NIHR | Public Health Intervention Responsive Studies Team

# Be Active Birmingham

## An evaluation of equity, value, and future options for a programme offering universal free access to leisure facilities

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20 Years

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Birmingham City Council

# Background

## Be Active Birmingham

- **Free access** to leisure and wellbeing centres for **all Birmingham residents**.
- Activities include swimming, gym sessions and exercise classes.
- Evaluation focuses on **six council-run wellbeing centres**.

## Birmingham City Council's decision

- **Financial pressures** have prompted a review of the wellbeing service.
- Should Be Active continue as it is, introduce charges, target particular groups, or reduce provision… or something else?
- How can Birmingham City Council balance **financial sustainability, health benefits** and **equitable access**?

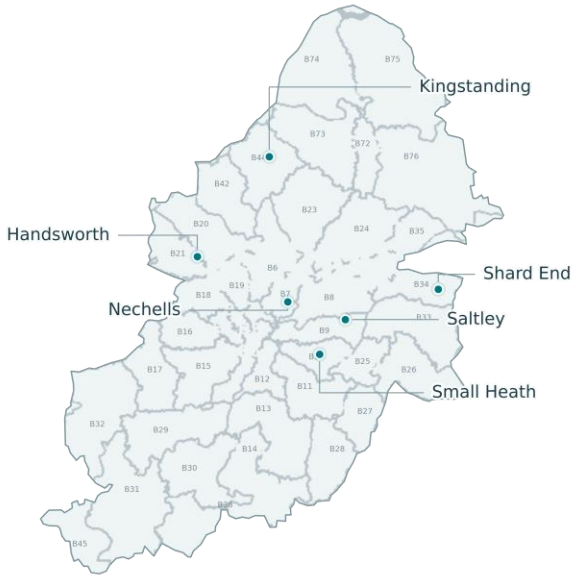


**Figure 1.** Locations of the six council-run leisure centres within Birmingham.

# What information did the council ask for?

## Who benefits?

- Does Be Active reach inactive residents and communities experiencing deprivation?
- Who misses out, and what barriers affect participation?
- Does the scheme help address inequalities?

## What value does it create?

- What health, wellbeing and social value does it provide?
- Is the scheme good value for money?
- What are the wider economic consequences?

## What should happen next?

- Should the council keep provision universal, target particular groups, introduce charges, or close some or all sites?
- How would these options change costs, participation, health and inequalities?



*Underlined questions were the main focus of the health economics analysis.

# How did we try and answer their questions? (1)

**1. Worked with York Health Economics Consortium (YHEC)**

- Built on existing partnership.

**2. YHEC proposed adapting an existing model**

- Adapt a physical activity model that YHEC developed to inform NICE guidance.
- Combine local activity data with published evidence to estimate health and wider economic effects.

**3. Finalised approach with Birmingham City Council**

- Considered economic modelling and Social Return on Investment (SROI).
- Council chose modelling to compare future funding and service options and inform redesign.

**4. Refined scope collaboratively**

- PHIRST South Bank, YHEC, and the council agreed which scenarios and outcomes to include and how to examine inequalities.

