


Non-Executive Report of the: Health and Wellbeing Board 10 December 2024	
Report of: Somen Banerjee, Director of Public Health	Classification: Unrestricted
Report Title: Be Well - progress on clinical pathways and access to insourced leisure service	

Originating Officer(s)	Amelie Gonguet – Public Health programme manager for Leisure Insourcing Simon Jones – Head of Leisure operations Matthew Quin – Acting Associate Director of Public Health
Wards affected	All wards

Executive Summary

This report provides an update 6 months into the insources on the progress made with the implementation of the theory of change and the development of targeted physical activity pathways and co-location initiatives within Be well.

Tower Hamlets has committed to investing in leisure services to promote healthier communities and to reduce health inequalities. On the 1st of May 2024, the council insourced its leisure services and launched its new brand Be Well. This insourcing offers a real opportunity to provide a more accessible, inclusive, and high-quality leisure offer to residents that focuses on maximising health outcomes and reducing inequalities

To ensure public health priorities were considered within the design and decision making of the insourced model Public Health funded an 18-months Programme Manager embedded in the leisure team. As part of this work, a Theory of Change providing a strategic vision on how the new Be Well service would deliver health & wellbeing outcomes and who should be prioritised within the offer was co-developed and presented at the Health and Wellbeing Board in February 2024.

Tower Hamlets has bid for bid Sport England funding to develop a place-based physical activity partnership to create long-lasting transformational changes within sport and physical activity in these areas.

External colleagues have been invited to speak to this item to highlight the progress being made across the physical activity pathway programmes / interventions.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the contents of the report.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it
This work aims to develop a specialist/targeted offer to support those facing the biggest barriers to engage with physical activity.
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
This work aims to support the development of an offer that promotes connection, belonging, and enjoyment through a range of activities presented on the logical model.
3. Being treated equally, respectfully and without discrimination should be the norm when using services
This work aims to ensure that people feel supported with the new service and are confident to be treated respectfully without discrimination.
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
This work aims to ensure inclusive & empowering communication using evidence based behavioral science and working alongside the community.
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
Wherever possible this work aims to co-design, develop and test solutions with the community.
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.
This work aims to strengthen relationships and integration with local assets and partners including NHS, social care, CVS and community groups to prioritise health and wellbeing and encourage co-location and co-delivery of services.

1. REASONS FOR THE DECISIONS

1.1 The Health and Wellbeing Board and its members is encouraged to support this programme evolve to help deliver against the targeted interventions / programmes, and your support is required in order to achieve long-lasting transformational changes on the physical activity agenda.

2. ALTERNATIVE OPTIONS

2.1. N/A

3. DETAILS OF THE REPORT

Tower Hamlets Strategic Priorities

- 3.1. Tower Hamlets has a strategic commitment to improving physical activity for residents from all backgrounds. Our Partnership Plan 2023-2028 recognises that physical activity is important but that levels are low in the borough.
- 3.2. Our Strategic Plan 2022-26 has the ambition that “residents from all backgrounds benefit from thriving sports, the arts and local business”. Play is recognised as an important part of physical activity and is also a key priority for the council, as highlighted by the Play Charter .
- 3.3. Our Health and Wellbeing strategy (2021-2025) contains key strategic ambitions to enable Tower Hamlets to become a “Healthy Borough” and a place that supports health for everyone.
- 3.4. Regardless of age, there's strong scientific evidence that being physically active can support people leading healthier and happier life. The World Health Organisation estimates that regular physical activity reduces risk of many types of cancer by 8–28%; heart disease and stroke by 19%; diabetes by 17%, depression and dementia by 28–32%¹.
- 3.5. In the UK, the Chief Medical Officers has developed Physical Activity Guidelines for children and young people, adult and older adults including specific guidelines for people living with disabilities and for pregnant women².
- 3.6. However, there is no minimum amount of physical activity required to achieve some health benefits, and those who do the least activity (<30 minutes a week) will benefit the most. So, focusing efforts on those who are the least active is likely to yield the most health benefits⁶.

Public Health and the Be Well inhouse leisure service

- 3.7. The council has recently insourced its leisure services and launched the brand Be Well underpinned by the following three pillars: health, wellness and play. The insourcing of leisure offers a real opportunity to develop a service that focuses on maximising health outcomes and reducing inequalities. Nationally, there is also increased evidence to support the public sector leisure to transition towards health and wellbeing.
- 3.8. To ensure public health priorities were considered within the design and decision making of the insourced model Public Health funded an 18-months Programme Manager role (until March 2025) to be embedded in the leisure team with leadership support from the Healthy Environment Associate Director. As part of this work, a Theory of Change providing a strategic vision on how the new Be

¹ [WHO Health Topics – Physical Activity – Impact](#)
² [UK Chief Medical Officers' Physical Activity Guidelines – September 2019](#)

Well service would deliver health & wellbeing outcomes and who should be prioritised within the offer was developed – see appendix 1.

- 3.9. An update on the development of targeted physical activity pathways and co-location initiatives for priority groups within Be Well can be found in appendix 2.

