

Healthy Stevenage Strategy 2026-2031:

Partner Consultation Report

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Executive Summary

This report brings together the findings from the public and partner consultation undertaken to inform the Healthy Stevenage Strategy 2026-2031. It provides one consolidated evidence base while keeping the two consultation strands distinct so that resident and partner insight can be understood in their own right.

Consultation strand	Scale	Primary focus
Public consultation	84 survey responses	Resident views on the five priorities, missing issues, priority ranking and desired action
Partner consultation	3 workshops; just over 40 stakeholders from 17 organisations	358 recorded SWOT comments plus discussion on partnership achievements, collaboration, assets and priority actions

Across both consultation strands there is strong support for retaining the five proposed strategic priorities. The combined message is not that the strategy needs a different structure, but that it needs a sharper delivery model: one that is visible to residents, targeted at inequalities, easier to navigate, inclusive, measurable and clearly owned by partners.

- Mental health and emotional wellbeing is the strongest resident priority. It was ranked first by 28 of 84 respondents (33.3%), with free-text comments also highlighting crisis support, stigma, loneliness and timely access to help.
- Affordable physical activity and leisure is the strongest coded public theme overall, with 29 total mentions across primary and secondary coding. Partners similarly viewed physical activity as a cross-cutting prevention tool supporting healthy weight, mental wellbeing, ageing and social connection.
- Children, young people and families require greater visibility across the strategy. They appeared in 23 coded public mentions, while partners identified growing need, early intervention opportunities and the importance of more relevant engagement approaches for children and young people.
- Residents and partners both identified a visibility and navigation problem. People do not always know what support exists, how to access it or how services connect. Clearer communication, non-digital routes, a central directory and a no wrong door approach are recurring proposals.
- Health inequalities should be explicit in every priority. Feedback emphasised affordability, disability and neurodiversity, transport, digital exclusion, language, deprivation, housing, cost of living and unequal access between neighbourhoods.
- Healthy places are seen as a major opportunity. Stevenage has strong assets in parks, green spaces, cycleways, community centres and regeneration, but feedback points to uneven access, safety perceptions, ageing infrastructure, maintenance pressures and underuse.
- Ageing well, frailty and dementia remain important despite being ranked first less often by residents. Consultation feedback highlights carers, falls prevention, mobility, loneliness, accessible information and the need to make existing support easier to navigate.

- The Healthy Stevenage Partnership should move beyond information sharing to accountable delivery, with stronger NHS participation, shared priorities, named ownership, a small set of measures and visible feedback on progress.
- Funding and workforce capacity are material delivery constraints. Partners also identified Local Government Reorganisation as both an opportunity to align systems and a risk to continuity, local relationships and ownership.

Overall consultation message

Keep the five priorities, but make the final strategy more practical. The strongest combined requirement is to translate the strategy into a focused delivery plan with clear access routes, targeted action on inequalities, named partner responsibilities, sustainable capacity and transparent measures of progress.

1. Consultation Approach & Limitations

The unified report draws only on the two consultation reports: the public survey analysis and the partner workshop analysis. The two evidence streams use different methods and should therefore be read as complementary rather than directly comparable.

1.1. Public consultation approach

The public consultation received 84 responses. Free-text responses were coded into 16 themes. Each response was assigned a primary theme and, where needed, one or more secondary themes. Percentages are based on the 84 responses, while theme mention counts can include both primary and secondary coding and should therefore be interpreted as indicators of the strength of issues raised rather than mutually exclusive respondent counts.

