

## **Addressing local priority health and wellbeing challenges in Stevenage**

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# Introduction

Improving health and wellbeing across Stevenage is a shared priority for local system partners. Drawing on findings from Hertfordshire's Joint Strategic Needs Assessment (JSNA) and other local intelligence work undertaken in 2025, this briefing sets out key challenges and opportunities for addressing health and wellbeing issues in Stevenage, with a particular focus on three key areas where coordinated action can make a significant impact:

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

These challenges are shaped by interconnected wider determinants, such as income, housing, education and access to services. Tackling them requires a place-based, evidence-informed approach that builds on local assets, engages communities and targets support where it is most needed.

The briefing concludes with suggested next steps at the local level to shape and support the system response to these challenges.

Greater statistical detail on the current local picture is provided in the Appendix and highlighted sources of further information.

# Improving health and wellbeing at the local level

## Key challenges

- Local councils are well-placed to influence many wider determinants of health, including housing, planning, leisure, environment and economic development. Their role is pivotal in prevention, place-shaping, and community engagement.
- Key public health issues, such as obesity, common mental health disorders and other preventable long-term conditions, are often linked to deprivation. Significant disparities exist between affluent and deprived areas in access to services, health literacy, life expectancy and a wide range of health outcomes.
- Despite this, there are a number of key challenges to delivering progress on health and wellbeing outcomes at local level, including:
  - **Fragmented systems:** District and borough councils often lack formal integration with health systems, limiting their influence on strategic decisions. Similarly, there may be disconnections between the health and local government sectors and local voluntary, community, faith and social enterprise (VCSFE) organisations. This can lead to both duplication and unaddressed gaps in service provision, as well as disjointed service pathways. Technical and legal barriers to sharing data are also a common feature of local systems, limiting the ability to identify needs and track progress against outcomes, as well as contributing to a disjointed experience for service users.
  - **Bureaucracy:** Complex governance structures in the health and local government sectors can impede or dilute the influence of smaller organisations. Competing organisational and political priorities can also present barriers to effective joined up working.
  - **Evidence gaps:** lack of robust statistical data on health outcomes, as well as qualitative data about residents' needs and experiences, at local level can hinder the development of effective, targeted interventions. An absence of robust performance data collection and evaluation of local interventions can also limit the effectiveness of the service offer and hinder the roll-out of effective interventions and service improvements.

- **Limited resources and funding pressures:** constraints on resources and workforce capacity across the local system place limitations on service delivery and innovation, often meaning that even when both a need and an evidence-based solution have been identified it's not possible to translate this knowledge into meaningful sustained action on the ground.

## **Enablers and opportunities for success**

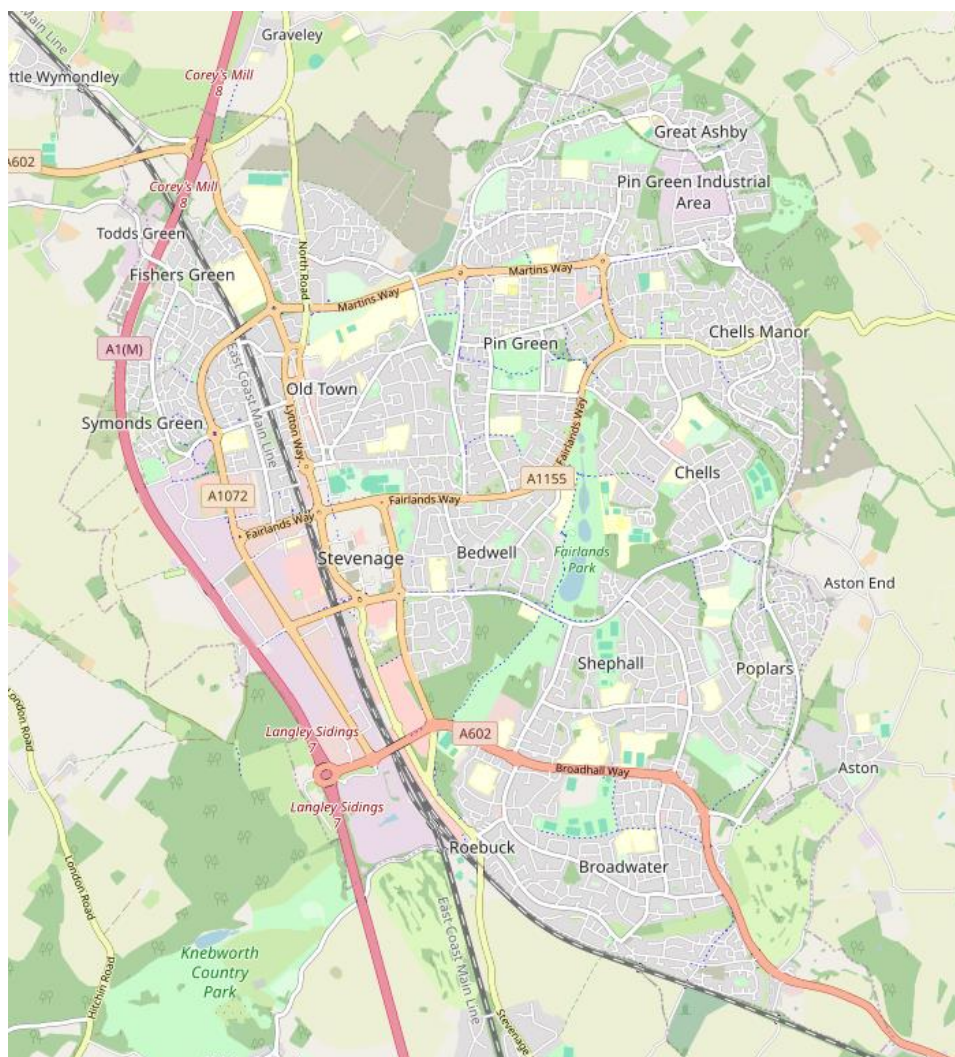
- **Embedding health in all policies** to support a system-wide approach that addresses wider determinants of health, such as housing to transport as a matter of routine.
- **Organisational partnerships:** local councils can play an effective role in bringing together organisations from across multiple sectors in the local system to share learning, pool resources and develop joined-up solutions.
- **Working collaboratively with the VCFSE sector** can bring community insight, trust, and reach – especially for marginalised groups.
- **Co-production and community engagement:** involving residents in designing services can help to build trust, relevance and uptake, which is especially beneficial in areas like young people's mental health, active travel and food access.
- **Data and evaluation:** while there are often substantial barriers to sharing data in a useful way across local systems, there are still some opportunities for improving data collection and enabling the pooling of knowledge from data analysis by bringing in more standardisation, as well as collaboration around evaluation activity to ensure the optimal use of limited resources over time.

# Stevenage: key facts

## Overview

- Stevenage is a district in Hertfordshire, located centrally and bordered by North Hertfordshire, East Hertfordshire, and Welwyn Hatfield. It comprises 13 wards, with Bedwell housing the town centre.
- The district is part of the East and North Hertfordshire sub-ICB area and benefits from strong transport links, including the A1(M) and direct train routes to London.
- The Lister A&E Hospital, including Cygnet acute mental health inpatient wards, is located within the district, with the QE2 Hospital in the neighbouring district of Welwyn Hatfield.

**Map of Stevenage** (Source: Open Source Map)



## **Population**

- Total population (2023): 90,146
- Age distribution:
  - 64% aged 16–64
  - 20% aged 0–15
  - 16% aged 65+
- Growth forecast: 2% increase by 2043, with a 30% rise in the 65+ age group.
- Most common age group: 30–39 years
- Higher proportion of children (0–14) than regional/national averages; lower proportion of older adults (65+) and young adults (20–24).

## **Ethnicity**

- White: 82.8%
- Ethnic minority groups: 17.2%
- Most diverse wards: Woodfield (24.7% BAME), St Nicholas (23.1%), Bedwell (21.2%)

## **Other demographics**

- Disability: 17.3% of residents
- Unpaid carers: 4.7% provide 20+ hours of care weekly
- Military veterans: 3.1%
- Sexual orientation: 2.8% identify as non-heterosexual

## **Life expectancy**

- At birth:
  - Males: 79.3 years
  - Females: 82.2 years
- At age 65:
  - Males: 18.2 years
  - Females: 20.4 years

- Both measures are lower than Hertfordshire, but similar to England.

### **Deprivation and inequality**

- IMD score (2019): 19.7 – most deprived district in Hertfordshire
- Most deprived wards: Bedwell, Shephall, Roebuck
- Least deprived: Chells, Manor

### **Work and education**

- No qualifications (2021): 8.3% (higher than Hertfordshire average)
- Degree-level qualifications: 35% (lower than Hertfordshire average)
- Employment rate (2023/24): 84.5% – similar to regional and national averages
- Universal Credit claimants (June 2024): 15.9% – higher than Hertfordshire, lower than England

# Health and wellbeing in Stevenage

## Headline facts

### General overview

- The health of people in Stevenage is mixed compared to the England average.
- Life expectancy for men is lower than the national average, and there are significant inequalities across the district.

### Health inequalities

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

### Child health

- Obesity in Year 6 children (age 10–11): 19.6% are classified as obese.
- Children in low-income families: 16.1% (approx. 2,855 children).
- Alcohol-specific hospital admissions (under 18s): Rate of 25 per 100,000 (approx. 5 admissions/year).
- GCSE attainment: Below the England average.
- Smoking in pregnancy: Better than the national average.

### Adult health

- Alcohol-related hospital admissions: 779 per 100,000 (worse than England average).
- Self-harm hospital admissions: 176 per 100,000 (approx. 160 admissions/year).
- Physical activity levels: Lower than the England average.
- Sexually transmitted infections and road injuries: Better than the England average.
- Violent crime and cancer mortality (under 75s): Worse than the England average.

## Mental health

- Stevenage has followed national patterns in recent years, with rising cases of severe mental illness and depression. At the same time, hospital admissions for self-harm and alcohol-related disorders have declined – though the suicide rate has recently increased.
- Males in the area are five times more likely than females to be admitted for alcohol-related mental health issues, and nearly three times as likely to die by suicide. Both have similar rates of hospital admission for self-harm.
- Stevenage has a higher prevalence of depression and common mental disorders among adults, especially in more deprived areas. Referrals to services like Talking Therapies grow significantly with increased deprivation, suggesting a strong link between economic hardship and mental ill-health.
- Service users often report difficulties with housing, job security, and dissatisfaction with their environment – all factors that influence mental wellbeing. Local suicide data mirrors regional figures, with the highest risk seen in males, single individuals, and those in employment.
- Use of crisis services tends to be higher in deprived areas, although limited data means further research is needed to confirm this pattern.
- To effectively support vulnerable groups, mental health initiatives must address not only clinical needs but also wider socioeconomic factors – like housing quality and job readiness. Targeted interventions and community support can play a vital role in building resilience and improving lives.

### Key causes and risk factors for poor mental health and wellbeing

#### Children and young people

- Risk factors include family mental illness, domestic abuse, poverty, and being in care.
- Higher prevalence among boys (6–10) and girls (17–23), and White British/Mixed ethnic groups.

#### Adults

- Risk factors include deprivation, poor physical health, substance misuse, LGBTQ+ identity, and adverse childhood experiences (ACEs).
- Mental health is closely linked to long-term physical conditions.

## Weight

- Stevenage faces significant health challenges compared to Hertfordshire and England. With 72% of adults being overweight or obese and only 25% meeting the '5-a-day' fruit and vegetable guidelines, the town's health statistics are concerning. However, physical inactivity rates are similar to the regional and national averages at 22%.
- The National Child Measurement Programme for 2023/24 reveals that 18% of Reception children and 37% of Year 6 children in Stevenage are overweight or obese, aligning with national figures. Notably, excess weight is more prevalent among males and in areas of higher deprivation.
- Hospital admissions for eating disorders have decreased in Hertfordshire since the COVID-19 pandemic, though more granular data that would show any inequalities is unavailable.
- Stevenage ranks second-highest in Hertfordshire for overweight and obesity among Year 6 children. Children in more deprived areas are more likely to gain unhealthy weight between Reception and Year 6, with Black ethnicity children being the most affected.
- Secondary school pupils in Stevenage are less active than their peers in other districts, with many not engaging in any physical activity lasting 60 or even 30 minutes per week.
- Bedwell and Old Town have the highest densities of fast-food outlets, correlating with higher child obesity rates.
- Similar trends are seen in the adult population, with lower activity rates and lower fruit and vegetable consumption compared to the Hertfordshire average.
- To address these issues, early preventative interventions for families with young children are crucial. Culturally appropriate strategies can help reduce ethnicity-based inequalities. Increasing physical activity among young people, improving access to healthy foods and reducing access to unhealthy fast food outlets are key steps. Supporting entire families to achieve and maintain healthy weights is essential for long-term health improvements in Stevenage.

## **Key causes and risk factors for unhealthy weight**

### Obesity

- Driven by poor diet, inactivity, socioeconomic factors, and environmental influences.
- Higher risk among men, older adults, Black ethnic groups, and those in deprived areas.
- Obesity during pregnancy increases risks for both mother and child.

### Eating disorders

- More prevalent in young women.
- Risk factors include trauma, media pressure, perfectionism, and family dysfunction.

## **Frailty and dementia**

- Stevenage has a notably higher dementia diagnosis rate than Hertfordshire and England as a whole, with female residents and those from more deprived areas experiencing higher mortality rates.
- Care plans and regular medication reviews are essential for managing dementia, and there's room to strengthen these practices locally. While some local GP practices see high numbers of dementia patients, this is not always reflected in the number of medication reviews undertaken.
- In Stevenage, falls and hip fractures among adults aged 65–79 have generally declined over the past five years. However, for those aged 80 and older, rates have risen in the last three. Unlike the national picture, rates here show no significant difference between men and women. Nationally, rates of falls are higher in areas of greater deprivation.
- Support services play a critical role. An exercise programme is available for older adults, though long waiting lists pose risks for loss of mobility. Nutrition and meals services are also vital, particularly for those struggling with frailty or dementia. Most recipients are women, and many come from the most

economically deprived areas. As poor mobility is the main reason for receiving a meals service, initiatives that maintain residents' mobility may help prolong their independence. This may be a particularly important consideration for residents living in buildings with potential access issues (e.g. lift service outages).

- Voluntary services can help improve mobility and independence, but increasing capacity is key to reducing delays and supporting older residents sooner.
- Better access and targeted programmes – especially for those with mobility challenges – could improve outcomes and quality of life.

### **Key causes and risk factors for frailty and dementia**

#### Frailty

- Associated with older age, female sex, low income, obesity, inactivity, poor nutrition, and depression.
- Prevention focuses on physical activity and healthy eating.

#### Dementia

- *Non-modifiable*: Age, sex (higher in women), ethnicity (higher in Black groups).
- *Modifiable*: Obesity, inactivity, alcohol misuse, smoking, social isolation, and late-life depression.

# Ways forward

## Overarching principles for improving local health and wellbeing

### 1. Place-based and community-led

- Build on local assets, culture, and needs.
- Empower communities to co-design and lead initiatives.

### 2. Prevention first

- Prioritise early intervention and health promotion across the life course.
- Address root causes such as poverty, housing, and food insecurity.

### 3. Equity and inclusion

- Target resources to reduce health inequalities.
- Ensure services are accessible, culturally appropriate, and inclusive.

### 4. Integrated and collaborative working

- Align efforts across health, education, housing, transport, and voluntary sectors.
- Share data and resources to maximise impact.

### 5. Data-driven decision making

- Invest in robust local data collection and analysis.
- Use evidence to identify priorities, monitor progress, and evaluate impact.

### 6. Sustainable and scalable solutions

- Focus on interventions that can be maintained long-term.
- Pilot innovations with potential for wider rollout.

### 7. Accountability and learning

- Set clear goals and metrics.
- Regularly review outcomes and adapt based on feedback and evaluation.

## **Ways forward for addressing priority health and wellbeing challenges in Stevenage**

### Healthy weight

- Work with VCFSE organisations to develop local solutions to accessing nutritious food for struggling families and vulnerable people and better integrate work being done by these organisations into local pathways that provide physical and mental health, diet and financial advice and support.
- Consider ways to provide culturally relevant, practical cooking and nutrition advice tailored to families with limited time, money, or kitchen facilities, such as offering free or low-cost cooking classes and meal planning support through schools or community centres.
- Work with partner organisations to develop a whole system plan for Stevenage that enables greater signposting between all relevant public sector and VCFSE services, increased public awareness and joined up policies around the built environment and green space that support healthy eating and physical activity.

### Mental health

- Improve service data collection and sharing among partner organisations to support service planning, local health needs assessment and join up.
- Seek ways to create more holistic services and/or more seamless pathways and referrals between services which address different aspects of an individual's needs, including wider determinants of mental health and wellbeing.

### Dementia and frailty

- Explore ways to strengthen dementia care in GP practices with high dementia prevalence but low rates of care plans and medication reviews, to improve outcomes through proactive care management.
- Consider ways to expand voluntary sector capacity for frailty support, such as increasing the availability of exercise programmes for older people to reduce waiting times and enable earlier engagement in health-promoting activities.
- Invest in mobility-maintaining initiatives – especially in deprived areas with high meals service uptake – to help residents remain independent, particularly in buildings with access challenges (e.g. unreliable lifts).

## Potential next steps

- Dedicated workshops to bring together local system partners could provide an effective mechanism to pool ideas, share insights, identify more specific opportunities for change and develop shared action plans for addressing the local health and wellbeing priority themes.
- Hertfordshire Public Health will be able to support such workshops with input from Evidence & Intelligence and behavioural science specialists ahead of time and on the day, with sufficient notice.
- Possible methods that might be utilised to ensure that meaningful actions emerge from any workshop discussions include:
  - **Persona-based journey mapping** (e.g., a 10-year-old child with obesity, or an 82-year-old with early dementia) to identify gaps, overlaps, and opportunities in current service pathways – pooling input from multiple sectors (and, ideally, people with lived experience) to set out the ‘as-is’ and ‘ideal’ pathways.
  - **Empathy mapping** to deeply understand the experiences, emotions, and needs of residents – mapping out what a person says, thinks, does and feels in relation to a specific issue, to identify pain points or unmet needs.
  - **Facilitated action planning** discussions to identify synergies and barriers – co-creating a 90-day action plan (for example) with named leads and milestones.
  - A mix of **professional-led and community-led innovation challenges** – inviting stakeholders to pitch practical and achievable ideas for innovation or improvement, followed up by the creation of clear action plans for the implementation of those selected.
  - Developing a **joint statement of intent or memorandum of understanding** among partners to build and demonstrate collective buy-in to support the delivery of any action plans devised.
  - Agreeing a set of **shared objectives or shared performance measures** among partners to support alignment of organisational priorities and help the local system to hold itself to account for delivery.

## **Principles of Effective Multi-Partner Workshops**

### **1. Clear Purpose and Shared Goals**

- Define a compelling, shared objective.
- Align on what success looks like for all partners.

### **2. Inclusive Planning**

- Involve representatives from all key organisations in the design phase.
- Consider power dynamics and ensure smaller voices are heard.

### **3. Skilled Facilitation**

- Use neutral, experienced facilitators to manage group dynamics.
- Encourage equal participation and manage dominant voices.

### **4. Psychological Safety**

- Create a respectful, non-judgmental space.
- Encourage openness, honesty, and constructive challenge.

### **5. Structured but Flexible Agenda**

- Balance structure (to stay on track) with flexibility (to explore emerging ideas).
- Use breakout groups, interactive tools, and visual aids.

### **6. Evidence-Informed Discussions**

- Ground conversations in data, lived experience, and local context.
- Share insights ahead of time to level the playing field.

### **7. Action Orientation**

- Focus on practical next steps, not just discussion.
- Assign responsibilities and timelines for follow-up.

### **8. Feedback and Reflection**

- Build in time for reflection and feedback.
- Use insights to improve future collaboration.

