and support services help residents with issues such as debt, benefits, housing, employment, food insecurity and energy costs. **Stevenage Against Domestic Abuse (SADA)** provides specialist support around safety, advocacy and recovery, while the No More service

supports residents experiencing multiple and complex needs including homelessness, substance misuse, mental health issues and social isolation.

Future investment, including the new Leisure Hub, provides an opportunity to connect leisure more closely with prevention, social prescribing, weight management, mental wellbeing, falls prevention and dementia-friendly activity.

Collaboration

Improving health and reducing inequalities cannot be achieved by any single organisation. The council's role is to bring partners together around shared priorities, make better use of local assets and create clearer pathways for residents.

The **Healthy Stevenage Partnership** will provide the main forum for this work, bringing together Stevenage Borough Council, Hertfordshire County Council Public Health, NHS organisations, Primary Care Networks, voluntary, community, faith and social enterprise partners, Everyone Active, sports and leisure partners and other local services.

We will use this partnership to coordinate prevention activity, identify gaps and duplication, improve referral and signposting routes and support a stronger 'no wrong door' approach. This will include closer links between Healthy Hub Stevenage, social prescribing, Primary Care Networks, neighbourhood teams, community groups and council services.

Neighbourhood working will also be important. Through **Co-operative Neighbourhoods** and community development, the council can bring resident insight into local planning, support volunteering and community activity and identify practical improvements that strengthen social connection and reduce isolation.

Collaboration also means aligning health with wider work across housing, regeneration, skills, education, community safety and local economic development. Initiatives such as **Pioneering Young STEM Futures**, local employability activity and work with schools and community organisations can support aspiration, confidence and longer-term wellbeing alongside more traditional health interventions.

Championing

Stevenage Borough Council has an important leadership role in keeping local needs visible and ensuring prevention remains a priority across the wider system.

We will use our democratic mandate, community insight and local relationships to champion the needs of Stevenage residents, particularly communities experiencing the greatest inequalities. This means making the case for investment, targeting activity where need is greatest and ensuring Stevenage is represented in wider NHS, countywide and neighbourhood health planning.

Health and wellbeing will be considered across council policy and decision-making rather than treated as a standalone agenda. Planning, regeneration, housing, environmental services, leisure, parks, community safety, events, skills and neighbourhood working all provide opportunities to support healthier lives.

The council will also use its communications and community networks to promote clear, accessible health messages and improve awareness of local services. Stronger Healthy Stevenage branding, partner communications and community insight will help residents understand what support is available and how to access it.

As Local Government Reorganisation progresses, the council will also champion Stevenage's local priorities, evidence and successful prevention work so they remain visible within future structures. The Healthy Stevenage Strategy will provide a clear evidence base for protecting local knowledge, partnerships and interventions and for influencing future commissioning and resource decisions.

Statutory Duty

Although statutory responsibility for public health sits primarily with Hertfordshire County Council, a number of Stevenage Borough Council's statutory functions have a direct impact on health outcomes and inequalities.

Housing and homelessness services help provide safe, secure and suitable homes, prevent homelessness and support residents experiencing housing insecurity. Housing development can also improve health through accessible, energy-efficient homes that support independence and reduce risks linked to fuel poverty, damp and overcrowding. The council can also use its direct relationship with tenants to share information and promote local health and wellbeing services, helping residents access support and make healthier lifestyle choices.

Planning and regeneration shape the places in which people live, work and spend time. Through planning policy and development, the council can support active travel, access to green space, inclusive design, community facilities and neighbourhoods that make healthier choices easier.

Environmental Health, Licensing and Regulation protect residents through food safety, housing standards, environmental protection, licensing and enforcement. Licensing also provides opportunities to support wider safeguarding and health priorities, including dementia awareness and safer communities.

Community Safety functions contribute by tackling violence, anti-social behaviour, domestic abuse, exploitation, substance misuse and perceptions of safety. Strong links with housing, youth services, mental health, licensing and neighbourhood working help reduce harm and create safer, more resilient communities.

Together, these statutory responsibilities mean that Stevenage Borough Council remains a significant local public health partner. By combining delivery, collaboration, local leadership and statutory functions, the council can help create the conditions for better health and reduce inequalities across Stevenage.

12. Making it Happen

Delivering the Healthy Stevenage Strategy will require clear ownership, practical action, shared accountability and strong partnership working. The aim is to turn strategic priorities into visible improvements for residents, particularly those experiencing the greatest health inequalities.

Delivery will be coordinated through a Healthy Stevenage Action Plan, developed with partners and aligned to the five strategic priorities. It will identify:

- Key projects and expected outcomes
- Lead organisations and partner responsibilities
- Delivery timescales and target communities
- Resource requirements and funding opportunities
- Measures of progress and success

The Action Plan will remain live and will be reviewed regularly to reflect local need, emerging evidence and available resources. It will focus on a manageable number of collaborative actions where partners can demonstrate meaningful progress.

The Healthy Stevenage Partnership will provide the main delivery and oversight mechanism. It will bring together Stevenage Borough Council, Hertfordshire County Council Public Health, NHS partners, Primary Care Networks, voluntary, community, faith and social enterprise organisations, Everyone Active, schools, housing and advice services, community safety partners and resident representatives.

The Partnership will:

- Coordinate activity around shared priorities
- Reduce duplication and identify gaps in provision
- Support joint initiatives across Stevenage
- Share data, expertise, assets and community insight
- Connect with Integrated Neighbourhood Care Board work
- Promote prevention and care closer to home

Practical areas of joint delivery may include healthy weight, physical activity, mental health, frailty prevention, dementia awareness, social connection, community outreach, stop smoking support, wellbeing checks and improved signposting.

Short Term - Plan and Reset

The first phase will establish the foundations for effective delivery. Priorities will include:

- Resetting the Healthy Stevenage Partnership, including its purpose, membership, governance and expectations
- Agreeing the Healthy Stevenage Action Plan, with named leads, measurable outcomes and achievable actions

- Establishing task and finish groups where needed, including around healthy weight, mental health, frailty, dementia and healthy places
- Confirming available resources and securing continued funding for key prevention programmes, including Healthy Hub Stevenage
- Identifying external investment opportunities through public health, the NHS, Sport England, the National Lottery and other funders
- Using the JSNA, service intelligence and community insight to identify priority populations and neighbourhoods
- Agreeing proportionate arrangements for performance monitoring, data sharing and evaluation
- Developing and implementing a communications plan to raise the visibility of Healthy Stevenage, strengthen and consistently apply the Healthy Stevenage brand, and ensure residents, partners and communities understand the strategy, available support and opportunities to get involved

This phase will ensure that resources are directed towards the communities and issues where partnership action can have the greatest impact.

Medium Term - Mobilise Delivery

The second phase will move from planning to visible delivery in communities. The council and its partners will make better use of existing local assets, including:

- Parks, open spaces and recreation facilities
- Leisure centres and community centres
- Schools and neighbourhood venues
- Community, voluntary and faith organisations
- Housing, advice and social prescribing services

These assets will provide accessible and affordable opportunities to improve physical activity, healthy weight, mental wellbeing, social connection and healthy ageing.

Healthy Hub Stevenage and the Mobile Healthy Hub will be strengthened as key access points into prevention services. Outreach will focus on priority neighbourhoods and communities, connecting residents to:

- Wellbeing checks
- Stop smoking support
- Physical activity opportunities
- Social prescribing
- Advice and information
- Wider community and health services

Partners will improve referral and signposting pathways to create a consistent 'no wrong door' approach, ensuring residents can access appropriate support regardless of where they first seek help. This will require stronger links between council services, Primary Care

Networks, NHS services, social prescribing, VCFSE organisations and community-based provision.

Delivery will focus particularly on JSNA priorities, including healthy weight, mental health, frailty and dementia, while recognising the wider influences on health, such as housing, income, employment, isolation and community safety. Prevention will also be embedded across council functions, including planning, housing, parks, regeneration, environmental health, leisure and Co-operative Neighbourhoods.

Long term - Influence and Scale

The third phase will use evidence from delivery to influence wider system change and expand successful approaches. Priorities will include:

- Making the case for greater investment in neighbourhood prevention and care closer to home
- Exploring opportunities for a Neighbourhood Health Hub or strengthened neighbourhood health model
- Influencing NHS neighbourhood arrangements and Local Government Reorganisation
- Ensuring Stevenage's health inequalities, community assets and local priorities remain visible in future investment decisions
- Identifying successful programmes for scaling and wider adoption
- Sharing learning with partners across a future unitary area and neighbouring districts
- Pooling expertise and resources where common health challenges exist

This wider influence will support investment and learning while retaining a strong focus on Stevenage's neighbourhoods and communities.

Monitoring Progress

Progress will be reviewed regularly through the Healthy Stevenage Partnership, with updates provided to relevant council and partner boards. A proportionate performance framework will track:

- Delivery against agreed actions
- Outcomes and impact
- Progress in reducing inequalities
- Resident and community insight
- Learning and next steps

Resources are limited, so delivery will remain focused on a small number of high-impact actions with clear ownership. Success will be judged not only by the number of projects completed, but by whether residents can access support more easily, services are better connected, community assets are used effectively and collective action reaches those experiencing the poorest health outcomes.

13. Local Government Reorganisation (LGR)

The timeframe of this strategy will coincide with major structural changes through Local Government Reorganisation. Although this shift may pose challenges for continuity, governance, resourcing, data management and existing local partnerships, it also offers a chance to enhance the coordination of prevention and health improvement within a future unitary system.

For Stevenage, maintaining a strong local focus throughout this transition will be essential. The Healthy Stevenage Strategy provides a clear, evidence-based framework that sets out the town's specific health inequalities, neighbourhood needs and agreed priorities. This will help ensure that Stevenage remains visible within wider strategic planning and that local health and wellbeing needs are not diluted as new structures and responsibilities are developed.

The strategy can also support future commissioning, service planning and resource allocation by providing a clear account of local need, existing assets and partnership priorities. It will offer a practical basis for sharing local insight with the new unitary authority and for protecting effective prevention activity, established partnership arrangements and local knowledge during the transition.

LGR also provides an opportunity to reduce fragmentation and strengthen neighbourhood-based approaches to prevention. The Healthy Stevenage Partnership and the relationships already established across local government, health, voluntary and community organisations can provide a strong foundation for future working arrangements. A new unitary model also creates opportunities to upscale successful local delivery, share best practice across a wider geography and work with partners to embed proven approaches more consistently.

As reorganisation progresses, transition planning should therefore focus on protecting priority services, maintaining clear ownership of delivery, preserving local data and insight, and ensuring continuity of trusted local partnerships. In this way, the Healthy Stevenage Strategy can act both as a delivery framework for the next five years and as a practical tool to help shape future health and wellbeing arrangements so they remain responsive to the needs of Stevenage residents.

This strategy will also sit alongside neighbouring strategies developed by North Herts District Council, including the [Active North Herts Strategy](#), ensuring alignment and continuity of approach across the wider local area during and beyond the transition period. Post LGR, it is also expected that work will take place to review and amalgamate strategic health and wellbeing objectives and priorities for the new unitary area, supporting a more joined-up and consistent approach across the future authority.

14. Conclusion

The Healthy Stevenage Strategy 2026–2031 sets out a clear response to the health and wellbeing challenges facing the town. Stevenage is the most deprived district in Hertfordshire, with deprivation concentrated in areas including Bedwell, Bandle Hill and Poplars, Martins Wood and Shephall. Men in the most deprived areas live 5.1 years less than those in the least deprived areas, with a 4.0-year gap for women. Around 72% of adults and 37% of Year 6 pupils are overweight or obese. Mental health need is closely linked to deprivation, dementia diagnosis rates are higher than Hertfordshire and England, and wider factors including income, disability, caring responsibilities, education and the local environment continue to shape health outcomes.

The strategy retains a simple but ambitious vision: to reduce health inequalities and improve the health and wellbeing of all Stevenage residents. Its mission places prevention, partnership working and healthy places at the centre of local action. Five priorities provide the framework for delivery: Healthy Weight and Active Lives; Good Mental Health and Emotional Wellbeing; Ageing Well, Frailty Prevention and Dementia Support; Creating Healthy, Safe and Connected Places; and Strengthening Prevention through the Healthy Stevenage Partnership.

Delivery will require more than individual projects. Strong leadership, evidence and insight, co-production and community engagement, effective partnership governance, better data sharing and evaluation, and inclusive and accessible design will underpin delivery. These enablers will help ensure activity is targeted, measurable and shaped by the communities it is intended to support.

Stevenage Borough Council has an important role through delivery, collaboration, championing and its statutory responsibilities. By embedding health across council services and place-shaping decisions, and working with the NHS, Hertfordshire County Council Public Health, VCFSE organisations, schools, businesses, communities and residents, we can strengthen prevention and reduce inequalities.

The next five years must be focused, practical and accountable. A clear action plan, a ‘no wrong door’ approach, improved communication, affordable local activity, shared ownership, targeted neighbourhood delivery and transparent reporting will help move the strategy into action. Success will be measured by whether support is easier to find, more inclusive and better connected, and whether measurable progress is achieved in communities experiencing the greatest inequalities.

The strategy also provides a strong foundation as Stevenage moves through Local Government Reorganisation. It will help keep local health inequalities, neighbourhood priorities and prevention needs visible, supporting continuity, local accountability and effective partnership working while providing a clear evidence base for future review and delivery within new local government arrangements.

This page is intentionally left blank



Stevenage District Health Inequalities JSNA

First created: January 2025

Last reviewed: January 2025

Contact: JSNA@hertfordshire.gov.uk

Acronyms

- **ACE** – Adverse Childhood Experience
- **APMS** – Adult Psychiatric Morbidity Survey
- **BAME** – Black and Minority Ethnic
- **BMI** – Body Mass Index
- **CBT** – Cognitive Behavioural Therapy
- **COL** – Cost of Living
- **CMD** – Common Mental Disorder
- **CVD** – Cardiovascular Disease
- **CYP** - Children and Young People
- **GP** – General Practitioner
- **JSNA** – Joint Strategic Needs Assessment
- **LGBTQ** - Lesbian, Gay, Bisexual, Transexual and/or Questioning
- **LSOA** - Lower Layer Super Output Areas
- **ONS** – the Office for National Statistics
- **PTSD** – Post-Traumatic Stress Disorder
- **QOF** – Quality Outcomes Framework
- **SMI** – Severe Mental Illness

Contents

Acronyms	2
Contents	3
1.0 Purpose.....	5
2.0 Background.....	6
2.1 Overview	6
2.2 Population	7
2.3 Life expectancy.....	9
2.4 Deprivation and inequality.....	9
2.5 Work and education.....	10
3.0 Causes and Risk Factors.....	11
3.1 Long-term conditions	11
3.2 Healthy weight	15
3.3 Mental health and wellbeing	16
3.4 Frailty and older people	18
3.5 Cancer.....	19
3.6 Wider determinants of health	20
4.0 What do the statistics show?.....	22
4.1 Long-term health conditions.....	22
4.2 Healthy weight	25
4.3 Mental health and wellbeing	29
4.4 Frailty and older people	34
4.5 Cancer.....	40
4.6 Wider determinants of health	43
5.0 Local strategies and interventions	47
5.1 Overarching strategies	47
5.2 Long-term health conditions.....	49
5.3 Mental health and wellbeing	50
5.4 Healthy weight	52
5.5 Frailty and older people	54
5.6 Cancer.....	55
6.0 Limitations	57
7.0 Summary	59
7.1 Population and inequalities	59

7.2	Long-term conditions	59
7.3	Healthy weight	59
7.4	Mental health	60
7.5	Frailty and older people	60
7.6	Cancer	60
7.7	Wider determinants of health	61
8.0	Recommendations	62
	Appendix A: Information for Equality Impact Assessments.....	65
	Appendix B: Guidance on statistical significance and interpreting confidence intervals ...	70
	Appendix C: Ward level health indicators.....	71
	References	73

1.0 Purpose

- The purpose of this Joint Strategic Needs Assessment (JSNA) is to identify health needs impacted by inequality within Stevenage district across all age groups. This JSNA will focus on the following six identified key themes:
 - Long-term health conditions
 - Healthy weight
 - Mental health and wellbeing
 - Frailty and older people
 - Cancer
 - Wider determinants of health
- This JSNA aims to achieve this by exploring relevant national and local data, reviewing academic research on causes and risk factors, and providing an overview of local strategies and interventions for each of these health themes. The findings from this JSNA will be used to provide an evidence base to inform local strategies and provision aimed at tackling health inequalities within the district of Stevenage.
- This JSNA makes several recommendations based on the available evidence and guidance examined throughout this document. These recommendations are intended to inform strategic planning and local service provision in reducing health inequalities and improving health outcomes for this cohort.

2.0 Background

2.1 Overview

- Stevenage is a district located within the county of Hertfordshire in the East of England region. It is situated in the middle of the county, bordering the districts of North Hertfordshire, East Hertfordshire and Welwyn Hatfield. Stevenage is broken down into 13 wards with the town centre located within Bedwell ward. Additionally, Stevenage is located in the East and North Hertfordshire sub-ICB (Integrated Care Board) area.
- Stevenage is located alongside the A1(M) motorway and is well connected by train links into London. The Lister A&E Hospital, including Cygnet acute mental health inpatient wards, are also located within the district, with the QE2 Hospital in the neighbouring district of Welwyn Hatfield.

Figure 1: Map of Stevenage



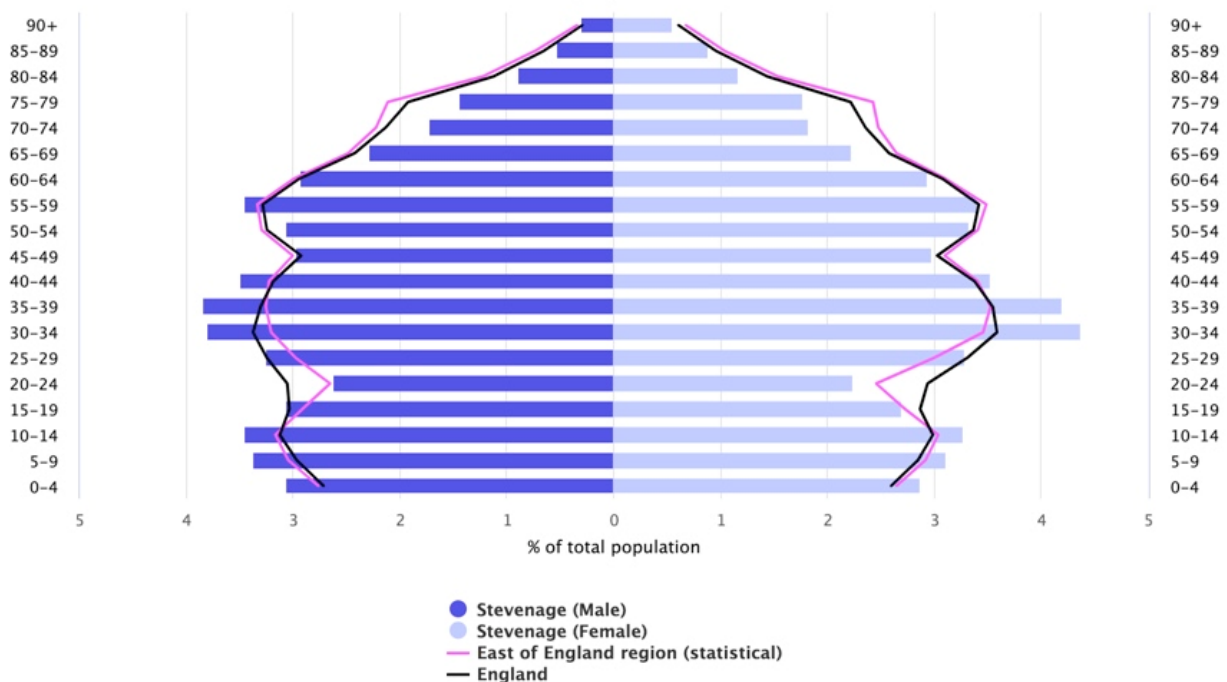
Source: [Open Source Map](#).

2.2 Population

Age and sex

- The latest national mid-year population estimates for 2023 show that the population of Stevenage is estimated to be 90,146, with a split of 51% females (n=45,603) and 49% males (n=44,543).¹
- The majority of Stevenage residents are aged 16-64 years (64%), with 20% of the population aged 0-15 years, and 16% aged 65+. According to the Office for National Statistics, it is projected that the population of Stevenage will increase by 2% over the next 20 years up to mid-2043, with the largest increase in adults aged 65+, which are expected to increase by 30%.¹
- The most common age group of Stevenage residents was 30-39 years, which was higher than the regional and national benchmarks. Stevenage also had a higher proportion of children aged 0-14. However, Stevenage had a lower proportion of males and females aged 20-24 and 65+ compared to regional and national averages (see Figure 2).

Figure 2: Sex and age population profile of Stevenage residents, compared to regional and national benchmarks (mid-2023)



Source: Office of Health Improvement and Disparities (OHID) [Fingertips website](#).

Ethnicity

- The most recent source of ethnicity data is based on the 2021 Census. As of 2021, 82.8% of residents in Stevenage identified as White and 17.2% identified as being from an ethnic minority group (see Table 1).

Table 1: Ethnic group populations for Stevenage residents, by ward (2021)

Ward	Asian	Black	Mixed	White	Other	Total BAME
Almond Hill*	7.4%	3.5%	3.8%	84.1%	1.2%	15.9%
Bandley Hill & Poplars	5.3%	4.8%	3.1%	85.7%	1.1%	14.3%
Bedwell	10.6%	5.0%	3.9%	78.9%	1.7%	21.2%
Chells	6.2%	4.2%	3.8%	85.0%	0.9%	15.1%
Longmeadow	3.3%	3.6%	3.1%	89.0%	0.9%	10.9%
Manor	5.8%	5.5%	2.8%	84.7%	1.2%	15.3%
Martins Wood	7.3%	5.8%	3.3%	82.6%	1.1%	17.5%
Old Town	9.6%	4.3%	3.9%	80.5%	1.6%	19.4%
Roebuck	6.3%	4.7%	3.7%	84.3%	1.0%	15.7%
Shephall	6.0%	5.9%	4.1%	83.2%	0.8%	16.8%
St Nicholas	9.6%	8.0%	4.1%	76.9%	1.4%	23.1%
Symonds Green	6.3%	3.0%	3.5%	85.5%	1.8%	14.6%
Woodfield	15.1%	4.1%	3.3%	75.3%	2.2%	24.7%
Stevenage (%)	7.5%	4.8%	3.6%	82.8%	1.3%	17.2%
Stevenage (count)	6,700	4,340	3,216	74,099	1,143	15,399

Source: Office for National Statistics, Census 2021.

*Almond Hill ward was previously Pin Green ward prior to 2024.

**Highlighted cells indicate areas with the highest population for each ethnic group.

- The wards with the greatest ethnic diversity include Woodfield, St Nicholas and Bedwell which had the highest non-White population (24.7%, 23.1% and 21.2% respectively) and the highest.
- Woodfield and Bedwell had the highest Asian population, whereas St Nicholas and Shephall had the highest Black and Mixed population. Woodfield also had the highest proportion of residents from Other ethnic groups.

Other population demographics

- According to the latest Census in 2021:
 - **Sexual orientation:** 90.6% of Stevenage residents identified as heterosexual, 2.8% identified as non-heterosexual, and 6.6% did not answer the question.
 - **Disability:** 17.3% of Stevenage residents (n=15,468) had a disability as defined under the Equality Act.
 - **Unpaid carers:** 2.7% of Stevenage residents (n=2,277) provided 50+ hours of unpaid care. An additional 2.0% (n=1,643) provided between 20-49 hours of unpaid care each week.
 - **Military veterans:** 3.1% of Stevenage residents (n=2,236) have served in the regular and/or reserve UK armed forces.
- Table 2 below summarises the proportion of Stevenage residents in each ward that have the above characteristics. Please note that sexual orientation is not currently available at ward level and is therefore not included within this table.

Table 2: Selected characteristics for Stevenage residents, by ward (2021)

Ward	Disabled (%)	Unpaid carers - 50+ hours (%)	Military veterans (%)
Bandley Hill	17.7%	2.5%	2.9%
Bedwell	18.2%	2.6%	3.0%
Chells	16.0%	2.9%	3.2%
Longmeadow	17.1%	3.2%	3.6%
Manor	14.6%	2.1%	3.2%
Martins Wood	19.2%	2.4%	3.5%
Old Town	17.1%	2.5%	3.3%
Pin Green	18.6%	2.9%	3.1%
Roebuck	18.1%	2.9%	2.6%
Shephall	17.6%	3.3%	3.1%
St Nicholas	16.0%	2.5%	3.1%
Symonds Green	18.6%	3.2%	2.6%
Woodfield	15.9%	2.4%	2.6%
Stevenage (%)	17.3%	2.7%	3.1%
Stevenage (count)	15,468	2,277	2,236

Source: Office for National Statistics, NOMIS, Census 2021.

Note: Dark yellow shaded boxes indicate the highest wards.

More detailed information on population demographics for Stevenage is available on the [Stevenage diversity profile](#).

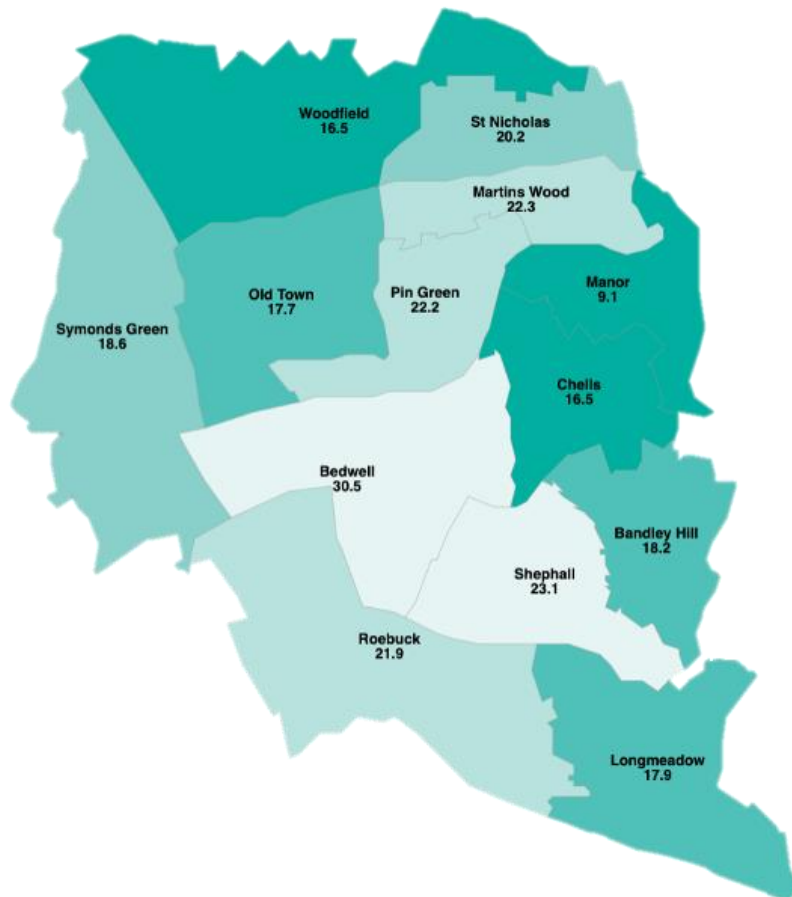
2.3 Life expectancy

- The average life expectancy at birth in Stevenage between 2020 and 2022 was 80.8 years (79.3 years for males and 82.2 years for females).² This was significantly lower than Hertfordshire for both males and females, but statistically similar to England.
- The average life expectancy at age 65 in Stevenage between 2020 and 2022 was 19.3 years (18.2 years for males and 20.4 years for females).² This was significantly lower than Hertfordshire for both males and females, but statistically similar to England.

2.4 Deprivation and inequality

- The Index of Multiple Deprivation (IMD) for 2019 is a relative measure of deprivation for small areas in England. It is calculated by combining seven domains of deprivation, which include: income, employment, education, health, crime, barriers to housing and services, and the living environment. According to the 2019 Index of Multiple Deprivation (IMD) rankings, Stevenage had a deprivation score of 19.7, making it the most deprived district in Hertfordshire.³
- The most deprived wards in Stevenage were Bedwell (30.5), Shephall (23.1) and Roebuck (21.9), all of which were significantly lower than the England average. Chells (16.5) and Manor (9.1) were the least deprived wards (see *Figure 3*).

Figure 3: Index of Multiple Deprivation score by ward, Stevenage (2019)



Source: DLUHC, Indices of Deprivation (2019)

Note: District boundaries were accurate at time of data collection. As of 2024, Pin Green ward has now been replaced by the Almond Hill ward.

2.5 Work and education

- In the year ending 2021, a higher proportion of working age adults in Stevenage had no qualifications (8.3%) compared to the Hertfordshire average (4.4%), and a lower proportion were qualified at degree level or above (35.0%) compared to the Hertfordshire average (41.6%).⁴
- In 2023/24, 84.5% of Stevenage residents were in employment, which was statistically similar to Hertfordshire (79.4%) and England (75.7%).
- At June 2024, 15.9% of Stevenage residents aged 16-64 were claiming Universal Credit, which was higher than Hertfordshire (12.3%) but lower than England (16.4%). This percentage has increased every month since September 2023.

More information on the Stevenage population can be found on the [Herts Insight website](#).

3.0 Causes and Risk Factors

This section explores some of the key risk factors identified through academic research that increase the likelihood of people developing the conditions of focus within this JSNA. More information on individual conditions is available in relevant JSNA documents on the [Hertfordshire JSNA website](#).

3.1 Long-term conditions

Cardiovascular disease

- Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels, with the four main types being coronary heart disease, strokes, peripheral arterial disease, and aortic disease. CVD is a key cause of death and disability in the UK but can often be largely prevented by lifestyle modifications.⁵

Non-modifiable risk factors

- **Sex:** Men have a higher risk of CVD than women at all ages compared to women, and on average, develop CVD around 10 years earlier than women.⁶ However, research suggest that women who have heart attacks receive poorer care than males during diagnosis, treatment and aftercare which may affect health outcomes.⁷
- **Age:** The risk of developing CVD increases with age, with it being most common in individuals over the age of 50.⁶
- **Ethnicity:** In the UK, South Asian, Black African and African Caribbean ethnicities have an elevated risk of developing CVD.⁵ Specifically, South Asian groups have the highest mortality from heart disease and stroke, while Black groups in the UK have a significantly lower risk of heart disease compared to the general population but have higher incidence of and mortality from hypertension and stroke.⁸

Modifiable risk factors

- **Smoking:** Tobacco use is a leading behavioural risk factor for CVD, with it being estimated to contribute to at least 15,000 CVD-related deaths in the UK each year.⁹
- **Diet and physical activity:** A poor quality diet – i.e., excessive intake of sodium and processed foods, added sugar, and unhealthy fats – and physical inactivity increase the risk of high blood pressure, high cholesterol and being overweight, and thus are both associated with an increased risk of CVD.^{10,11}

Other risk factors

- **Socioeconomic status:** Lower socioeconomic status is associated with an increased risk of cardiovascular disease. In 2017 the mortality rate from CVD was 3.7 times higher for males and 4.5 times higher for females living in the most deprived areas compared to males and females living in the least deprived areas.¹²

- **Comorbidities:** A wide range of comorbidities exist which can increase an individual's risk of developing CVD. Hypertension is one of the most important risk factors for CVD as it can damage an individual's blood vessels. Some other important comorbidities include type 2 diabetes, dyslipidaemia, chronic kidney disease, atrial fibrillation, and serious mental health problems.⁶

More information can be found in the [Healthy Weight JSNA](#).

Stroke

- Stroke occurs when blood supply is cut off to part of the brain, which results in damage to the brain cells and affects bodily function. The effects of a stroke vary depending on which part of the brain is affected and the extent of damage. There are three different types of stroke¹³:
 - **Ischaemic stroke:** These occur when there is a blockage in the brain which cuts off blood supply to brain cells. Ischaemic strokes are the most common type of stroke and account for 85% of strokes in the UK.
 - **Haemorrhagic stroke:** These occur where there is bleeding in or around the brain. Around 15% of strokes in the UK are haemorrhagic.
 - **Transient ischaemic attack (TIA):** Also known as a 'mini-stroke', TIAs have the same causes and symptoms as a stroke, but symptoms only last a short time.

Non-modifiable risk factors

- **Sex:** Women have increased risk for stroke compared to men as they have a higher disease burden for certain conditions, including atrial fibrillation, increased risk of stroke related to diabetes, and higher prevalence of hypertension. Women also carry sex hormone-specific risk factors for stroke related to pregnancy, birth control medication and menopause.¹⁴
- **Age:** Approximately three-quarters of all strokes occur in adults aged 65+. The risk of having a stroke doubles every 10 years after the age of 55.¹⁵
- **Ethnicity:** A UK research study in 2023 shows that ethnic minority groups had earlier onset on acute stroke by around 5 years and 2-4 times higher risk of stroke-related adverse outcomes and deaths compared to Caucasian patients.¹⁶

Modifiable risk factors

- **Smoking:** Smoking is strongly associated with increased risk of stroke as it narrows blood vessels and can lead to clotting. A 2019 meta-analysis of the relationship between cigarette smoking and stroke found that smokers had a statistically significant higher risk of stroke compared to non-smokers. Passive smoking was also found to increase the risk of stroke by 45%.¹⁷

- **Diet, physical activity and obesity:** Obesity is one of the most key risk factors for developing stroke and is associated with premature mortality. It is estimated that for every 5 unit increase in BMI above 25, vascular mortality risk increases by 41%.¹⁸
- **High blood pressure:** High blood pressure can lead to blood clots and damage blood vessels in the brain. The risk of high blood pressure increases with age and certain behaviours such as poor diet, inactivity, alcohol misuse and smoking.¹⁹

Other risk factors

- **Pre-existing health conditions:** Pre-existing health conditions including heart conditions (including coronary artery disease and atrial fibrillation) and diabetes can increase the risk of stroke due to the additional risk of blood clots and/or sugars reducing oxygen flow to the brain.²⁰

Diabetes

- Diabetes is a chronic metabolic disease which affects the body's ability to produce and utilise insulin and leads to hyperglycaemia, which is linked to a plethora of complications. Diabetes has three main subtypes:
 - **Type 1 (T1DM)** is autoimmune in origin and onset usually occurs early in life. Individuals are unable to produce insulin due to the destruction of pancreatic cell.²¹
 - **Type 2 (T2DM)** is the most prevalent type which accounts for up to 90% of diagnoses and has a gradual onset due to reduced insulin synthesis and insulin resistance in cells.²² Prior to full development of type 2 diabetes, a 'prediabetes' diagnosis may be made when the patient has elevated blood glucose which has not yet reached a diagnostic value.²³
 - **Gestational diabetes mellitus (GDM)** is characterised by abnormal blood glucose in pregnancy and affects around 4-5% of pregnancies.²⁴
- Risk factors are often shared between subtypes and include:
 - **Demographics:** T2DM prevalence increases with increasing levels of deprivation.²⁵ Increasing age is associated with an increased prevalence of pre-diabetes and T2DM,^{26,27} whilst type T1DM typically peaks around puberty.²⁸ A cross-sectional analysis of the Health Improvement Network Primary Care Database found that minority ethnic groups were more likely to have a type 2 diabetes diagnosis compared to white individuals.²⁹
 - **Weight and lifestyle factors:** Being overweight or obese is associated with both prediabetes and T2DM.³⁰ The risk of T2DM may be over 7 times higher in those who have obesity compared to those with 'normal' weight.³¹ Low physical activity levels and high consumption of processed and unprocessed red meat can also increase the risk of T2DM.^{32,33}

- **Family history and genetics:** Family history is associated with an increased risk of prediabetes,³⁴ T2DM³⁵ and GDM³⁶. Genetic factors are also important in the development of T1DM, with studies indicating that the human leukocyte antigen complex is associated with susceptibility for T1DM.³⁴
- **Comorbidities:** There are many comorbidities involved in the development of prediabetes and T2DM. Polycystic ovary syndrome is linked to prediabetes,³⁷ T2DM^{38,39} and GDM.⁴⁰ Hypertension has been indicated with both prediabetes⁴¹ and T2DM, with one meta-analysis concluding that a 20mm Hg increase in systolic blood pressure and 10mmg Hg increase in diastolic blood pressure was associated with a 58% and 52% increased risk of new-onset diabetes respectively.⁴²

More information can be found in the [Diabetes JSNA](#), [Diabetes JSNA Lite Bite](#) and [Healthy Weight JSNA](#).

Musculoskeletal problems and chronic pain

- Chronic pain is defined as chronic or persistent pain that continues for more than 12 weeks despite medication or treatment.⁴³ The most common types of pain are back pain (53%), headache (48%) and joint pain (46%)⁴⁴, with low back pain being the second most leading cause of disability adjusted life years in Hertfordshire.⁴⁵ Chronic pain may be caused by an acute injury, an ongoing degenerative illness, localised or regional disease, chronic systemic conditions, or surgery or medical interventions.⁴⁴
- Arthritis is a common condition that causes pain and inflammation in a joint, affecting people of all ages, including children. Osteoarthritis and rheumatoid arthritis are the two most common types. Arthritis is most commonly caused by wear and tear of cartilage in joints, metabolic abnormalities, infection, autoimmune disease, or injury.⁴⁶ Risk factors for arthritis include:
 - **Demographic:** Osteoarthritis typically develops in individuals in 45 years older and above, while rheumatoid arthritis often starts between the age of 30 and 50. Both types of arthritis are more common in females than males.⁴⁶
 - **Obesity** is the greatest modifiable risk factor for osteoarthritis, particularly of the knee, increasing the load on weight-bearing joints and accelerating disease progression.⁴⁷
 - **Genetic:** There is some evidence that rheumatoid arthritis may have a genetic basis, with the risk of developing rheumatoid arthritis being most significantly associated with HLA-DRB1 alleles.⁴⁸

3.2 Healthy weight

- In England, obesity has been recognised as a public health issue across all age groups, with 26% of adults in 2021 and 23% of year 6 children in 2021/22 classified as obese.^{49,50} Being overweight or obese is associated with an increased risk of several major diseases, including type 2 diabetes, cancer and coronary heart disease.⁵¹
- Body mass index (BMI) is a widely used measure to determine whether somebody is a healthy weight. A BMI of under 18.5 is considered underweight, a BMI of 18.5 to 24.9 is considered to be in the healthy weight range, a BMI of 25-29.9 is considered overweight, and a BMI of 30+ is considered to be in the obese range.⁵¹

Overweight and obesity

- Although a direct lack of physical activity and poor diet (i.e., high in sugar and fat) plays a large role in obesity, there are other physiological, social, and environmental determinants that also affect the risk of obesity. For example, economic drivers and the obesogenic environment – including availability and accessibility of different food types and physical activity opportunities – can influence the prevalence of obesity across different communities.⁵² As such, no one factor should be considered alone.
- Research shows that certain groups of people are at greater risk of obesity. These include people with rare genetic conditions (e.g., Prader Willi syndrome) or endocrine disorders (e.g., hypothyroidism), and people who are on medication associated with weight gain (including corticosteroids, anti-epileptic drugs, and antipsychotics).⁵³
- Findings from the 2021 Health Survey for England highlight that both children and adults living in the most deprived areas of England are substantially more likely to be obese than those in the least deprived areas. It also found that men, people aged 45-74, people from the Black ethnic group, and disabled people are at higher risk for overweight and obesity.⁴⁹
- Obesity during pregnancy can cause health problems for both the mother and child, including increased risk of maternal death; miscarriage; gestational diabetes; blood clots; pre-eclampsia; post-partum haemorrhage; still birth; foetal abnormality and increased risk of the baby becoming obese in adulthood.^{54,55}

More information can be found in the [Healthy Weight JSNA](#).

Eating disorders

- In 2019, 16% of adults aged over 16 in England screened positive for a possible eating disorder.⁵⁶ Research suggests that eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder are more prevalent among women than men and typically develop in people during their late teens and mid-twenties.^{57,58}

- An umbrella review of meta-analyses found evidence to support the association between appearance-related teasing victimisation for any eating disorder and childhood sexual abuse as a risk factor for bulimia nervosa.⁵⁹ Another review identified sociocultural influences (such as media exposure, pressures for thinness, and thin-ideal internalisation) and personality characteristics (such as perfectionism, negative emotionality/neuroticism, and negative urgency) as risk factors for disordered eating.⁶⁰

More information on eating disorders can be found in the [Mental Health of Children and Young People JSNA](#) and [Body Positivity JSNA Lite Bite](#).

3.3 Mental health and wellbeing

- Mental ill health may include a large variety of conditions including common mental health disorders (such as depression, anxiety and post-traumatic stress disorder), severe mental illness (including schizophrenia and bipolar disorder) and eating disorders (such as bulimia and anorexia). Poor mental health is also the most significant risk factor for self-harm and suicide among children and adults.
- Mental disorders represent the second leading cause of disability in the UK across all ages, with half of all mental health conditions beginning before age 14.^{61,62}

Children and young people

- Risk factors for mental ill health among children and young people include:
 - **Demographics:** A national survey of children and young people's (CYP) mental health found that the prevalence of mental health disorders was highest among 11- to 16-year-olds, and among children of a White British or Mixed/other ethnic background compared to those from Asian/Asian British and Black/Black British backgrounds. Mental health disorders were also found to be more common among boys aged 6 to 10 years compared to girls, but more prevalent among 17-23 year old women compared to men.⁶³
 - **Family-related:** Factors that have been found to increase the risk of CYP having a mental health disorder include having parents with poor mental health; living in unhealthy functioning families; and having lone parents.⁶³ Domestic violence and abuse, parental substance misuse, homelessness and being in social care are also linked to reduced childhood mental wellbeing.⁶⁴
 - **Socioeconomic:** Substantial evidence suggests that socioeconomically disadvantaged CYP are more likely to have poor mental health.^{63,65} Furthermore, research suggests that crisis referrals for mental health are more common among CYP in the most deprived areas, indicating a higher severity of mental health support needs.⁶⁶

More information can be found in the [Mental Health and Wellbeing in Children and Young People JSNA](#).

Adults

- Mental ill health can result from a cumulative effect of disadvantages over the life course or from new issues that may develop during adulthood.
- **Demographics:** Women are reported to have a higher rate of all types of common mental health disorders, although suicide is more common among men (particularly those aged 40-59 years).^{67,68} Research suggests that people from BAME communities are at higher risk of developing a mental health problem in adulthood, but are less likely to receive support.⁶⁷ Barriers to BAME people accessing mental health support include cultural attitudes and stigma towards mental health (particularly among males), language barriers, lack of awareness and information of services, and discrimination when accessing and interacting with mental health services.⁶⁹
- **Sexual orientation:** People who identify as non-heterosexual are more likely to develop mental health problems including depression, anxiety, eating disorders, self-harm, suicidal feelings and misuse of drugs or alcohol.⁷⁰ This is related to the fact that many LGBTQ+ people are more likely to experience stigma and/or discrimination, social isolation, exclusion, rejection and inequality.⁷⁰⁻⁷²
- **Socioeconomic:** Social disadvantage and poverty are both a consequence and cause of common and severe mental illness. Housing issues, food insecurity, and debt are frequently cited as negatively impacting mental health⁷³, which has been further exacerbated by the Cost of Living Crisis (see [Cost of Living JSNA Lite Bite](#)).
- **Lifestyle and health:** Smoking, drug and/or alcohol use, and excessive stress are all associated with poor mental health.^{74,75} Evidence suggests there is a two-way causal relationship between mental health and long-term conditions like CVD, diabetes, chronic obstructive pulmonary disease, and musculoskeletal disorders.⁷⁶
- **Adverse Childhood Experiences (ACEs):** ACEs include childhood abuse or neglect and growing up in a household where there are issues such as domestic abuse, long-term mental health conditions, criminal behaviour or imprisonment. Compared to 18% of adults with no ACEs, 25% and 35% of adults with 2-3 and 4+ ACEs respectively, report poor mental wellbeing.⁷⁷
- **Other groups:** Groups identified as being at particular risk of poor mental health include carers⁷⁸, veterans⁷⁹, refugees and asylum seekers⁸⁰, people with learning disabilities⁸¹, and women during the perinatal period⁸².

More information can be found in the [Mental Health and Wellbeing in Adults JSNA](#) and [Mental Health and Wellbeing Perinatal JSNA](#).

3.4 Frailty and older people

Frailty

- Frailty, characterised by a decline in functioning across multiple organ systems, is emerging as a global health burden, with it being associated with a greater risk of adverse outcomes including falls and fractures, admissions to long-term care, and premature mortality.⁸³
- Frailty is multidimensional, with a range of modifiable and non-modifiable risk factors covering sociodemographic, clinical, lifestyle-related, and biological domains. A systematic review of longitudinal studies identified the following risk factors for frailty:⁸⁴
 - **Sociodemographic:** Older age, female gender, and lower socioeconomic position are all positively significantly associated with frailty.
 - **Clinical:** BMI, obesity, reduced functions of extremities, and higher allostatic load (i.e., exposure to chronic stress) were all significantly positively associated with frailty.
 - **Lifestyle:** Significant positive associations have been reported between frailty and smoking and significant negative associations reported between frailty and higher consumption of fruit, vegetables and protein. However, findings were mixed.
 - **Psychological:** Significant positive associations have been found between frailty and higher levels of depression.
- Physical activity and nutrition are important modifiable risk factors that are often targeted in frailty prevention efforts. Physical activity can help to maintain mobility and muscular strength, whilst inactivity can lead to a range of health conditions, including CVD, cerebrovascular disease, T2DM, dementia, all of which can result in the development or progression of frailty. Insufficient calorie intake, inadequate protein intake, and vitamin D deficiency are all positively associated with frailty.⁸⁵

More information on frailty can be found in the [Physical Activity JSNA briefing](#).

Dementia and Alzheimer's disease

- Dementia is not a disease but a collection of symptoms which can include impairments of memory, language, thinking and problem-solving skills. Dementia is caused by several different diseases, most commonly Alzheimer's Disease. As dementia progresses it is often associated with behavioural and psychological symptoms which may be a source of distress to people with dementia and a source of strain for families and carers.⁸⁶

Non-modifiable risk factors

- **Sex:** Dementia is known to be more prevalent in females compared to males, with females accounting for around 65% of all dementia patients.⁸⁷ Some of this can be explained by females having longer life expectancy.⁸⁸
- **Age:** The risk of dementia increases exponentially with age. From the age of 70, a person's risk of dementia roughly doubles every five years.⁸⁹
- **Ethnicity:** There is evidence to suggest that the prevalence of dementia differs between different ethnic groups. A meta-analysis found that people from Black ethnic groups had around 20% higher incidence of dementia than people from White ethnic groups, but found no significant differences between people from Asian and White ethnic groups.⁹⁰

Modifiable risk factors

- **Lifestyle factors:** Lifestyle factors including obesity, physical inactivity, alcohol misuse and smoking have all been associated with increased risk of dementia.⁹¹
- **Social isolation:** It is hypothesised that lack of social contact may enhance cognitive decline. Social isolation in later life is estimated to increase dementia risk by 60%.^{91,92}
- **Mental health:** Depression in later life is estimated to increase the risk of dementia by 90%. A UK cohort study found that depressive symptoms in later life, but not in midlife, increases dementia risk.^{91,93}

More information on dementia can be found in the [Dementia JSNA](#).

3.5 Cancer

- Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. There are over 200 different types of cancer, all of which are diagnosed and treated in a particular way. In England, the four most common types of cancer are breast cancer, lung cancer, prostate cancer, and colorectal cancer.⁹⁴ Cancer is the cause of over 25% of all deaths in England in a typical year.^{95,96} However, according to the World Health Organization, at least 40% of all cancer cases could be prevented with effective primary prevention measures.⁹⁷

Non-modifiable risk factors

- **Age:** Increasing age is an important risk factor for cancer, with overall cancer incidence rates rising as age increases. In the UK, the peak rate of cancer cases is among people aged 85-89 years. Despite this, certain types of cancer are more common in children and young people, including brain and spinal tumours and leukaemia.⁹⁸

- **Sex:** In general, cancer incidence is higher among men than women. However, this pattern differs by age in England, with common cancers that affect women (including breast and cervical cancer) more likely to develop in younger people compared to cancers that mainly affect men (such as prostate cancer).⁹⁵
- **Sexual orientation:** LGBT people are less likely to attend for cancer screening, in part due to fear of discrimination by health care workers. Furthermore, some people identifying as transgender are less likely to access sex-specific screening such as cervical or breast cancer screening because in some cases they have been omitted from the register due to their recorded gender.^{99,100}
- **Ethnicity:** Cancer incidence rates vary by ethnic group. A recent 2022 study in England found that people of non-White ethnicity generally have lower cancer risk than the White population, with some notable exceptions. Some exceptions included prostate cancer (2 times higher in Black ethnic groups), myeloma (3 times higher in Black ethnic groups) and several gastrointestinal cancers (1.1–1.9 times higher in Black ethnic groups and 1.4–2.2 times higher in Asian ethnic groups).¹⁰¹
- **Genetic:** Between 5– 10% of cancers are linked to inherited gene mutations.^{102,103} For example, faulty BRCA1 and BRAC2 genes increase the risk of developing breast, ovarian, pancreatic and prostate cancer.¹⁰⁴

Modifiable risk factors

- A study of cancer cases in the UK found that tobacco smoking (15.1%) contributed the largest proportion of attributable cancer cases, followed by overweight/obesity (6.3%). Other common modifiable risk factors included overexposure to ultraviolet radiation, occupational risks, exposure to infections, drinking alcohol, and insufficient dietary fibre.¹⁰⁵
- The relative impact of different modifiable risk factors depends on the type of cancer. For example, lung cancer is strongly associated with tobacco-smoke exposure and workplace exposure; breast cancer is strongly associated with overweight and obesity; and melanoma skin cancer is strongly associated with exposure to UV radiation.¹⁰⁶

More information on the different types of cancer can be found in the [Cancer JSNA](#).

