Physical Activity Summit
Increasing Physical Activity is Everybody’s Business

14th November 2016, Health & Wellbeing Innovation Centre, Truro

Final Report
**Programme**

### Morning Session – Enabling an Active Society

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<tr>
<td>9.00 – 9.20</td>
<td>Arrival &amp; Registration</td>
<td>Reception</td>
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<tr>
<td>9.30– 10.15</td>
<td>Welcome &amp; Introductions – Dr Iain Chorlton (Vice Chair, Health &amp; Wellbeing Board)</td>
<td>Perranporth</td>
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<td></td>
<td>The Health Case – Caroline Court (Acting Director of Public Health, CIOS)</td>
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<td>The Economic Case – Mark Duddridge (Chair, CIOS LEP)</td>
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<td>The Social &amp; Community Case – Kate Kennally (Chief Executive, Cornwall Council)</td>
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<td>10.25– 11.10</td>
<td>Delegates allocated one of the following sessions:</td>
<td>Polzeath</td>
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<td>Option 1. Early Years – Brian O’Neill (Public Health, CIOS)</td>
<td>Porthcurno</td>
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<td>Option 2. Children &amp; Young People – Ravi Jaipaul (Public Health, CIOS)</td>
<td>Portscatho</td>
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<td>Option 3. Adults – Gwyn Williams (Public Health, CIOS)</td>
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<td>Option 4. Older Adults – Noreen Orr (Exeter University)</td>
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<td>11.10– 11.20</td>
<td>Refreshment break</td>
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<td>11.25– 12.10</td>
<td>Delegates allocated one of the following sessions:</td>
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<td>Option 5. Transport – Simon Murray/Sam Pickard (Sustrans)</td>
<td>Porthcurno</td>
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<td>Option 6. Outdoors &amp; Environment – Andy Parsons (SW Lakes Trust)</td>
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<td>Option 7. Built Environment – Rebecca Lloyd-King (Cornwall Council)</td>
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<td>Option 8. Technology, Marketing &amp; Communications – Sarah Bell (Exeter University)</td>
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<td>12.10 – 1.00</td>
<td>Lunch &amp; Networking</td>
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### Afternoon Session – Place-based Action on Physical Activity

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<tr>
<td>1.00– 1.25</td>
<td>Welcome &amp; Introductions – Cllr Jeremy Rowe (Chair, Health &amp; Wellbeing Board)</td>
<td>Perranporth</td>
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<td>The National Perspective – Duncan Selbie (CEO, Public Health England)</td>
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<td>Place Based Approaches – Craig Handford (Cornwall Sports Partnership)</td>
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<td>1.30 – 2.45</td>
<td>Group 1 – Gwyn Williams (Public Health, CIOS)</td>
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<td>Group 2 – Mike Thomas (Cornwall Sports Partnership)</td>
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<td>Group 3 – Tim Marrion (Cornwall Sports Partnership)</td>
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<td>Group 4 – Craig Handford (Cornwall Sports Partnership)</td>
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<td>2.50-3.15</td>
<td>Increasing PA is everybody’s business: making it a reality - Mike Thomas (Director, Cornwall Sports Partnership)</td>
<td>Perranporth</td>
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<td>Closing Statement - Cllr Jeremy Rowe (Chair, Health &amp; Wellbeing Board)</td>
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Executive Summary
Thank you to everyone who contributed to Cornwall’s first Physical Activity Summit. The aim was to bring together a wide variety of cross-sector partners under this single theme and to begin a movement from strategy to action. As we said at the time ‘Increasing physical activity is everybody’s business’ and to this end the summit was a great success.

About this summit report
Reducing physical inactivity and moving more people towards the recommended levels of physical activity has wide reaching significance. Keynote contributions have now set the stage and have reinforced the important contribution to be made in delivering on some of the big health, social and economic challenges facing the county.

We now have a set of evidence-based recommendations and stakeholder comments about priorities, partners and measures aimed at increasing physical activity across the life course and utilising a range of enablers. In addition, we have a vision for what ‘Active Communities’ might look and feel like and have started to define how this approach could be implemented locally.

Crucially, we have groups of people and services that have stated their interest in particular themes and have expressed their commitment through a range of pledges for action which some have already started to enact. This is a great starting point, so, what happens next?

What are the next steps?
The next step is to encourage you to stay involved (or get involved) and contribute to the theme or themes where you think you can make the greatest impact. In the following pages you will see the outputs from each themed workshop, which now need to be worked into a coherent action plan.

1) Steering groups for each theme now need to be created and the next step is to assemble a group of individuals or representatives of services who would like to play a role in driving the strategy forward under their chosen theme. These groups will develop an action plan using the recommendations and the outputs from the summit to identify tasks, timelines, key partners and measures.

At this early stage as is to be expected some themes are already well advanced and others have not yet started. However if you are not yet engaged and would like to be then let us know and we will ensure that you are able to make an input. Contact us at physicalactivity@cornwall.gov.uk

2) Developing the workforce to support the delivery of the strategy is also critical to success and understanding behaviour change is at the centre of this. We will begin to develop resources and roll out training for organisations and their staff who are committed to supporting the 50,000 target. If you are interested to discuss training opportunities around the PA strategy please contact us at physicalactivity@cornwall.gov.uk

3) Connecting stakeholders together is essential and it is our intention to keep you informed on a regular basis as well as give recognition to all the good work that is going on. This will be one of the key objectives of the communications group going forward. In the meantime the latest information can be found at www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/physical-activity-strategy

Physical activity is everybody’s business, give a little or give a lot, but get involved, it’s going to be a great journey!

On behalf of the, Physical Activity Leadership Team
**The Health Case**  
**Caroline Court (Acting Director of Public Health, CIOS)**  
- Behavioural patterns are the largest single contributor to premature death  
- Physical inactivity is one of 5 behaviours leading to 5 diseases which cause 75% of deaths and disability  
- The UK has one of the highest levels of inactivity in the developed world, higher than the USA  
- 58% of adults in Cornwall reach the CMO guidelines of 150mins moderate activity per week  
- The annual cost of inactivity in Cornwall is estimated at £100 million

**The Economic Case**  
**Mark Duddridge (Chair, CIOS LEP)**  
- Employers have good reason to invest in the health and wellbeing of their people and the extended community  
- A healthy and happy workforce reduces sickness absence and is good for productivity  
- Physical activity can be a powerful vehicle to improve confidence, motivation and develop transferable skills in employees and those seeking employment  
- In addition to cost savings to services there is potential for related growth in the health, technology and tourism sectors

**The Social & Community Case**  
**Kate Kennally (Chief Executive, Cornwall Council)**  
- Increasing levels of physical activity has an important role to play in our ambitions for Cornwall  
- We will need to work together in a more joined up way, finding smarter ways to encourage people to be active  
- Resources are tight but we spend a large amount of money and need to think differently about how this is best deployed  
- Our Devolution Deal and STP will help us make progress towards these ambitions, particularly in the areas of health and social care  
- We have made an important step towards getting 50,000 people more active with the award of a new leisure contract

**The National Perspective**  
**Duncan Selbie (CEO, Public Health England)**  
- NHS is not the most important factor for good health  
- Social circumstances (employment, housing etc.) and lifestyles have a much greater impact on individual health  
- The key is empowering people and communities to take responsibility for managing their health  
- The physical activity strategy is really a health strategy for Cornwall
Facilitator - Brian O'Neill (Public Health Cornwall Council)

In attendance - Alison Brown (Royal Cornwall Hospitals Trust), Amelya Lyndsay (Cornwall Sports Partnership), Andrea Haynes (Cornwall Partnership Trust), David Barton (Cornwall Association of Secondary Head teachers), Denise Gladwell (St Breock Primary School), Helen Riley–Humphrey (Cornwall Council), Jenna Cole (Cornwall Sports Partnership), Philip Waters (I Love Nature), Rachel Knott (Cornwall Sports Partnership), Rebecca Lloyd–King (Cornwall Council), Robert Harrison (Cornwall Sports Partnership), Svenya Haffenden (The Cornwall College Group), Beth Chapman (Cornwall Partnership NHS Foundation Trust), Emma Moore (Mid Cornwall Sports Network/Poltair School), Faye Endean (Cornwall Sports Partnership), Joe Taylor (The Wave Project), Lewis Jones (Health Promotion Service), Simon Murray (Sustrans).

