Cornwall
Physical Activity Summit

WELCOME

Cornwall College St Austell
Friday 17th November 2017
Cornwall’s physical activity strategy, one year on.

Dr Caroline Court
Interim Director of Public Health
Why is physical activity so important to Cornwall & Isles of Scilly?

The 5,5,75 model

5 behaviours lead to 5 diseases which cause 75% of deaths and disability

- Smoking
- Physical inactivity
- Unhealthy diet
- Excess alcohol
- Lack of social connections

- Cancer
- Heart disease and stroke
- Bone and joint conditions
- Mental health conditions
- Lung disease
Cornwall vs England re. public health outcomes:

- **Lower** use of outdoor space for exercise/health reasons
- **Higher** hospital admission rates for self-harm and for alcohol-related conditions
- **Higher** suicide rates
- **Higher** prevalence of overweight/obesity among children and adults
- **Higher** social isolation among adult carers

*(PA can influence all of these)*

Inequalities are evident - We must close the gap between Cornwall and England and between our deprived and affluent communities.
Who stands to benefit?

The people of Cornwall & the Isles of Scilly

4,000 approaching end of life

4,000 with complex conditions needing more help

20,000 needing some help

135-145,000 managing long term conditions well

280,000 at risk

85,000 people living well
## Adult activity levels in Cornwall

<table>
<thead>
<tr>
<th>Cornwall Activity Levels</th>
<th>Inactive</th>
<th>Fairly Active</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (16+) - moderate to vigorous</td>
<td>&lt;30 min/wk</td>
<td>Not meeting guidance</td>
<td>Meeting guidance</td>
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<tr>
<td>Active Lives</td>
<td>21.9%</td>
<td>14.6%</td>
<td>63.5%</td>
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What progress has been made since last year?

- Building the case for physical activity –
  - economic impact study
  - engaging influencers at a strategic level
  - and at a service level (PA ‘leadership group’)

- Early adopters, e.g. leisure services, active travel and social prescribing

- Active communities – phase 1 localities identified
Priority localities for the active communities approach

- Bodmin
- St Austell & Clay Country
- West Penwith

Estimated 25,000 inactive in these localities
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5 diseases:
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- Bone and joint conditions
- Mental health conditions
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75% of deaths and disability
THANK YOU
Thinking Differently

Kate Kennally
Chief Executive
Cornwall Council

Thinking differently
Today I will cover the following

- People
- Places
- Prosperity
- Partners working together
- A challenge
PEOPLE
Residents survey; A good place to live ….

GP services – 59%

1. Hospital services – 45%

2. Affordable decent housing – 41%

3. A sense of community – 34%

4. The level of crime – 34%

5. Care for the frail and elderly – 31%
PLACE

Thinking differently
Economic Study estimates that increasing Physical Activity by 50,000 will create:

- Over 800 new jobs
- Generate £230m of GVA

(GVA the measure of goods and services produced in the area)
THINKING DIFFERENTLY

CHANGE HAPPENS AT THE SPEED OF TRUST

THE SPEED OF TRUST: THE ONE THING THAT CHANGES EVERYTHING BY STEPHEN COVEY
THANK YOU
Towards an active nation
Active nation?

1. The landscape and the challenge
2. Seizing the opportunity
3. How we might work together
The landscape and the challenge
The inactivity challenge:

<table>
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<th>inactive</th>
<th>fairly active</th>
<th>active</th>
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<td>less than 30 minutes a week</td>
<td>30-149 minutes a week</td>
<td>150+ minutes a week</td>
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25.6% | 13.8% | 60.6%

25.6% of people (11.5M) do less than 30 minutes a week.
13.8% (6.2M) are fairly active but don’t reach 150 minutes a week.
60.6% (27.1M) do 150 minutes or more a week.
Averages mask stark inequalities:

**INACTIVE** (LESS THAN 30 MINUTES A WEEK)

- NS-SEC 1-2: 17%
- NS-SEC 3: 24%
- NS-SEC 4: 25%
- NS-SEC 5: 27%
- NS-SEC 6-7: 32%
- NS-SEC 8: 37%

**ACTIVE** (150+ MINUTES A WEEK)

- NS-SEC 1-2: 70%
- NS-SEC 3: 60%
- NS-SEC 4: 61%
- NS-SEC 5: 59%
- NS-SEC 6-7: 54%
- NS-SEC 8: 49%

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| NS SEC 1-2: Managerial and Professional Occupations (e.g. Chief Executive, Doctor) | NS SEC 4: Self Employed and Small Employers | NS SEC 6-7: Semi-routine and Routine Occupations (e.g. Shop Assistant, Bus Driver, Waitress) |
| NS SEC 3: Intermediate Occupations (e.g. Auxiliary Nurse, Secretary) | NS SEC 5: Lower Supervisory and Technical Occupations (e.g. Plumber, Gardener, Train Driver) | NS SEC 8: Long Term Unemployed or Never Worked |
Stubborn gap between high and low SEG:

Aged 16+, NS SEC 5-8, Active

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<tr>
<td>APS 1</td>
<td>Interim</td>
<td>APS 2</td>
<td>APS 3</td>
<td>APS 4</td>
<td>APS 5</td>
<td>APS 6</td>
<td>APS 7</td>
<td>APS 8</td>
<td>APS 9</td>
<td>APS 10</td>
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Challenges locally

1. Eating or somewhere to live is more important than being active
2. Demand pressure on services and less money
3. Prosperity for all?
4. Capacity and capability – people to think and people to do
5. Reaching everyone or targeting some places and people?
6. Time and space to see and prove impact (oh and at scale too)
Seizing the opportunity
OUR VISION

We want everyone in England regardless of age, background or level of ability to feel able to engage in sport and physical activity. Some will be young fit and talented, but most will be not. We need a sport sector that welcomes everyone – meets their needs, treats them as individuals and values them as customers.
outcomes through sport and physical activity

WHAT we will achieve

HOW we will do it

IN SUCH A WAY THAT...

Contribution to outcomes - individuals and communities benefit from increased physical, mental, individual, community and economic

We deliver engagement in sport and physical activity
How can physical activity drive outcomes?

1. Physical wellbeing
2. Mental wellbeing
3. Individual development
4. Social and community development
5. Economic development

- **Physical and mental wellbeing** evidence bases are well-established
- **Individual development** evidence base is fairly well-explored
- **Social/community and economic development** (not including evidence on major events) need further research
- There is more evidence on outcomes gained through **participating**...
- ...than through **volunteering**...
- ...and **spectating**, at the local/community level.
some important lessons from the past:

- **Barriers are complex** and not just about money / cost

- **Short term investment / piloting / experimentation** – exacerbates existing fears and barriers

- **Tapping into existing trusted networks and community relationships is key** – it is not effective and is often damaging to ‘parachute’ into communities with new people who don’t understand the dynamics

- **Removing some of the barriers for low SEG, removes them for everyone** – whatever activity is designed, it is highly likely that those with the fewest barriers will find it first, and may even crowd it out unless carefully managed

- **Scalability is a challenge**
An approach:

1. **Right people** – clearly defining the people we’re trying to reach with our investment – in terms that make sense to our partners and those who deliver on the ground

2. **Right places** – where we believe we have the greatest possible chance of being able to reach those people with our investment

3. **Right approach** – the choices we / our partners make about the opportunities that are provided - how well they are designed specifically for the people we're trying to reach
Local intervention models seem to be more effective.
Creating a lifelong sporting habit

Change requires intervention in ‘layers’ of the system:

- **Policy**
  - E.g. Local strategies, budgets, laws, rules, regulations, codes

- **Physical environment**
  - E.g. Built, natural, transport links

- **Organisations and Institutions**
  - E.g. Schools, GPs and health care, businesses, faith organisations, charities, clubs

- **Social environment**
  - E.g. Individual relationships, families, support groups, social networks and norms

- **Individual**
  - E.g. Individual capability, motivation, attitudes, beliefs, knowledge and behaviours

Source: Social-Ecological Model
MOVING FORWARD
The good things you have here:

• the why?
• a Strategy
• today although its not just today
• you are on the move
• strategic links
exploring further opportunities:

• capacity

• priority place work

• System change, cultural change, holding your nerve
Places, people and the approach to change behaviour:

Enables us to focus on the **places** that are **most likely** to contain the people we are looking to engage.
An approach

Learning what works at grassroots ‘intervention’ level:
- Supporting current good practice
- Building insight
- Understanding effective models
- Proving impact

Learning how to shape the physical activity ‘system’ in places:
- Designing around the specific needs of individuals and communities
- Intervening in multiple ‘layers’ of the system
- Aligning influences, efforts and resources
- Proving impact

- Monitoring and evaluating process and impact
- Extracting transferable learning
- Building the evidence base for physical activity and outcomes
Change at scale is likely to require intervention in multiple ‘layers’ of the system:

- **Policy**: E.g. Local strategies, budgets, laws, rules, regulations, codes
- **Physical environment**: E.g. Built, natural, transport links
- **Organisations and Institutions**: E.g. Schools, GPs and health care, businesses, faith organisations, charities, clubs
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Real opportunity to move forward together.....
THANK YOU
Questions ?