3.6 Wider determinants of health

- Wider determinants of health include a diverse range of social, economic and environmental factors which impact people's health and determine the extent to which individuals have access to healthcare and support services to identify and meet their needs. The [Marmot Review](#) published in 2010 showed that people with a higher socioeconomic position in society have greater life chances, better health and wellbeing.¹⁰⁷

- Health inequalities arise because of variations in society and the conditions in which people grow and live in. The Office for Health Improvement and Disparities (OHID) group these determinants into five key themes¹⁰⁸:
 1. Natural and built environment
 2. Work and the labour market
 3. Income and vulnerability
 4. Crime
 5. Education

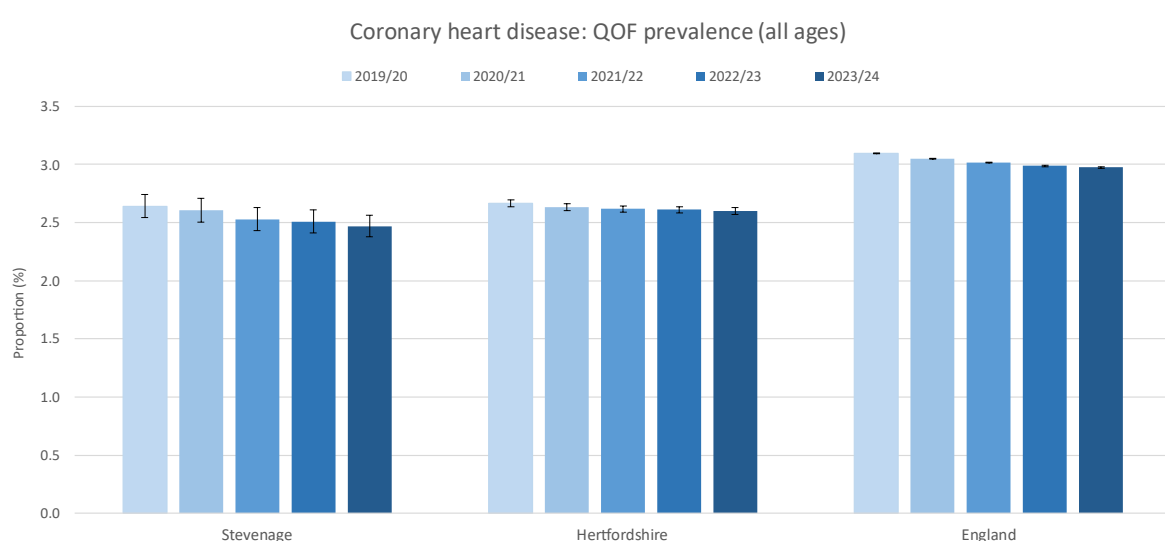
Some of the key indicators under these themes are explored further in the following data section. See [Wider determinants of health](#).

4.0 What do the statistics show?

This section explores local data for Stevenage on a range of indicators grouped by the key themes outlined at the beginning of this document. Where possible, trend data and comparator areas have been included to allow for benchmarking and trend comparisons. Confidence intervals have also been included where possible as a measure of statistical significance (see [Appendix B](#) for guidance on interpreting confidence intervals and statistical significance).

4.1 Long-term health conditions

Coronary heart disease (CHD)

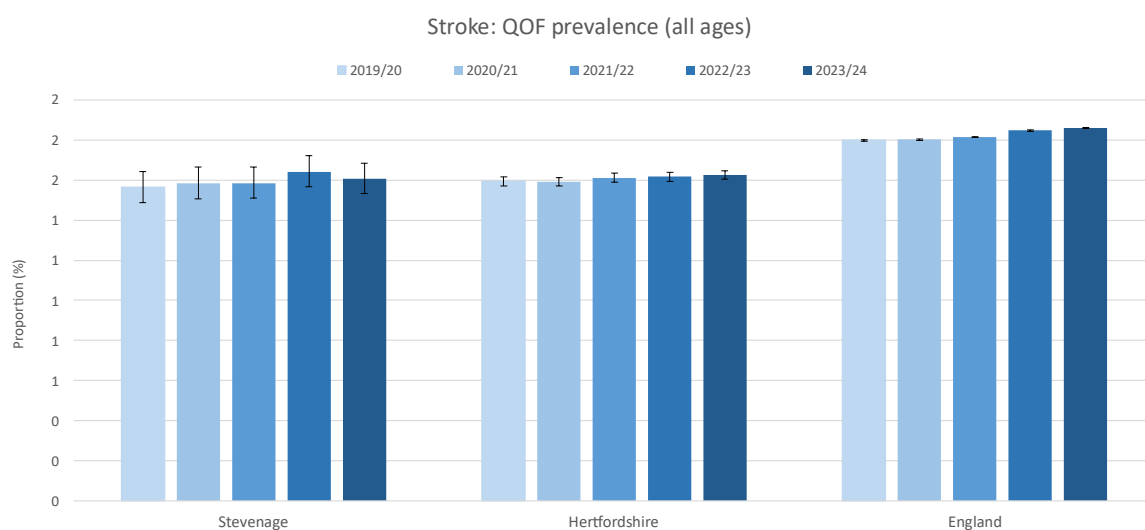


Source: NHS England.

JSNA@hertfordshire.gov.uk

- In 2023/24, the QOF prevalence of coronary heart disease in Stevenage was 2.5%. This was statistically similar to Hertfordshire (2.6%) but significantly lower than England (3.0%).
- In Stevenage, the prevalence of CHD has decreased over the last 5 years, decreasing each year since 2019/20 in line with the Hertfordshire and England trend. However, this decrease was not statistically significant.
- Data on inequalities between different demographic groups was unavailable for this indicator.

Stroke

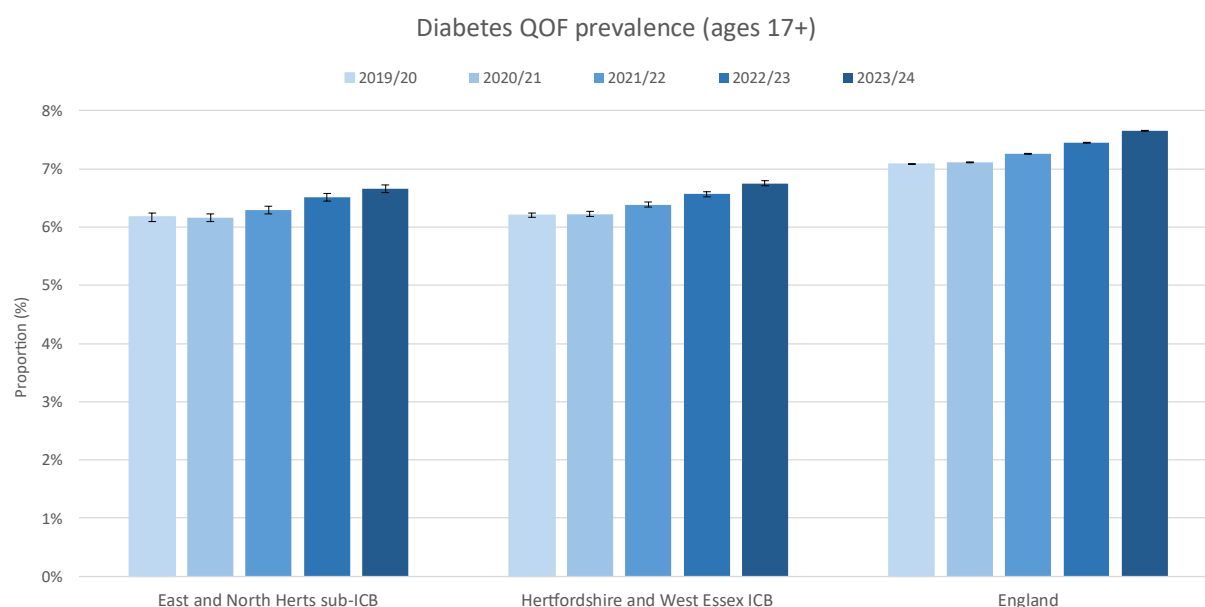


Source: NHS England.

JSNA@hertfordshire.gov.uk

- In 2023/24, the QOF stroke prevalence in Stevenage was 1.6%. This was statistically similar to Hertfordshire (1.6%) but significantly lower than England (1.9%).
- In Stevenage, the prevalence of stroke has increased year-on-year between 2019/20 and 2022/23 in line with the Hertfordshire and England trend, followed by a slight decrease in 2023/24. This decrease was not statistically significant.
- Although local inequalities data was not available, data from England shows that there was no significant correlation between deprivation and stroke prevalence in the latest period (2023/24).

Diabetes

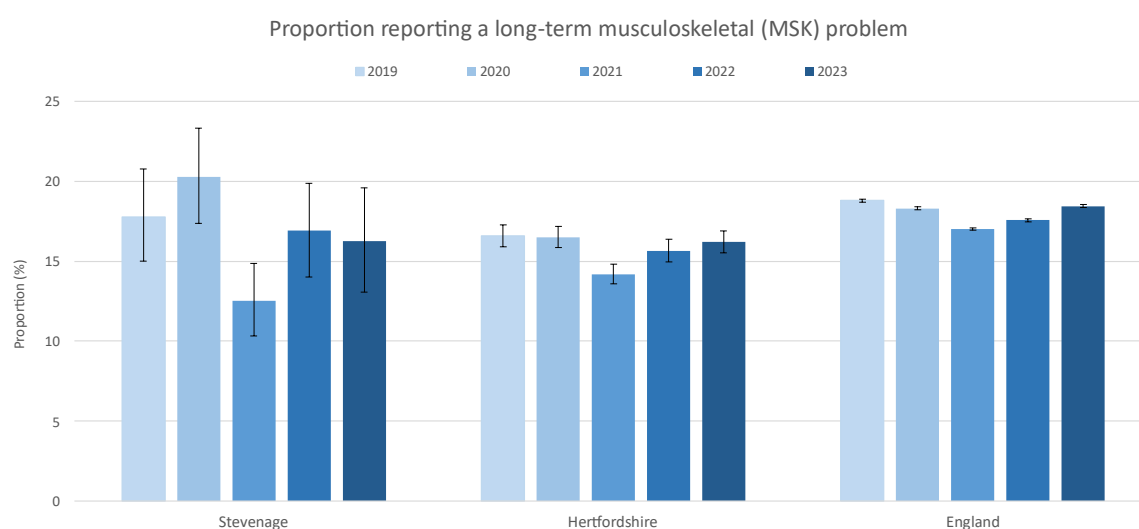


Source: NHS England

JSNA@hertfordshire.gov.uk

- Data on the prevalence of diabetes is not available at district level, however it is available at sub-ICB level, therefore this indicator is compared for the East and North Hertfordshire sub-ICB area, which covers the district of Stevenage.
- In 2023/24, the prevalence of diabetes (including Type 1 and 2 diabetes) in East and North Hertfordshire was 6.7%. This was statistically significantly similar to the Hertfordshire and West Essex ICB (6.7%) but significantly lower than England (7.7%).
- In East and North Hertfordshire, the recorded prevalence of diabetes has increased significantly every year since 2020/21, from 6.2% in 2013/14 up to 6.7% in 2023/24. This equates to approximately 33,811 people in 2023/24.
- Although inequalities data was not available at sub-ICB level, data from England shows that there was no significant correlation between deprivation and diabetes prevalence in the latest period (2023/24).

Long-term musculoskeletal problems



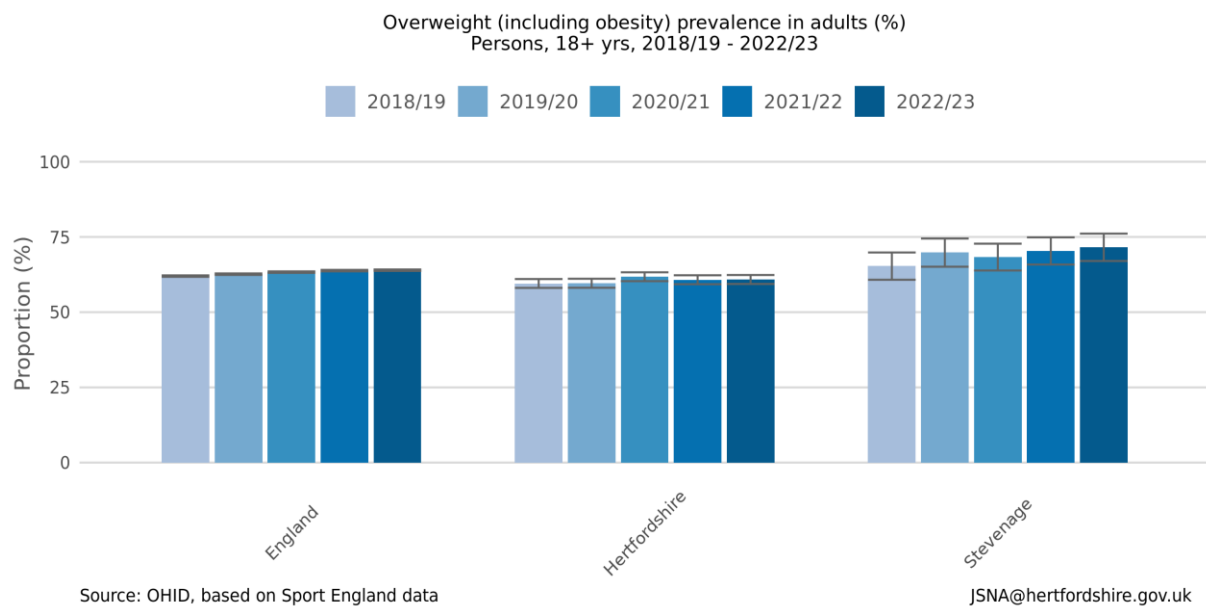
Source: NHS England, GP Patient Survey.

JSNA@hertfordshire.gov.uk

- In 2023, 16.3% of adults (aged 16+) reported a long-term musculoskeletal (MSK) problem through the GP Patient Survey. This proportion was statistically similar to Hertfordshire (16.2%) and England (18.4%).
- The proportion of the adult population reporting a long-term musculoskeletal (MSK) problem in Stevenage has decreased over the last 5 years between 2018 and 2023, from 21.5% to 16.3%, however this decrease was not found to be statistically significant.
- Although local inequalities data was not available at district level, data from England shows that a statistically significantly higher proportion of females (20.9%) reported a long-term MSK problem compared to males (15.8%) in the latest period (2023). MSK problems were also significantly correlated with age, ethnicity, and deprivation. A significantly higher proportion of adults aged 55+, from White or Black Caribbean ethnic groups, or living in the most deprived deciles reported a MSK problem.

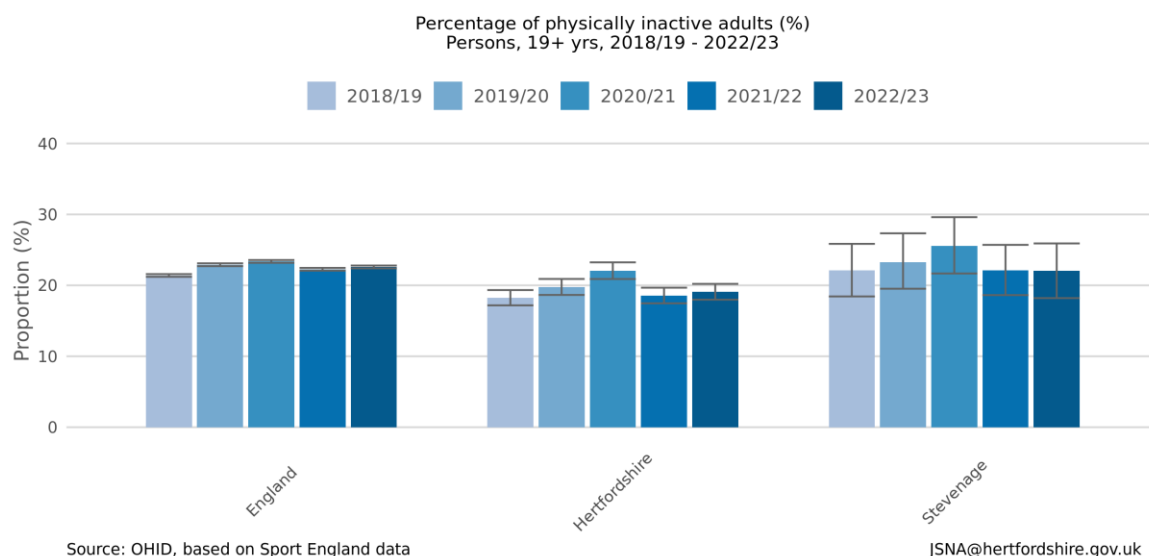
4.2 Healthy weight

Overweight or obese adults



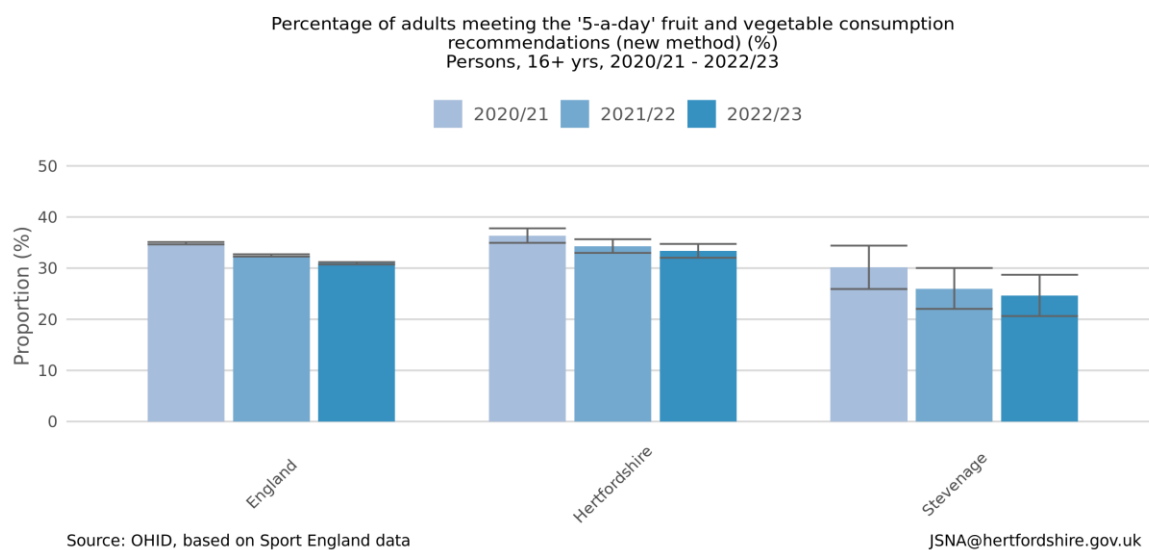
- In 2022/23, the proportion of adults (aged 18+) classified as overweight or obese in Stevenage was 71.6%. This proportion was significantly higher than Hertfordshire (60.9%) and England (64.0%).
- In the last 3 years between 2020/21 and 2022/23, the proportion of adults classified as overweight or obese in Stevenage increased from 68.3% to 71.6%, however this increase was not statistically significant.
- Nationally, the proportion of adults classified as overweight or obese in the latest year (2022/23) was significantly higher among males compared to females (69.2% compared to 58.6%). This proportion was also significantly higher among people living in the four most deprived LSOAs.

Physically inactive adults



- In 2022/23, the proportion of physically inactive adults (aged 19+) engaging in less than 30 minutes of physical exercise per week in Stevenage was 22.1%. This proportion was statistically similar to Hertfordshire (19.1%) and England (22.6%).
- In the last 3 years between 2020/21 and 2022/23, the proportion of physically inactive adults in Stevenage decreased in line with the Hertfordshire trend, however this was not a statistically significant decrease.
- Nationally, the proportion of physically inactive adults in the latest year (2022/23) was significantly higher among females compared to males (21% compared to 24%).

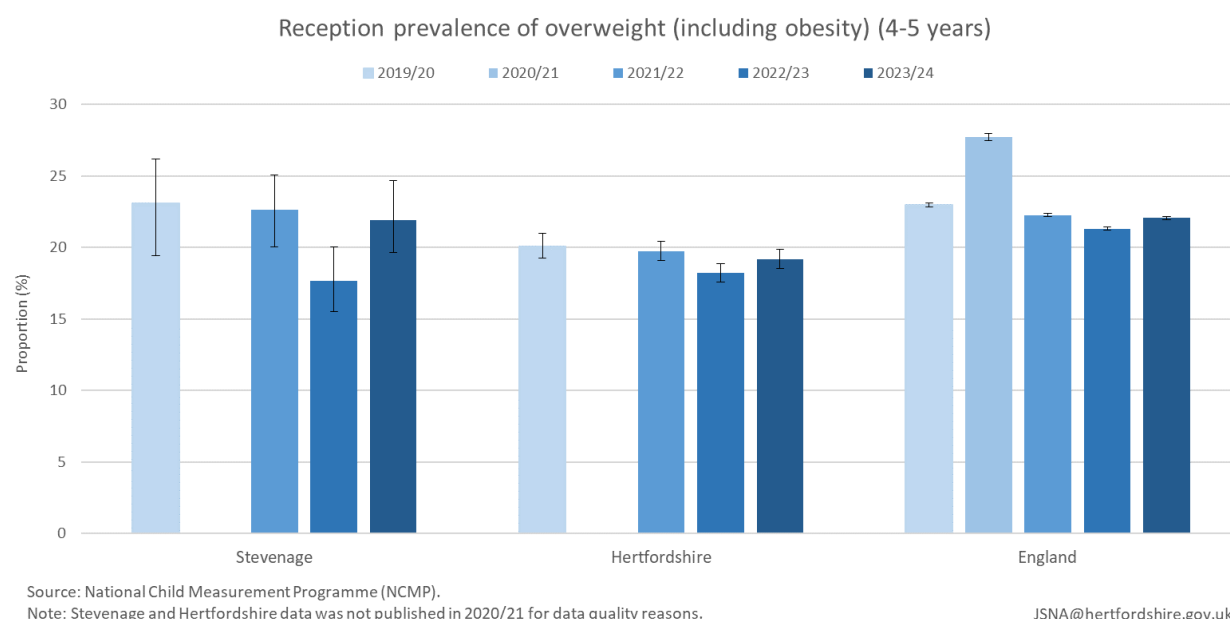
Healthy eating



- In 2022/23, the proportion of adults (aged 16+) meeting the recommended '5 a day' fruit and vegetable consumption guidelines in Stevenage was 24.6%. This proportion was significantly worse than Hertfordshire (33.4%) and England (31.0%).

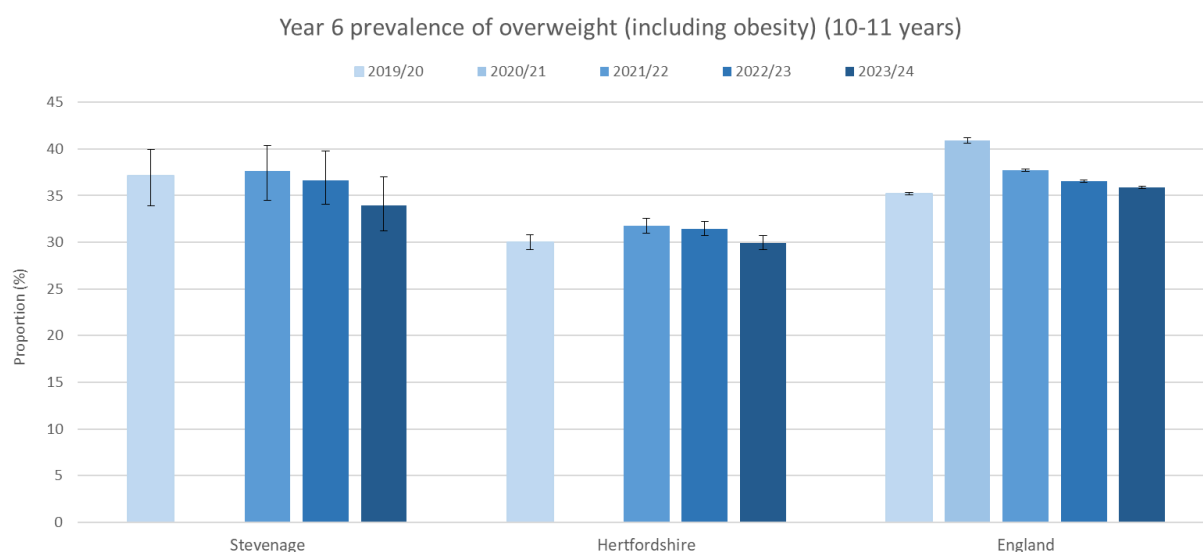
- In the last 3 years between 2020/21 and 2022/23, the proportion of adults meeting the '5 a day' recommendations in Stevenage decreased from 30.2% to 24.6% in line with the Hertfordshire trend, however this decrease was not statistically significant.
- Nationally, the proportion of adults meeting the '5 a day' recommendations in the latest year (2022/23) was significantly higher among females compared to males (34.2% compared to 27.6%).

Overweight or obese children (aged 4-5 years)



- In 2023/24, the proportion of Reception children (aged 4-5) classified as overweight or obese in Stevenage was 21.9%. This proportion was statistically similar to Hertfordshire (19.2%) but significantly lower than England (22.1%).
- Between 2021/22 and 2022/23, the proportion of Reception children classified as overweight or obese in Stevenage decreased significantly from 22.6% to 17.6% in line with the Hertfordshire trend, before increasing again in 2023/24. *Please note that data for 2020/21 is not available due to the COVID-19 pandemic.*
- Nationally, the proportion of Reception children classified as overweight or obese in the latest year (2023/24) was significantly higher among males compared to females (21.9% compared to 22.2%). Additionally, there was a strong correlation with deprivation, with children living in the most deprived areas being significantly more likely to be obese or overweight compared to the least deprived areas in England.

Overweight or obese children (aged 10-11 years)



Source: National Child Measurement Programme (NCMP).

Note: Stevenage and Hertfordshire data was not published in 2020/21 for data quality reasons.

JSNA@hertfordshire.gov.uk

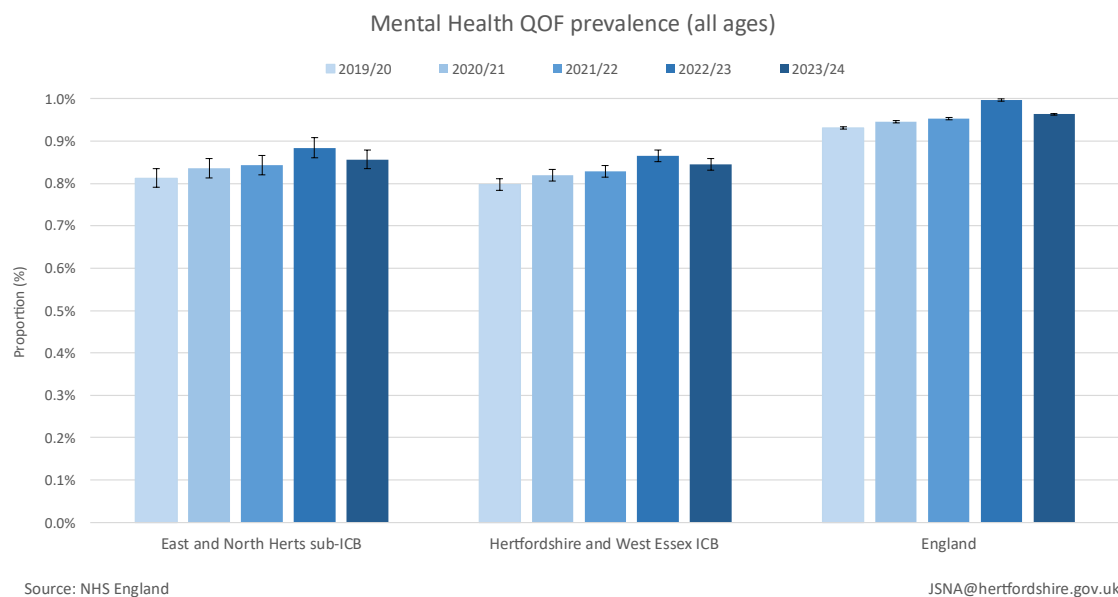
- In 2023/24, the proportion of Year 6 children (aged 10-11) classified as overweight or obese in Stevenage was 34.0%. This proportion was significantly higher than Hertfordshire (30.0%) but statistically similar to England (35.8%).
- Between 2021/22 and 2023/24, the proportion of Year 6 children classified as overweight or obese in Stevenage decreased from 37.6% to 34.0% in line with the Hertfordshire trend, however this decrease was not statistically significant. *Please note that data for 2020/21 is not available due to the COVID-19 pandemic.*
- Nationally, the proportion of Year 6 children classified as overweight or obese in the latest year (2023/24) was significantly higher among males compared to females (38.1% compared to 33.5%). Additionally, there was a strong correlation with deprivation, with children living in the most deprived areas being significantly more likely to be obese or overweight compared to the least deprived areas in England.

Eating disorders

- Between 2018/19 and 2022/23, the number of hospital admissions in Stevenage with a primary or secondary diagnosis of eating disorders remained similar at 35 admissions, however the proportion of admissions relating to children under 18 decreased during this time. Eating disorder admissions in Stevenage increased up to 55 admissions in 2020/21 during the COVID-19 pandemic, before declining year-on-year back down to 35 admissions in 2022/23. *Please note these figures are rounded to the nearest 5.*¹⁰⁹ *Due to small numbers and no comparative benchmark data, a trend graph has not been included for this indicator.*

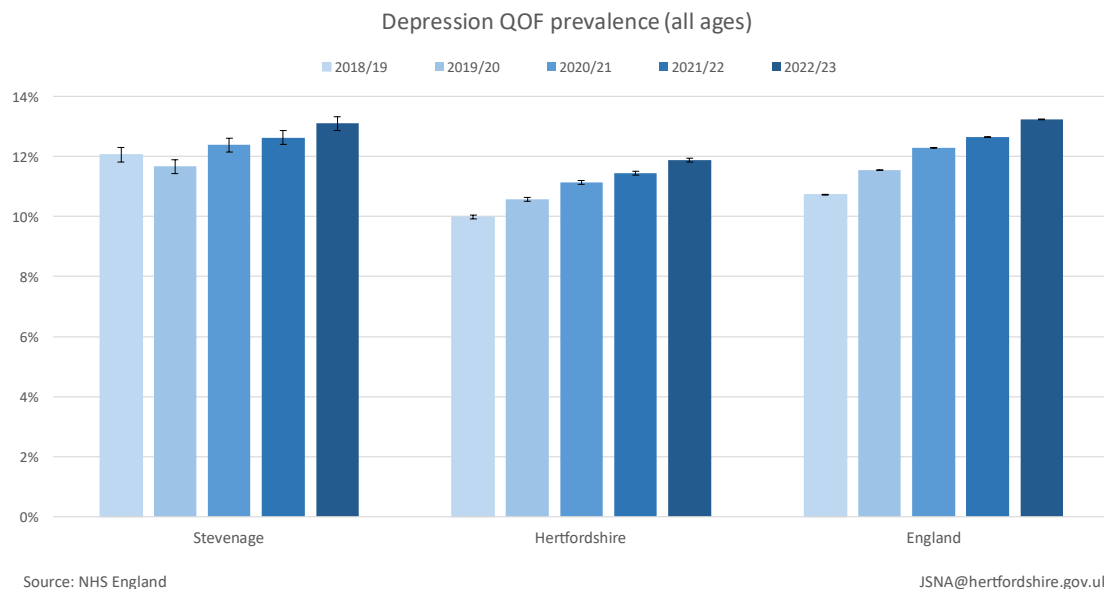
4.3 Mental health and wellbeing

Severe mental illness



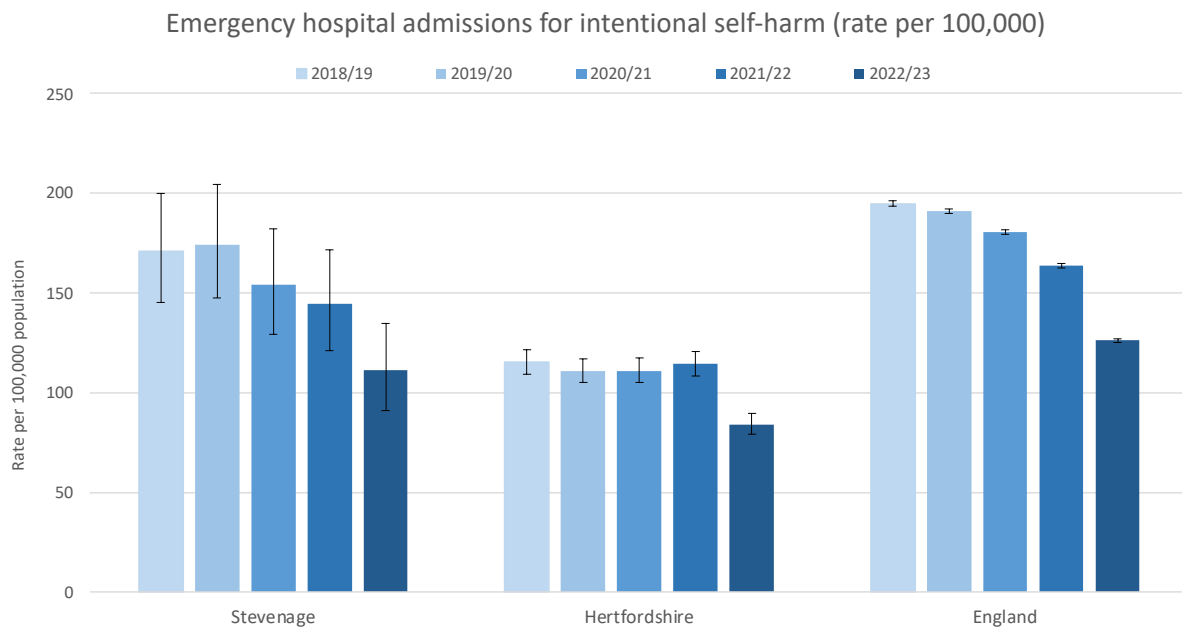
- Severe mental illness (SMI) includes all patients with a diagnosis of schizophrenia, bipolar affective disorder, and other psychoses. Data on the prevalence of SMI is not available at district level, however it is available at sub-ICB level, therefore this indicator is compared for the East and North Hertfordshire sub-ICB area, which covers the district of Stevenage.
- In 2023/24, the prevalence of SMI in East and North Hertfordshire was 0.86%. This was statistically significantly similar to the Hertfordshire and West Essex ICB (0.85%) but significantly lower than England (0.96%).
- In East and North Hertfordshire, the recorded prevalence of SMI increased significantly between 2019/20 and 2022/23 up to 0.88%, followed by a slight decrease in 2023/24 down to 0.86%. This decrease was not statistically significant.
- Nationally, the prevalence of SMI was highest among people living in districts in the three most deprived deciles compared to the least deprived deciles.

Depression



- In 2022/23, the proportion of GP registered patients (aged 18+) with a diagnosis of depression was 13.1%. This was significantly higher than Hertfordshire (11.9%) but statistically similar to England (13.2%). *Please note this indicator has been discontinued after 2022/23.*
- The QOF prevalence of depression in Stevenage has followed a significant upward trend for the last 4 years in line with the national trend, increasing from 11.7% in 2019/20 to 13.1% in 2022/23.
- Nationally, depression was most prevalent among the most deprived areas compared to the least deprived areas, though this was not a significant difference.

Intentional self-harm

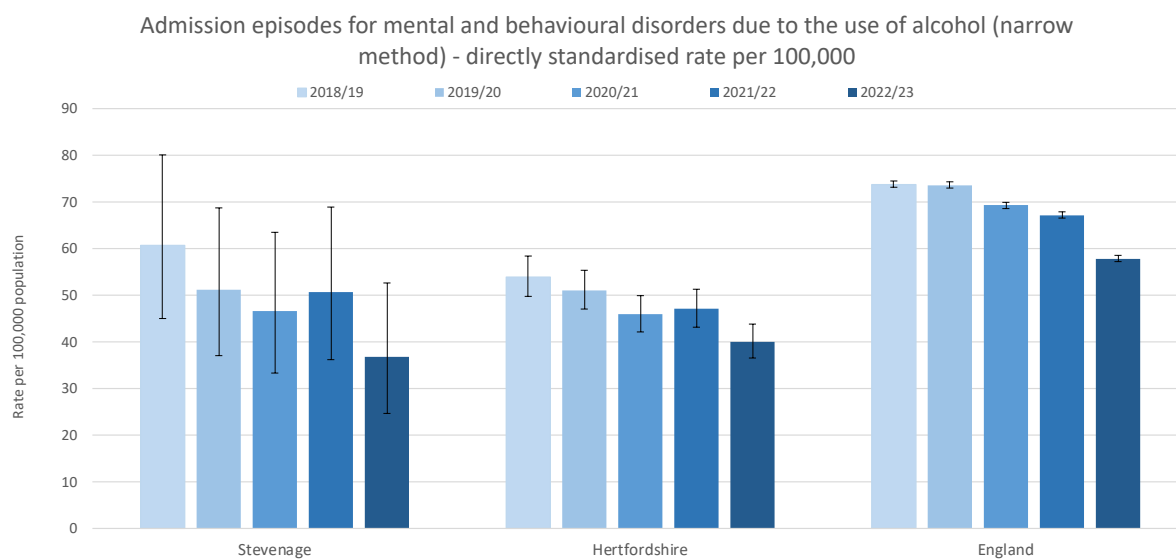


Source: Office for Health Improvement and Disparities.

JSNA@hertfordshire.gov.uk

- In 2022/23, the directly standardised rate of emergency hospital admissions for intentional self-harm in Stevenage was 111.2 per 100,000 population, which was significantly higher than Hertfordshire (84.2 per 100,000) and statistically similar to England (126.3 per 100,000).
- Intentional self-harm hospital admissions in Stevenage have decreased significantly in the last 4 years. Admissions peaked in Stevenage in 2019/20 at a rate of 174.2 but have since significantly decreased to 111.2 per 100,000.
- The rate of hospital admissions for intentional self-harm in 2022/23 was statistically similar between males and females (102.5 and 124.3 respectively), against the national trend which shows that the rate among females is almost twice as high as males (168.0 compared to 85.8 per 100,000).
- Nationally, the rate of hospital admissions for intentional self-harm in 2022/23 was significantly higher among those living in districts in the two most deprived deciles and the second and third least deprived deciles.

Mental and behavioural disorders due to alcohol

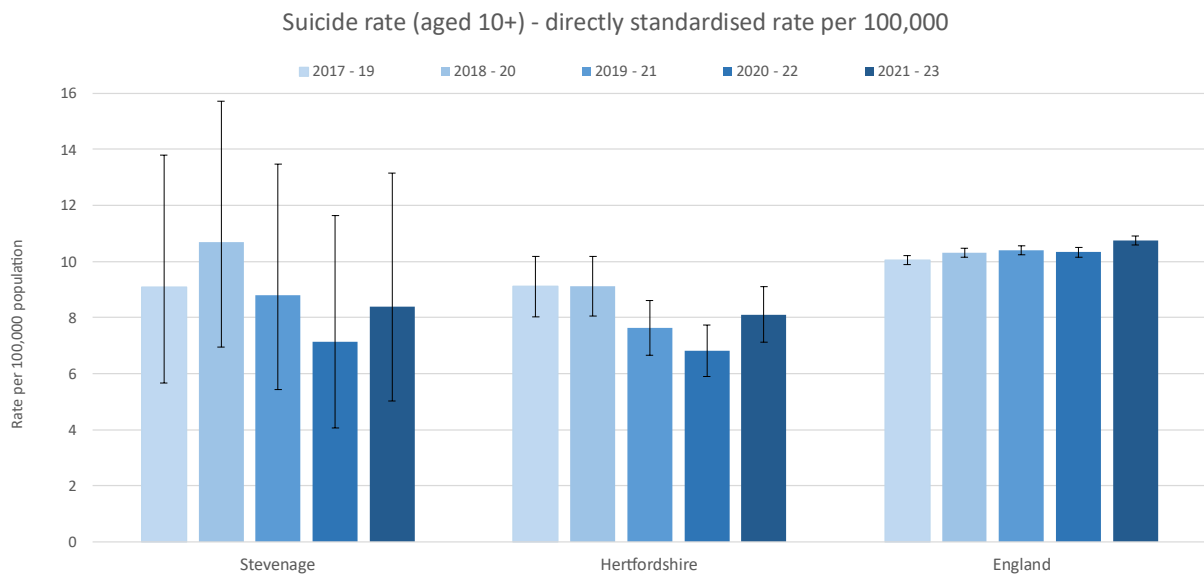


Source: Office for Health Improvement and Disparities.

JSNA@hertfordshire.gov.uk

- In 2022/23, the directly standardised rate of hospital admissions for mental and behavioural disorders due to the use of alcohol (narrow method) in Stevenage was 36.7 per 100,000 population, which was statistically similar to Hertfordshire (40.0 per 100,000) but significantly lower than England (57.8 per 100,000).
- Hospital admissions for alcohol-related mental and behavioural disorders have followed a general downward trend in Stevenage following a peak of 60.7 per 100,000 in 2018/19, with a slight increase in 2021/22.
- The number of hospital admissions in Stevenage in 2022/23 were five times as high among males than females (25 compared to 5 admissions). *Please note these figures are rounded to the nearest 5, therefore a rate cannot be calculated for females.*

Suicide rate



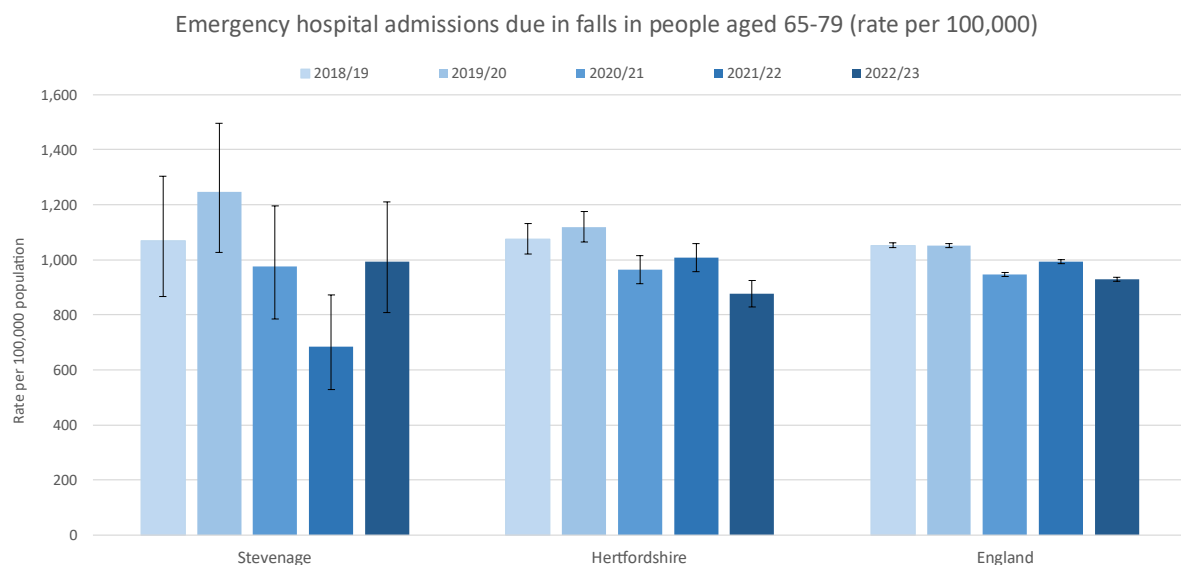
Source: Office for National Statistics.

JSNA@hertfordshire.gov.uk

- In 2021-23, the suicide rate (aged 10+) in Stevenage was 8.4 per 100,000. This was statistically similar to Hertfordshire (8.1 per 100,000) and England (10.7 per 100,000).
- The suicide rate in Stevenage has fluctuated greatly over the last 5 years with an increase in the most recent year (from 7.1 to 8.4 per 100,000), although these changes have not been statistically significant.
- Findings from the [Hertfordshire Suicide Audit 2021-23](#) show that suicides were almost 3 times as high among males compared to females (73% compared to 27%). Additionally, those living in the least deprived quintile had the fewest suicides (15.3%) compared to all other IMD quintiles, but there was no significant correlation between deprivation and suicide.

4.4 Frailty and older people

Emergency hospital admissions due to falls in people aged 65-79

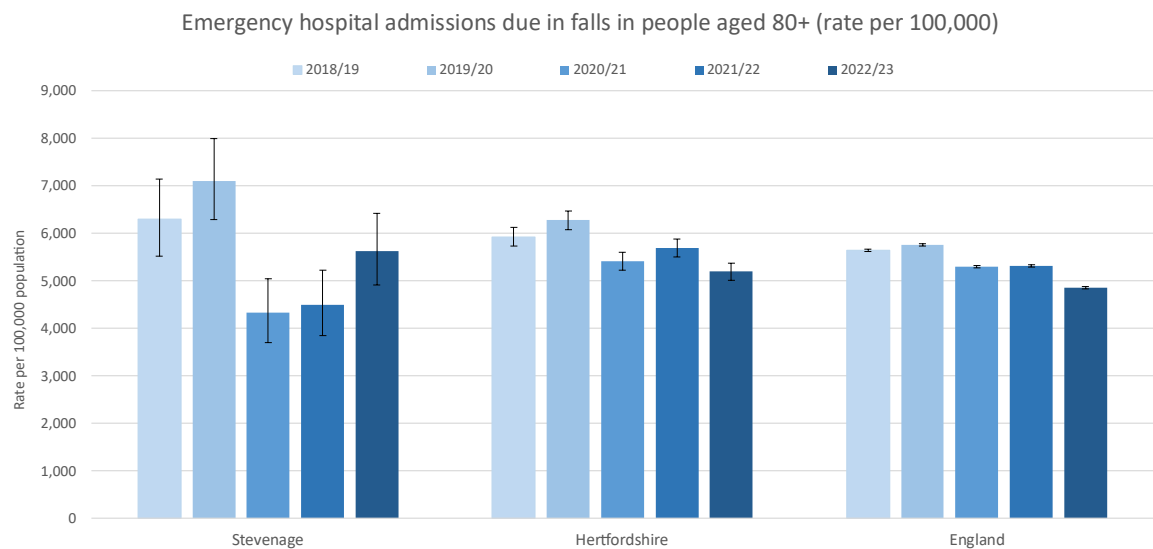


Source: Office for Health Improvement and Disparities (OHID).

JSNA@hertfordshire.gov.uk

- In 2022/23, the directly standardised rate of emergency hospital admissions due to falls in people aged 65-79 years in Stevenage was 993 per 100,000. This rate was statistically similar to both Hertfordshire (877 per 100,000) and England (928 per 100,000).
- The rate of emergency hospital admissions due to falls in people aged 65-79 years in Stevenage has fluctuated considerably in the last 5 years. The rate dropped between 2019/20 and 2021/22 to a rate of 685 per 100,00 (significantly lower than England), before increasing to a rate of 993 per 100,000 in 2022/23.
- In Stevenage, the rate of falls in people aged 65-79 years in 2022/23 was statistically similar between males and females (984 and 1,006 per 100,000 respectively). This is against the national trend for the same period, where females had a significantly higher rate of falls compared to males (1,065 compared to 776 per 100,000).
- Nationally, the rate of falls in people aged 65-79 years has been significantly higher in the most deprived districts, with significantly lower rates in the least deprived districts.