## **Further information**

[Stevenage District Health Inequalities JSNA](#)

[Public Health Outcomes Framework - at a glance summary: Stevenage](#)

# Appendix: Demand and outcomes for priority themes in Stevenage

## Theme 1: Overweight and obesity

### In younger children

The table below shows the percentage of children who were recorded as overweight and the percentage of children who are overweight (including obesity). The data are recorded from the National Child Measurement Programme in 2023/24. **Stevenage has a significantly higher proportion of children in Year 6 who are overweight or obese compared to Hertfordshire.**

#### Obesity Indicators

Percentage of children living with obesity

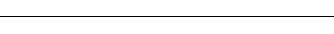
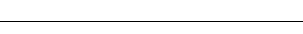
| Indicator                                              | Age       | Sex     | Period  | Hertfordshire | England | Stevenage |
|--------------------------------------------------------|-----------|---------|---------|---------------|---------|-----------|
| Reception prevalence of overweight                     | 4-5 yrs   | Persons | 2023/24 | 11.42 %       | 12.42 % | 11.43 %   |
| Reception prevalence of overweight (including obesity) | 4-5 yrs   | Persons | 2023/24 | 19.2 %        | 22.06 % | 21.9 %    |
| Year 6 prevalence of overweight                        | 10-11 yrs | Persons | 2023/24 | 12.39 %       | 13.75 % | 12.62 %   |
| Year 6 prevalence of overweight (including obesity)    | 10-11 yrs | Persons | 2023/24 | 29.95 %       | 35.85 % | 33.98 %   |

#### Cell colour legend

- Statistically higher
- Statistically similar
- Statistically lower

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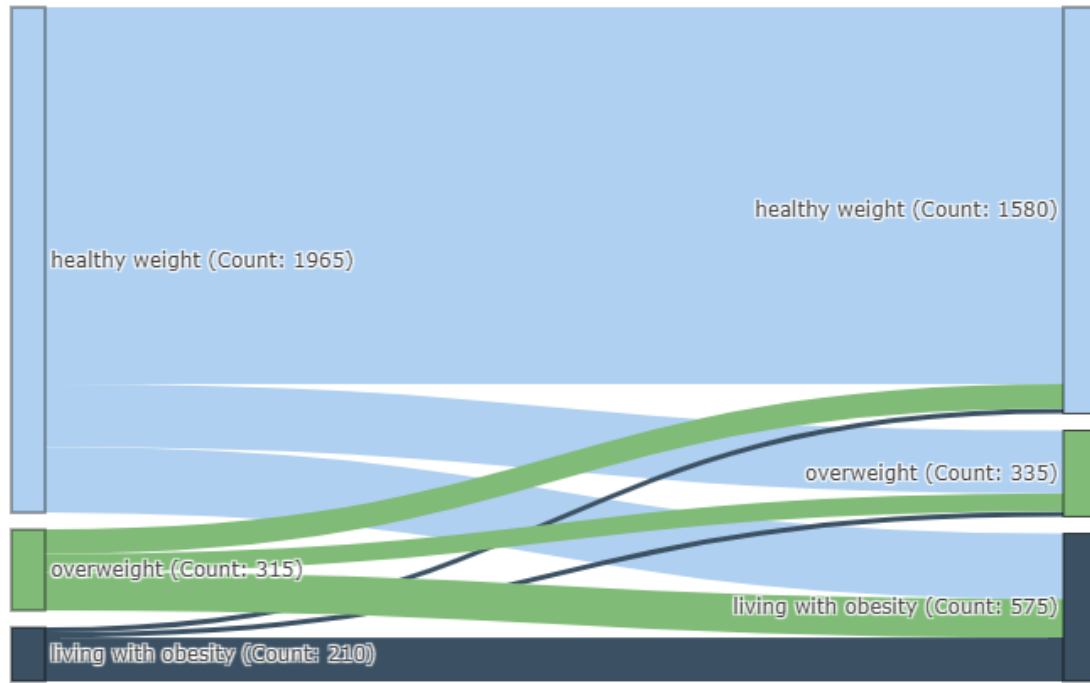
**Stevenage is the district with the second-highest prevalence of overweight and obesity among children in Year 6.**

| Year 6 prevalence of overweight (including obesity) in 2023/24 (%) |         |       |                                                                                      |              |              |
|--------------------------------------------------------------------|---------|-------|--------------------------------------------------------------------------------------|--------------|--------------|
| Area                                                               | Count   | Value |                                                                                      | 95% Lower CI | 95% Upper CI |
| England                                                            | 217,532 | 35.8  |    | 35.7         | 36.0         |
| Hertfordshire                                                      | 3,930   | 30.0  |    | 29.2         | 30.8         |
| Broxbourne                                                         | 365     | 35.3  |    | 32.5         | 38.3         |
| Stevenage                                                          | 350     | 34.0  |    | 31.2         | 37.0         |
| Watford                                                            | 405     | 32.9  |    | 30.5         | 35.8         |
| Dacorum                                                            | 560     | 32.2  |  | 29.9         | 34.3         |
| Hertsmere                                                          | 335     | 32.1  |  | 29.5         | 35.2         |
| Welwyn Hatfield                                                    | 385     | 30.6  |  | 28.1         | 33.2         |
| Three Rivers                                                       | 305     | 29.2  |  | 26.6         | 32.1         |
| East Hertfordshire                                                 | 425     | 28.1  |  | 25.9         | 30.4         |
| North Hertfordshire                                                | 350     | 25.6  |   | 23.3         | 27.9         |
| St Albans                                                          | 450     | 24.1  |   | 22.2         | 26.1         |

## Weight change in children

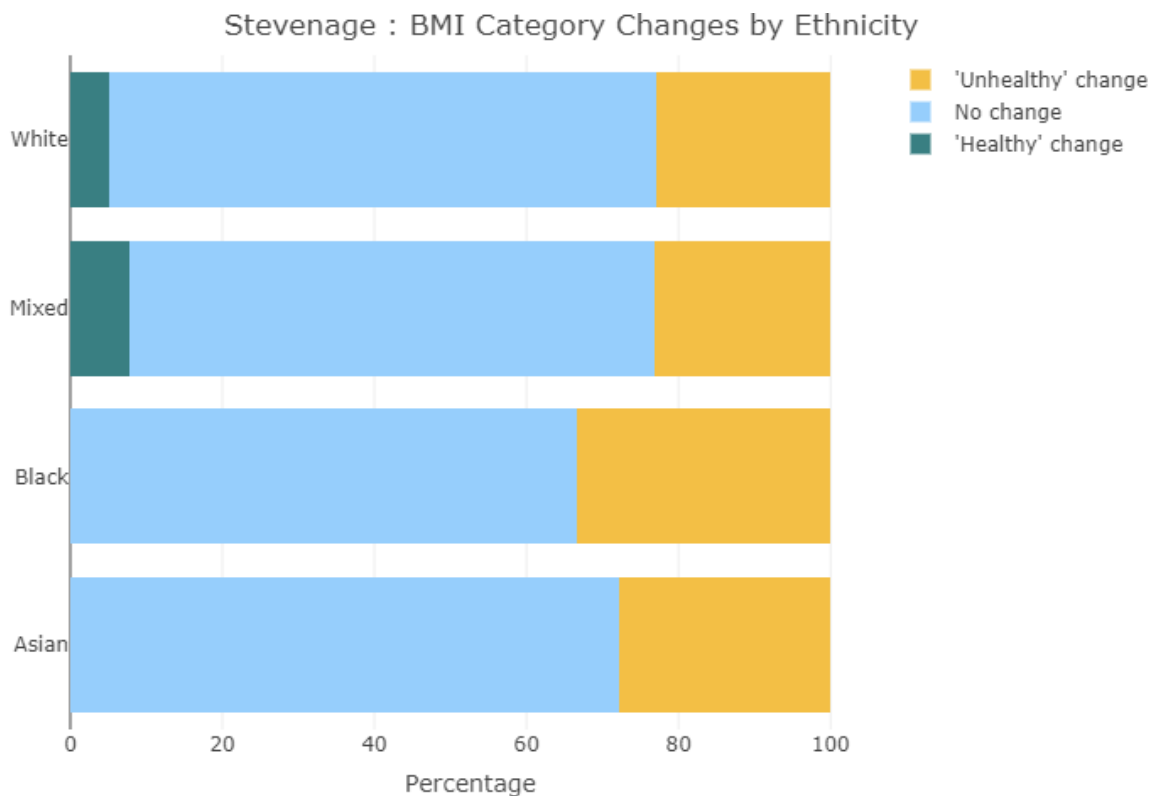
Most children in Stevenage who were a healthy weight at Reception, remained a healthy weight in Year 6 (80%), whilst 12.5% became overweight, and 13% were living with obesity.

Stevenage : Changes in students' BMI category between reception and year 6



The graph below shows the proportion of children with different weight changes between reception and year 6 split by ethnicity group. A “healthy” weight change is a move from obese to overweight or healthy weight, or overweight to healthy weight. An “unhealthy” change is a move from healthy to overweight or obese, or a move from overweight to obese. Underweight children have been excluded from this analysis.

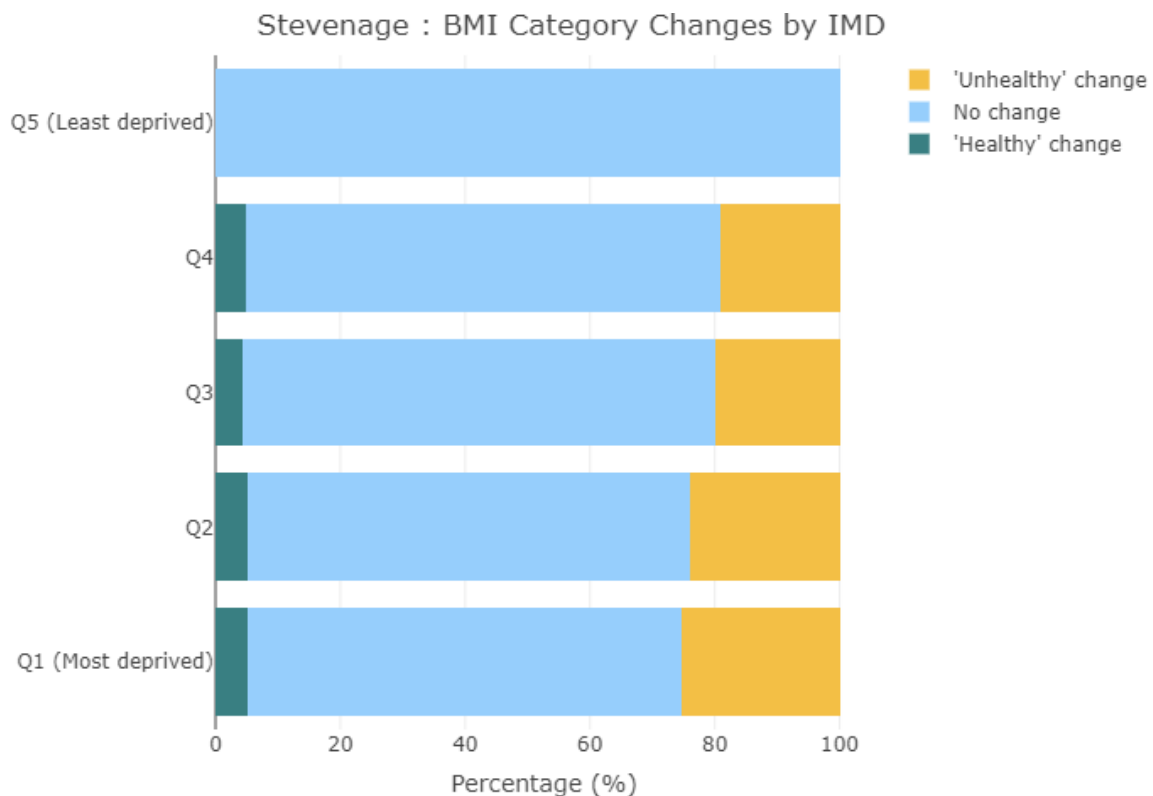
Children from the Mixed ethnicity group had the highest percentage of “healthy” change (7.7%). **Children from the Black ethnicity group showed the highest percentage of “unhealthy” change, at 33.3%.**



The graph below shows the above analysis but split by local (Hertfordshire) deprivation quintile.

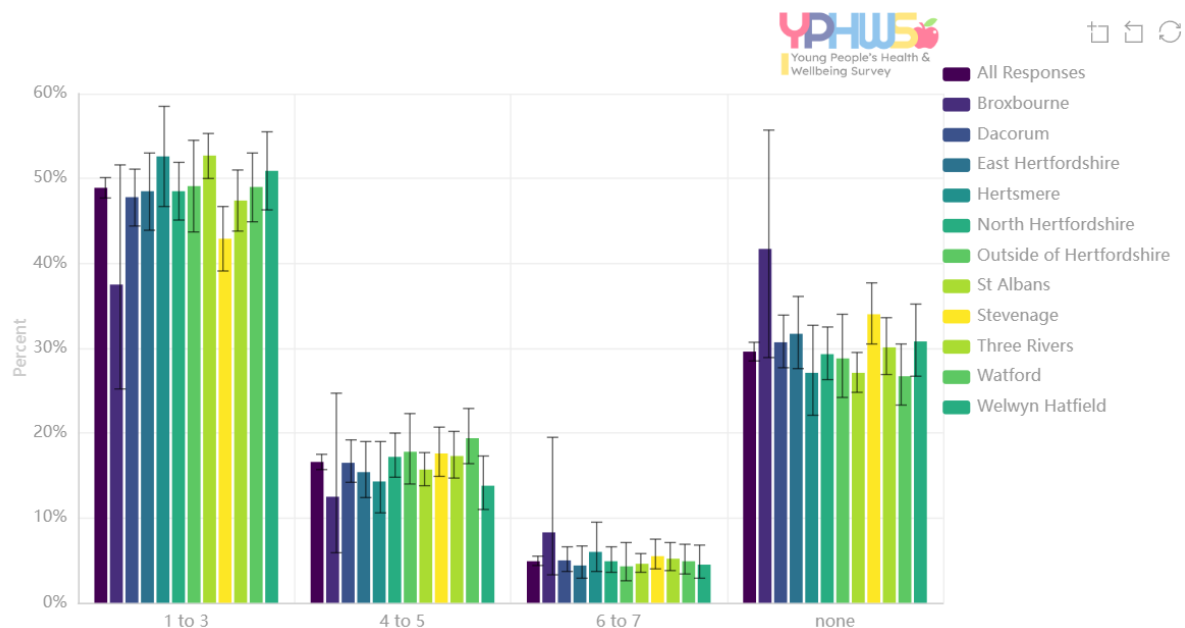
**There is a clear trend that children living in more deprived areas in Stevenage are more likely to make an unhealthy weight change, compared to their less-deprived peers.** Children in the most deprived areas are also more likely to be overweight or obese, even at reception, which suggests that in more deprived areas, there are likely to be more children moving from overweight to obese in the unhealthy change category, compared to less deprived areas where an unhealthy change is likely to have a higher proportion of children moving from healthy weight to overweight.

**In more deprived areas, children are more likely to be living with excess weight, and are less likely to make healthy weight changes. This means that preventative intervention activities early in the life course and for families with young children, may be one of the best means to reduce deprivation-based inequities associated with excess weight.**



### Physical activity in young people

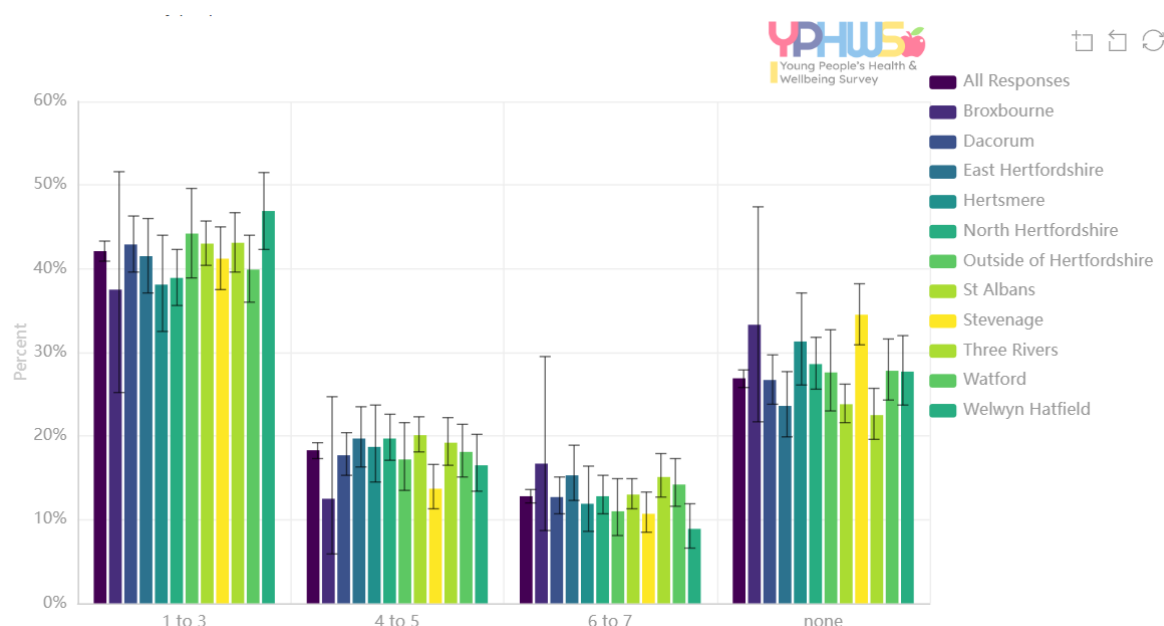
Data was sourced from YPHWS (Young People's Health and Wellbeing Survey) on questions pertaining to the number of times respondents had done an episode of physical activity (30 and 60 minute sessions) within a typical week. These questions were stratified by district.



**Pupils who responded to the survey from Stevenage have the second lowest proportion doing 1 to 3 30 minute sessions of physical activity a week (~43%).** This difference is statistically significant compared to the top two districts

performing the most 30 minute sessions for 1 to 3 sessions a week. For students doing 4 to 5 and 6 to 7 sessions a week, Stevenage does not materially differ from the rest of the districts.

For percentage of students not doing any 30 minute sessions of physical activity a week, Stevenage ranks second behind Broxbourne, but this difference is not statistically significant. Compared to the two districts with the lowest numbers of students not doing any physical activity (St Albans and Watford), **Stevenage has statistically significantly higher percentage of pupils not doing any 30 minute physical activity sessions.**



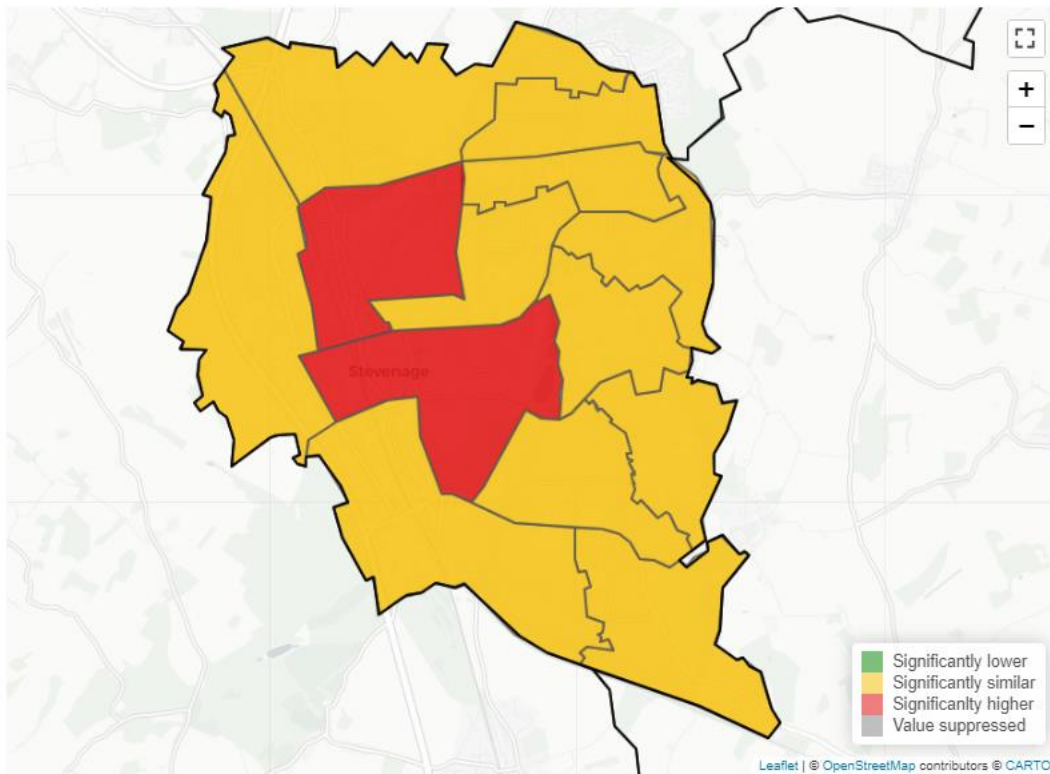
**Pupils who responded to the survey from Stevenage have the second lowest proportion doing 4 to 5 60 minute sessions of physical activity a week (~13%).** This difference is statistically significant compared to the top two districts performing the most 30 minute sessions for 1 to 3 sessions a week. For students doing 1 to 3 and 6 to 7 60 minute physical activity sessions a week, Stevenage does not materially differ from the rest of the districts.

