Basingstoke and Deane

Active Wellbeing Strategy 2026 to 2031

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Introduction

Active Wellbeing Strategy at a glance

Our vision for an active Basingstoke and Deane – happier, healthier communities where everyone can be active in their own way.

Our mission is to foster a broader culture of physical activity, movement, health, wellbeing and connection.

We will do this by creating inclusive opportunities, embracing our natural environment and working with our communities; we want every day wellbeing to become accessible and meaningful for all.

Our priorities

The Active Wellbeing Strategy is focused around four priority areas which we seek to address to deliver meaningful, measurable improvements to residents' lives.

Target group	Priorities
Adults	Priority one focuses on supporting residents experiencing mental health conditions, individuals from ethnically diverse communities, women and adults aged over 65, ensuring that our ambitions and actions are effectively tailored to reach and engage these groups.
People living in areas facing socio-economic challenges	Priority two focuses on recognising that these residents may experience additional barriers to participation and opportunities. Our ambitions and actions are designed to reach, include and support individuals, contributing to improved health and wellbeing outcomes for those who may benefit most.
People living with disabilities and long-term health conditions	Priority three focuses on recognising the additional barriers residents face to being active. Our ambitions and actions are centred on improving accessibility, building confidence and creating inclusive opportunities to take part and benefit from.
Children and young people	Priority four focuses on children and young people, with particular emphasis on girls and those experiencing mental health conditions, guiding our ambitions and actions to better reach and support them to improve their active wellbeing.

Why an Active Wellbeing Strategy?

Active wellbeing is a holistic approach to health that emphasises the connection between physical activity and a person's overall mental, emotional and social wellness. Unlike a narrow focus on physical 'fitness', active wellbeing recognises that movement is a powerful tool for improving overall health and wellbeing, both physical and mental.

The council is focusing its 'leisure and sport' service towards an active wellbeing service. This includes both its facilities-based strategies and participation strategy (this Active Wellbeing Strategy). This strategy is about how we can influence behaviours and habits to drive up participation, particularly among people who are inactive.

Wider local government reorganisation plans for a north Hampshire authority will be responsible for public health, adult social care and children's services. Therefore, an active wellbeing plan is an important preventative strategy which will help to mitigate comorbidities and, in turn, help to reduce the burden on the National Health Service, as well as supporting the new unitary authority in its statutory duties. The strategy supports us through this important transition of local government services.

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat." - Chief Medical Officers, September 2019

Local government outcomes framework

The framework sets out 15 outcomes that the government expects to work with local authorities on to deliver national priorities for local people and communities (https://assets.publishing.service.gov.uk/media/686baaa82cfe301b5fb677d1/Local_Government_Outcomes_Framework_priority_outcomes_and_draft_metri These are underpinned by outcome metrics drawing from existing data sources to show how progress will be measured. The included areas that inform the Active wellbeing strategy are:

National priorities	Influencing outcomes
Health and wellbeing	Healthy life expectancy at birth. Slope index of inequality in life expectancy at birth. Physical inactivity: percentage of adults who are physically inactive.
Neighbourhoods	People feel they can influence local decisions. People are satisfied with community and cultural facilities. People are satisfied with their local area as a place to live.
Transport and local infrastructure	The percentage of adults who walk or cycle for travel purposes at least once per week.

Our measures of success

Residents

- Feel they have the ability to be active
- Feel they have the opportunity to be active
- Feel that sport and exercise is enjoyable and satisfying

Increase

- The number of residents who need financial support accessing subsidised programmes
- Engagement activities which will include residents from major demographic and geographic groups
- The levels of activity for people with disabilities and long-term health conditions
- The number of children and young people using Active Travel to and from school or other places (Active Lives Survey (https://www.sportengland.org/research-and-data/data/active-lives))
- The percentage of adults who report having good health
- Improved mental health index score for both adults and children

Reduce

- The levels of inactive adults and children (Active Lives Survey (https://www.sportengland.org/research-and-data/data/active-lives))
- The levels of inactivity in wards facing socio-economic challenges
- Reducing the life-expectancy gap between the most and least disadvantaged areas of the borough, improving health outcomes

Partners

- Through strong collaboration with partners, we consistently achieve 'good' or higher ratings in partnership working satisfaction surveys

Context and evidence base

Setting the scene

We recognise that physical activity and movement can be achieved in different ways and means different things to people. It may be walking the dog, walking to school, going to the gym, or joining a sports club.

