Intersectoral Action for Health in Urban Settings: Liverpool Active City 2005-2010

Abstract

Background: Working together across sectors to improve health and influence its determinants is often referred to as intersectoral action (ISA) for health. The Liverpool Active City strategy and action plan was launched in 2005 to boost levels of physical activity amongst the city's residents by bringing together partners from diverse sectors such as education, transport and civil society. **Methods:** The research material was based on semi-structured interviews with key stakeholders and on review and analysis of grey literature and media reports. A case study method (Yin 1994) was used to analyse the experience. **Results:** The results show that Liverpool Active City succeeded in boosting levels of physical activity among the city residents and demonstrate how intersectoral action benefited the goals of the programme and promoted common aims. **Conclusions:** Important lessons can be drawn from the experience of Liverpool Active City for public health professionals and policy-makers. Success factors include the involvement of a broad range of agencies from a variety of sectors, which reinforced a sense of partnership of the physical activity agenda and supported the implementation of activities. The experience also demonstrated how intersectoral action brought benefits to the physical activity goals of Liverpool Active City.

Keywords: Physical activity, health promotion, health policy

Introduction

This study focuses on a multisectoral intervention that aims to improve participation in physical activity at a population level in the city of Liverpool in the United Kingdom. Liverpool Active City is a coalition of physical activity projects and programmes that came together in 2005 to promote increased physical activity amongst the city's inhabitants, with an overall aim to improve their health by making "more people more active more often" (Liverpool Active City strategy 2005). This article examines how Liverpool developed and implemented its physical activity agenda, discusses how the programme grew from co-ordinating physical activity interventions to embrace a wider intersectoral approach, examines the evidence of impacts from perspectives of intersectoral action and physical activity, and concludes with an evaluation of results and lessons learned.

The basis of this study is the fact that noncommunicable diseases (NCD's) such as obesity, diabetes, cancers and cardiovascular diseases have become the leading causes of death globally (WHO 2011). At the same time, levels of physical inactivity have risen in many countries with major implications for the prevalence of NCD's and the general health of the population worldwide. World Health Organization (WHO) has identified physical inactivity as the fourth leading risk factor for global mortality (6% of deaths globally), the three

preceding risk factors being high blood pressure (13%), tobacco use (9%) and high blood glucose (6%). Furthermore, physical inactivity is the principal cause for approximately 30% of ischaemic heart disease burden, 27% of diabetes and 21-25% of breast and colon cancers. Increasing levels of physical activity can also contribute to a reduction in the rising levels of obesity. (WHO 2010a.) WHO's Global Recommendations on Physical Activity for Health (WHO 2010a) suggest that for adults, health improvements will occur when they have 30 minutes of moderate activity on at least five days each week, whereas children and young people's health will benefit if they are moderately active for at least one hour on at least five days per week.

Liverpool, a city of 435,000 inhabitants in North West England, has amongst the highest mortality rates and one of the lowest levels of life expectancy in the country. Most people in the UK are not active enough to benefit their health, but in Liverpool, fewer people are active than the national average. In the UK, obesity shortens average life expectancy by nine years and is estimated to be responsible for approximately 30,000 deaths per year. In Liverpool, over 130,000 sick days per year are thought to be directly related to obesity. (Liverpool NHS Primary Care Trust, 2008). As a result, the social and financial costs of inactivity are considerable.

Public policies aiming to improve health have to consider the complex net of interrelated factors. Given that the determinants of noncommunicable conditions are interrelated, covering a wide range of sectors and impacting at the same time on multiple diseases and conditions, they provide a fruitful entry point for identifying mechanisms of intersectoral action for health (WHO 2010b). The concept was introduced at the WHO International Conference on Primary Health Care in Alma-Ata in 1978, and is defined as "a recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone" (WHO 1997). Furthermore, the overall objective of intersectoral action for health is "a greater awareness of health and health equity consequences of policy decisions and organizational practice in different sectors and thereby move in the direction of healthy public policy and practice across sectors" (WHO 2011b). After the Alma-Ata conference, the discussion on the importance of intersectoral action for health has continued in the framework of several United Nations (UN) and WHO meetings. For example the Adelaide Conference and Statement on Health in All Policies in 2010 emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. More importantly, the 2011 High-Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases and the related political declaration recognizes the strong linkages of physical inactivity to the prevalence of NCD's, and urges member states to take action to reduce risk factors for NCD's through multisectoral measures (UN 2011). The concentration of population and the forced interaction of varied sectors of society in a

relatively small political arena make cities an ideal setting for untangling the impact of intersectoral action on health outcomes. (WHO 2010b.)

