

Report of: Ian Cameron (Director of Public Health), Anna Frearson (Chief Officer Consultant in Public Health) & Mark Allman (Head of Active Leeds)

Report to: Inner North West Community Committee

Report author: Judith Fox (Public Health Manager), Emma Geary (Project Officer Health Partnerships Team), Gill Keddle (Active Leeds), Katy Bowden (Active Leeds)

Date: September / October 2019 **To note**

Get Set Leeds – Making Leeds a More Active City (getsetleeds.co.uk)

Purpose of report

1. To provide the Community Committee with an update on the progress made in relation to “Making Leeds a More Active City”.
2. To update on the development of the Physical Activity Social Movement and Ambition for Leeds.
3. Provide an overview of “Get Set Leeds” and starting the city wide conversation.
4. To outline next steps and recommendations.
5. To provide information to enable Community Committee members to support and champion the conversation.

1 Summary

- 1.1 Physical activity can be a catalyst for improving a person's health, wellbeing and happiness.
- 1.2 The Leeds Health and Wellbeing Strategy has a clear priority to 'get more people, more physically active, more often'; and a bold ambition to make Leeds the best city for health and wellbeing. We believe that making Leeds the most active city in England is a key part of achieving that ambition. Increasing physical activity will also help to achieve our city's vision of being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.
- 1.3 To realise our ambition of being the most active city in England, we aim to inspire a "Social Movement and Ambition" that will encourage everyone in Leeds to move more every day. In order to achieve this, a new bold approach is needed which requires cross-service and cross-agency collaboration that is driven by the needs of the most deprived communities in Leeds where health inequalities are highest and participation levels in physical activity the lowest.
- 1.4 We want to engage the people of Leeds in co-designing our ambition. The start of that process is the "Get Set Leeds" campaign, which is a city-wide conversation with the people of Leeds about how we can all make Leeds a more active city.

2 Background

- 2.1 As part of the Best Council Plan, Health & Wellbeing Strategy and the Healthy Weight Declaration we are committed to co-producing a physical activity ambition with the city.
- 2.2 The development of a new Physical Activity Ambition will set a long term agenda for change. It is founded on the basis that a more physically active city will help to deliver many of the city's outcomes and priorities as well as reflecting both the NHS 10 Year Plan and Prevention Green paper.
- 2.3 Physical activity is cross cutting given its contribution to so many outcomes across council priorities. In particular the new Ambition will support the Health and Wellbeing Strategy, Leeds Health and Care Plan, Inclusive Growth, Climate Emergency outcomes and address findings of the Joint Strategic Assessment.
- 2.4 Increasing physical activity has the potential to improve the physical and mental health and wellbeing of individuals, families, communities and the city as a whole. As well as being physically active, it is important that all adults and children minimise the time spent being sedentary (sitting) for extended periods.
- 2.5 There is strong evidence to suggest that an active lifestyle is essential for physical and mental health and wellbeing. Figure 1 below illustrates the benefits that can be produced from physical activity.

