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COMMUNITY SELECT COMMITTEE

4 February 2026

SUPPLEMENTARY AGENDA

PART 1

3. FOCUS ON PUBLIC HEALTH

Members will receive a presentation from the Director of Public Health at Hertfordshire County Council regarding the public health priorities for Stevenage, which has been attached.

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Supplementary Agenda Published 3 February 2026

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Stevenage Community Select Committee

Sarah Perman, Director of Public Health
David Conrad, Deputy Director of Public Health

About public health

Public Health is based in the County Council and is part of Community Protection directorate.

Most of our funding comes from a ring-fenced grant from central Government. In 2025/26 HCC's allocation was £58.1m which we spend on services and programmes to keep residents well and healthy.

Public health used to be part of the NHS and in 2012 it moved into local authorities. Every local authority is required to have a Director of Public Health (DPH) to oversee the delivery of a set of statutory and mandated functions.

The DPH is a statutory Chief Officer and the principal adviser on all health matters to elected members and officers in the local authority. Their role spans three pillars of public health:

- Improve the health of the local population and reduce health inequalities
- Plan for, and respond to, emergencies that present a risk to public health
- Advise the NHS and other partners on population need and evidence-based interventions

There are around 140 staff in our team covering a range of functions, some with specialist skills such as data analysis and health psychology. Our team includes an in-house provider which delivers NHS health checks and smoking cessation, our domestic abuse team, and our homeless prevention team.

From our Business Plan: our strategic approach

Mission: to improve the health and wellbeing of the people of Hertfordshire. Informed by best practice and evidence, we will work with our colleagues, partners and communities to reduce health inequalities and support people to lead healthy lives.

Our strategic aims

Aim 1. Service delivery

Building healthier communities through effective use of the Public Health Grant to deliver core services.

Aim2. Health inequalities

Ensuring in depth understanding of health inequalities in our communities and addressing the resulting disparities.

Aim 3. Partnerships and influencing policy

Creating policy impact through collective action - harnessing our partnerships to enable change.

Aim 4. Communicating public health

Helping our residents to adopt positive healthy behaviours and prevent ill health.

Our priorities

- Best start in life
- Health inequalities
- Healthy places
- Protection from disease and emergency response
- Healthy lifestyles
- Mental wellbeing
- Evidence, intelligence & insights

Our main health and wellbeing services

- **Health visiting and school nursing** delivered by Hertfordshire Community NHS Trust
- **NHS health checks and smoking cessation** delivered by GPs, pharmacies and our outreach team
- **Sexual Health** Hertfordshire – contraception, testing and treatment
- **Weight management** programmes delivered by a range of providers
- **Drugs and alcohol recovery** services delivered by CGL, The Living Room, Druglink and Emerging Futures
- **Homelessness prevention** services such as ‘floating support’ and our complex needs multi-disciplinary teams
- **Domestic abuse** – Safer Places provides safe accommodation and we have a range of advocacy services
- **Healthy hubs** in each district and the **Better Health Bus**
- In partnership with the charity Hearts for Herts we have installed 89 lifesaving **defibrillator units** in schools, parks, Gypsy and Roma Traveller sites, drug and alcohol support centres, and fire stations.

Our priorities: examples

Best start in life: through our Health Visiting service ensuring that children have a good level of development before they go to school and through our partnership with School Food Matters working to transform the food environment in Hertfordshire's most deprived schools.

Health inequalities is a golden thread that underpins all our services and programmes. For example, we work with faith groups to understand the health needs of different communities, and to tailor our services.

Healthy places: we work closely with the districts to ensure that the places in which people live promote health. We particularly focus on planning levers - reflected in our new Healthy and Safe Places Framework

Protection from disease: we recently ran Exercise Pegasus, a multi-agency test of Hertfordshire's pandemic preparedness. Our staff work with Adult Care Services and the NHS to reduce inequalities in vaccination uptake and to provide specialist infection advice for outbreaks of infection

Healthy lifestyles: we commission and directly deliver a range of services. More details on the previous slide.

