

GET HEALTHY, GET INTO SPORT ELIGIBILITY CHECKLIST

To determine whether the project could be considered for support by the Get Healthy, Get into Sport Fund please complete the checklist below. If you require advice on completing the checklist, please call 08458 508 508 or email us on get.healthy@sportengland.org

1. Are you.....

Entitled to receive public money such as a sports club, voluntary or community organisations, Local Authorities and educational establishments such as schools, colleges and universities:

☒

Yes

☐

No

If you answered YES to the above, please CONTINUE

2. Will your project be able to meet all of the criteria below:

Yes

☒

No

☐

either in-house expert evaluation support or evidence of strong relationships with academic providers through previous delivery;

☒☐

an understanding of the needs of Health & Wellbeing boards, Clinical Commissioning Groups and other Public Health commissioning bodies as well as their emerging priorities;

☒☐

evidence of previous work targeted towards Reducing Health Inequalities; and

☒☐

strong local partnerships that will ensure that any project developed meets the needs of future deliverers and is sustainable within a local delivery model

3. Are you applying for funding to develop a programme which seeks to answer one or more of the following questions? Please tick which question(s) you believe your project will support:

☒

What is the role of sport within a health care pathway such as the Department of Health's Let's Get Moving programme?

☒

What is an effective, scalable and sustainable programme which can encourage the least active?

☒

How can we encourage more health care professionals to advocate for, invest in and signpost to appropriate sporting programmes. What support is needed to deliver this?

☒

What support is needed for existing sporting providers to help them understand the needs of the least active?

☒

How can we best measure the effectiveness of our programmes? Is there a set of measures which we can use across all our sport programmes to measure change in total physical activity/sport?

4. Can you.....

☒

Describe how many people will access your project and how they will benefit

☒

Provide evidence that the project is needed

☒

Provide a clear and detailed project budget (award between £30,001 and £500,000)

GET HEALTHY, GET INTO SPORT EXPRESSION OF INTEREST FORM

If you have answered YES to all of the above it is likely that you and your project are eligible for support from the Get Healthy, Get into Sport Fund. Please note that this does not guarantee you will be invited to submit a Solicited Application.

The following questions have been designed to capture the key information about your project. The answers will form an essential part of the assessment process and therefore you must provide an answer to all questions.

Organisation Name	Leeds City Council
Project Title	Leeds Lets Change: Active Leeds (provisional name only)
Project Description	<p>(In up to 200 words please describe your project. This should include details of how it will improve participation for those that are least active, the activities and who will deliver them).</p> <p>Active Leeds seeks to explore methods to remove barriers that exist for the least active people in Leeds in relation to participating in sport and physical activity. It hopes to initiate a change in culture whereby inactive people take small steps to being active, feeling encouraged to take part in sport and physical activity in an environment where they feel welcome and comfortable. The ultimate aim is to help reduce the significant health inequalities that exist in the city. Furthermore by getting people doing some activity it is anticipated (through the right interventions) that they can progress into a range of sports. The project will test the barriers to participation (getting the inactive active) and what methods most effect behaviour change. The bid is based on 2 key component parts, namely 1) a core fitness/sports activity offer and 2) a review of existing care pathways relating to physical activity.</p> <ul style="list-style-type: none"> • Testing the impact of free/discounted use of Leeds City Council leisure centres for selected sport and fitness activities, at selected times, daily, for all Leeds residents (universally targeted). <ul style="list-style-type: none"> ○ The offer will be greatest in areas of the city where activity levels are lowest and health inequalities are highest ○ Activities to include gym, swim and fitness but there will also be a to link multi sport offers via related programmes that will be delivered in parallel to the project. • Reviewing existing care pathways with the aim of substantially improving them. Active Leeds will offer targeted interventions (improved referral pathway, individual support packages and sports activities based in community settings) that will underpin the above offer: <ul style="list-style-type: none"> ○ A range of free or discounted multisport sessions aimed at

	<p>specific hard to reach groups (i.e. women and girls, adult social care)</p> <ul style="list-style-type: none"> ○ An integrated referral process for health professionals into Active Leeds that covers formal and informal referral pathways. ○ An evidence based package of support for the new user that will aid their behaviour change ○ A community based programme of free and discounted activities including fitness and multi sport. ○ A direct to link into the “Leeds lets Change” social marketing programme. ○ Exploring the effectiveness of the Leeds card Extra discount card as a means to stimulate increased participation.
--	--

