

# Public Document Pack

## **Supplementary information for Scrutiny Board (Sustainable Economy and Culture) on 16<sup>th</sup> July 2013**

Pages 1-20: Agenda item 7 – Leeds Let's Get Active – Supplementary report and appendices

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**Joint report of: Director of City Development and Director of Public Health**

**Report to: Scrutiny Board (Sustainable Economy and Culture)**

**Date: 16th July 2013**

**Subject: Leeds Let's Get Active- supplementary report**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Summary of main issues

### Recommendation

1. That Board members note the report and provide their comments on the methodology and programme developed to date.

#### 1. Purpose of report

The Board revised the focus of the scrutiny inquiry into the role of leisure and culture in promoting public health outcomes to that of playing a more active role in contributing to the development of the Leeds Let's Get Active scheme (LLGA). This supplementary report aims to update the Board on the development and implementation of LLGA to date. The report seeks to provide the Board with additional information relating to the development of the project and encourages Board members to comment on the methodology and programme developed to date.

#### 2. Progress to date

The project has been broadly outlined to Board members through previous briefings and through the covering report. This paper attempts to provide some further detail relating to how the project has progressed and the thought processes behind the development of the current offer.

LLGA provides Leeds with an opportunity to address health inequalities through increasing participation rates in sport and physical activity amongst the least active people in Leeds. LLGA will allow Leeds to showcase best practice nationally as well as regionally and contributes significantly to Leeds becoming the most active big city in England.

The project offer is split into 3 main areas and these formed the basis for the successful bid to Sport England.

They are:

- Free offer in leisure centres (doubled at sites in more deprived areas)
- Free offer in community settings
- Discounted offer via Bodyline (Bodyline Access Scheme)

## 2.1 The target audience for LLGA

The free offer in leisure centres and the community is open to all Leeds residents, but will be targeted to those who are presently inactive and doing less than 1 X 30 minutes of physical activity per week. A key challenge for the project is to ensure that although the offer is open to everyone it needs to get as many inactive people as possible to access the scheme for the first time. The main benefit of having an open access free scheme is that it removes the stigma associated with attending a free session.

The Bodyline Access Scheme will target those who are identified through a health care professional intervention who could benefit from 'being more active'. This could include, for example, those at risk of Cardio Vascular Disease (CVD) or diabetes, those with low mood, those who are overweight or those who are engaged in changing another aspect of their current lifestyle e.g. stopping smoking, reducing alcohol consumption. This audience will be inactive and doing less than 1 X 30 minutes of physical activity per week and they will not have pre-existing medical or long term conditions.

The scale of impact has been assessed separately for each of the three strands of the project. It is possible projections will need revising, in partnership with Sport England, as the project progresses. The information below outlines the impact projections for each strand of the project:

*Free offer in leisure centres:*

Leisure centre free gym / swim offer	Total number of new visits	Total number of new card members attending at least one session	Total number of new participants doing at least 1 X 30 minutes per week
Year 1	90000	5500	450
Year 2	180000	11000	900
<b>TOTAL</b>	<b>270000</b>	<b>16500</b>	<b>1350</b>

*Free offer in community settings:*

Community offer	Total participants	Number of participants attending 60% of the programmed sessions	Number of participants increasing activity levels from below 1 X 30 per week to 1 x 30 or more per week
Year 1	150	102	17
Year 2	690	468	80
<b>TOTAL</b>	<b>840</b>	<b>570</b>	<b>97</b>

*Bodyline Access Scheme:*

Total number of new BAS memberships	Total number of new BAS members to achieve at least 1 X 30 per week	% of new BAS customers receiving a support intervention that achieve at least 1 X 30 per week
1500	737	50% (this represents an increase of 14% on present BAS figures – equating to an additional 197 individuals)

These figures are not broken down to year 1 and 2 as timescales for delivery are to be confirmed.

