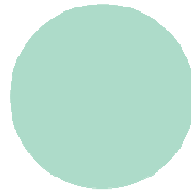
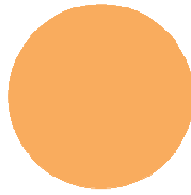
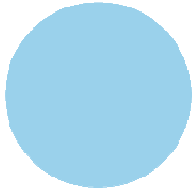
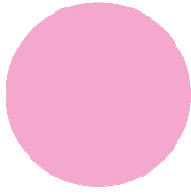
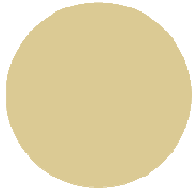


Heritage Leisure and Sports Scrutiny Commission  
Sports engagement in Leicester



**Leicester City Council Scrutiny Review**

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**SPORTS ENGAGEMENT IN LEICESTER**

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**A Report of the Heritage Leisure and  
Sports Scrutiny Commission**

**March 2013**

**Leicester City Council**  
**Heritage Leisure and Sport Scrutiny Commission**  
**Review of sports participation in Leicester**

**Chair: Cllr Susan Barton**

**Vice Chair: Cllr Wayne Naylor**

**Commission Members: Cllr Iqbal Desai  
Cllr Luis Fonseca  
Cllr Rashmikant Joshi  
Cllr Ross Grant  
Cllr Mustafa Kamal  
Cllr Paul Newcombe**

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*The minutes from the Neighbourhoods Scrutiny Commission in relation to this review can be accessed on line by clicking on this link:*  
[Minutes from Neighbourhoods Scrutiny Commission meetings](#)

**Leicester City Council**  
**Heritage Leisure and Sport Scrutiny Commission**  
**Review of sports participation in Leicester**

**Chair's Foreword**

The starting point for this review was data which on the face of it, was of great concern for the citizens of Leicester and their health and fitness. The data, provided by Sport England, suggested that when compared with neighbouring authorities, and a family of similar authorities, Leicester had a worse than might be expected involvement in active sport.

This data has been treated not with scepticism, but with caution. Leicester has a very distinctive cultural and economic make-up, and cultural and economic issues can weigh significantly on whether an individual, or a group of individuals, are able to or even want to access the wide range of sports activities available within and around the city.

The review looked at city council policies which affect the ways in which people access sports. It included taking evidence from officers in the Sports Development team, colleagues in the NHS in Leicester and Sport England.

It also reviewed the work of the Leicester Sports Partnership Trust, which brings together clubs and organisations across a range of sports and activities, as well as examining how broader planning policies are designed to help increase walking and cycling – two important pathways to a healthy life style and general fitness.

One of the challenges of the Review, but one which was actually quite encouraging, was the broad spectrum of activities which range from high-intensity sports activity through to recreational activity.

The challenge for the city and the communities within it is to understand the many ways in which sports, including recreational sport and recreational activity, can have a positive impact on health, fitness and well-being.

These are intangibles which can't necessarily have a financial value put on them. Equally intangible, but perhaps more clear, is the damage caused by a lack of access to sports and leisure facilities through unemployment, low income and other social and economic barriers.



**Councillor Susan Barton**

**Chair, Heritage, Leisure and Sport Scrutiny Commission**

**Leicester City Council**  
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**1. Conclusions and Recommendations**

**Sport England**

**Conclusions**

- 1.1 Leicester has a comparatively high level of low-wage, unskilled and unemployed people, which would suggest a lower level of sports engagement and activity than among higher-paid professional and other individuals (par 3.11)
- 1.2 In Leicester 16.8% of adults in Leicester take part in sport and active recreation compared to the national average of 21.8%, while 65.3% of adults want to start playing sport or do a bit more. (par 3.4)
- 1.3 The greatest health benefits are gained from getting people who do nothing to start doing even a little more exercise.
- 1.4 The data from Sport England provided the basis for the start of this review. While the data suggests the level of sports participation in the city is low, the model (see par 3.6) used by Sport England to assess sport activity indicates that activity is at or close to the expected level, taking economic circumstances and community make-up into account (Par 3.12).
- 1.5 While sport is regarded as a force for cohesive good, cross-cutting different communities, Sport England data suggests this is not the case, and that sports activities are often confined within particular communities.

**Recommendation 1**

**The greatest efforts in marketing, promotion and sports development should be aimed at those who currently, for a variety of reasons, do least, rather than those already involved in sports in a significant way.**

**This strategy should be common across public agencies including schools, and private enterprises, including sports clubs and leisure centres.**

**Any marketing should be carried out in a sensitive way and appropriate to the community (Par 3.20).**

**Recommendation 2**

**Any strategy for sport should strengthen contacts between schools and sports clubs within the city to seek to reverse a rising trend of inactivity among youngsters.**

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**Health issues**

**Conclusions**

- 1.6 Health, fitness and sports activity are part of a continuum of human behaviour. This is best exemplified by the NICE recommendations in Appendix 3. While these refer to walking and cycling, the NICE recommendations set out in Appendix 3 provide a wider framework for multi-agency working within the city.
- 1.7 The Commission noted the need for people to have to change their behaviour on a long-term basis rather than have short-term changes. The research recognised that to benefit from behaviour changes to improve health and fitness this group would almost certainly require more intensive support on an individual level than merely providing signposting information. (Par 3.50)

**Recommendation 3**

**Agencies within and across the city should consider adopting the action programmes and co-operative measures as set out by the National Institute for Clinical Excellence (NICE) and launched at Leicester in November 2012.**

**Recommendation 4**

**That further work be carried out to establish in more detail the effectiveness of the Leicester Active Lifestyle Scheme (ALS), drawing on either local or national data to validate the programme. A comparative study of the Birmingham and Derby schemes should be undertaken to see which scheme, if either, is more appropriate for Leicester in terms of financial effectiveness and this issues of long-term behaviour change (Par 3.50).**

**Recommendation 5**

**The Commission noted the development of the Lifestyle Referral Hub (Par 3.57) and requests an update on progress on this project after a further 12 months.**

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**Sports Partnership Trust**

**Conclusions**

- 1.8 Partners and agencies appear confident that the model created by the Sports Partnership Trust is an effective umbrella organisation under which a range of agencies and sports organisations can work effectively. The Commission noted that the first two-year Action Plan was drawing to a close in March 2013.
- 1.9 The Commission noted that a positive Olympic and Paralympic legacy was a priority for the Trust, but that potential cuts to sports programmes for schools could have an adverse effect on this objective.

**Recommendation 6**

**That a renewed action plan be presented to HLS in draft form ahead of adoption if possible, or that the renewed plan be presented to the first available HLS scrutiny commission; and**

**That the Trust reports on progress on the Action Plan an annual basis to the HLS Scrutiny Commission**

**Recommendation 7**

**That the council continues to lobby central government for a credibly-funded sports engagement programme in schools which also links into local communities, and that MPs, partners such as Sport England, Youth Sport Trust and other local authorities and the Local Government Association be used to press this case.**

**City council sports role**

**Conclusions**

- 1.10 From the latest census data, combined cycling and walking to work levels are higher than the national and regional averages. Cycle to work levels have increased by around 20% since the 2001 Census, though work patterns have also changed radically in that time making direct comparisons hard to make.
- 1.11 However, the Commission welcomed the increased emphasis of transport and planning policies in encouraging a more active personal approach to transport.
- 1.12 Beyond this there is a developing programme of guided cycling and walking which encourages the longer-term changes in activity level underscored as necessary by the health evidence.

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- 1.13 On a more direct sports level the council has been successful in attracting £11m of funding for a football investment programme. KSIs for this programme are set out in Appendix 5.
- 1.14 Sports centres are a major investment by the council in the life of the city. The data suggests that they do not act as competition to the wide range of private sports centres, with A/B staff accounting to just two per cent of membership cards.
- 1.15 Attendances at sports centres have declined over the last three years (table 6) though some of this will have been due to maintenance and repairs at one or more of the centres at any one time. Sports Services surveys at the centres signalled that high costs were a significant negative factor (Appendix 4). This was considered an important issue for users by the Commission.
- 1.16 However, members did not consider the introduction of a £5 monthly charge, or an alternative of £1 per visit, for over-60s users would have a significant impact on usage by this group of people.

**Recommendation 8**

**That the council encourages increased walking in cycling in its own workforce and that other major employers are encouraged to develop and promote similar programmes**

**Recommendation 9**

**That the HLS Commission or its relevant equivalent receives a 12-month review of progress on the football investment programme against KSIs in March 2014.**

**Recommendation 10**

**That the council reconsiders its strategy of continual price increases to help attract more users from the more deprived sectors of the community**

**Recommendation 11**

**The council should also consider rethinking the cost of its membership card to encourage wider use by more people.**

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**Participation by women in sports**

**Conclusion**

- 1.17 The Sport England framework for identifying and encouraging women to take part in sport is a useful template for promoting greater participation, in particular from disadvantaged communities.

**Recommendation 12**

**The Lower Super Output Area data, which identifies key inner city and outer estate communities as particularly lacking a wide range of social and economic deprivation, should be used to prioritise efforts and to target communities to encourage participation in sports.**

**Sport for people with physical and learning disabilities**

**Conclusion**

- 1.18 The Sports Partnership Trust has embedded a wide range of key objectives and actions to help people with physical and learning disabilities into sport and to continue taking part. The Commission commends these objectives and actions.

**Recommendation 13**

**That the Commission receives a report on progress against the above objectives for people with physical and learning disabilities under the Action Plan and that the further objectives under the new action plan also be presented to the Commission.**

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## **2 INTRODUCTION**

2.1 Sport is linked to many aspects of life for the city. These include:

- socialisation and group activities
- diet, health and wellbeing
- providing a focus for young people who might otherwise be disaffected – sport’s diversion role(from anti-social behaviour)
- the ability of sport to work across different communities and age groups within the city
- The way in which planning policy and transport strategy encouraged and promoted an active lifestyle through walking and cycling.

2.2 This Review attempts to understand the levels of sports engagement by the many communities within Leicester. Evidence from Sport England suggests that the uptake of sports within Leicester is significantly lower than the national average regional and peer cities. This report attempts to understand the reasons for those statistics, as well as putting them in a wider social and health context.

2.3 Four significant areas of information, influence and resources have provided evidence as part of this Review. They were:

- Sport England (Par 3.1)
- NHS in Leicester (Par 3.20)
- Leicester Sports Partnership Trust (Par 3.59)
- Leicester City Council (Par 3.71)
- Women and sport (Par 3.126)
- Sport for people with physical and learning disabilities (Par 3.139)

The private and voluntary sectors and amateur organised and less formally organised activities also contribute significantly to the sports “industry” within Leicester.

2.4 Sport England evidence suggested that compared with similar communities Leicester has a low participation rate of sports activities. The review attempted to understand the issues which might explain why Leicester has such a low uptake.

2.5 It also looked at the role of sport within a wider context, including health. The range of issues involved meant this was not a matter for a single department within the authority. Many teams within the council have resources and policies reflecting the activities and objectives set out within paragraph 2.10. These include sports and leisure centres, community centres, other sports facilities and pitches, (indoors and out) and schools.

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- 2.6 There is a long-standing link between sports and regular exercise and healthy living for people of all ages. Health agencies have an interest in the degree to which people engage in sports activity and exercise under a wider definition of sports engagement.
- 2.7 Evidence was taken from the council's head of sports development, Paul Edwards and a number of his colleagues. (Mr Edwards attended all meetings, and on behalf of the other members and as chair of the Commission I would like to put on record the Commission's thanks for the work he did).
- 2.8 Other city council sources of information included the planning team and the cycle development team (November 2012), NHS Leicester (December 2012) and Sport England (January 2013).

