

Leeds Health & Wellbeing Board

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Report of: Dr. Ian Cameron

Report to: The Leeds Health and Wellbeing Board

Date: 30th September 2015

Subject: Leeds Let's Get Active

2 Sentence Strap line: This report presents an update on the Leeds Let's Get Active project, it outlines progress in relation to the evaluation of year 1 and 2 of the project and sets out future developments and considerations. The research findings from year 1 and 2 demonstrate that LLGA was effective at increasing physical activity levels and reducing sedentary behaviour among a sample of chronically inactive individuals.

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input 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

This report provides an update on the Leeds Let's Get Active project (LLGA). In particular it provides an overview of the research and evaluation findings, prepared by Leeds Beckett University, from year 1 and 2 of the project (October 2013 – June 2015). In summary, the project is shown to be effective at increasing physical activity levels and reducing sedentary behaviour among a sample of chronically inactive individuals. 64,000 people have registered for LLGA, 48% were inactive at baseline and 86.9% did not meet recommended levels of physical activity. Over 500 people who were inactive at baseline are now visiting LLGA sessions every week. The report also aims to update the board on the new research framework for year 3 (April 2015 – March 2016) and future project developments.

Recommendations

The Health and Wellbeing Board is invited to:

- Note the update of LLGA and evaluation findings based on research from year 1 and 2 of project delivery.
- Note the information outlining the updated evaluation framework for year 3 of LLGA.

- Comment on the contribution of LLGA to promoting physical activity in the city and the health benefits of that.
- Comment on the sustainability of LLGA from April 2016.

1 Purpose of this report

- 1.1** To present key findings and an outline of the evaluation report covering year 1 and 2 of LLGA. This includes progress against targets which have the primary focus of supporting inactive people to become active for a minimum of 30 minutes each week.
- 1.2** To highlight the research framework for year 3 of the LLGA project.
- 1.3** To update the board on the financial position of LLGA from April 2016.

2 Background information

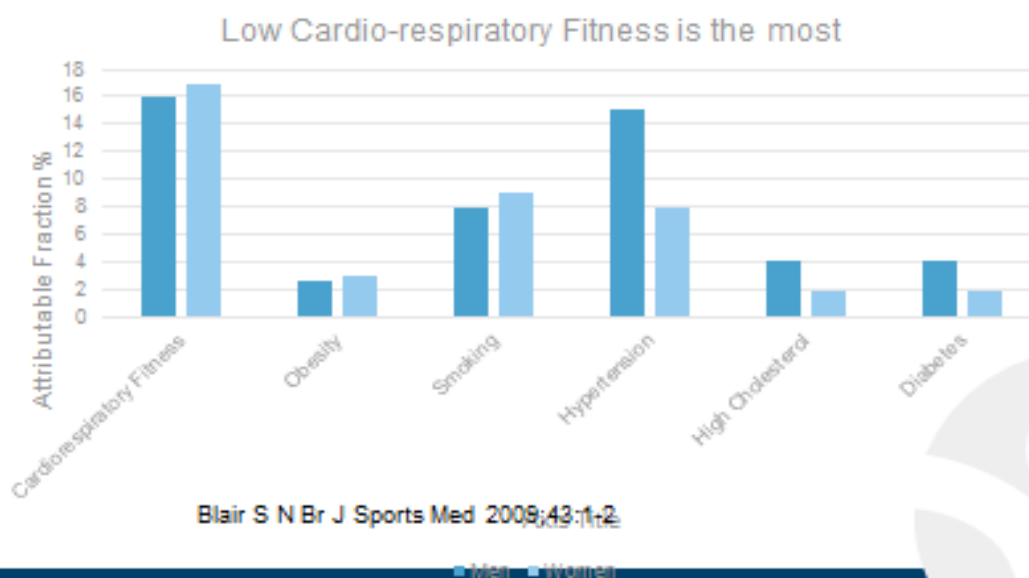
- 2.1** The Sport and Active Lifestyle (S&AL) service offers a valuable contribution to the achievement of health and wellbeing outcomes across the city of Leeds and has a key role in supporting people to live longer and healthier lives by supporting them to choose healthier lifestyles.
- 2.2** S&AL is working to secure Leeds' position as the 'most active big city in the UK'. The service aims to achieve this ambition through a number of means including; connecting all key partners engaged in sport and active lifestyles for the wider benefit of the city through the Sport Leeds partnership board, supporting a total of 4 million visits to its 18 leisure centres annually, seeking co-location arrangements with partners such as Adult Social Care, delivering informal and recreational opportunities for inactive people across the city and across key priority groups and supporting care pathways through delivery of cardiac rehabilitation, falls prevention and weight management programmes.
- 2.3** S&AL are building on their effective working relationship with Adult Social Care and Public Health colleagues and joint priorities are being agreed for future delivery and to support the embedding of a health and well-being culture across the service. In addition S&AL are seeking to enhance their relationship with other key commissioners across the city in order to influence the strategic commissioning processes in Leeds, and demonstrate the wider value and impact of sport and active lifestyles to external partners. In addition, Sport and Active Lifestyles professionals will be more able to plan, redesign and re-engineer service delivery against key outcomes for commissioners in Leeds.
- 2.4** In 2013 S&AL was successful in applying for £500k of Sport England funding from their "Get healthy get into sport" pilot grant programme. LLGA was one of 14 national pilots looking at different ways of increasing the activity levels of those who are currently inactive. Sport England have adopted a much stronger position on health when compared to more recent times and are keen to explore what works best given that the health costs associated with inactivity is estimated at over £10.4m per year in Leeds alone (source: Sport England).