For some, being active is already a way of life and for others, it is something new. Our focus is to ensure all residents are active enough to improve their health and wellbeing and that there are inclusive and accessible opportunities to achieve this. We will focus our resources on those who are inactive or rarely active.

We have a growing population, with a higher proportion of over 65-year-olds than the England average. The largest ethnic group is 'white' and compared to the England averages we have lower levels of socio-economic challenges and higher levels of employment.

Our main town is Basingstoke, but over 90% of the borough is rural with many villages and rural hamlets. This provides opportunities to be active within our daily lives, both in our built facilities and in the natural environment.

We recognise that improving activity levels will only be achieved by involving all sectors in our solutions. We are committed to ensuring everyone, from the Council, Public Health, education, planners, community workers, the voluntary sector and our residents support our ambition.

This Active Wellbeing Strategy sets out how being more active will impact our health outcomes, reduce health inequalities and improve the lives of our residents. It aligns with wider local government outcomes and is underpinned by an understanding of how healthy and active our residents are now, where opportunities are to move and be active and what our communities and residents think about being active. This includes the challenges and barriers they face and how these can be addressed. Drawing on evidence and engagement, the strategy identifies where action is most needed and what matters most to our residents. The strategy sets out our priority areas, the outcomes we aim to achieve and how we will deliver our strategy against these.

Strategic review

National strategies play a crucial role in shaping the direction and priorities of local authority active wellbeing services. They provide the overarching policy framework that local areas align with, ensuring that local delivery supports wider national goals and the outcomes of the local government outcomes framework.

Below is a summary of Basingstoke and Deane strategies and national strategies, followed by how they align to this Active Wellbeing Strategy.

Basingstoke and Deane strategies that inform and are informed by the Active Wellbeing Strategy

Directly related and complementary strategies

- Built Sports Facilities Strategy 2022
- Playing Pitch Strategy 2022
- Community Buildings Strategy 2022
- Leisure and recreation needs assessment 2022

Corporate strategies

- Council Plan 2023 to 2027
- Built Facilities Strategy 2022 to 2040
- Climate change and Air Quality Strategy 2021 to 2030
- Local Plan 2040 (in progress)

National supporting strategies that the Active Wellbeing Strategy will inform and vice versa.

- Sports England 'Uniting the movement' 2021 to 2031
- Local Government Outcomes Framework 2026
- DCMS National Youth Strategy 2025
- DCMS Get Active Strategy 2023
- NHS 'Fit for the future' 10-year Health Plan
- National Planning Policy Framework 2024
- Sports England Future of Public leisure services 2022

Social value

Sport England has created a model to show the benefits of being active (https://nbs.datahubclub.com/guidance/SV_guidance.pdf). This aligns where possible to government guidance, which defines social value as “all significant costs and benefits that affect the welfare and wellbeing of the population”. It looks at two types of benefits:

- Primary: the direct benefit and value to individuals’ wellbeing.
- Secondary: the wider value to society, or changes in health outcomes.

“Moving Communities” tracks how many unique participants use public leisure facilities and calculates the social value of their activity. In Basingstoke and Deane, this includes those meeting the minimum activity threshold to generate social value at the Basingstoke Aquadrome, Tadley Health and Fitness Centre, Basingstoke Golf Centre, and Basingstoke Sports Centre.

To provide context, social value data from April 2025 to March 2026 for these leisure centres is shown below, highlighting the positive impact on residents’ health and wellbeing.

April 2025 to March 2026

Unique participants 57,700	Average social value per person: £196	Primary value: individual wellbeing £9.8m	Physical and mental health £1.4m

Physical and Mental Health indicator	**Value (£)**
Coronary Heart Disease	117,022
Stroke	110,629
Type 2 Diabetes	362,715
Dementia	70,230
Depression	381,443
Hip fractures	50,225
Back pain	79,679
Reduced GP visits	89,839
Reduced Psychological Distress	127,130
Injuries	-21,683
Cancer	41,934

Engagement

To better understand attitudes towards being active and the opportunities available to support it, extensive engagement was carried out across the borough, including community surveys, in-person focus groups and stakeholder engagement sessions. In total, 670 adults, 368 young people and 40 organisations have contributed to our engagement, helping us to develop this strategy, our priority areas and action plan. We recognise that this engagement is a snapshot in time and ongoing engagement with stakeholders and residents will continue through the life of the strategy.

