

Local  
Delivery  
Pilots

Expression  
of  
Interest  
form  
March 2017

Before telling us about your pilot, please read the following information regarding Freedom of Information, Data Protection and Assessment. You should only proceed if you are happy to comply with the Freedom of Information and Data Protection requirements.

## FREEDOM OF INFORMATION

As Sport England is a Public Body we have to comply with The Freedom of Information Act 2000. The Act gives members of the public the right to request any information that we hold. This includes information received from organisations such as:

- grant applicants
- grant holders
- contractors
- people making a complaint

Some information is exempt from The Act, such as personal details. If information is requested under the Freedom of Information Act, we will release it. If you think that information you are providing may be exempt from release, you should let us know when you apply.

## DATA PROTECTION

As Sport England is a Public Body, we must comply with the Data Protection Act 1998. We are committed to protecting your privacy and will ensure any personal information is handled properly under the Data Protection Act.

We will use the information you give us in your submission and in supporting documents for:

- assessing applications
- monitoring grants
- evaluating the way our funding programmes work and the effect they have
- reporting statistics to Government

We may also give copies of this information to individuals and organisations such as:

- Accountants, auditors and external evaluators
- Other organisations or groups involved in delivering your submission
- Other lottery distributors, government departments
- Other organisations and individuals with a legitimate interest in lottery applications and grants
- Other organisations for the prevention and detection of fraud

## HOW WE WILL ASSESS YOUR SUBMISSION

This form should be completed and returned electronically to Sport England by **5pm on 31 March 2017**.

There are 6 sections in this form: all sections should be completed before returning. Each section refers directly to our published criteria/guidance for this stage of the Local Delivery Pilot applications.

Completed forms should be sent to: [localdeliverypilots@sportengland.org](mailto:localdeliverypilots@sportengland.org)

Please do not attach any plans, research or other supporting documentation to your electronic submission other than a map clearly indicating the boundaries of your chosen place. If any other documents are supplied these will not be considered as part of the assessment.

If you have any questions/queries whilst completing this form please refer to the guidance available on line at [www.sportengland.org/localdelivery](http://www.sportengland.org/localdelivery), call our funding helpline on 03458 508 508 or email: [localdeliverypilots@sportengland.org](mailto:localdeliverypilots@sportengland.org)

## LEAD ORGANISATION

This section requests general contact details for the organisation leading your pilot and is essential for the accurate assessment and administration of your submission.

|                                                                                                     |                                                                                                      |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Organisation name                                                                                   | Leeds City Council                                                                                   |
| Address (please note all correspondence in regard to this application will be sent to this address) | Sport and Active Lifestyles<br>John Charles Centre for Sport<br>Middleton Grove<br>Leeds<br>LS11 5DJ |
| Organisation type                                                                                   | Local Authority                                                                                      |
| Registration Number(s) (if applicable)                                                              |                                                                                                      |

### Lead Contact

*(This will be the lead officer responsible for this submission, and will be the point of contact for any correspondence)*

|                          |                          |
|--------------------------|--------------------------|
| Name                     | Mark Allman              |
| Position in Organisation | Head of Service          |
| Email                    | Mark.allman@leeds.gov.uk |
| Telephone                | 07891 270594             |

### Second Contact

*(in case of queries or requests for further information and the person above is unavailable)*

|                          |                          |
|--------------------------|--------------------------|
| Name                     | Gill Keddie              |
| Position in Organisation | Development Manager      |
| Email                    | Gill.keddie@leeds.gov.uk |
| Telephone                | 07891 275388             |

# 1. Your place

We want to understand the story of your place. You must have a strong and robust definition of your place and why that definition makes sense. We want you to have an excellent understanding of the most important issues in your place that are relevant to this pilot programme.

a. Describe the place you have chosen to be a potential pilot. Where is it and how it is defined?

## **The City of Leeds:**

Leeds is a thriving city with a population of over 750,000 and growing. It has the most diverse economy of all the UK's main employment centres and has seen the fastest rate of growth of private sector jobs in all of the core cities. After London it is the largest legal and financial sector outside of London with its financial and insurance service sector worth £2.1bn. Leeds economy is diverse and also has the UK's third largest manufacturing sector, together with strengths in medical technology, engineering, printing/publishing, food and drink and Chemicals. The economy is forecast to grow by 25% over the next 10 years. The City's aspiration is to ensure the whole of Leeds benefits from this strong predicted economic growth. A city that has successfully hosted world class sporting events such as the Tour de France and World Triathlon Series and is striving to become the European City of Culture in 2023

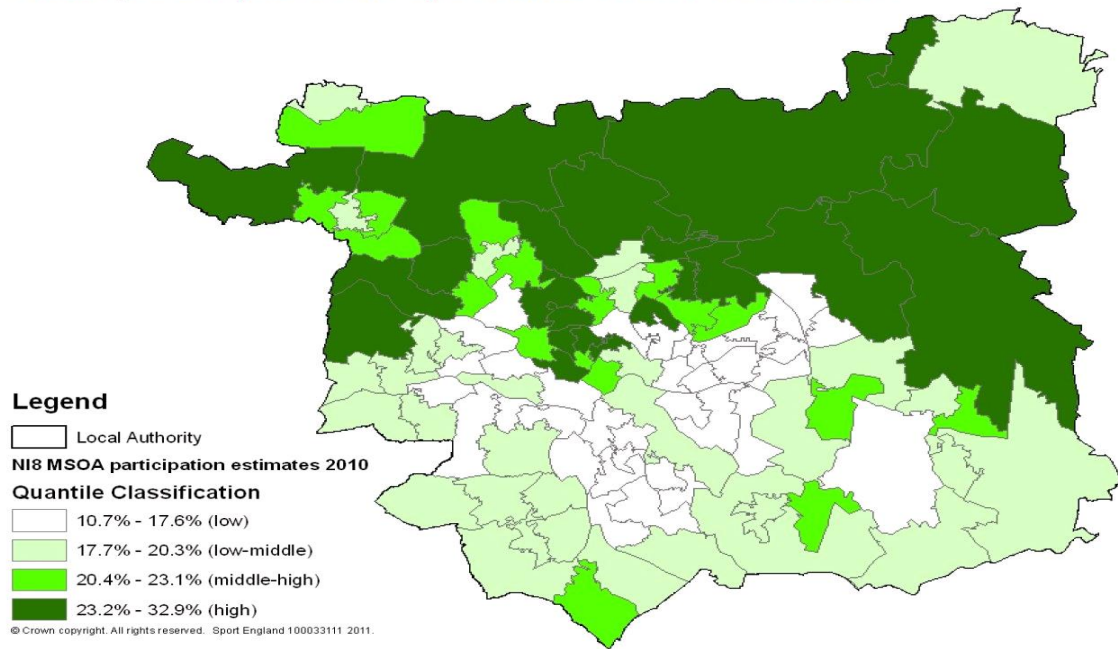


Leeds is a diverse city with over 75 ethnic groups, and with minority ethnic populations representing just under 11.6% of the total population.

## **A tale of two cities:**

Despite this success Leeds continues to face huge challenges in relation to the distribution of wealth and inherent inequalities relating to deprivation; with evidence that the inequalities gap between the most deprived and affluent areas of the City increasing. As Sport England will be aware from previous funding submissions the relationship between participation in activity and deprivation is strongly correlated and our Leeds Let's Get Active submission illustrated this point with the map below.