Emergency hospital admissions due to falls in people aged 80+

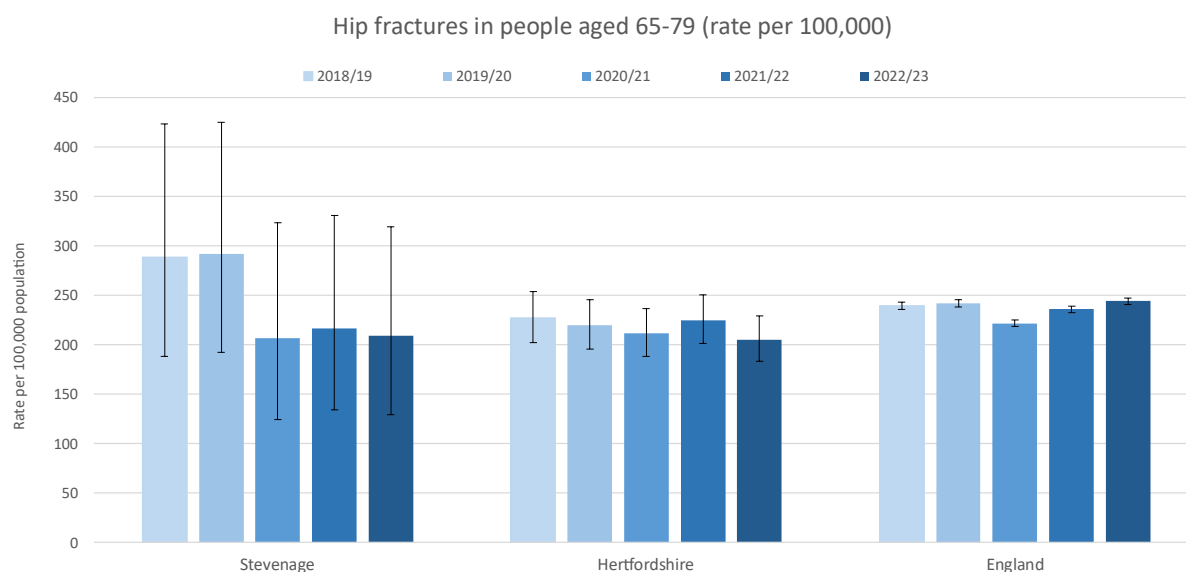


Source: Office for Health Improvement and Disparities (OHID).

JSNA@hertfordshire.gov.uk

- In 2022/23, the directly standardised rate of emergency hospital admissions due to falls in people aged 80+ years in Stevenage was 5,622 per 100,000. This rate was statistically similar to Hertfordshire (5,186 per 100,000) but significantly higher than England (4,845 per 100,000).
- The rate of emergency hospital admissions due to falls in people aged 80+ years in Stevenage has fluctuated considerably in the last 5 years. The rate in Stevenage increased to 7,096 per 100,000 in 2019/20 (statistically higher than England), before reducing to 4,326 per 100,000 in 2020/21 (significantly lower than England) at the start of the COVID-19 pandemic. The rate has since increased again in 2022/23, making it statistically similar to England.
- In Stevenage, the rate of falls in people aged 80+ years in 2022/23 was statistically similar between males and females (5,135 and 5,944 per 100,000 respectively). This is against the national trend for the same period, where females had a significantly higher rate of falls compared to males (5,374 compared to 4,052 per 100,000).
- Nationally, the rate of falls in people aged 80+ years has been significantly higher in districts in the most deprived decile compared to the least deprived decile, however there is considerable variation and a weak correlation between deprivation deciles in between.

Hip fractures in people aged 65 to 79

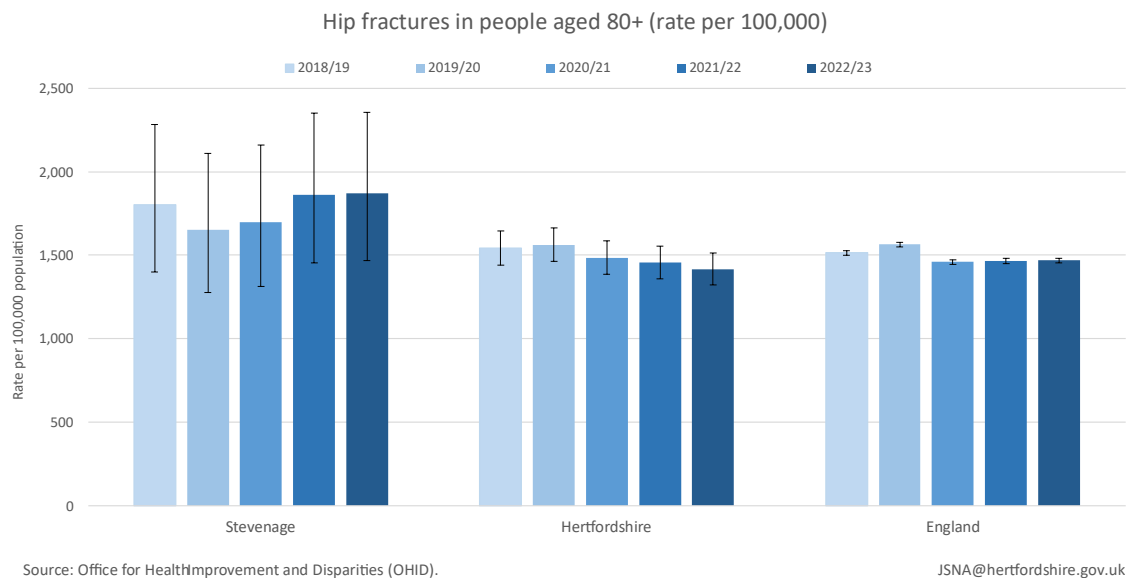


Source: Office for Health Improvement and Disparities (OHID).

JSNA@hertfordshire.gov.uk

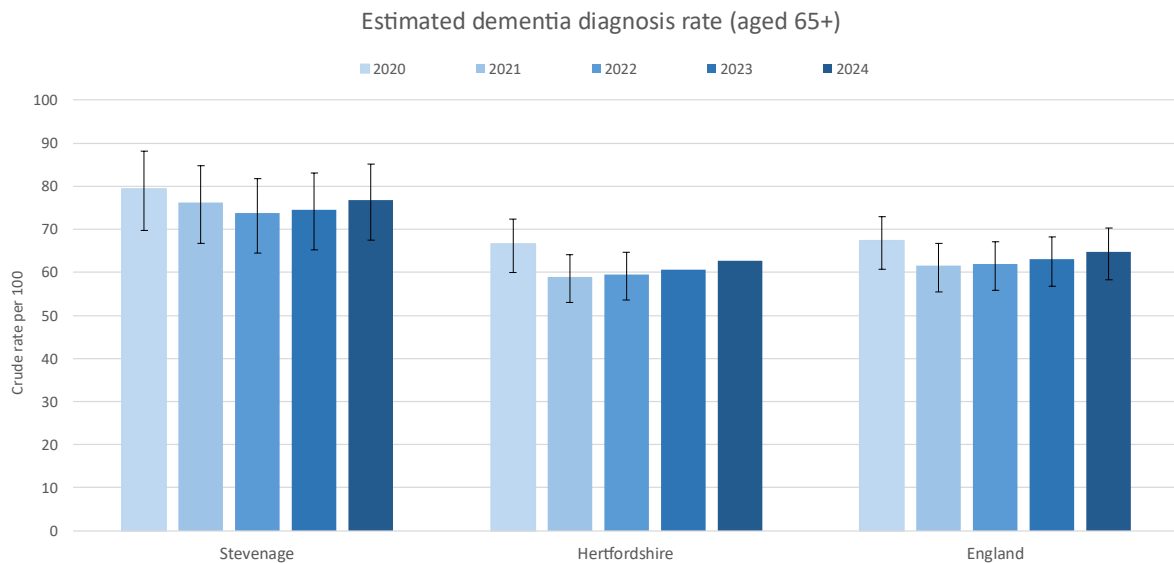
- In 2022/23, the directly standardised rate of hip fractures in people aged 65-79 years in Stevenage was 208.9 per 100,000. This rate was statistically similar to both Hertfordshire (204.8 per 100,000) and England (243.8 per 100,000).
- The rate of hip fractures in people aged 65-79 years in Stevenage has fluctuated considerably in the last 5 years. The rate dropped in 2020/21 at the start of the COVID-19 pandemic and has since remained similar, however this decrease was not found to be statistically significant.
- In Stevenage, the rate of hip fractures in people aged 65-79 years in 2022/23 was statistically similar between males and females (205.5 and 207.6 respectively). This goes against the national trend for the same period, where females had a significantly higher rate of hip fractures compared to males (309.9 compared to 170.1).
- Nationally, the rate of hip fractures in people aged 65-79 years has been significantly higher in the most deprived deciles, with the lowest rates in the least deprived areas.

Hip fractures in people aged 80+



- In 2022/23, the directly standardised rate of hip fractures in people aged 80+ years in Stevenage was 1,873 per 100,000. This rate was statistically similar to England (1,469 per 100,000) and Hertfordshire (1,415 per 100,000).
- The rate of hip fractures in people aged 80+ years in Stevenage has been increasing in the last 3 years from a rate of 1,654 to 1,873 per 100,000, however this increase was not statistically significant.
- In Stevenage, the rate of hip fractures in people aged 80+ years in 2022/23 was statistically similar between males and females (1,641 and 2,044 per 100,000 respectively). This is against the national trend for the same period, where females had a significantly higher rate of hip fractures compared to males (1,733 compared to 1,071 per 100,000).
- Nationally, the rate of hip fractures in people aged 80+ years has been significantly higher in districts in the most deprived deciles compared with the lowest deciles.

Dementia diagnosis



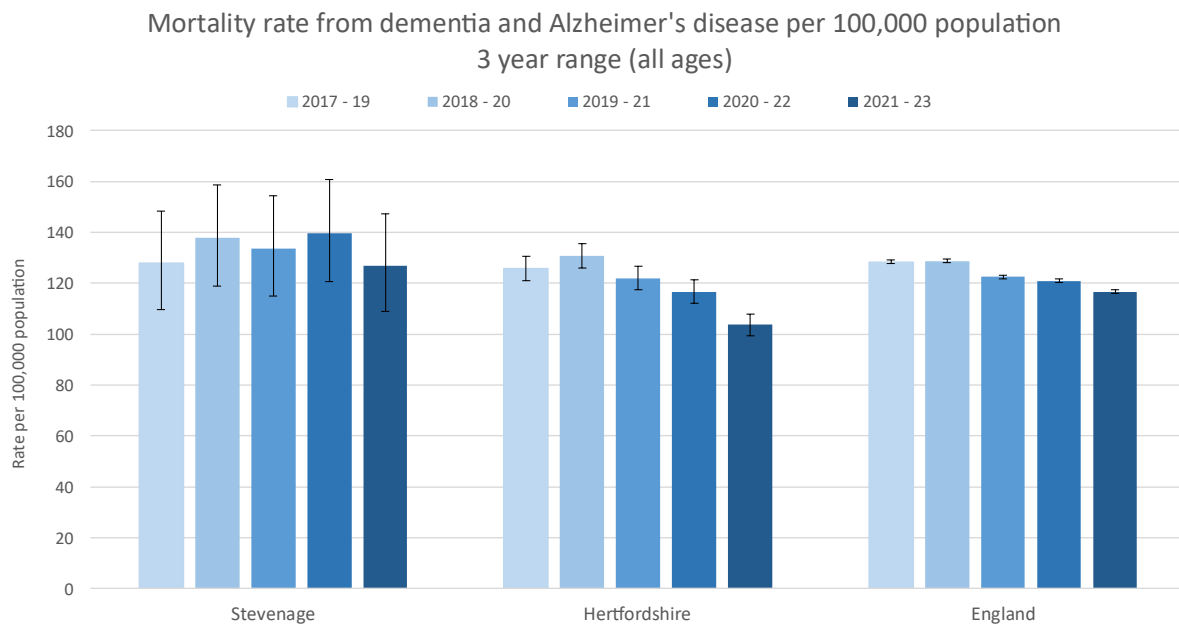
Source: Office for Health Improvement and Disparities (OHID).

Note: Confidence intervals could not be calculated for Hertfordshire in 2023 and 2024.

JSNA@hertfordshire.gov.uk

- The Office for Health Improvement and Disparities (OHID) produce local estimates of the number of people aged 65+ with dementia that have a formal diagnosis recorded. In 2024, the estimated diagnosis rate for adults with dementia in Stevenage was 76.7 per 100. This rate was significantly higher than both Hertfordshire (62.7 per 100) and England (64.8 per 100).
- The estimated dementia diagnosis rate in people aged 65+ years in Stevenage has remained statistically similar for the last 5 years. The diagnosis rate has increased in the last 2 years and is now significantly better than the national rate, however this increase was not statistically significant.
- Data on inequalities (e.g. sex and deprivation) are not available for this indicator.

Mortality from dementia



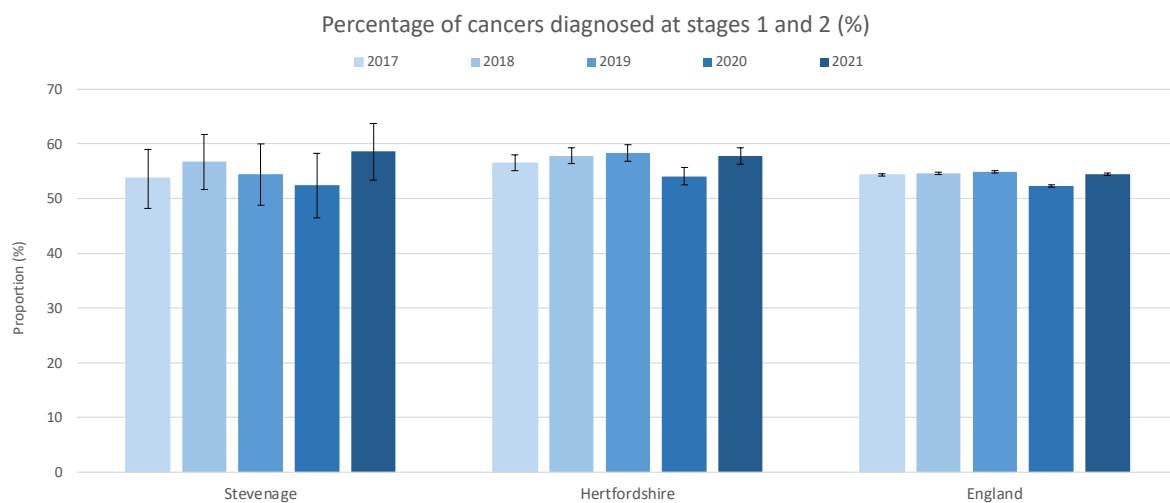
Source: Office for Health Improvement and Disparities.

JSNA@hertfordshire.gov.uk

- In the latest 3 year rolling period (2021-23), the mortality rate from dementia and Alzheimer's disease in Stevenage was 115.2 per 100,000. This rate was statistically similar to England (109.9 per 100,000) but significantly higher than Hertfordshire (96.7 per 100,000).
- The mortality rate from dementia and Alzheimer's disease in Stevenage has significantly increased over the last 10 years and has been significantly higher than England since 2012-14, however the rate has been decreasing (although not significantly) since 2018-20, making it statistically similar to England.
- In Stevenage, the mortality rate from dementia and Alzheimer's disease in 2021-23 was higher among females compared to males (127.0 compared to 96.4 per 100,000), however this was not statistically significant, and both were statistically similar to England.
- Nationally, the mortality rate from dementia and Alzheimer's disease has been significantly higher in districts in the three most deprived deciles compared with the lowest deciles.

4.5 Cancer

Early cancer diagnosis

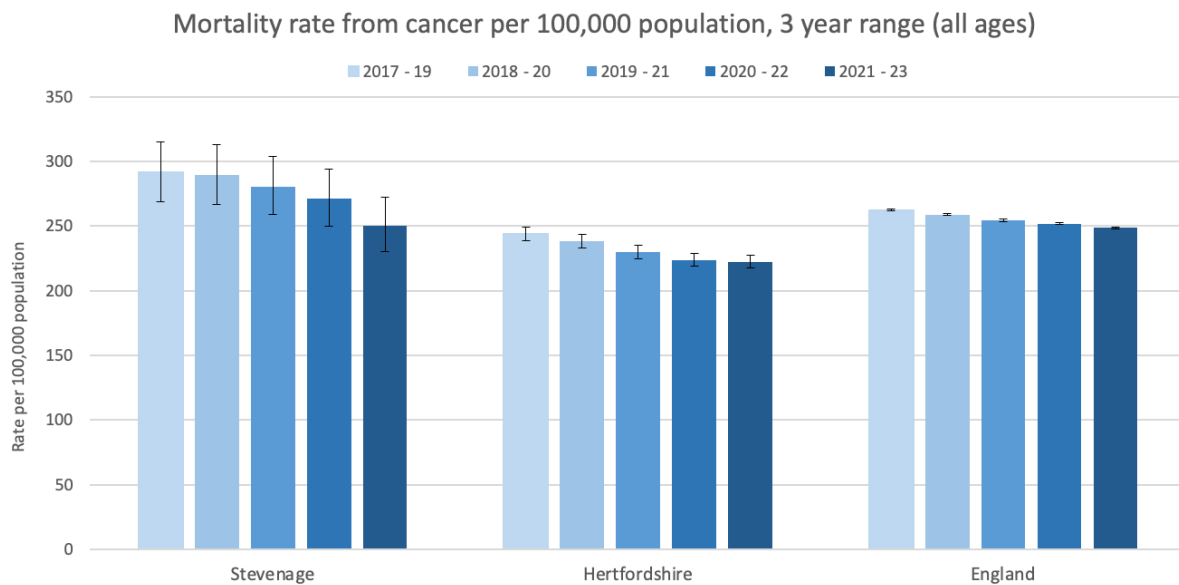


Source: NHS England, National Disease Registration Service.

JSNA@hertfordshire.gov.uk

- In 2021, the proportion of cancers diagnosed at stages 1 and 2 in Stevenage was 58.7%. This proportion was statistically similar to both Hertfordshire (57.8%) and England (54.4%).
- The proportion of cancers diagnosed at an early stage decreased in Stevenage between 2018 and 2020 down to 52.4%, before increasing again up to 58.7% in 2021, however these trends were not statistically significant.
- Nationally, there was a significantly lower proportion of cancers diagnosed at an early stage in 2021 in districts in the most deprived deciles compared with the lowest deciles. Additionally, early diagnosis was significantly higher among those of Asian and Black ethnicity compared with all other ethnic groups.

Mortality rate from cancer (all ages)

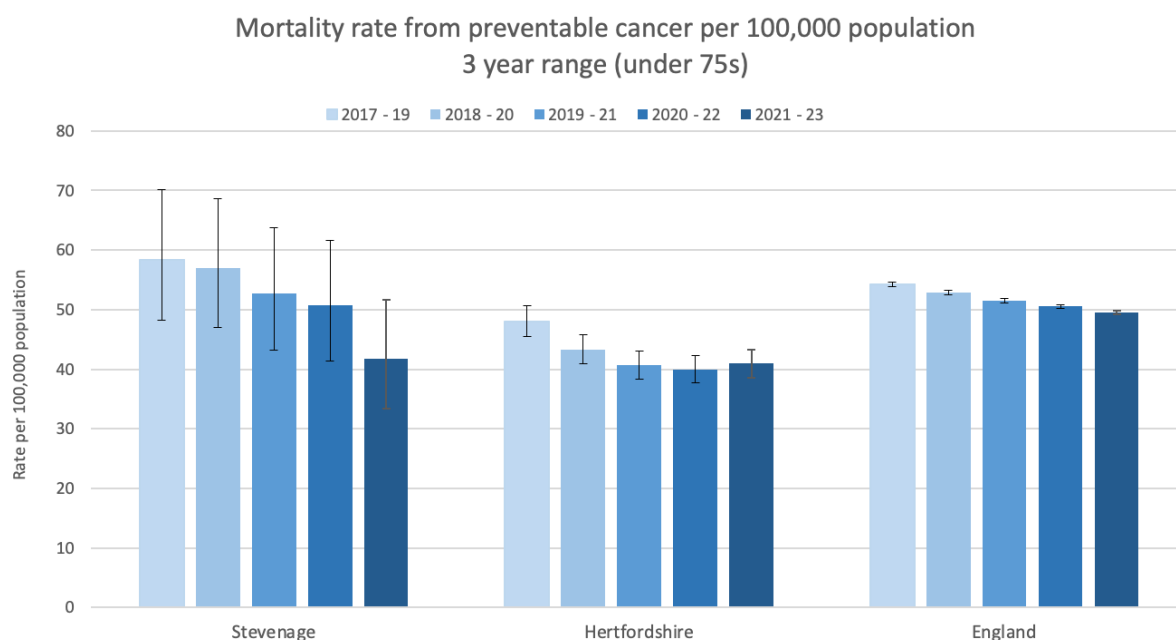


Source: Office for Health Improvement and Disparities.

JSNA@hertfordshire.gov.uk

- In the latest 3 year rolling period (2021-23), the mortality rate from cancer in Stevenage was 250.4 per 100,000. This rate was statistically similar to England (248.5 per 100,000) but significantly higher than Hertfordshire (222.4 per 100,000).
- The mortality rate from cancer in Stevenage has been decreasing year-on-year since 2014-16 in line with the national trend, with the largest decrease in the most recent year (2021-23). Stevenage has previously been significantly higher than England but has been statistically similar to England in the latest two periods.
- In Stevenage, the mortality rate from cancer in 2021-23 was higher among males compared to females (286.7 compared to 226.3 per 100,000). The rates for both males and females were statistically similar to England.
- Nationally, the mortality rate from cancer in 2021-23 was significantly higher in districts in the most deprived deciles compared with the least deprived deciles.

Mortality rate from preventable cancer



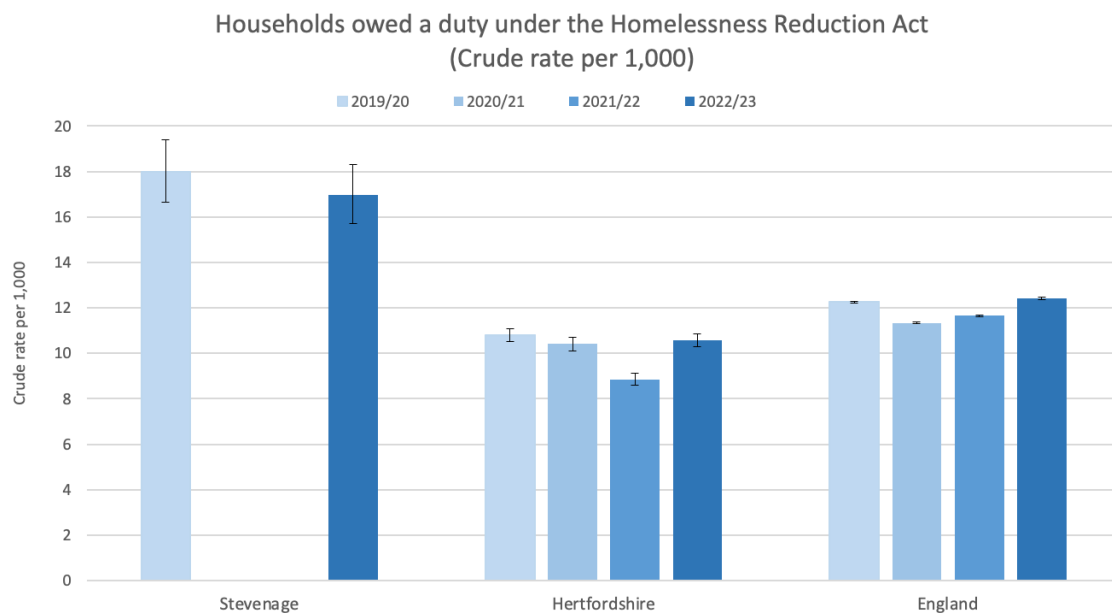
Source: Office for Health Improvement and Disparities.

JSNA@hertfordshire.gov.uk

- In the latest 3 year rolling period (2021-23), the mortality rate from cancer considered preventable in under 75s in Stevenage was 41.8 per 100,000. This rate was statistically similar to Hertfordshire (40.9 per 100,000) and England (49.5 per 100,000).
- The mortality rate from preventable cancer in Stevenage has decreased in Stevenage in the last 5 years in line with the national trend. Stevenage was previously significantly higher than England, however, in 2017-19 it decreased to a rate statistically similar to England.
- In Stevenage, the mortality rate from preventable cancer in 2021-23 was higher among males compared to females (51.6 compared to 32.8 per 100,000), however both were statistically similar to England.
- Nationally, the mortality rate from preventable cancer in 2021-23 was significantly higher in districts in the most deprived deciles compared with the least deprived deciles.

4.6 Wider determinants of health

Statutory homelessness

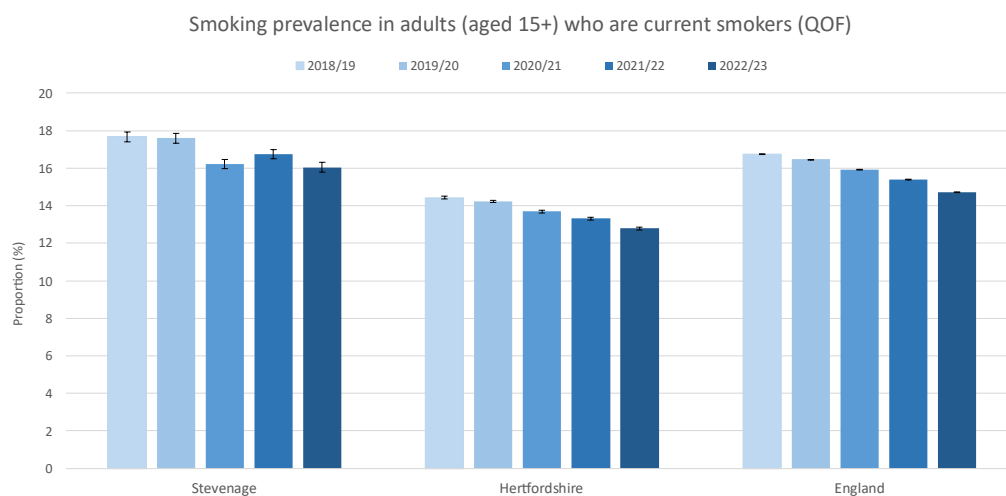


Source: Department for Levelling Up, Housing and Communities.
Note: Data was not provided for Stevenage in 2020/21 and 2021/22.

JSNA@hertfordshire.gov.uk

- In 2022/23, the rate of households owed a duty under the Homelessness Reduction Act in Stevenage was 17.0 per 1,000 households. This rate was significantly higher than both Hertfordshire (10.6 per 1,000) and England (12.4 per 1,000).
- The rate of households owed a homelessness duty in Stevenage has remained statistically similar between 2019/20 and 2022/23 but has remained significantly higher than the national rate. Please note that homelessness duty data was not provided for Stevenage in 2020/21 and 2021/22.
- Nationally, the rate of households owed a homelessness duty in 2022/23 was significantly higher in districts in the three most deprived deciles compared with all other deprivation deciles.

Smoking prevalence

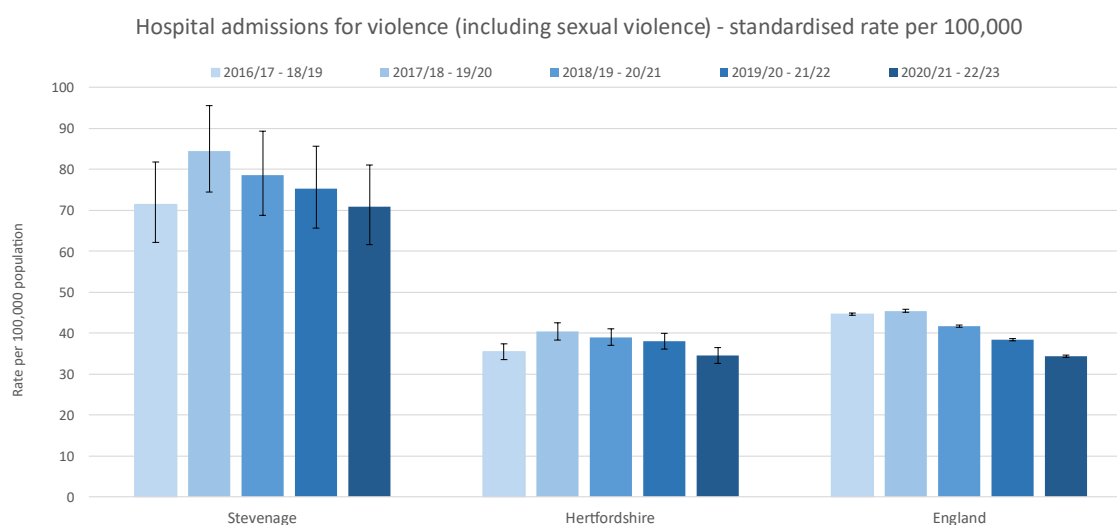


Source: NHS England.

JSNA@hertfordshire.gov.uk

- In 2022/23, the proportion of GP patients (aged 15+) in Stevenage recorded as current smokers was 16.0%. This proportion was significantly higher than both Hertfordshire (12.8%) and England (14.7%).
- Smoking prevalence in Stevenage has been following a general downward trend for the last 10 years in line with the national trend. This included a statistically significant decrease in the latest year from 16.7% to 16.0%.
- Data on inequalities is not available for 2022/23, however national data from 2021/22 shows that smoking prevalence was significantly higher in districts in the five most deprived deciles compared with the five lowest deciles.

Hospital admissions for violence



Source: Office for Health Improvement and Disparities.

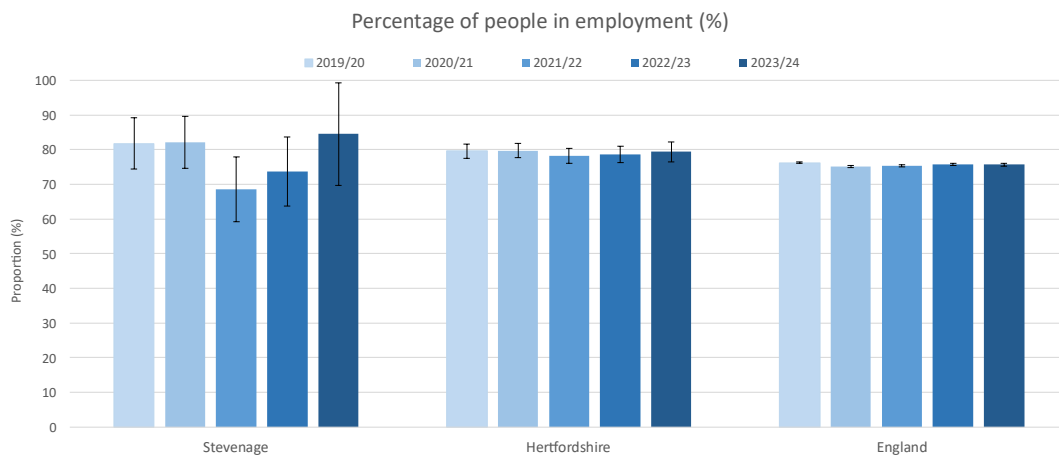
JSNA@hertfordshire.gov.uk

- During the 2020/21-22/23 rolling period the directly standardised rate of hospital admissions for violence (including sexual violence) in Stevenage was 70.8 per

100,000 population. This rate was significantly higher than Hertfordshire (34.6 per 100,000) and England (34.3 per 100,000).

- The rate of hospital admissions for violence in Stevenage has been decreasing in the last 3 years since 2017/18-19/20 from a rate of 84.5 down 70.8 per 100,000. However, this decrease was not statistically significant and has remained significantly higher than England during this time.
- In Stevenage, the rate of hospital admissions for violence in 2020/21-22/23 was significantly higher among males compared to females (93.5 compared to 47.8 per 100,000).
- Nationally, the rate of hospital admissions for violence in 2020/21-22/23 has been significantly higher in districts in the three most deprived deciles compared with the lowest deprivation deciles.

Adults in employment

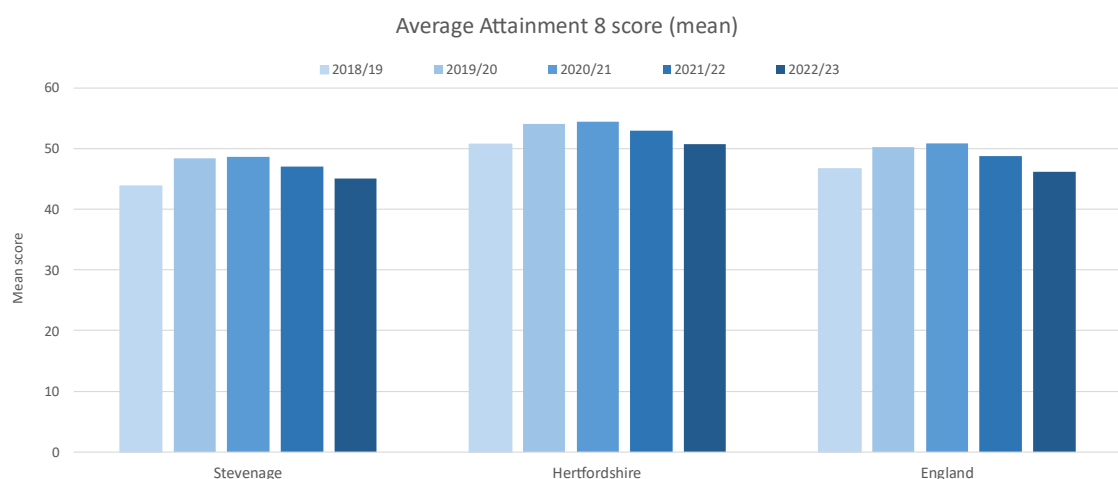


Source: NOMIS, Official Census and Labour Market Statistics.

JSNA@hertfordshire.gov.uk

- In 2023/24, the proportion of adults aged 16-64 in employment in Stevenage was 84.5%. This rate was statistically similar to Hertfordshire (79.4%) and England (75.7%).
- The proportion of adults aged 16-64 in employment in Stevenage has fluctuated over recent years. Since 2016/17, the proportion of people in employment has been following an upward trend, however, this dropped to 68.6% in 2021/22 before increasing up to 84.5% in 2023/24. These changes were not found to be statistically significant.
- Nationally, the proportion of adults in employment was significantly higher among males compared to females (79.4% compared 72.0%). This proportion was also higher in the least deprived deciles compared to the most deprived.

GCSE attainment



Source: Department for Education.

JSNA@hertfordshire.gov.uk

- In 2022/23, the average total GCSE Attainment 8 score for young people aged 15-16 years was 45.1. This was lower than both Hertfordshire (50.8) and England (46.2). Stevenage had the lowest score out of all Hertfordshire districts.
- The average total GCSE Attainment 8 score in Stevenage has decreased in the last 2 years from 48.6 in 2020/21 to 45.1 in 2022/23, however, trends from 2020 and 2021 should not be compared to other years due to temporary adjustments that were made during the COVID-19 pandemic for measuring student performance.
- Data on inequalities was not available at district level, however national data from 2022/23 showed that GCSE attainment was lower among:
 - Males (43.9 compared to 48.5 for females)
 - Children living in districts in the most deprived deciles (43.2 compared to 52.2 for children living in the least deprived decile)
 - Children eligible for free school meals (34.7 compared to 49.5 for non-eligible children).

5.0 Local strategies and interventions

5.1 Overarching strategies

National strategies

- [The NHS Long Term Plan](#) recognises the increasing contribution that longer-term health conditions have to the overall burden of disease in England. The NHS commits to improving upstream prevention for conditions such as CVD, cancer, and diabetes through prioritising action on smoking, poor diet, high blood pressure, obesity, and alcohol and drug use. It also outlines specific actions to improve care for major health conditions including cancer, CVD, diabetes, and mental health.
- In 2023, the UK Government launched a [Major Conditions Health Strategy](#) which aims to tackle six identified groups of major health conditions which together drive over 60% of mortality and morbidity in the UK:
 1. Cancer
 2. Cardiovascular disease (including stroke) and diabetes
 3. Chronic respiratory disease
 4. Dementia
 5. Mental ill health
 6. Musculoskeletal disorders

The strategic framework focuses on providing an integrated pathway from primary prevention through to long-term care and treatment. To maximise impact, the strategy outlines several priority areas of change, which include aligning management of multiple conditions and better integration between physical and mental health services, as well as managing personalised risk factors.

- In order to address widening health inequalities, Public Health England published guidance to taking a [whole system approach to health and wellbeing](#) and [addressing health across the life course](#). This guidance recognised the need to adopt a coordinated, collaborative approach across the life course to address complex health conditions and the wider determinants of health. The importance of focusing on health inequalities at a national, regional and local level is addressed in the [Marmot Review: Fair Society, Healthy Lives](#) and the [Marmot Review 10 Years On](#).

Local strategies

- The [Hertfordshire and West Essex Integrated Care Strategy 2023-33](#) sets out six priorities as identified for improving the health and wellbeing of local residents, based on consultation with local residents:
 1. **Give every child the best start in life** by giving families and children support at the earliest opportunity; ensuring that public and voluntary sector

organisations work together effectively; making early learning opportunities open to all; and keeping children safe from abuse and neglect.

2. **Support communities and places to be healthy and sustainable** by building more affordable housing; supporting people to get into and remain in work; creating healthy streets and improving green spaces; and putting additional support in areas with the biggest health challenges.
 3. **Support our residents to maintain healthy lifestyles** through initiatives such as developing a new physical activity offer for residents; offering all people admitted to hospital who smoke access to NHS-funded tobacco treatment services; and improving pathways and outcomes for people who have mental health issues and drug or alcohol problems.
 4. **Enable residents to age well and support people living with dementia** by promoting and encouraging take up of the NHS Health Check for people aged 40-74 to prevent the onset of disease; supporting people to reduce loneliness; and improving support for carers of people with dementia.
 5. **Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families** by working with the local population to lower risk factors and improve detection, diagnosis, and early intervention of long-term conditions; supporting and empowering people with long-term conditions with joined-up care; and increasing the number of residents receiving NHS health checks.
 6. **Improve residents' mental health and outcomes for those with learning disabilities and autism** through ensuring equal access to psychological therapies; improving integrated pathways to access housing, education, employment for specific groups; and working with employers to ensure they develop suitable job opportunities for people with learning disabilities.
- [Hertfordshire's Public Health Strategy 2022-27](#) outlines Hertfordshire County Council's ambitions and priorities to deliver a wide range of positive health outcomes. Key ambitions include leading prevention through partnership working and reducing health inequalities. Within the strategy, there are several proposed actions specifically targeting health behaviours (such as smoking and physical activity), excess weight, mental health, and frailty.
 - In 2022, Healthwatch Hertfordshire published a report on the [impact of the cost of living in Hertfordshire](#) which highlighted that many Hertfordshire residents are struggling with the rising cost of living. Most respondents to the consultation reported that they are reducing their energy usage (80%), going out less (62%) and reducing the amount and/or quality of food they are consuming (59%). Respondents also reported that the rising cost of living has affected their mental health and reduced their access to healthcare including dentist and/or opticians visits,

purchasing of prescriptions, purchasing of equipment to help with health and mobility, and inability to travel to appointments due to transport costs.

5.2 Long-term health conditions

Strategies

- The UK Government launched a [Major Conditions Health Strategy](#) in 2023 which included a key focus on preventing and tackling certain long-term health conditions, including cardiovascular disease (CVD), diabetes and musculoskeletal disorders.
- Public Health England's '[Health Matters – Preventing Cardiovascular Disease](#)' outlines England's CVD ambitions to improve the detection and management of atrial fibrillation (AF), high blood pressure and cholesterol, and reduce health inequalities.
- The [NHS Diabetes Rightcare Pathway](#) aims to provide resources to help diabetes services concentrate their efforts to improve population health for those at risk of developing diabetes and those who currently have T1DM or T2DM.
- NICE recommends that all people with diabetes aged 12 and over should receive nine recommended care processes at their annual diabetes review. These processes relate to blood glucose levels, blood pressure, serum cholesterol, foot examination, serum creatinine, urinary albumin, BMI, smoking history, and eye screening. Each care process has defined target levels to reduce the risk of diabetic complications.^{110,111} NICE has also published specific [guidelines for diabetes in pregnancy](#).
- The Royal College of Anaesthetist's [Four Nation Strategy for Pain Management \(2022\)](#) provides an overarching framework to deliver improved pain management across the whole healthcare sector. The strategy is patient-centred from point of first contact, including self-help signposting, personalised care and shared decision making.

Interventions

- NHS England and the National Institute for Health and Care Excellence (NICE) identified the most impactful interventions relating to the prevention and management of CVD and diabetes¹¹²:
 - **Diabetes:** Evidence-based and quality assured structured education programmes such as DAFNE and X-PERT are a cost-efficient way of reducing (a) the risk of diabetes complications, (b) the number of hospital admissions, and (c) reducing the need to refer T2DM patients to specialist services. The [NHS Diabetes Prevention Programme](#) – a nine-month, evidence-based lifestyle change programme – has shown to be effective in reducing population incidence of T2DM. Finally, evidence shows the importance of all

people with diabetes receiving the NICE recommended nine care processes on an annual basis to reduce the risk of diabetic complications.

- **CVD:** Successful interventions are based on *case finding* – namely, community pharmacy hypertension case finding, cholesterol search and risk stratification, and NHS Health Checks – and *optimising treatment*. The latter involves interventions such as preventing AF-related strokes with the use of direct-acting oral anticoagulants (DOACs); implementing cardiac rehabilitation for those diagnosed with heart failure; and the optimisation of hypertension treatment, heart failure treatment (through annual reviews), and primary care management after a high-risk CVD event (including lipid management).
- NICE recommend several evidence-based ways of managing chronic primary pain.¹¹³ These include non-pharmacological interventions such as exercise programmes and physical activity; psychological therapy such as acceptance and commitment therapy or cognitive behavioural therapy; acupuncture – but only if the course is delivered within a community setting by a band 7 healthcare professional with appropriate training; and electrical physical modalities (excluding Transcutaneous Electrical Nerve Stimulation (TENS), ultrasound or interferential therapy as there is no evidence of benefit). The only pharmacological intervention that NICE recommend is considering the use of an antidepressant for people aged 18 years and above, after a full discussion of the benefits and harms.¹¹³
- Recent evidence has shown that psychoeducational interventions are more effective in improving quality of life among fibromyalgia patients than usual treatments alone. A 2019 systematic review found that most of the examined studies found statistically significant positive results for psychoeducation compared to a control group, with specific improvements noted in functional status, management of emotions related to illness and pain, and anxiety and/or depressive symptoms. Online educational programmes were also found to be effective in increasing patients' knowledge of the disease and management of disease-related pain.¹¹⁴
- For more information on strategies and interventions relating to long-term conditions, see the [Diabetes JSNA](#), [Diabetes Lite Bite](#) and [Healthy Weight JSNA](#).

5.3 Mental health and wellbeing

Strategies

- The cross-government strategy '[No Health Without Mental Health](#)' (2011) focuses on increasing parity between physical health and mental health and improving access to quality treatment and support throughout the life course. The government is currently in the process of developing a new 10-year plan for mental health and wellbeing, extending the work of the NHS Long Term Plan to better address how local services can work together to prevent those at risk from falling into mental ill-health through earlier, targeted work.

- The [National Suicide Prevention Strategy](#) (2012) specifies key areas for action, with annual progress reports published. The [fifth progress report](#), published in 2021, set out new commitments and priorities in the context of the COVID-19 pandemic and the release of [the Cross-Government Suicide Prevention Workplan](#).
- The [Local Government Association](#) has outlined some key recommendations that councils can use to develop their mental health strategies in line with their population's specific needs identified through Joint Strategic Needs Assessments.
- The [Hertfordshire Health and Wellbeing Strategy 2022-26](#) includes a local priority to ensure that residents have good emotional and mental wellbeing throughout life. This includes support for people experiencing dementia.
- The [Hertfordshire Suicide Prevention Strategy 2020-2025](#) identified key priorities based on the national strategy, including support for men, support for those bereaved by suicide, addressing training needs, support for children and young people, reducing access to means of suicide, and support research, data collection and monitoring.
- Hertfordshire County Council are currently developing an Adult Mental Health Strategy for 2022-27 to replace the [previous 2016-21 strategy](#).

Interventions

- Within the NICE guideline [‘Common mental health problems: identification and pathways to care’](#), a stepped-care model is used to organise the provision of services for people with common mental health problems and to recommend appropriate interventions based on the severity of their disorder. In summary, effective treatments may include:
 - **Psychological:** Different forms of cognitive behavioural therapy (CBT) are effective across disorders and severity level. For depression, other effective treatments include behavioural activation, interpersonal therapy, behavioural couples therapy, and mindfulness-based cognitive therapy.
 - **Psychosocial:** Across all conditions, NICE recommends support groups, befriending and rehabilitation programmes, educational and employment support services, and referral for further assessment and interventions.
 - **Pharmacological:** A wide range of antidepressant drugs are effective in treating people with depression, and there is evidence to support the use of some antidepressants such as selective serotonin reuptake inhibitors (SSRI), for panic disorder and moderate to severe presentations of OCD.
- The Royal College of Psychiatrists published [a summary of evidence on public mental health interventions](#) across the life course. Some interventions with a strong evidence base included parenting programmes to help prevent child mental disorder and improve parental mental health; school-based bullying and violence prevention; interventions to prevent depression such as psychological interventions, physical activity, and increasing employment; and workplace interventions to reduce employee stress and/or mental disorder and increase wellbeing.

- In 2019, NICE published five quality standards to reduce the risk of suicide in the UK and help people bereaved or affected by suicide¹¹⁵:
 1. **Multi-agency suicide prevention partnerships:** Areas should have effective multi-agency partnerships where local organisations can combine their expertise and resources to implement interventions designed to prevent suicide and tackle underlying risk factors, such as self-harm.
 2. **Reducing access to methods of suicide:** reducing access to common methods of suicide and places where suicide may be more likely to occur can be an effective way of preventing suicide. A range of measures can be used to interrupt people's plans, giving them time to stop and think, or making it more difficult for them to put themselves in danger.
 3. **Media reporting:** Irresponsible reporting of suicide may have harmful effects, including potentially increasing the risk of suicide. By encouraging responsible reporting, partnerships can help prevent suicide clusters and avoid further distress being caused to those bereaved or affected by suicide.
 4. **Involving family, carers, or friends:** involving loved ones can help to support a person who is suicidal and can provide valuable input to an assessment of the person's needs in order to keep them safe. However, involving others can be complex so it is important that confidentiality is discussed.
 5. **Supporting people bereaved or affected by a suspected suicide:** People bereaved by suicide are at higher risk of suicide themselves, therefore it is important to identify people who need support as soon as possible.
- For more information on mental health strategies and interventions, see the [Mental Health and Wellbeing of Children and Young People JSNA](#), the [Mental Health and Wellbeing in Adults JSNA](#), the [Mental Health and Wellbeing Perinatal JSNA](#), and other resources on the [Hertfordshire JSNA website](#).

5.4 Healthy weight

Strategies

- [The NHS Long Term Plan](#) committed to make weight management services available to those most at risk (i.e. people living with obesity with type 2 diabetes and/or hypertension) and accelerate the NHS Diabetes Prevention Programme to provide access to high-impact weight loss services for those most at risk.
- Since 2019, Hertfordshire County Council has taken a [whole systems approach](#) to obesity. The approach aims to support and promote healthy weight by engaging with neighbourhoods and communities using 10 Pillars of Action. These include promoting a healthy environment, engaging with neighbourhoods and communities, adopting a [first 1000 critical days approach](#) for child development, improving workplaces to foster health, improving the food environment in schools and for young people, focusing on people with special needs, helping people regain a

healthier weight, learning from research and evaluation, using digital technology and using behavioural science.

Interventions

- The [NICE guidelines on preventing excess weight gain](#) makes 10 recommendations to help different population groups on how to maintain healthy weight or prevent excess weight gain. These recommendations are to:
 1. Encourage people to make changes in line with existing advice on physical activity and healthy dietary habits
 2. Encourage physical activity habits to avoid low energy expenditure
 3. Encourage dietary habits that reduce the risk of excess energy intake
 4. Further advice for parents and carers of children and young people
 5. Encourage adults to limit the amount of alcohol they drink
 6. Encourage self-monitoring
 7. Clearly communicate the benefits of maintaining a healthy weight
 8. Clearly communicate the benefits of gradual improvements to physical activity and dietary habits
 9. Tailor messages for specific groups
 10. Ensure activities are integrated with the local strategic approach to obesity.
- Evidence has suggested that media literacy interventions help to reduce weight and shape concerns; cognitive dissonance interventions help to reduce aspiring to the thin-ideal; and CBT interventions help to reduce body dissatisfaction, dieting and bulimic symptoms. Therefore, these interventions may be beneficial in the prevention of eating disorders.¹¹⁶
- The NICE guidelines for [Eating disorders: recognition and treatment](#) suggest the following:
 - **Anorexia Nervosa:** consider providing Individual Eating-disorder-focused Cognitive Behavioural Therapy (CBT); Maudsley Anorexia Nervosa Treatment for Adults; or Specialist Supportive Clinical Management for adults. For children, Anorexia-focused Family Therapy is the first-line therapy suggested.
 - **Binge-eating disorder:** offer a binge-eating-disorder focused self-help programme, or group or individual eating-disorder-focused CBT.
 - **Bulimia Nervosa:** consider bulimia-nervosa-focused self-help programmes or individual eating-disorder-focused CBT in adults. For children, offer bulimia-nervosa-focused family therapy or individual eating-disorder focused CBT.
- For more information on healthy weight strategies and interventions, see the [Healthy Weight JSNA](#), [Diabetes JSNA](#) and [Physical Activity JSNA Briefing](#).