Our target groups include older adults (65+), particularly those with long-term conditions, children and young people, pre- and post-natal women, young parents and families, people with mental health challenges, disabilities, or SEND needs, minority and faith groups, LGBTQIA+, and ethnic minorities. In addition, residents on low incomes or facing socio-economic challenges and communities in social housing regeneration areas, where need is highest.

How can this strategy fit into what we are doing already on a place-based approach?

- Work with communities so programmes meet the needs of local people
- Deliver activities and services in the right places for those who need them most
- Promotes parks, open and underused spaces into opportunities for active community areas
- Raise awareness of wellbeing hubs offering holistic, community-based support
- Make physical activity part of everyday life, not something people have to go elsewhere to do
- Use community spaces like centres and parks to make activity accessible

A session with the members of the Orchard Café was undertaken to listen to young people with learning disabilities and their views on physical activity. They were asked:

- Are you active and what do you do?
- Where do you do your activity?
- What would you like to do more of?
- What are the barriers?

Priority one: adults

The evidence tells us that 23% of people in Basingstoke and Deane are inactive. Our priority is to engage the people and communities experiencing the greatest health inequalities. This includes:

1. Residents experiencing mental health conditions
2. Residents from ethnically diverse communities
3. Women
4. Older adults (65+)

Why is this a priority?

Inactive respondents show high potential for change, with 80% wanting to do more activity. This table indicates how we can reach people who are not naturally inclined to be active.

How to reach people who are not naturally drawn to being active

Bring activity closer to home	Use parks, community centres, and health hubs to reach more people. Partner with community and voluntary organisations to deliver local services. Empower local groups to lead and connect communities
Make movement social and fun	Encourage walking groups, active travel and everyday movement. Promote non-traditional activities - dance, geocaching, parkour, BMX, disc-golf and more. Keep everything relevant, local and enjoyable - designed by the community for the community.
Use nature as a resource	Embrace blue and green spaces - parks, allotments, conservation areas and gardening projects. Make the natural environment a playground for all ages.
Build activity into daily life	Encourage small, everyday changes - walking to school or local shops. Ensure equal access for families and children.

Our residents' health is on average better than England's averages, but only 1 in 2 reports having "very good" health. Increasing physical activity is key for better health, with the greatest benefits seen when people move from inactive to 'fairly' active and ultimately 'active'.

Basingstoke and Deane's mental health index score is lower than England's, averaging 94.2 in 2021.

In 2026, 18.6% of residents are aged over 65, projected to grow to 22.1% in 2040. As activity levels generally decrease with age. Staying active helps prevent long-term health issues and supports longer, healthier lives.

Age groups	Activity level (%)
16 to 34 years	70%
35 to 54 years	65%
55 to 74 years	63%
75+ years	43%

Respondents aged 65+ show a strong appetite to increase activity, with 85% wanting to do more.

Conclusions from Community Survey (Aged 65+) (#)

Respondents aged 65+ show a strong appetite to increase activity, with 85% wanting to do more (30% "a lot more", 55% "a little more"). This suggests high potential for participation growth, but the offer needs to feel convenient, achievable and suited to older adults' needs and routines.

Motivations are primarily health-led, including improving/maintaining physical health (20%), mental health/self-esteem (15%), and weight management (13%), alongside enjoyment and wellbeing (feel-good factor and being close to nature, both 11%). This indicates activity is valued both as exercise and as a contributor to quality of life.

When considering doing more activity, the most important factors relate to suitability and confidence: appropriate classes/activities (65%), personal motivation/goals (64%), and timings/availability of sessions (62%), alongside availability of time (59%) and strong demand for clear information and

reassurance (56–57%). Cost and access also matter, with direct costs (53%) and transport availability (44%) rated as important by many.

Encouragement factors show that older residents are most motivated by improvements that reduce risk and increase comfort: improved facilities (86%), free taster sessions (82%), easier access within walking distance (82%), and classes at different times (81%), supported by more information and wider session choice (79%). A similar pattern drives increased leisure centre use, with the strongest influences being cleanliness (85%), improved facilities (81%), and better coaching (80%), alongside lower costs and better equipment.

Men are more likely to be active than women (66% compared to 61%). Sport England research highlights that women face a combination of emotional and practical barriers, including fear of judgement, low confidence and time pressures, which limit participation. View Sport England Gender research (https://www.sportengland.org/research-and-data/research/gender)

Physical activity participation - Adults
Data shows there is a strong correlation between regular physical activity and reducing the risk of many physical and mental health conditions. To maximise the benefits of physical activity, adult should have 150 minutes of moderate to vigorous physical activity per week.