Project Outcomes	<p>Aims of Active Leeds:</p> <ol style="list-style-type: none"> 1. To increase the activity levels of those who are inactive in the city, especially in areas that have the highest health inequalities in adults and young people. (focussing on 14 years +) 2. To understand the barriers to being active for adults and young people (focussing on 14 years+) 3. To deliver interventions aimed at removing or reducing barriers to participation. 4. To understand what methods can be successfully deployed to move people from being active 30 minutes per week to 90 active minutes per week (adults) 5. To develop approaches to improve care pathways that link people using NHS and adult social care services with sport and physical activity. <p>This will be supported by:</p> <ol style="list-style-type: none"> 1. Testing techniques and interventions that support inactive people to become active and explore why those activities support this behaviour change 2. Embedding a simple, effective and valued healthcare pathway for physical activity in Leeds which also links with other lifestyle services and activities 3. Investigating options for ensuring the financial sustainability of Active Leeds <p>How will we know we have succeeded?</p> <ol style="list-style-type: none"> 1. Leeds realises its ambition to be the most active big city in England 2. Inequalities in physical activity levels are reduced between the areas of least and most deprivation 3. Active Leeds increases the cost:benefits ratio for the NHS and Leeds City Council
-------------------------	---

	<ol style="list-style-type: none"> 4. Active Leeds engages front line health and social care staff to discuss physical activity as part of routine health and social care 5. Active Leeds is validated as an effective physical activity behaviour change programme 6. Active Leeds supports a reduction in cluster behaviours by its participants 7. Active Leeds increases investment into physical activity interventions by NHS commissioners and other partners 8. Active Leeds continues as a financially sustainable scheme
Key Project Partners	<p><u>Partners</u></p> <p>Leeds City Council e.g. Sport and active lifestyle service, Cultural services, Children's services, Adult Social care</p> <p>Research Institute for Sport , physical activity and leisure at Leeds Metropolitan University</p> <p>Friends of Bramley Baths – local trust who take ownership of Bramley Baths from the council in January 2013.</p> <p>Public Health (Currently NHS Airedale, Bradford and Leeds)</p> <p>GP's</p> <p><u>Wider Stakeholders who will be engaged in the project</u></p> <p>NHS Leeds Community Healthcare</p> <p>NHS Leeds Teaching Hospitals Trust</p> <p>Leeds and York Partnership Foundation Trust</p> <p>Third sector organisations (i.e. Health for All, Zest, Space 2) represented through Healthy Lives Leeds</p> <p>Joint Health and Wellbeing Board</p> <p>Clinical Commissioning Groups</p> <p>SportLeeds (city sport and physical activity partnership)</p> <p>National Governing Bodies of sport</p> <p>West Yorkshire Sport</p> <p>University of Leeds Institute of Health Psychology</p>
Total Project Cost	<p>£1.0m</p> <p>Project based on a 2 year project and an 18 month free/discounted offer</p>

Award Request	£500,000
Project Start & End dates	April – September 2013 mobilisation/promotion October 2013 – March 2015 full project delivery
Project Contact Details	Name: Mark Allman Position: Head of Sport and Active Lifestyles Address (including postcode) : Sport and Active Recreation John Charles Centre for Sport Middleton Grove Leeds LS11 5DJ Telephone: 01132478323 Email: mark.allman@leeds.gov.uk

Criteria 1 – IMPACT – contribution to Sport England outcomes

Please set out how the proposed investment will contribute to improved outcomes for sport and health, in particular;

Priority will be given to projects with a collaborative approach whether that is multi-partner, multi-sport or cross sector (500 words maximum)

Active Leeds will :

- Aim to grow participation at 1 x 30mins for those least active
- add to the evidence base for investing in sport to improve public health priorities. Eg contribution to evidence supporting
 - § All cause mortality
 - § Cardiac conditions
 - § Weight loss
 - § Musculoskeletal Health
 - § Functional health (older people)
 - § Cancer
- Assessing the impacts of service integration between adult social care day services (LD and older people) and Leisure. E.g Holt Park Active (wellbeing centre)
- Show numbers of people moving into sport from simply “being active”

Active Leeds seeks to achieve a growth in 1 X 30mins participation by removing the barriers to participation that most effect inactive people. There will be 2 related elements to the project.

1)The free/discounted access offer will be available to all Leeds City Council residents, but targeted at those areas most in need. The provision of universal free / discounted access will reduce the barrier of cost to participation, whilst removing the

stigma associated with taking up free and discounted services.

