

STEVENAGE BOROUGH COUNCIL

**COMMUNITY SELECT COMMITTEE
MINUTES**

Date: Wednesday, 4 February 2026

Time: 6.00pm

Place: Council Chamber

Present: Councillors: Ellie Plater (Chair), Lynda Guy, Mason Humberstone, Sarah Mead, Carolina Veres, Peter Wilkins and Alistair Gordon

Start / End Start Time: 6.00pm
Time: End Time: 8.00pm

1 APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were received from Councillors Julie Ashley-Wren, Kamal Choudhury, Dermot Kehoe and Akin Elekolusi.

It was noted that Councillor Alistair Gordon was in attendance as a substitute for Councillor Akin Elekolusi.

Councillor Myla Arceno was in attendance as the Portfolio Holder for Neighbourhoods and Older People.

The following declarations of interest were received from Councillors Mason Humberstone and Myla Arceno.

Councillor Mason Humberstone declared an interest as he was employed as a non-clinical Health Adviser in the NHS.

Councillor Myla Arceno declared an interest as she was employed as a Cardiac Physiotherapist in the NHS.

2 MINUTES OF THE PREVIOUS MEETING - 11 DECEMBER 2025

It was **RESOLVED** that the minutes of the Community Select Committee meeting held on 11 December 2025 be agreed as a correct record and signed by the Chair.

3 FOCUS ON PUBLIC HEALTH

The Committee received a presentation from the Director and Deputy Director of Public Health at Hertfordshire County Council.

Officers explained the role of the service and the main health and wellbeing issues affecting Stevenage.

Members were advised of the statutory responsibilities of Public Health and its role

in commissioning and supporting a range of preventative services. This included working in partnership with the NHS, district and borough councils and the voluntary sector to improve health outcomes and reduce health inequalities.

The presentation outlined the main challenges for Stevenage, including issues affecting children and young people, mental wellbeing and the needs of an ageing population. It was noted that levels of health inequality were higher in more deprived areas and that a place-based approach was important in addressing these challenges.

Officers highlighted the importance of continued partnership working and aligning local priorities to support healthier communities in Stevenage, including through neighbourhood working, shared facilities and future regeneration and development activity.

Members raised a number of questions in relation to the presentation, including the absence of reference to cancer within the overview and a request for greater visibility of local health statistics to support understanding of performance and trends.

Officers advised that the Joint Strategic Needs Assessment provided further detail on the statistics, including cancer data across the town, which would be circulated to Members.

Discussion took place regarding childhood obesity and the wider factors linked to health inequalities, including mental health or family circumstances, and it was noted that these issues should not be attributed solely to deprivation.

Questions were raised as to whether current healthy eating and prevention initiatives could be extended further into secondary schools. Officers explained that a new healthy food and nutrition programme (Nourish) was being introduced in schools. It was noted that the initial phase would focus on primary schools, with plans for the programme to be extended to secondary schools at a later stage.

Officers explained that Public Health worked with partners and with the NHS to increase capacity to focus on young people's mental health and to ensure that services were appropriately targeted to meet local needs.

It was further suggested that a broader and more joined up approach was needed, particularly in relation to the links between mental health, family environments and physical health, to ensure that gaps in provision for children and young people were addressed.

In response to questions, Officers advised that weight management support for children was available, with parents encouraged to participate in family-based programmes promoting healthy lifestyles and affordable nutrition. These services were commissioned county wide and were accessible to residents in Stevenage.

Officers also noted that population growth was increasing the pressure on local services and emphasised the importance of ensuring sufficient health and primary

care infrastructure was in place to meet future demand.

Members were advised that proposals for neighbourhood health and wellbeing hubs were at an early stage and were being developed with NHS partners. The intention was to bring a range of services closer to communities through either new or existing local facilities.

In response to questions, Officers confirmed that asylum seekers accommodated locally were registered with GPs and were able to access primary care. Services were also provided in hotels, including health visits, immunisations and infectious disease support, alongside safeguarding arrangements and staff training.

Members asked for clarification on vaccination uptake among residents, and Officers confirmed that the relevant statistics would be circulated to the Committee.

The Committee then received a presentation on the Council's Healthy Stevenage Strategy and the range of partnership activity underway to improve the health and wellbeing of the town.

Officers explained that the strategy would focus on reducing health inequalities through a preventative, place-based and partnership approach, aligned with NHS and local integrated neighbourhood models.