Activity level	England	Basingstoke and Deane
Active (150 minutes)	63.7%	63.4%
Fairly active (30 to 149 minutes)	11.2%	14.0%
Inactive (Less than 30 minutes)	25.1%	22.6%

Basingstoke and Deane is largely aligned with the national averages when it comes to attitudes towards sport.

Attitudes toward sport	Percentage of people who strongly agree
I feel I have the ability to be physically active	29%
I feel I have the opportunity to be physically active	34.6%
I find sport/exercise enjoyable	28.1%

* Sources: UK Chief Medical Officer's Physical Activity Guidelines, Sport England Active Lives Survey 2023/24

Ambitions

- We aim to have fewer residents who are ‘inactive’. Our ambition is that they progress to ‘fairly active’ and ultimately ‘active’.
- We will seek to work closely with our residents to shape priorities.
- We will aspire to reduce social isolation by creating inclusive environments where people feel connected and involved.
- We will seek to remove cost as a barrier so that everyone has the chance to take part and benefit.
- We will strive to create experiences where everyone feels recognised, welcomed and genuinely supported.

To achieve these ambitions, we are going to:

- Advocate for residents to be active in ways that feel enjoyable and achievable, promoting the variety of movement from active living and active travel to recreation, informal and formal sport.
- Invite residents to share their views and co-design the offers available.
- Work with experts, including the Inclusion and Diversity Officer, to ensure community voices are heard.
- Raise awareness of age friendly provision with clear “appropriate for me” guidance, including low-impact, strength/balance and beginner-friendly sessions.
- Strengthen the Live Longer Better place-based partnership, engaging paid and unpaid professionals to help older residents maintain independence and achieve longer, healthier lives.
- Improve affordability by offering free or low-cost options, such as off-peak deals, taster sessions, bundles and concessions.
- Promote opportunities for women to be active by creating safe spaces to connect and participate in ways that suits their needs.
- Highlight the strong connection between physical activity and mental health to encourage residents to use activity-based support.

Priority two: people living in areas facing socio-economic challenges

Our priority is to support inactive residents within communities experiencing the greatest socio-economic challenges, as increasing activity levels in these areas can significantly improve health and wellbeing outcomes and, over time, help reduce inequalities in life expectancy.

Why is this a priority?

Overall, life expectancy in Basingstoke and Deane is slightly higher than national averages for both men and women and inequalities are comparatively lower. However, significant disparities remain.

Areas experiencing higher socio-economic challenges across the borough.

Area	Adults	Area	Children
Kempshott	28.7%	Kings Furlong	29.4%
South Ham and West Ham	26.7%	South Ham and West Ham	29.3%
Old Basing and The Candovers	24.9%	Buckskin and Worting	29.3%
Houndmills and Oakridge	24.8%	Basingstoke Central, Black Dam and Eastrop	28.8%
East Oakley	24.3%	Popley	28.7%

8.7% of the population live in the top 30% most socio-economic challenged areas of Basingstoke and Deane. These findings clearly identify where targeted action and investment is most needed.

Our residents living in areas facing socio-economic challenges experience markedly shorter life expectancy – on average five years less for women and six years less for men. These residents are also the least physically active.

Female Life Expectancy	Male Life Expectancy
National - 82.8 years	National - 78.8 years
Borough - 84.5 years	Borough - 81.8 years

Inequality in life expectancy between the most and least deprived areas of the borough

Female Inequality in Life Expectancy	Male Inequality in Life Expectancy
National - 8.3 years	National - 10.5 years
Borough - 5.3 years	Borough - 6.2 years

Ambitions

- We will seek to prioritise investment in areas facing socio-economic challenges.
- We will aim to ensure that hyper-local facilities are available within communities, providing people with convenient, reliable access to provision.
- We will seek to work closely with our residents to shape priorities.
- We want people to feel connected, proud and involved.
- We will seek to remove cost as a barrier so that everyone has the chance to take part and benefit.

To achieve these ambitions, we are going to:

- Invest officer capacity and work collaboratively with key partners, including Public Health, the Voluntary, Community and Social Enterprise (VCSE) sector and the education sector, to maximise impact.
- We will tailor services to the specific needs of each neighbourhood, rather than relying on a single borough-wide approach.
- Activate parks and open spaces as social, active destinations by investing in organised activities such as healthy walks, park runs, outdoor fitness and community events, supported by improved amenities and improved opportunities for active travel.
- Invite residents to share their views and co-design the offers available.
- Improve affordability by offering free or low-cost options, such as off-peak deals, taster sessions, bundles and concessions. Clearly communicate their value, while also considering indirect costs like transport and equipment.
- Build in social and motivational support – advocate for buddy schemes and welcoming environments to support motivation and reduce drop-off.