- 2.5** The Sport England £500k was matched by Public Health who also committed funding of £60k, continued from the previous Bodyline Access Scheme project, making the funding for the first 18 months (October 2013 – March 2015) of delivery £1,060,000.
- 2.6** Following the first 18 months of delivery, the project was extended following a re-profiling of the loss of income expenditure from years 1 and 2 and additional financial support from Public Health to the value of £145,000. This has allowed for one full additional year of delivery which is due to end March 2016.
- 2.7** Members of the Board will be aware of the significant health and life expectancy inequalities which exist within Leeds. This project is contributing towards reducing these inequalities by increasing participation in physical activity, targeted at those who are presently inactive and doing less than 1 x 30 minutes of physical activity per week, and whilst providing a universal free offer, the offer is greatest in those areas with the highest need.
- 2.8** The LLGA scheme provides an offer that includes; free, universal access to all City Council Leisure Centres (which includes gym, swim and exercise class provision); free physical activity opportunities in local parks and community settings and a continuation of the Bodyline Access Scheme. The Board are reminded of the impacts of being more active in the diagrams below.

Health Benefits of Physical Activity

Disease	Risk reduction	Strength of evidence
Death	20-35%	Strong
CHD and Stroke	20-35%	Strong
Type 2 Diabetes	35-50%	Strong
Colon Cancer	30-50%	Strong
Breast Cancer	20%	Strong
Hip Fracture	36-68%	Moderate
Depression	20-30%	Strong
Alzheimer's Disease	60%	Moderate

Attributable fractions (%) for all-cause deaths in 40 842 (3333 deaths) men and 12 943 (491 deaths) women in the Aerobics Center Longitudinal Study.