- Access to GP, NHS and health services
- Mental health, trauma and crisis support
- Affordable physical activity and leisure
- Healthy food, nutrition and cost of living
- Children, young people and families
- Older people, carers, frailty and dementia
- Disability, neurodiversity and inclusion
- Community connection and third spaces
- Safe, clean and well-maintained places
- Parks, green space and outdoor wellbeing
- Active travel, transport and accessible infrastructure
- Communication, promotion and awareness
- Resident voice and lived experience
- Wider determinants of health
- Partnership, prevention and delivery accountability
- Sustainability and healthy environments

1.2. Partner consultation approach

The partner report analysed notes from three workshop sessions involving just over 40 stakeholders from 17 organisations. The analysis covered 358 individual SWOT comments: 66 on Healthy Weight & Active Lives; 72 on Good Mental Health & Emotional Wellbeing; 74 on Ageing Well, Frailty Prevention & Dementia Support; 86 on Creating Healthy, Safe & Connected Places; and 60 on Strengthening Prevention Through the Healthy Stevenage Partnership. Wider discussion on successes, partner assets, collaboration opportunities and priority actions was analysed separately.

1.3. Limitations

- The public survey is self-selecting and is not statistically representative of the whole Stevenage population. Some residents may be underrepresented, including people with limited digital access, literacy or language barriers, and those with lower trust in formal consultation processes.
- Not all public respondents completed every demographic question, and some demographic categories contain small numbers, limiting detailed comparison between groups.
- Public free-text responses varied in depth and sometimes covered several issues, so thematic coding required professional judgement.
- Partner findings are qualitative. The number of comments recorded under a theme reflects the amount of discussion captured in workshop notes, not the number or proportion of participants who held that view.
- Partner source material consists of facilitated notes rather than verbatim transcripts, and individual comments cannot be linked to participant characteristics or organisations.
- Workshop participants were engaged partners and may be more familiar with existing provision than organisations or communities that were not represented.
- Both consultation strands should be considered alongside the Stevenage Health Inequalities JSNA, equality analysis and service data when finalising the strategy and delivery plan.

2. Public Consultation Findings

The public consultation provides direct resident insight into whether the proposed priorities feel right, what may be missing and what practical action people want to see. Overall, the five-priority structure received strong support, but residents consistently asked for clearer delivery, affordability, inclusion and visibility.

2.1. Demographic Profile

The consultation received responses from across Stevenage, although the sample is not statistically representative. Shephall, Bedwell, Old Town, St Nicholas and Chells were the most frequently identified local areas. There were also 9 responses from people who live outside Stevenage and 8 where the ward was unknown.

Ward

Ward	Count	%
Shephall	14	16.7%
Bedwell	11	13.1%
Old Town	10	11.9%
Live outside of Stevenage	9	10.7%
St Nicholas	8	9.5%
Unknown	8	9.5%
Chells	8	9.5%
Bandley Hill & Poplars	5	6.0%
Longmeadow	3	3.6%
Martins Wood	2	2.4%
Symonds Green	2	2.4%
Manor	1	1.2%
Roebuck	1	1.2%
Almond Hill	1	1.2%
Woodfield	1	1.2%

Age

Age group	Count	%
30 - 39 years old	21	25.0%
40 – 49 years old	17	20.2%
50 - 59 years old	15	17.9%
70+ years old	13	15.5%
60 – 69 years old	12	14.3%
18 – 29 years old	3	3.6%
Not provided	1	1.2%
Prefer not to say	1	1.2%
Under 18 years old	1	1.2%

Gender

Gender	Count	%
Female	54	64.3%
Male	24	28.6%
Prefer not to say	3	3.6%
Not provided	2	2.4%
Other	1	1.2%

Ethnicity

Ethnicity	Count	%
White – English/Welsh/Scottish/Northern Irish/British	60	71.4%
Asian/Asian British	5	6.0%
Prefer not to say	5	6.0%
Other white	5	6.0%
Black/African/Caribbean	4	4.8%
Not provided	2	2.4%
Mixed other	2	2.4%

2.2. Responses to each question

Question 1: Do the five priorities sound right?

Most respondents supported the proposed priorities, but a significant minority wanted clearer delivery detail, more emphasis on wider determinants, better access to health services and stronger action on safety, children and mental health.