**Stevenage has the highest percentage of students not doing any 60 minute sessions of physical activity a week.** Compared to several districts with the lowest numbers of students not doing any physical activity, Stevenage has a statistically significantly higher percentage of pupils not doing any 30 minute physical activity sessions.

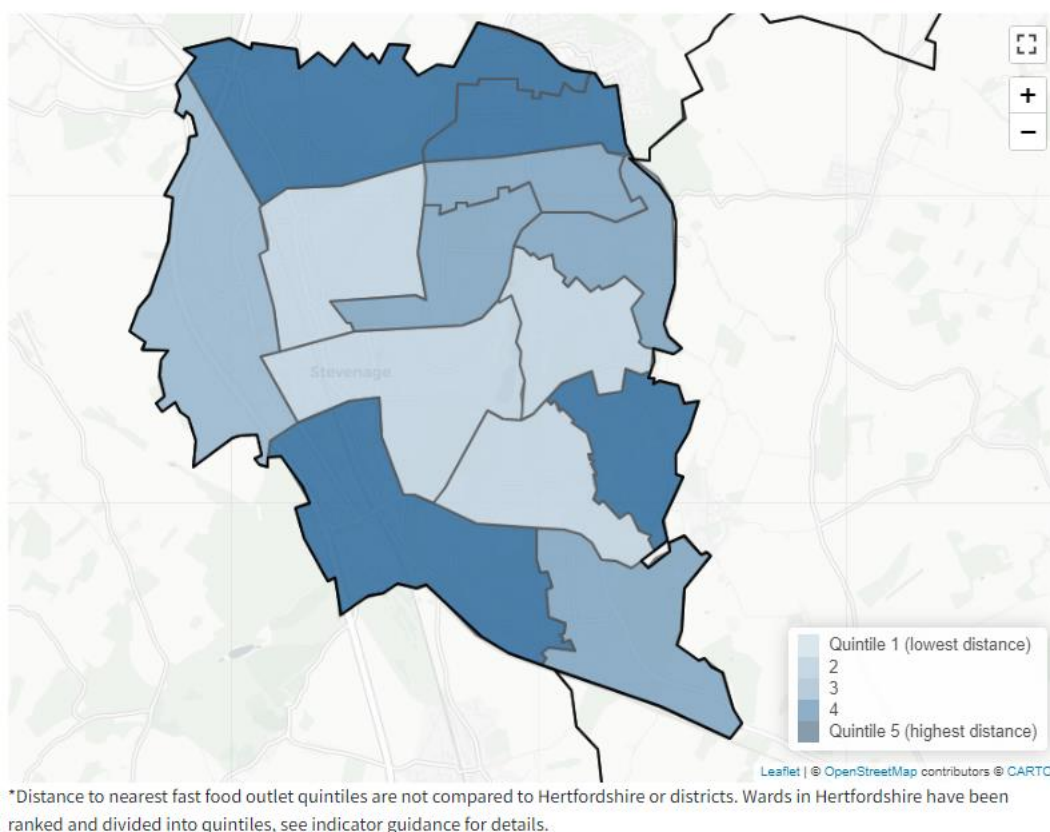
**Improving physical activity levels in young people, particularly those currently not doing any activity, is a potential opportunity to reduce overweight and obesity, and improve health in Stevenage.**

## Healthy Food Environments

The map below describes the number of fast food outputs per 1,000 population. The map compares wards against Hertfordshire as whole with red indicating wards which have significantly higher numbers of fast food outlets per 1,000 population than Hertfordshire's average.



The map below indicates the relative distance individuals need to travel to reach their closest fast food outlet. A 1 represents wards closest to a fast food outlet, and 5 represents wards furthest from a fast food outlet.

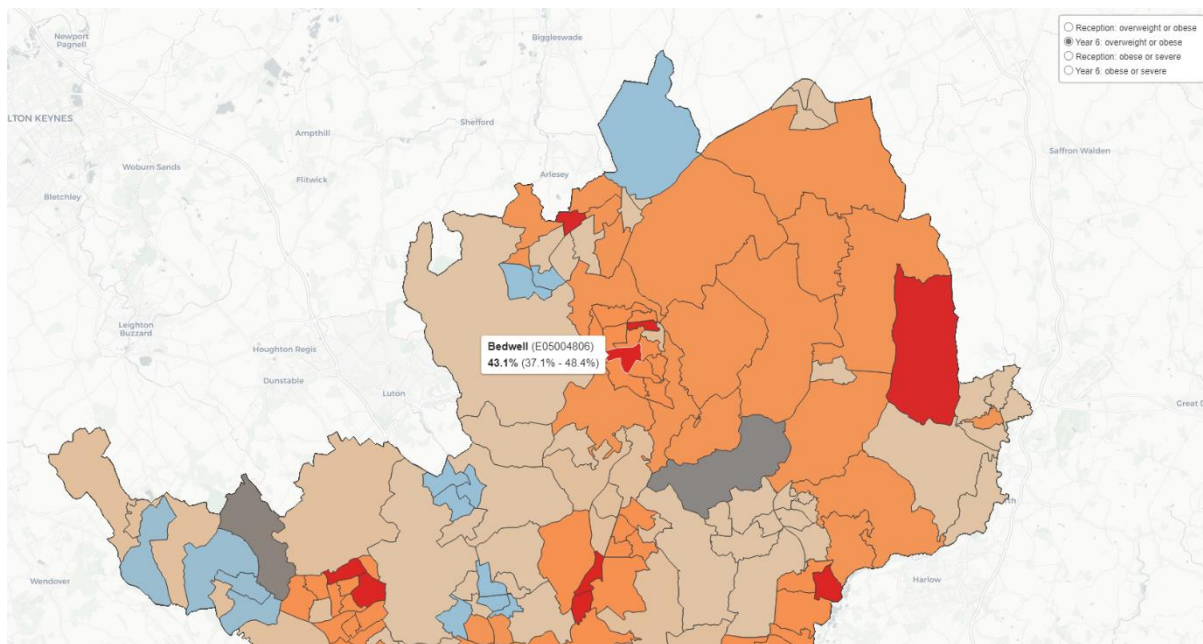


**Within Stevenage, Bedwell and Old Town are the areas with the highest rate of fast food outlets per 1,000 population. These wards are also among the wards where residents have the least travel time to reach a fast food outlet.**

| Area                 | Fast food rate per 1000 population | Travel time by car to nearest fast food outlet (mins.) |
|----------------------|------------------------------------|--------------------------------------------------------|
| <b>Hertfordshire</b> | <b>0.86</b>                        | <b>4.61</b>                                            |
| <b>Stevenage</b>     | <b>1.17</b>                        | <b>3.14</b>                                            |
| Bedwell              | 3.35                               | 1.42                                                   |
| Old Town             | 2.58                               | 1.75                                                   |
| Roebuck              | 1.72                               | 4.04                                                   |
| Shephall             | 1.08                               | 1.33                                                   |
| Martins Wood         | 0.95                               | 3.07                                                   |
| Longmeadow           | 0.86                               | 3.95                                                   |

| Area          | Fast food rate per 1000 population | Travel time by car to nearest fast food outlet (mins.) |
|---------------|------------------------------------|--------------------------------------------------------|
| St Nicholas   | 0.77                               | 4.30                                                   |
| Chells        | 0.73                               | 1.97                                                   |
| Symonds Green | 0.67                               | 2.83                                                   |
| Pin Green     | 0.46                               | 3.46                                                   |
| Bandle Hill   | 0.45                               | 4.18                                                   |
| Manor         | 0.32                               | 3.31                                                   |
| Woodfield     | 0.17                               | 6.07                                                   |

**Bedwell is also one of the wards with the highest rate of child obesity in the county which highlights some of the system-wide difficulties families face in maintaining healthy weight.**



## In adults

The table below shows the percentage of adults (18+) with obesity in Stevenage, other Hertfordshire districts, and nationally, compared to Hertfordshire. These are estimates from Sport England's Active Lives Adult Survey. **Stevenage is the only district with significantly higher prevalence of obesity than Hertfordshire County.**

| Obesity prevalence in adults in 2022/23 (%) |       |       |                                                                                      |              |              |
|---------------------------------------------|-------|-------|--------------------------------------------------------------------------------------|--------------|--------------|
| Area                                        | Count | Value |                                                                                      | 95% Lower CI | 95% Upper CI |
| England                                     |       | 26.2  |     | 26.0         | 26.5         |
| Hertfordshire                               |       | 22.7  |     | 21.4         | 24.0         |
| Broxbourne                                  |       | 25.6  |     | 21.2         | 30.1         |
| Dacorum                                     |       | 22.9  |     | 19.1         | 26.9         |
| East Hertfordshire                          |       | 21.1  |     | 17.2         | 25.0         |
| Hertsmere                                   |       | 21.5  |     | 17.5         | 25.7         |
| North Hertfordshire                         |       | 19.5  |   | 15.7         | 23.2         |
| St Albans                                   |       | 17.3  |   | 13.7         | 21.0         |
| Stevenage                                   |       | 32.4  |  | 27.8         | 37.1         |
| Three Rivers                                |       | 22.3  |   | 18.0         | 26.3         |
| Watford                                     |       | 20.8  |   | 16.9         | 24.8         |
| Welwyn Hatfield                             |       | 26.4  |  | 22.4         | 30.6         |

This table shows the percentage of adults with obesity at GP surgeries in Stevenage, Hertfordshire, and nationally. The value is for people who had their BMI recorded by their GP within the last 12 months by the total number of adults registered in the GP surgery. This may exclude adults who are living with obesity who have not had their BMI recorded, or had their BMI recorded more than 12 months previous to the reporting. **Bedwell Medical Centre and Shephall Health Centre have a significantly higher percentage of adults living with obesity in 2023/24 than the**

**Hertfordshire average.** Bedwell has one of the highest rates of child obesity and is the ward with the highest rate of fast food outlets per 1,000 residents.

| Obesity: QOF prevalence (18+ yrs) - new definition in 2023/24 (%) |           |       |  |              |              |
|-------------------------------------------------------------------|-----------|-------|--|--------------|--------------|
| Area                                                              | Count     | Value |  | 95% Lower CI | 95% Upper CI |
| England                                                           | 6,491,279 | 12.8  |  | 12.8         | 12.8         |
| Hertfordshire                                                     | 116,193   | 11.1  |  | 11.1         | 11.2         |
| Bedwell Medical Centre                                            | 1,702     | 16.5  |  | 15.8         | 17.2         |
| King George & Manor House Surgeries                               | 2,129     | 11.4  |  | 10.9         | 11.8         |
| Knebworth & Marymead Practice                                     | 1,194     | 11.3  |  | 10.7         | 11.9         |
| Shephall Health Centre                                            | 1,005     | 13.3  |  | 12.5         | 14.1         |
| Stanmore Medical Group                                            | 4,391     | 11.1  |  | 10.7         | 11.4         |
| The Symonds Green Health Centre                                   | 492       | 11.4  |  | 10.5         | 12.4         |

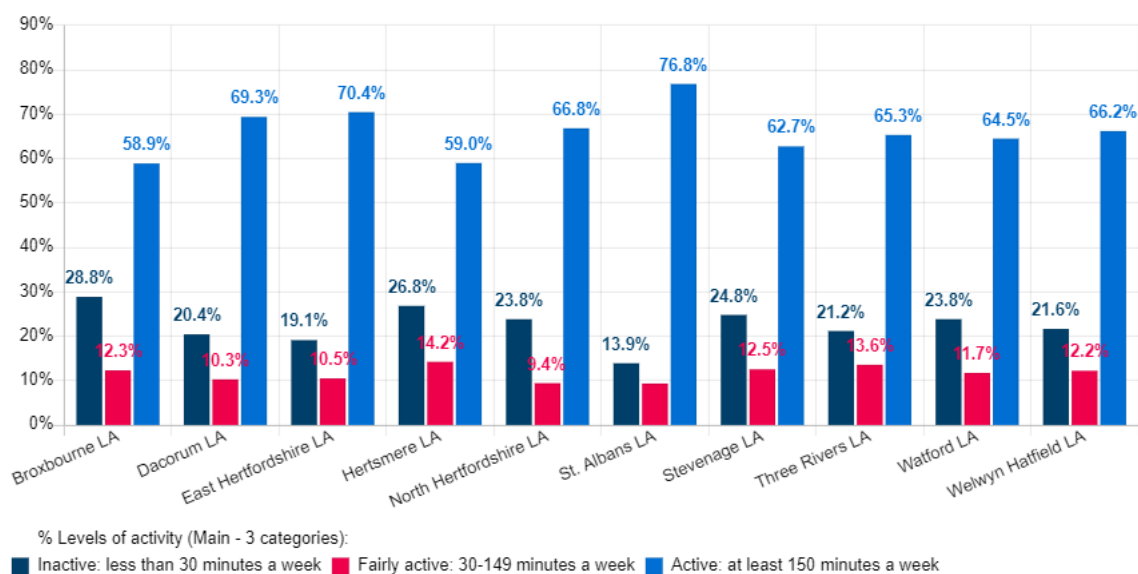
## Healthy eating in adults

The table below shows the percentage of adults (16+) meeting the '5-a-day' fruit and vegetable consumption recommendation at GP surgeries within Stevenage, and nationally, compared to Hertfordshire. This data is based on respondents to Sport England's Active Lives Adult Survey. **The percentage of adults in Stevenage meeting the recommended consumption of fruit and vegetables is significantly lower than Hertfordshire.**

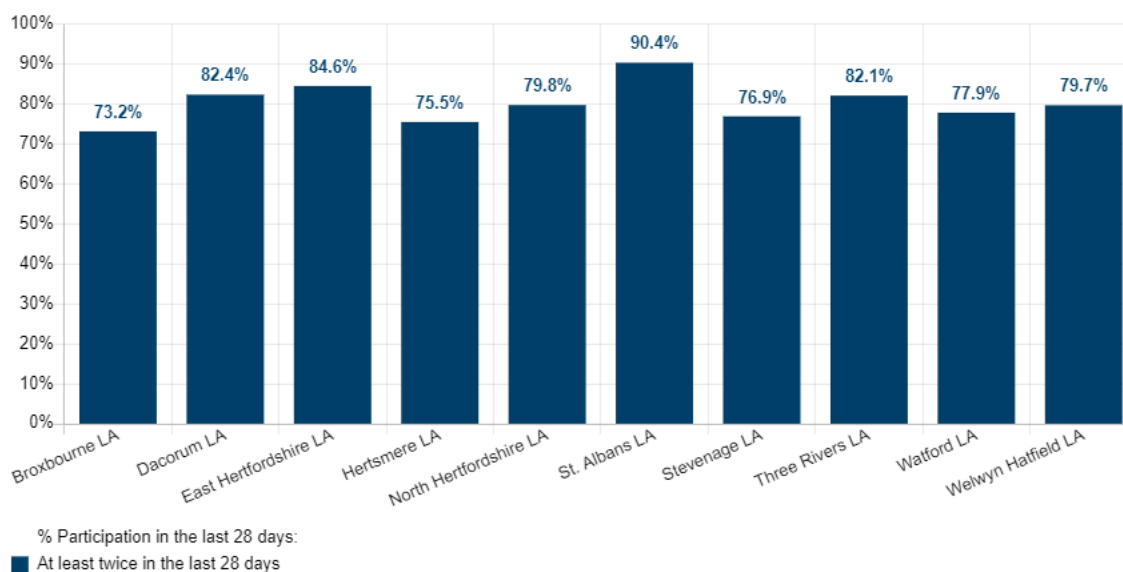
| Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) in 2022/23 |       |       |                                                                                    |              |              |
|--------------------------------------------------------------------------------------------------------------------|-------|-------|------------------------------------------------------------------------------------|--------------|--------------|
| Area                                                                                                               | Count | Value |                                                                                    | 95% Lower CI | 95% Upper CI |
| England                                                                                                            |       | 31.0  |  | 30.7         | 31.2         |
| Hertfordshire                                                                                                      |       | 33.4  |  | 32.0         | 34.7         |
| Stevenage                                                                                                          |       | 24.6  |  | 20.6         | 28.7         |

### Physical activity in adults

This data covers adult data for all people 16 and above and from the time period November 2022 to November 2023. **Stevenage had the third lowest participation in defined active physical activity of at least 150 minutes a week amongst all Hertfordshire districts.**



This data covers adult data for all people 16 and above and from the time period November 2022 to November 2023. **Stevenage had the third lowest participation in physical activity in the last 28 days amongst all Hertfordshire districts.**



## Theme 2: Dementia and Frailty

### Dementia

The NHS publishes several indicators regarding dementia. The tables below display these with respect to Hertfordshire County and England as a whole for the most recent data available. Each table displays rates of diagnosis or mortality per 100,000 people in the population.