Given the current recommendations, what are the priorities for action in the first 12 months?

- Socialise the CMO guidelines within early years settings and PAS
- Training of EY staff and volunteers including conference based on PA
- Information sharing with other key providers e.g. leisure/soft play
- Messages to families – early childhood experiences within families are missing. The role model aspect needs to be linked to Adult activity section. Parents also need to know what the expectations are, glossy poster visual in every setting, map family based activities to environments where families go, get active website to cover life course
- Map and target where the inequalities are, identifying children not accessing EY settings or at risk of not accessing, use DWP list for 2 year olds to send information to disadvantaged families
- Target children who arrive in school with lower skill base emotionally or physically
- Transition workshops between EY providers / parents / schools
- Children’s centres/Health Visitors / midwives + GP’s – key sign posting role (to disadvantaged families)
- Define EY plan to underpin Time2Move – get the message right / simple
- Every child to have a bike
- Is there a baseline PA profile consistently used?
- Use of childcare settings to deliver under 2’s Ofsted covers this already?
How will we know that we are making progress towards the stated recommendations?

- 2 year health visitor check – opportunity to ask about child & family activity – healthy weight as a proxy
- EYFSP
- Early year pupil premium targeted on outdoor opportunities
- Primary school assessment – access & analysis of the data?
- Town & Parish “snapshot” data – unintended consequences agenda for development
- Leisure operator – about who is taking up activity
- Fit to Play / Run Motorskills etc. Time2Move as a baseline
- Use of tech / app – national pilot 60 mins a day. Cornwall data
- Family based app – incentives wristband (smiley faces)
- Self-reported system / supported by pedometer or fitbit
- Virtual management / virtual team challenge
- Youth Support Trust (Marcle 17) are producing a CAT – Child Activity Tracker
- Every child to have a bike / wellingtons exchange (food banks)
- PA “passport” for child & parent 50/50 – contract on enrolment
- Award / celebration annually for PL PA
- PA milestones & support – I Can
- What weighting is given to PA in EY settings?
- Do potential risks prohibit PA in EY?
- Data leads? Who is going to have oversight of the long picture?

How might we take these recommendations forward from here and who can / should take the lead?

- Establish these consistently across all professionals
- Training & workforce development
- Public health should widely publicise EY milestones for PA – very visual – social media e.g. How to give your child extra years of life
- Target parents – especially vulnerable families and support as part of readiness for school. Development DWP list targeted support FIS area could be developed - Carol Kimberley
- Roles for – Public Health/health promotion + CC, STP input into roles & resp in health
- children’s centres / health visitors / family support workers
- GP’s – social prescriptions
- Leisure providers - to provide adult activities alongside school children programme
- 2 year check data owner
- Schools / academy trusts
- CSP – website & T2move
- CAPH
- Where is the accountability – H&WBB for outcomes & driving
- Active village award / active buddies

It’s everybody’s business - Want to learn more or get involved in making this theme a reality?

Please e-mail: physicalactivity@cornwall.gov.uk
Facilitator - Ravi Jaipaul (Public Health, Cornwall Council)

In attendance - Alice Barker (National Trust), Andy Parsons (South West Lakes Trust), Lara Snowdon (Public Health England), Mark Stevens (Truro & Penwith College), Martin Symons (Tempus Leisure), Philip Timings (South West Lakes Trust), Richard Allen (Tempus Leisure), Heidi Morgan (Eden Project), Emma Seward-Adams (Truro and Penwith College), James Davies (Cornwall Sports Partnership), Kayley Lane (Coach Makers), Lewis Sanders (Cornwall Sports Partnership), Peter Hughes (Young People Cornwall), Rebecca Lyle (Cornwall Council), Sam Pickard (Sustrans), Tim Wotton (DCH), Kate Pordage (Health Promotion Service), Neil Eddy (Mounts Bay Academy), James Clarke (Tempus Leisure), Daniel Lugg (Peninsula School Sport Partnership), David Richard Parr (Cornwall Bowls Alliance), Michelle Penhaligon (Truro & Penwith College)

Given the current recommendations, what are the priorities for action in the first 12 months?

Ensure that all young people are aware of health related issues and are supported to make informed choices to engage in an active and healthy lifestyle within and beyond the school day.

Reinforce the need for joint responsibility and local partnerships involving schools, parents and the community.

Ensure opportunities are available after school, at weekends, during half-term breaks and during the longer school holidays making best use of school and other community facilities.

Focus interventions on key ages/transition points as well as understanding and meeting the unique needs of specific target groups particularly the least active and girls.

Maximise the contribution of sport and physical activity to improving resilience in young people building on the work of the Headstart Kernow project.

Active commute – walking routes

Research into segmentation – what’s the benchmarking
How will we know that we are making progress towards the stated recommendations?

- NCMP
- Active People/Lives
- Time2Move audit/Review T2M commitment and continue to monitor
- SHEU survey – could it be compulsory, does it include active travel?
- Headstart Kernow
- Have same survey from nursery through to colleges to ensure comparison
- What they think? (YP & children)
- 5 ways to wellbeing adapted for YP
- Passport e.g. childrens uni
- Pokemon go type application
- Make it integrated
- Continuous review of sessions
- Number of sessions / clubs throughout the county and number of visits they attend during the year – why are they coming back
- Amount of different sessions they attend
- Can clubs feed back to CSP about who is joining / what the take up is
- Consistency in Data – who collects, what and where is it?

How might we take these recommendations forward from here and who can / should take the lead?

- Upskilling of staff – colleges, HE/FE activators – CSP
- Active commute – STP
- Buy in from Youth Conference to support – small working group
- Make secondary schools better spaces for PA
- Promote natural spaces
- What providers work with YP and children?
- How will things change in the future – driverless cars?
- CAPH/SGO’s / CSP / anyone please
- Local Authority
- Social care
- Schools (teachers)
- Young People – inform ways of using mechanisms / innovations to capture interest & measure impact
- What would get the non-active child active?
- Use PA as a theme instead of sport / PE and incorporate in all lessons
- Need to link PA into academic achievement to ensure buy in
- Clubs
- Businesses
- Volunteers – college activators
- NGB’s
- Parents (educated) / carers / grandparents
- Health Services
- Student Unions
- GP’s
- Parish / town councils
- Voluntary / community groups
- Community need to lead it – particularly YP themselves

It’s everybody’s business - Want to learn more or get involved in making this theme a reality?

Please e-mail: physicalactivity@cornwall.gov.uk
Focus interventions on those who are inactive, on low incomes and in deprived areas with specific emphasis on overweight males (16-34yrs) and women (16-25yrs and 55-65yrs).

Promote the importance of muscle strengthening activities particularly with females and older males.

Maximise the contribution of sport and physical activity to improving common mental health disorders in adults, particularly men e.g. MIND Get Set Go

Support and incentivise employers to embed regular physical activity in the workplace as a benefit of employment and as part of wider health and wellbeing initiatives, particularly in public sector organisations and SMEs.

Ensure that risk assessments in clinical care pathways consider physical activity interventions including the development of brief advice following NHS Health Checks and referral to quality assured local exercise specialists/physical activity programmes.

Facilitator - Gwyn Williams (Public Health, Cornwall Council)

In attendance - Alex Clifton (Carn Brea Leisure Centre Trust), Andy Mitchell (Cornwall FA), Colette Beckham (Cornwall AONB Partnership), Dave Lee (Public Health England), Gareth Walsh (Cornwall Council), Jane Davies (Cornwall Area of Outstanding Natural Beauty), Jennie Lacey (Inclusion Cornwall), Kirsty Davies (Cornwall College), Natasha Howard (Cornwall Sports Partnership), Pat Morris (Falmouth Cornish Pilot Gig Club), Phil Thomas (Tempus Leisure), Rachel Wigglesworth (Cornwall Council), Sam Taylor (Sofadodger), Shevaughan Tolputt (Public Health Cornwall Council), Sue Allen (Cornwall disAbility football league), Suzie Igoe (Truro and Penrith College), Tim Marrion (Cornwall Sports Partnership), Tim Webb (Tempus Leisure), Victoria Kierkegaard (Vixystrawberry), Rebecca Lyle (Cornwall Council), Sarah Cowburn (BODEEWORX CIC), Charlotte Hill (Cornwall Council)

Given the current recommendations, what are the priorities for action in the first 12 months?

