Stockton-on-Tees BOROUGH COUNCIL
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Health & Wellbeing Board

Agenda

Date:
Wednesday 25 November 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, Sam Palombella and Matt Neligan

Agenda

1. Live Streaming

This meeting will be filmed for live and / or subsequent broadcast on the Council's website. The whole of the meeting will be filmed, except where there are confidential or exempt items, and the footage will be on the website for 12 months. A copy of it will also be retained in accordance with the Council's data retention policy.

If you attend and make a representation to the meeting, you will be deemed to have consented to being filmed. When admitted to the Council Chamber you are also consenting to being filmed and to the possible use of those images and sound recordings for livestreaming and / or training purposes. If you do not wish to have your image captured, please contact Democratic Services prior to attending the meeting.

If there are any technical difficulties with the livestreaming, the meeting will still proceed.

2. Evacuation Procedure (Pages 7 - 10)

3. Apologies for absence

4. Declarations of interest

5. Minutes (Pages 11 - 12)

To approve the minutes of the last meeting held on 28 October 2026

6. Draft Neighbourhood Health Plan (Pages 13 - 40)

7. Director of Public Health's Annual Report (Pages 41 - 62)

8. Local Area Reform Plan - Presentation

9. Best Start in Life - Presentation



Jonathan Nertney
Head of Democratic Services
Tuesday 17 November 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.

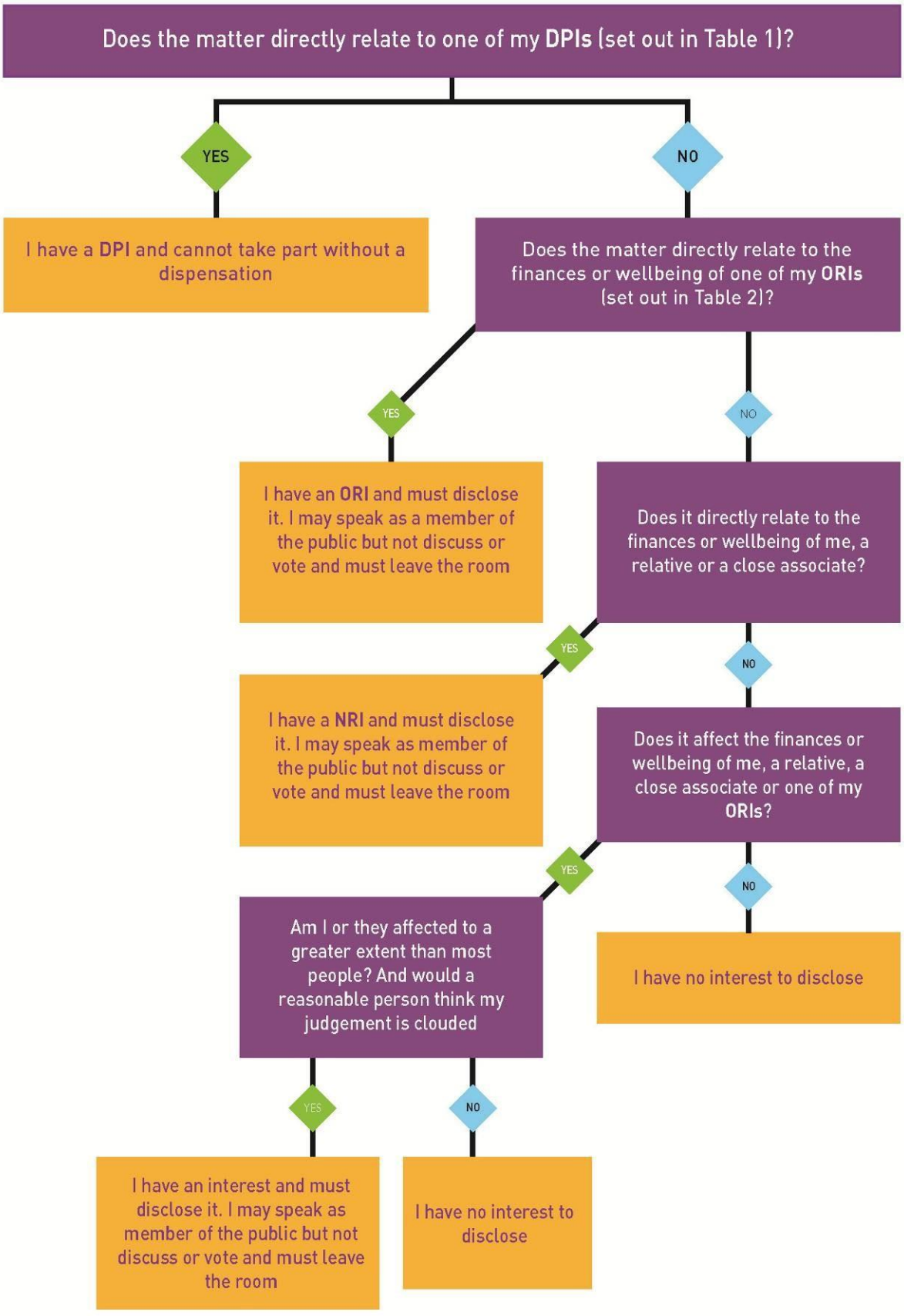
Contact: Michael Henderson on email Michael.henderson@stockton.gov.uk

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

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.

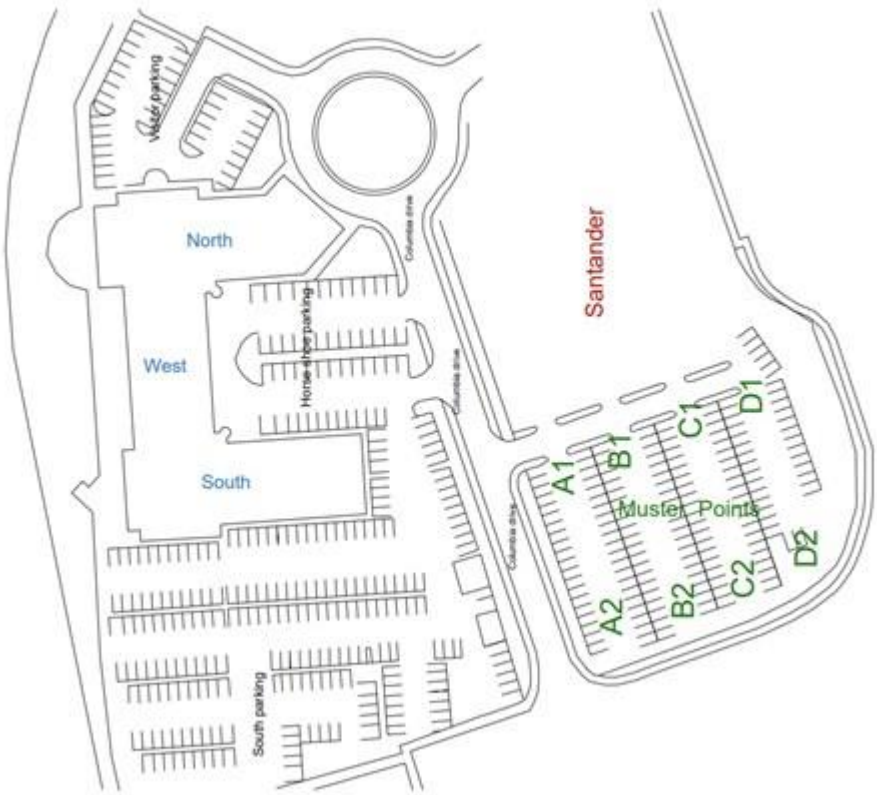
The emergency exits are located via the doors to the left of the raised seating area at the front of the Council Chamber and the rear of the Council Chamber.

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 28 October 2026.

Present: Cllr Lisa Evans (Chair), Cllr Pauline Beall, Cllr Clare Besford, Sarah Bowman Abouna, Tracy Carter, Angela Connor, Karen Hawkins, Cllr Lynn Hall, Cllr Shakeel Hussain (sub for Cllr Jack Miller), Majella McCarthy, Sam Palombella, Peter Smith, Jamie Todd

Officers: Michael Henderson, Haleem Ghafoor, Rob Miller, Louise Roberts, Grace Wali, Karen Jessop,

Also in attendance:

Apologies: Fiona Adamson, Matt Neglin, Cllr Jack Miller, Matt Storey,

1. Declarations of Interest

There were no declarations of interest.

2. Attendance Statistics

Attendance statistics were noted.

3. Minutes of the Meetings held on 29 July 2026

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

4. Care and Health Winter Planning Update Summary

The Board considered the winter planning update. The report outlined how the Council and its partners were preparing for the seasonal pressures, including vaccination and health protection, adult social care staffing and capacity, support to help people remain at home, and help for residents through homelessness and community services. Members agreed that the preparations described were appropriate and provided necessary assurance.

During the discussion, it was suggested that Board members should have sight of the acute and mental health trusts' winter plans. It was suggested that this be considered in discussions with the trusts.

RESOLVED that the update be noted and endorsed.

5

8 Health and Wellbeing Board – Forward Plan

The plan would be updated pending the approval of the proposed Terms of Reference.

Agenda Item 6

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

November 2026

REPORT FROM

Neighbourhood Health Steering Group

SUMMARY
At its March meeting, the Board received an update on the National Neighbourhood Health Framework, its implications for Stockton-on-Tees and learning from the neighbourhood health pilot.

A further update was provided in July, confirming the requirement for each local system to develop a Neighbourhood Health Plan under the leadership of the Health and Wellbeing Board. The Board agreed that the first stage should be a high-level strategic plan, setting out the shared vision, principles, priorities and overall approach, rather than a detailed programme of activity.

Since July, the Neighbourhood Health Steering Group has worked with partners to develop the draft Stockton-on-Tees Neighbourhood Health Plan. The strategic narrative is now ready for the Board to review and consider for approval.

Recommendations
The Health and Wellbeing Board is asked to:

1. Review and approve the draft strategic narrative of the Stockton-on-Tees Neighbourhood Health Plan.
2. Discuss and agree whether a public-facing executive summary would be helpful, and for this to be co-produced with the Making It Real Board, following a similar approach to the Joint Health and Wellbeing Strategy.
3. Consider the proposed next steps for finalising and communicating the plan and developing the detailed delivery plan.

DETAIL
The development of neighbourhood health plans forms part of the wider national shift towards a more community-based, preventative and integrated model of health and care. The NHS 10 Year Health Plan (2025) sets out the ambition to move from hospital to community, analogue to digital, and sickness to prevention. The National Neighbourhood Health Framework (2026) provides further direction on how this should be delivered locally, through neighbourhood-based working, earlier intervention and more integrated services.

The Framework requires every local system to develop a locally owned Neighbourhood Health Plan. These plans are to be developed jointly by local authorities and Integrated Care Boards (ICBs), under the collective leadership of Health and Wellbeing Boards. Local areas are expected to have their full plans in place during 2027/28, following preparatory work and foundational activity during 2026/27.

While the Stockton-on-Tees plan responds to this national direction, its ambition is broader than an NHS-led transformation programme. It provides a shared framework for bringing

together the wider local system, including the Council, NHS, voluntary, community and social enterprise (VCSE) organisations and communities around population needs, shared outcomes and more integrated ways of working.

The plan builds on the Joint Health and Wellbeing Strategy 2025–2030, translating its borough-wide ambitions into a neighbourhood-based approach. It recognises that health outcomes are shaped by wider factors, including poverty, housing, employment, education, social connection and the local environment, and that these cannot be addressed by health services alone.

The Health and Wellbeing Board agreed that the first stage should be a high-level strategic plan, setting out the shared vision, principles, priorities and overall approach, rather than a detailed programme of activity. This will provide a framework for partners to work within, with a more detailed delivery plan to be developed subsequently, setting out how the approach will be taken forward locally.

The proposed approach is structured around three national reform agendas:

- Better routine health and care: improving access, navigation, coordination and continuity, so residents can access the right support at the right time.
- More proactive care: identifying people at greater risk earlier and providing coordinated support to prevent needs escalating.
- Better alternatives to hospital care: strengthening community-based services, rehabilitation, reablement and support closer to home.

Two initial priority cohorts have been identified for Year 1: people at risk of, or living with, cardiovascular, kidney and metabolic disease; and the top 1% of adults with complex and interdependent needs.

The plan also establishes new operational neighbourhood footprints for Stockton-on-Tees. These provide a shared geographical framework for partners to understand local population needs, organise services and coordinate activity. The footprints reflect recognised towns and communities across the borough, while allowing flexibility where services or communities operate across different boundaries. They are intended to support practical partnership working, rather than define how residents identify with or access their communities.

The plan will need to align with and complement other local strategies and programmes, including the Joint Health and Wellbeing Strategy, children's services reform and the Pride in Place programme in Stockton. This will help connect shared priorities, community insight and investment opportunities, rather than allow work to develop in isolation.

