

Liverpool Active City 2005–2010

Increasing population physical activity levels through intersectoral action



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1 Introduction

1.1 Background

1.1.1 The city of Liverpool in England has a track record of pioneering intersectoral approaches to tackling public health priorities. Liverpool is a longstanding member of the Healthy Cities Network and has pursued a high-profile, comprehensive intersectoral approach to tobacco control and other key agendas (1).

- i. This has included the development, implementation and evaluation of a programme to boost levels of physical activity among Liverpool residents to enhance their health and well-being and to contribute to public health priorities in order to tackle rising levels of obesity. Central to this agenda is the continuing Liverpool Active City programme that was launched in 2005. Led by Liverpool city council and Liverpool Primary Care Trust (part of the National Health Service),¹ the city's approach to boosting low levels of activity brings together partners from diverse professional and from economic sectors and civil society.

1.1.2 This case-study describes how Liverpool developed and implemented its physical activity agenda, discusses how the programme grew from an initial focus on coordinating physical activity interventions to one that embraced a wider intersectoral approach, examines the evidence of impact and identifies lessons learned.

1.2 Case-study methodology

1.2.1 This case-study was carried out in early 2011. It was based on semi-structured interviews with key stakeholders, a review and analysis of grey literature (including local and national government records), and media reports. Interviews were held with 13 key informants whose experience and roles reflected the intersectoral nature of the Liverpool Active City programme. Documents collated and examined included strategy and action plans, evaluation studies and survey reports. Evidence from interviews was triangulated with further evidence derived from written reports and databases.

1.2.2 Interviewees included representatives from the health, education, sports and physical activity and transport sectors which played key roles in the strategy,

¹ Primary care trusts are part of the National Health Service. They commission primary, secondary and community care from service providers. They can set their own priorities so long as they are compatible with Department of Health agendas. The trusts work with local authorities and other agencies to provide health and social care locally. Current government policy is to abolish them and have consortia of general practitioners take on their commissioning function.

development, implementation and evaluation of the Liverpool Active City programme. The appendix lists the interviewees. Interviews were structured to generate information and evidence, from different perspectives, about the key research themes of this case-study. Topics that the interviews focused on included:

- understanding how Liverpool Active City emerged and how its agenda was developed;
- clarifying the structures and organizational arrangements that underpinned the programme and how they supported intersectoral action;
- identifying in detail the specific actions that contributed to the Liverpool Active City programme – particularly to clarify what was done, by whom and when;
- understanding the roles and actions of key stakeholders and the way in which they contributed to intersectoral action;
- generating evidence about the results of specific actions and the impacts of the programme as a whole;
- clarifying the human financial resources that were secured and deployed by the programme;
- clarifying how and with what results research and evaluation supported the programme;
- understanding how media and communications actions contributed to the Liverpool Active City goals;
- overall, generating evidence about what worked well, what worked less well, success factors and lessons for good practice.

1.2.3 The focus of the different interviews varied, reflecting the specific roles played by, and the knowledge, of key persons interviewed and the organizations they represented. Follow-up questions enabled comments and opinions to be probed further. Interviews took between one and two hours. Interviews were recorded and factual information and key messages relating to the research themes were extracted. The interview process ensured that the evidence generated accurately informed the case-study story. Cross-referencing between interviews and other evidence was carried out to confirm accuracy. If there were discrepancies of fact or opinion between different interviewees, further clarification was sought.

1.2.4 A range of documentation and data was collated and reviewed to inform the study. In particular, these sources were examined to shed further light on the development, implementation, progress and effectiveness of Liverpool Active City and to identify examples of intersectoral activity.

Key documents included:

- the Liverpool Active City strategy document;
- evaluation and progress reports by Liverpool John Moores University (the programme research and evaluation team);
- the 3rd local transport plan for Merseyside, titled *A new mobility culture for Merseyside*;
- the National PE and Sports Survey 2009/10;
- Sport England Active People Surveys.

2 The context

2.1 City context

2.1.1 Liverpool has a population of about 435 000. The Liverpool city council area lies within the wider Merseyside conurbation that is home to about 820 000 people. Historically a port city, Liverpool grew rapidly in the eighteenth and nineteenth centuries and its population peaked at over 800 000 in the 1930s. For many years the city experienced a falling population, though this has stabilized in recent years. It is a mostly white population though among its diverse community are significant Chinese, Somali, Yemeni and South Asian populations. More recently, many migrant workers from Eastern Europe have moved to the city. Liverpool has one of the highest mortality rates and one of the lowest levels of life expectancy in the country and, while some health indicators are improving, there remain wide health inequalities between different parts of the city. Within those disadvantaged areas, activity levels and broader health indicators are particularly poor.

2.2 Rationale for increasing levels of physical activity in the population

2.2.1 The health benefits of physical activity are widely recognized. Embracing leisure, sport, exercise and play, and simply being physically active during day-to-day living, generates a wide range of health and mental well-being benefits. These include lower risks of some cancers, stroke, heart disease and diabetes (2). People who are physically active are more likely to have greater self-esteem and have longer life expectancy (3). There is a positive correlation between leisure-time physical activity and health-related quality of life. As a corollary, the financial and social costs of inactivity are considerable – including costs to the National Health Service and to employers when employees are absent due to sickness.

2.2.2 Increasing levels of physical activity can also contribute to a reduction in rising levels of obesity. Obesity shortens average life expectancy in the United Kingdom by nine years, and it is estimated to be responsible for approximately 30 000 deaths per year in the country. In Liverpool, over 130 000 days of employee sickness per year are thought to be directly related to obesity. Treating the consequences of obesity in Liverpool costs the National Health Service some £5 million per year and costs the city's wider economy an additional £15 million per year (4).