- Normalising physical activity, part of everyday life
- Communicating / educating – why do we need to do it?
- Mapping – what’s out there?
- Use of “overweight” labelling not encouraging
- Focus on intervention to engage those not active
- Identify and raise awareness of target groups / deprived areas - Rural
- Key roles of those working with target groups – mapping
- Awareness raising / motivating / mentoring / empowering
- Cost implications – incentives
- Support and incentivise employers (organisations and SME’s) to embed regular physical activity in workplaces
- Employers / workplace health – active travel / engagement / flexible travel / mental health
- Make it easy
- Connectivity
- Joining communities
- Family based
- Culture
- Working with GP’s / healthcare professionals / colleges / schools
- Translating plan to reality
How will we know that we are making progress towards the stated recommendations?

- Consistent and standardised measures both quantitative (appendix of strategy) & qualitative. Baseline starting point is key
- Increase in achieving CMO guidelines - Active Lives data
- Pedestrian / cycle data
- Data on specific topics – IHD / Stroke / mental health referrals
- GP data / measures
- Numbers Health MH Pathways – focused on certain interventions & localities
- PHIL referrals
- IMD – quantitative
- Participation in sport / active events / sports centres / networks
- Workplaces – How many employers signed up, number on HWP & recognition / PA certificate / sickness days
- Individual stories linked to business case
- Partners initiatives
- Questions groups / partners
- Measuring the performance of interactions
- Qualitative course – evaluation feedback
- Fitbit use of technology
- Integration
- Core questions

How might we take these recommendations forward from here and who can / should take the lead?

- All of us – one and all/All partners to commit through action plan
- GP’s - clinic named individual to lead in each clinic – health centre model – hub
- CC/NHS/Public Health / leisure / outdoor / LEP
- Employers - Major companies show leadership, use NHS and Cornwall Council as first wave adopters. Active engagement/mentoring with SME’s via LEP, Growth hub & chamber of commerce key
- Workplace health coordinators/ambassadors/champions within companies on a similar level to those you are targeting.
- Social enterprise
- Community premises
- Social housing
- CSP & Get Active Challenge
- Education/FE/HE
- Strategic Lead?
- Health and wellbeing board oversee, coordination

It’s everybody’s business - Want to learn more or get involved in making this theme a reality?

Please e-mail: physicalactivity@cornwall.gov.uk
Facilitator - Noreen Orr (University of Exeter)

In attendance - Adrian Tyas (Truro Running Club), Grace Dibben (University of Exeter Medical School), Helen Tite (Core Health Consultancy), Jade Leahy (Guide Dogs UK), Jim Barrett (Sport England), Juliet Walker-Shepherd (Optimum Physiotherapy and Pilates), Leon Whitehouse (Truro & Penwith College), Peter Ronald Long (Traditional Anglican Communion), Steve Fenney (Optiadapt), Gareth Dix (Tempus Leisure), Richard Allen (Tempus Leisure), Ruth Garside (University of Exeter Medical School), Allan Robert Food – (Walker Lines Gymnasium Trust), Dan Bloomfield (University of Exeter), Lesley Pallet (Cornwall Partnership Trust), Sarah Buckingham (University of Exeter Medical School), Simon Ridd (Sport England)

Given the current recommendations, what are the priorities for action in the first 12 months?

- Understanding about care homes “the market”. Get the business involved – staff etc.
- Influence quality standards for Care home and providers to include physical activity e.g. in CQC or local commissioning
- Need for trained activity coordinators in homes
- Use local colleges to provide training and seek out work experience
- Extend to include other environments – DAP – residential flats
- STP to include support in integrated care teams to promote physical activity – via champion locally work with GP SW champion
- Challenge to incorporate activity into sedentary pursuits – again need trained coordinators
- Priorities as the order of recommendations above
- Promotion – more info and vehicle to promote – GP surgeries & local radio
- Use local comms to target 60+ message and activities including “social”
- Audit of existing community PA projects. Identify good practice or GAPS by locality
- Potential of opportunities for young people linking with older people e.g. table tennis
- Ask Volunteer Cornwall to lead volunteer programme recruit 60+ to be PA coaches and partner up to mentor / support less active
- Outreach leisure leaders / providers in rural community (to be sustainable in long run)
- Integrate – what is currently in place – needs – options
- Use existing expertise e.g. PT’s, referrals
- Education of older adults – self-sufficiency
- Mentoring to build confidence
- Support in applying for personal care budgets for getting best use of them
- Understand the barriers
How will we know that we are making progress towards the stated recommendations?

- Active lives/County survey – lifestyle changes
- Monitoring by care commission and local authority as licensing body
- Vocational training budget of care home staff used to support PA facilitation skills – baseline and outcome data at multiple points
- Hours spend doing PA in care homes
- Long life in care homes
- Study on impact of local programmes with bespoke partners inc. new leisure contract
- Recording numbers on programmes / activities
- Increase in GP’s prescribing PA alongside traditional treatments incorporate in health checks more effectively
- Fewer calls to health service
- User older peoples forum
- Improvements in self-reported health outcomes e.g. BMI
- Decrease in self-reported barriers to doing PA
- Diversity of older adults reporting PA
- Number of mentor – older adults partnerships forged
- Range of spaces in which older adults report being active

How might we take these recommendations forward from here and who can / should take the lead?

- No budget so need innovation to avoid status quo in system. Talk to people who are already doing this.
- Make fuller use of community facilities/local centres – village halls as well as gyms & outdoors
- Recruit Champions
- Support for carers
- Need for PA “portal” – information
- Review GP health check etc. referral progresses, social prescribing, patient choice
- Liaising with local charities, businesses etc. who could be involved in patient referrals e.g. Eden, walking groups, yoga / pilates etc.
- Get Baseline data – then build monitoring into routine annual check ups
- Recognise heterogeneity in this age groups
- All organisations need to take responsibility
- Conductor and orchestra – agencies – service deliverers / Customer – needs / motivation
- Cornwall council as licensing authority should take the lead
- Quality care commission should assess
- Local sporting organisations could lend support (if encouraged)
- CSP – provide coordination

It’s everybody’s business - Want to learn more or get involved in making this theme a reality?

Please e-mail: physicalactivity@cornwall.gov.uk
Facilitator – Andy Parsons (South West Lakes Trust)

In attendance - Alice Barker (National Trust), Andrea Haynes (Cornwall Partnership Trust), Beth Chapman (Cornwall Partnership NHS Foundation Trust), Brian O’Neill (Cornwall Council), Colette Beckham (Cornwall AONB Partnership), David Barton (Cornwall Association of Secondary Headteachers), Heidi Morgan (Eden Project), James Clarke (Tempus Leisure), James Davies (Cornwall Sports Partnership), Kate Pordage (Health Promotion Service), Kayley Lane (Coach Makers), Mark Stevens (Truro & Penwith College), Neil Eddy (Mounts Bay Academy), Noreen Orr (University of Exeter), Pat Morris (Falmouth Cornish Pilot Gig Club), Peter Hughes (Young People Cornwall), Philip Timings (South West Lakes Trust), Philip Waters (I Love Nature), Rachel Wigglesworth (Cornwall Council), Sue Allen (Cornwall disAbility football league), Suzie Igoe (Truro and Penrith College), Duncan Smith (TfL Training/Peagus Award), Lara Snowdon (Public Health England), Craig Handford (Cornwall Sports Partnership)

Given the current recommendations, what are the priorities for action in the first 12 months?

- Bring key players/partners together to develop networks and maximise potential: health, research, sport, environment – identify who they are
- Review of assets and existing activity extremely important. Map and promote opportunities already in place, where and how. Scale-up existing good activity.
- Research and identify barriers/motivations around people accessing what is being promoted
- Ensure sustainability of intervention via protection/maintenance of environmental areas inc. cycle/walking routes. PA intervention could = maintenance with value of volunteering
- Involve ‘health’ including mental health providers
- Work with schools to provide access – make staff aware and buy into it
- Get Sustrans involved at planning stage
- County wide and local initiatives
- Instil community ownership of PA strategy and activate communities to do this
- Prioritise movement in everyday life
- Engage at a digital level e.g. Pokemon Go!
How will we know that we are making progress towards the stated recommendations?