Priority three: people living with disabilities and long-term conditions

Ensuring facilities and services are inclusive and welcoming, particularly for people with disabilities and long-term conditions is a priority. Evidence shows that there is a strong correlation between physical activity and lowering the risk of several health conditions.

View the health benefits of physical activity from the Health matters: getting every adult active every day guidance (GOV.UK) (https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day)

Why is this a priority?

While more residents report 'very good' or 'good' health compared with national averages, 15.6% of people live with a disability in the borough. And like gender and age, having a disability and long-term condition can impact levels of activity.

Nationally, 48% of disabled adults are active. Our own consultation findings highlight that residents who report a long-term disability show strong ambition to increase activity, with 92% wanting to do more.

Conclusions from Community Survey (Long-term disability) (#)

Respondents who report a long-term disability show very strong ambition to increase activity, with 92% wanting to do more and nearly half (48%) wanting "a lot more". This indicates substantial unmet demand, but participation is likely to depend on inclusive design, accessible environments, suitable activities and confidence-building support.

Motivations are mainly health and wellbeing-led, including physical health (19%), mental health/self-esteem (14%), and weight management (13%), alongside enjoyment (10%) and socialising (8%). For many, activity is linked to independence, confidence and quality of life, not simply exercise.

Key priorities when considering more activity include personal motivation/goals (69%), timings/availability of sessions (69%), appropriate activities (65%), and activities suitable for disability/impairments (62%). Cost and access are significant barriers, with direct costs (54%), transport (48%), and indirect costs (39%) important to many. The importance of knowing what to expect (55%) and having class information (57%) highlights the need for reassurance and clear, transparent communication.

Encouragement factors strongly point to quality and inclusive provision: improved facilities (89%), wider sessions/classes (88%), different times of day (86%), and free taster sessions (85%), alongside lower costs and better equipment/facilities (83%). Increased leisure centre use is driven by cleanliness (92%), improved facilities (92%), better equipment range (92%), and lower costs (87%), with accessible facilities (73%) a key additional driver.

This indicates unmet demand, but participation is likely to depend on inclusive design, accessibility and confidence-building support.

The Activity Alliance's Annual Disability and Activity Survey report 2023/24 shows that disabled people still face significant barriers to being active in their communities.

Ambitions

- We will seek to collaborate with experts, residents and those with lived experience to ensure people feel they have the opportunities to be active.
- We will aim to support active workforce development, including deliverers, instructors and coaches to meet the needs of people living with a disability or long-term health condition.
- We will aim to remove cost as a barrier so that everyone has the chance to participate and benefit.
- We want people to feel connected, proud and involved.

To achieve these ambitions, we are going to:

- Work in partnership with Basingstoke and District Disability Forum, Primary Care Networks, Social Prescribers and Health and Wellbeing Coaches.
- Promote national initiatives such as 'We Are Undefeatable' to ensure residents are well-informed.
- Invite residents to share their views and co-design the offers available.
- Expand and clearly promote disability-inclusive activities and specific sessions, for example quiet periods in leisure centres. 20 Active Wellbeing Strategy for Basingstoke and Deane 2026 to 2031.
- Improve affordability by offering free or low-cost options, such as off-peak deals, taster sessions, bundles and concessions. Clearly communicate their value, while also considering indirect costs like transport and equipment.
- Commit to transparent and thorough communication regarding expectations and activity information, to increase confidence.
- Seek to influence design of new facilities to ensure they are accessible to all.
- Raise awareness of leisure providers referral programmes, for example cancer and cardiac rehab.

Key findings from national data - Annual Disability and Activity Survey 2023-24 (#)

- 43% of disabled people feel they have the chance to be as active as they desire, compared to 69% of non-disabled people
- Disabled women are more likely to feel the disparity in perceived opportunity compared to disabled men (39% versus 48%)

- Disabled people are most likely to say they prefer being active in outdoor spaces like parks, countryside or woodland compared to other locations. Less than half (44%) of disabled people say it's easy for them to physically access outdoor spaces (versus 78% of non-disabled people).
- Six in ten say they rely on their benefits or financial assistance to be active. Around two-fifths of disabled people say that fear of their benefits or financial assistance being taken away prevents them from trying to be more active.
- Disabled people are less than half as likely to 'see people like them' playing, working and volunteering in sport and physical activity.
- Among those who said they feel, lonely sometimes, often or always, two-thirds agreed that being active could help them feel less lonely.