## **2.2 Free offer in Leisure centres**

- A free access to leisure centres offer will be available to all Leeds City Council residents.
- The offer in leisure centres will typically be one free hour every day (off peak) with an additional hour per day for 4 leisure centres that serve the most deprived areas of the city, namely, John Charles Centre for Sport, Armley, Fearnville and Middleton Leisure centres.
- Activities will include gym and swim, except at Middleton Leisure centre where a specific programme will be developed as it has neither pool nor gym
- The attached document entitled “Free access across leisure centres” highlights the swim and/or gym sessions that are presently being recommended as the free offer sessions. (Appendix 1)
- The timeslots that have been allocated to the leisure centre free offer are mainly during the daytime and are all off-peak sessions. These sessions have been

carefully chosen as they have both the capacity (as putting free sessions on at already busy times will not meet project objectives) to incorporate new users as well as being most appealing to the target market (in a general sense it is believed that daytime is when many of the target market are available to attend). In addition, the free offer has been timetabled, where possible, to ensure that there is a natural end to the free session, so that everyone has to finish at the same time not just the free participants. This will minimise any potential conflict and ensure people don't feel self-conscious about being part of the free offer. Avoiding stigma is a key component of the scheme.

### **2.3 Free community offer**

- A free access community activity offer will also be available to all Leeds City Council residents.
- The bid submitted to Sport England specifically allocates the community funding to three activities. These are walking, running and family activities (where family members will take part together).
- The community element will fund a total of 102 free community programmes across the 18 months of the pilot scheme. This equates to:
  - 9 programmes running consecutively between October 2013 - December 2013 and January 2014 - March 2014
  - rising to a total of 18 consecutive programmes in April 2014 – June 2014 and July 2014 - September 2014 and;
  - then to a maximum of 24 consecutive programmes in Oct 2014 – December 2014 and January 2015 - March 2015.
- In order to meet the requirements of the Sport England bid and Public health funding, these activities must be focussed on the people in the city living in the areas of highest deprivation and with the lowest participation rates. In order to ensure we are fair in terms of determining these locations the following criteria will be used in selection.
  - MSOA's within the 20% most deprived for health deprivation (based on Indices of Health deprivation)
  - MSOA's with less than 20% of population doing 3 X 30 minutes per week of sports participation
  - Areas that do not already have a duplicate activity in the local area
  - Areas will be looked on more favourably where a progression route for participants can be developed or already exists
  - Areas will be looked on more favourably if they are outside of a leisure centres immediate catchment area
- The attached document entitled "Phase 1 Draft Locations for LLGA Community Programme" outlines draft locations for the first 6 months of the scheme (October 2013 – March 2014) – Appendix 2. Locations for phase 2 are still to be selected.

### **2.4 Bodyline Access scheme**

- This scheme aims to build on the Bodyline on Referral signposting scheme already in place for healthcare professionals in which a patient can receive a Bodyline

membership card for 3 months for £5. LLGA aims to test various packages of support for new users to aid their behaviour change towards being active

- The Bodyline Access Scheme aims to test a number of support packages at different leisure centres and GP practices across the city. Each support package will offer a different level of support to the individual. The cost effectiveness of each package will be reviewed in relation to the activity levels in the individuals taking part. Examples, of the case studies to be tested include:
  - Advice and guidance from GP and / or other Health Professional
  - A tailored programme that focuses on behavioural change across a range of unhealthy lifestyle behaviours including being physically inactive
  - A tailored induction programme delivered by qualified fitness instructors
  - A tailored programme delivered by fitness instructors trained to support customers with specific health needs
  - A combination of health and behavioural support will hopefully be tested as the project progresses
- GP practices within a specified distance of the participating centres will provide information to their patients about taking part in the relevant Bodyline Access Scheme support package for their locality.
- The support packages and the process for delivering these interventions are presently being worked up in greater detail with input from the research partner.
- Clients will be supported to consider free or other paid for activity when the 3 month Bodyline Access scheme is completed. This may be activity that is provided by LCC or external agencies
- Clients will also be provided with information on discounted schemes and other suitable activities plus support on how to access the services.

## 2.5 Research partner

A key component of the Sport England offer relates to the clear expectation that a robust research methodology was in place. LLGA is, therefore, at its core a significant research project. A lot of positive and constructive discussions have taken place with Leeds Metropolitan University, the research partner appointed to support the project.

- The following questions need to be addressed as part of the evaluation of this project:
  - To **better understand the barriers** to being active for adults and young people
  - To **better understand what methods** can be successfully deployed to move people from being inactive to undertaking 30 minutes activity per week
- In order to provide a thorough and credible response to this it has been necessary to seek the support of a research partner particularly to help with qualitative research. Leeds Metropolitan University have been selected as the research partner for LLGA.
- Sport England has provided guidance on the research and evaluation that they expect to take place as part of the project. The National Evaluation Framework for

Physical Activity needs to be followed and a single screening question must be asked of all participants in the LLGA scheme before they can take part in the free activity. In addition the International Physical Activity Questionnaire (IPAQ) must be asked at baseline for all participants. These measures have been put in place to ensure that Sport England collect robust and valid evidence from all 15 'Get Healthy, Get into Sport' pilot projects that they are funding across the country.