- Standardise monitoring framework across organisations. SMART Targets
- Before/after physical activity survey/population data - Active People/Lives
- MENE data/No. of people accessing natural spaces/Visit number counters
- Health and wellbeing outcome data e.g. prescribing data e.g. antidepressants
- Take-up intervention/organised events - physical numbers taking part
- Qualitative data – Public perception, awareness and expectations about recommendations and activity levels
- Organisation adopting strategy – signing up for it
- Focus/Community group
- Feedback sheet
- Log book
- Understanding partnerships
- Mile a day – extend to natural environments
- Small grants funds – don’t over justify
- Developed relationships between academies and businesses to evaluate
- Big role of technology

How might we take these recommendations forward from here and who can/should take the lead?

- Clear plan and pathway
- Importance of ownership, responsibility, shared objectives with key stakeholders (who are they)
- OK to have short term projects as well as long term sustainable change
- Encourage community champions paid/unpaid
- Promoting to businesses – outcome of healthy workforce
- Give every child a pedometer and creating attractive challenges
- Health and wellbeing board
- CSP – outdoor set up forum
- Local authority?
- Local nature partnership?
- National trust
- Duchy of Cornwall estate
- Private owners (land owners)
- Schools – CASH/CAPH on board
- Participants
- Businesses/business owners – employees.
- Parish councils/local networks and organisations, activating networks of volunteers

It’s everybody’s business - Want to learn more or get involved in making this theme a reality?

Please e-mail: physicalactivity@cornwall.gov.uk
6 Urban Planning and Design – Environments that promote and encourage physical activity are planned and designed.

Identify a physical activity champion from within the local planning department to promote the importance of developing active environments.

Support planners, architects, developers etc. to design a built environment that encourages physical activity, utilising healthy urban planning, planning policy and agreements, traffic control etc.

Conduct a review of public buildings and spaces to evaluate their current potential to support healthy lifestyles.

Ensure planning applications for new developments prioritise the need to provide opportunities to be active and assess in advance the likely impact on physical activity levels.

8 Facilities – Facilities to support the delivery of physical activity outcomes are provided and maintained

Complete an extensive audit of the total facilities stock capable of supporting physical activity outcomes in Cornwall including current usage. This should build on the recent reviews of playing pitches and leisure facilities to include schools, communities and the private sector.

Work with facility providers to identify underused space and resources during the day time that could be used for free/subsidised activity with particular emphasis on target groups.

Ensure that procurement of local leisure services requires providers to outline contribution to physical activity outcomes as a priority.

Explore the feasibility of creating health and wellbeing hubs providing integrated community health and social care with co-located services.

Facilitator - Rebecca Lloyd – King (Cornwall Council)

In attendance – Alex Clifton (Carn Brea Leisure Centre Trust), Alison Brown (Royal Cornwall Hospitals Trust), Amelya Lyndsay (Cornwall Sports Partnership), David Richard Parr (Cornwall Bowls Alliance), Gareth Walsh (Cornwall Council), Helen Riley-Humfrey (Cornwall Council), Kirsty Davies (Cornwall College), Lewis Sanders (Cornwall Sports Partnership), Martin Symons (Tempus Leisure), Michelle Penhaligon (Truro & Penwith College), Tim Marriott (Cornwall Sports Partnership), Tim Webb (Tempus Leisure), Tim Wotton (DCH), Adrian Tyas (Truro Running Club), Dan Bloomfield (University of Exeter), Daniel Lugg (Peninsula School Sport Partnership), Gareth Dix (Tempus Leisure), Leon Whitehouse (Truro & Penwith College), Simon Ridd (Sport England)

Given the current recommendations, what are the priorities for action in the first 12 months?

- Joining up policies – supporting local plan/neighbourhood plans
- Ensure this is central to each and every local plan – encouraging and implementing use of local resources and facilities e.g. walking routes, access to fitness facilities (in or out classes)
- Promote planning/design guidelines for physical activity to department
- Raise awareness of physical activity and utilise (physical activity) expertise in planning process inc. physical activity impact assessment – as part of a championed planning process
• Planning / housing associations/ commercial/ developments (new and current stock) to include active outdoor space e.g. activity area, green spaces, ped/cycle links, employment space, walking route to school
• Councils to review public buildings and spaces
• Facility and equipment audits – action them!

How will we know that we are making progress towards the stated recommendations?
• Baseline/Future mapping - know the start point and the end point – identify the gaps
• Active lives survey – understand facility provision
• Audit – info/data on key assets that can be influenced. Understand ‘true’ extent of facility usage across Cornwall. Areas at present not used/poor condition
• Robust planning policies with Active Design in the planning application /design process and physical activity impact assessments as part of LA decision making processes
• Audit control – to measure progress
• Integrated developments
• Champion points of contact
• Visual can be seen
• How to be visible – role profile, formality
• Customer needs – local plans demonstrating ‘real’ local need. People need to engage

How might we take these recommendations forward from here and who can/should take the lead?
• Planning impact assessment to include physical activity, health and wellbeing
• Cornwall local plan – with robust policies
• Adopted and enforceable policies – resources, links back to wider picture
• Strategic lead, ownership and accountability is important
• Embed/link with Devolution Monitoring, HWBB and STP board
• Director of Public Health Service Plan
• Can we get the industry to lead? (architects/designers/builders etc.)– think about physical activity from the start
• Planning dept to acknowledge/own the strategy- in the planning dept service plan,- individual appraisals – not just a ‘champion’, - a target for everyone
• Physical activity champions/advisers in Council planning process
• PA champions/influences across Cornwall
• Cornwall Sports Partnership
• Community network managers, all 19 of them!
• LEP/Hub
• Employers/Workplace health
• Education
• From the ‘summit’, the SGO take the lead/report back within 12 months of progress and to be in the public domain

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Please e-mail: physicalactivity@cornwall.gov.uk
Transport – Walking and cycling increase as a mode of transport

Promote the benefits of walking and cycling.

Conduct a review of current walking and cycling infrastructure and identify opportunities for further development.

Ensure travel by walking and cycling is integrated into the public transport network.

Encourage workplaces to raise awareness of personal transport planning and increase engagement with the Cycle to Work Scheme.

Ensure that school travel plans aim to increase active travel by mapping safe walk/cycle routes and that all children have the opportunity to learn to ride a bike through the DfT Bikeability scheme.

Facilitator - Simon Murray (Sustrans)

In attendance - Amelya Lyndsay (Cornwall Sports Partnership), Andy Mitchell (Cornwall FA), Denise Gladwell (St Breock Primary School), Jennie Lacey (Inclusion Cornwall), Lesley Pallett (Cornwall Partnership Trust), Natasha Howard (Cornwall Sports partnership), Peter Ronald Long (Traditional Anglican Communion), Rebecca Lyle (Cornwall Council), Sam Pickard (Sustrans), Sarah Cowburn (BODEEWORX CIC), Steve Fenney (Optiadapt), Allan Robert Foad (Walker Lines Gymnasium Trust), Emma Moore (Mid Cornwall Sports Network/Poltair School), Jade Leahy (Guide Dogs UK), Jane Davies (Cornwall Area of Outstanding Natural Beauty), Joe Taylor (The Wave Project), Lewis Jones (Health Promotion Service), Ruth Garside (University of Exeter Medical School), Svenya Haffenden (The Cornwall College Group), Charlotte Hill (Cornwall Council)

Given the current recommendations, what are the priorities for action in the first 12 months?

- Cycling/walking to become a ‘culture’. Promote walking/cycling for some journeys – ones that people can. Raising awareness of health benefits and programme esp with workplaces as prime form of commuting.
- Cost of current obesity levels (financials)
- Identification of missing links in current infrastructure/improvements on cycling lanes/routes/changing facilities/ lockers and shower facilities
- Pedestrianise town centres, close some roads and create safe cycle ways, well lit, bike routes between towns– make them more attractive to walkers/cyclists
- Improvement of public transport links: rural areas/time tables/school and college buses – to people’s homes
- Improvement of the link: cycle – public transport – work/school/shop etc. inc. bikes on buses
- Work with schools to develop better links – no compulsory school travel plans anymore, all schools to have a safe link
How will we know that we are making progress towards the stated recommendations?