The table below shows the rate of persons aged 65 and older with a recorded diagnosis of dementia in Stevenage compared to Hertfordshire and England as a whole. The tables are colour-coded for making comparisons to Hertfordshire County. Rates in red are statistically significantly worse than the county, rates in green significantly better, and rates in yellow statistically similar.

| Estimated dementia diagnosis rate (aged 65 and older) in 2024 |         |       |  |              |              |
|---------------------------------------------------------------|---------|-------|--|--------------|--------------|
| Area                                                          | Count   | Value |  | 95% Lower CI | 95% Upper CI |
| England                                                       | 466,485 | 64.8  |  | 58.3         | 70.2         |
| Hertfordshire                                                 | 9,322   | 62.7  |  |              |              |
| Stevenage                                                     | 763     | 76.7  |  | 67.4         | 85.1         |

Dementia and Alzheimer's disease are a leading cause of death in England. The table below shows the directly age-standardised mortality rate per 100,000 population, for all ages, in females where dementia or Alzheimer's disease was mentioned as a contributing cause in Stevenage compared to Hertfordshire and England as a whole. **Stevenage has a significantly higher mortality rate for deaths where Alzheimer's or dementia is a contributing cause, compared to Hertfordshire**

| Mortality rate for deaths involving dementia and Alzheimer's disease, all ages, Females from 2021 - 2023 |         |       |                                                                                    |              |              |
|----------------------------------------------------------------------------------------------------------|---------|-------|------------------------------------------------------------------------------------|--------------|--------------|
| Area                                                                                                     | Count   | Value |                                                                                    | 95% Lower CI | 95% Upper CI |
| England                                                                                                  | 168,585 | 166   |  | 166          | 167          |
| Hertfordshire                                                                                            | 3,285   | 150   |   | 144          | 155          |
| Stevenage                                                                                                | 257     | 184   |  | 162          | 208          |

The table below displays the percentage of residents who have received a dementia diagnosis and are therefore on the dementia register. Data are also shown at GP registration level. Stevenage has significantly higher proportions of residents with dementia than the Hertfordshire average. **Bedwell medical centre and the Knebworth & Marymead practice have the highest proportion of registered patients with dementia.**

## Dementia Registration

| Indicator                          | Period | Hertfordshire | Stevenage | Bedwell Medical Centre | King George & Manor House Surgeries | Knebworth & Marymead Practice | Shephall Health Centre | Stanmore Medical Group | The Symonds Green Health Centre |
|------------------------------------|--------|---------------|-----------|------------------------|-------------------------------------|-------------------------------|------------------------|------------------------|---------------------------------|
| % On Dementia Register (ages 0-64) | 2024   | 0.02          | 0.04      | 0.04                   | 0.03                                | 0.03                          | 0.06                   | 0.03                   | 0.04                            |
| % On Dementia Register (ages 65+)  | 2024   | 4.25          | 4.99      | 5.89                   | 4.44                                | 6.29                          | 3.04                   | 4.88                   | 5.4                             |

Cell colour legend  
 Statistically higher  
 Statistically similar  
 Statistically lower

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The table below shows the proportion of registered patients who have a dementia diagnosis who have a care plan, and who have had a recent medication review. Although Stevenage has a significantly higher proportion of people with dementia who have a care plan compared with Hertfordshire, Shephall Health Centre has a significantly lower proportion of dementia patients with a care plan. The Knebworth & Marymead practice, and the Symonds Green Health Centre have significantly lower proportions of patients with dementia who have had a medication review. The Knebworth & Marymead practice had the highest proportion of registered patients with dementia within Stevenage. **Having a care plan and regular medication reviews are important aspects of managing dementia effectively and achieving the best outcomes; there may be an opportunity to improve the management of dementia for patients living in areas where they are likely to be registered in these clinics.**

## Dementia Care Plan & Medication Review

| Indicator                                        | Period | Hertfordshire | Stevenage | Bedwell Medical Centre | King George & Manor House Surgeries | Knebworth & Marymead Practice | Shephall Health Centre | Stanmore Medical Group | The Symonds Green Health Centre |
|--------------------------------------------------|--------|---------------|-----------|------------------------|-------------------------------------|-------------------------------|------------------------|------------------------|---------------------------------|
| % Dementia Diagnosis, Recieved Care Plan         | 2024   | 61.89         | 68.72     | 70.45                  | 53.8                                | 69.64                         | 40.38                  | 80.31                  | 50                              |
| % Dementia Diagnosis, Recieved Medication Review | 2024   | 32.06         | 33.93     | 33.33                  | 40.51                               | 13.69                         | 28.85                  | 44.36                  | 9.62                            |

Cell colour legend  
■ Statistically higher  
■ Statistically similar  
■ Statistically lower

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## Frailty

### Health & Independent Living Support (HILS), Hertfordshire

#### Active ageing

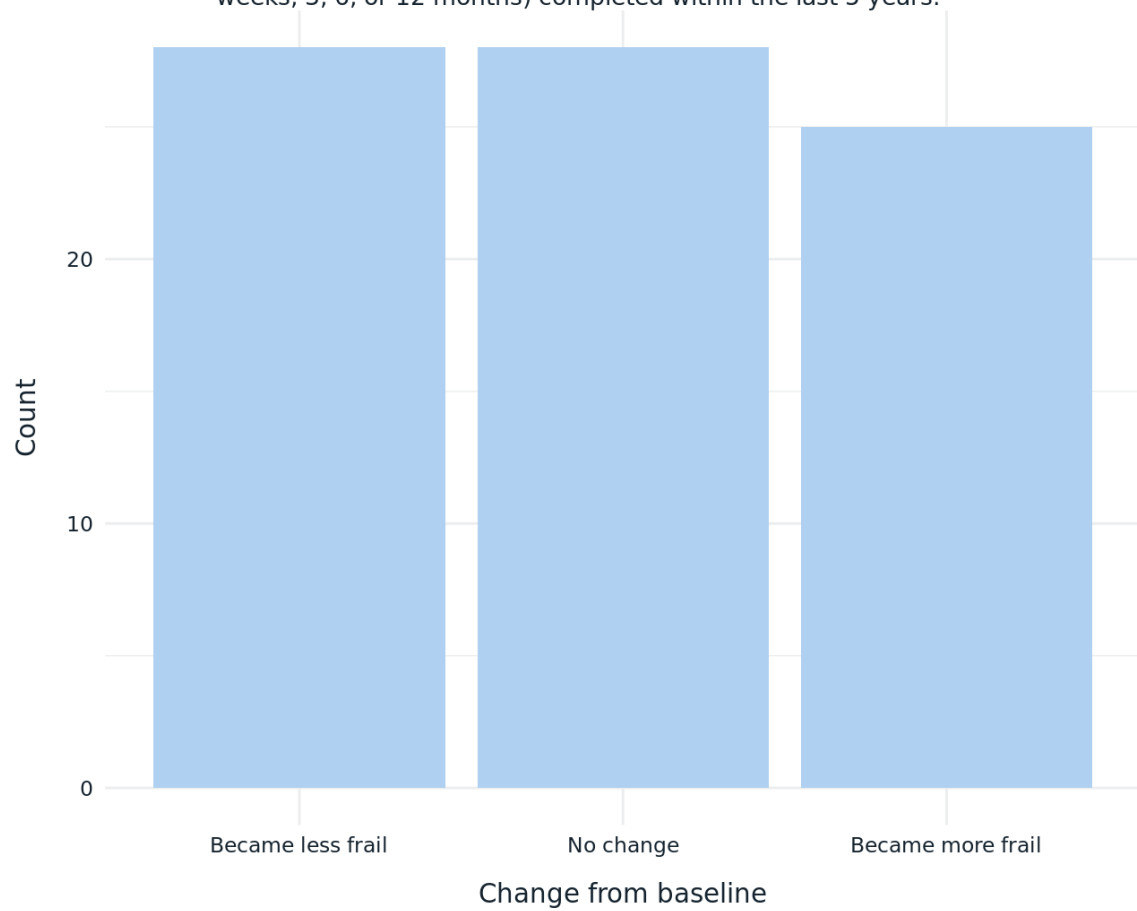
Health & Independent Living Support (HILS) provide an Exercise at Home programme, delivered by Active Ageing. These are weekly one-to-one sessions for up to 12 weeks, and aim to help the person become physically more active and mobile. Sessions occur within the persons home, and users have to aged 65 or over and living in the community (rather than in a care home or nursing home).

**There are 115 people who are currently undertaking, or have taken part in this programme and 20 on the waiting list, of which 11 are female, 8 are male, and 1 person is unknown gender.**

At the beginning of the programme, people complete a baseline evaluation of their current abilities, which is then followed up at the end of the programme. For some people, the programme may be interrupted for issues such as illness.

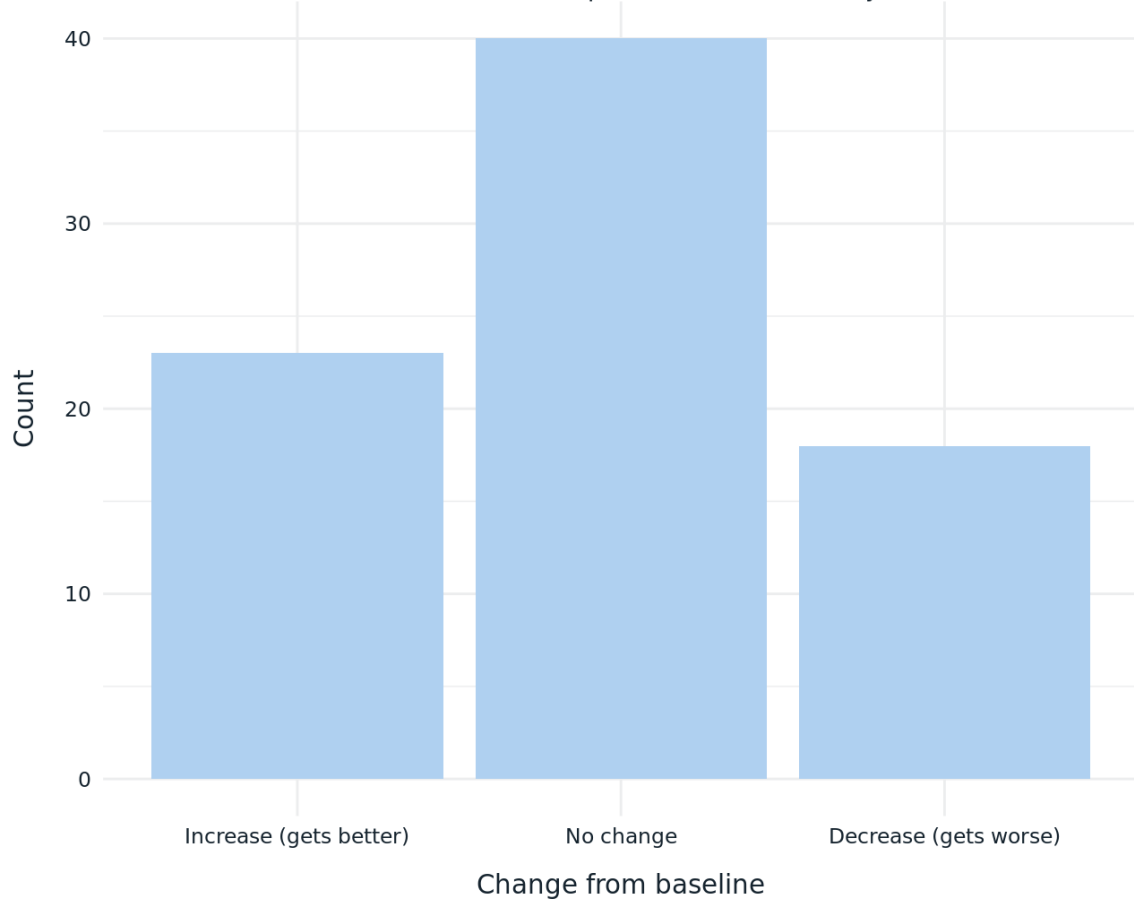
### Change in frailty from baseline to most recent

Change in frailty index from baseline to the person's most recent recording of frailty (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



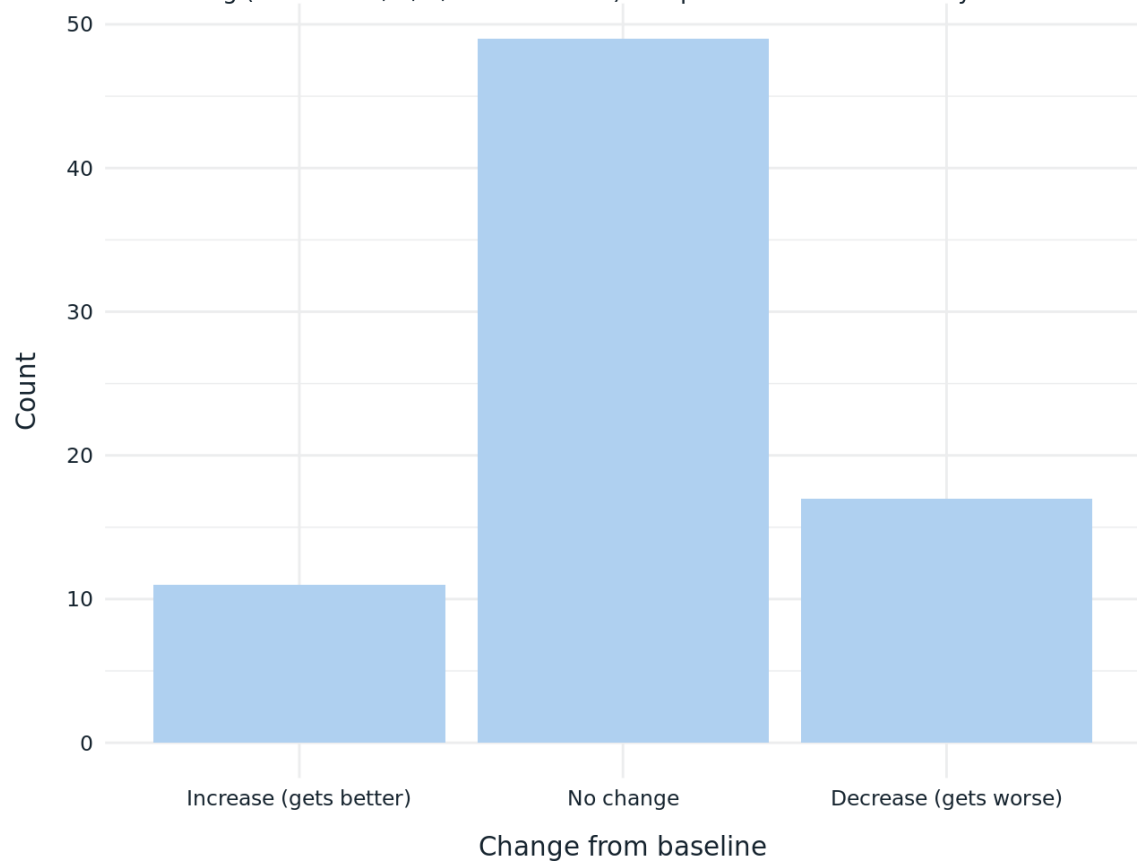
### Change in sitting to standing from baseline to most recent

Change in sitting to standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



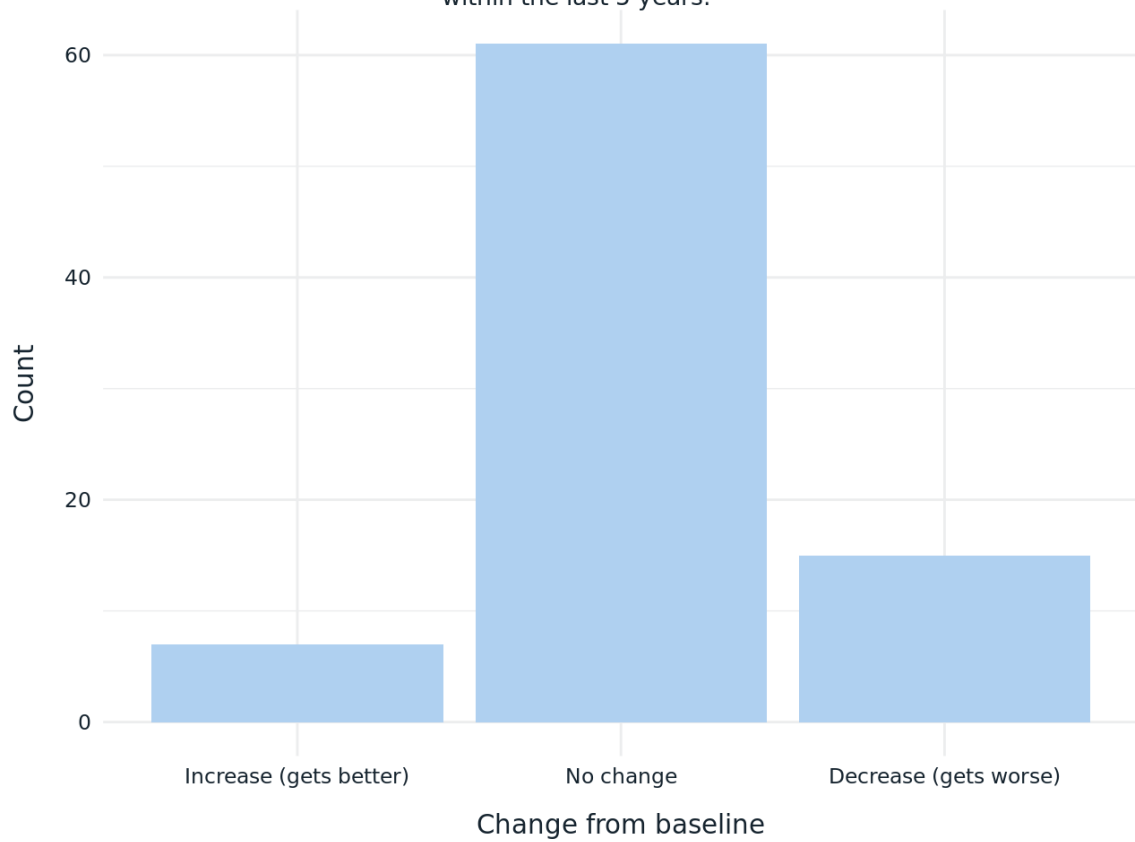
## Change in standing unsupported eyes closed from baseline to most recent

Change in standing unsupported eyes closed index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



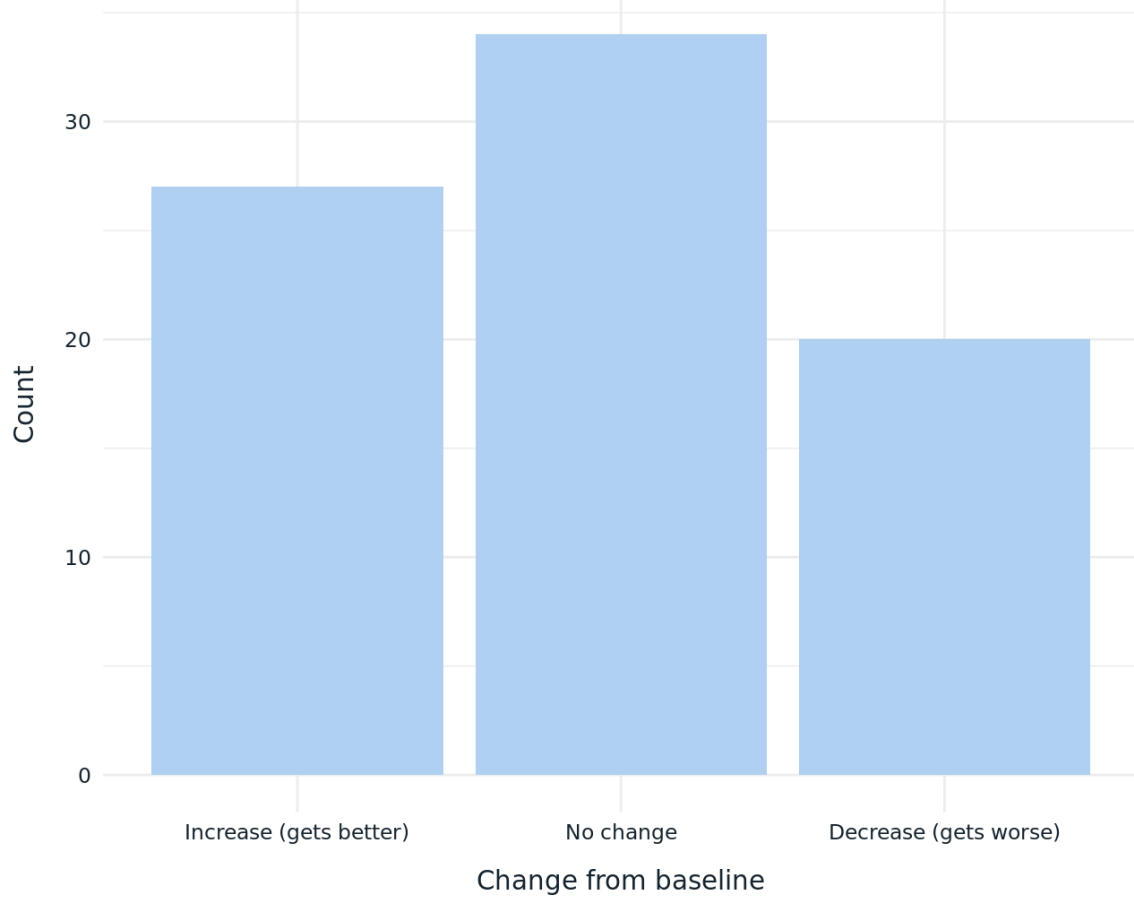
## Change in sitting with back unsupported from baseline to most recent

Change in sitting with back unsupported but feet supported on floor or on a stool index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.