Q1: Do the five priorities sound right?	Count	% of responses
Yes / supportive	55	65.5%
Broadly yes, with caveats	17	20.2%
No / significant concerns	8	9.5%
Other / unclear	4	4.8%

Key themes in this question included mental health, affordable activity, ageing well, healthy food, wider determinants and partnership accountability. Several responses made clear that the issue is not whether the priorities are valid, but whether residents can see practical delivery behind them.

Question 2: Additional comments, groups or issues missing

There were 61 substantive responses to this question and 23 responses that were blank, N/A or said no. The most common issues raised were children and young people, disability and neurodiversity, mental health, community connection and stronger partnership delivery.

Theme	Mentions	% of responses
5. Children, young people and families	18	21.4%
7. Disability, neurodiversity and inclusion	11	13.1%
2. Mental health, trauma and crisis support	11	13.1%
8. Community connection and third spaces	9	10.7%
15. Partnership, prevention and delivery accountability	9	10.7%
3. Affordable physical activity and leisure	8	9.5%
11. Active travel, transport and accessible infrastructure	7	8.3%
4. Healthy food, nutrition and cost of living	7	8.3%
14. Wider determinants of health	7	8.3%
6. Older people, carers, frailty and dementia	6	7.1%
12. Communication, promotion and awareness	6	7.1%
1. Access to GP, NHS and health services	6	7.1%

Groups or needs specifically mentioned included children and teens, young adults, families, learning disabled people, autistic and neurodiverse residents, carers, older people, visually impaired residents, ethnic communities, people with language barriers and residents affected by poverty or housing insecurity.

Question 3: Which priorities should be the main focus?

Respondents were asked to rank the five draft priorities. The table below shows the priority ranked first by respondents.

First ranked priority	Count	% of responses
Good Mental Health and Emotional Wellbeing	28	33.3%
Creating Healthy, Safe and Connected Places	19	22.6%
Healthy Weight and Active Lives	19	22.6%
Strengthening Prevention through collaboration	10	11.9%
Ageing Well, Frailty Prevention and Dementia Support	8	9.5%

Mental health was the clear leading priority, followed by healthy places and healthy weight. Ageing well ranked first less often, but older people, carers, frailty and dementia still appeared regularly in free-text comments.

Question 4: What would residents like to see happen?

This question generated the clearest delivery messages. Residents want visible, local and affordable activity rather than a strategy that only sets broad ambitions. The strongest themes were affordable activity, community connection, better access to GP and health services, mental health support, healthy food, active travel, parks and better communication.

Top desired actions

Theme	Mentions	% of responses
3. Affordable physical activity and leisure	33	39.3%
8. Community connection and third spaces	17	20.2%
1. Access to GP, NHS and health services	16	19.0%
2. Mental health, trauma and crisis support	15	17.9%
4. Healthy food, nutrition and cost of living	13	15.5%
11. Active travel, transport and accessible infrastructure	13	15.5%
10. Parks, green space and outdoor wellbeing	13	15.5%
12. Communication, promotion and awareness	12	14.3%
5. Children, young people and families	12	14.3%
14. Wider determinants of health	10	11.9%
15. Partnership, prevention and delivery accountability	8	9.5%
13. Resident voice and lived experience	8	9.5%

2.3. Overall Coded Themes

The table below summarises the coding applied across the free-text responses. Total mentions include both primary and secondary themes, so totals exceed 84.

Theme coding summary

Theme	Primary theme count	Secondary theme count	Total mentions	% of responses as primary
3. Affordable physical activity and leisure	12	17	29	14.3%
5. Children, young people and families	7	16	23	8.3%
15. Partnership, prevention and delivery accountability	8	10	18	9.5%

2. Mental health, trauma and crisis support	11	6	17	13.1%
4. Healthy food, nutrition and cost of living	7	8	15	8.3%
12. Communication, promotion and awareness	5	10	15	6.0%
8. Community connection and third spaces	3	12	15	3.6%
6. Older people, carers, frailty and dementia	7	7	14	8.3%
1. Access to GP, NHS and health services	5	8	13	6.0%
11. Active travel, transport and accessible infrastructure	5	8	13	6.0%
14. Wider determinants of health	4	8	12	4.8%
9. Safe, clean and well-maintained places	3	8	11	3.6%
10. Parks, green space and outdoor wellbeing	1	10	11	1.2%
7. Disability, neurodiversity and inclusion	5	4	9	6.0%
13. Resident voice and lived experience	1	2	3	1.2%
16. Sustainability and healthy environments	0	3	3	0.0%

The strongest overall themes were affordable physical activity and leisure, children and young people, partnership and delivery accountability, mental health, healthy food, communication and community connection.