Next steps

- Following the Board's consideration and approval of the strategic narrative, work with start with communications colleagues to develop the final designed version of the plan, consider options for an online format and prepare a public-facing executive summary. The completed version will be brought back to the Board.

- Through the Neighbourhood Health Steering Group, partners will develop a more detailed delivery plan, setting out actions, responsibilities, timescales, outcomes and measures of progress.

- The delivery plan will be brought back to the Health and Wellbeing Board for consideration in February 2027. The Board will continue to provide strategic oversight of implementation.

LEGAL IMPLICATIONS
There are no specific legal implications arising from the plan at this stage.

FINANCIAL IMPLICATIONS
The plan does not set out any new or separate financial commitments. It identifies the importance of aligning existing resources around shared priorities and building on current pooled budget arrangements, including the Better Care Fund.

Any proposals arising from the development of the delivery plan that have financial implications will need to be assessed through the appropriate organisational and partnership governance processes.

COMMUNITY IMPACT IMPLICATIONS
Communities are central to the Neighbourhood Health Plan. It brings together health services, social care, local government, VCSE organisations and local communities around a shared ambition: to support people to remain healthy, connected and independent for longer.

The approach emphasises prevention, earlier intervention, coordinated support and services closer to home, while recognising the importance of community assets, local knowledge and the wider factors that influence health and wellbeing across the borough.

Council Plan, policy principles and priorities
The national Neighbourhood Health Framework and the proposed vision, principles and approach set out in the Stockton-on-Tees plan align with the Council Plan, its principles and priorities. In particular, the focus on prevention, reducing inequalities, partnership working and improving outcomes for residents and communities supports the Council's wider ambitions.

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

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Stockon-on-Tees Neighbourhood Health Plan

Foreword

This Neighbourhood Health Plan sets out a shared ambition for how partners across Stockton-on-Tees will work together to improve health, wellbeing and independence of the borough's communities.

The plan brings together health services, social care, local government, the voluntary, community and social enterprise sector, and local communities around a common goal: supporting people to remain healthy, connected and independent for longer through prevention, earlier intervention, coordinated support and services closer to home.

Neighbourhood health is not a new service or a standalone programme. It is a different way of working, bringing organisations together around the needs of people and communities rather than organisational boundaries. The plan builds on existing strengths across Stockton-on-Tees and provides a framework for collective action, learning and improvement over time.

The changes described in this plan will not happen overnight. They will require strong partnerships, shared leadership and the meaningful involvement of residents and communities. By working together, we can create a more preventative, coordinated and sustainable approach that improves outcomes, reduces inequalities and supports people to remain healthy, connected and independent for longer.

1. Why neighbourhood health matters for Stockton-on-Tees

Stockton-on-Tees is a borough with many strengths, including strong communities, a vibrant voluntary, community and social enterprise sector, and significant local skills, assets and resilience. However, health and wellbeing outcomes can vary considerably between communities, with longstanding inequalities affecting people's opportunities to live healthy, connected and independent lives for longer. These differences mean that improving health and wellbeing requires partners to work with communities in different ways, including understanding local needs and circumstances, tailoring support to reflect the differing needs across the borough, and building on the strengths, assets, services and places that help people and communities to thrive.

Many people already access advice, support, activities and social connections through families, community groups, schools, Family Hubs, faith organisations, sports clubs and other local organisations. Neighbourhood health provides an opportunity to build on these existing relationships, networks and sources of support alongside formal health and care services.

Health and care are changing. The national direction is clear: moving care and support from hospital to community, from analogue to digital, and from sickness to prevention. The NHS 10 Year Health Plan for England, published in 2025, sets out this shift as a fundamental transformation in how health and care are organised and delivered. The National Neighbourhood Health Framework, published in 2026, provides a practical framework for turning this ambition into action locally, with a focus on prevention, earlier intervention, integrated neighbourhood working and care closer to home.

This direction also aligns with continued work across adult social care, including the continued emphasis on prevention, independence, personalised support and enabling people to live well in their own homes and communities. Together, these national policies provide a strong mandate for health, care and local government to work differently around the needs of local populations.

It is important that these changes work for the people of Stockton-on-Tees, helping them to live healthier lives. This plan seeks to describe how we can do this, working across partners and communities. For Stockton-on-Tees, this means moving beyond services working alongside each other towards partners working together around people, communities and populations. Residents do not experience their lives through organisational boundaries. Health, social care, housing, employment, financial security, mental health and community connections are closely linked, and the way we organise public services needs to reflect this.

A neighbourhood health and care approach provides an opportunity to:

- identify need earlier and prevent problems from escalating
- bring more support closer to home and into communities
- join up health, care, local government, voluntary, community and social enterprise (VCSE) and community support
- use population health data and community insight to understand and respond to local need, while recognising and building on the strengths, knowledge, skills and social connections that exist within local communities
- reduce duplication and fragmentation across services
- focus collective resources where they can have the greatest impact
- reduce inequalities by responding to the different needs and strengths of our neighbourhoods

This is particularly important as public services face increasing demand, financial pressures and more complex needs. No single organisation can address these challenges alone. Neighbourhood health provides a framework for partners to combine their expertise, resources and relationships with communities, to address and improve shared outcomes.

For Stockton-on-Tees, this is not simply about changing where services are delivered. It is about changing how we work together, moving from reactive and fragmented

responses towards earlier intervention, prevention, joined-up support and stronger communities.

2. What do we know about the Stockton-on-Tees population?

The Joint Health and Wellbeing Strategy provides the borough-wide direction for improving health and wellbeing and reducing inequalities in Stockton-on-Tees. It identifies the issues that matter most and sets out the shared ambitions of the Health and Wellbeing Board and its partners. The Neighbourhood Health Plan takes the next step. It asks how those ambitions can be delivered differently and more effectively at neighbourhood level.

2.1 Key health and wellbeing issues for Stockton-on-Tees

Stockton-on-Tees is a borough with many strengths, including strong partnerships, a vibrant VCSE sector, and communities with significant assets, skills and resilience. However, the borough also faces a number of significant challenges that affect both the health of residents and the demand placed on services. Understanding these challenges is essential to shaping a neighbourhood health approach that responds to local need, focuses collective effort where it can have the greatest impact and improves outcomes for residents. The following themes highlight some of the most important issues affecting health and wellbeing across Stockton-on-Tees.

- **Health inequalities remain one of the most significant challenges facing Stockton-on-Tees**

  While many Stockton-on-Tees residents enjoy long and healthy lives, outcomes vary considerably between communities. The difference in life expectancy between people living in the most deprived and least deprived areas remains one of the widest in the country, reflecting longstanding and persistent inequalities. These inequalities are evident across a range of health outcomes and continue to affect people's opportunities and ability to live a healthy life. Reducing these inequalities remains a central ambition for partners across Stockton-on-Tees.

- **People are living longer but spending too many years in poor health**

  As the population grows and ages, more people are living with long-term conditions, frailty and complex health needs. Healthy life expectancy remains significantly lower than overall life expectancy, meaning many residents spend a substantial proportion of their lives living with poor health, disability or reduced independence. Many of the conditions contributing to poor health can be prevented, delayed or better

managed through earlier intervention to support healthier behaviours or provide effective support.

- **Poor mental health remains a significant challenge throughout life**

  Mental health is an important component of overall health and wellbeing and can influence people's quality of life, relationships, education, employment, physical health and their ability to live independently. Poor mental health affects people of all ages and can have far-reaching impacts on individuals, families and communities. These impacts are not experienced equally. People experiencing disadvantage, social exclusion or poverty are often at greater risk of poor mental wellbeing. Improving mental health requires a strong focus on prevention, early intervention and accessible support within communities.

- **The wider conditions in which people live, grow, work and age continue to shape health outcomes**

  Health and wellbeing are strongly influenced by the wider conditions in which people live. Poverty, financial insecurity, employment, education, housing, access to services, social connections, community safety, and the local environment all influence people's opportunities to live healthy lives. Despite many local strengths, some communities continue to experience significant disadvantage, creating unequal opportunities and poorer outcomes. Improving the health and wellbeing of communities requires action across the wider determinants of health alongside action within health and care services.

- **Inequalities in childhood can influence health, wellbeing and life chances across the life course**

  Experiences during pregnancy, infancy, childhood and adolescence lay the foundations for lifelong health, wellbeing and opportunity. In Stockton-on-Tees, too many children face disadvantages that limit healthy development and future opportunities, with inequalities often becoming established early in life. Early intervention, prevention and coordinated neighbourhood support can help ensure every child gets the best start in life, creating the foundations for lifelong health, resilience and prosperity while reducing inequalities for future generations.

- **Some people and families experience multiple and interconnected challenges and are more likely to experience fragmented support**

  Some people experience multiple and interconnected challenges including poor mental health, disability, caring responsibilities, debt, housing issues, substance misuse and social isolation. These factors can interact, with each challenge compounding the effects of others, creating complex circumstances that often

cannot be addressed through a single service response. People with multiple needs may be in contact with several organisations at the same time and experience support that feels fragmented or difficult to navigate. More coordinated approaches are needed to respond effectively to these interconnected issues.

- **Increasing demand for adult social care and support for independence**

  Demand for adult social care and support continues to grow as more people live longer with complex health conditions, frailty, dementia and other needs that can affect independence and quality of life. Supporting people to remain healthy, connected and independent for as long as possible is becoming increasingly important. This will require continued focus on prevention, reablement, community-based support and helping people access the right support at the right time.

2.2 What are communities telling us?

We have brought together community feedback and intelligence from a range of recent engagement and consultation activity, including the Joint Health and Wellbeing Strategy 2025–2030, Anti-Poverty Action Plan, Active Stockton consultation, Pride in Place feedback and Community Health & Wellbeing Champions**.** Taken together, these sources provide a consistent picture of the issues that matter most to local people and the changes they would like to see in their communities.

Six broad themes emerge:

- **Reducing poverty and financial insecurity**
  Financial pressures are affecting many households, including people in work. Rising costs of food, energy, housing, childcare and transport can have a significant impact on health and wellbeing. Communities want practical support when they need it, but also longer-term solutions through better employment opportunities, skills, income maximisation and affordable housing. Stigma associated with poverty, benefits and food support can also prevent people from seeking help.

- **Improving mental health, wellbeing and social connection**
  Loneliness and social isolation are important concerns, particularly for people who may already be vulnerable or disconnected. Communities value opportunities to meet, participate in groups and activities, and build relationships, alongside access to formal mental health support. There is a strong desire for earlier, more accessible and community-based approaches that promote wellbeing and prevent problems from escalating.

- **Creating safer, healthier and more connected neighbourhoods**
  People want neighbourhoods where they feel safe, included and able to lead healthy lives. Concerns about crime and anti-social behaviour can affect how people use and experience their local areas. Residents also value good-quality green and public

spaces, opportunities for physical activity, access to healthy food and affordable, reliable transport that enables people to access services, employment and social opportunities.

- **Improving access to services, information and support**
  People can find health and care systems difficult to understand and navigate, particularly when they have multiple or complex needs. Communities want services to communicate better, work together and provide clearer information about what support is available and how to access it. Digital services can improve access to information and support, but face-to-face and other non-digital routes remain essential for people who experience digital exclusion, disability, low literacy or lack of confidence online.

- **Supporting children, families and healthy ageing across the life course**
  Communities want children and young people to have the best possible start in life, including access to early help, mental health support, youth activities, skills and affordable childcare. In older age, people want to remain healthy, independent and connected for as long as possible. More coordinated support is also needed for people living with long-term conditions and for unpaid carers.

- **Strengthening community participation, trust and co-production**
  Residents want to be more than recipients of services. They want to have a meaningful role in identifying local issues, shaping solutions and influencing decisions. Trusted community organisations and local leaders are seen as important partners in reaching communities and understanding local needs. Building trust will require visible action, accountability and demonstrating how community feedback has influenced what happens locally.

A consistent message is that healthier communities depend on more than health services alone. People want places that support health and wellbeing, services that are easier to access and navigate, stronger social connections, and genuine opportunities to influence decisions about their communities.

These insights will help inform the development of neighbourhood-level priorities and action to improve health and wellbeing, ensuring that the Neighbourhood Health Plan builds on what communities have told us and the community assets and strengths already present across Stockton-on-Tees.

3. Our neighbourhood health model

The Stockton-on-Tees neighbourhood health model provides a shared framework for how partners will work together to improve health, wellbeing and independence across

the borough. It brings together our vision, principles, neighbourhood footprints, priority outcomes and initial priority cohorts.

3.1 Our vision

Stockton-on-Tees will work as a partnership to develop a collaborative neighbourhood health approach that aims to identify need earlier, coordinate support around residents, strengthen community-based provision, build on the unique strengths, assets and relationships within communities, and enable people to remain healthy, connected and independent for longer.

Our Neighbourhood Health approach is a whole-system, place- and strengths-based approach to improving health, wellbeing and independence. It is not an NHS transformation programme or a healthcare delivery model owned by a single organisation. It is a shared approach, bringing together health and care, social care, local government, VCSE and community organisations around the needs of local people.