The emerging place-based partnership

- 3.10 Sport England has committed to work with 80-100 priority areas in England and invest a total of £250 million until 2028 for the development of a place-based partnership approach to create long-lasting transformational changes within the sport and physical activity in these areas.
- 3.11 Tower Hamlets was one of three London boroughs to be identified as a priority area by Sport England due its high levels of needs and inequalities.
- 3.12 The Tower Hamlets bid was submitted in July 2024 with a value of £386K for a 9–12-months period to work on a range of activities required to inform our full investment bid (estimated value of £ 3millions).
- 3.13 We expect to find out the results of the bid from Sport England in October with potential investment starting from November.

Physical Activity Health Needs Assessment

- 3.14 Public Health is conducting a Physical Activity Health Needs Assessment (HNA) which will provide a snapshot of physical activity in the borough, drawing on the latest available data and information. It will paint a picture to enable the emerging place based partnership programme to make decisions about priorities for investment in physical activity.
- 3.15 The aim of the HNA is to understand physical activity and inactivity in the borough and the barriers and facilitators of physical activity, with a particular focus on what groups would most benefit from increased investment. The HNA is due to be completed by February 2025.

4. EQUALITIES IMPLICATIONS

- 4.1 Data from our local Active Lives Surveys highlight broad inequalities in the prevalence of physical activity in our community meaning that not all groups or residents are benefiting equally from the health benefits of being active:
- 4.2 Women are less likely to be active than men (28% compared to 23%) and girls are less likely to be active than boys (50% compared to 40%).
- 4.3 People from Asian, Black, or other backgrounds are less likely to be active than people with White background (40% Asian population inactive compared to 17% from White British background).

- 4.4 People living in more deprived areas and on low incomes are less likely to be active than those living in more affluent areas (29% of IMD 1-2 inactive, compared to 13% in IMD 9-10).
- 4.5 People aged 65+ are less likely to be active than younger people (65% compared to <28% for all other ages).
- 4.6 National data also shows that people living with long term conditions or disability are less likely to be active than those without (43% compared to 23%).
- 4.7 When considering the concept of intersectionality, further health inequalities are observed. For example, from the number of reported cases of diabetes within women in the borough, 78% come from the BAME background compared to 22% from a white background. Women in the borough also have a healthy life expectancy that is 7 years lower than men (58 vs 65 years old) with wider gaps in Asian and Mixed ethnic groups and high prevalence of females who are long-term unemployed .

5. OTHER STATUTORY IMPLICATIONS

5.1. This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2. No other statutory implications have been identified.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1. N/A

7. COMMENTS OF LEGAL SERVICES

7.1. N/A

Linked Reports, Appendices and Background Documents

Linked Report

- **PDF presentation** will be tabled ahead of the meeting.

Appendices

- Appendix 1: Theory of Change
- Appendix 2: Overview of *Be Well* Public Health Physical Activity pathways and initiatives to address inequalities (see below)

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None.

Officer contact details for documents:

Appendix 1: Theory of Change

Health Promoting Leisure services – Logic model

Inputs		Outputs		Mechanisms of change	Outcomes
1	Strong partnership with NHS, social care, CVS and community groups to co-locate/co-deliver services which prioritises health over commercial interest.	1	Health and social services are co-located or co-delivered within leisure services	Capability	
2	Training available and clear physical activity pathways developed across primary and secondary care into physical activity opportunities.	2	Clear pathways available allowing Healthcare professionals to link the needs of patients with appropriate physical activity interventions.		<ul style="list-style-type: none"> People have the knowledge, skills, and ability to engage with the leisure offer People feel supported and confident to be treated respectfully without discrimination.
3	Work with our Active Partnership to fully embed physical activity into social prescribing and personalised care	3	Social prescribing and personalised care roles are confident to connect (and record) patients to appropriate physical activity interventions	Opportunity	Medium-Term <ul style="list-style-type: none"> Everyone is aware of and has access to safe and social physical activity opportunities near their home. Everyone who needs help to be physically active knows where to get it and is supported to find the right help Residents and professionals are aware of the Physical Activity recommendation and the benefits of being physically active.
4	Commitment to implement a health hub and work collaboratively with partner using open active data to develop a clear picture of the local physical activity and H&WB opportunities	4	A health hub using community activity finder solution is available providing a comprehensive, cohesive, and easily accessible physical activity and H&WB offer.		
5	Investment in leisure workforce training including from the health sector.	5	Friendly and knowledgeable Leisure workforce able to support people facing barriers to engage in physical activity.	Motivation	Long-Term <ul style="list-style-type: none"> Decreased rate of physical inactivity among priority groups Increased social cohesion, and cultural shift in the leisure being a health and well being space Improved health outcomes from priority groups Reduction in health inequalities
6	Leisure rebranding and use of behavioral science and evidence-based public health campaign and messages.	6	Inclusive & empowering communication promoting a sense of belonging and tackling stigma and discrimination, engaging priority groups.		
7	Commitment to invest in the implementation of an attractive, equitable & affordable physical activity offer that meets the needs of people who are inactive.	7	Attractive, equitable & affordable offer meeting the needs of people with different demographics e.g women and girls, CYP, older people etc.		
8	Local commissioners are funding specialist evidence-based physical activity interventions within leisure centres.	8	Attractive and affordable specialist offer for people are at risk of, or living with a condition that could be prevented or improved through being more active		
9	Community activators/officer roles available to develop and coordinate physical activity and W&B peer support groups	9	Peer-support network of local champions and volunteers to encourage participation and promote a sense of belonging		
10	Healthy eating and drinking policy prioritising health over commercial interest.	10	Healthy food and drinks prioritised within the leisure centre		
11	Commitment to evaluation and to demonstrate impact to inform the development of the offer over time	11	Work with partners (e.g. Global, HDRC etc) to collect and analyse relevant quantitative and qualitative data		