2) the provision of targeted sports activities in community settings will engage people who may not traditionally feel comfortable in “sporty” settings

Examples of this approach include:

1. Free / discounted multi-sport sessions for hard to reach groups designed to address the specific needs of each of these groups.– i.e. women and girls, older people, mental health service users and adult social care clients. These sessions will support the participant into the universal Active Leeds offer. These sessions will be delivered in partnership with NGB's.
2. Active Leeds will seek to develop a simple, effective referral process for health care professionals in Leeds building on the exist Bodyline on Referral Programme as part of the Leeds Lets Change programme. This referral programme would support those patients who would 'benefit from doing more exercise' in line with NHS Health Checks and not simply those with conditions that require specialist support.
3. A package of support for new users to aid their behaviour change. For example;
 - a. Linking with healthy lifestyle practitioners through the Leeds Lets Change programme
 - b. Linking with community organisations
 - c. Single point of contact through Leeds Lets Change
 - d. Drop in sessions
 - e. champions scheme
 - f. Marketing campaign including linking with the Leeds Let's Change website
 - g. Incentives package
 - h. Awareness training for staff
 - i. Inductions carried out in new users first language
4. A community based programme of free / discounted activities – To expand Active Leeds offer to a the range of other activities available in community settings. Additional facilities could include parks, religious buildings or village halls and the activity could include walking, nordic walking, Tai Chi, fitness classes, multisport sessions and cycling.

Active Leeds will improve the evidence base for investing in sport to improve health outcomes by testing which interventions and activities are most likely to motivate inactive individuals to become active and which of those activities achieve the greatest improvement in health for those individuals. Active Leeds will test a number of options. For example, the ability of free access to facilities to engage inactive people compared to facilities that offer discounted access ; the ability of free or discounted leisure centre access to engage inactive people compared to out reach provision in the community; assessing the relative ability of well structured care pathway support for the new user compared to that offered without care pathway support. Health checks can be completed for sample participants at the start of the programme and at different points within the delivery to assess health benefits to participation.

The precise details of the scheme are to be determined given the interrelationship between the research requirements, the budget available and the practical management and political implications.

The project will be managed through a joint partnership with health, sport and active recreation professionals. A management group will be established and report both to Sport Leeds partnership and to the relevant health partnership e.g. the City Health Improvement Board.

Measuring Impact:

The city council will work with the newly launched Research Institute for Sport , physical activity and leisure at Leeds Metropolitan University (LMU) in developing the most appropriate measurement techniques (subject to procurement review). This partnership in developing the bid will explore the value of using various research and evaluation techniques of both a qualitative and quantitative nature and building on studies already undertaken e.g. Birmingham Be Active (BCC and Matrix) /Fit for the Future (DOH 2009 - 2010). Research methodology will influence project development and therefore LMU will form part of the detailed bid development team should the EOI be successful.

Criteria 2 – EVIDENCE – rationale that your approach is needed and will work

Please provide any insight/evidence on why you are taking this approach as well as outlining the barriers and challenges to participation in sport and how your project will address the needs and barriers of inactive people.

(500 words maximum)

There are a number of factors that have provided insight and evidence into the approach Active Leeds is taking.

Firstly, the success of the Birmingham Be Active scheme in engaging previously inactive people into their leisure centres through the provision of free activity sessions. The Birmingham project showed that free access engaged inactive individuals, a high proportion of whom were from deprived communities, and that taking part in this activity improved their health. Although Birmingham's circumstances when Be Active was launched are not reflective of Leeds' present position, the excessive demand they encountered from new users would suggest that aspects of this project are scalable to other core cities. It is interesting to also note that whilst Birmingham's overall active people results have improved but they remain some considerable way behind those of Leeds (based on 3x30 mins).

There is evidence at a national level eg;