3 Main issues

- 3.1 A full evaluation report has been submitted by Leeds Beckett University – the research partner for LLGA. The report provides an overview of the findings from LLGA with results that have been generated for data that was collected from October 2013 - 11th June 2015, approximately one year and 8 months since LLGA was launched.
- 3.2 A summary of the figures from the full evaluation report are provided below for the board. All figures highlighted in this report are based on data collected until 11th June 2015 however it should be recognised that LLGA continues to be delivered with approximately 100 new people registering per day and over 4000 visits being made per week.
- 3.3 The evaluation of LLGA was led by Leeds Beckett University and evaluation data was captured through self-report questionnaires completed by participants signing up to LLGA. The short form International Physical Activity Questionnaire (IPAQ) along with the single –item activity measure were used to capture activity data. Additional data was gathered through XN, a leisure industry IT management system that provides data on attendance at LLGA. Participants signed up on-line or via paper-based questionnaires. Registration opened on the 9th September 2013 and is available for free.

3.4 Key Achievements for LLGA

3.4.1 Registration and demographics:

LLGA has recruited 64,340 participants. 60% of these participants were female.

Table One – Age Group and LLGA Registrations

Registration for LLGA across age groups is reflective of National physical activity trends.



Table Two – Registration and Postcode

Top 5 postcode areas for all participants:

Postcode	Area's	Percentage of total registrations
LS12	Armley, Farnley, New Farnley, Wortley	10.5% (n=6,744/64,340)
LS13	Bramley, Rodley, Swinnow	6.1% (n=3,907/64,340)
LS28	Calverley, Farsley, Pudsey, Stanningley	5.3% (n=3,427/64,340)
LS8	Roundhay, Oakwood, Gledhow	5.1% (n=3,261/64,340)
LS10	Belle Isle, Hunslet, Middleton	5.0% (n=3,227/64,340)

Table Three – Registration and Areas of Deprivation

Deprivation	Number of LLGA registrations	% of all registrations
3% most deprived	1582	3
10% most deprived	10043	15%
20% most deprived	14994	22%

Table Four - LLGA visits by area of deprivation (home postcode)

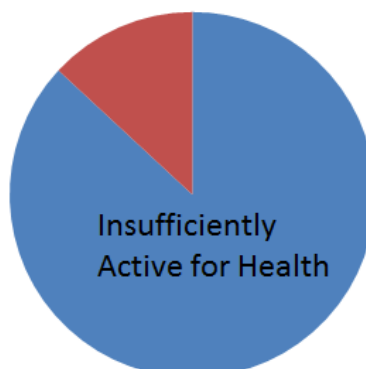
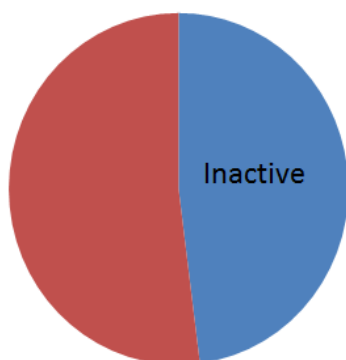
Deprivation	Number of members making at least one visit	Number of visits made	% of all LLGA visits
3% most deprived	762	7503	3%
10% most deprived	4846	42730	17%
20% most deprived	7081	61290	25%

3.4.2 Registration and Physical Activity levels:

Upon Joining LLGA, people are asked about their present physical activity levels (41,495 data sets) before commencing any visits to LLGA. Physical activity was captured two ways.

Method One (a single question using 7 day recall)

- 48% (18,107) participants were classified as inactive.
- 86.9% (32,787) failed to achieve the current physical activity recommendations.



Method Two (Full IPAQ analysis)

- 21.2% (n=8,007) participants were classified as inactive.
- 37% (n=15,353) were classified as insufficiently active for health.
- 43.3% (n=16,267) of participants sat for at least five hours per day.
- 35.4% (n=13,254) played sport once each week.

3.4.3 LLGA and visits:

- 251,023 visits were made to LCC leisure centres. Over 135,000 of these visits were made by inactive members. LLGA has been regularly engaging with over 500 inactive participants each week. Attendance data indicated that the 'swim' option (58%) was more frequently attended than the 'gym' offer (42%). 18,107 participants were inactive at baseline, 6,888 have attended at least one LLGA session. Of this group men engaged significantly more than women. 40.6% of people signed up to LLGA had attended a session. 2,960 inactive members attended at least one session at LLGA for at least four weeks since signing up.
- 754 members engaged with the community offer. 72% were female. 63% were classified as inactive. 90% failed to achieve the current physical activity guidelines.