### **3. REPORT**

3.1 **Sport England** provided some of the key data which prompted this study, but a useful reference point is an earlier inquiry by this Commission into the Olympic Games Legacy project. One of the key passages within this report is within Pars 3.12 and 3.13, along with Table 3.

3.2 This states that: "No clear evidence was provided to the commission to explain why, historically, Leicester City has lower participation rates than other cities in the region. Neither was it possible to ascertain why the numbers have fallen in the past five years."

3.3 Information from Sport England has been updated to take in the most recent published data from Sport England and forms Table 1 of this report. It includes further data from authorities put into a similar group by Sport England (APS6).

3.4 In evidence to the Commission (December hearing) Sport England set out the following data:

*The health cost to Leicester of inactivity is at least £6.2m a year -*

*Sport England*

#### **How active is Leicester?**

- 16.8% of adults in Leicester take part in sport and active recreation compared to the national average of 21.8%
- 57.3% of adults do no sport or active recreation at all
- 65.3% of adult residents want to start playing sport or do a bit more.

#### **What are Leicester's sporting statistics?**

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- 4.1% of adult residents are regular sports volunteers, compared to the national average of 7.3%
  - 13.5% are members of sports clubs compared with 23.3% nationally
  - 66.5% are satisfied with sporting provision in the area compared to 69% nationally.
- 3.5 Sport England also
- puts the health cost in Leicester of inactivity at least £6.2m a year
  - estimates the health gains of a 30-49 year old who plays football at £27,000 over a lifetime.
- 3.6 It is suggested that the lower economic activity within Leicester than in surrounding communities is a contributing factor to the lower sports activity rates. [Download a fuller summary of the findings from local variation modeling.](#)
- 3.7 Table 1 indicates that, according to Sport England long-term data, Leicester's organised sports engagement is lower than Derby or Nottingham, which could be considered to be peer communities in terms of both size and, broadly, community mix.
- 3.8 The APS6 (October 2011-October 2012), the latest available Active People Survey data, shows Leicester's level of activity is higher than Wolverhampton, Coventry and Luton, but significantly lower than communities in Leicestershire.
- 3.9 Table 2 links economic activity to sports engagement, and shows that the lower the economic activity and household income the lower is the rate of engagement. Tables 3 and 4 attempt to put levels of activity into economic and demographic context.
- 3.10 Leicester has a significantly higher proportion of 16-34 year olds, who might be expected to be more involved in sports than other demographics, than either the East Midlands or the wider England profile.

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**TABLE 1: Organised Sport engagement by Local Authority**

Local authority	APS4 (Oct 2009- Oct 2010)		APS5 (Oct 2010- Oct 2011)		APS6 (October 2011- October 2012)		Statistically significant change from APS1
	%	Base	%	Base	%	Base	
<b>EAST MIDLANDS</b>							
<b>EAST MIDLANDS</b>	34.4		33.5		35.3		Increase
<b>Derby UA</b>	35.2	501	35.9	503	40.5	479	Increase
<b>Leicester UA</b>	33.9	568	27.8	500	32.7	512	No change
<b>Nottingham UA</b>	36.0	1,017	34.1	537	36.3	532	No change
<b>Rutland UA</b>	35.9	501	42.1	504	42.9	498	Increase
<b>LEICESTERSHIRE</b>							
<b>Blaby</b>	39.1	501	34.1	501	38.0	494	No change
<b>Charnwood</b>	38.5	501	33.7	500	42.9	496	No change
<b>Harborough</b>	41.1	504	37.8	501	37.7	470	No change
<b>Hinckley &amp; Bosworth</b>	35.6	506	35.7	500	40.3	507	No change
<b>Melton</b>	35.7	502	32.7	500	36.9	506	No change
<b>N.W. Leicesters hire</b>	33.7	504	27.0	503	31.5	499	No change
<b>Oadby &amp; Wigston</b>	35.5	505	31.6	501	44.2	511	No change
<b>OTHER AUTHORITIES</b>							
<b>Coventry</b>	30.4	509	35.2	500	30.6	484	Increase
<b>Luton</b>	27.9	502	28.3	504	29.0	486	Decrease
<b>Milton Keynes</b>	35.7	558	32.3	500	38.5	<b>507</b>	No change
<b>Bristol</b>	37.1	517	38.4	501	39.6	484	No change
<b>Sheffield</b>	37.9	696	35.5	496	39.6	524	Increase
<b>Bradford</b>	35.3	503	35.2	500	35.3	497	No change
<b>Wolverhampton</b>	31.2	504	33.2	502	31.0	495	No change

**Source: Sport England Active People Survey**

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**TABLE 2: Activity by economic/social group**

One session a week (at least 4 sessions of at least moderate intensity for at least 30 minutes in the previous 28 days)		APS1 (Oct 2005- Oct 2006)		APS5 (Oct 2010- Oct 2011)		APS6Q2 (Apr 2011- Apr 2012)	
		Number	%	Number	%	Number	Statistically significant change from APS 1
NS SEC1-2 (managerial/ professional)	40.1	4,462,100	41.4	4,812,000	42.6	4,990,700	Increase
NS SEC3 (intermediate)	32.3	1,244,000	32.4	1,303,700	33.2	1,347,000	Increase
NS SEC4 (small employers/own account workers)	32.4	920,200	32.3	958,400	33.4	997,400	Increase
NS SEC5-8 (lower supervisory/tech nical /routine/semi- routine/never worked/long term unemployed/ full time students/other)	26.9	3,450,200	26.6	3,564,800	26.8	3,620,600	No change

Source: Sport England

3.11 Sport England provided further information on facilities and engagement, set against social, health and other criteria, for Leicester. However, indicatively, for both the East Midlands and against national criteria, Leicester has a comparatively high level of low-wage, unskilled and unemployed people, which would suggest a lower level of sports engagement and activity than among higher-paid professional and other individuals. This is exemplified by the data set out in Table 2 above.

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**TABLE 3: Age profile for Leicester and East midlands**

Demographic characteristic count - Age 16+ (000s)									
Indicator	Leicester			East Midlands			England		
	2006	2008	2011	2006	2008	2011	2006	2008	2011
Male	108.5	112.7	120.2	1,710.0	1,749.0	1,767.2	19,667.9	20,056.9	20,468.3
Female	116.6	116.2	126.0	1,777.3	1,809.0	1,838.0	20,743.9	21,028.4	21,365.1
<b>Total</b>	<b>225.1</b>	<b>228.9</b>	<b>246.2</b>	<b>3,487.1</b>	<b>3,557.8</b>	<b>3,605.2</b>	<b>40,411.0</b>	<b>41,083.8</b>	<b>41,833.5</b>
16 to 19	18.3	20.7	19.9	231.3	236.5	231.3	2,618.5	2,647.5	2,581.5
20 to 24	30.2	29.8	31.2	289.3	304.3	311.2	3,284.2	3,449.5	3,554.3
25 to 34	40.6	44.0	53.6	518.3	517.5	532.5	6,637.7	6,630.4	6,912.2
35 to 49	55.8	57.9	55.4	962.5	973.2	955.4	11,185.9	11,283.4	11,195.4
50 to 64	47.2	41.4	46.3	810.0	828.9	839.5	8,967.7	9,166.7	9,356.8
65+	33.0	35.1	39.8	674.8	697.4	735.3	7,714.2	7,904.1	8,233.4
White	137.5	132.4	136.5	3,246.8	3,287.1	3,289.6	36,335.5	36,599.9	37,052.0
Non-White	87.6	96.0	109.7	240.1	269.2	315.6	4,046.8	4,457.6	4,781.5
Both DDA & work limiting	22.5	22.2	27.0	317.9	315.8	379.1	3,459.3	3,460.7	3,955.1
DDA only disabled	8.4	7.9	10.4	143.5	161.1	148.4	1,568.5	1,649.4	1,779.6
Work-limiting only disabled	4.5	7.3	7.9	89.9	95.4	97.9	1,027.5	1,014.2	1,133.9
Not disabled	156.7	156.4	161.1	2,259.4	2,287.8	2,244.5	26,628.7	27,043.9	26,731.5

**TABLE 4: Data from Table 3 as % ages of total population**

% - age	LEICESTER			EAST MIDLANDS			ENGLAND		
	2006	2009	2011	2006	2009	2011	2006	2009	2011
16 to 19	8.1	9.0	8.3	6.6	6.6	6.4	6.5	6.4	6.2
20 to 24	13.4	13.0	12.7	8.3	8.6	8.6	8.1	8.4	8.5
25 to 34	18.0	19.2	21.8	14.9	14.5	14.8	16.4	16.1	16.5
<b>Total</b>	<b>39.5</b>	<b>41.2</b>	<b>42.5</b>	<b>29.8</b>	<b>29.7</b>	<b>29.8</b>	<b>31.0</b>	<b>31.0</b>	<b>31.2</b>

Sources for both tables: Sport England

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3.12 However, after all this, and taking into account the provisos set out in Sport England’s model referenced in 3.7, the level of sports engagement in the city is broadly in line with what should be expected. (See table 5 below and footnote).

**TABLE 5: Expected and observed sports participation for Leicester<sup>1</sup>**

Participation rates	Leicester		East Midlands		England	
	2005/06	2007/09	2005/06	2007/09	2005/06	2007/09
<b>Expected</b>	18.3%	18.7%	21.6%	22.5%	21.9%	22.5%
<b>Observed</b>	18.2%	17.9%	21.1%	22.1%	21.3%	21.9%
<b>Difference</b>	-0.1%	-0.8%	-0.5%	-0.4%	-0.6%	-0.5%

3.13 In his evidence to the Commission, Russell Turner, Sport England’s local government relationship manager, confirmed that deprivation was a major barrier to sports access across the country. The statistics demonstrated sports participation in the city was generally at the expected level bearing in mind the community mix and economic position of residents.

3.14 Sport England had worked with the city in areas including Braunstone and Highfields and would continue to work with Leicester in the future, he said. He explained that the sports strategy included a commitment towards satellite clubs, which were linked to schools, and that it was important to try to make it easier for young people to remain physical active once they were no longer in school.

3.15 John Byrne, Leicestershire and Rutland Sports Director, also said there were examples of where public health initiatives had provided support and promoted physical activities.

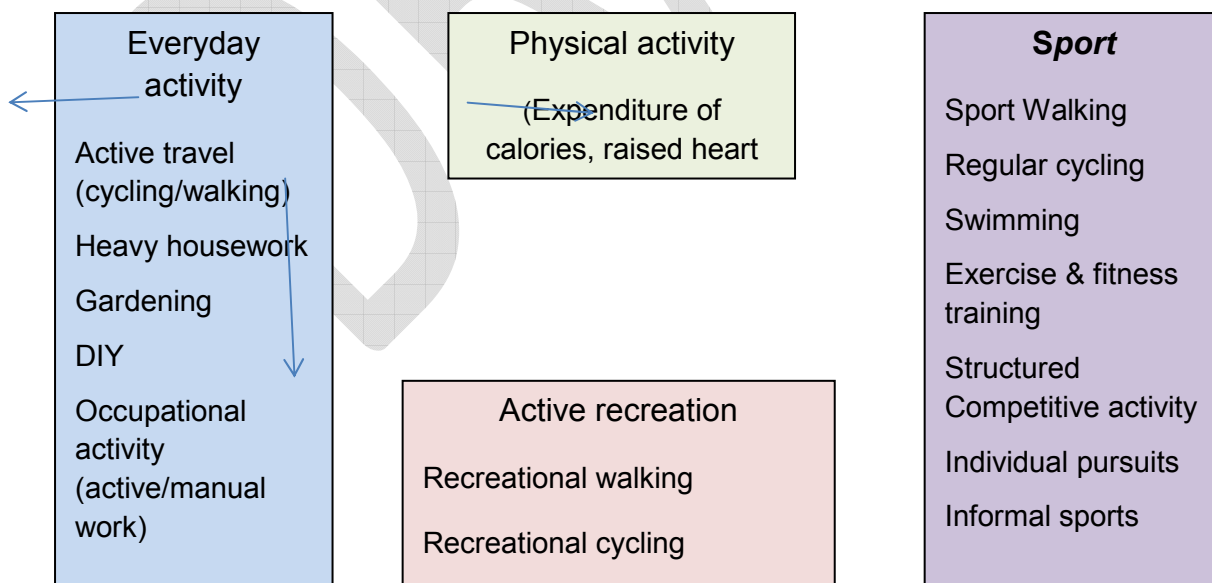
<sup>1</sup> Sport England says this table, presented at the December 2012 meeting, showed that the city and its communities are performing well despite the difficult environment. A key line is the expected level of participation based on a range of factors. Leicester’s is less than both the East Midlands and England. The observed rate falls for Leicester over a two year period against an expected rise in participation. The other data shows participation rate increases in the same period for the East Midlands and England. The participation rate for Leicester shows a falling away over time from the expected participation rates. However, it should also be noted that Leicester’s observed participation is close to the expected rate, taking social and economic factors into account.