## Adult participation in sport and active recreation\*



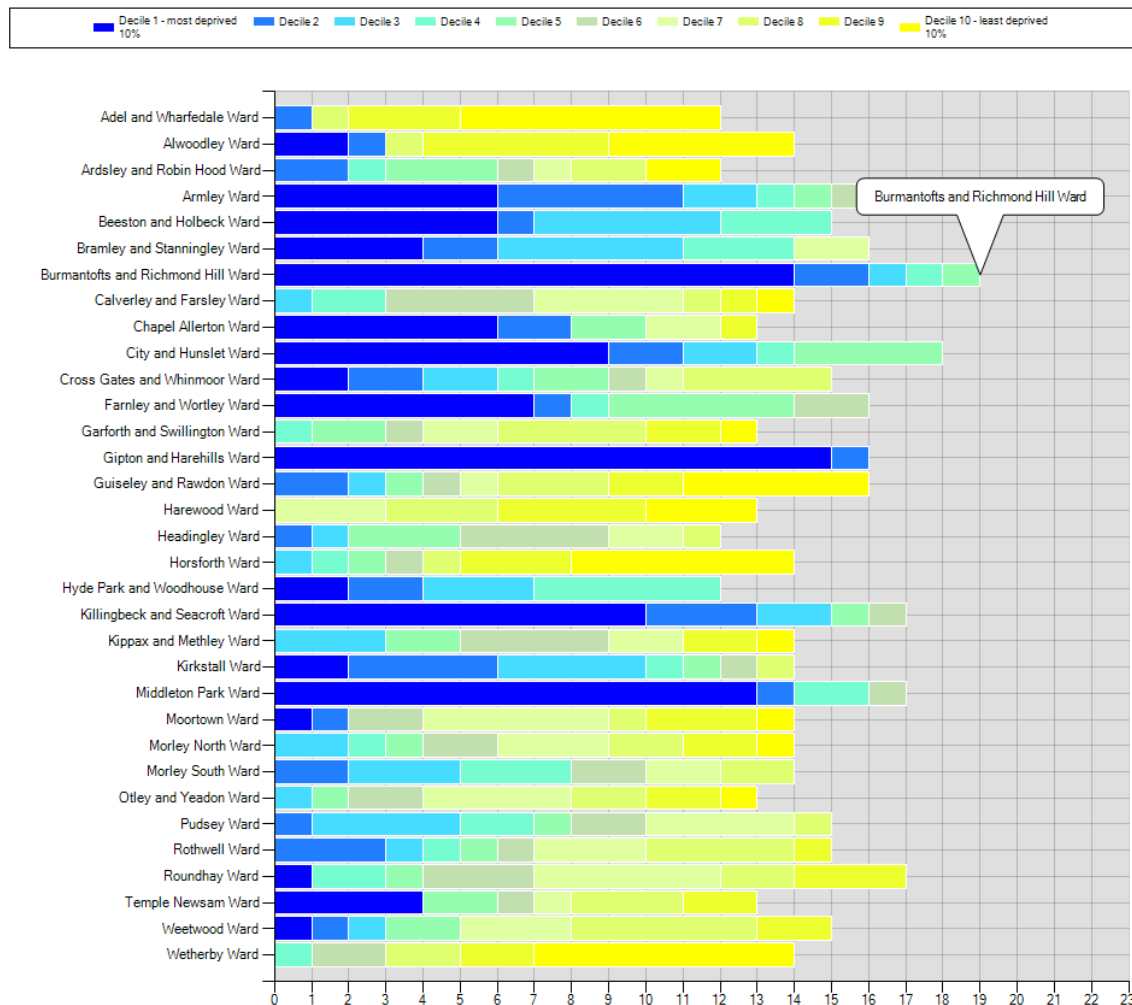
### Deprivation:

Using current IMDs (2015) Leeds is 31 out of 326 when ranking on proportion of neighbourhoods (LSOAs) in the most deprived 10% nationally. It has 105 neighbourhoods (LSOAs) in the most 10% deprived, which is 22% of all Leeds LSOAs, there are 17 LSOAs in the bottom 1% most deprived neighbourhoods.

### From Leeds JSNA 2015:

According to the Index of Multiple Deprivation (IMD) over 150,000 people in Leeds live in areas that are ranked amongst the most deprived 10% nationally, and this represents over 20% of the city's population. The IMD confirms the geographic concentration of poverty, with our most deprived communities in the Inner East and Inner South, with a further hotspot in Hawksworth within the Inner West area.

The table below shows number of LSOAs in each decile of deprivation (2015)



### Activity Levels:

Approximately 21.6% of the Leeds population are obese and 23% are inactive (taking 30 minutes or less of physical activity a week). These rates are higher than the national average and there is a correlation between living in deprived areas and obesity and inactivity levels. In addition, there is the increasing prevalence of other long term conditions such as diabetes, there are now 39,635 people in the city with diabetes a rise of 14% over the last 3 years (compared to a national average of 6%), this is a key issue in the East Leeds area.

### The proposed area:

Given the link between inactivity and deprivation this EOI is based on taking one (large) deprived part of the city that where we feel that significant impacts can be made in terms of a holistic approach to addressing inactivity. Given the size of the city the proposed pilot area will provide sufficient scale and opportunity for influencing wider stakeholders and as will be illustrated later there are a number of readiness factors that we believe would place our EOI as a very strong contender to be a local delivery pilot.

The area to be used is outlined below and is based on the Inner East of Leeds focussing on the areas within and around the wards of:

1. Burmantofts and Richmond Hill
2. Gipton and Harehills
3. Cross Flats and Whinmoor
4. Killingbeck and Seacroft
5. Temple Newsam

The total population for these wards is over 127,000 and we expect to influence / extend reach of the work into neighbouring wards taking the potential reach to over 200,000.

This area has identifiable, well established communities that reflect the diversity of Leeds; enabling us to work both on an area basis and across under-represented groups, that can be scaled-up city wide.

b. Why have you chosen this place and defined it in this way?

We have chosen to focus on one part of the city for a number of reasons, not least that the area outlined provides an appropriate level of scale to work within and has high levels of deprivation (as outlined below). Some of the readiness factors include for example:

### **City Wide:**

- **Housing growth** and highways infrastructure plans inner and outer east Leeds. The Local Development Framework Core Strategy targets the delivery of 70,000 new homes through to 2028 citywide. The Core Strategy plans for the longer term regeneration and growth of the District over a 16 year period, as part of an overall and integrated framework.
- **Physical activity high on policy profile** for the City Council and there is a willingness to try new things (Breakthrough project)
- **Strong partnerships with Social care and Public Health teams**
- **An on-going review of city wide commissioning arrangements** ( Head of service sitting on the main Board)
- **New city physical activity and sport strategy** to be developed mid 2018
- **New cycle strategy and playing pitch strategy** due for launch 2017.
- **Existing sports facility strategy** – due to be reviewed.
- **A nationally recognised, strong school PE and Sport offer in Active Schools**
- **Strong internal and external partnerships** including Health, Parks, Asset Management and Regeneration, Universities, voluntary sector, NGBs.
- **Restructure of the Leeds Development Team (Active Leeds). Goes live as from April 1st 2017.**
- **Recent air quality concerns with potential EU fines and potential impact / opportunities for Active Travel**

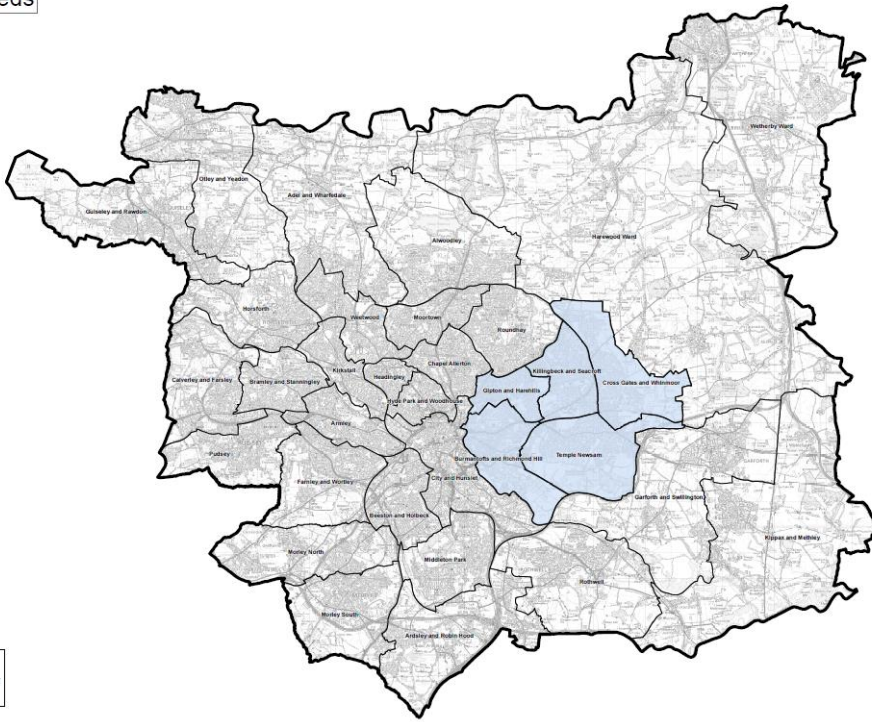
## Locally:

- A number of high profile **regeneration plans** in the inner east area of the city (Neighbourhood Framework plans e.g. Killingbeck and Seacroft /East Leeds extension/Halton Moor). These local frameworks, identify opportunities for housing development on both Council and third party land, improvements to open space and green connectivity, improvements to public transport including walking and cycling to help local people access training and job opportunities in the local area. It also sets out the likely need for new schools and additional local facilities to meet growing demand as a result of population growth and new housing development.
- A move to more focussed **locality working** within the Council and with key wider stakeholders. This is at estate level with potential for focus on physical inactivity, social cohesion and employability. Two of the six priority areas are within the defined catchment - Lincoln Green and Torres in Burmantofts and Spencer Place, Bankside Street and St Shepherd's Lane plus Clifton / Newalls in Harehills / Chapeltown.
- A focus on **locality profiling** to better inform and prioritise interventions, alongside the integration and alignment of service provision.
- Two large **city parks** of national significance serving the catchment (Roundhay and Temple Newsam) with green corridors enabling connectivity.
- **Integrated facility developments**. E.g. Potential major development of existing Fearnville site into a large "Activity Park" concept including a mix of wellbeing centre / Parklife /open space / playing pitches/ walking /commercial outdoor development/ colocation with Adult Social care and other services e.g. Health / partnerships with British cycling and British Triathlon. Also ongoing discussion with Children's services about possible new high school and potential integration with new Wellbeing centre.

The area chosen is outlined and highlighted in the wider map of Leeds immediately below. Following this is an example of one of the neighbourhood development plans (example shown is for the Killingbeck and Seacroft area). This shows the potential connectivity of the Pilot work to wider regeneration plans. It also shows the potential site for the Fearnville "activity park".



# City Of Leeds



**Legend**

- Leeds MD Boundary
- Ward Boundaries

© Crown copyright and database rights 2017 Ordnance Survey 100019567

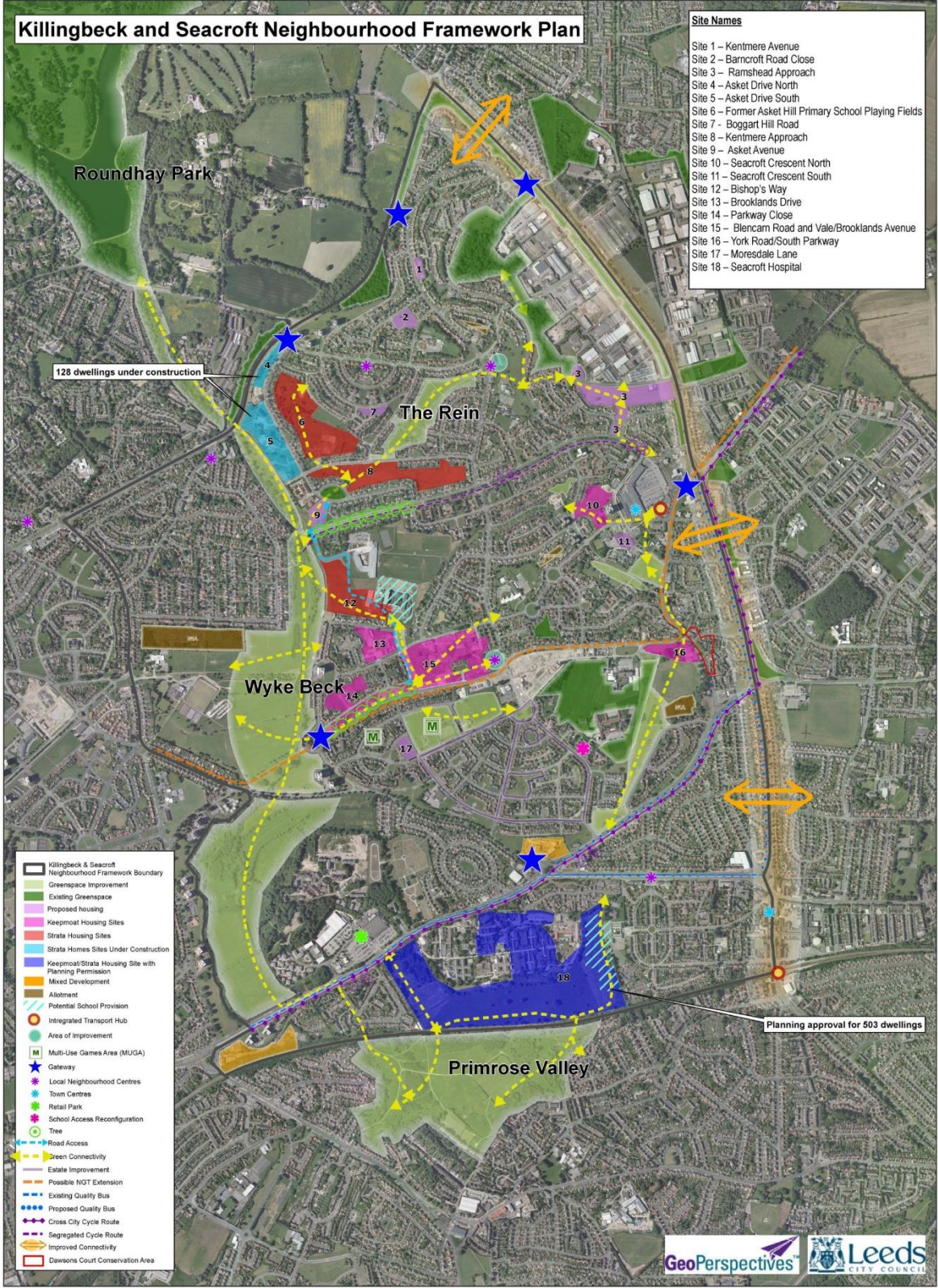


PRODUCED BY CITY DEVELOPMENT, GIS MAPPING & DATA TEAM, LEEDS CITY COUNCIL. Scale: NTS

Document Path: L:\CGM\Work\Wm\Map\Concept\New Folder\211\Unlinked A3-2010 City of Leeds - WMAs.mxd

# Killingbeck and Seacroft Neighbourhood Framework Plan

- Site Names**
- Site 1 – Kentmere Avenue
  - Site 2 – Barncroft Road Close
  - Site 3 – Ramshead Approach
  - Site 4 – Asket Drive North
  - Site 5 – Asket Drive South
  - Site 6 – Former Asket Hill Primary School Playing Fields
  - Site 7 – Boggart Hill Road
  - Site 8 – Kentmere Approach
  - Site 9 – Asket Avenue
  - Site 10 – Seacroft Crescent North
  - Site 11 – Seacroft Crescent South
  - Site 12 – Bishop's Way
  - Site 13 – Brooklands Drive
  - Site 14 – Parkway Close
  - Site 15 – Blencarn Road and Vale/Brooklands Avenue
  - Site 16 – York Road/South Parkway
  - Site 17 – Moresdale Lane
  - Site 18 – Seacroft Hospital



- Killingbeck & Seacroft Neighbourhood Framework Boundary
- Greenspace Improvement
- Existing Greenspace
- Proposed housing
- Keepmoat Housing Sites
- Strata Housing Sites
- Strata Homes Sites Under Construction
- Keepmoat/Strata Housing Site with Planning Permission
- Mixed Development
- Allotment
- Potential School Provision
- Integrated Transport Hub
- Area of Improvement
- Multi-Use Games Area (MUGA)
- Gateway
- Local Neighbourhood Centres
- Town Centres
- Retail Park
- School Access Reconfiguration
- Tree
- Road Access
- Green Connectivity
- Estate Improvement
- Possible NGT Extension
- Existing Quality Bus
- Proposed Quality Bus
- Cross City Cycle Route
- Segregated Cycle Route
- Improved Connectivity
- Dawson's Court Conservation Area

c. What are the most important issues in this place that are relevant to this pilot?

The experience, data and evidence from Communities teams and wider networks show that there are areas / neighbourhoods of the city which are “going significantly backwards”; where there is a combination of income, employment, education, training & skills deprivation, with high health deprivation, high crime, barriers to housing and services and importantly living environment deprivation. All these issues are relevant and impact on the communities within the wards identified; all are factors that impact on an individual’s lifestyle choices.

Higher levels of poor physical health, mental health and wellbeing and mental illness are inextricably linked with deprivation within Leeds. Local mapping highlights these issues and emphasises the geographic concentration in our most deprived communities.

It is also worth highlighting at this stage that the city is currently working with an external partner to look at how we measure community resilience – mapping, for example, the profile of an area, access to community facilities, access to GPs, deprivation data and health data to show hot spot areas which will be less resilient, we are hoping to have something in place by November.

The age structure within the Inner East resembles that of Leeds overall but with larger proportions of children. GP recorded ethnicity shows the area to have smaller proportions of “White background” than Leeds and higher proportions of some BME groups as the table below illustrates.

| <b>GP Recorded Ethnicity (top 5)</b> | <b>Area</b> | <b>Leeds overall</b> |
|--------------------------------------|-------------|----------------------|
| White British                        | 52%         | 71%                  |
| Other White British                  | 11%         | 10%                  |
| Pakistani or British Pakistani       | 9%          | 3%                   |
| Black African                        | 8%          | 3%                   |
| Other Ethnic Background              | 4%          | 2%                   |

This is also reflected in the pupil ethnicity and language.

| <b>Pupil Ethnicity (top 5)</b> | <b>Area</b> | <b>Leeds overall</b> |
|--------------------------------|-------------|----------------------|
| White British                  | 39%         | 67%                  |
| Pakistani                      | 13%         | 6%                   |
| Black African                  | 11%         | 5%                   |
| Any other white British        | 7%          | 4%                   |
| Bangladeshi                    | 4%          | 1%                   |

| <b>Pupil Language (top 5)</b> | <b>Area</b> | <b>Leeds overall</b> |
|-------------------------------|-------------|----------------------|
| English                       | 60%         | 80%                  |
| Urdu                          | 6%          | 3%                   |
| Bengali                       | 3%          | 1%                   |
| Czech                         | 3%          | 1%                   |
| Polish                        | 2%          | 1%                   |

More specifically in terms of health inequalities the Inner East is arguably the area of Leeds Census data that shows a major gap in life expectancy between deprived and non-deprived wards in Leeds with life expectancy in, for example, **Burmantofts and Richmond Hill at 76.8 years, which is 10 years less than the life expectancy of the Harewood ward at 86.6 years.**

Our local intelligence / data, pulled from the Leeds Data observatory, enables us to breakdown and illustrate not only the scale of deprivation but the complex issues of each of the identified wards in our pilot area; **in Harehills**, for example:

### Population

- There is a very young population with higher than average numbers of children, young people and 20 - 44 year olds.
- One of the largest most diverse BME communities in the city – whereby, 24% of the population are Pakistani, 9% Bangladeshi and 8% African. Nearly 40% of the city's Bangladeshi and 20% of the city's Pakistani population live in the area.
- There is also a higher than average population that identify as Other White. 39% of the population identify as Muslim.

### Deprivation

In 7 out of the 8 recognised deprivation domains (income, employment, education, skills & training, health deprivation & disability, crime and living environment) – the average deprivation decile score in Harehills is 1 (1 being in the most deprived 10% of LSOAs).

- 41% of the households in the area have multiple dimensions of deprivation compared with 26% in Leeds overall.
- 23% of the population have been in Leeds for less than 10 years with the overall in Leeds being 6%. 30% of the 16-74 year old population are claiming at least one key DWP benefit which is classed as high.
- In terms of the living environment the housing stock is 70% terraced, compared to the overall figure of 26% for Leeds.

## 2. Audience

We want to know who you are trying to influence and change through your pilot. You must have a good understanding of the people you wish to focus on in your pilot and how you can influence them to change their behaviour. Equally we are keen to understand what you don't know but would like to explore through this pilot programme.

### a. Tell us about the people in your place and why this pilot matters to them

As illustrated above the people in our pilot place area reflect the diverse communities of the City; it is difficult in this document to reflect all the people in the communities and the under-represented groups we could potentially reach with a population area of at least 127,000, extending to over 200,000.

Outlined below are further examples of the range of intelligence we have that enables us to understand the people in our place and why the opportunity to become a Local Delivery Pilot will make a significant difference to individuals through changing and influencing both social and environmental factors. This is not an exhaustive list drawn from for example the Leeds Data Observatory. It excludes data we have on existing users of services e.g. through our Card based platforms and analytical tools such as Mozaic.

Community committee data for the Inner east shows;

- 88% of population are classed as being within the top quintile of deprivation. The remaining 12% are classed within the next quintile.
- Higher levels of BAME compared to Leeds average
  - 21% BAME (63% White British/other white)
  - Compared to 8% BAME city wide ( 81% White British/other white)
- All-cause mortality for both men and women under 75s is significantly above the Leeds average and the area is the highest of all in Leeds.
- Smoking, obesity and diabetes rates are all significantly above the Leeds average, and higher than all other Community Committee areas (it is estimated that 40% of all early mortality is due to lifestyle factors)
- National Child Measurement Programme data shows obesity rates in the Inner East cluster are higher than the Leeds average and by year 6 the area has obesity rates of 23.5%, compared to 15.6% in the most affluent areas of the city.

Again, we have detailed information at a ward level that helps us better understand our communities and target interventions, for example, in the Gipton ward;

- There is a mainly young area with nearly 50% of the population under 30. The proportion of over 45 year olds is lower than the city average, however higher in comparison to neighbouring Harehills. Higher than average population of BME residents, largely made up of Pakistani and African residents. There is also a notable number of mixed or multiple race residents in this area, mainly White and African or Carribean.

- In addition, the percentage of children classed as living in poverty is high. Attainment levels are below average across all stages. Attainment levels for KS2 have remained stable, however FS and KS4 performance have declined. Attendance levels are below average and occurrence of persistent absence is above average. Almost one in three students receive FSM, the percentage of students who have EAL is above average and around one in five students have SEN. The NEET rate has increased over the last three years.

We currently have physical activity data from the Leisure Centre systems and Leeds Let's Get Active (LLGA) database; however, we currently lack data on activity levels at an Inner East and ward level and would see this as a key element to pick-up on in the Local Delivery Pilot, with a possibility of extending the Active Lives survey to a locality level.

We do have strong analytical data but we recognise more work is needed on understanding the behaviours, motivations and wider barriers in the everyday lives of people in our place area; how we consult with our communities, we want to do "with" and not "to" and to continually look at how we better engage and motivate our more disadvantaged communities more consistently – we envisage the Local Delivery Pilot helping us with this.

Research undertaken by the Social Marketing Gateway (SMG) through the NGB Place Pilot, within our most deprived communities, highlighted the feeling of detachment and apathy for many about the issue of being active and people's perception that being active is not a social norm. This is a major challenge - how we make physical activity matter and make access to physical activity so embedded and easy that it becomes part of everyday life; this will be fundamental in the framework and systems approach outlined in section 4 and 5 below.

b. Who would you like to focus on in your pilot and why? What do you know about their motivations and attitudes?

### **A Life course Approach:**

The pilot will **take a life course approach to tackling inactivity** at a locality level as communities are interlinked across generations and the pilot aims to test how these influences and interrelationships can be maximised particularly in "hard to reach" communities like the Inner East; through a "**systems**" approach (which is detailed in section 4) and alongside **the opportunity to link to and influence planning and regeneration** with the development of new infrastructure and the built environment.

**Engaging children and families will be key as evidence shows establishing active lifestyles from an early age can set up behaviours for life.**

Our local data, intelligence and insight to the motivations and attitudes of the people in our place is wide ranging and covers life course, including;

- Leeds Early Years Foundation stage data – insights gathered through Children’s Centres that show Inner East parents are often not aware how important early years movement is for cognitive and physical development
- Leeds My School survey (completed by over 6000 8 – 16 years), illustrates that fewer children from the deprived areas of Leeds achieve the recommended 7 hours a week of physical activity;
  - Further insight, for example, with Asian Girls showed that they would like to be more active but parental and cultural attitudes were a barrier and they lacked female role models in their families, communities and the wider media
- Leeds has a strong, well established inclusive sport and physical activity programme, one of the most comprehensive in the country which is illustrated by the fact that in the period Jan 2016 to Dec 2016 there were 2650 individual disabled members who visited leisure centres and a total of 74,984 visits. Outside of leisure centre activity there were 562 individual disabled children and young people who accessed community and club disability sport provision we facilitated and co-ordinated, totalling 8946 hours of provision; providing a huge bank of intelligence, knowledge and expertise.
- The recent Inner East Youth Summit survey highlighted that the young people in the area wanted do something outdoors, 72% wanted that to be within their own communities, 41% wanted a sporty activity, 23% saying this needed to be fun and 13% that it should be inclusive / involve lots of people
- Leeds Let’s Get Active, NGB Place Pilot and Leeds Girls Can have enabled us to better understand what works in our communities – we know that increasing physical activity levels can impact on other lifestyle factors, that the right Activator with time to support / mentor and engage on social media can make the difference between an individual dropping out and staying with an activity and that the power of finding “people like me” within communities to enthuse, encourage and lead is essential. In our Leeds Girls Can programme nearly 60% are inactive at start and our Run Leeds programme has engaged 69% of women compared to 31% of men, both have targeted the Inner East area. LLGA has also demonstrated the benefits of working through other organisations that already have a trusted relationship with our target audience.
- The Ageing Well annual plan includes feedback from our older population that cites the need and want to be more active but are prevented by issues of social isolation and feeling safe in outdoor space. We can also draw on projects such as Yorkshire Dance’s Dancing in Time programme for older people which was piloted in Inner East and research showed significant improvement in mobility, falls prevention and mental wellbeing in older women. A life stage approach is really important at this phase of someone’s life – it is much less helpful to focus on age.

The above gives an indication of what we can draw on locally to understand motivations and barriers; we feel there is an opportunity through the Local Delivery pilot to better join up and use local knowledge with national research and insight.

c. How will you engage, communicate and influence your chosen audience?

NICE guidance recommends **community centred approaches** to improving health and wellbeing and reducing health inequalities; Leeds has already shown how effective these approaches can be at a locality level through, for example,

- the DAZL dance programme,
- Activator model
- Inspirations / Friday Night projects.
- Section 4 and section 5 of our proposal clearly **outline how in our systems approach community engagement is crucial and in what ways this needs to change going forward.**

We have highlighted the **partnerships and networks in place at a locality level** that are well established, such as, neighbourhood networks and community committees, which will continue to develop as locality working and planning embeds; we believe we will have greater reach into communities with the help from 3rd sector organisations, for example, the Healthy Living Services contract consortium “Feel Good factor”. Working through partners, especially the voluntary sector, is key to engaging inactive people.

Children’s Centres and Schools provide opportunities to engage adults as well as children and are often influential in the extended families. **The Leeds Active Schools locality model** has had excellent engagement from schools in the Inner East and our HENRY programme has strong links to Children’s Centres. The pilot will allow us to build on these partnerships to strengthen beyond school community based initiatives.

Feedback and evidence from Leeds Let’s Get Active, Leeds Girls Can, Active Schools and City College shows the **key role community champions / ambassadors can play in engaging, communicating and influencing** – our communities respond to **“people like me”**; we have a number of case studies on / blogs from individuals within our most deprived communities who have started walk / run groups or now have a team of women from their community that cycle and play rounders’ together regularly.

**Leeds has an aspiration to become 100% digital. Digital platforms and social media play a key role not only in how we communicate but also to enthuse, empower and encourage individuals to take action.** Our mosaic profiling shows that even in the most deprived of communities there is consistent access and use of smart phones. We have seen the value of information in one place / a hub site such as the Leeds Girls Can website; the importance of ongoing support and contact with individuals in our couch to 5km groups through facebook and twitter and the sharing of experience in our GO Tri first timers.



Our focus will not be just on engaging directly with the target audience it is crucially also about how we support change in their environment and social culture to influence individuals physical activity levels; this could be done without directly communicating to the individual but still influence motivations and abilities.

## 3. Leadership

We know that any successful pilot will require strong and clear leadership. We need to know that this is something you can provide for your pilot. We need to understand how this will fit with other leaders in your place. We also want you to be clear and honest about the challenges you will need to overcome.

a. Which organisation will lead the development of the pilot and why?

The pilot will be led and driven by **Leeds City Council** working alongside the **Sport Leeds its partners and other key networks.**

Validated externally; Sport Leeds is a strong, robust and mature partnership with extensive networks and good levels of trust between partners.

We are currently looking to review and possibly develop its role and governance to reposition the Partnership to respond to new approaches and ways of working; we also recognise the need to widen partner engagement and have used the Local Delivery Pilot discussions alongside key strategy developments (outlined in the next section) to start this process. The City Council will retain a central role in the overarching approach (in its strategic lead/Place making role) and is an essential element to future success.

The City Council's Sport & Active Lifestyles service will from the 1<sup>st</sup> April become "Active Leeds"; to become the **City's strategic lead for Physical Activity.** The Team has a depth of experience and expertise with specific resource allocated to policy & strategy development and partnership & relationship management with key areas of work including health, localities and communities, children, young people & families and also the mass market and outdoor recreation & planning. **This Team, in addition to the Sport Leeds network, provides significant capacity to help support any potential next stages of the development of a Local Delivery Pilot, working with Sport England.**

There is a **willingness of partners** from organisations across Leeds to work together through greater **alignment and more collaboration** around the physical activity agenda; this has been recently demonstrated in our response to the This Girl Can national campaign, embedding the successful Activator model and in the development of three new bike hubs. It is also shown in the links with Yorkshire Dance and the start of discussions around the opportunities that the City of Dance will bring to Leeds.

To further illustrate potential development opportunities there has been recent discussions at a strategic level with, for example, the Princes Trust – contributing and adding knowledge to our work on the training and development agenda together with our employment and skills colleagues within the City Council.

In addition, there are opportunities to link into new city level initiatives - Leeds has been identified as one of the first **Time to Change hubs in England**, bringing together partnerships of local organisations and mental health champions committed to improving local attitudes and behaviours towards people experiencing mental health problems.

**We believe we have the foundations in place to enable a step change in thinking and approach, with support from Sport England.**

b. Who are the other leaders in your place and how will you utilise them as part of the pilot?

Physical activity is extremely well placed in the City and this can be demonstrated in terms ;

- Strategy and Policy
- People organisations and functions
- Community Leadership

### **Strategy and Policy**

The following key citywide strategies and policy documents are now all in place

- **Health and Wellbeing Strategy (2016 – 2021)** - physical activity is one of only 12 priorities for the Leeds Health and Wellbeing Board (and the only lifestyle risk factor identified individually within a specific priority) – ‘More people, more physically active, more often’
- **Best City Plan (2015 -20)** - it sits as one of 20 priorities in the best council plan ‘Promoting physical activity’
- **Sport Leeds strategy (2013 – 2018)** - where tackling health inequalities is firmly embedded as a key concern, their aim to ‘support the inactive to become active’
- **“Breakthrough” projects** - in addition to the above strategies Leeds is prioritising seven city wide ‘Breakthrough’ projects, one of which focuses on health inequalities with physical activity positioned as one of only three workstreams

### **People organisations and functions**

We have commitment to sport and physical activity organisationally at the highest levels for example;

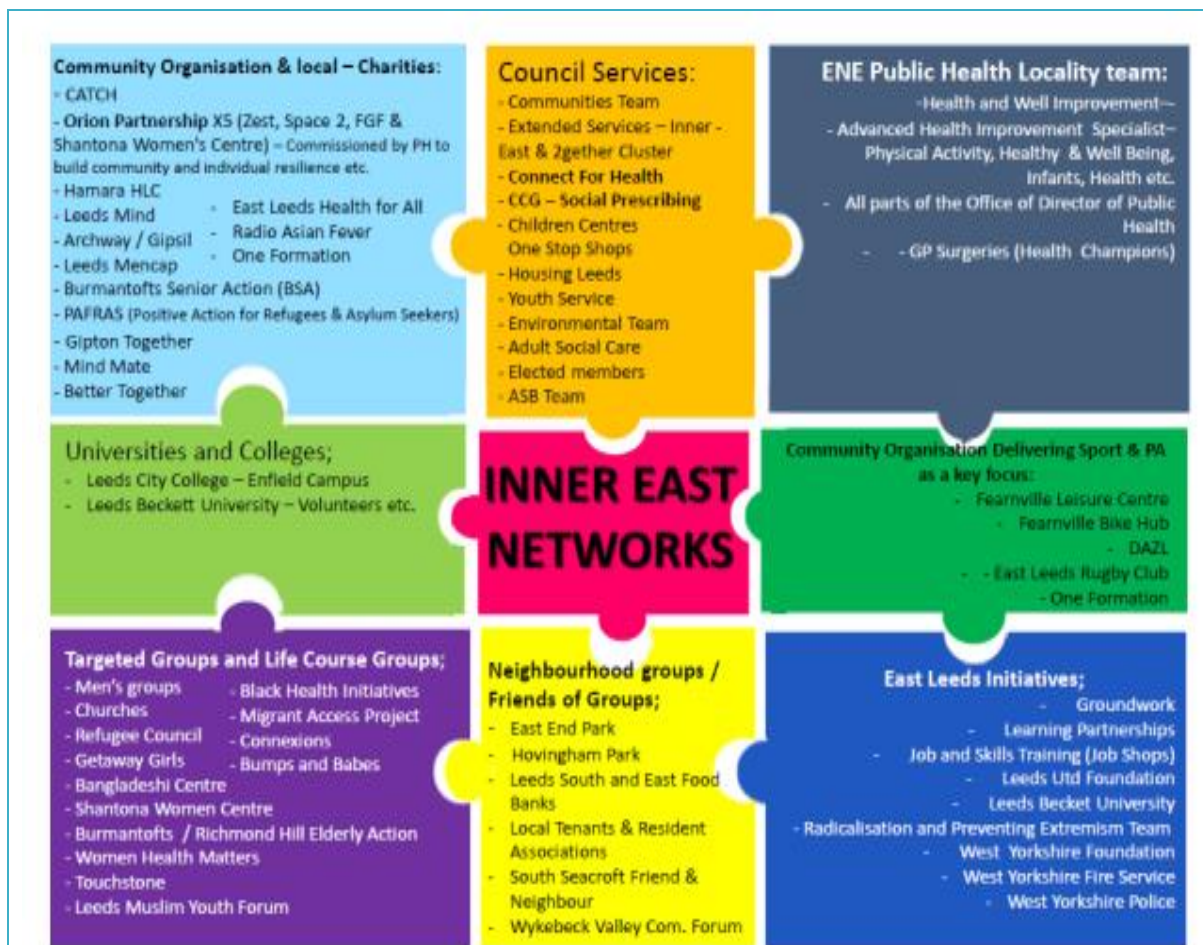
- There is **Executive level political support** through both the Leader and Deputy Leader (current portfolio holder); lead members of Health & Wellbeing, Childrens Services and Environment are all previous portfolio holders and total advocates of Physical Activity and therefore incredibly supportive of this agenda and recognise the impact it can have not just on health but wider outcomes such as community cohesion, education and training and contribution to creating a vibrant City. This support is also reflected at Chief Executive level with our CEO recently involved in, for example, the TDF Grand Depart, Tour de Yorkshire and the World Triathlon Series as well as partnership agreements with British Cycling and opportunities of bringing Park Life to Leeds.
- Through the partnerships and relationships we have built we now have strong **Director/Chief Officer. Officer allies** including, the Director of Public Health, Director of Adult Social Care and Director of Communities, providing key links and connectivity across crucial service areas and enabling us to, for example, have a role in relevant strategic level steering groups such as the citywide commissioning review group.
- Active Leeds sits in the **Directorate of City Development** alongside Planning and development, Highways, Economic Development, Regeneration and Asset Management; all services that are fundamental to our pilot proposal. We would want to develop an Active Living supplementary Planning document.
- **Sport Leeds comprises a wide and varied city leadership** including the three universities in Leeds, the City College (the largest in the UK), public health, the voluntary sector, dance sector, sustainable transport and professional sport clubs / foundations. In addition, the strategic commissioning project (funded by Sport England and Yorkshire Sport) and the health inequalities breakthrough project have supported the engagement of key non-sporting partners, including health and social care, transport, planning and regeneration, jobs and skills, third sector and children and families. All are eager to support physical activity priorities, with **many offering themselves and their workforces as conduits or gateways for physical activity opportunities at both strategic and delivery levels.**
- It is also worth emphasising the key supporting role **our CSP Yorkshire Sport** have and will continue to have within the City; adding valuable staffing resource / capacity, providing expertise and having an essential critical friend role. The pilot **gives the opportunity to build on this by defining a new relationship through the testing of national thinking on the role of County Sports Partnerships.**
- We also believe, **there are other key structures in place to support the development of future collaboration in Leeds** including, for example, , Physical Activity Breakthrough Steering group, Health and Wellbeing Board,

Yorkshire and Humber Physical Activity Knowledge Exchange (YohPAKE),  
Early Years physical activity steering group, Ageing Well Partnership Board  
and Active Schools and the Councils Strategic Commissioning  
Group/Board

### **Local Community Leadership**

We believe that delivering a systems approach will require strong leadership working the communities that will enable individuals in those communities to take greater ownership of the things that matter to them. Some of the locality based approaches relevant to this pilot include for example:

- **The Council is supporting a locality based approach to future service delivery.** It has initially identified six (2 of the 6 are within our place as previously identified) of the most deprived communities in the city (chosen from the 17 LSOAs in the bottom 1%), where services will focus their resources in the hope of reducing inequalities; with a focus on building individual and community resilience and health capacity.
- In addition, the Council has also responded to locality working through the creation of a “Locality Community Health Development and Improvement Service” for Leeds which will focus on the 10% most deprived areas of the city; as part of a wider integrated healthy living system there will be 3 area based contracts with the third sector to tackle the wider determinants of health, building social capital and more sustainable and resilient communities. One of the 3 areas covered will be the Inner East and there is a consortia in place to help drive our work, called “the feel good factor”.
- At a community level our teams have strong relationships with many community organisations and key individuals (those that lead and influence). Physical activity has a presence at all key meetings and is embedded in local action planning; the diagram below gives a flavour of the how this looks;



Our Local Delivery pilot is completely aligned to this locality based approach and as this way of working is currently being established it will enable us to shape the role, contribution and impact that physical activity can have in a place. It is envisaged that with the implementation of the new localities plans and the infrastructure developments within the Inner East that existing structures / networks will be further enhanced.

c. What are the main challenges you face in successfully completing this pilot? How do you plan to overcome these?

We do not underestimate the challenges the Local Delivery Pilot will pose;

- Leeds has an excellent track record of partnership work and collaboration in sport and physical activity at strategic, facilitation and delivery levels. Partners are used to working together and have strong relationships, built on trust and shared common purpose. These have been formalised through the Sport Leeds Board and other city wide structures. However, **we do recognise that the next step of our development is to move from collaboration to systems working.** This transformational change will bring numerous opportunities but will also be very testing - we believe we are well positioned and have a willingness to work through this, supported by the systems approach / process outlined in section 4.

- **Putting a theoretical framework into practice** can be difficult but working alongside a world leading academic partner with experience of application and landing in the receptive environment of Leeds we are confident **we can successfully apply theory to affect the level of change needed.**
- **Austerity** – Making the “Leeds Pound” go as far as it can, working together to make public finances work as effectively as possible; to share and plan resources.
- Maximising the opportunities of the current profile of Physical Activity – **“striking whilst the iron is hot”**; not missing the current momentum behind this agenda and impact on wider city outcomes. Building on the relationships already made.
- To build yet **wider strategic stakeholder engagement** through, for example, the city wide commissioning Board / Local regeneration plans / better locality working / Capital programme Board ( Wellbeing Centre transformation).
- To **better understand community motivations and behaviours** – we have strong local insight in terms of physical activity and sport, but we need to have a deeper understanding of the communities and groups we will be focused on; again the model / approach outlined in section 4 will enable us to achieve this.

## 4. Outcomes

We expect you to be clear about what you wish to achieve from your pilot and that this should be significant and transformational. We would like to know why these outcomes are of importance to you, your partners and why they will interest us. We also want to know more about your understanding of what transformational change will be required to deliver these outcomes.

a. What do you want a pilot to achieve in your place?

### **A holistic systems approach**

A local delivery pilot in Leeds will:

- Create a blueprint for how to collectively run and operationalise a physical activity system.
- Demonstrate how this system can improve outcomes for specific communities and be replicated in other areas across the city/region/country.

The **system approach** would seek to improve outcomes in the Inner East by:

- Increasing physical activity levels
- Changing attitudes towards physical activity
- Building individual and community resilience
- Building skills
- Improving community cohesion

The long term ambition in Leeds is to deliver a better, more holistic systems approach to physical activity, across the life-course and across the city. This is a massive step change for the delivery of physical activity in Leeds and would require a fundamentally different approach to the way all organisation work together on this agenda.

**A “whole” systems approach for physical activity is not one that is tried and tested**, but by working with world leading academic partners in Leeds, there will be the opportunity to learn and to become more informed about what a whole systems approach means and what needs to be done to utilise the approach to bring about better outcomes in Leeds.

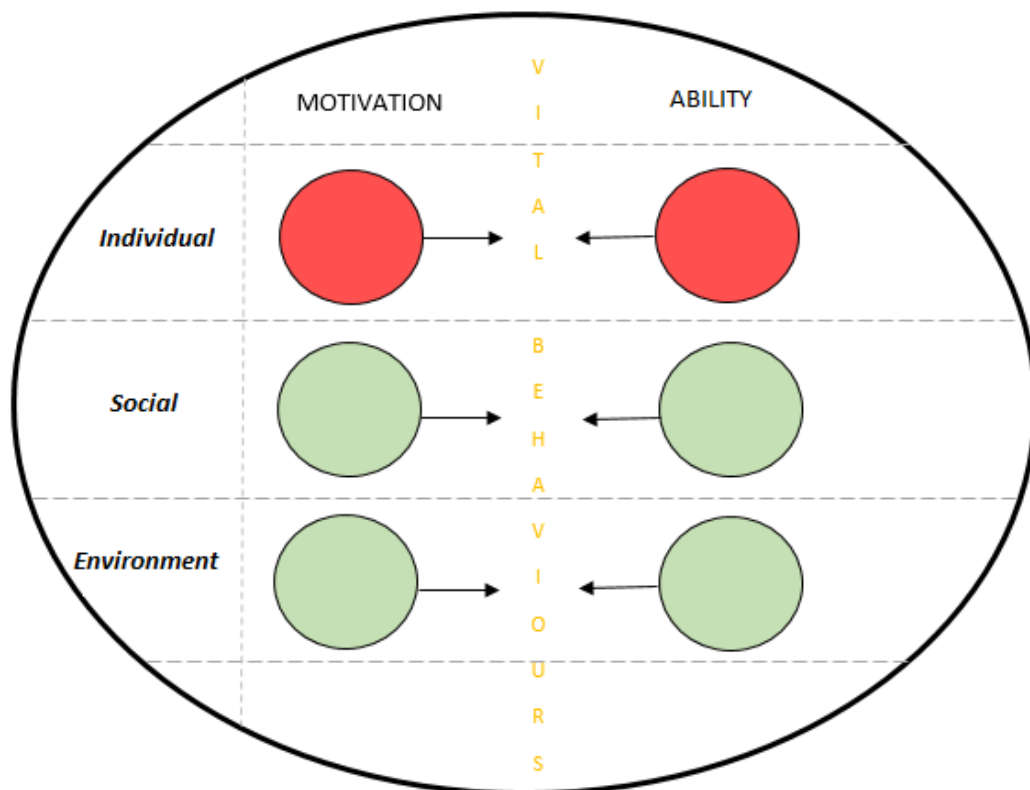
### **Functioning System approach and Influencer Framework**

The development of a whole system is an ideal. It is an approach that will drive better outcomes. In applying the principles of a whole systems approach we believe that a **‘functioning systems’** methodology presents a pragmatic and ambitious answer in helping us to set out on our journey. This means finding the linkages / assets that presently work for physical activity in the city and building on these.

In order to bring structure and to provide manageable parameters to the delivery of a 'functioning system' the city will utilise an academic model called **the 'Influencer Framework (IF)'**.

This particular model proposes that there are six domains of influence which determine if someone is physically active or not. These are grouped into three areas; **individual, social and environmental**. Through consultation with communities this model requires the identification of '**vital physical activity behaviours**' that need changing. Once these behaviours are identified action planning about how to support these changes in behaviour can be developed providing a clear focus and direction on which partners within the physical activity system can collaborate.

The Influencer Framework (IF; Grenny et al., 2015):



The above outcomes are important to Leeds as it strives to be the 'Best City for Health and Wellbeing' and the 'Most active big city in the UK'. A functioning systems approach would support the reduction of health inequalities in the Inner East whilst providing the city with a framework for rolling out this approach to other deprived communities within the city. The functioning systems approach for physical activity would also feed into and enhance the new whole systems approach to healthy living services which is to be implemented over the next 6 months.

It is also hoped that the Local Delivery Pilot in the inner east can provide a catalyst for all the city's breakthrough projects to focus on the inner east as a key area for transformational change across all partners in the city. This is especially crucial in light of new housing developments and other infrastructure investments being



developed in this part of the city over the coming years. This development provides an unprecedented opportunity to create new spaces that will affect the health of the Inner East population for decades to come.

b. What transformational change is needed in order to deliver your outcomes above?

Transformational change is required in the following areas:

- Adoption and use of the Influencer Framework
- Development of 'mastermind' groups

### **Influencer Framework**

The use and adoption of the Influencer Framework (IF) for physical activity system thinking is a transformational and innovative approach. **Leeds has a world-leading group of academics using the framework in community development settings including experience in whole systems approaches** to obesity, commissioned by Public Health England, and the analysis of Nottingham's City of Football scheme.

We will combine the framework with this academic experience to bridge the gap between complexity and simplicity in behaviour change interventions. This **is required for a community development approach where the system must be understood by local people, designed by local people and put into action by local people**. Many **behaviour change models and frameworks are too complex and difficult to put into practice**. As with any asset based approach ours regards the community as capable and would require transformational thinking for many partners across Leeds.

IF also offers the opportunity to assess how different people in the inner east area experience the provision across the six domains of influence. Learning from the City of Football has demonstrated that high recruitment occurs when provision relies on motivational and competency (ability) for behavior to be effective. When programmes address the structural and social impediments that can make it hard to engage, even for well-intentioned others, as well as individual impediments, programmes are more likely to achieve the successful behavior change required, Understanding this is essential to our approach and this is what can be replicated elsewhere, whereas the vital behaviours and their impacts will be locally unique.

### **Mastermind Groups**

Our initial intelligence will be driven by mastermind groups.

**These are groups of people who have had success in driving change within our target communities, not necessarily linked to physical activity or sport.**

Their success indicates holding local intelligence about what unlocks opportunity locally; they will be recruited as community informants to unlock problems, find

success factors and wield collective leverage. The use of **mastermind groups** would create transformational change in the way that tackling inactivity is approached in Inner East Leeds.

### **Summary**

- Systems need to be driven.
- People driving the system need to have the autonomy, authority, and accountability to affect change.
- This requires the blurring of boundaries between organisations and individual roles and responsibilities.
- Transformational change would bring together all the elements of current work in physical activity and create the systems approach, across the life course and across the city. This would signal a step change for the delivery of physical activity in Leeds, requiring a different approach to collective working.
- Testing these ideas within the confines of Inner East Leeds will provide a small enough crucible to test ideas and develop working practices. This will also offer viable governance across all areas of physical activity development. As outlined in the Leadership section Leeds has a good track record of partnership work and collaboration in sport and physical activity at strategic, facilitation and delivery levels.

c. What are the strengths and weaknesses in your place that will impact on the ability to deliver transformational change?

### **Challenges and weaknesses**

Leeds, like the rest of the country, is facing many difficult challenges due to;

- austerity measures within public finances across the Council/NHS etc
- the instability that political changes at an international level are producing and their potential impacts on employment especially for those living in our most deprived communities..

Despite this Leeds has a strong economy compared to many of its neighbours and endeavours to utilise the opportunities this economic position provides to bring benefit to those facing ever increasing levels of inequality in the city.

Whilst many resources are depleting across the city the strategic position for physical activity has never been stronger. The challenge budget holders are facing is requiring all organisations to think differently and innovatively about how they deliver their required outcomes. This is a huge opportunity for physical activity to show how it can support wider outcomes for Leeds whilst delivering cost effective solutions for the long term.

### **Strengths and Opportunities**

We have significant strengths and opportunities;

- **The positive strategic and policy position** for physical activity and the willingness of partners from across the city and from across organisations to align and collaborate on this agenda have been outlined in the Leadership section above.
- **Strong Leadership, Partnerships and collaborations**, through the city council and wider partners,
- **Physical Activity is a priority and we have a good understanding of what needs doing and where.** A framework for how best to increase physical activity levels in the city is emerging based on the findings from the strategic commissioning project, the Outcomes Based Accountability (OBA) sessions that the breakthrough project has delivered, consultations with Sport Leeds, Breakthrough partners and in localities and via expertise from within our partnership networks (i.e. the universities). For example, we know we need to be influencing, positioning and advising key partners, skilling up workforces (both physical activity professionals and the wider public health workforce), working with and in localities, using an intelligent approach to designing services, improving access to physical activity opportunities, improving the use of digital platforms and driving a more integrated, whole systems approach to the delivery of physical activity opportunities in the city. This emerging Leeds approach is building on the framework provided through 'Everybody Active Everyday' by incorporating local knowledge into the parameters. Vitality, these suggested ways of working are gaining buy-in from many key partners in the city and they will be enhanced through gaining a better understanding of the vital behaviours that need to change in our communities.
- **Strong readiness factors as illustrated in Section 1**
  - Section 1b shows the converging elements that create the strong case for Leeds and the inner east area overall.
  - Section 1c highlights where data from the communities team clearly demonstrates the social and demographic data that drives the rationale for working specifically in the inner east area.

### **In summary**

The above examples demonstrate that Leeds is ready and willing to work collaboratively on the Local Delivery Pilot. There is a lot of work taking place in the city and many successful and functioning linkages between partners, activities and residents are already in place. Leeds is building a good understanding of what is required to deliver a systems approach to physical activity, but it recognises there are gaps in present practises that mean the current approach, in many places, is more ad hoc than either functional or holistic. The aim is to better understand how to fill these gaps, initially to build on the collaborative relationships, knowledge and interventions we already have to create a series of 'functional' systems for physical activity and, long term to continue to develop and scale up this systems based approach to ensure better delivery outcomes.

The next steps are to gain a better understanding of what Leeds Inner East priority communities need from a physical activity system to improve their physical activity levels. This information then needs matching with what we already know and what is already happening in the city. This will allow the Inner East community to prioritise what vital behaviours it wants to address, where to direct resources

based on these levels of need and what its ability is to address this need based on present resources, relationships and understanding.

## 5. Learning

This pilot programme is all about enhancing knowledge and understanding through testing concepts and ideas. We need you to tell us what you think we could test in your pilot. We need to be assured that your place is comfortable working in an experimental manner (and the scrutiny this will bring) and that you are committed to effective and timely sharing of any learning including about what hasn't worked.

a. What will we be able to test and learn if we selected your place as a pilot?

Taking a “whole” systems approach to physical activity is complex and has never been tried and tested at population level. Part of the challenge is to understand what it means to take a systems approach; only by understanding mechanisms can specific outcomes be predicted. Mapping system elements - and their connections - is central to systems ‘thinking’. This provides an opportunity to test different combinations of interchangeable interventions and policy options to increase physical activity levels. To deliver this local level pilot, we will embody a philosophy where ‘the single most important intervention is to understand that there is no single most important intervention’ (Rutter, 2010).

A successful Leeds bid will be unique because a pilot in Inner East Leeds will create a blueprint for how to collectively run and operationalise a physical activity system. This will be achieved by adopting the Influencer Framework (IF).

IF provides a simple structure for delivering outcomes based on six domains of human influence (small circles). These create local-level leverage to encourage more people to become more active. IF is strongly resonant of, but more actionable than, the model proposed by the COM-B model (Michie et al., 2007).