2.4. Recommendations

The consultation does not suggest the five priorities need to be replaced. It does suggest the final draft should be sharper on delivery, visibility and accountability.

1. Keep mental health and emotional wellbeing as a highly visible strategic priority. It was the most frequently ranked first priority (28 of 84, 33.3%) and appeared strongly in free-text comments around trauma, crisis support, suicide prevention, stigma, loneliness and access to services.
2. Make affordable physical activity a practical delivery commitment. The strongest coded theme overall was affordable physical activity and leisure (29 total mentions), with repeated asks for free or low-cost activities, cheaper gyms, family rates, park run support and age-appropriate classes.
3. Strengthen the children, young people and families strand across all priorities. Children, young people and families appeared in 23 total mentions, including asks for schools work, teen provision, youth clubs, family activity, early years support and play opportunities.
4. Add clearer actions on communication and outreach. Residents repeatedly said services exist but are not visible enough. Promotion and awareness appeared in 15 total mentions and came through strongly for non-digital communications, GP/community centre promotion and clearer Healthy Stevenage branding.

5. Build inclusion explicitly into the strategy, not just as a cross-cutting principle. Responses highlighted learning disabilities, autism, ADHD, neurodiversity, visual impairment, mobility limitations, carers, language barriers and ethnic communities. This should be visible in delivery actions.
6. Use Healthy Stevenage Partnership governance to show delivery accountability. Partnership, prevention and accountability had 18 total mentions, including calls for clear plans, measurable outcomes, partner coordination, resources and avoidance of duplication.
7. Link healthy places with safety, parks, active travel and community connection. Creating Healthy, Safe and Connected Places was ranked first by 19 respondents (22.6%). Comments focused on safe parks, cleaner environments, Fairlands, cycling/walking, transport and accessible community spaces.
8. Give more prominence to wider determinants of health. Several respondents challenged the strategy to address cost of living, rent, food affordability, employment, skills, housing, education and infrastructure as root causes of poor health.
9. Keep ageing well and dementia support but make delivery more visible locally. Ageing Well ranked first less often (8 respondents, 9.5%) but older people, carers, frailty and dementia appeared in 14 coded mentions, especially around dementia, carers, local activities, falls and non-digital access.
10. Use consultation feedback to refine the action plan rather than radically change the priorities.

Overall support was strong: 58 respondents were supportive and 13 were broadly supportive with caveats. The issue is less the priorities themselves and more the delivery detail, targeting and visibility.

3. Partner Consultation Findings

The partner workshops provide strong support for the proposed five-priority structure of the Healthy Stevenage Strategy. Three partner workshop sessions were analysed. Consultation records indicate that just over 40 stakeholders from 17 organisations took part. This section of the report draws on 358 recorded SWOT comments, together with wider discussion on partnership achievements, collaboration opportunities, partner contributions and priority actions.

3.1. Cross-cutting findings

Eight cross-cutting themes appeared repeatedly across the five priorities. These are not secondary issues; they are the practical conditions that partners believe will determine whether the strategy succeeds.

Cross-cutting theme	What the consultation indicates
Navigation and visibility	Partners repeatedly described a strong local offer that is difficult to find, understand or access. A one-stop directory, clearer referral pathways and a 'no wrong door' approach were among the most consistent proposals.