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- 3.16 He thought the biggest challenge was in achieving long term improvements while resources were decreasing. They were working with children in early years, but improved working was needed at that level. Children were not as active as they used to be and additionally there was a challenge to ensure that schools were connecting effectively with sports clubs.
- 3.17 Witnesses were asked how people in different cultures could be encouraged to integrate more and Mr Turner said statistics indicated people tended to remain within their own communities for sporting activities.
- 3.18 Sport England was looking at different sports options for people with different abilities, initiatives to enable talented people to progress and also to train coaches within communities.
- 3.19** He also stressed public health played an important part in encouraging participation in sports and he suggested the council might consider as to how best they could put across this message. There might be entrenched cultural issues and he suggested that it would be helpful to have improved marketing, carried out in a sensitive way and appropriate to the community.

**THE LINK BETWEEN SPORT AND HEALTH - HEALTH EVIDENCE**

- 3.20 The key connection between sport and health is set out in the report: **Start Active, Stay Active**<sup>2</sup>. Produced by the four national directors of public health in 2011, it set out a series of descriptions of physical activity which went well beyond narrow definitions relating to taking part in organised sport.



<sup>2</sup> Start Active Stay Active:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_128210.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf)

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- 3.21 Having posed the question: “what is physical activity?” the report seeks to answer it in the following way:

*“Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.”*

- 3.22 Sport England asked the British Heart Foundation (BHF) to review research and practice into improving health through sport<sup>3</sup>. The review concluded that participation in physical activity (including sport) was associated with reducing the risk of over 20 health conditions, including those with a high prevalence in Leicester such as heart disease, obesity and diabetes.
- 3.23 In the absence of conclusive research into the relative effectiveness of specific interventions, the BHF review concluded that the greatest health benefits can be gained by targeting the most inactive rather than those who are already active but by getting them to do more.
- 3.24 Leicester reflects the national picture by offering an appropriate range of sport and physical activity options, but there is a need to further develop how interventions are effectively targeted and evaluated.
- 3.25 Sport England recently commissioned a rapid review of research and practice into improving health through sport. The review agreed taking part in physical activity (including sport) was associated with reducing the risk of over 20 health conditions, including those that have high prevalence in Leicester such as heart disease, obesity and diabetes.
- 3.26 The authors also concluded that the greatest health benefits can be gained from increasing the activity levels of the most inactive, rather than getting those who are already doing some activity doing even more. This is significant when we are considering where best to target resources.
- 3.27 However, the challenge of targeting the most inactive is that this group is also likely to be those with more barriers to participation and physical inactivity.

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<sup>3</sup> Cavill, N, Richardson, G, Foster, C (2012) Improving health through participation in sport : a review of research and practice for Sport England. British Heart Foundation Research Group and The University of Oxford.

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- 3.28 Another report<sup>4</sup> showed people from unskilled manual backgrounds were three times more likely to engage in four lifestyle risk behaviours (smoking, excessive alcohol use, poor diet and low levels of physical activity) than those from professional backgrounds. Adults with no qualifications were five times more likely to adopt all four risky behaviours compared to those with the highest level qualifications.
- 3.29 Department of Health research<sup>5</sup> also explored the relationship between health outcomes, environment and personal motivation. The research identified five distinct groups, the most challenged of which were recognised as tending to live *‘in the most deprived areas and are the least likely to be in paid employment.*
- 3.30 *“They have higher than average smoking prevalence, higher incidence of obesity and overweight, are the least likely to take exercise, less likely to eat five portions of fruit and vegetables and most likely to have a high GHQ score (i.e. to report poor mental health).”*
- 3.31 Significantly from a service provision perspective the research recognised that this challenged group who would benefit the most from lifestyle change *will almost certainly require more help and support than information alone can provide.*
- 3.32 Evidence suggested that the most inactive are more likely to face multiple challenges and that more personalised, supportive approaches are likely to be required to help people make and sustain behaviour change.
- 3.33 Such locally evaluated programmes suggest a targeted neighbourhood model can be effective in engaging people who wouldn’t become active through more open access, traditional service offers and promotion.
- 3.34 The 2010 Leicester Health and Lifestyle survey, when asking what were the main barriers to a more active and healthier life regime, said most people who wanted to do this cited a busy lifestyle/too little time; less than five per cent said cost was the main barrier.

*“Adults with no qualifications were five times more likely to adopt all four risky behaviours compared to those with the highest level qualifications.”*

*Buck & Frossini:  
2012*

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<sup>4</sup> Buck and Frossini (2012) .Clustering of unhealthy behaviours over time – implications for policy and practice (Kings Fund)

<sup>5</sup> HM Government (2008) Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour.

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- 3.35 (By contrast, [a research review](#) led by the University of Leicester and including input from Loughborough University, said that sitting for long periods was a significant contributor to diabetes, heart disease and death even if you did exercise regularly).
- 3.36 Stephanie Dunkley, Public Health Principal with NHS Leicester City, in evidence to the commission, drew attention to the following points:
- A review of research and practice into improving health through sport reinforced knowledge that sport and physical activity positively helped the 20 health conditions that had high prevalence in Leicester
  - There was insufficient knowledge to be able to say whether one exercise programme was better than another;
  - More pro-active targeting and better monitoring were needed locally, (for

***Food and Active Buddies...***

*...began in 2003 as Fit and Active Braunstone, a local funded New Deal in the Community Programme aimed at people who had health or weight issues, empowering them to take exercise and look at lifestyle changes to improve their lives.*

*Initially people on the programme received 10 weeks' mentoring, being joined on visits to the gym and having achievable goals set for them. The project then created three "buddying" groups - Calorie Killers, Fit Chicks (now known as In-2-shape) and TLC (Teenage Lifestyle Club). Their aim was to continue the work that began with people getting involved in the initial 10-week programme to network with other people in the same/similar situation, empowering them to help each other.*

*These groups proved very popular with good outcomes - up to 2 stone weight loss, insulin reduction in diabetic patients, general improvement in fitness and improvement in lifestyle all being well documented.*

*The programme now operates in a other areas around the city, including New Parks and Beaumont Leys. The programme successfully exited its New Deal Funding, and is now funded centrally through Leicestershire Partnership Trust (NHS) Ltd as part of its community health programme...*

***...Cllr Wayne Naylor:***

***Vice Chair, Heritage Leisure and Sport Scrutiny Commission***

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example, tracking whether people sustained their participation and gained health benefits). This was in line with the national situation;

- The people who should be targeted were those who were inactive, not those who already take part in sports or physical activity;
- Levels of participation in sport and physical activity were static;
- The greatest gains to be had were from building activity into everyday life;
- Research by the Kings Fund showed a widening gap between people with the lowest economic groups doing a lot of unhealthy activity. It was recognised that for that group signposting was not enough, and more one-to-one support was needed. This had implications for service design;
- It was important to be user responsive. For example, if someone was very inactive, they would need a gentle introduction to physical activity;
- A new campaign had been started, based on the national Change for Life programme. Anyone who signed up to the new initiative would receive a personalised programme of activity; and
- A bid in partnership with Leicestershire and Rutland Sport and local delivery partners was submitted in February 2013 to Sport England expressing interest in the “Get Healthy, Get into Sport” fund for health pilot projects. A decision on this is awaited.

3.34 The Commission asked what long-term studies had been done to lead to the conclusion that being healthier would give savings. Stephanie Dunkley replied that other cities with the same problems as those identified in Leicester used different approaches. Some targeted deprived areas or unemployed people, and some offered incentives to people for them to become involved.

3.37 The Commission (November hearing) was told of two contrasting models (in Birmingham and Derby) of health intervention projects which have been or are being trialled. Detailed information on the two schemes is in Appendix 2.

3.38 The B Active scheme in Birmingham piloted free gym facilities in the Ladywood area of the city. With a population of 110,000, membership went from 95 to 7,000 in six months, with membership reflecting the local demographic. The conclusions were that:

- Price was a barrier to regular exercise
- Demand rose from “low to “excessive” during the pilot project.

3.39 The scheme was modified to concentrate on communities with greatest deprivation, while also focussing on under-represented groups. Reflecting

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customer feedback the project widened out from the standard gym, swimming and fitness regime.

3.40 Sub-brands and evolutionary activities included:

- **Be active +:** GP referral programme for people with chronic conditions
- **Be active weight management programme:** delivered in leisure centres with exercise and nutrition components
- **Be active mental health pilot:** working jointly with the Mental Health Trust to support patients to exercise in a supportive environment
- **Be active by bike:** free bike hire, led rides
- **Be activators:** volunteering
- **Be active** and NGB pathways - back to netball, British Cycling, ASA etc

3.41 The cost per individual user of such supportive programmes is high, and it was essential participants are those most likely to benefit. (Sport England is currently selecting projects from across the country, to fund for three years, which will help to fill a knowledge gap by evaluating the effectiveness of different interventions).<sup>6</sup>

3.42 Leicester has an Active Lifestyle Scheme (ALS), which is a GP referral scheme. Registered health professionals can refer patients with an identified and stable health concern that would benefit from increased physical activity. (Apart from leisure-centre based activities the ALS also promotes building physical activity into daily life, such as through active travel)<sup>7</sup>.

3.43 The Leicester ALS was provided, and until two years ago, funded solely by Leicester City Council Sports Services. Anticipating increased demand from NHS health checks the PCT contributed to increase capacity to 1500 referrals per year. In 2011 – 12 the ALS exceeded this target by 300, although none of the additional referrals were the result of NHS health checks.

3.44 The ALS complies with GP referral guidance on client assessment measurements, but as acknowledged in the national review of evidence, there has been no independent evaluation or analysis of this data. Therefore we are not able to comment on the effectiveness of this specific scheme, and this is a potential gap and recommendation for further action.

3.45 An estimated direct cost of physical inactivity to the NHS across the UK is £1.06 bn based on five conditions specifically linked to inactivity – coronary heart disease, stroke, diabetes colorectal cancer and breast cancer. Wider indirect costs include sickness absence and premature deaths of working age people.

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<sup>6</sup> The scheme costs £4.7 million per year equating to £34 per user per year. Five year projections estimate that the benefits are likely to exceed its cost by £445.2 million. The benefits over the lifetime of an individual exceed the cost of the scheme by £3,202.7 per person.