3.4.4 LLGA Baseline and Follow up data comparison:

962 members completed the follow up questionnaire. Physical Activity was captured in two ways

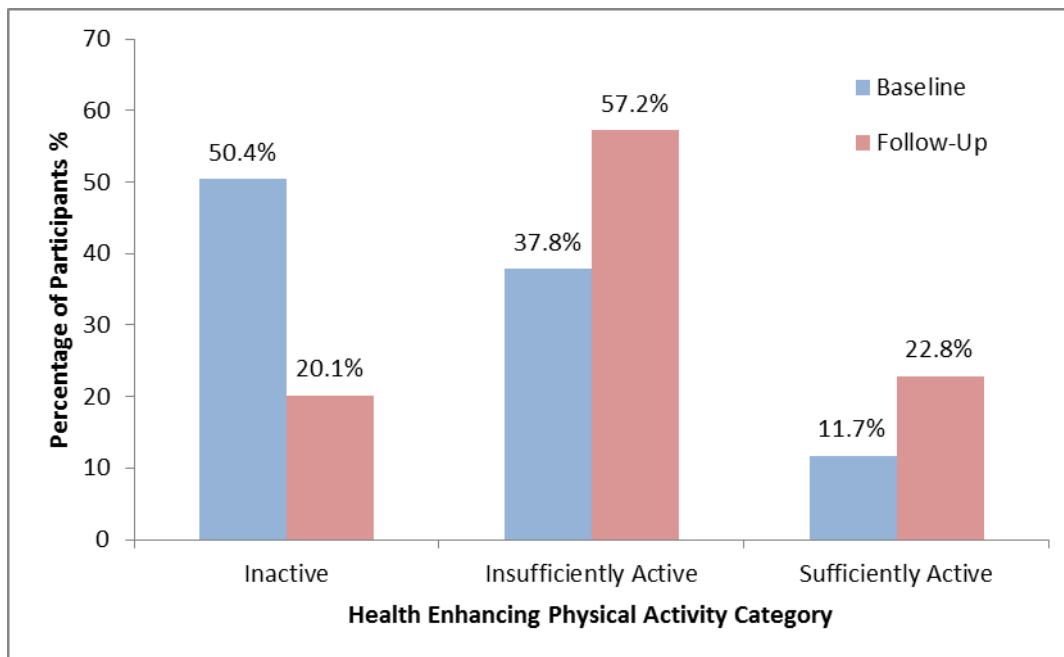
Method One (a single question using 7 day recall)

- 71.1% participants reported one or more days of physical activity at follow up.

Method Two (Full IPAQ analysis)

- Participants displayed significant improvements in vigorous activity, moderate activity and walking.
- **80% inactive participants reported one or more days of physical activity at follow up. And therefore moved from inactive to active.**

Table Four – Changes in Physical Activity



- 18.6% participants classified as not meeting the physical activity recommendations at baseline had gone on to achieve them at follow up.

3.4.5 LLGA Impact and key messages based on research findings:

- The scale of LLGA in terms of data collection, service provision and population impact on emotional, physical and social health is testament to the potential of a free universal offer for residents of Leeds.
- LLGA recruited over 64,000 participants. At baseline, 48% of these were classified as inactive and around 43% sat for at least five hours per day. This finding is noteworthy as a growing epidemiological and physiological evidence base has underlined the adverse health implications that prolonged sedentary time may stimulate.
- Given this engagement, LLGA exhibits substantial public health potential as the greatest health benefits are often witnessed when positive change occurs among this group.
- Altogether, ~7k inactive participants attended at least one session and ~3k of these participants attended a session at LLGA for at least four weeks since registering.