Activity Alliance are a national charity and leading voice for disabled people in sport and activity. View the Activity Alliance Annual Disability and Activity Survey (https://www.activityalliance.org.uk/how-we-help/research/annual-survey).

Priority four: children and young people

Feedback from 368 survey responses and 12 schools provided insight into children and young people's experiences of physical activity, wellbeing and the barriers they face. These insights directly inform this priority, with a focus on those who experience the greatest health inequalities.

1. Girls
2. Those experiencing mental health conditions

Why is this a priority?

In 2023/24, fewer than half of children in the borough met recommended activity levels, with only 47.8% being sufficiently active. Nationally, boys (52%) are more likely to be active than girls (46%). Source: Sports England 'Active Lives Children and Young People Survey - Academic Year 2024-25' (https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2025-12/Active%20Lives%20Children%20and%20Young%20People%20Survey%20-%20academic%20year%202024-25%20report--.pdf?VersionId=IVi8OQWOGdjAiHq7IluzIQv1JPiojXdz)

Our Young People's Consultation found that 82% of students said they want to be more physically active. This includes a high proportion of girls (48%), showing positive attitudes toward activity and an understanding of its physical and mental health benefits.

Evidence shows physical activity boosts confidence and mental resilience. However, participation drops sharply in school years 9 and 10, making this a key period for early intervention before behaviour becomes rooted in adulthood and health inequalities widen.

The top motivations for wanting to be more active include reduced screen time, improving or maintaining physical health, enjoyment and the "feel-good factor".

Physical Activity Participation - Children

A child or young person should have 60 minutes of physical activity per day to maximise the benefits of physical activity. Activities should:

- Be spread activity throughout the day
- Make you breathe faster and feel warmer

Children Activity levels (Academic Year 2023-24)*

England (National)	Hampshire CC	Basingstoke and Deane
47.8%	51.6%	47.8%

Walking to get to school or other places 2023-24*

England (National)	Hampshire CC	Basingstoke and Deane
52.1%	51.1%	51.6%

Cycling to get to school or other places 2023-24*

England (National)	Hampshire CC	Basingstoke and Deane
11.2%	14.4%	13.1%

* Sources: UK Chief Medical Officer's Physical Activity Guidelines, Sport England Active Lives Survey 2023/24

Ambitions

- We will seek to reinforce the central role schools play in supporting physical activity. Encouragingly, 92% of students said their school provides opportunities to be active during or after the school day.

- We will broaden our offer beyond traditional sports, creating a diverse range of activities that appeal to and engage a wider audience.
- Active travel is already common, with around 60% walking and 15% cycling or scooting to school; however, 24% expressed a desire to cycle more in our Young People's Consultation. We will advocate for children and young people to be active in ways that feel enjoyable and achievable for them.
- We will promote the variety of movement from active travel to informal sport and formal sport.
- We aim to create experiences where children and young people feel recognised, welcomed and genuinely supported.
- We will work with partners who specialise in supporting mental health through physical activity and movement, ensuring safe and nurturing spaces for children and young people.

To achieve these ambitions, we are going to:

- Work collaboratively with Basingstoke and Deane's School Games Organiser to strengthen local provision.
- Support partners delivering an engaging range of opportunities, such as adventure-based activities, cycling, BMX, parkour and climbing.
- Offer inclusive starter sessions with clear, accessible information outlining what participants can expect from activities and facilities. For example, quiet sessions.
- We will continue our partnerships with Young People's Independent Counselling and Relax Kids, delivering both one to one and group-based mental health support for children and young people.
- We will support children and young people to make positive choices by offering free and or subsidised accessible provision.
- We will work to increase awareness of swimming provision across the borough, highlighting opportunities that are low-cost, inclusive and easily accessible.

Delivery

Not one organisation can ably address the complex issue of changing the persistent inequality of opportunity to be active, or has the resource, reach and offer to implement the change required. Change across the system will be critical to deliver our vision.