<sup>7</sup> NHS evidence to the Commission: November 2012

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- 3.46 There is an association between health inequalities and inactivity. The Stay Active, Be Active report says:
- Physical activity is higher in men at all ages
  - Physical activity declines significantly with increasing age for both men and women
  - Physical activity is lower in low-income households
  - Certain ethnic groups have lower levels of activity. For example, in England, physical activity is lower for BME groups except for African-Caribbean and Irish populations
  - Boys are more active than girls
  - Girls are more likely than boys to reduce their activity levels as they move from childhood to adolescence.
- 3.47 “In Leicester, given the low levels of sport and active recreation and high levels of conditions associated with inactivity the challenge is whether to invest in universal population level evidence-based programmes which may have a small impact on greater numbers of people or to target more intensive interventions on fewer people but for those individuals and groups there could be greater benefit.” In this context information from two contrasting approaches, from Birmingham and Derby, are referred to in Appendix 2.
- 3.48 Parts of Leicester are among the most deprived communities in the country. Department of Health research<sup>8</sup> looking at the relationship between health outcomes, environment and personal motivation identified five distinct groups, the most challenged of which were recognised as tending to live *‘in the most deprived areas and are the least likely to be in paid employment.*
- 3.49 *‘They have higher than average smoking prevalence, higher incidence of obesity and overweight, are the least likely to take exercise, less likely to eat five portions of fruit and vegetables and most likely to have a high GHQ score (i.e. to report poor mental health).’*
- 3.50 The research recognised that to benefit from behaviour changes to improve health and fitness this group would almost certainly require more intensive support on an individual level than merely providing signposting information.
- 3.51 Local initiatives within Leicester include the [Active Lifeline Scheme](#), (ALS) a GP referral scheme which can be used by health professionals to refer patients who have an identified health concern which would benefit from increased physical activity. Apart from leisure centre-based activities the ALS also promotes building physical activity into daily life, such as through active travel.

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<sup>8</sup> [Ambitions for Health: a strategic framework for maximising the potential of social marketing and health-related behaviour](#)

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- 3.52 The Leicester referral scheme has been provided, and, until two years ago, funded solely by Leicester City Council Sports Services. In recognition of anticipated increased demand from NHS health checks the PCT contributed to increase capacity to 1500 referrals per year. In 2011 – 12 the ALS exceeded this target by 300, although none of the additional referrals were the result of NHS health checks.
- 3.53 Another scheme for engaging people in higher levels of activity is the [Stay Active 4 Life](#) scheme. The city council web site says: “Only one in 20 of us are actually doing the right kind of activity each week to keep our mind and bodies healthy.
- 3.54 “It is recommended that adults should be undertaking at least 150 minutes of activity each week that increases the heart rate, quickens the breathing and raises the body temperature.
- 3.55 “Leicester's Active 4 Life campaign is designed to encourage young people and adults, aged 14 and over and living in the city, to make changes that introduce more regular activity into their lives.
- 3.56 “A personalised Activity Plan will be sent out when signing up to the programme and after 12 weeks you will be invited to evaluate your progress and will be rewarded with an incentive. Leicester gets Active 4 Life will help to build activity into your day that keeps your heart healthy, reduce your risk of serious illness such as diabetes, and strengthens joints.” This local campaign will be incorporated into a wider lifestyle social marketing programme to be developed.
- 3.57 A [Lifestyle Referral Hub](#) is being piloted with ten GP practices to signpost people towards programmes dealing with obesity issues. This single point of access to physical activity and other lifestyle services is hoped to increase referrals and uptake of all services and open access facilities, based on the success of a similar scheme in Nottingham City.
- 3.58 Meanwhile a series of related clinical pathways are complete or in the final stages of development including:
- Children’s and adults obesity pathways
  - Let’s get moving physical activity pathway
  - Maternal obesity pathway.

**SPORTS PARTNERSHIP TRUST**

- 3.59 The council has an important partnership role with the NHS within Leicester in promoting healthier lifestyles and this is demonstrated in a number of ways within the **Sports Partnership Trust**.

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3.60 The Sports Partnership Trust brings together many of the key partners within the range of sports activities within the city. The council is represented on the board of the Partnership trust by Assistant Mayor Piara Singh Clair and divisional director Liz Blyth. Public health director Deb Watson and city council strategic director of children services Rachel Dickinson are also on the board, which is chaired by Rory Underwood.

3.61 Further information about the Trust and its aims and objectives can be found through the link: <http://www.oneleicester.com/uniquely/lcpt/?locale=en>. (The One Leicester arrangements and structures have been ended and the Trust now falls within the City Partnership umbrella which is chaired by the Mayor).

3.62 Partners within the Trust include:

- B-Active
- Voluntary Action Leicester
- Leicester City Council (sports regeneration; Transforming the learning Environment; Learning Services)
- NHS Leicester
- County Sports Partnership
- Leicester Tigers
- Leicester City FC
- Leicestershire County Cricket Club

3.63 A report to Leicester City Council's Cabinet in January 2011<sup>9</sup>, describing the reasons for setting up the Trust, said: "a review of sporting infrastructure was undertaken. The sporting landscape has always been a complicated one and, as a result, sport and physical activity in Leicester City has lacked clear governance and accountability. As a result a new Sports Partnership Trust Board was established to provide clarity and a strong link to delivery of outcomes."

3.64 It added that the new proposed culture and sports partnership boards would "help drive direction for culture and sport and measure success in the achievement of outputs and outcomes. The revised structures create a strong focus on improving performance in three key areas: health inequality, educational standards, skills and enterprise."

*"For too long the focus has been on advising individuals to take an active approach to life. There has been far too little consideration of the social and physical environments that enable such activity to be taken."*

The Lancet:  
18 July 2012

<sup>9</sup><http://www.cabinet.leicester.gov.uk:8071/documents/s24094/Review%20of%20Partnership%20and%20Delivery%20Arran.pdf>

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3.65 The report commented that: “The complexity of the sporting infrastructure at national level has been...mirrored at a local level across the country and in Leicester City. A complicated and confusing landscape had evolved causing concern and a lack of clarity regarding performance, ability to identify and deliver outcomes, accountability and governance.”

3.66 Evidence on the Trust’s work was given to the Commission’s January 2013 hearing. The Trust has virtually completed a two-year action plan programme and is in the process of revising and recasting it. A link to the plan can be found on  
[http://issuu.com/oneleicester/docs/lcpt\\_action\\_plan?mode=embed&layout=html&skin=issuu.com%2Fv%2Flight%2Flayout.xml&showFlipBtn=true](http://issuu.com/oneleicester/docs/lcpt_action_plan?mode=embed&layout=html&skin=issuu.com%2Fv%2Flight%2Flayout.xml&showFlipBtn=true)

3.67 A series of sport-specific development groups was set up as part of the Trust’s structure, sitting below the main Board. There are a number of overarching objectives set for the Trust to achieve. These are to:

- Raise attainment, achievement and aspirations of young people by learning through Physical Education, Sport and Competition
- Improve Health and Wellbeing outcomes through sport and physical activity Interventions
- Create a thriving sustainable community club, coach and volunteer infrastructure
- Develop sustainable facilities to meet the future needs of the people of Leicester
- Use the London 2012 Olympic and Paralympic Games to inspire the people of Leicester to take part in sport and physical activity
- Improve Inclusion and Disability access outcomes.

Fourteen sports were identified as key development areas by the Trust:

Athletics	Tennis	Gymnastics
Badminton	Boxing	Hockey
Basketball	Netball	Football
Cricket	Swimming	Rugby
Table tennis	Outdoor development	

3.68 Each of these sports was given development targets in the first action plan. Members were keen to see a version of the new action plan, and to have a

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future presentation on the plan, with explanations for targets and objectives within the plan.

- 3.69 The Commission took [evidence](#) (March 2013) from officers looking at the Olympic and Paralympic legacy (one of the objectives set out in 3.69 above). Gaynor Nash, regional co-ordinator for the children and young people's Olympics legacy, said there were a number of on-going projects which supported the legacy principle.
- 3.70 However there was concern about cuts in earmarked funding for sports liaison in secondary schools (who linked with primary schools) and the potential cuts in the sports programmes for schools being considered by the government.

### **CITY COUNCIL SPORTS ROLE**

- 3.71 The **city council** has a major investment in sports and leisure across the city, including seven major sports and leisure centres. A previous scrutiny review by the Culture and Leisure Task Group looked at the role and functions of leisure centres.<sup>10</sup>
- 3.72 The centres are:
- Braunstone Leisure Centre
  - Aylestone Leisure Centre
  - Leicester Leys Leisure Centre
  - Evington Leisure Centre
  - Cossington Street Sports Centre
  - New Parks Leisure Centre
  - Spence Street Sports Centre.
- 3.73 They all have swimming pools, with major water leisure facilities at Leicester Leys which attract customers from across and outside the city. A wide range of other sports and leisure activities is available. There are sports facilities at St Margaret Pastures and Saffron Lane Athletics Stadium and golf courses at Humberstone Heights and Western Park.
- 3.74 There is a link<sup>11</sup> to all sports and leisure services provided by or through the council. Evidence to the Culture and Leisure task group on sports centres in 2009 showed that at that time there were around 2.3m users of the centres in a year, contributing around £5m towards the running costs of the service. Free summer swimming for youngsters under 17 is funded by the authority.

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<sup>10</sup>

<http://www.cabinet.leicester.gov.uk:8071/documents/s16319/eisure%20Centres%20Task%20Group%20Final%20Report.pdf>

<sup>11</sup> <http://www.leicester.gov.uk/your-council-services/lc/sports-services/services/>

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- 3.75 One of the key features of City Council policy has been to encourage free swimming. The policy was introduced by the last Government then ended by the current administration. The council agreed to extend the policy and provided funding for it.
- 3.76 A review of the first year of the scheme, written in 2010, suggested that far fewer youngsters had taken part in the scheme than expected. Subsequent evidence suggested the popularity of the scheme had fallen further. (Minutes from January 2013 meeting). This was possibly because the initial novelty value of the scheme had worn off.
- 3.77 Evidence to the January meeting said government funding for free swimming was withdrawn in 2010 “the City Council has maintained the offer across all of the public swimming pools. In addition to the school holiday swim offer, a further 4 pools across the city offer free swim sessions at weekends during term times. This is funded by the PCT.”
- 3.78 Figures from the use in both schemes is set out below:

**All Sites – School Holidays**

Easter 2011 – No free swimming

Easter 2012 – 4,838 free swims

Summer 2011 – 28,706 (six weeks – average 4,784 per week)

Summer 2012 – 15,841 (four weeks – average 3,960 per week)

October half term 2011 – 2,221

October half term 2012 – 1,517

At Braunstone, New Parks, Cossington St and Spence Street during term time

April – October 2011 – 5,147

April – October 2012 – 8,056

October – April 2012 – 4,655

October – April 2013 – Not available yet

It is worth noting that the popularity of free swimming for young people has reduced in this current financial year whilst the school term offer has risen in popularity. The summer 2012 weekly average was 17% below that of the previous year, while the October 2012 figure was down by almost a third on the previous year's figures. The October term time figures show an increase of more than 50%. Officers are currently considering ways of encouraging children to learn the important skill of swimming as many young people are unable to swim.

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- 3.79 Members heard at the same meeting that while it was an Ofsted requirement that children learned to swim as part of the school curriculum, a survey by the Sports Regeneration Officer found only about 50% of city schools took their children for swimming lessons.
- 3.80 Members heard that this was probably due to issues relating to organising transport to and from the swimming pool and also the time factor, as it took approximately 90 minutes out of the school day for a 20 minute swimming lesson.
- 3.81 The Sports Regeneration Officer explained that they were looking at ways of organising the transport for the schools. This happened successfully in other local authorities and had resulted in 100% of schools participating in school swimming sessions.