The approach will build on what is already working across Stockton-on-Tees, bringing partners together around a shared ambition to improve outcomes, reduce inequalities and help people remain healthy, connected and independent for longer.

3.2 Our working principles

Our neighbourhood health model will be guided by four core principles:

- **Shared leadership and accountability**: partners will work together around the needs of local people and communities, with collective responsibility for improving neighbourhood outcomes and reducing inequalities.
- **Focus on outcomes and local need**: we will use local data, evidence and community insight to identify priorities, focus collective effort and measure the difference we make to people's health, wellbeing and independence.
- **Decisions and support closer to communities**: wherever possible, we will bring decision-making, resources and support closer to where people live, enabling local partners and communities to respond flexibly to local needs and opportunities.
- **Learn, listen and improve**: we will work with residents, communities and partners to understand what is working, learn from experience and continuously improve how we work together.

The approach aims to move the system from reacting to illness towards prevention, early intervention and enabling people to live well for longer. Success depends on stronger integration between primary care, community services, mental health, acute care, social care, local government and the VCSE sector.

A central component of this approach is Population Health Management (PHM). Partners will use shared data, insight and intelligence to understand populations, identify inequalities and unmet need, and target resources where they can have the greatest impact. This will support the identification of initial priority cohorts and enable partners to work collectively to deliver measurable improvements in outcomes.

3.3 Our neighbourhoods

'Neighbourhood' can mean different things to different people. For residents, it may be shaped by where they live, work, go to school, access services, spend time, or the communities and relationships that are important to them. We recognise that people do not necessarily identify with a particular neighbourhood footprint, and we do not intend to describe where people belong.

For the purposes of the Neighbourhood Health Plan, we have developed a set of **operational neighbourhood footprints** to help partners plan, coordinate and organise services, understand population need and target collective action. These footprints provide a practical basis for partnership working but are not intended to define people's identity or determine where they access services and support.

The proposed neighbourhoods reflect the recognised towns and communities across Stockton-on-Tees and provide a practical and recognisable way of grouping smaller areas within the wider borough.

The neighbourhood footprints across Stockton-on-Tees are shown in the table below, with their populations:

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These footprints provide a shared operational framework for partners, while recognising that different programmes, services and communities may operate at a more granular level or across more than one neighbourhood. The footprints can therefore be used flexibly according to local need and the purpose of the work.

The Neighbourhood Health profiles are shown in Annex 1. Neighbourhood profile data will continue to be reviewed and developed over time.

3.4 Priority outcomes

The Neighbourhood Health Plan is built around three key reform agendas set out in the national Neighbourhood Health Framework, making these relevant to the borough. Together, these provide the framework for delivering our vision and supporting a more preventative, integrated and community-based approach to health and care across Stockton-on-Tees.

These reform agendas are significant, and change will not happen overnight. The plan sets out a long-term vision, with action implemented through a staged approach that allows improvements to be tested, embedded and sustained in future ways of working.

This may mean prioritising pathways, population groups or wider determinants of health and wellbeing in different years, in response to local need, outcomes and learning. It may also mean initially focusing activity in particular neighbourhoods where population need, inequalities or current outcomes indicate that collective action could have the greatest impact.

- **Reform agenda 1: Improve services for people who need routine health and care, so neighbourhood health benefits everyone**

The first reform agenda is about making neighbourhood health visible and meaningful to the whole population, not only those with complex needs. It focuses on how people access and experience routine care, reducing frustration, delay and variation and making it easier for people to access the right support.

Across Stockton-on-Tees, partners will:

- Improve and standardise access to general practice, ensuring timely same-day response for urgent need alongside improved routine access
- Establish clear and consistent routes into services, reducing confusion about where to go and how to get help
- Develop care coordination and navigation functions, including single points of access, to direct people to the right support first time
- Reduce unnecessary referrals, duplication and administrative burden across organisational boundaries
- Improve continuity of care for those who need it most, particularly people with multiple long-term conditions
- Use community pharmacy as a core part of the neighbourhood access model
- Work with local people and communities, and their trusted organisations including Healthwatch, Community Health and Wellbeing Champions and VCSE organisations to identify local priorities, understand barriers to accessing support, improve access to services, and ensure local insight informs service design and improvement
- Reduce the number of adults whose long-term support needs are met through residential or nursing care admissions
- Improve the proportion of people receiving long-term support at home or with family
- Continue development of models of care that support people to access care at home rather than in a hospital setting, such as virtual wards and urgent community response
- Continue provision of enhanced health in care homes to support proactive management of patient deterioration, medicine optimisation, workforce development and digital solutions

- Maximise capacity in reablement services such as community rehabilitation, overnight support services and therapy capacity, to maximise recovery and independence
- Expand access to Technology Enabled Care (TEC), telecare, remote monitoring and home adaptations to help people live safely and independently at home
- Ensure support for unpaid carers through respite, contingency planning, advice and identification
- Implement the Experts at Hand model across education settings to improve early access and early identification of need, via additional access to a range of education and health professionals for children and young people
- Improve continuity between 0–19 health services including health visiting, early-years settings, Family Hubs, schools and SEND services to improve school readiness and reduce developmental gaps through earlier identification and intervention
- Increase local specialist support for children and young people by expanding specialist provision within mainstream schools and strengthening pathways between mainstream, specialist, and special schools, helping more children remain within their local communities.

The outcome we want: All residents should experience reliable, accessible and joined-up everyday health and care, with simpler access to the right support at the right time.

- **Reform agenda 2: Improve proactive care for people who need it most**

The second reform agenda focuses on moving from reactive care to earlier, proactive and personalised support. It is a key mechanism for improving outcomes, preventing deterioration and reducing health inequalities.

Across Stockton-on-Tees, partners will:

- Bring professionals and community partners together around shared populations and neighbourhoods
- Use population health intelligence to identify people at greater risk and intervene to provide support earlier
- Provide more coordinated, person-centred support for people with complex or multiple needs
- Reduce duplication through clearer roles, shared approaches and better coordination across services
- Strengthen community-led solutions, making better use of local assets, voluntary organisations and community networks
- Ensure services provide proactive and targeted support to children, young people and families at greatest risk of poor outcomes, using neighbourhood intelligence and early intervention to prevent escalation and reduce inequalities
- Work with local people, carers, communities and their trusted organisations to identify need earlier, prevent ill health, reduce inequalities, and co-design

neighbourhood approaches for priority cohorts, ensuring support reflects local priorities, needs, strengths, and community assets.

- Continued reform of speech and language pathways for children and young people to improve early identification of need and timely access to support
- Implementation of cluster and multidisciplinary team working, organised around school clusters, plus improved single point of contact offers to increase access to coordinated and proactive support
- Support a move towards predictive data led planning, prevention and earlier intervention, away from reactive escalation across children and young people's health, care and education provision
- Ensure a needs-led approach to the provision of children and young people's health and care services, intending to support earlier resolution of concerns and strengthen collaboration between families, schools and services through Family Help locality arrangements.
- Improve the quality and timeliness of decision making through multi-agency child protection team arrangements

The outcome we want: People at greater risk of poor health or deterioration will be identified earlier and supported proactively, helping to improve health and wellbeing, reduce inequalities and support people to live healthier and more independent lives.

- **Reform agenda 3: Deliver better alternatives to hospital care**

The third reform agenda addresses the need to reduce avoidable reliance on hospital services by creating robust, responsive and trusted alternatives in the community. This means ensuring people can receive safe and effective care closer to home wherever appropriate.

Across Stockton-on-Tees, partners will:

- Expand and integrate Urgent Community Response (UCR) and rapid response services
- Develop Hospital at Home and Virtual Ward models, enabling acute-level care in people’s homes where appropriate
- Strengthen intermediate care, rehabilitation and reablement pathways to support admission avoidance and timely discharge
- Align neighbourhood services with ambulance and urgent care pathways, ensuring appropriate routes away from emergency departments, where clinically safe
- Improve discharge coordination and step-down capacity, reducing delayed discharges and loss of independence.
- Work with local people, carers, communities and their trusted organisations to understand how support can be delivered closer to home and within communities, helping to shape alternatives to hospital care that are accessible, coordinated and responsive to local needs

- Strengthen early identification and intervention through Health Visiting and School Nursing, ensuring children, young people and families receive timely support before needs escalate to specialist, statutory or hospital services
- Ensure easier access to specialist advice, clearer pathways, and improved integrated education, health and care working to support better outcomes for children and young people across Stockton-on-Tees
- Improve transition arrangements for young people moving from children to adult's services
- Ensure support is delivered closer to home and school, while strengthening mainstream and local capacity, with reduced escalation to statutory and specialist pathways, local SEMH and AP alternatives
- Bring specialist expertise closer to children and young people rather than requiring them to access a specialist service
- Reduce reliance on independent and out of area placements by expanding local children and young people's provision and specialist capacity

The outcome we want: People will receive safe, effective and timely alternatives to hospital care within their neighbourhood wherever appropriate, helping to avoid unnecessary admission, support timely discharge and maintain independence.

Together, the three reform agendas provide a clear direction for neighbourhood health in Stockton-on-Tees: better routine care for everyone; more proactive support for those who need it most; and better alternatives to hospital care.

They are complementary rather than separate programmes and will increasingly connect through Integrated Neighbourhood Teams, community-based services, population health management and stronger relationships with communities.

3.5 Year 1 priority cohorts

Neighbourhood health will focus collective effort where it has the greatest potential to improve outcomes, reduce inequalities and prevent needs from escalating. In addition to the collective partner work on the three reform agendas as described above, partners have also agreed to focus on two initial priority cohort areas to test new ways of working together. These have been identified using population health intelligence and local knowledge, considering factors including health inequalities, unmet need, wider determinants of health, service demand, risk of deterioration and opportunities for prevention.

For **Year 1**, two initial priority cohorts have been identified across Stockton-on-Tees:

- **Cardiovascular, Kidney and Metabolic (CVKM) Disease**

Cardiovascular, kidney and metabolic (CVKM) disease represents a group of closely linked conditions and risk factors that contribute significantly to ill health, reduced quality of life, health inequalities and early death. These conditions have a significant impact on health outcomes across Stockton-on-Tees and contribute to health inequalities between communities. Bringing together cardiovascular disease, chronic kidney disease, diabetes, obesity and related risk factors provides an opportunity to take a more joined-up approach to prevention, early identification and ongoing management.

The Year 1 focus will be on identifying people at increased risk, including those with undiagnosed conditions, proactively managing risk factors and existing conditions, and supporting earlier intervention before needs escalate. The approach will seek to prevent ill health, improve the management of existing conditions, reduce inequalities, support people to maintain their health, wellbeing and independence, and reduce avoidable complications that can lead to poorer outcomes and increased demand on services.

Delivering this approach will require improved coordination across prevention, identification, treatment and ongoing management, bringing together health and care services, local people, communities and VCSE organisations around shared priorities. This will include using population health intelligence, community insight and neighbourhood partnerships to identify opportunities for earlier action and more coordinated support, while understanding and responding to the wider factors that influence health and wellbeing.

- **The top 1% of adults with complex and interdependent needs**

This cohort represents approximately 1% of the adult population in Stockton-on-Tees, who are living complex lives and often require support from multiple services. Many of these people experience a combination of health, care, housing, financial, family and social challenges that interact and increase their risk of experiencing poorer outcomes, inequality and loss of independence. These challenges often result in people having contact with multiple services and organisations, with support that can be fragmented or difficult to navigate.

The Year 1 focus will be on identifying and proactively supporting these residents through more coordinated, multidisciplinary approaches, with the aim of improving outcomes, quality of life and independence while reducing avoidable demand. This will include developing a shared understanding of those experiencing the greatest levels of need, complexity and risk, how need and complexity are identified, and where neighbourhood approaches can add the greatest value.

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Delivering this approach will require health and care services, local people, communities and VCSE organisations to work together around a shared understanding of need and risk. This will include bringing together population health intelligence, professional insight and local knowledge to better understand how health, care, family, community and wider social and economic circumstances interact, and to identify opportunities for earlier, more coordinated support.

4. Enablers

4.1 Neighbourhood Health Centres

Neighbourhood Health Centres can play an important role in supporting the delivery of neighbourhood health, providing a local focus for integrated working, improving access to services and enabling more proactive, preventative and coordinated support closer to home.

However, neighbourhood health is not defined by buildings or estate. It is fundamentally about how partners work together around the needs of local people and populations. The effectiveness of the neighbourhood model will depend on strong partnership working, integrated neighbourhood teams, community involvement, population health intelligence and services designed around local need.

As part of developing this plan, partners across the NHS, local authority and voluntary and community sector are working together to understand existing community assets, local population needs and the role that neighbourhood health centres could play in each locality. This includes considering how existing facilities could be better used, enhanced or connected, whether services could be brought together or relocated to improve access, and where future investment in estate may be required.

Estate will therefore support and enable neighbourhood health, rather than determine it. Any future development of neighbourhood health centres will be considered alongside the wider service and partnership changes needed to improve outcomes, reduce inequalities and strengthen community-based care across Stockton-on-Tees.

