Stockton-on-Tees BOROUGH COUNCIL
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Health & Wellbeing Board

Agenda

Date:
Wednesday 29 July 2026 at 2.00 pm

Venue:
Council Chamber, Dunedin House, Thornaby, TS17 6BJ

Cllr Lisa Evans (Chair)

Cllr Clare Besford, Cllr Pauline Beall, Cllr Lynn Hall, Majella McCarthy, Cllr Jack Miller, Carolyn Nice, Sarah Bowman-Abouna, Fiona Adamson, Peter Smith, Jamie Todd, Tracey Carter, Karen Hawkins, Matt Storey and Sam Palombella

Agenda

Ged Morton
Director of Corporate Services
Wednesday 29 July 2026

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

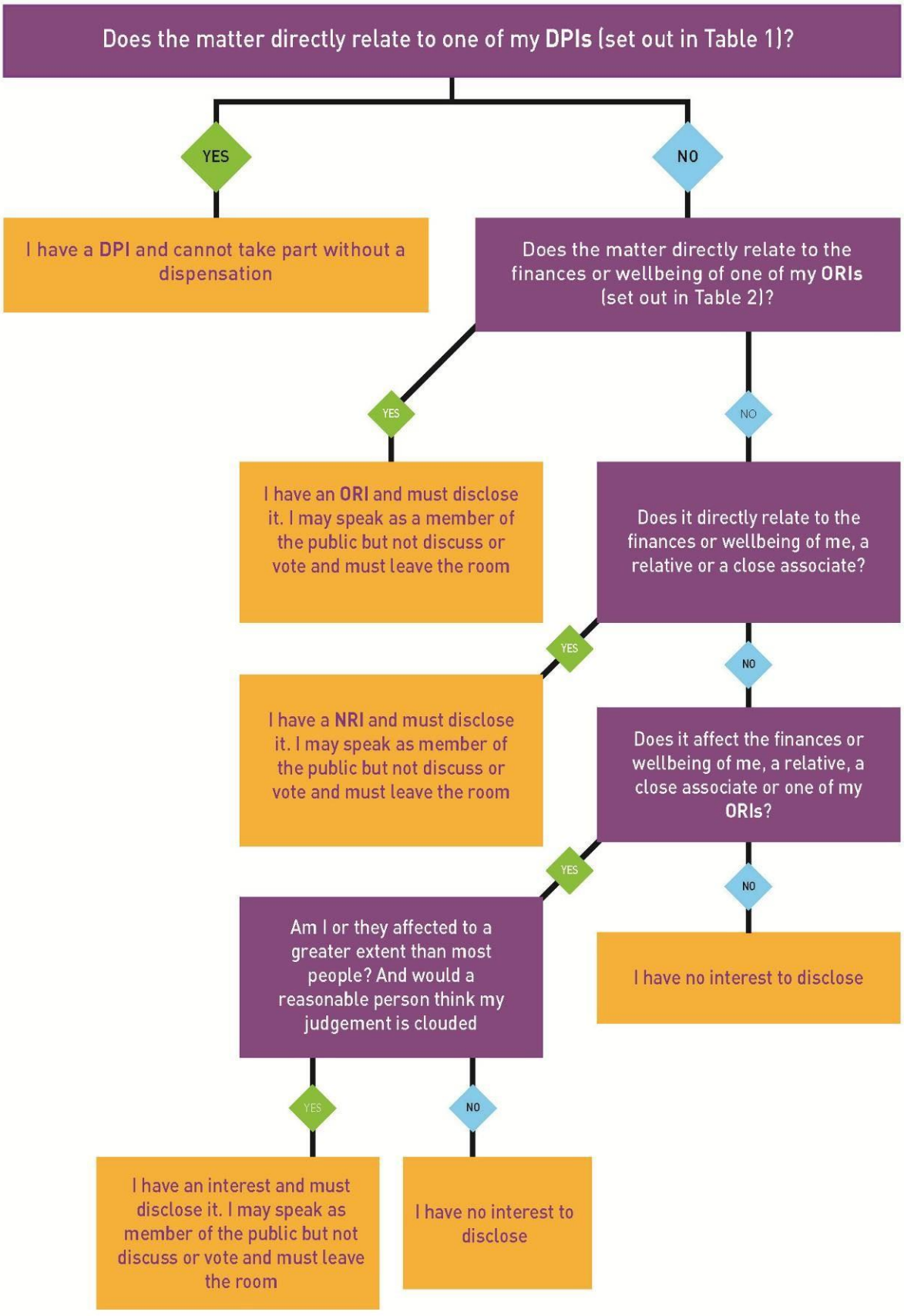
Contact: Michael Henderson on email Michael.henderson@stockton.gov.uk

Stockton-on-Tees BOROUGH COUNCIL

Key – Declarable interests are :-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance



Stockton-on-Tees
BOROUGH COUNCIL

Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Council Chamber, Dunedin House
Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the Council Chamber entrance indicated on the map below.

