

Meeting Executive
Portfolio Area Leisure, Culture & Wellbeing
Date 8 October 2026



HEALTHY STEVENAGE STRATEGY 2026-2031

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KEY DECISION

1 PURPOSE

- 1.1 To seek approval for the refreshed Healthy Stevenage Strategy 2026-2031 strategy.

2 RECOMMENDATIONS

- 2.1 That the Healthy Stevenage Strategy 2026-2031, attached at Appendix A, be approved.
- 2.2 That the evidence of health inequalities in Stevenage and the strategy's focus on prevention, health promotion and targeted action in the communities experiencing the poorest outcomes be noted.
- 2.3 That the five strategic priorities be endorsed:
- Healthy Weight and Active Lives
 - Good Mental Health and Emotional Wellbeing
 - Ageing Well, Frailty Prevention and Dementia Support
 - Creating Healthy, Safe and Connected Places
 - Strengthening Prevention through the Healthy Stevenage Partnership.
- 2.4 That the Healthy Stevenage Partnership be supported as the main partnership forum for oversight and delivery, underpinned by the development of a focused

action plan with named leads, timescales, resource implications and measurable outcomes.

- 2.5 That it be noted that any actions requiring additional Council expenditure or significant service changes will be subject to the Council's normal financial, legal, procurement and governance processes.

3 BACKGROUND

- 3.1 The Council approved its first Healthy Stevenage Strategy in February 2018. The strategy covered the period to 2022 and established a local framework for prevention, health promotion and partnership action through the Healthy Stevenage Partnership.
- 3.2 The previous strategy helped raise the profile of health and wellbeing across the Council and supported the development of a broad range of preventative programmes. These included the Healthy Hub, physical activity and healthy weight programmes, mental wellbeing initiatives, dementia support, work with older people and community-based activity delivered with local partners.
- 3.3 The previous strategy is now out of date. Since its publication, the health and care system has changed substantially, the impact of the COVID-19 pandemic has widened some inequalities, and the evidence base for Stevenage has been strengthened through the 2025 Stevenage Health Inequalities Joint Strategic Needs Assessment (JNSA).
- 3.4 The latest evidence shows that Stevenage has a population of approximately 90,146. Around 20% of residents are children aged 0 to 15 and 16% are aged 65 or over. The population aged 65 and over is projected to increase by around 30% by 2043, increasing the importance of prevention, independence and neighbourhood support.
- 3.5 Stevenage remains the most deprived district in Hertfordshire. Deprivation is concentrated in particular neighbourhoods and is closely associated with poorer outcomes in long term conditions, healthy weight, mental health, frailty and dementia. Men living in the most deprived areas of the town have a life expectancy 5.1 years lower than men in the least deprived areas. The equivalent gap for women is 4.0 years.
- 3.6 The evidence identifies three prominent health themes requiring coordinated action. Around 72% of adults are overweight or obese and 37% of Year 6 pupils are overweight or obese. Mental ill health and demand for support are strongly associated with deprivation, with concerns relating to depression, self-harm and suicide. Dementia diagnosis rates are higher than Hertfordshire and England, while frailty, falls, mobility and social isolation present growing challenges as the population ages.
- 3.7 These health outcomes are shaped by wider factors including income, housing, education, employment, food security, transport, access to green space, safety and social connection. The revised strategy therefore recognises that health improvement cannot be delivered by health services alone and requires a place-based approach across Council services and partner organisations.
- 3.8 The revised strategy aligns with the Hertfordshire County Council Public Health Strategy 2022-2027 and the national 10 Year Health Plan for England. The national plan is based on three shifts: from hospital to community, from analogue to digital and from sickness to prevention. These shifts reinforce the

role of local government and community partners in neighbourhood prevention, early support and healthy place making.

- 3.9 Development of the revised strategy began in 2025 and has been informed by the JSNA, local service intelligence, national and county policy, learning from the previous strategy, engagement with Council services and discussion through local health and wellbeing partnerships.
- 3.10 The revised strategy places greater emphasis on a 'no wrong door' approach to prevention and access to support. Stevenage Healthy Hub provides a well-established local model for this, having operated in the town for over a decade and evolved to bring a wider range of health and wellbeing services together in one accessible setting. The Council's ambition, which has been raised with Government, is to build on this model with partners, including the Integrated Care Board (ICB), and explore opportunities to broaden the range of services available through the emerging Neighbourhood Health model.
- 3.11 Public consultation received 84 responses. Partner engagement involved just over 40 stakeholders from 17 organisations through three workshop sessions. Feedback broadly supported the five priorities, while calling for the final strategy to be more practical, visible, affordable, inclusive, and accountable.
- 3.12 The strategy has been revised in response to this feedback. It includes a stronger focus on access and affordability, a clearer 'no wrong door' approach, named ownership, measurable delivery, stronger partnership governance, annual reporting and active management of risks associated with funding, workforce capacity and Local Government Reorganisation.