2.2.3 On the basis of extensive evidence and in line with WHO's *Global recommendations on physical activity for health* (5), there is a consensus among public health professionals about the amount of time that adults and children should be physically active to improve their health. For adults, health improvements will occur when they have 30 minutes of moderate physical activity – i.e. which is enough to become slightly out of breath and warm – on at least five days each week. Children and young people's health will benefit if they are moderately active for at least one hour on at least five days each week.

2.3 Physical activity levels and related health indicators in Liverpool

2.3.1 Most people in the United Kingdom are not sufficiently active to benefit their health. In Liverpool, fewer people are active than the national average. In disadvantaged parts of the city, activity levels and broader health indicators are particularly poor. A survey of residents – prior to the launch of Liverpool Active City – showed that fewer than one in five residents were physically active at least three times per week for 30 minutes each time, although four in every five believed that they were active enough to generate health benefits. Subsequent surveys suggested that this city average conceals differences in the extent that Residents are physically active in different areas (6, 7). For instance, across the five neighbourhood management areas (NMAs) in Liverpool, levels of physical activity varied in 2007–2008 from 14% in more deprived parts of the city to 23% in more affluent areas.

2.3.2 There are significant differences in levels of activity related to age, gender and socioeconomic background. For instance, males in Liverpool tend to be more active than females in the city, and levels of physical activity tend to reduce as people age. People with higher incomes are likely to participate more frequently in leisure-time physical activity while routine and manual workers are more active during their working hours and at home (4).

2.3.3 Local survey data indicate that adult obesity rates are lower in Liverpool than in England as a whole. Two surveys in 2007 – the *Liverpool lifestyles survey* and the *Survey of food habits and attitudes to food* – indicated respectively that 18% and 17% of the Liverpool population were obese (8). This compares to national obesity rates at that time of 24%. The prevalence of overweight and obesity among children in Liverpool, though still a concern, is not significantly different from that of the nation as a whole. Almost one in four children at primary school reception age (5 years of age) are overweight or obese, rising to nearly one in three at school year 6 (11 years of age) (9).

2.4 The physical activity policy context

National policy context

2.4.1 Liverpool Active City's strategy was developed in line with the government's "white paper" *Choosing health: making healthy choices easier*. Published in 2004, the white paper affirmed the United Kingdom government's recognition of the importance and health benefits of increasing physical activity and set out proposals to promote and achieve higher levels of activity among the population (Box 1) (2). It emphasized its crucial role in efforts to tackle rising levels of obesity. The paper underscored the importance of encouraging children and young people to be more active and emphasized the role that schools could play to make this happen. It also set out a national framework for supporting and encouraging local areas to develop partnerships in order to boost participation in sport – including through enhancing cycling, walking, swimming and access to sports facilities. A focus on developing local approaches

Box 1. Choosing health "white paper": recommendations of the Chief Medical Officer

The white paper highlighted the Chief Medical Officer's recommendations related to physical activity. These included:

- Children and young people should achieve a total of at least 60 minutes of at least moderate-intensity physical activity each day.
- For general health benefit, adults should achieve a total of at least 30 minutes of at least moderate-intensity physical activity on five or more days of the week.
- More specific activity recommendations for adults related to beneficial effects for individual diseases and conditions.
- The recommendations for adults are also appropriate for older adults. Older people should take particular care to keep moving and retain their mobility through daily activity.

that could integrate opportunities for physical activity with urban transport complemented the agenda. The paper built on the preceding Game Plan strategy (10) of 2002 and the findings of the Wanless report *Securing good health for the whole population* (11).

2.4.2 The policies set out in the government white paper were reinforced and developed in the subsequent *Choosing health* action plan (12) and in further strategic documents at national and regional levels. These included the government's 2008 obesity strategy *Healthy weight, healthy lives: a cross government strategy for England* (13) and the regional agenda for implementing government obesity objectives as set out in the *North West framework to achieve healthy weight for children and families within the context of food and nutrition and physical activity* (14).

2.4.3 The strategic focus on improving population health through addressing a range of lifestyle issues – including alcohol consumption, smoking, diet and physical activity – has been maintained in recent years through such reports as the Foresight report of 2007 (15), the influential Marmot strategic review of health inequalities (which highlighted the need to improve active travel (including walking and cycling) across society (16), and the National Institute for Health and Clinical Excellence (NICE) guidelines (17).

2.4.4 The Foresight report explicitly championed the adoption of intersectoral approaches to bring about increased levels of physical activity in the population. It affirmed that “a bold whole system approach is critical – from production and promotion of healthy diets to redesigning the built environment – to promote walking, together with wider cultural changes to shift societal values around food and activity. This will require a broad set of integrated policies including both population and targeted measures and must necessarily include action not only by government, both central and local, but also action by industry, communities, families and society as a whole.”

Local context

2.4.5 At the time that the Liverpool Active City strategy was being developed, there was already an array of individual examples of good practice for specific interventions that aimed to increase levels of physical activity among the city's residents. Examples included intersectoral school-based actions to enhance physical activity among children. Central to the Liverpool Active City strategy was a recognition that there was considerable added value to be obtained from coordinating existing activities with new interventions. In this way, benefits from existing facilities, services and resources related to physical activity within the city could be maximized (Box 2).

Box 2. Existing projects that became part of the Liverpool Active City brand

Key interventions that were already well established in 2005 and that became part of the Liverpool Active City agenda included the following:

City council leisure centres: Located across the city, the centres (which included gymnasia, swimming pools and other sport and exercise facilities) provided a range of services, including the provision of discounted and free entry passes to encourage participation.

Exercise for Health and Fit for Life schemes: This early partnership initiative between Liverpool Primary Care Trust and the Sport and Recreation Service of the city council enabled general practitioners and practice nurses to refer individuals who they considered would benefit from regular physical activity. Following completion of an eight-week programme, persons received a temporary pass to maintain their physical activity in the council's leisure centres through the *Fit for Life* scheme. In the six years up to the launch of the strategy, 42 000 clients had used *Exercise for Health* and around one-third continued exercising with *Fit for Life*.