In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

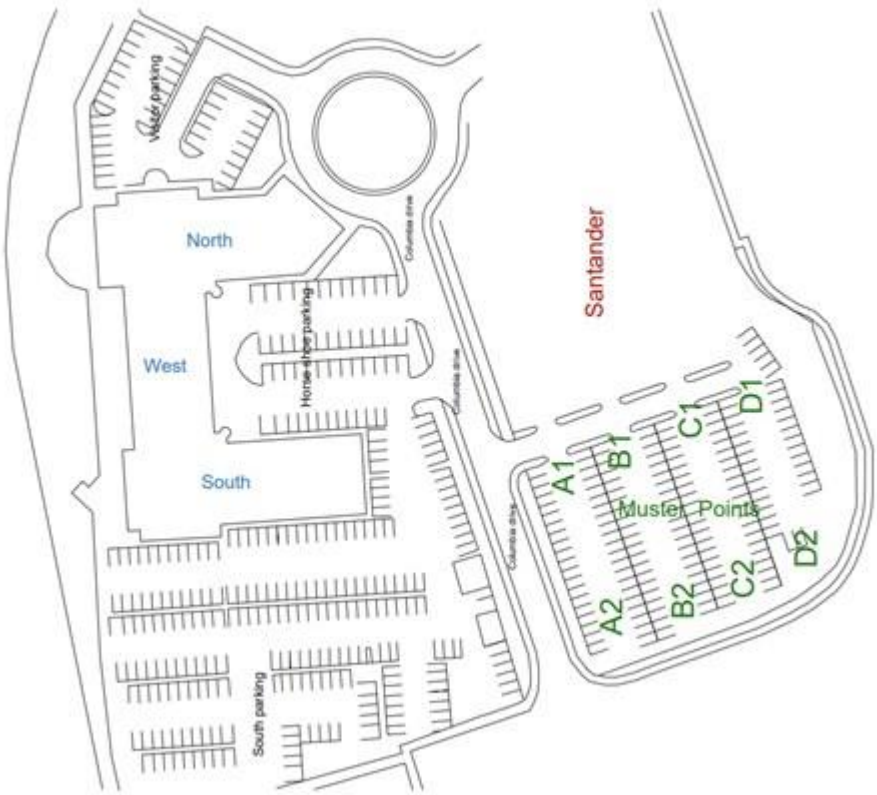
The emergency exits are located via the doors to the left of the raised seating area at the front of the Council Chamber and the rear of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

The allocated assembly point for the Council Chamber is: D2

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately**. Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.

2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.

    - do not stop to collect your belongings
    - close all doors as you leave

3. **steer clear of hazards**. If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.

4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.

    - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

5. **await further instructions.**

    - **do not re-enter the building under any circumstances without an "all clear"** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
    - do not leave the area without permission.
    - ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

Toilets

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

Water Cooler

A water cooler is available at the rear of the Council Chamber.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when invited to speak by the Chair, to ensure you can be heard by the Committee and those in attendance at the meeting.

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 25 March 2026.

Present: Cllr Lisa Evans (Chair), Karen Hawkins (Vice-Chair), Cllr Pauline Beall, Cllr Clare Besford, Cllr Lynn Hall, Cllr Jack Miller, Sarah Bowman-Abouna, Carolyn Nice, Fiona Adamson, Lucy Owens and other Board members.

Officers: Michael Henderson, John Devine, Sid Wong,

Also in attendance:

Apologies:

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the Meetings held on 28 January 2026

RESOLVED that the minutes be confirmed as a correct record and signed by the Chair.

3

Urgent Item – Meningitis Preparedness

The Chair explained that she had agreed to an update on Meningitis Preparedness being presented to provide reassurances to the Board. This was in the light of recent outbreaks of the disease in Canterbury and Reading

The Board was advised that Stockton-on-Tees Borough Council works closely with the UK Health Security Agency (UKHSA) on all communicable disease matters, including meningitis. Robust outbreak control arrangements were in place, including established regional and local protocols covering case identification, testing, contact tracing, communications and, where necessary, the provision of prophylactic treatment.

Members heard that individual cases of meningitis were managed routinely and that no outbreaks were currently reported within Stockton-on-Tees or the wider Northeast region. Vaccination uptake remained an important preventative measure and opportunities to promote awareness and vaccination would continue.

The update was noted

RESOLVED that the update be noted.

4

Pharmaceutical Needs Assessment (PNA) Update

The Board considered a report outlining changes to pharmaceutical provision since publication of the Pharmaceutical Needs Assessment in October 2025.

Members were advised of:

• The consolidation of two pharmacy premises on Yarm Lane onto a single site at Varo Terrace.

• The temporary relocation of Whitworth Chemists within Leven Park, Yarm.

