Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 29 July 2026.

Present: Cllr Lisa Evans (Chair), Fiona Adamson, Tracey Carter, Katie McLeod (Sub for Karen Hawkins), Cllr Pauline Beall, Cllr Clare Besford, Cllr Lynn Hall, Cllr Jack Miller, Majella McCarthy, Sarah Bowman-Abouna, Carolyn Nice, Sam Palombella, Peter Smith

Officers: Michael Henderson, John Devine, Sid Wong, Stacie Thursby Gemma McDonald, Andrea Green, Yvonne Cheung,

Also in attendance: Debbie Fixer, Robin Bedford, Stephen Errington

Apologies: Karen Hawkins, Matt Storey, Matt Neligan,

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the Meetings held on 25 March 2026

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

3. Attendance Statistics

The Board received attendance statistics which would be included within future Health and Wellbeing Board agenda packs.

It was explained that the information would assist in monitoring partner attendance and identifying where alternative or substitute representatives may be required.

RESOLVED that the attendance statistics be noted.

4. Better Care Fund Plan Update

The Board received an update on the Stockton-on-Tees Better Care Fund (BCF) Plan for 2026/27.

Members were advised that the Plan had been developed collaboratively by the Integrated Care Board, Council and system partners and had been submitted to NHS England following the required local approvals. The Plan had subsequently received full assurance from NHS England without any recommendations or amendments being required.

The Board welcomed the outcome and placed on record its thanks to officers and partners involved in developing the Plan, noting that securing approval at the first stage without recommendations represented a positive outcome.

It was noted that work would now commence on reviewing and refreshing arrangements for the following year.

RESOLVED that the submission and subsequent assurance of the Stockton-on-Tees Better Care Fund Plan 2026/27 be noted.

5. **Active Stockton – Communities on the Move**

The Board received a presentation on Active Stockton – Communities on the Move, Stockton-on-Tees' Sport England Place Partnership.

Members heard that £1.3 million had been awarded for the next two-year phase of the programme. The approach sought to achieve long-term reductions in physical inactivity and inequalities by working differently with communities rather than simply funding additional sporting activities.

The Board was advised that extensive community engagement during the development phase had identified a range of barriers to physical activity, including poverty and affordability, confidence and mental health, social isolation, safety and accessibility. Members heard that trusted voluntary and community organisations had been particularly important in reaching residents who might not engage through traditional consultation methods.

Five priority areas had consequently been identified:

- growing the network of connected partner organisations;
- developing a more inclusive active culture;
- creating safe spaces and doorstep opportunities;
- targeted support for children and young people; and
- supporting people living with pain and health conditions to become more active.

Community Connectors, based within trusted voluntary and community organisations, would be central to the approach.

The Board heard examples of activity being developed under the priorities, including accessible virtual tours of leisure facilities, community activity in green spaces, a children's bicycle referral and recycling scheme, work with schools and teenage girls, and initiatives supporting people experiencing cancer, long-term health conditions and pain.

Members particularly welcomed the emphasis on community-led activity and recognised that physical activity should not be viewed solely in terms of organised sport or attendance at leisure facilities. Everyday activity, volunteering and opportunities which encouraged people to move and connect socially were equally important.

A community representative described how trusted organisations embedded within neighbourhoods could identify and respond to barriers which might otherwise remain hidden. A recent example involving a young person who had never owned football boots demonstrated how relatively small interventions could open up wider opportunities for participation and engagement.

Discussion emphasised the importance of trust**.** Members recognised that communities differed significantly and that residents who had previously had negative experiences of statutory services might be reluctant to engage through formal meetings, surveys or consultation exercises. Trusted grassroots organisations therefore had an important role in reaching those residents and ensuring their experiences influenced service development.

The Board discussed how learning from Active Stockton could support wider priorities, including Neighbourhood Health, Pride in Place, employability and work and health

programmes, and future place-shaping and Local Plan work. In particular, consideration could be given to how the design of neighbourhoods, public spaces and new developments could enable informal physical activity and create places in which residents felt safe and comfortable.

Members also highlighted the need to connect the programme with other community initiatives to avoid duplication and maximise the impact of available resources.

In response to questions regarding measures of success, it was explained that evaluation would include short, medium and long-term outcomes. This would include population-level physical activity data alongside assessment of wider system change, including collaboration, leadership and the extent to which new ways of working became embedded. It was recognised that some of the most significant outcomes might take a number of years to become evident.

The Board welcomed the strong links between Active Stockton and emerging Neighbourhood Health arrangements, particularly opportunities to connect residents identified through health services with appropriate community-based activity and preventative support.

RESOLVED that:

1. the Sport England funding award and five priority areas for Active Stockton be noted;

2. Board members support the work of Active Stockton over the short, medium and long term and identify opportunities to link the programme with their organisations' wider priorities; and

3. opportunities be identified to share and embed learning from Active Stockton, particularly in relation to community-led working and collaboration.

6. **Neighbourhood Health Plan Update**

The Board received an update following its recent deep-dive session on the development of a Neighbourhood Health Plan for Stockton-on-Tees.

Members were reminded that the concept of a "neighbourhood" could mean different things to different communities. It had been agreed that the work would initially be structured around the six recognised areas of Billingham, Ingleby Barwick, Norton, Stockton, Thornaby and Yarm/Eaglescliffe**.**

It was agreed that rich intelligence profiles would be developed for each area, bringing together information beyond traditional health data to provide a broader understanding of what it was like to live within each community, including local assets, opportunities and challenges.

The work would continue to be underpinned by principles including putting communities at the centre of decision-making, addressing inequalities, joined-up working, evidence and intelligence, prevention and building upon existing community assets.

Members heard that learning from the Integrated Neighbourhood Team pilot was now moving into a scaling-up phase. Particular areas of focus included cardiovascular disease and work relating to the small proportion of residents who made particularly intensive use of services across a number of organisations.

The latter approach would seek both to provide more coordinated support to individuals who might otherwise repeatedly move between services and to understand

the circumstances which had led them to require intensive support. This would help identify opportunities for earlier intervention and prevention.

The Board noted the intention to bring **a** draft Neighbourhood Health Plan to its November meeting**,** with a high-level plan finalised in December and more detailed implementation planning developed thereafter.

Discussion took place regarding the title of the Plan. Members considered that "Neighbourhood Health Plan" risked suggesting that the work was principally concerned with healthcare when the intended approach was considerably broader.

It was considered important that the eventual terminology was meaningful to residents rather than simply to professional organisations. Members therefore supported using existing conversations with communities and people with lived experience to understand how the work could best be described in clear, accessible language.

The importance of avoiding unnecessary professional terminology and acronyms when communicating with residents was also emphasised.

Members raised concerns about reliance on digital consultation and stressed the continuing importance of accessible paper-based opportunities for residents who were unable or unwilling to engage online.

RESOLVED that the update be noted and the next steps arising from the Health and Wellbeing Board Neighbourhood Health deep-dive session be approved.

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