

GENERAL PUBLIC SERVICES AND COMMUNITY ENGAGEMENT COMMITTEE

NOTICE AND AGENDA

For a meeting to be held on Tuesday, 14 October 2025 at 7.30 pm in the Penn Chamber, Three Rivers House, Rickmansworth.

Members of the General Public Services and Community Engagement Committee:-

Councillors:

Sarah Nelmes (Chair)
Christopher Alley
Ian Campbell
Lisa Hudson
Stephen King

Steve Drury (Vice-Chair)
Kevin Raeburn
Paul Rainbow
Narinder Sian

*Joanne Wagstaffe, Chief Executive
Monday, 6 October 2025*

The Council welcomes contributions from members of the public on agenda items at the General Public Services and Community Engagement Committee meetings. Details of the procedure are provided below:

For those wishing to speak:

Members of the public are entitled to register and identify which item(s) they wish to speak on from the published agenda for the meeting. Those who wish to register to speak are asked to register on the night of the meeting from 7pm. Please note that contributions will be limited to one person speaking for and one against each item for not more than three minutes.

In the event of registering your interest to speak on an agenda item but not taking up that right because the item is deferred, you will be given the right to speak on that item at the next meeting of the Committee.

Those wishing to observe the meeting are requested to arrive from 7pm.

In accordance with The Openness of Local Government Bodies Regulations 2014 any matters considered under Part I business only of the meeting may be filmed, recorded, photographed, broadcast or reported via social media by any person.

Recording and reporting the Council's meetings is subject to the law and it is the responsibility of those doing the recording and reporting to ensure compliance. This will include the Human Rights Act, the Data Protection Legislation and the laws of libel and defamation. The meeting may be livestreamed and an audio recording of the meeting will be made.

1. Apologies for Absence

2. Minutes

(Pages 5 - 14)

To confirm as a correct record the minutes of the meeting of the General Public Services and Community Engagement Committee held on 1 July 2025.

3. Notice of Urgent Business

Items of other business notified under Council Procedure Rule 30 to be announced, together with the special circumstances that justify their consideration as a matter of urgency. The Chair to rule on the admission of such items.

4. Declarations of Interest

To receive any declarations of interest.

5. Petitions Received Under Council Procedure Rule 18

5.1 Moneyhill Parade Parking

The Committee is asked to receive a petition which requests that the Council suspends parking restrictions on Moneyhill Parade. The petition has been signed by 35 residents.

"I have put my name to this petition as a resident / business owner in the area being affected by the new parking restrictions being implemented in Rickmansworth West. I disagree with these parking restrictions and the cost of having to pay (parking permits) for something that I believe will not only be detrimental to local businesses but not offer us any better parking solutions than the one we have now. We have been left with no choice but to pay the extra cost without any benefit to us as residents / business owners. We demand these restrictions be uplifted immediately as we were not consulted properly and the majority disagreed. We demand better consultation and a better thought out scheme."

5.2 Kindersley Way Parking

The Committee is asked to receive a petition which asks the Council to review the single yellow line parking restriction at the bottom of Kindersley Way. The petition has been signed by 34 residents.

"We the undersigned petition Three Rivers District Council to review the single yellow line parking restriction at the bottom of Kindersley Way restricting parking during the week between the hours of 1pm and 2pm (north side) and between 2pm and 3pm (south side) with a view to allowing residents of the road with a (free) parking permit to park on the single yellow lines during the hours parking is restricted."

6. Annual CASTR Update

(Verbal Report)

Presentation by Peta Mettam, CEO of Citizens' Advice Three Rivers (CASTR).

7. Public Health Initiatives in Three Rivers

(Pages 15 - 102)

This report provides an overview of service delivery of Hertfordshire County Council's Public Health funded projects including the Placed Based Health Inequalities, which has now ended, and the Healthy Hub Project following a request from Councillors for this work to be highlighted at committee. The report also provides an overview of the Public Health Prevention Investment Programme application being submitted by Three Rivers District Council on a Healthy Food Environments project.

Recommendation:

That Members note the contents of the report.

8. Beryl Bikes Update and Expansion Proposals

(Pages 103 - 118)

This report provides Members with an update on the Beryl Bike Share pilot operating in Croxley Green since October 2024 delivered in partnership with Watford Borough Council and Smidsy Ltd (trading as Beryl). The report further details a proposed expansion to the bike hire scheme and advises that a further Community Infrastructure Levy (CIL) bid has been submitted for expansion into other parts of the district.

Recommendation:

That the Committee:

- i) notes the update on the Croxley Green Beryl Bike Share pilot;
- ii) approves the proposals for expansion of the bike hire scheme and delegates authority to agree final sites within the areas outlined in the report to the Head of Regulatory Services in consultation with the Lead Member for General Public Services and Ward Councillors;
- iii) notes that a CIL bid for this further expansion of the scheme into Rickmansworth, South Oxhey and Leavesden has been submitted and will be considered separately under the CIL governance process; and
- iv) agrees to delegate authority for approving and entering all required contractual arrangements to implement the pilot scheme to the Director of Finance in consultation with the Lead Member for General Public Services.

9. P3 Budget Management Report

(Pages 119 - 132)

This report covers this Committee's financial position over the medium term (2025 – 2028) as at Period 3 (end of June 2025).

The Period 3 comprehensive Budget Management report has already been presented to the Policy & Resources Committee at its meeting on 8 September 2025 which sought approval to a change in the Council's 2025 - 2028 medium-term financial plan.

Recommendation:

That Members note and comment on the contents of the report.

10. Work Programme

(Pages 133 - 136)

To receive the Committee's work programme.

11. Other Business - if approved under item 3 above

Exclusion of Public and Press

If the Committee wishes to consider any items in private, it will be appropriate for a resolution to be passed in the following terms:

"that under Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A to the Act. It has been decided by the Council that in all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information."

(Note: If other confidential business is approved under item 3, it will also be necessary to specify the class of exempt or confidential information in the additional items).

General Enquiries: Please contact the Committee Team at
committeeteam@threerivers.gov.uk



Three Rivers House
Northway
Rickmansworth
Herts WD3 1RL

General Public Services and Community Engagement Committee MINUTES

**Of a meeting held in the Penn Chamber, Three Rivers House, Rickmansworth, on
Tuesday, 1 July 2025 from 7.30 - 9.58 pm**

Present: Councillors Christopher Alley, Ian Campbell, Stephen King, Kevin Raeburn,
Paul Rainbow, Narinder Sian, Elinor Gazzard, Chris Lloyd and Oliver Cooper

Officers in Attendance:

Kimberley Grout, Associate Director for Corporate, Customer and Community
Jason Hagland, Strategic Housing Manager
Emma Lund, Senior Committee Officer
Tom Rankin, Principal Sustainable Transport Officer
Kimberley Rowley, Head of Regulatory Services
Emma Sheridan, Associate Director for Environment
Michelle Wright, Community Safety and Safeguarding Manager
Rebecca Young, Head of Strategy and Partnerships

External in Attendance:

Bob Jones, Chief Executive Officer, Watford & Three Rivers Trust

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sarah Nelmes, Steve Drury and Lisa Hudson.

Councillor Elinor Gazzard substituted for Councillor Sarah Nelmes, Councillor Chris Lloyd substituted for Councillor Steve Drury and Councillor Oliver Cooper substituted for Councillor Lisa Hudson.

In the absence of both the Chair and Vice-Chair, Councillor Lloyd was appointed as Chair for this meeting only.

2 MINUTES

The minutes of the meeting of the General Public Services, Community Safety and Infrastructure Committee held on 18 March 2025 were confirmed as a correct record and signed by the Chair.

3 NOTICE OF URGENT BUSINESS

There were no items of urgent business.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 PETITION RECEIVED UNDER COUNCIL PROCEDURE RULE 18

Christine O'Reilly, the Lead Petitioner, presented a petition which requested that the Council include Fairfield Avenue into the parking permit area being arranged for Gosforth Lane.

Councillor Chris Lloyd responded to the petitioner on behalf of the Lead Member for General Public Services, Councillor Sarah Nelmes, who was not present at the meeting, as follows:

'Thank you for your petition, and as a committee we are sorry to hear of the issues that you have in parking on Fairfield Avenue. Consideration for adding Fairfield Avenue to the existing Gosforth Lane scheme would fundamentally change the scope of the scheme and heavily delay its progression through the Traffic Regulation Order process. However - and this is why we are grateful you have brought this petition - we will be adding your petition to our parking management request list and will review it for inclusion at the earliest opportunity.'

'You have a County Councillor here from your area and also a District Councillor; if the problems continue please do speak to them and they will obviously speak to officers. There are officers here from that team who have heard what you have said.'

Councillor Lloyd also read the following comments about the petition which had been received from the ward councillor, Councillor Stephen King:

'As discussed this afternoon, we would like the Gosforth Lane scheme to proceed as soon as possible.'

'Problems started when Rickmansworth Sports Cars moved to Oxhey Drive with insufficient parking for customers, resulting in cars being left in surrounding streets. Parking outside the Centre entrance, customers ignore the signs to not park outside, even parking on the bus stop. They block the pavement meaning buggies and wheelchairs cannot use the pavement.'

'The petition at the meeting tonight has been brought forward by residents who live in Fairfield Avenue and have continuously been prevented from parking on their drives or in the road near their homes since the redevelopment started. Since the rise in car parking charges at the station car park, commuters are using Fairfield Avenue as a car park.'

Councillor Lloyd highlighted that serious parking infringements, such as those which prevented buggies and wheelchairs using the pavement, could be reported to the Police, who had previously issued tickets in such circumstances.

Councillor Lloyd also asked officers to look at raising the impact of increased parking charges at station car parks on parking in nearby roads with the relevant rail operating companies, as this was causing issues in a number of areas in the District.

6 PRESENTATION ON THE WORK OF THE WATFORD AND THREE RIVERS TRUST

The Chair welcomed Bob Jones, CEO of Watford and Three Rivers Trust, to the meeting. Bob Jones gave a presentation which covered the history of the organization, the work which

the Trust did in partnership with the Council, its other areas of work and how it supported the voluntary sector in Three Rivers, and future challenges. Slides from the presentation can be found here: [W3RT presentation - 1 July 2025.pdf](#)

Members asked questions and discussed areas which included: community grants funding and the potential for increasing the funding in order to support more projects; developments in volunteering and how new and more informal ways now exist for people to volunteer; and pressures and gaps in services.

The Committee noted the presentation and the valuable work which the Trust continues to do, and the Chair expressed thanks to Bob Jones, who would shortly be retiring as CEO, for all his work for the Trust over the preceding 20 years.

It was agreed that a presentation or report from the Trust should be added to the Committee's work programme as an annual item.

7 VARIATION OF THE PUBLIC SPACES PROTECTION ORDER (PSPO) WITH RESTRICTIONS FOR DOGS

The Associate Director for Environment presented a report which sought agreement to a variation of the Public Spaces Protection Order (PSPO) with restrictions for dogs for the remaining period of the current PSPO (i.e. until 31 March 2028).

Following a statutory consultation, and in response to other engagement exercises with members of the public, it was proposed to change the existing PSPO in relation to: grazing areas covered by the Order; an extension of the dogs on lead requirement at the Aquadrome; the introduction of a dogs on lead requirement in the area around the café at Leavesden Country Park; and the introduction of a dogs on leads requirement on land adjacent to the highway district-wide.

A local resident spoke against the proposal.

In response to the points raised by the speaker, the Associate Director for Environment confirmed that all statutory requirements for the consultation had been met. In addition to consultation with statutory consultees, the consultation had been promoted through the Council's usual media channels, reaching over 8500 followers on Facebook, just under 8000 followers on X, and just over 2000 followers on Instagram. It also went out by direct email to all residents who were registered to receive email updates from the Council (over 1500 residents), with a 58% rate of opening. There had also been face to face engagement at the Aquadrome. The online platform was just one of a number of ways in which the public had been engaged with.

Additionally, it was not unusual to receive a relatively low response rate to legal order consultations. It was generally only those who were opposed to the proposal who would respond.

The Associate Director for Environment reported that the proposals for the Aquadrome had been developed as a result of public engagement feedback during the development of the Aquadrome Management Plan in 2022; feedback received as part of the National Heritage Project; and also as a result of the receipt by officers of direct complaints from members of the public relating to incidents of dogs being out of control, causing a nuisance, or attacking wildlife at the Aquadrome. There was also a need to balance the wider needs of the Aquadrome: a designated nature reserve with protected landscapes and ecosystems and with nationally important species of wildlife requiring protection. There were also risks associated with the unearthing of asbestos at the site by dogs, which would then require

remediation. The PSPO was not seeking to ban dogs from the Aquadrome, but to require owners to act responsibly, keep their dogs on a lead and stick to the path. A number of other local areas were available where dog owners were able to safely and legally exercise their dogs off lead.

In debate some Committee Members echoed the views of the public speaker in relation to the low consultation response rate and the extent to which it reflected public opinion, commenting that it was already an offence within the current PSPO for dogs to be out of control and there was therefore no need to extend the Order. Additionally, the level of Fixed Penalty Notices issued did not represent a real deterrent.

Other Committee Members considered that the proposal represented a fair balance for the wider needs of the site, and for the other users who had requested the restriction.

Councillor Lloyd moved, and Councillor Gazzard seconded, approval of the variations to the current PSPO relating to dog control throughout the District for the remainder of the current PSPO until 31 March 2028, as maintaining the current powers and adding the variations relating to dog control would ensure that there were deterrents and penalties in place for those who failed to behave responsibly. It would aid in balancing the needs of dog owners with the needs of other members of the community, as well as the needs of natural species and ecosystems, and dealing with anti-social behaviour.

Councillor Cooper moved, and Councillor Alley seconded, an amendment to remove the area not around the café in the Aquadrome from the draft PSPO.

A recorded vote was requested.

On being put to the vote the amendment fell, the voting being 3 for (Councillors Cooper, Alley and Campbell) and 6 against (Councillors King, Raeburn, Rainbow, Sian, Gazzard and Lloyd).

On being out to the vote the substantive motion was carried, the voting being 6 for (Councillors King, Raeburn, Rainbow, Sian, Gazzard and Lloyd) and 3 against (Councillors Cooper, Alley and Campbell).

RESOLVED:

That the variations to the current PSPO relating to dog control throughout the District for the remainder of the current PSPO until 31 March 2028 be approved.

8 COMMUNITY SAFETY ANNUAL REPORT 2024-2025

The Community Safety and Safeguarding Manager presented the Community Safety Annual Report for 2024-25, which summarized the work of the Community Safety Partnership over the year. The report also set out the community safety strategic priorities for 2025/26 and it was noted that these were the same as last year, with youth crime falling under the umbrella of anti-social behaviour. In introducing the report the Community Safety and Safeguarding Manager referred to a recent visit by the Police and Crime Commissioner for Hertfordshire, who had remarked that the Community Safety Partnership was working well.

Officers confirmed, in response to a question, that the priorities were not ranked: all priorities were of equal importance. They were reviewed annually, based on local crime data and impact on the community. The Community Safety & Safeguarding Manager reported that partnership meetings with the Police took place on a weekly basis, and the priorities were

reviewed throughout the year at the Community Safety Co-ordinating Group and the Community Safety Board.

In relation to the priorities of (1) burglary and (2) theft of and from motor vehicles, the Committee heard that as they were crimes these fell under the statutory obligation of the Police and were police-led priorities. However, the Council worked alongside the Police on them, for example by promoting seasonal social media campaigns, attending events with the Police and Fire Service, and working with Crime Prevention Officers to provide advice and guidance to residents. A Committee Member asked if more work could be done by the Council in relation to these priorities, such as the deployment of forensic liquids and Faraday pouches. Officers responded that they continued to work to identify funding opportunities for additional initiatives.

A Committee Member sought clarification on priority 3 which was titled Robbery (Shoplifting), although these were two separate crimes. Officers responded that this priority related to shoplifting only; however, the title Robbery (Shoplifting) was used within Hertfordshire Constabulary's reporting system.

In response to a question as to whether additional CCTV cameras could be provided, particularly in areas which were crime hotspots or where people felt vulnerable, officers responded that requests for CCTV coverage could be considered by the Community Safety Co-ordinating Group using the current process outlined in the policy.

In response to a question about tool theft, officers undertook to raise this at the Community Safety Partnership, with a view to including it in the action plan.

Committee Members sought information about incidents within their own ward areas and these were responded to by officers.

The Chair moved that the report be noted and this was agreed by general assent.

RESOLVED:

That the report be noted.

9 HOUSING ALLOCATIONS POLICY REVIEW 2025

The Strategic Housing Manager presented a report which set out recommended changes to the Housing Allocations Policy (set out in the report and at Appendix 2) and which sought approval for a public consultation on the proposed changes. The Committee heard that since publication of the agenda the government had announced two additional changes required by legislation, both of which related to exemptions from Local Connection criteria for joining the local authority's housing register. One of these (an exemption for victims of domestic abuse) was already covered within the policy; the other (an exemption for care leavers) would be brought forward following the consultation, along with any other changes announced in the interim.

In response to a Member request, the Strategic Housing Manager undertook to extend the consultation period to six weeks (from four).

A Committee Member drew attention to an inconsistency within the Council's policies regarding the Local Connection Test, which was retained at 5 out of 6 years for the Housing Allocations Policy but was less stringent in relation to First Homes.

In response to a Committee Member's question, the Strategic Housing Manager undertook to provide a written response as to the reason for the Housing Team service standards having been removed from the Council's website.

In response to questions about Armed Forces exemptions, the Strategic Housing Manager advised that Section 2.2.2 now included an exemption for any armed forces veteran, and had also been amended to state that the list of exemption criteria was not exhaustive: the Council's Housing Panel had the ability to grant an exemption to the local connection criteria, on the grounds of exceptional circumstances, to an Armed Forces veteran or family member who may not wholly fulfill one of the listed criteria. The Strategic Housing Manager confirmed that the penultimate bullet point in the Band C section of Appendix A, which referred to members or former members of the Armed Forces who had lived in the district for at least 12 months immediately prior to enlisting, had been included in error and would be removed.

Councillor Lloyd moved, and Councillor King seconded, that the Committee agrees that the recommended changes to the Housing Allocations Policy are progressed to a six week (minimum) public consultation. On being put to the vote this was agreed unanimously.

RESOLVED:

That the recommended changes to the Housing Allocations Policy are progressed to a six week (minimum) public consultation.

10 APP BASED PARKING PAYMENT SOLUTION

The Committee received a report which recommended an approach to adopting a phone app-based parking payment solution. The system would be usable at existing 'pay by plate' locations, including council car parks and certain on-street locations.

The Principal Sustainable Transport Officer reported that the proposal sought to address changes in customer preferences and was intended to bring benefits both to the council and to visitors to its car parks. For the consumer it would mean having a system which some might find easier to use, and which removed the need to walk to a physical payment machine. It would allow parking sessions to be extended (even if the session was started on a machine), and there may be potential for customers to be refunded if their parking session was shorter than expected. It would also allow customers to pay for parking in the event of a physical payment machine being out of order. For the council it would allow the avoidance of low utilisation of parking areas in the event of a machine being out of order and may in the future allow for a reduction in the number of physical payment machines thereby reducing the cost of implementing and maintaining parking schemes. The Council could also investigate providing permits or other parking services through the app in future.

Potential dis-benefits had been identified as possible fraudulent activity arising from false QR code stickers directing customers to a fraudulent payment portal. In mitigation it was proposed not to use QR codes for payment in any parking areas, and for officers to review car park tariff boards to educate visitors about the risk of fraudulent QR codes. There was also a risk to the Council in terms of the cost of implementing the scheme. This had been considered, and it was recommended to use a provider which could match the convenience fee which was leveraged on physical payment machines, meaning that the tariff paid by the user would be the same whichever method was used. A further dis-benefit was the risk of digital exclusion: for this reason it was the intention that the app-based parking payment solution would complement, rather than replace, the existing provision of physical parking machines. Members agreed that retention of parking machines for the foreseeable future was very important in order to avoid the risk of digital exclusion.

A Committee Member disagreed with the proposal not to participate in the National Parking Platform (which allowed any provider to be used within a car park), expressing the view that the platform would be likely to lead to benefits arising from providers competing with each other, and would also allow the purchasing power of the participating councils to be leveraged. Non-participation would also mean that Watford, Dacorum and Three Rivers could each use different providers, meaning that residents would require several different apps.

Officers responded that they were not recommending participation in the National Parking Platform (NPP) at the current time because it would not allow the Council to have any control over the convenience fee which the providers charged. It would also not allow the Council to provide discretionary services such as free parking sessions. Additionally, the NPP was still very new and so it was not known how effectively it would operate. However, it was recommended to plan for future compatibility, and to include a break clause in any agreement with the chosen provider, to allow for participation in the future. Officers considered that, as the service would be new for the Council, and in order to secure best value, a single provider approach was preferable at the current time.

In response to a suggestion that the date for the break clause should be specified, officers responded that the recommendations in the report included delegation to the Director of Finance in conjunction with the relevant Lead Member, to finalise the details and implement the new system. Legal advice would be sought as part of the procurement process to ensure that there was sufficient provision to allow the Council to participate in the NPP in the future if it chose to do so. There was as yet no timescale for the delivery of the service, nor was there clarity about how the NPP would develop. It was therefore not possible to be specific about the timing of the break clause; however, officers would closely monitor the development of the NPP and take legal advice as part of the procurement process.

In response to a Member's question, officers clarified, in relation to the table at section 4.1 of the report, the difference between the two ParkSmarter introductory convenience fees. The 19p per transaction convenience fee was for provision of the service in an introductory area (which was the approach officers were minded to pursue); the 18p rate would be for provision across all parking areas.

A Committee Member recommended the approach of initial provision in a pilot area, to allow for any problems to be addressed prior to a wider roll-out.

Another Committee Member expressed reservations about using a provider which is new to the market, and a lack of projected year on year costs, such as rate increases. Officers responded that this would be looked at in detail as part of the procurement process. It was also requested that officers should discuss with the Lead Member to either bring a further update report to the Committee, or provide a briefing for Members, in due course.

The Chair moved that the recommendations be approved, subject to expansion of recommendations (ii), (iii) and (iv) to include the report sections referenced, with the final wording to be circulated to the Committee prior to publication of the minutes. On being put to the vote this was agreed, the voting being 6 for, 0 against, 3 abstentions.

RESOLVED:

That:

- i) Members note the report and approve officers to progress the implementation of an app-based parking payment solution including entering an agreement / contract with a provider;
- ii) Members approve the mitigations shown below (copied from section 2.5 of the report):

The disbenefits and proposed mitigations of implementing an app-based parking solutions include:

<i>Disbenefit</i>	<i>Mitigation</i>
<i>Fraudulent activity associated with parking charges is becoming increasingly common in public car parks across the UK. Criminals are known to utilise stickers with QR codes directing visitors to fraudulent parking payment portals. Adoption of an app-based parking payment solution normalises the use of online payment methods in our parking areas. This may result in a greater risk of visitors becoming victims of fraudulent parking payment methods.</i>	<i>Officers recommend adopting a practise of not offering QR codes for payment across our parking areas. Officers recommend reviewing the tariff boards in car parks to educate visitors on the risks of fraudulent QR codes.</i>
<i>Providers levying a transaction fee for paid and/ or free parking transactions could be an additional cost burden on the council or visitors.</i>	<i>Officers have reviewed this in further detail and accounted for within the recommendation.</i>
<i>Visitors experiencing digital exclusion if they are not able to use the app.</i>	<i>Officers recommend that an app is used to complement rather than replace the existing provision of physical parking machines. Officers do not recommend any immediate reduction in physical parking machines.</i>

- iii) Members agree to not pursue the National Parking Platform but plan for future compatibility as outlined below (copied from section 5.2 of the report);

To ensure the consistency for tariffs for users, this report does not recommend the council pursues joining the National Parking Platform at the stage. However, officers recognise that the industry is likely to move towards this service and would therefore recommend future proofing our parking areas to move to NPP.

This includes:

Requesting our nationally unique NPP area code and location codes for our parking areas which will be used with the chosen provider.

Having a break clause in the contract to allow movement from the chosen provider to the NPP when the council feels this is appropriate.

- iv) Members agree for officers to progress with procuring an app under the recommendation outlined below (copied from section 5.4 of the report);

To maintain or reduce the costs incurred by the council, officers recommend that the council consider utilising the 'ParkSmarter' app provided by IPS Group or another provider which can match or exceed this expected cost. The council would seek further procurement advice on completing any agreement.

- v) Members delegate the final details to progress an app-based parking solution to the Director or Finance in conjunction with the relevant Lead Member, to implement the new system in the current financial year;
- vi) That public access to the report be immediate; and
- vii) That public access to the decision be immediate.

11 LOCAL CYCLING AND WALKING INFRASTRUCTURE PLAN

The Principal Sustainable Transport Officer presented the Local Cycling and Walking Infrastructure Plan (LCWIP), a strategic approach to planning active travel networks which align with the national cycling and walking infrastructure investment strategy. The LCWIP also enables Three Rivers District to benefit from government funding to improve walking and cycling routes.

The Principal Sustainable Transport Officer reported that the LCWIP had been subject to public consultation in 2024, with the results brought to the Committee in October 2024 along with proposed changes to routes. These route changes were now reflected in the updated LCWIP. Also included were the results of additional engagement with residents' associations, the Parish Council, and other stakeholders in Chorleywood. The document had been re-formatted to improve accessibility for readers, and sections about the consultation process and feedback had been expanded.

Once approved by the Council, the document would require formal adoption by Hertfordshire County Council, following which any new routes would need to undergo a process of project validation and feasibility studies by Herts Highways officers before being consulted on as detailed designs.

The Principal Sustainable Transport Officer reported that the recommendation in the report required updating, to reflect that the LCWIP would be subject to adoption by Full Council on 8 July.

Councillor Rainbow moved, and Councillor Lloyd seconded, that the Committee approves the Local Cycling and Walking Infrastructure Plan (LCWIP) attached at Appendix A and recommends its adoption by Full Council.

Councillor Cooper moved, and Councillor Alley seconded, an amendment to remove routes 8, 14 and W17 from the LCWIP. A recorded vote was requested. On being put to the vote the amendment fell, the voting being 3 for (Councillors Campbell, Alley and Cooper), 6 against (Councillors King, Sian, Rainbow, Raeburn, Gazzard and Lloyd), 0 abstentions.

On being put to the vote the substantive motion was carried, the voting being 6 for, 3 against, 0 abstentions.

RESOLVED:

That the Committee approves the Local Cycling and Walking Infrastructure Plan (LCWIP) attached at Appendix A and recommends its adoption by Full Council.

12 WORK PROGRAMME

The Committee noted its future work programme.

Prior to the next meeting, officers were asked to add in any other items which were expected during the calendar year, to help the Committee to understand its workload. Where precise timescales were not yet known, items should be allocated to the March meeting and could be moved later if needed.

It was also agreed that that work programme for the former Climate Change, Leisure and Housing Committee should be reviewed to determine whether there were any housing items to be transferred, given that housing now fell within the remit of this Committee.

CHAIR

COMMITTEE REPORT

14 October 2025

Public Health Initiatives in Three Rivers -
General Public Services & Community
Engagement Committee

GENERAL PUBLIC SERVICES AND COMMUNITY ENGAGEMENT COMMITTEE

PART I

Public Health Initiatives in Three Rivers (ADCCC)

1 Summary

- 1.1 The purpose of this report is to provide an overview of service delivery of Hertfordshire County Council's Public Health funded projects including the Placed Based Health Inequalities, which has now ended, and the Healthy Hub Project following a request from Councillors for this work to be highlighted at committee.
- 1.2 The report will also provide an overview of the Public Health Prevention Investment Programme application being submitted by Three Rivers District Council on a Healthy Food Environments project.
- 1.3 This report was requested by the Lead Member for Community Engagement, Public Safety & Housing.

2 Recommendation

- 2.1 It is recommended that:
 - i) Members note the content of this report.

3 Details

3.1 Place Based Health Inequalities Programme.

- 3.1.1 Between 2022 and 2025 Hertfordshire County Council (HCC) provided revenue funding to Three Rivers District Council (TRDC) to address and tackle health inequalities in the district. The funding focussed on initiatives that addressed local needs and identified inequalities within the Joint Strategic Needs Assessment (Appendix 1).
- 3.1.2 Analysis of health data showed life expectancy within South Oxhey Ward (Male 76.7; Female 80.6) was significantly lower than the district average (Male 81.4; Female 84.2). Deaths from causes considered preventable, under 75 years standardised mortality ratio was significantly higher in South Oxhey (158 per 100) compared to the district average (76.7 per 100). Higher preventable deaths were also found in Penn & Mill End (102 per 100) and Abbots Langley (92.9 per 100). Emergency Hospital Admissions were significantly higher in South Oxhey (135.2 per 100) and Mill End (115.5 per 100) than the district average (99.5 per 100).
- 3.1.3 During project development it was found that a strongly contributing factor to health inequality within Three Rivers was financial deprivation.
- 3.1.4 The funding was used to commission a Joint Strategic Needs Assessment on Health Inequalities (2022-23) in Three Rivers alongside the recruitment of an officer to begin building relationships, undertake research and project

development, oversee and deliver a variety of projects, as well as fund project delivery.