- In addition, data from participants providing baseline and follow-up data confirmed the positive change witnessed over their intervention period.
- Over 80% of participants classified as inactive at baseline were no longer inactive at follow-up. On average participants were doing an additional 799 MET-minutes/week at follow-up. This is a considerable increase. The metabolic equivalent (MET) refers to the unit used to estimate the amount of oxygen used by the body during physical activity. Higher MET values indicate more intensive activity.
- This finding could have significant implications for health given that a considerable increase in MET-minutes/week is likely to lead to an improvement in MET aerobic capacity over time. Every 1-MET increase in aerobic capacity is associated with a 13% and 15% reduction in all-cause mortality and cardiovascular events respectively.
- **In conclusion, LLGA was effective at increasing participant's levels of Moderate / Vigorous physical activity and reducing sedentary behaviour among a sample of chronically inactive individuals.**

3.4.6 Bodyline Access Scheme findings:

Data was collected via semi-structured interviews with stakeholders from the scheme. The 'stakeholders' are categorised in to one of three main groups; (i) the participants, (ii) referral agents – including GP's and practice nurses, and (iii) the providers - including delivery staff and project leaders. The interviews sought to establish the underlying features of success, the processes that drive these features and the schemes effectiveness.

Despite the barriers that many participants faced when attempting to become more active, BAS stakeholders reported numerous positive properties within the programme that enabled engagement. The active design characteristics of the programme that enabled successful change are highlighted below:

- reduced price/free offers which can activate exercise 'try-outs' for inactive participants and lead to more active lifestyles.
- the 'setting' (leisure centre) or location of the BAS was seen as a major component of successful uptake and increased activity. The ease of access, including location and familiarity with the venue was important. Coupled with a safe and trusted environment, participants reported that they felt relaxed and in control.
- participants reported that the BAS gave them accountability regarding physical activity and opportunities to be active that they had not experienced before. They felt able to cope and act decisively about physical activity. The low cost implications and setting of the BAS were sighted as primary reasons for newly developed internal locus of control.

- participants reported that positive social elements within the programme helped them to deal with adversity when starting to become active. For some participants, the leisure centre setting facilitated an environment for social interactions that may not have occurred in other everyday situations. This enabled participants to interact socially and develop social support networks more readily. A sense of belonging to a group was also important, participants who were or may have felt socially excluded had the opportunity to mix with like-minded individuals and engage in physical activity.
- participants had strong lines of communication with the BAS providers when they wanted to contact them. They felt able to ring, or physically go in to a leisure centre and discuss an enquiry or issue they may have. At the same time, participants had strong lines of communication and good dialog with the referral agents (GP's and Practice Nurses). Some referral agents felt that communication with the providers was more difficult and options for addressing this in future have been provided.

3.4.7 Some quotes from LLGA / BAS members:

"I thought I'd write to tell everyone how brilliant the programme is. I started swimming 3 times a week in May, the first time I went I swam 12 lengths but today I'm ecstatic as I swam 32 lengths i.e. 1/2 mile! I had a very bad accident in Dec '13 and broke/dislocated both shoulders, following surgery I am having hydrotherapy/physiotherapy, but my surgeon has been adamant I swim 3 times a week. If it wasn't for the programme I wouldn't be able to afford to go and I can't tell you what it's done for my confidence as well as helping with the physical aspects. So, anyone who thinks it won't make a difference, think again. Also the added bonus is I've lost more than 11 lb in weight so far."

"I used to weigh 21.5 stone and after deciding to do something about it I started to diet and joined the scheme. I am unemployed so couldn't afford the costs of regular sports centre sessions so its thanks to the Leeds get active scheme I have been able to lose 8 stone, improving my health, confidence and self-esteem. I am now in college and still going to the leisure centre in Morley. This scheme is great for those who want to make a positive change."