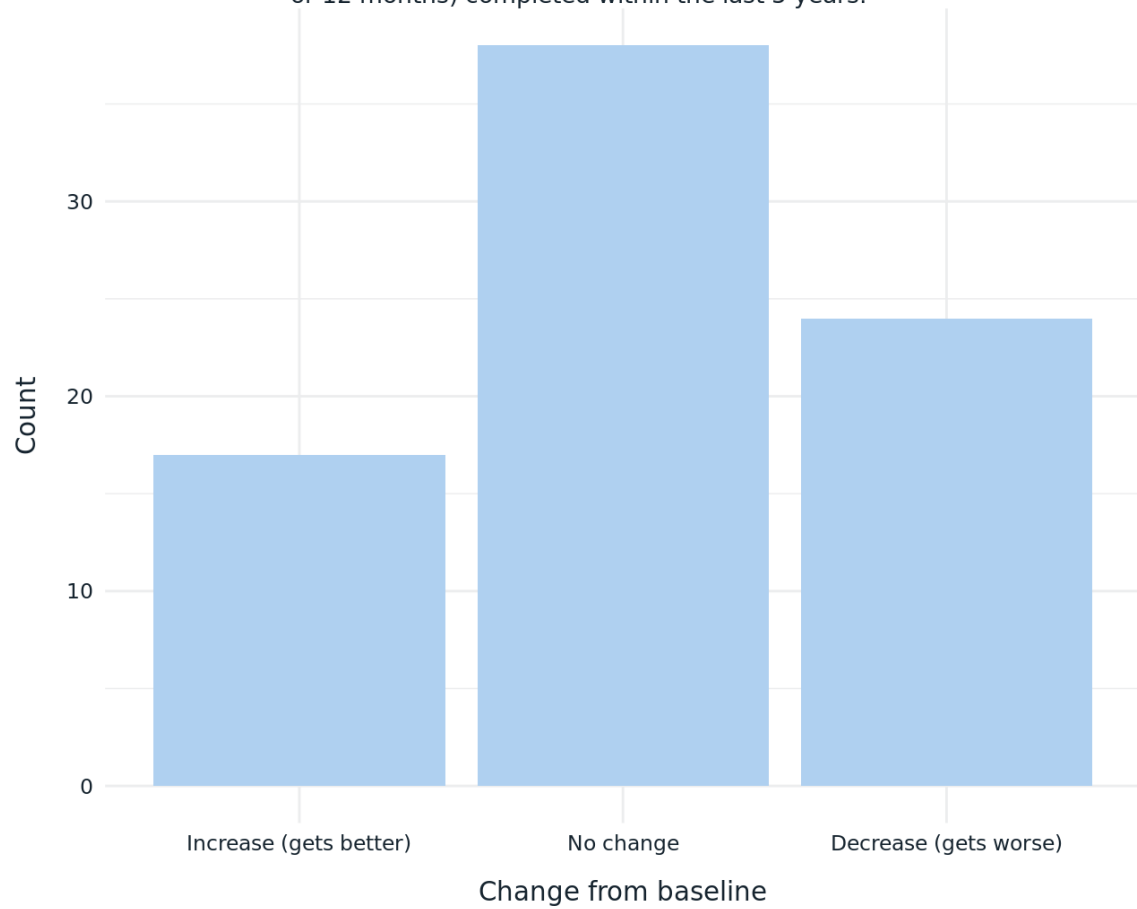


### Change in standing to sitting from baseline to most recent

Change in standing to sitting index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.

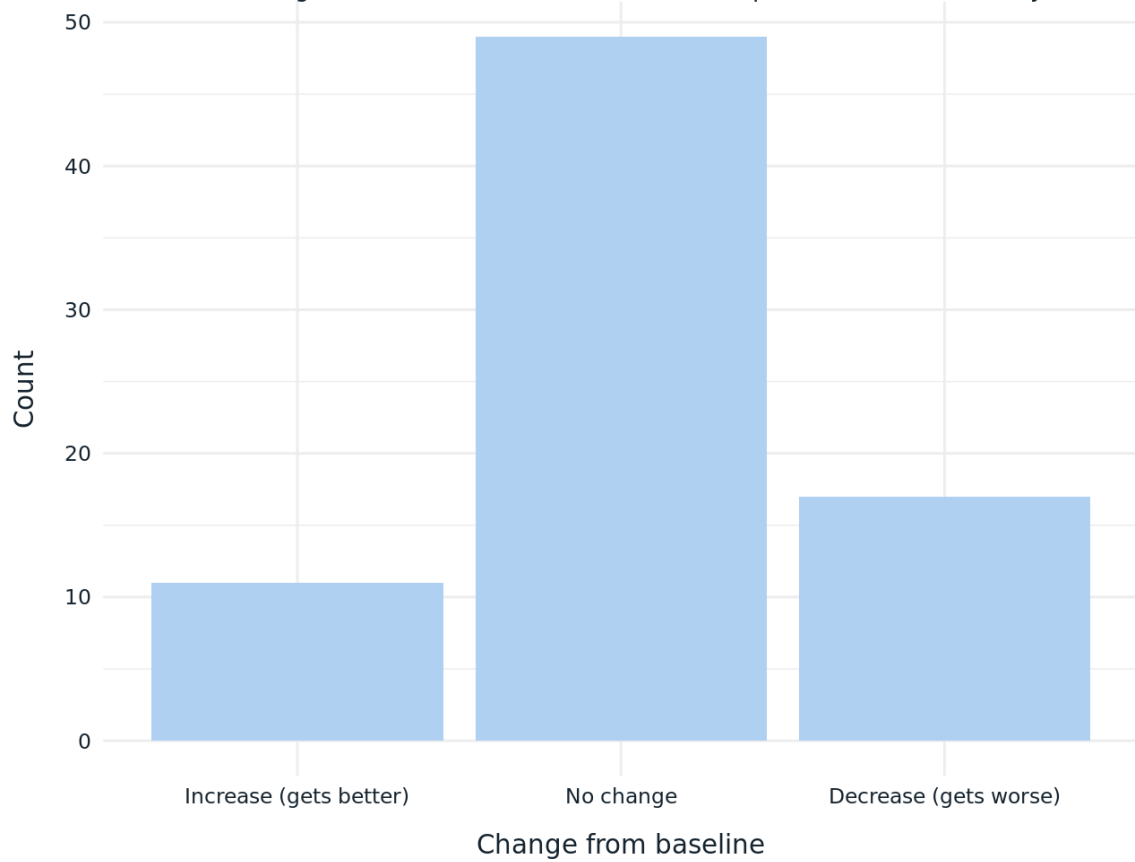


**Change in ability to transfer from baseline to most recent**  
Change in transfer index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



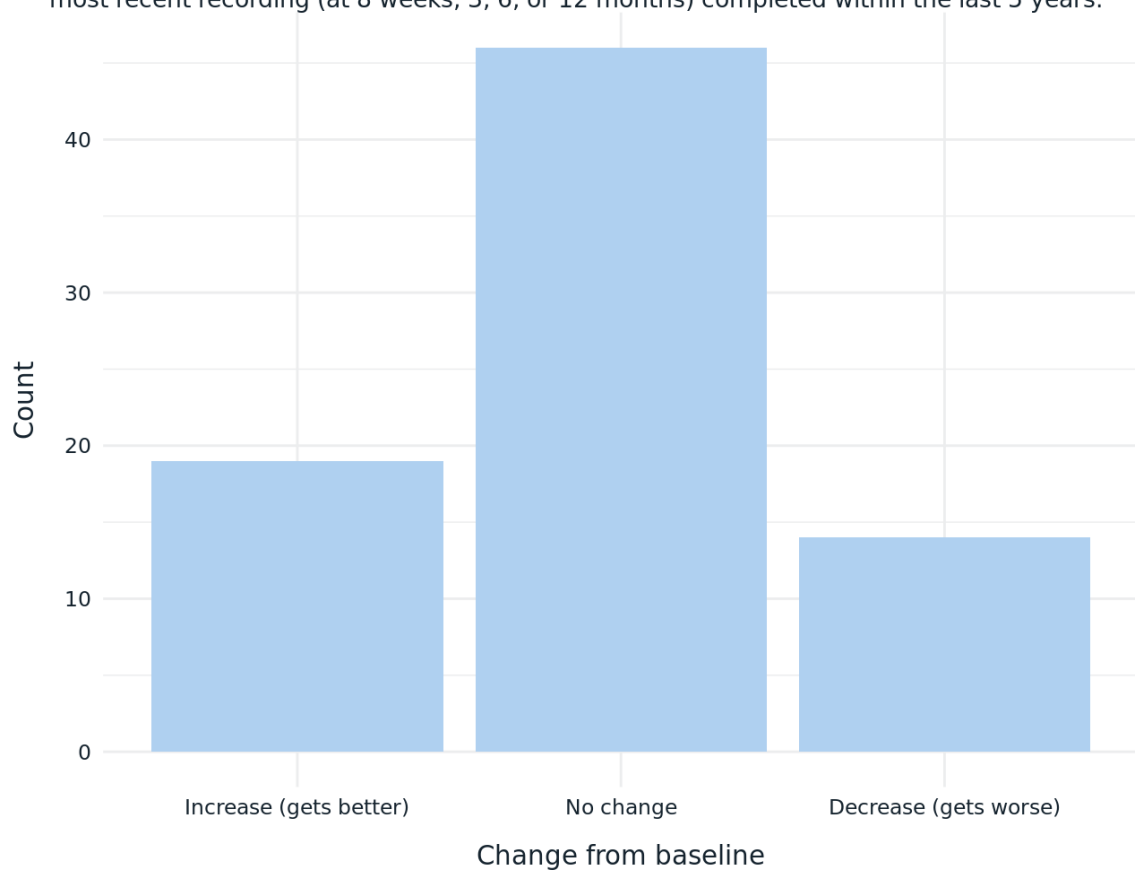
## Change in ability to stand unsupported with eyes closed from baseline to most recent

Change in ability to stand unsupported with eyes closed index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



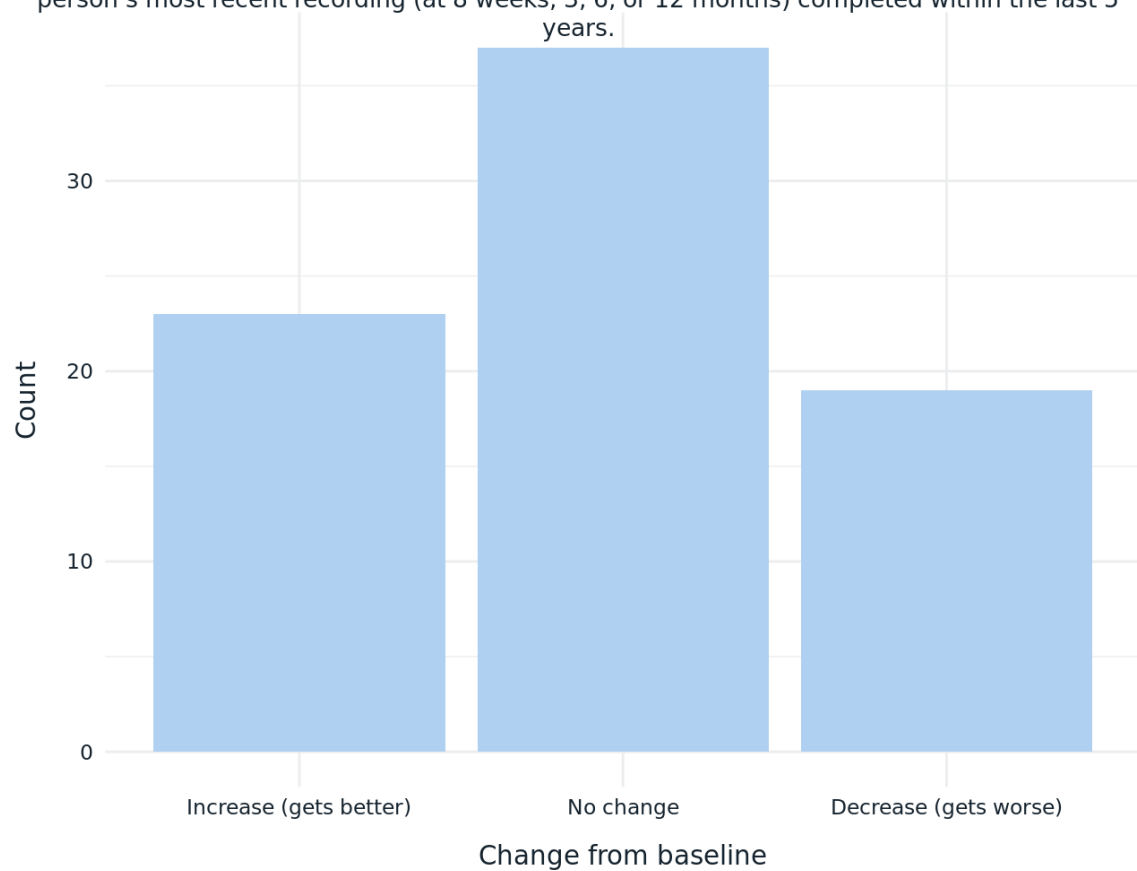
## Change in ability to stand unsupported with feet together from baseline to most recent

Change in ability to stand unsupported with feet together index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



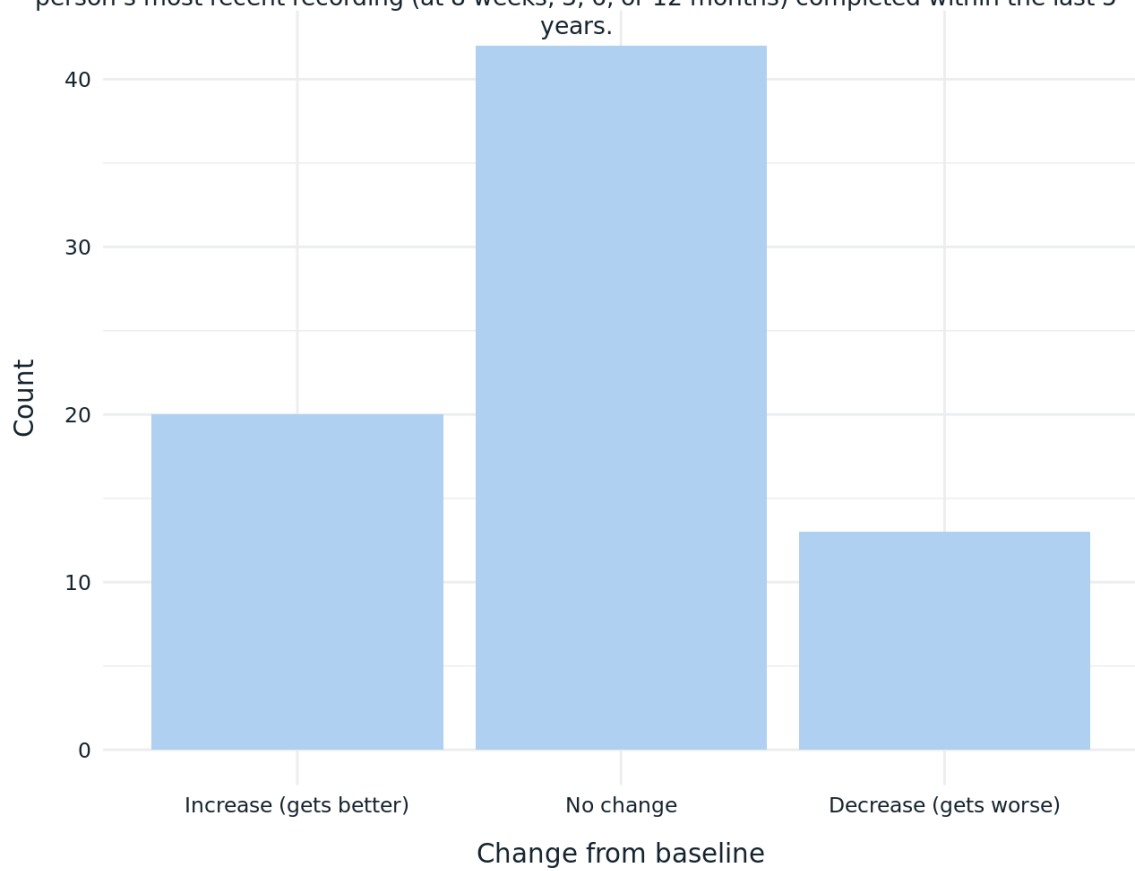
## Change in reaching forward while standing from baseline to most recent

Change in reaching forward with outstretched arm while standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



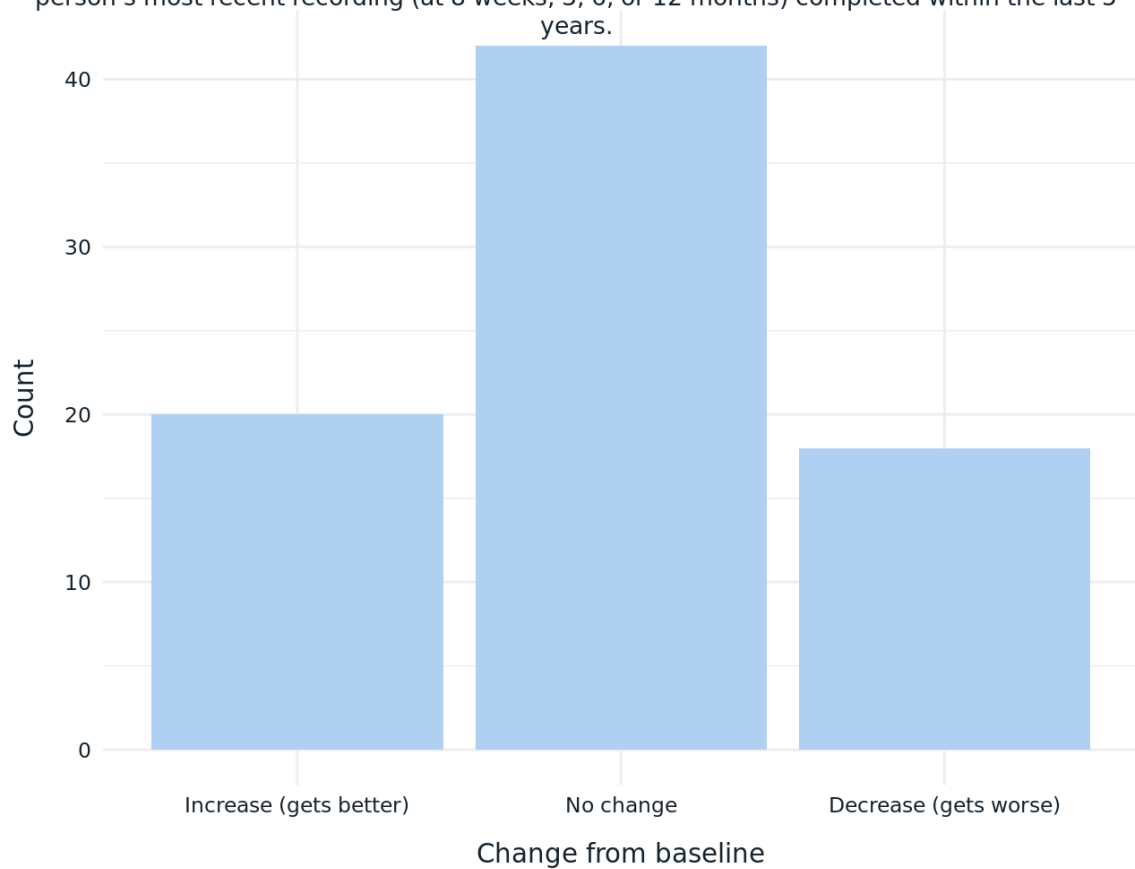
## Change in ability to pick up an object from the floor from standing from baseline to most recent

Change in ability to pick up an object from the floor from standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