**Consumer satisfaction**

- 3.82 Members were given details of recent customer satisfaction survey results across the city council's major sports and leisure centre. Detailed results are set out in Appendix 4 looking at services and customer satisfaction at each centre..
- 3.83 A striking feature of the report was the number of people answering the survey who regarded price as a significant issue. It was noted that 50% of customers who had responded in the latest survey wanted lower prices, compared to 28% who had responded in the survey two years earlier.
- 3.84 Respondents asked to flag up the issues most important to them flagged up the below issues which, in priority order were:
- Lower prices
  - Cleaner facilities
  - Better equipment
  - Better staff
  - Better programmes
  - Other
- 3.85 A note within the Appendix 4 presentation warned that the level of concern about pricing was "a significant issue for Sport Services as it shows further increases in fees could have a detrimental impact on the service."
- 3.86 However the Sports Service department noted the concerns about facility cleanliness and increased resources to deal with this particular issue. Commission members noted a previous scrutiny task group review had called for further training for staff in appropriate fields. The same review had also called for upgrades and improvements to the physical fabric of centres within the city.

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- 3.87 Data for attendances at individual centres can change significantly from year to year because of major refurbishment and repair projects, so figures have been aggregated for the seven major sports and leisure centres by year in table 6.
- 3.88 The numbers of attendances have fallen year-on-year since 2008/2009. This should not be considered surprising because of the way the city's economy has hit its communities. Levels of concern about prices were highest at Spence Street, which could be considered to be serving some of the most deprived communities within the city (although it should be noted that the centres across the city were almost entirely located within less affluent communities).
- 3.89 Information was provided on the membership card scheme for sports centres. There are around 143,000 members. Slightly more than half are female. 80% are in the city, the rest registered at county or out of county addresses. Around 30% are young persons' cards. A similar number are unemployed (See table 7 below).

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**TABLE 6: Leicester City Council Sports and Leicester Centre attendances**

Centre	2008/2009	2009/2010	2010/2011	2011/2012
<b>AYLESTONE</b>	<b>434,640</b>	<b>382,186</b>	<b>401,585</b>	<b>360,191</b>
<b>LEICESTER LEYS</b>	<b>366,330</b>	<b>389,643</b>	<b>333,588</b>	<b>364,305</b>
<b>BRAUNSTONE</b>	<b>406,660</b>	<b>423,258</b>	<b>428,419</b>	<b>306,298</b>
<b>NEW PARKS</b>	<b>204,846</b>	<b>198,706</b>	<b>183,613</b>	<b>224,777</b>
St Margaret's Pastures	87,164	94,802	54,240	51,088
<b>COSSINGTON STREET</b>	<b>142,120</b>	<b>151,704</b>	<b>137,210</b>	<b>193,972</b>
<b>SPENCE STREET</b>	<b>191,896</b>	<b>199,481</b>	<b>194,264</b>	<b>198,867</b>
<b>EVINGTON</b>	<b>280,531</b>	<b>258,886</b>	<b>271,881</b>	<b>268,927</b>
Tennis Centre	N/A	13,467	20,800	28,429
Western Golf	32,376	31,014	29,165	30,400
Humberstone Golf	38,564	35,135	31,859	34,450
<b>TOTAL USAGE PER YEAR</b>	<b>2,185,127</b>	<b>2,178,282</b>	<b>2,086,624</b>	<b>2,061,704</b>
Use of sports/leisure centres (in bold above)	<b>2,027,023</b>	<b>2,003,864</b>	<b>1,950,560</b>	<b>1,917,337</b>
Change/year		<b>(23,159)</b>	<b>(53,304)</b>	<b>(33,223)</b>
Annual change (%)		<b>(1.1)</b>	<b>(2.7)</b>	<b>(1.7)</b>
Change from base year		<b>23,159</b>	<b>76,463</b>	<b>109,686</b>
Change from base year (%)		<b>(1.1)</b>	<b>(3.7)</b>	<b>(5.4)</b>

**TABLE 7: EMPLOYMENT STATUS AT TIME OF JOINING**

<b>EMPLOYMENT STATUS AT TIME OF JOINING</b>		
A - professional, retired previously A (non-manual)	1,729	1%
B - middle management, retired previously B (non-manual)	1,453	1%
C1 - Junior Management, retired previously C1 (non-manual)	17,489	12%
C2 - skilled workers, manual workers with responsibility	16,844	12%
D - semi skilled (manual workers)	5,558	4%
E - unemployed, dependant on state	42,114	30%
Young person	44,235	31%
Withheld	13,214	9%

**Source: Leicester City Council**

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- 3.90 A significant further information point relates to employment status at the time of joining the scheme. Only two per cent of members are in the top two employment categories. This indicates that private sports centres and clubs effectively have a monopoly of this segment of the market. That has implications for the ways in which the city council markets its sports and leisure offer, and to whom.
- 3.91 Around 9,400 card-holders were over 60. Average number of visits per card user was 14.5 in the year to 31 March 2012.

### **Football Foundation investment**

- 3.92 There has also been a major investment of more than £11m in providing new football pitches and other facilities in the city.<sup>12</sup> It included a £5m grant from the Football Foundation. Evidence from Sport England about a lack of footballing activity in the city was used to underwrite the investment. The final site of the project, the split development on Aylestone Playing Fields and the former Riverside College site, was due to be finished in March 2013.
- 3.93 A range of performance indicators (KPIs) were presented. They are set out in full in Appendix 5 and represent the Football Association Target Goals for the next year. Commission members were told the base line figure was that which was achieved over the past 12 months; the targets were set over a five year period to reflect current growth and was considered achievable by the partner clubs.
- 3.94 However members felt there should be period reviews of progress against the targets and one recommendation is to have a review following the first full year following the completion of the construction phase of the project.

### **PLANNING AND TRANSPORT STRATEGY**

- 3.95 [Cycling](#)<sup>13</sup> is an important component of life in the city, straddling a range of issues ranging from transport (with the associated reduction in congestion and transport-related NO<sub>x</sub> and other emissions) and cycling for fitness and/or leisure, whether singly or in groups.
- 3.96 Skyride is the highest-profile bike event within the city and is held each August. Data from the 2012 event suggests around 16,000 cyclists took part and that around 10 per cent were first-time cyclists or coming back to cycling after a significant break.<sup>14</sup>

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<sup>12</sup> <http://www.leicester.gov.uk/your-council-services/lc/sports-services/football-strategy/football-investment/>

<sup>13</sup> This link is to a general overview of how cycling fits into wider city council health, planning and other policies.

<sup>14</sup> As part of the new three-year agreement, Leicester City Council will contribute £63,750 over three years, attracting match-funding of £135,000 from British Cycling. See <http://news.leicester.gov.uk/newsArchiveDetail.aspx?id=2023>

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- 3.97 There are also monthly street access events and organised cycling groups and events in the city and the county. Cycling is one of a range of activities which have been funded in sustainable travel initiatives aimed at increasing levels of cycling and walking. These include programmes ranging from training new cyclists, supporting local led rides and independent commuting.
- 3.98 Cycling, like walking, can be incorporated into daily life. It is even more effective than walking<sup>15</sup> at achieving medium and varying levels of intensity required to gain health benefit (*Oja P et al (1991) and Vuori I et al (1994) cited in (Cavill and Davis, 2007 Cycling and health – What’s the evidence. Cycling England).*
- 3.99 Cycling has directly and indirectly been shown to improve cardio-respiratory fitness and reduce cardiovascular risk including contributing to weight loss and improved physiological measures such as increasing HDL cholesterol – the ‘good cholesterol’ (ibid, p27).
- 3.100 Regular cyclists are likely to have reduced mortality rates compared to non-cyclists even when adjusted for other forms of leisure time physical activity (Anderson et al, 2000 cited in Cavill and Davis, 2007, p26).
- 3.101 More recently ([February 2013](#)) the Government’s chief medical adviser has recommended regular cycling as a way to help prevent cancer, heart disease, strokes, diabetes and mental health problems, calling on councils to embrace a “valuable opportunity” to invest in cycle provision.
- 3.102 Dame Sally Davies also said children would experience “important health benefits” from cycling to school, but added that local authorities must create an environment in which children and their parents could “cycle with confidence”.
- 3.103 Sustainable Transport Team Leader Sally Slade, in evidence to the Commission, said the Local Transport Plan (LTP) had been approved in March 2012. For the first time it contained an active travel strategy linked to Leicester’s health challenges.
- 3.104 The Plan also contained a chapter on air quality. It considered ways in which air quality problems could be overcome, including establishing a low emission infrastructure, (for example, power points for recharging electric vehicles) and land use planning.
- 3.105 Since the Plan had been approved, there had been cuts in capital and revenue funding, but over £4m had been obtained in the last financial year through the Local Sustainable Transport Fund. This had been used to work

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<sup>15</sup> Evidence to a [parliamentary inquiry into cycling](#) - Every £1 invested in cycling initiatives produces up to £4 in saved costs to the NHS and the economy.

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with businesses to set up sustainable travel-to-work schemes and increasing confidence, for example through cycle or walking groups.

3.106 There currently were around 16 volunteer-led walking groups, offering six weeks of led walks and encouraged participants to continue walking after the end of the course for another six weeks. People’s activity levels were monitored at the start of the programme and again after six weeks, 12 weeks and six months. These timescales were used as they related to an identified behavioural change cycle.

**TABLE 7: TRAVEL TO WORK METHODS**

<b>TRAVEL TO WORK METHODS</b>					
Area name	Bicycle	%age by bike	On foot	on foot	Total % age bike and walking)
<b>Leicester</b>	5,099	2.1	23,323	9.6	11.7
Derby	4,221	2.4	14,357	8.0	10.4
Nottingham	5,099	1.9	23,323	8.6	10.5
<b>Leicestershire</b>		1.8		6.2	8.0
Blaby	1,330	1.9	3,215	4.7	6.6
Charnwood	3,026	2.4	8,567	6.9	9.3
Harborough	912	1.5	4,257	6.9	8.4
Hinckley and Bosworth	1,239	1.6	4,506	5.8	7.4
Melton	583	1.6	3,217	8.7	10.3
NW Leics.	772	1.1	3,928	5.7	6.8
Oadby and Wigston	807	2.0	2,242	5.5	7.5
<b>ENGLAND AND WALES</b>		1.9		6.9	8.8

Source: 2011 Census

3.107 The Commission heard that the 2001 Census indicated around 4,000 people travelled to work, so the new Census information indicated an increase of around 20% in the number of people using their bikes to travel to work.

3.108 Taken together, walking and cycling to work within Leicester accounted for 11.4% of journeys to work, around a third higher than the average for England and Wales. NHS funding for projects that gave “Family Cycling” and “Inclusive Cycling” health improvement outcomes had made a significant difference to delivery of these outcomes.

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- 3.109 For example, with the support of the NHS it now was possible to provide family cycle training and Scootability, which focussed on issues such as road safety training and improving balance. These had an added advantage that, people choosing not to travel by car can reduce social isolation.
- 3.110 The Transport Development Officer said projects running in Leicester aimed to put back into use 1,550 – 2,000 cycles which had been taken out of the waste stream. This provided good training for the people refurbishing them and created an affordable stream of cycles.
- 3.111 A national research study that involved Leicester emphasises the importance of a whole system approach, going beyond transport and planning, to promote both walking and cycling and remove some of the barriers that make it much easier to travel by car for short urban journeys (*Pooley, C et al 2011, Understanding walking and cycling – Summary of key findings and recommendations. Engineering and Physical Sciences Research Council*).
- 3.112 [Ministers have suggested](#) councils might be able to spend at least part of their health budgets on cycle infrastructure and training under new rules relaxing spending constraints on authorities due to come into force in the new (2013-2014) financial year.
- 3.113 **Walking** is a key and highly accessible form of exercise. Walking the dog is probably the most subtle and nuanced way of increasing daily walking, particularly for older people. A Local Government Information Unit (LGIU) review of walking and health research reports concluded that compared to other forms of physical activity walking is easy and accessible, and has the potential to make the biggest difference to the greatest number of people.
- 3.114 NICE, the National Institute for Clinical Excellence, was asked by the government to assess the health benefits of cycling and walking, and reported its results at a [national conference](#) held at Leicester on 28<sup>th</sup> November 2012.<sup>16</sup>
- 3.115 A range of its conclusions and recommendations is set out in Appendix 4. The link within the appendix goes to the NICE report, which sets out in more detail the actions and strategies it thinks would help improve health through more active lifestyles.
- 3.116 Health walks, led by a walk leader, support people with health problems to build up to a level and speed of walking that has health benefits. Health Walks have been calculated to save PCTs £7 for every £1 invested. The NICE threshold for quality adjusted life years (QALYs) considers an intervention costing £20,000 - £30,000 per QALY is cost effective.