The following projects were delivered through this workstream:

- 3.1.4.1 Health and Wellbeing e-newsletter published monthly to provide information on a range of health and wellbeing topics and promote local health and wellbeing events to residents. As of March 2025, the newsletter had 4,768 subscribers.
- 3.1.4.2 The Three Rivers Health and Wellbeing Partnership (formed in 2022) alongside with a Health and Wellbeing Action Plan to address local health inequalities through joined up working across the sectors key community partners. This Partnership was absorbed into the work of the Connecting Three Rivers Board and substructures following a reduction in officer resource in 2023-24.
- 3.1.4.3 Watford African and Caribbean Association (WACA) (2022-23) funding for WACA to deliver targeted health awareness initiatives on conditions disproportionately impacting on residents of African and Caribbean heritage. These include Type 2 diabetes, hypertension and prostate cancer.
- 3.1.4.4 Cancer awareness sessions (2023-24). A series of cancer awareness sessions held under the banner of "Time to Check" were delivered within the community. 483 residents were engaged across 6 community events raising awareness of Breast Cancer, Prostate Cancer, Bowel Cancer and Cervical Cancer. Partner organisations were involved where possible to increase the resources available to residents at the events.
- 3.1.4.5 Breast Cancer Screening (2023-24). Breast cancer screening uptake was found to be lowest in South Oxhey Ward and was an identified targeted area for the North London (NL) Breast Cancer Screening Service. An officer in the Strategy and Partnerships team was seconded to the local GP surgery for half a day a week to contact residents due for a screening appointment to increase uptake of breast cancer screenings. An initial list received by NL Breast Cancer Screening Service had over 1000+ patients requiring to be contacted. However, due to delays in finalisation of the Memorandum of Understanding resulted in the service no longer targeting South Oxhey, and the cohort had moved to another area of South West Hertfordshire. In total 14 residents were contacted of which 10 residents were engaged, 50% requested advice on how to book. 50% of those contacted identified that transport was a barrier to attending screening. Following this the project was redeveloped to promote lung cancer prevention.
- 3.1.4.6 Lung Cancer Prevention (2023-24). Following the completion of the breast cancer screening calls, further analysis showed that South Oxhey had the highest prevalence of lung cancer within the district. This initiative aimed to support patients to quit smoking through smoking cessation sessions provided by Hertfordshire Health Improvement Service or Three Rivers Healthy Hub, with the secondary aim being to support patients on their health improvement journey, regardless of their decision to engage with smoking cessation. This was achieved by contacting patients flagged on the GP system as smokers to undertake a Health Survey that explored a host of health topics including smoking, physical activity, drugs and alcohol, social isolate and debt. Over 6 months, 595 patients were contacted, 169 took part in the survey. 36 (21%) of whom had either never smoked or had already quit smoking. Data showed that 77% of people completing the survey asked for either a referral into a support service or additional information on at least one service. Proportionately more people asked for referral/information following a phone call rather than text. In

total, 256 onward signposts were made for patients following completion of the survey.

- 3.1.4.7 Health and wellbeing survey (2024 ongoing). This developed on from the Lung Cancer Prevention project but aimed to target a broader cohort of residents. Officers worked in partnership with four GP surgeries, based in Abbots Langley and South Oxhey whereby the surgeries text a cohort patients per month to invite them to complete the Healthy Survey. The survey was additionally promoted to key community partners. The work commenced in quarter 2 following the appointment of a new officer. Engagement with GP practices has been challenging, so in quarter 4 further promotion through partnership networks was undertaken. In total 67 Health Surveys were completed, resulting in 211 signposts and 41 referrals to community support organisations along with 4 referrals to Healthy Hub Three Rivers Stop Smoking Service.
- 3.1.4.8 South Oxhey Holiday Food Workshop (2023-24). Data showed that South Oxhey Ward had the highest number within the district of children with excessive weight/obese children at Year 6. A series of 2-hour cooking and physical activity sessions were delivered by Beezee Bodies targeting families with children aged 5-15 years olds in local community venue over the school holidays. The programme saw 72 attendances across 3 sessions. 80% of families participating were more likely to cook homecooked meals following the session. 100% of attendees were aware following the session that being physically active helps with mental wellbeing.
- 3.1.4.9 Ascend Outdoor Activities and Skills Programme (2023-24). 8 outdoor sessions at Dig Deep, South Oxhey, were delivered to address the negative impact of social isolation, to improve mental wellbeing and to counteract the increasing cases of suicide rates in men alongside providing information and support to other needs. The project additionally aimed to encourage active travel for the clients. The session saw over 72 attendances across the programme. Participants showed a slight overall improvement to self-rating of their wellbeing.
- 3.1.4.10 Man On (2023-ongoing). Weekly football sessions were delivered in Mill End by Watford Football Club Community Sports and Education Trust (WFC CSE Trust). The sessions were designed to support men aged 18+ with their mental health through physical activity and a conversation café. This programme aimed to counteract the increasing cases of suicide rates in men and the negative stigma and barriers around their mental health, alongside providing information and support to other needs. The project launched in March 2023. Participants have completed a WEMWEBS questionnaire at week 0, 6 & 12 – and continuing on a 6-weekly basis. By 31 March 2025 the programme had 510 attendances over the project. Evaluation Data for the project showed:

Outcomes	Pilot 2023	2023-25
Total number of attendances across	182	328
Average % of participants reporting improvement in mental wellbeing.	92%	73%
Average % of participants reporting greater awareness of support available.	42%	61%
Average % of participants reporting increased healthy behaviours.	57%	80%
Average % of participants reporting increased physical activity outside of sessions.	57%	63%

Average % of people self-reporting that they have had an increase in their confidence to engage in physical activities.	60%	63%
Average %o of the number of people who are now engaging in other activities.	57%	65%

3.1.4.11 A Women's Health event in March 2025 focused on talks from a consultant gynaecologist on endometriosis, a cancer awareness talk from One Vision and a physical health and activities talk from WFC CSE Trust. A range of community organisations also held stalls including the Healthy Hub, Watford African and Caribbean Association, the Watford Women's Centre and Herts Beacon. The event was attended by 24 residents.

3.1.4.12 Men's Health Event (2024). An event was delivered in collaboration with WFC CSE Trust focused on men's mental and physical well-being, featuring guest speakers, informative stalls from local organizations, and free health checks. The Men's Health Event resulted in 53 attendee's and a range of health topics were presented to raise awareness on included Prostate Cancer, mental health and suicide prevention and physical activity.

3.2 Healthy Hub Three Rivers

3.2.1 The Healthy Hubs are a countywide initiative to provide a one stop shop that delivers and hosts a range of health improvement services within the community to improve the health and wellbeing in areas of identified need.

3.2.2 The Healthy Hubs are required to:

- Provide a physical front door to public health, wellbeing and wider determinants of health services.
- Build trust with residents, assessing their needs and delivering, referring or signposting them into services that meet these needs.
- Embed partner organisations in the wider health and care system.
- Build a partnership network of Voluntary, Community, Faith, Social Enterprise, NHS and Local Authority teams to increase awareness of available services, encourage cross referrals and signposting to support residents across the wider determinants of health.

3.2.3 The Healthy Hub supports the objectives of the Community Strategy and Corporate Framework by addressing health inequalities within the district. Internal Council departments including Customer Service Centre and Housing offer regular outreach from the Healthy Hub.

3.2.4 The Hubs provide a space for multiple organisations to undertake outreach work to target communities or locations under the Healthy Hub umbrella.

3.2.5 Healthy Hub Three Rivers has 10 partner services providing regular outreach support from the Hubs. These include Herts Mind Network, Change Grow Live, Turning Point, Hertfordshire Constabulary, NHS Health Checks, Rennie Grove Peace Hospice, Carers In Herts, Grand Union Community Energy, Thrive Homes and the Citizens Advice Service.

- 3.2.6 Healthy Hub Three Rivers also previously provided outreach access to ECO4 Advisors to provide engagement in the Eco4shcmes targeted areas of South Oxhey and Maple Cross to help residents access funding for energy efficient measures to reduce their energy bills and lower their carbon footprints.
- 3.2.7 The most common reasons residents come to the Healthy Hub is for digital support skills, benefits, cost of living, and to gain information on hobbies and activities in the community.
- 3.2.8 The first phase of the project ran from October 2019 to March 2022. Healthy Hub Three Rivers first launched in January 2020, the council funded Ascend to deliver Healthy Hub services based at Step Up in South Oxhey. In April Herts Mind Network were funded to provide Healthy Hub services at Rickmansworth Foodbank and deliver at Healthy Hub pop up locations throughout the district as the need arises. A further Hub was opened in September 2021 at Hillside Community hub in Abbots Langley which was operated by both organisations.
- 3.2.9 The Healthy Hub project was extended by HCC for the period of April 2022 – March 2025. The council brought the Healthy Hub inhouse and utilised the funding to employ an officer to staff the Hubs within the district.
- 3.2.10 The table below summarises the number of clients supported, engaged and referred/signposted to support by the Healthy Hubs.

Timescale	Number of Clients supported	Healthy Hub Engagements (including attendance on Healthy Hub events and engagement with our Hub Partner Services)	Number of Referrals and Signposts
2019 - 2022	395	521	792
2022 – 2025	509	3,068	1,608
April – June 2025	83	296	390

- 3.2.11 In 2024 Three Rivers was chosen to pilot a Stop Smoking Service which required the Healthy Hub Officer to be trained as a Stop Smoking practitioner. The Healthy Hub has supported 40 residents to quit smoking with 6 achieving quit status so far. The Hub also provides access to sexual health testing kits and condom wallets.
- 3.2.12 80 people accessed NHS health checks through the Healthy Hubs. Future collaborations with the Better Health Bus enables the health check offer to be expanded into wider communities.
- 3.2.13 Three Rivers deliver an average of 12 hub sessions per month, meeting the requirements set by HCC. Most of these sessions take place at our physical Healthy Hub spaces located at:
- Rickmansworth Foodbank (Mill End), The Mill Cafe, Methodist Church, Berry Lane, Mill End, WD3 7HJ. Fortnightly Tuesdays 12-4pm

- The Old Stables (behind St Lawrence Church), St Lawrences Vicarage, High Street, Abbots Langley, WD5 0AS. Open Wednesdays 10am to 4pm
- Oxhey Library, Bridlington Road, South Oxhey, WD19 7AG, open Thursdays 9:30am to 5pm

3.2.14 Alongside the regular Hubs, a number of pop-up events in the community are held to engage with residents who may not have access to the physical spaces. Pop ups are delivered where there are identified inequalities or low engagement with Health Services. Over 41 Healthy Hub pop ups have been delivered in the local community engaging with 662 residents.

3.3 Future Public Health Work

3.3.1 HCC have confirmed funding for the Healthy Hub until 31 March 2027.

3.3.2 Three Rivers District Council is leading a joint application to the Public Health Prevention Investment Programme. This application aims to deliver a Three Rivers, Watford, Broxbourne and Stevenage wide project to create Healthy Food Environments.

3.3.3 The project will involve the development of a cross border partnership, bringing together key organisations across the four districts and boroughs to develop and deliver a Food Plan. This workstream will create a toolkit for future Hertfordshire Unitary Authorities to implement successful initiatives to deliver long term and sustainable healthier food environments.

3.3.4 The application will be submitted in September 2025, with successful organisations notified in October/November 2025. Project delivery will aim to begin in 2026.

4 Options and Reasons for Recommendations

4.1 To note the content of this report.

5 Policy/Budget Reference and Implications

5.1 The recommendations in this report are within the Council's agreed policy and budgets.

5.2 The recommendations in this report relate to the achievement of the following performance indicators.

5.2.1 SP03 Number of Customers supported by the Healthy Hub

Environmental, Risk Management and Health & Safety Implications

None specific.

6 Financial Implications

6.1 The Public Health Programme is funded from externally secured funds from Hertfordshire Public Health, UK Shared Prosperity Funding and supported by internal budgeted council resources and officer time through funding and staff management. The projects also previously received funding through the Contain Outbreak Management Fund (COMF).

- 6.2 Table showing funding received from Hertfordshire Public Health for the delivery of the public health programmes.

Period	Funding Received
2019-20	£30,000
2020-21	£30,000
2021-22	£30,000
2022-23	£75,000
2023-24	£75,000
2024-25	£81,000
2025-27	£77,000

7 Legal Implications

- 7.1 The Council has signed Memorandum of Understanding with Hertfordshire County Council to deliver the Healthy Hub project in Three Rivers until March 2027. Legal input will be sought for the Public Health Prevention Investment application.

8 Staffing

- 8.1 Delivery of the Healthy Hub Project requires officer resource, partially funded by the Public Health funding.
- 8.2 Health Engagement Officer post is funded through the Healthy Hub grant. Additional staffing resources is required to support to cover leave and training of the Health Engagement Officer.
- 8.3 Additional support to cover for staff leave and training is provided by the Partnerships Support Officer, who is also trained to deliver Stop Smoking sessions.

9 Equal Opportunities Implications

- 9.1 An Equalities Impact Assessment was completed for Hertfordshire County Council in the developmental stages of the Place Based Health Inequalities work.
- 9.2 An Equalities Impact Assessment will be developed as part of the Public Health Prevention Investment Programme application.

10 Community Safety Implications

- 10.1 The Community Safety Team hold quarterly outreach sessions at the Healthy Hub, this improves access for residents to provide the opportunity to speak to a member of the Community Safety team to raise issues of anti-social behaviour within the district. This is delivered by existing resource.

11 Public Health implications

- 11.1 The programme and projects work to tackle health inequalities as well as improve the health and wellbeing of residents through increasing access to public health services and other community support services.

12 Customer Services Centre Implications

- 12.1 Customer Service Team may be required to take enquiries for the Healthy Hub or direct residents to support available on the website.
- 12.2 Outreach sessions are held at the Healthy Hub by the Customer Services Centre. This improves access for residents to access council services and make enquiries with the customer service team. This is delivered by existing resource.

13 Communications and Website Implications

- 13.1 The Communications Team publicise the Healthy Hub Services and impact on council channels to illustrate TRDC's partnership working and ongoing support to local residents.
- 13.2 Virtual Support Hub hosted on Council website under support in the Community. This is delivered by existing resource


14 Risk and Health & Safety Implications

- 14.1 The Council has agreed its risk management strategy which can be found on the website at <http://www.threerivers.gov.uk>. In addition, the risks of the proposals in the report have also been assessed against the Council's duties under Health and Safety legislation relating to employees, visitors and persons affected by our operations. The risk management implications of this report are detailed below.
- 14.2 The subject of this report is covered by the Strategy and Partnerships service plan. Any risks resulting from this report will be included in the risk register and, if necessary, managed within this/these plan(s).

Nature of Risk	Consequence	Suggested Control Measures	Response (tolerate, treat, terminate, transfer)	Risk Rating (combination of likelihood and impact)
Insufficient staff (illness or resignation)	<ul style="list-style-type: none">• Reduced ability to provide service and support to clients• Difficulty in meeting operational targets• Disruption of scheduled timetable and	<ul style="list-style-type: none">• Multiple staff trained to provide cover to the Healthy Hub service.• Staff wellbeing monitored and support in place to reduce	Tolerate	12

	services.	<ul style="list-style-type: none"> overworking Virtual Hub remains available for residents. 		
Loss of Healthy Hub Venues	<ul style="list-style-type: none"> Inability to continue delivering services in current locations. Potential disruption of client support and Hub timetable Loss of reputation if clients are inconvenienced by venue changes. Financial implications if replacement venues are less cost-effective. Difficulty in meeting operational targets 	<ul style="list-style-type: none"> Working in partnership with already established community infrastructure. Virtual Hub remains available 	Tolerate	9
Loss of funding	<ul style="list-style-type: none"> Unable to cover staffing costs Potential closure or reduction in Healthy Hub services. 	<ul style="list-style-type: none"> Funding agreed by MOU until 2027 Continue to meet the targets set by HCC Revenue generating services such as Stop Smoking Pursue additional sources of grant funding 	Tolerate	12

- 14.3 The above risks are scored using the matrix below. The Council has determined its aversion to risk and is prepared to tolerate risks where the combination of impact and likelihood scores 6 or less.

Very Likely  Likelihood Remote	Low 4	High 8	Very High 12	Very High 16
	Low 3	Medium 6	High 9	Very High 12
	Low 2	Low 4	Medium 6	High 8
	Low 1	Low 2	Low 3	Low 4
Impact Low Unacceptable				

Impact Score

4 (Catastrophic)
3 (Critical)
2 (Significant)
1 (Marginal)

Likelihood Score

4 (Very Likely (≥80%))
3 (Likely (21-79%))
2 (Unlikely (6-20%))
1 (Remote (≤5%))

- 14.4 In the officers' opinion none of the new risks above, were they to come about, would seriously prejudice the achievement of the Strategic Plan and are therefore operational risks. The effectiveness of the management of operational risks is reviewed by the Audit Committee annually.

Data Quality

Data sources:

Project Evaluation Reports

Data checked by:

Freddy Chester, Partnerships Officer

Data rating:

1	Poor	
2	Sufficient	✓
3	High	

Report prepared by: Freddy Chester, Partnerships Officer

APPENDICES / ATTACHMENTS

Appendix 1 - Three Rivers Health Inequalities JSNA (2023)



Three Rivers Health Inequalities JSNA

First created: April 2023

Last reviewed: April 2023

Version: 1.0

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

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1.0 Purpose

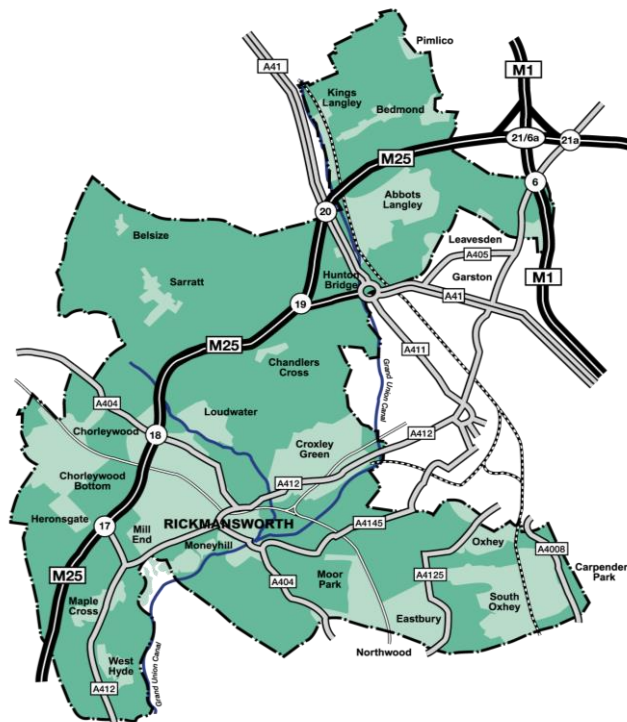
- The purpose of this Joint Strategic Needs Assessment (JSNA) is to identify health needs impacted by inequality within the district of Three Rivers across all age groups. The JSNA will focus on the following five identified key themes:
 - Long-term health conditions (including cardiovascular disease (CVD), diabetes and chronic pain (including fibromyalgia))
 - Mental health and wellbeing
 - Healthy weight (including obesity and eating disorders)
 - Frailty and older people
 - Cancer
- The JSNA will 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 develop the place-based health inequalities workstream of the Three Rivers Health and Wellbeing Partnership Group.
- 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

- Three Rivers is a local government district located within the county of Hertfordshire in the East of England. It is situated in southwest Hertfordshire, bordering Greater London to the south and Buckinghamshire to the west. Three Rivers is broken down into 13 wards, with the council building based in Rickmansworth.
- Three Rivers is well connected by motorways, including the M1 and M25, and train and rail links, including the West Coast Main Line, Chiltern and the Metropolitan tube lines. It is also in close proximity to several hospitals, including Watford General Hospital, St Albans City Hospital, and Hemel Hempstead Hospital.

Figure 1: Map of Three Rivers district



Source: Three Rivers District Council and [Save the High Street](#).

2.2 Population

2.2.1 Age and sex

- The 2021 Census estimates that the population of Three Rivers is 93,800, with a split of 49% males and 51% females. The majority of residents are aged 15-64 years (63%), with 19% of the population aged 0-14 years, and 18% aged 65+. According to ONS 2018-based population estimates, it is projected that the number of people aged 65+ in Three Rivers will increase by 7% by mid-2043.¹

- The most common age of Three Rivers residents was 40-59 years and 5-14 years, of which Three Rivers had a higher proportion of the population in these age brackets compared to the regional and national averages. However, Three Rivers had a lower proportion of males and females aged 20-34 than regional and national averages (see Figure 2).

Figure 2: Sex and age population profile of Three Rivers residents, compared to regional and national benchmarks (2021)



Source: Office of Health Improvement and Disparities (OHID) [Fingertips website](#), Census 2021.

- South Oxley had the highest proportion of 0-14 year olds (20.5%) and lowest proportion of people aged 65+ (11.3%). In contrast, Chorleywood North & Sarratt had the highest proportion of people aged 65+ (25.3%), followed by Moor Park & Eastbury (22.8%) and Carpenders Park (22.7%).
- Moor Park & Eastbury was the only ward in Three Rivers to have a higher proportion of males (50.1%) than females (49.9%).

2.2.2 Ethnicity

- As of March 2021, 77% of residents in Three Rivers identified as White and 23% identified as being from an ethnic minority group (see Table 1).

Table 1: Ethnic group populations for Three Rivers residents, by ward (2021)

Ward	White	Asian	Mixed	Black	Other
Abbots Langley & Bedmond	90.4%	4.6%	3.0%	1.3%	0.7%
Carpenders Park	69.4%	22.6%	2.8%	2.5%	2.7%
Chorleywood North & Sarratt	71.6%	21.6%	3.4%	1.7%	1.7%
Chorleywood South & Maple Cross	86.3%	7.2%	4.1%	1.0%	1.4%
Dickinsons	79.0%	13.9%	3.9%	1.7%	1.4%
Durrants	83.9%	10.5%	3.1%	1.2%	1.3%
Gade Valley	86.2%	5.5%	4.0%	3.0%	1.4%
Leavesden	74.1%	15.4%	4.2%	4.6%	1.6%
Moor Park & Eastbury	41.1%	50.1%	3.4%	2.3%	3.1%
Oxhey Hall & Hayling	76.2%	15.1%	3.5%	3.3%	1.9%
Penn & Mill End	83.3%	10.0%	4.1%	1.3%	1.2%
Rickmansworth Town	82.3%	11.2%	3.6%	1.5%	1.4%
South Oxhey	74.3%	15.3%	3.5%	4.9%	2.0%
Three Rivers (%)	77.1%	15.2%	3.6%	2.4%	1.7%
Three Rivers (count)	72,316	14,265	3,390	2,233	1,568

Source: Office for National Statistics, Census 2021.

Note: Dark yellow shaded boxes indicate the highest wards and light yellow boxes indicate the lowest wards.

- The wards with the greatest ethnic diversity include Moor Park and Eastbury (58.9% of population are non-White), Carpenders Park (30.6% are non-White), and Chorleywood North & Sarratt (28.4% are non-White).
- In Moor Park and Eastbury, 50.1% of the population were from the Asian/Asian British ethnic group, making it the only ward in Three Rivers where the White ethnicity was not the most prevalent ethnic group.

2.2.3 Other population demographics

- According to the latest Census in 2021:
 - **Sexual orientation:** 91.5% of Three Rivers residents identified as heterosexual, 1.9% identified as non-heterosexual, and 6.6% did not answer the question. *Please note this data was not available at ward level.*
 - **Disability:** 13.5% of Three Rivers residents had a disability as defined under the Equality Act. This proportion was highest in the South Oxhey ward.
 - **Unpaid carers:** 8.1% of Three Rivers residents were providing unpaid care. This proportion was highest in the Carpenders Park ward.
 - **Military veterans:** 2.2% of Three Rivers residents have served in the UK armed forces. This proportion was highest in the Chorleywood North & Sarratt, Durrants and Rickmansworth Town wards.
- Table 2 below summarises the proportion of Three Rivers residents in each ward that have protected characteristics. Please note that sexual orientation is not currently available at ward level and is therefore not included within this table.

Table 2: Protected characteristics for Three Rivers residents, by ward (2021)

Ward	Disabled (%)	Unpaid carers (%)	Military veterans (%)
Abbots Langley & Bedmond	16.0%	8.9%	2.5%
Carpenders Park	15.8%	9.3%	2.4%
Chorleywood North & Sarratt	11.8%	8.4%	2.7%
Chorleywood South & Maple Cross	12.9%	8.4%	2.2%
Dickinsons	12.5%	7.9%	2.4%
Durrants	11.0%	7.7%	2.7%
Gade Valley	13.9%	8.3%	1.9%
Leavesden	12.1%	7.1%	1.6%
Moor Park & Eastbury	10.8%	8.7%	1.6%
Oxhey Hall & Hayling	14.0%	8.7%	1.9%
Penn & Mill End	14.5%	7.4%	1.8%
Rickmansworth Town	12.7%	7.5%	2.7%
South Oxhey	17.6%	7.8%	1.7%
Three Rivers (%)	13.5%	8.1%	2.2%
Three Rivers (count)	12,690	7,624	2,019

Source: Office for National Statistics, Census 2021.

Note: Dark yellow shaded boxes indicate the highest wards and light yellow boxes indicate the lowest wards.

- More detailed information on population demographics for Three Rivers is available on the [Three Rivers diversity profile](#).

2.3 Life expectancy

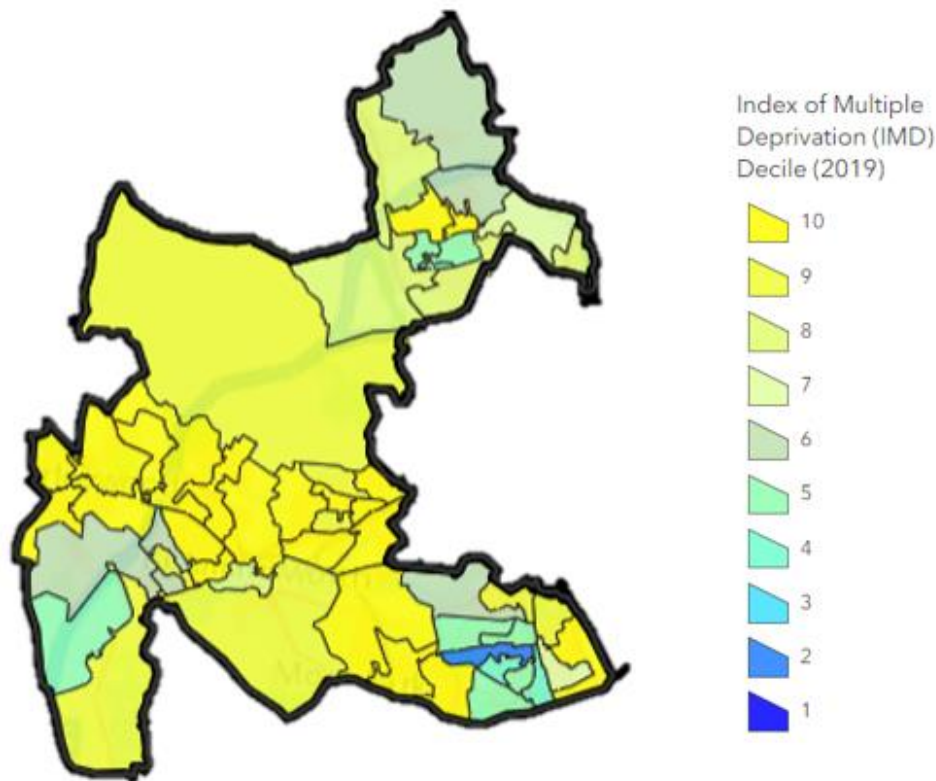
- Life expectancy in Three Rivers is higher than both the Hertfordshire and National averages. Data from the Office for National Statistics (ONS) show that the average life expectancy at birth for a resident in Three Rivers in 2020 was 82.8 years (81.2 for men and 84.4 for women) compared to 82.0 years in Hertfordshire and 80.7 years in England. Similarly, the life expectancy at 65 for a resident in Three Rivers was 20.5 years (19.4 years for men and 21.5 years for women) compared to 19.9 years in Hertfordshire and 19.4 years in England.²

2.4 Deprivation and inequality

- Three Rivers is ranked among the least deprived 10% of Lower Tier Local Authorities in England. In the 2019 Index of Multiple Deprivation (IMD) rankings, Three Rivers had a deprivation score of 9.9, making it the third least deprived district in Hertfordshire.³
- In Three Rivers, 66.0% of Lower Layer Super Output Areas (LSOAs) were in IMD deciles 8-10 (least deprived) and 1.9% of LSOAs were in IMD deciles 1-3 (most deprived).

- The most deprived LSOAs in Three Rivers are in the South Oxhey ward (see *Figure 3*), with 60.5% of households in South Oxhey being deprived in at least one dimension. In contrast, the least deprived ward was Moor Pool & Eastbury, with 30.7% of households being deprived in at least one dimension.

Figure 3: Index of Multiple Deprivation Decile, Three Rivers (2019)



Source: DLUHC, Indices of Deprivation, 2019

- In Three Rivers in 2021, the difference between life expectancy at birth for those in the most deprived areas (decile 1) and the least deprived areas (decile 10) was 5.6 years for males and 5.3 years for females.²

2.5 Work and education

- According to the 2021-22 Annual Population Survey, a higher proportion of working adults in Three Rivers had no qualifications (6.6%) compared to the Hertfordshire average (4.4%), and a lower proportion were qualified at degree level or above (35.2%) compared to the Hertfordshire average (41.5%).⁴
- Of the estimated working age population of Three Rivers, 4.0% were unemployed in 2022 and 2.2% were claiming Universal Credit or Jobseeker's Allowance. The unemployment rate in Three Rivers was higher than in Hertfordshire (2.4%) and England (3.8%).⁴

More information on the population of Three Rivers 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.