SportsLinx: The SportsLinx project began in 1996 in response to the government's *Raising the Game* agenda which emphasized the need for schools and local communities to work together to provide more and better sporting opportunities for young people. Between 2001 and 2005, 22 000 children aged between 9 and 12 years of age were involved in the project. By 2005, SportsLinx had developed into a multifaceted project with a package of initiatives being offered to all schools in Liverpool. The project has promoted and monitored the health and fitness of children and young people in the city since 1997.

Merseyside Youth Games: The annual Merseyside Youth Games began in 1992. During the 12 months leading up to the games, thousands of young people are enabled to take part in sporting activities to ensure that 500 of them represent Liverpool in a diverse range of sports including athletics, water polo, cricket, basketball, gymnastics, hockey and netball.

Liverpool Sport Action Zone: The sport action zone was established in part of Liverpool in 2000. It began with a five-year plan, including capital investment, with Sport England funding, to increase participation and address social exclusion through sports programmes and physical activity.

Active ageing programme: Age Concern provides a range of active ageing programmes tailored to persons over 50 years of age.

- 2.4.6** Liverpool was one of 12 of Sport England's "sport action zones" launched in 2000. The Liverpool sport action zone received considerable funding from Sport England towards capital projects to enhance facilities and to develop activities within local communities in order to boost participation in sport. Among the other extensive existing resources available was a network of municipal leisure centres and the

SportsLinx project for children and young people. Liverpool city council, through its department for Sports and Recreation Services, also had an established range of programmes and incentives for promoting participation in sport and wider physical activity opportunities.

2.4.7 In addition, Liverpool Primary Care Trust ran an extensive array of public health programmes. The trust developed and implemented a nascent “walk for health” project and funded an “exercise on referral” scheme (called *Exercise for Health*). Many civil society organizations – including Age Concern that works with older people – had a range of initiatives to encourage physical activity among their client groups. In addition, of course, there were numerous sports clubs for local people in many parts of the city.

2.4.8 It was in this national and local context for physical activity that the Liverpool Active City strategy was developed in 2005 to increase levels of physical activity within the city and to improve the health and well-being of its population.

3. Liverpool Active City programme 2005–2010

3.1 Overview

3.1.1 Liverpool Active City is a coalition of physical activity projects and programmes that have come together under the brand of Liverpool Active City to promote increased activity among the city’s population. Liverpool Active City developed one of the first strategies in the country to incorporate all aspects of physical activity and to bring together associated partners, including those in the fields of sport, leisure services, health-related activities, active transport, and community-based activities and settings such as parks, schools and workplaces (9).

Box 3. Partners in the Liverpool Active City agenda

Specific partners have included:

- Families and individuals
- Local communities
- Voluntary organizations
- Local employers, businesses and workplaces
- Health services
- Sport and recreation services
- Private-sector leisure providers
- Education and schools
- Sport alliances
- Parks and green spaces
- Transport providers.

3.1.2 Both in its development phase and throughout its implementation, Liverpool Active City has been characterized by joint leadership from Liverpool city council’s Sport and Recreation Services and the Public Health Department of Liverpool Primary Care. Trust, with close

collaboration between the public, private and civil society sectors. Partners have been drawn inter alia from health, leisure, transport, social services, urban development, education, media, advertising, academic and community development sectors (see Box 3).

3.1.3 Funding for Liverpool Active City and its programmes has come mainly from the central government's Area Based Grant (and the preceding Neighbourhood Renewal Fund), together with money from Sport England and mainstream funding from the Primary Care Trust and city council.

3.2 Strategic objectives and action plan

3.2.1 Initiated and supported by the Liverpool Strategic Partnership, the Liverpool Active City Strategy 2005–2010 and its associated action plan set out an intersectoral agenda with the primary mission “to make more people, more active more often”.

3.2.2 The strategic objectives, which underline the intersectoral nature of the programme, were:

- to increase the profile of physical activity so that it becomes a cross-cutting theme in all city-wide initiatives and is integral to all activities in the city;
- to provide a coordinated approach to the delivery of opportunities for physical activity, with the health, leisure and education sectors working together with community organizations;
- to maintain and develop access to a wide range of enjoyable activity opportunities and services that encourage participation and enable people to choose an active lifestyle;
- to ensure that the physical and social environment supports physical activity through housing and transport facilities and services;
- to provide educational and training opportunities for local staff and people in order to maximize activity delivery, leadership and job aspirations;
- to ensure that the work undertaken is fully researched, monitored and evaluated in order to enhance the evidence base on physical activity.

3.2.3 In working to achieve these objectives, several key targets were set. These encompassed evidence-based requirements for health improvement and the targets set by the national government. The targets for Liverpool Active City were to achieve, by 2010:

- a 5% increase in the proportion of people who are moderately active for 30 minutes or more three times per week;

- a 5% increase in the proportion of people who are moderately active for 30 minutes five times per week;
- a 5% increase in the proportion of children who are moderately active for 60 minutes five times per week;
- the provision of a minimum of two hours per week of high-quality physical education for children in all local schools.

3.2.4 The strategy's intention was to improve participation in physical activity at the population level – particularly among the many persons who could be defined as sedentary – as this would generate the most significant health gain. However, within this approach, marked concerns were identified during the consultation process because of low levels of physical activity among several specific groups. These included school-age children and young people (especially females), young mothers, black and minority ethnic groups, older people, persons with disabilities and middle-aged men.

3.2.5 In setting out the roadmap to achieve these targets and the strategic objectives, four key strands underpinned Liverpool Active City's agenda. Specifically, the strategy and action plan focused on the following four areas.

A. Increasing the profile of active living in Liverpool

The agenda included:

- mass media and marketing campaigns to raise awareness of opportunities for physical activity and exercise in the city;
- integration of physical activity into other events and programmes;
- training of health professionals, city council staff, civil society organizations and volunteers to pass on key messages and to direct people to appropriate services.