4.2 Digital and Data

Digital and data will be important enablers of effective neighbourhood health, helping partners to work with a shared understanding of local populations, coordinate support and reduce unnecessary administrative burden.

Our approach will focus on making information more connected, accessible and useful for decision-making, so that the right information is available to the right people at the right time. This will include:

- Better connected information: supporting continuity of care and ensuring relevant information can follow people across organisational boundaries.
- Interoperable systems: improving the ability of services and organisations to share and use information effectively.
- Accessible digital pathways: making it easier for residents to access services and support digitally, while ensuring appropriate alternatives are available for people who cannot or do not want to use digital routes.
- Population health intelligence: using data to identify need and risk earlier, understand inequalities and target support where it can have the greatest impact.
- Outcome-focused information: using data to understand whether neighbourhood approaches are improving outcomes and residents' experience, rather than simply measuring activity.

Partners will work to align digital priorities and information approaches across organisations, while ensuring that information governance supports appropriate and proportionate sharing.

Key areas of development will include:

- Shared care record and information-sharing approaches
- Digital support for care coordination and Integrated Neighbourhood Teams
- Digital pathways that support improved access, triage and planned care
- Population health dashboards that support local decision-making and action, not simply reporting
- Cross-organisation dashboards to support multi agency, integrated ways of working
- Develop approaches to better understand, capture and evaluate the contribution of prevention, community-based support and VCSE activity, helping partners understand what support is available, who it is reaching, the outcomes it is achieving, and where there may be gaps or opportunities for further investment

4.3 Finance

Partners across Stockton-on-Tees, specifically the ICB and the Local Authority, have a formal pooled budget arrangements in place in the form of the Better Care Fund. This enables partners to collectively plan, commission and oversee investment in integrated health and care services.

The pooled budget supports a shared commitment to improving outcomes through prevention, early intervention, Home First principles and neighbourhood-based care. Funding decisions are agreed jointly, and resources are aligned to shared priorities,

ensuring that investment can be directed towards services that deliver the greatest benefit across the whole system rather than individual organisations.

Robust joint governance arrangements, including the Health and Social Care Collaborative, the Pooled Budget Partnership Board and oversight through the Health and Wellbeing Board, provide assurance that financial resources are used effectively, performance is monitored collectively, and investment decisions support continuous improvement, value for money and the delivery of agreed population outcomes.

This pooled budget arrangement provides a framework for consideration of additional pooled budget models between partners, to further develop neighbourhood health services, enabling health, social care, housing and VCSE partners to work more seamlessly around local populations.

By sharing financial risk and responsibility, partners can invest collectively in preventative, community-based services that help people maintain independence, reduce unnecessary hospital and care home admissions, and receive coordinated support closer to home. The further development of these approaches will be a focus of the first year of the neighbourhood plan.

5. Governance and Accountability

The Stockton-on-Tees Neighbourhood Health Programme will be overseen through a **multi-agency Neighbourhood Health Steering Group**, bringing together key partners from across the local health, care and community system, including:

- Northeast and North Cumbria Integrated Care Board (NENC ICB)
- Stockton-on-Tees Borough Council
- Hartlepool and Stockton Health (H&SH) GP Federation
- Primary care networks
- University Hospitals Tees (UHT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Voluntary, community and social enterprise (VCSE) sector
- Healthwatch and other relevant health, care and community partners.

The Steering Group is an equal partnership, chaired by the GP Federation, and meets monthly to provide collective leadership and coordination for the neighbourhood health programme.

Its role is to bring partners together around shared population outcomes, supporting the development and implementation of more integrated, preventative and community-based approaches. The group will:

- maintain a shared vision and direction for neighbourhood health
- agree priorities and outcomes based on local population need and inequalities
- support coordinated action across organisational boundaries

- provide collective leadership and shared ownership of neighbourhood health
- identify and help address barriers to delivery
- ensure that community and resident perspectives inform the development of neighbourhood approaches; and
- monitor progress and use learning to inform continuous improvement

The Health and Wellbeing Board will provide strategic oversight of the Neighbourhood Health Plan, ensuring that it remains aligned with the Joint Health and Wellbeing Strategy and wider priorities for Stockton-on-Tees. The Steering Group will provide regular updates to the Board on progress, emerging issues and outcomes, enabling the Board to provide strategic challenge, support and advocacy where required.

Alignment with other local plans and programmes

The Neighbourhood Health Plan is intended to provide a shared framework for partnership working at neighbourhood level and will need to align with, and support the delivery of, wider local strategies and programmes. These include the Joint Health and Wellbeing Strategy 2025–2030, Family First Partnership and wider children's social care reforms, the adult social care strategy, the anti-poverty strategy and the inclusive growth strategy. These plans share important objectives around improving outcomes, reducing inequalities, supporting families and communities, promoting independence and addressing the wider determinants of health.

- **Pride in Place**

  The Neighbourhood Health Plan recognises the important contributions that neighbourhood regeneration, community development and resident involvement make to improving health and wellbeing. Through the Pride in Place programme in Central Stockton-on-Tees and Portrack, partners are working with residents and communities to identify local priorities, build on community strengths and shape long-term investment. Many of the emerging issues, including supporting young people, creating safer communities, strengthening local pride, improving the local environment and increasing opportunities for residents, are factors that influence health, wellbeing and inequalities.

  The Neighbourhood Health Plan and Pride in Place Plan will be delivered in a coordinated way, ensuring that insight, community intelligence and learning are shared across programmes. This will help align activity where priorities overlap, strengthen engagement with communities, build on local assets and trusted relationships, support joined-up partnership working, and maximise the impact of investment. The Pride in Place approach also provides opportunities for learning that can be applied to neighbourhood health approaches, particularly in relation to community-led decision making, asset-based working and understanding what matters most to local communities. As neighbourhood health develops across the borough, this learning will help inform how partners work with residents and communities to improve health, wellbeing and independence.

6. Risks and Mitigation

Risk	Impact	Mitigation
Neighbourhood health is seen as an NHS-only programme	Council, public health, social care, housing and VCSE priorities are not fully embedded.	Confirm partner sponsorship and HWB stewardship; frame neighbourhood health as a whole-system and whole-council priority.
Governance becomes fragmented or duplicative	Slow decisions, unclear accountability and duplication of meetings.	Use existing governance wherever possible; confirm the Health and Wellbeing Board as the system stewardship forum and the Hartlepool Neighbourhood Health Strategy Group as the conduit for governance, action and delivery coordination; and agree a range of Task and Finish Groups to drive forward the agenda in a clear way across all partners
Insufficient resource or unrealistic expectations of new funding	Delivery becomes unaffordable or displaces statutory duties.	Align BCF and existing resources where appropriate to do so; agree risk appetite; prioritise cohorts where impact is greatest. Scope additional investment opportunities wherever possible including national and local opportunities.
Neighbourhood health becomes focused on buildings or centres rather than outcomes	Partners may invest time and capacity in estate discussions before agreeing the service model, priority cohorts and resident outcomes.	Confirm that centres are an enabler, not the aim; prioritise use of existing assets, outreach, digital routes and community venues; require evidence of need, affordability and added value before any new estate proposal is pursued.
Data sharing and information governance barriers delay proactive care	Partners cannot identify risk, coordinate care or evaluate impact effectively.	Agree data-sharing requirements early; use existing platforms and IG agreements; escalate unresolved issues.
Integrated neighbourhood teams add complexity rather than simplify services	Residents and staff experience confusion, duplication or additional referral routes.	Design around resident journeys; map pathways; use co-production and staff feedback to test usability.

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Health inequalities are not sufficiently targeted	Neighbourhood health benefits people already able to access services, widening inequality.	Use JSNA, IMD, equality and practice-level data to target micro-neighbourhoods/mission critical areas and underserved groups.
VCSE capacity is insufficient to support expectations	Community-led prevention and engagement cannot be sustained.	Develop VCSE infrastructure, commissioning clarity and realistic partnership expectations.

7. Monitoring and Evaluation

The Stockton-on-Tees Neighbourhood Health Steering Group will be responsible for overseeing the implementation and delivery of the Neighbourhood Health Plan. This will include monitoring agreed outcome measures and performance indicators, reviewing progress against the delivery plan, and identifying and escalating risks where required.

The Group will also monitor the achievement of key milestones to ensure delivery remains on track, while supporting continuous learning and reflection to inform future programmes of work. The Group will also seek to develop a broader understanding of the contribution that prevention, community-based support and VCSE activity make to neighbourhood health outcomes. Over time, this will include exploring how information and intelligence can be used to better understand the support available within communities, who it is reaching, and the difference it makes to residents, helping to inform future commissioning, investment and service development.

The Group will ensure that the Neighbourhood Health Plan remains responsive to changing resident needs, emerging evidence, and opportunities to improve health and care outcomes for the people of Hartlepool. Through regular review of performance, outcomes and stakeholder feedback, the plan will continue to evolve to maximise its impact.

The governance framework established through the Group provides a structured approach to assurance and accountability. Regular progress reviews and outcome reports will be presented to the Health and Wellbeing Board, enabling it to maintain strategic oversight of the Neighbourhood Health Plan and hold the Group accountable for delivery against agreed objectives and outcomes.

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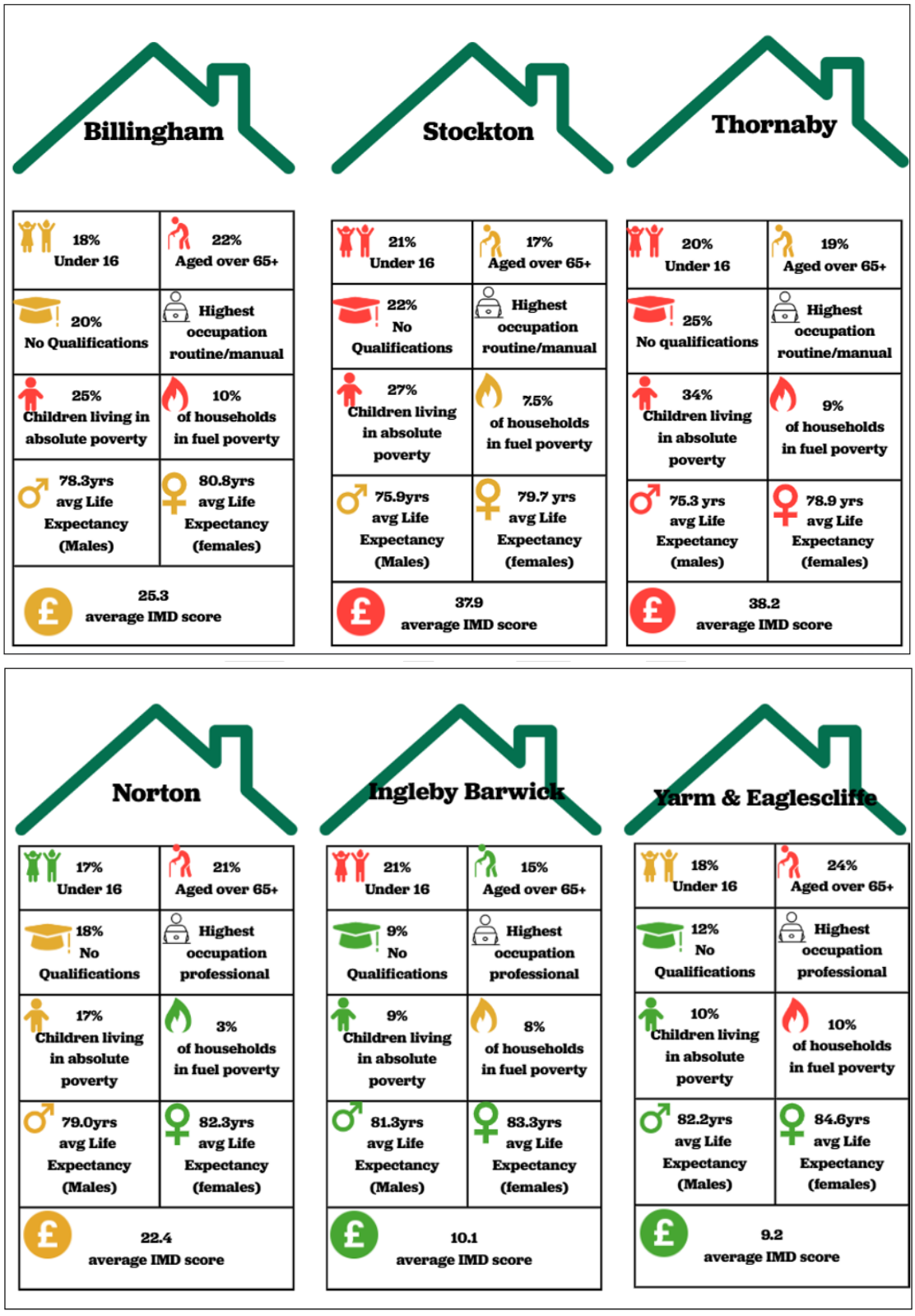
Annex 1:


Billingham
18% Under 16
22% Aged over 65+
20% No Qualifications
Highest occupation routine/manual
25% Children living in absolute poverty
10% of households in fuel poverty
78.3yrs avg Life Expectancy (Males)
80.8yrs avg Life Expectancy (females)
25.3 average IMD score
Stockton
21% Under 16
17% Aged over 65+
22% No Qualifications
Highest occupation routine/manual
27% Children living in absolute poverty
7.5% of households in fuel poverty
75.9yrs avg Life Expectancy (Males)
79.7 yrs avg Life Expectancy (females)
37.9 average IMD score
Thornaby
20% Under 16
19% Aged over 65+
25% No qualifications
Highest occupation routine/manual
34% Children living in absolute poverty
9% of households in fuel poverty
75.3 yrs avg Life Expectancy (males)
78.9 yrs avg Life Expectancy (females)
38.2 average IMD score
Lower Higher
Better Worse
Better Worse
Better Worse
Better Worse
Norton
17% Under 16
21% Aged over 65+
18% No Qualifications
Highest occupation professional
17% Children living in absolute poverty
3% of households in fuel poverty
79.0yrs avg Life Expectancy (Males)
82.3yrs avg Life Expectancy (females)
22.4 average IMD score
Ingleby Barwick
21% Under 16
15% Aged over 65+
9% No Qualifications
Highest occupation professional
9% Children living in absolute poverty
8% of households in fuel poverty
81.3yrs avg Life Expectancy (Males)
83.3yrs avg Life Expectancy (females)
10.1 average IMD score
Yarm & Eaglescliffe
18% Under 16
24% Aged over 65+
12% No Qualifications
Highest occupation professional
10% Children living in absolute poverty
10% of households in fuel poverty
82.2yrs avg Life Expectancy (Males)
84.6yrs avg Life Expectancy (females)
9.2 average IMD score
Lower Higher
Better Worse
Better Worse
Better Worse
Better Worse

Annex 2: National Neighbourhood Health Improvement Programme Pilot

Stockton on Tees were part of the national integrated neighbourhood team pilot programme in 2025-26 which brought together NHS partners, Stockton-on-Tees Borough Council, VCSE organisations and wider system stakeholders to test a more integrated, preventative model of care at neighbourhood level, with the aim of learning from this approach and building successful approaches into its neighbourhood plan.

The programme was jointly led across the NHS and Local Authority, with strong involvement from primary care, community, acute and mental health services, alongside public health and VCSE partners. Delivery was supported through a shared governance structure aligned to place-based arrangements.

The core aim was to move from fragmented, reactive service delivery towards a coordinated approach that identified need earlier, wrapped multi-agency support around residents, reduced duplication across organisations and made better use of collective NHS, local authority and community resource.

The pilot is tested a proactive, neighbourhood-based model of care, initially focused on residents aged 50–65 with three or more long-term conditions.

Using GP lists and population health management data, individuals were identified who were likely to benefit from a more coordinated, whole-person approach. With consent, they were contacted by a member of the local team and offered a longer, relational conversation to understand what matters to them, not only clinically but socially and practically.

Integrated Neighbourhood Team (INT) discussions were held, bringing together relevant professionals from across NHS services, local authority teams, community and VCSE organisations around that individual. The intent was not referral and signposting alone, but shared problem-solving and coordinated action across organisations.

This represented a shift from service-led pathways to a single, coordinated approach where resident's needs were understood once and responded to collectively.

Early delivery demonstrated that the model was both practical and valued. INT discussions have enabled:

- Shared understanding of complex need across organisations
- Direct connection between services without multiple referrals

- Warm handovers and coordinated actions agreed in real time
- A stronger focus on social and practical barriers alongside clinical need

The programme has established strong foundations and early delivery, with clear system appetite to work differently. This learning will be fed into the broader neighbourhood programme and INTs will be implemented to support identified cohorts as part of the broader programme of work.

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This document was classified as: OFFICIAL

Action on Healthier Weight in Stockton-on-Tees

Director of Public Health Report 2026

Contents

Action on Healthier Weight in Stockton-on-Tees 1
- Foreword 2
- Executive Summary 3
- Introduction 4
- What local people say 5
- The challenge 6
  - Public health impact 6
  - The picture in Stockton on Tees 6
  - What works? 8
  - National action 9
- Progress so far 9
  - Good Food Local 9
  - Healthy Weight Declaration 10
  - Children and young people 10
  - Health impact assessment 11
  - Public Health Small Grants Scheme 11
  - Active Stockton 11
  - Tees Active 12
- Recommendations 12
  1. Strengthen strategic leadership 13
  2. Implement the Healthy Weight Declaration 13
  3. Increase focus on food environments and industries harmful to health 14
  4. Strengthen community-centred approaches and peer support 14
  5. Focus on prevention and early intervention 15
- Appendix 1. Factors influencing obesity & overweight 16
- Appendix 2. Further data on overweight and obesity 17
- Appendix 3. Further information on Good Food Local 18
- Appendix 4. Progress against 2025 DPH Report actions 19

Foreword

Many parents and carers will know the influence of 'pester power' – when their children spot the brightest packaging on the shop shelf, containing food that is often full of sugar, salt or fat. In reality though, we often face a similar situation as adults, where food that is low in nutrition and high in unhealthy ingredients, can be relatively affordable, very easily available and attractively promoted. Unfortunately, we know that healthy food at affordable prices is often less available in areas where people are already struggling with the cost of living and with poorer health. Together with things such as accessible places to be active and support with cooking skills, good food forms an important part of local people being able to live with a healthy weight. As a Council and with partners, it is our responsibility to help create places that give people the best chance of being healthy – and as far as possible, to 'design in' things that promote good health and wellbeing rather than just mitigate the impact of poor health. To do this meaningfully, we need to work alongside communities, particularly those who experience disproportionately worse health outcomes.

Living with a healthy weight is important to people in the borough. It affects their mental wellbeing and physical health and this report focuses on further work we can do working with partners and communities, to address the social, economic and environmental factors that drive levels of healthy weight or obesity. We know from research evidence, that focusing on these factors (rather than over-focusing on individual behaviours), is what will help to change outcomes at population level in our borough. I hope you find this report helpful. The recommendations follow on from those in last year's report, which focused on community-centred healthy places (an update on this is given in *Appendix 4* below).

Sarah Bowman-Abouna

Director of Public Health, Stockton-on-Tees Borough Council

Authors: Connie Longmate, Grace Wali, Sid Wong, Nathan Duff, Marais Pletsch, Sarah Bowman-Abouna (Stockton-on-Tees Borough Council)

Executive Summary

This year's report focuses on the further action we can take as a Council and partners, working alongside communities, to give local people the best chance of living with a healthy weight.

- Healthy weight is important to local people and has a significant effect on both physical and mental health
- Over-focusing on individual behaviours will not drive a population-level shift in health outcomes
- To achieve this shift, a focus is needed on creating places that enable people to be healthy – including the social, economic and environmental factors that drive healthy weight and obesity
- It is particularly important to work alongside local communities, to shape an approach that makes the most of strengths in local communities and ensure that places and support are appropriate to the needs of different communities across our borough
- The local Health and Wellbeing Board has identified healthy weight as a priority and is coordinating the approach to this across partner organisations that make up the health and wellbeing system, including working with local communities
- There is a lot of good work underway, across partners and within the community, which we can build on
- There are also opportunities to take this further, through leadership, policy and practice, to help shape healthy places and support communities
- The report sets out recommendations on the following:
    - Strengthen strategic leadership
    - Implement the Healthy Weight Declaration
    - Increase focus on food environments and harmful industries
    - Strengthen community-centred approaches and peer support
    - Focus on prevention and early intervention

- The recommendations follow on from those from last year's report, which focused on community-centred healthy places

Introduction

This year's report looks at healthy weight and good food for communities across the borough.

Living with a healthy weight has been recognised as an important local issue by people in the borough and by statutory and partner organisations. Most people in Stockton-on-Tees would like to eat more healthily and to be more active, but the places we work, live and play can sometimes make this challenging. Different communities across the borough will experience these challenges in different ways, leading to unequal and unfair differences in health and wellbeing.

We know from research over many years, that a healthy weight is important for both mental and physical health and wellbeing - however there are numerous factors that influence whether local people are able to live with a healthy weight (*Appendix 1*). This report focuses on what we can do, working across the Council, with communities, and with our partners such as the NHS and local Voluntary and Community Sector, to make it easier to live with a healthy weight. Our local Stockton-on-Tees Health and Wellbeing Board brings key partner organisations together and has recognised this as a priority for local people. The Board is looking at what more we can do, working together, to improve the opportunity for local people to have a healthier weight, including adopting the Healthy Weight Declaration, with a particular focus on healthy eating and the food environment. This focus recognises the significant progress so far on local participation in physical activity and draws attention to the local challenges and resulting opportunities we have to improve the healthy food environment and address inequalities, (*Figure 1*) working with residents and partners.

Figure 1



(Based on evidence including WHO 2020, Global Burden of Disease 2020 & Cochrane reviews).

The following report sets out some recommended actions to allow people of all ages to live at healthier weights, recognising the importance of creating supportive environments from childhood onwards, enabling people to develop and maintain healthier weight throughout life and into older age. These actions build on some of the existing strengths in the borough and recognise both where we have made progress and where we know there is more to do.

What local people say

Feeling well and achieving a healthy weight are important issues for people in Stockton-on-Tees. Surveys of people in Stockton-on-Tees have found that 70% of people would like to eat more healthily, but that they find it challenging to do so.

Feedback gathered through several consultations in 2022 identified key themes relating to healthy weight for residents. Respondents felt that there is a strong push towards eating food high in salt, sugar and fat, with it being cheaper, more appealing, more available and more convenient when compared to healthier options.

"Some weeks I'm fine, others I'm stuck — I never know." – Stockton-on-Tees resident

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Insights from Growing Well Growing Healthy participants (a local programme supporting children and families to achieve and maintain a healthy weight) also indicate that unhealthy eating is heavily shaped by the food environment. Children and families are more likely to eat healthily when healthy options are affordable, convenient, accessible, promoted and normalised, while barriers arise when unhealthy options are cheaper, easier, larger, more heavily marketed and more readily available. Lasting improvement therefore requires changes to the wider food system and the impact this has on local people's access to healthy food.

Feedback from Community Health and Wellbeing Champions in Stockton-on-Tees found that although local people are aware of actions they could take to improve their health, many people experience practical, physical and environmental barriers to putting this into practice. We know that different communities across the borough will experience these barriers in different ways, depending on their circumstances. Accessible, adaptable and non-judgemental options are essential, as well as creating the environment that gives people the best chance of a healthy life.

Example: 2022 Stockton-on-Tees Resident Short Survey

Of the 122 resident responses, only a quarter said they find it easy or very easy to maintain a weight they are happy with. 70% would like to eat more healthily, and a similar percentage would like to be more active.

"Everyone else knows what they're doing – I'd feel stupid" – Stockton-on-Tees resident

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Hundreds of Stockton-on-Tees residents have shared their views on physical activity in the Borough through surveys in 2022. This engagement found that people experience several barriers to keeping active, including financial insecurity; chronic health conditions and associated pain; mental health challenges and low confidence; lack of safety and inclusion in local spaces; and inaccessible or unaffordable transport.

"It's food or football – we choose food" (Stockton-on-Tees resident)

Despite these challenges, our understanding of local needs also shows that there is huge potential to create the conditions for active and healthy lives in Stockton-on-Tees when communities and local system partners work together and focus on collaboration and community-led action.