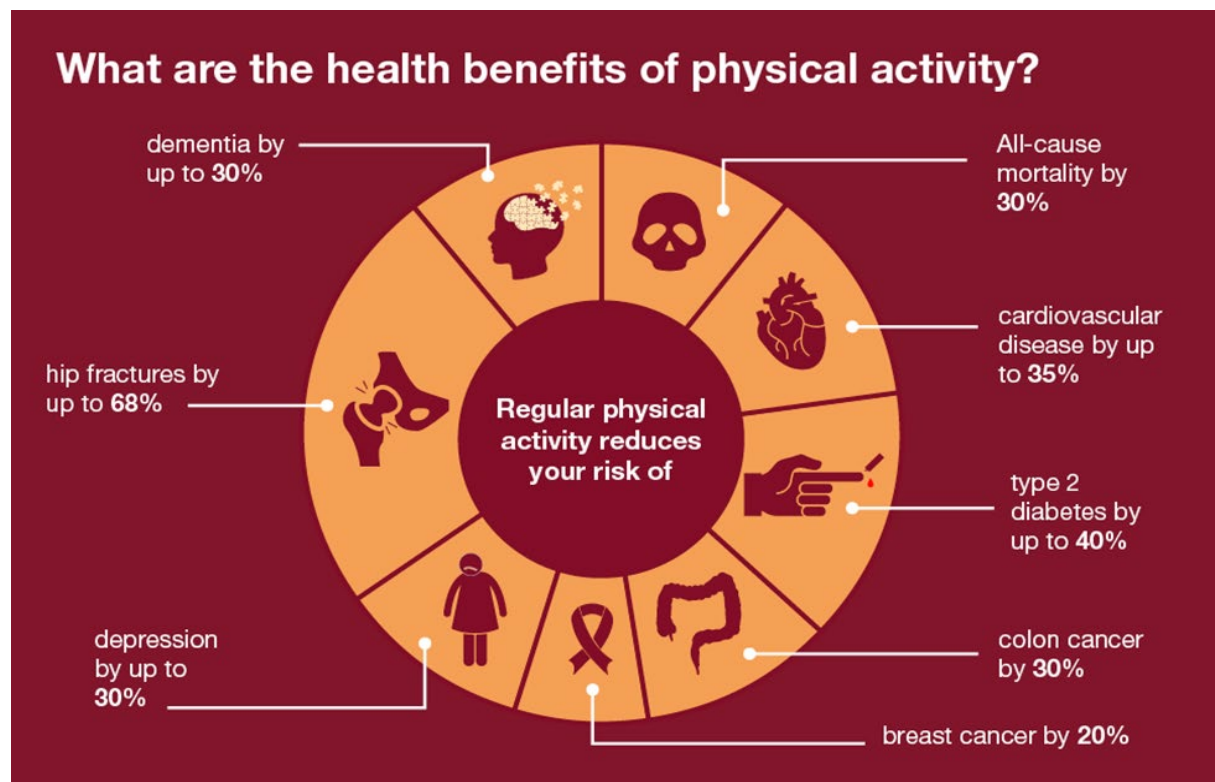


Figure 1: The health benefits of physical activity

- 2.6 Looking specifically at Leeds, we know that 238,900 adults are not active enough for good health and that 20.6% are inactive (taking 30mins or less physical activity a week). Only 28% of children in Leeds Primary and Secondary schools achieve the recommended one hour of physical activity a day (My Health, My School, 2017/18). Based on national trends, we also know that a majority of people aged over-65 are also inactive.
- 2.7 There is also a clear link between inactivity and deprivation; our most deprived communities, have the greatest health inequalities and are the least active. Inactivity is a major contributor to obesity and associated long-term conditions, such as diabetes. As shown in figure 2 below, the rates of people recorded as having diabetes is rising across Leeds. In the Inner North West the rate is in line with the Leeds average but lower than the most deprived fifth of Leeds. Being active can reduce the risk of developing diabetes by 30-40%. People with diabetes can reduce their need for medication and the risk of complications by being more active.