• The opening of Elm Tree Pharmacy in December 2025, improving local access to pharmaceutical services.

• Ongoing uncertainty regarding the reopening of the former Boots pharmacy premises in Billingham pending a change of ownership.

It was noted that the identified changes did not create any significant gaps in pharmaceutical provision and that two supplementary statements had been prepared in accordance with statutory requirements.

RESOLVED that:

1. The two supplementary statements to the Pharmaceutical Needs Assessment 2025 be approved for publication.

2. The updated pharmaceutical services map be noted.

5 Neighbourhood Health Plan

The Board received a presentation on development of the Neighbourhood Health Plan and the implications of recently published national neighbourhood health guidance.

Members were reminded that Stockton-on-Tees had been selected as one of 43 national pilot areas under the Neighbourhood Health Improvement Programme. Work undertaken to date had focused on strengthening integrated working, improving community engagement and developing neighbourhood-based approaches to prevention and early intervention.

The presentation highlighted:

• Publication of new national neighbourhood health guidance and the emerging expectation that Health and Wellbeing Boards would provide strategic oversight of neighbourhood health plans.

• The continued role of the Better Care Fund as the primary planning mechanism for 2026/27.

• The importance of population health management, prevention, reducing inequalities and shifting care closer to home.

• Development of integrated neighbourhood teams and stronger partnership working across health, social care, voluntary and community sectors.

• The need for neighbourhood plans to be outcome-focused, evidence-based and jointly owned by partners.

• Ongoing work to develop monitoring and evaluation arrangements, including discussions with academic partners regarding evaluation methodology.

Discussion included:

• Strong support for the neighbourhood health approach and its alignment with the Health and Wellbeing Strategy.

• Recognition that Stockton-on-Tees was starting from a position of strong partnership relationships and existing examples of good neighbourhood working.

• Positive early feedback from residents involved in the pilot programme, particularly regarding proactive and person-centred support.

• Examples of improved partnership working at operational level, with organisations working collaboratively to address residents' needs without creating unnecessary barriers or duplication.

• The importance of maintaining continuity of leadership and partner engagement throughout forthcoming organisational changes across the health system.

• The need to ensure consistent attendance and representation from all key partners, including University Hospitals Tees.

• Acknowledgement that future progress would rely on making better use of existing assets, staff, services and community resources, rather than depending solely upon additional funding.

• Recognition that neighbourhood models may need to vary across different communities in response to differing local needs.

Members welcomed the progress made to date and the positive culture of collaboration developing across organisations.

RESOLVED that:

1. The update be noted.

2. Further work be undertaken to consider future governance arrangements and the role of the Health and Wellbeing Board in overseeing neighbourhood health planning.

3. Progress on scaling and developing neighbourhood approaches be reported to a future meeting of the Board.

8

Health and Wellbeing Board – Forward Plan Stockton-on-Tees Integrated Front Door and Families First Partnership – Children's Social Care Reforms

The Board received a report on developments relating to the Integrated Front Door and Families First Partnership arrangements in response to national children's social care reforms.

Members noted the progress being made and the opportunities presented through closer partnership working and earlier intervention for children and families.

RESOLVED that the update be noted.

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Health and Wellbeing Board Attendance (Including Deep Dive Sessions)

Members Name/(Named Substitute)	June 26	July 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26
Fiona Adamson (Vicky Holt)	P						
Cllr Pauline Beall (Cllr Norma Stephenson)	P						
Cllr Clare Besford (Cllr Norma Stephenson)	P						
Sarh Bowman-Abouna (Sid Wong)	P						
Tracey Carter (Chris Renahan)	SA						
Cllr Lisa Evans (Cllr Paul Rowling)	P						
Cllr Lynn Hall (Cllr John Coulson) (Cllr Shakeel Hussain)	P						
Karen Hawkins (Katie McCleod)	P						
Majella McCarthy (Jane Smith)	P						
Cllr Jack Miller (Cllr John Coulson) (Cllr Shakeel Hussain)	SA						
Matt Neglin (Esther Mireku)	SA						
Carolyn Nice (Angela Connor)	Ab						
Sam Palombella (To be advised)	NM						
Peter Smith (Natasha Douglas)	Ab						

Matt Storey (Lisa Oldroyd)	Ab						
Jamie Todd (Shaun Mayo)	P						

P – Present
Ab – Absent
SA – Named Sub attended
NM – Not a member at this time
HWB Public Meeting

HWB Deep Dive Private Meeting

Agenda Item 6

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29th July 2026

REPORT OF: Better Care Fund (BCF)

STOCKTON BETTER CARE FUND (BCF) UPDATE

Stockton-on-Tees BCF plans 26/27

1. Summary

The purpose of this paper is to provide the Health and Wellbeing Board an update on the BCF Plan for 26/27. The plan has been endorsed by the Stockton-on-Tees Health and Social Care Collaborative and approved by the Pooled Budget Partnership Board (PBPB). The final plan was signed off by the SBC and ICB Chief Executives, along with the Health and Wellbeing Board (HWB) Chair, prior to submission to NHS England on 18 May 2026, in line with assurance processes and planning requirements.