"I just filled in a questionnaire for continuing the LLGA card but what I really wanted was the opportunity to say THANK YOU for this scheme. I love swimming but before LLGA I could only afford to go once a week. Now I can go 3 times a week without worrying that I'm blowing the family budget. It's amazing!!"

"Hello, I'm not in any way fit, I try to be, but I can't afford expensive gyms and swimming costs. I eat healthy but just can't afford to exercise. Today, by chance, I spoke to a lady at an event, at a stall promoting healthy eating, and she told me about Let's Get Active. I've been on the website and I'm totally shocked, and happy! I have signed up and will try to go to my local sports centre at least once a week and go for an hourly swim and perhaps try things at a gym I've never done before. My only regret is not having heard about this sooner, and I'm sad to read that this scheme is only running until March 2015. It's fantastic of course that this is happening in the first place, you will encourage me to exercise for at least an hour a

week. I just worry what will happen to my fitness come next March. Please will you keep this scheme running? I really admire what you are doing. Thankyou.”

“Just to say I think these free sessions are marvellous. I don’t want you to think that my non-attendance for the past few weeks has been through lack of interest....I have had one operation and am on the urgent list for another so cannot come....but please don’t withdraw my card as I will certainly come back as soon as I am fit enough.

I think it’s a wonderful scheme and without it I would never have known how beneficial doing regular exercise in this way could be.”

“After going swimming I felt a bit braver and went for a gym induction, I’ve never really used the gym before but as you get more confident you try different things”

“I wanted to lose weight and in the end I was swimming 2/3 times a week 80/120 lengths, whereas I was doing nothing before, I’ve lost a stone!”

“I was 2 stone over weight when I started and I lost 2 and a half stone over the three months. My breathing was a lot better, you get naturally fitter, have more energy and generally feel better about yourself, like you have actually done something.”

3.4.8 LLGA Links with other work areas/projects:

LLGA is embedded in a large number of projects, initiatives and practice across Leeds providing many opportunities for positive conversations about physical activity with inactive individuals.

Some examples;

Primary Care - LLGA is embedded in the non-medical pathway for Change in Lifestyle on the Map of Medicine – This is the tool used by healthcare professionals to signpost to appropriate Healthy Living Services.

Secondary Care – ““I especially value the Leeds Let’s Get Active Program as it helps promote social inclusion for individuals with a mental health condition who are often stigmatised and limit in the activities that they feel comfortable accessing. As the sessions are free it means that there are not the usual barriers to engagement related to money. The times during the day also create a less intimidating environment for service users and I have found that the sessions have been extremely valuable when promoting recovery.”

Alison Cameron
Occupational Therapist
South/South East CMHT

CCG Funded Projects – Social Prescribing – Patient Empowerment Project workers are linking with the LLGA team in West Leeds to support in insight generation and identification of patients to access new and existing LLGA provision.

LCC working across directorates – Discretionary Housing Payment Scheme - The multi-storey flats initiative was set up following the under-occupancy rules within housing benefits to see whether providing financial support within a wider package of personal support and advice would lead to better outcomes and reduced dependency.

Healthy Living Services – The Healthy living services actively encourage their service users to access the Leeds Let's Get Active program. The program is incorporated in the goal setting session within all interventions.

VCFS Commissioned Organisations (community health development contracts) – For example, ASHA Neighbourhood Project and Hamara have both report the use of LLGA with groups of Asian ladies who have set up their own walking groups which include a walk to JCCS, a free swim and time in the café afterwards for social activities. Ladies reported that they have not visited or regularly used the site before despite it being close to their homes but now see it as a regular part of their week.

3.5 LLGA – Year 3 delivery and revised research framework

3.5.1 On 1st April 2015 LLGA began its third year of delivery following confirmation of funding for the project till March 31st 2016.

3.5.2 LLGA made amendments to its research framework for year 3 delivery, which has in turn altered the data sets being collected and research questions being analysed by Leeds Beckett University.