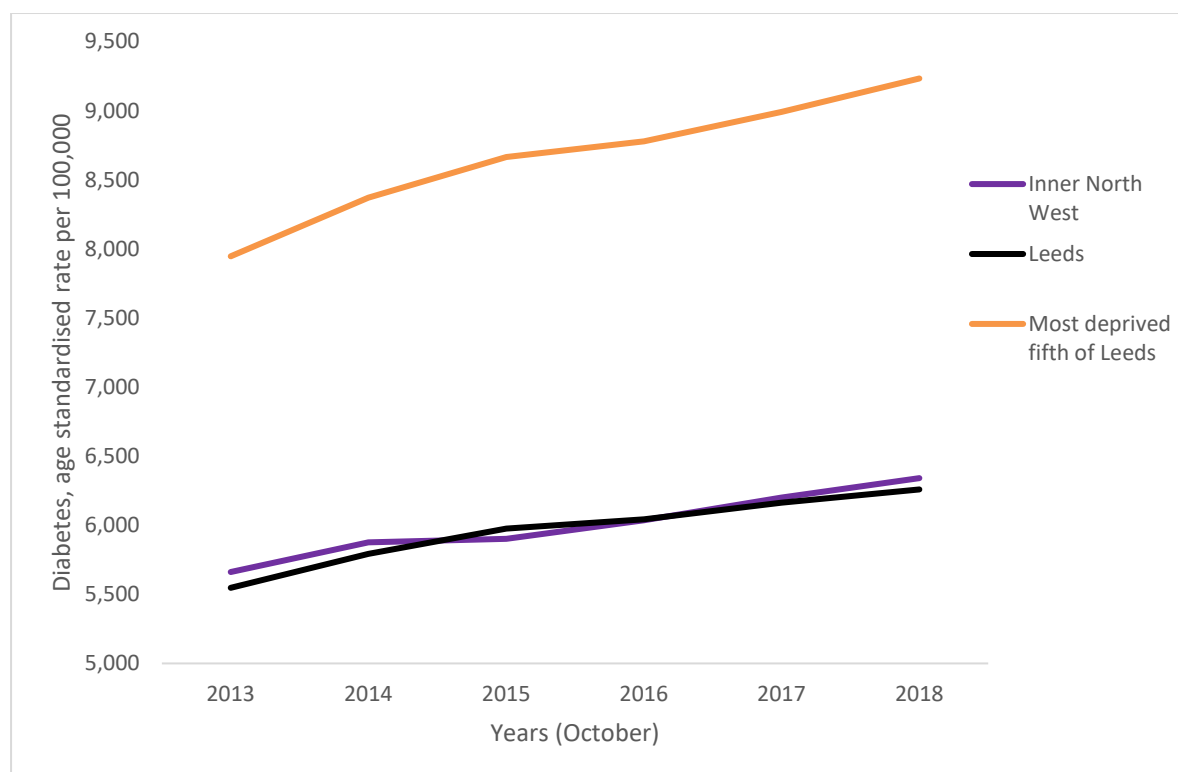


Figure 2: Diabetes rate per 100,000 population (all ages) as recorded by Leeds GPs for Inner North West. Rates are age standardised allowing comparison of areas of different size and population age structure

- 2.8 We also know, that being more active can help to prevent and reduce common mental health conditions and improve personal wellbeing. As shown in figure 3, the rates of common mental health conditions is increasing across Leeds and has risen steeper in recent years. In the Inner North West the rate is slightly lower than the Leeds average and the most deprived fifth of Leeds. People who are inactive have three times the rate of moderate to severe depression of active people.