3.1 Long-term conditions

3.1.1 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 50.⁸
- **Ethnicity:** In the UK, South Asian, Black African and African Caribbean ethnicities have an elevated risk of developing CVD.⁹ 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.¹⁰

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.¹¹
- **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.^{12,13}

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.¹⁴

- **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.⁸
- More information can be found in the [Tobacco Control JSNA](#) and [Overweight and Obesity JSNA](#).

3.1.2 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.¹⁵
 - **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.¹⁶ 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.¹⁷
 - **Gestational diabetes mellitus (GDM)** is characterised by abnormal blood glucose in pregnancy and affects around 4-5% of pregnancies.¹⁸
- Risk factors are often shared between subtypes and include:
 - **Demographics:** T2DM prevalence increases with increasing levels of deprivation.¹⁹ Increasing age is associated with an increased prevalence of pre-diabetes and T2DM,^{20,21} whilst type T1DM typically peaks around puberty.²² 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.²³
 - **Weight and lifestyle factors:** Being overweight or obese is associated with both prediabetes and T2DM.²⁴ The risk of T2DM may be over 7 times higher in those who have obesity compared to those with 'normal' weight.²⁵ Low physical activity levels and high consumption of processed and unprocessed red meat can also increase the risk of T2DM.^{26,27}
 - **Family history and genetics:** Family history is associated with an increased risk of prediabetes,²⁸ T2DM²⁹ and GDM³⁰. 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.²⁸

- **Comorbidities:** There are many comorbidities involved in the development of prediabetes and T2DM. Polycystic ovary syndrome is linked to prediabetes,³¹ T2DM^{32,33} and GDM.³⁴ Hypertension has been indicated with both prediabetes³⁵ 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.³⁶
- More information can be found in the [Diabetes JSNA](#), [Diabetes Lite Bite](#), and [Overweight and Obesity JSNA](#).

3.1.3 Chronic pain (including fibromyalgia)

- Chronic pain is defined as chronic or persistent pain that continues for more than 12 weeks despite medication or treatment.³⁷ The most common types of pain are back pain (53%), headache (48%) and joint pain (46%)³⁸, with low back pain being the second most leading cause of disability adjusted life years in Hertfordshire.³⁹ 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.⁴⁰

Fibromyalgia

- Fibromyalgia is a long-term condition that causes pain all over the body.⁴¹ Most individuals with fibromyalgia are diagnosed in middle age, and individuals with either rheumatoid arthritis or lupus as an existing comorbidity are at higher risk.⁴² Some factors that are thought to contribute to the condition include:
 - **Sex:** Fibromyalgia mainly affects women (typically between 80-90% of cases are female). While the psychosocial impacts of fibromyalgia have been shown to be similar, men have been shown to have significantly more comorbidities (except for gastrointestinal disorders which are higher in women) and are more likely to delay seeking medical help.⁴³
 - **Genetics:** Studies indicate that genetic factors are possibly responsible for up to 50% of fibromyalgia susceptibility. A gene-environmental interaction has also been proposed as a triggering mechanism.⁴⁴
 - **Possible triggers:** Fibromyalgia is often triggered by an event that causes physical or psychological stress. Triggers may include a serious injury, an infection, having a major operation, or significant emotional trauma.⁴¹
 - **Associated conditions** generally include rhematic conditions (affecting the joints, muscles and bones), such as osteoarthritis or rheumatoid arthritis.⁴¹

Arthritis

- 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.⁴⁵ 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.⁴⁵
- **Obesity** is the greatest modifiable risk factor for osteoarthritis, particularly of the knee, increasing the load on weight-bearing joints and accelerating disease progression.⁴⁶
- **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.⁴⁷

3.2 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 the age of 14.^{48,49}

3.2.1 Children and young people (CYP)

- **Demographics:** 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, 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.⁵⁰
- **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.⁵⁰ Domestic violence and abuse, parental substance misuse, homelessness and being in social care are also linked to reduced childhood mental wellbeing.⁵¹
- **Socioeconomic:** Substantial evidence suggests that socioeconomically disadvantaged CYP are more likely to have poor mental health.^{50,52} 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.⁵³

- More information can be found in the [Mental Health and Wellbeing in Children and Young People JSNA](#)

3.2.2 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).^{54,55} 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.⁵⁴ 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.⁵⁶
- **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.⁵⁷ 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.⁵⁷⁻⁵⁹
- **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 health⁶⁰, 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.^{61,62} 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.⁶³
- **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.⁶⁴
- **Other groups:** Groups identified as being at particular risk of poor mental health include carers⁶⁵, veterans⁶⁶, refugees and asylum seekers⁶⁷, people with learning disabilities⁶⁸, and women during the perinatal period⁶⁹.

More information can be found in the [Mental Health and Wellbeing in Adults JSNA](#) and [Mental Health and Wellbeing Perinatal JSNA](#)

3.3 Healthy weight

- In England, obesity has been recognized 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.^{70,71} Being overweight or obese is associated with an increased risk of several major diseases, including type 2 diabetes, cancer and coronary heart disease.⁷²
- 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.⁷²

3.3.1 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.⁷³ 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).⁷⁴
- 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.⁷⁰
- 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.^{75,76}

More information can be found in the [Overweight and Obesity JSNA](#).

3.3.2 Eating disorders

- In 2019, 16% of adults aged over 16 in England screened positive for a possible eating disorder.⁷⁷ 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.^{78,79}

- 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.⁸⁰ 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.⁸¹

More information on eating disorders can be found in the [Mental Health of Children and Young People JSNA](#) and [Body Positivity JSNA Lite Bite](#).

3.4 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.⁸²
- 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:⁸³
 - **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.⁸⁴

More information on frailty can be found in the [Physical Activity JSNA briefing](#).

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.⁸⁵ Cancer is the cause of over 25% of all deaths in England in a typical year.^{86,87} However, according to the World Health Organization, at least 40% of all cancer cases could be prevented with effective primary prevention measures.⁸⁸

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.⁸⁹
- **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).⁸⁶
- **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.^{90,91}
- **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).⁹²
- **Genetic:** Between 5– 10% of cancers are linked to inherited gene mutations.^{93,94} For example, faulty BRCA1 and BRAC2 genes increase the risk of developing breast, ovarian, pancreatic and prostate cancer.⁹⁵

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.⁹⁶

- 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.⁹⁷

More information on the different types of cancer can be found in the [Cancer JSNA](#).

4.0 What do the statistics show?

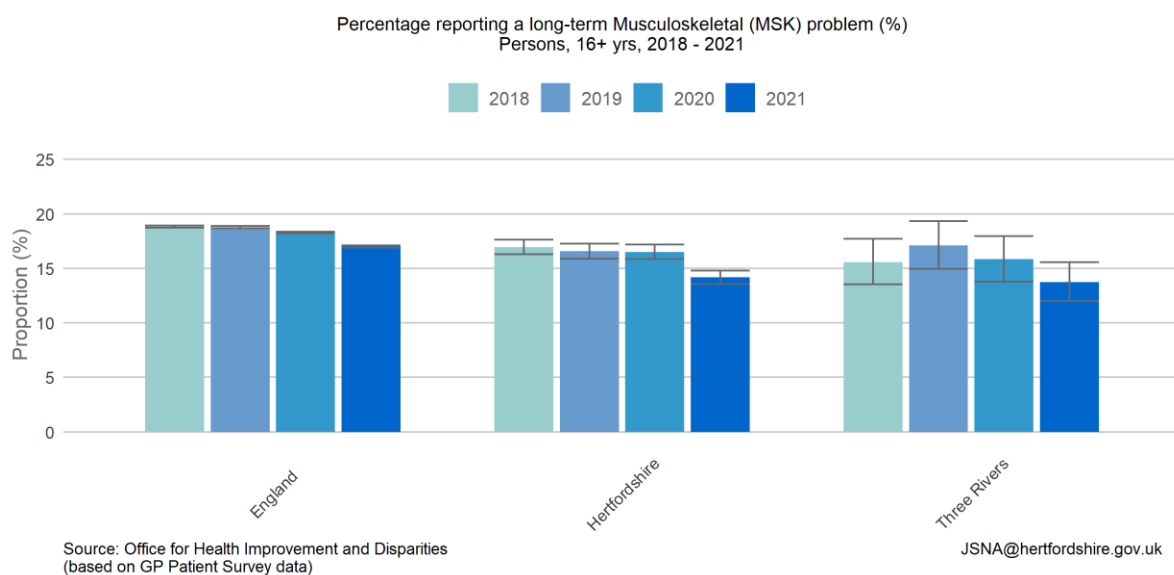
This section explores local data for Three Rivers on a range of indicators grouped by the five key themes outlined at the beginning of this document. Where possible, trend data and comparator areas have been included to allow for benchmarking and trend comparisons. Confidence intervals have also been included where possible as a measure of statistical significance (see [Appendix B](#) for guidance on interpreting confidence intervals and statistical significance).

Some indicators have recently been updated but have been calculated using revised mid-year population estimates based on the 2021 Census and so are not directly comparable to past years. In these cases, the graphs show the trend data for the previous five years, and the updated figures are included in the text.

Additionally, there are some ward level maps contained in [Appendix C](#) for some of the key indicators which are statistically worse or similar to the national average.

4.1 Long-term conditions

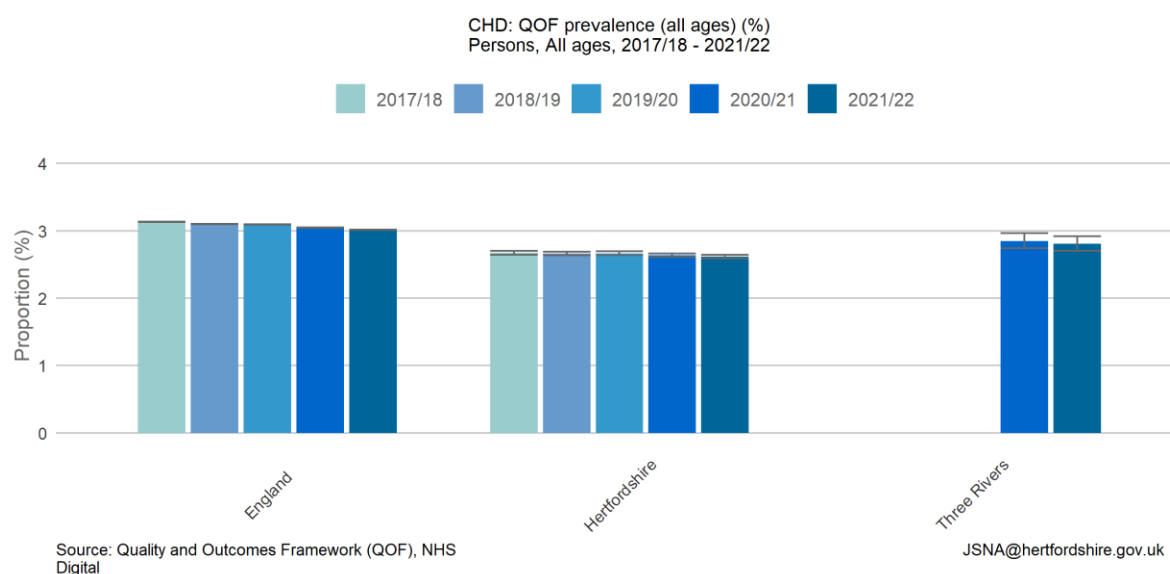
4.1.1 Long-term musculoskeletal problem



- In 2021 in Three Rivers, 13.8% of the population aged 16+ reported a long-term musculoskeletal (MSK) problem through the GP Patient Survey, which was statistically similar to the Hertfordshire proportion (14.2%) and statistically significantly lower than the England proportion (17.0%).
- In Three Rivers, this proportion has remained statistically similar between 2018 (15.6%) and 2021 (13.8%), however has been decreasing over the last two years in line with the England and Hertfordshire trend.

- In Three Rivers in 2022, 16.1% of the population reported a long-term MSK problem which was statistically similar to the Hertfordshire (15.6%) and England (17.6%) proportions.
- Although local data was not available, in England in 2022, a statistically significantly higher proportion of females (20.1%) reported a long-term MSK problem compared to males (14.9%). There was a statistically significantly higher proportion of people in the most deprived decile (18.2%) reporting a long-term MSK problem compared to the least deprived decile (14.8%).

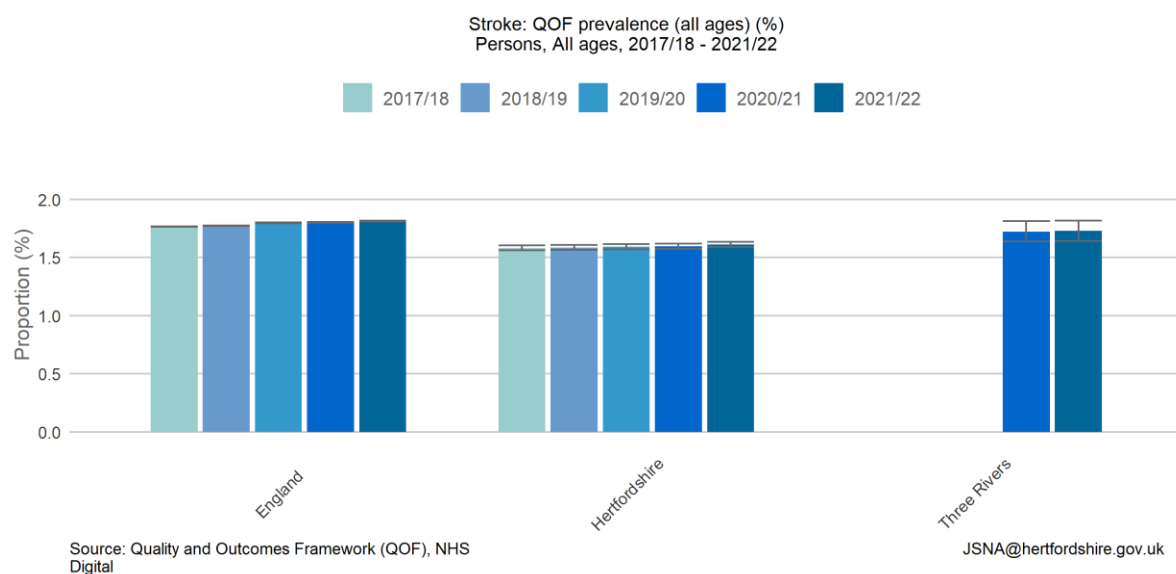
4.1.2 Coronary heart disease (CHD)



Note: There is no data for 2017/18, 2018/19 or 2019/20 for Three Rivers as the indicator was not aggregated to district level for these years.

- In 2021/22 in Three Rivers, the prevalence of coronary heart disease was 2.8%, which was statistically significantly higher than Hertfordshire (2.6%) but statistically significantly lower than England (3.0%).
- In Three Rivers, the prevalence of CHD has remained statistically similar between 2020/21 and 2021/22, although it has been decreasing in line with the Hertfordshire and England trend. There was no data available prior to 2020/21 at district level.

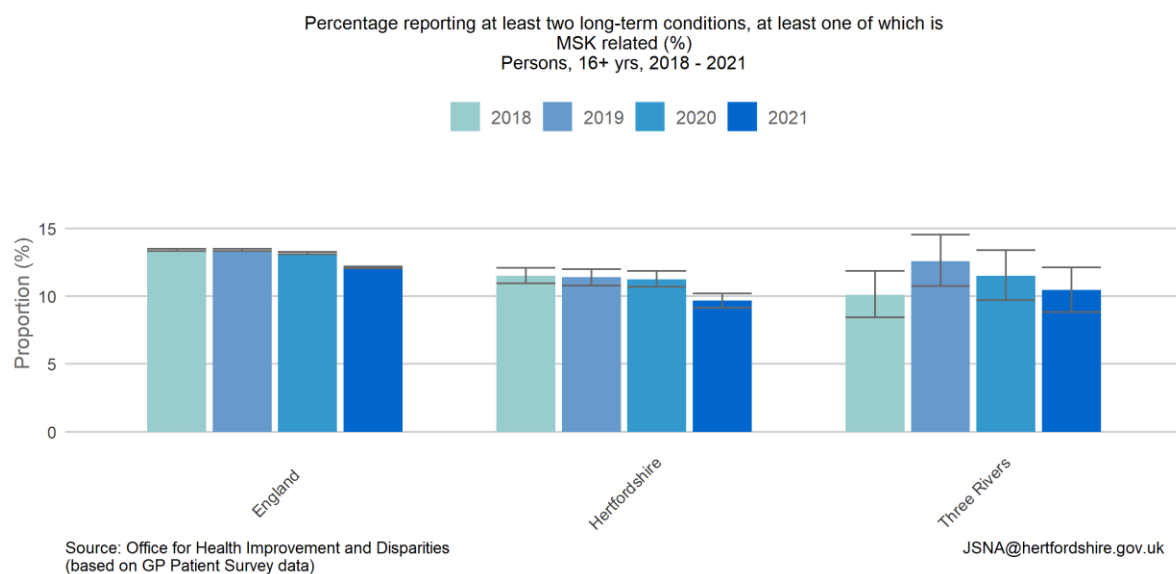
4.1.3 Stroke



There is no data for 2017/18, 2018/19 or 2019/20 for Three Rivers as the indicator was not aggregated to district level for these years.

- In 2021/22 in Three Rivers, the prevalence of stroke was 1.7%, which was statistically significantly higher than Hertfordshire (1.6%) but statistically significantly lower than England (1.8%).
- In Three Rivers, the prevalence of stroke has remained statistically similar between 2020/21 and 2021/22, although it has been increasing in line with the Hertfordshire and England trend. There was no data available prior to 2020/21 at district level.

4.1.4 Multiple long-term conditions (including musculoskeletal)



- In 2021 in Three Rivers, 10.5% of the population aged 16+ reported having at least two long-term conditions, with at least one of them being musculoskeletal (MSK)

related. This was statistically similar to the Hertfordshire (9.7%) and England (12.1%) proportions.

- In Three Rivers, the proportion has not statistically significantly changed between 2018 (10.1%) and 2021 (10.5%), although it has decreased in the last two years in line with the England and Hertfordshire trend.
- Although local data was not available, in England in 2021, a statistically significantly higher proportion of those reporting at least two long term conditions with at least one being MSK related were female (13.8%) compared to male (10.4%). A statistically higher proportion were from the most deprived decile (13.0%) compared to least deprived decile (9.4%).
- In Three Rivers in 2022, 10.8% of the population reported at least two long-term conditions, with at least one being MSK related. This was statistically similar to the Hertfordshire proportion (10.7%) and significantly lower than England (12.8%).

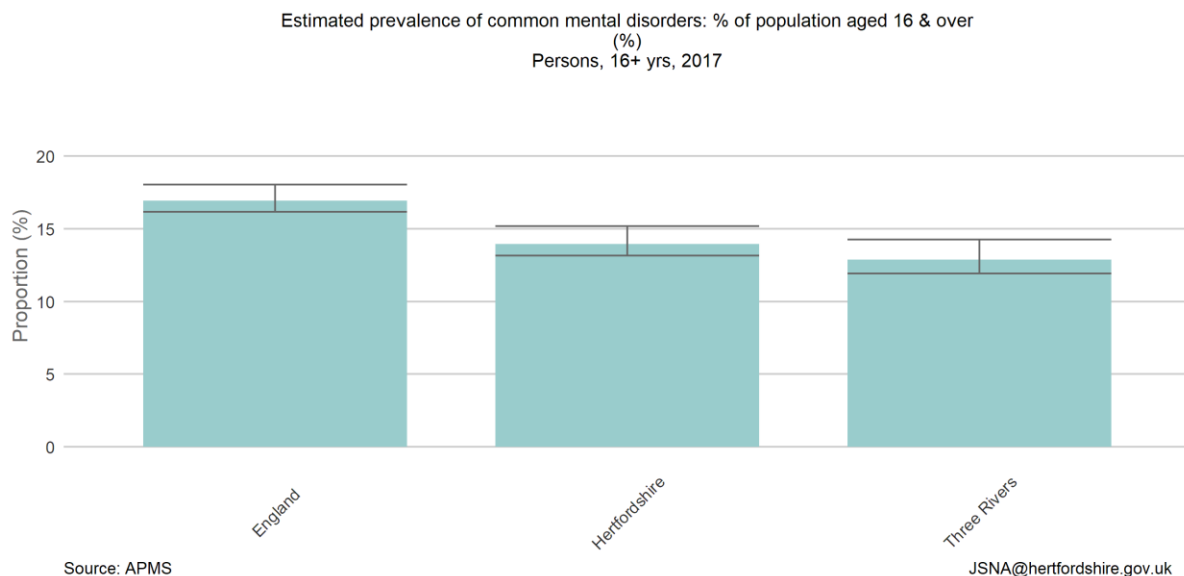
4.1.5 Fibromyalgia

- Clinical Commissioning Group (CCG) data on fibromyalgia admission episodes from the year 2014/15 to 2019/20 show the following:⁹⁸
 - In the East and North Hertfordshire CCG (ENHCCG) there was a gradual increase in admissions due to primary diagnosis of fibromyalgia from 15 in the year 2014/15 to 40 in the year 2019/20. The number of admission episodes where fibromyalgia was the primary or secondary diagnosis increased from 335 episodes in 2014/15 to 1,023 in 2019/20
 - Herts Valleys CCG (HVCCG) had no significant change in the number primary diagnosis admission episodes due to fibromyalgia. The number of episodes recorded was 10 for the years 2014 to 2016 which increased to 15 from the years 2016 to 2019, then decreased back to 10 in 2019/20. The number of admission episodes where fibromyalgia was the primary or secondary diagnosis increased from 255 in 2014/15 to 1,022 in 2019/20.
- Local data on the prevalence of Fibromyalgia is not available for Hertfordshire or district level, however national data on chronic pain is available from the Health Survey for England in 2017, which was published in 2020:⁹⁹
 - **Local prevalence:** The national estimate for chronic pain in England is 34%. When applied to the 2021 Census population findings, this suggests that there are approximately 407,591 people in Hertfordshire reporting chronic pain.
 - **Age:** In 2017, 34% of the respondents reported some level of chronic pain. This proportion was unchanged from 2011. The prevalence of chronic pain increased with age ranging from 18% among those aged 16-34 years to 53% among those 75 years and over.

- **Ethnicity:** All ethnic groups showed similar reporting of chronic pain to the figure for all persons of 34%, except for people in the Black ethnic group who reported a significantly higher prevalence of 44%.
- **Deprivation:** Those living in more deprived areas were more likely to report having chronic pain (41%) than those in the least deprived areas (30%).
- **Disability:** Those 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%).
- **Obesity:** People with a healthy weight reported a lower prevalence of chronic pain (29%) compared with those in the obese (39%) and very obese (54%) categories.
- **Other health conditions:** Among those who reported chronic pain, 36% also reported a long-lasting musculoskeletal condition, 35% reported no long-lasting illness, 15% reported a mental health disorder and 14% reported a heart or circulatory condition.

4.2 Mental health and wellbeing

4.2.1 Common mental health disorders



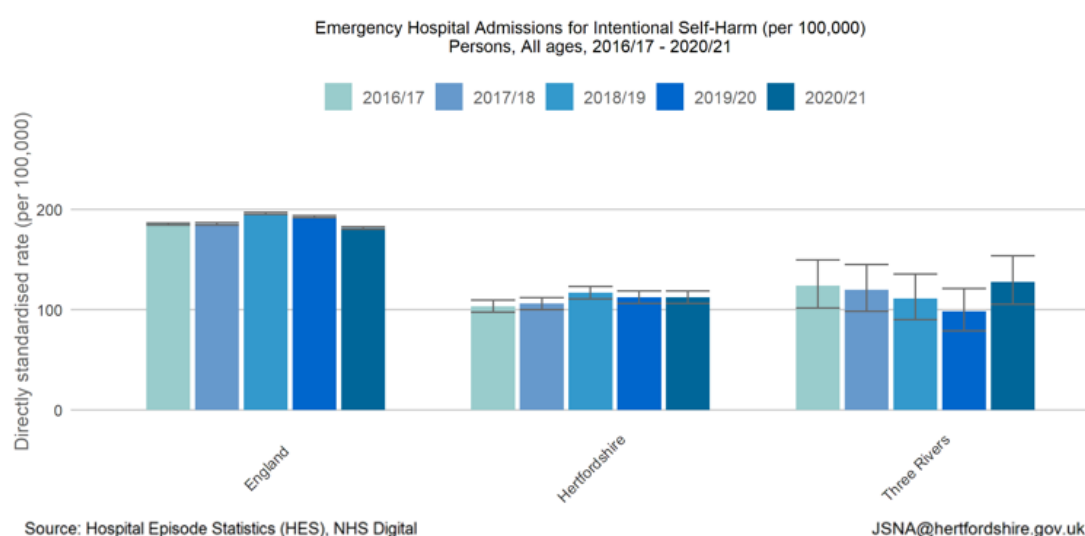
- Based on the 2014 Adult Psychiatric Morbidity Survey, the estimated prevalence of common mental disorders (CMD) in 2017 for people aged 16+ in Three Rivers was 12.9%, which was statistically similar to the Hertfordshire prevalence (14.0%), but statistically significantly lower than the national prevalence (17.0%).
- Findings from the 2014 Adult Psychiatric Morbidity Survey show that women were more likely to have CMD symptoms than men (19.1% compared to 12.2%) and CMDs

were more prevalent among adults who were not in employment or who were in receipt of benefits compared to those in employment or not in receipt of benefits.¹⁰⁰

4.2.2 Severe mental illness

- In 2018-20, the premature mortality rate in adults with severe mental illness (SMI) (including schizophrenia, bipolar disorder and other psychotic disorders) in Hertfordshire was 76.7 per 100,000, which was significantly lower than the England average (103.6 per 100,000).
- Between 2015-17 and 2018-20, the premature mortality rate in adults with SMI in Hertfordshire significantly increased (from 68.2 per 100,000 to 76.7 per 100,000).
- In Hertfordshire, the rate per 100,000 was statistically significantly higher in males (91.1) compared to females (63.1). Nationally, the rate was statistically significantly higher in the most deprived quintile (200.3) compared to the least deprived quintile (53.9).

4.2.3 Intentional self-harm

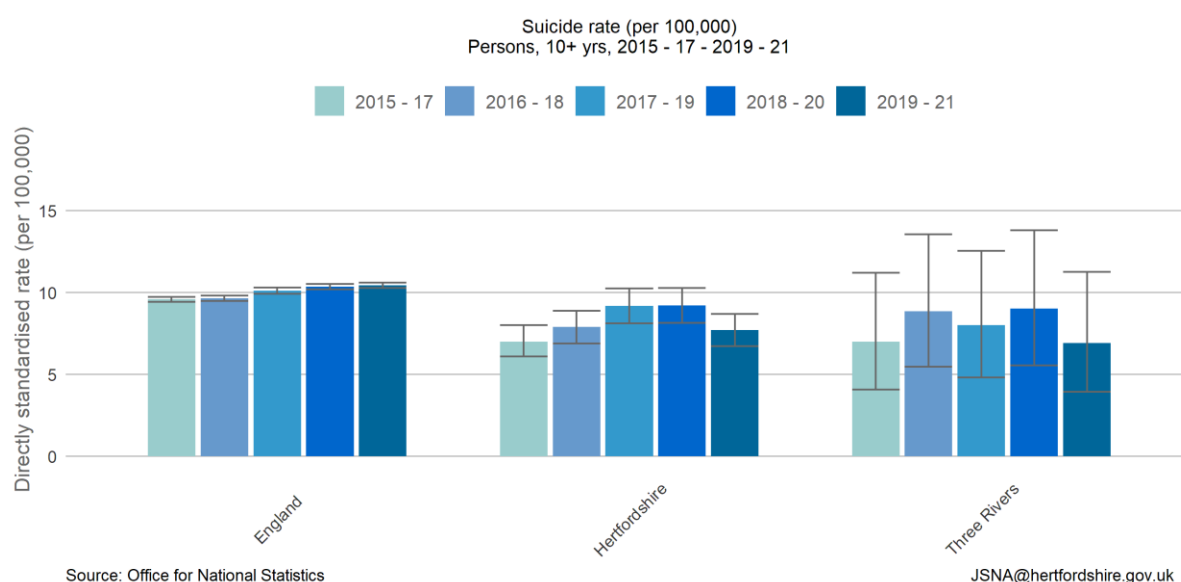


- In 2020/21 in Three Rivers, the directly standardised rate of hospital admissions for self-harm was 127.7 per 100,000, which was statistically similar to Hertfordshire (112.3 per 100,000) and statistically significantly lower than England (181.2 per 100,000).
- The rate of emergency hospital admissions for intentional self-harm has decreased year-on-year before increasing in 2020/21 during the start of the COVID-19 pandemic, although this was not a statistically significant increase.
- In 2021/22, the rate of emergency admissions for intentional self-harm in Three Rivers was 100.6 per 100,000, which was statistically significantly similar to Hertfordshire (114.5 per 100,000) and statistically significantly lower than England (163.9 per 100,000). The rate in Three Rivers was statistically significantly lower

among males (70.0 per 100,000) compared to females (131.6 per 100,000), mirroring the Hertfordshire and national trends.