Partnerships and policy

- All partners must champion the benefits of being active. We need to nurture the networks and collaboration created through the development of this strategy to promote physical activity and movement as a form of preventative care.
- Embed physical activity and movement into our policies and plans from small community groups to larger organisations, Basingstoke and Deane Borough Council, Hampshire County Council and the Integrated Care Partnership.

Place

- Create active inclusive environments that encourage movement and activity.
- Work together with sports clubs, voluntary sector organisations, schools and leisure facility operators to achieve shared priorities.
- A full analysis of opportunities to be active (Places and spaces).

People

- Give people the confidence and motivation to be active and involve our communities in designing programmes, projects and initiatives within their neighbourhoods.
- People must be supported to be active in workplaces and schools.
- We need to impact change, so movement is fun and becomes the norm.

Action plan

The action plan is a live document that will be reviewed and updated regularly. It will capture the ongoing work and monitor progress of the strategy's delivery.

The action plan is structured around the four priorities set out in this strategy, each with defined outcomes. These outcomes represent the ambitions for each priority, while the associated actions outline how these will be achieved. Progress against each action will be monitored using a red, amber and green status. Regular portfolio holder updates will take place, and the action plan will be reported annually to committee.

Governance

Delivery will be achieved by	How to achieve
Stronger collaboration	Council, Public Health, Integrated Care Board, Voluntary, Community, and Social Enterprise sector, schools, and community groups
Broadening the table and involving more voices	Include health partners, social prescribers, and cultural voices in governance. Build a strategy owned by local partners and communities.

Delivery will be achieved by	How to achieve
Creating a steering group	To drive delivery and keep momentum.
Joining it all up	Connect health, wellbeing, and community strategies for bigger impact. Aligning partnership grant funding, contracts, SLA's and KPIs with strategic wellbeing priorities, ensuring that all funded partners contribute to enhanced wellbeing for residents.
Action plans must think local	Tailor services to neighbourhood needs, not blanket borough-wide plans.

Case study: Live Longer Better - Steady and Strong June 2025 to March 2026

The Steady and Strong programme forms part of the wider Live Longer Better initiative, bringing together a growing Community of Practice made up of members from multiple organisations. This collaborative approach enables partners to share expertise, coordinate delivery and expand physical activity opportunities for older adults across Basingstoke and Deane.

Objective

The aim is to increase local opportunities for older adults to become more physically active. Classes are designed and delivered by trained experts, focusing on improving strength and balance. Sessions include a combination of seated and standing exercises, with chair support available for those who require it, ensuring the offer is inclusive and accessible.

Outcomes and impact

Delivery has been strengthened through effective partnership working across three different local areas. Collaboration with key partners, such as Brookvale Village Hall's community coordinator and a qualified steady and strong instructor from Serco has expanded the programmes reach and quality.

Key achievements to date:

- 35 sessions at Popley Fields Community Centre
- 10 sessions at Brookvale Village Hall
- 23 sessions at The Ridgeway Centre, Buckskin
- 597 attendances recorded overall

Testimonials

"Since starting the classes I have improved so much so that I can now get up off the floor on my own." – Participant, Brookvale Village Hall session.

A participant described the class as "life-changing", improving her balance so much so that she no longer needs to use her walking stick when outside.

Case study: Collaboration with contracted leisure provider – Parkinson's, cancer and cardiac rehab and exercise referral

Objective

To offer opportunities to those living with long-term health conditions to actively participate in rehabilitation and exercise referral classes. This in turn helps with being more physically active and provide support networks. The sessions are delivered by trained staff and individually tailored to participants. Equipment and staff onsite ensure that the sessions are inclusive and accessible.

Outcomes and impact

Rehab classes started in February 2023 running from Basingstoke's Aquadrome Leisure Centre. Demand is high and extra classes have been added to meet this.

Key achievements for Parkinson's rehab classes:

- Initially one session a week, increased over time to three sessions with 40 current participants and 1,461 attendances (2025/26).
- Past and current participants have joined the gym as a direct result of the sessions.
- Several participants have been able to join the Steady and Strong classes for additional support.

Key achievements for cancer rehab classes:

- The programme has been running successfully for five years.
- Over 400 people have attended during this period with various types of cancer and in various stages of treatment.
- A cancer coffee morning has been introduced to offer a supportive, social space for individuals affected by cancer and their families.
- Resulted in several people joining the leisure centre, increasing levels of physical activity.