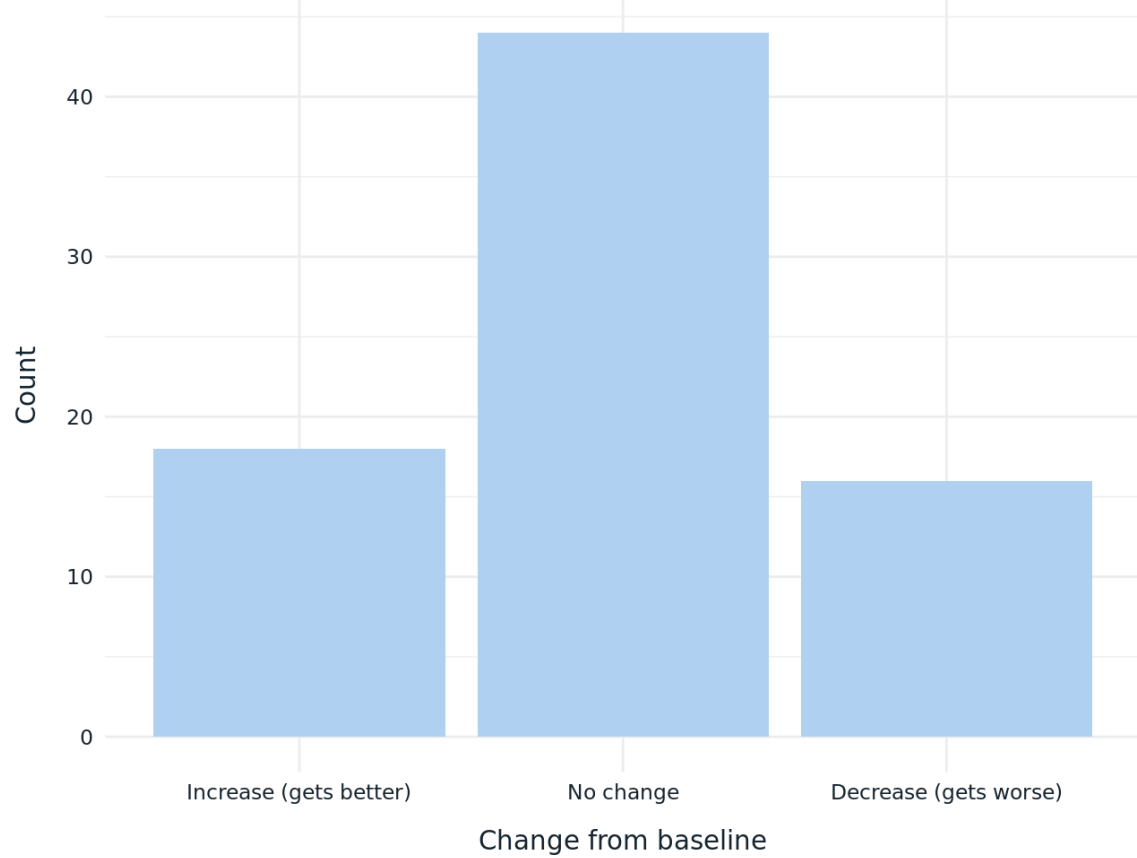
## Change in ability to look over shoulders whilst standing from baseline to most recent

Change in ability to look over left and right shoulder whilst standing index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



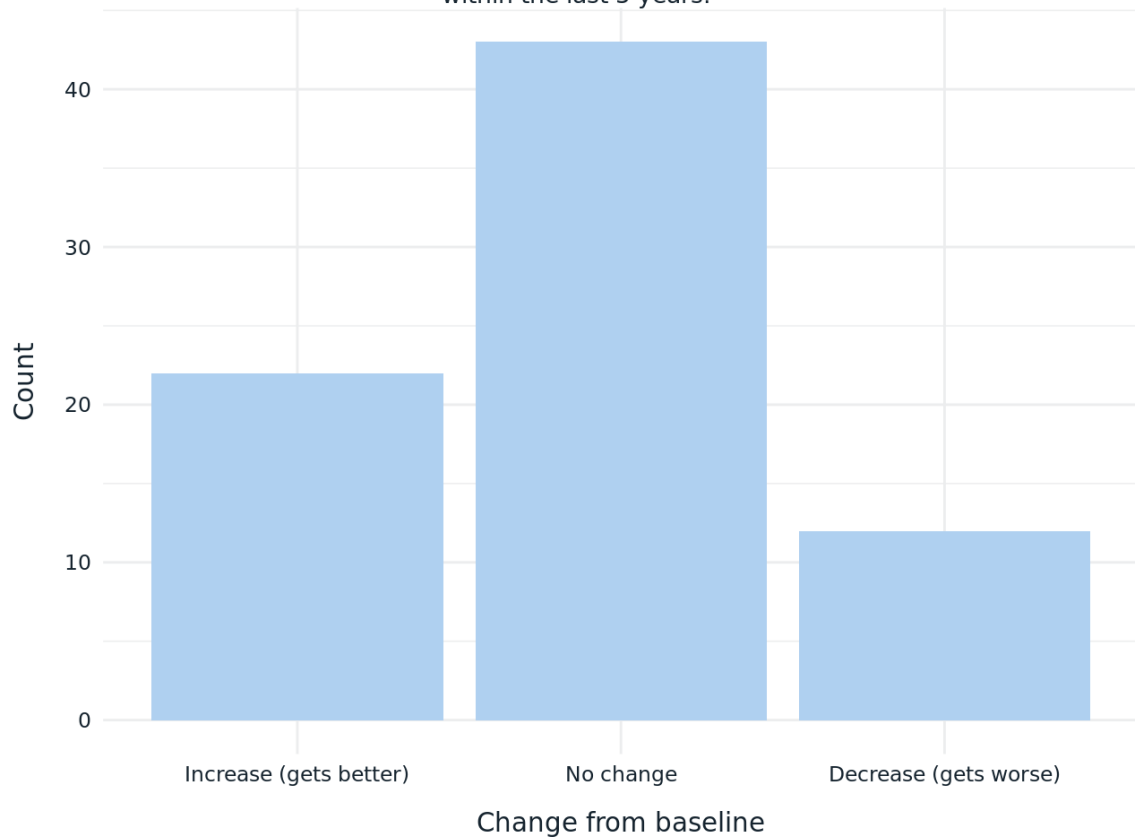
## Change in ability to turn 360 degrees from baseline to most recent

Change in ability to turn 360 degrees index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



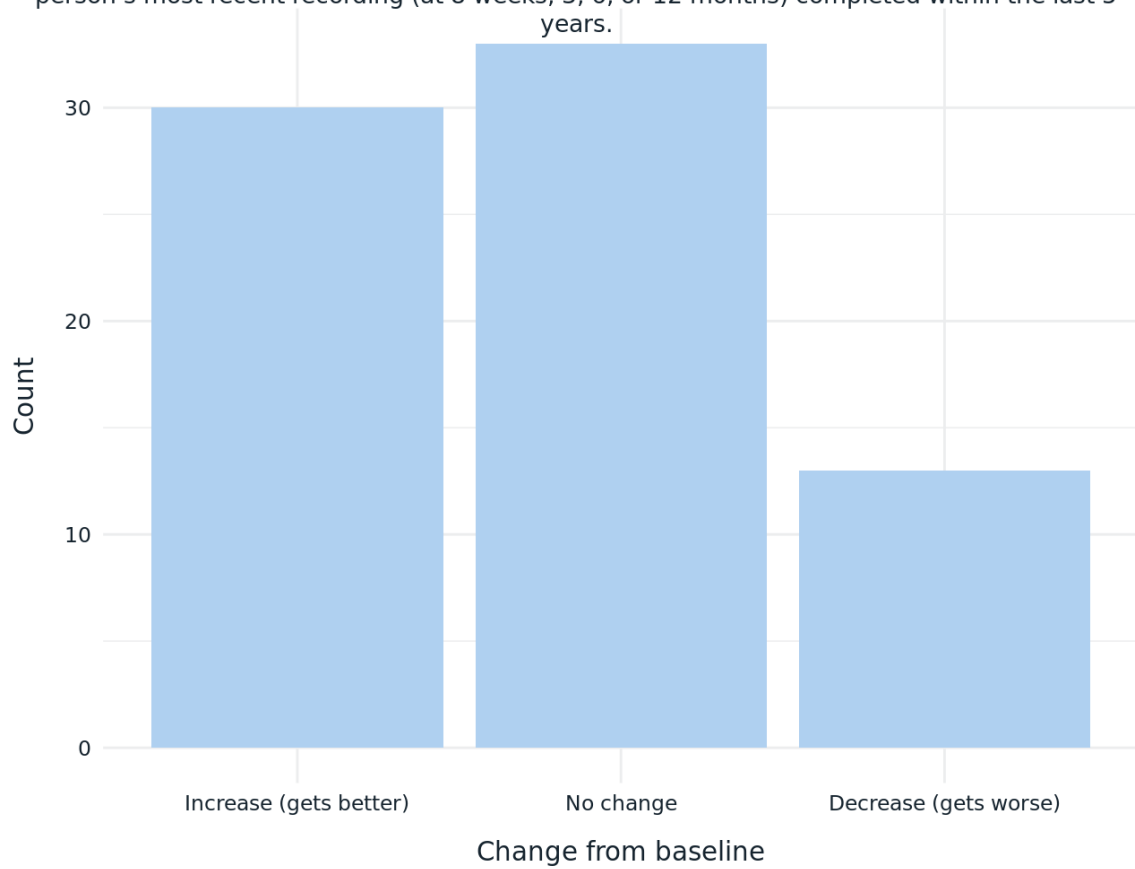
## Change in ability to place foot on step whilst standing unsupported from baseline to most recent

Change in ability to place alternate foot on step or stool whilst standing supported index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



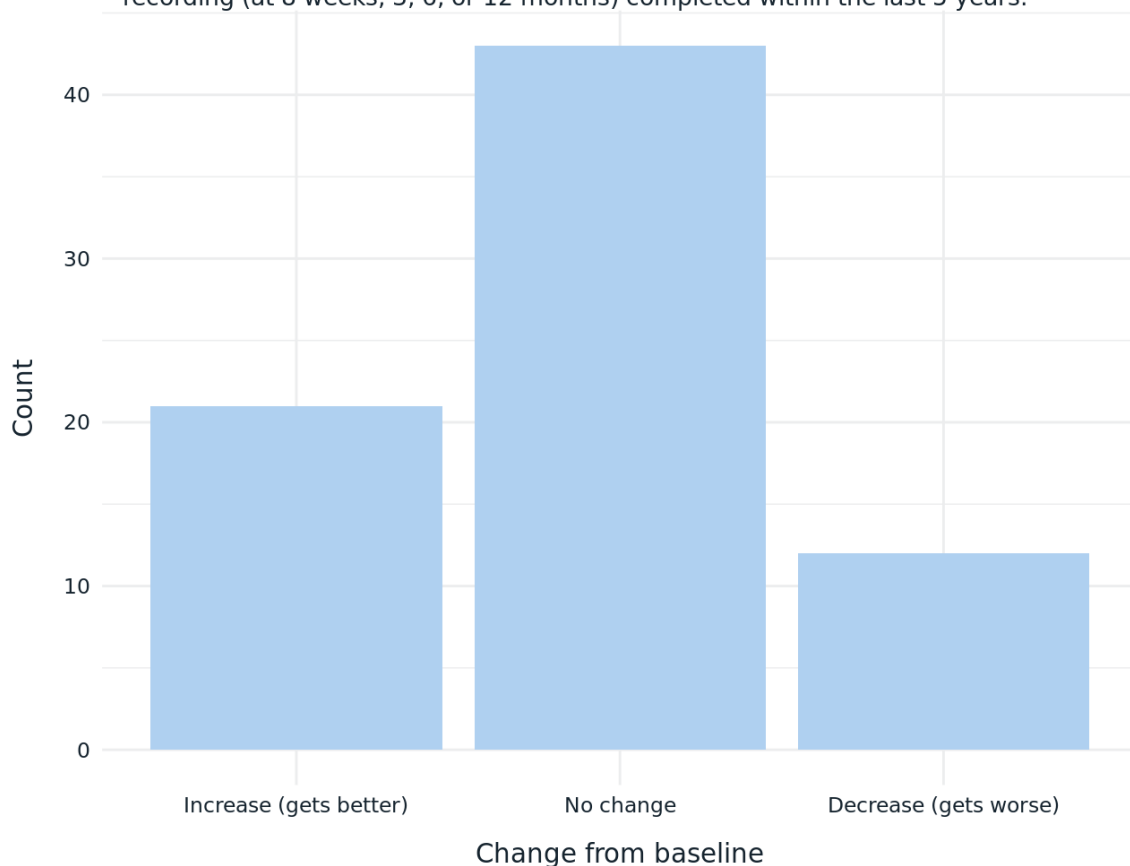
## Change in ability to stand unsupported with one foot in front from baseline to most recent

Change in ability to stand unsupported with one foot in front index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



## Change in ability to stand on one leg from baseline to most recent

Change in ability to stand on one leg index from baseline to the person's most recent recording (at 8 weeks, 3, 6, or 12 months) completed within the last 5 years.



## Meals Service

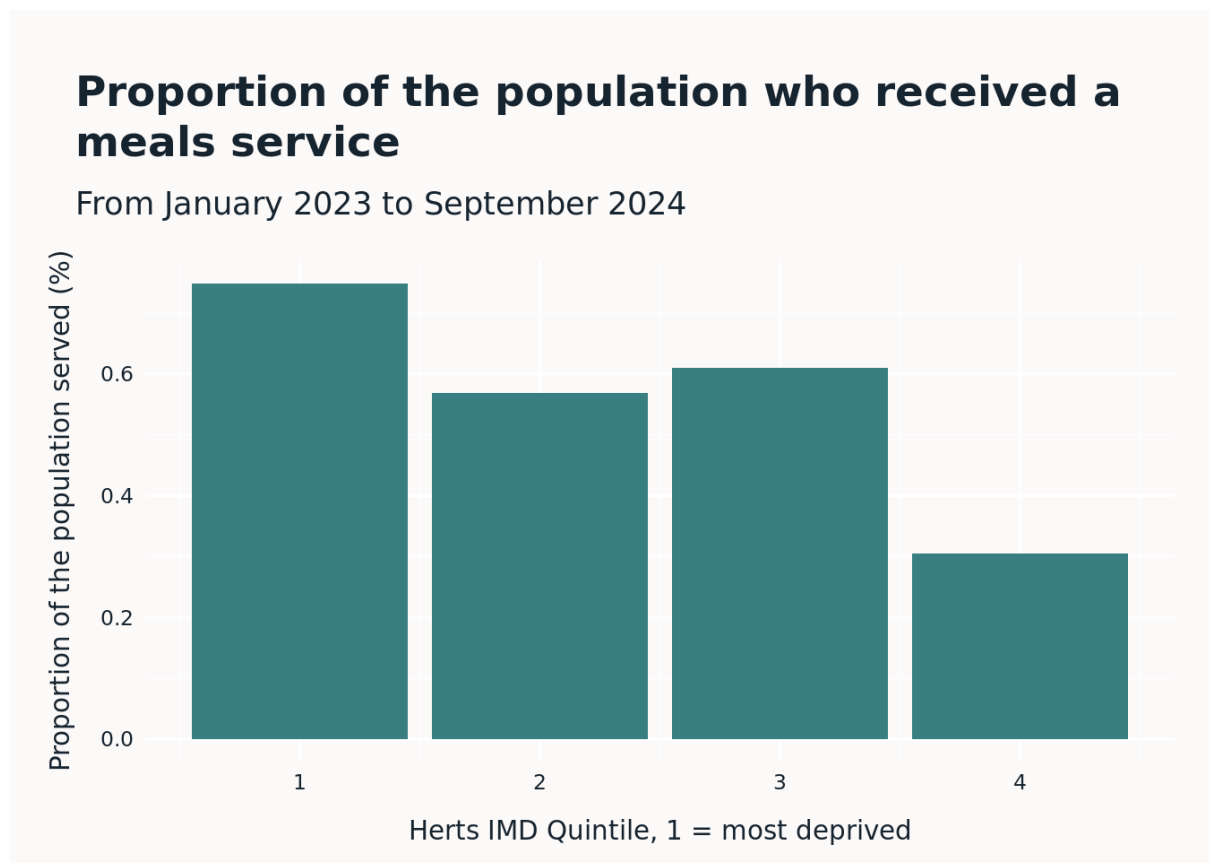
A Meals Service is available for those who are over 18 and have difficulty preparing a meal safely. **Since 2023, 575 individuals have been supported by the meals service.**

Information is collected on the types of needs and conditions that service users have. The most prevalent condition for the meals service users to have is poor mobility, followed by dementia. HILS indicated that accessibility issues for some buildings (for example lifts being out of service) not only have implications for a person requiring a meals delivery service, but some of the delivery team can struggle with mobility issues meaning service planning is difficult in these instances.

| Condition         | Percentage |
|-------------------|------------|
| Poor Mobility     | 56.0       |
| Dementia          | 11.1       |
| Deaf              | 5.9        |
| Confused          | 4.2        |
| Visual Impairment | 3.5        |
| Speech Impediment | 2.3        |

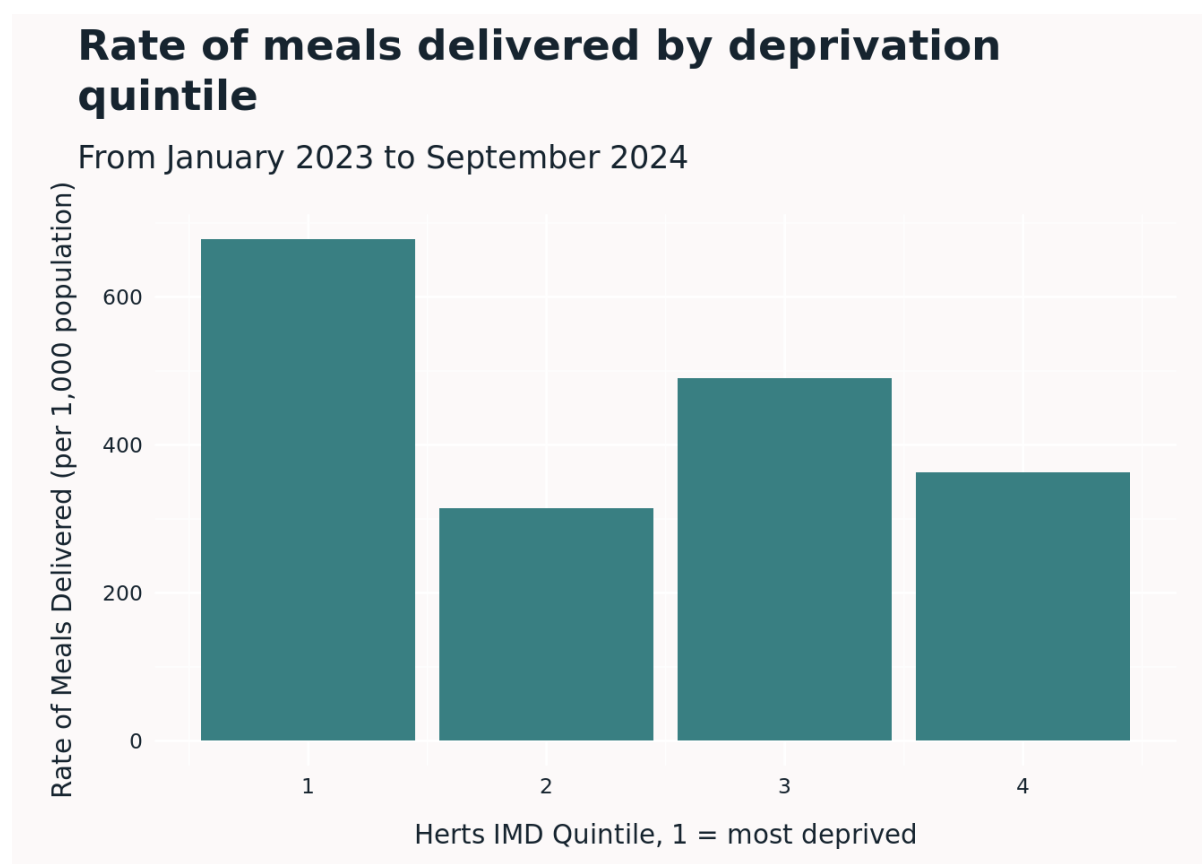
The proportion of the Stevenage population who received a meals from the meals service at any point from January 2023 to January 2024 is shown in the table below.

**The highest proportion of the population who received a meals service lived in the most deprived local quintile (1), however those living in quintiles 2 and 3 represented a similar proportion of the population.**



The rate of meals delivered between January 2023 to September 2024 is shown per 1,000 population for each of the local deprivation quintiles.

The highest rate of meals delivered per population was in the most deprived quintile (1).