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<sup>16</sup> A range of initiatives was announced at this conference, including the decision to award £20m of government funds for road projects aimed at improving cycle safety. NICE guidance on the health benefits of walking and cycling was also set out.

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- 3.117 The Health Walks QALY has been estimated at £100, making them extremely cost-effective. The LGIU inquiry recommended that commissioners not only invest in promoting walking but that walking initiatives should be mainstreamed rather than relying on short term funded initiatives.
- 3.118 Walking has also been found to be effective in reducing the risk of type 2 diabetes. In an attempt to address the increasing burden of type 2 diabetes and prevent those at high risk of going on to develop the condition, the internationally acclaimed diabetes research team in Leicester undertook a randomised control trial of a structured education programme that increases levels of physical activity through walking.
- 3.119 Their small scale trial indicated patients at high risk of developing type 2 diabetes who completed a three-hour structured education programme designed to promote walking activity using personalised steps-per-day goals and pedometers, achieved increased walking activity and improved blood glucose results up to one year post intervention.<sup>17</sup>
- 3.120 The small scale study only included 87 individuals but has significant potential in showing behaviour change and improved glucose tolerance. Further studies are being undertaken and Leicester has the potential to be involved in the roll-out of this approach.
- 3.121 The relative simplicity and low cost of this model could offer an effective industrial scale approach to reduce the escalating number of people being diagnosed with type 2 diabetes, at 150,000 per year costing 5% of the UK healthcare expenditure.
- 3.122 Certain communities and population groups are particularly at risk including people of South Asian, African-Caribbean, black African and Chinese descent and those from lower socio-economic groups. (*NICE 2011, PH35 Preventing type 2 diabetes: population and community level organisations*).
- 3.123 It has been suggested the numbers at risk from obesity and physical inactivity are so high that only population-based interventions are appropriate (*Harding et al, 2006 cited in Yates, T, Davies, M and Khunti K Postgraduate Medical Journal 2009 ; 85 ; 475 – 489 Preventing type 2 diabetes : can we make evidence work?.*)
- 3.124 Yates (2006) says the challenge for commissioners is to 'weigh up the costs and benefits of investing in individually focused intervention programmes, which are likely to have a large impact on relatively few, and population based approaches which are likely to have a small impact on many'.

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<sup>17</sup> (*Yates et al Diabetes care Vol 32, Number 8, August 2009 Effectiveness of a pragmatic education program designed to promote walking activity in individuals with impaired glucose tolerance*).

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3.125 Members understood that base data of then current activity levels were used to establish targets for each sport or sector for the first two-year Action Plan, which ran to completion in March 2013.

**Participation in sport by women<sup>18</sup>**

3.126 Participation by women in sport in Leicester, from Sport England and other data, is lower than by men. There are a number of reasons which are cited for this, including cultural exclusion. Sport England has a number of initiatives aimed at increasing female participation.

3.127 Sport England says: “Women participate in less sport than men. Only 13% of women take part in 30 minutes of sport three times a week compared to 20% of men. The data also reveals that 30% of women take part in sport once a week whilst 37% do sport once a month, many of whom would like to participate more but face real barriers in doing so.

3.128 “For women in disadvantaged communities, regular participation in sport is lower than the average with over seven out of ten currently playing no sport at all. In addition less than half would currently like to play sport. The challenge is therefore to stimulate local demand for sport amongst these women.”

3.129 Additionally, “seven out of ten women caring for children under 16 would like to play more sport. However, research suggests that other competing priorities take preference. The challenge is therefore to identify and provide an appropriate and accessible supply of sporting opportunities to meet demand.

3.130 Research from the [Women’s Sport and Fitness Foundation](#) indicates there are significant emotional barriers to sporting participation for women in both of the above target groups, notably low levels of body confidence. One of the main motivations for existing participants in these groups is a stated desire to lose weight.

3.131 In addition research suggests that the practical barriers for **women in disadvantaged communities** include:

- The cost of admission
- The length of facility opening hours
- The lack of someone to go with

3.132 Barriers faced by **women caring for children under 16** include:

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<sup>18</sup> [http://www.sportengland.org/funding/active\\_women/barriers\\_to\\_participation.aspx](http://www.sportengland.org/funding/active_women/barriers_to_participation.aspx)

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- The need to find support with childcare. For many existing participants one of the main motivations is taking their children
- Difficulty in finding the time, with competing priorities and interests meaning that sport is not the most important
- The quality of ancillary facilities – e.g. café, changing rooms, childcare;
- The length of facility opening hours

3.133 Local circumstances will also dictate what sporting activities will be most appropriate to a particular community.

3.134 Applications should reflect an understanding of the barriers relevant to the project's local area. This can be achieved by carrying out consultations with potential participants.

3.135 Sport England sets out guidance on what constitutes a good project aimed at engaging women in these priority areas. A successful project would help overcome barriers to participation, for example by offering childcare solutions, being affordable, taking place at a suitable time and place and ensuring participants felt comfortable in their environment.

3.136 A successful project would increase participation by women in target groups. There would be a clear plan for how sporting participation will be sustained, and the projects would be replicable.

3.137 Sport England identified key features for successful projects. They would:

- Involve consultation with the targeted participants about what they want. For example, whether women caring for children under 16 want activities that they can participate in with their children and families or in a group on their own
- Involve a range of strong local partnerships, with both sporting and non-sporting organisations
- Be marketed appropriately to stimulate interest and engagement from the target groups
- Provide a social and supportive environment, for example through mentoring and group and ancillary activities
- Provide a welcoming environment which encourages repeat attendance
- Be affordable for prospective participants. Subsidised admission should be part of a clear sustainable business plan
- Be innovative – adapting existing approaches to meet the particular needs of these groups as much as completely new ideas.

3.138 Successful projects would also:

- Involve adjusting the traditional format of a sport to ensure it appeals to the particular target groups

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- Provide opportunities for training to empower participants to lead activities and sustain participation.

### **Disabled access to sport**

3.139 One indicator of access to sport by people with disabilities is the number of leisure centre card-holders who identify themselves as disabled. Evidence to the January hearing of the Commission showed that four per cent of the card-holders (around 5,200), described themselves as disabled.

3.140 The encouragement of participation in sport by people with a disability is one of the objectives of the city council following the holding of the Special Olympics in the city, and as a legacy for the 2012 Olympics and Paralympics games.

3.141 Over time Sport England has developed a range of sports which recognise that not all disabled people can fully take part in all sports. In general terms, however, competitive sport is described in terms of equality of access and equality of opportunity.

3.142 Therefore “sport becomes inclusive when a disabled person is welcomed as an equal and has the same opportunities available to them as they would if they were not impaired” (Sport England).

3.143 Disabled sports access is addressed in the Sports Partnership Trust action plan under the theme: Disability / Inclusion. The priorities have been to:

- Improve health and wellbeing outcomes through sport and physical activity interventions
- Create a thriving sustainable community club, coach and volunteer programme

*A mother described 'how her son had, through a love of Special Olympics football, taught himself enough reading skills to be able to get related information on his favourite sport.*

*"He also learned through involvement in sport about more nuanced forms of behaviour, such as how to follow rules, relate calmly and respectfully to others, and to control his reactions to them. "He has had his self-esteem boosted by finding things he can do'.*

*For another mother an important aspect of involvement in Special Olympics was that for her daughter, 'social skills and interaction develop. They (athletes) are given the opportunity to shine and are encouraged to compete. Friendships are born. Physical skills like balance are also developed'.*

*-Special Olympics Leicester 2009*

*LegacyProjectreport*

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3.144 Actions under the action plan were defined as follows:

- To drive inequality issues where identified within initiatives through works/service plans
- To create a mainstreamed approach for under-represented groups to participate in PE sport & physical activity
- To create, monitor, evaluate and review the Equalities Impact Assessment on a yearly basis
- Develop a new Disability infrastructure which provides advice across the functions both at a policy and implementation
- Develop a clear PE and school sport SEN strategy which leads to increased opportunities and accreditations in PE and sport
- In conjunction with the Local Authority, BActive (Achievement Project), Youth Sport Trust, English Federation of Disability Sport, Inspire to Lead, Disabled Children's Services and the County Sports Partnership lead and coordinate the development of an inclusive leadership and workforce model
- Coordinate and manage a coaching programme which increases the participation in physical activity and sport
- Ensure the power of London 2012 is used to promote all disability sport including Special Olympics and other sport initiatives for people with learning disabilities

3.145 Outcomes against the above objectives were set out as follows:

- To deliver a fair and equal distribution of services and activities, particularly for under-represented groups
- Identification of clear outputs detailed within specific actions generated through the plan
- Better opportunities for under-represented groups and mainstreaming of these groups within the wider strategy plan maximises resources in the delivery of PE, physical activity and clear measurable outcomes targets are set for disabled people across the business plan
- Clear strategies are in place at both policy and implementation levels which maximises resources in the delivery of PE, physical activity and school sport.

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- Lead officers are more aware of issues relating to people with physical and learning disabilities and these issues are considered in planning future strategies.
- To improve the quality and quantity of opportunities for disabled people to positively engage people with physical and learning disabilities in PE, physical activity and sport
- More young physically and learning disabled people have access to more high quality PE and sport opportunities, with more young people achieving a recognised qualification
- Key facilities developed (including BSF) with specific aspects related to disabled people in terms of facility build and programming which ensures access to PE, physical activity and sport
- Ensure inclusion is part of any city wide delivery system
- Improve the quantity and quality of coaches, teachers and teaching assistants to deliver PE, sport and physical activity to disabled people
- Develop the skills of young people and adults with physical and learning disabilities as sports leaders, umpires, coaches and volunteers
- Develop a city wide work related learning offer including a sport careers fair for people with disabilities
- Maximise the focus of 2012 to further develop PE, physical activity and sport opportunities for disabled and learning disabled people

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**APPENDICES**

**APPENDIX 1**

Witnesses and those providing evidence

Paul Edwards: Head of Sports Services, Leicester City Council  
Stephanie Dunkley Public Health Principal, NHS Leicester City  
Joanne Atkinson (consultant, public health, NHS Leicester City)  
Andy Salkeld: Transport Strategy Development: Leicester City Council  
Sally Slade: Local Sustainable Transport team: Leicester City Council  
Tracy James: Sports Services Facilities Manager, Leicester City Council.  
Russell Turner: Sport England Local Government Relationship Manager  
John Byrne: Director: Leicestershire and Rutland Sport  
Carlym Quantrill: Leicester Healthy Living Centre

**APPENDIX 2**

Two contrasting approaches to community health projects – Birmingham and Derby

**1. Birmingham Be Active Scheme**

- a. Be Active is city wide physical activity programme operated free of charge for all Birmingham residents who live within the Birmingham City Council area. It offers free gym and fitness classes, and swimming lessons in local authority leisure facilities.
- b. The scheme branding has also expanded to include a bike project, GP referral programme, a mental health pilot project, weight management, a volunteering project and 'Out and About' involving parks and conservation. The scheme has been independently evaluated (Matrix evidence, Cost benefit analysis and social impact bond feasibility analysis, 2011).
- c. The Active People Survey demonstrates an increase from a baseline of 17.2% in 2005 to 20% (April 2010 – April 2012). By 2010, 1 in 3 residents were signed up to the scheme with 140,000 active users.
- d. The benefit-cost ratio indicates that every £1 invested in Be Active results in, on average, £21.3 benefits. The greatest benefits within the first five years, relate to health-related quality of life gains and health care savings, and for the local authority improvements in quality of life among its residents. At

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£1,165, the estimated quality of life (QALY) threshold is well below the NICE threshold of £20,000 representing value for money.