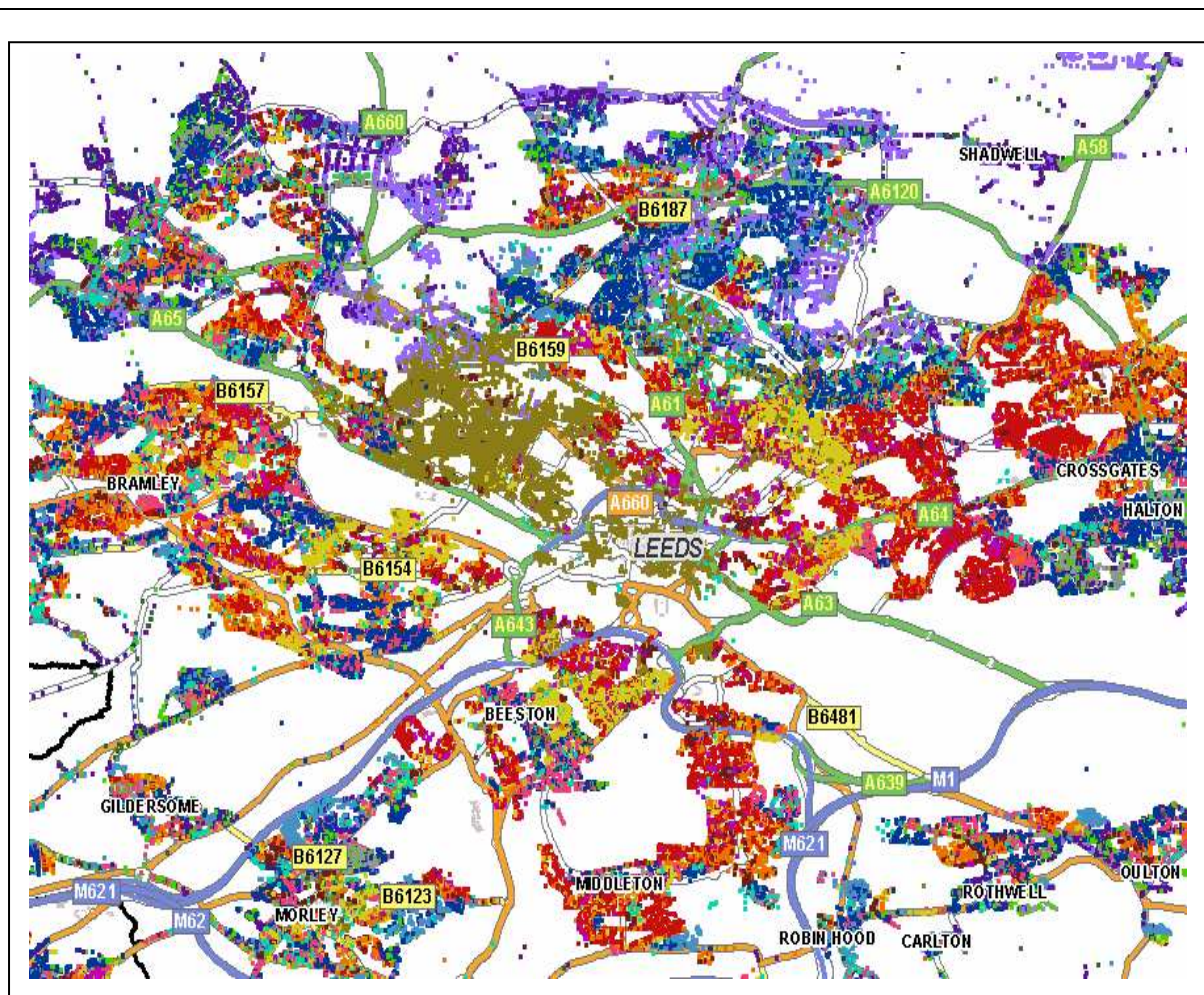
- "Fit for the Future" by Department of Health
- NICE physical Activity Guidelines
- Joint CMO reports into physical activity
- Sport England/British Heart Foundation Health promotion research group

Furthermore Leeds has evidence from the free swimming initiative in 2010 that supports the success of a targeted approach to free initiatives, in increasing participation more especially in the areas of highest deprivation. City wide participation (visits to leisure centres) increased by 30% for over 60s and 44% for U16s with centres serving highest areas of deprivation often seeing increases of over 75%.

Leeds has Insight and evidence over a range of other projects too e.g.:

- The success of the Active Women's programme to engage previously inactive women into multisport sessions (post part funded by Sport England)
- Initial evidence that Leeds Bodyline on referral programme is engaging new users into the service
- Sport Leeds Strategy consultation where a number of health professionals supported the delivery of activity programmes delivered at a very local level i.e. village halls, churches, mosques. Partners also supported the need to a high profile project that acted as a focal point for the development of sport and active lifestyles interventions.

It is proposed that Active Leeds uses geo-demographic segmentation as one part of the marketing and evaluation process, assessing its impact overall specifically using Mosaic Public Sector. We are aware Sport England are reviewing their own approach to Mosaic. The table below illustrates the whole city:



Mosaic PS Group	Group Label
A	Residents of isolated rural communities
B	Residents of small and mid-sized towns with strong local roots
C	Wealthy people living in the most sought after neighbourhoods
D	Successful professionals living in suburban or semi-rural homes
E	Middle income families living in moderate suburban semis
F	Couples with young children in comfortable modern housing
G	Young, well-educated city dwellers
H	Couples and young singles in small modern starter homes
I	Lower income workers in urban terraces in often diverse areas
J	Owner occupiers in older-style housing in ex-industrial areas
K	Residents with sufficient incomes in right-to-buy council houses
L	Active elderly people living in pleasant retirement locations
M	Elderly people reliant on state support
N	Young people renting flats in high density social housing
O	Families in low-rise council housing with high levels of benefit need

The data has been drilled down to leisure centre catchment area allows specific types of people in lower socio-economic groups, low sport participation groups and those that unhealthy – likely to become unhealthy to be targeted. Mosaic allows e-mail addresses and SMS contact details to be procured for these people and direct marketing to be undertaken. Additionally, it provides addresses for direct mail, allows sports development and community. Additionally, through the Leeds Card database the service can match lapsed customers to Mosaic in order to undertake re-engagement work on key groups.