Despite being a widely recognized approach, evidence-based strategies of intersectoral action for health remain a challenge. This study answers to that need by documenting a case where intersectoral measures were used to impact on health in an urban setting. This study is one out of several case studies documented by WHO Kobe Centre under the theme of urban health and intersectoral action for health.

Methods

The research was carried out during spring 2011 following Robert Yin's (1994) case study research method. The research material is based on semi-structured interviews with key stakeholders, a review and analysis of grey literature including local and national government records, and media reports. Documents collated and examined included strategy and action plans, evaluation studies and survey reports.

The interview process ensured that the evidence generated accurately informed the case study story. Interviews were held with 13 key informants whose experience and roles reflected the intersectoral nature of Liverpool Active City . Interviewees included representatives from the health, education, sports and physical activity and transport sectors that comprise the leading actors who played key strategic, development, implementation and evaluation roles in the Liverpool Active City initiative. Interviews were structured to generate information and evidence about the key research questions including i. a. understanding how Liverpool Active City's agenda emerged and was developed, clarifying the structures and organisational arrangements that underpinned the programme and how they supported intersectoral actions, identifying the specific actions that contributed to Liverpool Active City's programme, understanding the roles and actions of key stakeholders and the way in which they contributed to intersectoral action, and generating evidence about what worked well, what worked less well, and why this was. The focus of the different interviews varied, reflecting the specific roles played by and the knowledge of key individuals and the organisations that they represented. Follow-up questions enabled comments and opinions to be probed further. Interviews took between one and two hours, and were recorded and factual information and key messages relating to the research themes were extracted. If there were discrepancies of fact or opinion between different interviewees, further clarification was sought.

Evidence from interviews was triangulated with further evidence derived from written reports and databases. Cross-referencing between interviews and other evidence was carried out to confirm accuracy. 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.

Development of the Liverpool Active City programme

Liverpool Active City was one of the first strategies in the country to bring together physical activity associated partners including the fields of sport, leisure services, health related activity, active transport, community-based activities and settings such as parks, schools and workplaces (Liverpool NHS Primary Care Trust, 2008). In June 2003, Liverpool First - the city's strategic partnership of public, private and civil society organisations - launched Liverpool First for Health and set the ambition to increase levels of physical activity amongst the city's residents. In 2004, the Liverpool Active City Strategy 2005-2010 and its associated action plan was developed. Launched in May 2005, they set out an intersectoral agenda "to make more people, more active more often". The intention of Liverpool Active City is to improve participation in physical activity at a population level, particularly amongst the many defined as sedentary, as that would generate the most significant health gains. Within this approach, several specific groups were identified during the initial consultation process where there were marked concerns about low levels of physical activity: school-age children and young people (especially females), young mothers, ethnic groups, older people, people with disabilities and middle-aged men. After defining the target groups, four key elements of the Liverpool Active City strategy and action plan were set: to increase the profile of active living in Liverpool; to improve the co-ordination of existing services; to ensure access to appropriate activities for all; and to ensure structural support for physical activity and integrate them with wider urban agendas. (Liverpool First, 2005)

Already in 2005, there was an array of good practices within Liverpool for specific interventions that aimed to increase levels of physical activity amongst the city's residents. Central to Liverpool Active City's strategy was a recognition that co-ordinating existing facilities, activities and resources related to physical activity, alongside new interventions, could secure added value and maximise benefits, At the outset, Liverpool Active City focused on branding the existing activities as part of its programme . The Active City Co-ordinator encouraged existing activities to become part of the Liverpool Active City brand. New projects had to be consistent with the strategy and complement existing activity. Funding for Liverpool Active City and its programmes mainly came from Central Government's Area Based Grant and the preceding Neighbourhood Renewal Fund, together with Sport England, the Primary Care Trust and City Council. Following the launch of the strategy and action plan, Liverpool Active City evolved in its scope and scale between 2005 and 2010.