- e. The evaluation also recognised that there were other benefits than increasing physical activity levels, including reducing smoking and social benefits from shared experience. Whilst Be Active was a universal offer, 60% were within 'hard to reach' target groups and 45% of members are from the two lowest quintiles of deprivation.
- f. Whilst people from less deprived groups also used the free offer, the card system can track that many then went on to pay for other sessions and activities generating an income of £3 million (verbal communication at conference).
- g. The scheme costs £4.7 million per year equating to £34 per user per year. Five year projections estimate that the benefits are likely to exceed its cost by £445.2 million. The benefits over the lifetime of an individual exceed the cost of the scheme by £3,202.7 per person.
- h. Prior to the city wide roll out a pilot was conducted in a targeted area of the city. The free offer was differentiated between different leisure centres, and accessible at off peak times to more likely attract those who are 'time reach' but with poor income.

**2. b-You Derby**

- a. Started as a one year pilot project in June 2011, it is a partnership between Derby City NHS, Derby City Council and b-active. b-You offers a:
  - 48 week personal plan with one to one support for people with BMIs of 30 and over referred by their GP
  - Web-based self help facility for people wanting to lead healthier lifestyles
- b. People accessing either route of the programme can also take part in b-You's Move and Eat sessions - community based activities that combine healthy eating with fun exercise.
- c. The following information was presented at a regional physical activity workshop. The b-You pilot was targeted at 650 clients in the first year and has recently gone out to tender with a target of 5000 per year.

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- d. The target would seem misleading in that clients are also able to bring along family members too, in recognition that behaviour change is more sustainable with the support of affected family members.
- e. The cost equates to £300 per client and only those who meet specific criteria are enrolled on to the free 48 week programme, including demonstrating a readiness to change.
- f. After six months clients start to integrate into mainstream programmes to encourage sustainability, and after twelve months are offered concessionary charges. However, b-You was developed following social marketing research and some of the activities and programmes are available to other paying clients and via a web based facility.
- g. b-You is essentially a behaviour change programme targeting multiple risk behaviours. The leisure centre physical activity instructors have completed motivational interview training and have become a more generic lifestyle team. The outcomes of the one year pilot are positive, but the scheme hasn't been going long enough to assess whether it achieves its target of increasing sport and active recreation participation rates by 2.5%.

The two examples illustrate the different approaches of offering a universal offer to benefit the majority and a targeted approach for those with multiple risk factors, demonstrating a readiness to change.

**APPENDIX 3 [NICE RECOMMENDATIONS IN RELATION TO THE HEALTH BENEFITS OF WALKING AND CYCLING](#)**

**Recommendation 1**

**Strategic leadership**

Who should take action?

High-level support from the health sector (directors of public health)

- Senior member of the public health team (including Public health [portfolio holders](#) in local authorities).
- Support coordinated cross sector working through clinical commissioning groups
- Consider walking and cycling when considering ways to address health conditions

**Recommendation 2**

**Ensuring all relevant policies and plans consider walking and cycling**

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**Who should take action?**

- Local authorities, in particular, portfolio holders, lead members and directors responsible for:
  - adult and older people's services
  - children and young people's services
  - community safety
  - community safety
  - countryside management
  - disability
  - education
  - environment
  - health and wellbeing (including mental health)
  - land use, planning and development control
  - parks and leisure
  - planning (including district planning)
  - regeneration and economic development
  - social services
  - transport.
- [Local enterprise partnerships](#).
- Chief constables, police authorities and elected police commissioners.
- Agencies with an interest in walking and cycling.
- Agencies with an interest in health and wellbeing or that work with population groups such as older people or people with disabilities

**Recommendation 3 Developing programmes**

**Who should take action?**

Local authority directors and portfolio holders for:

- countryside management
- environment (including sustainability)
- leisure services
- parks
- public health
- regeneration and economic development
- transport.
- Police traffic officers and neighbourhood policing teams.

**Recommendation 4 Personalised travel planning**

**Who should take action?**

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- Transport planners.
- Directors of public health.

**Recommendation 5 Cycling programmes**

**Who should take action?**

- Adult and child disability services.
- Clinical commissioning groups.
- Local authority transport leads, transport planners and other transport department staff.
- Local education services.
- Organisations with an interest in cycling.
- Public health practitioners.
- Public transport operators.

**Recommendation 6 Walking: community-wide programmes**

**Who should take action?**

- Adult and child disability services.
- Clinical commissioning groups.
- Local transport leads, transport planners and other transport department staff.
- Local authority leisure services.
- Organisations with an interest in walking.
- Public health practitioners.

**Recommendation 7 Walking: individual support, including the use of pedometers**

**Who should take action?**

- Adult and child disability services.
- Clinical commissioning groups.
- Directors of public health and public health specialists with responsibility for physical activity.
- Local authority leisure services.
- Organisations with an interest in walking.

**Schools, workplaces and the NHS**

**Recommendation 8 Schools**

**Whose health will benefit?**

- Pupils, siblings, their parents and carers.
- School staff.

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- Visitors to schools.

**Who should take action?**

- Head teachers and school governors.
- Local authority PHSE coordinators, school travel advisers and transport planners.
- Police traffic officers and neighbourhood policing teams.
- Road danger reduction and/or road safety officers.

**Recommendation 9 Workplaces**

**Whose health will benefit?**

Staff and others who use workplaces.

**Who should take action?**

- Employers, including the NHS and local authorities.
- Directors and senior staff including managers, health and safety staff, estates managers and human resources professionals.
- Active travel champions.

**Recommendation 10 NHS**

**Who should take action?**

- Clinical commissioning groups.
- National commissioning board.
- Primary and secondary healthcare professionals.

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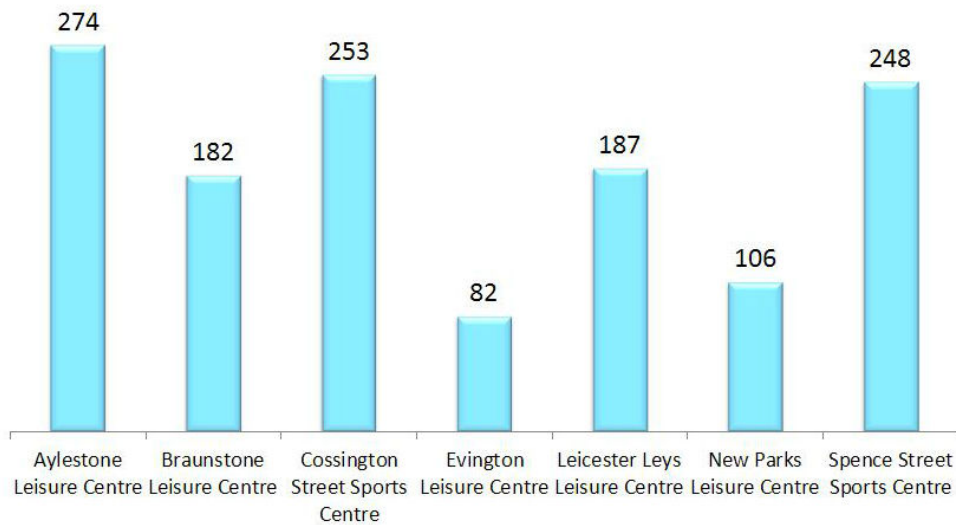
**APPENDIX 4**  
**Sports Services Survey**

LCC Sports Services carries out surveys approximately every 18 months.  
The scope from this survey includes seven leisure/sports centres

The survey is used to gauge satisfaction levels across the service from our customers.

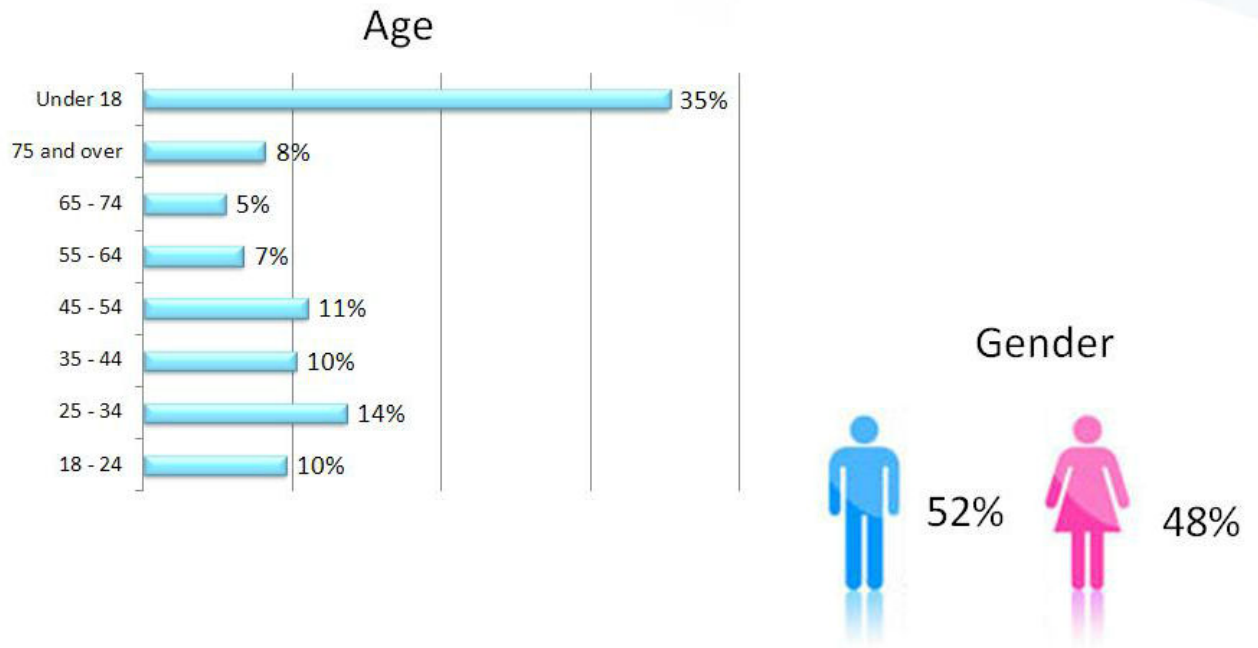


## Response rates by location



Response varied from site to site with Aylestone Leisure Centre customers being most active and Evington Leisure Centre having the smallest take-up.