Additionally, it allows partner data to be segmented in order to target key groups and assess the potential of partners client groups with regards the project. We would want to explore with Sport England how smarter marketing techniques can lead to increases in participation.

In summary

The key barriers to participation that Active Leeds seeks to reduce are cost, poor health, social-psychological barriers and transport. Active Leeds believes these barriers will be addressed through the provision of free and discounted activities, improved healthcare referral pathways, a package of support for new users and delivery of community based provision. In addition barriers associated to gender, age and disability will be addressed through the targeted multi-sport sessions. All these areas have been outlined in more detail in Criteria 1 – Impact.

Appendix A illustrates how market segmentation approach can be used in the context of this proposal.

Criteria 3- ABILITY TO DELIVER

Please confirm how you meet the eligibility criteria, including current partnerships already in place. Your project and partnerships must be able to be developed in the timescales outlined and able to draw down funding in 2013/14

(500 words maximum)

1. in-house expert evaluation / evidence of strong relationships with academic providers:

- Active Leeds will receive support through the Leeds City Council in-house Intelligence and Improvement Unit
- Strong academic relationship exists with Leeds Metropolitan University who are the academic partner for Active Leeds. Previous partnerships with LMU include: RADS, Heartwatch, Student based research projects (i.e. communications audit), partner on Sport Leeds Board

2. Understanding of the needs of Health and Wellbeing boards, CCG's and Public Health commissioning bodies and their emerging priorities

Active Leeds will support the achievement of a number of the proposed outcomes for the Joint Health and Wellbeing Board through their JH&WB Strategy for Leeds namely:

- People live longer and live healthier lives
- People live full, active and independent lives
- Peoples quality of life will be improved by access to quality services
- People live in healthy and sustainable communities

In terms of joint working and structures:

- Active Leeds is being developed in partnership with a number of colleagues from the Public Health and there is potential to integrate into the Leeds Let's Change programme
- Senior public health consultant sits on Sport Leeds board
- Head of Sport and Active Lifestyles attends Health Improvement Board, a subgroup of the Joint Health and Wellbeing Board and the project is likely to report into this group

Active Leeds will also support the Public Health Outcomes Framework which includes a physical activity specific indicator and other indicators to which increased physical activity will contribute:

- Specific Indicator: Domain 2 (2.13) – Active and inactive adult
- Indicators to which Physical Activity will contribute
 - increased healthy life expectancy
 - reduced differences in life expectancy and healthy life expectancy between communities

Links to three CCGs in Leeds will come through the Public Health core offer to these bodies once new arrangements are in place from April 2013.

3. evidence of previous work targeted towards reduced health inequalities

- Women into Sport Project - Increase participation in sport and active recreation by females living in deprived areas and in other service provision such as health services to enhance their 'quality of life'.
- Active Older Sporting Communities
- Cardiac Phase 4 referral programme – delivered in partnership with NHS Leeds.
- Weight management programme – delivered in partnership with NHS Leeds Community Healthcare
- Heartwatch – exercise referral programme for those with heart conditions. Acts as an exit route for Cardiac Phase 4 programme and referral pathway for GP's
- Nip it in the bud – weight management programmes for young people and their families
- Older and Active People –community based sports and active lifestyles programme led by Feel Good Factor in partnership with Leeds City Council using a community empowerment model

4. strong local partnerships that will ensure any project developed meets the needs of future deliverers and is sustainable within a local delivery model

Active Leeds will be managed through a joint partnership between health and sport professionals. It is proposed that a management group is established which has dual reporting responsibilities to Sport Leeds and possibly to one of the Healthy Leeds partnership groups . These are very strong partnerships already in existence with representatives from Sport and Health sitting on both.