- The scope of the research work includes the following questions. These are:
  - 1) Can a free or discounted offer, combined with a supportive environment, get people who are currently inactive to be active for 30 minutes, once a week?
  - 2) Can a free swim or gym offer, that is geographically targeted, based on deprivation, and limited to particular times of day, generate significant additional activity, and at a more acceptable cost in terms of lost income, than a universal or age targeted offer?
  - 3) Does a free swim or gym offer generate significant new additional paid activity, in addition to the free sessions, in a local authority leisure centre setting?
  - 4) Can a free multisport offer, delivered in a community setting, generate significant additional, sustainable activity?
  - 5) Can we increase the usage of the Bodyline Access Scheme cards by increasing the number of participating agencies actively engaged in the scheme and by creating a supportive pathway for new participants?
  - 6) What are the most effective enabling factors in encouraging participating GP practices to talk to patients about being physically active.
  - 7) What are the most effective enabling environmental and social factors to inactive people becoming active in sport for 30 minutes, once a week.
- In addition to the above a number of case studies will be delivered to determine the most effective behaviour intervention for participants on the Bodyline Access Scheme. These case studies will seek to address the following research questions:
  - 1) Case study – how effective is a healthy lifestyles outreach service linked to a GP practice in getting inactive people to be active in sport for 30 minutes, once a week.
  - 2) Case study – how effective is a 12 week programme using 1:1 motivational interviewing techniques with participants setting their own goals in getting people active for 30 minutes, once a week.
- Vital to the delivery of a project that provides robust and valid evidence for Sport England is the data collection methods adopted by the LLGA project team. Significant time is being committed to developing these data collection pathways and customer journeys and the research partner is fully involved in this process. All LLGA participants will need to have a Leeds Active card and a separate system will be set up to record the physical activity information required at screening, baseline and follow-up. A full research methodology is presently being drafted and will be submitted to Sport England shortly.

## **2.6 Marketing**

The marketing strategy for LLGA is crucial to the success of the project. It needs to deliver a communication plan that both raises awareness about a free offer that is



available to all, but balance this with a targeted approach that engages directly the inactive participants that the scheme seeks to benefit.

- It is proposed that the Leeds Let's Get Active schemes falls under the Leeds Lets Change social marketing umbrella and will use the now familiar Change 4 Life branding. It is proposed that the initial targeted marketing campaign will promote LLGA with a call to action to apply for your new Leeds Active Card, providing access to free health and fitness opportunities at your local leisure centre and in your local community. A combination of traditional and digital techniques are to be applied, ensuring that the chosen techniques are relevant and appropriate to the intended target market. A full marketing action plan is expected by the beginning of August with the campaign beginning in September 2013. A pre-registration phase will run from the beginning of September till the 1<sup>st</sup> October when the project begins delivery.
- Whilst the free access (leisure centres and community) within the LLGA offer is universal and open to all Leeds residents, the success will be in reaching those most in need of the interventions. A targeted approach to the marketing and communication will be vital to the achievement of this objective as it will ensure the promotional campaign is directly focussed at the people the scheme aims to engage – those who are inactive.
- Working with partner organisations already engaged with the required target market for LLGA will be a key component of the marketing strategy. The first stakeholder event took place on Friday 21<sup>st</sup> of June 2013 in the Banqueting Suite in the Civic Hall. The event (co-chaired by the Executive Member for Leisure and Skills and the Executive member for Health and Wellbeing) proved very productive. Organisations already engaging directly with the LLGA target market through their own work were invited to attend to find out more about the scheme and to understand how they could support its delivery through the day to day work they undertake. Feedback was excellent and many of these organisations have logged their support for the scheme and will attend a more detailed briefing in July at John Charles Centre for Sport.

## **2.7 Recruitment**

A LLGA Project Lead will be recruited to oversee the operational delivery of this project. They will work closely with a project manager from City Development Directorate. The post has recently been advertised both internally and externally after no matches were found in the talent pool. The closing date was the 19<sup>th</sup> of June 2013. Interviews are due to take place in July.