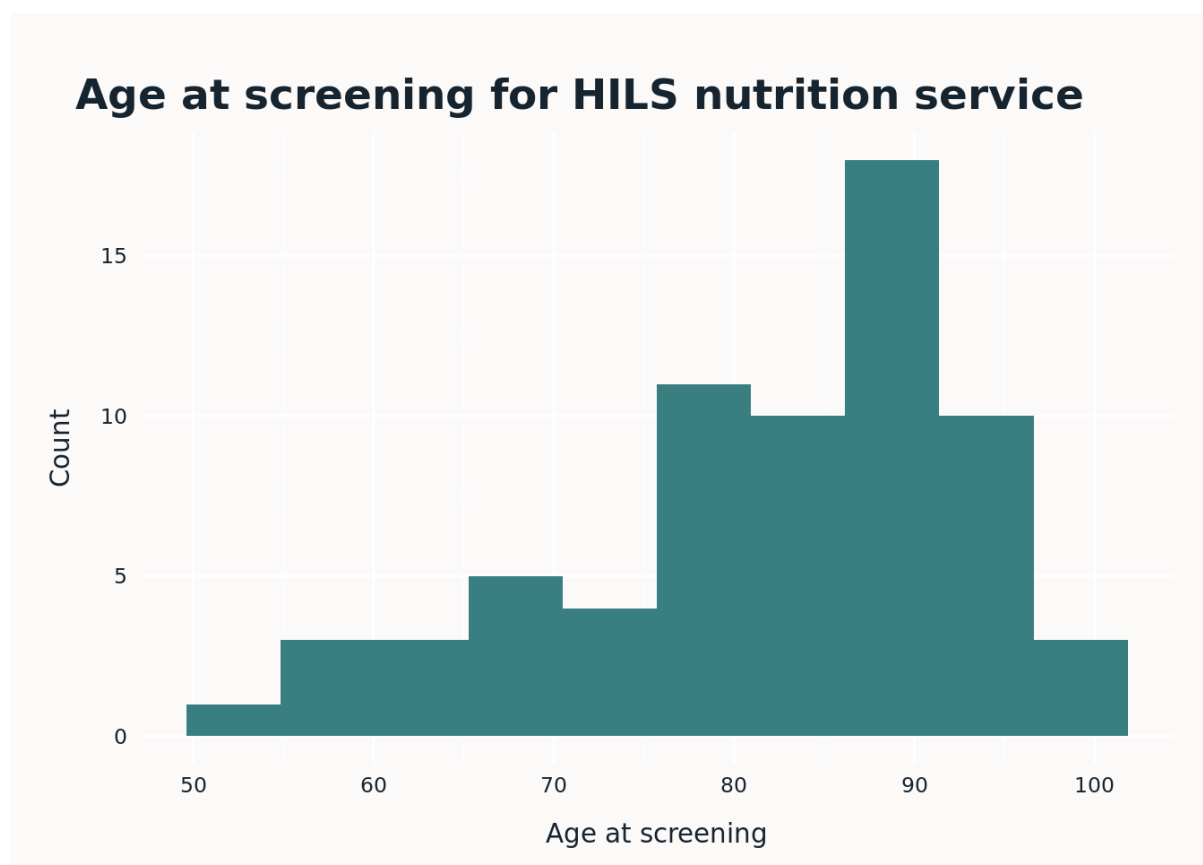


### Nutrition & Wellbeing Service

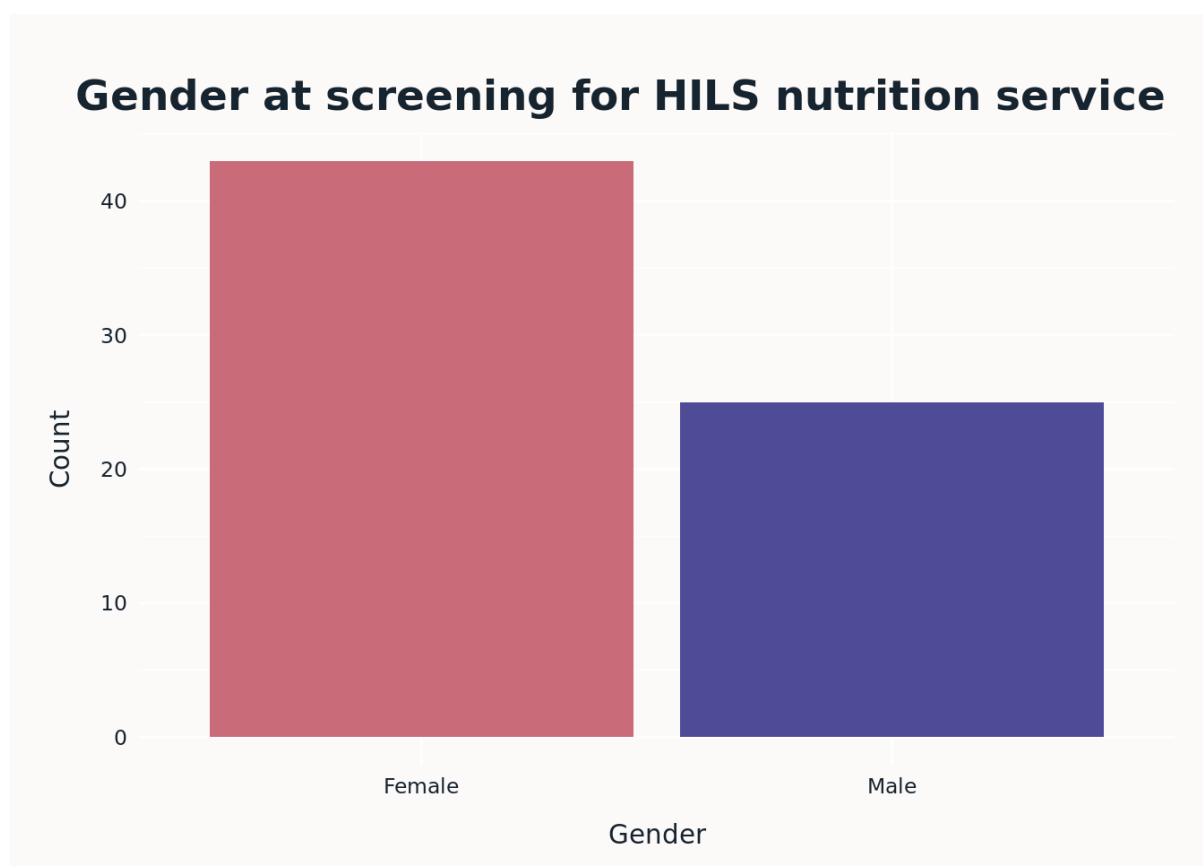
A Nutrition & Wellbeing service is available free to all meals (Meals on Wheels) clients in Hertfordshire and a nutrition check can be requested when an individual signs up for meals or while receiving meals. The service includes a nutrition and wellbeing check for a period of up to 6 months nutrition and wellbeing education for clients, families and carers, and referrals to additional services.

**In Stevenage between September, 2019 and November, 2024 there were 231 Nutrition & Wellbeing service visits made to 68 residents.**

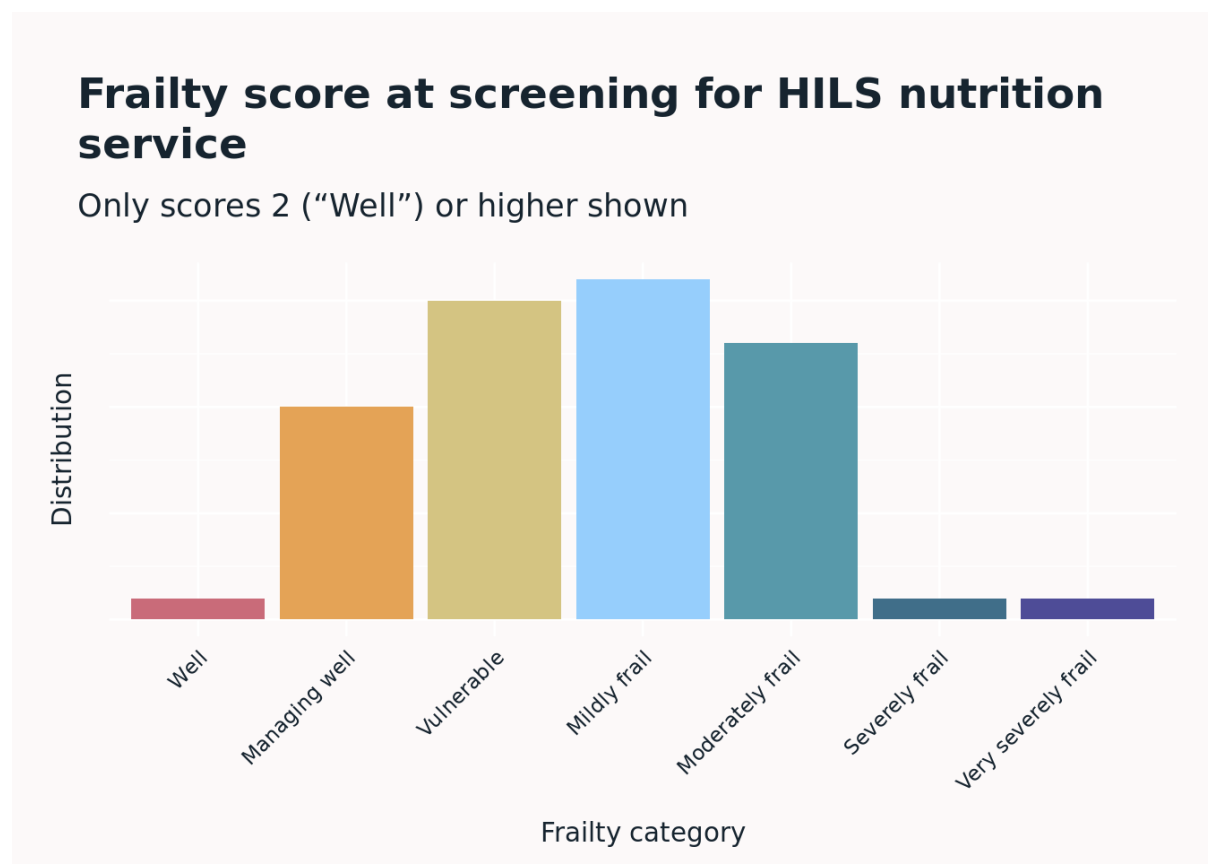
The nutrition service in Stevenage is delivered to an older demographic, in line with the population receiving the meals service.



The service users are predominantly female.



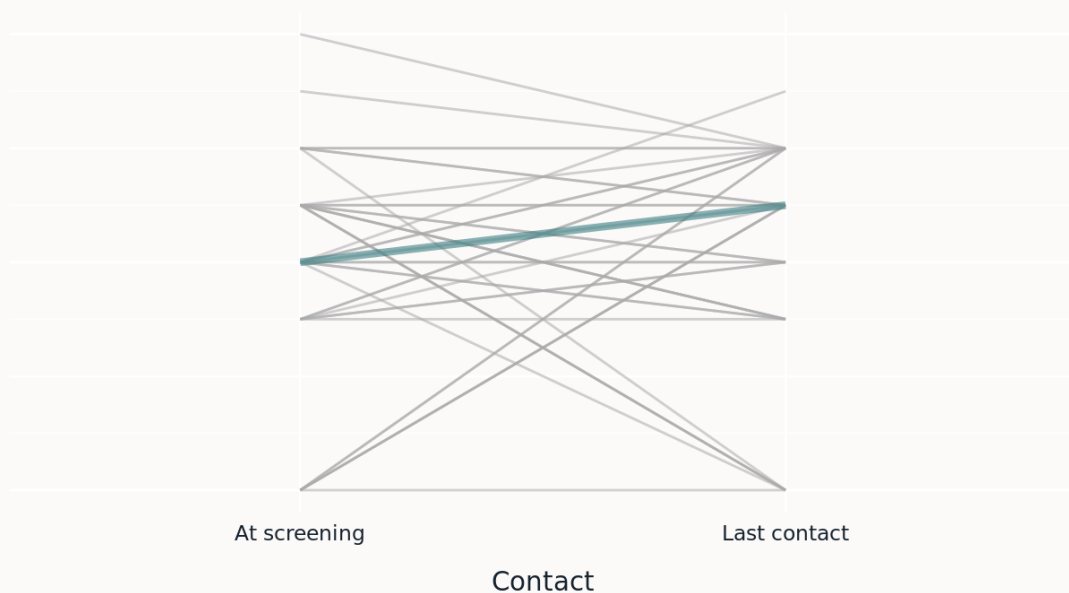
**Most service users have some form of frailty, sitting between “managing well” and “moderately frail” on the Rockwood clinical frailty scale. The distribution only is shown below to ensure anonymity.**



**The median frailty severity category between screening and the last contact with the service increased over this time, highlighting that users of this service have increasing needs and may require continued support to manage their frailty.**

## Frailty score at nutrition screening and last contact

Overall trend shown in colour



### Theme 3: Mental health

This table gives an overview of mental health indicators in Stevenage, and nationally, compared to Hertfordshire.

## Common mental disorders, self-harm and suicide

Compared to Hertfordshire as a whole

| Indicator                                               | Age      | Sex     | Period    | Hertfordshire        | Stevenage            |
|---------------------------------------------------------|----------|---------|-----------|----------------------|----------------------|
| Depression: QOF prevalence - retired after 2022/23      | 18+ yrs  | Persons | 2022/23   | 11.88 %              | 13.11 %              |
| Common mental disorders (%) (16+)                       | 16+ yrs  | Persons | 2017      | 13.96                | 16.5                 |
| Common mental disorders (%) (65+)                       | 65+ yrs  | Persons | 2017      | 8.61                 | 10.56                |
| Smoking prevalence in adults (%) (GPPS, 18+)            | 18+ yrs  | Persons | 2016/17   | 24.45                | 29.89                |
| Emergency Hospital Admissions for Intentional Self-Harm | All ages | Persons | 2022/23   | 84.19<br>per 100,000 | 111.2<br>per 100,000 |
| Suicide rate                                            | 10+ yrs  | Persons | 2021 - 23 | 8.1<br>per 100,000   | 8.4<br>per 100,000   |

### Cell colour legend

Statistically higher

Statistically similar

Statistically lower

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## Anxiety and depression

The table below shows the proportion (%) of people reporting depression in Stevenage, and nationally, compared to Hertfordshire.

| Depression: QOF prevalence - retired after 2022/23 |           |       |             |                 |                 |
|----------------------------------------------------|-----------|-------|-------------|-----------------|-----------------|
| Area                                               | Count     | Value |             | 95%<br>Lower CI | 95%<br>Upper CI |
| England                                            | 6,618,681 | 13.2  | <div></div> | 13.2            | 13.3            |
| Hertfordshire                                      | 123,100   | 11.9  | <div></div> | 11.8            | 11.9            |
| Stevenage                                          | 10,359    | 13.1  | <div></div> | 12.9            | 13.3            |

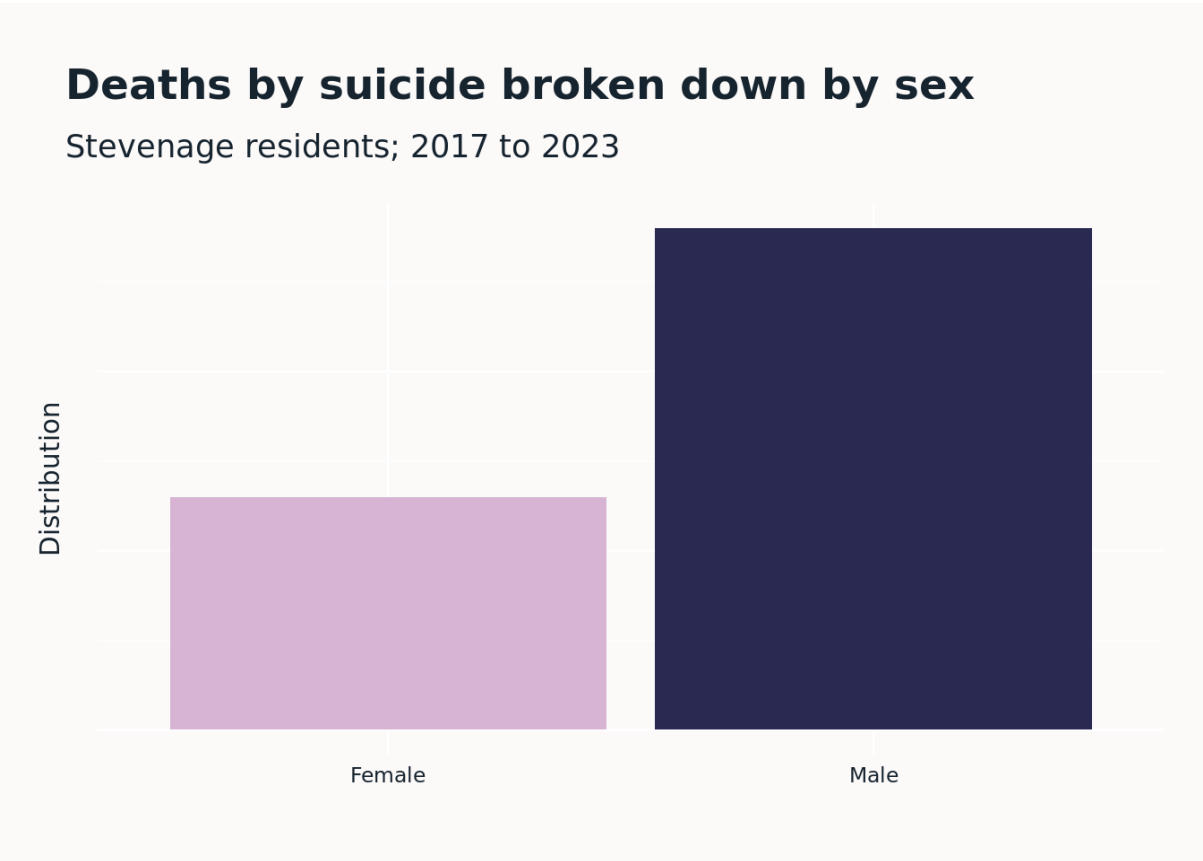
Deaths by suicide

The table below shows the rate of deaths by suicide (per 100,000) in Stevenage, and nationally, compared to Hertfordshire.

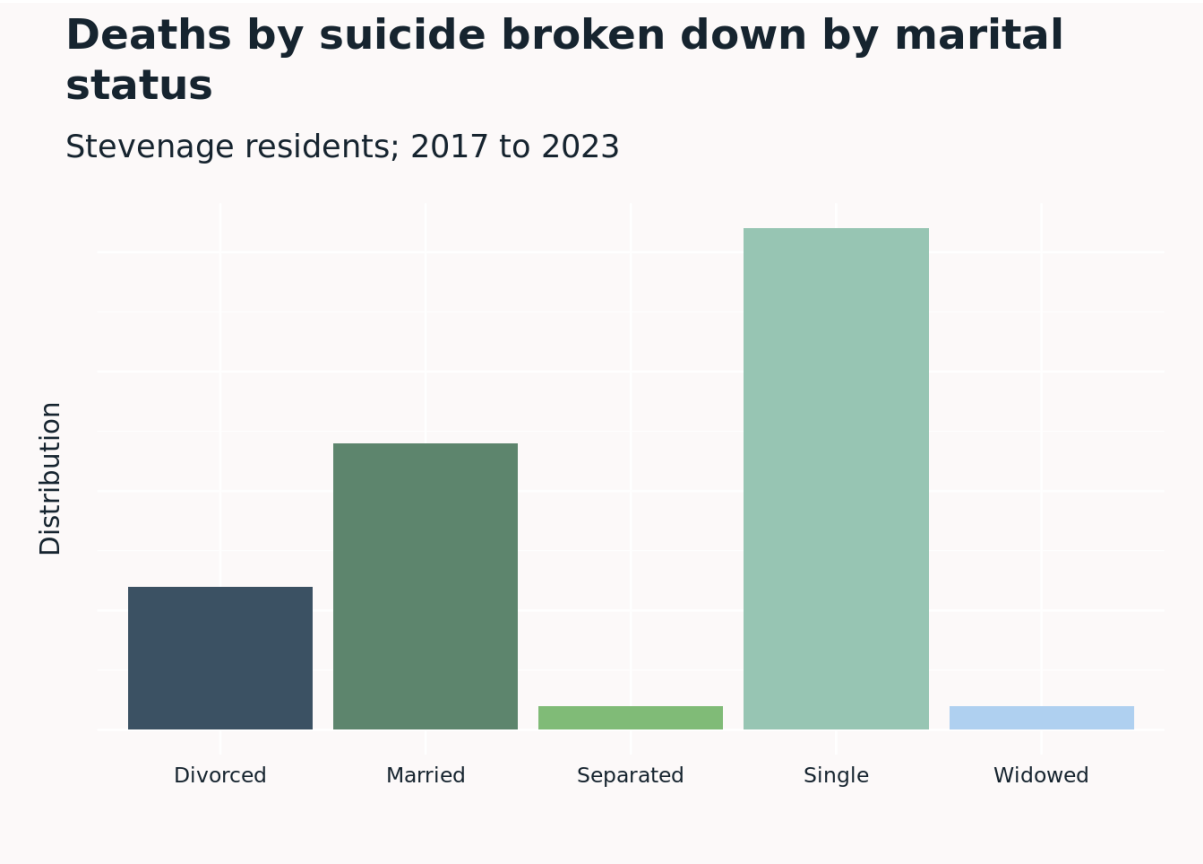
| Suicide rate  |        |       |                        |              |              |
|---------------|--------|-------|------------------------|--------------|--------------|
| Area          | Count  | Value |                        | 95% Lower CI | 95% Upper CI |
| England       | 16,159 | 10.7  | <div><div></div></div> | 10.60        | 10.9         |
| Hertfordshire | 256    | 8.1   | <div><div></div></div> | 7.11         | 9.1          |
| Stevenage     | 19     | 8.4   | <div><div></div></div> | 5.02         | 13.2         |

There have been 41 deaths by suicides by residents of Stevenage between 2017 and 2023.