5.5 Frailty and older people

Strategies

- [The NHS frailty framework of core capabilities](#) aims to identify and describe skills, knowledge and behaviours required to deliver high quality, holistic compassionate care and support for older people. The framework is underpinned by 14 capabilities which are grouped into 4 domains namely: understanding, identifying, and assessing frailty; person-centred collaborative working; managing frailty; and underpinning principles. These domains outline how people living with frailty, their loved ones and carers, practitioners, service providers, commissioning teams, and education and training providers can better identify frailty and understand how to support people to live well with frailty. This framework builds upon and references the priorities set in the NHS Five Year Plan.
- [The Hertfordshire Adult Care Services 15 Year Direction strategy](#) sets out ambition to make sure the right service development and transformation is available to the people that need them. Within its framework, this strategy aims to make sure that the adult social care system meets the rising expectations in society for personalised services and adequate planning for an expanding and ageing population.
- One of the six strategic priorities set by the [Hertfordshire and West Essex Integrated Care Strategy \(ICS\)](#) is to enable residents to age well and support people with dementia. In this priority, the ICS sets out to support residents to age healthily and ensure access to advice and services that enable them to live well and independently for as long as possible.

Interventions

- [A practical guide to healthy ageing](#) is an NHS information guide in partnership with Age UK that provides information to older adults from age 70 on how to manage healthy living in the later years. The guide provides practical advice on keeping active, preventing falls and overall physical and mental health in older adults.
- [The NHS practical guide to healthy caring](#) is an information guide that is designed for carers who are 65 years and older and are new to caring. The guide provides resources and support for older adults who have taken on caring roles. It also provides information on the health issues that may be associated to caring that can be harmful for older adults.
- [NICE guidelines on dementia, disability and frailty in later life](#) makes recommendations centred around promoting healthy lifestyles and service organisation and delivery to delay or prevent the onset of dementia, disability and frailty in later life. Their first recommendation is promoting healthy lifestyles by: encouraging healthy behaviours, integrating dementia risk reduction prevention policies, raising awareness of risk, and producing information on reducing the risk of dementia, disability and frailty, preventing tobacco use, improving the environment

to promote physical activity, reducing alcohol-related risk, and supporting people to eat healthily. The second recommendation is encouraging service organisation and delivery of interventions to promote behaviour change, provide accessible services, provide advice on reducing the risks of dementia, disability, and frailty, providing physical activity opportunities, provide training, lead by example in public sector, and provide support in the workplace.

- A systematic review and meta-analysis analysed the effects of physical activity intervention such as weight-based movement, outdoor walking, strength, balance, and flexibility exercises on frailty. The review concluded that physical activity is likely to help prevent frailty.¹¹⁷
- For more information on strategies and interventions for frailty and older people, see the [Physical Activity JSNA Briefing](#), [Dementia JSNA](#) and [Barriers and Enablers to Physical Activity in Older Adults JSNA Lite Bite](#).

5.6 Cancer

Strategies

- The [NHS Long Term Plan ambitions for cancer](#) aim to increase the number of people who survive cancer and those who are diagnosed early by 2028. The ambitions will be delivered by trying to improve quality of life outcomes, improving patient experience outcomes, reducing variation and inequalities. These ambitions aim to build on and accelerate the progress made through delivering recommendations made by the [Independent Cancer Taskforce](#) made in 2015. The [NHS cancer screening](#) programme encourages regular screening in an effort to help diagnose cancer or the risk of cancer earlier to improve the likelihood of successful treatment.
- The [10-Year Cancer Plan](#) (2023-2032) is a new strategy that encompasses all ambitions in the fight against cancer as identified by the Department of Health and Social Care in collaboration with other stakeholders. The new plan uses knowledge of the improvements that were undertaken during the pandemic and identifies what additional intervention might be adopted to support the delivery of the existing ambitions. Lastly, this strategy aims to look beyond the end date of the NHS Long-Term Plan to consider what more can be done to shape and improve cancer services in the next decade also through research and development.

Interventions

- [Cancel Out Cancer](#) is an initiative in East and North Hertfordshire NHS Trust aimed at improving awareness and understanding of cancer. This initiative was developed by NHS patient representatives and offers a 60-minute free online session discussing cancer screening, symptoms, and prevention.
- [Cancer Alliances](#) brings together clinical and managerial leaders from different hospital trusts and other health and social care organisations to change the diagnosis, treatment, and care for cancer patients in their local area. In collaboration

with primary care, they offer personalised care interventions to people with breast, colorectal, prostate cancer and other cancers using these four ambitions:

- **Personalised Care and Support Planning** (based on holistic needs assessments) ensures people's physical, practical, emotional, and social needs are identified and addressed at the earliest opportunity.
 - **End of Treatment Summaries** provide both the person and their GP with valuable information, including a detailed summary of treatment completed, potential side effects, signs and symptoms of recurrence and contact details to address any concerns.
 - **Primary Care Cancer Care Review** is a discussion between the person and their GP / primary care nurse about their cancer journey. This helps the person to discuss any concerns, and, if appropriate, to be referred to services or signposted to information and support that is available in their community and from charities.
 - **Health and Wellbeing Information and Support** includes the provision of accessible information about emotional support, coping with side effects, financial advice, getting back to work and making healthy lifestyle choices. This support will be available before, during and after cancer treatment.
- A systematic review exploring health promotion interventions to increase breast cancer screening uptake found that most interventions including individual, community and group-based interventions helped to increase uptake.¹¹⁸
 - Another systematic review and meta-analysis found that theory-based cervical cancer educational interventions (such as teaching about what is involved in screening and why it is important) helped to increase uptake in cervical cancer screening. Offering women the option of self-sampling for HPV testing increased screening uptake by 71%. Additionally, the study found that sending reminders to patients who are overdue for screening helped to improve uptake.¹¹⁹
 - For more information on cancer strategies and interventions, see the [Cancer JSNA](#).

6.0 Limitations

- The health conditions covered in this needs assessment are all extensive and multifaceted topics. For this reason, it was beyond the scope of this report to develop each of the individual topics in depth. More detailed information on risk factors, trends, strategies and interventions for individual health topics is available on the [JSNA website](#).
- Some indicators did not have district level data available for analysis. These included data on diabetes and severe mental illness. For these indicators, data for the East and North Hertfordshire sub-ICB area was used.
- Indicators have not been analysed at smaller geographies within Stevenage, such as at ward level or below as the vast majority of data is not available at these lower geographies. See [Appendix C](#) for more information on ward level indicators.
- There is a lack of local data regarding inequalities in the prevalence of different health conditions across various demographic groups, with the exception of sex and deprivation quintile for some of the indicators.
- The prevalence of obesity and overweight should be interpreted with caution for the following reasons:
 - BMI is a practical estimate of adiposity (body fatness) and does not distinguish between body fat mass and body lean mass or consider body composition, such as where the body fat is stored, which can pose a separate health risk.^{120,121}
 - In some ethnicities, such as some Asian groups, there may be a higher risk of certain medical conditions at a lower BMI.^{120,122} Therefore, using the cut-off points of 25kg/m² for overweight and 30kg/m² for obesity for these populations may mask potential health implications at a lower BMI.

Please see [Healthy Weight JSNA](#) for more information.

- The available data on diet and physical activity is self-reported. Self-reported data has known limitations, such as the validity of using retrospective questions, accuracy of answers and response bias.
- Data on eating disorders could not be compared to Hertfordshire or England benchmarks as this data was not available for direct comparison.
- Estimates for the prevalence of severe mental illness and depression are based on GP registered patients and therefore are not representative of people that are not registered with a GP. Furthermore, they are likely to underestimate the true scale of mental health in Stevenage as they only represent those with a registered diagnosis.
- Within this JSNA, frailty is measured using hospital admission data for falls and hip fractures in older adults, which serves as more of a proxy measure for frailty, rather than looking at measures such as the frailty index.

- Some indicators, such as those from the GP Patient Survey or Quality Outcomes Framework (QOF), only include data from individuals who are registered at GP surgeries. Therefore, certain population groups may be more likely to be excluded from the sampling framework such as those experiencing homelessness due to barriers with registering¹²³ and those exclusively using private healthcare.
- The COVID-19 pandemic affected the way that some of the indicators were measured and may mean that comparisons to previous years are misleading. For example, there was no local data collected for the National Child Measurement Programme (NCMP) in 2020/21 due to school closures during the pandemic.
- This needs assessment did not address the potential impact that the COVID-19 pandemic or Cost of Living crisis may have had on local health behaviours and outcomes. For more information, please see the [Cost of Living JSNA Lite Bite](#).

7.0 Summary

7.1 Population and inequalities

- The district of Stevenage has a diverse population compared to other districts within Hertfordshire. According to the 2021 Census, there is balanced split of female and male residents (51% vs. 49%) and approximately 17% of residents are from ethnic minority groups.
- Compared to regional and national averages, Stevenage has a higher proportion of children and young people aged 0-14. Additionally, Stevenage has an aging population in line with regional and national trends, with the older population (aged 65+) expected to increase by 30% over the next 20 years, which is likely to increase demand on services for older people.
- Some of the most significant inequalities in Stevenage include life expectancy and deprivation. Stevenage is the most deprived district in Hertfordshire with a deprivation score of 19.7 and an average life expectancy at birth of 80.8 years, which is significantly lower than Hertfordshire but statistically similar to England.

7.2 Long-term conditions

- Over the last 5 years, Stevenage has seen a statistically significant decrease in the prevalence of coronary heart disease (CHD), as well as a decrease in adults reporting a long-term musculoskeletal (MSK) problem. On the other hand, the prevalence of stroke has increased (although not significantly) and prevalence of diabetes has increased significantly in East and North Hertfordshire sub-ICB in line with trends across the ICB and England.
- National data on inequalities showed that MSK problems were significantly higher among those who were female, aged 55+, from White or Black Caribbean ethnic groups, or living in districts in the most deprived deciles. Prevalence of stroke and diabetes showed no significant correlation with deprivation, however, data was not available for other inequalities or for coronary heart disease.

7.3 Healthy weight

- Compared to Hertfordshire and England, Stevenage has a significantly higher proportion of overweight/obese adults (72%) and a significantly lower proportion meeting the '5-a-day' fruit and vegetable consumption guidelines (25%). However, the proportion of physically inactive adults was statistically similar to Hertfordshire and England (22%).
- Latest findings from the National Child Measurement Programme (NCMP) in 2023/24 showed that 18% of Reception children and 37% of Year 6 children in Stevenage were classified as overweight or obese, both statistically similar to England.

Nationally, excess weight was significantly higher among males and was significantly correlated with areas of higher deprivation.

- Hospital admissions for eating disorders have decreased in Hertfordshire since 2020/21 during the COVID pandemic. Inequalities data was not available for this indicator.

7.4 Mental health

- The prevalence of severe mental illness (SMI) and depression has been increasing in Stevenage and the East and North Hertfordshire sub-ICB in line with national trends. However, hospital admissions for self-harm and alcohol-related mental and behavioural disorders have decreased during this time. The suicide rate has fluctuated in the last 5 periods, with an increase in the most recent period (2021-23).
- Nationally, the prevalence of SMI and depression were positively correlated with deprivation. Self-harm admissions in Stevenage were statistically similar between males and females, against the national trend of higher rates of female admissions. Conversely, alcohol-related mental and behavioural disorder admissions were 5 times as high among males compared to females.
- Findings from the Hertfordshire Suicide Audit 2021-23 showed suicides were almost 3 times as high among males compared with females, however there was no significant correlation with deprivation.

7.5 Frailty and older people

- The rate of falls and hip fractures among adults aged 65-79 in Stevenage has followed a general downward trend in the last 5 years, however, falls and hip fractures among adults aged 80+ have increased in the last 3 years. In Stevenage, the rate of falls and hip fractures has been statistically similar between males and females, against the national trend where females had a significantly higher rate. Nationally, falls and hip fractures were significantly higher among people living in the most deprived areas.
- The estimated diagnosis rate for adults with dementia in Stevenage is significantly higher than Hertfordshire and England. Dementia-related mortality has remained statistically similar over the last 5 years, against the Hertfordshire and England trend which has been decreasing. Dementia-related mortality was higher among females and those living in districts in the 3 most deprived deciles.

7.6 Cancer

- The proportion of cancers diagnosed at stages 1 and 2 in Stevenage was 58.7%, statistically similar to Hertfordshire and England. Nationally, early cancer diagnosis was significantly higher across districts in the most deprived deciles compared with the lowest deciles.

- The mortality rate from cancer (all ages) and cancer considered preventable has decreased in Stevenage in the last 5 years in line with the national trend. Cancer-related mortality in Stevenage has been significantly higher among males compared to females and, nationally, among people living in the most deprived areas.

7.7 Wider determinants of health

- Stevenage has a higher rate of statutory homeless households, smoking prevalence, and hospital admissions for violence than both Hertfordshire and England benchmarks. All of these indicators were more prevalent in the most deprived areas.
- Approximately 85% of Stevenage residents were in employment in 2023/24, which was statistically similar to Hertfordshire and England and significantly higher among females and the least deprived areas.
- GCSE attainment was lower in comparison to Hertfordshire and England, with an average Attainment 8 score of 45.1. Data shows that GCSE attainment was lowest among males, children living in the most deprived areas, and children eligible for free school meals.

8.0 Recommendations

8.1 Population and inequalities

- Local services should consider any changes to Stevenage population demographics identified through the 2021 Census over the last 10 years to assess the impact on service capacity, identify gaps in service provision and inform commissioning decisions.
- Ensure that local service provision is proportionate to the age profile of Stevenage. This includes the higher proportion of children and young people (aged 0-14) within Stevenage and the predicted increase in the older population (aged 65+), which is likely to increase demand for services for older people.
- Preventative approaches aimed at overcoming health inequalities (including deprivation) are key to improving health outcomes and increasing life expectancy among Stevenage residents.

8.2 Long-term conditions

- Prioritise upstream prevention and detection of long-term health conditions, such as hypertension and type 2 diabetes, by promoting physical activity and smoking cessation initiatives, and increasing local uptake of NHS Health Checks.
- Increase referrals to structured education programmes as an evidence-based, cost-effective way of reducing risk of diabetes complications, hospital admissions and the need for referral to specialist services among patients with diabetes.
- Encourage the completion of annual care processes (e.g. blood checks, foot examination, eye screening) in those with diabetes, including specific processes for expectant mothers with diabetes in pregnancy.
- Work collaboratively with community and specialist chronic pain services to optimise patient management opportunities and support the development of advice and guidance services if referral may not be required.
- Develop targeted communications and awareness resources aimed at population groups shown to be at higher risk of developing musculoskeletal conditions, including females, adults aged 55+, those from White or Black Caribbean ethnic groups, and those living in the most deprived deciles.

8.3 Healthy weight

- Take a whole-systems approach to obesity by adopting initiatives that target the environmental, social, and physiological drivers of obesity. This approach includes:
 - increasing the availability of different food types and physical activity opportunities across the district
 - increasing nutritional education
 - promoting active travel and use of green spaces

- increasing awareness of obesity management services and management of drug-induced weight gain
- Increase physical activity in residents through strengthening partnerships across public, private and voluntary organisations to target activities in under-represented groups. This includes those living in deprived areas, women, older adults and those with long-term conditions.
- Increase the number of children and young people starting treatment for eating disorders within 4 weeks to meet the 95% target set out in the NHS Long Term Plan.
- Strengthen prevention work around disordered eating through evidence-based interventions aimed at reducing body dissatisfaction and addressing bullying behaviours, particularly those relating to appearance-related teasing.

8.4 Mental health

- Adopt a life course approach to mental health and wellbeing. This should include the promotion of mental wellbeing from early life (by reducing exposure to adverse childhood experiences and addressing harms by promoting programmes that address childhood trauma) through to older age (by addressing links with issues such as social isolation and physical health).
- Ensure that reducing inequalities and addressing wider determinants of mental health (including physical health) are at the heart of improving mental health and wellbeing in the local population. This should include support for physical health conditions and ensuring equity of access across demographic groups.
- Follow the priorities outlined in national and local strategies for suicide prevention including enabling earlier intervention, reducing access to means of suicide, and improved awareness for professionals on signposting to available services and referral routes. This should include specific consideration for higher risk demographic groups such as men, ethnic minority groups and LGBTQ individuals.

8.5 Frailty and older people

- Adopt a multidimensional approach to the prevention of frailty through the promotion of healthy lifestyle behaviours such as regular physical activity, avoidance of excess weight gain, and the prevention and cessation of smoking with a particular focus on women, older adults and those living in the most deprived areas.
- Review what services and interventions are available across the system in relation to falls prevention among older adults in Stevenage to identify current gaps in provision.
- Increase dementia screening in care homes and services for older people to improve diagnosis rates, due to diagnosis rates still not meeting the estimated prevalence of dementia.

- Increase dementia awareness training across GP surgeries, care home staff, those in support roles and families, with a focus on the recognition of the signs and symptoms of dementia.

8.6 Cancer

- Promote and increase awareness of local initiatives that focus on smoking cessation, weight management, alcohol reduction and cancer prevention behaviours such as reducing exposure to UV radiation, particularly in more deprived areas.
- Increase promotion of cancer awareness campaigns, local initiatives that assist with early detection of cancer, and cancer screening to increase the proportion of cancers diagnosed at stages 1 and 2. These should include targeted messages for population groups at higher risk of cancer, including males and those living in the most deprived areas.
- Map locations of cancer screening services in Stevenage and bordering districts and consider increasing cancer screening coverage in areas with reduced access to screening services.

8.7 Wider determinants of health

- Local health organisations should use a preventative approach to tackle wider determinants of health. This should include commissioning decisions for investment in early intervention and appropriate sharing of data to understand trends in local demand.
- Local services should give consideration to joint commissioning approaches and new ways of working together to tackle health inequalities and reduce the impact of wider determinants on the health and wellbeing of residents.
- Review and monitor the impact of the Cost of Living crisis on local residents' physical and mental health, including access to healthcare services, and increase awareness of local services available for residents struggling with the increased cost of living.

Appendix A: Information for Equality Impact Assessments



Stevenage Health Inequalities JSNA

Part A: Protected characteristics (protected under the Equality Act 2010)

Age

- The risk of developing CVD increases with age, with it being most common in individuals over the age of 50.⁶ Increasing age is associated with an increased prevalence of pre-diabetes and T2DM,^{26,27} whilst type T1DM typically peaks around puberty.²⁸
- Approximately three-quarters of all strokes occur in adults aged 65+. The risk of having a stroke doubles every 10 years after the age of 55.¹⁵
- Osteoarthritis typically develops in individuals in 45 years older and above, while rheumatoid arthritis often starts between the age of 30 and 50.⁴⁶
- A national survey of children and young people's mental health found that the prevalence of mental health disorders was highest among 11- to 16-year-olds.⁶³
- Findings from the 2021 Health Survey for England show that people aged 45-74 are at higher risk for overweight and obesity.⁴⁹ Eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder typically develop in people during their late teens and mid-twenties.^{57,58}
- A systematic review found that older age is significantly associated with frailty.⁸⁴
- The risk of dementia increases exponentially with age. From the age of 70, a person's risk of dementia roughly doubles every five years.⁸⁹
- Increasing age is an important risk factor for cancer, with overall cancer incidence rates rising as age increases. In the UK, the peak rate of cancer cases is among people aged 85-89 years. Despite this, certain types of cancer are more common in children and young people, including brain and spinal tumours and leukaemia.⁹⁸

Disability

- A wide range of comorbidities exist which can increase an individual's risk of developing CVD. Hypertension is one of the most important risk factors for CVD as it can damage an individual's blood vessels. Some other important comorbidities include type 2 diabetes, dyslipidaemia, chronic kidney disease, atrial fibrillation, and serious mental health problems.⁶
- Findings from the 2021 Health Survey for England show that disabled people are at higher risk for overweight and obesity.⁴⁹
- Cardiovascular disease (CVD) is a key cause of disability in the UK but can often be largely prevented by lifestyle modifications.⁵
- National data on chronic pain available from the Health Survey for England in 2017 showed that adults that were permanently unable to work because of long-term sickness or disability, and those intending to look for work but prevented by temporary sickness or injury were more likely to report having chronic pain (77% and 66% respectively) compared with those in paid employment (27%).¹²⁴
- People with learning disabilities have been identified as being at particular risk of poor mental health.⁸¹

Gender identity and reassignment

- People identifying as transgender are less likely to attend for cancer screening, in part due to fear of discrimination by health care workers, and are less likely to access sex-specific screening such as cervical or breast cancer screening because in some cases they have been omitted from the register due to their recorded gender.^{99,100}
- See also [Sexual orientation](#).

Marriage and civil partnership

No specific issues were identified through this needs assessment

Pregnancy and maternity

- Obesity during pregnancy can cause health problems for both the mother and child, including increased risk of maternal death; miscarriage; gestational diabetes; blood clots; pre-eclampsia; post-partum haemorrhage; still birth; foetal abnormality and increased risk of the baby becoming obese in adulthood.^{54,55}

- Women during the perinatal period have been identified as being at particular risk of poor mental health.⁸² See [Perinatal Mental Health and Wellbeing JSNA](#).

Race and ethnicity

- In the UK, South Asian, Black African and African Caribbean ethnicities have an elevated risk of developing CVD.⁵ Specifically, South Asian groups have the highest mortality from heart disease and stroke, while Black groups in the UK have a significantly lower risk of heart disease compared to the general population but have higher incidence of and mortality from hypertension and stroke.⁸
- A UK research study in 2023 shows that ethnic minority groups had earlier onset on acute stroke by around 5 years and 2-4 times higher risk of stroke-related adverse outcomes and deaths compared to Caucasian patients.¹⁶
- A cross-sectional analysis of the Health Improvement Network Primary Care Database found that minority ethnic groups were more likely to have a type 2 diabetes diagnosis compared to White individuals.²⁹
- A national survey of children and young people's mental health found that the prevalence of mental health disorders was highest among children of a White British or Mixed/other ethnic background compared to those from Asian/Asian British and Black/Black British backgrounds.⁶³ Research suggests that people from BAME communities are at higher risk of developing a mental health problem in adulthood, but are less likely to receive support.⁶⁷
- Findings from the 2021 Health Survey for England show that people from the Black ethnic group are at higher risk for overweight and obesity.⁴⁹
- There is evidence to suggest that the prevalence of dementia differs between different ethnic groups. A meta-analysis found that people from Black ethnic groups had around 20% higher incidence of dementia than people from White ethnic groups, but found no significant differences between people from Asian and White ethnic groups.⁹⁰
- A recent 2022 study in England found that people of non-White ethnicity generally have lower cancer risk than the White population, with some notable exceptions. Some exceptions included prostate cancer (2 times higher in Black ethnic groups), myeloma (3 times higher in Black ethnic groups) and several gastrointestinal cancers (higher in Black and Asian ethnic groups).¹⁰¹

Religion or belief

No specific issues were identified through this needs assessment

Sex

- The average life expectancy at birth for a resident in Stevenage between 2020 and 2022 was 80.8 years (79.3 years for males and 82.2 years for females).² This was significantly lower than Hertfordshire for both males and females, but statistically similar to England.
- The average life expectancy at age 65 for a resident in Stevenage between 2020 and 2022 was 19.3 years (18.2 years for males and 20.4 years for females).² This was significantly lower than Hertfordshire for both males and females, but statistically similar to England.
- Men have a higher risk of CVD than women at all ages compared to women, and on average, develop CVD around 10 years earlier than women.⁶ However, research suggest that women who have heart attacks receive poorer care than males during diagnosis, treatment and aftercare which may affect health outcomes.⁷
- Women have increased risk for stroke compared to men as they have a higher disease burden for certain conditions, including atrial fibrillation, increased risk of stroke related to diabetes, and higher prevalence of hypertension. Women also carry sex hormone-specific risk factors for stroke related to pregnancy, birth control medication and menopause.¹⁴
- Women are reported to have a higher rate of all types of common mental health disorders, although suicide is more common among men.^{67,68}
- Eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder are more prevalent among women than men.^{57,58}
- A systematic review found that found that the female gender is significantly associated with frailty.⁸⁴
- Dementia is known to be more prevalent in females compared to males, with females accounting for around 65% of all dementia patients.⁸⁷ Some of this can be explained by females having longer life expectancy.⁸⁸
- In general, cancer incidence is higher among men than women. However, this pattern differs by age in England, with common cancers that affect women (including breast and cervical cancer) more likely to develop in younger people compared to cancers that mainly affect men (such as prostate cancer).⁹⁵

Sexual orientation

- People who identify as non-heterosexual are more likely to develop mental health problems including depression, anxiety, eating disorders, self-harm, suicidal feelings and misuse of drugs or alcohol.⁷⁰ This is related to the fact that many LGBTQ+ people

are more likely to experience stigma and/or discrimination, social isolation, exclusion, rejection and inequality.⁷⁰⁻⁷²

- LGBT people are less likely to attend for cancer screening, in part due to fear of discrimination by health care workers.¹⁰⁰

Part B: Other Categories

Military personnel and armed forces veterans

- Veterans have been identified as being at particular risk of poor mental health.⁷⁹ In particular, military veterans are more likely to experience post-traumatic stress disorder (PTSD), anxiety, depression and alcohol problems than the general population.^{125,126}

Carers

- Carers have been identified as being at particular risk of poor mental health.⁷⁸ This is because caring responsibilities often have a significant impact on mental health, including: stress and worry; anxiety; isolation and loneliness; less personal time; money worries; lack of sleep; and guilt, frustration and anger.¹²⁷

Mental Illness/Poor Mental Health

- Evidence suggests there is a two-way causal relationship between mental health and long-term conditions like CVD, diabetes, chronic obstructive pulmonary disease, and musculoskeletal disorders.⁷⁶
- Significant positive associations have been found between frailty and higher levels of depression among older people.⁸⁴
- Depression in later life is estimated to increase the risk of dementia by 90%. A UK cohort study found that depressive symptoms in later life, but not in midlife, increases dementia risk.^{91,93}
- See also [Disability](#).

Children Looked After and Care Leavers

No specific issues were identified through this needs assessment

Appendix B: Guidance on statistical significance and interpreting confidence intervals

Statistical significance: A term used to indicate whether a difference or relationship really exists between two or more data points including two different geographic areas or time periods and/or whether the difference is just a fluke.

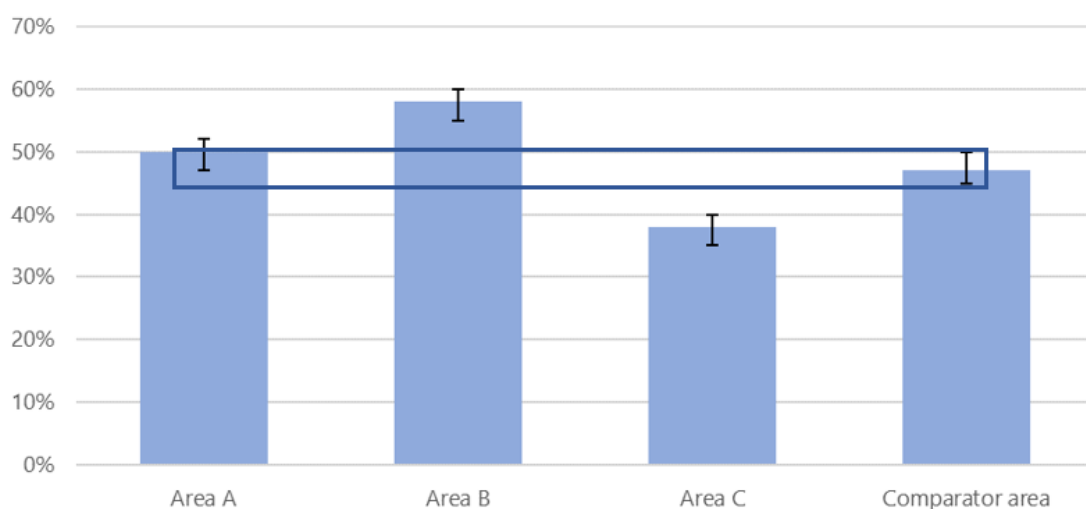
Confidence intervals: provide an easy way to look for statistically significant differences between two or more data points. There are two different methods that can be used, each with its own strengths and weaknesses.

Overlapping confidence intervals: When there are two sets of data with confidence intervals and we want to take the imprecision of both into account we compare both to see if they overlap each other. If the intervals do not overlap, there is a significant difference between the data. On the other hand, if the intervals overlap, then the data points are not statistically significant (see example below).

Example:

The graph below shows an example of how confidence intervals can be used to identify statistically significant differences between data. Applying the logic described above, the below graph shows the following:

- Area A is **statistically similar** or **not significantly different** to the comparator area because the confidence intervals overlap.
- Area B is **statistically significantly higher** than the comparator area because the confidence intervals do not overlap.
- Area C is **statistically significantly lower** than the comparator area because the confidence intervals do not overlap.



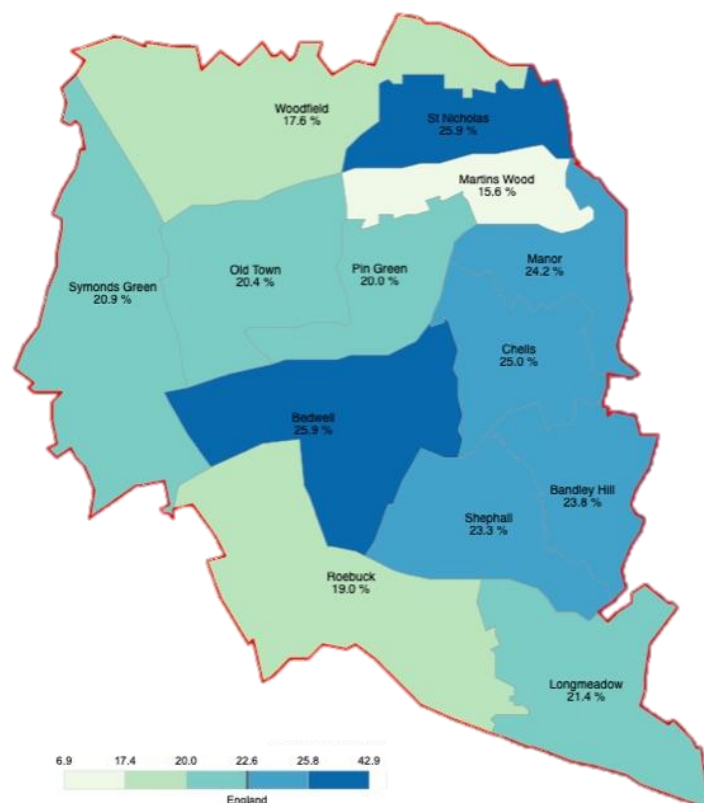
Source: *Statistics with Confidence*, Altman et al.¹²⁸

Appendix C: Ward level health indicators

Ward level data is not available for the vast majority of data contained within this JSNA. However this appendix contains ward level maps of the indicators covered within this JSNA where ward level data is available. This includes the following two indicators:

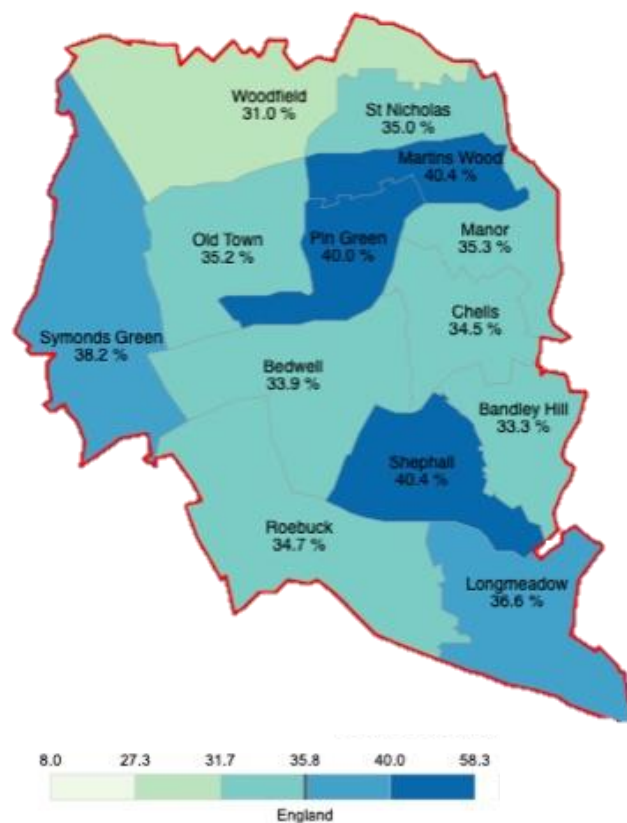
- Reception prevalence of overweight (including obesity) (4-5 years)
- Year 6 prevalence of overweight (including obesity) (10-11 years)

Map 1: Reception prevalence of overweight (including obesity) (4-5 years)



Source: National Child Measurement Programme (NCMP).

Map 2: Year 6 prevalence of overweight (including obesity) (10-11 years)



Source: National Child Measurement Programme (NCMP).

Ward level profiles

Ward level data for indicators similar to those explored in this JSNA is available through local ward profiles on the [Local Health](#) website, all of which are linked below:

- [Bandley Hill](#)
- [Bedwell](#)
- [Chells](#)
- [Longmeadow](#)
- [Manor](#)
- [Martins Wood](#)
- [Old Town](#)
- [Pin Green](#)
- [Roebuck](#)
- [Shephall](#)
- [St Nicholas](#)
- [Symonds Green](#)
- [Woodfield](#)

**Please note that the ward geographies above are based on 2021 ward boundaries, therefore these wards may alter slightly to the most recent ward geographies.*

References

1. Population estimates for England and Wales - Office for National Statistics. Accessed November 22, 2024. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>
2. Fingertips | Department of Health and Social Care. Accessed November 22, 2024. <https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/502/par/E10000015/ati/501/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>
3. OHID Fingertips. Public health profiles - Index of Multiple Deprivation Score. PHE. Accessed March 3, 2023. <https://fingertips.phe.org.uk/search/deprivation#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/93275/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
4. Education and Lifelong Learning Profile - County | Hertfordshire | Report Builder for ArcGIS. Accessed November 22, 2024. <https://www.reports.esriuk.com/view-report/37e3ccb70620456296ae169a360fedc8/E10000015?clear=true#adultquals>
5. NHS. Cardiovascular disease . April 2022. Accessed April 5, 2023. <https://www.nhs.uk/conditions/cardiovascular-disease/>
6. NICE. Risk factors for CVD . February 2023. Accessed April 5, 2023. <https://cks.nice.org.uk/topics/cvd-risk-assessment-management/background-information/risk-factors-for-cvd/>
7. British Heart Foundation. Bias and Biology. How the gender gap in heart disease is costing women's lives. 2019. Accessed April 5, 2023. <https://www.bhf.org.uk/-/media/files/heart-matters/bias-and-biology-briefing.pdf?rev=cd26147a45f9444098aa2949551f3803&hash=7C4225981A8554B921502F609C42C7F9>
8. The King's Fund. The health of people from ethnic minority groups in England. September 17, 2021. Accessed April 5, 2023. <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#CVD>
9. British Heart Foundation. CVD Factsheet. Published online February 2023.
10. Lichtenstein AH, Appel LJ, Vadiveloo M, et al. 2021 Dietary Guidance to Improve Cardiovascular Health: A Scientific Statement From the American Heart Association. *Circulation*. 2021;144(23):e472-e487. doi:10.1161/CIR.0000000000001031
11. Dobrosielski DA. How can exercise reduce cardiovascular disease risk? A primer for the clinician. *Pol Arch Intern Med*. 2021;131(10). doi:10.20452/PAMW.16122
12. Socioeconomic inequalities in avoidable mortality, England and Wales - Office for National Statistics. Accessed March 6, 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/measuringeconomicinequalitiesinavoidablemortalityinenglandandwales/2001to2017>
13. Stroke: Causes and types. Accessed November 22, 2024. <https://www.stroke.org.uk/stroke/types>
14. Hanna M, Wabnitz A, Grewal P. Sex and stroke risk factors: A review of differences and impact. *J Stroke Cerebrovasc Dis Off J Natl Stroke Assoc*. 2024;33(4):107624. doi:10.1016/j.jstrokecerebrovasdis.2024.107624
15. Yousufuddin M, Young N. Aging and ischemic stroke. *Aging*. 2019;11(9):2542. doi:10.18632/aging.101931
16. Fluck D, Fry CH, Gulli G, et al. Adverse stroke outcomes amongst UK ethnic minorities: a multi-centre registry-based cohort study of acute stroke. *Neurol Sci*. 2023;44(6):2071. doi:10.1007/s10072-023-06640-z
17. Pan B, Jin X, Jun L, Qiu S, Zheng Q, Pan M. The relationship between smoking and stroke: A meta-analysis. *Medicine (Baltimore)*. 2019;98(12):e14872. doi:10.1097/MD.00000000000014872
18. Letra L, Sena C. Cerebrovascular Disease: Consequences of Obesity-Induced Endothelial Dysfunction. *Adv Neurobiol*. 2017;19:163-189. doi:10.1007/978-3-319-63260-5_7
19. High blood pressure | Stroke Association. Accessed November 22, 2024. <https://www.stroke.org.uk/stroke/managing-risk/high-blood-pressure>
20. Stroke: Challenges, Progress, and Promise.
21. Incidence and prevalence | Background information | Diabetes - type 1 | CKS | NICE. Accessed March 6, 2023. <https://cks.nice.org.uk/topics/diabetes-type-1/background-information/incidence-prevalence/>
22. Health matters: preventing Type 2 Diabetes - GOV.UK. Accessed March 6, 2023. <https://www.gov.uk/government/publications/health-matters-preventing-type-2-diabetes/health-matters-preventing-type-2-diabetes>
23. Tabák AG, Herder C, Rathmann W, Brunner EJ, Kivimäki M. Prediabetes: A high-risk state for developing diabetes. *Lancet*. 2012;379(9833):2279. doi:10.1016/S0140-6736(12)60283-9
24. Gestational diabetes | Causes and symptoms | Diabetes UK. Accessed March 6, 2023. <https://www.diabetes.org.uk/diabetes-the-basics/gestational-diabetes>
25. Health Survey for England 2019 [NS] - NDRS. Accessed March 6, 2023. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019>
26. Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. *JAMA*. 2015;314(10):1021-1029. doi:10.1001/JAMA.2015.10029
27. Fazeli PK, Lee H, Steinhauser ML. Aging Is a Powerful Risk Factor for Type 2 Diabetes Mellitus Independent of Body Mass Index. *Gerontology*. 2020;66(2):209-210. doi:10.1159/000501745

28. Frommer L, Kahaly GJ. Type 1 Diabetes and Autoimmune Thyroid Disease—The Genetic Link. *Front Endocrinol.* 2021;12. doi:10.3389/FENDO.2021.618213
29. Pham TM, Carpenter JR, Morris TP, Sharma M, Petersen I. Ethnic Differences in the Prevalence of Type 2 Diabetes Diagnoses in the UK: Cross-Sectional Analysis of the Health Improvement Network Primary Care Database. *Clin Epidemiol.* 2019;11:1081. doi:10.2147/CLEP.S227621
30. Khaodh L, Cummings S, Apovian CM. Treating diabetes and prediabetes by focusing on obesity management. *Curr Diab Rep.* 2009;9(5):348-354. doi:10.1007/S11892-009-0055-0
31. Abdullah A, Peeters A, de Courten M, Stoelwinder J. The magnitude of association between overweight and obesity and the risk of diabetes: a meta-analysis of prospective cohort studies. *Diabetes Res Clin Pract.* 2010;89(3):309-319. doi:10.1016/J.DIABRES.2010.04.012
32. Aune D, Norat T, Leitzmann M, Tonstad S, Vatten LJ. Physical activity and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis. *Eur J Epidemiol.* 2015;30(7):529-542. doi:10.1007/S10654-015-0056-Z
33. Zhang R, Fu J, Moore JB, Stoner L, Li R. Processed and Unprocessed Red Meat Consumption and Risk for Type 2 Diabetes Mellitus: An Updated Meta-Analysis of Cohort Studies. *Int J Environ Res Public Health.* 2021;18(20). doi:10.3390/IJERPH182010788
34. Wagner R, Thorand B, Osterhoff MA, et al. Family history of diabetes is associated with higher risk for prediabetes: a multicentre analysis from the German Center for Diabetes Research. *Diabetologia.* 2013;56(10):2176-2180. doi:10.1007/S00125-013-3002-1
35. Florez JC, Udler MS, Hanson RL. Genetics of Type 2 Diabetes. In: *Diabetes in America*. 3rd ed. National Institute of Diabetes and Digestive and Kidney Diseases (US); 2018:1-25.
36. Zhang Y, Xiao CM, Zhang Y, et al. Factors Associated with Gestational Diabetes Mellitus: A Meta-Analysis. *J Diabetes Res.* 2021;2021. doi:10.1155/2021/6692695
37. Rojas J, Chávez M, Olivar L, et al. Polycystic Ovary Syndrome, Insulin Resistance, and Obesity: Navigating the Pathophysiologic Labyrinth. *Int J Reprod Med.* 2014;2014:1-17. doi:10.1155/2014/719050
38. Gambineri A, Patton L, Altieri P, et al. Polycystic ovary syndrome is a risk factor for type 2 diabetes: results from a long-term prospective study. *Diabetes.* 2012;61(9):2369-2374. doi:10.2337/DB11-1360
39. Cassar S, Misso ML, Hopkins WG, Shaw CS, Teede HJ, Stepto NK. Insulin resistance in polycystic ovary syndrome: a systematic review and meta-analysis of euglycaemic-hyperinsulinaemic clamp studies. *Hum Reprod Oxf Engl.* 2016;31(11):2619-2631. doi:10.1093/HUMREP/DEW243
40. Lee KW, Ching SM, Ramachandran V, et al. Prevalence and risk factors of gestational diabetes mellitus in Asia: a systematic review and meta-analysis. *BMC Pregnancy Childbirth* 2018 181. 2018;18(1):1-20. doi:10.1186/S12884-018-2131-4
41. Okada R, Yasuda Y, Tsushita K, Wakai K, Hamajima N, Matsuo S. Within-visit blood pressure variability is associated with prediabetes and diabetes. *Sci Rep.* 2015;5. doi:10.1038/SREP07964
42. Emdin CA, Anderson SG, Woodward M, Rahimi K. Usual Blood Pressure and Risk of New-Onset Diabetes: Evidence From 4.1 Million Adults and a Meta-Analysis of Prospective Studies. *J Am Coll Cardiol.* 2015;66(14):1552-1562. doi:10.1016/J.JACC.2015.07.059
43. Chronic pain - Illnesses and conditions | NHS inform. Accessed March 15, 2023. <https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/chronic-pain>
44. NICE. Chronic pain | Health topics A to Z | CKS . April 2021. Accessed April 6, 2023. <https://cks.nice.org.uk/topics/chronic-pain/>
45. Hertfordshire County Council. JSNA Briefing: Hertfordshire's Health & Wellbeing Priorities. April 2022. Accessed April 6, 2023. <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/health-wellbeing-supplement-jsna-briefing-2022.pdf>
46. Arthritis - NHS. Accessed March 15, 2023. <https://www.nhs.uk/conditions/arthritis/>
47. King LK, March L, Anandacoomarasamy A. Obesity & osteoarthritis. *Indian J Med Res.* 2013;138(2):185.
48. Chauhan K, Jandu JS, Brent LH, Al-Dhahir MA. Rheumatoid Arthritis. In: *Rosen and Barkin's 5-Minute Emergency Medicine Consult*. Fifth Edit. StatPearls Publishing; 2023. doi:10.1017/cho19780521332866.074
49. NHS Digital. Health Survey for England, 2021: Data tables. December 15, 2022. Accessed March 2, 2023. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/health-survey-for-england-2021-data-tables>
50. NHS Digital. National Child Measurement Programme, England, 2021/22 school year . November 3, 2022. Accessed March 23, 2023. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2021-22-school-year>
51. NHS. Obesity . February 15, 2023. Accessed March 16, 2023. <https://www.nhs.uk/conditions/obesity/>
52. Jones A, Bentham G, Hillsdon M, Panter J. *Tackling Obesities: Future Choices - Obesogenic Environments*. Evidence Review.; 2007.
53. NICE. Causes and risk factors | Background information | Obesity . September 2022. Accessed March 1, 2023. <https://cks.nice.org.uk/topics/obesity/background-information/causes-risk-factors/>

54. Centre for Maternal and Child Enquiries and the Royal College of Obstetricians and Gynaecologists. *Management of Women with Obesity in Pregnancy*.; 2010. doi:10.1111/j.1467-789X.2007.00397.x
55. Norman JE, Reynolds R. Symposium I: Consequences of obesity and overweight during pregnancy: The consequences of obesity and excess weight gain in pregnancy. *Proc Nutr Soc*. 2011;70(4):450-456. doi:10.1017/S0029665111003077
56. NHS Digital. Health Survey for England 2019 Adults' health. December 15, 2020. Accessed August 9, 2022. <https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf>
57. Wood S, Marchant A, Allsopp M, et al. Epidemiology of eating disorders in primary care in children and young people: a Clinical Practice Research Datalink study in England. *BMJ Open*. 2019;9(8). doi:10.1136/BMJOPEN-2018-026691
58. Micali N, Hagberg KW, Petersen I, Treasure JL. The incidence of eating disorders in the UK in 2000-2009: Findings from the General Practice Research Database. *BMJ Open*. 2013;3(5):e002646. doi:10.1136/bmjopen-2013-002646
59. Solmi M, Radua J, Stubbs B, et al. Risk factors for eating disorders: an umbrella review of published meta-analyses. *Braz J Psychiatry*. 2021;43(3):323. doi:10.1590/1516-4446-2020-1099
60. Culbert KM, Racine SE, Klump KL. Research Review: What we have learned about the causes of eating disorders – a synthesis of sociocultural, psychological, and biological research. *J Child Psychol Psychiatry*. 2015;56(11):1141-1164. doi:10.1111/JCPP.12441
61. Institute for Health Metrics and Evaluation. GBD Compare | IHME Viz Hub. Global Burden of Disease. 2015. <http://vizhub.healthdata.org/gbd-compare/>
62. Kolappa K, Henderson DC, Kishore SP. No physical health without mental health: Lessons unlearned? *Bull World Health Organ*. 2013;91(1):12-15. doi:10.2471/BLT.12.115063
63. Newlove-Delgado T, Williams T, Robertson K, et al. *Mental Health of Children and Young People in England, 2021*.; 2021.
64. Public Health England. Mental health and wellbeing: JSNA toolkit. Children and young people.
65. Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Soc Sci Med*. 2013;90:24-31. doi:10.1016/J.SOCSCIMED.2013.04.026
66. Grimm F, Alcock B, Butler J, et al. *Improving Children and Young People's Mental Health Services*.; 2022. doi:10.37829/HF-2022-NDL1)
67. Appleby L, Asherson P, Ashtarikiani A, et al. *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey* .; 2014.
68. Samaritans. *Preventing Suicide among Less Well-off, Middle-Aged Men Out of Sight, out of Mind: Why Less-Well off, Middle-Aged Men Don't Get the Support They Need*.; 2020.
69. Bignall T, Jeraj S, Helsby E, Butt J. *Racial Disparities in Mental Health: Literature and Evidence Review*.; 2019.
70. Mind. About LGBTIQ+ mental health | Mind, the mental health charity - help for mental health problems.
71. Hudson-Sharp N, Metcalf H. *Inequality among LGB&T Groups in the UK: A Review of Evidence*.; 2016.
72. Rees SN, Crowe M, Harris S. The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *J Psychiatr Ment Health Nurs*. Published online December 2020:jpm.12720. doi:10.1111/jpm.12720
73. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review 10 Years On*.; 2020.
74. Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: Systematic review and meta-analysis. *BMJ Online*. 2014;348. doi:10.1136/bmj.g1151
75. Garfin DR, Thompson RR, Holman EA. Acute stress and subsequent health outcomes: A systematic review. *J Psychosom Res*. 2018;112:107-113. doi:10.1016/J.JPSYCHORES.2018.05.017
76. Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. *Long-Term Conditions and Mental Health*.; 2012.
77. Bellis MA, Lowey H, Leckenby N, Hughes K, Harrison D. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *J Public Health*. 2014;36(1):81-91. doi:10.1093/pubmed/fdt038
78. Carers UK. *State of Caring 2022 | A Snapshot of Unpaid Care in the UK* .; 2022.
79. Community Innovations Enterprise. *Call to Mind: A Framework for Action - Findings from the Review of Veterans and Family Members Mental and Related Health Needs Assessments Final Report October 2015*.; 2015.
80. Royal College of Psychiatrists. *Mental Health of Asylum Seekers and Refugees*.; 2022.
81. Royal College of Nursing. *Mental Health Nursing of Adults with Learning Disabilities*.; 2010.
82. Public Health England. *Mental Health and Wellbeing: JSNA Toolkit. Perinatal Mental Health*.; 2019.
83. Hoogendijk EO, Afilalo J, Ensrud KE, Kowal P, Onder G, Fried LP. Frailty: implications for clinical practice and public health. *The Lancet*. 2019;394(10206):1365-1375. doi:10.1016/S0140-6736(19)31786-6
84. Feng Z, Lugtenberg M, Franse C, et al. Risk factors and protective factors associated with incident or increase of frailty among community-dwelling older adults: A systematic review of longitudinal studies. *PloS One*. 2017;12(6). doi:10.1371/JOURNAL.PONE.0178383
85. Woolford SJ, Sohan O, Dennison EM, Cooper C, Patel HP. Approaches to the diagnosis and prevention of frailty. *Aging Clin Exp Res*. 2020;32(9):1629. doi:10.1007/S40520-020-01559-3
86. (PDF) Dementia: definitions and types. *ResearchGate*. Published online October 22, 2024. doi:10.7748/ns.29.37.37.e9405
87. *dementia_uk_update.pdf*. Accessed November 25, 2024. https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_uk_update.pdf