The challenge

Public health impact

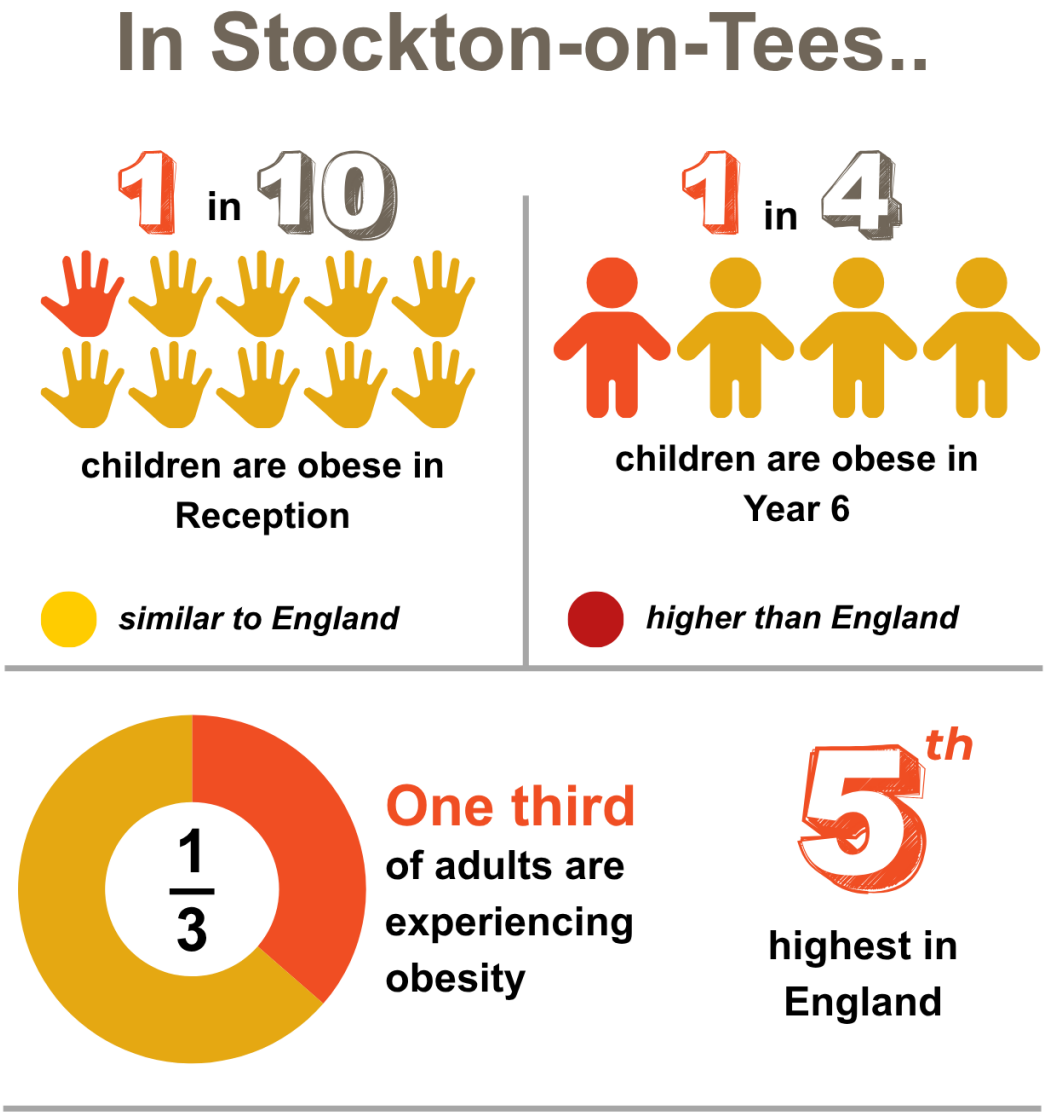
In Stockton-on-Tees, more people are overweight or experiencing obesity than in other parts of the country, with adult obesity rates among the highest in England. There are major inequalities across the borough in relation to healthy weight and good food. People who live in areas of high deprivation are less likely to have access to good food and are more likely to be overweight or obese. These inequalities are evident from a young age, with children starting school in some of our more deprived areas in Stockton-on-Tees already more than twice as likely to be experiencing obesity as children in some of our most affluent areas.

Supporting people to live at a healthier weight has many benefits for individuals and their communities. Living with obesity can mean experiencing stigma and living at a healthier weight can reduce the risk of people developing long-term conditions (like diabetes, heart disease, and some cancers) and improve mental health and wellbeing. These are important drivers of the inequality in life expectancy between the most and least deprived communities in Stockton-on-Tees. For example, Stockton-on-Tees experiences higher rates of deaths and emergency hospital admissions from heart disease compared to the national average and people living in more deprived areas of the borough are disproportionately affected.

The picture in Stockton on Tees

Interactive data on healthy weight and good food can be found in the Stockton-on-Tees joint strategic needs assessment (JSNA), which summarises the health and care needs of the local population (and further data in *Appendix 2*).

Figure 2. The image below shows that in Stockton-on-Tees: 1 out of 10 children in reception are experiencing obesity (10.4%); 1 out of 4 children in Year 6 are experiencing obesity (25.7%); 1 in 3 adults are experiencing obesity (36.4%); and the Borough has the 5th highest obesity prevalence in England

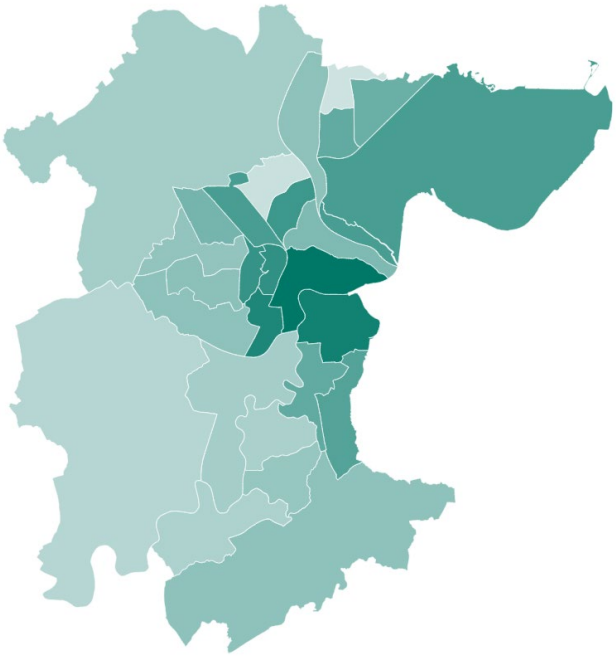


There are stark inequalities in obesity prevalence in different parts of the Borough and between different communities. Certain groups are less likely to be a healthy weight, including:

- People living in areas of high deprivation
- People in lower socio-economic groups
- People living with disabilities
- Children of Asian or black ethnicity, and adults of black ethnicity
- People experiencing mental health conditions

The map below shows that the prevalence of obesity in for children in reception ranges from 15.4% in Stockton Town Centre (the Borough's most deprived ward) to 6.3% in the more affluent Billingham North ward.

Figure 3. Map of Stockton-on-Tees, which shows areas with higher prevalence of obesity for children in reception in dark green and areas with lower prevalence of obesity for children in reception in light green.



What works?

There is strong evidence to suggest that prevention (supporting a healthy weight and improving access to healthy food), particularly in the early years, is critical in reducing obesity prevalence throughout life. The first five years of life are a critical period, with early experiences and family support shaping children's health, development, wellbeing and future life chances. Pregnancy, infancy and the early years provide a key opportunity to support families in establishing the foundations for healthy growth, development and school readiness, including healthy eating, physical activity and positive routines. For example, breastfeeding is associated with a lower risk of overweight and obesity in later childhood and, alongside its wider health benefits, is an important component of a whole-system approach to obesity prevention and reducing health inequalities.

Weight should not be viewed in isolation; it is connected to, and affected by, many different aspects of people's lives. In addition to deprivation, weight is strongly associated with other determinants of health, including poverty, food insecurity, and the built and natural environment (*Appendix 1*). This means it is important to focus on the wider factors that drive healthy weight or obesity across the population, rather than a very narrow focus on individual behaviours. In fact, often individuals have very limited real choice over many of the factors driving weight, such as access to healthy and affordable food.

Helping people to eat healthier food and maintain active lifestyles therefore requires coordinated and collaborative action, tailored to the needs of our various local communities. This is sometimes described as a "whole systems approach". National guidance on the Whole Systems Approach to Obesity says that this way of working "enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is

operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change."

This way of working is in keeping with the Stockton-on-Tees Joint Health and Wellbeing Strategy, which sets out a coordinated, Borough-wide approach to building strong foundations for health and wellbeing and is overseen by the Health and Wellbeing Board. The Council is well-placed to lead a whole systems approach to addressing obesity through influence over planning, transport, housing, education, and leisure services. This is underpinned by strong partnerships, including with the Mayoral Strategic Authority, the voluntary, community, and social enterprise (VCSE) sector, and the skills and resources of local communities. In line with the Joint Health and Wellbeing Strategy, this report is focused on prevention and early intervention in order to help people achieve a healthier weight. While there is a role for services (such as the NHS Digital Weight Management Programme) and medicines to treat people who are living with obesity, the recommendations in this report are focused on making changes at population level and creating places where it's easier for people to start and stay at healthier weights. This 'universal' approach provides an important foundation for proportionate, targeted activity for the groups most in need.

National action

Local leadership to improve the food environment and help people to achieve healthier weight is essential and is the focus of this report. We acknowledge, however, that there is also scope to address obesity through regulatory and fiscal interventions at the national level. The Government has published a 10 Year Health Plan for England, which describes several commitments in this area, including to:

- restrict junk food advertising targeted at children
- ban the sale of high-caffeine energy drinks to under 16 year olds
- update school food standards legislation
- uplift the rate at which the Soft Drinks Industry Levy is paid
- update the Nutrient Profile Model to categorise which foods are more or less healthy
- introduce mandatory healthy food sales reporting for all large companies in the food sector
- expand access to weight loss services and treatments

The Government also published a Food Strategy for England, which sets out plans to "create a healthier, more affordable, sustainable, resilient food system".

Progress so far

Work is already underway to tackle the underlying causes of obesity and poor diet in Stockton-on-Tees.

Good Food Local

In June 2026, Sustain published its first report on the approaches Councils in the North East are taking to food partnerships, household food insecurity, food related ill-health and the wider food system. This builds on a decade of work mapping and reporting on Council-level commitments in London, providing an opportunity to apply this approach in our region. The Good Food Local mapping in the North East found that Stockton-on-Tees has achieved sustained progress across three years of using this tool and benefited from regional collaboration and learning. One notable area of progress

has been in the Sustainable Food Economy theme, where Stockton-on-Tees has progressed from *Foundation* to *Leadership* level over three years. This achievement has been driven in part by the work of the Council's Town Centres Team, which has worked closely with market providers to encourage a wider range of healthy and diverse food options, while also reducing barriers and making it easier for local businesses to establish market stalls. This has helped to support a more vibrant, accessible, and sustainable local food economy. Overall, Stockton-on-Tees is showing 'Leadership' or demonstrating 'Good Progress' in several categories of the Good Food Local tool, including food governance and strategy; food poverty alliances; and school meals (*Appendix 3*).

One of the areas where further local work is needed, is on **healthier food environments**. The recommendations from Sustain and learning from other areas, have informed the focus and recommendations of this report.

Healthy Weight Declaration

Work is currently underway to implement the Healthy Weight Declaration in Stockton-on-Tees. Developed by Food Active, the Declaration is a strategic commitment that supports organisations to tackle unhealthy weight through a whole-systems approach. Although implementation is still in its early stages, significant progress has already been made, including establishing a Food Equity and Healthier Weight Steering Group, to drive the work forward. A cross-cutting Food Strategy is being planned, bringing together partners and priorities across the wider food system to improve health outcomes for residents.

Children and young people

Childhood obesity is both a symptom and driver of wider inequalities. In Stockton-on-Tees, the Best Start in Life Plan 2026 to 2031 sets out our ambition to ensure every child has the best start from pregnancy to age five. Recognising the importance of early intervention in reducing inequalities and improving outcomes, healthy weight and good food are embedded in one of the priorities: 'Foundations for a Healthy Childhood'. This focuses on supporting breastfeeding, healthy weaning, access to Healthy Start and free school meals, as well as active play and reduced sedentary behaviour to help children eat well, stay active and develop healthy habits from the earliest years.

The Healthy Start Scheme supports eligible families with the cost of healthy food and vitamins during pregnancy and the early years. Increasing uptake is a Best Start in Life priority, with partners across the system working together to identify eligible families and maximise access to this support.

The Healthy Child Programme (the '0-19 Service') is a key mechanism for obesity prevention in the early years. Through universal and targeted support from pregnancy to age five, health visitors help families establish healthy behaviours, monitor children's growth and development, and access additional support where needed. A newly introduced review at age 3.5-4 years provides a further opportunity to promote school readiness and identify emerging needs.

Breastfeeding supports healthy growth and development and is associated with a lower risk of obesity in later life. Local support is provided through maternity services, the 0-19 Service and Family Hubs. The Breastfeeding Friendly Scheme has been established in over 70 organisations and businesses in Stockton-on-Tees, helping to create a community where breastfeeding is visible, accepted and supported.

The National Child Measurement Programme (NCMP) helps identify children who may benefit from additional support to reach a healthy weight, with those identified as overweight or obese offered targeted intervention through the Growing Well Growing Healthy Service (GWGH). NCMP data also

informs a neighbourhood approach, enabling resources and interventions to be targeted where need is greatest and helping to reduce health inequalities. GWGH is a healthy weight programme which provides targeted support for children and families. The programme combines individual and family support as well as key priorities to promote healthy eating and support behaviour change. Building on, and maximising, links with local communities, a recent review has prompted a redesign of the service towards a more preventative and targeted geographic offer, with greater integration into the wider healthier weight and good food system.

Good oral health and healthy weight are closely linked, with both influenced by diet, particularly the consumption of sugary foods and drinks. Establishing healthy eating and oral health habits in the early years can help prevent both obesity and dental decay, reducing inequalities and supporting children's health, wellbeing and school readiness. In Stockton-on-Tees, we've made incredible progress with oral health through supervised toothbrushing programmes and targeted oral health initiatives helping to give children the best start in life and support lifelong healthy behaviours.

