Strategic Intent

Our Focus for the Year

Together Active - 2026-27

TOGETHER ACTIVE

Staffordshire & Stoke-on-Trent

Not looking away

The case has been made. We know that physical activity improves mental health. We know it helps manage and even reverse type 2 diabetes. We know it reduces the risk of liver disease, supports recovery, extends healthy life. We know that women and girls who move more live better, longer, with greater independence. The evidence is settled.

But our understanding ends at the door.

We know physical activity helps. We're far less certain about what happens when someone actually tries to access it. Whether the door was ever really open. Whether the welcome was genuine. Whether the space was designed with them in mind, or whether they were expected to fit around a space designed for someone else entirely.

Theme for the Year: Safety

Where we're focusing

Women and Girls

Safety as experienced and defined by women and girls across a lifetime

How the ecosystem supports safety or contributes to feeling unsafe, across pregnancy, childhood, adolescence, and adulthood, and leisure's role in that space

Health Inequalities (Physical Health)

Focusing on specific conditions:
Diabetes and Liver Disease (due to management, prevention, and treatment through physical activity).

Testing ways of working with existing support organisations

Mental Health and Suicide Awareness

Not 'physical activity improves mental health'
But 'physical activity systems can both worsen mental health or prevent crisis'
We're focusing on awareness, intelligence, and system recognition.
Longer term, we want a quality standard

This year, we are...

Sense-making	Evidence building	Testing and learning	Surfacing where harm occurs	Agreeing our system asks

Our Three Priority Themes for 2026-27

Women and Girls Safety

The data is consistent that safety is not a peripheral concern for women trying to be active; it is a central one.

Seventy-two percent of women change their outdoor activity routines in winter to feel safer. More than half of women and girls feel unsafe travelling alone. One in ten has already changed where they exercise.

These are are statistics about rational responses to environments that were not designed with women in mind, in their location, their hours, their culture, and the assumptions baked into how they operate.

We are investigating what safety and belonging in physical activity actually means for women in our place.

Liver Disease and Diabetes

Across our patch, liver disease and alcohol-specific admissions are among the most deprivation-concentrated indicators in every locality we work in. Diabetes prevalence in Stoke-on-Trent is 9.24% — significantly above the national average. These are conditions carried by people in our communities, every day.

What we do not yet fully understand is what happens when those people consider physical activity. Whether they feel safe enough to ask what they can do, and providers feel equipped to answer. Where knowledge ends and assumption or bias begins, and what that gap costs the people caught in the middle.

We are investigating what genuine readiness looks like, so that inclusion is more than an intention.

Mental Health and Suicide Prevention

Stoke-on-Trent's suicide rate is 13.10 per 100,000, twenty percent above the England average. GP-recorded depression in Staffordshire has more than doubled in a decade. These are the people the system points toward physical activity, often with good reason.

What we know far less about is what that experience is actually like. What it feels like to walk into an active environment when you are already struggling, to read a space that carries a strong sense of who it belongs to, and to understand immediately that it is not you. To leave without anyone noticing. To be less well for having tried.

We are investigating that experience, because a sector that causes harm while believing it is helping is a problem the data alone cannot show us.

The Place We Work In

Staffordshire and Stoke-on-Trent are neighbours in geography but face very different challenges. Together they represent around 1.2 million people, and some of the most significant health inequalities in the country.

898,500

People in Staffordshire across 8 districts - 22% aged 65+, well above England's average of 18.6%

260,000

People in Stoke-on-Trent, ranked 13th most deprived local authority in England

58%

Of adults across Staffordshire and Stoke have a long term condition, disability, or illness

68.5%

Of adults in Staffordshire are overweight or living with obesity, above the England average of 63.9%

KEY FINDING - JSNA 2024

Healthy life expectancy in Staffordshire is **decreasing** - people are living fewer years in good health. Female healthy life expectancy at 60.7 years is now below the England average of 63.9. This means people are living with conditions that affect their ability to be active, for longer.

The Physical Activity Gap

Sport England's Inequalities Metric shows how activity levels fall as inequality factors stack up.

71%

Of adults in Staffordshire and Stoke with NO inequality factors meet activity guidelines.

41%

Of adults in Staffordshire and Stoke with 2+ inequality factors meet activity guidelines.

30pp

There is a 30 percentage point gap between those with no inequality factors and those with 2+.

28.1%

Of adults in Stoke are physically inactive, vs England average of 22%.