Be Well priority groups for targeted support

Priority Groups	Sub-groups	Priority Sub-Groups for targeted support
Older people (55+) and long term unemployed	<ul style="list-style-type: none"> People on low income People from Asian, Black and Other backgrounds Women (lower healthy life expectancy) 	<ul style="list-style-type: none"> Intersectionality: BAME women on lower income/long term unemployed. Over 65+ (highest inactivity prevalence)
Children and young people	<ul style="list-style-type: none"> Early years and children under 5 Primary aged school children Secondary aged school children and adolescents Children living with physical or learning disability Children living in lower income household Children living with excess weight Children known to CAMHS or with mental ill health Children from Asian and Black ethnic backgrounds Girls (lower participation in PA) Young carers 	<ul style="list-style-type: none"> Intersectionality: e.g. BAME Girls from lower income household Children known to CAMHS or with mental ill health
People living with mental ill health	<ul style="list-style-type: none"> People with mild to moderate MI People with severe MI People living with autism People living with learning disability 	<ul style="list-style-type: none"> People living with severe MI and LD
People at risk of, or living with, a long-term condition.	<ul style="list-style-type: none"> People on low income and/or from certain ethnicities/ with caring responsibilities People living with excess weight CVD Diabetes Musculoskeletal Disorder Cancer Chronic Respiratory Disease Physical Disability People living with multiple conditions 	<ul style="list-style-type: none"> All



Targeted / Commissioned offer



Appendix 2: BE Well Public Health Physical Activity pathways and initiatives to address inequalities overview

Priority groups	Targeted interventions	Implementation & Impact
Older people and women and girls	Free swimming for women and girls over 16 and men over 55.	<ul style="list-style-type: none"> - In collaboration with the mayor's office - 14,450 members with 17,298 bookings made since July 2024. 93% of bookings are female and 33% are from Bangladeshi background. - Implementation of creche and swimming lessons in scoping - Application submitted to NIHR PH intervention evaluation
Children and young people (CYP)	Free memberships for children in the youth justice service and for care leavers	<ul style="list-style-type: none"> - In collaboration with children's services - Up to 50 CYP benefiting from the scheme - Reported improvement in physical and emotional health.
	Free weekly physical activity and educational session for CYP with type 2 diabetes	<ul style="list-style-type: none"> - In collaboration with Barts Pediatric endocrinology service - 10-15 children and their families attending weekly - Reported improvement in clinical outcomes but also confidence and emotional health.
	Free weekly antenatal yoga for pregnant women.	<ul style="list-style-type: none"> - In collaboration with Barts maternity service - 15 women attending weekly - Reported improved pregnancy symptoms and increased confidence for labour
People living with mental ill health (SMI) and learning disabilities (LD)	Free weekly rebound therapy (therapeutic trampoline) for people with profound LD	<ul style="list-style-type: none"> - In collaboration with the community learning disability service physiotherapy team. - 5 people with profound LD attending weekly - Reported improve clinical outcomes including balance and motor function
	CPD accredited training for leisure staff on exercise and SMI	<ul style="list-style-type: none"> - In collaboration with Rethink Mental Illness and Sport England - 12 leisure staff trained with improved understanding of SMI and ability to safely and effectively support people with SMI to be active.
	Free targeted physical activities for people with mild to moderate LD	<ul style="list-style-type: none"> - In collaboration with integrated Commissioning and Learning disabilities services - Commissioning currently in scoping with the aim to have a fully inclusive and accessible leisure offer for people with LD to be active and socialise with their peers in the community.
People living with long-term conditions (LTCs)	Subsidised memberships for people with disabilities and LTCs	<ul style="list-style-type: none"> - In collaboration with the mayor's office - Over 200 live memberships - In scoping to further reduce cost membership and expend eligibility criteria to increase reach.

	<p>Co-location Cardiac and Pulmonary Rehab services within Be Well.</p>	<ul style="list-style-type: none"> - In collaboration with Barts and Pulmonary Rehab services - Around 200 patients per annum - Improve physical outcomes and physical activity levels.
	<p>Transformation of existing programme like “Protected Hours” and “Young at Heart”</p>	<p>-In collaboration with the leisure operation and management team, these schemes will support the co-location and co-delivery of targeted physical activity interventions across all priority groups.</p>