Targeting inequalities	Partners want ward-level insight, demographic analysis and targeted engagement, particularly in deprived areas and among groups that do not routinely use existing services.
Partnership accountability	There is support for collaboration, but a clear expectation that the Healthy Stevenage Partnership should have shared priorities, ownership, performance measures and visible follow-through.
Funding and capacity	Short-term funding, workforce limitations and voluntary-sector capacity were recurring weaknesses and threats across every priority.
Data, insight and evaluation	Partners identified gaps in shared data, knowledge of who delivers what, evidence from the previous strategy and systematic evaluation of impact.
Inclusive access	Physical accessibility, affordability, transport, digital exclusion, stigma, language, confidence and service thresholds all affect whether residents can benefit.
Use of place-based assets	The town's green spaces, cycleways, community centres, leisure facilities and regeneration investment were consistently seen as underused opportunities for prevention.
System change and uncertainty	Local Government Reorganisation was viewed as both an opportunity to align services and a risk to continuity, funding, ownership and established relationships.

3.2. Findings by Strategic Priority

Priority 1: Healthy Weight & Active Lifestyle

Partners strongly supported the priority and identified Stevenage's cycleways, parks, leisure offer, sports clubs, Healthy Hub and community programmes as a substantial platform for action. The consistent message was that the strategy must go beyond organised sport and address affordability, food access, health literacy, unequal neighbourhood opportunities and the growth of sedentary lifestyles.

SWOT	Key themes raised
Strengths	• Strong physical activity infrastructure, including cycleways, parks, open spaces, play areas and Beryl bikes. • Established programmes and delivery partners, including Healthy Hub, leisure services, health walks, sports clubs, community groups and football club outreach. • A broad range of ways to be active, including walking, gardening, arts, parkrun and other non-competitive activity. • Council and NHS commitment, including weight management, stop smoking, vaccination and Active Practice Charter activity.

Weaknesses	• Cost remains a barrier to healthy food and participation, particularly for lower-income households. • Promotion and engagement are inconsistent, with residents not always aware of what is available or how to access it. • Opportunities and infrastructure are not experienced equally across wards; deprivation, isolation and digital exclusion reduce access. • Partners identified gaps in food and lifestyle education, alongside the influence of affordable fast food and online delivery.
Opportunities	• Use the new leisure hub, PlayZones, green spaces, cycleways and major events as visible platforms for prevention. • Strengthen early intervention through families, schools, workplaces, social prescribing and primary care. • Work with local food businesses, planning, licensing and environmental health to improve the local food environment. • Create a single, accessible listing of physical activity opportunities and promote inclusive forms of movement for all ages and abilities. • Use volunteers, national campaigns and digital tools while retaining non-digital access routes.
Threats	• Food insecurity, the cost-of-living pressure and the rising cost of healthy food. • Technology, gaming and social media contributing to more sedentary behaviour among children and adults. • Funding reductions, policy change, Local Government Reorganisation and possible reductions to school sport investment. • Ageing infrastructure, redevelopment disruption, safety perceptions and limited time reducing participation. • Misleading or overly simple narratives about healthy eating and weight-loss medication.

Priority 2: Good Mental and Emotional Wellbeing

Partners recognised a strong local base of crisis, community and preventative provision. Healthy Hub, the Crisis Café, MIND, No More, school workshops, community groups and access to nature were repeatedly identified as strengths. The main concerns were long waits, fragmented access, stigma, limited capacity for complex needs and failure to reach some groups early enough.

SWOT	Key themes raised
Strengths	• A diverse local support offer, including Healthy Hub, Crisis Café, MIND, No More, counselling, exercise referral and school-based work. • Green spaces, allotments, health walks, parkrun and active travel provide free or low-cost protective factors for wellbeing. • Strong community and voluntary sector involvement, with growing awareness and more open discussion of mental health. • Existing partnership communication and local facilities create opportunities for signposting and preventative engagement.
Weaknesses	• NHS waiting lists and difficulty accessing timely support, particularly before needs escalate.