The system provides a focus for measuring and then finding the best outcomes for communities. Through consultation, ‘vital behaviours’ can be identified among and by target populations. Once identified, action planning about how to support these changes – by considering the contribution of the six domains of influence - can begin. This, in turn, will drive the work and focus of partners in the system. Thus, effective systems align powerful local influences for local benefit.

IF proposes that most physical activity interventions still focus on individual-level approaches. Indeed, evidence suggests that in underserved communities, activity is most likely to be supported by individuals already high in both competence and motivation. To secure benefits at scale, our approach requires an additional, *concurrent*, focus on the social and environmental domains. Notionally, these are the areas that can make behaviour change more likely in those groups who have

yet to experience the motivation or the sense the personal competence that *follows* – rather than precedes - engagement. The following table shows what is required or the ‘job to be done’ in each domain to ensure attention, then successful try-outs, initial engagement, potentially progressing to fuller engagement.

|                    | <b>MOTIVATION</b>                                                                                                                              | <b>ABILITY</b>                                                                                                                                |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INDIVIDUAL</b>  | <p><i>MAKE THE UNDESIRABLE, DESIRABLE</i></p> <p>How can they become engaged in the behaviour?</p>                                             | <p><i>HELPING THEM SURPASS THEIR LIMITS</i></p> <p>What strengths and skills will help them to live more actively?</p>                        |
| <b>SOCIAL</b>      | <p><i>HARNESS PEER PRESSURE</i></p> <p>How are others encouraging or discouraging vital behaviours?</p>                                        | <p><i>FIND STRENGTH IN NUMBERS</i></p> <p>How readily do others provide the help, information and resources required at particular times?</p> |
| <b>ENVIRONMENT</b> | <p><i>DESIGN REWARDS &amp; DEMAND ACCOUNTABILITY</i></p> <p>Are systems rewarding positive behaviours &amp; discouraging ineffective ones?</p> | <p><i>CHANGE THE ENVIRONMENT</i></p> <p>How easy is it to get involved where you live?</p>                                                    |

Due to the nature of the demographics in Inner East Leeds the pilot will naturally reflect the wider key investment priorities of Sport England around tackling inactivity and targeting under-represented groups. However, a major challenge is to establish the combination of vital behaviours and interventions; to do this requires deep engagement with pre-existing local routines and customs to identify opportunities. A continuous feedback loop is required for the ‘system’ to analyse what works, when and what does not.

Therefore, it is pre-emptive to predict exact measures and outputs. The creation of an evaluation framework will be a crucial and ongoing process (in partnership with Sport England and academic partners) to understand our impact on local physical activity levels, attitudes towards physical activity and sport, individual and community resilience, building skills and developing community cohesion. A clear link will also be provided for our contribution to the Government and Sport England’s five outcomes of physical wellbeing, mental wellbeing, individual development, social and community development, and economic development.

b. How do you currently make use of insight to improve or change what you do?

The use of insight is embedded in the way we work in Leeds. There are a number of sources of insight that are utilised in project design and review and these are used in combination to give the clearest possible direction for our work. When we talk about insight in Leeds we can mean any, or all of the following:

- Data and analytics
- Officer intelligence and experience
- Formal insight based research (national and / or local)
- Learning from the evaluation of existing projects
- Academic learning

In terms of data and analytics our main source of information is from the Leeds Observatory that provides data at LSOA level via the Indices of Deprivation and a new, Leeds specific, Resilience framework. In addition, the JSNA and additional Health Needs Assessments for Leeds are available through this hub site. Data is also utilised from Active People / Lives, mosaic analytics and Leeds specific physical activity data sources, such as Leisure Centre management systems. Where a more intelligent approach to service design has been implemented it has been shown to enhance uptake of the opportunities by our targeted participants.

Officer Intelligence is combined with the data and analytics to give a broader view of how we need to improve or change our services. Officers across the city work closely with their communities and have a good understanding of what the needs and requirements of those communities are. It is this knowledge that we hope to build on through the introduction of Master Mind groups within the Local Delivery Pilot project governance structures. By engaging individuals who have achieved success in our targeted communities from areas outside of physical activity we hope to unlock opportunities for changing physical activity behaviour that might not have been trialled previously.

As well as the national level insight provided by Sport England and Public Health England, Leeds has previously commissioned its own insight report to get a better understanding of the 'inactive person in Leeds'. This work was funded by both the NGB Place pilot and Leeds Let's Get Active projects. The results of this work have since been embedded in service design. This evaluation was also recommended the development of an information hub for physical activity opportunities which will provide accessible information to people who want to become more active. Learning from the evaluation of existing projects and working closely with academics are areas of growth in Leeds. Being able to include funding for a research partner in the Leeds Let's Get Active project was hugely beneficial and the learning from this piece of work has not only influenced the future delivery and funding for this project and other physical activity interventions, but has also helped to shape the public health re-procurement of the new healthy living service for Leeds (raising the profile and importance of physical activity within this new service). It is work like this that we are seeking to share more widely through the development of the Yorkshire and Humber Physical Activity Knowledge Exchange (YohPAKE). This organisation emerged out of the PHE 'Everybody Active Every Day' evaluation event in Leeds in March 2016. The organisation / network is going

from strength to strength and has representation from across sectors, across the Yorkshire and Humber region.

With the funding from the Local Delivery pilot we would seek to enhance our use of insight in the following ways:

- Develop a hub of information / data about physical activity in Leeds. This could sit on the Leeds Observatory site and would therefore be an accessible and transparent resource for all to utilise. Through the Health Inequalities Breakthrough project we are already starting to bring together data / analytics experts from across organisations / services to discuss how this can be best moved forward.
- Explore the use of more innovative sources of data to get a better understanding of the picture for physical activity in Leeds. As an example, we would seek to build on the learning from Birmingham City Council re: the use of mobile data. In addition, we would seek to further develop the linking of physical activity data sets into online patient records which can be accessed by patients and GP's. This work has the potential to be rolled out nationally if successful.
- Together with the Director for Primary Care South and East CCG and the Head of Health Innovation (Leeds Health Partnerships) we are exploring innovative ways of **pushing data on physical activity into our local care system records**. The two companies that provide the IT platforms for care records are both based in Leeds. We have approached one of them (TPP) to explore this area of work and they have responded with huge enthusiasm. Discussions are at an early stage but designation as a local delivery pilot would significantly accelerate discussions.
- Enhance the role of YohPAKE as a network for physical activity practitioners and academics across the region to come together and share good practise and to work together more closely on increasing physical activity in Yorkshire and Humber.
- Support the Health and Wellbeing Board to develop a measure for the physical activity priority 'More people, more physically active, more often' A proxy measure would potentially be beneficial to the board on top of the Active Lives data we will have for the city. It is proposed that an enhanced Active Lives sample is funded in Inner East as part of this work.

c. How has the workshop informed the development of your thinking?

The aims of the Local Delivery Pilots workshop were articulated clearly - addressing inactivity, reducing inequalities and embedding a step change in approach all of which are fundamental to our proposal for Leeds.

It provided an opportunity through our partner and network discussions to reflect on where we are in Leeds and what we want to aspire to achieve – how our ambitions as a city match and align with the areas covered at the workshop.

We believe it reinforced our thinking and the conversations already taking place with a range of partners and organisations around whole systems / integrated approaches to physical activity in a place and the need for step change and our ability to replicate and scale.

Importantly, it highlighted the need for strong leadership at all levels and the importance of true collaboration, which we know have in Leeds. There is a readiness of the city to come together and make a difference.



## 6. Final question

Please explain why Sport England should choose your place to be a pilot?

Leeds is a city of contrasts; it is also a city of high ambition; a city willing to try something different and new. The wider partners in this great city have worked tirelessly to promote and deliver fantastic opportunities for people to be more active, but so much more needs to be done, so much more needs to be embedded.

We believe that Leeds has all the ingredients to be a cooperative and willing partner. We understand that effecting long term levels of participation is a massive challenge and addressing ways of working that understand behaviour change and the wider environment in which people take part is key to making progress.

The foundations are in many ways in place through the work undertaken to reposition physical activity at the centre of public health policy. **Timing is key** and being chosen as a pilot will enable those foundations to be built upon at scale and at speed.

Our proposal highlights why the time is right and by focussing our work within a defined part of Leeds where we can apply our learning city wide (and nationally) as part of the ongoing learning process.

In short we are ready because.

- Physical activity and sport are a high priority
- Actual and potential connectivity across Council service areas and wider key partner organisations is really strong
- Strong strategic / leadership at the highest levels across a range of key stakeholders
- An area of high deprivation with challenges that will test new approaches to the full
- A willing and able partner, with driven desire to take to make step change and to take calculated risks
- A systems based model underpinned by academic rigour and recognition that success will be based on addressing in parallel the built / natural environment together with behavioural influences of the individual.