It was noted that since the adoption of the previous strategy, significant changes had occurred, including the COVID-19 pandemic, the cost of living crisis and changes within the NHS.

Members were advised that evidence from the Joint Strategic Needs Assessment showed persistent health inequalities linked to deprivation in specific neighbourhoods, alongside an ageing population and continued challenges relating to mental health, physical activity and dementia.

Officers reported that the new Strategy would provide clearer priorities, stronger use of data and evaluation, improved accountability and lessons learnt from the limitations of the previous strategy. Development of the new Strategy would include partner engagement and public consultation, with approval planned for Summer 2026.

The Committee noted ongoing delivery activity, including the Healthy Stevenage Partnership, the Healthy Hub, active travel programmes, dementia-friendly and age-friendly initiatives and suicide prevention work. This included targeted action at Stevenage railway station and the continued operation of the Nightlight Crisis Café.

Members highlighted the importance of education being included within the Strategy and noted the accessibility issues to residents who were working, had caring responsibilities or families. It was noted that education on healthy living and food choices should form a stronger and more visible part of the Strategy.

Officers confirmed that education would be considered within the Strategy, alongside work to improve messaging and accessibility. It was acknowledged that there were challenges in reaching different groups and in delivering activities at varied times

due to capacity and resource constraints.

Members discussed the adoption of community wide and family based approaches and highlighted the importance of sensitive language and inclusive messaging. Members requested that officers consider identifying ways to encourage residents who don't associate themselves with being healthy or physically active to access healthy habits connected to food and exercise.

In response to questions, Officers explained that private and commercial partners were engaged in the partnership, including Stevenage Football Club's Foundation and that the partnership was open to additional organisations becoming involved.

Members sought clarification on whether the Strategy was a statutory requirement, the costs associated with its development and delivery, and the impact of Local Government Reorganisation.

Officers confirmed that the Healthy Stevenage Strategy was not a statutory requirement but supported the wider public health objectives and partnership working. It was noted that delivery was largely funded externally and that further information on costs would be provided.

Officers explained that the Strategy was intended to continue through partnership arrangements following Local Government Reorganisation and would inform future public health priorities.

Discussions took place regarding the mobile Healthy Hub unit and Hertfordshire County Council's 'Better Health Bus'. It was noted that work would continue to improve its visibility and presence at community venues and locations.

Members thanked the Officers for their presentation.

It was **RESOLVED** that:

1. Further local health data be circulated to Members, including cancer statistics, Stevenage JSNA focused report and vaccination uptake data.
2. A link to the Herts Sports and Physical Activity page to find local activities in areas to be shared with the Committee.
3. Education and prevention activity to be strengthened within the Healthy Stevenage Strategy, particularly in relation to healthy living and healthy food choices, and awareness of mental and physical wellbeing.
4. A more joined-up and family-based approach to children and young people's health be developed, recognising the links between mental health, family circumstances, and physical health.
5. Accessibility of services and activities be improved, particularly for residents who are in work, have caring responsibilities, or have families, and to consider the timing and location of activities.
6. To identify ways to encourage residents who don't associate themselves with being healthy or physically active to access healthy habits connected to food and exercise.

7. The visibility and outreach provision be improved, including the mobile Healthy Hub unit, and Hertfordshire County Council's Better Health Bus. through increased presence at community venues and locations.
8. Partnership working to continue to be strengthened and expanded, including with education providers, voluntary organisations and private and commercial partners, and by encouraging additional organisations to join the Healthy Stevenage Partnership.
9. Further information on the costs and funding arrangements for the development and delivery of the Healthy Stevenage Strategy be provided to the Committee.
10. Partnership with the Everyone Active Healthy Hub Bus for a Type 2 Diabetes Awareness Campaign.

4 **URGENT PART 1 BUSINESS**

There was no Urgent Part I Business.

5 **EXCLUSION OF PUBLIC AND PRESS**

It was **RESOLVED**:

1. That, under Section 100(A) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as described in paragraphs 1 to 7 of Part 1 of Schedule 12A of the Act, as amended by SI 2006 No. 88.
2. That having considered the reasons for the following item being in Part II, it be determined that maintaining the exemption from disclosure of the information contained therein outweighed the public interest in disclosure.

6 **URGENT PART II BUSINESS**

There was no Urgent Part II Business.

CHAIR