Health impact assessment

Stockton-on-Tees has also introduced Health Impact Assessments (HIAs) for planning applications and developed a toolkit to support development of HIAs. These HIAs should assess the potential effects of proposed plans, policies and programmes and their development will provide timely recommendations during the decision-making process to create healthy environments, minimise poor health outcomes, and reduce health inequalities.

Public Health Small Grants Scheme

The Public Health Small Grants Scheme is one initiative that is helping local Voluntary, Community and Social Enterprise (VCSE) organisations to support their communities and improve health and wellbeing. The Scheme sits as part of a range of grant-funded activities enabled through the Council, that support health and wellbeing and help address inequalities. Over the past three years, the Scheme has supported 37 VCSE organisations including activities designed to increase physical activity, promote healthy eating, and reduce social isolation by helping residents build meaningful social connections. These interventions address key factors associated with achieving and maintaining a healthier weight.

A notable feature of the programme has been the ability of some grant recipients such as Stockton Food Power Network to establish their own small grant schemes, building resilience, sustainability and community ownership. This has enabled them to support other smaller community organisations, supporting projects that improve access to healthier food options within local communities. Through this approach, the programme has extended its reach to groups that may previously have faced barriers to accessing funding through more competitive application processes. The programme has demonstrated the value of empowering trusted local organisations to respond to community needs and deliver targeted wellbeing initiatives.

Active Stockton

"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. With £1.3million awarded for the next phase of work, Active Stockton is encouraging greater collaboration and partnership working in Stockton-on-Tees, to increase opportunities to be active and address barriers that prevent people

from moving. This shared effort across local partners aims to create long-term change by working differently – starting with communities, building trust, and joining up across organisations.

Funding will be focused 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

While not focused on healthier eating and the food environment, specifically, this work contributes to the longer-term aim of Stockton-on-Tees becoming an inclusive, safe and collaborative place where communities feel they belong, have a voice, and naturally lead active, healthy lives. By complementing it with efforts to make healthier food choices accessible to everyone – in line with recommendations below – we will start to see better outcomes for residents.

Tees Active

Tees Active supports residents across Stockton-on-Tees by providing accessible, affordable and inclusive opportunities to become more active. Working in partnership with the Council and healthcare professionals, Tees Active delivers programmes that help people overcome barriers to participation and develop healthier, more sustainable habits.

One example is the Adult Weight Management Programme, a structured 12-week intervention available through referral from a GP or healthcare professional. Participants receive access to Tees Active gyms, swimming pools and fitness classes, helping them gradually increase their activity levels in a supportive environment. The programme focuses not only on weight loss but on creating long-term behavioural change, building confidence and encouraging healthier lifestyle habits that can be maintained beyond the programme.

In addition, the Active Health Programme provides tailored support for individuals living with existing health conditions. Through specialist guidance and adapted physical activity opportunities, participants are supported to safely increase their activity levels, improve management of their health conditions and reduce the risks associated with inactivity and excess weight.

Through these programmes, Tees Active contributes to supporting healthier communities, reducing health inequalities and improving health and wellbeing outcomes across Stockton-on-Tees.

Recommendations

Stockton benefits from several existing strengths, as described above. These provide opportunities to strengthen prevention and reduce inequalities in healthy weight. However, more needs to be done to transform Stockton-on-Tees into a healthy place that supports people to eat well and achieve a healthy weight. This requires:

- Strong political and system leadership.
- Multi-agency partnerships and governance.
- A long-term strategic approach.
- Investment in workforce development.
- Early years intervention.

- Combining individual and family support with wider environmental and policy action.
- A clear focus on reducing inequalities

The following actions are recommended, fitting with the commitments and principles in the local Health and Wellbeing Strategy:

1. Strengthen strategic leadership

The Health and Wellbeing Board's ambition is to help create healthy communities and design health into our places, turning a focus on mitigating poor health to a drive for health creation. In Stockton-on-Tees, strengthening strategic leadership will involve a whole-system healthy weight approach led by the Health and Wellbeing Board and the newly established Food Equity and Healthier Weight Steering Group. This recognises that healthy weight considerations must be embedded across council policy and decision-making, with the involvement of partners and communities.

This will ensure that work to improve the food environment is aligned with other local priorities, including the anti-poverty agenda and ambitions surrounding inclusive growth. As such, work on healthy weight should **prioritise reducing inequalities**, targeting action towards communities experiencing the greatest burden of obesity and the greatest barriers to achieving and maintaining a healthy weight.

2. Implement the Healthy Weight Declaration

The Healthy Weight Declaration will provide a framework for strengthening and coordinating existing activity across Stockton-on-Tees, ensuring that healthier weight and food equity considerations are embedded across Council policies, services and partnerships. Building on the strong foundations already in place, delivery will focus on both short- and longer-term priorities aligned to the Declaration's 16 commitments.

In the short term, priority actions will include the development of a consolidated Healthier Weight Action Plan, continued support for partnership networks, improving access to health literacy training, and strengthening links between planning, public health and wider council services.

Over the longer term, work will focus on creating healthier food environments through planning and procurement, supporting a sustainable local food economy, improving access to drinking water, integrating healthier weight considerations into climate and resilience planning, and embedding health-promoting approaches across council services and public spaces.

Delivery and monitoring of the Declaration will be overseen by the newly established Food Equity and Healthier Weight Steering Group, which will provide strategic leadership, drive cross-departmental collaboration, and monitor progress against agreed commitments and actions. The Steering Group will also ensure that implementation reflects a whole-systems approach, recognising the interconnected factors that influence healthy weight, including food access, food insecurity, planning, transport, physical activity and the wider determinants of health.

Implementation of the Declaration will also build upon the learning, partnerships and momentum developed through Stockton-on-Tees' participation in the Good Food Local North East pilot. Through this work, the Council has strengthened relationships with partners across the food system, enhanced its understanding of local food system challenges and opportunities, and identified areas for future improvement. The Healthy Weight Declaration will provide an opportunity to build on these achievements, aligning healthy weight ambitions with wider work to create a fairer, healthier and more sustainable food system for all residents.

3. Increase focus on food environments and industries harmful to health

We know that getting people to a healthier weight is not just about giving them the information but about making tangible changes to the environments in which they live. We must focus on both reducing the availability of less healthy food and on increasing the availability of healthier food options. This sits alongside and supports a focus on the economy and inclusive growth, as part of our efforts to enable people to be healthy work and contribute to society, community and the economy.

Councils can work to strengthen protections from unhealthy food advertising, learning from the success of advertising laws in reducing tobacco harms. We all need access to affordable, nutritious food and yet those options can be hard to find amongst aggressively marketed unhealthy food on our shop shelves and in our towns. We want people to be able to make decisions that are right for them, free from commercial influence. Implementation of the Healthy Weight Declaration – as described above – will include development of a Food Strategy and action on food advertising, planning, reducing food insecurity, and improving access to affordable, healthy food across the borough.

In Stockton-on-Tees we will work closely across planning and public health teams in development of the emerging Stockton-on-Tees Local Plan. Local planning policies can help create places th at enable people to make choices that are right for their health. There are several opportunities through which the Local Plan can influence the food environment, including addressing the prevalence and location of hot food takeaways, good home design, neighbourhood design and promoting opportunities for food growing and physical activity.

4. Strengthen community-centred approaches and peer support

Work with communities also has a central role to play, as communities themselves are best placed to identify and mobilise assets and opportunities that are accessible and acceptable to members of their communities. Last year's Director of Public Health Annual Report proposed using a community-centred public health approach to develop healthy places and healthy communities, in a way that proactively promotes and builds in good health and wellbeing. Several actions were proposed, fitting with the commitments and principles in the Stockton-on-Tees Health and Wellbeing Strategy. We know from speaking to residents that VCSEs are trusted community anchors, embedded in their communities and seen as ‘go-to’ organisations.

Building on the success and impact of the Public Health Small Grants scheme described earlier in this report, the funding scheme will continue in 2026/27 to sustain and further strengthen positive outcomes for residents.

The current development of the local Neighbourhood Health Plan presents a significant opportunity to embed healthy weight, physical activity and food-related prevention within a broader whole-system approach to reducing health inequalities. Integrated Neighbourhood Teams, Community Connectors, social prescribing and community assets could provide important mechanisms for engaging residents, improving access to support and addressing obesity-related risk factors as part of wider cardiovascular disease prevention, population health management and neighbourhood-based approaches to improving wellbeing.

Stockton Food Poverty Network (SFPN) engages members, many from organisations who are embedded in communities and understand their needs. Every two months, updates on actions from members and community pantry visit numbers are recorded. This data, combined with foodbank usage data, helps us understand changes in demand for local food support. The SFPN Project Coordinator produces an interactive Google map of food poverty projects in the area, which is circulated widely through VCSE, Council and health services. Additionally, the Council has also established a working group to develop its next anti-poverty strategy, with significant input from

people with lived experience. This group is looking at the wider determinants of food poverty and will produce an action plan to address this.

Community Health and Wellbeing Champions are a wide network of individuals who live and/or work in Stockton-on-Tees. The aim of this network is to establish meaningful two-way communication with residents and communities, focusing on the eleven most deprived wards to improve health and wellbeing. Key public health messaging is promoted to residents and Public Health receive valuable feedback and insights through the network. This helps to identify local barriers, misinformation and gaps in need as well as examples of good practice and community assets delivering crucial interventions in the Borough.

5. Focus on prevention and early intervention

One of the priorities in the Stockton-on-Tees Council Plan is the 'best start in life', which recognises that early experiences and family support shaping children's health, development, wellbeing and future life chances. Improving outcomes for children and young people is implicit in each of the recommendations above but identifying some specific activities for this group is also important.

There is substantial variation in childhood obesity and wider determinants of health across the six towns in Stockton-on-Tees. Stockton contains the highest concentration of neighbourhoods experiencing multiple indicators of disadvantage, followed by Thornaby and Billingham. A review of the Growing Well Growing Healthy service has identified opportunities to adopt a neighbourhood approach to delivery, targeting enhanced support towards areas with the highest levels of childhood obesity and wider determinants of poor health, including deprivation. A universal offer will continue to be available across Stockton-on-Tees, with additional targeted interventions focused on neighbourhoods experiencing the greatest need. An estimated 11,628 children aged 0-15 live within the highest-priority areas. Focusing on priority neighbourhoods within these towns is likely to achieve the greatest impact on reducing childhood obesity and improving child health outcomes.

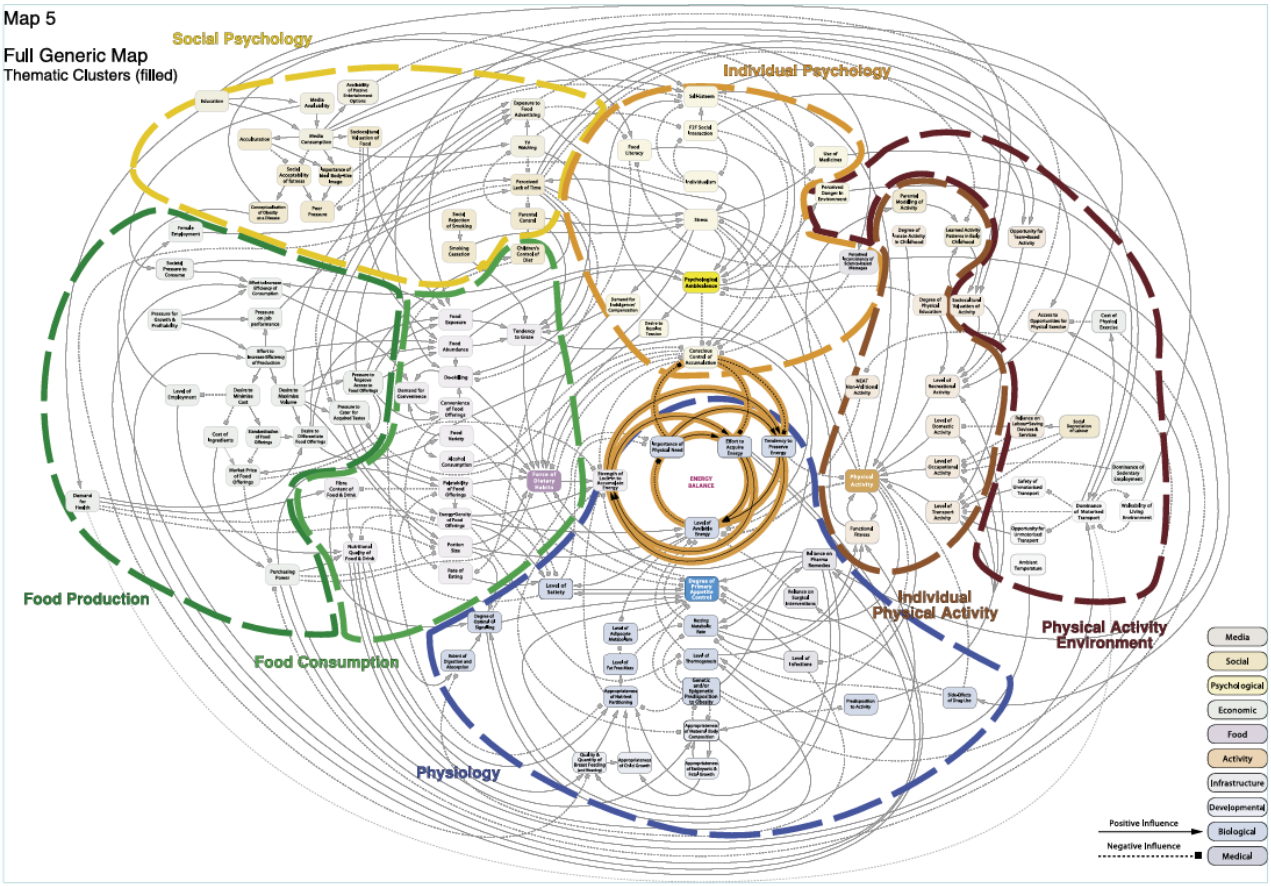
This approach aligns with the NHS 10 Year Health Plan and Neighbourhood Health Framework, which promote a shift from treatment to prevention, from hospital to community-based support, and from a one-size-fits-all approach to one informed by local population need and inequality. By using local data to target resources and support where they can have the greatest impact, the GWGH service will help reduce health inequalities, prevent obesity earlier and improve outcomes for children and families.