Following the initial emphasis on branding and coordinating existing activity, a more comprehensive programme developed. This expansion was supported by the Liverpool Sports and Physical Activity Alliance (SPAA), set up in 2006, that put in place a wider partnership including civil society partners, responsible for developing and delivering Liverpool Active City's agenda. The SPAA is an intersectoral coordination mechanism (see

table 1) that comprises a range of stakeholders and managers involved in Liverpool Active City and in delivering physical activity interventions. Under the SPAA, Liverpool Active City focused on generating behavioural change amongst those who live a sedentary lifestyle. Within this overall approach, it placed 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 to support the voluntary and community sectors to boost their capacity to engage new participants and making better use of parks, open spaces and the natural environment to increase participation in sport and physical activity. The SPAA also established an extensive research and evaluation programme through Liverpool John Moores University to assess and inform the progress and processes of Liverpool Active City and to measure its impact. A priority of the SPAA was to ensure that residents in all parts of the city had opportunities to benefit from Liverpool Active City. In 2008, to facilitate this goal, locally-based Active City Co-ordinators were appointed to both coordinate and work to increase participation in physical activity in each of the city's five *Neighbourhood Management Areas* (NMA's) that were set up to improve the delivery of services across Liverpool. As of 2013, the SPAA continues to oversee Liverpool Active City, approve funding for projects and support the implementation of the City's physical activity strategy.

Liverpool Active City's six strategic objectives underline the intersectoral nature of its programme. They were to: 1) increase the profile of physical activity so that it is a cross cutting theme in all aspects of city-wide initiatives; 2) provide a coordinated approach to the delivery of physical activity opportunities with health, leisure, educational and community organisations working together; 3) 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; 4) ensure that the physical and social environment supports physical activity through housing and transport facilities and services; 5) provide educational and training opportunities for local staff and people to maximise activity delivery, leadership and job aspirations and 6) ensure that the work undertaken is fully researched, monitored and evaluated in order to enhance the physical activity evidence base.

To secure these objectives, four key targets relating to the increase of physical activity were set. They encompass evidence-based requirements for health improvement and targets set by the government. The targets for Liverpool Active City were to achieve by 2010: 1) a 5% increase in the proportion of people who are moderately active for 30 minutes or more three times per week; 2) a 5% increase in the proportion of people who are moderately active for 30 minutes five times per week; 3) a 5% increase in the proportion of children who are moderately active for 60 minutes five times per week and 4) the provision of a minimum of two hours per week high quality physical education for children in all local schools.

Impacts of the Liverpool Active City

In its initial phase, Liverpool Active City's main priority was to co-ordinate the delivery of continuing and new physical activity related services and interventions in Liverpool. As it developed, the strategy, its steering group and its delivery team oversaw the development and implementation of a comprehensive physical activity agenda engaging a wide range of partners (listed in table 2). Although there was a longstanding tradition of intersectoral action in Liverpool notably with the education sector, the physical activity agenda became integrated strategically with several other policy agendas in the city and further developed intersectoral measures to achieve common goals.

For example in 2008, Liverpool Active City became a key and integral strand of the city's obesity agenda that 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 was incorporated within the Healthy Weight Strategy for Liverpool 2008-2011, and the SPAA was incorporated into its organisational structure. As a result, physical activity has become 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 strand of the New Economics Foundation's – an independent organisation that works to promote economic well-being – five ways to health and well-being adopted by the city and promoted by the agenda. The agenda explicitly recognises the link between physical activity and mental well-being. Liverpool Active City also enhanced facilities for physical activity in schools.

Environmental benefits of intersectoral action were seen, for instance, through the increased use of city parks. The physical activity agenda has ensured that a health dimension has become an important part of the City Council's Parks and Recreation approach to maintaining and improving the city's various parks and green spaces. In practice, this has led to joint working between 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.

Intersectoral action also brought about enhanced transport and mobility plans within the city. Significant progress was made in ensuring that transport policy takes account of health and environmental priorities. Liverpool Primary Care Trust has worked closely with

Travelwise, the Merseyside[1] Transport Partnership's campaign that brings together partners from the transport and health sectors. A health and environmental 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. The strategy explicitly emphasises the aim to create a mobility culture that will reduce carbon emissions and promote health and well-being. The plan is badged with the city's Decade of Health and Well-Being logo. It was the first time that health and well-being had been given such a focus within the local transport plan.

