Physical Activity Strategy Summary

Transforming activity levels by 2020

Contents

Note: there has been some variation in the definitions used by researchers studying the prevalence and impact of physical activity/inactivity. Therefore, while estimates used in this report are helpful in indicating the magnitude of the issue, they are not always directly comparable and should be used with caution.

Introduction

Physical activity is a key component in improving the health of the local population, bringing associated benefits to patient care, system efficiencies, cost savings and economic growth. Physical activity is uniquely positioned to deliver a truly system-wide response to the challenge of ill health. 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.

This strategy sets out the ambition for increasing levels of physical activity in Cornwall and the Isles of Scilly, putting into practice the recommendations of the Chief Medical Officer, Public Health England and the National Institute for Health and Care Excellence. It is based on an assessment of need and lays out the potential contribution, future priorities and key objectives for physical activity for the foreseeable future.

Dr Caroline Court
Director of Public Health

Inactivity is a stubborn long standing problem, which without intervention is not going to go away. We cannot afford to be complacent and the situation could get worse. Opportunities to be active in everyday life are engineered out of our lives and older residents in Cornwall spend longer in ill health than in other parts of the country.

Our aim is to transform activity levels in Cornwall delivered by strong local partnerships, as no one organisation can solve the problem alone. Get it right and the benefits will be felt through improvements in physical, mental, social and economic health. Get it wrong and the costs of ill health and preventable deaths will continue to be measured not just in personal unhappiness but in very clear economic terms, inconsistent with the longer term aspirations for Cornwall.

Never has the need to reduce inactivity levels in Cornwall been more urgent.

Mike Thomas
Director of Cornwall Sports Partnership

> "If a medication existed which had a similar effect to physical activity, it would be regarded as a 'wonder drug' or a 'miracle cure'"
>
> Sir Liam Donaldson, the former Chief Medical Officer of England

Vision - The 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.

The biggest gain and best value for public investment is found in engaging with people who are least active[1]. Simply put, we want to encourage everyone to be more active. For those who are inactive the challenge is for them to start moving, for those who are already active the challenge is for them to do more. The mission is to move more and more people towards the levels of physical activity that are recommended for good health.

2020 Target - 50,000 more people in Cornwall and the Isles of Scilly will be more physically active as part of daily life by 2020.

This is an ambitious target that would place Cornwall well above regional and national averages and as one of the top performing authorities based on current national benchmarking. It represents a positive shift of 20% of the population who currently don't meet the Chief Medical Officers (CMO) guidelines for physical activity[2]. It will be delivered through the combined effort of organisations, professionals and volunteers with a role in increasing levels of activity across the life-course, with the following primary outcomes:

i) a decrease in the numbers of children, young people and adults who are inactive

ii) an increase in the numbers of children, young people and adults meeting the CMO guidelines

50,000 more people, more active as part of daily life	**Inactive** a) <30 min/day b) <30 min/wk		**Active**			
			Not meeting guidance a) 30-59 min/day b) 30-149 min/wk		Meeting guidance a) >59 min/day b) >149 min/wk	
	Current	2020	Current	2020	Current	2020
a) Children and Young People (5-15yrs)[3]	42% (24,200)	32% (18,200)	40% (23,000)	40% (23,000)	18% (10350)	28% (16,350)
		25,000			25,000	
b) Adults (16yrs+)[4]	28% (130,000)	24% (111,000)	13% (60,350)	13% (60,350)	59% (274,000)	63% (293,000)

Table 1. Current estimates and projected 2020 targets for physical activity levels for Cornwall

[1]H M Government (2015). Sporting future: a new strategy for an active nation

[2]Department of Health, Physical Activity, Health Improvement and Protection (2011). Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers.

[3]The Health and Social Care Information Centre Health Survey for England (2012). Chapter 3 - Physical activity in children.

[4]Sport England (2015). Active People Survey

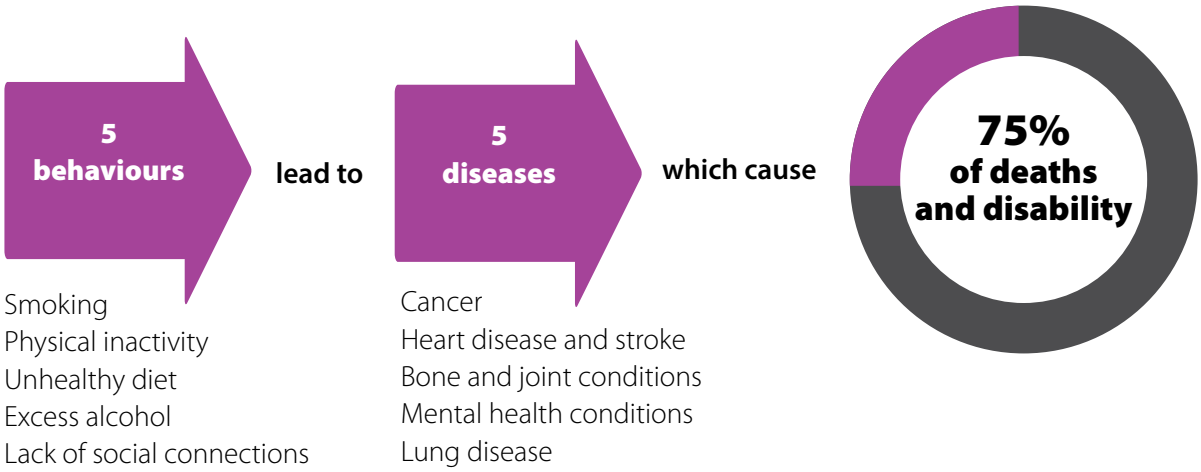
Table 1 shows the most recent estimates of physical activity levels for Cornwall (minutes per day or week of moderate to vigorous activity) together with an early illustration of the potential scale of change delivered through this strategy. The precise division will be refined as the engagement with a diverse range of key stakeholders, and commitment of available resource becomes clear during the initial implementation phase.

