

# Health & Wellbeing Board

6th February 2024

## Developing a Health Promoting Leisure service

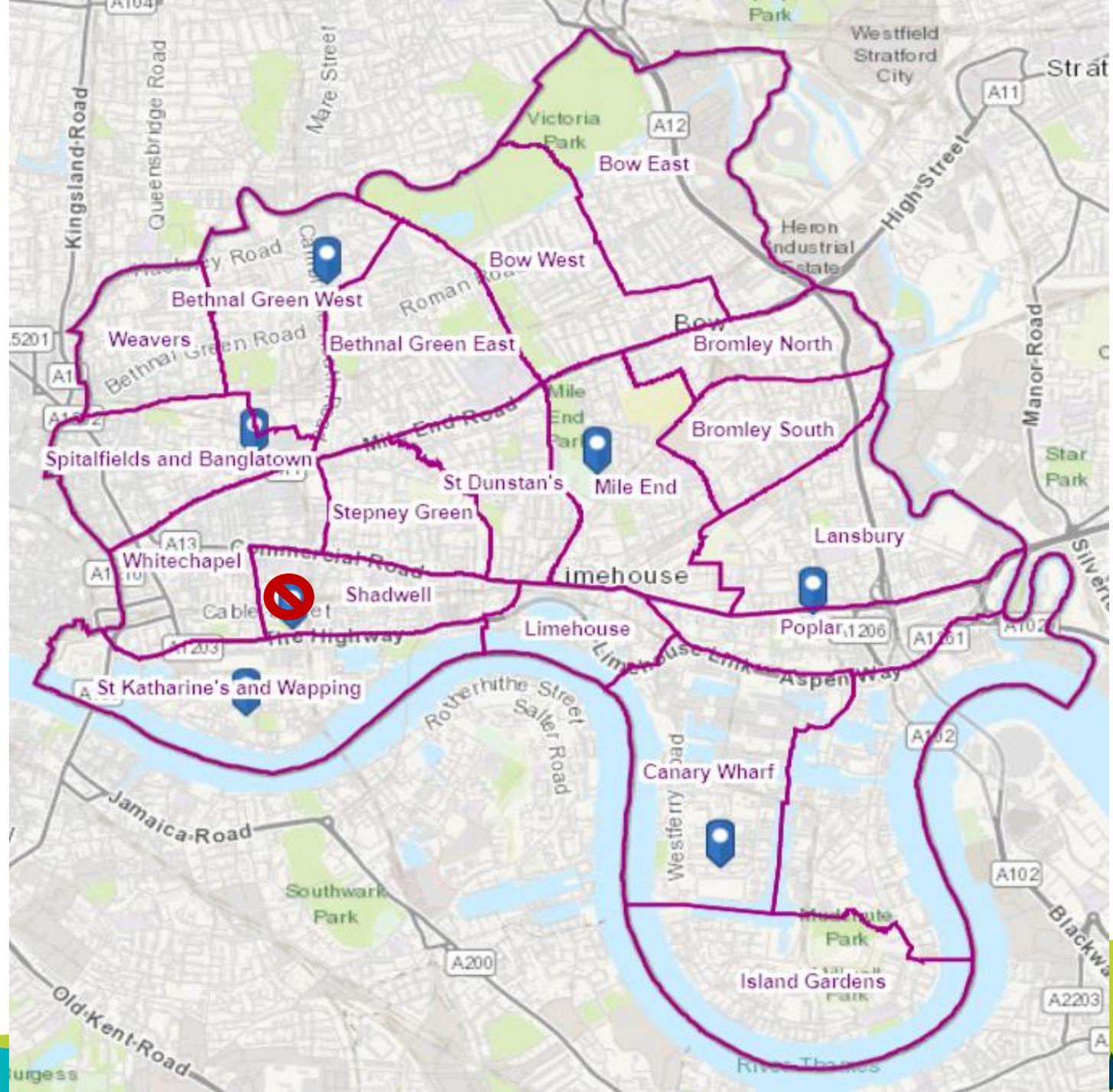
Draft Theory of Change



# The centres

## Starting at the top left:

- York Hall Leisure Centre
- Whitechapel Sports Centre
- St Georges Leisure Centre (*currently closed and in redevelopment – TBC reopening late 2026*)
- John Orwell Sports Centre
- Mile End Park Leisure Centre & Stadium
- Poplar Baths
- Tiller Leisure Centre



# Our Principles



The best of London in one borough			
A Tower Hamlets for Everyone	Equalities & inclusion	Smarter Together	
Tackling the cost-of-living crisis	Providing homes for the future	Accelerating education	Boosting culture, business, jobs, and leisure
Investing in public services	Empowering communities and fighting crime	Working towards a clean and green future	A council that listens and works for everyone
Partnership			
Outcomes focused			
Digital			
Fastest growing & most densely populated place in the UK			
Business districts generating third highest economic output in the UK			
We host some of London's best destinations			
We are a centre for world class learning and innovation			
We are a borough with a proud history of diversity, equality and inclusion			

- **Ensuring we listen to the whole community and design an offer that is equitable and commercially viable.**
- Using a range of ways to engage people at a time and place of their choosing – and to be clear what can be influenced and what is information sharing.
- Bringing ideas forward ahead of time for validation with local people.
- **Wherever possible, co-designing, testing and accepting solutions with the community.**
- **Using insourcing to build a more inclusive and holistic offer.**



# Why insourcing?



- “Once in a generation opportunity” to improve health & wellbeing and reduce health inequalities
- Opportunity to work with key internal and external stakeholders **including from health and social care sectors.**
- Change the focus to return on investment and measure of social impact.