	• Services and communications do not consistently reach or reflect different groups, including young people, men, carers, veterans, faith communities and vulnerable residents. • Stigma, perceptions and reluctance to seek or accept help continue to limit uptake. • Funding and workforce constraints restrict the voluntary sector's ability to respond to complex or rising need. • Residents and professionals can struggle to understand available pathways and where to go first.
Opportunities	• Develop clearer community-to-clinical pathways through GPs, social prescribers, NHS services and the Healthy Hub. • Use community champions, faith and cultural organisations, education settings and trusted local groups for targeted outreach. • Share good practice, provide staff training and integrate the third sector more effectively into prevention and referral pathways. • Use regeneration, culture, the new leisure hub and Pride in Place activity to strengthen social connection and belonging. • Create more relevant engagement approaches for children and young people.
Threats	• Increasing demand among young people, men over 50 and residents with complex or multiple needs. • Cost-of-living pressures, unemployment, housing insecurity, international events and the continuing effects of the pandemic. • Political and organisational change, including Local Government Reorganisation, affecting continuity and capacity. • Persistent stigma, public perceptions and unequal access to digital support. • Voluntary and community services becoming overwhelmed by referrals that require specialist or clinical support.

Priority 3: Ageing Well, Frailty Prevention & Dementia Support

The consultation identified considerable local strength through Age Friendly and Dementia Friendly work, dementia cafés and festivals, taxi-driver training, strength and balance provision, community transport and voluntary sector support. Partners nevertheless described an offer that can be difficult to navigate and is vulnerable to digital exclusion, workforce shortages, carer pressure and an ageing population living longer in poorer health.

SWOT	Key themes raised
Strengths	• Strong political and partnership commitment through Age Friendly Stevenage, Dementia Friendly status and local champions. • Established dementia support, awareness activity, cafés, festivals, taxi-driver training and third-sector involvement. • Strength and balance classes, falls prevention, OPALS, health walks and other activity that supports mobility and independence. • Community transport, Healthy Hub, community facilities, allotments and gardens that support access and social connection. • Useful local data and a concentration of health, leisure and community assets.

Weaknesses	• Information is fragmented and digital exclusion prevents some older residents and carers from finding or using support. • There is overreliance on unpaid carers, alongside shortages in skilled care and limited workforce capacity. • Data, pathways and organisational responsibilities are not consistently joined up across health, council and voluntary services. • Gaps in supported housing, accessible community facilities and local provision affect some neighbourhoods. • Funding insecurity and the risk that ageing well becomes owned by individual teams rather than the whole system.
Opportunities	• Develop a clearer one-stop, mobile and pop-up offer through Healthy Hub, neighbourhood services and community venues. • Expand dementia awareness, accreditation and training across businesses, public services and community organisations. • Use the new leisure hub, housing, sheltered living, regeneration and future planning to design for healthy ageing. • Improve communication through partners, digital boards, local media and trusted face-to-face channels. • Promote modifiable dementia and frailty risk factors, including physical activity, nutrition and social connection. • Use technology, research, data and purposeful local roles or volunteering for older adults.
Threats	• A growing older population and more people living longer with multiple conditions, frailty or poor health. • Loneliness, isolation and gaps for people who do not meet formal service thresholds. • Physical, financial and digital accessibility barriers, including affordability and transport. • Funding, staffing and Local Government Reorganisation uncertainty. • Poor previous experiences or lack of awareness discouraging residents from using support.

Priority 4: Creating Healthy, Safe & Connecting Places

Partners viewed Stevenage's planned layout, green spaces, cycle network, neighbourhoods, community centres, regeneration programme and public transport as major assets. The recurring challenge was not simply a lack of assets, but uneven access, underuse, ageing infrastructure, maintenance pressure and the need for spaces to feel inclusive, safe and relevant to different communities.

SWOT	Key themes raised
Strengths	• Extensive parks, green spaces, play areas, cycleways and a neighbourhood layout that supports local access. • Community centres, Healthy Hub, mobile services and other venues that can bring services together. • Town-centre regeneration, a new bus station, CCTV, underpass improvements and community safety capacity. • Strong local partnerships, connected communities and council commitment to place-making.