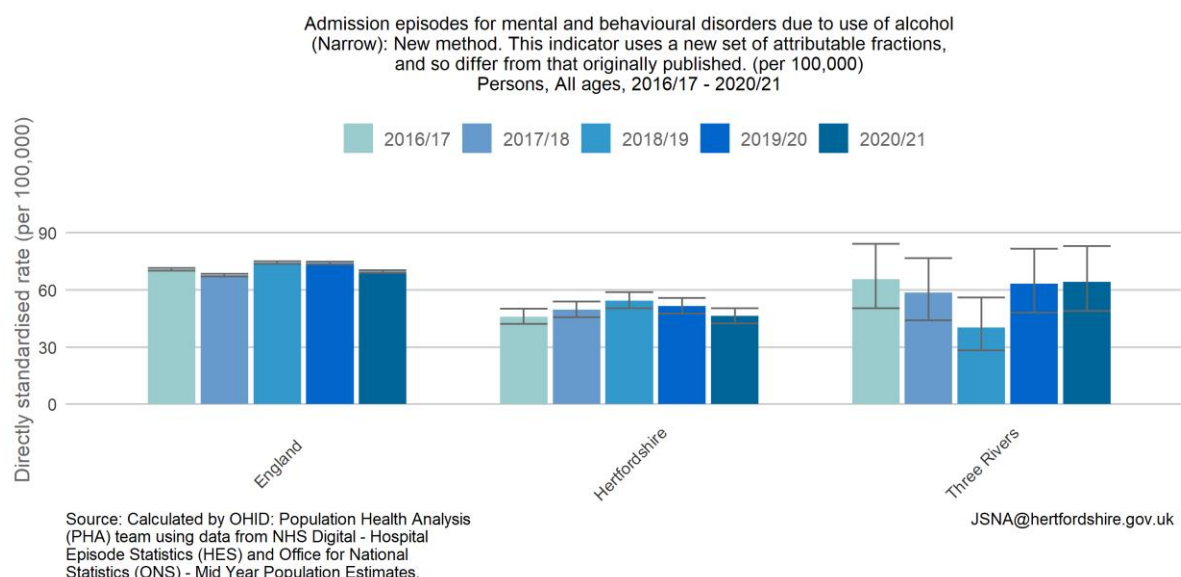
- In general, the rate of hospital admissions for intentional self-harm in 2021/22 was statistically significantly higher in the most deprived deciles in England compared to the least deprived deciles.

4.2.4 Suicide rate



- In 2019-21 in Three Rivers, the suicide rate for people aged 10+ was 6.9 per 100,000, which was statistically similar to the Hertfordshire (7.7 per 100,000) and England (10.4 per 100,000) suicide rates.
- While the national suicide rate has statistically significantly increased between 2015-17 and 2019-21 (from 9.6 to 10.4 per 100,000), the suicide rate in Three Rivers has not statistically significantly changed between 2015-17 and 2019-21 (from 7.0 to 6.9 per 100,000).
- In 2019-21 in Hertfordshire, the suicide rate was statistically significantly higher for males compared to females (11.4 per 100,000 compared to 4.2 per 100,000). The national suicide rate in the least deprived decile of England (9.4 per 100,000) was statistically significantly lower than the national average (10.4 per 100,000).
- Findings from the [2019-2021 Hertfordshire Suicide Audit](#) show that those living in the least deprived quintile had the fewest suicides (17.8%) compared to all other IMD quintiles. However, this was not statistically significant.

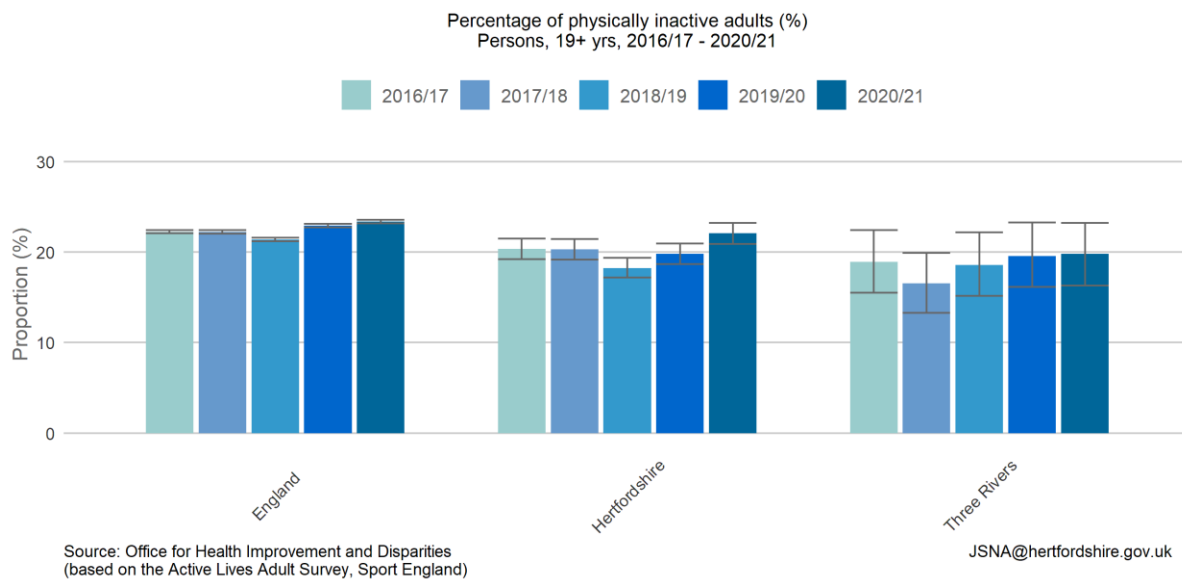
4.2.5 Mental and behavioural disorders due to alcohol



- In 2020/21 in Three Rivers, the directly standardised rate of admission episodes for mental and behaviour disorders due to use of alcohol was 64.3 per 100,000, which was statistically similar to Hertfordshire (46.3 per 100,000) and England (69.7 per 100,000).
- Between 2016/17 and 2020/21, the rate of admission episodes for mental and behaviour disorders due to use of alcohol has remained fairly consistent in Three Rivers except for in 2018/19 where it decreased to 40.3 per 100,000, although this was not statistically significant.
- In 2021/22, the rate of admission episodes in Three Rivers was 51.7 per 100,000, which was statistically similar to Hertfordshire (47.1 per 100,000) and England (67.2 per 100,000). The rate in Three Rivers was statistically significantly higher among males (84.6 per 100,000) compared to females (22.4 per 100,000). This mirrors the trend seen in Hertfordshire and England.
- Although data on deprivation is not available locally, in 2021/22, the rate of admission episodes for mental and behaviour disorders due to the use of alcohol was statistically significantly higher in the most deprived decile of England (90.0 per 100,000) compared to the least deprived decile (42.9 per 100,000).

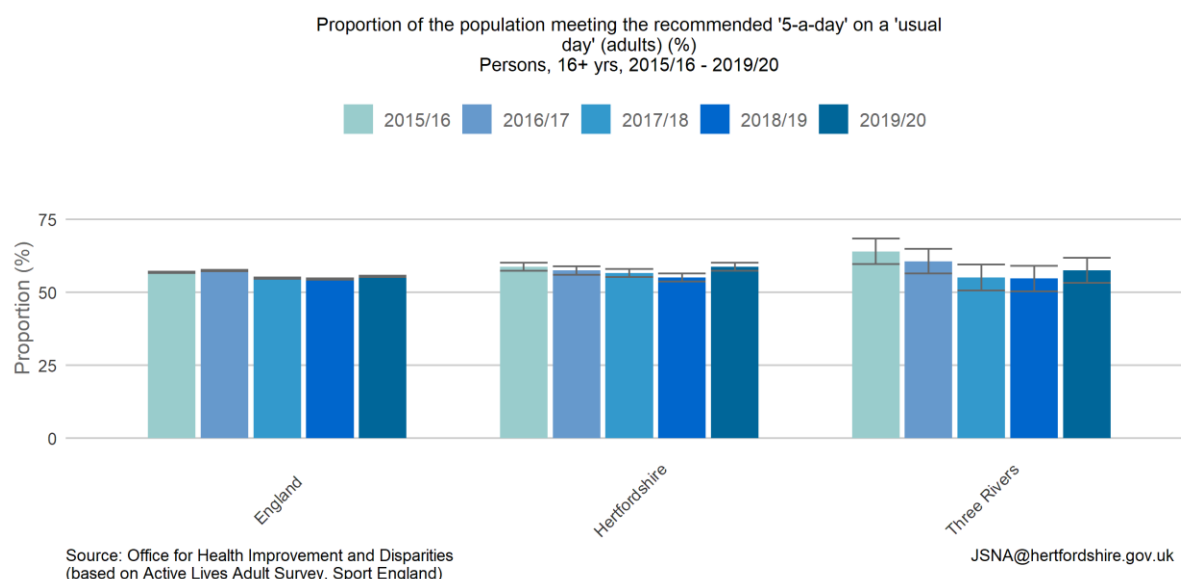
4.3 Healthy weight

4.3.1 Physically inactive adults



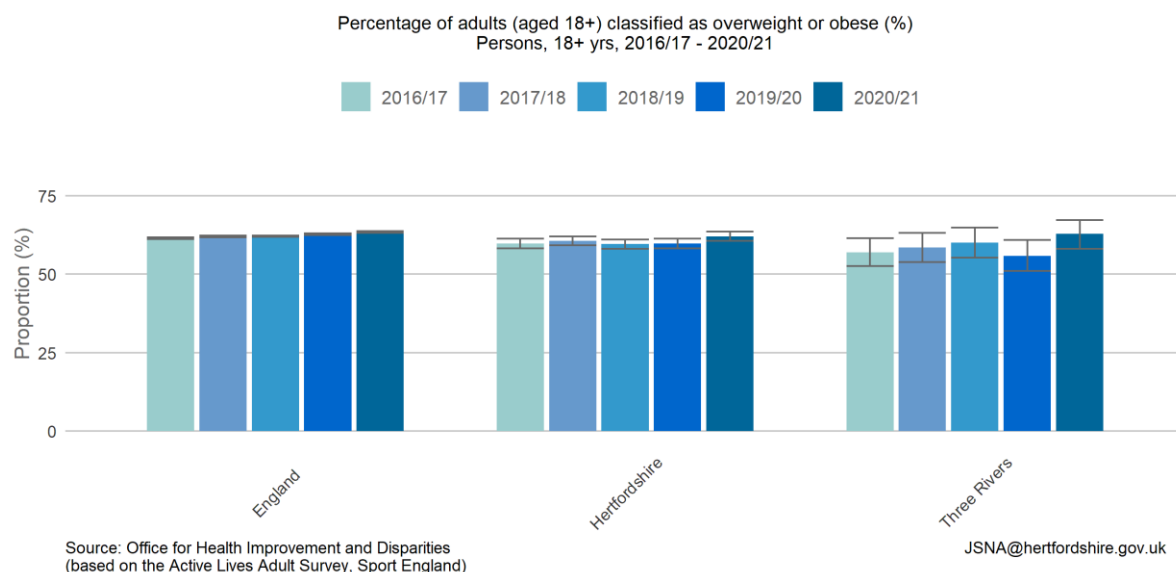
- In 2020/21, the proportion of physically inactive adults (19+) that exercise less than 30 minutes per week in Three Rivers was 19.8%, which was statistically similar to Hertfordshire (22.1%) and England (23.4%).
- The proportion in Three Rivers remained statistically similar between 2016/17 (18.9%) and 2020/21 (19.8%), although it has been increasing in the last 3 years.
- Although there is no local data on inequalities, the proportion of physically inactive adults in England in 2020/21 was statistically significantly higher among females (24.2%) than males (22.4%) and among people in the most deprived decile (29.3%) compared to least deprived decile (18.9%).

4.3.2 Healthy eating



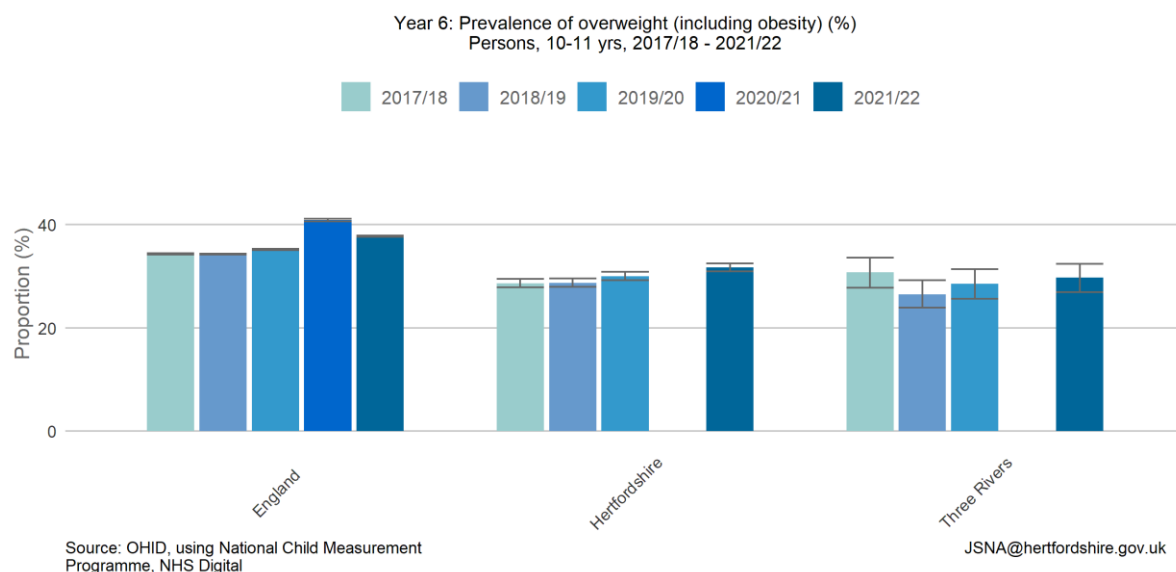
- In 2019/20, the proportion of adults (16+) meeting the recommended '5 a day' on a 'usual day' in Three Rivers was 57.5%, which was statistically similar to Hertfordshire (58.7%) and England (55.4%).
- The proportion in Three Rivers meeting the '5 a day' recommendation has decreased between 2015/16 (63.9%) and 2019/20 (57.5%), although this has not been statistically significant.
- Although there is no local data on inequalities, the proportion of adults in England meeting the recommended '5 a day' in 2019/20 was statistically significantly higher among females (59.5%) than males (51.2%) and among people in the least deprived decile (59.2%) compared to most deprived decile (47.8%).

4.3.3 Overweight or obese adults



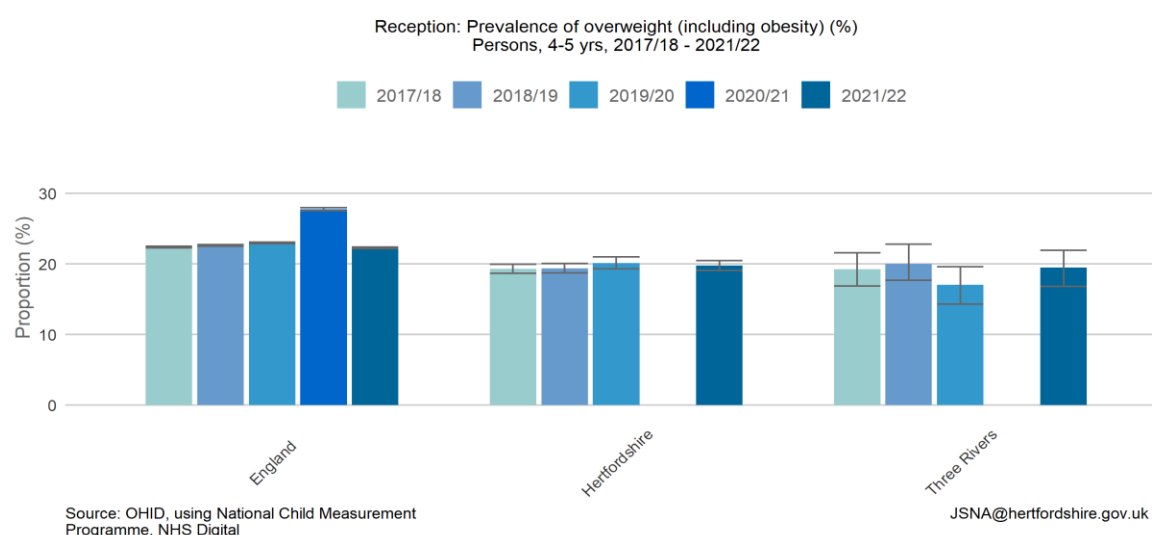
- In 2020/21 in Three Rivers, 62.9% of the population (aged 18+) were classified as overweight or obese, which was statistically similar to Hertfordshire (62.0%) and England (63.5%).
- The proportion of overweight or obese adults in Three Rivers has been increasing gradually between 2016/17 (57.0%) and 2020/21 (62.9%), although this increase has not been statistically significant.
- Although there is no local data on inequalities, the proportion of overweight or obese adults in England in 2020/21 was statistically significantly higher among males (68.5%) than females (58.3%) and among people in the most deprived decile (66.3%) compared to least deprived decile (59.5%).

4.3.4 Overweight or obese children (aged 10-11 years)



- In 2021/22 in Three Rivers, 29.8% of children aged 10-11 years were classified as overweight or obese, which was statistically similar to Hertfordshire (31.7%) and statistically significantly lower than England (37.8%).
- The proportion of overweight or obese Year 6 children in Three Rivers did not statistically significantly change between 2017/18 (30.8%) and 2021/22 (29.8%). Please note that data was missing in Hertfordshire and Three Rivers for 2020/21.
- In Three Rivers in 2021/22, the proportion of Year 6 pupils with excess weight (i.e., overweight or living with obesity/severe obesity) was statistically significantly higher among males (33.5%) compared to females (25.1%), which was similar to the Hertfordshire and national trend. In Hertfordshire, the proportion of excess weight increased as deprivation level increased, with a statistically significantly higher proportion of pupils in the most deprived decile having excess weight (40.2%) compared to the least deprived decile (21.5%) (see [Hertfordshire's Children and Young People Obesity Briefing](#)).

4.3.5 Overweight or obese children (aged 4-5 years)



- In 2021/22 in Three Rivers, 19.4% of children aged 4/5 years were classified as overweight or obese, which was statistically similar to Hertfordshire (19.7%) and statistically significantly lower than England (22.3%).
- The proportion of obese or overweight 4–5-year-olds in Three Rivers did not statistically significantly change between 2017/18 (19.2%) and 2021/22 (19.4%). Please note that data was missing in Hertfordshire and Three Rivers for 2020/21.
- In Three Rivers in 2021/22, the proportion of Reception children with excess weight was higher in females (21.2%) compared to males (17.2%), although this was not statistically significant. This contrasts to the trend seen in Hertfordshire and England whereby a higher proportion of 4-5 year old males had excess weight.
- In Hertfordshire, the proportion of excess weight increased as deprivation level increased, with a statistically significantly higher proportion of pupils in the most

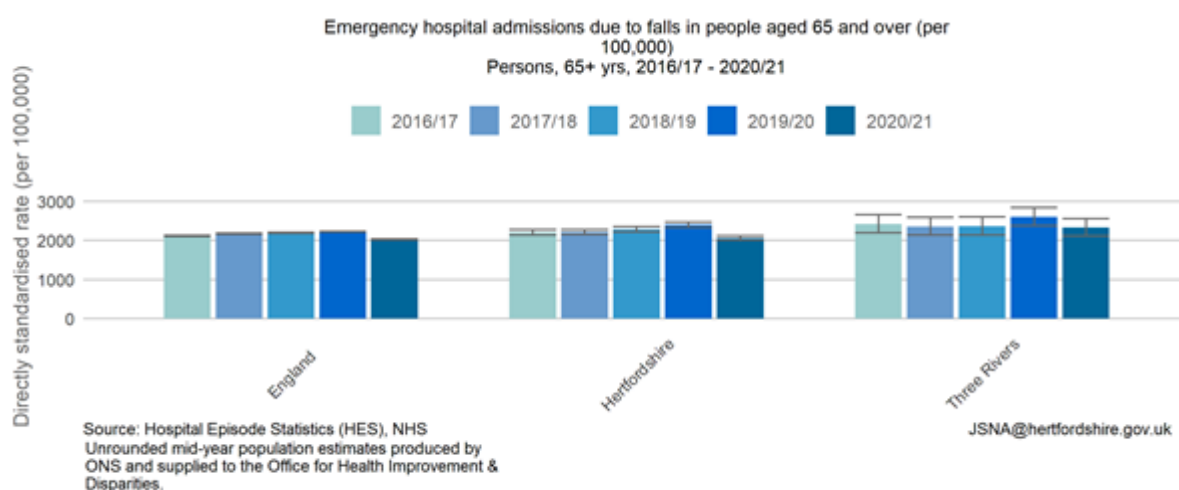
deprived decile having excess weight (22.8%) compared to the least deprived decile (15.0%) (see [Hertfordshire's Children and Young People Obesity Briefing](#)).

4.3.6 Eating disorders

- In the year to March 2022 in Herts Valley CCG, 21.8% of urgent cases for children and young people with an eating disorder started treatment within 1 week, and 39.7% of routine cases were seen within 4 weeks.¹⁰¹ This was not in line with the 95% targets outlined in the NHS Long Term Plan for these indicators.
- Between April 2019 and September 2022, the number of adults on the Hertfordshire Partnership Foundation Trust eating disorder caseload increased by 104% (from 225 to 460). Similarly, the under 18s caseload increased by 72% (from 145 to 250 referrals). There was also a large increase in open referrals for young people across this time period, peaking at 400 referrals in March 2022 (see the [Demand of Mental Ill Health on Services in Hertfordshire JSNA](#)).

4.4 Frailty in older people

4.4.1 Emergency hospital admissions due to falls in people aged 65+

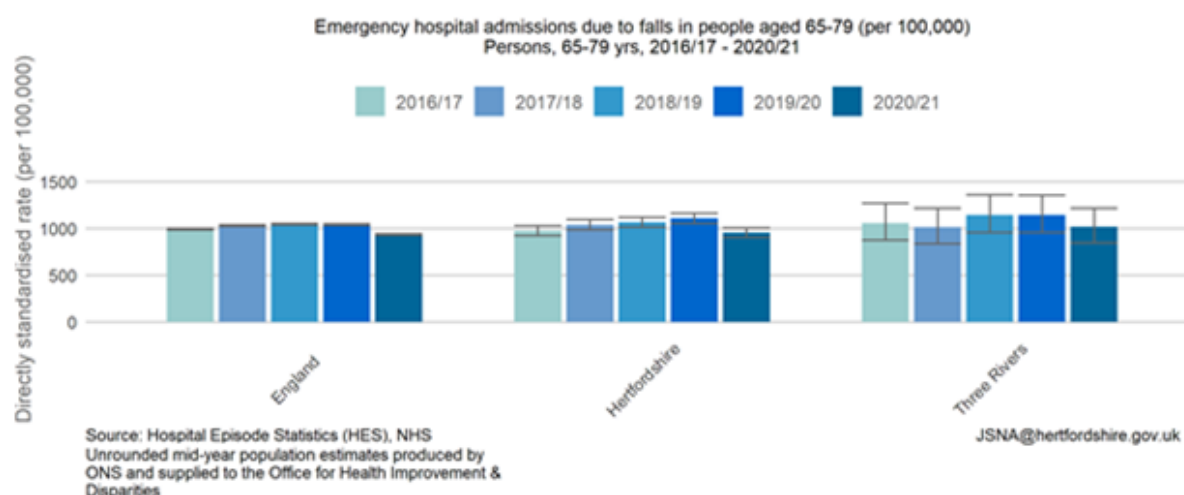


- In 2020/21, the directly standardised rate of emergency hospital admissions due to falls in people aged 65 years and over in Hertfordshire was 2,059 per 100,000. This result was statistically similar to England (2,023 per 100,000). The rate in Three Rivers for the same period was 2,328 per 100,000, and while this was not statistically significantly higher than the Hertfordshire average, it was statistically significantly higher than the England average.
- During the period 2016/17 – 2018/19 in Three Rivers, the rate of emergency hospital admissions remained statistically similar across all years. There was a peak in admissions in 2019/20, reaching 2,601 per 100,000, and this was statistically

significantly higher than the national average (2,222 per 100,000). The rate did appear to recover to previous levels by 2020/21.

- In 2021/22 in Three Rivers, the rate for emergency hospital admissions due to falls among over 65s was 2,568 per 100,000, which was statistically significantly higher than the Hertfordshire (2,206 per 100,000) and England (2,100 per 100,000) averages. In Three Rivers, females had a higher rate than males (2,802 per 100,000 compared to 2,255 per 100,000), although this was not statistically significant. In Hertfordshire and England, females had a statistically significantly higher rate of admissions compared to males.
- Nationally, the rate for emergency hospital admissions due to falls among over 65s in 2021/22 was significantly higher in the most deprived deciles compared to the national average.

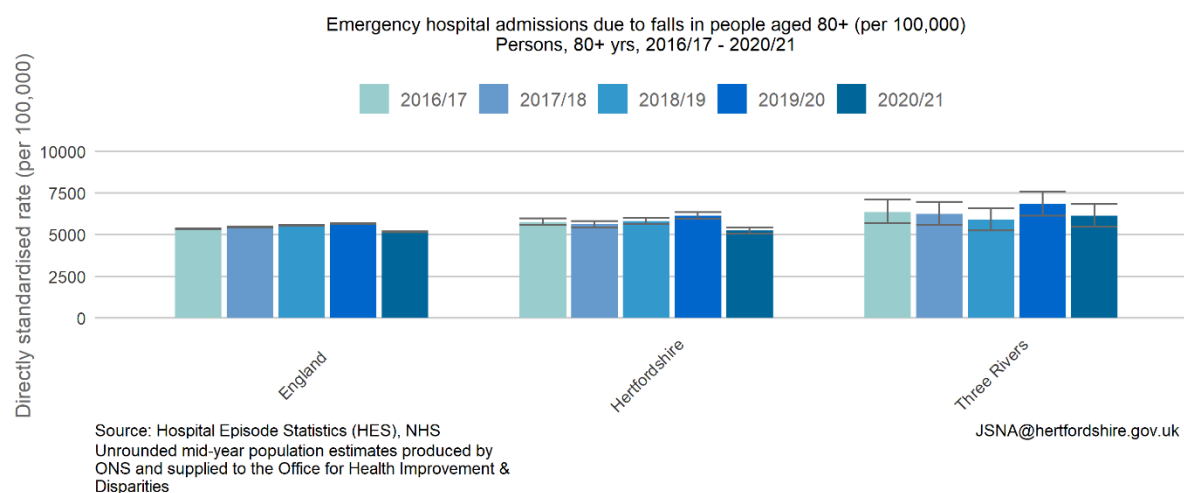
4.4.2 Emergency hospital admissions due to falls in people aged 65-79



- In 2020/21, the directly standardised rate of emergency hospital admissions due to falls in people aged 65 – 79 years in Hertfordshire was 955.1 per 100,000. This directly standardised rate was statistically similar to England (936.6 per 100,000).
- The rate in Three Rivers was 1,018 per 100,000, however, this was statistically similar to both the Hertfordshire and national average. There was a peak in admissions between 2018/19 – 2019/20 to 1,145 and 1,144 per 100,000 respectively, but rates recovered the following year, and these changes were not statistically significant.
- In 2021/22, the rate was 1,204 per 100,000 which was statistically similar to the Hertfordshire average (1,007 per 100,000) and significantly higher than the England average (993 per 100,000). In Three Rivers, females had a higher rate than males (1,268 per 100,000 compared to 1,132 per 100,000), although this was not statistically significant. In Hertfordshire and England, females had a statistically significantly higher rate of admissions compared to males.

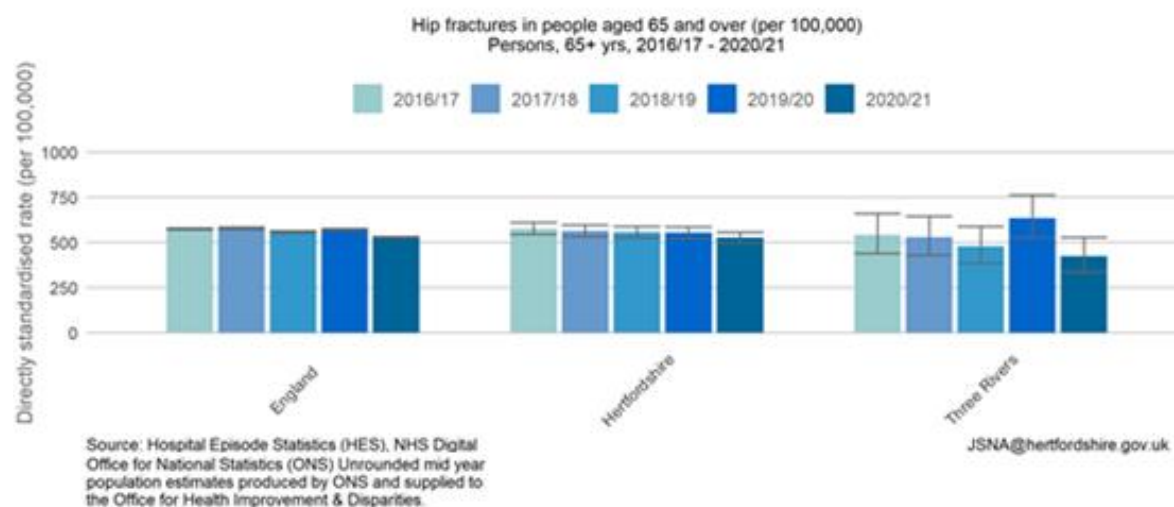
- Nationally, the rate for emergency hospital admissions due to falls among 65–79-year-olds in 2021/22 was significantly higher in the most deprived deciles compared to the national average.