4 REASONS FOR RECOMMENDED COURSE OF ACTION AND OTHER OPTIONS

Options considered

- 4.1 Option 1 is to approve and adopt the Healthy Stevenage Strategy 2026-2031. This would provide an up-to-date evidence-based framework for local prevention, clarify the Council's role, align partner activity around shared priorities and enable the development of a focused delivery plan. This is the recommended option.
- 4.2 Option 2 is not to adopt a new local strategy and instead rely on county and NHS plans. This is not recommended because those plans do not provide the same level of focus on Stevenage neighbourhoods, local assets, the Council's place shaping role or the specific partnership arrangements required to address inequalities within the town.

Reasons for the recommended course of action

- 4.3 Approval of the strategy is recommended because the evidence demonstrates persistent and, in some areas, widening inequalities. A clear local strategy is required to focus limited resources on the issues and communities where coordinated prevention can add the greatest value.
- 4.4 The strategy establishes a vision for Stevenage to be a town where everyone has a fair opportunity to live a healthy, connected and independent life, with a measurable reduction in health inequalities between neighbourhoods and

population groups. Its mission is to make prevention practical and visible by connecting services, strengthening partnerships and creating healthier places.

- 4.5 The five priorities provide a rational framework covering healthy weight and physical activity; mental health and emotional wellbeing; healthy ageing, frailty and dementia; healthy, safe and connected places; and partnership led prevention. Health inequalities, accessibility and the wider determinants of health are embedded across all five priorities rather than treated as separate issues.
- 4.6 The revised strategy is more delivery focused than the previous. It makes affordability, inclusive access, non-digital routes, community engagement and clear navigation explicit. It also proposes stronger communication, improved referral practice, a maintained directory of local support and a consistent 'no wrong door' approach so that residents do not need to understand organisational boundaries to find help.
- 4.7 The Council is not the statutory commissioner of most health services, but it has significant influence over the conditions that shape health. Housing, planning, environmental health, leisure, parks, community safety, regeneration, advice services, economic development and neighbourhood working all contribute to prevention and quality of life. The strategy will support health considerations to be embedded more consistently across these functions.
- 4.8 The Healthy Stevenage Partnership will be refreshed as a practical delivery and problem-solving forum. Membership and expectations will be clarified through revised governance, with stronger participation from NHS, primary care and voluntary, community, faith and social enterprise partners. The partnership will align activity, reduce duplication, identify gaps and coordinate collective action where no single organisation can deliver the required outcome alone.
- 4.9 A Healthy Stevenage Action Plan will translate the strategy into delivery. It will identify a limited number of priority actions, lead organisations, milestones, target communities, resource assumptions and measures of success. Task and finish groups may be established where focused partner input is required.
- 4.10 Progress will be reviewed through the Healthy Stevenage Partnership and reported annually through a simple performance dashboard. Monitoring will consider reach, outcomes, inequalities, resident experience, learning and any changes required. This will provide a stronger line of sight between strategic ambition, activity and impact than was available under the previous strategy.

Consultation

- 4.11 Three partner workshops involved just over 40 stakeholders from 17 organisations and generated 358 recorded comments across the five priorities. Partners supported the proposed structure and recognised strong local assets, including green spaces, cycleways, community centres, the Healthy Hub, leisure provision, mental health support, Age Friendly and Dementia Friendly work and established community networks.
- 4.12 Partner feedback identified fragmented pathways, inconsistent promotion, limited data sharing, short term funding and workforce pressures. The strongest message was that the strategy must define ownership, simplify access, establish shared measures, and provide visible follow through. Local

Government Reorganisation was identified as both an opportunity for alignment and a material delivery risk.

- 4.13 The public consultation received 84 responses. Of these, 55 respondents supported the five proposed priorities and a further 17 were broadly supportive with caveats. Eight raised significant concerns and four did not provide a clear view. Good Mental Health and Emotional Wellbeing was the priority most frequently ranked first.
- 4.14 Residents asked for more affordable physical activity, stronger support for children and young people, clearer mental health and crisis routes, more accessible communication, inclusive provision and safer, cleaner and better-connected places. Feedback also highlighted digital exclusion, disability, neurodiversity, transport, cost of living pressures and the need for visible accountability.
- 4.15 The consultation findings are valuable but are not statistically representative of the whole population. Public survey respondents were self-selecting, and the partner evidence was qualitative. The findings have therefore been considered alongside the JSNA, service intelligence, equality considerations and professional insight rather than being used in isolation.
- 4.16 Community engagement will continue during implementation. Resident voice, lived experience, Co-operative Neighbourhood activity and targeted engagement with groups experiencing barriers will be used to shape the action plan, test delivery and review whether programmes remain relevant and accessible.
- 4.17 In February 2026, the Community Select Committee considered the emerging Healthy Stevenage Strategy and supported its focus on prevention, reducing health inequalities and strengthening partnership working. Members particularly highlighted the importance of education and prevention, including healthy living, healthy food choices and awareness of mental and physical wellbeing, alongside a more joined-up and family-based approach to children and young people's health. [Agenda item - FOCUS ON PUBLIC HEALTH](#)
- 4.18 The Committee also emphasised the need to make health and wellbeing support more accessible and visible within local communities. This included improving outreach through the Healthy Hub and mobile provision, considering the timing and location of activities for working residents, carers and families, using inclusive messaging to encourage healthier behaviours, and continuing to broaden partnership working across education, voluntary, community and commercial organisations.