88. Podcasy JL, Epperson CN. Considering sex and gender in Alzheimer disease and other dementias. *Dialogues Clin Neurosci*. 2016;18(4):437-446. doi:10.31887/DCNS.2016.18.4/cepperson
89. factsheet_risk_factors_for_dementia.pdf. Accessed November 25, 2024. https://www.alzheimers.org.uk/sites/default/files/pdf/factsheet_risk_factors_for_dementia.pdf
90. Shiekh SI, Cadogan SL, Lin LY, Mathur R, Smeeth L, Warren-Gash C. Ethnic Differences in Dementia Risk: A Systematic Review and Meta-Analysis. *J Alzheimers Dis JAD*. 2021;80(1):337-355. doi:10.3233/JAD-201209
91. Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet Lond Engl*. 2020;396(10248):413-446. doi:10.1016/S0140-6736(20)30367-6
92. Sommerlad A, Sabia S, Singh-Manoux A, Lewis G, Livingston G. Association of social contact with dementia and cognition: 28-year follow-up of the Whitehall II cohort study. *PLoS Med*. 2019;16(8):e1002862. doi:10.1371/journal.pmed.1002862
93. Singh-Manoux A, Dugravot A, Fournier A, et al. Trajectories of Depressive Symptoms Before Diagnosis of Dementia: A 28-Year Follow-up Study. *JAMA Psychiatry*. 2017;74(7):712-718. doi:10.1001/jamapsychiatry.2017.0660
94. NHS. Cancer . October 13, 2022. Accessed March 2, 2023. <https://www.nhs.uk/conditions/cancer/>
95. Baker C, Mansfield Z. *Cancer Statistics for England* .; 2023.
96. Nomis. Mortality statistics - underlying cause, sex and age. ONS. 2022. Accessed March 16, 2023. <https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=161>
97. WHO. *IARC Launches the World Code Against Cancer Framework* .; 2022.
98. Cancer Research UK. Cancer incidence by age . Accessed March 2, 2023. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-One>
99. The Lancet Oncology. Cancer risk in the transgender community. *Lancet Oncol*. 2015;16(9):999. doi:10.1016/S1470-2045(15)00249-1
100. Public Health England. Addressing inequalities in LGBT cancer screening coverage. 2019. Accessed April 12, 2023. <https://phescreening.blog.gov.uk/2019/03/15/addressing-inequalities-in-lgbt-cancer-screening-coverage/>
101. Delon C, Brown KF, Payne NWS, Kotrotsios Y, Vernon S, Shelton J. Differences in cancer incidence by broad ethnic group in England, 2013–2017. *Br J Cancer*. 2022;126(12):1765-1773. doi:10.1038/s41416-022-01718-5
102. Anand P, Kunnumakara AB, Sundaram C, et al. Cancer is a Preventable Disease that Requires Major Lifestyle Changes. *Pharm Res*. 2008;25(9):2116. doi:10.1007/S11095-008-9661-9
103. C T, Hodgson S. Genetic predisposition to cancer. *Clin Med*. 2005;5:491-498.
104. Cancer Research UK. Inherited genes and cancer types . November 2021. Accessed March 2, 2023. <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/inherited-cancer-genes-and-increased-cancer-risk/inherited-genes-and-cancer-types>
105. Brown KF, Rumgay H, Dunlop C, et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *Br J Cancer*. 2018;118(8):1130-1141. doi:10.1038/s41416-018-0029-6
106. Cancer Research UK. Statistics on preventable cancers . March 23, 2018. Accessed March 2, 2023. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One>
107. Review TM. Fair Society, Healthy Lives.
108. Wider Determinants of Health | Fingertips | Department of Health and Social Care. Accessed November 25, 2024. <https://fingertips.phe.org.uk/profile/wider-determinants>
109. Hospital admissions for eating disorders, broken down by age and local authority. NHS England Digital. Accessed November 25, 2024. <https://digital.nhs.uk/supplementary-information/2023/hospital-admissions-for-eating-disorders-broken-down-by-age-and-local-authority>
110. NICE. Quality statement 6: 9 key care processes | Type 2 diabetes in adults | Quality standards. March 2, 2023. Accessed March 29, 2023. <https://www.nice.org.uk/guidance/QS209/chapter/quality-statement-6-9-key-care-processes>
111. NICE. Quality statement 4: 9 key care processes | Type 1 diabetes in adults | Quality standards. March 2, 2023. Accessed March 29, 2023. <https://www.nice.org.uk/guidance/qs208/chapter/Quality-statement-4-9-key-care-processes>
112. NHS England. Secondary prevention: reducing disparities and improving life expectancy. Accessed March 29, 2023. <https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/>
113. NICE. Recommendations | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE. April 2021. Accessed March 24, 2023. <https://www.nice.org.uk/guidance/ng193/chapter/Recommendations#managing-chronic-primary-pain>
114. Conversano C, Poli A, Ciacchini R, Hitchcott P, Bazzichi L, Gemignani A. A psychoeducational intervention is a treatment for fibromyalgia syndrome. *Clin Exp Rheumatol*. 2019;37(1):S98-S104.
115. Quality statement 1: Multi-agency suicide prevention partnerships | Suicide prevention | Quality standards | NICE. September 10, 2019. Accessed November 25, 2024. <https://www.nice.org.uk/guidance/qs189/chapter/Quality-statement-1-Multi-agency-suicide-prevention-partnerships>
116. Le LKD, Barendregt JJ, Hay P, Mihalopoulos C. Prevention of eating disorders: A systematic review and meta-analysis. *Clin Psychol Rev*. 2017;53:46-58. doi:10.1016/J.CPR.2017.02.001

117. Oliveira JS, Pinheiro MB, Fairhall N, et al. Evidence on Physical Activity and the Prevention of Frailty and Sarcopenia Among Older People: A Systematic Review to Inform the World Health Organization Physical Activity Guidelines. *J Phys Act Health*. 2020;17(12):1247-1258. doi:10.1123/JPAH.2020-0323
118. Agide FD, Sadeghi R, Garmaroudi G, Tigabu BM. A systematic review of health promotion interventions to increase breast cancer screening uptake: from the last 12 years. *Eur J Public Health*. 2018;28(6):1149-1155. doi:10.1093/EURPUB/CKX231
119. Musa J, Achenbach CJ, O'Dwyer LC, et al. Effect of cervical cancer education and provider recommendation for screening on screening rates: A systematic review and meta-analysis. *PLOS ONE*. 2017;12(9):e0183924. doi:10.1371/JOURNAL.PONE.0183924
120. Overview | Obesity: identification, assessment and management | Guidance | NICE. Accessed July 4, 2022. <https://www.nice.org.uk/guidance/cg189>
121. Kok P, Seidell J, Meinders A. The value and limitations of the body mass index (BMI) in the assessment of the health risks of overweight and obesity. *Ned Tijdschr Geneesk*. 2004;27(148):2379-2382.
122. Nishida C, Barba C, Cavalli-Sforza T, et al. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *The Lancet*. 2004;363(9403):157-163. doi:10.1016/S0140-6736(03)15268-3
123. Doctors of the World. *Registration Refused: A Study on Access to GP Registration in England, 2016.*; 2016.
124. Public Health England. *Chronic Pain in Adults 2017: Health Survey for England.*; 2020.
125. Stevelink SAM, Jones M, Hull L, et al. Mental health outcomes at the end of the British involvement in the Iraq and Afghanistan conflicts: A cohort study. *Br J Psychiatry*. 2018;213(6):690-697. doi:10.1192/bjp.2018.175
126. Community Innovations Enterprise on behalf of the Forces in Mind Trust and NHS England. *Call to Mind: A Framework for Action. Findings from the Review of Veterans and Family Members Mental and Related Health Needs Assessments.*; 2015.
127. MIND. Supporting yourself while caring for someone.
128. Altman D, Machin D, Bryant T, Gardener M. *Statistics with Confidence*. British Medical Journal; 2000.

This page is intentionally left blank

Addressing local priority health and wellbeing challenges in Stevenage

V.1.0 September 2025



Contents

1. Introduction	2
2. Improving health and wellbeing at the local level	3
3. Stevenage: key facts	5
4. Health and wellbeing in Stevenage	8
5. Ways forward	13
Appendix: Demand and outcomes for priority themes in Stevenage	18

Introduction

Improving health and wellbeing across Stevenage is a shared priority for local system partners. Drawing on findings from Hertfordshire's Joint Strategic Needs Assessment (JSNA) and other local intelligence work undertaken in 2025, this briefing sets out key challenges and opportunities for addressing health and wellbeing issues in Stevenage, with a particular focus on three key areas where coordinated action can make a significant impact:

- healthy weight in children and young people;
- common mental health disorders;
- frailty and dementia.

These challenges are shaped by interconnected wider determinants, such as income, housing, education and access to services. Tackling them requires a place-based, evidence-informed approach that builds on local assets, engages communities and targets support where it is most needed.

The briefing concludes with suggested next steps at the local level to shape and support the system response to these challenges.

Greater statistical detail on the current local picture is provided in the Appendix and highlighted sources of further information.

Improving health and wellbeing at the local level

Key challenges

- Local councils are well-placed to influence many wider determinants of health, including housing, planning, leisure, environment and economic development. Their role is pivotal in prevention, place-shaping, and community engagement.
- Key public health issues, such as obesity, common mental health disorders and other preventable long-term conditions, are often linked to deprivation. Significant disparities exist between affluent and deprived areas in access to services, health literacy, life expectancy and a wide range of health outcomes.
- Despite this, there are a number of key challenges to delivering progress on health and wellbeing outcomes at local level, including:
 - **Fragmented systems:** District and borough councils often lack formal integration with health systems, limiting their influence on strategic decisions. Similarly, there may be disconnections between the health and local government sectors and local voluntary, community, faith and social enterprise (VCSFE) organisations. This can lead to both duplication and unaddressed gaps in service provision, as well as disjointed service pathways. Technical and legal barriers to sharing data are also a common feature of local systems, limiting the ability to identify needs and track progress against outcomes, as well as contributing to a disjointed experience for service users.
 - **Bureaucracy:** Complex governance structures in the health and local government sectors can impede or dilute the influence of smaller organisations. Competing organisational and political priorities can also present barriers to effective joined up working.
 - **Evidence gaps:** lack of robust statistical data on health outcomes, as well as qualitative data about residents' needs and experiences, at local level can hinder the development of effective, targeted interventions. An absence of robust performance data collection and evaluation of local interventions can also limit the effectiveness of the service offer and hinder the roll-out of effective interventions and service improvements.

- **Limited resources and funding pressures:** constraints on resources and workforce capacity across the local system place limitations on service delivery and innovation, often meaning that even when both a need and an evidence-based solution have been identified it's not possible to translate this knowledge into meaningful sustained action on the ground.

Enablers and opportunities for success

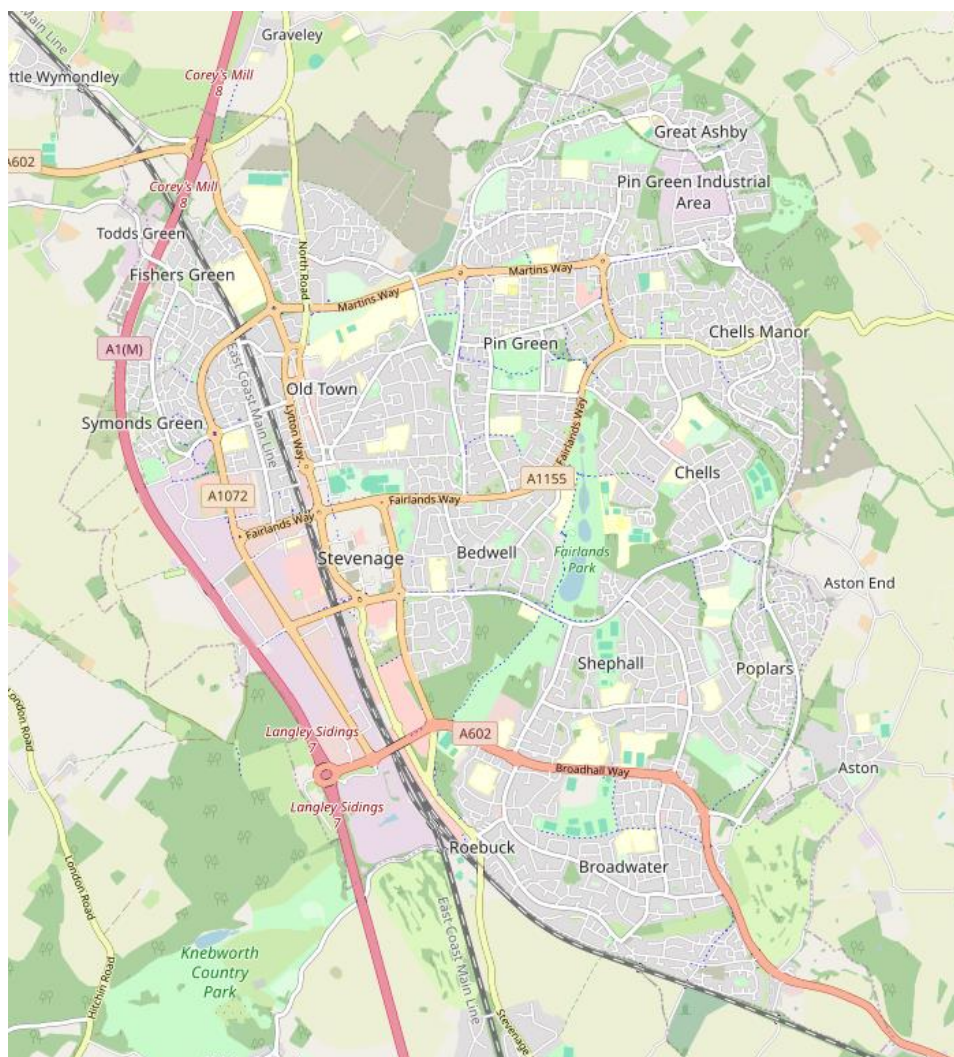
- **Embedding health in all policies** to support a system-wide approach that addresses wider determinants of health, such as housing to transport as a matter of routine.
- **Organisational partnerships:** local councils can play an effective role in bringing together organisations from across multiple sectors in the local system to share learning, pool resources and develop joined-up solutions.
- **Working collaboratively with the VCFSE sector** can bring community insight, trust, and reach – especially for marginalised groups.
- **Co-production and community engagement:** involving residents in designing services can help to build trust, relevance and uptake, which is especially beneficial in areas like young people's mental health, active travel and food access.
- **Data and evaluation:** while there are often substantial barriers to sharing data in a useful way across local systems, there are still some opportunities for improving data collection and enabling the pooling of knowledge from data analysis by bringing in more standardisation, as well as collaboration around evaluation activity to ensure the optimal use of limited resources over time.

Stevenage: key facts

Overview

- Stevenage is a district in Hertfordshire, located centrally and bordered by North Hertfordshire, East Hertfordshire, and Welwyn Hatfield. It comprises 13 wards, with Bedwell housing the town centre.
- The district is part of the East and North Hertfordshire sub-ICB area and benefits from strong transport links, including the A1(M) and direct train routes to London.
- The Lister A&E Hospital, including Cygnet acute mental health inpatient wards, is located within the district, with the QE2 Hospital in the neighbouring district of Welwyn Hatfield.

Map of Stevenage (Source: Open Source Map)



Population

- Total population (2023): 90,146
- Age distribution:
 - 64% aged 16–64
 - 20% aged 0–15
 - 16% aged 65+
- Growth forecast: 2% increase by 2043, with a 30% rise in the 65+ age group.
- Most common age group: 30–39 years
- Higher proportion of children (0–14) than regional/national averages; lower proportion of older adults (65+) and young adults (20–24).

Ethnicity

- White: 82.8%
- Ethnic minority groups: 17.2%
- Most diverse wards: Woodfield (24.7% BAME), St Nicholas (23.1%), Bedwell (21.2%)

Other demographics

- Disability: 17.3% of residents
- Unpaid carers: 4.7% provide 20+ hours of care weekly
- Military veterans: 3.1%
- Sexual orientation: 2.8% identify as non-heterosexual

Life expectancy

- At birth:
 - Males: 79.3 years
 - Females: 82.2 years
- At age 65:
 - Males: 18.2 years
 - Females: 20.4 years

- Both measures are lower than Hertfordshire, but similar to England.

Deprivation and inequality

- IMD score (2019): 19.7 – most deprived district in Hertfordshire
- Most deprived wards: Bedwell, Shephall, Roebuck
- Least deprived: Chells, Manor

Work and education

- No qualifications (2021): 8.3% (higher than Hertfordshire average)
- Degree-level qualifications: 35% (lower than Hertfordshire average)
- Employment rate (2023/24): 84.5% – similar to regional and national averages
- Universal Credit claimants (June 2024): 15.9% – higher than Hertfordshire, lower than England

Health and wellbeing in Stevenage

Headline facts

General overview

- The health of people in Stevenage is mixed compared to the England average.
- Life expectancy for men is lower than the national average, and there are significant inequalities across the district.

Health inequalities

- In the most deprived areas compared to the least deprived, life expectancy is:
 - 5.1 years lower for men
 - 4.0 years lower for women

Child health

- Obesity in Year 6 children (age 10–11): 19.6% are classified as obese.
- Children in low-income families: 16.1% (approx. 2,855 children).
- Alcohol-specific hospital admissions (under 18s): Rate of 25 per 100,000 (approx. 5 admissions/year).
- GCSE attainment: Below the England average.
- Smoking in pregnancy: Better than the national average.

Adult health

- Alcohol-related hospital admissions: 779 per 100,000 (worse than England average).
- Self-harm hospital admissions: 176 per 100,000 (approx. 160 admissions/year).
- Physical activity levels: Lower than the England average.
- Sexually transmitted infections and road injuries: Better than the England average.
- Violent crime and cancer mortality (under 75s): Worse than the England average.

Mental health

- Stevenage has followed national patterns in recent years, with rising cases of severe mental illness and depression. At the same time, hospital admissions for self-harm and alcohol-related disorders have declined – though the suicide rate has recently increased.
- Males in the area are five times more likely than females to be admitted for alcohol-related mental health issues, and nearly three times as likely to die by suicide. Both have similar rates of hospital admission for self-harm.
- Stevenage has a higher prevalence of depression and common mental disorders among adults, especially in more deprived areas. Referrals to services like Talking Therapies grow significantly with increased deprivation, suggesting a strong link between economic hardship and mental ill-health.
- Service users often report difficulties with housing, job security, and dissatisfaction with their environment – all factors that influence mental wellbeing. Local suicide data mirrors regional figures, with the highest risk seen in males, single individuals, and those in employment.
- Use of crisis services tends to be higher in deprived areas, although limited data means further research is needed to confirm this pattern.
- To effectively support vulnerable groups, mental health initiatives must address not only clinical needs but also wider socioeconomic factors – like housing quality and job readiness. Targeted interventions and community support can play a vital role in building resilience and improving lives.

Key causes and risk factors for poor mental health and wellbeing

Children and young people

- Risk factors include family mental illness, domestic abuse, poverty, and being in care.
- Higher prevalence among boys (6–10) and girls (17–23), and White British/Mixed ethnic groups.

Adults

- Risk factors include deprivation, poor physical health, substance misuse, LGBTQ+ identity, and adverse childhood experiences (ACEs).
- Mental health is closely linked to long-term physical conditions.

Weight

- Stevenage faces significant health challenges compared to Hertfordshire and England. With 72% of adults being overweight or obese and only 25% meeting the '5-a-day' fruit and vegetable guidelines, the town's health statistics are concerning. However, physical inactivity rates are similar to the regional and national averages at 22%.
- The National Child Measurement Programme for 2023/24 reveals that 18% of Reception children and 37% of Year 6 children in Stevenage are overweight or obese, aligning with national figures. Notably, excess weight is more prevalent among males and in areas of higher deprivation.
- Hospital admissions for eating disorders have decreased in Hertfordshire since the COVID-19 pandemic, though more granular data that would show any inequalities is unavailable.
- Stevenage ranks second-highest in Hertfordshire for overweight and obesity among Year 6 children. Children in more deprived areas are more likely to gain unhealthy weight between Reception and Year 6, with Black ethnicity children being the most affected.
- Secondary school pupils in Stevenage are less active than their peers in other districts, with many not engaging in any physical activity lasting 60 or even 30 minutes per week.
- Bedwell and Old Town have the highest densities of fast-food outlets, correlating with higher child obesity rates.
- Similar trends are seen in the adult population, with lower activity rates and lower fruit and vegetable consumption compared to the Hertfordshire average.
- To address these issues, early preventative interventions for families with young children are crucial. Culturally appropriate strategies can help reduce ethnicity-based inequalities. Increasing physical activity among young people, improving access to healthy foods and reducing access to unhealthy fast food outlets are key steps. Supporting entire families to achieve and maintain healthy weights is essential for long-term health improvements in Stevenage.

Key causes and risk factors for unhealthy weight

Obesity

- Driven by poor diet, inactivity, socioeconomic factors, and environmental influences.
- Higher risk among men, older adults, Black ethnic groups, and those in deprived areas.
- Obesity during pregnancy increases risks for both mother and child.

Eating disorders

- More prevalent in young women.
- Risk factors include trauma, media pressure, perfectionism, and family dysfunction.

Frailty and dementia

- Stevenage has a notably higher dementia diagnosis rate than Hertfordshire and England as a whole, with female residents and those from more deprived areas experiencing higher mortality rates.
- Care plans and regular medication reviews are essential for managing dementia, and there's room to strengthen these practices locally. While some local GP practices see high numbers of dementia patients, this is not always reflected in the number of medication reviews undertaken.
- In Stevenage, falls and hip fractures among adults aged 65–79 have generally declined over the past five years. However, for those aged 80 and older, rates have risen in the last three. Unlike the national picture, rates here show no significant difference between men and women. Nationally, rates of falls are higher in areas of greater deprivation.
- Support services play a critical role. An exercise programme is available for older adults, though long waiting lists pose risks for loss of mobility. Nutrition and meals services are also vital, particularly for those struggling with frailty or dementia. Most recipients are women, and many come from the most

economically deprived areas. As poor mobility is the main reason for receiving a meals service, initiatives that maintain residents' mobility may help prolong their independence. This may be a particularly important consideration for residents living in buildings with potential access issues (e.g. lift service outages).

- Voluntary services can help improve mobility and independence, but increasing capacity is key to reducing delays and supporting older residents sooner.
- Better access and targeted programmes – especially for those with mobility challenges – could improve outcomes and quality of life.

Key causes and risk factors for frailty and dementia

Frailty

- Associated with older age, female sex, low income, obesity, inactivity, poor nutrition, and depression.
- Prevention focuses on physical activity and healthy eating.

Dementia

- *Non-modifiable*: Age, sex (higher in women), ethnicity (higher in Black groups).
- *Modifiable*: Obesity, inactivity, alcohol misuse, smoking, social isolation, and late-life depression.

Ways forward

Overarching principles for improving local health and wellbeing

1. Place-based and community-led

- Build on local assets, culture, and needs.
- Empower communities to co-design and lead initiatives.

2. Prevention first

- Prioritise early intervention and health promotion across the life course.
- Address root causes such as poverty, housing, and food insecurity.

3. Equity and inclusion

- Target resources to reduce health inequalities.
- Ensure services are accessible, culturally appropriate, and inclusive.

4. Integrated and collaborative working

- Align efforts across health, education, housing, transport, and voluntary sectors.
- Share data and resources to maximise impact.

5. Data-driven decision making

- Invest in robust local data collection and analysis.
- Use evidence to identify priorities, monitor progress, and evaluate impact.

6. Sustainable and scalable solutions

- Focus on interventions that can be maintained long-term.
- Pilot innovations with potential for wider rollout.

7. Accountability and learning

- Set clear goals and metrics.
- Regularly review outcomes and adapt based on feedback and evaluation.

Ways forward for addressing priority health and wellbeing challenges in Stevenage

Healthy weight

- Work with VCFSE organisations to develop local solutions to accessing nutritious food for struggling families and vulnerable people and better integrate work being done by these organisations into local pathways that provide physical and mental health, diet and financial advice and support.
- Consider ways to provide culturally relevant, practical cooking and nutrition advice tailored to families with limited time, money, or kitchen facilities, such as offering free or low-cost cooking classes and meal planning support through schools or community centres.
- Work with partner organisations to develop a whole system plan for Stevenage that enables greater signposting between all relevant public sector and VCFSE services, increased public awareness and joined up policies around the built environment and green space that support healthy eating and physical activity.

Mental health

- Improve service data collection and sharing among partner organisations to support service planning, local health needs assessment and join up.
- Seek ways to create more holistic services and/or more seamless pathways and referrals between services which address different aspects of an individual's needs, including wider determinants of mental health and wellbeing.

Dementia and frailty

- Explore ways to strengthen dementia care in GP practices with high dementia prevalence but low rates of care plans and medication reviews, to improve outcomes through proactive care management.
- Consider ways to expand voluntary sector capacity for frailty support, such as increasing the availability of exercise programmes for older people to reduce waiting times and enable earlier engagement in health-promoting activities.
- Invest in mobility-maintaining initiatives – especially in deprived areas with high meals service uptake – to help residents remain independent, particularly in buildings with access challenges (e.g. unreliable lifts).

Potential next steps

- Dedicated workshops to bring together local system partners could provide an effective mechanism to pool ideas, share insights, identify more specific opportunities for change and develop shared action plans for addressing the local health and wellbeing priority themes.
- Hertfordshire Public Health will be able to support such workshops with input from Evidence & Intelligence and behavioural science specialists ahead of time and on the day, with sufficient notice.
- Possible methods that might be utilised to ensure that meaningful actions emerge from any workshop discussions include:
 - **Persona-based journey mapping** (e.g., a 10-year-old child with obesity, or an 82-year-old with early dementia) to identify gaps, overlaps, and opportunities in current service pathways – pooling input from multiple sectors (and, ideally, people with lived experience) to set out the ‘as-is’ and ‘ideal’ pathways.
 - **Empathy mapping** to deeply understand the experiences, emotions, and needs of residents – mapping out what a person says, thinks, does and feels in relation to a specific issue, to identify pain points or unmet needs.
 - **Facilitated action planning** discussions to identify synergies and barriers – co-creating a 90-day action plan (for example) with named leads and milestones.
 - A mix of **professional-led and community-led innovation challenges** – inviting stakeholders to pitch practical and achievable ideas for innovation or improvement, followed up by the creation of clear action plans for the implementation of those selected.
 - Developing a **joint statement of intent or memorandum of understanding** among partners to build and demonstrate collective buy-in to support the delivery of any action plans devised.
 - Agreeing a set of **shared objectives or shared performance measures** among partners to support alignment of organisational priorities and help the local system to hold itself to account for delivery.

Principles of Effective Multi-Partner Workshops

1. Clear Purpose and Shared Goals

- Define a compelling, shared objective.
- Align on what success looks like for all partners.

2. Inclusive Planning

- Involve representatives from all key organisations in the design phase.
- Consider power dynamics and ensure smaller voices are heard.

3. Skilled Facilitation

- Use neutral, experienced facilitators to manage group dynamics.
- Encourage equal participation and manage dominant voices.

4. Psychological Safety

- Create a respectful, non-judgmental space.
- Encourage openness, honesty, and constructive challenge.

5. Structured but Flexible Agenda

- Balance structure (to stay on track) with flexibility (to explore emerging ideas).
- Use breakout groups, interactive tools, and visual aids.

6. Evidence-Informed Discussions

- Ground conversations in data, lived experience, and local context.
- Share insights ahead of time to level the playing field.

7. Action Orientation

- Focus on practical next steps, not just discussion.
- Assign responsibilities and timelines for follow-up.

8. Feedback and Reflection

- Build in time for reflection and feedback.
- Use insights to improve future collaboration.

Further information

[Stevenage District Health Inequalities JSNA](#)

[Public Health Outcomes Framework - at a glance summary: Stevenage](#)

Appendix: Demand and outcomes for priority themes in Stevenage

Theme 1: Overweight and obesity

In younger children

The table below shows the percentage of children who were recorded as overweight and the percentage of children who are overweight (including obesity). The data are recorded from the National Child Measurement Programme in 2023/24. **Stevenage has a significantly higher proportion of children in Year 6 who are overweight or obese compared to Hertfordshire.**

Obesity Indicators

Percentage of children living with obesity

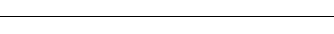
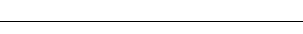
Indicator	Age	Sex	Period	Hertfordshire	England	Stevenage
Reception prevalence of overweight	4-5 yrs	Persons	2023/24	11.42 %	12.42 %	11.43 %
Reception prevalence of overweight (including obesity)	4-5 yrs	Persons	2023/24	19.2 %	22.06 %	21.9 %
Year 6 prevalence of overweight	10-11 yrs	Persons	2023/24	12.39 %	13.75 %	12.62 %
Year 6 prevalence of overweight (including obesity)	10-11 yrs	Persons	2023/24	29.95 %	35.85 %	33.98 %

Cell colour legend

- Statistically higher
- Statistically similar
- Statistically lower

PH.Intelligence@hertfordshire.gov.uk

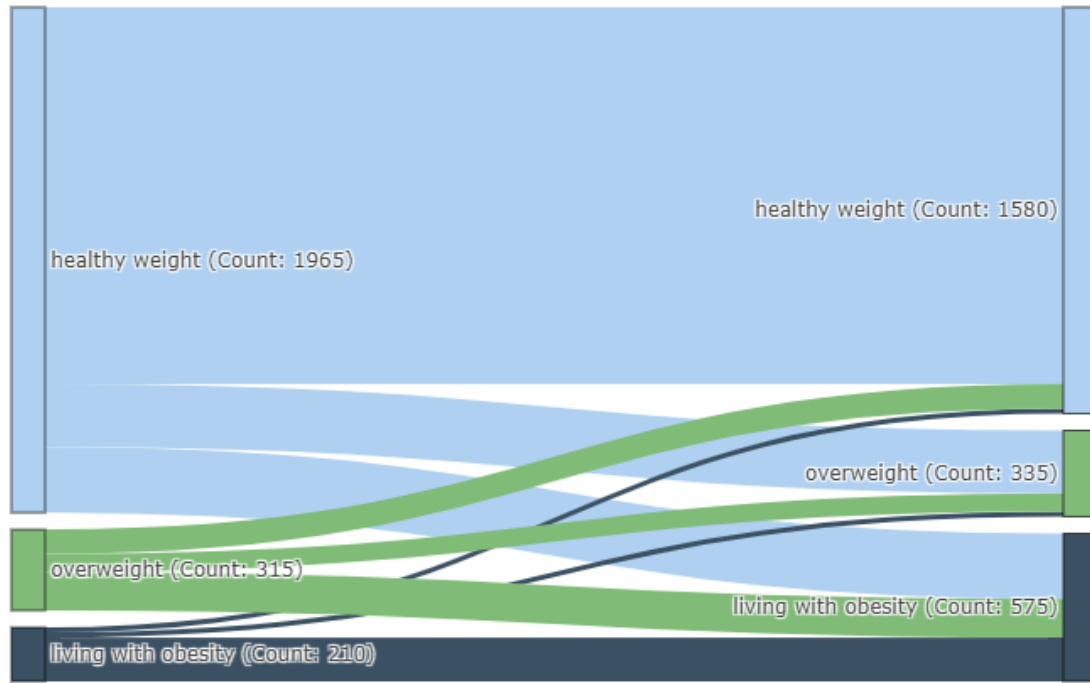
Stevenage is the district with the second-highest prevalence of overweight and obesity among children in Year 6.

Year 6 prevalence of overweight (including obesity) in 2023/24 (%)					
Area	Count	Value		95% Lower CI	95% Upper CI
England	217,532	35.8		35.7	36.0
Hertfordshire	3,930	30.0		29.2	30.8
Broxbourne	365	35.3		32.5	38.3
Stevenage	350	34.0		31.2	37.0
Watford	405	32.9		30.5	35.8
Dacorum	560	32.2		29.9	34.3
Hertsmere	335	32.1		29.5	35.2
Welwyn Hatfield	385	30.6		28.1	33.2
Three Rivers	305	29.2		26.6	32.1
East Hertfordshire	425	28.1		25.9	30.4
North Hertfordshire	350	25.6		23.3	27.9
St Albans	450	24.1		22.2	26.1

Weight change in children

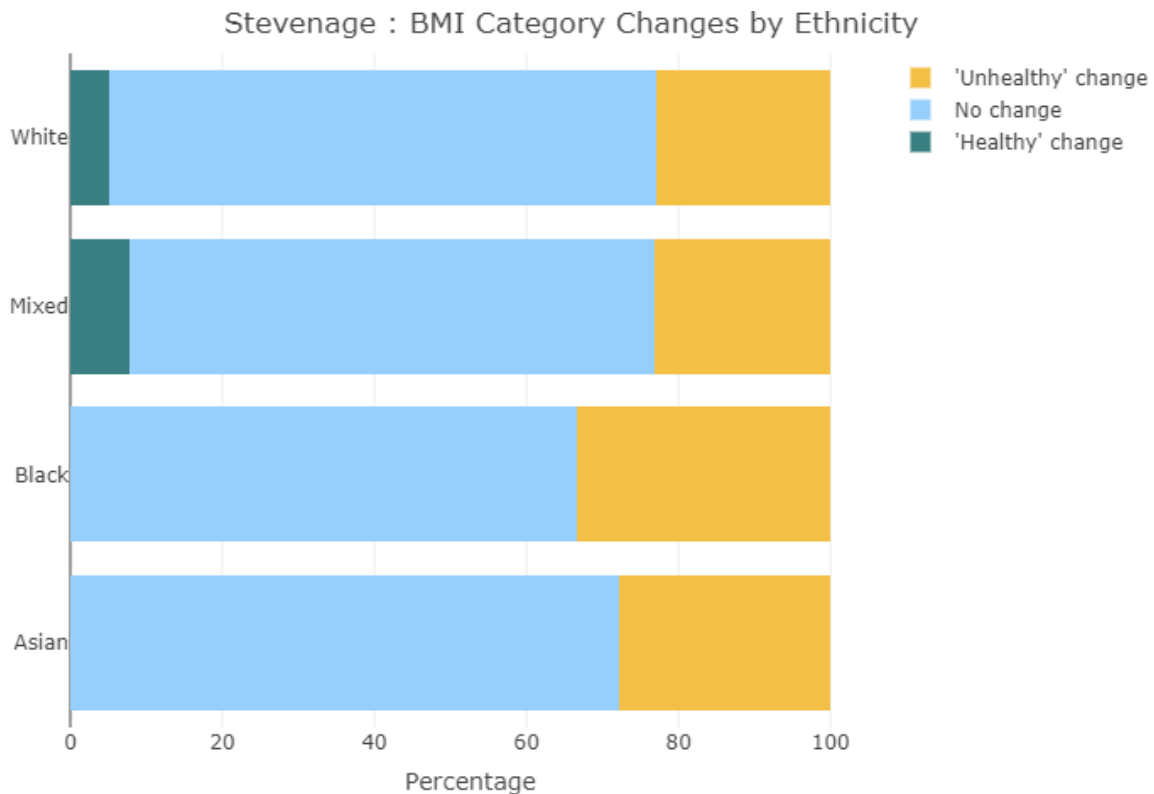
Most children in Stevenage who were a healthy weight at Reception, remained a healthy weight in Year 6 (80%), whilst 12.5% became overweight, and 13% were living with obesity.

Stevenage : Changes in students' BMI category between reception and year 6



The graph below shows the proportion of children with different weight changes between reception and year 6 split by ethnicity group. A “healthy” weight change is a move from obese to overweight or healthy weight, or overweight to healthy weight. An “unhealthy” change is a move from healthy to overweight or obese, or a move from overweight to obese. Underweight children have been excluded from this analysis.

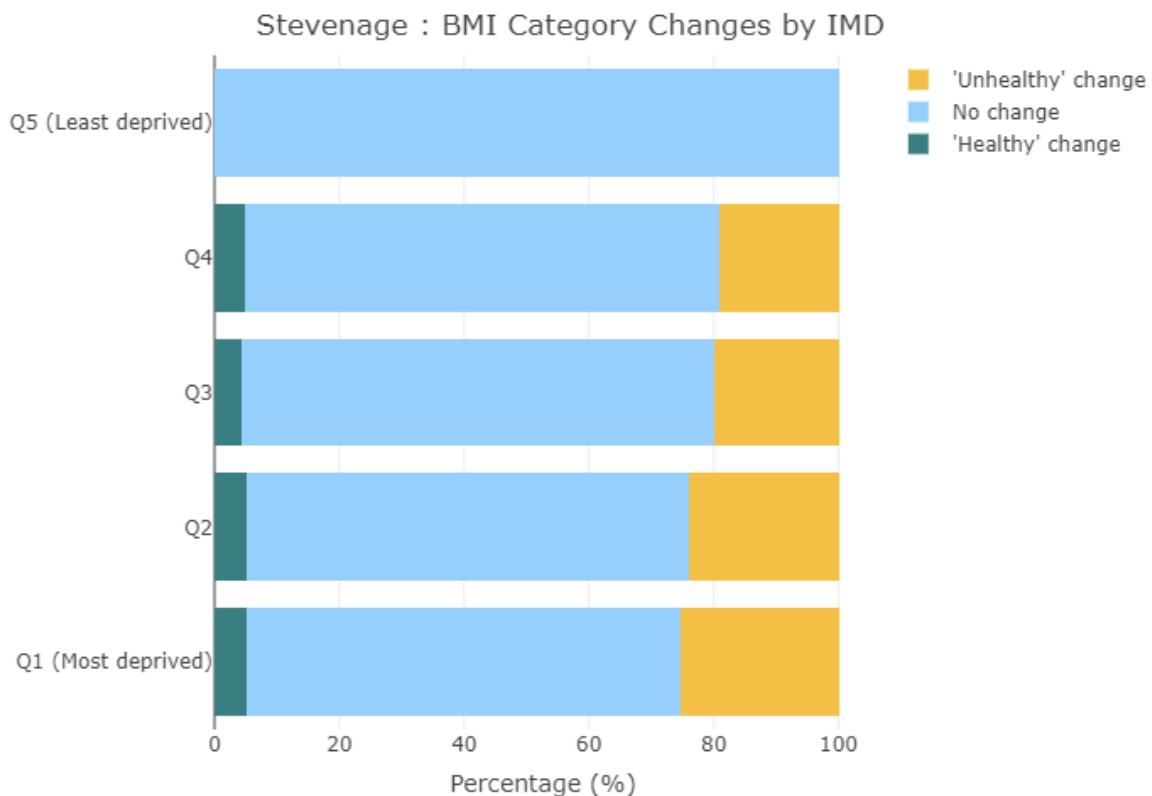
Children from the Mixed ethnicity group had the highest percentage of “healthy” change (7.7%). **Children from the Black ethnicity group showed the highest percentage of “unhealthy” change, at 33.3%.**



The graph below shows the above analysis but split by local (Hertfordshire) deprivation quintile.

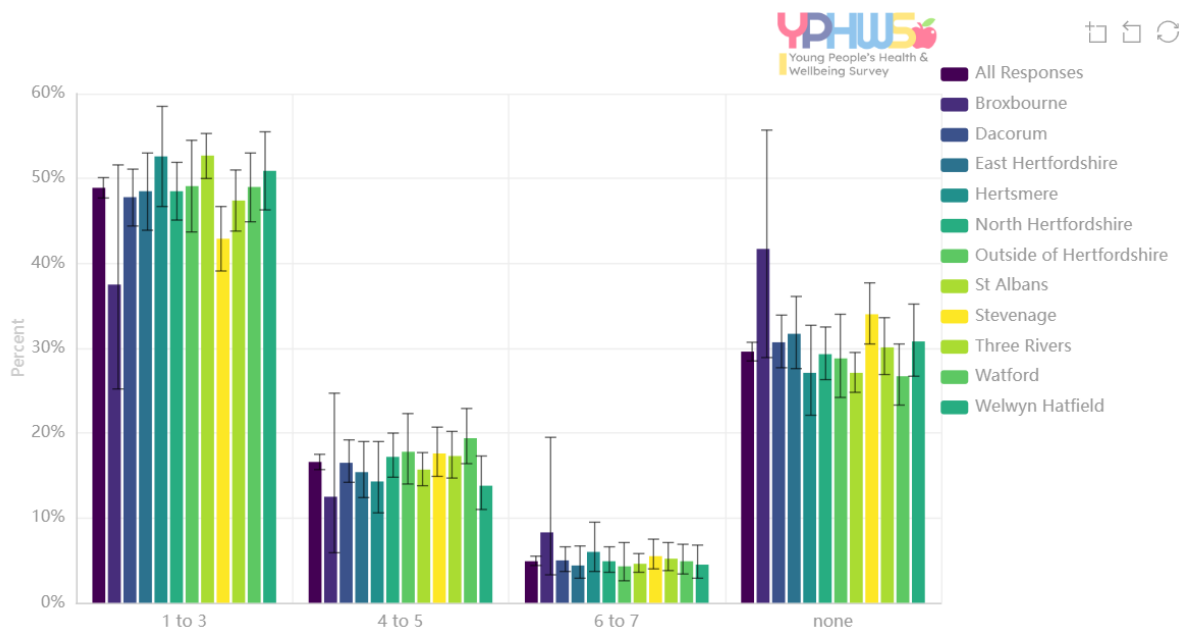
There is a clear trend that children living in more deprived areas in Stevenage are more likely to make an unhealthy weight change, compared to their less-deprived peers. Children in the most deprived areas are also more likely to be overweight or obese, even at reception, which suggests that in more deprived areas, there are likely to be more children moving from overweight to obese in the unhealthy change category, compared to less deprived areas where an unhealthy change is likely to have a higher proportion of children moving from healthy weight to overweight.

In more deprived areas, children are more likely to be living with excess weight, and are less likely to make healthy weight changes. This means that preventative intervention activities early in the life course and for families with young children, may be one of the best means to reduce deprivation-based inequities associated with excess weight.



Physical activity in young people

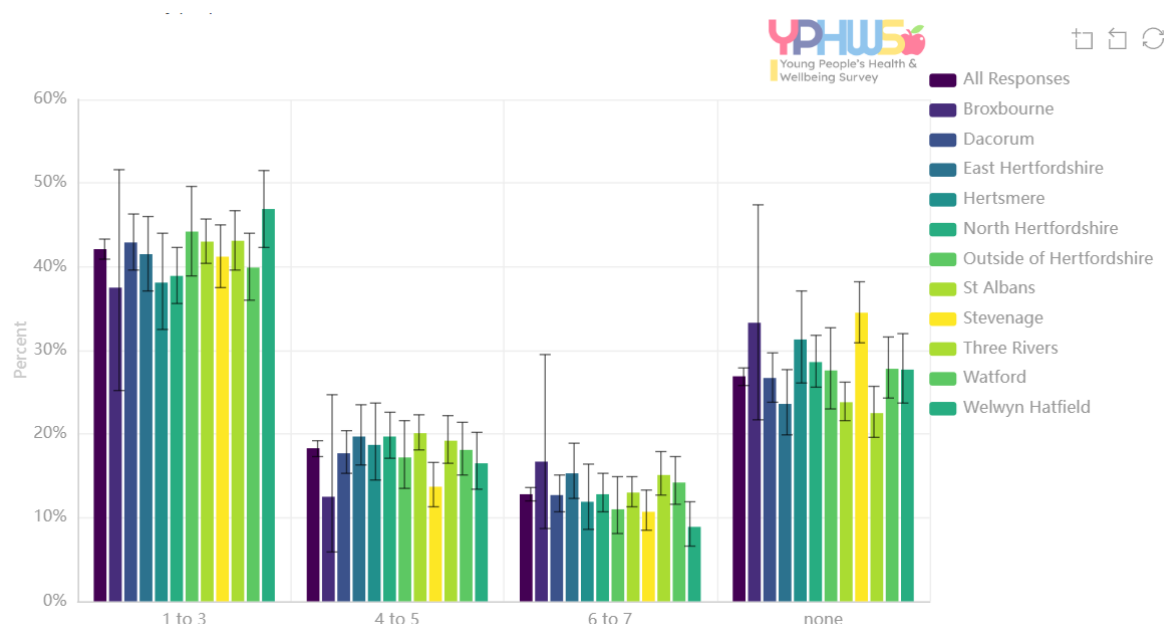
Data was sourced from YPHWS (Young People's Health and Wellbeing Survey) on questions pertaining to the number of times respondents had done an episode of physical activity (30 and 60 minute sessions) within a typical week. These questions were stratified by district.



Pupils who responded to the survey from Stevenage have the second lowest proportion doing 1 to 3 30 minute sessions of physical activity a week (~43%). This difference is statistically significant compared to the top two districts

performing the most 30 minute sessions for 1 to 3 sessions a week. For students doing 4 to 5 and 6 to 7 sessions a week, Stevenage does not materially differ from the rest of the districts.

For percentage of students not doing any 30 minute sessions of physical activity a week, Stevenage ranks second behind Broxbourne, but this difference is not statistically significant. Compared to the two districts with the lowest numbers of students not doing any physical activity (St Albans and Watford), **Stevenage has statistically significantly higher percentage of pupils not doing any 30 minute physical activity sessions.**



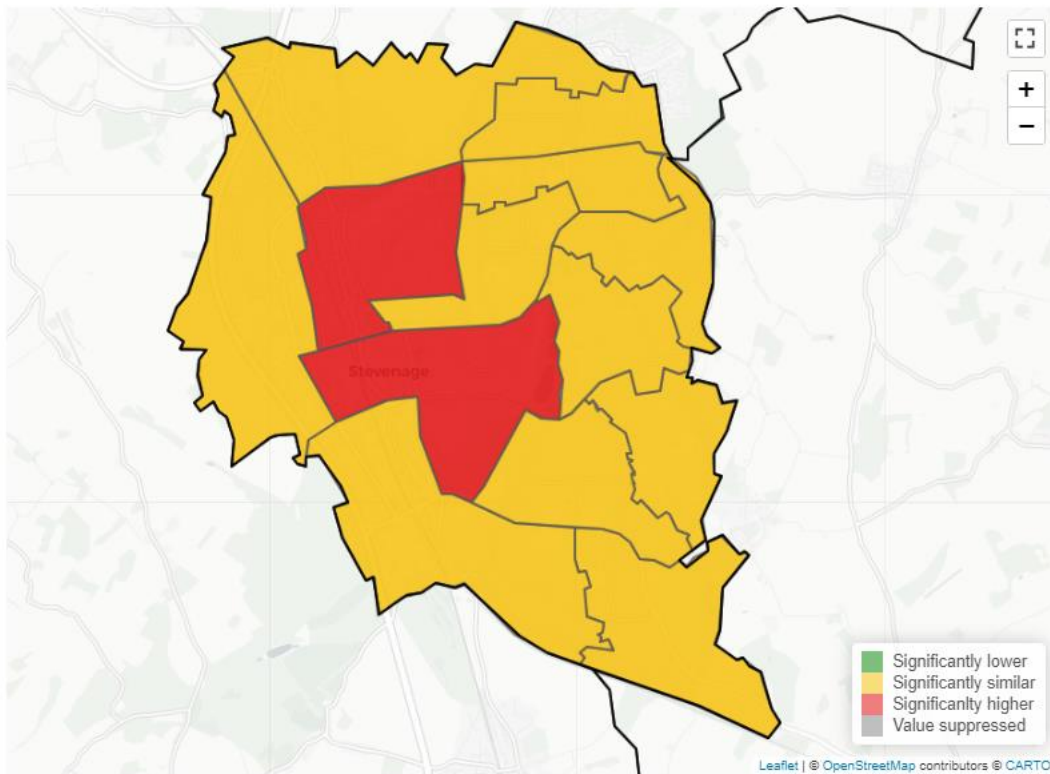
Pupils who responded to the survey from Stevenage have the second lowest proportion doing 4 to 5 60 minute sessions of physical activity a week (~13%). This difference is statistically significant compared to the top two districts performing the most 30 minute sessions for 1 to 3 sessions a week. For students doing 1 to 3 and 6 to 7 60 minute physical activity sessions a week, Stevenage does not materially differ from the rest of the districts.