4.4.3 Emergency hospital admissions due to falls in people aged 80+



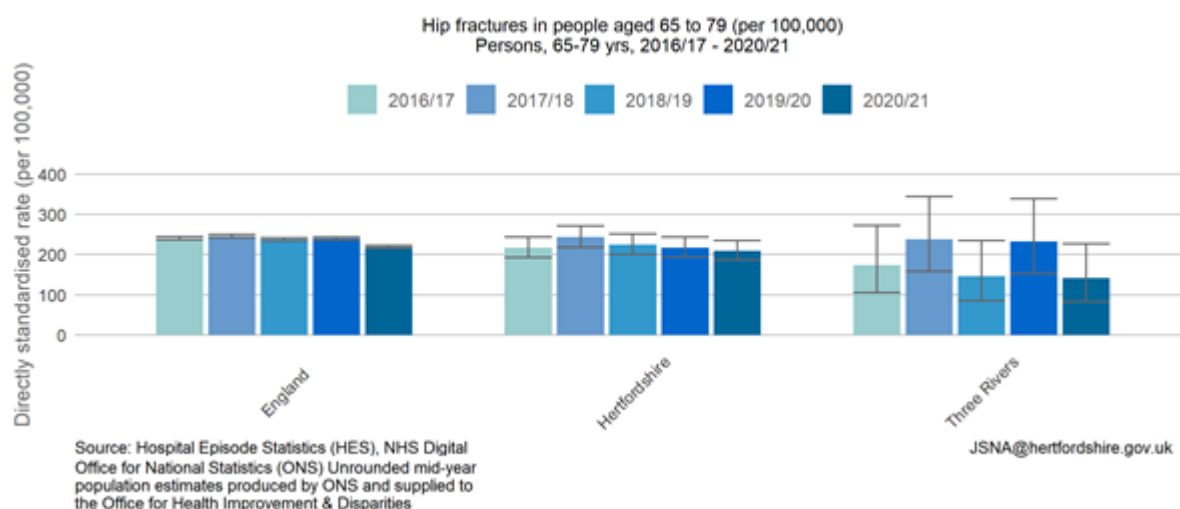
- In 2020/21, the directly standardised rate of emergency hospital admissions due to falls in people aged 80 and over in Hertfordshire was 5,260 per 100,000. This directly standardised rate was statistically similar to England (5,174 per 100,000).
- During the same period in Three Rivers, the rate was 6,127 per 100,000, and this was statistically significantly higher than both the Hertfordshire and national average. Despite this, levels have dropped from a peak of 6,825 per 100,000 in 2019/20 but these results were not found to be statistically significant.
- In 2021/22 in Three Rivers, the rate was 6,525 per 100,000 which was statistically similar to the Hertfordshire average (5,683 per 100,000) and significantly higher than the England average (5,311 per 100,000). In Three Rivers, females had a higher rate than males (7,249 per 100,000 compared to 5,513 per 100,000), although this was not statistically significant. In Hertfordshire and England, females had a statistically significantly higher rate of admissions compared to males.
- There is no clear deprivation trend for the rate of emergency admissions due to falls in people aged over 80 in 2021/22, but it may be of note that the rate is statistically significantly higher in the least deprived decile compared to the national average.

4.4.4 Hip fractures in people aged 65+



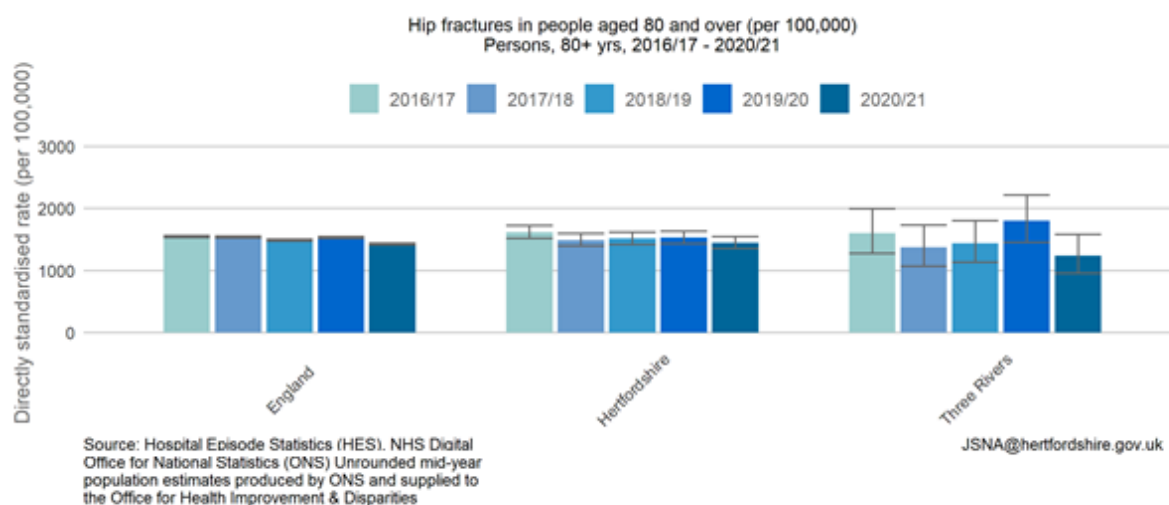
- In 2020/21, the directly standardised rate of hip fractures in people aged 65 and over in Hertfordshire was 526.3 per 100,000. This rate was statistically similar to England (528.7 per 100,000).
- In Three Rivers during the same period, the directly standardised rate was lower than both the Hertfordshire and England average at 423.2 per 100,000, however, this result was not statistically significant. Three Rivers has seen a varied trend across the 5-year period measured, notably a general decrease in the rate of hip fractures between 2016/17 – 2018/19 followed by a peak in 2019/20 to 636.2 per 100,000, however these changes were not statistically significant.
- In 2021/22 in Three Rivers, the rate of hip fractures in people aged 65+ was 533 per 100,000 which was statistically similar to the Hertfordshire (540 per 100,000) and England (551 per 100,000) averages. In Three Rivers, females had a higher rate than males (610 per 100,000 compared to 425 per 100,000), although this was not statistically significant. In Hertfordshire and England, females had a statistically significantly higher rate of hip fractures compared to males.
- Nationally, the rate of hip fractures in people aged 65 and over in 2021/22 was significantly higher in the most deprived deciles and statistically significantly lower in the least deprived deciles compared to the national average.

4.4.5 Hip fractures in people aged 65 to 79



- In 2020/21, the directly standardised rate of hip fractures in people aged 65 – 79 years in Hertfordshire was 209.7 per 100,000. This directly standardised rate was statistically similar to England (219.3 per 100,000).
- In Three Rivers during the same period, the rate was 141.9 per 100,000, however, this was similar to the Hertfordshire and England average. Although the rate for Three Rivers has fluctuated considerably during these 5 years, the rate has remained statistically similar.
- In 2021/22 in Three Rivers, the rate of hip fractures in people aged 65-79 years was 246 per 100,000 which was statistically similar to the Hertfordshire (224 per 100,000) and England (236 per 100,000) averages. In Three Rivers, females had a higher rate than males (264 per 100,000 compared to 225 per 100,000), although this was not statistically significant. In Hertfordshire and England, females had a statistically significantly higher rate of hip fractures compared to males.
- Nationally, the rate of hip fractures in people aged 65-79 years in 2021/22 was significantly higher in the most deprived deciles and statistically significantly lower in the least deprived deciles compared to the national average.

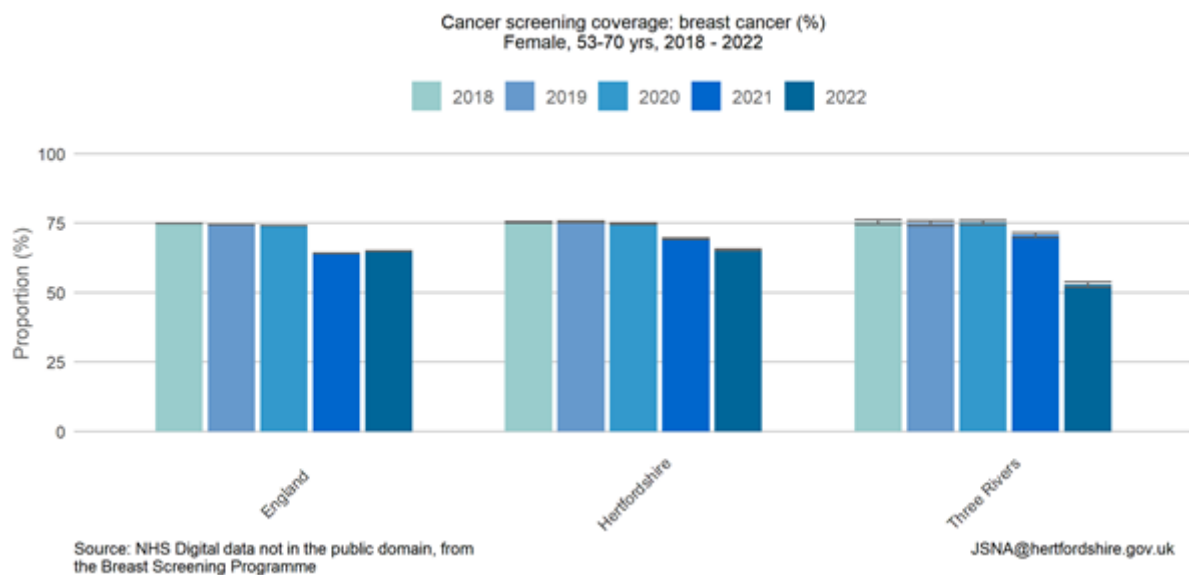
4.4.6 Hip fractures in people aged 80+



- In 2020/21, the directly standardised rate of hip fractures in people aged 80 and over in Hertfordshire was 1,444 per 100,000. This directly standardised rate was statistically similar to England (1,426 per 100,000).
- In Three Rivers, the rate was 1,239 per 100,000, but this was not statistically significantly different to both the Hertfordshire and England average. The district saw the lowest rates of hip fractures in 2020/21, however, this was not a statistically significant change.
- In 2021/22 in Three Rivers, the rate was 1,365 per 100,000 which was statistically similar to the Hertfordshire (1,455 per 100,000) and England (1,466 per 100,000) averages. In Three Rivers, females had a higher rate than males (1,615 per 100,000 compared to 1,005 per 100,000), although this was not statistically significant. In Hertfordshire and England, females had a statistically significantly higher rate of hip fractures compared to males.
- Nationally, the rate of hip fractures in people aged 80+ in 2021/22 was significantly higher in the most deprived deciles compared to the national average.

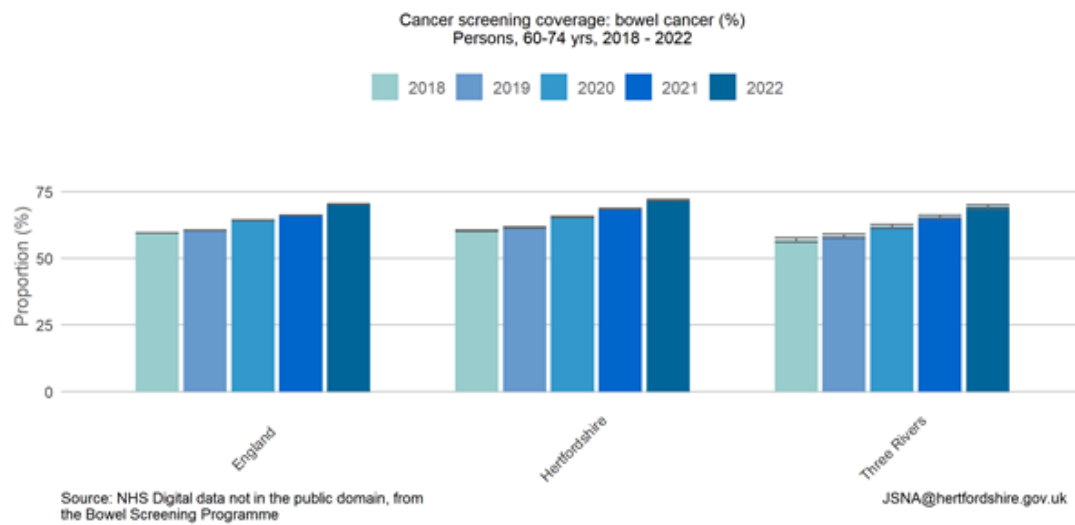
4.5 Cancer

4.5.1 Breast cancer screening coverage



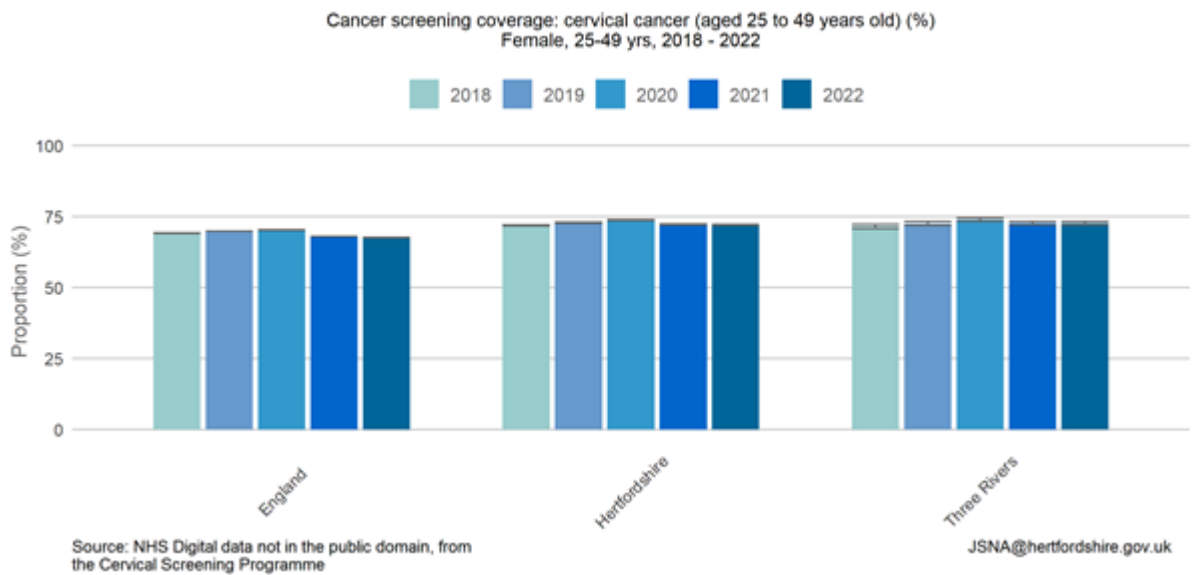
- In 2022, the proportion of cancer screening coverage for breast cancer in 53–70-year-olds in Hertfordshire was 65.4%. This proportion was significantly higher than England (64.9%) and this difference.
- In Three Rivers for the same year, the proportion was 52.9% and this was statistically significantly lower than both the Hertfordshire and England averages. Conversely, while Three Rivers still saw a decrease in screening coverage from previous levels in 2021, the rate was statistically significantly higher than the national average for that year (70.7% vs. 64.1%).
- Although there is no local data available, the proportion of breast cancer screening coverage in England in 2022 was statistically significantly lower in the most deprived decile (58.8%) compared to the least deprived decile (70.8%).

4.5.2 Bowel cancer screening coverage



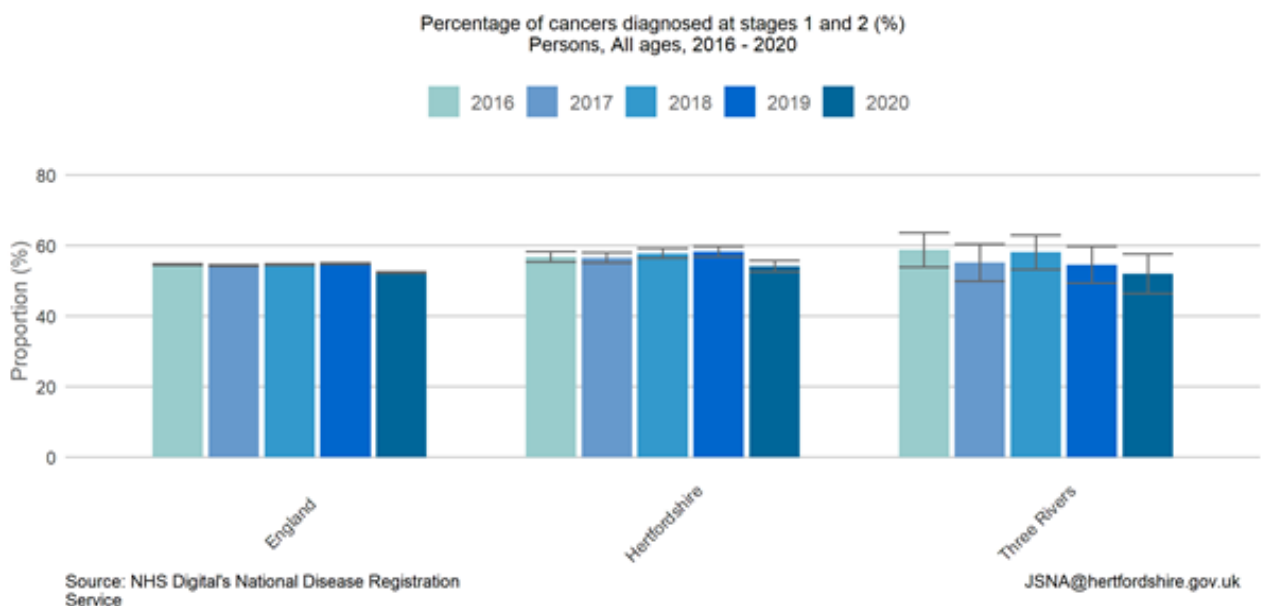
- In 2022, the proportion of cancer screening coverage for bowel cancer in people aged 60-74 years in Hertfordshire was 71.9%. This proportion was higher than England (70.3%) and this difference was statistically significant.
- During the same period, Three Rivers saw a bowel cancer screening proportion of 69.3%, and this result was statistically significantly lower than both the Hertfordshire and England average. Despite this, Three Rivers has seen a year-on-year increase in screening coverage, with the last 3 years on record (2020 – 2022) demonstrating statistically significant increases.
- Although there is no local data available, the proportion of bowel cancer screening coverage in England in 2022 was statistically significantly lower in the most deprived decile (63.5%) compared to the least deprived decile (72.9%).

4.5.3 Cervical cancer screening coverage



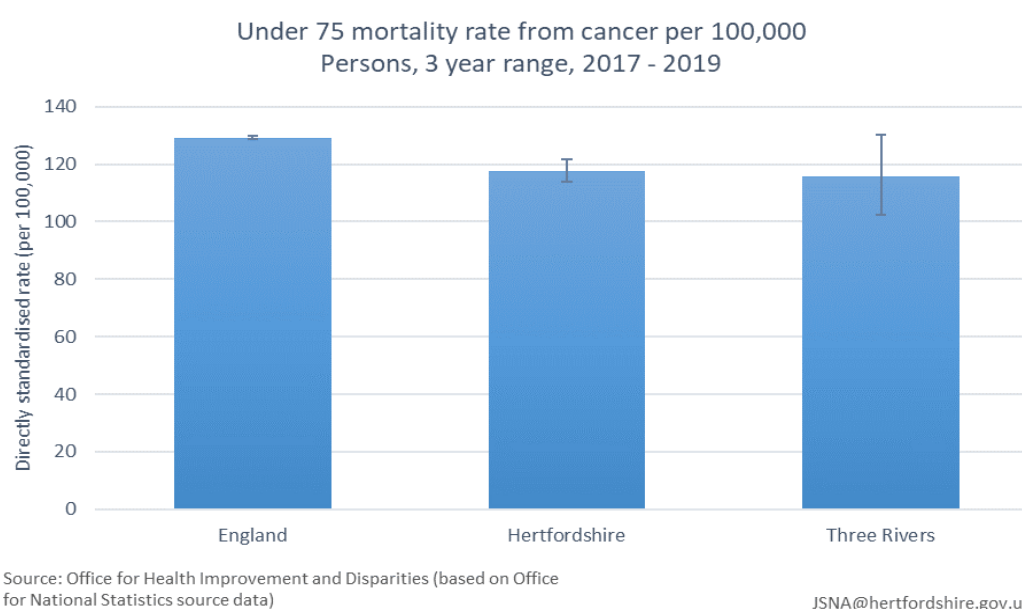
- In 2022, the proportion of cancer screening coverage for cervical cancer for ages 25-49 years in Hertfordshire was 72.1%. This proportion was higher than England (67.6%) and this difference was statistically significant.
- For the same period, Three Rivers saw a proportion of 72.6%, and this result was statistically similar to the Hertfordshire average and statistically significantly higher than the England average.
- In 2022, the proportion of cervical cancer screening coverage in England was statistically significantly lower in the most deprived decile (62.6%) compared to the least deprived decile (69.5%).

4.5.4 Early cancer diagnosis



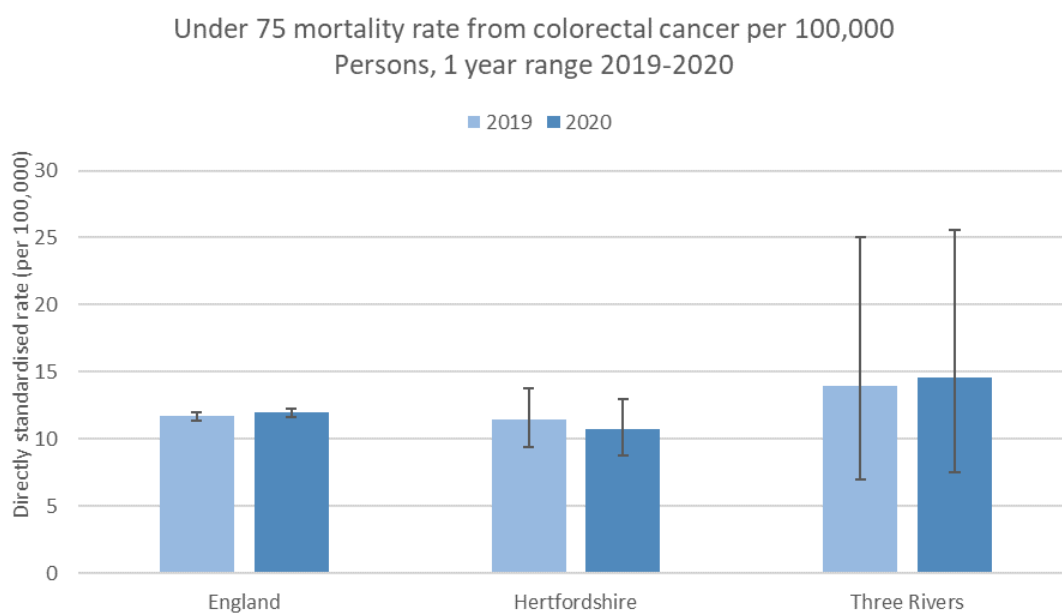
- In 2020, the proportion of cancers diagnosed at stages 1 and 2 in Hertfordshire was 54.1%. This proportion was higher than England (52.3%) and this difference was statistically significant.
- During the same period, Three Rivers saw 52.0% of cancers being diagnosed at stages 1 or 2, and this result was statistically similar to the Hertfordshire average. The rates seen in 2020 were the lowest across all 5 years, with the highest levels seen in 2016 at 58.8%. None of these changes were statistically significant.
- In 2020 in England, there was a statistically significantly lower proportion of cancers diagnosed at stages 1 or 2 in the most deprived decile (50.3%) compared to the least deprived decile (55.2%).

4.5.5 Under 75 mortality rate from cancer



- During the 3-year period 2017 – 2019, the mortality rate for under 75's from cancer in Hertfordshire was 117.8 per 100,000. This was statistically significantly lower than the England average of 128.6 per 100,000.
- Three Rivers observed a rate of 115.8 per 100,000 during the same period. This result was statistically similar to Hertfordshire and the England average.

4.5.6 Under 75 mortality rate from colorectal cancer

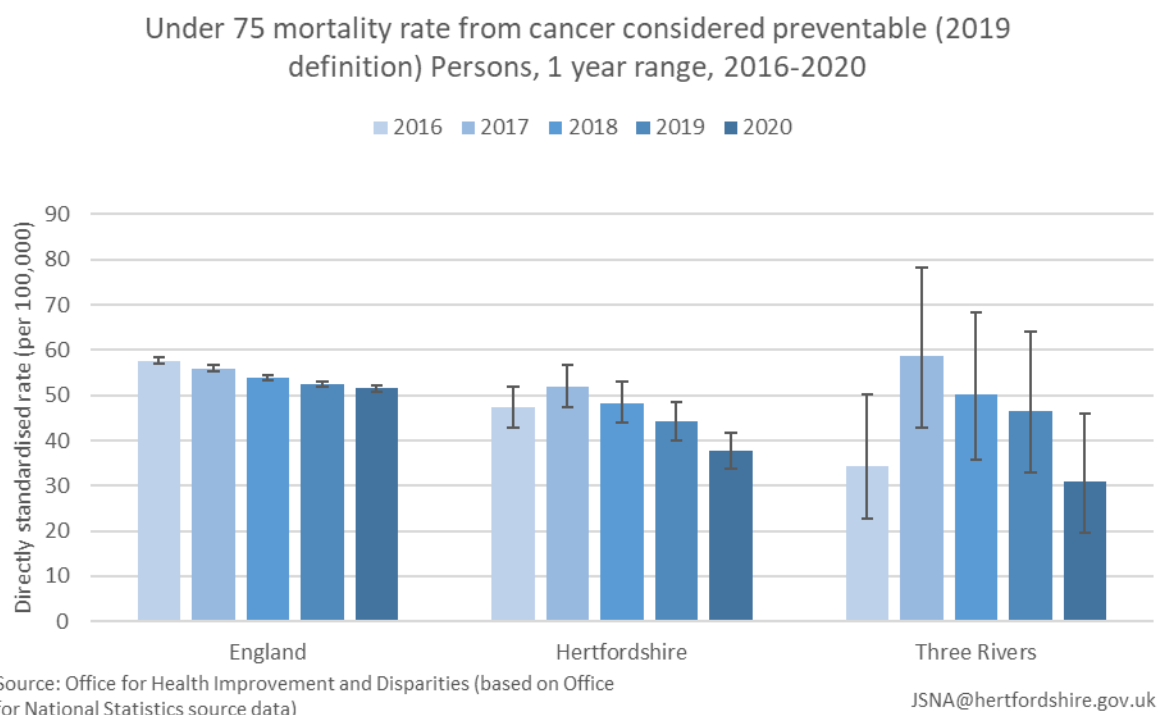


Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

JSNA@hertfordshire.gov.uk

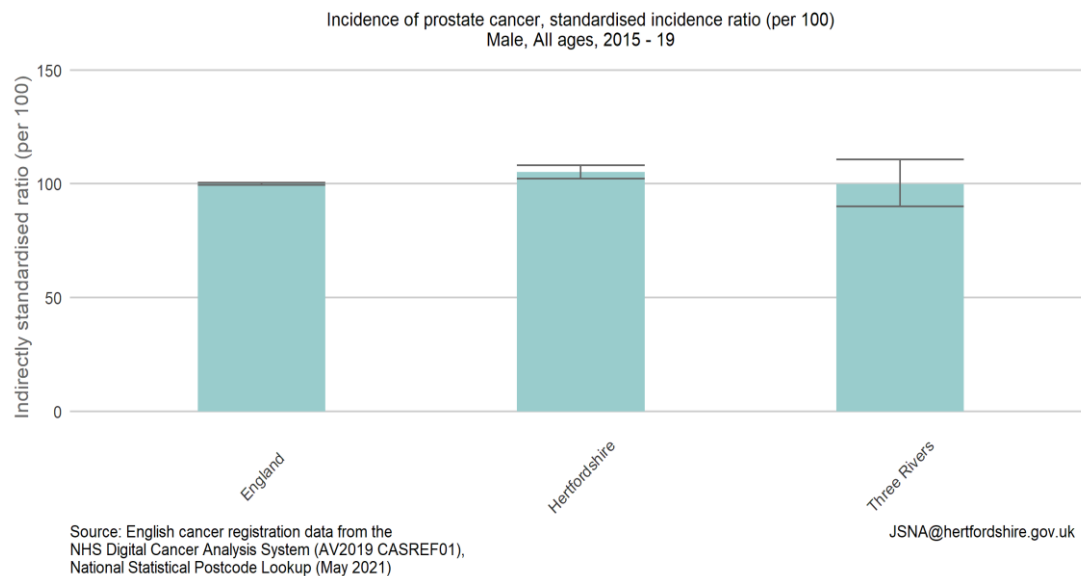
- The directly standardised mortality rate for under 75's with colorectal cancer in Hertfordshire remained statistically similar between 2019 and 2020, reducing marginally from 11.4 per 100,000 in 2019 to 10.7 per 100,000 in 2020. This rate was also statistically similar to the England averages during the same period (11.7 per 100,000 in 2019 and 12.0 per 100,000 in 2020).
- The mortality rate from colorectal cancer in Three Rivers increased between 2019 and 2020, from 14.0 per 100,000 in 2019 to 14.6 in 2020, however, this was not statistically significant. The rate also remained statistically similar to both the Hertfordshire and England average.