- Active travel count (counting numbers of walkers/cyclists)- more people walking/cycling for everyday journeys
- Annual monitoring data – pedestrian/cycle count and figures available through Cornwall Council
- Workplace active travel surveys (annual) inc. update of cycle to work scheme- uptake in ‘cycle to work’ schemes provided by employers no. of employees cycling to work and cycle to work week – capture data
- School survey – check it includes active travel to school. Cycle to school week – capture data
- SGOs know how many children in their area have done Bikeability…but no link with Sustrans!
- Data from public transport companies, transport hubs/stations/counter info inc. experiences of transport users/passengers
- More/better cycling/walking infrastructure
- Congestion/air quality
- Promotional campaigns
- Reliable times
- Employer incentives
- Mapping distributed
- Digital counters

How might we take these recommendations forward from here and who can/should take the lead?

- CC, transport and planning joined up approach
- Local walking and cycling infrastructure plans
- More footpaths to encourage walking
- Cycling on roads needs to be safer to encourage people to choose to cycle. More cycle paths...
- Park and ride, should be park and walk/cycle – this could be free as incentive
- DFT Bikeability scheme ‘in school opportunities’
- Allocation of adequate financial resources
- Sustrans/CC/LEP/campaign groups/walking and cycling delivery
- CC – working with Sustrans on the ground; promotion/encouragement, pedestrian route assessments, working with employers/schools/universities
- Local councils need to be on board – promotion to them about the benefits that need to happen
- Council planning and local population
- Learn from Bodmin
- Policy – local gov
- Individuals – choice
- Local monitors and volunteer groups
- Council leadership, head teachers, all leaders, local council/town
- Bus/rail companies
- LEP – identifying major demands – key

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Please e-mail: physicalactivity@cornwall.gov.uk
Communications – Public awareness of the benefits of increased physical activity and CMO recommendations is increased and individual behaviour change is supported.

Ensure that all communications around physical activity recognise key differences of distinct customer segments particularly as they relate to the life-course and challenges around life transitions.

Develop, plan and implement a strategic, integrated social marketing campaign for Cornwall based on a single, straightforward and consistent proposition with a distinct recognisable brand utilising a range of channels appropriate to the target group.

Provide up to date information that connects a range of customer abilities, preferences and needs with local opportunities to be physically active.

Ensure that national activity campaigns are fully utilised and delivered in the Cornish context.

Facilitator – Sarah Bell (University of Exeter)

In attendance - Dave Lee (Public Health England), Emma Seward-Adams (Truro and Penwith College), Faye Endean (Cornwall Sports Partnership), Grace Dibben (University of Exeter Medical School), Helen Tite (Core Health Consultancy), Jenna Cole (Cornwall Sports Partnership), Jim Barrett (Sport England), Julie Ponting (Arena), Juliet Walker-Shepherd (Optimum Physiotherapy and Pilates), Kate Pordage (Health Promotion Service), Phil Thomas (Tempus Leisure), Rachel Knott (Cornwall Sports Partnership), Ravi Jaipaul (Cornwall Council), Richard Allen (Tempus Leisure), Sam Taylor (Sofadodger), Sarah Buckingham (University of Exeter Medical School), Sarah Mageean (Cornwall Sports Partnership), Shevaughan Tolputt (Public Health Cornwall Council), Victoria Kierkegaard (Vixystrawberry), Robert Harrison (Cornwall Sports Partnership)

Given the current recommendations, what are the priorities for action in the first 12 months?

- Make a clear owner and coordinator of this stream
- Need to ensure clarity around recommendations and how they will be presented - identify consistent clear message/smart marketing campaign/brand for Cornwall e.g. Change 4 Life, This Girl Can, Time 2 Move, Get Active Cornwall, but tailored for each segment/target group
- Important to understand who are ‘acceptable’ messengers for different groups/segments and to ensure co-design of key messages and comms activity with target – ‘everybody owning’.
- Identify appropriate methods/channels of communicating with target groups e.g. tv adverts, social media. Social media won’t reach all, PA tracking apps
- Visibility in supermarkets, village halls, community centres
- Need to consider subtle ways of engaging, maybe not just the message but some help to get started
- Normalisation - Front of house customer experience – not putting people off at the start, not a size 6 instructor
- Baseline segments, resources to enable development or marketing campaign
- ID national campaigns (not just in sport/PA) that it can be linked to (pokemon)
- A ‘pledge campaign’… getting people to pledge to be more active (paper as well as digital)
- Buddy system…I’ll buddy with someone, I’ll join a group, I want some support – taster sessions
How will we know that we are making progress towards the stated recommendations?

- Measuring perceptions and behaviour – measured through customer data
- Monitor reach/engagement of digital media - hits, signups, shares, pledges – parish networks, network panels
- Use of brand
- Awareness – coverage received – TV
- Having the ‘segment’ appropriate messages seen and highly visible everywhere
- Standardised/coordinated measurement and assessment for each life course stage
- Look at the partners and organisations who are supporting the messages
- Do we see/feel it is happening around us and is it consistent
- Questionnaire – before and after
- Active people
- Measuring outcomes e.g. health
- Success of clubs
- Number of people pledging – by area

How might we take these recommendations forward from here and who can/should take the lead?

- Delegate and coordinate responsibilities
- Link to press contacts/media specialists
- Celebrity endorsement – champions for each life course stage
- Use an appropriate expert. Outsource/commission a lead body, bringing in other ideas
- Everybody’s responsibility - All be leaders individually
- Health and wellbeing board should ‘lead’ and hold organisations accountable
- From holders of the info/guidance and those who need to take it and use it in their organisation
- Communities and community organisations – opportunities for co – production, think broadly e.g. churches etc.
- GPs – social prescribing etc. (and other aspects of primary care)
- DWP – working with unemployed, advisors, sensitives to why people might be inactive
- Using town BIDs to promote
- Live well (PZ) what links there...
- Strategy lacks focus on tech, when we live in a forward tech county

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Vision - My Active Community

Parents & grandparents are active together with their children before and after school

School facilities being used outside of school time for family/community use

Children are active throughout the school day

Children arriving early for activity giving parents time for active travel to work

Children and young people are designing and running their own activities

Places where we go to school & college

Children are receiving a minimum of 2hrs curriculum PE and learn to swim

Multiple rows of cycles safely stored outside the building

Walking buses arriving/departing

Schools are working (together) to deliver the Time2Move Framework

Employees work flexible hours to allow for active travel to work

Employees safely store their bikes and have a place to shower/change

Employees are standing at desks and having walking meetings

People are using the stairs. Lifts are used for moving heavy items or by people who are unable to take the stairs

Places where we go to work

Employees are taking extended lunch breaks to be active

Employers understand the value of an active lifestyle and incentivise employees

There are few car parking spaces and some workplaces have no parking at all

Employees are joining organised run/walk groups, using the free onsite gym, playing on the table tennis table in the social area
Vision - My Active Community

Pavements are wider, walkways and cycle paths are well lit and have benches/stopping points

Streets are ‘green’ with appealing outdoor environment

Streets have traffic calming/speed restrictions and times when there is no vehicle access

Local people are managing community gardens, allotments, orchards etc.

Children are playing in the streets and in parks with playgrounds and open spaces

Places where we live

Parking for cars is in one designated place and away from homes

Places where we live

Neighborhoods are mixed-use with work, play, shopping and services within walkable distances

Older activity coordinators are delivering organised physical activity for residents of retirement/care homes

Places where we live

Local people are managing community gardens, allotments, orchards etc.