Key Inequality Factors (Sport England)

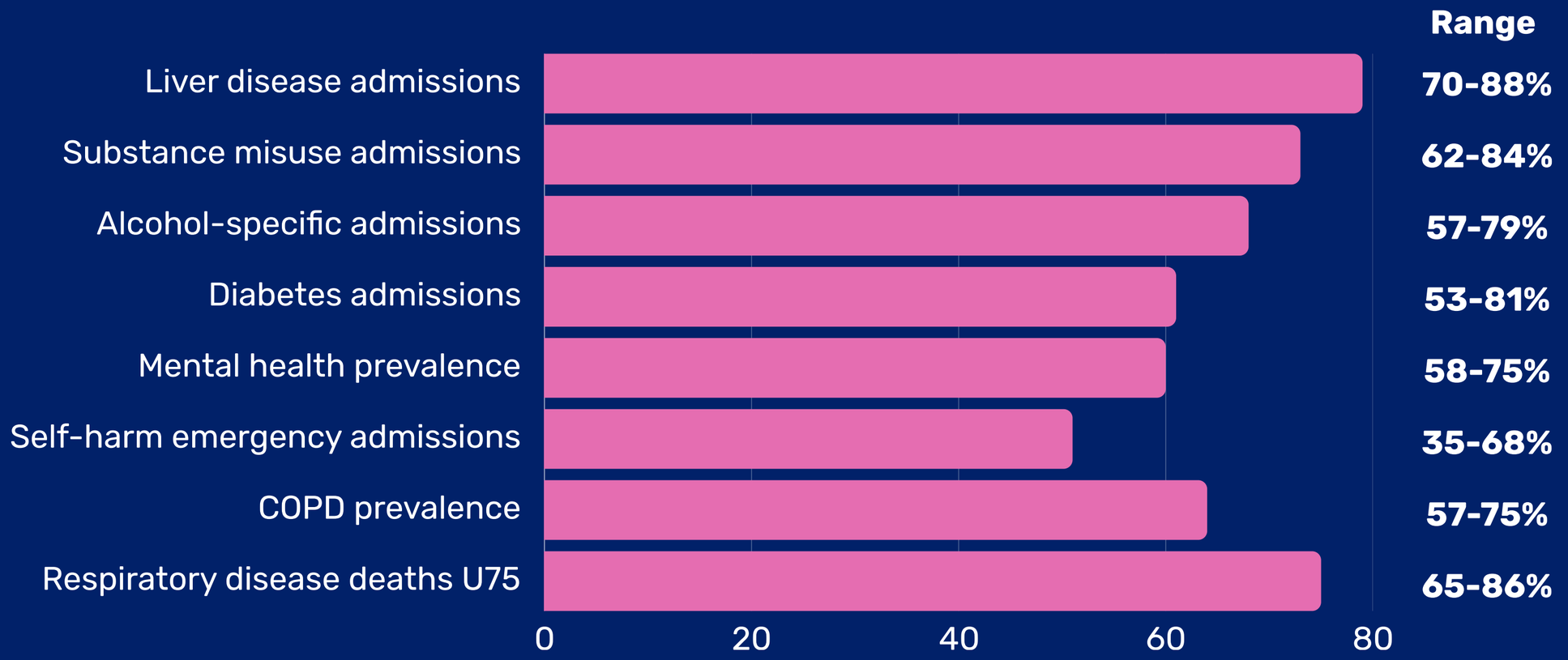
- Lower socioeconomic groups
- Asian / global majority communities
- Disabled / long-term health condition
- Aged 65+
- Pregnant women / parents of under-1s

INTERSECTIONALITY

The data consistently shows that health inequalities compound. A global majority adult with diabetes living in a deprived area is not facing three separate issues; they are one person facing compounding disadvantage. Physical activity is both harder to access for this person AND more important for their health management. This tension is central to our work.

Deprivation Drives Everything

The Slope of Inequality Index (SII) measures how much of the variation in health condition is explained by deprivation alone. Across all localities, these figures are consistently high.



*how much more likely someone is to have a health condition purely because of where they live

What We Know and What We're Asking

What We Know

- Inactivity is heavily concentrated in deprived, disabled, older, and global majority populations
- The conditions most associated with inactivity are those most concentrated in deprivation
- Women face structural barriers to activity that are rooted in safety, time, and design, not motivation
- Stoke-on-Trent faces health challenges of a different scale to most of Staffordshire, and a different scale of response is needed
- People with 2+ inequality factors are 32 percentage points less likely to be active than those with none

What We're Asking

- What does safety in physical activity actually mean and feel like for women anf girls in Staffordshire and Stoke, and what actual change is needed?
- When people with liver disease or diabetes consider physical activity, what stops them, and does the sector know enough to help?
- What is it actually like to arrive at a physical activity space when you are already not coping, and how does that experience shape what happens next?