Mental wellbeing: we have recently launched our new suicide prevention strategy which aims to prevent suicide through a collaborative approach, focusing on understanding and supporting communities. We are also running a programme to transform services for people who have co-occurring mental health and substance use.

Evidence and intelligence: our specialist teams produce a range of products from deep dives into health issues, evaluations of services and programmes, and data analysis of patterns of disease.

Where to go for our services

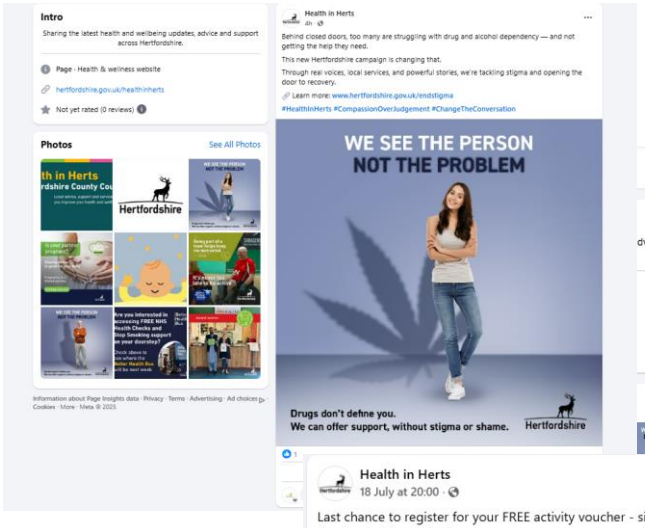
Health in Herts website [Health in Herts | Hertfordshire County Council]

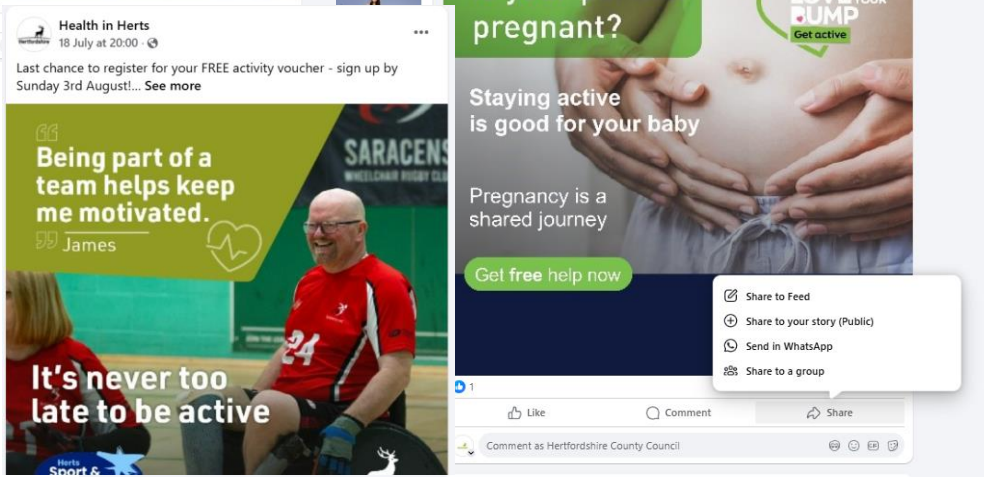
Takes you directly to our services.

Our **Public Health Facebook page** is [www.facebook.com/HealthinHerts]

This is where we post our current campaigns and share important messages.

My monthly blog
publichealth@hertfordshire.gov.uk





Priority health and wellbeing challenges in Stevenage

The health of people in Stevenage is mixed compared to the England average.

In the most deprived areas compared to the least deprived, life expectancy is 5.1 years lower for men and 4.0 years lower for women.

Population growth forecast: 2% increase by 2043, with a 30% rise in the 65+ age group.

Drawing on evidence of need, local system partners have identified three key areas of focus in Stevenage where coordinated action can make a significant impact:

- healthy weight in children and young people
- common mental health disorders
- frailty and dementia

A Joint Strategic Needs Assessment analysing Hertfordshire's health needs and an accompanying briefing on addressing local priority health and wellbeing challenges in Stevenage were completed in 2025 by HCC Public Health to support this work.