Young people are riding their skateboards/bmx on purpose built ramps

GP$s are routinely referring patients to quality assured physical activity interventions in a range of community settings

Children are riding their bikes/scooters/roller skates around flat circuits

Families are using their weekend activity card to access subsidised local opportunities

People are doing yoga and tai chi in the park

Physical activity is taking place around community centers, halls and places of worship

People are exercising on outdoor/green gyms

GP, physio, midwife, stop smoking, physical activity, healthy weight, services are co-located at health and wellbeing hubs in local communities

Children are playing on the adventure playground; climbing, balancing, running, jumping
Vision - My Active Community

- Bus stops show time to next bus and time to walk to next stop
- People are using free cycle hire to get into town center
- People are collecting/depositing free to use cycles from stations
- Public transport hubs link directly with walking/cycling routes
- Destinations have safe storage, showers and changing facilities
- Local volunteers are helping to manage the outdoor environment; clearing brush, maintaining paths, building walls/hedges
- People are arriving from where they live on subsidised public transport, by cycle or on foot
- Public transport has facilities to carry cycles
- Families are enjoying outdoor activity together at the weekend
- Groups are meeting for walking, cycling, running, swimming at an activity hub with café, safe storage and shower/changing facilities
- People are trying water based activities for the first time e.g. rowing, kayaking, sailing, SUP
- People are exercising on outdoor/green gyms
- Facilities and equipment for physical activity are accessible at low or no cost e.g. bike hire

People are using public transport to get into town center

Safe walking and cycling routes are signposted with times/distances

Homes, workplaces, schools and local services are interconnected by a network of walk/cycle routes

Pedestrians are given priority in town centers

Cycling & Walking

Outdoor & Open Spaces
2. How would we move from vision to reality?

i) Marketing & communications need to engage the media and set out the narrative clarifying/simplifying the vision, target and language. Create a conversation with the community about the benefits to develop advocates. Greater understanding of the customer/target audience.

ii) Establish local partners/key influencers, get all the local public, private and voluntary stakeholders around the table, build the idea with a joined up approach and communicate the local vision perhaps through community networks/neighbourhood plans. Build community engagement by target groups e.g. students, teachers, young people, adults, older adults etc.

iii) Map, share information and help to navigate what already exists and build on this, make better connection between all the provision large and small so that physical activity is inevitable.

iv) Look at innovative use of existing spaces/buildings with co-location of other services libraries, post office etc. to bring services locally to encourage local travel by active means.

v) Mobilise the volunteer workforce to support as mentors/buddies for inactive, also supports social connectiveness.

3. What makes a place eligible to be an Active Town/Community?

i) Partnerships & community engagement – requires ambition/desire/commitment to participating and collective ‘buy in’ from council/parish/BIDs/Community Network Managers with existing local partnerships, community groups, volunteer organisations to build on with local Advocates/Champions/Role Models to take the message forward.

ii) An established need and evidence base – a detailed understanding of the local area, its needs and the potential to increase physical activity and impact on health inequalities. This should be driven by insight and consultation with local stakeholders/potential participants and knowledge of what is currently happening/working. It should also consider:

- The size and composition of the local demographic and identify high levels of target groups (females, elderly, low income, disability, ethnicity etc.) across the life course
- Health profile (health indicators linked to physical activity/inactivity) of the local population including:
  - Levels of inactivity/activity or estimates of
  - Walking/cycling activity
  - Utilisation of outdoor space for physical activity
  - Numbers of people living in health deprivation
  - Health related quality of life
  - Life expectancy from birth and healthy/disability free
- Wider determinants of health and health inequalities including:
  - Education; attainment EYFS/KS1/2, school readiness, GCSEs achieved, Pupil absence
  - Crime; anti-social behaviour, entrance to youth justice system
  - Deprived neighbourhoods,
  - Employment, benefit claimants, economically inactive
  - Household income
  - Child poverty
  - Housing
  - Fuel poverty
  - Social isolation
- Musculoskeletal conditions
- People living with long term illness
- Hospital admissions
- Mental health; benefit claimants, prevalence of mental health, depression, dementia, self-harm, drug and alcohol
- Improved independent living
- Transport poverty, car ownership, air pollution challenges with commuting/congestion/parking
- Self-containment (live & work)
These should be benchmarked against county/regional/national averages and take into account historical trends and future forecasts.

ii) A plan for delivery – driven by the insight with a clear line of sight between the evidence and the proposed project. This would include: i) who the target audience is and how they would be reached/communicated with, ii) where you intend to deliver - a defined geographical area this could be; town (and surrounding area with a defined radius e.g. 5km, 10km), CNAs, MSOAs, Wards etc. iii) what you propose to do and who will be responsible, iv) the scale of anticipated impact and proposals for monitoring and evaluation.

vi) Identified resources/partners – existing assets, infrastructure/settings in place willing and able to activate the project e.g. public transport, schools/colleges, community facilities, large employers, supermarkets, leisure providers, GPs, volunteers. Existing and/or planned investment into housing, employment, transport etc. Potential to access outdoor/green spaces. Existing hubs for activity/volunteers.

4. What are the drawbacks of this approach and are there other alternatives to delivering the 50,000 target?

Lack of understanding and misinterpretation that it is all about ‘Sport’

Large proportion of population don’t live in Towns so need to think about definition of the geographical area and what might be included in an ‘Active Community’ or consider a separate approach for smaller rural communities/villages.

Media/communications campaign potential to be large and costly

Is it going to be proved a success quickly enough, a pilot could take 3-5yrs to show positive impact

Over reliance on volunteers, asking people to do more with less

Focus instead on:

A few large employers to change (commuting) behaviour e.g. Roddas, Cornwall Council, Cornwall College, University, Ginsters, Breweries etc.

Incentivise GP social prescribing for physical activity, help them to understand, trust and navigate what is available locally

Targeting specific groups where inequalities exist e.g. unemployed, mums etc.

Consider physical activity as the by-product of some other incentive/motivation e.g. walking to school to read to children

Road closure day close roads on a working day to make people think differently

Improve access to low/no cost facilities and equipment

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Please e-mail: physicalactivity@cornwall.gov.uk
APPENDIX 1 – List of Delegates

Adrian Tyas
Truro Running Club

Alex Clifton
Carn Brea Leisure Centre Trust

Alice Barker
National Trust

Alison Brown
Royal Cornwall Hospitals Trust

Allan Robert Foad
Walker Lines Gymnasium Trust

Amelya Lyndsay
Cornwall Sports Partnership

Amy Colwill
GLL

Andy Mitchell
Cornwall FA

Andy Parsons
South West Lakes Trust

Balu Madhvani
Walker Lines Gymnasium Trust

Beth Chapman
Cornwall Partnership NHS Foundation Trust

Brian O'Neill
Public Health Cornwall Council

Bruce Lockie
Cornwall Sport Partnership

Caroline Court
Public Health Cornwall Council

Carol Kimberly
Cornwall Council

Charlotte Hill
Cornwall Council

Colette Beckham
Cornwall AONB Partnership

Craig Handford
Cornwall Sports Partnership

Dan Bloomfield
University of Exeter

Daniel Lugg
Peninsula School Sport Partnership

Dave Lee
Public Health England

David Barton
Cornwall Association of Secondary Head Teachers

David Richard Parr
Cornwall Bowls Alliance

Denise Gladwell
St Breock Primary School

Duncan Smith
TfL Training/Peagus Award

Emma Moore
Mid Cornwall Sports Network (Poltair School)