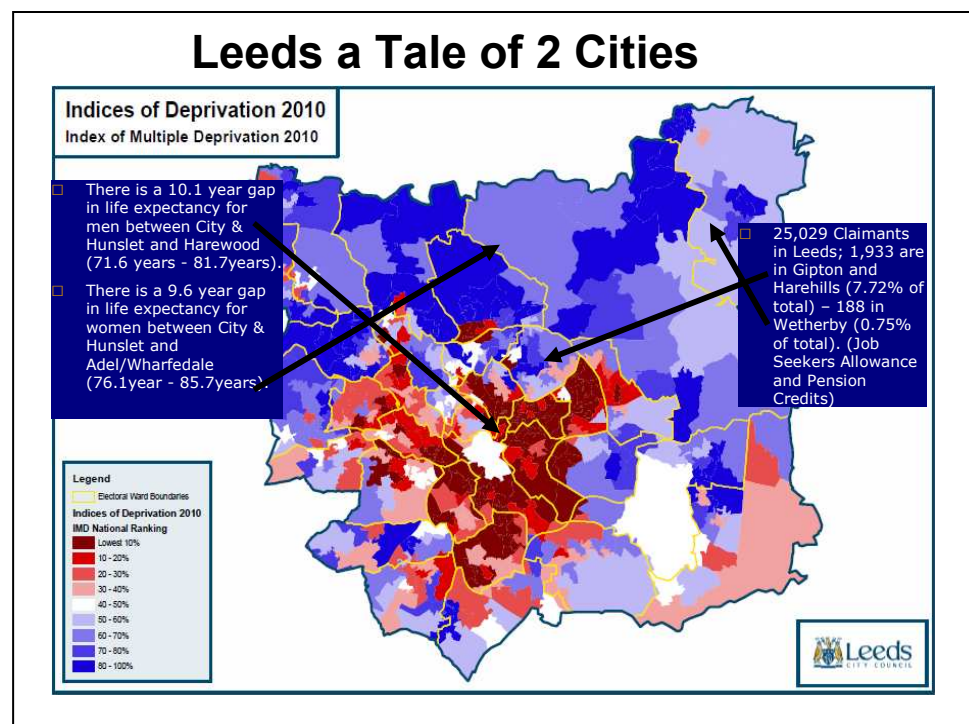
- Sport Leeds (CSN) – Strategic partnership for Sport in Leeds.
- Healthy Leeds – The primary role of Healthy Leeds is to act as the over-arching city-wide strategic partnership for health improvement and health inequalities. Healthy Leeds oversees health partnerships including the shadow Health and Wellbeing board, Health Improvement Board, Area Health and Wellbeing Partnerships and Healthy Leeds network.

Criteria 4 – SUSTAINABILITY/SCALABILITY – evidence of the project’s sustainability

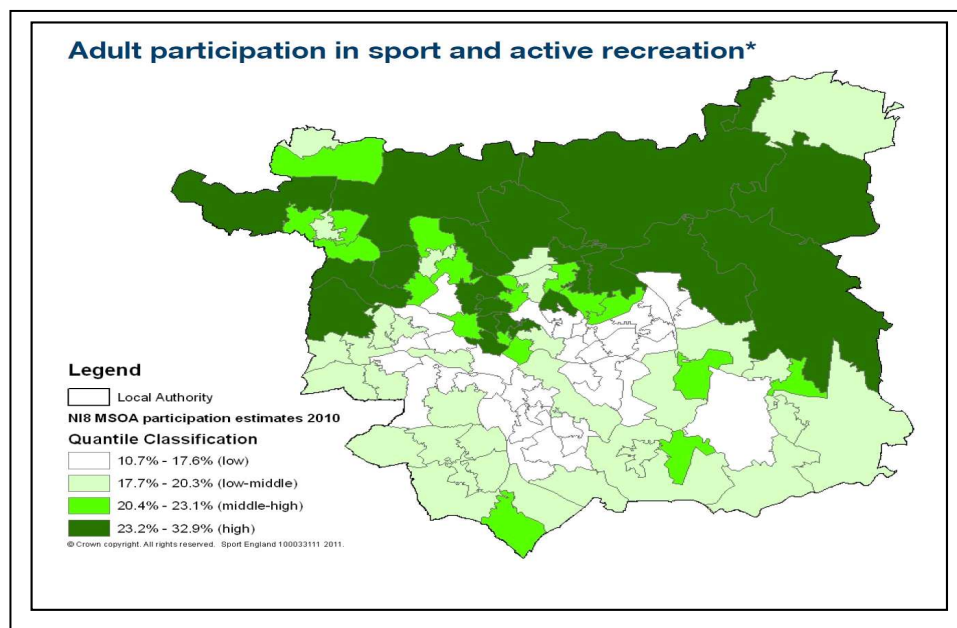
Please detail what need and demand exists for the project as well as outline how the project will be embedded into the appropriate local and/or national delivery systems on an ongoing basis.