2. Recommendation

The Health and Wellbeing Board are asked to:

1. Acknowledge the submission of the Stockton-on-Tees BCF Plans 26/27 to NHS England as part of the planning requirements.

3. Background

The aim of the BCF is to support ICB and local authority in designing and delivering more integrated and preventative care, particularly for people with more complex health and social care needs, helping people stay independent for longer.

The BCF policy framework sets out the objectives, funding and conditions for the BCF for 26/27. As set out in the 10 Year Health Plan for England, the government is committed to reforming the BCF to provide a more consistent and effective approach to funding services that it is essential to deliver in a fully integrated way. The first step is to make initial changes to the BCF for 2026–2027 to support further integration of the delivery of health and social care services, in line with the government's objectives for the Neighbourhood Health Plans.

The BCF plan was developed collaboratively by ICB, local authority and key system partners. It is informed by national planning guidance and principles, alongside evaluation of the impact of previous BCF plans.

4. Governance

The Stockton-on-Tees Health and Social Care Collaborative was established in 2025/26 to strengthen BCF governance. Meeting every six weeks, it brings together commissioning, finance, and BCF leads from the ICB and SBC, along with partners from the University Hospital of Tees, TEWV NHS Foundation Trust, and Primary Care Networks. The group oversees planning, reviews business cases, monitors BCF expenditure, ensures compliance, and promotes partnership working to support the Neighbourhood Health model.

The Pooled Budget Partnership Board meets bi-monthly, receiving recommendations from the Collaborative, providing strategic direction, and approving business cases related to the BCF.

The Health and Wellbeing Board (HWB) has statutory responsibility for approving and overseeing delivery of the BCF plan, ensuring it aligns with local needs, the Health and Wellbeing Strategy, and system integration priorities.

Overall, the governance structure ensures clear joint decision-making, strong financial oversight, and regular performance monitoring, enabling early identification of issues and effective targeting of BCF funding for best outcomes and value for money.

5. Details

The Stockton-on-Tees BCF plans consists of 2 elements:

1. Numerical return (appendix 1) sets out:

    a. Goals against the BCF metrics which include Non-Elective Admission to hospital, Discharge delays and long-term admissions to residential/nursing care homes
    b. Planned expenditure from the BCF funding sources
    c. How ICB maintain and meet the NHS's minimum contribution to adult social care
    d. Assurance statements to demonstrate ICB and LA are meeting the 3 national conditions

2. Narrative return (appendix 2) sets out:

    a. Rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services
    b. Rationale for how the ICB and LA set goals against the BCF metrics, and how to monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement
    c. Explanation on the planned impact of BCF funding on achievement of goals
    d. Outline how ICB and LA have confidence that the BCF funded services represent value for money and productivity
    e. Outline the robust joint governance for managing the expenditure of BCF and performance

6. BCF Plan Overview

Performance (Metrics)

The plan sets out ambitions on metrics (the monthly targets can be seen in Appendix 1). The metrics include the following:

a. **Non-Elective Admissions (NEL)** - The trajectory is based on a rolling 12-month historical baseline, with the 2026/27 plan informed by average performance and growth trends over the past three years. It reflects the ongoing impact of existing BCF-funded schemes, incorporates seasonal variations, and includes a 2.9% efficiency assumption. This approach aims to maintain the consistent reduction in non-elective admissions (NEL) seen in Stockton, with confidence that, despite expected population growth—particularly within the target cohort—current schemes and ongoing monitoring and expansion will sustain this positive trend.

b. **Delayed Discharges (Discharge Ready Date DRD %)** - DRD goals are aligned with national discharge planning principles, with increased ambition for 2026/27 while maintaining positive trends in reducing delays. Strengthened discharge pathways, supported by BCF-funded roles and collaborative system working, continue to improve timely discharge, rehabilitation, and reduce readmissions and length of stay.

   The system remains focused on coordinated discharge through regular meetings and MDT support, while the Home First approach and emerging Integrated Neighbourhood Teams aim to improve continuity, reduce duplication, and address inequalities. Due to the emerging nature of the transformation programme, there may be some short-term impact on delayed discharge performance until the improvement work is fully embedded.

   Please note that data shown in the blue boxes was pre-populated by NHS England. Actual data for the period of Nov 25 to Mar 26 was not available when the template was developed and therefore could not be included.

c. **Long term care home admissions for aged 65 and over** - we use the Client Level Data (CDL) dashboard, locally reported activities and historical trends to set our target. Based on the evidence, the market shows an overall decrease from 24/25 to 25/26 in the number of permanent placements under contract into older people care homes. This reflects impact of the Home First approach, reablement and greater use of assistive technology. Therefore, we have set a target of a reduction of 1.75% for each quarter resulting in a 7% reduction by the end of the financial year.