B. Improving the coordination of existing services

The agenda included:

- enhancing collaboration between the public sector and civil society to achieve physical activity targets;
- developing a local directory to highlight physical activity resources and opportunities and to support "signposting".

C. Ensuring access to appropriate activities for all

The agenda included:

- reviewing services to make sure that they reach the right people at the right time in the right place;
- supporting the national target to achieve at least two hours of high-quality physical education in schools.
- ensuring that all vulnerable groups have access to appropriate physical activity services and programmes;
- consultation with local communities and the development of activity programmes that are based on the needs of individuals, families and communities.

D. Ensuring structural support for physical activity and integrating with wider urban agendas

The agenda included:

- the use of health impact assessments for wider urban policies and projects;
- making sure that active living is fully incorporated into urban planning and new capital developments as well as into transport and housing policies;
- the development and implementation of green travel plans that encourage walking and cycling as a means of transport (plans include school and work travel plans, walking schemes and cycle schemes);
- encouraging the use of local green spaces and waterways in Liverpool.

4 Key stages and elements in developing and implementing the Active City programme

4.1 Defining the physical activity issue: towards a strategic consensus

4.1.1 In June 2003, Liverpool First – the city’s local strategic partnership of public, private, voluntary and community-sector organizations – launched Liverpool First for Health and set a series of public health ambitions for the city. Increasing levels of physical activity among the city’s population was one of the key themes to emerge. The arrival of the government’s *Choosing health* agenda coincided with and reinforced a renewed focus on physical activity in Liverpool.

4.1.2 Led by John Marsden, newly appointed as the Liverpool Active City coordinator, the strategy was initially developed in early 2005 by a small team of professionals from Liverpool city council’s Sport and Recreation Services and the public health department of Liverpool Primary Care Trust,ⁱⁱ in consultation with a wider range of stakeholders and academic experts. The team drew on existing experience in the city and good practice from elsewhere – in particular the city of Sunderland in north-east England – to inform the development of a draft document. A consultation phase saw the strategy tested with a series of focus groups in neighbourhoods across Liverpool. This process ensured that there was extensive involvement, at the key development stage, by a wide range of local community-based and civil society organizations. These included organizations such as groups of “friends” of various parks, voluntary sports clubs, community councils in wards across the city, and the Liverpool Charity and Voluntary Services – an umbrella organization representing numerous civil society organizations.

4.1.3 As a result, there was broad acceptance among stakeholders of the focus and content of the strategy, although the targeting of actions towards specific priority groups was refined during the consultation process. With the backing of numerous stakeholders, the strategy and its accompanying action plan were launched in May 2005.

ⁱⁱ At that time, the functions of the current Liverpool Primary Care Trust area were split between three separate primary care trusts (North, South and Central Liverpool) though there was coherent collaboration between them on public health priorities.

4.2 Evolution of the Active City programme

4.2.1 Following the launch of the strategy and its action plan in May 2005, the Liverpool Active City agenda evolved and grew in both scope and scale between 2005 and 2010. This section indicates some of the significant phases and strategic shifts that took place in relation to the physical activity agenda and the increasing intersectoral dimension in delivering its objectives.

4.2.2 Several key aspects of the delivery of the Liverpool Active City programme can be identified. Broadly, these are:

- coordination and branding of existing activities and resources under one Liverpool Active City umbrella;
- development of new interventions to expand the programme, to add value to existing resources and to enhance opportunities for exercise;
- implementation of a neighbourhood focus to ensure that residents in all parts of the city had opportunities to benefit from the programme;
- integration of physical activity elements into broader urban and health agendas.

Coordination and branding

4.2.3 At the outset, the primary focus was on improving the coordination of existing physical activity services, facilities and projects and branding them as part of Liverpool Active City. As already observed, at the time of the programme's launch, a range of physical activity services and programmes were already operating in Liverpool. With encouragement from the Liverpool Active City coordinator, these were incorporated within the Liverpool Active City brand.

4.2.4 As well as branding and thus unifying existing activities, the city council at that time received significant funds that could be used for public health as part of the Liverpool's allocation of the United Kingdom government's Neighbourhood Renewal Fund. A key role of the Liverpool Active City coordinator at this time was to ensure that approvals of new applications for the funding of projects related to physical activity were consistent with ensuring a linked approach. To this end, the coordinator agreed a process with the head of the city council's United Kingdom Programme Team for review of applications and for making recommendations on funding decisions related to physical activity. This process resulted in all the major physical activities being branded as part of Liverpool Active City.

A comprehensive programme approach

4.2.5 Following the initial emphasis on branding and coordinating existing activity, a more comprehensive and extensive programme developed throughout the strategy period. This expansion was supported by the Liverpool Sports and Physical Activity Alliance (SPAA) which was set up in 2006. This put in place a wider partnership, including civil society partners, responsible for the development and delivery of the Active City agenda. The SPAA, comprising a range of stakeholders and managers involved in Liverpool Active City programmes and managers involved in Liverpool Active City programmes and in delivering physical activity interventions in the city (see Box 4 for membership), continues to oversee the programme, approves funding for projects and supports the implementation of the city’s physical activity strategy. It steers the Liverpool Active City programme and promotes its brand. It meets quarterly and is co-chaired by the Assistant Director of the city council’s Sports and Recreation Service and the Associate Director of Public Health at Liverpool Primary Care Trust. Importantly, the SPAA has provided a valuable forum for sharing good practice and improving synergy between different strands of the programme.

Box 4. Membership of the Liverpool Sports and Physical Activity Alliance

- Liverpool Primary Care Trust
- Liverpool City Council Sports and Recreation Service
- Liverpool Charity and Voluntary Service
- Liverpool School Sports Partnership
- Liverpool Sports Forum (the City of Liverpool’s Sports Development Programme)
- Liverpool City Council Planning Department
- Age Concern
- Liverpool John Moores University
- Mersey Forest
- Liverpool Youth Service
- Liverpool Healthy Schools

4.2.6 The SPAA is pivotal to the making of funding decisions and the allocation of resources to target groups and areas of the city. SPAA members are responsible for reviewing, updating and approving the Active City strategy and its annual action plans.