**…an iterative, pragmatic, and collaborative approach!**

# How did we try and answer their questions? (2)

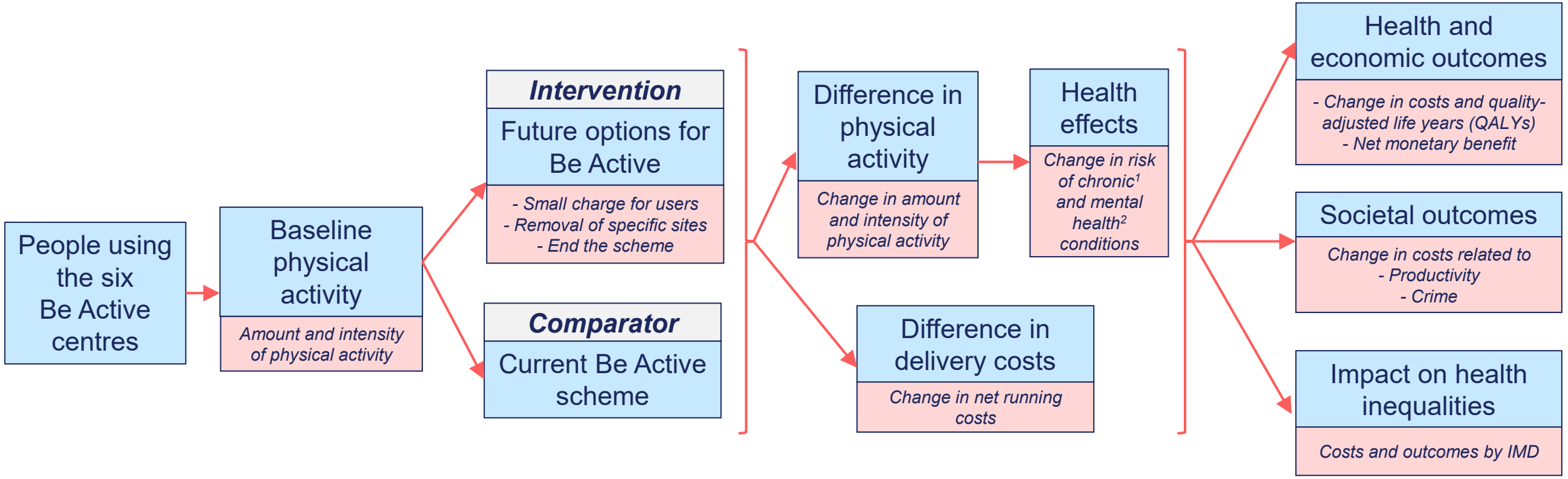


**Figure 2.** Simplified model structure.

**Abbreviations:** IMD, Index of Multiple Deprivation.
[1] **Chronic conditions:** stroke; diabetes; coronary heart disease; colon cancer; breast cancer.
[2] **Mental health conditions:** depression.

# What data did we need?

| Data source | Data needed | Use in model |
|---|---|---|
| **1. Primary data collected for the evaluation** | | |
| Participant survey | Activities attended and session frequency; reported alternatives if Be Active ended | To estimate activity through Be Active and potential replacement activity |
| **2. Routine service data** | | |
| Administrative programme data | Users and activities accessed at each centre; demographic information | To define model population |
| Running costs supplied by the Be Active team | Programme running costs by centre | To estimate differences in delivery costs between scenarios |
| **3. Published evidence and external datasets** | | |
| Published estimates and national statistics | Baseline activity; activity intensity; disease risks, mortality, quality of life and healthcare costs; sickness absence, crime and associated monetary values; Index of Multiple Deprivation (IMD) data | To translate activity changes into health outcomes, healthcare costs and wider societal costs; to examine results by deprivation |

# Were there any questions we couldn't answer?

**In short, yes… the available evidence shaped what we could answer…**

**For example:** would targeting Be Active at particular populations offer better value?

**Challenge:** the definition of targeting was still under development

- Potential target groups and delivery arrangements still under discussion.
- What groups would be eligible? How would this affect participation and delivery costs?

**What we could explore**

- Exploratory analysis varying assumed increased uptake and the additional cost of targeting.
- Identify combinations of uptake and cost that could offer value for money.

# How did we communicate methodology?

## Through ongoing collaboration and co-design

- Regular discussions between PHIRST South Bank, YHEC and Birmingham City Council.
- Early agreement on service options, analytical approach and what could realistically be answered.
- Discussion of key assumptions and limitations, and how they affected interpretation.
- Development of final outputs with input from the council, with clear explanations of methods and findings tailored to each audience.

# How will the evaluation be used?

**Evaluation in progress: expected completion January 2027**

- Interim findings presented to Birmingham City Council throughout the evaluation, with final findings to follow on completion.
- Integrated report bringing together HE findings and the other evaluation work packages.
- Evidence to inform decisions about future Be Active provision and service redesign.
- Economic model with adjustable inputs for council staff to test further options as the scheme evolves.
- Training offered by YHEC on using the model and interpreting its results.
- Academic paper planned to share findings more widely.

# Reflections and takeaways

### 1. Start with the decision problem

**Be clear about what you need evidence to decide** and agree with evaluators what should be compared.

### 2. Plan for evaluation when designing services

**Consider health economics from the outset**, so data on service costs, participation and outcomes are available for future evaluation. **Better data = better evaluation!**

### 3. Discuss data early with your evaluation partners

During scoping, **establish what data you hold** and **what needs sourcing elsewhere.**

### 4. Prioritise the evidence most useful to your decision

**Agree which questions matter most and how much certainty you need.** A narrower but focused analysis can still help you make an informed decision!

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# Thank you!

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