## Demographics

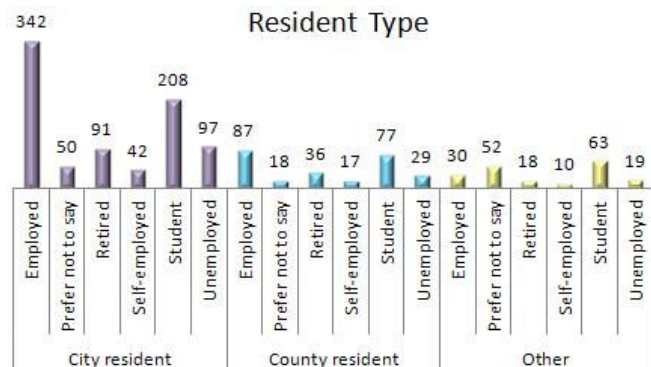
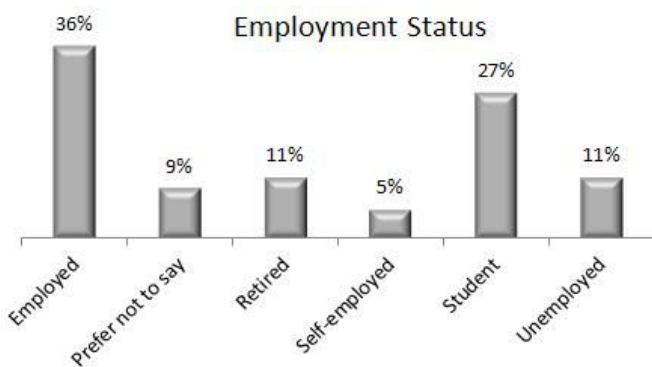
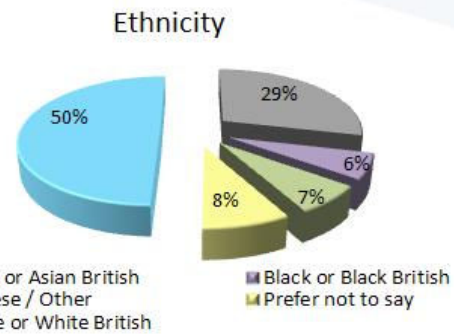
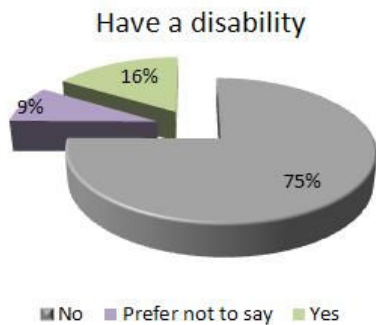


Out of the people surveyed 35% were under the age of 18, with a gender split of 52% male 48% female.

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# Demographics

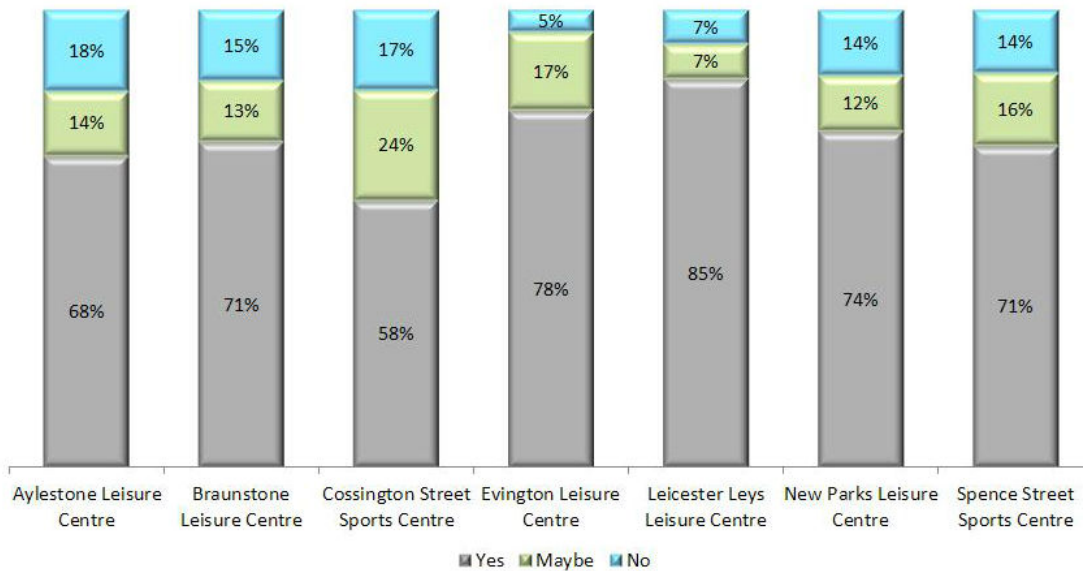


Sixteen per cent of those who responded to the survey classed themselves as having a disability, 50% classed themselves as white or white British and another 42% said they had an ethnic background. The employment status of our customers surveyed show 36% are employed with the 2<sup>nd</sup> highest users as students.

Seventy per cent of those surveyed came from the city.

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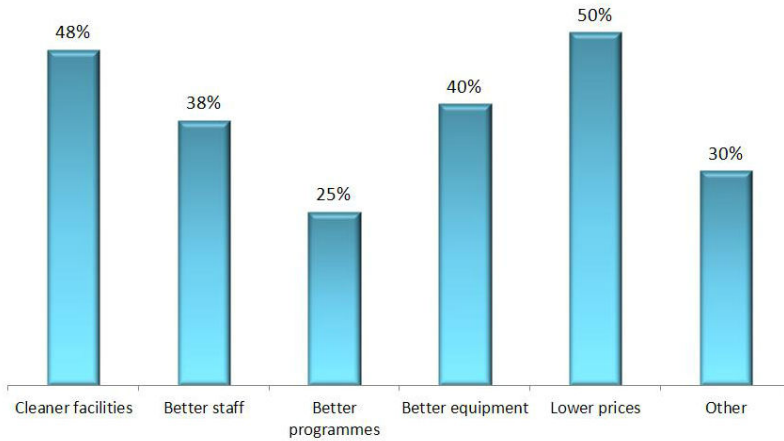
Were you satisfied with your visit?



Of those respondents Leicester Leys Leisure Centre had highest satisfaction rate with 85%; this could be because the centre is a leisure pool and the only one of its kind in the city. The lowest satisfaction rate was at Cossington Street Sports Centre at 58%.

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What could we do better?  
All locations (select all that apply)



As you can see from the chart 50% of all people surveyed said that cost is a major issue with the pricing set to high. This figure represents an overall increase from the last survey carried out in January 2011.

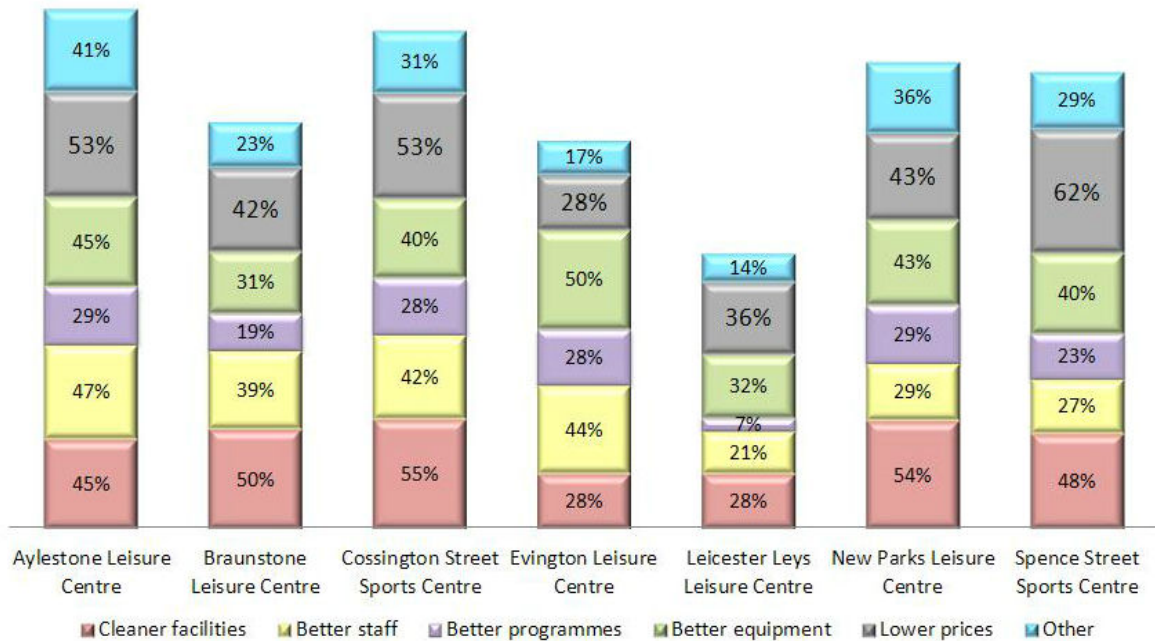
When the same question was asked then only 28% said the Prices were an issue. This is a significant issue for Sport Services as it shows further increases in fees could have a detrimental impact on the service.

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## What could we do better?

Breakdown by location (select all that apply)



Further breakdown of site by site responses show Spence Street Sport Centre has the most people surveyed who would like to see lower prices. Overall 62% were unhappy. Cossington Street Sports Centre and Aylestone Leisure Centre both had over 50% of those surveyed who also said price was an issue.

### Rate the experience overall (Those who said Very poor)



- 13% of people thought the experience was 'Very poor'
- 42% of those who rated the experience as 'Very poor' visited the gym 5 days or more.
- 1 in 2 respondents thought prices should be lower.
- Only 21% of respondents would return after a bad experience.

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**APPENDIX 5: KEY INDICATORS ON THE FOOTBALL INVESTMENT PROGRAMME**

Leicester City FIS KPI's 2012					Actual against Target			
Goal	Key Performance Indicator	Base line	Target	Change	Q1	Q2	Q3	Q4
<b>Growth &amp; Retention</b>	No of mini-soccer teams	31	42	-11	31	0	0	0
	No of youth male teams	56	62	-6	56	0	0	0
	No of youth female teams	1	6	-5	1	0	0	0
	No of adult male 11-a-side teams	15	16	-1	15	0	0	0
	No of adult female 11-a-side teams	2	2	0	2	0	0	0
	No of male disability teams	3	6	-3	3	0	0	0
	No of female disability teams	0	0	0	0	0	0	0
	No of adult small sided teams	0	0	0	0	0	0	0
	Other affiliated teams	5	8	-3	5	0	0	0
	Pre Team Academy Participants	70	70	0	70	0	0	0
	School Participation	1000	1200	-200	1000	0	0	0
	Non affiliated participation	0	0	0	0	0	0	0
	Other affiliated sports teams	0	0	0	2	0	0	0
<b>Raising Standards</b>	No of CRB Approved Volunteers	86	114	-28	86	0	0	0
	No of on line Safeguarding renewals	14	25	-11	14	0	0	0
	No of Club Welfare Officers	8	4	4	8	0	0	0
	No of Equality Officers	1	0	1	1	0	0	0
	Number of Discipline Points	655	500	155	72	0	0	0
	Number of Teams entered in Futsal Leagues	0	0	0	0	0	0	0
	Respect Initiatives	0	0	0	0	0	0	0

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<b>Better Players</b>	No of player opportunities within The FA Tesco Skills programme	0	0	0	0	0	0	0
	No of Level 1 Coaches	69	80	-11	69	0	0	0
	No of Level 2 Coaches	10	14	-4	10	0	0	0
	No of Level 3 Coaches	3	2	1	3	0	0	0
	No of Youth Award Module 1 Coaches	6	6	0	6	0	0	0
	No of Youth Award Module 2 Coaches	1	1	0	1	0	0	0
	Number of FA Licence Coaches Club Membership	2	2	0	2	0	0	0
<b>Running The Game</b>	No of Minuted Committee Meetings							
	Local Management Group Meeting's held	6	26	-20	6	0	0	0
<b>Workforce</b>	No of registered and active referees (Level 0-8)	2	2	0	2	0	0	0
	No of registered and active female referees (Level 0-8)	2	2	0	2	0	0	0
<b>Community &amp; Education</b>	No of School Club Links				3			
	Healthy Lifestyle Initiatives							
	Number of Schools/ Non Partner Clubs on site							
	No of Community functions held on site							
<b>Promotion</b>	Number of Clubs with own Web Site	2	5	-3	2	0	0	0
	Number of Visits	2100	0	2100	2100	0	0	0
	Number of Pages Viewed	8900		8900	8900			