4.2.7 Under the SPAA, Liverpool Active City has focused on generating behavioural change among those who live a sedentary lifestyle. Within this overall approach, it has placed particular emphasis on:

- communicating a clear and consistent message to all sectors of the community about the opportunities to participate in physical activity and the benefits of adopting an active lifestyle;

- focusing increased resources in support of the voluntary and community sectors to boost their capacity to engage new participants;
- making better use of parks, open spaces and the natural environment to increase participation in sport and physical activity;
- providing support and advice to help people build physical activity into their everyday lives, with a focus on home, work, school and travel;
- placing a greater focus on working with families;
- targeting the most deprived areas and sectors of the community with low levels of participation in physical activity programmes;
- using sport to address youth exclusion and community safety issues;
- supporting the School Sport Partnerships in the city, part of the government’s Physical Exercise and Sport Strategy for Young People.

Box 5. Consulting with local communities and developing activity programmes based on local needs: “Women Get Lively” research

In addition to stakeholder involvement in the overarching strategy, emphasis was placed on ensuring that interventions reflected the needs of individuals, families and communities. A good example of this process in Liverpool was work that focused on understanding the constraints on and barriers to women’s involvement in physical activity and how best to overcome them.

A total of 231 women from diverse ethnic backgrounds across different areas of the city participated in a survey and focus group sessions to provide an understanding of the main exercise-related issues for women and to design an inclusive intervention to promote physical activity for all women.

- 4.2.8** The Liverpool Active City coordinator reports to the SPAA and takes the lead from the group. The coordinator’s role has remained key; managers of all 14 programmes that received resources from the Neighbourhood Renewal Fund reported to him. The coordinator did not directly employ the various managers (from different city council departments, the PCT and voluntary sector organizations) but they informed the coordinator of ongoing activities and he was able to influence future directions.
- 4.2.9** The SPAA also established an extensive research and evaluation programme through Liverpool John Moores University in order to assess the progress of Liverpool Active City, inform the various processes and measure their impact. This included measuring participation rates across the city to establish a benchmark and put in place a system to measure change over time (see section 4.3 and section 5).

A neighbourhood focus

- 4.2.10** A priority of the SPAA was to ensure that residents in all parts of the city had opportunities to benefit from the programme. In 2008, to facilitate this goal, locally-based Active City coordinators were appointed both to coordinate and to increase participation in physical activity in each of the city's five **NMAs**.ⁱⁱⁱ The appointment of the neighbourhood coordinators facilitated work with communities at the local level, helped to develop local partnerships with a wide array of stakeholders, helped to identify the existence of gaps in provision, and provided extra capacity to draw in additional funding to local areas.

Box 6. Key interventions that widened the scale of the physical activity agenda

Expanding the range of programmes within SportsLinx: Building on intersectoral action with the education sector, new initiatives included *Active Play* to increase activity levels among children aged 3-5 years of age, *Active Families*, and *Active Childcare Provision* which introduced an activity programme in 88 childcare venues.

Summer Splash: This project offered physical activity opportunities together with arts, music and drama for children during school holidays. It targeted children who were most in need of taking up a positive pastime.

Active Playgrounds: Playgrounds within primary and secondary schools were marked out to encourage children to increase their physical activity through playing games, either individually or collectively.

Active Play: This involved a range of physical activity initiatives within the city's parks.

Active Living: This programme aimed to increase the range of activities for people aged over 50 years of age.

Futures scheme: For one year (2009) the scheme provided free passes to lifestyle centres for children and young people up to 17 years of age. Some 30 000 took part, although numbers dropped off significantly once the subsidy ended.

Seniors scheme: This was a parallel scheme to the Futures scheme but targeted residents over 60 years of age. It attracted 2500 new beneficiaries (out of a total of 5500). In this case, however, a high proportion of those attracted to the scheme continued to use the service once the funding for it was withdrawn.

School Sports Partnership managers: These were recruited to deliver the objectives of the government's School Sports Partnership programme. Their activities were integrated with the existing Sportslinx project.

(Continued)

Wellness programme: This was an I.T. based solution for tracking and monitoring people who were engaged in physical activity. Each participant was issued with a Wellness key which, when inserted into a Wellness terminal, downloaded information as to how active the participant had been. When participants stopped their programmes they could be contacted and encouraged by a qualified instructor to remain active. The Wellness system has increased the period of time during which people are active.

Walk for Health: This expanded project provided opportunities for people from 7 Liverpool communities to participate in accompanied walks. Participants can also become qualified Walk Leaders. There are over 3000 participants in the programme.

- 4.2.11** The local coordinators were able to support the development of smaller projects that were more closely targeted to local needs and specific groups within the local community. Evidence from survey data suggested that people in some parts of the city were less active than those in others. The local coordinators were able to support efforts to redress these imbalances.

Box 7. Key interventions that had a neighbourhood or specific target group focus included:

Workout project: The project's aims included increasing participation in physical activity and stimulating greater use of local recreational activity facilities. It also aimed to promote community cohesion by bringing together people from disadvantaged areas and from different ethnic and cultural groups.

Liveability project: This physical activity project for older people in Liverpool reached over 600 house-bound, socially isolated and inactive individuals aged over 49 years. The majority were females recruited through referrals from general practitioners. An evaluation concluded that the project had successfully enabled and motivated older people to maintain their physical activity levels during and after their participation in the project.

Integration and intersectoral action

- 4.2.12** While there was a longstanding tradition of intersectoral action in Liverpool, notably with the education sector, the physical activity agenda became, over time, integrated strategically with other policy agendas in the city and further developed intersectoral action to achieve common goals.