Finance requirements:

ICB and local authority must pool their designated minimum contribution and the Local Authority Better Care Grant and Disabled Facilities Grant (DFG). The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. Local authority must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.

For full details of planned expenditure please see numerical return in appendix 1.

Better Care Fund plans should:

- set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF (Table 1)
- set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care
- place the funding into 1 or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved

Table 1:

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£2,319,668	£2,319,668	£0
NHS Minimum Contribution	£20,906,301	£20,906,301	£0
Local Authority Better Care Grant	£8,847,725	£8,847,725	£0
Additional LA Contribution	£1,514,749	£1,514,749	£0
Additional NHS Contribution	£0	£0	£0
Total	**£33,588,443**	**£33,588,443**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£10,510,675	£16,100,087

Appendices: Stockton-on-Tees BCF Plan 26/27

Appendix 1: Numerical return

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Appendix 2: Narrative return

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Yvonne Cheung, Transformation Manager, Stockton-on-Tees Borough Council, yvonne.cheung@stockton.gov.uk

Stephen Errington, Commissioning Manager, North East & North Cumbria Integrated Care Board, stephen.errington@nhs.net

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29th July 2026

REPORT OF DIRECTOR OF PUBLIC HEALTH

ACTIVE STOCKTON

SUMMARY

"Active Stockton – Communities on the Move" is the name of the Sport England Place Partnership in Stockton-on-Tees, part of Sport England's Place Expansion programme. £1.3million has been awarded to the Partnership for the next phase, and through place-based collaboration, partners and communities involved in Active Stockton are not only increasing opportunities to be active but they are also addressing the underlying barriers that prevent people from moving in the first place. This briefing provides an overview of the approach being taken by Active Stockton, and the areas of focus.

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

- Note the details of the Sport England funding award, and the five priority areas of focus.
- Consider how board members can support the work of Active Stockton over the short, medium and long term, as well as how this work can support other priorities that the board have.
- Consider how the learning from ways of working, including with communities, can be shared and embedded.

DETAIL

1. Following a period of development work and strong collaboration across partners, Stockton-on-Tees has been awarded £1.3 million of National Lottery funding through Sport England's Place Expansion programme, to take forward our local Place Partnership known as "Active Stockton – Communities on the Move".

2. Sport England's Place Expansion programme has been developed from learning in earlier pilot areas. The aim is to create long-term change by working differently – starting with communities, building trust, and joining up across organisations.

3. Tees Valley Sport is the lead applicant and funding recipient on behalf of Active Stockton. Tees Valley Sport are one of forty one active partnerships in England, locally based organisations that work strategically and collaboratively to tackle inactivity and inequalities by taking a local, place-based approach.

4. This investment in Stockton-on-Tees will support a long-term, place-based approach to help more people become physically active, particularly in communities facing the greatest challenges.

5. Receiving this award is a significant milestone and reflects the collective effort of partners across the voluntary and community sector, health, leisure, education and local authority, as well as the invaluable insight gathered from local residents.

6. It follows successful development work, focused on listening to residents to understand how physically active people are, what gets in the way and what would make it easier, safer and more welcoming for people to move more.

7. This new investment enables Stockton-on-Tees to deliver a plan, with a long-term focus on tackling these barriers to being active with a focus on five specific geographical areas within Stockton-on-Tees including Stockton Central, Roseworth, Norton South and parts of Thornaby and Billingham.

8. The approved award will focus on five priorities over the next two years:
   - Growing the network of connected partner organisations to create a strong system;
   - Creating a more inclusive, active culture;
   - Creating safe spaces and doorstep opportunities to help people be active;
   - Targeted support for children and young people to increase their activity;
   - Supporting people living with pain and health conditions to be more active.

9. There is a strong focus on ways of working, with learning around how change happens being seen as fundamental to delivering long-term, sustainable outcomes.

10. Involvement of communities is central to the approach being taken by Active Stockton, with an agreed common purpose “Working together to create communities on the move in Stockton-on-Tees”.

11. Each of the five geographical areas of focus will have a community connector based within a local VCSE organisation, building on trusted community relationships and reaching inactive and underserved communities. These connectors are two year posts focused on creating sustainable participation, and connecting organisations to maximise impact.

12. Active Stockton’s long-term aim is a reduction in inequalities and physical inactivity, with Stockton-on-Tees becoming an inclusive, safe and collaborative place where communities feel they belong, have a voice, and naturally lead active, healthy lives.

13. These priorities align with Sport England’s national strategy, Uniting the Movement, which calls for collective action to address deep-rooted inequalities in activity levels and ensure communities most in need are supported first.