4.5.7 Under 75 mortality rate from preventable cancer



- Both Hertfordshire and Three Rivers have seen reductions in the rate of preventable cancer mortality in the under 75's over the period 2016 – 2020. The rates in Hertfordshire and Three Rivers have been decreasing over the last 4 years in line with the national average. This decrease was statistically significant for Hertfordshire, although not yet significant for Three Rivers.
- All areas saw a drop in mortality by 2020, with the Hertfordshire rate at 37.6 per 100,000 and the rate in Three Rivers at 30.8 per 100,000. Both were statistically significantly lower than the national average of 51.5 per 100,000.

4.5.8 Incidence of prostate cancer



- In 2015-19 in Three Rivers, the indirectly standardised ratio of new cases of prostate cancer was 99.7, meaning that for every 100 expected new cases of prostate cancer, there were 99.7 actual new cases. This ratio was statistically significantly similar to Hertfordshire (105.2 actual new cases per 100 expected new cases) and England (100.0 actual new cases per 100 expected new cases).
- All wards within the Three Rivers district had a statistically similar ratio to both the Hertfordshire and England average during this time period. The highest ratio of new cases of prostate cancer was in Rickmansworth Town (127.0), Abbots Langley & Bedmond (126.3), and Chorleywood South & Maple Cross (118.0).
- There is no inequality or trend data available for this indicator.

5.0 Local strategies and interventions

5.1 Overarching 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 consultation with NHS England, the Government are currently developing a Major Conditions Health Strategy which will set out a coherent policy agenda to establish a shift to integrated, whole-person care. The strategy will focus on cancers, CVD, chronic respiratory diseases, dementia, mental ill health, and musculoskeletal disorders.¹⁰²
- In order to address widening health inequalities, Public Health England have published guidance to taking a [whole system approach to health and wellbeing](#) and [addressing health across the life course](#). These approaches recognise the need to adopt a coordinated, collaborative approach across the life course to address the 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](#).
- The [Hertfordshire and West Essex Integrated Care Strategy](#) is centred around four core principles: (1) integration of health, care and wellbeing services, (2) priority towards prevention and early intervention, (3) targeted work to reduce health inequalities, and (4) involving local residents and workforce. It has several strategic priorities, some of which include:
 - **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 a mental health issue and experience drug and alcohol problems.
 - **Enable our residents to age well and support people living with dementia** through initiative such as improving early diagnosis for people at risk of becoming frail or living with dementia; promoting and encouraging take up of the NHS Health Check for people aged 40-74 to prevent the onset of disease; and improving provision of extra care housing with health and care services embedded to help older residents maintain their health and independence.
 - **Improve support to those living with life-long conditions, long-term health conditions, physical disabilities and their families** through initiatives like

working with the local population to lower risk factors and improve detection, diagnosis, and early intervention of long-term conditions.

- **Improve our residents' mental health and outcomes for those with learning disabilities and autism** through ensuring there are clear pathways and timely access to psychological therapies; improving integrated pathways to access housing, education, employment for specific groups; and reducing suicide through a focus on system support of suicide prevention, for example.
- [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.
- The Three Rivers Local Strategic Partnership (LSP) are currently developing the Three Rivers Community Strategy 2023-2028. The strategy focuses on inclusivity, promoting healthy lifestyles, supporting residents to feel safe, responding to the climate emergency, and growing the local economy in a way that benefits local people. The delivery of the strategy will be influenced by four factors: (1) responsive, responsible and local leadership, (2) evidence led and co-designed with communities, (3) a trauma informed approach, and (4) partnership collaboration.

5.2 Long-term health conditions

5.2.1 [Strategies](#)

- 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 improvement 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.^{103,104} 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.

5.2.2 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 diabetes¹⁰⁵:
 - **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.¹⁰⁶ 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 (but not 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.¹⁰⁶

- 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.¹⁰⁷
- For more information at a national and local level, see the [Diabetes JSNA](#), [Diabetes Lite Bite](#), and [Overweight and Obesity JSNA](#).

5.3 Mental health

5.3.1 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 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](#).

5.3.2 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.

For more information at a national and local level, 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](#), the [Mental Health Demand on Local Services JSNA](#), and the [Mental Health resources for children aged 0-5 Lite Bite](#).

5.4 Healthy weight

5.4.1 Strategies

- 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.
- The [Three Rivers Sport and Physical Activity Strategy](#) aims to reduce health inequalities by increasing the levels of physical activity in the most inactive

communities in the council. Through the development of sports development initiatives, the council follows three strategic priorities to achieve this ambition:

1. **Active People “Encouraging residents in Three Rivers to be more active, more often”**: This priority aims to promote the benefits of sport and physical activity, to increase participation rates and to reduce inequalities by targeting under-represented groups such as women, girls, older adults and those with long-term health conditions. This priority also aims to promote active lifestyles by supporting national campaigns and local initiatives.
2. **Active Places “Providing spaces and facilities that encourage residents to be more active”**: This priority focuses on promoting the design, development and use of environments that make it easier for people to participate in sport and physical activity. Through encouraging residents to use the current green space, encouraging sustainable travel options and auditing indoor and outdoor facilities for local sporting; the district aims to target communities with greater inequalities.
3. **Active Together “Working in partnership with organisations to create an active Three Rivers population”**: This priority emphasises the district’s aim to work in partnership across sports clubs and public, private and voluntary organisations to increase engagement in physical activity. It also aims to work with its leisure provider to develop innovative ways to increase engagement amongst residents.

5.4.2 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.

For more information at a national and local level, see the [Overweight and Obesity JSNA](#).

- 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.¹⁰⁸
- 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.

5.5 Frailty and older people

5.5.1 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.

5.5.2 Interventions

- [A practical guide to healthy ageing](#) is a 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 to deliver services 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.¹⁰⁹

5.6 **Cancer**

5.6.1 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 the efforts to help diagnose cancer or a risk of cancer earlier to improve likelihood of successful treatment. There are three main cancer screening

programmes in England: cervical screening, breast screening and bowel screening.

- The [10-Year Cancer Plan](#) (2023-2032) is a new strategy that will be published 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 on the innovations and improvements that were done during the pandemic and aims to incorporate them moving forward. It also 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.

5.6.2 Interventions

- [Cancel Out Cancer](#) is an initiative in East and North Hertfordshire 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 organizations to change the diagnosis, treatment and care for cancer patients in their local area. In collaboration with primary care, they offer personalized care interventions to people with breast, colorectal, prostate cancer and other cancers using these four ambitions:
 - **Personalized 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.
- **Breast screening:** 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.¹¹⁰

- **Cervical cancer screening:** 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.¹¹¹
- For more information at a national and local level, 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 for individual health topics is available on the [JSNA website](#).
- Following the recent implementation of the Hertfordshire and West Essex Integrated Care system, previous strategies published by Clinical Commissioning Groups are now outdated. There are no updated local strategies for all of the health conditions covered in this needs assessment.
- Some indicators did not have district level data available for analysis. These included data on chronic pain (including fibromyalgia), severe mental illness and eating disorders.
- For some indicators, graphs showing local trends over time did not include the most recent data as this was calculated using different mid-year population estimates and was not directly comparable to previous years. However, the most recent available data was included in the text for all indicators.
- Some of the indicators were missing data for previous years as the data had not been aggregated to district level for these years.
- Indicators have not been analysed at smaller geographies within Three Rivers, such as at ward level or below.
- 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 IMD quintile for some of the indicators.
- 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.
- Estimations for the prevalence of mental health disorders that are based on the Adult Psychiatric Morbidity Survey (2014) are outdated and, therefore, may not be representative of the current prevalence.
- 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, 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 registering¹¹² 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, in 2020/21, there were changes in the Quality and Outcomes Framework, with GPs being paid regardless of activity recorded for indicators and there being less face to face visits, which may make data using QOF indicators inaccurate for that year.
- 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](#).
- The prevalence of obesity and overweight should be interpreted with caution for the following reasons:
 - Body Mass Index (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.^{113,114}
 - In some ethnicities, such as some Asian groups, there may be a higher risk of certain medical conditions at a lower BMI.^{113,115} 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 [Overweight and Obesity JSNA](#) for more information.

7.0 Recommendations

7.1 Long term health 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.

7.2 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.

7.3 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.

7.4 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 and older adults.
- Review what services and interventions are available across the system in relation to falls prevention among older adults in Three Rivers to identify current gaps in provision.
- Promote physical activity interventions such as weight-based movement, outdoor walking, and strength exercises as a preventative measure for frailty.

7.5 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.
- Map locations of cancer screening services in the local district and increase cancer screening coverage in areas with reduced access to screening services.

7.6 Other inequalities

- 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.
- Consider the changes to local population demographics identified through the Census 2021 over the last 10 years to assess the impact on service capacity and identify any gaps in local health provision.

Find out more

Population information

[Herts Insight website](#)

Strategies and Interventions

Overall strategies

[The NHS Long Term Plan](#)

[whole system approach to health and wellbeing](#)

[Addressing health across the life course](#)

[Marmot Review: Fair Society, Healthy Lives](#)

[Marmot Review 10 Years On.](#)

[Hertfordshire and West Essex Integrated Care Strategy](#)

[Hertfordshire's Public Health Strategy 2022-27](#)

Long term health conditions

['Health Matters – Preventing Cardiovascular Disease'](#)

[NHS Diabetes RightCare Pathway](#)

[NICE Guidelines for diabetes in pregnancy](#)

[Four Nation Strategy for Pain Management \(2022\)](#)

Mental Health

[The Cross-Government Suicide Prevention Workplan \(2019\)](#)

[Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives \(2021\)](#)

[Being mindful of mental health: the role of local government in mental health and wellbeing](#)

[Hertfordshire Suicide Prevention Strategy 2020-2025](#)

['Common mental health problems: identification and pathways to care',](#)

[A summary of evidence on public mental health interventions](#)

[National Suicide Prevention Strategy \(2012\)](#)

[No Health Without Mental Health \(2011\)](#)

Healthy weight

[Hertfordshire County Council Whole Systems Approach to Obesity](#)

[The best start for life: a vision for the 1,001 critical days](#)

[Three Rivers Sport and Physical Activity Strategy](#)

[NICE guidelines on preventing excess weight gain](#)

Frailty and older people

[The NHS frailty framework of core capabilities](#)

[The Hertfordshire Adult Care Services Fifteen Year Direction strategy](#)
[A practical guide to healthy ageing](#)
[The NHS practical guide to healthy caring](#)
[NICE guidelines on Dementia, disability and frailty in later life](#)

Cancer

[NHS Long Term Plan ambitions for cancer](#)
[Independent Cancer Taskforce](#)
[NHS cancer screening](#)
[10-Year Cancer Plan \(2023-2032\)](#)
[Cancel Out Cancer](#)
[Cancer Alliances](#)

Other relevant JSNA products

Long-term health conditions

[Diabetes JSNA](#)
[Diabetes Lite Bite](#)

Mental health

[Mental Health and Wellbeing in Adults JSNA](#)
[Mental Health and Wellbeing Perinatal JSNA](#)
[Mental Health and Wellbeing in Children and Young People JSNA](#)
[Mental Health Demand on Local Services JSNA](#)
[Mental Health resources for children aged 0-5 Lite Bite](#)
[Body Positivity JSNA Lite Bite](#)
[Cost of Living JSNA Lite Bite](#)

Healthy weight

[Physical Activity JSNA briefing.](#)
[Hertfordshire's Children and Young People Obesity Briefing](#)
[Overweight and Obesity JSNA](#)

Frailty and older people

[Ageing Well JSNA](#)

Cancer

[Cancer JSNA](#)

Appendix A: Information for Equality Impact Assessments



Three Rivers 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 50.⁸ Increasing age is associated with an increased prevalence of pre-diabetes and T2DM,^{20,21} whilst type T1DM typically peaks around puberty.²²
- Osteoarthritis typically develops in individuals in 45 years older and above, while rheumatoid arthritis often starts between the age of 30 and 50.⁴⁵
- 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.⁵⁰
- Findings from the 2021 Health Survey for England show that people aged 45-74 are at higher risk for overweight and obesity.⁷⁰ Eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder typically develop in people during their late teens and mid-twenties.^{78,79}
- A systematic review found that older age is significantly associated with frailty.⁸³
- 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.⁸⁹

Disability

- Findings from the 2021 Health Survey for England show that disabled people are at higher risk for overweight and obesity.⁷⁰

- 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%).⁹⁹
- People with learning disabilities have been identified as being at particular risk of poor mental health.⁶⁸

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.^{90,91}
- 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.^{75,76}
- Women during the perinatal period have been identified as being at particular risk of poor mental health.⁶⁹ 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.⁹ 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.¹¹⁶

- 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.²³
- 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.⁵⁰ 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.⁵⁴
- Findings from the 2021 Health Survey for England show that people from the Black ethnic group are at higher risk for overweight and obesity.⁷⁰
- 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).⁹²

Religion or belief

No specific issues were identified through this needs assessment

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.⁸ However, research suggest that women who have heart attacks receive poorer care than males during diagnosis, treatment and aftercare which may affect health outcomes.¹¹⁷
- Fibromyalgia mainly affects women (typically between 80-90% of cases are female), however men with fibromyalgia have been shown to have significantly more comorbidities.¹¹⁸ Osteoarthritis and rheumatoid arthritis are more common in females than males.⁴⁵
- Women are reported to have a higher rate of all types of common mental health disorders, although suicide is more common among men.^{54,55}
- Eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder are more prevalent among women than men.^{78,79}
- A systematic review found that found that the female gender is significantly associated with frailty.⁸³

- 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).⁸⁶

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.⁵⁷ 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.^{57–59}
 - LGBT people are less likely to attend for cancer screening, in part due to fear of discrimination by health care workers.⁹¹
-

Part B: Other Categories

Military personnel and armed forces veterans

- Veterans have been identified as being at particular risk of poor mental health.⁶⁶ In particular, military veterans are more likely to experience post-traumatic stress disorder (PTSD), anxiety, depression and alcohol problems than the general population.^{119,120}
-

Carers

- Carers have been identified as being at particular risk of poor mental health.⁶⁵ 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.¹²¹
-

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.⁶³
- Significant positive associations have been found between frailty and higher levels of depression among older people.⁸³
- See also [Disability](#).

Impact of COVID-19

- The COVID-19 pandemic had a large impact across multiple health conditions in the UK, including reduced access to healthcare services and varying trends for different conditions. For more information on the impact of the pandemic across the individual conditions explored in this JSNA, please refer to the corresponding JSNA documents for each topic which can be found on the [Hertfordshire JSNA website](#).

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.

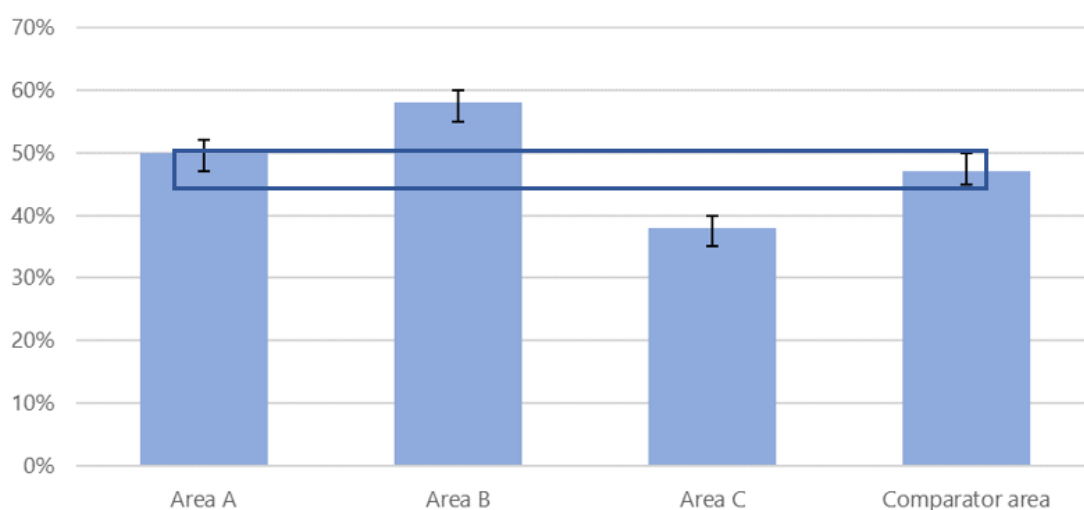
Confidence intervals: provide an easy way to look for statistically significant differences between two or more data points. There are two different methods that can be used, each with its own strengths and weaknesses.

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.*¹²²

Appendix C: Ward level health indicator maps

This appendix contains ward level maps of indicators covered within this JSNA where Three Rivers is either statistically worse or statistically similar to the national average during the most recent data period. This includes the following indicators:

- Emergency hospital admissions for stroke
- Emergency hospital admissions for hip fractures in adults aged 65+
- Incidence of breast cancer
- Incidence of prostate cancer

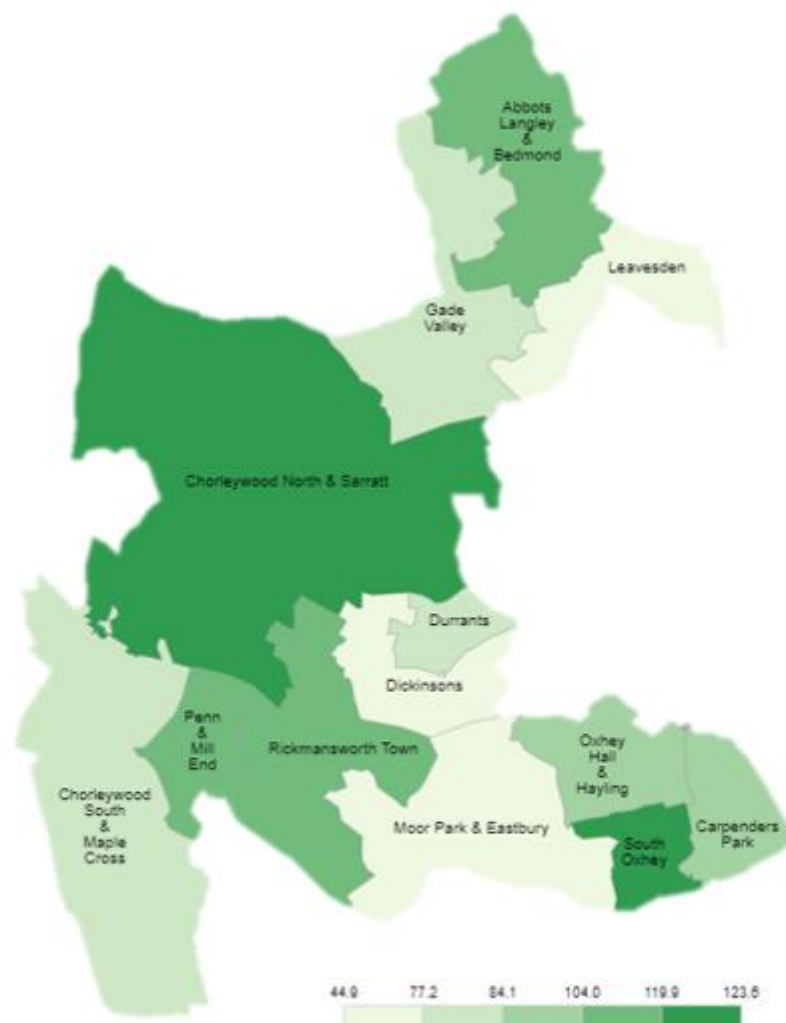
Emergency hospital admissions for stroke, 2015/16 to 2019/20



Source: Hospital Episode Statistics

JSNA@hertfordshire.gov.uk

Emergency hospital admissions for hip fractures in adults 65+, 2016/17 to 2020/21



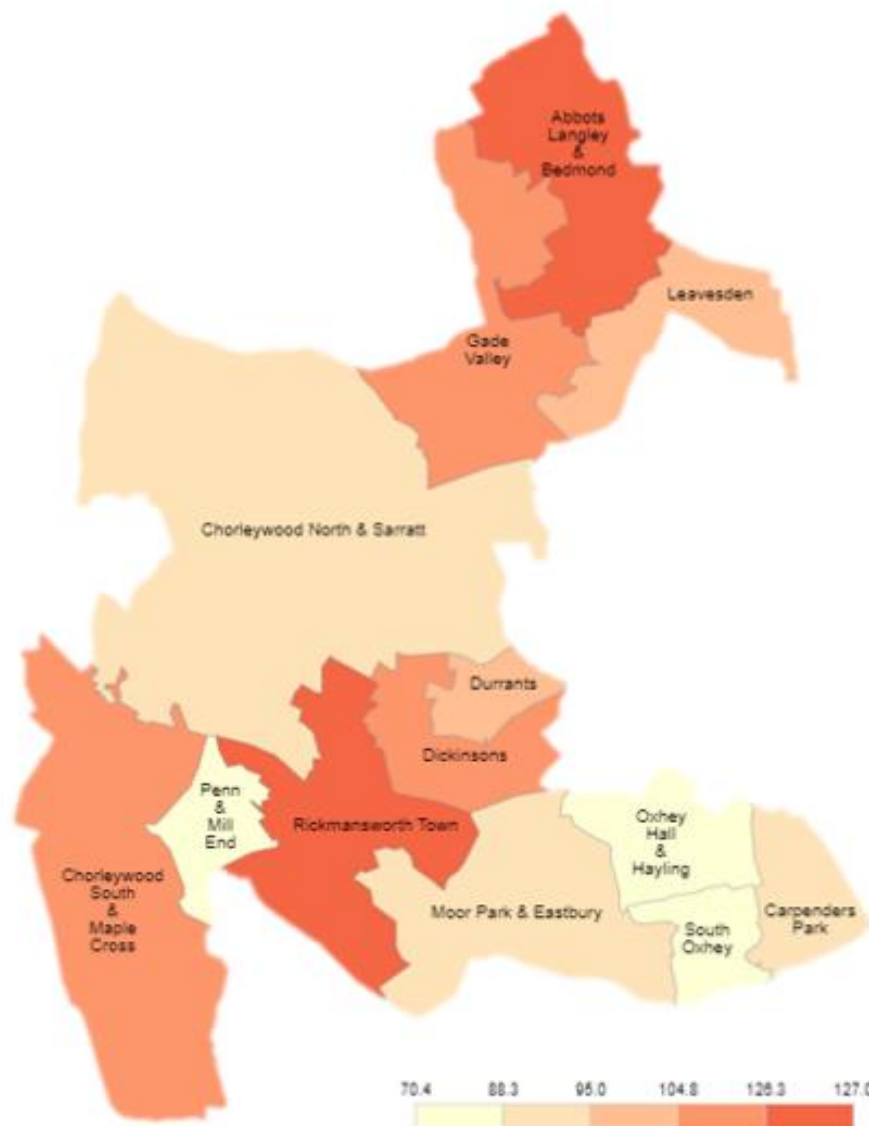
Source: Hospital Episode Statistics and ONS

JSNA@hertfordshire.gov.uk

Incidence of breast cancer, 2015 to 2019



Incidence of prostate cancer, 2015 to 2019



Source: NHS Digital Cancer Analysis System

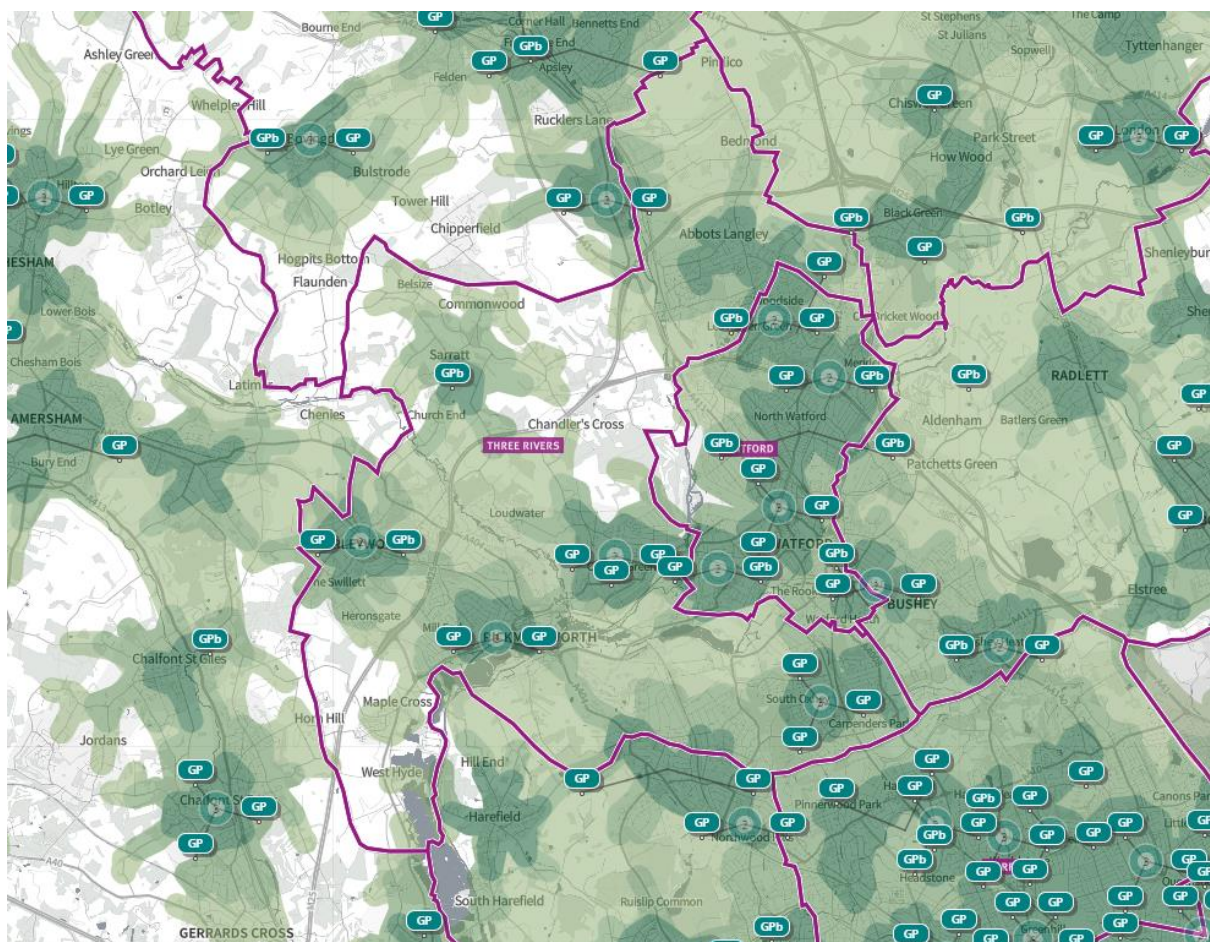
JSNA@hertfordshire.gov.uk

Appendix D: Transport access to GP surgeries

The map below shows the locations of all registered GP surgeries, both in and around Three Rivers, highlighting areas with reduced access to GP surgeries.

As can be seen in the map, there are several pockets within Three Rivers which are not within a 3km drive of a GP surgery, particularly in more rural areas around Chandler's Cross, Sarratt, Maple Cross and West Hyde. This suggests that there may be reduced access to primary care services within these areas.

Areas in Three Rivers district within a 3km driving distance to a GP surgery



Source: SHAPE Place Atlas.