Strategic integration

- 4.2.13** At the strategic level, in 2008 the Liverpool Active City programme became a key and integral part of the city's obesity agenda which aimed to halt the rise in

obesity in both children and adults in Liverpool by 2010 and to reduce the levels of obesity from 2010 onwards. Along with the city's food and nutrition strategy *Taste for Health* and the *Liverpool Healthy Schools Programme*, the Liverpool Active City programme is incorporated within the *Healthy Weight Strategy for Liverpool 2008–2011*, and the SPAA has been incorporated into its organizational structure. Looking forward, physical activity is now central to Liverpool's decade of health and well-being that aims to put health and well-being at the heart of the city's culture, planning and actions. "Be active" is a key element of the New Economics Foundation's (2) five ways to health and well-being adopted by the city and promoted by the agenda. The agenda explicitly recognizes the link between physical activity and mental well-being.

Links to parks and green spaces

- 4.2.14** The physical activity agenda has ensured that a health dimension has become an important part of the city council's approach to maintaining and improving the city's various parks and green spaces. In practice, this has led to collaboration between Liverpool Active City representatives, exercise specialists, health professionals, council officers responsible for parks and green spaces, and local volunteers. Examples of initiatives include *Green gyms* (provision of exercise equipment and guidance for use in public parks), cycle routes, walking opportunities, and the development of allotments where local residents are able to work a small area of land to grow vegetables and fruit.

Box 8. Reynolds Park natural play equipment: a community level example of intersectoral decision-making

Liverpool Active City worked with the Friends of Reynolds Park (FRP), a voluntary organization, and Liverpool city council's Parks Department to install natural play equipment within the park to enhance its amenities and to offer activity opportunities for younger children and families. To develop the natural play concept, FRP volunteers, in cooperation with the Parks Department, sourced materials and paid an expert to design and manufacture the natural play equipment. Internal consultation in the FRP committee directed equipment locations, with volunteers providing labour to clear and prepare the site. Liverpool Active City obtained agreement from the Parks Department that the new equipment would be incorporated within the routine maintenance of the park. The project used recycled and reclaimed materials in line with the city's environmental policy.

Source: Liverpool Active City research team, Liverpool John Moores University (2009). *Reynolds Park Natural Play Equipment, Report for Liverpool Active City.*

- 4.2.15** Within the city, significant progress has been made in ensuring that transport policy takes account of health and environmental priorities. Liverpool Primary Care Trust has worked closely with Travelwise, the Merseyside Transport Partnership's campaign that brings together partners from the transport and health sectors. A health impact assessment was conducted on the latest transport plan for Merseyside, including Liverpool, and cycling and walking has been built into the recently launched *3rd Local Transport Plan for Merseyside*. Symbolically, the Director of Public Health for Liverpool was one of the keynote speakers at the launch event. The strategy emphasizes the aim of creating a mobility culture that will reduce carbon emissions and promote health and well-being. The plan is labelled with the city's *Decade of Health and Well-Being* logo. This was the first time that health and well-being had been given such a focus within the local transport plan.

Box 9. Interventions that demonstrate intersectoral approaches

A. Partnerships between Liverpool Primary Care Trust public health team, city transport planners and civil society green transport groups:

Cycling for Health: A joint initiative with TravelWise which has attracted 3000 participants to date. It has purchased bicycles for the public to use, and provides training to enable more people to become cycle leaders, allowing the programme to become more sustainable and to expand to other parts of the city.

Cycle training: An initiative of TravelWise, which has encouraged over 600 children and 500 adults to participate in cycle training.

B. Partnership between Liverpool Primary Care Trust public health team and city council parks professionals

Green gyms: These aim to increase the use of allotments and green spaces for physical activity.

C. Partnership between Liverpool Primary Care Trust public health team and Merseyside Fire and Rescue Service

Fire Fit Kids: As part of the Fire and Rescue service's health and well-being remit, local fire stations are utilized to encourage children and young people to take part in increasing their levels of physical activity.

Links to the city's economy and workforce

- 4.2.16** Intersectoral actions to promote physical activity within the city are also a hallmark of the tactic to engage employers and employees from the public, private and voluntary sectors to improve health-related behaviour, including levels of physical

activity. Health @ Work, a charity based in Liverpool, was commissioned by Liverpool Primary Care Trust and has worked closely with Liverpool Active City to conduct a range of workplace-based actions. Key activity has involved ensuring that employers have written workplace policies to provide exercise opportunities for staff. Other interventions have included:

- providing support to the city-wide *Liverpool Challenge* scheme to encourage people in Liverpool to exercise more and to eat more healthily (Health @ Work's role has primarily focused on disseminating the programme's materials in workplace settings and encouraging individuals to sign up for the scheme);
- engaging with *Travelwise* to promote healthy travel planning for workplaces and workforces, including promotion of the tax-efficient *Cycle to Work* scheme which enables employees to purchase bicycles (Box 10);
- production and dissemination of booklets about the benefits of physical exercise;
- promoting lifestyle gymnasiums to employees, including dissemination of vouchers to encourage participation;
- dissemination of pedometers;
- development of tailored walking route maps for individual workplaces;
- recruiting volunteer walk leaders to actively engage staff to participate in activity as part of the working day.

Box 10: Cycle to Work scheme: The government's *Green Transport Plan* includes a tax exemption that allows employers to provide cycles and safety equipment to employees as a tax-free benefit. The employer reclaims value-added tax on the purchase price, with the balance recovered from a reduction in the employee's gross salary. The employee effectively hires the bicycle from the employer and buys it at the end of the "salary sacrifice period" for a fair market value.

The employee can choose the bicycle from over 1600 bicycle stores in the United Kingdom that participate in the scheme. In practice, *Cyclescheme* enables employees to obtain a tax-free bicycle, saving on average about half the cost. Employers can also benefit through savings in their National Insurance contributions.