	• Age Friendly work and independent living services provide a foundation for inclusive design.
Weaknesses	• Assets are unevenly distributed, underused or not easily accessible in every ward. • Ageing infrastructure, limited council-controlled assets and maintenance pressures reduce quality and confidence. • Transport barriers, reliance on cars and physical accessibility affect older and disabled residents. • Some groups do not use spaces because of stigma, safety perceptions, weak awareness or a lack of relevant provision. • The priority can become too broad without a clear focus, measurable outcomes and realistic resourcing.
Opportunities	• Use the new leisure hub, PlayZones, Pride in Place and regeneration investment to embed health outcomes. • Repurpose, rebrand and better use community centres and wider public-sector assets as inclusive neighbourhood hubs. • Create safe, welcoming and discreet spaces for young people, women, older people, disabled residents and people affected by stigma. • Expand active travel and link cycling, walking, public transport and planning policy. • Use outreach, communication, new housing and partnerships to increase use of local assets. • Embed health and accessibility requirements in planning, housing and public-realm decisions.
Threats	• Funding constraints, rising costs and delays to asset maintenance. • Political change and Local Government Reorganisation disrupting priorities, ownership or partnerships. • Climate change and environmental pressures affecting places and infrastructure. • Widening inequalities, low engagement and declining community cohesion. • Safety perceptions and deterioration of existing infrastructure reducing use.

Priority 5: Strengthening Prevention Through the Healthy Stevenage Partnership

Partners were positive about the existing network, openness to collaboration and track record of joint projects. However, the consultation also delivered the clearest challenge to the strategy: the partnership needs a more defined purpose, stronger NHS engagement, consistent membership, fewer overlapping groups, better data and a visible route from discussion to delivery.

SWOT	Key themes raised
Strengths	• An established Healthy Stevenage Partnership with active community partners and willingness to collaborate. • Good links to wider networks, including social inclusion, community safety, employment, leisure and neighbourhood partnerships. • A track record of joint delivery, newsletters, events, Healthy Hub activity and age/dementia-friendly work.

	• Strong council involvement and engaged leisure and voluntary-sector partners.
Weaknesses	• The partnership is not sufficiently visible or easy for new organisations to access. • Attendance, consistency and representation vary, with gaps in NHS, primary care and HPFT engagement. • Too many subgroups, weak connectivity and duplication can dilute effort. • Limited shared data, evaluation, feedback loops and evidence of what has worked. • Resource constraints and poor use of technology reduce coordination.
Opportunities	• Refresh governance, membership, leadership and a small number of shared priorities. • Introduce shared objectives, KPIs, action plans and a clear reporting route into partner organisations. • Create a central portal or database for services, activities, referrals and partner contributions. • Strengthen NHS and VCFSE representation, community voice and early engagement. • Develop consortium bids, pool assets and align funding around agreed outcomes. • Use neighbourhood hubs, the Healthy Hub and Local Government Reorganisation to simplify pathways and join up delivery.
Threats	• Local Government Reorganisation, political change or changes in partnership leadership affecting continuity. • Funding and capacity pressures across all sectors. • Silo working, duplication and too many priorities weakening impact. • Insufficient NHS endorsement or ownership. • Partnership meetings becoming information-sharing forums without accountable delivery.

3.3. Partnership Successes & Available Assets

Successes to build on

The wider workshop discussion showed that partners do not want the new strategy to start from zero. Several existing initiatives were repeatedly recognised as credible foundations for future delivery.

- Healthy Hub and the Mobile Healthy Hub as a trusted platform for outreach, signposting and partner collaboration.
- Dementia Friendly and Age Friendly work, including the Memory Lane Dementia Café, dementia festivals, accreditations and taxi-driver training.
- Health Action Day, emergency-services engagement and other public events that bring multiple services into accessible community settings.
- Joint physical activity work, including health walks, Active Practice Charter participation, sports and governing-body partnerships.
- Community safety, green-space improvement and joint funding bids involving the council, voluntary sector, leisure providers and other partners.
- The Stevenage Health Inequalities JSNA as a stronger shared evidence base for the new strategy.