FINANCIAL IMPLICATIONS

Tees Valley Sport, based at Teesside University, is the funding recipient on behalf of the Active Stockton place partnership, and is responsible for allocating funding in line with the approved delivery plan.

LEGAL IMPLICATIONS

There are no current legal implications.

RISK ASSESSMENT

Active Stockton is categorised as low to medium risk. Governance arrangements are in place including a project group and advisory group, and these arrangements alongside existing management systems and daily routine activities are sufficient to control and reduce risk.

COMMUNITY IMPACT IMPLICATIONS

The aim of the work is to deliver long term sustainable impact for local communities, with a focus on working differently – starting with communities, building trust, and joining up across organisations.

COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES

Active Stockton will help deliver on many of the principles and priorities within the Stockton-on-Tees Joint Health and Wellbeing Strategy and Council Plan.

WARDS AFFECTED AND CONSULTATION WITH WARD/COUNCILLORS

There is a focus on the five specific geographical areas outlined, however all wards in the Borough may be impacted by Active Stockton. Updates will be shared with ward Councillors in the five areas to ensure they are kept aware of developments.

Name of Contact Officer: Sarah Bowman-Abouna
Post Title: Director of Public Health
Email address: Sarah.Bowman-Abouna@stockton.gov.uk

Name of Contact Officer: Sid Wong
Post Title: Consultant in Public Health
Email address: sidney.wong@stockton.gov.uk

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Active Stockton Update

Stockton-on-Tees Health and Wellbeing Board
29th July 2026

Our Sport England Place Partnership

Active Stockton – Communities on the Move

- This is part of Sport England's Place Expansion investment, developed from learning in earlier pilot areas.
- The aim is to create long-term change by **working differently** – starting with **communities**, **building trust**, and joining up across organisations.
- In Stockton-on-Tees, the place partnership is called **"Active Stockton – Communities on the Move".**
- It's not led by a single organisation – it's a **shared effort** across local partners.
- **Tees Valley Sport (TVS)** is the Active Partnership for the Tees Valley - a local partner with national reach, and provides support to Place Partnerships across the area.

Active Partnerships

- 1 of 41 Active Partnerships across England

Locally based organisations that work strategically and collaboratively to tackle inactivity and inequalities by taking a local, place-based approach.

- Whole Systems Approach
- Population Level Change
- Funded by DCMS and National Lottery through Sport England
- Uniting the Movement – Sport England's 10 Year Strategy

Place Based Working

- Sport England is investing £250 million to over 90 locations across England
- Proportionate Universalism – Making sure those that need it most get the support
- Not always about doing more – Using insight to understand what is needed
- Systemic change and not short-term programmes
- Bring together leaders, policy and decision makers and organisations that can influence change …… common purpose and working collaboratively
- Understanding the need and challenges in place but also shouting about our assets
- Why Stockton? – Not just because the statistics said so

Update on Current Project Status

- 12 month development phase completed – this focussed on insight gathering, with findings shaping the full award application
- Full Award Successful – £1.3 million over 2 years, formal announcement / comms 12th May
- Partnership approach – Tees Valley Sport lead applicant and funding recipient, with involvement of a wide range of local partners
- 2-Year delivery expansion plan specifies how funding is to be spent