Background

A large proportion of death and disability in Cornwall is preventable. The truth is that the environment we live in, how we choose to live our lives and the opportunities we have largely determine our health and quality of life. Lifestyle choices have a significant impact on health and five behaviours in particular are considered to be major contributory factors for diseases that are responsible for 75% of all deaths and disability in Cornwall[5]. With an increasing and ageing population and growing pressures on public sector spending, tackling these behaviours through prevention, early intervention and lifestyle change is more important now than it has ever been.

Live Well model

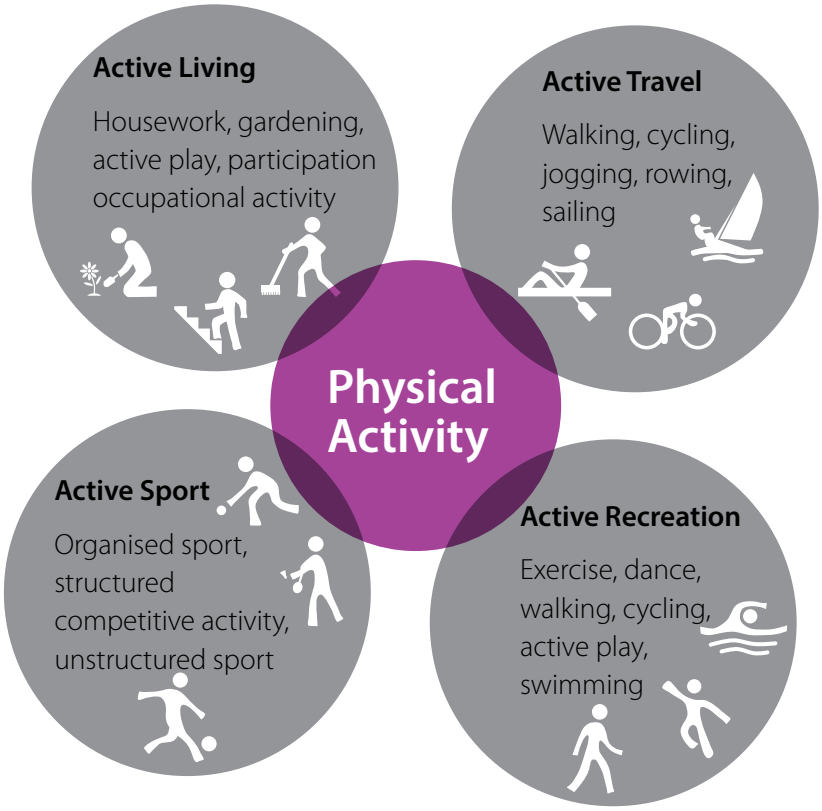
The Live Well model is very useful in explaining how work that focuses on five behaviours can dramatically reduce morbidity and mortality in Cornwall and the Isles of Scilly; and offer fairer life chances for all.



[5]Cornwall Public Health Annual Report 2014

Physical activity defined

The terms 'physical activity' and 'exercise' are often used interchangeably but there are key subtle differences. 'Physical activity' includes such activity as walking, gardening and stair use. In contrast, 'exercise' represents a sub-set of physical activity that includes structured, planned, repetitive movements that the person engages in for the purposes of fitness improvement or maintenance. For many, 'exercise' can be perceived as hard-work or unpleasant[6] which has often lead to the promotion of 'Active Living' as a preferred term.



Why focus on physical activity

- Nationally, inactivity contributes to 1 in 6 deaths each year[7], which equates to around 800 deaths in Cornwall and Isles of Scilly.
- Physical activity has been shown to be effective in the prevention and treatment of a range of conditions with the potential to improve mental health, wellbeing and overall quality of life[8].
- Physical activity can also improve the educational attainment of children, help reduce anti-social behaviour and build self-esteem across the life course, contribute to urban regeneration, increase work productivity and employment[9].
- Physical inactivity costs the economy in Cornwall over £100 million per year, with the more disadvantaged individuals and communities being less active than advantaged ones[10]. However, being involved in sport has economic benefits.