Key

Dark green = Up to 1km drive

Mid-green = Up to 2km drive

Light green = Up to 3km drive

No shading = More than 3km drive

References

1. Office for National Statistics. Subnational population projections for England: 2018-based . GOV UK. Published March 24, 2020. Accessed March 3, 2023. <https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>
2. Office for National Statistics. Health state life expectancies, UK . GOV UK. Published March 4, 2022. Accessed March 3, 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2018to2020>
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. NOMIS. Annual population survey. Published September 2022. Accessed March 2, 2023. <https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=17>
5. NHS. Cardiovascular disease . Published April 2022. Accessed April 5, 2023. <https://www.nhs.uk/conditions/cardiovascular-disease/>
6. NICE. Risk factors for CVD . Published 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. Published 2019. Accessed April 5, 2023. <https://www.bhf.org.uk/-/media/files/heart-matters/bias-and-biology-briefing.pdf?rev=cd26147a45f9444098aa2949551f3803&hash=7C4225981A8554B921502F609C42C7F9>
8. NICE. Risk factors for CVD .
9. NHS. Cardiovascular disease .
10. The King's Fund. The health of people from ethnic minority groups in England. Published September 17, 2021. Accessed April 5, 2023. <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#CVD>
11. British Heart Foundation. CVD Factsheet. Published online February 2023. Accessed April 6, 2023. <https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf?rev=b88610e2495b4564821ab365bd8e1b2e&hash=294E7519486335830B73739235600CE7>
12. 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
13. Dobrosielski DA. How can exercise reduce cardiovascular disease risk? A primer for the clinician. *Polish Arch Intern Med*. 2021;131(10). doi:10.20452/PAMW.16122
14. 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>
15. 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/>
16. 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>
17. 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
18. Gestational diabetes | Causes and symptoms | Diabetes UK. Accessed March 6, 2023. <https://www.diabetes.org.uk/diabetes-the-basics/gestational-diabetes>
19. 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>
20. 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
21. 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
22. Frommer L, Kahaly GJ. Type 1 Diabetes and Autoimmune Thyroid Disease—The Genetic Link. *Front Endocrinol (Lausanne)*. 2021;12. doi:10.3389/FENDO.2021.618213
23. 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
24. Khaodhiar 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
25. 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
 26. 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
 27. 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
 28. 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
 29. 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. Accessed April 6, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK567998/>
 30. 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
 31. 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
 32. 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
 33. 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.* 2016;31(11):2619-2631. doi:10.1093/HUMREP/DEW243
 34. 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
 35. 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
 36. 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
 37. 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>
 38. NICE. Chronic pain | Health topics A to Z | CKS . Published April 2021. Accessed April 6, 2023. <https://cks.nice.org.uk/topics/chronic-pain/>
 39. Hertfordshire County Council. JSNA Briefing: Hertfordshire's Health & Wellbeing Priorities. Published April 2022. Accessed April 6, 2023. <https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/health-wellbeing-supplement-jsna-briefing-2022.pdf>
 40. NICE. Chronic pain | Health topics A to Z | CKS .
 41. Fibromyalgia - NHS. Accessed September 12, 2022. <https://www.nhs.uk/conditions/fibromyalgia/>
 42. Fibromyalgia | Arthritis | CDC. Accessed March 15, 2023. <https://www.cdc.gov/arthritis/basics/fibromyalgia.htm>
 43. Cooksey R, Choy E. Exploring gender differences, medical history, and treatments used in patients with fibromyalgia in the UK using primary-care data: a retrospective, population-based, cohort study. *Lancet Rheumatol.* 2022;4:S20. doi:10.1016/s2665-9913(22)00296-x
 44. D'Agnelli S, Arendt-Nielsen L, Gerra MC, et al. Fibromyalgia: Genetics and epigenetics insights may provide the basis for the development of diagnostic biomarkers. *Mol Pain.* 2019;15. doi:10.1177/1744806918819944
 45. Arthritis - NHS. Accessed March 15, 2023. <https://www.nhs.uk/conditions/arthritis/>
 46. King LK, March L, Anandacoomarasamy A. Obesity & osteoarthritis. *Indian J Med Res.* 2013;138(2):185. Accessed April 6, 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3788203/>
 47. 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/chol9780521332866.074
 48. Institute for Health Metrics and Evaluation. GBD Compare | IHME Viz Hub. Global Burden of Disease. Published 2015. <http://vizhub.healthdata.org/gbd-compare/>
 49. 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
 50. Newlove-Delgado T, Williams T, Robertson K, et al. *Mental Health of Children and Young People in England, 2021.*; 2021. Accessed March 7, 2023. https://files.digital.nhs.uk/97/B09EF8/mhccyp_2021_rep.pdf
 51. Public Health England. Mental health and wellbeing: JSNA toolkit. Children and young people.
 52. 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
53. Grimm F, Alcock B, Butler J, et al. *Improving Children and Young People's Mental Health Services.*; 2022. doi:10.37829/HF-2022-NDL1)
 54. Appleby L, Asherson P, Ashtarikiani A, et al. *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey* .; 2014. Accessed May 5, 2021. https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf
 55. 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.
 56. Bignall T, Jeraj S, Helsby E, Butt J. *Racial Disparities in Mental Health: Literature and Evidence Review.*; 2019. Accessed April 21, 2023. <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/mental-health-report-v5-2.pdf>
 57. Mind. About LGBTIQ+ mental health | Mind, the mental health charity - help for mental health problems.
 58. Hudson-Sharp N, Metcalf H. *Inequality among LGB&T Groups in the UK: A Review of Evidence.*; 2016.
 59. 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
 60. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review 10 Years On.*; 2020.
 61. 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*. 2014;348. doi:10.1136/bmj.g1151
 62. 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
 63. Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. *Long-Term Conditions and Mental Health.*; 2012.
 64. 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 (Bangkok)*. 2014;36(1):81-91. doi:10.1093/pubmed/fdt038
 65. Carers UK. *State of Caring 2022 | A Snapshot of Unpaid Care in the UK* .; 2022. Accessed March 7, 2023. https://www.carersuk.org/media/vgrrlxkcs/soc22_final_web.pdf
 66. 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. Accessed March 2, 2022. <https://www.fim-trust.org/wp-content/uploads/jhna-england-call-to-mind.pdf>
 67. Royal College of Psychiatrists. *Mental Health of Asylum Seekers and Refugees.*; 2022. Accessed March 7, 2023. https://www.rcpsych.ac.uk/docs/default-source/international-docs/humanitarian-resources/mental-health-of-asylum-seekers-and-refugees-for-health-and-social-care-professionals-april-2022.pdf?sfvrsn=4d2adc3b_4
 68. Royal College of Nursing. *Mental Health Nursing of Adults with Learning Disabilities.*; 2010. Accessed March 7, 2023. https://web.archive.org/web/20151125121007/http://www.rcn.org.uk/__data/assets/pdf_file/0006/78765/003184.pdf
 69. Public Health England. *Mental Health and Wellbeing: JSNA Toolkit. Perinatal Mental Health.*; 2019.
 70. NHS Digital. Health Survey for England, 2021: Data tables. Published 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>
 71. NHS Digital. National Child Measurement Programme, England, 2021/22 school year . Published November 3, 2022. Accessed March 23, 2023. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2021-22-school-year>
 72. NHS. Obesity . Published February 15, 2023. Accessed March 16, 2023. <https://www.nhs.uk/conditions/obesity/>
 73. Jones A, Bentham G, Hillsdon M, Panter J. *Tackling Obesities: Future Choices - Obesogenic Environments. Evidence Review.*; 2007. Accessed March 1, 2023. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295681/07-735-obesogenic-environments-review.pdf
 74. NICE. Causes and risk factors | Background information | Obesity . Published September 2022. Accessed March 1, 2023. <https://cks.nice.org.uk/topics/obesity/background-information/causes-risk-factors/>
 75. 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
 76. 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
 77. NHS Digital. Health Survey for England 2019 Adults' health. Published December 15, 2020. Accessed August 9, 2022. <https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf>
 78. 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
 79. 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
 80. Solmi M, Radua J, Stubbs B, et al. Risk factors for eating disorders: an umbrella review of published meta-analyses. *Brazilian J Psychiatry*. 2021;43(3):323. doi:10.1590/1516-4446-2020-1099

81. 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
82. Hoogendijk EO, Afilalo J, Ensrud KE, Kowal P, Onder G, Fried LP. Frailty: implications for clinical practice and public health. *Lancet*. 2019;394(10206):1365-1375. doi:10.1016/S0140-6736(19)31786-6
83. 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
84. 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
85. NHS. Cancer . Published October 13, 2022. Accessed March 2, 2023. <https://www.nhs.uk/conditions/cancer/>
86. Baker C, Mansfield Z. *Cancer Statistics for England* .; 2023. Accessed March 2, 2023. <https://researchbriefings.files.parliament.uk/documents/SN06887/SN06887.pdf>
87. Nomis. Mortality statistics - underlying cause, sex and age. ONS. Published 2022. Accessed March 16, 2023. <https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=161>
88. WHO. *IARC Launches the World Code Against Cancer Framework*.; 2022. Accessed March 2, 2023. https://www.iarc.who.int/wp-content/uploads/2022/02/pr307_E.pdf
89. Cancer Research UK. Cancer incidence by age . Accessed March 2, 2023. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-One>
90. The Lancet Oncology. Cancer risk in the transgender community. *Lancet Oncol*. 2015;16(9):999. doi:10.1016/S1470-2045(15)00249-1
91. Public Health England. Addressing inequalities in LGBT cancer screening coverage. Published 2019. Accessed April 12, 2023. <https://phescreening.blog.gov.uk/2019/03/15/addressing-inequalities-in-lgbt-cancer-screening-coverage/>
92. 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
93. 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
94. C T, Hodgson S. Genetic predisposition to cancer. *Clin Med*. 2005;5:491-498.
95. Cancer Research UK. Inherited genes and cancer types . Published 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>
96. 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
97. Cancer Research UK. Statistics on preventable cancers . Published March 23, 2018. Accessed March 2, 2023. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One>
98. NHS Digital. Fibromyalgia admissions, by clinical commissioning group, 2014-15 to 2019-20.
99. Public Health England. *Chronic Pain in Adults 2017: Health Survey for England*.; 2020. <https://www.gov.uk/government/publications/chronic-pain-in-adults-2017>
100. Appleby L, Asherson P, Ashtarikiani A, et al. *Mental Health and Wellbeing in England. Adult Psychiatric Morbidity Survey 2014*.; 2016. Accessed March 22, 2023. https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf
101. NHS England. Children and Young People with an Eating Disorder Waiting Times. Published 2023. Accessed March 3, 2023. <https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/>
102. UK Parliament. Government Action on Major Conditions and Diseases . Published January 24, 2023. Accessed March 31, 2023. <https://questions-statements.parliament.uk/written-statements/detail/2023-01-24/hcws514>
103. NICE. Quality statement 6: 9 key care processes | Type 2 diabetes in adults | Quality standards. Published March 2, 2023. Accessed March 29, 2023. <https://www.nice.org.uk/guidance/QS209/chapter/quality-statement-6-9-key-care-processes>
104. NICE. Quality statement 4: 9 key care processes | Type 1 diabetes in adults | Quality standards. Published March 2, 2023. Accessed March 29, 2023. <https://www.nice.org.uk/guidance/qs208/chapter/Quality-statement-4-9-key-care-processes>
105. NHS England. Secondary prevention: reducing disparities and improving life expectancy. Accessed March 29, 2023. <https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/>
106. NICE. Recommendations | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE. Published April 2021. Accessed March 24, 2023. <https://www.nice.org.uk/guidance/ng193/chapter/Recommendations#managing-chronic-primary-pain>
107. 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.
108. 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
109. 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 Heal.* 2020;17(12):1247-1258. doi:10.1123/JPAH.2020-0323
 110. 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
 111. 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
 112. Doctors of the World. *Registration Refused: A Study on Access to GP Registration in England, 2016.*; 2016. Accessed April 12, 2023. <https://www.doctorsoftheworld.org.uk/Handlers/Download.ashx?IDMF=5c6ddf49-3da5-40cd-9819-f8c1f118ae17>
 113. Overview | Obesity: identification, assessment and management | Guidance | NICE. Accessed July 4, 2022. <https://www.nice.org.uk/guidance/cg189>
 114. 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. <https://pubmed.ncbi.nlm.nih.gov/15615272/>
 115. Nishida C, Barba C, Cavalli-Sforza T, et al. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet.* 2004;363(9403):157-163. doi:10.1016/S0140-6736(03)15268-3
 116. The King's Fund. The health of people from ethnic minority groups in England.
 117. British Heart Foundation. Bias and Biology. How the gender gap in heart disease is costing women's lives.
 118. Cooksey R, Choy E. Exploring gender differences, medical history, and treatments used in patients with fibromyalgia in the UK using primary-care data: a retrospective, population-based, cohort study. *Lancet Rheumatol.* 2022;4:S20. doi:10.1016/s2665-9913(22)00296-x
 119. 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
 120. 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.
 121. MIND. Supporting yourself while caring for someone.
 122. Altman D, Machin D, Bryant T, Gardener M. *Statistics with Confidence.* British Medical Journal; 2000. https://tbrieder.org/epidata/course_reading/b_altman.pdf

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COMMITTEE REPORT

14 October 2025

Beryl Bikes Update and Expansion Proposals -
General Public Services & Community
Engagement Committee

**GENERAL PUBLIC SERVICES AND COMMUNITY ENGAGEMENT
COMMITTEE**

14 OCTOBER 2025

PART I

BERYL BIKE SHARE SCHEME UPDATE AND SCHEME EXPANSION PROPOSALS
(DoF)

1 Summary

- 1.1** This report provides members with an update on the Beryl Bike Share pilot operating in Croxley Green since October 2024 delivered in partnership with Watford Borough Council and Smidsy Ltd (trading as Beryl). The report notes encouraging usage figures from the Croxley extension. The report further details a proposed expansion to the bike hire scheme and advises that a further Community Infrastructure Levy (CIL) bid has been submitted for expansion into other parts of the district.
- 1.2** The CIL funding request is being considered through the Council's established CIL Spending Programme process and will be brought forward separately for determination.

2 Recommendation

- 2.1** That the committee:
- i) notes the update on the Croxley Green Beryl Bike Share pilot;
 - ii) approves the proposals for expansion of the bike hire scheme and delegates authority to agree final sites within the areas outlined in the report to the Head of Regulatory Services in consultation with the Lead Member for General Public Services and Ward Councillors;
 - iii) notes that a CIL bid for this further expansion of the scheme into Rickmansworth, South Oxhey and Leavesden has been submitted and will be considered separately under the CIL governance process; and
 - iv) agrees to delegate authority for approving and entering all required contractual arrangements to implement the pilot scheme to the Director of Finance in consultation with the Lead Member for General Public Services.

3 Background

- 3.1** The Beryl Bike Share scheme launched in Watford in 2020 and has since expanded into areas of Bushey and Croxley Green. Stevenage Borough Council separately instigated a Beryl Bike Share scheme which launched in 2024.

3.2 Croxley Green Scheme

In Three Rivers, 15 e-bikes and associated bays were introduced in Croxley Green during October 2024.

- 3.3 Usage levels in Croxley Green have been encouraging, with an average 1.2 rides per bike per day recorded since launch, compared to 1.9 in the main Watford area. For a smaller-scale extension area, this represents strong performance.
- 3.4 In the first 6 months of the scheme the average journey distance was 1.89 miles and the majority of journeys were travelling between the Croxley Green scheme and the main Watford scheme.
- 3.5 The scheme has seen minimal vandalism, maintenance or other issues since the launch with zero complaints recorded.
- 3.6 Officers have suggested reviewing the bay locations in Croxley Green to ensure they all have sufficient space with the required infrastructure in place. A larger location for the bay closest to Croxley train station has initially been discussed.

4 Proposals for Scheme Expansion – Next Phase

- 4.1 Following the success of the Croxley pilot, Officers have discussed with Beryl potential expansion of the bike share scheme into other areas in Three Rivers DC to encourage and facilitate further active travel journeys in, out and around the District. This would be a further expansion of the Watford BC scheme. Beryl have submitted a further CIL funding request to support this expansion into three new areas of Three Rivers district which boarder the existing scheme.
- 4.2 Rickmansworth has been put forward in the proposed expansion. Rickmansworth is the main market town which connects closely with the existing expansion in Croxley Green. Connecting Watford with Rickmansworth enables multi-modal journeys between train lines as well as trips to local businesses and amenities. Rickmansworth is also popular as a leisure cycling location being served by Rickmansworth Aquadrome and the Ebury Way which both form part of National Cycle Network 6. The Ebury Way provides an alternative connective route between Croxley Green and Rickmansworth.
- 4.3 Proposed locations for the bike bays in Rickmansworth include Rickmansworth Station, Watersmeet Theatre, Aquadrome Café, Aquadrome Bridge and the area of Harefield Road. These are subject to further consultation and assessment.
- 4.4 South Oxhey has been put forward in the proposed expansion. South Oxhey and Oxhey Hall sits adjacent to the boundary of the Watford Beryl scheme with a segregated cycle path feeding down to Carpenders Park station. This is an area of high housing density and lower car ownership which suits a Beryl Bikes scheme by enabling journeys to be taken by e-bike or pedal bikes.
- 4.5 Proposed locations for the bike bays in South Oxhey include Carpenders Park Station, near Gosforth Lane/ Hayling Road junction, near Green Lane/ Prestwick Road junction, near the Prestwick Road parade opposite Greenfields School and near the parade on Little Oxhey Lane. These are subject to further consultation and assessment.
- 4.6 Sites have been explored to connect key destinations just bordering the existing Watford scheme in Leavesden. Leavesden is currently well fed with cycle connections by Beryl and these would provide the last connecting part to journeys.
- 4.7 Proposed locations for the bike bays in Leavesden include near Warner Brother Studios, near Leavesden Country Park and Near Evergreen Park on South Way. These are subject to further consultation and assessment.

- 4.8 The expansion proposals are consistent with the Council's adopted policies to encourage sustainable and active modes of travel. They support delivery of the District's Climate Emergency and Air Quality commitments by reducing reliance on car journeys for shorter trips. They also contribute towards the objectives of the Hertfordshire Local Transport Plan by widening access to active travel opportunities and supporting healthy, safe and inclusive communities. Officers consider that an expanded scheme would help build on the positive usage already demonstrated in Croxley Green and extend the benefits of active travel across more parts of the District.
- 4.9 Active travel offers benefits for individual health, such as improved physical and mental well-being, and for the environment, including cleaner air, reduced congestion and lower carbon emissions.
- 4.10 The proposals would cost £138,000 to implement. The indicative project costs cover the purchase and supply of 36 new e-bikes, the installation of the 13 physical bays at the identified sites including line markings, and integration with the existing scheme operating in Watford and Croxley Green. The package also includes ongoing operational management by Beryl, who are responsible for fleet redistribution, charging, maintenance and repairs of the bikes, as well as customer support through their app. This approach ensures that the scheme is run on a consistent basis across all participating areas and that users have a reliable and safe service.
- 4.11 If approved, the expansion would integrate with existing provision in Watford, Bushey and Croxley Green, creating a joined-up network across district boundaries.
- 4.12 The Croxley bike share scheme expansion is operated by Beryl under an agreement with Three Rivers District Council. Watford Borough Council provide contract monitoring services for the Three Rivers District Council contract inline with the wider Watford bike share scheme. Any further expansion into Three Rivers would form part of this existing partnership arrangement. The indicative contribution to Watford Borough Council for officer time to manage the contract is £3780.00 per year.
- 4.13 A CIL bid seeking £138,000 of Strategic CIL funding to provide 36 additional e-bikes and 13 new bays across these three areas has been submitted and is currently being assessed by Officers. If this bid is not successful existing Council budgets would need to be used.

5 Options and Reasons for Recommendations

- 5.1 That the committee:
- 5.2 Notes the update on the Croxley Green Beryl Bike Share pilot.
- 5.2.1 Approves the proposals for expansion of the bike hire scheme and delegates authority to agree final sites within the areas outlined in the report to the Head of Regulatory Services in consultation with the Lead Member for General Public Services and Ward Councillors.
- 5.2.2 Notes that a CIL bid for this further expansion of the scheme into Rickmansworth, South Oxhey and Leavesden has been submitted and will be considered separately under the CIL governance process.

- 5.2.3 Delegates authority for approving and entering all required contractual arrangements to implement the pilot e-bike scheme to the Director of Finance in consultation with the Lead Member for General Public Services.

6 Policy/Budget Reference and Implications

- 6.1 The expanded scheme will require an initial capital of investment of £138,000 from a Community Infrastructure Levy funding application. It is intended to make a CIL application to the Council for this amount as part of the current CIL round. If this bid is not successful existing Council budgets would need to be used.
- 6.2 There may be nominal costs associated with the securing of the correct licences to enable the work take place which will be covered by existing Council sustainable transport budgets.

7 Financial Implications

- 7.1 The expanded scheme will require an initial capital of investment of £138,000 from a Community Infrastructure Levy funding application. It is intended to make a CIL application to the Council for this amount as part of the current CIL round. If this bid is not successful existing Council budgets would need to be used.
- 7.2 There may be nominal costs associated with the securing of the correct licences to enable the work take place which will be covered by existing Council sustainable transport budgets.
- 7.3 The ongoing revenue costs associated with the expanded scheme are expected to be limited to the cost for managing the contract with Beryl Bikes. The indicative contribution to Watford Borough Council for officer time to manage the contract is £3780.00 per year.

8 Legal Implications

- 8.1 Updated contracts between Three Rivers District Council and Beryl Bikes and Watford Borough Council will be required to be completed.
- 8.2 Additionally, TRDC will require management of the scheme by WBC and will enter into an agreement with WBC for the management of the scheme.
- 8.3 Any new contract (or contract extension) would need to ensure compliance with TRDCs Contracts Procedure Rules.
- 8.4 Final site locations will require the relevant permissions which will be sought with appropriate parties.

9 Community Safety

- 9.1 The location of the 'parking/bay' sites' will be designed to take account of safety implications.

10 Public Health

- 10.1 Cycling as a form of active travel and recreational exercise contributes towards general public health and is enabled and encouraged by these recommendations.

11 Staffing Implications

- 11.1 Existing Officer resource to be utilised to deliver the project with the support of WBC and Beryl bike staff, although it is noted there would be responsibility for an additional service/contract.

12 Equal Opportunities Implications

- 12.1 A Short Equalities Impact Assessment has been completed. Please see attached at Appendix A for more information on the implications.

13 Climate Change and Sustainability Implications

- 13.1 A sustainability impact assessment has been undertaken resulting in a score of:

Climate and Sustainability Impact Assessment Summary	
Homes, buildings, infrastructure, equipment and energy	3.00
Travel	3.80
Goods and Consumption	3.20
Ecology	3.20
Adaptation	
Engagement and Influence	4
Total Overall Average Score	3.5

- 13.2 Beryl is a B Corp listed company, and thus part of a global community of businesses that meet high standards of social and environmental impact. B Corp organisations are scored every three years. Beryl gained B Corp status in 2018 and in June 2022 they increased their score from 83 to 89. The strong impact assessment of 3.5 reflects their approach to the circularity of the raw materials used in manufacture, the approach to extending the working life of the bikes as well as the carbon avoidance by encouraging active travel.

14 Communications and Website Implications

- 14.1 As the project evolves updates will be provided for the website and in future press releases. Officers will work with WBC Communications team for scheme launch.


15 Risk and Health & Safety Implications

- 15.1 The Council has agreed its risk management strategy which can be found on the website at <http://www.threerivers.gov.uk>. In addition, the risks of the proposals in the report have also been assessed against the Council's duties under Health and Safety legislation relating to employees, visitors and persons affected by our operations. The risk management implications of this report are detailed below.
- 15.2 The subject of this report is covered by the Regulatory Services Service Plan. Any risks resulting from this report will be included in the risk register and, if necessary, managed within this/these plan(s).

Nature of Risk	Consequence	Suggested Control Measures	Response (tolerate, treat, terminate, transfer)	Risk Rating (combination of likelihood and impact)
There will be minimal take up of the scheme	Bikes remain unused	The pilot project has	Tolerate	4

and the bikes will not be used	No cost implications for TRDC	seen good usage and the new areas have been considered for their viability.		
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- 15.3 The above risks are scored using the matrix below. The Council has determined its aversion to risk and is prepared to tolerate risks where the combination of impact and likelihood scores 6 or less.

Very Likely  Likelihood Remote	Low 4	High 8	Very High 12	Very High 16
	Low 3	Medium 6	High 9	Very High 12
	Low 2	Low 4	Medium 6	High 8
	Low 1	Low 2	Low 3	Low 4
	Impact Low -----> Unacceptable			

Impact Score

4 (Catastrophic)
3 (Critical)
2 (Significant)
1 (Marginal)

Likelihood Score

4 (Very Likely (≥80%))
3 (Likely (21-79%))
2 (Unlikely (6-20%))
1 (Remote (≤5%))

- 15.4 In the officers' opinion none of the new risks above, were they to come about, would seriously prejudice the achievement of the Strategic Plan and are therefore operational risks. The effectiveness of the management of operational risks is reviewed by the Audit Committee annually.
- 15.5 The remainder are therefore operational risks. Progress against the treatment plans for strategic risks is reported to the Policy and Resources Committee quarterly. The effectiveness of all treatment plans are reviewed by the Audit Committee annually.

Report prepared by: Tom Rankin, Sustainable Transport Officer

Data Quality

Data checked by: Tom Rankin, Sustainable Transport Officer

Data rating:

1	Poor	
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2	Sufficient	X
3	High	

Background Papers

Appendices

Appendix 1 – Equality Impact Assessment

Appendix 2 – Watford Borough Council's KPIs with Beryl Bikes

EQUALITY IMPACT ASSESSMENT (EIA)

Project Information	
Project Name <i>This should clearly explain what service / policy / strategy / change you are assessing</i>	Beryl Bikes Expansion
Service Area <i>Main team responsible for the policy, practice, service or function being assessed</i>	Transport and Parking Projects, Regulatory Services
EIA Author <i>Name and Job Title</i>	Tom Rankin, Sustainable Transport Officer
Date EIA drafted	25/09/2025
ID number <i>This will be added by the Strategy and Partnerships Team</i>	

Executive summary	
Focus of EIA <i>A member of the public should have a good understanding of the policy or service and any proposals after reading this section.</i> <i>Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'</i> <i>This section should explain what you are assessing:</i> <ul style="list-style-type: none"> <i>If the EIA is attached to a report, summarise the report.</i> <i>Provide information on whether any of the following communities could be affected by the policy, practice, service or function, or by how it is delivered?</i> <i>(age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership) in addition, TRDC recognises other communities may be vulnerable to disadvantage, this includes carers, people experiencing domestic abuse, substance misusers, homeless people, looked after children, (ex) armed forces personnel.</i> 	<p>This Equality Impact Assessment relates to a report recommending how the council expands the Beryl Bike shared bike scheme to new areas of the district.</p> <p>This EIA is assessing the potential impact of implementing the expansion and associated works on different communities.</p> <p>It is believed that the biggest impact will be on those who are disabled, not English-speakers or those who, for any reason, are not digitally enabled.</p>

Mitigations		
Protected Characteristic	Potential Issue <i>Against each protected characteristics, make a frank and realistic assessment of what issues may or do occur</i>	Mitigating Actions <i>How can the negative impacts be reduced or avoided by the mitigating measures? Is further engagement with specific communities needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?</i>
Age	Beryl stipulates a minimum age of 16 to use the bikes which will limit use for those under 16.	
Disability	Beryl Bikes which are not docked correctly may cause an obstruction to the footpath which may block those with wheelchairs, mobility issues or sight impairments.	Bays will be designed to accommodate the expected number of bikes parked and set back from the path. Obstructions will be reviewed and bay locations reconsidered if required.
Gender reassignment (or affirmation)	NONE	
Pregnancy or maternity	NONE	
Race	NONE	
Religion or belief	NONE	
Sex	NONE	
Sexual Orientation	NONE	
Marriage and Civil Partnership	NONE	
The council recognises other communities may be vulnerable to disadvantage, this includes carers, people experiencing domestic abuse, substance misusers, homeless people, looked after children and care leavers, (ex) armed forces personnel.	Visitors who are not digital enabled may find it difficult to use the Beryl app to unlock and use a bike.	

Actions Planned
<p><i>In this section you can add information on additional or proactive steps you are taking that enhance equity, engagement or equality of access to services, as well as those mitigating actions identified in the section above that will be undertaken.</i></p> <p><i>The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.</i></p>

Additional Information
Space to provide any additional information in relation to protected characteristics or equity, diversity, equality and inclusion.

Sign off:

Equalities Lead Officer	Date

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Beryl Bikes KPIs SUMMARY – WBC – at SEPTEMBER 2024

Key Performance Indicator	Standards to be met by operator	Additional Management Information
-Customer rating & complaint handling -Bike Availability – bikes unavailable due to maintenance, stations without a bike available -Service availability – App/online availability -Provision of KPI and MI data	<p>KPI 1 – 75% of standard bikes to be available on any given day (113/150 bikes). Standard bike numbers to be lowered from 200 to 150.</p> <p>KPI 1.2 – 80% of ebikes to be available on any given day (80/100). [Monitoring currently based on 100 ebikes, if increased through expansion to Bushey and Croxley Green, new total would be 130 ebikes, creating a new threshold of 104 ebikes].</p> <p>KP2 Rebalancing of bikes at key hub locations within 1 hour - amended to a maximum overflow of bike numbers at key hubs, starting at 50% and assessing thereafter; initially targeting Aldenham Road, Watford Junction, Cassio Common, Whippendell Road & Station Approach</p> <ul style="list-style-type: none"> • Average customer rating of service – 4 out of 5 • Customer complaints handled within 72 hours • Bike maintenance – bikes back on streets and available to hire within average 36 hours 	<ul style="list-style-type: none"> • Vol of app downloads/accounts created • Vol of registered users • Total memberships • Vol of casual users • Average daily/monthly hires • Annual hires • Trips per bike per day • Members per bike • Average journey duration • Average journey price • Peak periods of demand • No. of rider/staff injuries/accidents • Origin/destination heatmap • Vol of contacts with support function • Level of vandalism

	<ul style="list-style-type: none">• App & online availability/functionality – max 0.5% downtime• Call centre support availability – 99% between 8am – 6pm weekdays and 10am-4pm weekends• 100% online support available 24/7, 365 days• Provision of KPI and MI data to council – monthly and on time – 100%	

COMMITTEE REPORT

14 October 2025

Budget Monitoring Report Period 3 –
General Public Services &
Community Engagement Committee

GENERAL PUBLIC SERVICES AND COMMUNITY ENGAGEMENT COMMITTEE

14 OCTOBER 2025

PART I - NOT DELEGATED

BUDGET MONITORING – Period 3 (DoF)

1. Summary

1.1 This report covers this Committee's financial position over the medium term (2025 – 2028) as at Period 3 (end of June 2025).

1.2 The Period 3 comprehensive Budget Management report has already been presented to the Policy & Resources Committee at its meeting on 8 September 2025 which sought approval to a change in the Council's 2025 - 2028 medium-term financial plan.

2. Details

2.1 This Committee's details can be found in Appendix 1 of the full Budget Management Report, a copy of which is attached.

3. Options/Reasons for Recommendation

3.1 The Committee is to note the changes concerning their budget.

4. Policy / Budget Reference and Implications

4.1 In accordance with the Council's financial procedure rules, the revenue and capital budgets will be updated accordingly, if the recommendation from the Policy & Resources Committee is agreed by Council.