Existing and emerging collaboration opportunities

- Use the Healthy Hub and neighbourhood model as a platform for joined-up, community-based prevention.
- Create clearer referral routes between partner organisations and promote warm handovers rather than repeated signposting.
- Bring together Age Friendly, Dementia Friendly, Live Longer Better and falls-prevention activity around shared outcomes.
- Expand health walks, physical activity and targeted outreach into neighbourhoods with lower participation or greater need.
- Increase collaboration with primary care, NHS providers, social prescribing and community organisations.
- Develop shared objectives and KPIs linked directly to the Healthy Stevenage Strategy.
- Use Local Government Reorganisation to align systems where this improves local access, while protecting Stevenage-specific relationships and priorities.

Assets partners can contribute

Partner asset	Potential contribution
Data and insight	Citizens Advice client intelligence, University of Hertfordshire research capacity, NHS and council data, JSNA evidence and partner service intelligence.
Venues and workforce	Leisure facilities, community centres, public-sector buildings, the stadium, community cafés, parks and mobile outreach capacity.
Reach and communications	Primary care, social prescribers, Herts Connected, local media, partner newsletters, faith and community networks, and events.
Volunteers and community leadership	Go Vol, local groups, community champions, youth voice, allotment and green-space volunteers, and lived-experience networks.
Funding and delivery	Joint bids, consortium approaches, Pride in Place investment, public health funding, partner delivery teams and governance expertise.

3.4. Recommendations

The overall feedback provides the following recommendations to be considered for the final strategy:

Recommendation	Required strategic response
1. Retain the five proposed priorities	The workshop evidence strongly validates the five proposed priorities. The final strategy should retain them while tightening the scope and intended outcomes for each priority.
2. Make reducing inequalities the organising principle	Every priority should state how action will be targeted by neighbourhood, deprivation, population group and access barrier. Ward profiles and community insight should inform resource allocation.
3. Add a cross-cutting 'no wrong door' commitment	The strategy should commit partners to simpler navigation, warm referrals and clear pathways between community, council, primary care, NHS and VCFSE support.
4. Create a central prevention and activity directory	Develop a maintained, accessible portal for services, activities and referral routes, with non-digital alternatives and clear partner responsibility for keeping information current.

5. Strengthen the Healthy Stevenage Partnership governance model	Set out purpose, membership, leadership, decision-making, subgroup arrangements, attendance expectations and the contribution expected from each partner. Secure stronger NHS and primary care ownership.
6. Establish shared outcomes and a performance dashboard	Agree a limited set of outcome and process measures linked to the JSNA. Publish regular progress, use partner data and explicitly record what is working, what is not and what will change.
7. Prioritise sustainable prevention capacity	Include a joint funding and resource plan, build consortium bids, support VCFSE capacity and avoid creating new offers without a realistic route to continuation.
8. Strengthen communication and targeted engagement	Use community champions and trusted organisations to reach priority populations. Engagement should be tailored by age, culture, disability, caring role, income, digital access and neighbourhood.
9. Treat physical activity as a cross-cutting enabler	Movement should support healthy weight, mental wellbeing, healthy ageing, social connection and healthy places. The strategy should promote everyday, inclusive and non-competitive activity.
10. Expand the strategy's focus on access and inclusion	Require accessible design, transport consideration, affordability, non-digital routes and stigma-aware delivery across programmes, communications and community venues.
11. Embed health in place-shaping decisions	Planning, housing, regeneration, transport, licensing, community safety and asset management should evidence their contribution to health outcomes and inequalities.
12. Recognise Local Government Reorganisation as a managed transition	The strategy should identify both opportunities and risks, protect local relationships and data, and maintain continuity of priority programmes during organisational change.
13. Translate the strategy into a focused first-year delivery plan	The initial plan should concentrate on a small number of collaborative actions with named leads, milestones, resources and measures, rather than attempting to progress every idea at once.