Economic benefits of ISA were seen in the form of healthier workforces. Intersectoral actions to promote physical activity within the city are a hallmark of the tactic to engage employers and employees from the public, private and voluntary sectors to improve health-related behaviour for a wide range of lifestyle issues, 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 and promoting healthy travel planning for workplaces and workforces - including commuting to and from work.

The Liverpool Active City programme also 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 website also served to demonstrate the programme to the public and to professionals. Importantly, to maximise the cost-effectiveness of the available communications budget, organisers of major events in the city utilised the Liverpool Active City brand in their own promotional and marketing activities. Together these actions raised awareness of Liverpool Active City and the physical activity agenda amongst the public and professionals. It also demonstrated to decision-makers that the programme had a high profile.

Liverpool John Moores University led a comprehensive research and evaluation agenda. It has adopted the RE-AIM framework (2009) and PRECEDE PROCEED (1999) models to provide a structure and framework for the evaluation of Liverpool Active City programme. The RE-AIM framework sets five success criteria that can be applied to projets, programmes or inititatives. They relate to reach, effect, adoption, implementation and maintenance (Glasgow et al, 2006). Together with the Precede Proceed approach (Welk, 1999) this model serves to bring evidence and practice together in a planning and evaluation cycle. The rationale behind this approach is "evidence-based practice and practice-based evidence". The research and evaluation programme encompassed evaluations of specific interventions

[1] Merseyside is a metropolitan county comprising five metropolises including Liverpool.

utilising an audit tool to address the RE-AIM framework questions, for instance, to answer who the project reaches and how it reaches them, research to better understand the determinants of physical activity, assessing population impacts, reviewing progress and providing evidence to inform programme development.

The overall objective of the Liverpool Active City was to secure change in physical activity at the population level. To assess the impacts of the programme, Liverpool utilized the Sport England Active People survey - Sport England is a quango under the UK government's Department for Culture, Media and Sport. This randomised 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 to detect changes over time. Reflecting the targets set by the national government, the survey identifies the proportion of people who participate to moderate intensity sport and active recreation for at least 30 minutes at least three days each week. 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, and to enable data to be disaggregated to the neighbourhood management area (NMA) level (for the 5 NMAs in Liverpool).

According to the surveys, approximately 1 of 5 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% year on year. However, it is important to emphasise 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 governments targets and not on the more challenging, but from a health perspective more significant, target of 30 minutes per week on five days each week.

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 Liverpool Active City took particular steps to increase support and placed emphasis on boosting activity rates. The survey indicated that the population who were 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 enough to detect a statistically significant change.

In relation to physical activity for young people under 16 years old, the evidence from the national survey for the physical education and Sports Strategy for Young People (PESSYP)

suggests that the proportion of physically active young people has risen. For instance, survey data from 2008-2009 and 2009-2010 indicated that the proportion of young people in Years 1 to 11 who participated in at least three hours of high quality physical exercise and out of hours, school sport increased from 50% to 58% (TNS-BMRB 2010).

Although the range of survey data is not as strong as would be liked, various output data collected throughout the programme paint a compelling picture to suggest that the programme has got more people being more active more often. For instance, as of 2011, 55,000 people currently use Lifestyle Centres - municipal centres located across the city that offer a range of sporting and exercise facilitites, including gyms and swimming pools - a 43% increase since 2005. Also, over 1,000 new people per year attend "Walk for Health" - an extensive programme of walks led by qualified walk leaders for people of all ages, ability and fitness levels and 250 new people per year attend "Cycle for Health" - a project to encourage people in Liverpool to become physically active through cycling. Cycle leaders lead participants on regular cycle rides, Moreover, 91% of children (in years 3 to 6) participated in at least 120 minutes of curriculum physical exercise each week.

Conclusions

The Liverpool Active City experience highlights several important lessons for health professionals, local policy-makers and others involved in intersectoral and partnership approaches that seek to bring about health improvements in urban areas. The use of intersectoral measures created several benefits that contribute to Liverpool Active City goals and succeeded in integrating health sector with other sectors of the society. The health sector managed to create synergies between different strands of the health and well-being agendas and create common goals with other sectors, such as education, environment, transport and economic sectors.