(500 words maximum)

The city of Leeds has major challenges in terms of health inequality. The map below illustrates the differences in life expectancy across the city



The above mirrors participation inequalities in sport:



The breadth of community settings in the Leeds area (inner city/suburban/rural) provides a unique opportunity to test various approaches

Within Leeds the lowest participation level in sport 3 times a week (aged 16+) is 12.9% (Leeds MSOA 092 Belle Isle North) and the highest is 28.2% (Leeds MSOA 036 Far Headingley). Data on sports participation illustrates significant inequalities between the average and females, those in lower socio-economic groups, older people (55+), from BME groups and those with disabilities.

The cost of inactivity in Leeds is at least £10.1M per year.

20% of the population of Leeds live in the 10% most deprived Super Output Areas (SOAs) in England accounting for approximately 150,000 people. There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years - 81.7years).

Active Leeds will test its financial sustainability on an ongoing basis during the pilot. The future sustainability of a free offer over a discounted offer will be assessed from a financial point of view and the programme can be adapted to fit with these findings. This will ensure that a fine balance between engaging new users and achieving financial sustainability for the long term is met. If income reduces less than expected or if there is a greater increase in paying customers than expected it is envisaged the scheme would extend its offer, possibly even into peak time provision, as would be the case if investment from health increased.

In addition it is hoped that Active Leeds will embed a healthcare pathway for physical activity that will be sustained beyond the life of the pilot. This will be done by enhancing the present Bodyline on referral programme,

part of the Leeds Lets Change programme, and better coordinate resources in the city that are available to support the users on this care pathway.

Active Leeds will also have a number of links via the targeted multi-sport provision to NGB's and the core city funding from Sport England (subject to agreement). It is the multi-sport programmes that provide the intersection between the health pilot funding and the Sport England core city funding. Successful partnerships with the NGB's through the core city funding will hopefully secure the future of the multi-sport sessions for Active Leeds.

Active Leeds pilot will allow research to be undertaken in a number of small community outreach projects to help to determine the activities and delivery styles that best engage inactive people. These projects can then be scaled up for delivery across the city.

A legacy of the Active Leeds scheme will be the new awareness that leisure centre and coaching staff having in relation to welcoming and engaging with previous non-users. This culture change will hopefully embed over the period of the pilot and remain beyond the initial funding regardless of future investment.

At a national level, Active Leeds will provide valuable information on how the Birmingham Be Active scheme could be scaled up and rolled out nationally through other core cities.

Criteria 5 –RESOURCES – why additional resources are required

Please provide a brief budget breakdown as well as stating if any funding has been attracted from other sources (& the level of commitment for this funding) so as to maximise the impact of this limited investment fund. Also, please clearly state how resources from Sport England will be spent.

Budget Overview

Active Leeds presents an exciting opportunity for one of the UK's biggest cities, with a diverse population, to really test out some new ways of working to get the inactive, active. We want to build on existing good practice, both in Leeds and from elsewhere. Specific additional resources are required for the following elements:

- To fund a package of behaviour change support for the new user (i.e. staff time to support the new user, incentives package)
- Marketing for the new scheme (traditional and e marketing)
- Sport England funding helps build the case for a wider, sustainable offer by helping to share in some of the risk and in getting the proposal "off the starting blocks". Should the risk be less than anticipated this provides scope to extend the scheme into selected classes and or/ other venues and/or LeedsCard Extra.

- Loss of income from paid for cards and casual income (but more people overall using the centre on the new free Leeds active card)
- Payment of coaches and staff to run the scheme
- Facility hire and equipment for community programme
- Training for all staff from senior managers to leisure centre staff and community coaching staff
- Academic research partner support

Summary of Provisional Budget

Impact of free and discounted cards being introduced:

- Net reduction in Bodyline off peak card sales and casual gym and swim income (adults and juniors).
=Total £675K for 18 months

Project Development and implementation

- Marketing **£50k**
- Training **£25k**
- Project Manager/Staff/Coaching and supervision **£100k**
- Physical Activity care pathway development **£100k**
- Evaluation **£50k** (but dependant on Sport England requirements)

Total – project costs = £1m

Funded by:

Sport England funding **£500k**

Leeds City Council/Public health funding **£500k** (part “in kind”)

- NB. At this stage we want to explore developing the Multi sport offer /NGB links via the funding made available to core cities, but as yet there is no guidance as to how the funding can be spent and therefore it is subject to Sport England approval. We would welcome further discussion should our Expression of Interest be supported to bid stage.