Participation by city football clubs

4.2.17 The two premier football clubs in the city, Everton Football Club and Liverpool Football Club, through their community development roles, have enthusiastically supported Liverpool Active City. For example, the *Healthy Schools Bus* is an innovative project which is a result of a creative liaison between Liverpool

Healthy Schools, Everton in the Community/Everton Football Club, the Arriva Bus company, Liverpool Primary Care Trust and Liverpool John Moores University. The first Healthy Schools Bus was launched in October 2006 to engage children in school year 3 (7–8 years of age) and their parents across the city. The primary aim of the project is to help reduce childhood obesity and raise awareness about the benefits of healthy eating and physical activity. During the first year the bus visited 130 schools and engaged over 6000 children, each of whom spent one hour on the bus learning about nutrition and one hour of physical activity/multi skills (led by an Everton Football Club Coach). A second bus was added in 2008, complete with an on-board treadmill and other fitness equipment.

- 4.2.18** Liverpool Football Club is participating in the *Women Get Active* project which is delivered by the Liverpool SPAA. It is one of 20 projects to secure funding from Sport England's £10 million Active Women fund. The targeted investment is designed to help more women from disadvantaged communities – and those caring for children – to play sport as part of the drive to deliver a mass participation legacy from the London 2012 Olympic Games. It includes opportunities for participants to gain sports-related qualifications that will enable them to coach in their chosen sport and gain paid employment. Registered social landlords, who own many of the homes in which the participants live, are also supporting the initiative.

4.3 Programme support

- 4.3.1** Liverpool Active City has benefited from communications expertise. Advertising campaigns, informed by social market research, have included dissemination of local publications, banners and radio to raise the profile of physical activity in the city. The creation and launch of the Liverpool Active City web site also served to demonstrate the programme to the public and to professionals. Importantly, to maximize the cost-effectiveness of the available communications budget, organizers of major events in the city, who used their own resources to promote their events and projects, utilized the Liverpool Active City brand in their promotional and marketing activities. Together these actions raised awareness of Liverpool Active City and the physical activity agenda among the public and professionals. It also demonstrated to decision-makers in the city that the programme had a high profile.

- 4.3.2** Liverpool John Moores University has conducted comprehensive research and evaluation. It has adopted the RE-AIM framework (18) and PRECEDE PROCEED (19) models to provide a structure and framework for the evaluation. The rationale behind this approach is “evidence-based practice and practice-based evidence”.

The research and evaluation programme has encompassed:

- evaluations of specific interventions by utilizing an audit tool to address the RE-AIM framework questions – e.g. to ascertain who the project reaches, how it reaches them, how many people are reached, and how effective the projects are in relation to their objectives (Box 11);
- research to better understand the determinants of physical activity;
- assessment of population impacts;
- review of progress and provision of evidence to inform programme development.

Box 11. RE-AIM framework: examples of its conclusions for Liverpool Active City

The RE-AIM framework was used to assess a series of projects in 2008/9. It identified some positive successes in **reaching** low active people, though this was balanced against familiar problems of attracting the already active such as mothers in a children and families trust project. This project also failed to reach fathers. All programmes assessed in 2008/9 achieved a degree of **effectiveness** and those that attempted to measure physical activity found that physical activity levels increased or remained unchanged. Other measures of effectiveness were located in training course uptake, healthy eating, play and social cohesion. Data on **adoption** of practices and **implementation** generally reflected sound management and delivery of projects with some critical aspects of delivery in some projects including inappropriate choice of activity or programme content. Evidence from the Workout project (see box 7) suggested that increases in physical activity were **maintained** 3-6 months after the project had stopped whereas the Reynolds Park project (see box 8) received further funding to maintain its activity. In contrast, an Active Families project did not reach its planned conclusion and another project failed to follow its implementation plan causing data, for these projects, to be unavailable or of poor quality.

Source: Liverpool Active City Research and Evaluation Team (2009). Liverpool Active City, research and evaluation main report, 2008/9.

5. Impact

5.1 This section considers the impact of the programme in terms of:

- levels of physical activity at the population level;
- the extent of involvement and participation in Active City initiatives

Participation in physical activity: survey evidence

5.2 Liverpool Active City has an extensive programme that seeks to secure change at the population level. The Sport England Active People surveys have been utilized in Liverpool. This randomized survey, the largest sport and recreation survey in England, measures the proportion of the adult population who participate in sport and active recreation and is designed to establish benchmarks and detect changes over time.

5.3 Reflecting government targets, the survey identifies the proportion of people who take part in moderate-intensity sport on at least three days each week, with active recreation for at least 30 minutes in any one session. The survey was first carried out in 2005–2006 and enabled a benchmark for Liverpool to be identified. The sample was boosted in 2007–2008 and 2008–2009 to provide more accurate figures for the city overall and to enable data to be disaggregated to the NMA level for the five NMAs in Liverpool.

5.4 According to the surveys, about one in five Liverpool adults are active for 30 minutes three times per week with the proportion of those responding to the surveys in Liverpool who were active increasing by 2.5% between 2005–2006 and 2009–2010. The increases are below the aim of Liverpool Active City to increase the proportion of the population who were active for 30 minutes per week by 1% each year. However, it is important to emphasize that these recorded differences are not statistically significant. It should also be pointed out that the national survey, upon which Liverpool relied, focused on the government targets but not the more challenging – though from a health perspective more significant – target of 30 minutes per week on five days each week.

5.5 Within the NMAs, the largest recorded increase between 2007–2008 – when the sample size was first boosted – and 2008–2009 was in the City and North NMA which had the lowest rate of activity at the outset. This was an area where Active City took particular steps to increase support and placed emphasis on boosting activity rates. The survey indicated that the population that was active for 30 minutes three times per week increased from 14.2% to 19.5%. Also, between 2008–2009 and 2009–2010 equivalent participation rates in the South Central area grew from 23.7% to 27.2%, coinciding with the opening of a major aquatics

centre in the area. Again, however, the sample sizes were not sufficiently large to detect a statistically significant change.