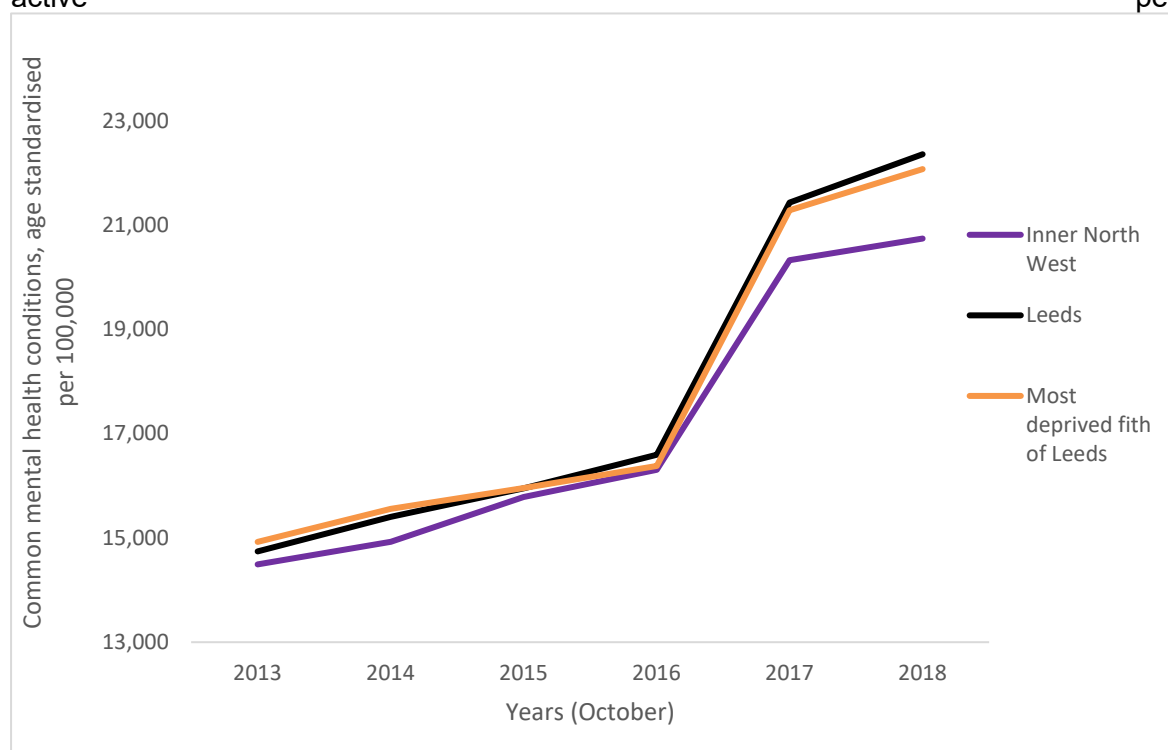


Figure 3: Common Mental Health rates per 100,000 population (all ages) as recorded by Leeds GPs for Inner North West. Rates are age standardised allowing comparison of areas of different size and population age structure

3 Progress made to date

Big Leeds Chat

- 3.1 Last year, the health and care system in Leeds came together to host a conversation with local people, known as the Big Leeds Chat. This listening event focused on three questions: what do you love about Leeds, what do you do to keep yourself healthy and lastly what can we do to make Leeds the best city for health and wellbeing? This was followed, where appropriate, by detailed conversations between people and decision makers on the topics that mattered to people related to health and care in the city.
- 3.2 We managed to talk to around 500 people as part of the event, and one of the biggest themes that people wanted to talk about was physical activity. People told us that they know what they need to do to be active, eat well and stay healthy but that personal capacity, cost, and availability were major barriers. The findings of the Big Leeds Chat can be found in Appendix 1.
- 3.3 It is a clear from people that there are many barriers to being more active, as seen from the Big Leeds Chat. We now want to have a more focused discussion with local people about physical activity so that we can understand what would make them more active and work in partnership with local people to co-design a city-wide physical activity ambition.

Social Marketing Gateway (SMG) Engagement

- 3.4 In June 2018, Active Leeds commissioned The Social Marketing Gateway (SMG), via funds from Sport England, to deliver insight into local needs with regard to physical activity in priority localities.
- 3.5 The purpose of the SMG research was to have a 'physical activity conversation' in priority neighbourhoods to better understand, from a systems perspective, the local priorities, outcomes and the motivations, behaviours and aspirations of people who live within these communities in relation to physical activity. We also wanted to be in a better position to understand the capability and capacity of local organisations, groups and volunteers and how this supports the co-production, promotion and provision of physical activity opportunities within these communities.
- 3.6 The process itself has helped to build stronger relationships within localities and has provided resource and capacity to have conversations that might not otherwise have taken place so quickly. We have also been able to utilise resources provided by SMG in the development of the city-wide conversations. The approach and learning has provided a strong base to have more detailed / meaningful conversations going forward.
- 3.7 In addition, the information gathered through the process is already being used by the Active Leeds localities team to work with the communities and other professionals to deliver solutions to some of the identified challenges / issues that were shared.

Get Set Leeds

- 3.8 Get Set Leeds is our new engagement campaign, which encourages a city-wide conversation about physical activity. It is a chance for people to share ideas on what getting active means to them and what might support them to move more.
- 3.9 We will listen to residents, professionals, community groups, organisations, partners and stakeholders and create a shared vision for the city and shape a "social movement" campaign: To get everybody moving more, we need to shift how we think and change what we do, together.
- 3.10 Whilst this is a city-wide conversation that all local people can take part in, we are primarily targeting communities and population groups that we know are the most inactive, including:
 - People living in our priority communities
 - Older people
 - Children and families
 - Pathways within health and care such as diabetes, MSK, cancer and mental health