## Phased Approach

1<sup>st</sup> May 2024:  
Business as Usual

Year 1 – review, pilot,  
& plan

Year 2 – shaped by  
year 1



# Why developing a theory of change?

- To provide a **joint strategic vision** on how the new leisure service will support health and wellbeing and who will be prioritised within the new offer.
- To agree with partners and stakeholders **how we will come together as a system to support and implement activities** that will address inequalities through supporting those most likely to benefit from being more active.



# Systematic process for developing a theory of change



- Reviewed our **data and intelligence** (e.g. physical activity, health inequalities etc.)
- **Engaged the community** and conducted resident feedbacks, user insights with various groups to understand people's needs and experience
- **Engaged with various partners** including primary care, secondary care, PH, ICB, VSC etc.
- **Reviewed guidance** (e.g. NICE, Sport England) and **best practice** from other areas.

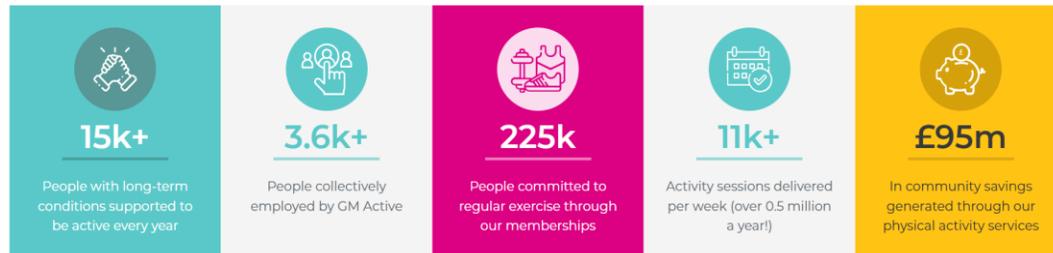


# Practice example: what might good look like?



## GM Active

- Shared strategic approach across Greater Manchester's leisure services
- Part of whole-system approach
- Focus on health and wellbeing, and on increasing activity for groups who face the largest health and physical activity barriers.
- Demonstrating results:



## Bromley MyTime Active

- Joint strategic approach
- Wide range of services from across H&SC – e.g. Dementia friendly, Exercise on Referral, Cardiac rehab and secondary prevention, pain rehab,
- Groups for SEND, older age, etc



## Health promoting leisure services

### Universal offer

- Wider physical activity offer, including branding & comms, workforce development and making it accessible.

### Commissioned/ targeted offer

- Specific pathways / EOR schemes for target groups

### Health & Wellbeing activities/services

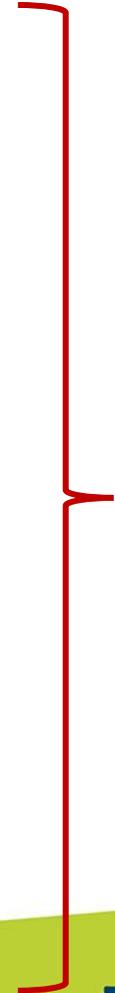
- Co-location of services (e.g. health, social care VCS etc.)



# Priority Groups to be supported by the new leisure



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



Targeted /  
Commissioned offer



# Developing a Health Promoting Leisure services



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	<b>Capability</b> <ul style="list-style-type: none"> <li>• People have the knowledge, skills, and ability to engage with the leisure offer</li> <li>• People feel supported and confident to be treated respectfully without discrimination.</li> </ul>	<b>Short-term</b> <ul style="list-style-type: none"> <li>• Increased numbers of patients referred or connected to physical activity interventions run by the leisure service by healthcare professionals and social prescribers.</li> <li>• Increased number of people from priority groups accessing the leisure offer.</li> <li>• Increased confidence, satisfaction and trust with the leisure services</li> </ul>		
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.				
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				
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.	<b>Opportunity</b> <ul style="list-style-type: none"> <li>• People have access to diverse, equitable, attractive, and affordable physical activity and H&amp;W offer appropriate to their needs.</li> </ul>	<b>Medium-Term</b> <ul style="list-style-type: none"> <li>• Everyone is aware of and has access to safe and social physical activity opportunities near their home.</li> <li>• Everyone who needs help to be physically active knows where to get it and is supported to find the right help</li> <li>• Residents and professionals are aware of the physical activity guidelines and the benefits of being physically active.</li> </ul>		
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.				
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/priority groups.	<b>Motivation</b> <ul style="list-style-type: none"> <li>• People feel motivated and empowered to engage with the offer and see it as a source of connection, belonging, and enjoyment.</li> </ul>	<b>Long-Term</b> <ul style="list-style-type: none"> <li>• Decreased rate of physical inactivity among priority groups</li> <li>• Increased social cohesion and cultural shift in the leisure being a health and well being space</li> <li>• Improved health outcomes from priority groups</li> <li>• Reduction in health inequalities</li> </ul>		
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. 4Global, HDRC etc) to collect and analyse relevant quantitative and qualitative data				

# Ask for the H&WB Board



- Do you have comments on the logic model?
- How can we come together as a system to support delivery of the logic model?
- How can we get engagement and commitment in your organisations to build pathways for priority groups?