Stevenage has the highest percentage of students not doing any 60 minute sessions of physical activity a week. Compared to several districts with the lowest numbers of students not doing any physical activity, Stevenage has a statistically significantly higher percentage of pupils not doing any 30 minute physical activity sessions.

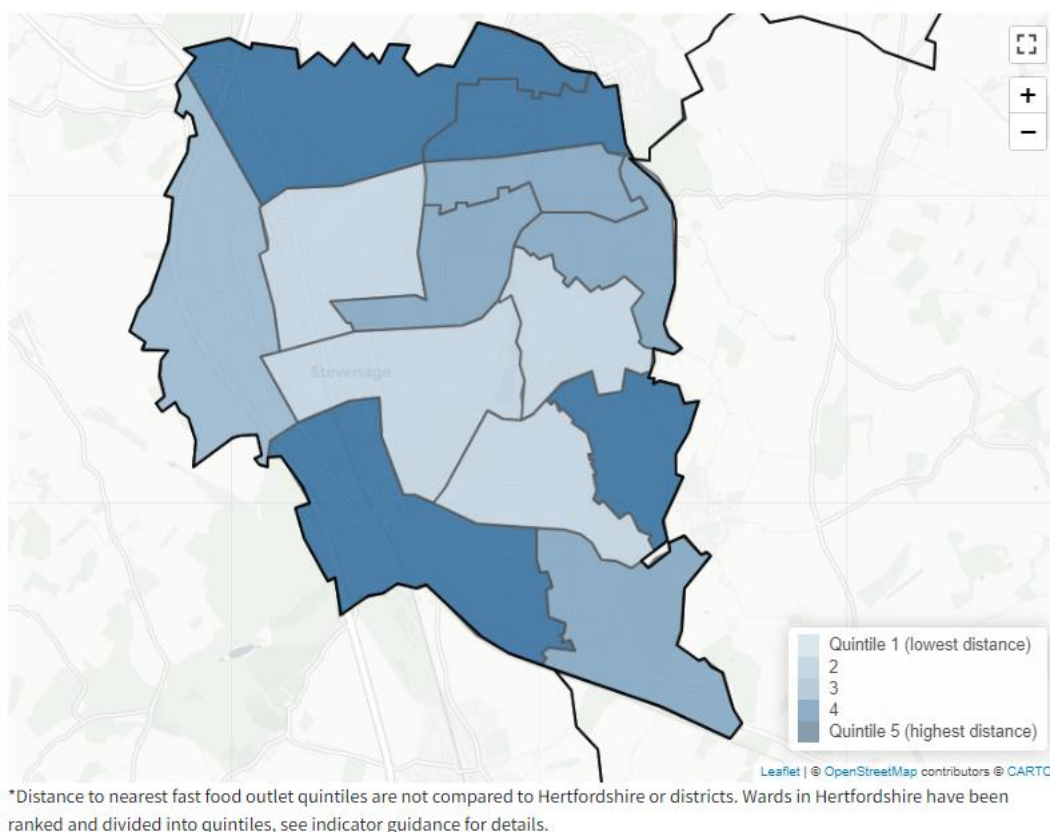
Improving physical activity levels in young people, particularly those currently not doing any activity, is a potential opportunity to reduce overweight and obesity, and improve health in Stevenage.

Healthy Food Environments

The map below describes the number of fast food outputs per 1,000 population. The map compares wards against Hertfordshire as whole with red indicating wards which have significantly higher numbers of fast food outlets per 1,000 population than Hertfordshire's average.



The map below indicates the relative distance individuals need to travel to reach their closest fast food outlet. A 1 represents wards closest to a fast food outlet, and 5 represents wards furthest from a fast food outlet.

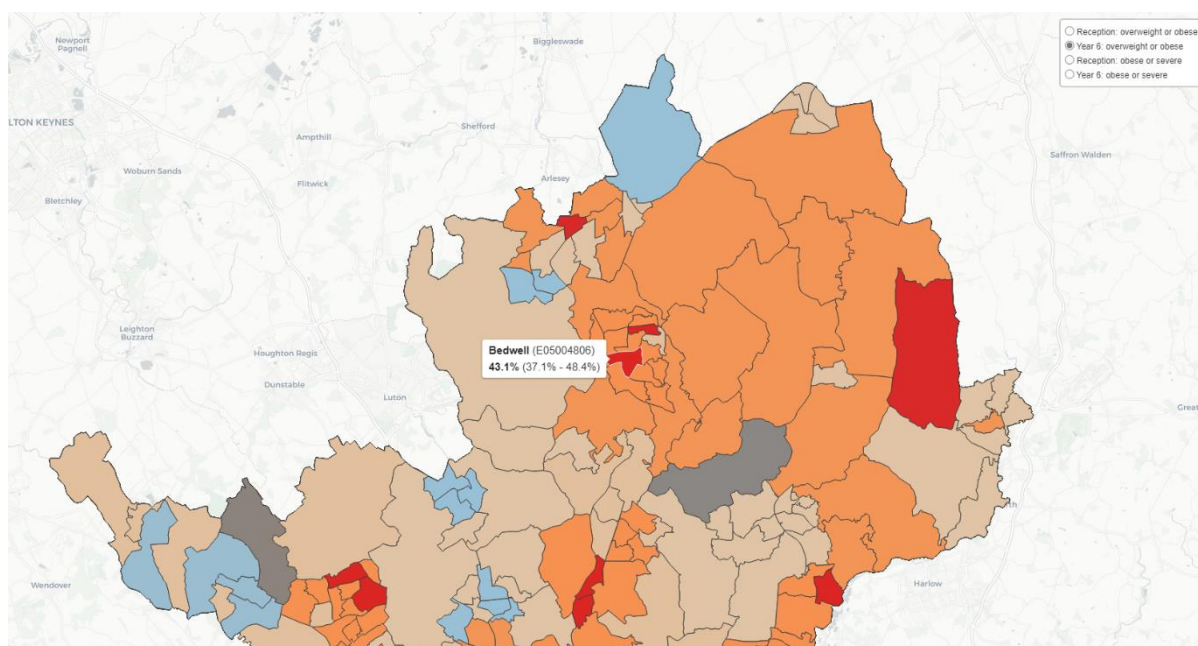


Within Stevenage, Bedwell and Old Town are the areas with the highest rate of fast food outlets per 1,000 population. These wards are also among the wards where residents have the least travel time to reach a fast food outlet.

Area	Fast food rate per 1000 population	Travel time by car to nearest fast food outlet (mins.)
Hertfordshire	0.86	4.61
Stevenage	1.17	3.14
Bedwell	3.35	1.42
Old Town	2.58	1.75
Roebuck	1.72	4.04
Shephall	1.08	1.33
Martins Wood	0.95	3.07
Longmeadow	0.86	3.95

Area	Fast food rate per 1000 population	Travel time by car to nearest fast food outlet (mins.)
St Nicholas	0.77	4.30
Chells	0.73	1.97
Symonds Green	0.67	2.83
Pin Green	0.46	3.46
Bandle Hill	0.45	4.18
Manor	0.32	3.31
Woodfield	0.17	6.07

Bedwell is also one of the wards with the highest rate of child obesity in the county which highlights some of the system-wide difficulties families face in maintaining healthy weight.



In adults

The table below shows the percentage of adults (18+) with obesity in Stevenage, other Hertfordshire districts, and nationally, compared to Hertfordshire. These are estimates from Sport England's Active Lives Adult Survey. **Stevenage is the only district with significantly higher prevalence of obesity than Hertfordshire County.**

Obesity prevalence in adults in 2022/23 (%)					
Area	Count	Value		95% Lower CI	95% Upper CI
England		26.2		26.0	26.5
Hertfordshire		22.7		21.4	24.0
Broxbourne		25.6		21.2	30.1
Dacorum		22.9		19.1	26.9
East Hertfordshire		21.1		17.2	25.0
Hertsmere		21.5		17.5	25.7
North Hertfordshire		19.5		15.7	23.2
St Albans		17.3		13.7	21.0
Stevenage		32.4		27.8	37.1
Three Rivers		22.3		18.0	26.3
Watford		20.8		16.9	24.8
Welwyn Hatfield		26.4		22.4	30.6

This table shows the percentage of adults with obesity at GP surgeries in Stevenage, Hertfordshire, and nationally. The value is for people who had their BMI recorded by their GP within the last 12 months by the total number of adults registered in the GP surgery. This may exclude adults who are living with obesity who have not had their BMI recorded, or had their BMI recorded more than 12 months previous to the reporting. **Bedwell Medical Centre and Shephall Health Centre have a significantly higher percentage of adults living with obesity in 2023/24 than the**

Hertfordshire average. Bedwell has one of the highest rates of child obesity and is the ward with the highest rate of fast food outlets per 1,000 residents.

Obesity: QOF prevalence (18+ yrs) - new definition in 2023/24 (%)					
Area	Count	Value		95% Lower CI	95% Upper CI
England	6,491,279	12.8		12.8	12.8
Hertfordshire	116,193	11.1		11.1	11.2
Bedwell Medical Centre	1,702	16.5		15.8	17.2
King George & Manor House Surgeries	2,129	11.4		10.9	11.8
Knebworth & Marymead Practice	1,194	11.3		10.7	11.9
Shephall Health Centre	1,005	13.3		12.5	14.1
Stanmore Medical Group	4,391	11.1		10.7	11.4
The Symonds Green Health Centre	492	11.4		10.5	12.4

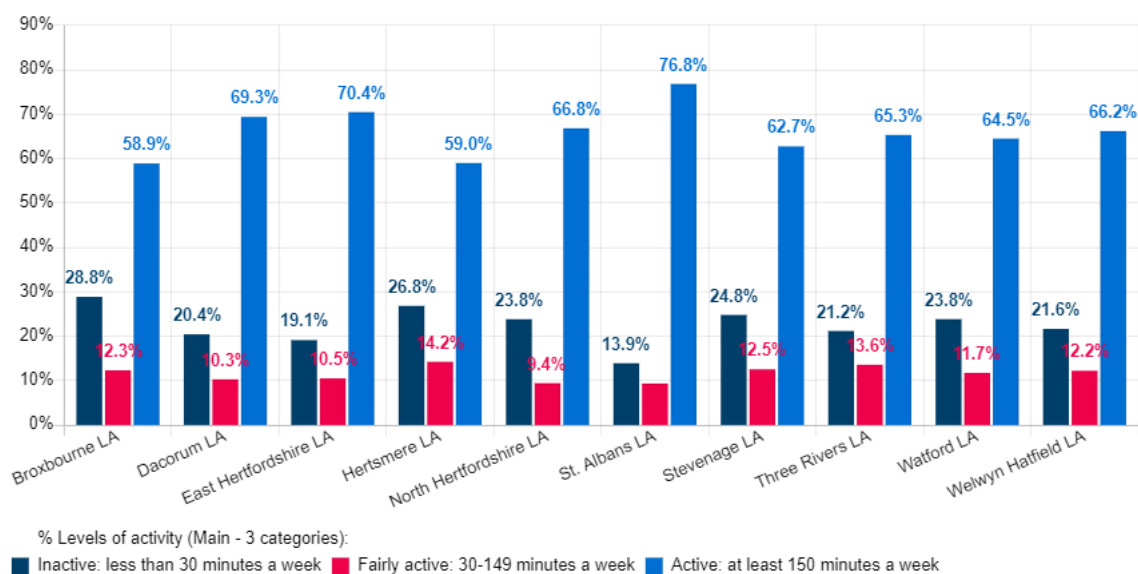
Healthy eating in adults

The table below shows the percentage of adults (16+) meeting the '5-a-day' fruit and vegetable consumption recommendation at GP surgeries within Stevenage, and nationally, compared to Hertfordshire. This data is based on respondents to Sport England's Active Lives Adult Survey. **The percentage of adults in Stevenage meeting the recommended consumption of fruit and vegetables is significantly lower than Hertfordshire.**

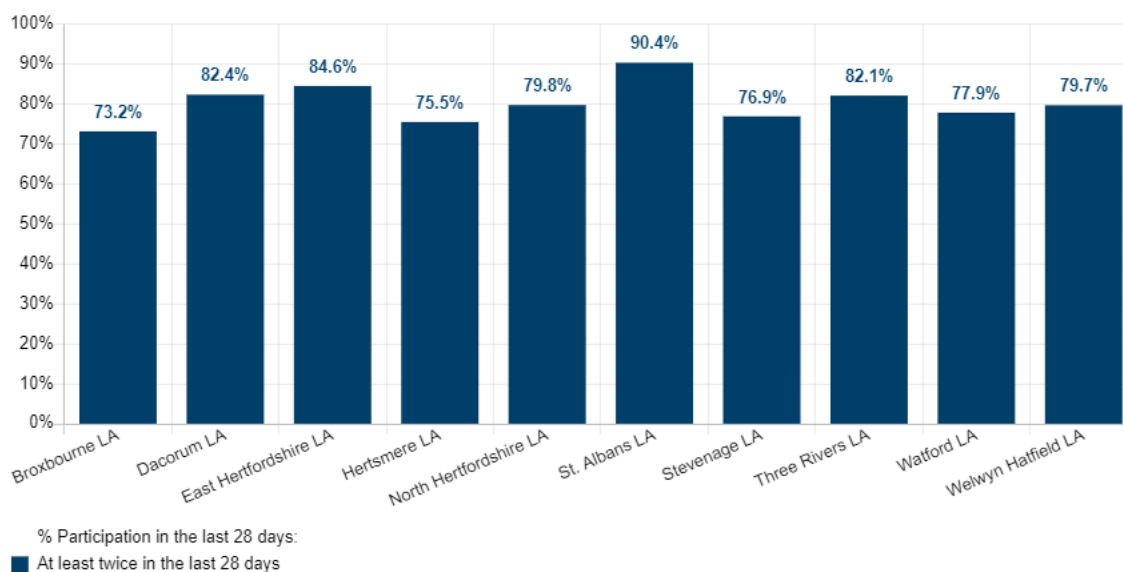
Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) in 2022/23					
Area	Count	Value		95% Lower CI	95% Upper CI
England		31.0		30.7	31.2
Hertfordshire		33.4		32.0	34.7
Stevenage		24.6		20.6	28.7

Physical activity in adults

This data covers adult data for all people 16 and above and from the time period November 2022 to November 2023. **Stevenage had the third lowest participation in defined active physical activity of at least 150 minutes a week amongst all Hertfordshire districts.**



This data covers adult data for all people 16 and above and from the time period November 2022 to November 2023. **Stevenage had the third lowest participation in physical activity in the last 28 days amongst all Hertfordshire districts.**



Theme 2: Dementia and Frailty

Dementia

The NHS publishes several indicators regarding dementia. The tables below display these with respect to Hertfordshire County and England as a whole for the most recent data available. Each table displays rates of diagnosis or mortality per 100,000 people in the population.

The table below shows the rate of persons aged 65 and older with a recorded diagnosis of dementia in Stevenage compared to Hertfordshire and England as a whole. The tables are colour-coded for making comparisons to Hertfordshire County. Rates in red are statistically significantly worse than the county, rates in green significantly better, and rates in yellow statistically similar.

Estimated dementia diagnosis rate (aged 65 and older) in 2024					
Area	Count	Value		95% Lower CI	95% Upper CI
England	466,485	64.8		58.3	70.2
Hertfordshire	9,322	62.7			
Stevenage	763	76.7		67.4	85.1

Dementia and Alzheimer's disease are a leading cause of death in England. The table below shows the directly age-standardised mortality rate per 100,000 population, for all ages, in females where dementia or Alzheimer's disease was mentioned as a contributing cause in Stevenage compared to Hertfordshire and England as a whole. **Stevenage has a significantly higher mortality rate for deaths where Alzheimer's or dementia is a contributing cause, compared to Hertfordshire**

Mortality rate for deaths involving dementia and Alzheimer's disease, all ages, Females from 2021 - 2023					
Area	Count	Value		95% Lower CI	95% Upper CI
England	168,585	166		166	167
Hertfordshire	3,285	150		144	155
Stevenage	257	184		162	208

The table below displays the percentage of residents who have received a dementia diagnosis and are therefore on the dementia register. Data are also shown at GP registration level. Stevenage has significantly higher proportions of residents with dementia than the Hertfordshire average. **Bedwell medical centre and the Knebworth & Marymead practice have the highest proportion of registered patients with dementia.**

Dementia Registration

Indicator	Period	Hertfordshire	Stevenage	Bedwell Medical Centre	King George & Manor House Surgeries	Knebworth & Marymead Practice	Shephall Health Centre	Stanmore Medical Group	The Symonds Green Health Centre
% On Dementia Register (ages 0-64)	2024	0.02	0.04	0.04	0.03	0.03	0.06	0.03	0.04
% On Dementia Register (ages 65+)	2024	4.25	4.99	5.89	4.44	6.29	3.04	4.88	5.4

Cell colour legend
 Statistically higher
 Statistically similar
 Statistically lower

PH.Intelligence@hertfordshire.gov.uk

The table below shows the proportion of registered patients who have a dementia diagnosis who have a care plan, and who have had a recent medication review. Although Stevenage has a significantly higher proportion of people with dementia who have a care plan compared with Hertfordshire, Shephall Health Centre has a significantly lower proportion of dementia patients with a care plan. The Knebworth & Marymead practice, and the Symonds Green Health Centre have significantly lower proportions of patients with dementia who have had a medication review. The Knebworth & Marymead practice had the highest proportion of registered patients with dementia within Stevenage. **Having a care plan and regular medication reviews are important aspects of managing dementia effectively and achieving the best outcomes; there may be an opportunity to improve the management of dementia for patients living in areas where they are likely to be registered in these clinics.**

Dementia Care Plan & Medication Review

Indicator	Period	Hertfordshire	Stevenage	Bedwell Medical Centre	King George & Manor House Surgeries	Knebworth & Marymead Practice	Shephall Health Centre	Stanmore Medical Group	The Symonds Green Health Centre
% Dementia Diagnosis, Recieved Care Plan	2024	61.89	68.72	70.45	53.8	69.64	40.38	80.31	50
% Dementia Diagnosis, Recieved Medication Review	2024	32.06	33.93	33.33	40.51	13.69	28.85	44.36	9.62

Cell colour legend
■ Statistically higher
■ Statistically similar
■ Statistically lower

PH.Intelligence@hertfordshire.gov.uk

Frailty

Health & Independent Living Support (HILS), Hertfordshire

Active ageing

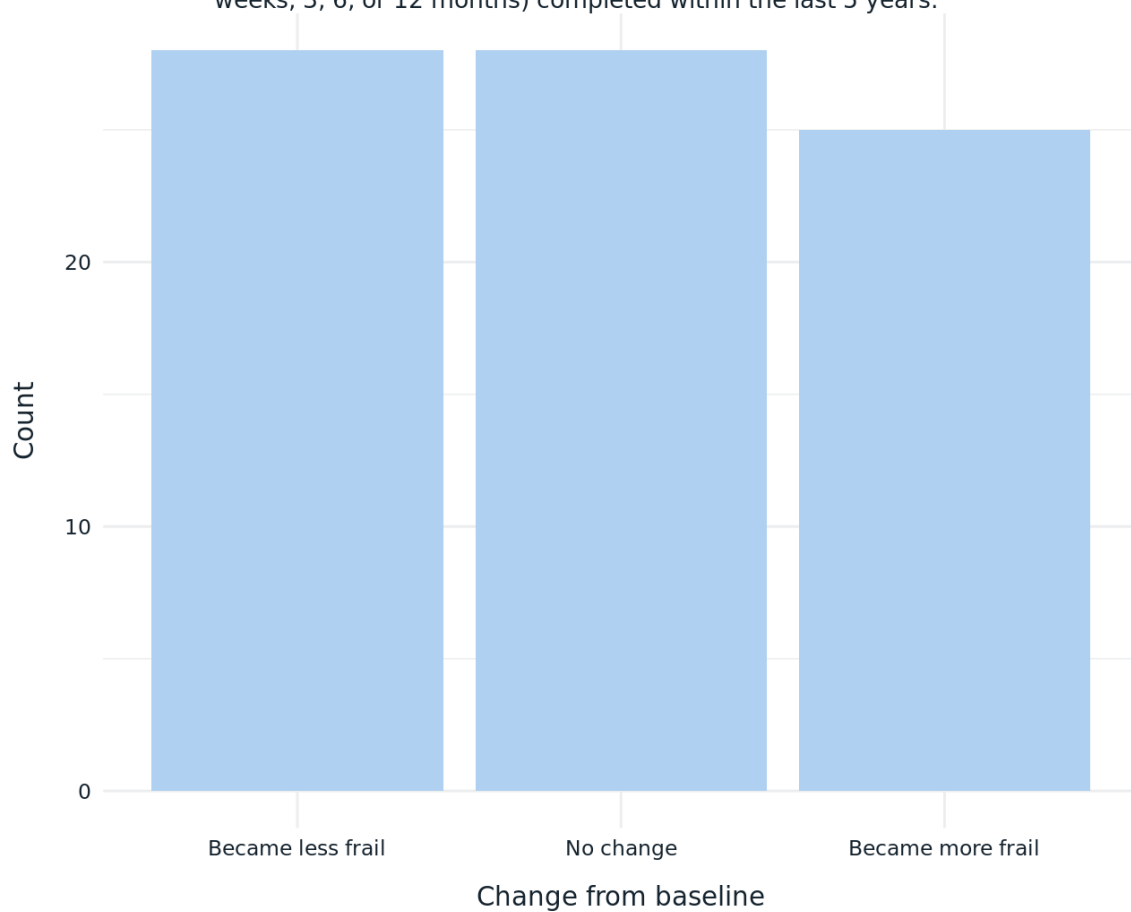
Health & Independent Living Support (HILS) provide an Exercise at Home programme, delivered by Active Ageing. These are weekly one-to-one sessions for up to 12 weeks, and aim to help the person become physically more active and mobile. Sessions occur within the persons home, and users have to aged 65 or over and living in the community (rather than in a care home or nursing home).

There are 115 people who are currently undertaking, or have taken part in this programme and 20 on the waiting list, of which 11 are female, 8 are male, and 1 person is unknown gender.

At the beginning of the programme, people complete a baseline evaluation of their current abilities, which is then followed up at the end of the programme. For some people, the programme may be interrupted for issues such as illness.

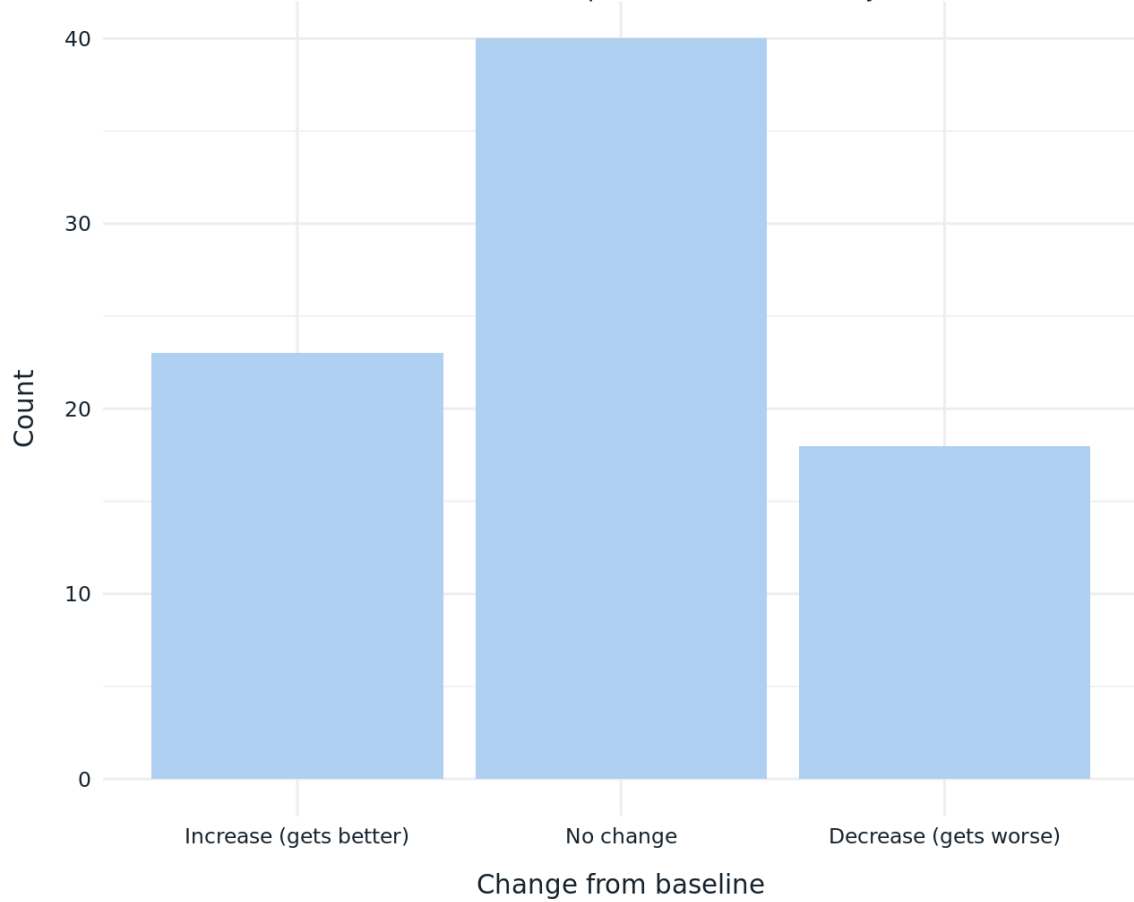
Change in frailty from baseline to most recent

Change in frailty index from baseline to the person's most recent recording of frailty (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



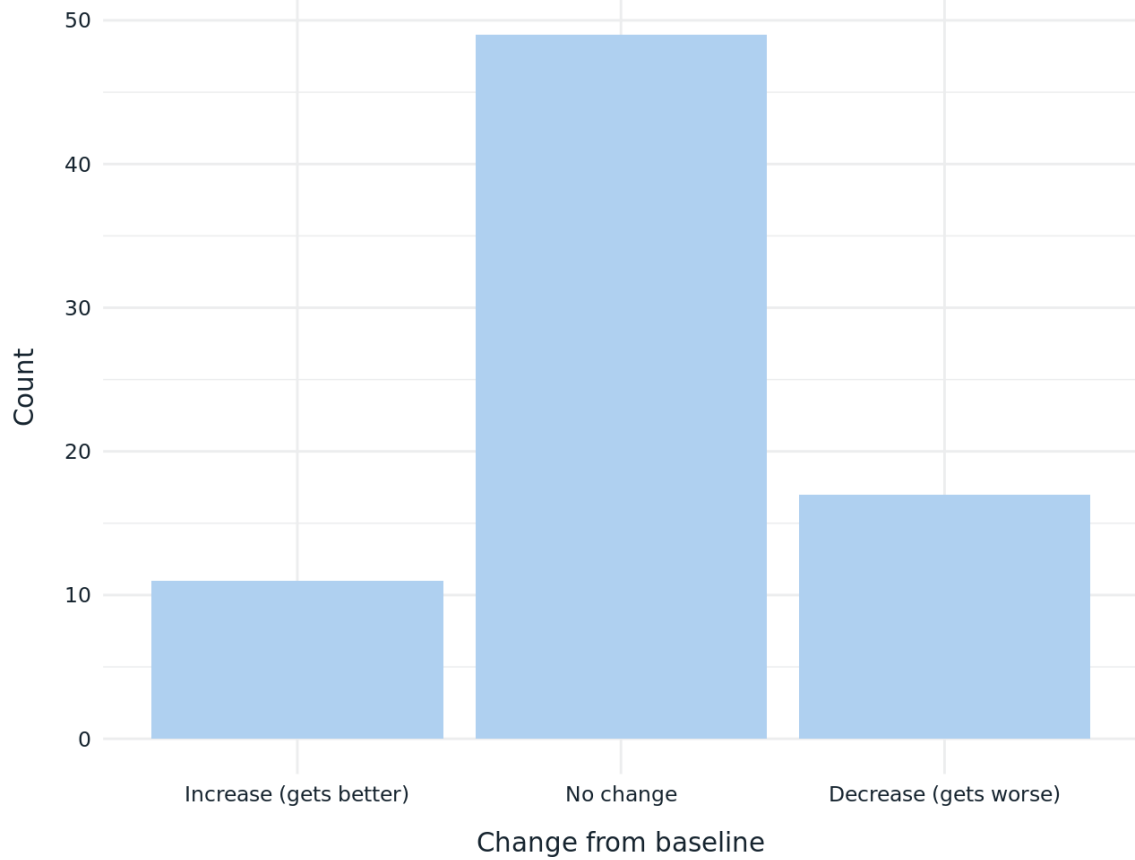
Change in sitting to standing from baseline to most recent

Change in sitting to standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



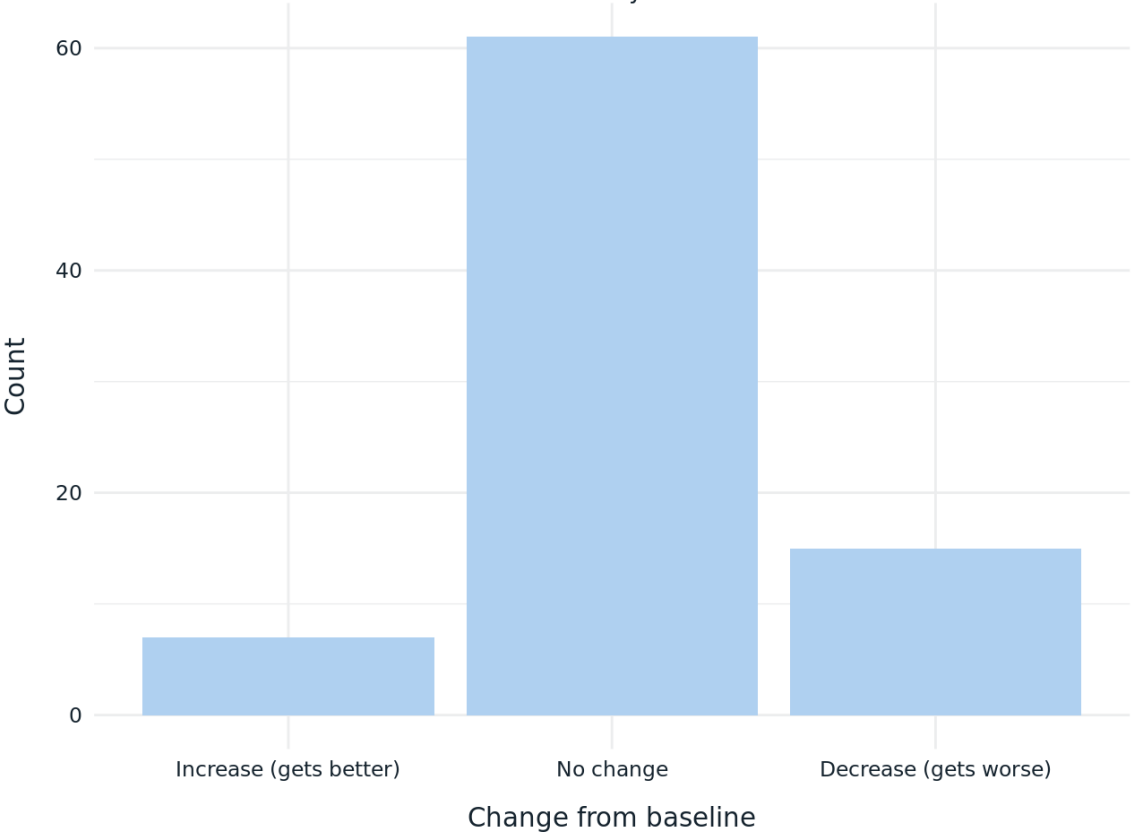
Change in standing unsupported eyes closed from baseline to most recent

Change in standing unsupported eyes closed index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



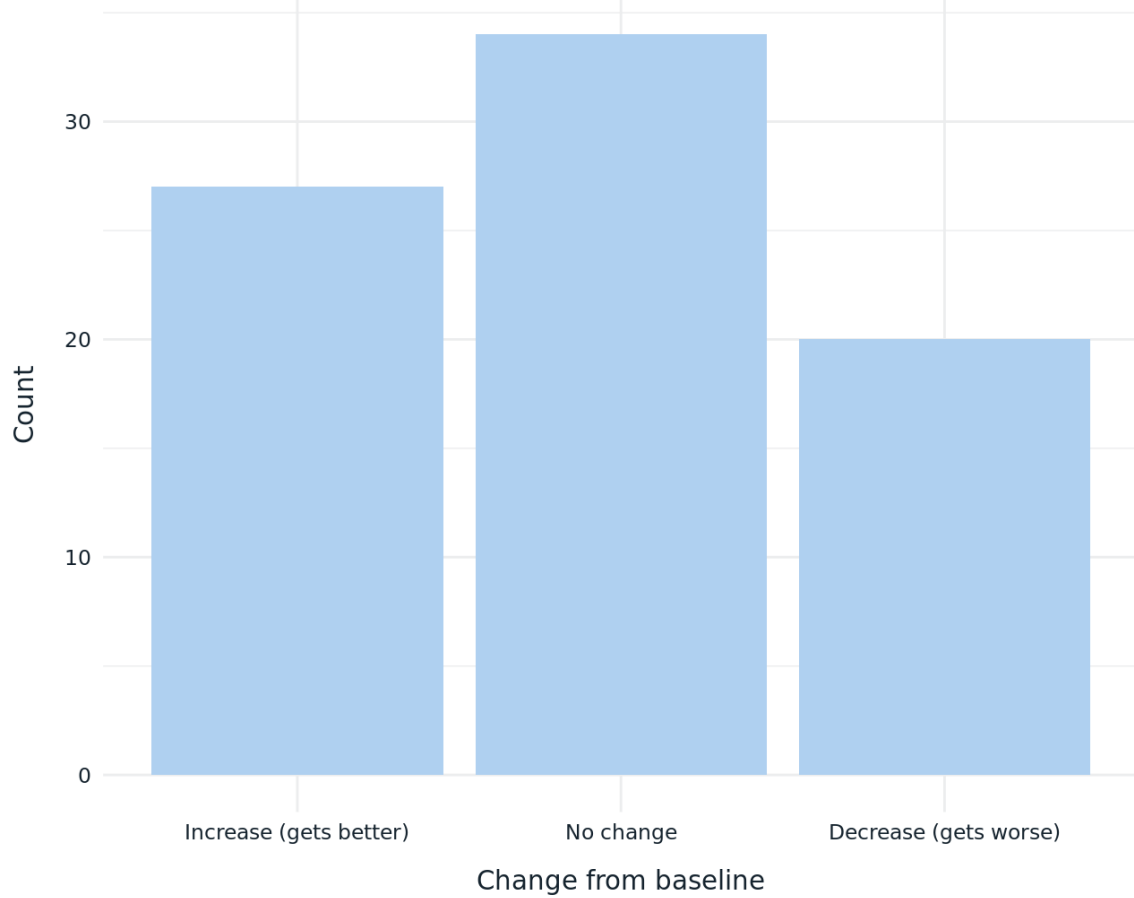
Change in sitting with back unsupported from baseline to most recent

Change in sitting with back unsupported but feet supported on floor or on a stool index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.

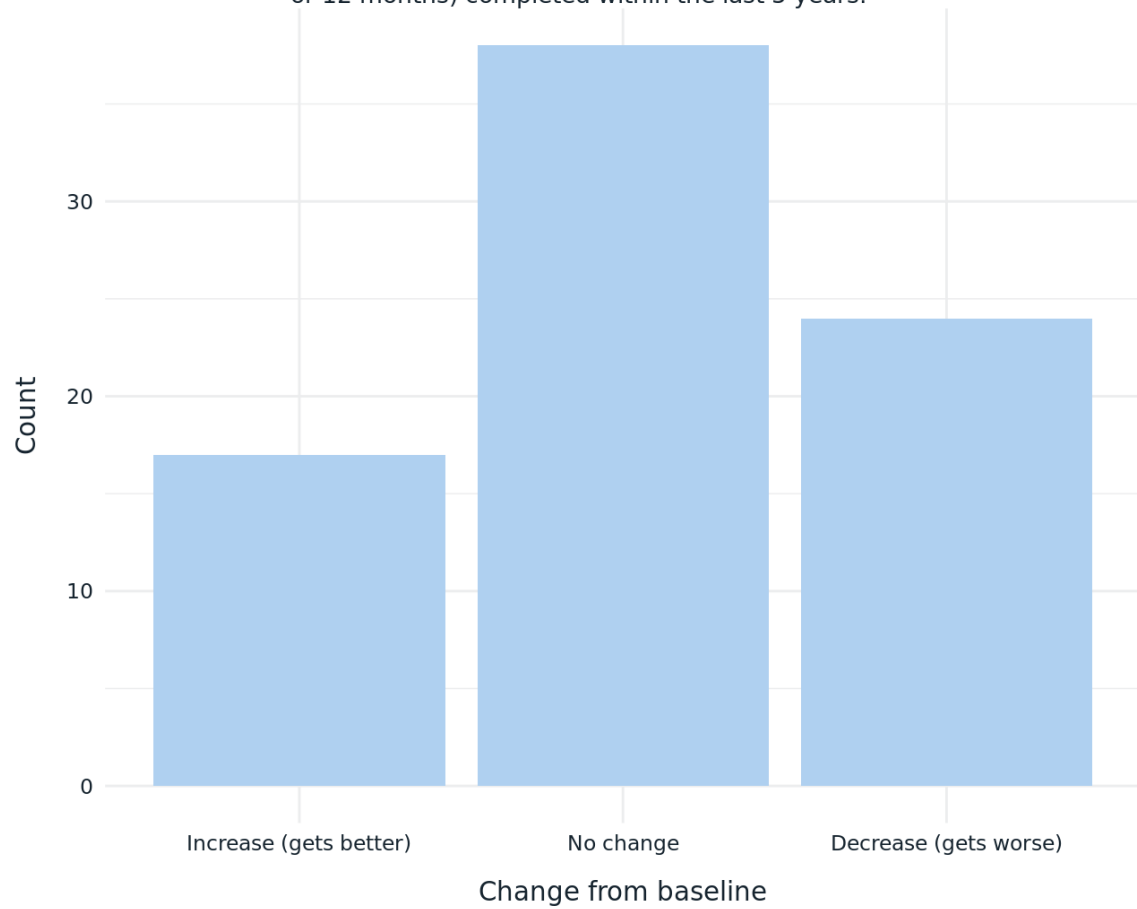


Change in standing to sitting from baseline to most recent

Change in standing to sitting index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.

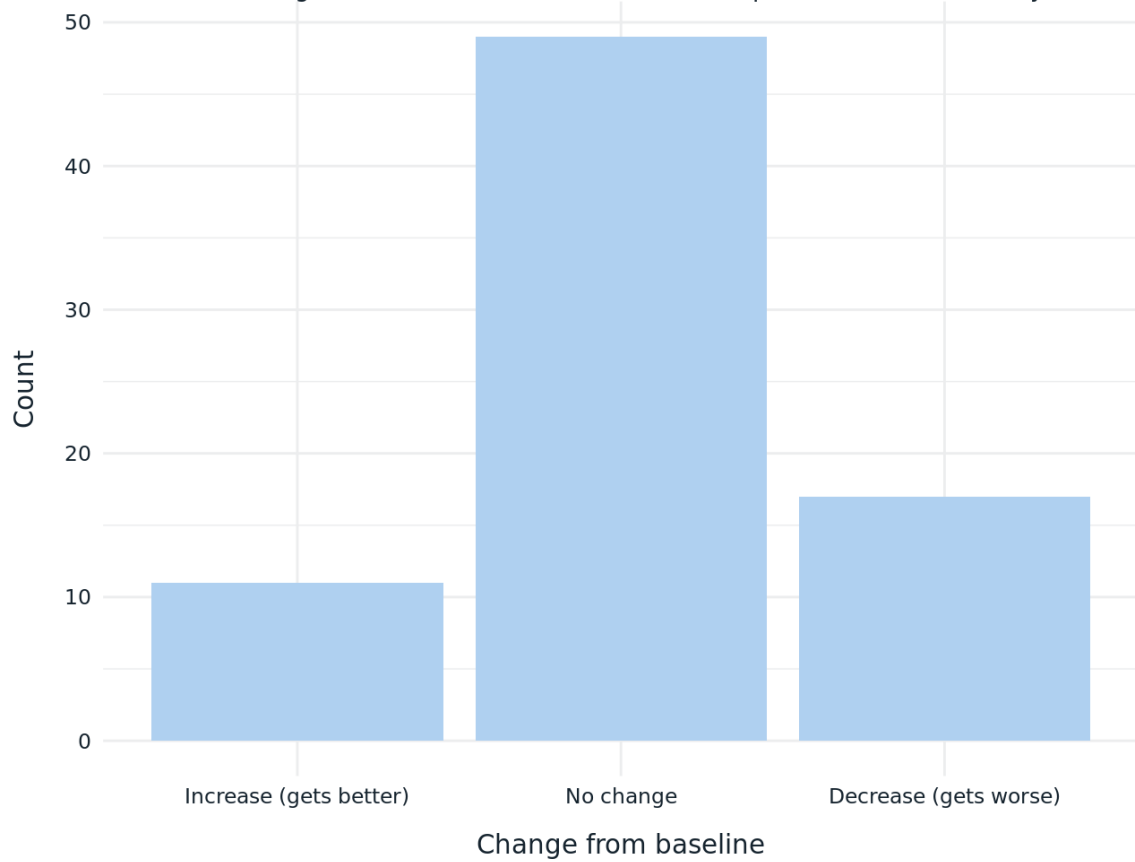


Change in ability to transfer from baseline to most recent
Change in transfer index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



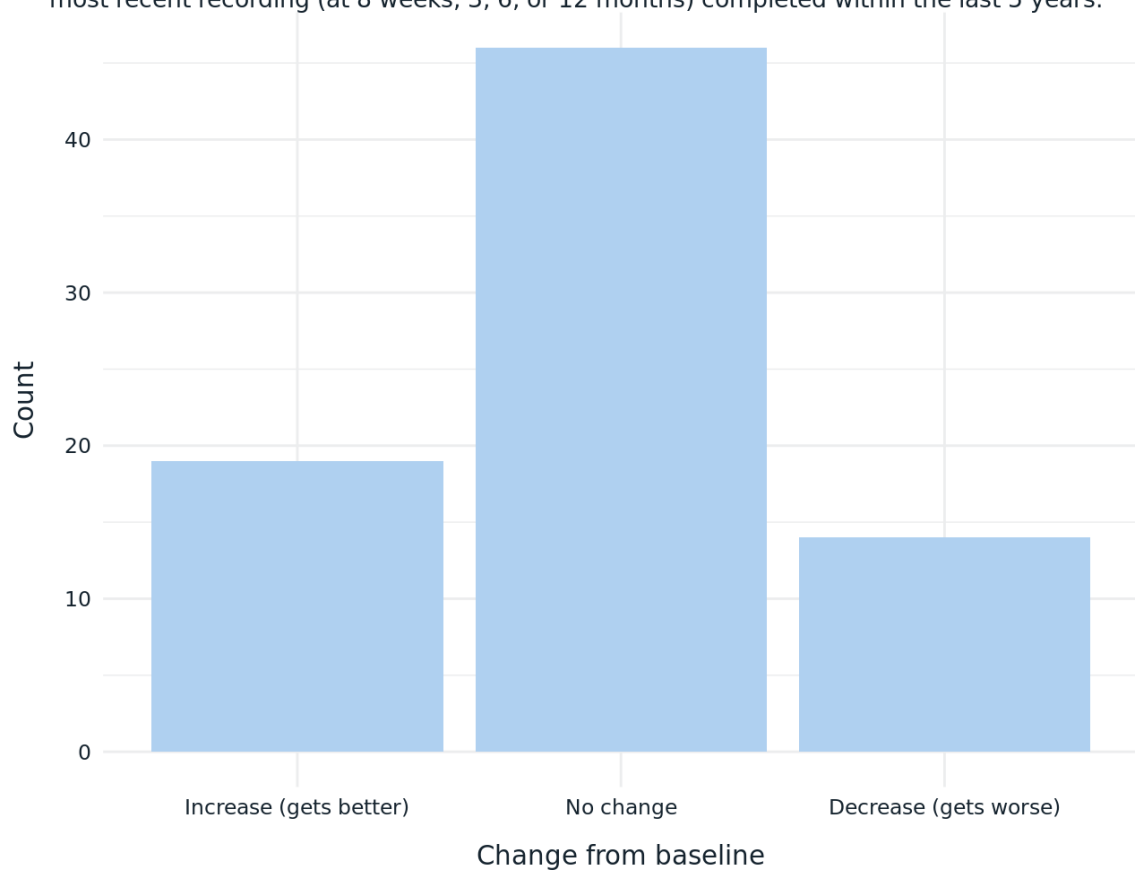
Change in ability to stand unsupported with eyes closed from baseline to most recent

Change in ability to stand unsupported with eyes closed index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



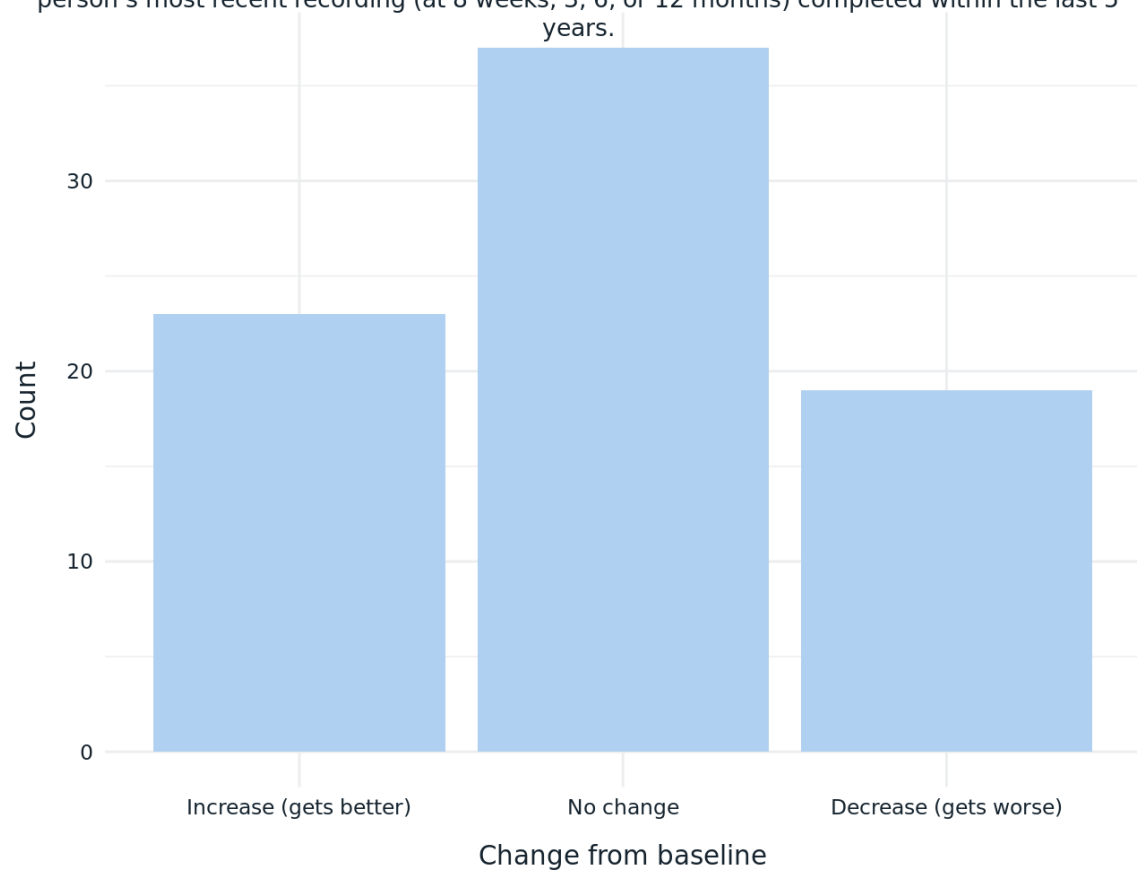
Change in ability to stand unsupported with feet together from baseline to most recent

Change in ability to stand unsupported with feet together index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