## **2.8 Governance arrangements**

Please see attached documents highlighting the structure, roles, and responsibilities of the project board and project team. The project assurance role will be delivered by Sport England who will have a representative on both the project team and project board for LLGA. There is very much a positive spirit of cooperation and partnership.

## 2.9 Timescales

The overall time frame for the project is April 2013 – June 2015 (27 months)

Live stages operate from October 2013 – March 2015 (18 months)

The project is broken down into 4 stages:

- Project start up: April '13 – Sept '13 (6 months)
- Delivery phase 1: Oct'13 – March'14 (6 months)
- Delivery phase 2: April'14 – March '15 (12 months)
- End project: April'15 – June'15 (3 months)
- Closure: June 15

## 2.10 Next Steps

The key areas of focus for the next 3 months are:

- Appointment of the LLGA Project lead post
- Finalising free offer times and implementing all operational plans for phase 1 delivery
- Finalising the marketing action plan and implementing the campaign
- Developing and delivering training to all front line staff
- Finalising the research methodology and testing all data collection pathways
- Develop clear process of review for the delivery of the project
- Continuing engagement of the third sector and other partner organisations in the delivery of the project
- Delivering the stakeholder engagement plan
- Start planning for Phase 2 delivery

## 2.11 Additional benefits realised through the project to date

In addition to the benefits that LLGA sets out to realise for the population of Leeds it was hoped that there would be added value attained through the delivery of this project. It is apparent already that this will be the case. Below are some examples of where this is happening:

- Partnership working between the Sport and Active Lifestyles (S&AL) team and Public Health has progressed significantly since the submission of the original bid in February 2013. Now that Public Health is a function of the local authority with a team of specialists aligned to City Development, this has presented further opportunities to align projects and priorities. As such, the enhanced working relationship has impacted on areas of service delivery beyond LLGA. For example, engagement with cycling and Bodyline on Referral.
- Leeds North Clinical Commissioning Group has shown interest in the delivery of an Exercise Referral Scheme in this area of the city. Although the proposal has not been taken forward at present it is very exciting that the CCG's are showing interest in the delivery of physical activity services in the city and in the future it is hoped

that this proposal can be resubmitted for consideration with the support of public health colleagues.

- In addition to building new partnerships between S&AL and Public Health the project has also enabled both of these services to engage with other partners (both internal and external) that they have not worked with extensively in the past, in relation to physical activity delivery. For example, housing associations, Welfare and Benefits, and a number of third sector organisations. It is hoped that these relationships will develop further as these organisations and services support the delivery of LLGA and that this will also impact on other areas of service delivery.
- Additional research opportunities have come to light in relation to LLGA. Leeds University are looking to engage their Theology students in research into how LLGA can best work with the Faith sector to support delivery outcomes. Leeds Metropolitan University would like to trial the development of a mobile phone application with LLGA customers that can help inactive people to engage in physical activity and monitor their own progress.
- LLGA has provided a platform to look at the development and progression of other areas within the Sport and Active Lifestyle service. For example, customer service, marketing, social media.

#### **4 Recommendation**

- 4.1 That Board members note the report and provide their comments on the methodology and programme developed to date.

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## Appendix 2: Phase 1 draft locations for free community

LLGA Community Programme Locations - Phase 1 - October 2013 - March 2014

Leeds Lets Get Active Community Programme WNW

Activity		BLOCK 1 Oct - Dec 2013	BLOCK 2 January - March 2014	BLOCK 3 April - June 2014	BLOCK 4 July - Sept 2014	BLOCK 5 October - Dec 2014	BLOCK 6 January - March 2015	Total number of 10 / 12 wk blocks
Family Activities	WNW 1	Burley Park	Little London, Blackman Lane MUGA					
	WNW 2							
DRAFT								
Complete beginners running	WNW 1	New Farnley Park	Armley Park					
	WNW 2							
	WNW 3							
Walking 4 Health	WNW 1	Woodhouse Moor Park	Hanover Square					
	WNW 2							
	WNW 3							