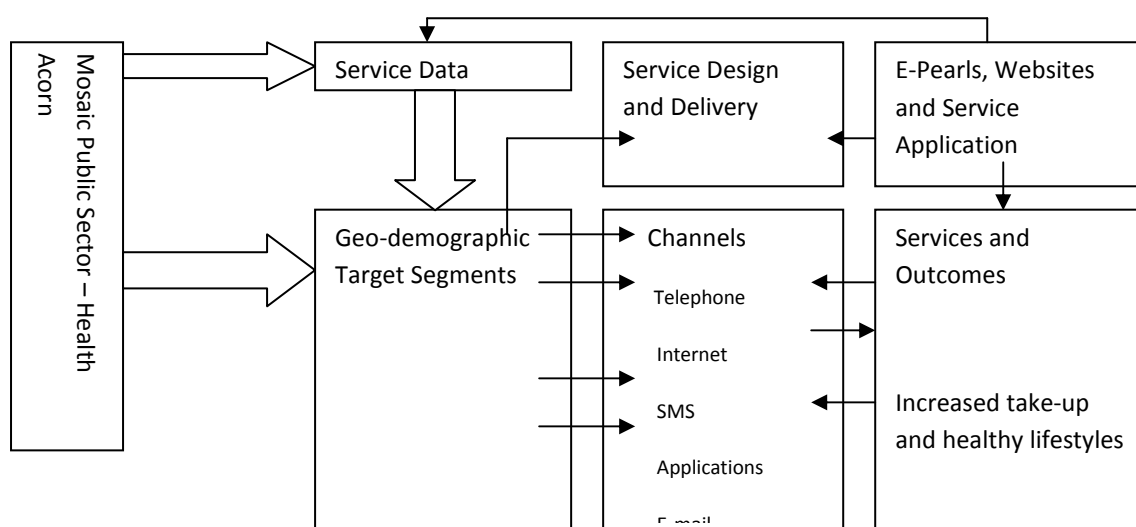
Should you require any help on completing this Form please contact us on 08458 508 508
Once completed, please email your checklist and Expression of Interest Form to
get.healthy@sportengland.org by 5pm Friday October 26th 2012.

We will not begin assessing Expressions of Interest until after the closing date and any received after this date will not be accepted. You will be informed on whether your project will be supported during the w/c November 19th. If your Expression of Interest receives

support, you will be asked to complete an application form and action plan, supported by Sport England officers, before a final funding decision is made.

Appendix A Market Segmentation Resource and Delivery Mechanism:

Delivery Mechanism



Sport Hitting the Target – Key Outcomes and Delivery

Illustrative approach:

The Sport Service has consistently analysed its customers in terms of their demographics and against the Indices of Multiple Deprivation, to understand how well the service is reaching priority groups, identify catchment areas for leisure centres and review the value of the service. This has helped service planning and marketing significantly. However, certain pieces of consumer information (e.g. income) were missing. Additionally, the key problem was the service didn't know about non-users.

To overcome this, 1 years worth of Bodyline data was segmented and this created the profile previous.

This profile revealed a broad spectrum of users. However, in order execute an e-based campaign, the service needed to find groups with a high propensity to use the Sport Service and the internet.

The target groups were identified as E, F and H and a marketing campaign was developed to attract these groups. This was support by a Personalised Unique Resource Locator (pURL) in order to influence customer buyer behaviour and manage transactions. This allowed potential customers to find their nearest leisure centre, determine what activities they wanted to do and when, and find the most appropriate pricing package. Additionally, it recorded their details and allowed re-contact if the customer requested it.

The following was undertaken to execute the campaign:

- 48,353 e-mails were sent to people in the target segments, linked to their local leisure centre by travel time.
- 8580 letters to people in the Morley and Armley areas, as well as fixed media in these communities.

Benefits

The following benefits were achieved from the campaign:

- Of the 56,933 potential customers contacted, 268 purchased Bodyline cards, a take-up of 0.47%.
- The indicative month 1 income amount (including 12 month contract purchases) is £60,020.
- 158 customers signed up to direct debits. In January 2012 this produced income of £39,848 (with a recurring benefit each month until the individuals leave).
- The sales for January 2012 were 1,329 compared to 1,253 in January 2011 (which, at the time, was a record for sales), an increase of 76, or a 5.67% increase.
- If corporate sales are removed (as these were outside scope of this marketing campaign), there were 927 in January 2012 compared to 758 sales in January 2011, an increase of 22.30% or 169 more cards. This is 11.82% above the monthly target of 829.

These results are even more impressive when one considers;

- the economic conditions are still difficult
- the fierce New Year competition from private leisure centres
- Bramley and Garforth have been operating at reduced hours, which has inhibited sales in these areas.
- There have been significantly increased sales at Wetherby (223% increase) and Fearnville (180%) leisure centres.

Acorn Health Data could be used to target individuals directly.