5 IMPLICATIONS

Financial Implications

- 5.1 Approval of the strategy does not, in itself, create an immediate additional financial commitment for the Council. Initial delivery will be based on existing budgets, commissioned services, partner contributions and the more effective alignment of current resources.

- 5.2 The action plan may identify proposals that require additional funding, match funding or changes to commissioned services. Any such proposals will be subject to a clear business case, identification of sustainable funding and the Council's normal financial approval processes. The Council and partners will continue to pursue appropriate external funding opportunities.

Legal Implications

- 5.3 There are no specific legal implications arising directly from approval of the strategy. Individual projects and information sharing arrangements will need to comply with relevant legal requirements, including data protection, procurement, contract management, health and safety, safeguarding and the Equality Act 2010. Legal advice will be obtained where required.

Local Government Reorganisation (LGR) Implications

- 5.4 The strategy period is expected to include significant organisational change arising from Local Government Reorganisation. This creates a risk to continuity, accountability, funding, data and established local relationships, but also an opportunity to align neighbourhood prevention and reduce fragmentation. Transition planning should protect priority services, local knowledge, partnership arrangements and clear ownership of delivery.
- 5.5 The Strategy will provide a useful evidence-based framework during and following Local Government Reorganisation. It will help ensure that Stevenage's specific health inequalities, neighbourhood needs and local priorities remain visible within any future unitary authority. The strategy and its recommendations can inform wider strategic planning, commissioning and resource allocation, while supporting continuity of local prevention activity and partnership working. It will also provide a clear basis for sharing local insight with the new authority and ensuring that future health and wellbeing arrangements remain responsive to the needs of Stevenage residents. A new unitary model also creates opportunities to upscale successful local delivery, share best practice across a wider geography and work with partners to embed proven approaches more consistently.

Risk Implications

- 5.6 There is a risk that without a clear strategic framework, activity to address health inequalities in Stevenage could become fragmented and opportunities for coordinated prevention may be missed. Delivery of the strategy will also be dependent on partner capacity, available resources and continued collaboration across the local health and wellbeing system. These risks will be mitigated through the Healthy Stevenage Partnership, a focused action plan, clear ownership of actions and regular monitoring of progress and outcomes.

Policy Implications

- 5.7 The Healthy Stevenage Strategy provides an overarching framework for the Council's approach to improving health and wellbeing and reducing health inequalities. It supports the Council's wider corporate priorities and strengthens the consideration of health across relevant policy areas including leisure, housing, planning, community development, regeneration and environmental

services. The strategy also provides a framework through which future Council policies and programmes can consider their contribution to prevention and population health.

Staffing and Accommodation Implications

- 5.8 There are no direct staffing or accommodation implications arising from the approval of the strategy. Delivery will be coordinated through existing Council services and partnership arrangements. Where individual actions within the supporting delivery plan require additional staffing capacity, accommodation or other resources, these will be considered separately as part of the development and approval of those specific initiatives.

Equalities and Diversity Implications

- 5.9 Reducing health inequalities is a central purpose of the Healthy Stevenage Strategy. Evidence from the Stevenage Health Inequalities JSNA demonstrates that health outcomes vary between neighbourhoods and population groups, with some residents experiencing greater barriers to good health. The strategy therefore adopts a universal but targeted approach, with additional focus on communities experiencing the poorest outcomes or greatest barriers to accessing support. Inclusive and accessible design, community engagement and the use of local evidence will be embedded within delivery to help ensure that interventions respond appropriately to the needs of Stevenage's diverse communities.

Service Delivery Implications

- 5.10 The strategy will provide a clearer framework for coordinating health and wellbeing activity across Council services and with external partners. It will support a stronger focus on prevention, earlier intervention, joined-up pathways and neighbourhood-based delivery, while making better use of existing community assets and services. Implementation will be supported by a focused action plan identifying priorities, responsible partners and measurable outcomes, with progress monitored through the Healthy Stevenage Partnership and relevant Council governance arrangements.

BACKGROUND DOCUMENTS

1.1 All documents that have been used in compiling this report, that may be available to the public, i.e. they do not contain exempt information, should be listed here:

- BD1 Stevenage Health Inequalities - Joint Strategic Needs Assessment (JSNA) 2025
- BD2 Addressing local priority health & wellbeing challenges in Stevenage 2025
- BD3 Healthy Stevenage Consultation Report

APPENDICES

- A Healthy Stevenage Strategy 2026-2031