Leeds Lets Get Active Community Programme ENE

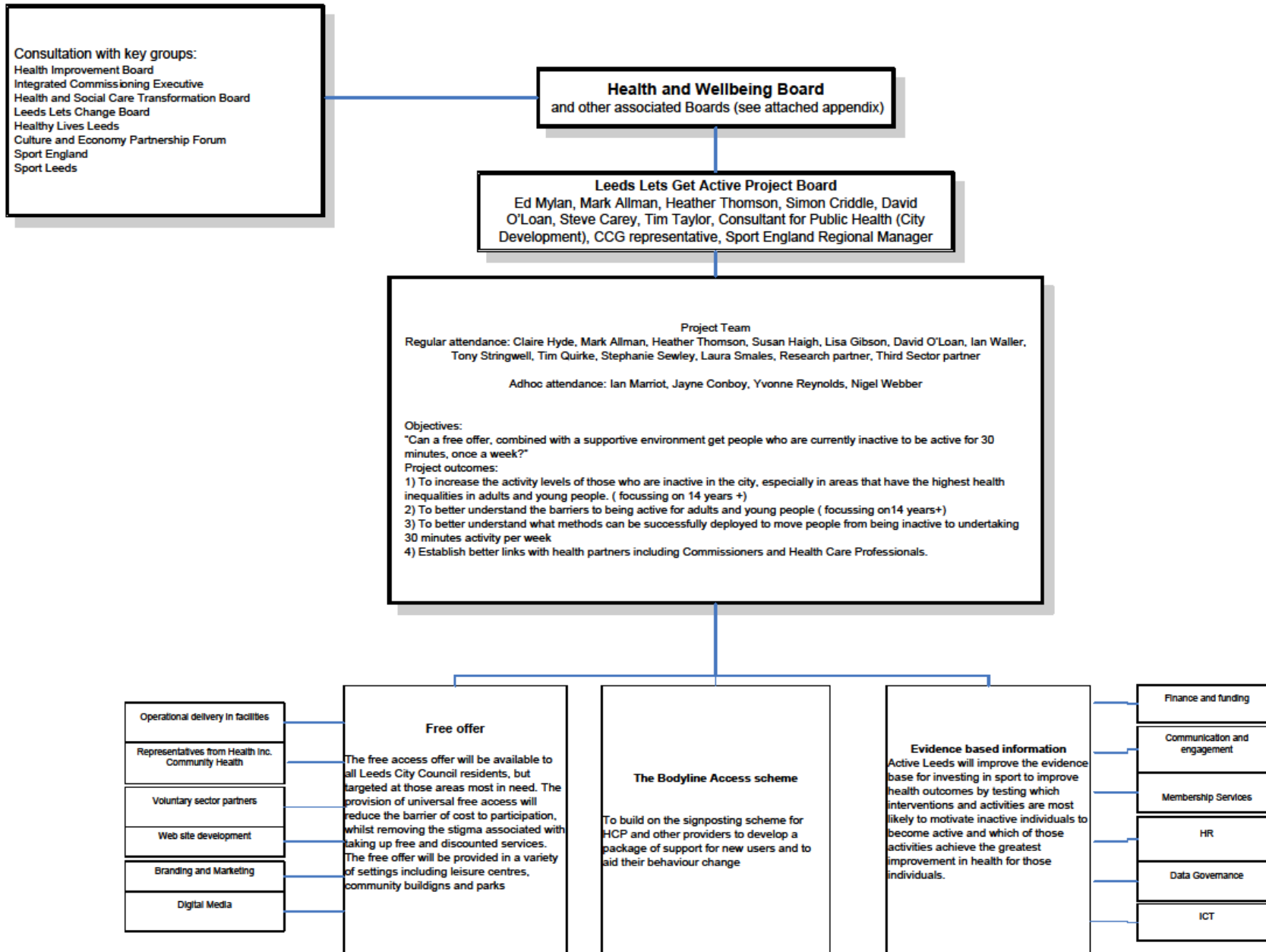
Activity		BLOCK 1 Oct - Dec 2013	BLOCK 2 January - March 2014	BLOCK 3 April - June 2014	BLOCK 4 July - Sept 2014	BLOCK 5 October - Dec 2014	BLOCK 6 January - March 2015	Total number of 10 / 12 wk blocks
Family Activities	ENE 1	Harehills- Comptons	Potternewton - Bracken Edge					
	ENE 2							
DRAFT								
Complete beginners running	ENE 1	Chapelton - Potternewton Park	Harehills Park					
	ENE 2							
	ENE 3							
Walking 4 Health	ENE 1	Meanwood 6 Estates	Burmatofts - (urban walk)					
	ENE 2							
	ENE 3							

Sessions awaiting final confirmation on 15th July.