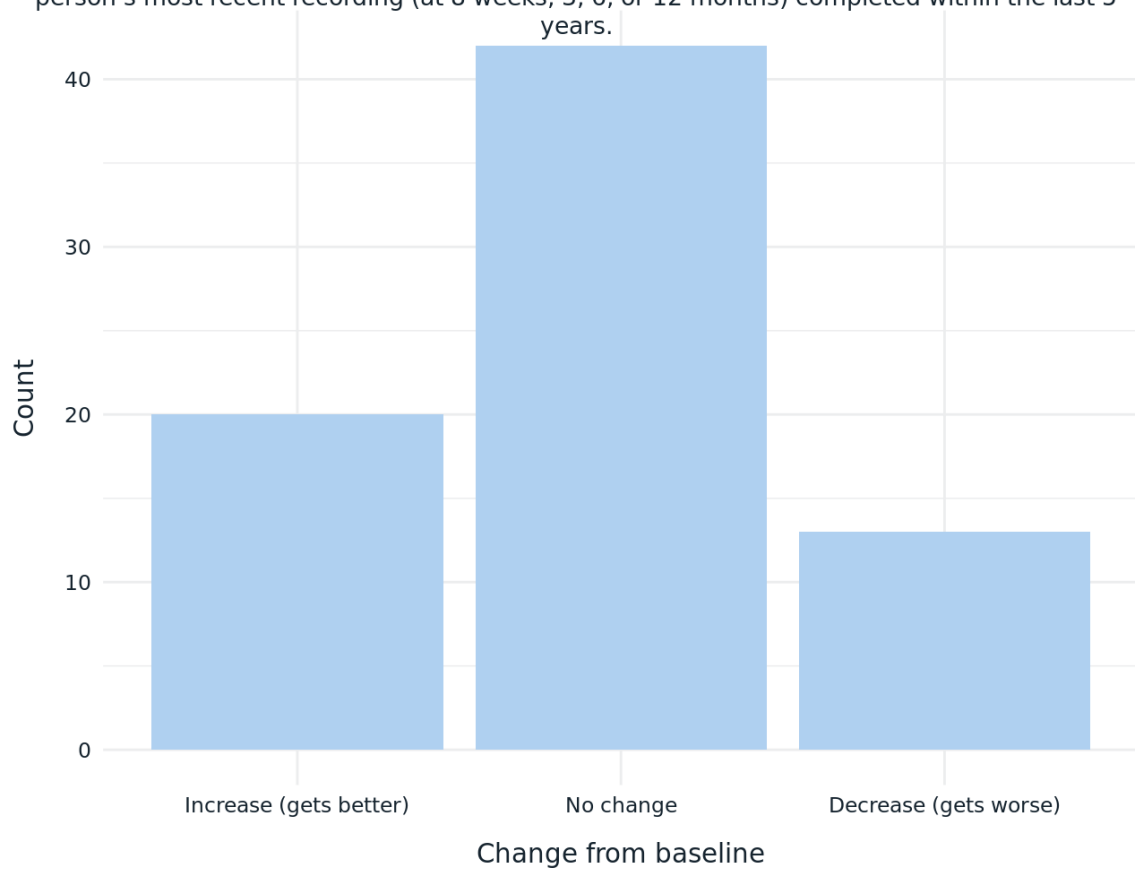
Change in reaching forward while standing from baseline to most recent

Change in reaching forward with outstretched arm while standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



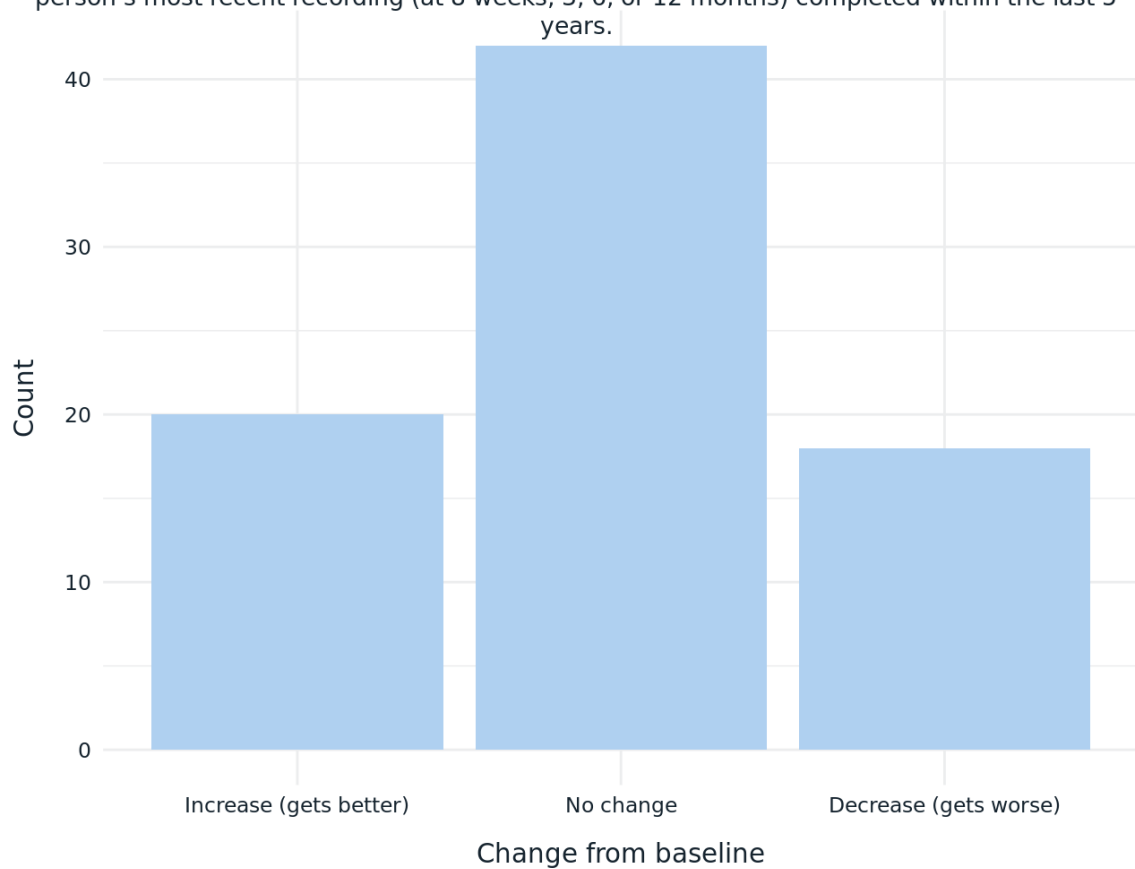
Change in ability to pick up an object from the floor from standing from baseline to most recent

Change in ability to pick up an object from the floor from standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



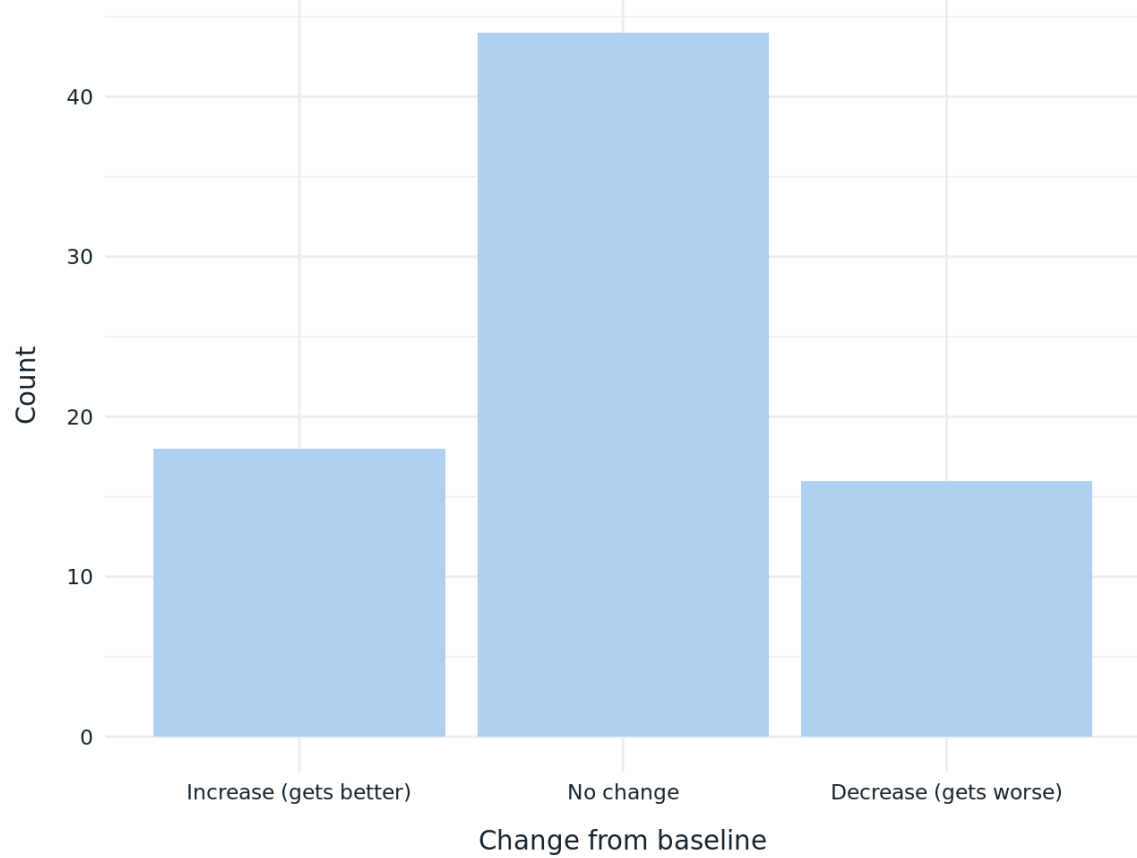
Change in ability to look over shoulders whilst standing from baseline to most recent

Change in ability to look over left and right shoulder whilst standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



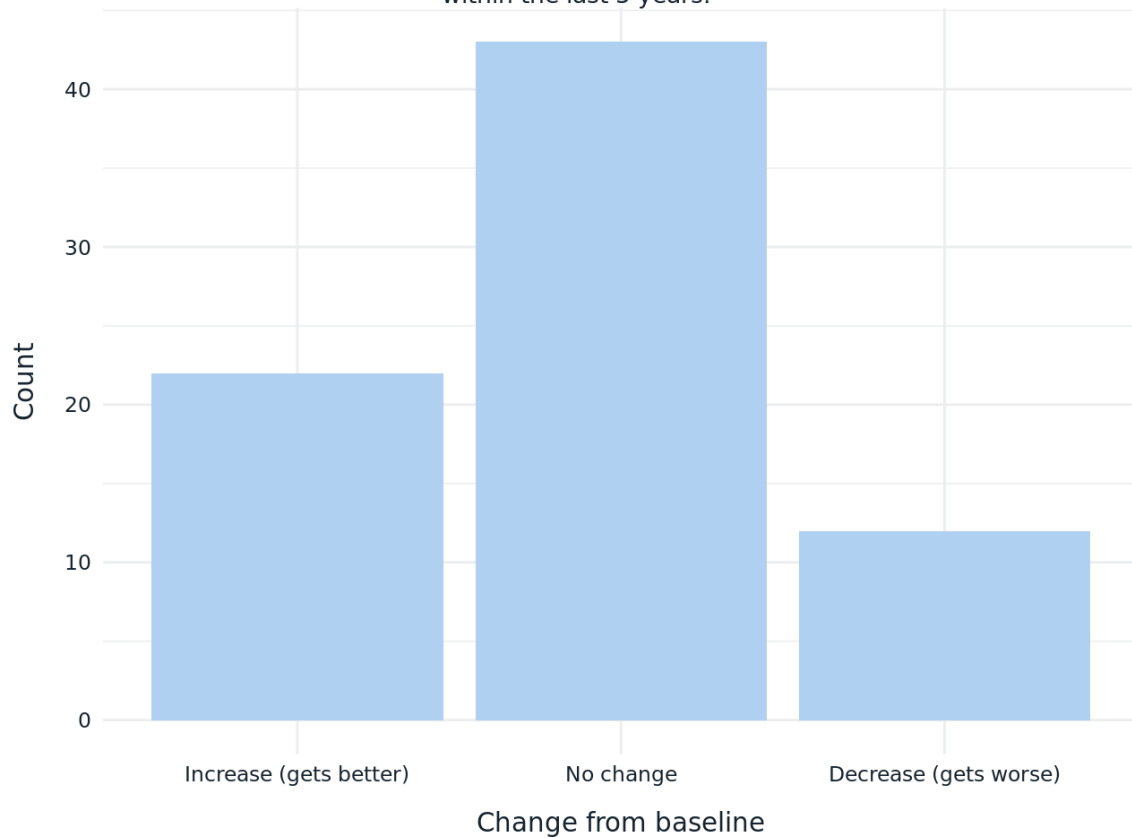
Change in ability to turn 360 degrees from baseline to most recent

Change in ability to turn 360 degrees index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



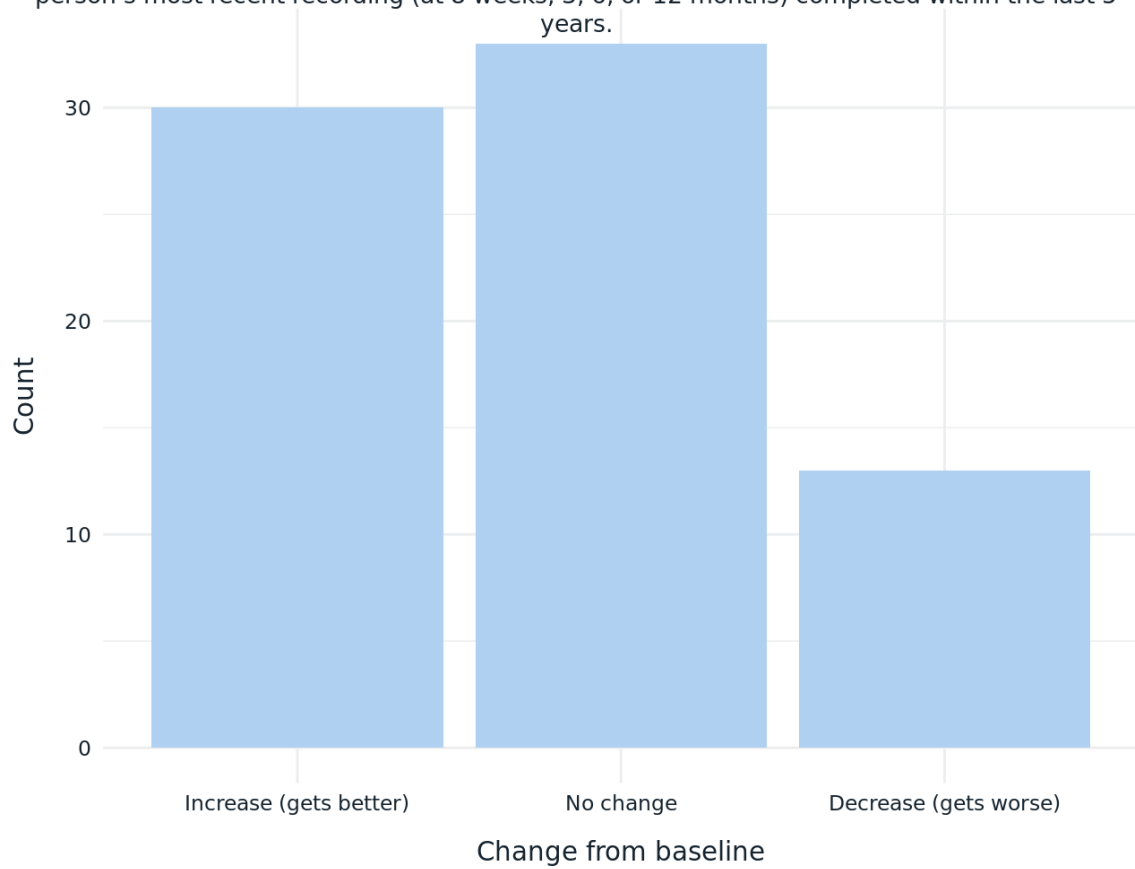
Change in ability to place foot on step whilst standing unsupported from baseline to most recent

Change in ability to place alternate foot on step or stool whilst standing supported index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



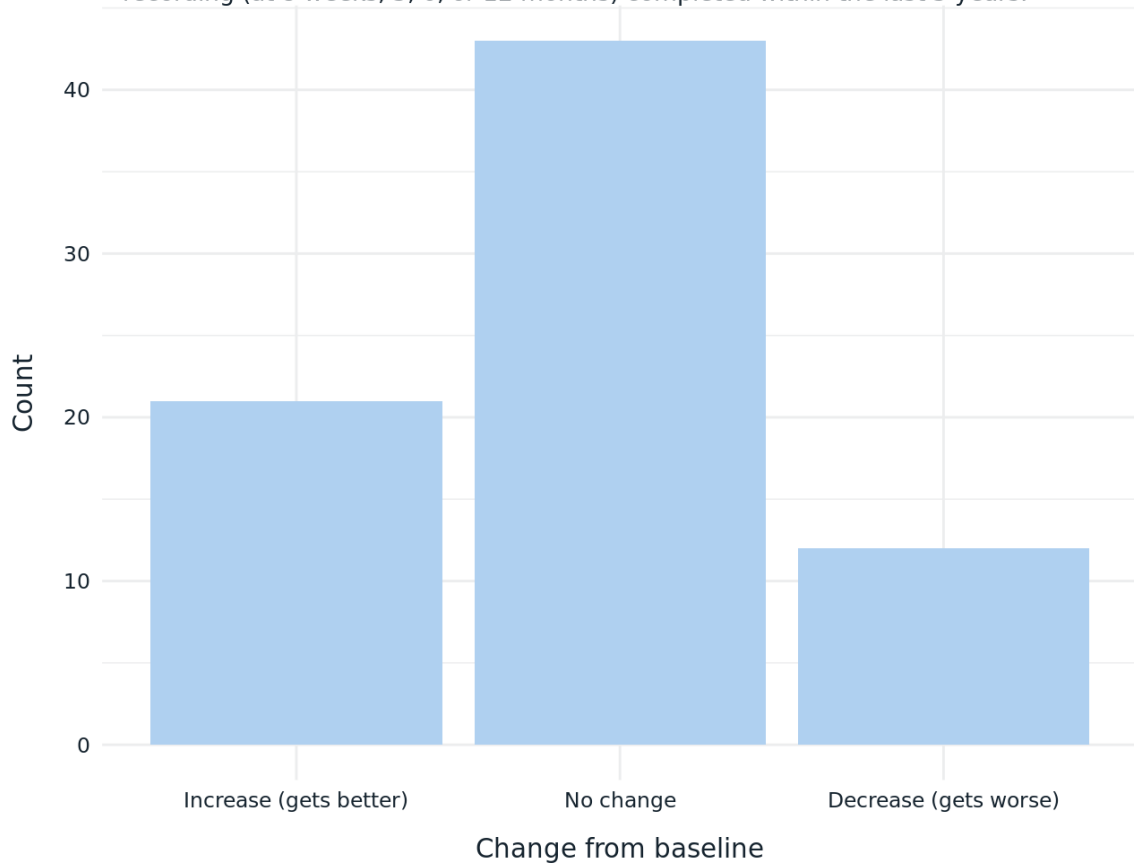
Change in ability to stand unsupported with one foot in front from baseline to most recent

Change in ability to stand unsupported with one foot in front index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



Change in ability to stand on one leg from baseline to most recent

Change in ability to stand on one leg index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



Meals Service

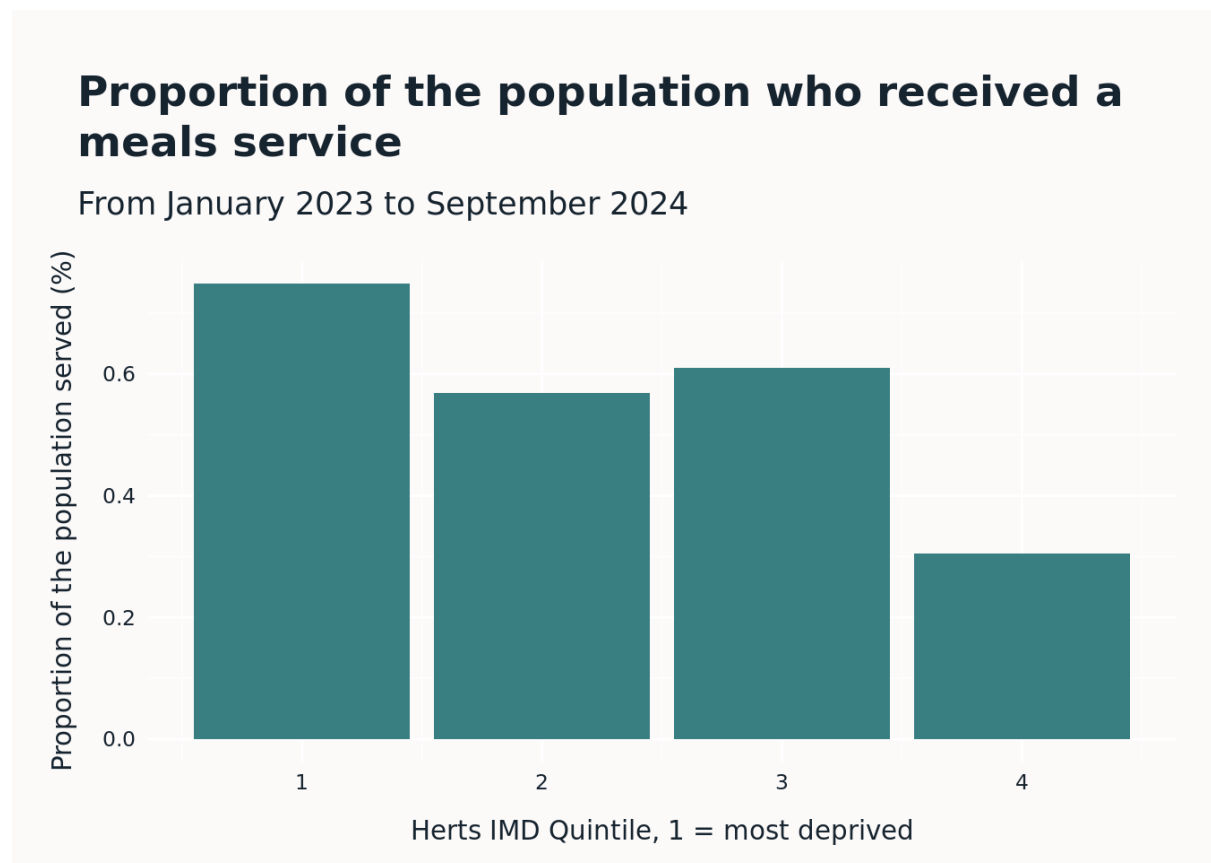
A Meals Service is available for those who are over 18 and have difficulty preparing a meal safely. **Since 2023, 575 individuals have been supported by the meals service.**

Information is collected on the types of needs and conditions that service users have. The most prevalent condition for the meals service users to have is poor mobility, followed by dementia. HILS indicated that accessibility issues for some buildings (for example lifts being out of service) not only have implications for a person requiring a meals delivery service, but some of the delivery team can struggle with mobility issues meaning service planning is difficult in these instances.

Condition	Percentage
Poor Mobility	56.0
Dementia	11.1
Deaf	5.9
Confused	4.2
Visual Impairment	3.5
Speech Impediment	2.3

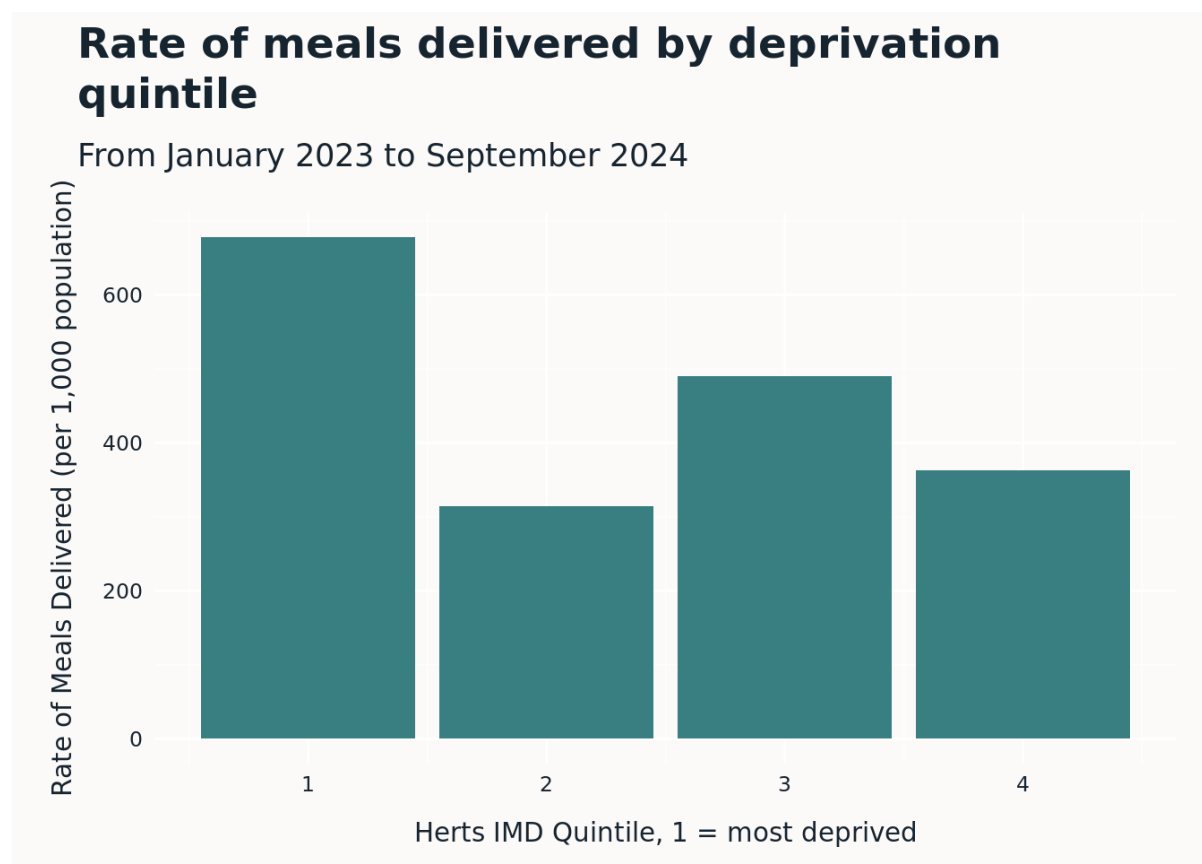
The proportion of the Stevenage population who received a meals from the meals service at any point from January 2023 to January 2024 is shown in the table below.

The highest proportion of the population who received a meals service lived in the most deprived local quintile (1), however those living in quintiles 2 and 3 represented a similar proportion of the population.



The rate of meals delivered between January 2023 to September 2024 is shown per 1,000 population for each of the local deprivation quintiles.

The highest rate of meals delivered per population was in the most deprived quintile (1).

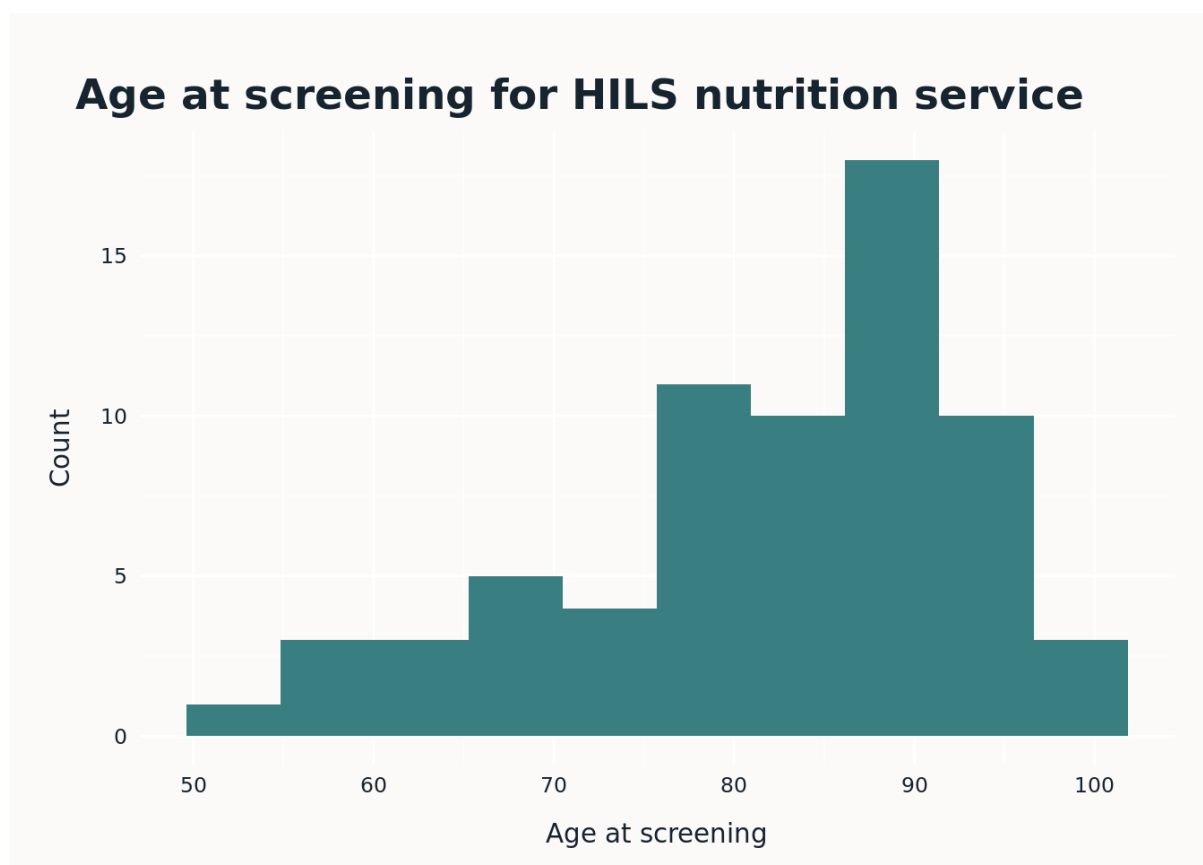


Nutrition & Wellbeing Service

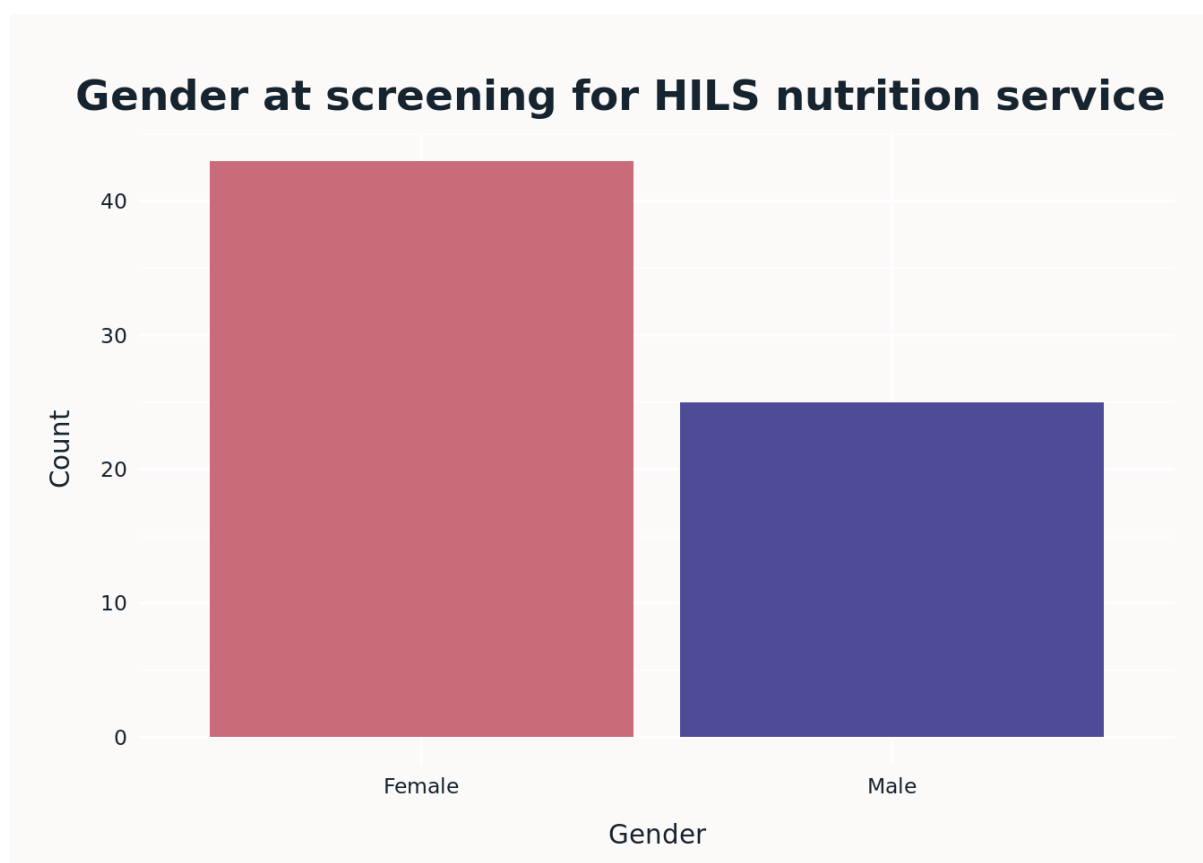
A Nutrition & Wellbeing service is available free to all meals (Meals on Wheels) clients in Hertfordshire and a nutrition check can be requested when an individual signs up for meals or while receiving meals. The service includes a nutrition and wellbeing check for a period of up to 6 months nutrition and wellbeing education for clients, families and carers, and referrals to additional services.

In Stevenage between September, 2019 and November, 2024 there were 231 Nutrition & Wellbeing service visits made to 68 residents.

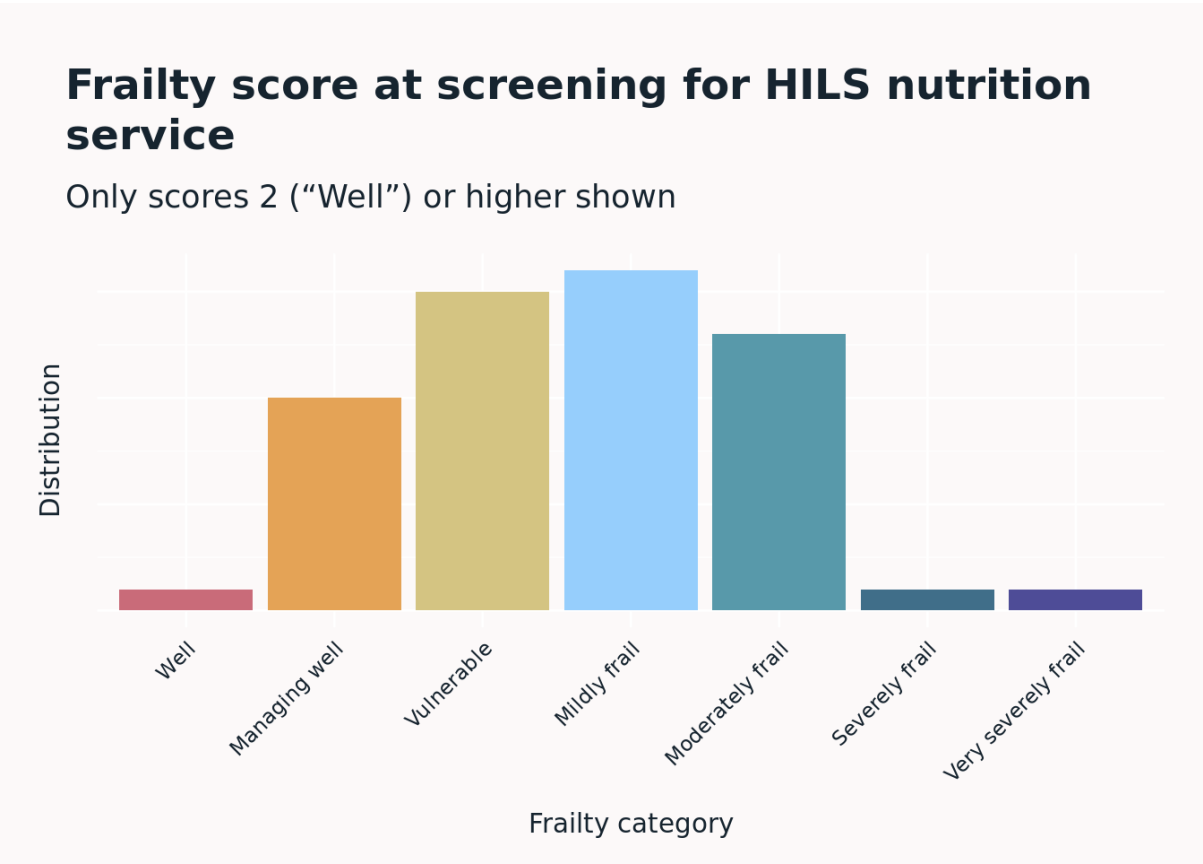
The nutrition service in Stevenage is delivered to an older demographic, in line with the population receiving the meals service.



The service users are predominantly female.



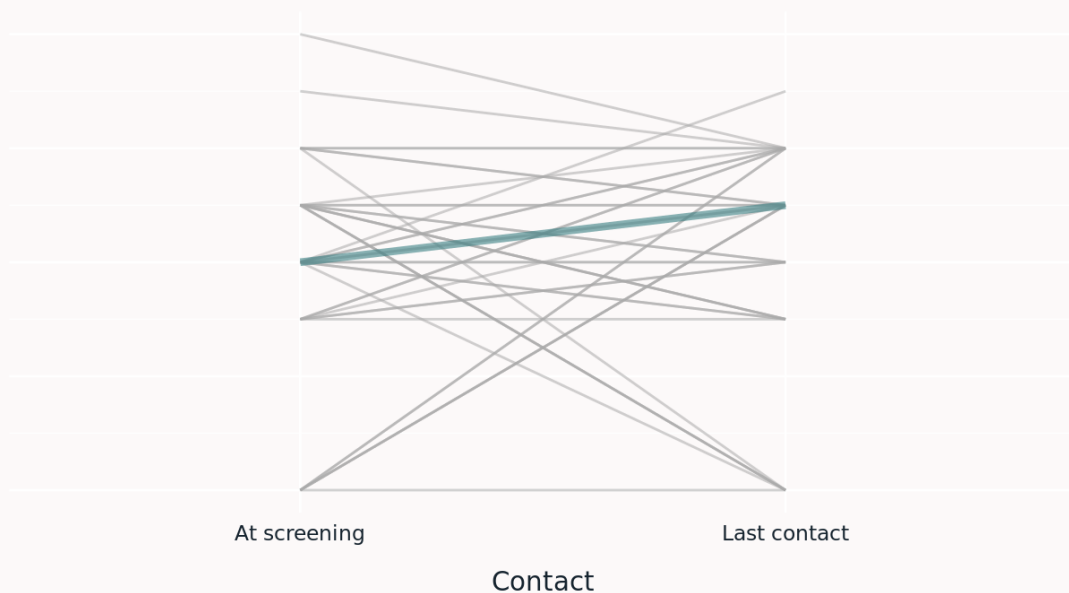
Most service users have some form of frailty, sitting between “managing well” and “moderately frail” on the Rockwood clinical frailty scale. The distribution only is shown below to ensure anonymity.



The median frailty severity category between screening and the last contact with the service increased over this time, highlighting that users of this service have increasing needs and may require continued support to manage their frailty.

Frailty score at nutrition screening and last contact

Overall trend shown in colour



Theme 3: Mental health

This table gives an overview of mental health indicators in Stevenage, and nationally, compared to Hertfordshire.

Common mental disorders, self-harm and suicide

Compared to Hertfordshire as a whole

Indicator	Age	Sex	Period	Hertfordshire	Stevenage
Depression: QOF prevalence - retired after 2022/23	18+ yrs	Persons	2022/23	11.88 %	13.11 %
Common mental disorders (%) (16+)	16+ yrs	Persons	2017	13.96	16.5
Common mental disorders (%) (65+)	65+ yrs	Persons	2017	8.61	10.56
Smoking prevalence in adults (%) (GPPS, 18+)	18+ yrs	Persons	2016/17	24.45	29.89
Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2022/23	84.19 per 100,000	111.2 per 100,000
Suicide rate	10+ yrs	Persons	2021 - 23	8.1 per 100,000	8.4 per 100,000

Cell colour legend

Statistically higher

Statistically similar

Statistically lower

PH.Intelligence@hertfordshire.gov.uk

Anxiety and depression

The table below shows the proportion (%) of people reporting depression in Stevenage, and nationally, compared to Hertfordshire.

Depression: QOF prevalence - retired after 2022/23					
Area	Count	Value		95% Lower CI	95% Upper CI
England	6,618,681	13.2		13.2	13.3
Hertfordshire	123,100	11.9		11.8	11.9
Stevenage	10,359	13.1		12.9	13.3

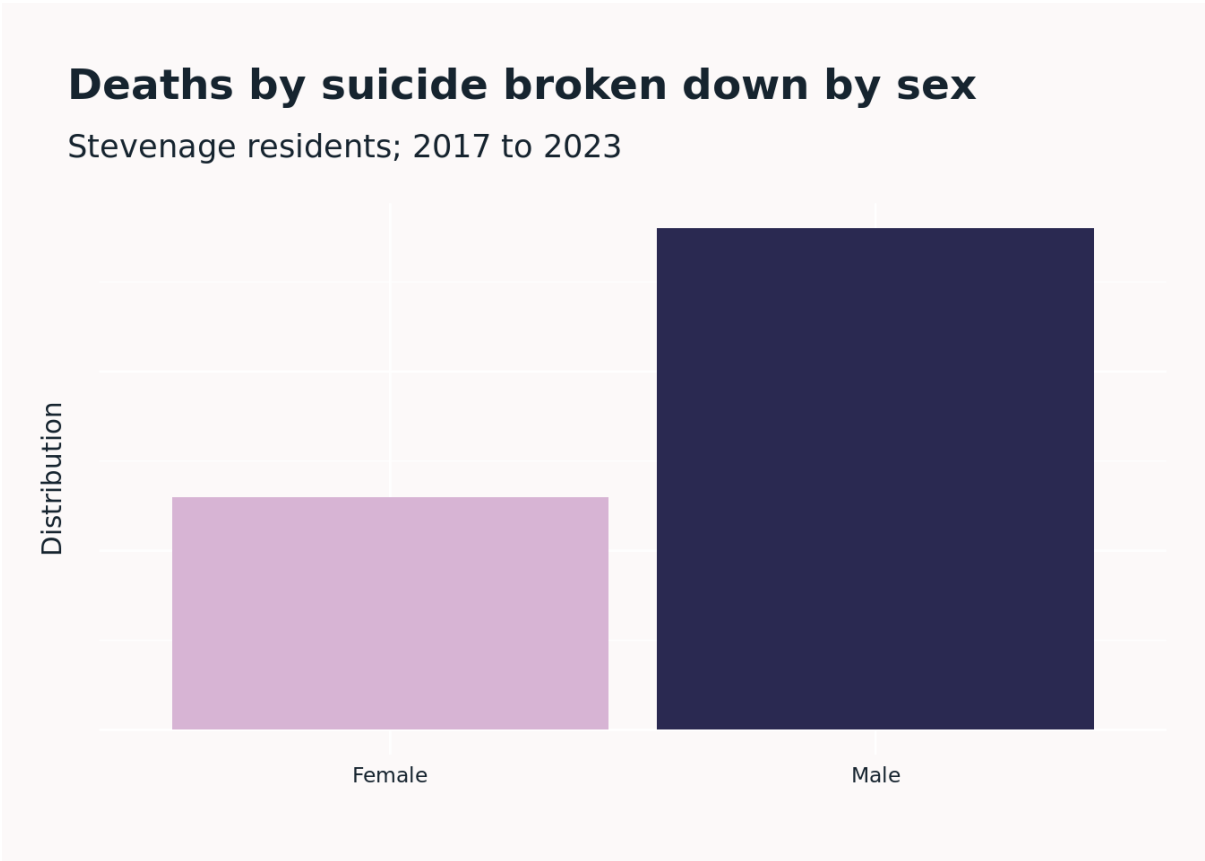
Deaths by suicide

The table below shows the rate of deaths by suicide (per 100,000) in Stevenage, and nationally, compared to Hertfordshire.

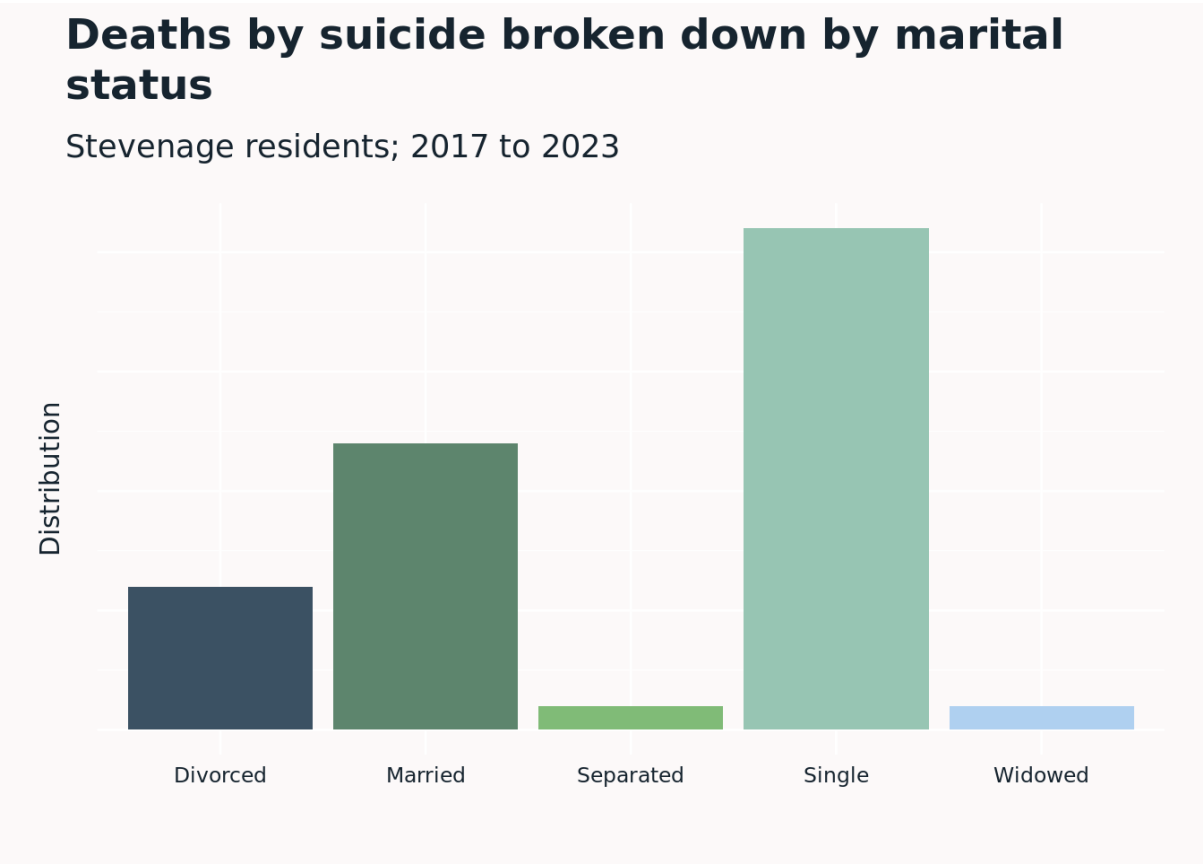
Suicide rate					
Area	Count	Value		95% Lower CI	95% Upper CI
England	16,159	10.7		10.60	10.9
Hertfordshire	256	8.1		7.11	9.1
Stevenage	19	8.4		5.02	13.2

There have been 41 deaths by suicides by residents of Stevenage between 2017 and 2023.

More males died by suicide than females over this time period. This trend is observed for Hertfordshire as a whole. These data do not contain information on an individual’s gender identity.



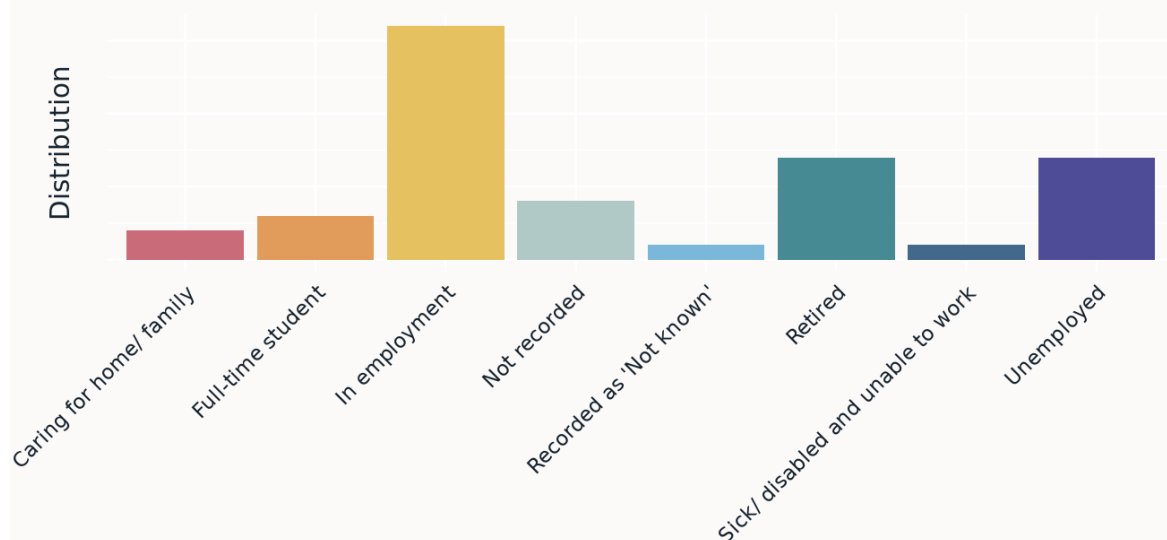
People whose marital status was “single” had the highest number of deaths by suicide, followed by people whose status was “married”. This trend is observed for Hertfordshire as a whole.