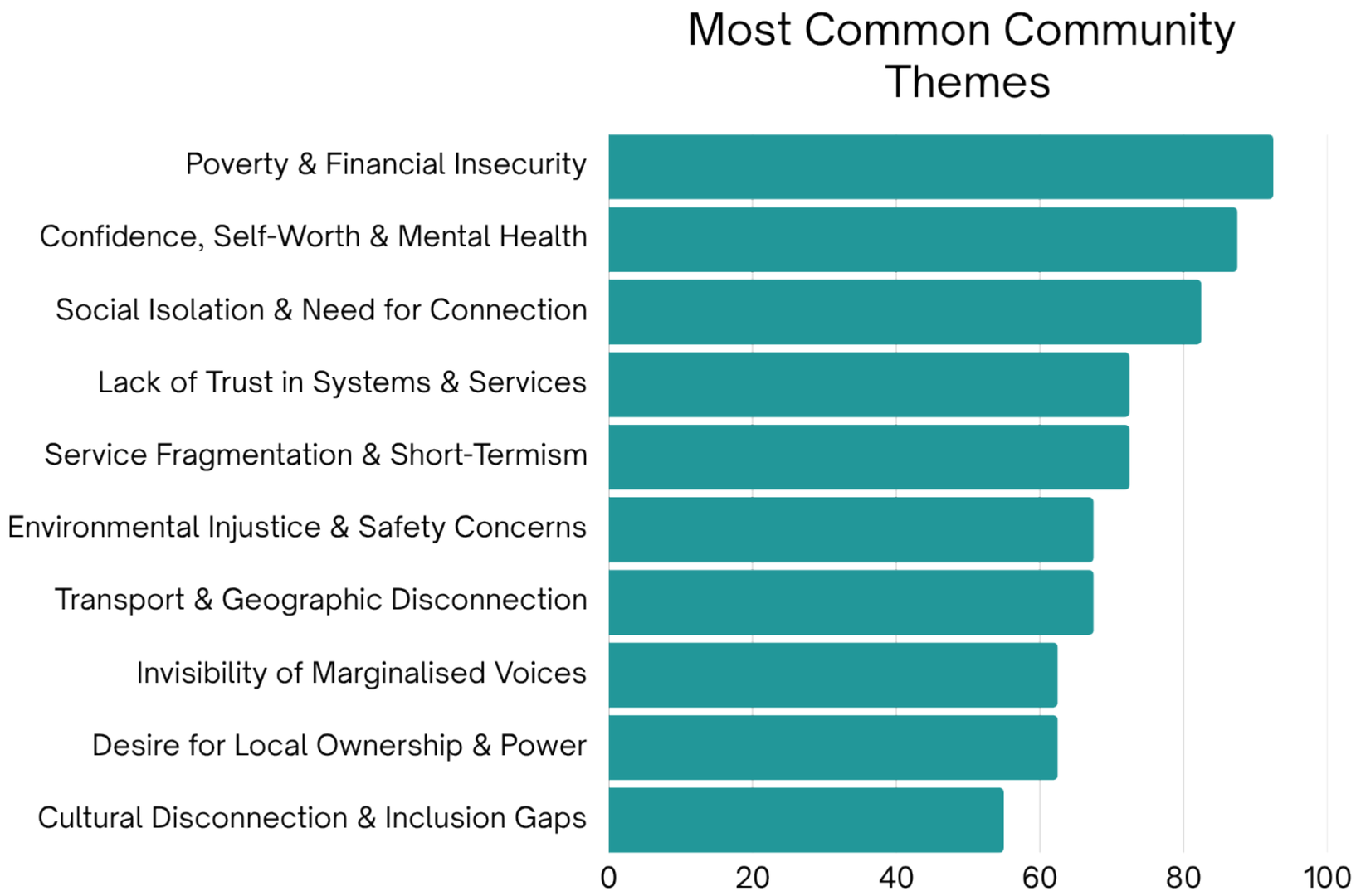
Governance Arrangements

Task and finish groups

Project Team – Fortnightly meetings

Advisory Group – meeting bi- monthly, and reporting to the wider **Physical Activity Steering Group** and the **Health and Wellbeing Board**

Community Insights from Our Development Phase



Insight Examples

Poverty & Financial Insecurity

Key Issues: Cost barriers to essentials (food, transport, childcare, digital access, activities); financial exclusion

Examples: *"£5 is too much – it's food or that."*

"Rent hikes leave nothing for leisure."

Who it Affects Most: Low-income households; Asylum seekers; Disabled adults; Single parents; Retirees on fixed incomes.

Confidence, Self-Worth & Mental Health

Key Issues: Low confidence, anxiety, trauma, shame, social anxiety, self-exclusion

Examples: *"I don't deserve this.", "I feel like everyone is staring at me."*

Who it Affects Most: Young women; Neurodivergent youth; Disabled adults; Bereaved carers; People with past trauma / experiences

Social Isolation & Need for Connection

Key Issues: Loneliness, grief, lack of social outlets; craving for belonging and informal interaction