3.5.3 LLGA is now collecting self-reported data on demographics, long term conditions, lifestyle risk factors, wellbeing and height and weight. This is to support evaluations into the following research questions;

- What are the most effective enabling/contributing factors in delivering free physical activity opportunities to support those inactive in becoming active?
- What is the most prevalent cluster and combination of lifestyle risk factors presented by LLGA participants?
- What are the most influential predictors of Lifestyle Risk Factors?
- Do participants engaged in LLGA present a reduction in Lifestyle Risk Factors over an intervention period?

3.5.4 It is hoped the new research framework will provide valuable intelligence about the impact of LLGA on lifestyle risk factors and long term conditions to support commissioning and service development and delivery beyond March 2016. In addition, LLGA is engaging with people face-to-face and via email / text / social media communication who may be typically difficult to engage through primary care or healthy living services. LLGA is able to tailor healthy living or wider service messages through a variety of channels based on the information provided by each

member. It is estimated that approximately 80,000 data sets will be held by LLGA by March 2016.

3.5.5 LLGA is currently funded by Public Health for delivery until March 2016. No further funding has so far been secured to continue the project beyond March 2016. Without further funding in place the project will cease delivery and the free sessions will no longer be available. S&AL are exploring sustainable options but the pressures of austerity are making this extremely difficult.

3.5.6 If further funding were secured for a minimum of 6 months the year 3 evaluation report could be received and assessed.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 LLGA continues to engage a wide variety of stakeholders as part of the project delivery. Importantly the project team consider community groups already working with key target groups as being essential in ensuring that the project reaches those people who are inactive and based in the highest areas of deprivation as they will have some of the best communication channels. A series of workshops and events continue to be delivered as part of this holistic approach. In addition to this the project is also engaging directly with, for example, Sport Leeds, West Yorkshire Sport, Public Health, Children's services, Adult social care, Resources (revenues and benefits).

4.1.2 In addition to a previous communication audit with Leeds Beckett university, LLGA has pooled resource with the National Governing Body Place Pilot (A project led by S&AL funded by Sport England) to commission a large scale insight report with the following objectives;

- Understand how to better engage inactive people in physical activity and sporting opportunities in Leeds
- Understand how barriers to sport and physical activity can be removed.
- Understand how to better influence the range of emotional responses people have regarding physical activity
- Understand supportive and engaging messages, channels and credible advocates for increasing physical activity in the inactive.
- Provide recommendations to Sport and Active Lifestyles service to help in responding, planning and the implementation of services to encourage an increase in activity levels with a focus on those currently inactive.

This insight work will support S&AL to better engaging inactive people following in-depth qualitative research with large number of residents. This work has also incorporated focus groups and co-creation workshops to ensure projects are

innovative and accessible with communication methods and channels working to maximum effectiveness.

- 4.1.3** The Scrutiny Board (Sustainable Economy and Culture) considered the LLGA Scheme proposals at its meeting on 16 July 2013 and received an interim report/update on 16 December 2014. Members of the Board strongly welcomed the scheme and its aims and objectives. They were pleased that the council has been successful in obtaining the funding for the pilot from Sport England and public health, and are keen to play a part in seeing the project succeed.
- 4.1.4** At the 16th December 2014 scrutiny board Members agreed to receive a further progress report in 2015, with the timing to be tied into the evaluation report that Leeds Beckett University is producing.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 These proposals have previously been screened for issues on Equality, Diversity, Cohesion and Integration as part of the Executive Board report on the 24th April 2013. In general, such considerations are integral to this whole report as one of the major aims of the proposals is to narrow health inequality, a key council objective. The screening noted:

- The pilot project is designed to provide more assistance to get active in more deprived communities.
- The free swim and gym offer will be doubled at Armley, Fearnville and the John Charles Centre for Sport – all measured as having the most deprived catchment areas among the council's leisure centres.
- The community offer and the pathways to the Bodyline offer will be focused on areas and individuals where the health need is highest.
- The free offer will be available to the whole population and across the whole council leisure centre portfolio.
- Consider whether some free sessions should be female only.
- Consider how access to free sessions is extended to disabled groups as far as possible and practical.