- People with Learning disabilities/disabilities
 - Settings such as workplaces and schools
- 3.11 We have already started our engagement through a variety of targeted engagement approaches, including: face-to-face, stakeholder and community events, existing groups, boards and networks, online surveys, social media and through other partner networks.
- 3.12 We have also launched a campaign website, where people can find out more about the campaign, and can provide feedback through the online survey. To access the survey and information go to: getsetleeds.co.uk
- 3.13 As of Monday 12 August 2019 the current online survey response was 329 individuals. Appendix 2 illustrates the breakdown of this data in the early stages. Although it is too early to analyse the findings within this data, the information will continue to inform the engagement plan as it allows us to identify gaps or low responses from certain demographics.
- 3.14 The project is being delivered by a project team (established in September 2018) and brings together colleagues from Public Health, Health Partnerships Team, Active Leeds and Leeds City Council Corporate Communications Team. We also have academic support from Leeds Beckett University, providing valuable input on research and on systems leadership and change.
- 3.15 The Project Team are currently working to the following timescales / phases;
- Phase 1: September 2018 – June 2019: pre-conversation preparation
 - Phase 2: June 2019 - November 2019: city-wide conversations (to become an ongoing process)
 - Phase 3: November 2019 – January 2020: development of a draft shared vision / ambition for physical activity
 - Phase 4: Feb 2020 – May 2020: physical activity ambition action planning
 - Phase 5: June 2020 onwards: physical activity ambition implementation
- 3.16 Active Leeds and Public Health Localities teams work very closely day-to-day with the 1% and 10% priority communities in Leeds. Teams have built strong relationships with residents alongside key local assets including - community organisations, groups, and leaders. We are working with other locality structures that exist, for example, the Communities team, Children Services team, Housing, and emerging Local Care Partnerships.

4 Next Steps

- 4.1 We have a number of conversations and events arranged across the city over the next few months.
- 4.2 We will continue to promote the campaign through various Communication channels, with the support of our partner organisations.
- 4.3 Identification of influencers and Champions at a community level who can support with co-production

5 Recommendations

The Community Committee is asked to:

- a) Note the content of the report
- b) Help us to champion the Get Set Leeds conversation and the completion of the online survey: getsetleeds.co.uk
- c) Spread the word across your networks and communities encouraging people to join the conversation
- d) Share our social media posts and links to promotional video and online survey

Appendix 1 – Big Leeds Chat Key Themes

Theme	Key Points
Diet	People told us that their diet is an important part of keeping healthy. Almost a third of the people we spoke to told us that they keep themselves healthy by eating well. For some people this was about cooking fresh food at home, for others it was about eating less and reducing the amount of alcohol they drink.
Exercise	Keeping fit and active was identified by many people as important. Walking, running and gardening are seen by many people as an easy and cheap way to keep fit and healthy. People also told us that activities such as going to the gym, cycling and yoga help them to keep themselves healthy.
No time for self-care	Some people also told us that a lack of time and motivation makes it difficult to take part in healthy activities. Poor health was another reason why people find it harder to get involved in healthy activities.
Cost	45 people told us that leisure facilities are too expensive and that free or affordable activities would encourage more people to stay fit and active. Some people also said that it was too expensive to buy healthy food and that public transport was not affordable.
Transport	21 people told us that they would like to see public transport improved by providing better bus routes, cheaper fares and a more reliable service. Many people also raised concerns about congestion in the city and suggested that less cars in the city centre and more pedestrian areas would make Leeds a better city for health and wellbeing.
Information	Some people told us that information about healthy activities in the city should be easier to find. People also want more information about how to self-care and stay healthy.
Environment	People told us that the environment they lived in was important to them and that they want more green spaces nearby. Some people raised concerns about smoking and asked for more smoke free areas in Leeds.
Healthcare	Many people are happy with the health services they receive in Leeds, but some people are unhappy with access to specialist services and waiting times (especially for GP surgery appointments). Many people told us that they want better mental health services in the city with improved access to counselling and shorter waiting lists.
Education	Some people told us that they would like to see local schools being more involved in promoting health and wellbeing with young people and parents.
Employment	Some people told us that they feel that there are not enough jobs in Leeds and that more should be done to create employment opportunities.
Housing	Some people told us that they want better housing in Leeds, especially for deprived communities and the homeless.