Success factors include the involvement of a broad range of agencies from a variety of sectors in the development phase of the physical activity strategy that helped to foster a widespread sense of ownership of the strategy and its agenda. Also the setting up of the multi-agency steering group, the SPAA, reinforced a sense of leadership and partnership of the physical activity agenda and supported the implementation of diverse activities in a coherent way, secured resources and helped to maintain policy support. A 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 Liverpool Active City and that support for it has been maintained over many years. Moreover, 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 a population level and ensure inclusion. 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.

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 generate health improvement at the population level. 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 available and how to access them. The adoption of social marketing techniques has also helped to target messages more effectively. Furthermore, an extensive research and evaluation agenda, with external research expertise, 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 could be improved. 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, which has led to initiatives becoming more effective by taking into account and being more sensitive to the needs of such groups.

Liverpool Active City's experience also demonstrated how intersectoral action brought benefits to its physical activity goals. For example, the strategic integration of the physical activity agenda with wider obesity and other health goals ensured synergy between different strands of the health and well-being agendas. Intersectoral work around health and environmental goals allowed green spaces to become attractive settings for physical activity whilst boosting use of parks. Moreover, a close intersectoral collaboration between the public health, sport and education sectors was crucial to boosting activity rates amongst school-aged children and young people, and collaborative working between health and transport professionals and civil society campaign groups led to physical activity opportunities being incorporated within the city's transport and mobility plans. In addition, engagement with Liverpool's extensive workforce, by utilising workplaces as a setting for health promotion activity and to engage employers from across the local economy, was a key component of efforts to ensure a widespread approach to generating behavioural change.

There are also key lessons for future action and for policy-makers elsewhere that could have enhanced the Liverpool experience to date. For example, it is increasingly recognised that efforts to raise levels of physical activity amongst the population, to the extent that it can boost their health, requires physical activity to become part of people's everyday life, and not simply to 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 a significant step 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 health and well-being aspects into account. Also measuring change, in a way that can more accurately detect behavioural change at a 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 suggests will impact on health, could have enhanced understanding of the impact of the programme and informed policy making accordingly.

In the UK, 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 specifically with the help of the Foresight Report (2007) that explicitly championed the adoption of intersectoral approaches to bring about increased levels of physical activity at the population level. Also the Marmot Review (2010) of health inequalities that highlights the need to improve active travel – such as walking and cycling – across society, and National Institute for Health and Clinical Excellence guidelines (2010) have been important tools for policy-makers aiming to foster health through intersectoral measures.

Liverpool Active City experience is instructive for other cities wishing to progress 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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512 **Tables**

513

514 **Table 1. Sectors participating to the Liverpool Sports and Physical Activity Alliance (SPAA)**

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Education sector	Liverpool School Sports Partnership Liverpool Healthy Schools Liverpool Youth Service
Urban environment sector	City Council Planning Mersey Forest
Civil society	Liverpool Charity and Voluntary Services (Multi-Sectoral) Age Concern
Health sector	Local National Health Service (co-chair)
Sports and recreation sector	Liverpool City Council (co-chair) Liverpool Sports Forum
Academic sector	LJMU

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518 **Table 2.** Governmental and non-governmental sectors participating to the Liverpool Active
519 City programme

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Sector	Governmental	Non-governmental
Economy and employment		Health @ Work
Education and early life	Department for Education Liverpool School Sports Partnership Liverpool Healthy Schools Liverpool Youth Service	
Environment, infrastructure and transport	City Council Planning Department City Council Parks and Recreation	Arriva Bus Merseyside Transport Partnership Mersey Forest Friends of Reynolds Park
Housing and community development	Community Council	
Culture, sport	City Council's Sport and	Liverpool Sports and Physical Activity

and leisure	Recreation Services Sports Strategy for Young People City Council leisure centres Sport England	Alliance (SPAA) Liverpool Sports Forum Liverpool FC Everton FC Sportslinx Liverpool Charity and Voluntary Services
Health and social	Public Health Department of Liverpool Primary Care Trust	Age Concern
Media and advertising		
Academic	John Moores University	

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