5.6 In relation to physical activity of young people under 16 years of age, the evidence from the national survey for the PE and Sports Strategy for Young People (PESSYP) suggests that the proportion of young people who are physically active has risen. For instance, survey data from 2008–2009 and 2009–2010 indicated that the proportion of young people in school years 1–11 who participated in at least three hours of high-quality physical education and out-of-hours school sport increased from 50% to 58% (20).

5.7 Although the survey data is not as strong as would have been liked, various output data collected throughout the programme paint a compelling picture that suggests that the programme has resulted in more people being more active more often. For instance:

- 55 000 people now currently use lifestyle centres within the city – a 43% increase since 2005;
- between April 2006 and March 2007, 168 000 people participated in an initiative supported by Active City;
- between July 2008 and September 2010, over 7000 individuals participated in at least one physical activity session in the City and North NMA with one in five joining a fitness centre.
- over 1000 new people attend *Walk for Health* per year;
- over 250 new people attend *Cycle for Health* per year;
- 91% of children (in school years 3–6) are now participating in at least 120 minutes of curriculum physical education each week;
- Sportslinx organized fitness fun days for 5500 children in 110 primary schools.

6 Conclusions and lessons learned

6.1 Lessons learned

- 6.1.1** The Liverpool Active City experience highlights important lessons for health professionals, policy-makers and others involved in intersectoral and partnership approaches that seek to bring about health improvements in urban areas. Success factors and other important lessons include:
- 6.1.2 Engaging partners in policy development and design at the outset:** The involvement of a broad range of agencies from a variety of sectors, including civil society, in the development phase of the strategy helped to foster a widespread sense of ownership of both the strategy and its agenda.
- 6.1.3 The creation of robust partnership structures to steer project development:** The setting-up of the SPAA – a multi-agency steering group – reinforced a sense of ownership of the physical activity agenda and supported the implementation of diverse activities in a coherent way.
- 6.1.4 Political leadership:** Consistent support for the physical activity agenda from key leaders in the city council and the Primary Care Trust was central to ensuring that resources were made available for the Liverpool Active City programme and that support for it has been maintained over many years.
- 6.1.5 A comprehensive programme:** An extensive programme of activity, mixing interventions that engage large numbers of adults or young people together with more narrowly targeted actions, has been central to efforts to make a difference at the population level. At the same time, it has secured access to opportunities for those with particular barriers to engaging in physical activity, such as members of minority ethnic groups.
- 6.1.6 A focus on promoting behavioural change:** Targeting inactive people, providing them with opportunities to take initial steps to become more active, and supporting them to develop the frequency and intensity of their physical activity has been central to Liverpool Active City's approach to generating health improvement at the population level.
- 6.1.7 Coordinated communication actions:** The Liverpool Active City experience reinforces the value of having coherent campaigns to raise awareness of the benefits of physical activity and to provide information about opportunities that are available and how to access them. The adoption of social marketing techniques has helped to target messages more effectively.

6.1.8 Research and evaluation support: An extensive research and evaluation agenda has complemented and strengthened the approach to increasing levels of physical activity in the city. Project evaluation has provided a useful management tool by providing evidence about what has worked well and what has worked less well. Research into the determinants of physical activity has also supported efforts to improve policy responses. For instance, it has provided evidence about barriers to participation in physical activity for specific groups. This has led to initiatives becoming more effective by taking into account the needs of such groups and being more sensitive to them.

6.1.9 The Liverpool Active City experience has also demonstrated how **intersectoral action** has brought benefits to its goals. In particular:

- Strategic integration of the agenda on physical activity with broader goals on obesity and other health conditions has ensured synergy between different strands of the health and well-being agendas.
- Intersectoral work on health and environmental goals has allowed green spaces to become attractive settings for physical activity while boosting use of the city's many parks.
- Close intersectoral collaboration between the public health, sport and education sectors has been crucial to boosting activity rates among school-aged children and young people.
- Close collaboration between health and transport professionals and civil society campaign groups has led to physical activity opportunities being incorporated into the city's transport and mobility plans.
- Engagement with Liverpool's extensive workforce, by utilizing workplaces as a setting for health promotion activities and by engaging employers from across the local economy, has been a key component of efforts to ensure a widespread approach to generating behavioural change.

6.2 Final remarks

- 6.2.1** In its initial phases, Liverpool Active City's main priority was to coordinate the delivery of continuing and new services and interventions related to physical activity in Liverpool. As the strategy developed, its steering group and delivery team oversaw the development and implementation of a comprehensive agenda on physical activity, engaging a wide range of partners. In recent years, the health rationale for physical activity has been integrated into wider strategies for the city, including the city's transport and education policies, and thus has enhanced the use of intersectoral approaches.
- 6.2.2** Within this overall positive assessment, there are also some key lessons for future action and for policy-makers elsewhere that could have enhanced the Liverpool experience to date. First, it is increasingly recognized that efforts to raise levels of physical activity among the population to the extent that it can boost their health requires physical activity to become part of people's everyday lives. It requires more than simply taking part in physical activity in free time through sports and recreation activity, important though that is. The recent efforts to integrate transport and physical activity is an important step forward in this process though, as has been argued during the interviews for this study, more needs to be done. For instance, there remains considerable scope to enhance considerations for encouraging physical activity by ensuring that the planning process for urban development takes this and wider aspects of health and well-being into account.
- 6.2.3** Second, measuring change in a way that more accurately detects behaviour change at population level (especially where small but important changes to the proportion of residents being physically active of 1% per annum are concerned) and that incorporates change at levels that evidence suggest will impact on health could have enhanced understanding of the impact of the programme and informed policy-making accordingly. Nevertheless, the Liverpool Active City experience is instructive for other cities wishing to promote physical activity agendas and wider intersectoral approaches to improve urban health. Embodying partnership, working across public, private, academic and civil society sectors, and building physical activity into other policy and economic sectors such as transport, education, obesity and mental well-being fields has promoted an integrated and comprehensive approach to achieving both common goals and specific physical activity objectives.

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