Emma Seward-Adams
Truro and Penwith College

Faye Endeen
Cornwall Sports Partnership

Gareth Dix
Tempus Leisure

Gareth Walsh
Public Health Cornwall Council

Grace Dibben
University of Exeter Medical School

Gwyn Williams
Public Health Cornwall Council

Heidi Morgan
Eden Project

Helen Riley-Humfrey
Public Health Cornwall Council

Helen Tite
Core Health Consultancy

Ian Chorlton
KCCG

Jade Leahy
Guide Dogs UK

James Clarke
Tempus Leisure

James Davies
Cornwall Sports Partnership

Jane Davies
Cornwall Area of Outstanding Natural Beauty

Jenna Cole
Cornwall Sports Partnership

Jennie Lacey
Inclusion Cornwall

Jim Barrett
Sport England

Joe Taylor
The Wave Project

Julie Ponting
Arena School Sports Partnership

Juliet Walker-Shepherd
Optimum Physiotherapy and Pilates

Kate Kennally
Chief Executive Cornwall Council

Kate Pordage
Health Promotion Service

Kayley Lane
CoachMakers

Ken Walker
Elevate Health & Fitness

Kirsty Davies
Cornwall College Group
Lara Snowdon Public Health England
Laura Mellow Public Health Cornwall Council
Leon Whitehouse Truro & Penwith College
Lesley Pallett Cornwall Partnership Trust
Lewis Jones Health Promotion Service
Lewis Sanders Cornwall Sports Partnership
Loic Rich Truro River Working Group CIC
Mark Dudtridge CIOS LEP
Mark Stevens Truro & Penwith College
Martin Symons Tempus Leisure
Michelle Penhaligan Truro & Penwith College
Mike Thomas Cornwall Sports Partnership
Natasha Howard Cornwall Sports Partnership
Neil Eddy Mounts Bay Academy
Noreen Orr University of Exeter
Pat Morris Falmouth Cornish Pilot Gig Club
Peter Hughes Young People Cornwall
Peter Ronald Long Traditional Anglican Communion
Phil Thomas Tempus Leisure
Philip Timings South West Lakes trust
Philip Waters I Love Nature
Rachel Knott Cornwall Sports Partnership
Rachel Wigglesworth Cornwall Council
Ravi Jaipaul Cornwall Council
Rebecca Jackson Cornwall Council
Rebecca Lloyd - King Cornwall Council
Rebecca Lyle Cornwall Council
Richard Allen Tempus Leisure
Rob Andrew Cornwall Council
Robert Harrison Cornwall Sports Partnership
Ruth Garside University of Exeter Medical School
Sam Pickard Sustrans
Sam Taylor Sofadodger
Sarah Bell University of Exeter
Sarah Buckingham University of Exeter Medical School
Sarah Cowburn BODEEWORX CIC
Sarah Mageean Cornwall Sports Partnership
Shevaughan Tolputt Public Health Cornwall Council
Simon Murray Sustrans
Simon Ridd Sport England
Steve Fenney Optiadapt
Sue Allen Cornwall disAbility football league
Suzie Igoe Truro and Penrith College
Svenya Haffenden The Cornwall College Group
Tim Marrion Cornwall Sports Partnership
Tim Webb Tempus Leisure
Tim Wotton DCH
Verity Bradshaw Cornwall Council
Victoria Kierkegaard Vixystrawberry
Rebecca Jackson Cornwall Council
## Appendix 2 – Organisational Pledges

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Pledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornwall AONB Partnership</td>
<td>Jane Davies</td>
<td>Encourage more people to engage with the AONB and appreciate the restorative benefits of the AONB</td>
</tr>
<tr>
<td>Guide Dogs UK</td>
<td></td>
<td>Support people with visual impairment to engage in physical activity</td>
</tr>
<tr>
<td>Public Health Cornwall</td>
<td>Ravi Jaipaul</td>
<td>Enhance our workplace promotion through our floors &quot;get active Tuesdays&quot; and keep in mind those we aren’t reaching with our message</td>
</tr>
<tr>
<td>Public Health Cornwall</td>
<td>Gwyn Williams</td>
<td>Enhanced Physical Activity throughout all our work streams - use PA within Stop Smoking Service</td>
</tr>
<tr>
<td>Cornwall Sports Partnership</td>
<td>Mike Thomas</td>
<td>Provide a lead strategic role in working with local partners to drive the delivery of the PA strategy outcomes</td>
</tr>
<tr>
<td>Health &amp; Wellbeing (Truro College)</td>
<td>Leon Whitehouse</td>
<td>Deliver sporting activities for free for students or staff members at Truro College</td>
</tr>
<tr>
<td>Optimum Physiotherapy &amp; Pilates</td>
<td>J R Walker-Shepherd</td>
<td>Promote healthy lifestyle options to encourage activity in the 65 years + population in the Helston/Lizard region by liaising with local community leaders</td>
</tr>
<tr>
<td>Core Health Consultancy</td>
<td>Helen Tite</td>
<td>Offer to drive concept forward representing fitness sector and care sector</td>
</tr>
<tr>
<td>South West Lakes Trust</td>
<td>Andy Parsons</td>
<td>Support all promotional activity for the strategy via our communication channels</td>
</tr>
<tr>
<td>Cornwall AONB Partnership</td>
<td>Colette Beckham</td>
<td>Develop a project to get more people active in the protected landscape</td>
</tr>
<tr>
<td>Dose of Nature</td>
<td>Dan Bloomfield</td>
<td>Help construct a nature and health referral co-ordination service for nature-based interventions</td>
</tr>
<tr>
<td>Cornwall Council - Localism Team</td>
<td>Rob Andrew</td>
<td>Promote the physical activity strategy and support local organisations that deliver it!</td>
</tr>
<tr>
<td>Cornwall Council -</td>
<td>Becky Lloyd-King</td>
<td>Work with the new leisure provider to support the achievement of the target (to get 50,000 active)</td>
</tr>
<tr>
<td>Cornwall Council - Transportation</td>
<td>Rebecca Jackson</td>
<td>Deliver Bodmin cycle town! (Growth Deal 1 package)</td>
</tr>
<tr>
<td>Walker Lines Gym</td>
<td>Allan Foad</td>
<td>Seek funding to refurbish our facilities to keep 200 people active and enable a further 200 people to be active</td>
</tr>
<tr>
<td>The National Trust</td>
<td>Alice Barker</td>
<td>Develop a year round activity offer in West Cornwall to encourage activity on a regular basis</td>
</tr>
<tr>
<td>Headstart Kernow Partnership</td>
<td>Charlotte Hill</td>
<td>Develop our links with Time to Move and ensure young people can benefit from activity to support their emotional resilience and wellbeing</td>
</tr>
<tr>
<td>Cornwall Disability Football League</td>
<td>Sue Allen</td>
<td>Reach out to people of all age/gender/ability and help them access the training and matches, the fun and social opportunities</td>
</tr>
<tr>
<td>Cornwall Partnership Trust</td>
<td></td>
<td>Help to educate our workforce around the importance of physical activity</td>
</tr>
<tr>
<td>Healthy Schools Cornwall</td>
<td>Kate Pordage</td>
<td>Work with and for schools and partners for more joined-up coherent thinking to benefit C&amp;YP Wellbeing</td>
</tr>
<tr>
<td>Elevate Health &amp; Fitness</td>
<td>Ken Walker</td>
<td>Improve the health &amp; wellbeing of the population of Cornwall</td>
</tr>
<tr>
<td>St Breock Primary</td>
<td>Denise Gladwell</td>
<td>Identify least active or isolated families. Identify the barriers and work towards reducing these to promote PA</td>
</tr>
<tr>
<td>Sustrans</td>
<td>Sam Pickard</td>
<td>Get more people cycling and walking in Bodmin, Truro and Camborne/Redruth as part of the growth town programme</td>
</tr>
<tr>
<td>Optiadapt</td>
<td>Steve Fenney</td>
<td>Help folk to optimise activity to elect required adaptation to achieve their objectives</td>
</tr>
<tr>
<td>The Traditional Anglican Communion</td>
<td>Rev. Dr Peter Long</td>
<td>Weekly assist at least fifty home residents to be mentally and physically stimulates!</td>
</tr>
<tr>
<td>Bodeeworx CIC</td>
<td>Sarah Cowburn</td>
<td>Empower and encourage (100) people in rural communities in mid Cornwall to experience change in their lives by becoming more active</td>
</tr>
<tr>
<td>I Love Nature</td>
<td>Philip Waters</td>
<td>Increase the amount of moderate physical activity in our adventure workshops for children and families</td>
</tr>
<tr>
<td>Cornwall Council - Transport Strategy</td>
<td>Rebecca Waters</td>
<td>Continue to develop and deliver walking cycling improvements across Cornwall (penzance to mounts bay cycle way, secured funding)</td>
</tr>
<tr>
<td>Truro &amp; Penwith College</td>
<td>Emma Seward-Adams</td>
<td>Continue to invest in the Health, Wellbeing &amp; Sport programme to expand physical activity opportunities to students and staff</td>
</tr>
</tbody>
</table>
Appendix 3 – Personal Pledges
Friday message

Friday 18 November 2016

Dear everyone

This coming March David Heymann will be leaving us after eight years as our Chair – first of the Health Protection Agency and then of PHE. David is an international superstar in infectious disease and global health security and will be sorely missed, both at home and internationally. In his stewardship of PHE, there will be many opportunities to say thank you but I wanted you to hear first from me. The search is underway for his successor.

On Monday I was in Cornwall to launch the new Physical Activity Strategy for Cornwall and the Isles of Scilly. Being inactive increases the risks of many long term health conditions including high blood pressure, heart disease and osteoporosis, and costs Cornwall’s NHS an estimated £100m every year. Their ambition is to get 50,000 more people moving by 2020 involving bold action across a wide range of services including the NHS, education, sport and leisure, planning, transport and economic development.

Multidrug-resistant Gram-negative bacteria are at the centre of the fight against rising antimicrobial resistance (AMR). In a recent bibliometric analysis spanning 30 years, PHE’s Antimicrobial Resistance and Healthcare Associated Infections (AMRHAI) Reference Unit has been named one of the most productive centres worldwide for publications relating to carbapenem resistance. The many papers published on this by the AMRHAI team have ensured that the UK ranks top when assessed both on publication quality and the breadth of international collaborations. The team also co-authored the top-ranked paper. This sustained international prominence reflects the team’s world class professional work over many years and is an exemplar of UK science at its best.