Healthy weight in children and young people

2023/24 figures showed that 18% of Reception children and 37% of Year 6 children in Stevenage were overweight or obese, aligning with national figures. Excess weight was more prevalent among boys and in areas of higher deprivation.

Secondary school pupils in Stevenage are less active than their peers in other districts, with many not engaging in any physical activity lasting 60 or even 30 minutes per week.

Bedwell and Old Town have the highest densities of fast-food outlets, correlating with higher child obesity rates.

Similar trends are seen in the adult population, with lower activity rates and lower fruit and vegetable consumption compared to the Hertfordshire average.

Supporting entire families to achieve and maintain healthy weights is essential for long-term health improvements in Stevenage. Early preventative interventions for families with young children are crucial. Increasing physical activity among young people, improving access to healthy foods and reducing access to unhealthy fast-food outlets are key steps.

Stevenage demonstrates high levels of need in other areas concerning children. Compared to other districts it has high rates of emergency admissions in 0-4-year-olds, poorer oral health and higher rates of teenage pregnancies. It has the lowest proportion of children achieving a Good Level of Development, the highest proportion of low-income families, especially lone-parent and out-of-work households, and one of the highest rates of Free School Meals eligibility.

Common mental health disorders

Stevenage has followed national patterns in recent years, with rising cases of severe mental illness and depression. Hospital admissions for self-harm and alcohol-related disorders have declined – though the suicide rate has recently increased.

Men in the area are five times more likely than women to be admitted for alcohol-related mental health issues, and nearly three times as likely to die by suicide. Both have similar rates of hospital admission for self-harm.

Stevenage has a higher prevalence of depression and common mental disorders among adults, especially in more deprived areas. Referrals to services like Talking Therapies grow significantly with increased deprivation, suggesting a strong link between economic hardship and mental ill-health.

Service users often report difficulties with housing, job security, and dissatisfaction with their environment – all factors that influence mental wellbeing. Local suicide data mirrors regional figures, with the highest risk seen in males, single individuals, and those in employment.

Frailty and dementia

In Stevenage, falls and hip fractures among adults aged 65–79 have generally declined over the past five years; however, for those aged 80 and older, rates have risen in the last three. Nationally, rates of falls are higher in areas of greater deprivation.

Exercise programmes are available for older adults, though long waiting lists pose risks for loss of mobility. Nutrition and meals services are also vital, particularly for those struggling with frailty or dementia. Most recipients of meals services are women, and many come from the most economically deprived areas. As poor mobility is the main reason for receiving a meals service, initiatives that maintain residents' mobility may help prolong independence.

Voluntary services can help improve mobility and independence, but increasing capacity is key to reducing delays and supporting older residents sooner.

Stevenage has a notably higher dementia diagnosis rate than Hertfordshire and England as a whole, with female residents and those from more deprived areas experiencing higher mortality rates.

Care plans and regular medication reviews are essential for managing dementia, and there's room to strengthen these practices locally. While some local GP practices see high numbers of dementia patients, this is not always reflected in the number of medication reviews undertaken.

Priorities for SBC for the next 2 years

Continue to strengthen place based and neighbourhood working, and a one-team approach as we develop plans for unitary authorities

- Making the most of our shared assets; eg further join up of the County Council's and Stevenage's priorities for the Stevenage Healthy Hub.
- Collaborating around shared priorities; eg Age Friendly: deepening our knowledge of what Stevenage residents need to age well, improving the built environment for older people, expanding intergenerational activities
- Working with the East and North Herts Health & Care Partnership to develop a neighbourhood health & wellbeing centre that includes NHS and wider wellbeing services led by LAs and the voluntary sector
- Working with Children's Services and Public Health around the plans for the Best Start Family Hub which aims to improve child development, parenting and child health
- Adopting the principles in the Healthy and Safe Places Framework for regeneration and new housing so that the design and development of place in Stevenage purposefully supports physical, mental and social wellbeing

Hertfordshire

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