More males died by suicide than females over this time period. This trend is observed for Hertfordshire as a whole. These data do not contain information on an individual’s gender identity.



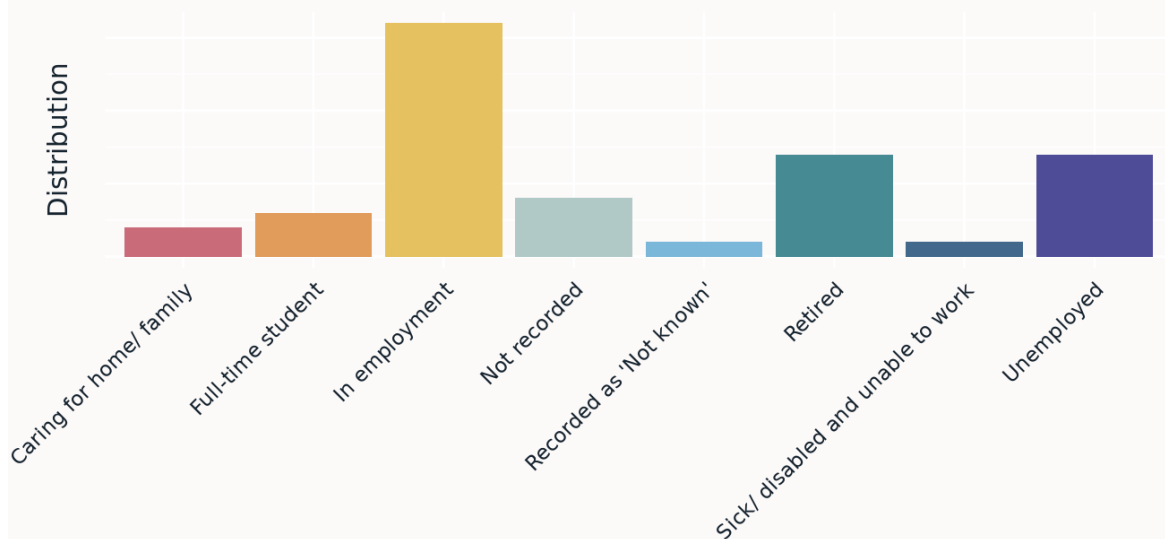
People whose marital status was “single” had the highest number of deaths by suicide, followed by people whose status was “married”. This trend is observed for Hertfordshire as a whole.



People who were in employment had the highest number of deaths by suicide, followed by people who were retired or unemployed. This trend is observed for Hertfordshire as a whole.

## Deaths by suicide broken down by employment status

Stevenage residents; 2017 to 2023



### Self-harm

The table below shows the rate of emergency hospital admissions for intentional self-harm (per 100,000) in Stevenage, and nationally, compared to Hertfordshire.

| Emergency Hospital Admissions for Intentional Self-Harm |        |       |  |              |              |
|---------------------------------------------------------|--------|-------|--|--------------|--------------|
| Area                                                    | Count  | Value |  | 95% Lower CI | 95% Upper CI |
| England                                                 | 68,468 | 117   |  | 116.0        | 118.0        |
| Hertfordshire                                           | 1,105  | 90    |  | 84.7         | 95.5         |
| Stevenage                                               | 110    | 114   |  | 93.6         | 138.0        |

### Referrals to acute services (HPFT)

Hertfordshire Partnership University NHS Foundation Trust (HPFT) supports people experiencing mental ill health, learning disabilities and autism in Hertfordshire. Some of the services available to adults that support with mental health include talking

therapies, enhanced primary care services, adult community mental health services, and crisis services (suicide prevention).

Across the different adult community services, a similar pattern prevails in regard to deprivation. As deprivation increases, the demand for services also increases, with a disproportionately high representation from individuals in the poorest areas of Stevenage. This aligns with current trends observed around population health and wider determinants, with those residing in areas of deprivation being effected by a worsening of physical and mental health.

## **Talking therapies**

HPFT provides primary care psychological therapy services in Hertfordshire through a wide range of talking therapy treatments and employment support for adults with common mental health problems. The services are part of the national NHS Talking Therapies, for the anxiety and depression programme.

The graphs below are based on people aged between 18 and 64 inclusive, who were resident in Stevenage and received Talking Therapies between 01 January 2022 and 31 December 2024 with a primary diagnosis of anxiety or depression. If an individual was referred multiple times, they are only counted once in the data. These data only include referrals with completed diagnosis codes, and not all referrals to Talking Therapies have completed diagnosis codes.

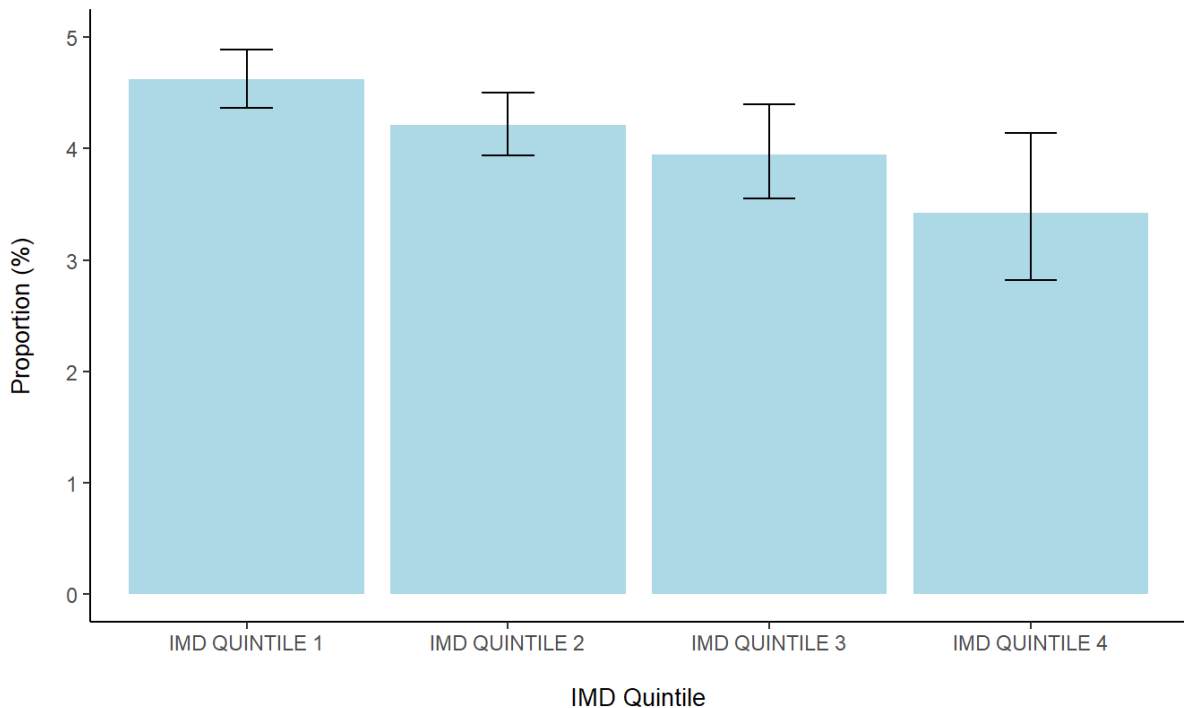
### **Proportions of referrals by deprivation**

The graph below shows the proportion of the Stevenage population aged 18 to 64 for each local deprivation quintile who have been referred into the Talking Therapies service for anxiety and depression.

**Quintile 1 is the most deprived quintile, and 4.6% of the Stevenage population aged 18 to 64 living in quintile 1 were referred to Talking Therapies for anxiety and depression. This was the highest rate of referral, with less deprived quintiles having increasingly lower proportions of the population being referred. In the 65+ age group (not shown) the same trend is observed.**

## Referrals into the Talking Therapies service

As deprivation increases in Stevenage, the proportion of those referred per population into talking therapy services also increases



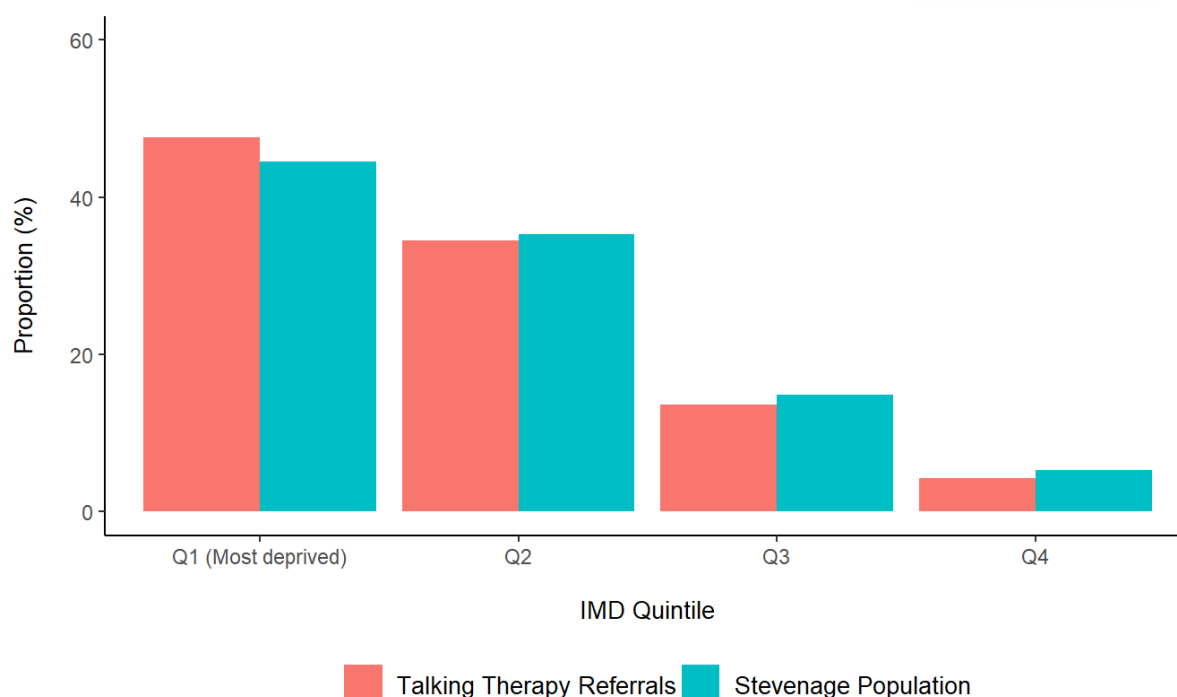
## Referral proportions compared to the population

The above graph showed the trend in referrals to Talking Therapies for anxiety and depression as a function of deprivation. As we know the rate of referrals increased with increased deprivation across the quintiles, we know that some quintiles must have disproportionately higher referral rates and some quintiles must have disproportionately lower referral rates. The graph below shows *which quintiles have disproportionately higher or lower rates*.

**Of people aged 18 to 64 in Stevenage referred to Talking Therapies, 48% live in quintile 1 (orange bar), which is higher than the proportion of the population living in quintile 1 generally (45%, blue bar). The other three quintiles have slightly lower proportions of people referred to Talking Therapies compared to the population generally.**

## Referrals into the Talking Therapies service

As deprivation increases in Stevenage, the proportion of those referred per population into talking therapy services also increases



## Enhanced primary care mental health services

HPFT's Primary Care Mental Health Services provide interventions in line with the principles of recovery for people with moderate and severe mental health difficulties who do not benefit from interventions from Talking Therapies and whose conditions would not be eligible for treatment by Adult Community Mental Health Services. Staff work collaboratively with the service users to determine goals for the interventions that are agreed as an outcome of the initial conversation. This service also provides a time-limited period of transition for those stepping down from secondary care for who have ongoing anxieties about managing their lives without comprehensive support.

Numbers of Stevenage-resident users of this service aged between 18 to 64, and who were referred due to anxiety and depression, are too low to allow sharing for data privacy reasons. However, data from users between 2017 and December 2024 shows that **service users living in more deprived areas are more likely to face difficulties with accommodation, job security, and unhappiness with their wider environment.**

## Adult community mental health services

Adult Community Mental Health Services offer a multi-disciplinary pro-active and comprehensive service to people suffering from severe and enduring mental illness who have complex needs and will require interventions along a treatment care pathway. This will include people presenting with anxiety and depression which is more complex in nature than can be treated in primary care, with associated higher levels of risk and requiring a multi-disciplinary approach.

As for primary care services, numbers are too low to allow sharing for data privacy reasons. However, data from users between 2017 and December 2024 shows that **referrals are higher for those living in more deprived areas**.

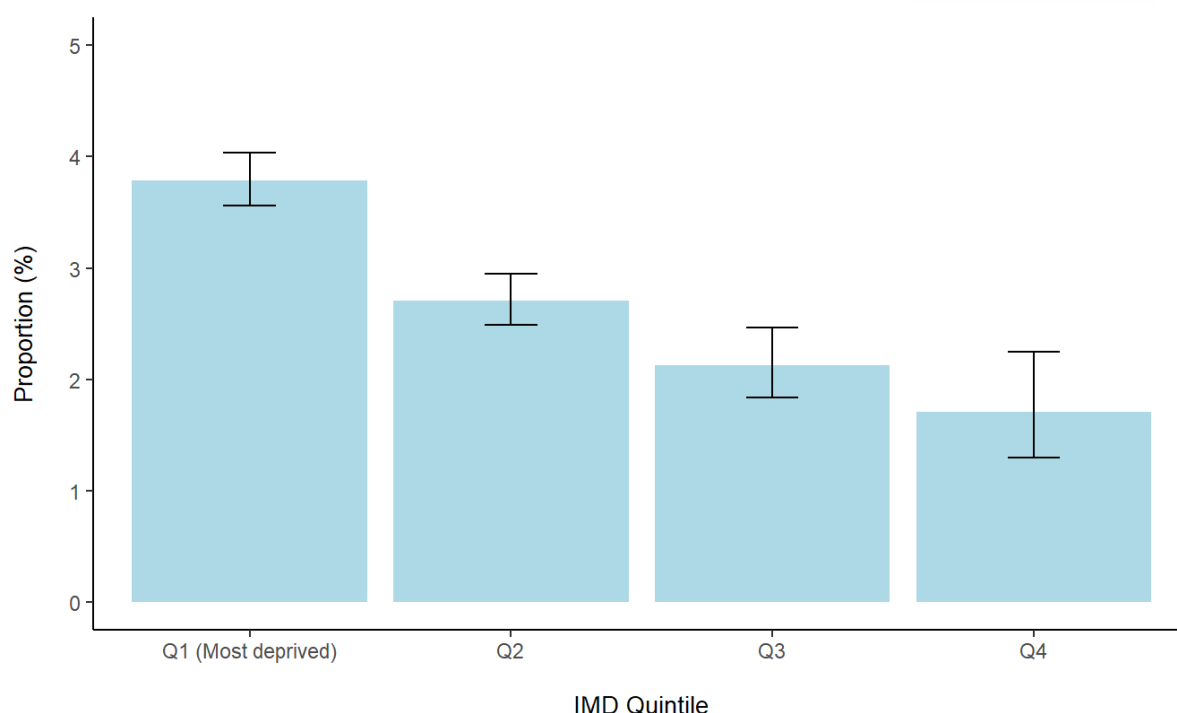
### Referrals to community services and non-talking therapies

The data below show referrals to community services and non-taking therapies. *Note that not all individuals go on to be accepted into a service.*

Quintile 1 is the most deprived local deprivation quintile. **As deprivation increases across the quintiles, the likelihood of being referred to community services and non-talking therapies increases.**

#### Referrals accepted or signposted at SPA

As deprivation increases in Stevenage, the proportion of those referred per population into all community services also increases

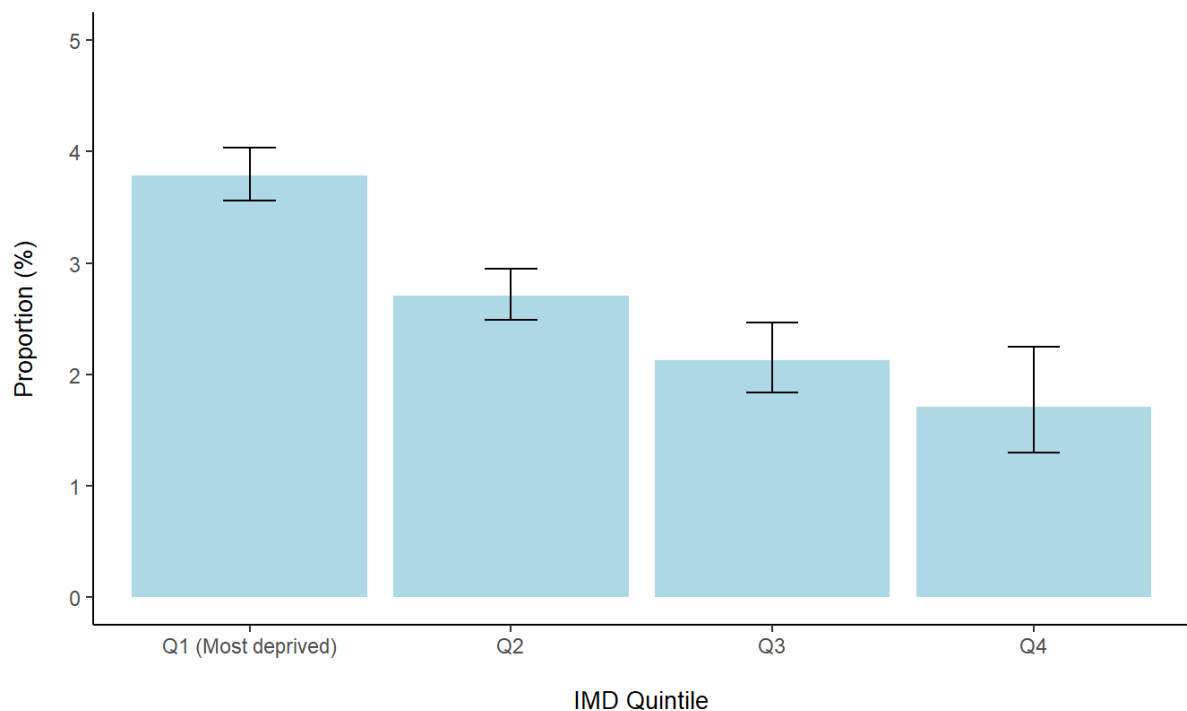


**Of people aged 18 to 64 in Stevenage referred to community services and non-talking therapies, 57% live in quintile 1 (orange bar), which is higher than the proportion of the population living in quintile 1 generally (45%, blue bar). The**

other three quintiles have slightly lower proportions of people referred to community services and non-talking therapies compared to the population generally.

#### Referrals accepted or signposted at SPA

As deprivation increases in Stevenage, the proportion of those referred per population into all community services also increases



#### Crisis services (suicide prevention)

Identification flags for those on a suicide prevention pathway within HPFT's records is relatively new, and therefore it is not possible to identify all users who are entering crisis services for the suicide prevention pathway. **Although there is a similar trend to other HPFT services, that those from more deprived areas have greater need of this service, the low numbers and data quality means that this trend is not statistically significant, and that we cannot be confident that it isn't due to chance.**