Key achievements for cardiac rehab classes:

- 60 individual users benefitting from the programme (2025/26)

- 3,478 attendances (2025/26)

Key achievements for active exercise referrals:

- The programme has been running for nine years with two to three new referrals each week.
- Referrals cover a wide variety of conditions including cardiac rehab.
- Extra classes have been added over time due to programme popularity.
- Currently five classes each week with a capacity of 15 people and these are typically full.

Testimonials

"The thing I like most about the session is finding the confidence to try something new and actually improving as the weeks have gone by!" – Participant

"Definitely would recommend the class to anyone with Parkinsons, it helps with movement of body, flexibility of muscles / joints, also focusing on activity keeps the brain active." – Participant

Case study: Sport in Mind – Popley and Tadley sessions

Sport in Mind is a leading mental health sports charity, helping to improve the lives of people experiencing mental health problems through physical activity. Young people are invited or referred to join the sessions after school to get active and socialise with others. While improving their sporting ability, they also learn ways to take care of themselves physically and mentally.

The project in Basingstoke and Deane came about as a direct result of partnership between the Council and Sport in Mind, working together to expand the youth provision in the borough and address identified gaps. Delivery venues were specifically chosen to be accessible to the pockets of community identified as needing support, Popley and Tadley.

Objective

The Sport in Mind Children and Young People programme is codesigned with input from top healthcare professionals and the communities themselves. Focusing on the management of mental health for children and young people within their communities.

Outcomes and impact

Increased awareness of benefits of physical activity for mental health and increased knowledge of how to cope with mental health issues. Strengthened partnership and outreach with Child and Adolescent Mental Health Services (CAMHS), local schools, youth counselling services, GP surgeries and local community Voluntary, Community and Social Enterprise (VCSE) groups. Meeting with the Basingstoke mental health support team led to referrals and signposting, including follow up and ongoing connection with the Senior Education Mental Health Practitioner to improve connections with local schools and offer funded workshops.

Key achievements to date:

- 40 sessions have been delivered between June 2025 and March 2026
- Supporting and improving the mental health of 29 unique attendees
- Achieving 227 contact hours/attendances in total

This predominantly consists of young people aged 10 to 14 years, experiencing a variety of mental health conditions and neurodivergence. Some of the key achievements are best explained by the participants themselves:

"We're encouraged to play sports and that makes me feel good."

"I feel welcome at the session and comfortable to come along and take part."

Conclusion

The Active Wellbeing Strategy for Basingstoke and Deane 2026 to 2031 has been developed through extensive engagement and consultation with adults, children and young people, alongside a range of stakeholders and organisations. As a result, the priority areas outlined in the strategy are grounded with evidence, data, and local insight, supported where necessary by national evidence.

The strategy recognises that physical activity and movement mean different things to different people. Therefore, actions, support and resources must reflect the need for inclusive and accessible opportunities. The strategy emphasises the importance of partnership working across local government, health services, community organisations, volunteers, and schools. By working collaboratively, we aim to ensure there are ways for everyone to be active and improve their overall health and wellbeing.

Improving active wellbeing is a shared responsibility, and we will continue to work with partners to bring the strategy to life.

Strategy and appendices

You can download or view a PDF copy of the strategy by selecting the 'Print this document' button.

Copies of the Community survey report and Young people's consultation report that informed this strategy, can be obtained by contacting the Sport and Wellbeing Team (mailto:sportandwellbeingteam@basingstoke.gov.uk).

Glossary

Local authorities – the legal body responsible for the agreed public services in the area. Basingstoke And Deane is a local authority in its own right but also a district of Hampshire County Council. Responsibilities are shared across the two organisations for public services in the borough.

Unique participants - Total number of unique participants meeting the minimum activity threshold to generate social value based on Chief Medical Officers' UK physical activity guidelines over the last 12 months.

Inactive respondents - those not currently active but considering becoming active

Active verses inactive – The UK Chief Medical Officers' guidelines define active as engaging in physical activity that contributes to health benefits. Inactive and sedentary behaviours are those involving being in a sitting, reclining or lying posture during waking hours, undertaking little movement/activity and using little energy above what is used at rest.

Areas of Socio-Economic deprivation - Deprivation refers to people's unmet needs, a lack of access to opportunities and resources which we might expect in our society.

Social prescribers - Connects people to activities, groups and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

Integrated Care Partnership (ICP) - The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is an alliance of partners who all have a role in improving local health, care and wellbeing.

Integrated Care Board (ICB) - NHS organisations responsible for planning health services for their local population. There is one ICB in each integrated care system (ICS) area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the ICP's integrated care strategy.

Mental health condition - Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.