On Tuesday the Local Government Association hosted Our Day – a chance for local authorities to celebrate what they do in a typical day and for those that work with them to express appreciation for the hard work and dedication of those behind our public services. Since PHE was created I have visited every upper tier local authority in the country and seen first-hand the ways in which local government is improving the public’s health. First through commitment to prosperity: creating jobs that local people can get, boosting educational standards, improving housing and caring for people in their homes and communities. Second, through a renewed focus on the importance of ‘place-based’ services that meet specific local needs. And third, by using local assets to make better use of what they have, creating services that are more effective and more efficient. Nobody is better at doing more with less. As a nation we face big public health challenges and local government is an inseparable part of the solution.

Black African women are nearly twice as likely to be diagnosed with late stage breast cancer as white women in England according to new analysis from PHE’s national cancer registration and analysis service and Cancer Research UK. Published during the BBC’s cancer week, the data showed that 25% of black African women and 22% of black Caribbean women diagnosed with breast cancer are picked up at stage three and four, compared with 13% of white British women. This is the first time that data of this kind has been published in England, which helps build a clearer picture of who is diagnosed at an early or late stage as we work with partners to deliver the NHS cancer strategy.

And finally, we hosted young people from the Association for Young People’s Health at our London HQ on Wednesday, as part of the Children and Young People’s Takeover Day. This was an important opportunity to share information about what PHE does with the next generation and to hear their views.

With best wishes

[Signature]
Striving to bridge the gap in inequality and health

18 November 2016

Dear colleagues

On Monday I was asked to speak at the launch of Cornwall’s physical activity strategy at the health and wellbeing innovation centre. The event was also attended by Duncan Selbie, CEO of Public Health England and colleagues from Public Health, Local Enterprise Partnership, Cornwall Sports Partnership and Health.

Increasing levels of physical activity are important for the future of Cornwall and, as I have mentioned before, we have a fundamental role in helping to bridge the health gap that is having such a detrimental impact on the lives of many of our residents.

Building physical activity into our daily lives is really what the strategy is about. The new strategy aims to get 50,000 more people active by 2020. So how are we doing to do that?

We need to find smarter ways to encourage people to be active and generally work differently to find the answer to reducing inactivity. Being inactive increases the risks of developing high blood pressure, heart disease and osteoporosis and costs the Cornwall’s NHS an estimated £100 million per year.

By working together with sectors such as education, sport and leisure, planning, transport and economic development, we can achieve a step change for the health and prosperity of all of Cornwall’s residents. Our new leisure contractor has also made a commitment to working with us to reach our target. So what can you do to be more active?

Being more active doesn’t mean that you have to take up a sport or join a gym. Just brisk walking for 30 minutes a day broken down into three 10 minute sessions can help someone reach the national guidelines. Even activities such as gardening, housework or horse riding count towards activity levels.

I recently went gig rowing for the first time with the High Sheriff of Cornwall and, like many of you, I also took part in the Get Active Challenge to exercise our way around the Cornish Coast. Doing things like this can kick start us all into introducing activity into our daily lives and help us to improve our health.

If you want advice on your own health and wellbeing than you can find more information about our internal programme of work here: health-and-wellbeing-programme
Prevention Information & Evidence

23/11/2016

Welcome to the Prevention Information & Evidence (P.I.E) briefing! This is a weekly update of the latest news and resources added to the P.I.E eLibrary. Remember, you can update your topic preferences at any time via the link at the bottom of this briefing.

Physical activity
Physical activity strategy summary. Transforming activity levels by 2020 Nov 21, 2016 10:21 am
The Public Health Cornwall and Cornwall Sports Partnership, have published their physical activity strategy. Their vision is a future where everybody in Cornwall and the Isles of Scilly is active as part of daily life, regardless of age, gender, culture or circumstance. By 2020 they have set a target of getting 50,000 more people in Cornwall and the Isles of Scilly to be more physically active as part of daily life.
For more information on physical activity visit the P.I.E eLibrary.

Follow us
UK Health Forum
3,601 followers 2,783 tweets following 971 people
Physical Activity Strategy to make important contribution to health by getting more people active

Cornwall’s physical activity strategy aimed at getting **50,000 people more active by 2020**, was formally launched in front of 100 delegates from across Cornwall.

**Launching the strategy Duncan Selbie, Chief Executive of Public Health England said:** “This physical activity strategy is really a health strategy for Cornwall. It will need everyone to work together as the NHS is not the most important factor for good health.

The issue is complex and needs to be addressed on many fronts, including people taking personal responsibility, but this needs to be supported by people having good jobs and housing”

Launched on Monday 14th November at the Health and Wellbeing Innovation Centre, Truro, Iain Chorlton, Chair of the Kernow Clinical Commissioning Group, welcomed delegates who heard from;

Caroline Court, Acting Director of Public Health who identified the UK’s poor levels of activity when compared internationally, the need to take action and the role of physical activity in the prevention of disease.

Mark Dudridge, Chair of the Cornwall and the Isles of Scilly, Local Enterprise Partnership made the economic case for physical activity highlighting that all sectors of the economy need skilled people and that physical activity can help deliver on this, though encouraging increased confidence and personal development.

Kate Kennally, Chief Executive at Cornwall Council highlighted the real need to focus on prevention, the need to rethink approaches to a more active society, including making walking a real option. There was a commitment that Cornwall Council would play its part to embed physical activity in what they do.

The day represented the first steps in addressing the challenge of reducing inactivity, by developing the first year action plan. Delegates were also encouraged help to make the strategy a reality by pledging how they will take action.

Continues ......
During the day delegates considered approaches to physical activity for different age groups from early years, children and young people, adults and older adults. There was then a focus on the role of transport, outdoors and the environment, the built environment and technology, marketing and communications.

**Mike Thomas, Director of Cornwall Sports Partnership in summarising the challenge stressed the commitment to make the strategy a reality and said:** “The target of getting 50,000 people more active is a huge challenge, but one I feel we can meet head on if we work together and keep focussed on what we are trying to achieve. I am energised by the expertise and enthusiasm that has come together today to launch the strategy.”

Jeremy Rowe, Chair of the Health and Well Being Board closed the day with a personal account of the powerful effect that physical activity had on his lifestyle. He went on to say how encouraged he was to see the strategy move towards implementation.

---End---

**Pictures:**
Duncan Selbie (centre) Launches Physical Activity strategy with left, Caroline Court (radctor Director of Public Health and right, Mike Thomas (Director of Cornwall Sports Partnership)

Keynote speakers launch Physical Activity strategy. Left to right Mark Duddridge, Chair Cornwall and the Isles of Scilly LEP; Caroline Court, Acting Director of Public Heath Cornwall; Kate Kennally, Chief Executive, Cornwall Council; Iain Chorlton, Vice Chair Health and Wellbeing Board and Chair, Kernow Clinical Commissioning Group.

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**Editor’s note**
The Cornwall Physical Activity strategy was developed jointly between Cornwall Council Public Health and Cornwall Sports Partnership, with input from a wide range of interested stakeholders and signed off by the Health and Wellbeing Board. There are a wide range of stakeholders who will help to deliver the aims.
Creation of a Physical Activity Strategy page on the Cornwall Council Website where the summary report and other information is now available

**Results of the Twitter feed for #PAstrategy16**

- On the day of the strategy launch our tweets reached nearly 10,000 people.
- 226 people engaged with our tweets, and 59 of those engagements were retweets.
- That means over the day we had an engagement rate of 7.1%, which is considered very good for a live event.
Appendix 5 – Delegate Feedback

1. How suitable did you find the venue for the event?
   1. 69% 2. 31% 3. 0% 4. 0%
   Very Good       Very Poor

2. How would you rate your satisfaction with the overall event?
   1. 35% 2. 52% 3. 13% 4. 0%
   Very Good       Very Poor

3. How would you rate the opportunities to meet colleagues / exchange information around physical activity was?
   1. 13% 2. 87% 3. 0% 4. 0%
   Very Good       Very Poor

4. Time devoted to workshops was:
   1. 6% 2. 56% 3. 38% 4. 0%
   Very Good       Very Poor

5. Final Thoughts:

   Would you be interested in a similar event in the future?

   Yes  97.14%

   No   2.86%