The Healthy Schools and Healthy Settings Programmes provide a universal framework for schools and early years settings to promote healthy eating, physical activity and oral health through a whole-setting place-based approach. The programme supports schools to create environments that make healthy choices easier and helps address the wider factors that influence healthy weight. Future plans include enhancing the offer through health and wellbeing survey data, enabling schools to better identify needs, target support and inform local action. We will also build on existing partnership working with schools to ensure opportunities relating to improved nutrition and physical activity are available at all education settings, from early years through to further education.

Appendix 1. Factors influencing obesity & overweight

The intention of the diagram below is to show the complexity of the interlinked factors influencing obesity, rather than each detail. While published in 2007, the picture remains relevant today.

Full obesity system map with thematic links (from *Foresight. Tacking Obesities: Future Choices – Project Report. 2nd Ed. Government office for Science, 2007*)



Appendix 2. Further data on overweight and obesity

The Department of Health and Social Care publishes data on obesity, physical activity and nutrition on 'Fingertips'.

Table 1. Prevalence for children in reception, age 4 to 5 years (2024-25)

	Stockton	North East	England
Healthy weight	76.1%	72.5%	75.4%
Overweight	12.8%	14.3%	13.0%
Obesity (including severe obesity)	10.6%	12.4%	10.5%

Table 2. Prevalence for children in year 6, age 10 to 11 years (2024-25)

	Stockton	North East	England
Healthy weight	59.3%	59.7%	62.2%
Overweight	14.6%	14.2%	13.9%
Obesity (including severe obesity)	25.0%	25.0%	22.2%
Children moving from healthy weight in reception to overweight or obese in year 6	21.7%	23.2%	21.5%

Table 3. Prevalence of overweight (including obesity) in adults (2024-25)

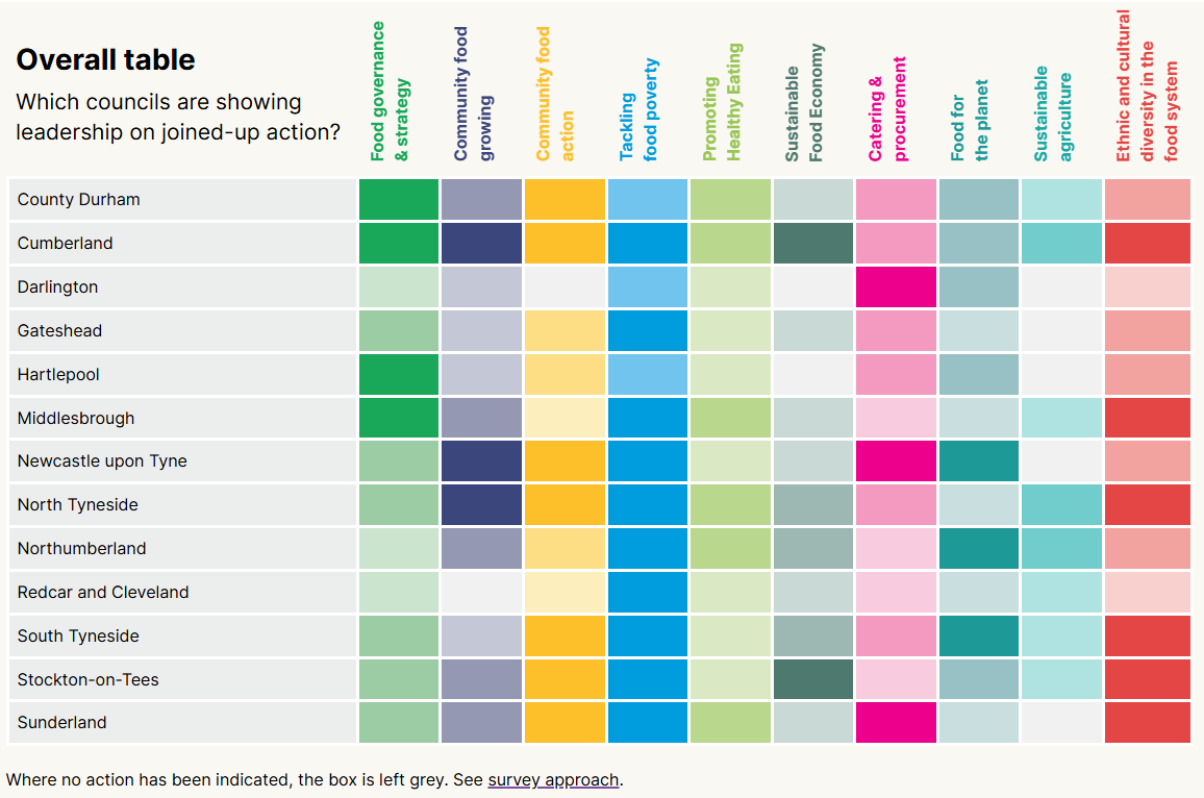
Area	Value
England	64.6%
North East region	70.3%
Sunderland	77.0%
South Tyneside	74.4%
Stockton-on-Tees	73.5%
Northumberland	73.3%
Hartlepool	72.8%
Gateshead	70.5%
Middlesbrough	69.7%
County Durham	69.3%
Redcar and Cleveland	67.4%
Darlington	67.0%
Newcastle upon Tyne	64.8%
North Tyneside	61.1%

Appendix 3. Further information on Good Food Local

The Good Food Local North East report from 2026 tracks council action on food systems change. It finds that the North East continues to face significant food and health inequalities.

Table 4. Summary of councils' progress in different aspects of food system change.

Note: the stronger the colour, the greater the strength of action in this area. Where no action has been indicated, the box is left grey.



Across the 3-year programme so far, Stockton-on-Tees has made particularly strong progress in the areas of:

- Community food action
- Food poverty alliances
- Cash first responses to food insecurity
- Food access for older and disabled people
- Holiday activities and food
- Sustainable food economy
- Ethnic and cultural diversity

Appendix 4. Progress against 2025 DPH Report actions

The table below shows progress against the actions identified in the 2025 Director of Public Health Report, focusing on community-centred healthy places:

2025 DPH Report Action	**Progress – examples**
1. Move towards a 'health creation' approach, identifying proactive approaches to building or designing in good health and wellbeing wherever possible, in policy, practice and commissioning	- Embedding health and wellbeing in the development of the new Local Plan - Health impact assessment tool live for new development applications - Work under Thriving Communities to embed community assets-based working across teams e.g. through a toolkit - Work underway to further develop and embed Making Every Contact Count across services - Service change to respond to the differing needs of communities across the borough, within resource constraint e.g. children and families healthy weight support (through 0-19 service) - Good Food Local North East benchmarking and assessment, identifying strengths and areas for development, with good food as a protective factor for good health - Joint work across the Council, Combined Authority and ICB on initiatives to promote good, stable work and enable people back into work from absence due to ill health (in-line with the *Get Britain Working* White Paper)
2. Use the community-centred public health approach to inform thinking and next steps on working with communities, neighbourhoods and places, including ensuring common principles are shared across partners to help take this forward with communities	- Work with communities being brought further into our local approach to neighbourhood health and the local neighbourhood health plan, as this develops – including mapping community connectors / social prescribers to support integrated neighbourhood teams - Community case-finding approach starting to be developed to support neighbourhood health, including maximising links across inclusive growth and neighbourhood health - Discussion at Team Stockton regarding neighbourhood health, with neighbourhood profiles being developed involving partners and with community insights as a key theme
3. Review our position against the recommendations in the Local Government Association's (LGA's) guide Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods. To support, consider completing the Public Health England diagnostic checklist together with partners to determine how well we are	- Work against the LGA guide recommendations is progressing, which will be continued e.g. - Neighbourhood profiles being developed, including quantitative and qualitative / community intelligence - Public health influence and investment shaping work across a range of Council areas looking at socio-economic determinants of health - Opportunity to further communicate and embed Health & Wellbeing Strategy priorities across the Council

collectively enabling communities to take part in place-based approaches to reducing health inequalities	- Health & Wellbeing Board development undertaken with refreshed focus and programme of deep dives on key themes - Opportunity to embed health impact assessment approach more widely across Council services - Significant joint working across planning and public health teams - Public health building approach to further embed Making Every Contact Count across the Council and partners - Health and wellbeing being embedded in some key policies and strategies – to continue - PHE diagnostic checklist not yet completed – opportunity to revisit this suggestion
4. Run LGA facilitated Health in All Policies sessions for Council officers, Members and potentially wider system partners, to inform adopting this approach	- LGA offer being revisited, to align with the new national public health peer review process – potential to implement this is being looked at - Making Every Contact Count approach is being refreshed and rolled out further by public health, across the Council e.g. working with social care colleagues, as well as promoting further with partners and communities - work progressing to embed health, wellbeing and addressing inequalities in policies, including community safety strategy, Local Plan and Best Start Strategy
5. Build in improving health and addressing inequality as a core primary objective of the new Local Plan	- Work underway to embed improving health and wellbeing as a core principle and objective throughout the Local Plan e.g. green space, transport, environment and sustainability, communities and inequalities and access to healthcare provision - Health and wellbeing intelligence and community insight is shaping the Local Plan - Learning from other areas shaping proposals on policies that could support the new Local Plan once developed
6. Identify key actions and issues arising from health impact assessment tool for developers and evaluate its implementation to inform future practice	- HIA tool now implemented, with initial learning fed in to Local Plan discussions and informing joint discussions and further work between public health and planning teams - Evaluation to be done when tool has been in place for 12 months
7. Health and Wellbeing Board to undertake a deep dive specifically on the food environment, in the context of the factors that shape places, to understand how levers can be maximised	- Board deep dive completed on healthy weight, including food environment, with support from Sustain colleagues, with actions agreed - Further Board deep dive being run in October 2026 focused on development of a Food Equity Strategy, as a key pillar of the Healthy Weight Declaration and following this being identified as a key area of development through the Good Food Local North East benchmarking
8. Build on existing insights work with communities such as Sport England and the learning from this approach	- Active Stockton (Sport England) work continues to progress, including building on community relationships and insights – community connectors identified to shape and help implement the work - Community insights from Active Stockton work being fed into wider collation of community insights through the Council's Thriving Communities Board

9. Feed community insights into an organisation and system-wide bank of information, to be used for a range of purposes. Proactively identify key pieces of work to use the insights such as Trailblazer, Pride in Place and Neighbourhood Health Implementation Programme	- SBC Community Engagement / Fairer Stockton team is developing a system for collating community insights across the Council
10. Respond to issues communities raise through simple, quick actions and potentially small pots of seed-funding, supporting and empowering community groups to take action	- Range of work underway through Council's Thriving Communities Board – continuing this will be important in developing trust and conversation with communities to shape the approach to addressing key issues - Active Stockton approach developed rooted in community insights - Grant-funded activity supporting community-based work e.g. Public Health Small Grants Scheme
11. The Council as a convenor (where appropriate) and enabler, to build or support development of a community partnership or forum, led by the community, with the purpose of connecting community connectors as a network, supporting community capacity building	- Council supporting Pride in Place Board, which is community-lead - Further potential to develop community-lead models through other work such as Active Stockton - Neighbourhood health approach includes work to understand and connect in to community capacity
12. Develop a network of community connectors further by enabling conversations at places where people meet, led by those within the community	- Some work underway to develop and support networks of community connectors e.g. Active Stockton, community health and wellbeing champions - Further work needed to look at how these can be built on organically (community lead) and sustained

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