Leeds Lets Get Active Community Programme S & C

Activity		BLOCK 1 Oct - Dec 2013	BLOCK 2 January - March 2014	BLOCK 3 April - June 2014	BLOCK 4 July - Sept 2014	BLOCK 5 October - Dec 2014	BLOCK 6 January - March 2015	Total number of 10 / 12 wk blocks
Family Activities	SCOE 1	Middleton Park	Neville Road playing fields					
	SCOE 2							
DRAFT								
Complete beginners running	SCOE 1	Cross Flats Park	South Leeds Hub (Belle Isle Wood / Pepper Rd Playing fields)					
	SCOE 2							
	SCOE 3							
Walking 4 Health	SCOE 1	Hunslet Club	Hamara					
	SCOE 2							
	SCOE 3							

# Appendix 3: LLGA Structure





## Appendix 4: The Project Organisation

### Terms of Reference for the Project Board

The Terms of Reference clarify the role of the Project Board, its membership and decision making arrangements.

The role of the Project Board is to:

- To oversee the approval, development and subsequent delivery of the health pilot
- The Project Board will have considerable responsibility for the successful delivery of all outputs and will sign off proposals at key stages in the development process.

The specific responsibilities of the Project Board are to:

- Approve the commencement of the project
- Specify the level of project assurance and to delegate the assurance role
- Provide overall guidance, direction and decision making for the project.
- To oversee the delivery of the project by monitoring progress, project costs and quality and ensuring that the project remains within agreed tolerances
- To authorise significant changes and variations to design, timescales and costs associated with the project
- To approve the timescale of the project, the key milestones and stages within the project and to grant approval to progress with each stage
- To ensure that the project achieves the goal and vision of the Council's original purpose for the project
- To work positively to achieve a consensus of agreement and where required to act as arbitrator and decision maker in the event that technical, design, operational and other issues cannot be satisfactorily resolved.
- Meet on a regular basis or at strategic points throughout the duration of the project.
- To promote the project within the Council, with outside agencies, partners and members of the public.

### Roles and Responsibilities

The **Project Board** is the ultimate authority for the project, provides overall direction and management of the project, is the decision-making authority for the project and is accountable for the overall success of the project.

The Project Board has particular responsibility for:

- Providing overall direction and management of the project, being accountable for the success of the project and having responsibility and authority for the overall project within the Programme Management remit.
- Approving all major plans and authorising any major deviation from agreed stage plans, including signing off the completion of each stage and authorising the start of the next stage.
- Sets the tolerance levels for time and cost that can be accepted without the need for an exception report
- Providing leadership and direction, by giving approvals and decisions to steer the progress and delivery of the project.
- Ensuring the required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the project and external bodies.
- Approving the project objectives and scope prior to any expenditure and ensuring the project stays on track.

- Communicating information about the project to the organisation and stakeholder groups including briefing Council members and chief officers on the progress of projects
- Authorising subsequent budget expenditure in line with the Project Plan, Stage Boundaries and Financial Forecast.
- Recommending and authorising future actions on the project, including premature closure or extensions to deadlines.
- Signing off any changes in the Project Plan, Business Case.
- Ensuring that a project is technically and financially compliant.
- Ensuring the project fits with the corporate objectives of the Council.
- Ensuring that the project meets organisational and operational expectations of Sport and Public Health
- Managing by exception. This can only be enabled if they are kept regularly informed and asked to make decisions at key points in the project.

The **Project Executive** is ultimately responsible for the project and for any management decisions that have to be taken. The Project Executives role is to ensure that the project remains focused on achieving its objectives and that the benefits can still be achieved. The Executive has to also ensure that the project provides value for money.

The Project Executive will chair Project Board meetings.

Each of the Project Board responsibilities listed above ultimately applies to the Project Executive.

**Overall responsibility:** *to be ultimately responsible for the project, supported by the Project Board.*

The **Senior User** represents the interests of those:

- who will use the products ultimately produced by the project
- for whom the products will achieve an objective
- who will use the products to deliver benefit
- who will be affected by the outcome of the project

**Overall responsibility:** *Responsible for the specification of User needs, user liaison with the project teams, the integrity of the desired outcome of the project and for monitoring that the solution will meet those needs within the constraints imposed upon the project.*

The **Senior Supplier** needs to achieve the results required by the Senior User. The Senior Supplier is responsible for the quality of all products delivered by the suppliers. Senior Suppliers also have to ensure that proposals for designing and developing the products are realistic.