These notes have been actioned as the project has progressed.

4.2.2 In the event that funding is not confirmed from April 2016 the areas of Leeds with the highest inequalities will be greatly impacted as the project has focussed its resource most intensively in these areas.

4.3 Resources and value for money

4.3.1 Continuing this pilot on the same scale was neutral to the council's budget in 2014/15. The budgeted cost for 2014/15 of £631k was met with £349k from Sport

England (note, includes £28k that wasn't claimed in year 1), £82k from Public Health, £40k from Public Health funding Bodyline Access Scheme and £160k in-kind officer time funded by the Council in its base 2014/15 revenue budget. LLGA runs in year three based on a re-profile of £195k of Public Health money (year 2) alongside an additional £145k additional support to build evidence base. Year 4 funding is presently being sought to continue LLGA beyond March 2016.

- 4.3.2** In terms of value for money, the impact on activity, particularly on the targeted less affluent areas of the city should have long-term benefits in lower health and social care expenditure on a range of physical and mental conditions linked to inactivity. The project is intended to improve our understanding of the level of social and long-term economic return from investing in promoting healthy activity in this way.

4.4 Legal Implications, Access to Information and Call In

- 4.4.1** The provision of sport services by councils and their pricing or subsidy is not subject to statute so the main legal criteria are that these proposals are reasonable. The Board are reminded of the project development taking due regard to consultation on groups impacted. There are no access to information and call-in implications arising from this report'.

4.5 Risk Management

- 4.5.1** The main financial risk is that the free offer diverts more paying customers than anticipated, widening the loss of income and reducing the space in pools for previously inactive newcomers. This would increase the cost and reduce the effect of the free swim part of the offer and it might have to be curtailed early to avoid loss to the council. To manage the risk the income loss and numbers of new participants continue be monitored for any disproportionate loss of income.
- 4.5.2** The main policy risk is that this pilot produces an expectation of free access to high cost facilities and activities at a public subsidy that cannot be sustained. To mitigate this risk, efforts will be made to offer additional paid sessions to new customers and to build up evidence of the benefits of the offer, so as to encourage future funding or sponsorship.
- 4.5.3** The risk of funding not being secured and ceasing. S&AL are exploring sustainable options, but the pressures of austerity are making this extremely difficult.

5 Conclusions

- 5.1** LLGA has delivered well against its targets for year 1 and 2 and the evaluation undertaken by Leeds Beckett University demonstrates that LLGA was effective at increasing physical activity levels and reducing sedentary behaviour among a sample of chronically inactive individuals.
- 5.2** LLGA has over 64,000 people registered on the programme. LLGA is engaging with people face-to-face and via email / text / social media communication who may be typically difficult to engage through primary care or healthy living services.

LLGA is able to tailor healthy living or wider service messages through a variety of channels based on the information provided by each member. It is estimated that approximately 80,000 data sets will be held by LLGA by March 2016.

5.3 Continued investment in LLGA for a third year is allowing further development and testing of systems and methods to attract inactive people in Leeds to consider increasing their levels of physical activity. It is also providing the opportunity to understand LLGA's impact on participant lifestyle risk factors and long term conditions.

5.4 LLGA is funded till March 2016. Officers are exploring sustainable options but the pressures of austerity are making this extremely difficult. If further funding were secured for a minimum of 6 months the year 3 evaluation report could be received and assessed.

6 Recommendations

6.1 The Health and Wellbeing Board is invited to:

- Note the update of LLGA and evaluation findings based on research from year 1 and 2 of project delivery.
- Note the information outlining the updated evaluation framework for year 3 of LLGA.
- Comment on the contribution of LLGA to promoting physical activity in the city and the health benefits of that.
- Comment on the sustainability of LLGA from April 2016.