Appendix 2: Survey responses from GetSetLeeds.co.uk with breakdown of demographics. Data was produced on Monday 12 August 2019

			Demographics						
Post-code	No. of responses	Average Physical Activity (Days per week)	Age group (%)		Gender (%)		Ethnicity (%)		
Total	329	3.85	14-24:	1.2	M:	37.7	White:	86.6	
			25-44:	32.5	F:	57.4	Black/African:	0.9	
			45-64:	38.6	NB:	0.9	Mixed/Multiple:	0.6	
			65+:	25.8	Other:	0	Asian/Asian British:	2.1	
			PNS:	1.8	PNS:	1.8	Other Ethnic Group:	0.6	
					Miss:		Prefer Not to Say:	5.2	
							Missing:		
LS1	0	0	14-24:		M:		White:		
			25-44:		F:		Black/African:		
			45-64:		NB:		Mixed/Multiple:		
			65+:		Other:		Asian/Asian British:		
			PNS:		PNS:		Other Ethnic Group:		
					Miss:		Prefer Not to Say:		
							Missing:		
LS2	3	5.67	14-24:	0	M:	66.7	White:	66.7	
			25-44:	33.3	F:	33.3	Black/African:		
			45-64:	33.3	NB:		Mixed/Multiple:		
			65+:	33.3	Other:		Asian/Asian British:		
			PNS:	0	PNS:		Other Ethnic Group:		
					Miss:		Prefer Not to Say:		
							Missing:	33.3	
LS3	1	7	14-24:	0	M:		White:		
			25-44:	0	F:		Black/African:		
			45-64:	0	NB:		Mixed/Multiple:		
			65+:	100	Other:		Asian/Asian British:		
			PNS:		PNS:		Other Ethnic Group:		
					Miss:	100	Prefer Not to Say:		
							Missing:	100	
LS4	4	4	14-24:	0	M:	50.0	White:	100	
			25-44:	50.0	F:	50.0	Black/African:		
			45-64:	25.0	NB:		Mixed/Multiple:		
			65+:	25.0	Other:		Asian/Asian British:		
			PNS:		PNS:		Other Ethnic Group:		
					Miss:		Prefer Not to Say:		
							Missing:		
LS5	3	3	14-24:	0	M:	33.3	White:	100	
			25-44:	0	F:	66.7	Black/African:		
			45-64:	66.7	NB:		Mixed/Multiple:		
			65+:	33.3	Other:		Asian/Asian British:		
			PNS:		PNS:		Other Ethnic Group:		
					Miss:		Prefer Not to Say:		
							Missing:		
LS6	21	4.29	14-24:	0	M:	42.9	White:	95.2	
			25-44:	38.1	F:	52.4	Black/African:		
			45-64:	9.5	NB:	4.8	Mixed/Multiple:		
			65+:	52.4	Other:		Asian/Asian British:		
			PNS:		PNS:		Other Ethnic Group:		
					Miss:		Prefer Not to Say:	4.8	
							Missing:		
LS7	20	4.50	14-24:	0	M:	15.0	White:	90.0	
			25-44:	35.0	F:	80.0	Black/African:	5.0	
			45-64:	40.0	NB:		Mixed/Multiple:		
			65+:	25.0	Other:		Asian/Asian British:		