4.2 There are no substantial changes to Council policy resulting from this report.

5. Legal, Equal Opportunities, Staffing, Environmental, Community Safety, Public Health, Customer Services Centre, Communications & Website, and Health & Safety Implications

5.1 None specific.

6. Financial Implications

6.1 As contained in the report

7. Risk Management and Health and Safety Implications

7.1 None specific.

8. Recommendation

8.1 That Members note & comment on the contents of the report.

Report prepared by: Sally Riley (Finance Business Partner)
Checked by: Michelle Howell (Interim Head of Finance)

APPENDICES

General Public Services and Community Engagement Detailed Monitoring

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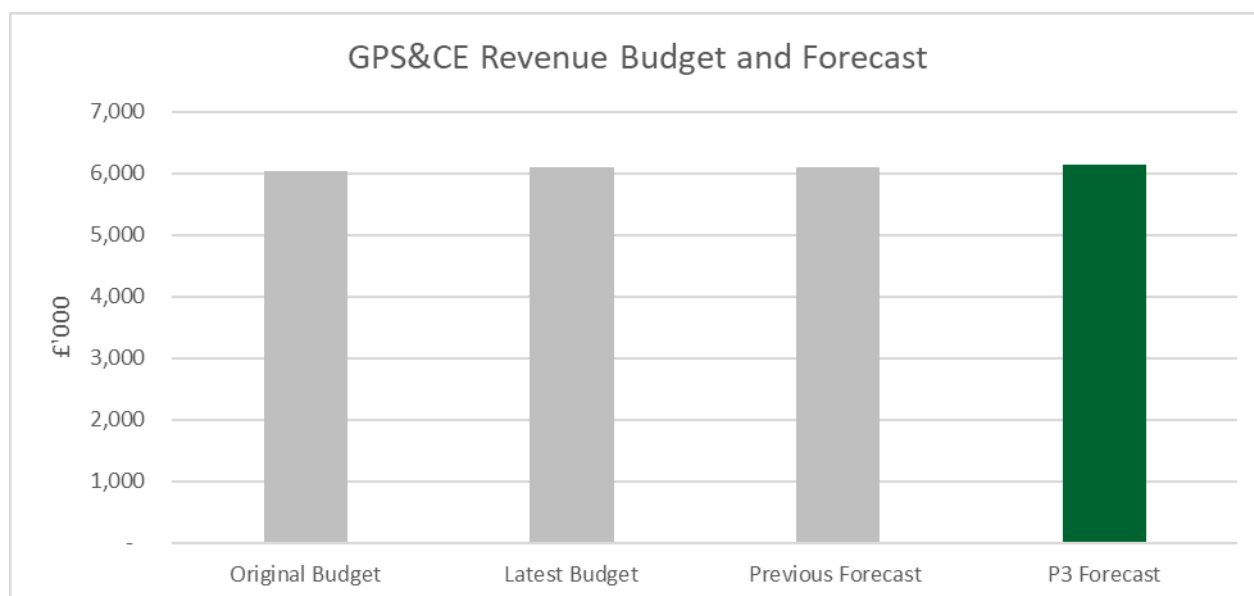
General Public Services and Community Engagement Committee Detailed Monitoring Report

Overview

1. This appendix sets out the detailed financial monitoring position for budgets within the scope of the General Public Services and Community Engagement (GPS&CE) Committee for the 2025/26 financial year. The forecast is based on the position as at Period 3 which covers the period from 1 April 2025 to 30 June 2025.

Revenue

2. The latest forecast is net expenditure of £6.131m against the latest budget of £6.106m. This is an unfavourable variance of £0.025m. The detailed revenue budgets and MTFP forecast is set out in Annex A.



Service Area	Original Budget £000	Original Budget Plus 2024/25 Carry Forwards £000	Latest Budget £000	Previous Forecast £000	Latest Forecast £000	Variation to Previous Forecast £000	Variation to Latest Budget £000
Community Partnerships	1,075	1,097	1,097	1,097	1,097	0	0
Economic Development and Planning Policy	886	886	886	886	898	12	12
Housing	496	496	496	496	509	13	13
Public Services	3,573	3,627	3,627	3,627	3,627	0	0
Total	6,030	6,106	6,106	6,106	6,131	25	25

3. Annex B sets out the main variations to budget.

4. Income Streams

The key income streams are detailed in Annex E. All are currently on target to achieve budget income levels in 2025/26.

Capital Investment Programme

5. The latest capital investment programme for 2025/26 is £4.905m. No variation is reported.
6. Detailed Capital budgets are set out in Annex C and Annex D respectively.

Staff Vacancy Monitoring

7. A major risk of non-delivery of service is where key staff leave the Council's employ and there is a delay or difficulty in recruiting suitable candidates to fill the vacant post.
8. The following table sets out the vacancies as at 30 June 2025.

Department	Job Title	Comments	Total
Environmental Protection	Assistant Environmental Support Manager	Subject to restructure	1.00
Total General Public Services & Community Engagement			1.00

Annex A
GPS&CE Committee Medium Term Revenue Budget Service

General Public Services and Community Engagement										
Community Partnerships	Original Budget 2025/26	Original Budget Plus 2024/25 Carry Forwards	Latest Budget 2025/26	Previous Forecast 2025/26	Spend to Date	Latest Forecast 2025/26	Variance @ P3	Forecast 2026/27	Forecast 2027/28	Officer Comments
	£		£		£	£	£	£	£	
Citizens Advice Bureaux	288,340	288,340	288,340	288,340	129,645	288,340	0	288,340	288,340	Budget currently forecast to be spent
Community Development	4,500	12,066	12,066	12,066	(111,111)	12,066	0	4,500	4,500	Income and Expenditure budgets of £104,668 required for Ringfenced Household Support Fund grant
Community Safety	357,154	371,239	371,239	371,239	96,786	371,239	0	376,918	376,918	Budget currently forecast to be spent
Community Partnerships	209,797	209,797	209,797	209,797	49,069	209,797	0	209,797	209,797	Budget currently forecast to be spent
Env Health - Commercial Team	209,790	209,790	209,790	209,790	195	209,790	0	209,790	209,790	Budget currently forecast to be spent - awaiting 1st invoice
Licensing	(61,606)	(61,606)	(61,606)	(61,606)	(41,291)	(61,606)	0	(61,606)	(61,606)	Budget currently forecast to be spent
Community & Leisure Grant	67,500	67,500	67,500	67,500	22,800	67,500	0	67,500	67,500	Budget currently forecast to be spent
Total	1,075,475	1,097,126	1,097,126	1,097,126	146,093	1,097,126	0	1,095,239	1,095,239	

Economic Development and Planning Policy	Original Budget 2025/26	Original Budget Plus 2024/25 Carry Forwards	Latest Budget 2025/26	Previous Forecast 2025/26	Spend to Date	Latest Forecast 2025/26	Variance @ P3	Forecast 2026/27	Forecast 2027/28	Officer Comments
	£	£	£	£	£	£	£	£	£	
Land & Property Info Section	16,971	16,971	16,971	16,971	(39,961)	16,971	0	40,561	40,561	Income and Expenditure budgets required for Land Charges Transition Grant of £36,356 and New Burdens Local Land Charges Grant of £14,949
Street Naming & Numbering	7,130	7,130	7,130	7,130	2,652	7,130	0	7,130	7,130	Budget currently forecast to be spent
Development Management	220,386	220,386	220,386	220,386	(71,395)	232,386	12,000	190,134	193,703	Variance to be managed of £12,000 on Publications due to increased planning subscription costs
Development Plans	546,755	546,755	546,755	546,755	56,602	546,755	0	353,138	355,011	Budget currently forecast to be spent
Hertfordshire Building Control	37,500	37,500	37,500	37,500	33,346	37,500	0	37,500	37,500	Budget currently forecast to be spent
HS2 Planning	0	0	0	0	(808)	0	0	0	0	Income received from HS2
GIS Officer	56,860	56,860	56,860	56,860	14,090	56,860	0	56,860	56,860	Budget currently forecast to be spent
Total	885,602	885,602	885,602	885,602	(5,473)	897,602	12,000	685,323	690,765	

Housing, Public Health and Wellbeing	Original Budget 2025/26	Original Budget Plus 2024/25 Carry Forwards	Latest Budget 2025/26	Previous Forecast 2025/26	Spend to Date	Latest Forecast 2025/26	Variance @ P3	Forecast 2026/27	Forecast 2027/28	Officer Comments
	£	£	£	£	£	£	£	£	£	
Housing Services Needs	559,622	559,622	559,622	559,622	198,032	559,622	0	582,749	571,140	Income and Expenditure budgets required for use of Homes 4 Ukraine grant of £5,609 held in reserves
Rent Deposit Guarantee Scheme	5,110	5,110	5,110	5,110	0	5,110	0	5,110	5,110	Demand led service
Homelessness General Fund	(148,740)	(148,740)	(148,740)	(148,740)	(761,157)	(148,740)	0	(148,740)	(148,740)	Income and Expenditure budgets required for ringfenced Domestic Abuse New Burdens grant of £39,444
Housing Associations	(5,000)	(5,000)	(5,000)	(5,000)	0	(5,000)	0	(5,000)	(5,000)	Income will be received by year end
Refugees	0	0	0	0	(86,588)	0	0	0	0	Transfer to/from reserves at year end
Env Health - Residential Team	85,305	85,305	85,305	85,305	24,411	98,177	12,872	112,685	100,742	Budget Virement request from Salary Contingency to facilitate the employment of a part-time Housing Enforcement Assistant on a 2 year fixed term secondment
Public Health	0	0	0	0	(8,868)	0	0	0	0	Income and Expenditure budgets required of £28,745 for Health Hubs Grant and Place Based Health Inequalities Grant
Total	496,297	496,297	496,297	496,297	(634,170)	509,169	12,872	546,804	523,252	

GPS&CE Committee Medium Term Revenue Budget Service cont.

Public Services	Original Budget 2025/26	Original Budget Plus 2024/25 Carry Forwards	Latest Budget 2025/26	Previous Forecast 2025/26	Spend to Date	Latest Forecast 2025/26	Variance @ P3	Forecast 2026/27	Forecast 2027/28	Officer Comments
	£	£	£	£	£	£	£	£	£	
Decriminalised Parking Enf	250,508	300,588	300,588	300,588	(72,310)	300,588	0	212,525	214,872	Budget currently forecast to be spent
Car Parking-Maintenance	110,466	110,466	110,466	110,466	(2,067)	110,466	0	110,466	110,466	Budget currently forecast to be spent
Dial A Ride	40,000	40,000	40,000	40,000	0	40,000	0	40,000	40,000	Budget currently forecast to be spent
Sustainable Travel Schemes	1,500	5,566	5,566	5,566	0	5,566	0	1,500	1,500	Budget currently forecast to be spent
Associate Director of Environment	101,898	101,898	101,898	101,898	29,089	101,898	0	101,898	101,898	Budget currently forecast to be spent
Refuse Domestic	(24,290)	(24,290)	(24,290)	(24,290)	952	(24,290)	0	(24,290)	(24,290)	Budget currently forecast to be spent
Refuse Trade	(107,017)	(107,017)	(107,017)	(107,017)	(409,540)	(107,017)	0	(106,680)	(106,334)	Budget currently forecast to be spent
Better Buses Fund	101,762	101,762	101,762	101,762	0	101,762	0	101,762	101,762	Budget currently forecast to be spent
Recycling General	750	750	750	750	(1,009)	750	0	750	750	Budget currently forecast to be spent
Garden Waste	(734,515)	(734,515)	(734,515)	(734,515)	(1,552,959)	(734,515)	0	(733,538)	(733,240)	Income is received at the beginning of the financial year and expenditure against the income is made throughout the year. Budget is currently forecast to be spent
Clinical Waste	(39,007)	(39,007)	(39,007)	(39,007)	(42,728)	(39,007)	0	(39,007)	(39,007)	Budget currently forecast to be spent
Recycling Kerbside	1,387	1,387	1,387	1,387	29,078	1,387	0	1,387	1,387	Budget currently forecast to be spent
Abandoned Vehicles	250	250	250	250	1,105	250	0	250	250	Demand led service, will continue to monitor
Public Conveniences	3,600	3,600	3,600	3,600	600	3,600	0	3,600	3,600	Budget currently forecast to be spent
Wiltshire Fly Tipping	0	0	0	0	0	0	0	0	0	The cost of clearing fly tipping is recharged to the perpetrator if known, or funded from a specific reserve.
Environmental Protection	398,787	398,787	398,787	398,787	120,141	398,787	0	400,347	400,347	Budget currently forecast to be spent
Depot-Batchworth	55,225	55,225	55,225	55,225	1,007	55,225	0	55,225	55,225	Budget currently forecast to be spent
Waste Management	2,699,685	2,699,685	2,699,685	2,699,685	973,586	2,699,685	0	2,700,378	2,701,271	Budget currently forecast to be spent
Street Cleansing	711,970	711,970	711,970	711,970	182,801	711,970	0	711,970	711,970	Budget currently forecast to be spent
Total	3,572,959	3,627,105	3,627,105	3,627,105	(742,253)	3,627,105	0	3,538,543	3,542,427	
Total General Public Services and Community Engagement	6,030,333	6,106,130	6,106,130	6,106,130	(1,235,803)	6,131,002	24,872	5,865,909	5,851,683	0

Annex B

GPS&CE Committee Explanations of revenue supplementary estimates, variances to be managed and virements reported this Period

Supplementary Estimates

General Public Services and Community Engagement					
Description	Main Group Heading	Details of Outturn Variances to Latest Approved Budget	2025/26 £	2026/27 £	2027/28 £
Env Health - Residential Team	Employees	Budget Virement request from Salary Contingency to facilitate the employment of a part-time Housing Enforcement Assistant on a 2 year fixed term secondment	12,872	26,167	13,300
Total Housing, Public Health and Wellbeing			12,872	26,167	13,300
Total General Public Services and Community Engagement			12,872	26,167	13,300

Variances to be managed

General Public Services and Community Engagement					
Description	Main Group Heading	Details of Outturn Variances to Latest Approved Budget	2025/26 £	2026/27 £	2027/28 £
Development Management	Supplies and Services	Increase in Publications budget required due to increased planning subscription costs	12,000	12,000	12,000
Total Public Services			12,000	12,000	12,000
Total General Public Services and Community Engagement			12,000	12,000	12,000

Virements

General Public Services and Community Engagement					
Description	Main Group Heading	Details of Outturn Variances to Latest Approved Budget	2025/26 £	2026/27 £	2027/28 £
Community Development	Supplies and services	To spend ringfenced Household Support Fund grant	104,668	0	0
	Income	Receipt of ringfenced Household Support Fund grant	(104,668)	0	0
Total Community Safety			0	0	0
Description	Main Group Heading	Details of Outturn Variances to Latest Approved Budget	2025/26 £	2026/27 £	2027/28 £
Land & Property Info Section	Supplies and services	To spend Land Charges Transition Grant	36,356	0	0
	Income	Receipt of Land Charges Transition Grant	(36,356)	0	0
	Supplies and services	To spend New Burdens Local Land Charges Grant	14,949	0	0
	Income	Receipt of New Burdens Local Land Charges Grant	(14,949)	0	0
Total Economic Development and Planning Policy			0	0	0
Description	Main Group Heading	Details of Outturn Variances to Latest Approved Budget	2025/26 £	2026/27 £	2027/28 £
Housing Service Needs	Supplies and Services	To spend Homes 4 Ukraine grant held in reserves	5,609	0	0
	Income Funded from Reserves	Homes 4 Ukraine grant held in reserves	(5,609)	0	0
Homelessness General Fund	Supplies and Services	To spend ringfenced Domestic Abuse New Burdens grant	39,444	0	0
	Income	Receipt of ringfenced Domestic Abuse New Burdens grant	(39,444)	0	0
Public Health	Supplies and Services	To spend Health Hubs grant and Place Based Health Inequalities grant	28,745	0	0
	Income	Receipt of Health Hubs grant and Place Based Health Inequalities grant	(28,745)	0	0
Total Housing Public Health and Wellbeing			0	0	0
Total General Public Services and Community Engagement			0	0	0

Annex C
GPS&CE Medium term capital investment programme

General Public Services and Community Engagement													
Community Partnerships	Original Budget 2025/26	Original Budgets Plus 2024/25 Rephasing	Latest Budget 2025/26	P3 Spend to Date	Forecast Outturn 2025/26	Variance	Latest Budget 2026/27	Proposed 2026/27	Variance	Latest Budget 2027/28	Proposed 2027/28	Variance	Comments
	£	£	£	£	£	£	£	£	£	£	£	£	
Capital Grants & Loans	20,000	20,000	20,000	0	20,000	0	20,000	20,000	0	20,000	20,000	0	Budget is currently forecast to be spent
Community CCTV	6,000	0	0	0	0	0	3,236	3,236	0	6,000	6,000	0	No budget for 2025/26
Sub-total Community Partnerships	26,000	20,000	20,000	0	20,000	0	23,236	23,236	0	26,000	26,000	0	
Economic Development and Planning Policy	Original Budget 2025/26	Original Budgets Plus 2024/25 Rephasing	Latest Budget 2025/26	P3 Spend to Date	Forecast Outturn 2025/26	Variance	Latest Budget 2026/27	Proposed 2026/27	Variance	Latest Budget 2027/28	Proposed 2027/28	Variance	Comments
	£	£	£	£	£	£	£	£	£	£	£	£	
Listed Building Grants	2,500	2,500	2,500	0	2,500	0	2,500	2,500	0	2,500	2,500	0	Demand led service - No applications to date
CIL Community Grants	0	1,362,403	1,362,403	0	1,362,403	0		0	0		0	0	Budget is currently forecast to be spent
Sub-total Economic Development and Planning Policy	2,500	1,364,903	1,364,903	0	1,364,903	0	2,500	2,500	0	2,500	2,500	0	
Housing, Public Health and Wellbeing	Original Budget 2025/26	Original Budgets Plus 2024/25 Rephasing	Latest Budget 2025/26	P3 Spend to Date	Forecast Outturn 2025/26	Variance	Latest Budget 2026/27	Proposed 2026/27	Variance	Latest Budget 2027/28	Proposed 2027/28	Variance	Comments
	£	£	£	£	£	£	£	£	£	£	£	£	
Disabled Facilities Grant	586,000	678,443	678,443	141,159	678,443	0	586,000	586,000	0	586,000	586,000	0	Budget is currently forecast to be spent
Home Repairs Assistance	2,000	2,000	2,000	0	2,000	0	2,000	2,000	0	2,000	2,000	0	Demand led service - No applications to date
Sub-total Housing, Public Health and Wellbeing	588,000	680,443	680,443	141,159	680,443	0	588,000	588,000	0	588,000	588,000	0	
Public Services	Original Budget 2025/26	Original Budgets Plus 2024/25 Rephasing	Latest Budget 2025/26	P3 Spend to Date	Forecast Outturn 2025/26	Variance	Latest Budget 2026/27	Proposed 2026/27	Variance	Latest Budget 2027/28	Proposed 2027/28	Variance	Comments
	£	£	£	£	£	£	£	£	£	£	£	£	
Transport and Infrastructure	279,000	344,171	344,171	0	344,171	0	179,000	179,000	0	179,000	179,000	0	Budget is currently forecast to be spent
Disabled Parking Bays	2,500	2,500	2,500	0	2,500	0	2,500	2,500	0	2,500	2,500	0	Budget is currently forecast to be spent
Waste Plant & Equipment	25,000	32,070	32,070	1,010	32,070	0	25,000	25,000	0	25,000	25,000	0	Budget is currently forecast to be spent
Waste Services Depot	0	147,257	147,257	147,808	147,257	0	0	0	0	0	0	0	Budget is currently forecast to be spent - awaiting lighting to complete
EV Charging Points	0	535,938	535,938	0	535,938	0	0	0	0	0	0	0	Budget is currently forecast to be spent
Controlled Parking	25,000	49,144	49,144	0	49,144	0	25,000	25,000	0	25,000	25,000	0	Budget is currently forecast to be spent
Replacement Bins	54,000	54,000	54,000	28,557	54,000	0	115,000	115,000	0	115,000	115,000	0	Budget is currently forecast to be spent
Waste & Recycling Vehicles	1,045,000	1,063,000	1,063,000	121,709	1,063,000	0	800,000	800,000	0	800,000	800,000	0	Budget is currently forecast to be spent
Car Park Restoration	250,000	313,131	313,131	61,969	313,131	0	250,000	250,000	0	250,000	250,000	0	Budget is currently forecast to be spent. Works to The Bury, Ebury Road, Talbot Road and Cemetery car parks instructed
Estates, Paths & Roads	47,000	47,000	47,000	0	47,000	0	20,000	20,000	0	20,000	20,000	0	Budget is currently forecast to be spent. Survey has been completed which will identify programme of works
TRDC Footpaths & Alleyways	225,000	251,413	251,413	19,689	251,413	0	205,000	205,000	0	215,000	215,000	0	Budget is currently forecast to be spent. Programme of works identified, this has started with works completed in Rickmansworth and Batchworth Heath
Sub-total Public Services	1,952,500	2,839,624	2,839,624	380,742	2,839,624	0	1,621,500	1,621,500	0	1,631,500	1,631,500	0	
Total General Public Services and Community Engagement	2,569,000	4,904,970	4,904,970	521,901	4,904,970	0	2,235,236	2,235,236	0	2,248,000	2,248,000	0	

Annex D

GPS&CE Explanations of capital variances reported this Period

Nothing to report this monitoring period

Annex E
GPS&CE Key Income Streams

Regulatory Services									
Car Park Enforcement	Month	2022/23		2023/24		2024/25		2025/26	
Penalty Charge Notices (PCNs)		£	Volume	£	Volume	£	Volume	£	Volume
	April	(7,700)	176	(5,410)	114	(12,845)	292	(18,195)	369
	May	(7,955)	153	(8,830)	135	(18,465)	372	(18,050)	362
	June	(6,960)	144	(8,180)	152	(16,355)	313	(17,230)	323
	July	(7,386)	113	(10,735)	248	(21,030)	359		
	August	(6,814)	122	(13,495)	289	(21,830)	337		
	September	(6,134)	114	(11,650)	236	(16,290)	326		
	October	(9,526)	249	(13,707)	247	(20,620)	391		
	November	(9,118)	194	(13,715)	219	(18,400)	349		
	December	(7,845)	134	(11,725)	212	(18,810)	363		
	January	(8,913)	154	(12,865)	316	(20,380)	368		
	February	(9,020)	172	(18,307)	233	(18,655)	345		
	March	(10,329)	135	(14,753)	296	(17,060)	315		
	Total	(97,700)	1,860	(143,372)	2,697	(220,740)	4,130	(53,475)	1,054

Comments: The Original budget for 2025/26 is £115,000. The charging structure is based on the severity of the contravention. The charge relating to a serious contravention is £70 and payable within 28-days (reduced to £35 if paid within 14 days). The charge relating to a less serious contravention is £50 payable within 28 days (reduced to £25 if paid within 14-days). The no of PCN's issued can reduce due to greater parking compliance.

Car Park Enforcement	Month	2022/23		2023/24		2024/25		2025/26	
Pay & Display Tickets		£	Volume	£	Volume	£	Volume	£	Volume
	April	(11,910)	7,037	(15,346)	8,197	(19,257)	10,009	(20,758)	11,918
	May	(12,841)	7,097	(17,473)	8,412	(20,212)	10,433	(20,982)	12,325
	June	(15,058)	7,062	(17,912)	9,036	(18,090)	9,441	(19,318)	11,455
	July	(13,121)	7,362	(17,937)	9,271	(19,394)	10,191		
	August	(13,742)	7,326	(16,564)	8,531	(16,320)	9,241		
	September	(14,086)	7,387	(17,540)	9,075	(20,204)	8,752		
	October	(14,702)	7,878	(18,978)	9,450	(16,532)	11,149		
	November	(14,587)	7,411	(19,091)	9,633	(19,932)	10,730		
	December	(17,110)	8,354	(20,515)	10,337	(22,453)	12,168		
	January	(16,778)	7,573	(20,475)	9,612	(19,597)	11,067		
	February	(14,471)	7,823	(19,453)	10,041	(20,048)	11,437		
	March	(19,225)	9,882	(21,063)	10,893	(21,517)	12,655		
	Total	(177,631)	92,192	(222,347)	112,488	(233,556)	127,273	(61,058)	35,698

Comments: The Original budget for 2025/26 is £220,000. There are different charging regimes for different car parks within the district. However most pay & display car parks in Rickmansworth operate the following regulations - Monday - Friday, 8.30am - 6.30pm max stay up to 24 Hours - charge £4 with the first hour being free.

GPS&CE Key Income Streams Cont.

Waste Management									
Trade Refuse	Month	2022/23		2023/24		2024/25		2025/26	
Contract fees		£	Volume	£	Volume	£	Volume	£	Volume
	April	(374,524)	925	(408,151)	900	(432,709)	865	(433,542)	886
	May	(2,105)	929	2,040	897	2,897	856	630	861
	June	(297)	930	200	879	1,981	849	(1,446)	894
	July	(328)	930	1,007	882	(120)	851		
	August	(1,417)	920	(3,049)	871	(324)	857		
	September	(1,221)	925	(1,635)	872	(1,651)	860		
	October	(376,644)	926	(402,130)	873	(430,584)	862		
	November	(7,399)	920	464	867	(5,727)	858		
	December	(738)	908	337	860	351	855		
	January	(2,476)	916	(940)	867	(883)	854		
	February	(1,298)	917	(5,573)	870	(2,115)	851		
	March	(5,356)	913	(2,436)	867	(750)	866		
	Total	(773,803)	913	(819,866)	867	(869,634)	866	(434,358)	
Comments: The original 2025/26 budget is £930,570. Customers are invoiced twice a year in April and October. Income can fluctuate depending on the size of the bin collected and customers reducing their bin size and using the recycling service.									
Garden Waste	Month	2022/23		2023/24		2024/25		2025/26	
Bin Charges		£	Volume	£	Volume	£	Volume	£	Volume
	April	(1,173,068)	21,649	(1,392,490)	21,254	(1,515,550)	21,389	(1,617,260)	21,280
	May	(18,910)	405	(31,450)	516	(23,624)	356	(21,225)	262
	June	(17,232)	237	(17,754)	273	(17,574)	255	(16,320)	168
	July	(8,724)	163	(6,786)	107	(9,899)	137		
	August	(5,778)	96	(7,494)	111	(6,009)	82		
	September	(3,129)	49	(4,346)	56	(3,090)	34		
	October	(2,480)	80	(3,254)	89	(3,790)	94		
	November	(1,589)	51	(1,781)	50	(2,037)	57		
	December	(324)	14	(645)	16	(366)	9		
	January	(956)	26	(204)	15	0	0		
	February	0	0	30	0	655	0		
	March	0	0	0	0	0	0		
	Total	(1,232,190)	22,770	(1,466,174)	22,487	(1,581,284)	22,413	(1,654,805)	21,710
Comments: The original 2025/26 budget is £1,703,200. The standard charges for 2025/26 are £70 for the first bin and £115 each for a second or third bin. Customers in receipt of certain benefits pay a concession fee of £60 for the first bin.									

GENERAL PUBLIC SERVICES AND COMMUNITY ENGAGEMENT COMMITTEE WORK PROGRAMME

No.	Items to be considered	Link to Strategic Plan	Date of Next Meeting	Purpose of the Report	How the work will be done	Responsible Officer	Outcome Expected
January 2026							
1.	Fixed Penalty Notices		13 January 2026	This report has been requested by Members to advise of the current level of Fixed Penalty Notices (FPNs) used by Environmental Enforcement Officers and the reasons behind the levels set.	Fixed Penalty Notices	Jennie Probert, Environmental Strategy Manager	
2.	Budget Management Report P6 - GPS&CE		13 January 2026	This report covers this committee's financial position over the medium term (2025-2028) as at Period 6 (end of September)	Budget Management Report P6 - GPS&CE	Sally Riley, Finance Business Partner	
3.	Cemetery Rules and Regulations		13 January 2026	To review the rules and regulations of the Council's Cemeteries	Cemetery Rules and Regulations	Jennie Probert, Environmental Strategy Manager	
4.	Community and Voluntary Sector Grant Agreements		13 January 2026	This report proposes funding allocation to organisations within the Community and Voluntary Sector.	Community and Voluntary Sector Grant Agreements	Shivani Dave, Partnerships and Inclusion Manager	

No.	Items to be considered	Link to Strategic Plan	Date of Next Meeting	Purpose of the Report	How the work will be done	Responsible Officer	Outcome Expected
March 2026							
5.	Budget Management Report P10 - GPS&CE		17 March 2026	This report covers this committee's financial position over the Medium term (2025-2029) as at Period 10 (end of January)	Budget Management Report P10 - GPS&CE	Sally Riley, Finance Business Partner	
Page 134	Public Health Funerals		17 March 2026	To advise Members on the current arrangements in relation to Public Health Funerals and to recommend introducing a policy.	Public Health Funerals	Jennie Probert, Environmental Strategy Manager	
June 2026							
7.	Annual Presentation by Watford & Three Rivers Trust		23 June 2026			Shivani Dave, Partnerships and Inclusion Manager, Rebecca Young, Head of Strategy and Partnerships	

No.	Items to be considered	Link to Strategic Plan	Date of Next Meeting	Purpose of the Report	How the work will be done	Responsible Officer	Outcome Expected
8.	Community Safety Annual Report 2024-25		23 June 2026			Michelle Wright, Community Safety and Safeguarding Manager, Rebecca Young, Head of Strategy and Partnerships	

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