**Overall responsibility:** *Representing the interests of those designing, developing, facilitating, procuring and implementing the project.*

The **Project Manager** is given the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraints laid down by the Project Board. The Project manager shall manage, coordinate and control all aspects of the development from the time of appointment to completion. The Project Manager's prime responsibility is to ensure that the project produces the required products, to the required standard of quality and within the specified constraints of time, resources, costs and risk and to ensure that the Project Board is made aware of any divergence from the project plan outside the tolerances agreed with the Project Board.

**Overall responsibility:** *to ensure that the project produces the required products, to the required standard of quality and within the specified constraints of time and cost.*

The **Project Team** are people required by the Project Manager to assist in the delivery of the project products, including any technical specialist skills required. These people are referred to as Work Stream Leaders. Typically the Work stream Leaders will be responsible for a specific specialist team.

Their prime responsibility is to ensure that the products required from them are produced to the required standard of quality and within the specified constraints of time and cost. They should also ensure that where their product may affect another Leaders product, close liaison is maintained at all times. The Work Stream Leaders report to the Project Manager.

**Overall responsibility:** *to ensure production of those products defined by the project manager to an appropriate quality, in a timescale and at a cost acceptable to the Project Manager and Project Board.*

## Project Board

<b>Name</b>	<b>Title</b>	<b>Role</b>
Ed Mylan	Chief Officer, Resources and Strategy, Leeds City Council	Project Executive
Mark Allman	Head of Service for Sport, Leeds City Council	Senior Supplier and User for Sport
Heather Thomson	Head of Health Improvement Strategy and Commissioning Directorate	Senior Supplier and User for Public Health
Consultant for Public Health	Consultant for Public Health, City Development	Health lead
Steven Carey	Chief Officer for Revenues and Benefits	Benefits lead
Simon Criddle	Head of Finance, Resources	Representative from City Development
David O'Loan	Acting Business Manager, Sport, Leeds City Council	Representative from Sport Finance
Clinical Commissioning representative/GP representative		Representative from the Commissioning Group and GP services
Tim Taylor	Health and Wellbeing Improvement Manager, Leeds City Council	Representative from Health Improvement
Sport England Area Manager	Sport England Area Manager	Representing funding body

## Other attendees at the Board

<b>Name</b>	<b>Title</b>	<b>Role</b>
Susan Haigh	Active Lifestyles Manager, Leeds City Council	Team lead for Sport (Lifestyles)
Lisa Gibson	Health Improvement Specialist	Team lead for Public health
Ian Waller	Sport Operations Manager	Team lead for operational delivery within facilities
Claire Hyde	Senior Project Manager	Project Manager
Jim McKenna	Professor of Physical Activity and Health	Lead on research

## Project Team

Name	Title	Role	Attendance at project team
Claire Hyde	Senior Project Manager	Project Manager	Regular
Mark Allman	Head of Sport	Senior Supplier and User for Sport	Regular
Heather Thompson	Head of Health Improvement	Senior Supplier and User for Public Health	Regular
Susan Haigh	Active Lifestyles Manager	Representative for Sport and work stream lead for the free offer	Regular
Lisa Gibson	Health Improvement Specialist (Loc Gov)	Representative for Public Health and work stream lead for the Bodyline Access Scheme	Regular
Research Partner	Research lead	Work stream lead for research	Regular
Ian Waller	Sport Operations Manager	Team lead on operational delivery within facilities	Regular
Tony Stringwell	Senior Project Manager	Team lead for Parks	Regular
To be nominated		Voluntary Sector partners	Regular
To be nominated		Representatives from Community Health	Regular
Tim Quirke	Head of Marketing	Work stream lead for marketing	Regular
Stephanie Sewley	Marketing Officer	Work steam lead on web site development lead and interface with Leeds lets change website	Regular
Laura Smales	Digital Information Officer	Lead for Digital Information	Regular
David O'Loan	Acting Business Manager	Work stream lead for finance and funding	Regular
Tim Quirke	Head of Marketing	Work stream lead on communication and engagement	Regular
Nigel Webber	Customer Development Manager	Work stream lead on memberships and data lead	As and when required
David O'Loan	As above	Work steam lead on Equalities	Regular
Yvonne Reynolds	HR Manager	Work stream on HR	As and when required
Jayne Conboy	Head of Administration	Work stream lead on data governance	As and when required
Ian Marriot	IT Manager	Work steam lead on ICT	As and when required

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