People who were in employment had the highest number of deaths by suicide, followed by people who were retired or unemployed. This trend is observed for Hertfordshire as a whole.

Deaths by suicide broken down by employment status

Stevenage residents; 2017 to 2023



Self-harm

The table below shows the rate of emergency hospital admissions for intentional self-harm (per 100,000) in Stevenage, and nationally, compared to Hertfordshire.

Emergency Hospital Admissions for Intentional Self-Harm					
Area	Count	Value		95% Lower CI	95% Upper CI
England	68,468	117		116.0	118.0
Hertfordshire	1,105	90		84.7	95.5
Stevenage	110	114		93.6	138.0

Referrals to acute services (HPFT)

Hertfordshire Partnership University NHS Foundation Trust (HPFT) supports people experiencing mental ill health, learning disabilities and autism in Hertfordshire. Some of the services available to adults that support with mental health include talking

therapies, enhanced primary care services, adult community mental health services, and crisis services (suicide prevention).

Across the different adult community services, a similar pattern prevails in regard to deprivation. As deprivation increases, the demand for services also increases, with a disproportionately high representation from individuals in the poorest areas of Stevenage. This aligns with current trends observed around population health and wider determinants, with those residing in areas of deprivation being effected by a worsening of physical and mental health.

Talking therapies

HPFT provides primary care psychological therapy services in Hertfordshire through a wide range of talking therapy treatments and employment support for adults with common mental health problems. The services are part of the national NHS Talking Therapies, for the anxiety and depression programme.

The graphs below are based on people aged between 18 and 64 inclusive, who were resident in Stevenage and received Talking Therapies between 01 January 2022 and 31 December 2024 with a primary diagnosis of anxiety or depression. If an individual was referred multiple times, they are only counted once in the data. These data only include referrals with completed diagnosis codes, and not all referrals to Talking Therapies have completed diagnosis codes.

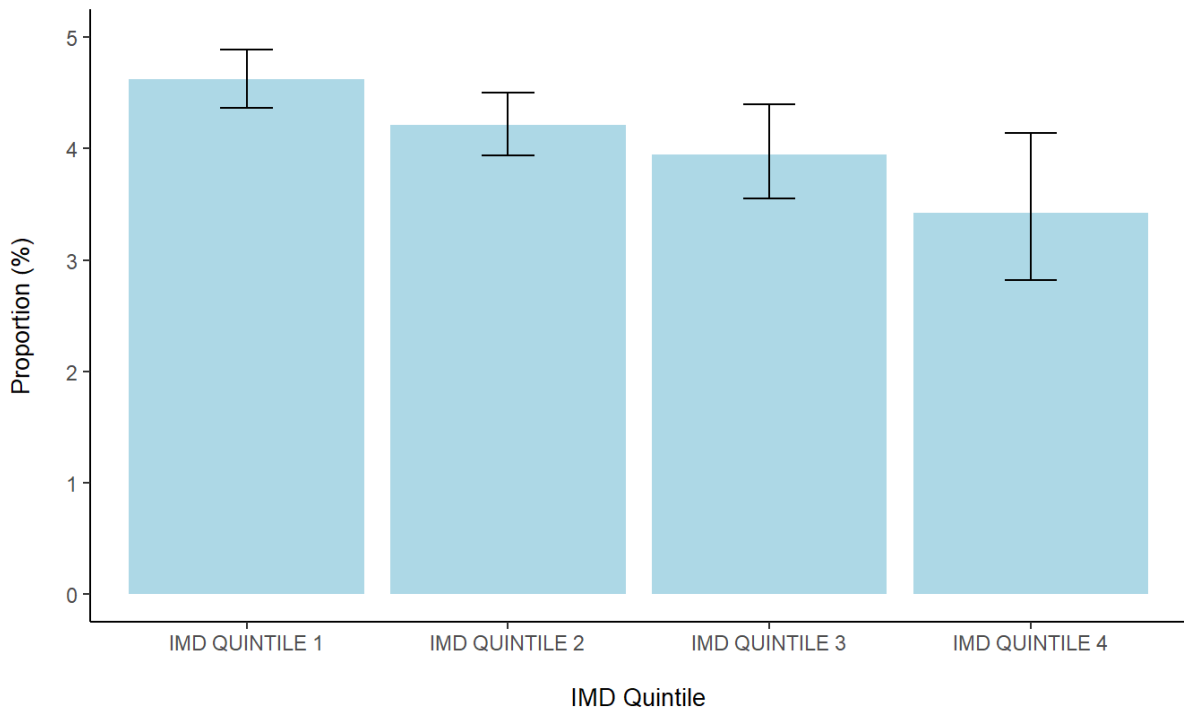
Proportions of referrals by deprivation

The graph below shows the proportion of the Stevenage population aged 18 to 64 for each local deprivation quintile who have been referred into the Talking Therapies service for anxiety and depression.

Quintile 1 is the most deprived quintile, and 4.6% of the Stevenage population aged 18 to 64 living in quintile 1 were referred to Talking Therapies for anxiety and depression. This was the highest rate of referral, with less deprived quintiles having increasingly lower proportions of the population being referred. In the 65+ age group (not shown) the same trend is observed.

Referrals into the Talking Therapies service

As deprivation increases in Stevenage, the proportion of those referred per population into talking therapy services also increases



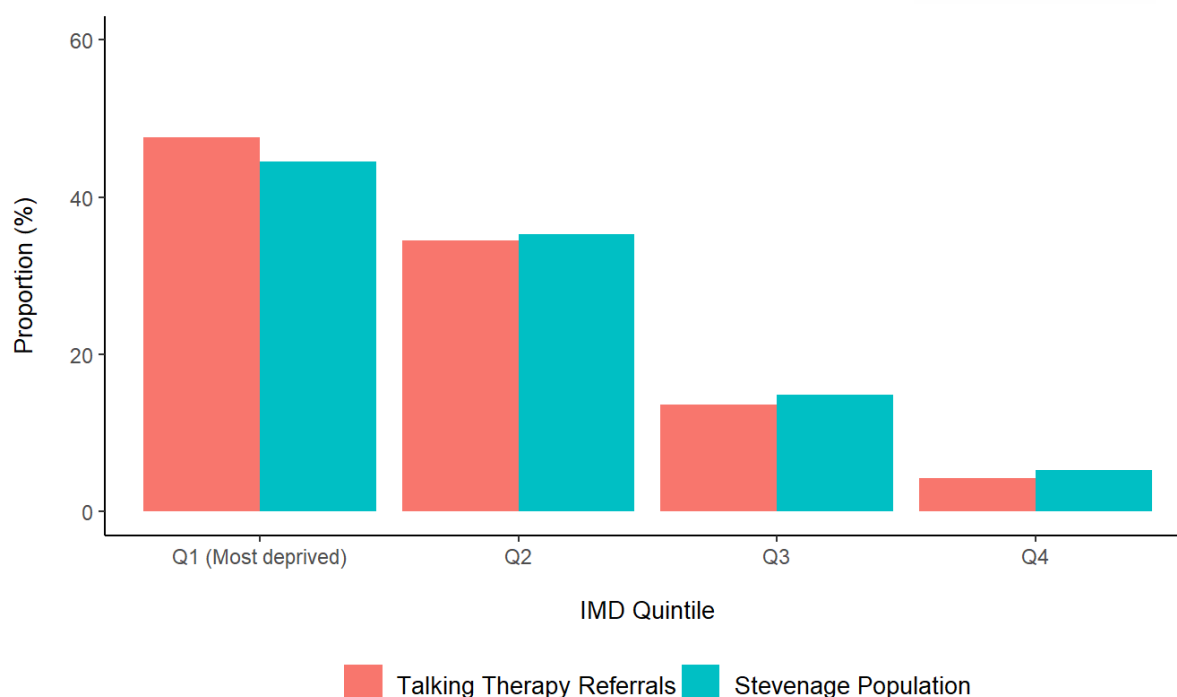
Referral proportions compared to the population

The above graph showed the trend in referrals to Talking Therapies for anxiety and depression as a function of deprivation. As we know the rate of referrals increased with increased deprivation across the quintiles, we know that some quintiles must have disproportionately higher referral rates and some quintiles must have disproportionately lower referral rates. The graph below shows *which quintiles have disproportionately higher or lower rates*.

Of people aged 18 to 64 in Stevenage referred to Talking Therapies, 48% live in quintile 1 (orange bar), which is higher than the proportion of the population living in quintile 1 generally (45%, blue bar). The other three quintiles have slightly lower proportions of people referred to Talking Therapies compared to the population generally.

Referrals into the Talking Therapies service

As deprivation increases in Stevenage, the proportion of those referred per population into talking therapy services also increases



Enhanced primary care mental health services

HPFT's Primary Care Mental Health Services provide interventions in line with the principles of recovery for people with moderate and severe mental health difficulties who do not benefit from interventions from Talking Therapies and whose conditions would not be eligible for treatment by Adult Community Mental Health Services. Staff work collaboratively with the service users to determine goals for the interventions that are agreed as an outcome of the initial conversation. This service also provides a time-limited period of transition for those stepping down from secondary care for who have ongoing anxieties about managing their lives without comprehensive support.

Numbers of Stevenage-resident users of this service aged between 18 to 64, and who were referred due to anxiety and depression, are too low to allow sharing for data privacy reasons. However, data from users between 2017 and December 2024 shows that **service users living in more deprived areas are more likely to face difficulties with accommodation, job security, and unhappiness with their wider environment.**

Adult community mental health services

Adult Community Mental Health Services offer a multi-disciplinary pro-active and comprehensive service to people suffering from severe and enduring mental illness who have complex needs and will require interventions along a treatment care pathway. This will include people presenting with anxiety and depression which is more complex in nature than can be treated in primary care, with associated higher levels of risk and requiring a multi-disciplinary approach.

As for primary care services, numbers are too low to allow sharing for data privacy reasons. However, data from users between 2017 and December 2024 shows that **referrals are higher for those living in more deprived areas.**

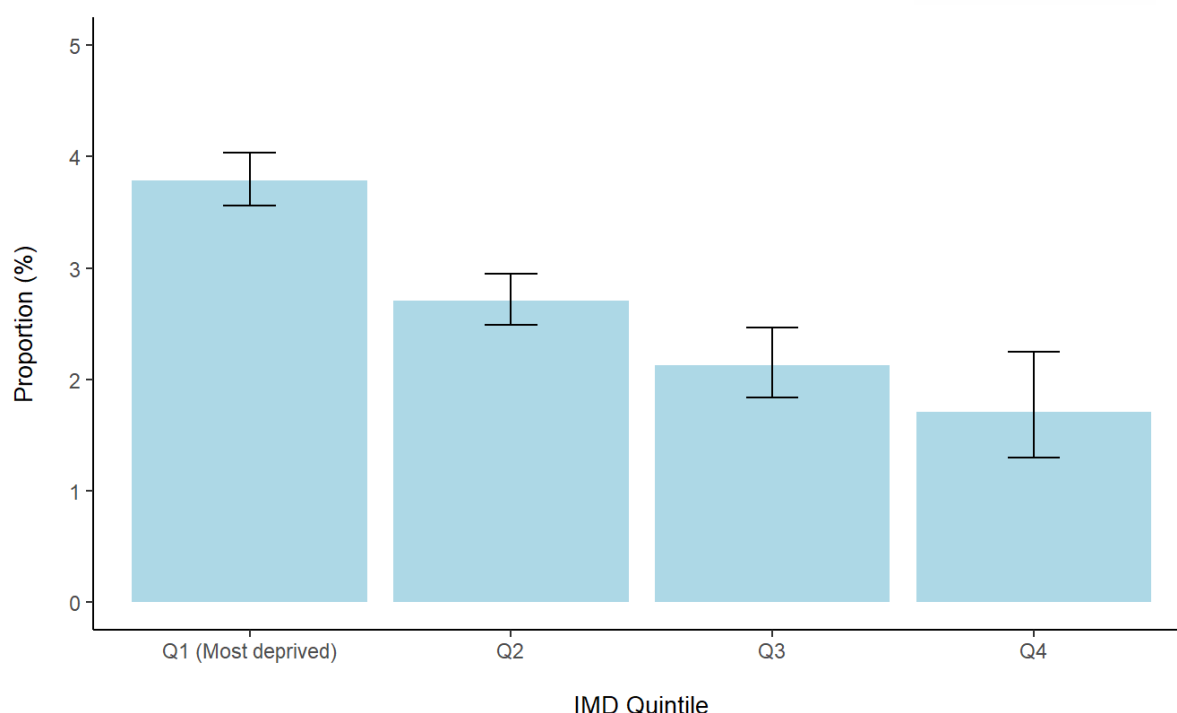
Referrals to community services and non-talking therapies

The data below show referrals to community services and non-taking therapies. *Note that not all individuals go on to be accepted into a service.*

Quintile 1 is the most deprived local deprivation quintile. **As deprivation increases across the quintiles, the likelihood of being referred to community services and non-talking therapies increases.**

Referrals accepted or signposted at SPA

As deprivation increases in Stevenage, the proportion of those referred per population into all community services also increases

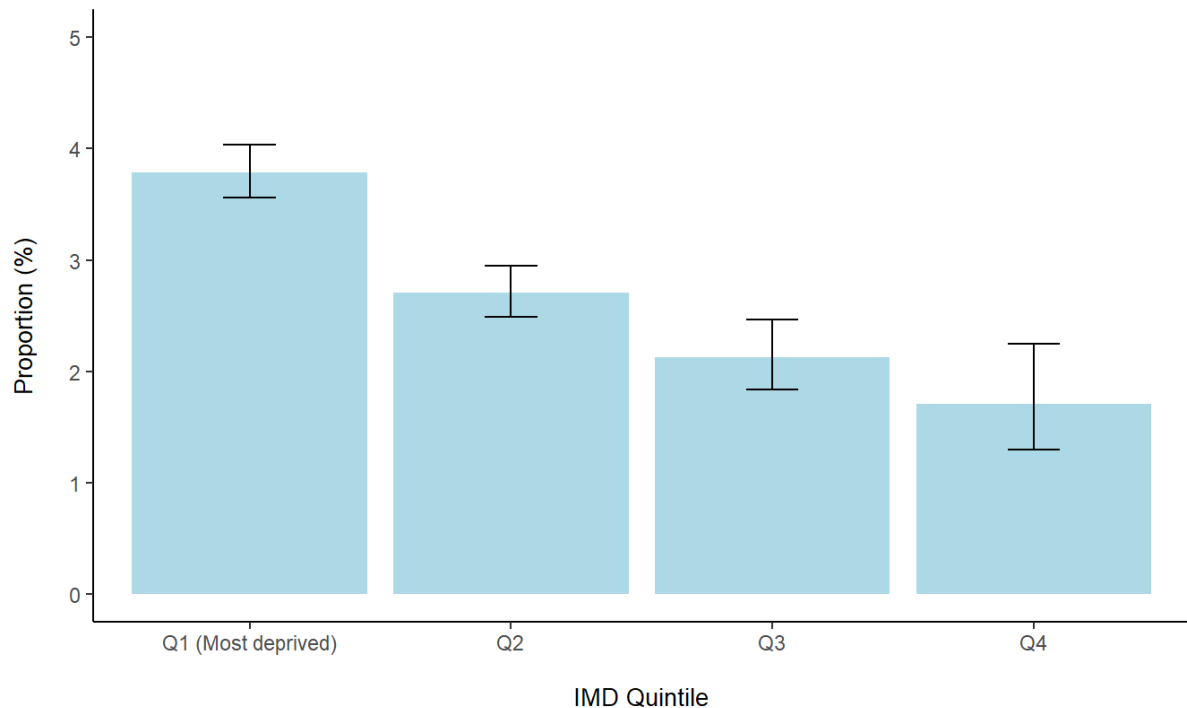


Of people aged 18 to 64 in Stevenage referred to community services and non-talking therapies, 57% live in quintile 1 (orange bar), which is higher than the proportion of the population living in quintile 1 generally (45%, blue bar). The

other three quintiles have slightly lower proportions of people referred to community services and non-talking therapies compared to the population generally.

Referrals accepted or signposted at SPA

As deprivation increases in Stevenage, the proportion of those referred per population into all community services also increases



Crisis services (suicide prevention)

Identification flags for those on a suicide prevention pathway within HPFT's records is relatively new, and therefore it is not possible to identify all users who are entering crisis services for the suicide prevention pathway. **Although there is a similar trend to other HPFT services, that those from more deprived areas have greater need of this service, the low numbers and data quality means that this trend is not statistically significant, and that we cannot be confident that it isn't due to chance.**

This page is intentionally left blank

Healthy Stevenage Strategy 2026-2031:

Partner Consultation Report

Contents

Executive Summary	2
1. Consultation Approach & Limitations	3
1.1. Public consultation approach	3
1.2. Partner consultation approach	4
1.3. Limitations	4
2. Public Consultation Findings.....	4
2.1. Demographic Profile.....	4
Ward	5
Age.....	5
Gender	5
Ethnicity	5
2.2. Responses to each question	6
Question 1: Do the five priorities sound right?	6
Question 2: Additional comments, groups or issues missing.....	6
Question 3: Which priorities should be the main focus?.....	6
Question 4: What would residents like to see happen?	7
2.3. Overall Coded Themes	7
2.4. Recommendations	8
3. Partner Consultation Findings	9
3.1. Cross-cutting findings	9
3.2. Findings by Strategic Priority	10
Priority 1: Healthy Weight & Active Lifestyle	10
Priority 2: Good Mental and Emotional Wellbeing	11
Priority 3: Ageing Well, Frailty Prevention & Dementia Support	12
Priority 4: Creating Healthy, Safe & Connecting Places.....	13
Priority 5: Strengthening Prevention Through the Healthy Stevenage Partnership	14
3.3. Partnership Successes & Available Assets	15
Successes to build on	15
Existing and emerging collaboration opportunities	16
Assets partners can contribute	16
3.4. Recommendations	16

Executive Summary

This report brings together the findings from the public and partner consultation undertaken to inform the Healthy Stevenage Strategy 2026-2031. It provides one consolidated evidence base while keeping the two consultation strands distinct so that resident and partner insight can be understood in their own right.

Consultation strand	Scale	Primary focus
Public consultation	84 survey responses	Resident views on the five priorities, missing issues, priority ranking and desired action
Partner consultation	3 workshops; just over 40 stakeholders from 17 organisations	358 recorded SWOT comments plus discussion on partnership achievements, collaboration, assets and priority actions

Across both consultation strands there is strong support for retaining the five proposed strategic priorities. The combined message is not that the strategy needs a different structure, but that it needs a sharper delivery model: one that is visible to residents, targeted at inequalities, easier to navigate, inclusive, measurable and clearly owned by partners.

- Mental health and emotional wellbeing is the strongest resident priority. It was ranked first by 28 of 84 respondents (33.3%), with free-text comments also highlighting crisis support, stigma, loneliness and timely access to help.
- Affordable physical activity and leisure is the strongest coded public theme overall, with 29 total mentions across primary and secondary coding. Partners similarly viewed physical activity as a cross-cutting prevention tool supporting healthy weight, mental wellbeing, ageing and social connection.
- Children, young people and families require greater visibility across the strategy. They appeared in 23 coded public mentions, while partners identified growing need, early intervention opportunities and the importance of more relevant engagement approaches for children and young people.
- Residents and partners both identified a visibility and navigation problem. People do not always know what support exists, how to access it or how services connect. Clearer communication, non-digital routes, a central directory and a no wrong door approach are recurring proposals.
- Health inequalities should be explicit in every priority. Feedback emphasised affordability, disability and neurodiversity, transport, digital exclusion, language, deprivation, housing, cost of living and unequal access between neighbourhoods.
- Healthy places are seen as a major opportunity. Stevenage has strong assets in parks, green spaces, cycleways, community centres and regeneration, but feedback points to uneven access, safety perceptions, ageing infrastructure, maintenance pressures and underuse.
- Ageing well, frailty and dementia remain important despite being ranked first less often by residents. Consultation feedback highlights carers, falls prevention, mobility, loneliness, accessible information and the need to make existing support easier to navigate.

- The Healthy Stevenage Partnership should move beyond information sharing to accountable delivery, with stronger NHS participation, shared priorities, named ownership, a small set of measures and visible feedback on progress.
- Funding and workforce capacity are material delivery constraints. Partners also identified Local Government Reorganisation as both an opportunity to align systems and a risk to continuity, local relationships and ownership.

Overall consultation message

Keep the five priorities, but make the final strategy more practical. The strongest combined requirement is to translate the strategy into a focused delivery plan with clear access routes, targeted action on inequalities, named partner responsibilities, sustainable capacity and transparent measures of progress.

1. Consultation Approach & Limitations

The unified report draws only on the two consultation reports: the public survey analysis and the partner workshop analysis. The two evidence streams use different methods and should therefore be read as complementary rather than directly comparable.

1.1. Public consultation approach

The public consultation received 84 responses. Free-text responses were coded into 16 themes. Each response was assigned a primary theme and, where needed, one or more secondary themes. Percentages are based on the 84 responses, while theme mention counts can include both primary and secondary coding and should therefore be interpreted as indicators of the strength of issues raised rather than mutually exclusive respondent counts.

- Access to GP, NHS and health services
- Mental health, trauma and crisis support
- Affordable physical activity and leisure
- Healthy food, nutrition and cost of living
- Children, young people and families
- Older people, carers, frailty and dementia
- Disability, neurodiversity and inclusion
- Community connection and third spaces
- Safe, clean and well-maintained places
- Parks, green space and outdoor wellbeing
- Active travel, transport and accessible infrastructure
- Communication, promotion and awareness
- Resident voice and lived experience
- Wider determinants of health
- Partnership, prevention and delivery accountability
- Sustainability and healthy environments

1.2. Partner consultation approach

The partner report analysed notes from three workshop sessions involving just over 40 stakeholders from 17 organisations. The analysis covered 358 individual SWOT comments: 66 on Healthy Weight & Active Lives; 72 on Good Mental Health & Emotional Wellbeing; 74 on Ageing Well, Frailty Prevention & Dementia Support; 86 on Creating Healthy, Safe & Connected Places; and 60 on Strengthening Prevention Through the Healthy Stevenage Partnership. Wider discussion on successes, partner assets, collaboration opportunities and priority actions was analysed separately.

1.3. Limitations

- The public survey is self-selecting and is not statistically representative of the whole Stevenage population. Some residents may be underrepresented, including people with limited digital access, literacy or language barriers, and those with lower trust in formal consultation processes.
- Not all public respondents completed every demographic question, and some demographic categories contain small numbers, limiting detailed comparison between groups.
- Public free-text responses varied in depth and sometimes covered several issues, so thematic coding required professional judgement.
- Partner findings are qualitative. The number of comments recorded under a theme reflects the amount of discussion captured in workshop notes, not the number or proportion of participants who held that view.
- Partner source material consists of facilitated notes rather than verbatim transcripts, and individual comments cannot be linked to participant characteristics or organisations.
- Workshop participants were engaged partners and may be more familiar with existing provision than organisations or communities that were not represented.
- Both consultation strands should be considered alongside the Stevenage Health Inequalities JSNA, equality analysis and service data when finalising the strategy and delivery plan.

2. Public Consultation Findings

The public consultation provides direct resident insight into whether the proposed priorities feel right, what may be missing and what practical action people want to see. Overall, the five-priority structure received strong support, but residents consistently asked for clearer delivery, affordability, inclusion and visibility.

2.1. Demographic Profile

The consultation received responses from across Stevenage, although the sample is not statistically representative. Shephall, Bedwell, Old Town, St Nicholas and Chells were the most frequently identified local areas. There were also 9 responses from people who live outside Stevenage and 8 where the ward was unknown.

Ward

Ward	Count	%
Shephall	14	16.7%
Bedwell	11	13.1%
Old Town	10	11.9%
Live outside of Stevenage	9	10.7%
St Nicholas	8	9.5%
Unknown	8	9.5%
Chells	8	9.5%
Bandley Hill & Poplars	5	6.0%
Longmeadow	3	3.6%
Martins Wood	2	2.4%
Symonds Green	2	2.4%
Manor	1	1.2%
Roebuck	1	1.2%
Almond Hill	1	1.2%
Woodfield	1	1.2%

Age

Age group	Count	%
30 - 39 years old	21	25.0%
40 – 49 years old	17	20.2%
50 - 59 years old	15	17.9%
70+ years old	13	15.5%
60 – 69 years old	12	14.3%
18 – 29 years old	3	3.6%
Not provided	1	1.2%
Prefer not to say	1	1.2%
Under 18 years old	1	1.2%

Gender

Gender	Count	%
Female	54	64.3%
Male	24	28.6%
Prefer not to say	3	3.6%
Not provided	2	2.4%
Other	1	1.2%

Ethnicity

Ethnicity	Count	%
White – English/Welsh/Scottish/Northern Irish/British	60	71.4%
Asian/Asian British	5	6.0%
Prefer not to say	5	6.0%
Other white	5	6.0%
Black/African/Caribbean	4	4.8%
Not provided	2	2.4%
Mixed other	2	2.4%

2.2. Responses to each question

Question 1: Do the five priorities sound right?

Most respondents supported the proposed priorities, but a significant minority wanted clearer delivery detail, more emphasis on wider determinants, better access to health services and stronger action on safety, children and mental health.

Q1: Do the five priorities sound right?	Count	% of responses
Yes / supportive	55	65.5%
Broadly yes, with caveats	17	20.2%
No / significant concerns	8	9.5%
Other / unclear	4	4.8%

Key themes in this question included mental health, affordable activity, ageing well, healthy food, wider determinants and partnership accountability. Several responses made clear that the issue is not whether the priorities are valid, but whether residents can see practical delivery behind them.

Question 2: Additional comments, groups or issues missing

There were 61 substantive responses to this question and 23 responses that were blank, N/A or said no. The most common issues raised were children and young people, disability and neurodiversity, mental health, community connection and stronger partnership delivery.

Theme	Mentions	% of responses
5. Children, young people and families	18	21.4%
7. Disability, neurodiversity and inclusion	11	13.1%
2. Mental health, trauma and crisis support	11	13.1%
8. Community connection and third spaces	9	10.7%
15. Partnership, prevention and delivery accountability	9	10.7%
3. Affordable physical activity and leisure	8	9.5%
11. Active travel, transport and accessible infrastructure	7	8.3%
4. Healthy food, nutrition and cost of living	7	8.3%
14. Wider determinants of health	7	8.3%
6. Older people, carers, frailty and dementia	6	7.1%
12. Communication, promotion and awareness	6	7.1%
1. Access to GP, NHS and health services	6	7.1%

Groups or needs specifically mentioned included children and teens, young adults, families, learning disabled people, autistic and neurodiverse residents, carers, older people, visually impaired residents, ethnic communities, people with language barriers and residents affected by poverty or housing insecurity.

Question 3: Which priorities should be the main focus?

Respondents were asked to rank the five draft priorities. The table below shows the priority ranked first by respondents.

First ranked priority	Count	% of responses
Good Mental Health and Emotional Wellbeing	28	33.3%
Creating Healthy, Safe and Connected Places	19	22.6%
Healthy Weight and Active Lives	19	22.6%
Strengthening Prevention through collaboration	10	11.9%
Ageing Well, Frailty Prevention and Dementia Support	8	9.5%

Mental health was the clear leading priority, followed by healthy places and healthy weight. Ageing well ranked first less often, but older people, carers, frailty and dementia still appeared regularly in free-text comments.

Question 4: What would residents like to see happen?

This question generated the clearest delivery messages. Residents want visible, local and affordable activity rather than a strategy that only sets broad ambitions. The strongest themes were affordable activity, community connection, better access to GP and health services, mental health support, healthy food, active travel, parks and better communication.

Top desired actions

Theme	Mentions	% of responses
3. Affordable physical activity and leisure	33	39.3%
8. Community connection and third spaces	17	20.2%
1. Access to GP, NHS and health services	16	19.0%
2. Mental health, trauma and crisis support	15	17.9%
4. Healthy food, nutrition and cost of living	13	15.5%
11. Active travel, transport and accessible infrastructure	13	15.5%
10. Parks, green space and outdoor wellbeing	13	15.5%
12. Communication, promotion and awareness	12	14.3%
5. Children, young people and families	12	14.3%
14. Wider determinants of health	10	11.9%
15. Partnership, prevention and delivery accountability	8	9.5%
13. Resident voice and lived experience	8	9.5%

2.3. Overall Coded Themes

The table below summarises the coding applied across the free-text responses. Total mentions include both primary and secondary themes, so totals exceed 84.

Theme coding summary

Theme	Primary theme count	Secondary theme count	Total mentions	% of responses as primary
3. Affordable physical activity and leisure	12	17	29	14.3%
5. Children, young people and families	7	16	23	8.3%
15. Partnership, prevention and delivery accountability	8	10	18	9.5%

2. Mental health, trauma and crisis support	11	6	17	13.1%
4. Healthy food, nutrition and cost of living	7	8	15	8.3%
12. Communication, promotion and awareness	5	10	15	6.0%
8. Community connection and third spaces	3	12	15	3.6%
6. Older people, carers, frailty and dementia	7	7	14	8.3%
1. Access to GP, NHS and health services	5	8	13	6.0%
11. Active travel, transport and accessible infrastructure	5	8	13	6.0%
14. Wider determinants of health	4	8	12	4.8%
9. Safe, clean and well-maintained places	3	8	11	3.6%
10. Parks, green space and outdoor wellbeing	1	10	11	1.2%
7. Disability, neurodiversity and inclusion	5	4	9	6.0%
13. Resident voice and lived experience	1	2	3	1.2%
16. Sustainability and healthy environments	0	3	3	0.0%

The strongest overall themes were affordable physical activity and leisure, children and young people, partnership and delivery accountability, mental health, healthy food, communication and community connection.

2.4. Recommendations

The consultation does not suggest the five priorities need to be replaced. It does suggest the final draft should be sharper on delivery, visibility and accountability.

1. Keep mental health and emotional wellbeing as a highly visible strategic priority. It was the most frequently ranked first priority (28 of 84, 33.3%) and appeared strongly in free-text comments around trauma, crisis support, suicide prevention, stigma, loneliness and access to services.
2. Make affordable physical activity a practical delivery commitment. The strongest coded theme overall was affordable physical activity and leisure (29 total mentions), with repeated asks for free or low-cost activities, cheaper gyms, family rates, park run support and age-appropriate classes.
3. Strengthen the children, young people and families strand across all priorities. Children, young people and families appeared in 23 total mentions, including asks for schools work, teen provision, youth clubs, family activity, early years support and play opportunities.
4. Add clearer actions on communication and outreach. Residents repeatedly said services exist but are not visible enough. Promotion and awareness appeared in 15 total mentions and came through strongly for non-digital communications, GP/community centre promotion and clearer Healthy Stevenage branding.

5. Build inclusion explicitly into the strategy, not just as a cross-cutting principle. Responses highlighted learning disabilities, autism, ADHD, neurodiversity, visual impairment, mobility limitations, carers, language barriers and ethnic communities. This should be visible in delivery actions.
6. Use Healthy Stevenage Partnership governance to show delivery accountability. Partnership, prevention and accountability had 18 total mentions, including calls for clear plans, measurable outcomes, partner coordination, resources and avoidance of duplication.
7. Link healthy places with safety, parks, active travel and community connection. Creating Healthy, Safe and Connected Places was ranked first by 19 respondents (22.6%). Comments focused on safe parks, cleaner environments, Fairlands, cycling/walking, transport and accessible community spaces.
8. Give more prominence to wider determinants of health. Several respondents challenged the strategy to address cost of living, rent, food affordability, employment, skills, housing, education and infrastructure as root causes of poor health.
9. Keep ageing well and dementia support but make delivery more visible locally. Ageing Well ranked first less often (8 respondents, 9.5%) but older people, carers, frailty and dementia appeared in 14 coded mentions, especially around dementia, carers, local activities, falls and non-digital access.
10. Use consultation feedback to refine the action plan rather than radically change the priorities.

Overall support was strong: 58 respondents were supportive and 13 were broadly supportive with caveats. The issue is less the priorities themselves and more the delivery detail, targeting and visibility.

3. Partner Consultation Findings

The partner workshops provide strong support for the proposed five-priority structure of the Healthy Stevenage Strategy. Three partner workshop sessions were analysed. Consultation records indicate that just over 40 stakeholders from 17 organisations took part. This section of the report draws on 358 recorded SWOT comments, together with wider discussion on partnership achievements, collaboration opportunities, partner contributions and priority actions.

3.1. Cross-cutting findings

Eight cross-cutting themes appeared repeatedly across the five priorities. These are not secondary issues; they are the practical conditions that partners believe will determine whether the strategy succeeds.

Cross-cutting theme	What the consultation indicates
Navigation and visibility	Partners repeatedly described a strong local offer that is difficult to find, understand or access. A one-stop directory, clearer referral pathways and a 'no wrong door' approach were among the most consistent proposals.

Targeting inequalities	Partners want ward-level insight, demographic analysis and targeted engagement, particularly in deprived areas and among groups that do not routinely use existing services.
Partnership accountability	There is support for collaboration, but a clear expectation that the Healthy Stevenage Partnership should have shared priorities, ownership, performance measures and visible follow-through.
Funding and capacity	Short-term funding, workforce limitations and voluntary-sector capacity were recurring weaknesses and threats across every priority.
Data, insight and evaluation	Partners identified gaps in shared data, knowledge of who delivers what, evidence from the previous strategy and systematic evaluation of impact.
Inclusive access	Physical accessibility, affordability, transport, digital exclusion, stigma, language, confidence and service thresholds all affect whether residents can benefit.
Use of place-based assets	The town's green spaces, cycleways, community centres, leisure facilities and regeneration investment were consistently seen as underused opportunities for prevention.
System change and uncertainty	Local Government Reorganisation was viewed as both an opportunity to align services and a risk to continuity, funding, ownership and established relationships.

3.2. Findings by Strategic Priority

Priority 1: Healthy Weight & Active Lifestyle

Partners strongly supported the priority and identified Stevenage's cycleways, parks, leisure offer, sports clubs, Healthy Hub and community programmes as a substantial platform for action. The consistent message was that the strategy must go beyond organised sport and address affordability, food access, health literacy, unequal neighbourhood opportunities and the growth of sedentary lifestyles.

SWOT	Key themes raised
Strengths	• Strong physical activity infrastructure, including cycleways, parks, open spaces, play areas and Beryl bikes. • Established programmes and delivery partners, including Healthy Hub, leisure services, health walks, sports clubs, community groups and football club outreach. • A broad range of ways to be active, including walking, gardening, arts, parkrun and other non-competitive activity. • Council and NHS commitment, including weight management, stop smoking, vaccination and Active Practice Charter activity.

Weaknesses	• Cost remains a barrier to healthy food and participation, particularly for lower-income households. • Promotion and engagement are inconsistent, with residents not always aware of what is available or how to access it. • Opportunities and infrastructure are not experienced equally across wards; deprivation, isolation and digital exclusion reduce access. • Partners identified gaps in food and lifestyle education, alongside the influence of affordable fast food and online delivery.
Opportunities	• Use the new leisure hub, PlayZones, green spaces, cycleways and major events as visible platforms for prevention. • Strengthen early intervention through families, schools, workplaces, social prescribing and primary care. • Work with local food businesses, planning, licensing and environmental health to improve the local food environment. • Create a single, accessible listing of physical activity opportunities and promote inclusive forms of movement for all ages and abilities. • Use volunteers, national campaigns and digital tools while retaining non-digital access routes.
Threats	• Food insecurity, the cost-of-living pressure and the rising cost of healthy food. • Technology, gaming and social media contributing to more sedentary behaviour among children and adults. • Funding reductions, policy change, Local Government Reorganisation and possible reductions to school sport investment. • Ageing infrastructure, redevelopment disruption, safety perceptions and limited time reducing participation. • Misleading or overly simple narratives about healthy eating and weight-loss medication.

Priority 2: Good Mental and Emotional Wellbeing

Partners recognised a strong local base of crisis, community and preventative provision. Healthy Hub, the Crisis Café, MIND, No More, school workshops, community groups and access to nature were repeatedly identified as strengths. The main concerns were long waits, fragmented access, stigma, limited capacity for complex needs and failure to reach some groups early enough.

SWOT	Key themes raised
Strengths	• A diverse local support offer, including Healthy Hub, Crisis Café, MIND, No More, counselling, exercise referral and school-based work. • Green spaces, allotments, health walks, parkrun and active travel provide free or low-cost protective factors for wellbeing. • Strong community and voluntary sector involvement, with growing awareness and more open discussion of mental health. • Existing partnership communication and local facilities create opportunities for signposting and preventative engagement.
Weaknesses	• NHS waiting lists and difficulty accessing timely support, particularly before needs escalate.

	• Services and communications do not consistently reach or reflect different groups, including young people, men, carers, veterans, faith communities and vulnerable residents. • Stigma, perceptions and reluctance to seek or accept help continue to limit uptake. • Funding and workforce constraints restrict the voluntary sector's ability to respond to complex or rising need. • Residents and professionals can struggle to understand available pathways and where to go first.
Opportunities	• Develop clearer community-to-clinical pathways through GPs, social prescribers, NHS services and the Healthy Hub. • Use community champions, faith and cultural organisations, education settings and trusted local groups for targeted outreach. • Share good practice, provide staff training and integrate the third sector more effectively into prevention and referral pathways. • Use regeneration, culture, the new leisure hub and Pride in Place activity to strengthen social connection and belonging. • Create more relevant engagement approaches for children and young people.
Threats	• Increasing demand among young people, men over 50 and residents with complex or multiple needs. • Cost-of-living pressures, unemployment, housing insecurity, international events and the continuing effects of the pandemic. • Political and organisational change, including Local Government Reorganisation, affecting continuity and capacity. • Persistent stigma, public perceptions and unequal access to digital support. • Voluntary and community services becoming overwhelmed by referrals that require specialist or clinical support.

Priority 3: Ageing Well, Frailty Prevention & Dementia Support

The consultation identified considerable local strength through Age Friendly and Dementia Friendly work, dementia cafés and festivals, taxi-driver training, strength and balance provision, community transport and voluntary sector support. Partners nevertheless described an offer that can be difficult to navigate and is vulnerable to digital exclusion, workforce shortages, carer pressure and an ageing population living longer in poorer health.

SWOT	Key themes raised
Strengths	• Strong political and partnership commitment through Age Friendly Stevenage, Dementia Friendly status and local champions. • Established dementia support, awareness activity, cafés, festivals, taxi-driver training and third-sector involvement. • Strength and balance classes, falls prevention, OPALS, health walks and other activity that supports mobility and independence. • Community transport, Healthy Hub, community facilities, allotments and gardens that support access and social connection. • Useful local data and a concentration of health, leisure and community assets.

Weaknesses	• Information is fragmented and digital exclusion prevents some older residents and carers from finding or using support. • There is overreliance on unpaid carers, alongside shortages in skilled care and limited workforce capacity. • Data, pathways and organisational responsibilities are not consistently joined up across health, council and voluntary services. • Gaps in supported housing, accessible community facilities and local provision affect some neighbourhoods. • Funding insecurity and the risk that ageing well becomes owned by individual teams rather than the whole system.
Opportunities	• Develop a clearer one-stop, mobile and pop-up offer through Healthy Hub, neighbourhood services and community venues. • Expand dementia awareness, accreditation and training across businesses, public services and community organisations. • Use the new leisure hub, housing, sheltered living, regeneration and future planning to design for healthy ageing. • Improve communication through partners, digital boards, local media and trusted face-to-face channels. • Promote modifiable dementia and frailty risk factors, including physical activity, nutrition and social connection. • Use technology, research, data and purposeful local roles or volunteering for older adults.
Threats	• A growing older population and more people living longer with multiple conditions, frailty or poor health. • Loneliness, isolation and gaps for people who do not meet formal service thresholds. • Physical, financial and digital accessibility barriers, including affordability and transport. • Funding, staffing and Local Government Reorganisation uncertainty. • Poor previous experiences or lack of awareness discouraging residents from using support.

Priority 4: Creating Healthy, Safe & Connecting Places

Partners viewed Stevenage's planned layout, green spaces, cycle network, neighbourhoods, community centres, regeneration programme and public transport as major assets. The recurring challenge was not simply a lack of assets, but uneven access, underuse, ageing infrastructure, maintenance pressure and the need for spaces to feel inclusive, safe and relevant to different communities.

SWOT	Key themes raised
Strengths	• Extensive parks, green spaces, play areas, cycleways and a neighbourhood layout that supports local access. • Community centres, Healthy Hub, mobile services and other venues that can bring services together. • Town-centre regeneration, a new bus station, CCTV, underpass improvements and community safety capacity. • Strong local partnerships, connected communities and council commitment to place-making.

	• Age Friendly work and independent living services provide a foundation for inclusive design.
Weaknesses	• Assets are unevenly distributed, underused or not easily accessible in every ward. • Ageing infrastructure, limited council-controlled assets and maintenance pressures reduce quality and confidence. • Transport barriers, reliance on cars and physical accessibility affect older and disabled residents. • Some groups do not use spaces because of stigma, safety perceptions, weak awareness or a lack of relevant provision. • The priority can become too broad without a clear focus, measurable outcomes and realistic resourcing.
Opportunities	• Use the new leisure hub, PlayZones, Pride in Place and regeneration investment to embed health outcomes. • Repurpose, rebrand and better use community centres and wider public-sector assets as inclusive neighbourhood hubs. • Create safe, welcoming and discreet spaces for young people, women, older people, disabled residents and people affected by stigma. • Expand active travel and link cycling, walking, public transport and planning policy. • Use outreach, communication, new housing and partnerships to increase use of local assets. • Embed health and accessibility requirements in planning, housing and public-realm decisions.
Threats	• Funding constraints, rising costs and delays to asset maintenance. • Political change and Local Government Reorganisation disrupting priorities, ownership or partnerships. • Climate change and environmental pressures affecting places and infrastructure. • Widening inequalities, low engagement and declining community cohesion. • Safety perceptions and deterioration of existing infrastructure reducing use.

Priority 5: Strengthening Prevention Through the Healthy Stevenage Partnership

Partners were positive about the existing network, openness to collaboration and track record of joint projects. However, the consultation also delivered the clearest challenge to the strategy: the partnership needs a more defined purpose, stronger NHS engagement, consistent membership, fewer overlapping groups, better data and a visible route from discussion to delivery.

SWOT	Key themes raised
Strengths	• An established Healthy Stevenage Partnership with active community partners and willingness to collaborate. • Good links to wider networks, including social inclusion, community safety, employment, leisure and neighbourhood partnerships. • A track record of joint delivery, newsletters, events, Healthy Hub activity and age/dementia-friendly work.

	• Strong council involvement and engaged leisure and voluntary-sector partners.
Weaknesses	• The partnership is not sufficiently visible or easy for new organisations to access. • Attendance, consistency and representation vary, with gaps in NHS, primary care and HPFT engagement. • Too many subgroups, weak connectivity and duplication can dilute effort. • Limited shared data, evaluation, feedback loops and evidence of what has worked. • Resource constraints and poor use of technology reduce coordination.
Opportunities	• Refresh governance, membership, leadership and a small number of shared priorities. • Introduce shared objectives, KPIs, action plans and a clear reporting route into partner organisations. • Create a central portal or database for services, activities, referrals and partner contributions. • Strengthen NHS and VCFSE representation, community voice and early engagement. • Develop consortium bids, pool assets and align funding around agreed outcomes. • Use neighbourhood hubs, the Healthy Hub and Local Government Reorganisation to simplify pathways and join up delivery.
Threats	• Local Government Reorganisation, political change or changes in partnership leadership affecting continuity. • Funding and capacity pressures across all sectors. • Silo working, duplication and too many priorities weakening impact. • Insufficient NHS endorsement or ownership. • Partnership meetings becoming information-sharing forums without accountable delivery.

3.3. Partnership Successes & Available Assets

Successes to build on

The wider workshop discussion showed that partners do not want the new strategy to start from zero. Several existing initiatives were repeatedly recognised as credible foundations for future delivery.

- Healthy Hub and the Mobile Healthy Hub as a trusted platform for outreach, signposting and partner collaboration.
- Dementia Friendly and Age Friendly work, including the Memory Lane Dementia Café, dementia festivals, accreditations and taxi-driver training.
- Health Action Day, emergency-services engagement and other public events that bring multiple services into accessible community settings.
- Joint physical activity work, including health walks, Active Practice Charter participation, sports and governing-body partnerships.
- Community safety, green-space improvement and joint funding bids involving the council, voluntary sector, leisure providers and other partners.
- The Stevenage Health Inequalities JSNA as a stronger shared evidence base for the new strategy.

Existing and emerging collaboration opportunities

- Use the Healthy Hub and neighbourhood model as a platform for joined-up, community-based prevention.
- Create clearer referral routes between partner organisations and promote warm handovers rather than repeated signposting.
- Bring together Age Friendly, Dementia Friendly, Live Longer Better and falls-prevention activity around shared outcomes.
- Expand health walks, physical activity and targeted outreach into neighbourhoods with lower participation or greater need.
- Increase collaboration with primary care, NHS providers, social prescribing and community organisations.
- Develop shared objectives and KPIs linked directly to the Healthy Stevenage Strategy.
- Use Local Government Reorganisation to align systems where this improves local access, while protecting Stevenage-specific relationships and priorities.

Assets partners can contribute

Partner asset	Potential contribution
Data and insight	Citizens Advice client intelligence, University of Hertfordshire research capacity, NHS and council data, JSNA evidence and partner service intelligence.
Venues and workforce	Leisure facilities, community centres, public-sector buildings, the stadium, community cafés, parks and mobile outreach capacity.
Reach and communications	Primary care, social prescribers, Herts Connected, local media, partner newsletters, faith and community networks, and events.
Volunteers and community leadership	Go Vol, local groups, community champions, youth voice, allotment and green-space volunteers, and lived-experience networks.
Funding and delivery	Joint bids, consortium approaches, Pride in Place investment, public health funding, partner delivery teams and governance expertise.

3.4. Recommendations

The overall feedback provides the following recommendations to be considered for the final strategy:

Recommendation	Required strategic response
1. Retain the five proposed priorities	The workshop evidence strongly validates the five proposed priorities. The final strategy should retain them while tightening the scope and intended outcomes for each priority.
2. Make reducing inequalities the organising principle	Every priority should state how action will be targeted by neighbourhood, deprivation, population group and access barrier. Ward profiles and community insight should inform resource allocation.
3. Add a cross-cutting 'no wrong door' commitment	The strategy should commit partners to simpler navigation, warm referrals and clear pathways between community, council, primary care, NHS and VCFSE support.
4. Create a central prevention and activity directory	Develop a maintained, accessible portal for services, activities and referral routes, with non-digital alternatives and clear partner responsibility for keeping information current.

5. Strengthen the Healthy Stevenage Partnership governance model	Set out purpose, membership, leadership, decision-making, subgroup arrangements, attendance expectations and the contribution expected from each partner. Secure stronger NHS and primary care ownership.
6. Establish shared outcomes and a performance dashboard	Agree a limited set of outcome and process measures linked to the JSNA. Publish regular progress, use partner data and explicitly record what is working, what is not and what will change.
7. Prioritise sustainable prevention capacity	Include a joint funding and resource plan, build consortium bids, support VCFSE capacity and avoid creating new offers without a realistic route to continuation.
8. Strengthen communication and targeted engagement	Use community champions and trusted organisations to reach priority populations. Engagement should be tailored by age, culture, disability, caring role, income, digital access and neighbourhood.
9. Treat physical activity as a cross-cutting enabler	Movement should support healthy weight, mental wellbeing, healthy ageing, social connection and healthy places. The strategy should promote everyday, inclusive and non-competitive activity.
10. Expand the strategy's focus on access and inclusion	Require accessible design, transport consideration, affordability, non-digital routes and stigma-aware delivery across programmes, communications and community venues.
11. Embed health in place-shaping decisions	Planning, housing, regeneration, transport, licensing, community safety and asset management should evidence their contribution to health outcomes and inequalities.
12. Recognise Local Government Reorganisation as a managed transition	The strategy should identify both opportunities and risks, protect local relationships and data, and maintain continuity of priority programmes during organisational change.
13. Translate the strategy into a focused first-year delivery plan	The initial plan should concentrate on a small number of collaborative actions with named leads, milestones, resources and measures, rather than attempting to progress every idea at once.

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank