Leeds Health & Wellbeing Board

Report author: Mark Allman
Head of Sport

Report of: Dr Ian Cameron (Director of Public Health, Leeds City Council)

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

Subject: Leeds Let's Get Active Evaluation Findings

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? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues
The Health and Wellbeing Board received an update report in September 2015 outlining the significant and successful impact that the Leeds Let's Get Active (LLGA) scheme has had in engaging people to be physically active. Additionally a further update regarding funding was presented in January 2016. This report provides a further update on LLGA by presenting an overview of the research and evaluation findings, prepared by Leeds Beckett University from Year 3 of the project (1st April 2015 –25th April 2016).

The project is shown to be effective at increasing physical activity levels and reducing sedentary behaviour among inactive individuals. Since its launch in September 2013, LLGA participants have now attended over 410,000 visits with 45% of these visits made by participants who were classified as inactive at baseline. The data collection for the Year 3 evaluation regarding wider lifestyle behaviours and long term conditions emphasises LLGA's potential to engage with individuals with wider Lifestyle Risk Factors and to be used as a vehicle for promoting wider lifestyle changes.

Recommendations
The Health and Wellbeing Board is asked to:

- Note the update of LLGA and evaluation findings based on research from Year 3 of project delivery.

1 Purpose of this report

1.1 The purpose of this report is to present key findings and an outline of the evaluation report covering Year 3 of LLGA. This includes progress against targets which have the primary focus of supporting inactive people to become active for a minimum of 30 minutes per week. It will also illustrate how LLGA has engaged

with individuals with wider unhealthy lifestyles (current smoker, excessive alcohol consumption and lack of fruit and vegetables). It will demonstrate therefore how LLGA is helping the board to deliver the Leeds Health and Wellbeing Strategy key priorities to 'get more people, more physically active, more often' and to have 'a stronger focus on prevention'. Additionally the report illustrates how LLGA helps the board to reduce health inequalities by engaging with individuals from the most deprived areas of Leeds.

2 Background information

2.1 In 2013, Leeds City Council Sport and Active Lifestyles Service was successful in applying for £500k of Sport England funding from their "Get healthy get into sport" pilot grant programme. LLGA was one of 14 national pilots looking at different ways of increasing the activity levels of those who are currently inactive.

2.2 The Sport England £500k was matched by Public Health who also committed funding of £60k, continued from the previous Bodyline Access Scheme project, making the funding for the first 18 months (October 2013 – March 2015) of delivery £1,060,000.

2.3 Following the first 18 months of delivery, the project was extended following a re-profiling of the loss of income expenditure from years 1 and 2 and additional financial support from Public Health. This allowed for one full additional year of delivery which ended March 2016.

2.4 In January 2016 the Integrated Commissioning Executive agreed an additional 8 months funding for LLGA to allow the final Year 3 evaluation report to be produced in July 2016 and for a cost effectiveness analysis to be completed for the scheme. This funding is due to end on the 30th November 2016.

2.5 The LLGA scheme provides an offer that includes; free, universal access to all Leeds City Council Leisure Centres (which includes gym, swim and exercise class provision); free physical activity opportunities in local parks and community settings and a continuation of the Bodyline Access Scheme.

2.6 Members of the Board will be aware of the significant health and life expectancy inequalities which exist within Leeds. This project is contributing towards reducing these inequalities by increasing participation in physical activity, targeted at those who are presently inactive and doing less than 1 x 30 minutes of physical activity per week, and whilst providing a universal free offer, the offer is greatest in those areas with the highest need.

2.7 A report outlining progress in relation to the evaluation of years 1 and 2 of LLGA was previously presented to the board on the 30th September 2015 with a further update on 12th January 2016.

3 Main issues

3.1 A full evaluation report has been submitted by Leeds Beckett University – the research partner for LLGA. The report provides an overview of the findings from LLGA with results that have been generated for data that was collected from 1st

April 2015 –25th April 2016. A summary of the figures from the full evaluation report are provided below for the board.

3.2 The evaluation was captured through self-report questionnaires completed by participants signing up to LLGA. The single –item activity measure was used to capture activity data and data was gathered through XN, a leisure industry IT management system that provides data on attendance at LLGA. Participants signed up on-line or via paper-based questionnaires.

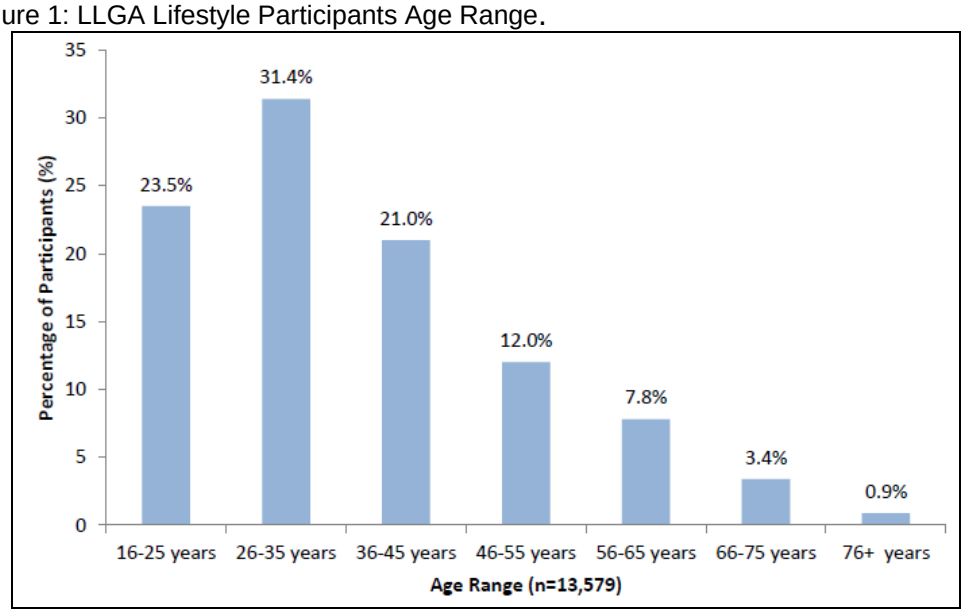
3.3 In addition, to help determine the reach of LLGA and to gather valuable intelligence about the impact of LLGA on lifestyle risk factors and long term conditions, self-reported data on demographics, long term conditions, lifestyle risk factors, wellbeing and height and weight was also captured within the evaluation for Year 3.

3.4 Key Achievements for LLGA:

3.4.1 Registration and demographics:

Since it began in September 2013 LLGA has recruited over 89,000 participants. The evaluation for Year 3 was based on 18,175 registered participants in that year (1st April 2015 –25th April 2016) and following data cleaning and validation, the subsequent analysis is centred on 13,579 participants of which 62% were female. Figure 1 illustrates the breakdown of participant's age range. The mean age was 37.

Figure 1: LLGA Lifestyle Participants Age Range.



Overall 22.3% of participants were classed as deprived (living within the top 20% of the most deprived areas in Leeds). Table 1 shows the top 5 postcodes for LLGA sign up by deprivation.

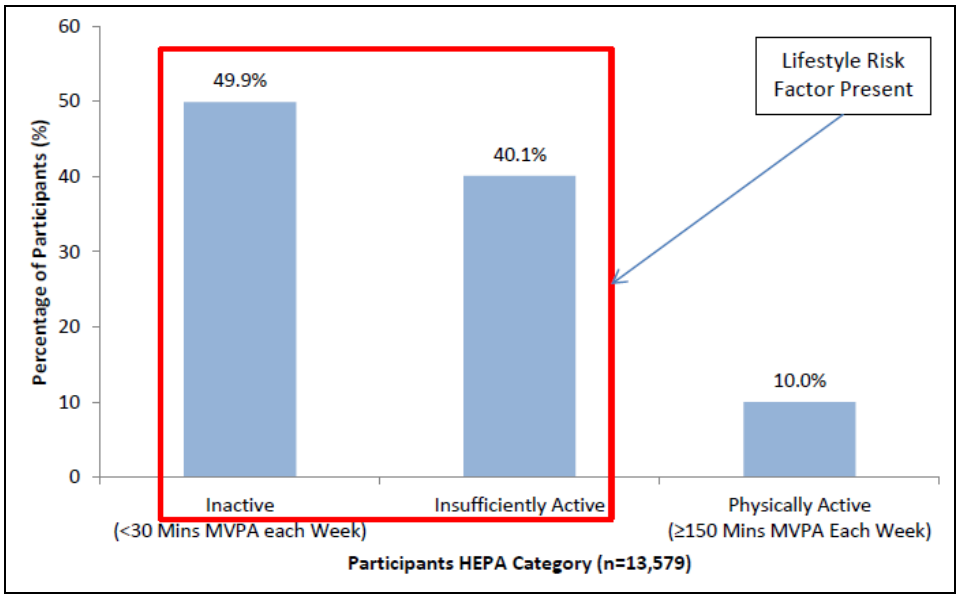
Table1: LLGA Lifestyle Participants Top 5 Postcodes for Sign- up by Deprivation.

Postcode	Local Area's	Proportion of participants	Proportion from Deprived areas
LS12	Armley, Farnley, New Farnley, Wortley	8.1% (n=1,093)	61.8% (n=591/957)
LS8	Roundhay, Oakwood, Gledhow, Harehills	6.2% (n=843)	0.0% (n=0/739)
LS13	Bramley, Rodley, Swinnow	5.7% (n=768)	41.6% (n=285/685)
LS28	Calverley, Farsley, Pudsey, Stanningley	5.3% (n=722)	3.8% (n=23/611)
LS11	Beeston, Beeston Hill, Cottingley, Holbeck	5.1% (n=690	68.2% (n=431/632)

3.4.2 Physical Activity Status

Current recommendations suggest that adults should undertake 150+ minutes of moderate intensity physical activity each week, equating to around five sessions of physical activity lasting 30 minutes or more each week. Based on activity scores from the single-item measure Figure 2 shows that 40.1% of LLGA sign ups were insufficiently active for health and 49.9% were inactive, therefore, 90.0% of participants presented physical activity as a Lifestyle Risk Factor.

Figure 2: LLGA Lifestyle Participants - Physical Activity Status



3.4.3 Lifestyle and Wellbeing Baseline Data

Chronic health conditions such as cancer, cardiovascular disease, diabetes and chronic respiratory disease are now grouped together in public health terms as non-communicable diseases; these conditions are thought to be underpinned by Lifestyle Risk Factors (current smoker, excessive alcohol consumption, insufficiently active and lack of fruit and vegetables).

Individual Lifestyle Risk Factors:

- 82.3% of participants did not consume enough fruit and vegetables each day.
- 19.3% of participants were current smokers.
- 45.7% of participants reported hazardous and/or harmful alcohol consumption.

Combinations of Lifestyle Risk Factors (LRF):

- 87.0% of participants reported LRFs in combination.
- 8.3% of participants presented all four LRFs simultaneously.
- 1.7% of participants reported a healthy lifestyle (zero LRFs).
- 43.4% of participants reported two LRFs. With 33.6% of participants reported lack of fruit and vegetables and insufficient physical activity. This was the most prevalent combination of two LRFs.
- 35.4% of participants reporting combinations of three LRFs. The combination of insufficient activity, a lack of fruit and vegetables and excessive alcohol consumption was the most prevalent.

Body Mass Index (BMI):

- 56.9% of participants presented an unhealthy BMI.
- Obese individuals were least likely to present a healthy lifestyle (no LRFs).

Long Term Conditions (LTCs):

- 19.7% of participants were diagnosed with a LTC in the last 12 months.
- 8.7% of participants presented with a mental health related condition.
- Participants reporting a LTC were twice as likely to report all four LRFs.

Wellbeing:

- 19.0% of participants reported their 'life satisfaction' as very low.
- 17.8% of participants reported their 'happiness yesterday' as very low.

3.4.4 Attendance Data and Participation at LLGA

For the period covered by the Year 3 evaluation (1st April 2015 –25th April 2016), there have been 34,962 visits to LLGA sessions.

- 57% of attendance came from the *'Swim'* option and 43% came from *'Bodyline Gym'* visits.

- On average 660 LLGA lifestyle participants engaged gym and swim sessions each week.

3.4.5 Inactive Participants Attendance at LLGA

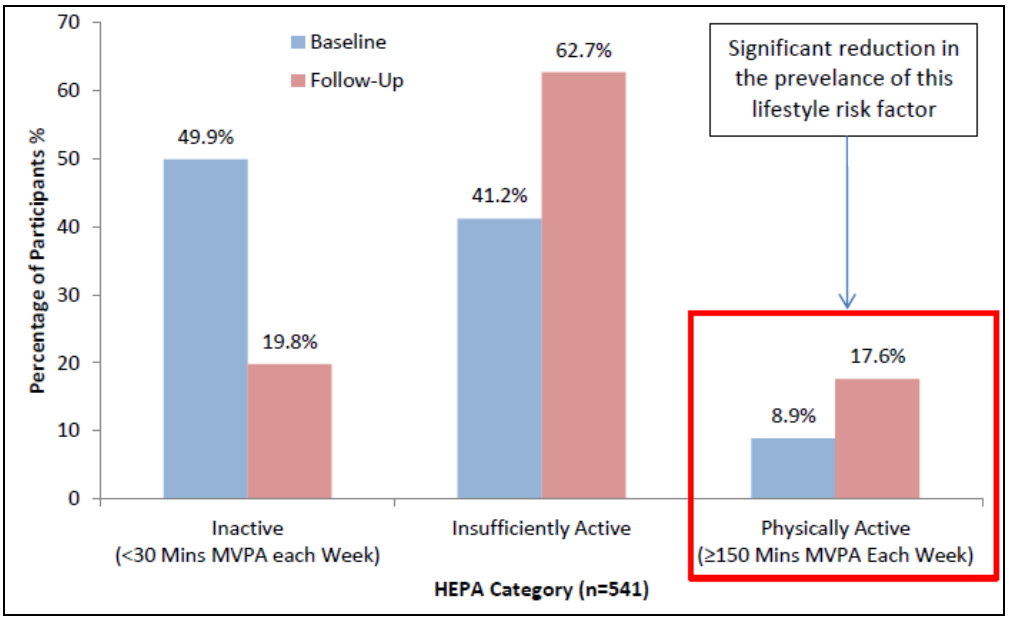
- In total, 45.6% LLGA visits were made by LLGA participants who were classed as inactive at baseline.
- Almost fourteen thousand visits to LLGA sessions were made by inactive participants.
- On average, around 296 inactive participants engaged in sessions each week.
- Among these inactive participants, male participants who were economically inactive and participant's from BME backgrounds attended the most sessions.
- 32.4% of inactive participants had attended at least one LLGA session.
- In total 83.4% of LLGA visits were made by participants who reported combinations of 2 or more LRFs.

3.4.6 Follow-Up Data (Impact Evaluation)

There was an overall reduction in the proportion of participants presenting Lifestyle Risk Factors (current smoker, excessive alcohol consumption, insufficiently active and lack of fruit and vegetables) with 25% of participants reducing the occurrence and combinations of Lifestyle Risk Factors profile from baseline to follow-up.

Figure 4 illustrates that there was 8.7% reduction in participants reporting physical activity as a Lifestyle Risk Factor.

Figure 4: Change in Physical Activity Status



In summary the university suggest the following key messages from their evaluation findings:

- Findings highlight the need for continued physical activity and lifestyle improvement opportunities across Leeds
- LLGA was able to reach a large proportion of health needy individuals across the social spectrum often unreached by other services.
- There are currently a lack of approaches and interventions that intersect multiple behaviours. Yet LLGA helped to improve and stabilise several of the most important lifestyle behaviours impacting mortality and morbidity.
- These findings show the potential benefits of LLGA and provide a rationale for its integration into a long term sustainable programme that helps to prevent and manage the foundational risk factors for non-communicable disease incidence.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

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

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

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

This insight work will support S&AL to better engage inactive people following in-depth qualitative research with large number of residents. This work has also incorporated focus groups and co-creation workshops to ensure projects are innovative and accessible with communication methods and channels working to maximum effectiveness.

4.1.3 The Scrutiny Board (Sustainable Economy and Culture) considered the LLGA Scheme proposals at its meeting on 16 July 2013 and received an interim report/update on 16 December 2014. Members of the Board strongly welcomed the scheme and its aims and objectives. They were pleased that the council has been successful in obtaining the funding for the pilot from Sport England and Public Health, and are keen to play a part in seeing the project succeed.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 LLGA has 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 LLGA as one of the major aims of LLGA is to narrow health inequality, a key council objective. The screening noted:

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

These notes have been actioned as the project has progressed.

4.3 Resources and value for money

4.3.1 Continuing this pilot on the same scale as previously was neutral to the council's budget in 2014/15. The budgeted cost for 2014/15 of £631k was met with £349k from Sport England (note, includes £28k that was not claimed in Year 1), £82k from Public Health, £40k from Public Health funding Bodyline Access Scheme and £160k in-kind officer time funded by the Council in its base 2014/15 revenue budget. LLGA ran in Year 3 based on a re-profile of £195k of Public Health money (Year 2) alongside an additional £145k additional support to build evidence base and enable delivery until the end of March 2016. And additional 8 months funding was provided by the Integrated Commissioning Executive to enable the Year 3 evaluation reports to be produced in July 2016 and for a cost effectiveness

analysis to be completed for the scheme. This funding is due to end on the 30th November 2016.

4.3.2 Cost effectiveness results from University of Leeds, Academic Unit of Health Economics.

In addition to the evaluation carried out by Leeds Beckett University the University of Leeds, Academic Unit of Health Economics conducted a review of population-level physical activity promotion programmes. Only economic papers matching the following criteria (mirroring Leeds Let's Get Active "free exercise" scheme) are reviewed and discussed:

1) Reviews including economic evaluations of UK-based interventions/ programmes that are aimed at changing/maintaining physical activity related behaviours solely through the promotion of physical activity.

2) Programmes oriented at whole populations or wide population sub groups of apparently healthy, community-based people. Programmes where individuals at risk were targeted and identified to participate (e.g.: typically in primary care settings, such as exercise referral schemes) were excluded.

3) Economic evaluations reporting incremental cost per Quality-Adjusted Life Year (QALY), Disability-Adjusted Life Year (DALY) or Return on Investment (ROI) estimates. Studies based only on cost-effectiveness, such as costs per change in unit of physical activity, were excluded.

The search identified three review papers meeting the selection criteria and altogether these included three relevant articles and are presented in Table 2.

Table 2: Economic studies identified in the selected review papers

Study reference	**Year**	**Study design / Population**	**Intervention detail**	**Comparator**	**Cost per QALY gained**	**Cost savings per participant***	**Time Horizon**	**Sensitivity analysis**
[9] (Munro et al. 2004)	2003 to 2004	Cluster RCT; (n=2283) aged 65 and over	Free exercise classes	No intervention	£ 12,192**	-	2 years	Different approaches to calculating cost per QALY from £ 3,365** to 23,098**
[10] (Pringle et al. 2010)	2004 to 2006	Model; (n=1000) aged 10-17	Free swimming activities	No intervention	£ 103	£ 2,111	not specified longer term	-
[8] (Frew et al. 2014)	2011	Model; on the whole city population aged 16 – 70 (n=~650,000)	Universal, free access to leisure centres	No intervention	£ 400	-	5 years	Time horizon 2 years: £ 2,100 / QALY gained

RCT=randomised controlled trial; QALY=Quality-Adjusted Life Year; *in terms of NHS savings: **converted from € (0.71 EUR-GBP exchange rate 01/2004)

4.3.3 In addition the University of Leeds conducted a preliminary cost-effectiveness analysis of the LLGA scheme using an existing economic modelling tool (MOVES version 02.2015; https://www.sportengland.org/sxls-login/). It allows analysts to input data on programme costs, mean activity levels (visits per week) given set levels of starting activity, proportions of males/females and age groups. It uses this data to provide cost per quality-adjusted life year (QALY) and return on investment (ROI) estimates, comparing the intervention with "no intervention". Table 3 includes the cost-effectiveness and ROI results. For both the 5 and 25 years' time horizon, the ICERs lie below the cost-effectiveness threshold of £20,000, but the ROI has a positive value only in the longer term. This means that LLGA is cost-effective. This trend is confirmed after testing the sensitivity of the main analysis assumptions.

On the basis of the results we can conclude that LLGA is cost-effective in attaining QALY gains, compared to no intervention and is cost saving in the longer term.

Table 3: Cost-effectiveness and Return of Investment Results

Analysis	**Time Horizon**	**Incremental costs**	**Incremental benefits** (QALYs)	**Cost-effectiveness estimate** (per QALY gained)	**Financial ROI*** (per £ 1 invested)	**Interpretation**
#1 Main analysis	5 years	£ 212,810	65	£ 3,274	- £0.51	LLGA cost-effective
	25 years	- £ 1,382,120	436	- £ 3,170	£ 3.36	LLGA cost-effective and cost saving
#1 Sensitivity analyses						
In-kind staffing cost included (£429,093)	5 years	£ 462,085	65	£ 7,109	- £ 0.70	LLGA cost-effective
	25 years	- £ 1,139,268	436	- £ 2,613	£ 1.63	LLGA cost-effective and cost saving
Starting activity level from moderately inactive to moderately active	5 years	£ 208,704	64	£ 3,261	- £ 0.51	LLGA cost-effective
	25 years	- £ 1,438,276	434	- £ 3,314	£ 3.45	LLGA cost-effective and cost saving
Alternative analyses						
#2	5 years	£ 341,360	16	£ 21,335	- £ 0.88	LLGA not cost-effective
	25 years	- £ 41,216	112	- £ 368	£ 0.10	LLGA cost-effective
#3	5 years	£ 177,284	164	£ 1,081	- £ 0.25	LLGA cost-effective
	25 years	- £ 4,080,993	1119	- £ 3,647	£ 5.70	LLGA cost-effective and cost saving
#4	5 years	£ 604,765	35	£ 17,279	- £ 0.85	LLGA cost-effective
	25 years	- £ 269,654	238	- £ 1,133	£ 0.38	LLGA cost-effective

4.4 Legal Implications, Access to Information and Call In

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

4.5 Risk Management

4.5.1 The main financial risk is that the free offer diverts more paying customers than anticipated, widening the loss of income and reducing the space in pools for previously inactive newcomers. This would increase the cost and reduce the effect of the free swim part of the offer and it might have to be curtailed early to avoid loss to the council. To manage the risk the income loss and numbers of new participants continue be monitored for any disproportionate loss of income.

4.5.2 The main policy risk is that this pilot produces an expectation of free access to high cost facilities and activities at a public subsidy that cannot be sustained. To mitigate this risk, efforts will be made to offer additional paid sessions to new customers and to build up evidence of the benefits of the offer, so as to encourage future funding or sponsorship.

4.5.3 The risk of funding not being secured and ceasing. The Sport & Active Lifestyle Service are exploring sustainable options, but the pressures of austerity are making this extremely difficult.

5 Conclusions

5.1 LLGA has demonstrated that it has been effective at getting more people, more physically active, more often by increasing physical activity levels among inactive individuals, including those areas that have the highest health inequalities. The scheme continues to grow with over 410,000 visits being made and 45% of these visits made by participants who were classified as inactive at baseline.

5.2 Since its launch in September 2013, LLGA has recruited over 89,000 individuals and has captured valuable baseline and attendance data. The continued investment in LLGA for a third year has enabled valuable intelligence about self-reported demographics, lifestyle risk factors and long term conditions of its members to collated. LLGA has the ability to engage and communicate with all its members and therefore has the potential to be used as a vehicle for promoting wider lifestyle changes.

5.3 Cost analysis carried out by the University of Leeds concludes that LLGA is cost-effective in attaining Quality-Adjusted Life Year gains, compared to no intervention and appears to be cost-saving in the longer term.

5.4 LLGA is funded till the end of November 2016. Officers are exploring sustainable options but the pressures of austerity are making this extremely difficult.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the update of LLGA and evaluation findings based on research from Year 3 of project delivery.