Examples: *"It's not about fitness – it's about seeing someone."*

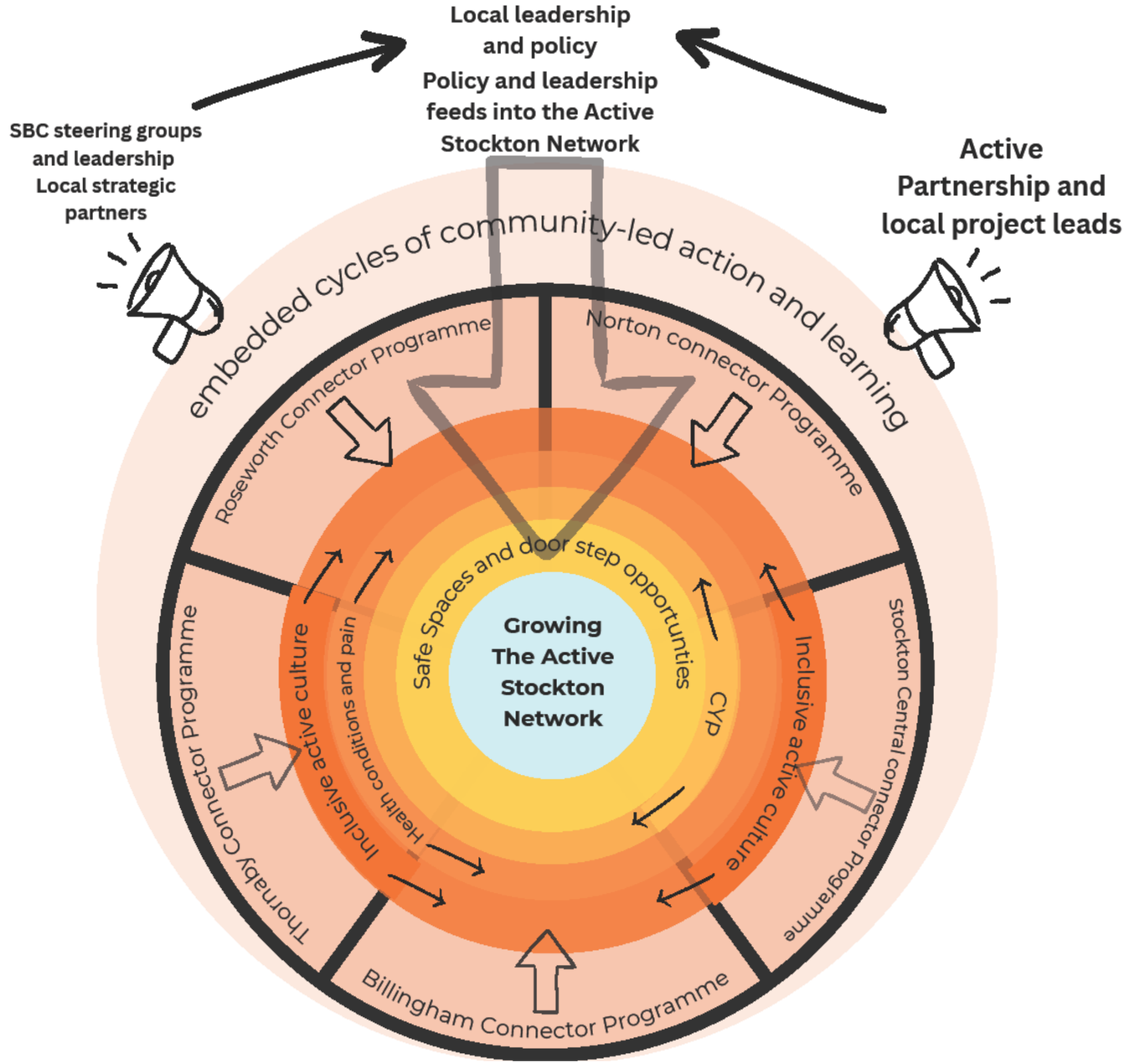
"Casserole Club feels like family."

Who it Affects Most: Older adults (65+); Carers of children or partners; Disabled adults; People living alone

Our Approach

> *"Working together to create communities on the move in Stockton-on-Tees"*

Long term expected outcomes: A reduction in inequalities and physical inactivity, with Stockton-on-Tees becoming an inclusive, safe and collaborative place where communities feel they belong, have a voice, and naturally lead active, healthy lives.



Priority 1 – Growing our network

We will continue to grow our Active Stockton Network — investing in capability, collaboration, and shared leadership. We recognise that building a movement for change means developing leaders across the system and within communities.

Comms Support

Updates & Info sharing

- Quarterly newsletter
- 6-month on-line info sharing
- Community Sharing events
- Annual time to listen

Test and Learn Opportunities

Grow and widen the network, include others ……

Priority 2 – More Inclusive Active Culture

We'll focus on making activity accessible, visible, and welcoming to all – especially people with disabilities, those with mental health challenges, and ethnic minority communities. We want people to know their needs will be met and they'll be welcomed

Virtual Tours and Venue Accessibility

Inclusion Training

Priority 3 – Safe Spaces / Doorstop Opportunities

Affordable, informal, hyper-local opportunities are vital. Residents told us that what's nearby and feels safe matters most — and that social connection is just as important as exercise.

COMMUNITY CONNECTORS

Community Activity, including in Green Spaces

Community Spaces / Physical Environment

CYP Bike Referral Scheme

Priority 4 – Young People Facing the Greatest Challenges

We will support young people through community, schools, and targeted support, building on our Test and Learn projects and learning from initiatives like “Girls United”

Tees Valley Active Schools

Girls United

Youth Worker / OD support for VCSE working with Young People

Priority 5 – Health Conditions and Pain

We will support people living with pain and health conditions to feel confident, informed, and have manageable opportunities to become more active.

Cancer Pathway

Community Physio

Training Around Pain

Connecting with Communities

- Trusted community relationships
- Reaching inactive and underserved communities
- Creating sustainable participation
- Connecting organisations to maximise impact
- Delivering measurable social value

SPROUTS
COMMUNITY FOOD CHARITY

Recommendations

- Note the details of the Sport England funding award, and the five priority areas of focus.
- Consider how board members can support the work of Active Stockton over the short, medium and long term, as well as how this work can support other priorities that the board have.
- Consider how the learning from ways of working, including with communities, can be shared and embedded.