

Leeds Health & Wellbeing Board

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Report of Head of Sport and Active Lifestyles

Report to Leeds Health and Wellbeing Board

Date: 12th March 2014

Subject: Leeds Let's Get Active

Are there implications for equality and diversity and cohesion and integration? Yes No

Is the decision eligible for Call-In? Yes No

Does the report contain confidential or exempt information? Yes No

If relevant, Access to Information Procedure Rule number:

Appendix number:

Summary of main issues

This report presents an overview of the Leeds Let's Get Active project, its progress to date and future considerations should the project prove successful.

So far progress appears to be ahead of target with some encouraging initial results being achieved, including over 15,000 people already signed up to the programme.

Recommendations

The Health and Wellbeing board is asked to;

- Note the update of LLGA and progress towards meeting Sport England targets
- Receive a presentation on current work and progress and discuss further ways of engaging health professionals in promoting physical activity and LLGA

1. Purpose of this report

- 1.1 To present an outline of the Leeds Let's Get Active project and an indication of progress made to date against a primary target of supporting 1,350 people considered as inactive to become active, participating in at least 30 minutes of physical activity every week.
- 1.2 To highlight the current opportunities and challenges faced in supporting inactive people in becoming active.

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 it is working to secure Leeds' position as the 'most active big city in the UK'. The services support a total of 4.5 million visits to its 18 leisure centres annually, with the majority of this activity taking place in its 13 swimming pools, 11 Bodyline Gyms and over 500 fitness classes. Adult Social Care are presently integrating 10 learning disability centres into leisure centre settings and S&AL are seeking co-location arrangements with other partners including health.
- 2.2 In addition, the service supports the delivery of cardiac rehabilitation and weight management programmes through the provision of physical activity sessions and its development team delivers informal sporting and recreational opportunities for inactive people across the city and particularly targets disabled participants, older (+45) people, women and girls, young people and those not in education, training or employment.
- 2.3 S&AL are developing an 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. The partnership between sport and health and well-being services is further emphasised in the new Sport Leeds "Sport and Active Lifestyle Strategy- 2013-2018" where there is a very strong emphasis on the benefits of connecting all the key partners engaged in sport and active lifestyles for the wider benefit of the City.
- 2.4 After lengthy discussions through 2013 Leeds City Council was successful in applying for £500k of Sport England funding from their "Get healthy get into sport" pilot grant programme. The "Leeds Let's Get Active" project is 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 (for the main well known long term conditions) is over £10.4m per year (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 total funding for this pilot project £1,060k.
- 2.6 Members of the Board will be aware of the significant health and life expectancy inequalities which exist within Leeds. This pilot project will contribute 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.
- 2.7 The project sees 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.
 - A continuation of the Bodyline access scheme.

Leisure Centre Offer

- 2.8 The offer in every leisure centre (17 in total) is one free hour every day (off peak) with an additional hour per day for 4 leisure centres that serve the most deprived areas of the city: John Charles Centre for Sport, Armley, Farnville and Middleton Leisure Centres.
- 2.9 The timeslots that have been allocated to the leisure centre free offer are mainly during the daytime and are all off-peak sessions. These sessions have been carefully chosen as they have both the capacity to incorporate new users as well as being most potentially appealing to the target market. They have also been selected to correspond to those times that are likely to have the lowest revenue impact from the loss of earned income from existing fee paying customers.

Community Offer

- 2.10 The community offer is designed to provide an alternative route into physical activity in a non-leisure centre setting. A total of 102, 10 week blocks of low intensity activity suitable for inactive people will be delivered over the 18 months of the pilot project and will include: Active Family multi-sport sessions, Social Walks, Beginners Running Groups and fitness classes.
- 2.11 The activities will primarily be delivered in community parks, however during the winter months some sessions will be brought into indoor community venues.
- 2.12 Locations identified for delivering the community activities must be within an LSOA within the 20% most deprived communities (based on Indices of Health deprivation). Areas classed as 'pockets of deprivation' can also be

selected if they fall within the 20 – 30% most deprived for health deprivation.

Bodyline Access scheme

- 2.13 This scheme aims to build on the Bodyline signposting scheme already in place for healthcare professionals, when a patient can receive a Bodyline membership card for 3 months for £5. LLGA aims to test various levels of intervention received throughout the referral process.

LLGA Targets

- 2.14 LLGA has been live since October 2013 and is due to run until March 2015. The project formally reports to Sport England on a 6 monthly basis and includes the following targets;
- To increase the activity levels and participation in sport of those inactive in Leeds. especially in areas of highest health inequalities
 - To establish better links with health partners
 - To better understand the barriers for healthcare professionals in discussing physical activity and how to address them
 - Development of a universal offer incorporating free gym/swim across a number of leisure centres in areas of highest deprivation and health inequalities
 - 270,000 new visits
 - 16,500 new card members
 - 1350 previously inactive new participants completing 1x30 minutes physical activity per week
 - Free multi-sport community offer focussing on family participation – 102 10/12 week programmes (840 people)
 - An increase in the numbers of those accessing the Bodyline Scheme achieving 1x30 physical activity per week
- 2.15 LLGA has a specific project lead and is supported by staff across Sport and Active Lifestyles (including development, operations and business teams), Marketing and Communications and Public Health.

3 Main issues- Initial progress

Sign up and Participation

- 3.1 Remembering that to take part in the project the participants need to sign up and receive a “Leeds Let’s Get Active” card in order to capture their details and evidence participation. At this early stage it is not sensible to draw any firm conclusions, however so far progress has been encouraging with the number of people signing up to the scheme being ahead of target. The challenge for the project is to convert the “sign ups” into actual visits and sustained participation.

- 3.2 LLGA has now been live since 30th September 2013 and as of 31st January 2014, has over 15,000 registered members. This equates to 96% of the target set by Sport England which aimed for 16,500 new registered members by March 2015.
- 3.3 Pre and post LLGA physical activity analysis is being completed by Leeds Metropolitan University
- 3.4 Some interesting early information is coming through from the information held on the database:
- LLGA registered members were predominantly female (60.5%)
- 50% of LLGA registered members were aged <35 years. Areas of deprivation were well represented in the cohort. Weekly figures have demonstrated a range between 29% and 43% of LLGA members ranked as living in areas classed as top 20% most deprived.
 - 6,220 LLGA registered members have attended an LLGA session
 - Since 30th September 2014 LLGA have seen over 27,000 visits to leisure centres
 - Initial attendance data from Block 2 of the community programme (20th Jan – March 2014) is showing positive upward trends in relation to numbers registering and attending the available community activities. Already 48 participants have registered and total visits are at 124.
 - The Bodyline access scheme has received 453 referrals from a variety of health professionals.
- 3.5 LLGA was also challenged with increasing sport and activity among the most inactive groups across Leeds. At this point in time, follow-up data collection is still in its infancy however early indications are that the project is having success in converting those previously inactive to doing some sustained activity.
- 3.6 As expected there is a proportion of LLGA members who have not attended an LLGA session. Efforts are being made to identify and break down barriers to making a first visit. These include;
- Production of a video for first-time users to visualise the unknown environment
 - Production of a community brochure detailing member stories.
 - Further training for leisure centre staff to offer a supportive environment to new users.
 - Working with partners to consider further barriers.

LLGA Partner Engagement

- 3.7 Since the project began, LLGA has successfully engaged a large number and variety of stakeholders who have shown invaluable support to embed the project in their work. We have seen input and interest from housing providers; VCFS organisations; neighbourhood network schemes; schools and children's centres; NHS and private clinicians. LLGA is now represented at Leeds Working Well Board (strategic board overseeing support for unemployed, those with disabilities or mental health problems to access and retain employment); the Leeds Teaching Hospitals Trust Obesity Steering group and through the Sport Leeds Board Sport and Active Lifestyles Strategy.
- 3.8 Three engagement events have now been delivered where stakeholders have come together to understand the project, share best practice and work together to highlight and overcome challenges with promoting the project with the target audience. LLGA maintains contact with stakeholders sending a quarterly e-newsletter to partners. Work continues to take place to engage and support further stakeholders across the City.
- 3.9 LLGA is supported by three active lifestyle officers based in the three "wedges" of Leeds who attend area based meetings to share, promote and update stakeholders further on the project. These include externally facilitated meetings with area committees, area support teams, local VCFS and other health and wellbeing focussed partnerships. These groups are invaluable in sharing project progress and understanding local needs of inactive people with the large number of teams across Leeds.

Marketing and Communications (31.1.14)

- 3.10 Attracting 15,376 people to sign up to LLGA has been a huge achievement, with approximately 30% of those signed up from areas of high deprivation. We believe that this success can be attributed to our approach to phase one and the launch of our marketing and communications plan.
- 3.11 To ensure a targeted and coordinated approach, our LLGA marketing plan was developed through a fortnightly partnership meeting between Leeds City Council's Marketing, Sport and Active Lifestyles and Public Health teams. The aim of the plan was to adopt an intelligence led approach to marketing and communication using segmentation tools, data sources and business/customer intelligence. Work included in the plan aimed to maximise the potential of both traditional and digital platforms using appropriate personalised messages to communicate with both prospective customers and existing members.
- 3.12 Females aged 20 – 45 years were identified as the primary target as they can be considered the gate keeper to the family and in a key position to influence the habits of their children, partners and parents, particularly those who are inactive. The primary target was identified as likely to be;

female, a parent, living in social housing, claiming benefit, likely to be overweight / obese, living in postcodes LS1 to LS15 with a bias to the south of the city and living within a two mile radius of a leisure centre. Intelligence was used to identify where the primary target is likely to visit and what sorts of communication channels and messages they are likely to engage with.

- 3.13 Change4life Images and fonts for the LLGA branding were chosen based on the high brand recognition levels within this profiled population. "Leeds Lets" was also selected to link with existing recognised initiatives and campaigns in Leeds that are used and understood by both the general public and Health Professionals (www.leedsletschange.co.uk).

LLGA Impact – Individual Feedback

- 3.14 LLGA is continuing to receive support from a large number of organisations and continued positive feedback from professionals and LLGA members alike is helping us to build the evidence of impact.

Below are just two comments received about the impact of LLGA on individuals:

"I just wanted to write to say thank you to whoever has come up with this brilliant scheme. I think this is an excellent idea, helping the public to improve their health through exercise, utilising existing resources. I haven't swam in such a long time and thoroughly enjoyed it today. I received a flyer through the post, signed up online & found the lady on reception at Scott hall very friendly & helpful. I was given a card very swiftly and had my correct details. Great service allround.

I will be swimming again next Monday & every week that it is free. I'm presently struggling financially in these difficult times, so having the opportunity to swim for free is something I really appreciate. Keep up the great work!"

LLGA Member

"I just wanted to feedback a really positive story regarding the gym cards (Bodyline Scheme). We have a client who has been on an ATR and in and out of alcohol treatment for many years. He feels that the Gym card has been the single most helpful thing to help him stop drinking and stay stopped in all that time. He has a history of mental health problems and feels that he is really aware of how exercise can improve his mental health now and has found it better than any mental health treatment. Since getting a gym card he has been going daily and has benefited and now intends to keep accessing the gym through Leeds Let's Get Active. "

Thanks

Service Manager

ADS Leeds

Future and Sustainability

- 3.15 Currently LLGA is funded until March 2015. Public Health, Sport & Active Lifestyles, Adult Social Care, Children's Services and other internal and external partners need to review the outcomes to date and consider the sustainability of the project as part of improving the quality of life for all our residents. This needs to include a comparison of the sustainable benefits with potential costs going forward. The majority of the recurring costs are associated with meeting loss of earned income during the free periods.
- 3.16 By recording self-reported physical activity levels prior to joining LLGA and comparing these throughout the programme alongside attendance and loss of income, we are beginning to build a body of evidence for the impact of the project. It certainly appears to be moving hundreds of people from 'inactive' to 'active' and generating tens of thousands of new additional swims and gym visits in the council's leisure centres. Further work is needed to determine reasonably robust measures of the sustainable impact. In particular, the project needs to be measured throughout the whole year, as activity levels are seasonal and fluctuate with unusual weather and major sporting events, particularly at school holidays.

The current planned investment in LLGA is as follows:

	2013/14	2014/15	Total
Initial Proposed Budget	£	£	£
Free Offer	250,000	400,000	650,000
Marketing	64,000	20,000	84,000
Community offer	12,000	36,000	48,000
Bodyline on referral project coordinator	28,000	35,000	63,000
Project Lead	43,000	42,000	85,000
Universal Support	7,000	13,000	20,000
Research	25,000	25,000	50,000
Bodyline on referral project	20,000	40,000	60,000
In kind			
Development	50,000	50,000	100,000
Facilities	110,000	110,000	220,000
	609,000	771,000	1,380,000

- 3.17 A significant proportion of the above costs are one-off or set-up in nature, including most marketing, research and in-kind staff time. The future annual costs may need to be engineered downwards, though the budget could be maintained or increased and the offer focussed even more on the most effective channels of most benefit.
- 3.18 Even at this early stage, LLGA is allowing us to better estimate the costs associated with providing a free universal offer in Leeds.

- 3.19 There have already been learning points about what parts of the free offer cost most. Providing free gym inductions without any conditions or means testing for the first 4 months generated an estimated 980 additional induction sessions in addition to the 500 paid inductions that might otherwise have been expected. It cost about £13,000 in cost\income forgone over the four months (including the month before the free offer began)however it removed a £13.50 barrier to trying out a gym and encouraged more sign ups. Further evaluation will be able to test the relative merits of this approach.
- 3.20 Using sites and time-slots which were already busy was generally avoided, but to give a wide offer, some such times were offered across the city. The tentative experience confirmed that income loss was greatest at these times, but usage rarely pushed the capacity of pool or gym, meaning that the additional activity was not as proportionately high as sessions which were previously little used. Future costs could be lowered by avoiding some popular lunch-time and weekend slots, but users and potential users are, inevitably, asking for free sessions to be widened to more popular peak times.
- 3.21 Leeds' experience of the 2009-10 Free Swimming Initiative was that it appeared to generate little additional secondary spend on other paid activity or food/drink. So far LLGA seems, tentatively, to be producing some additional above trend casual income in other sessions, mainly swimming, to help mitigate the inevitable cost of making existing sessions free. However, more research is needed to assess whether this is a side effect of enhanced marketing spend or related to seasonal and post-Olympic trends, rather than a consequence of the free offer. Individual level analysis and case study interviews may help clarify this further.
- 3.22 The impact on individuals and reported activity so far certainly appears large enough to satisfy both Sport England and Public Health colleagues. Income losses, the most difficult cost to predict at the outset, appear to be staying within budgeted levels; so there is no financial need to curtail the project.
- 3.23 Looking further forward, there has to be a sustainable way of making increasing use of off-peak leisure centre capacity to improve the activity, well-being and health gaps in Leeds. The success of moving Learning Disability bases into sports centres and the impact of Holt Park Active on the opportunities for older people strongly demonstrate that the public services can save money and deliver better outcomes by bringing health and social care into a lively, non-traditional, sports setting.

4 Health and Wellbeing Board Governance

Consultation and Engagement

- 4.1 The project 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 have been 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).

- 4.2 In addition the Sport and Active Lifestyles service has also conducted two communication audits with Leeds Metropolitan University, with projects very similar to Leeds Let's Get Active. The audits included Leeds Lets Change and Women into Sport and looked to identify the types of messages, images and channels the service should use to communicate and market to these groups. The findings from these audits have been incorporated into the Leeds Let's Get Active programme
- 4.3 The Scrutiny Board (Sustainable Economy and Culture) considered the Leeds Let's Get Active Scheme proposals at its meeting on 16 July 2013. 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.
- 4.4 A number of recommendations were made by the Scrutiny Board. These included for example:
 - In relation to marketing the scheme the board suggested that officers tap into the expertise from ward councillors and look at how schools could support the campaign.
 - Transport was raised as a key barrier to people accessing provision and it was recommended that this be continually reviewed throughout the scheme.
 - In relation to the free offer it was suggested that provision for the community programme be expanded where possible and that Quarry House be approached to see if the swimming pool at this site could be included in the offer.
 - Finally, it was recommended that targeted work be carried out with non-geographic communities such as gypsy and traveller communities and that single sex provision be looked at to support faith and cultural needs.
- 4.5 Leeds Let's Get Active will be presenting to the Scrutiny Board on 18.3.14 with updates on these which include continuing updates and discussions with local ward members and the consideration of swimming lessons and promotion of single sex provision within leisure centres.
- 4.6 **Equality and Diversity / Cohesion and Integration**
- 4.7 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:

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

As the programme has progressed, the actions above have all been implemented, contributing to the success of the project so far.

As well as offers in the community, the proposed 18 month pilot offers free off-peak access to a swim or gym session for at least one hour every day in all leisure centres, two at those in areas of highest deprivation. Those currently unable to afford swimming and gyms should benefit most, wherever in Leeds they live. This may particularly benefit those on low incomes, minority ethnic groups and older people.

4.8 Resources and value for money

Continuing this pilot on the same scale should be neutral to the council's budget in 2014/15. The budgeted cost for 2014/15 of £771k is due to be met with £321k from Sport England, £250k from Public Health, £40k from Public Health and £160k in-kind officer time funded by the Council in its base 2014/15 revenue budget.

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.

4.9 Legal Implications, Access to Information and Call In

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.

4.10 Risk Management

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 will be monitored weekly for any disproportionate loss of income.

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.

5 **Conclusions**

Modest investment in LLGA has allowed the development and testing of systems and methods to attract inactive people in Leeds to consider increasing their levels of physical activity. LLGA has a functioning online registration process and automated communication to continue to provide and test ways of creating a supportive environment for the target audience. Systems are also in place to capture large data sets which include baseline and follow up data using self-reported 7 day recall. There are currently 17 sites actively involved and a variety of coaches delivering LLGA in the community. LLGA has attracted our target market of inactive people and is supporting with increasing these levels of activity by breaking down the barrier of cost and creating a supportive environment. Insight and market segmentation has created a strong brand and is supported by a large number of partners and stakeholders across the City. LLGA is progressing well against its targets.

LCC is keen to maximise the opportunities and funding available to continue to support inactive people in becoming active

6 **Recommendations**

The health and wellbeing board is asked to;

- Note the update of LLGA and progress towards meeting Sport England targets
- Receive a presentation on current work and progress and discuss further ways of engaging health professionals in promoting physical activity and LLGA