			PNS:		PNS: Miss:	5.0	Other Ethnic Group: Prefer Not to Say: Missing:	5.0
LS8	31	3.71	14-24: 25-44: 45-64: 65+: PNS:	0 12.9 61.3 25.8	M: F: NB: Other: PNS: Miss:	29.0 67.7 3.2	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	80.6 3.2 3.2 3.2 9.7
LS9	4	4.75	14-24: 25-44: 45-64: 65+: PNS:	0 0 50.0 25.0 25.0	M: F: NB: Other: PNS: Miss:	75.0 25.0	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	50.0 25.0 25.0
LS10	11	2.73	14-24: 25-44: 45-64: 65+: PNS:	9.1 27.3 63.6 0 0	M: F: NB: Other: PNS: Miss:	36.4 63.6	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	90.9 9.1
LS11	8	2.63	14-24: 25-44: 45-64: 65+: PNS:	12.5 37.5 50.0 0 0	M: F: NB: Other: PNS: Miss:	37.5 62.5	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	75.0 12.5 12.5
LS12	14	2.86	14-24: 25-44: 45-64: 65+: PNS:	0 50.0 42.9 7.1	M: F: NB: Other: PNS: Miss:	64.3 28.6 7.1	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	78.6 7.1 7.1 7.1
LS13	9	3	14-24: 25-44: 45-64: 65+: PNS:	55.6 22 22.2	M: F: NB: Other: PNS: Miss:	33.3 66.7	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100
LS14	11	5	14-24: 25-44: 45-64: 65+: PNS:	0 45.5 27.3 27.3	M: F: NB: Other: PNS: Miss:	54.5 45.5	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100
LS15	24	3.96	14-24: 25-44: 45-64: 65+: PNS:	0 41.7 29.2 25.0 4.2	M: F: NB: Other: PNS: Miss:	33.3 54.2 12.5	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	75.0 4.2 20.8
LS16	20	3.70	14-24: 25-44: 45-64: 65+:	5.0 30.0 30.0 35.0	M: F: NB: Other:	35.0 65.0	White: Black/African: Mixed/Multiple: Asian/Asian British:	85.0 5.0

			PNS:		PNS: Miss:		Other Ethnic Group: Prefer Not to Say: Missing:	5.0 5.0
LS17	29	4.21	14-24: 25-44: 45-64: 65+: PNS:	0 24.1 37.9 31.0 6.9	M: F: NB: Other: PNS: Miss:	44.8 44.8 6.9	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	82.8 3.4 3.4 6.9 3.4
LS18	13	4.31	14-24: 25-44: 45-64: 65+: PNS:	0 46.2 38.5 7.7 7.7	M: F: NB: Other: PNS: Miss:	38.5 53.8 	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	84.6 7.7 7.7
LS19	8	3.88	14-24: 25-44: 45-64: 65+: PNS:	0 50.0 37.5 12.5 0	M: F: NB: Other: PNS: Miss:	12.5 75.0 12.5	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	87.5 12.5
LS20	8	3.88	14-24: 25-44: 45-64: 65+: PNS:	0 0 62.5 37.5 0	M: F: NB: Other: PNS: Miss:	62.5 37.5 	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100
LS21	7	3	14-24: 25-44: 45-64: 65+: PNS:	0 28.6 14.3 57.1 	M: F: NB: Other: PNS: Miss:	28.6 71.4 	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100
LS22	8	5	14-24: 25-44: 45-64: 65+: PNS:	0 0 37.5 62.5 	M: F: NB: Other: PNS: Miss:	50.0 50.0 	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100
LS23	3	5	14-24: 25-44: 45-64: 65+: PNS:	0 33.3 66.7 0 0	M: F: NB: Other: PNS: Miss:	66.7 33.3 	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100
LS24	0	0	14-24: 25-44: 45-64: 65+: PNS:		M: F: NB: Other: PNS: Miss:		White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	
LS25	8	3.33	14-24: 25-44: 45-64: 65+:	0 44.4 44.4 11.1	M: F: NB: Other:	33.3 44.4	White: Black/African: Mixed/Multiple: Asian/Asian British:	77.8

			PNS:		PNS: Miss:	22.2	Other Ethnic Group: Prefer Not to Say: Missing:	
LS26	8	4.25	14-24: 25-44: 45-64: 65+: PNS:	12.5 50.0 12.5 25.0	M: F: NB: Other: PNS: Miss:	62.5 37.5	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	100 22.2
LS27	14	3.86	14-24: 25-44: 45-64: 65+: PNS:	0 21.4 50.0 28.6 0	M: F: NB: Other: PNS: Miss:	35.7 57.1 7.1	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	92.9 7.1
LS28	16	2.94	14-24: 25-44: 45-64: 65+: PNS:	0 31.3 50.0 18.8 0	M: F: NB: Other: PNS: Miss:	25.0 62.5 6.3 6.3	White: Black/African: Mixed/Multiple: Asian/Asian British: Other Ethnic Group: Prefer Not to Say: Missing:	92.8 6.3