Personal costs

Inactivity increases risk of developing high blood pressure, heart disease and osteoporosis

Being inactive can lead to being overweight, which can lead to pre-diabetes and type 2 diabetes

X3

Inactive people have x3 the rate of moderate to severe depression as active people

[6]Ekkekakis, P. & Lind, E. (2006). Exercise does not feel the same when you are overweight: the impact of self selected and imposed intensity on affect and exertion. *International Journal of Obesity, 30,* 652-660

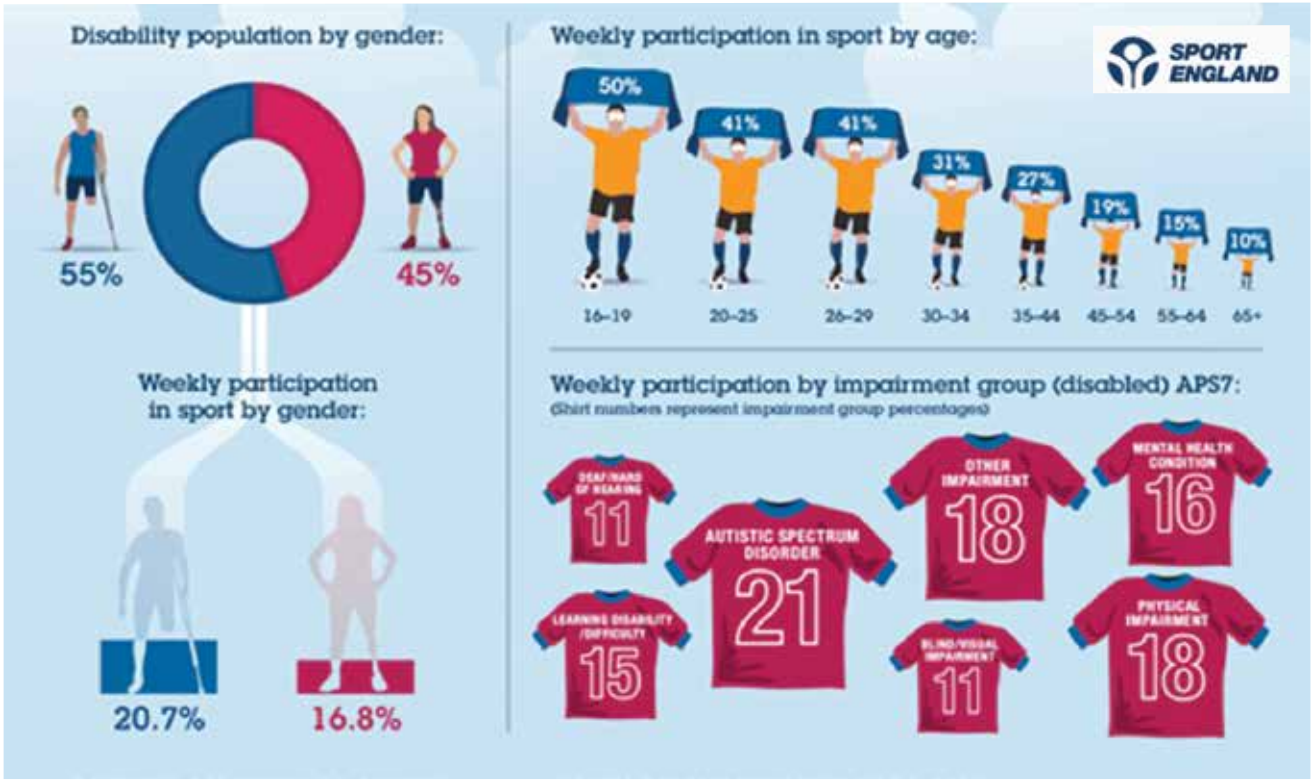
[7]Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet 380:219–29

[8]Nunan D, et al (2013) Physical activity for the prevention and treatment of major chronic diseases: an overview of systematic reviews.

[9]Bailey, Hillman, Arent, & Petitpas. (2013). Physical activity: an underestimated investment in human capital? Journal of Physical Activity and Health).

[10]Cornwall Public Health Annual Report 2015

Accessibility for all



A breakdown of disabled participants by age, gender and impairment group

There are significant inequalities in levels of physical activity in relation to age, gender, ethnicity, deprivation and disability and corresponding inequalities in health.

- Activity levels tend to decline progressively with increasing age[11]. Older adults are the fastest growing age group in the population in England, but are the least physically active.
- People in the most deprived areas are twice as likely to be physically inactive as those in the least deprived areas.
- Being female, lower levels of education, and lower household income are all strongly associated with inactivity in older people[12].
- Disabled people are half as likely to be active compared to non-disabled people[13].
- Females from white backgrounds are more likely to take part in sport compared to Chinese, other and black backgrounds, with a low of 21% for females of Asian ethnicity.

[11]Franke T et al (2013) 'The secrets of highly active older adults', *Journal of Aging Studies*, 27 (2013) pp398–409

[12]Sun F et al. (2013) 'Physical activity in older people: a systematic review', *BMC Public Health*, 2013, 13:449

[13]Cornwall's Director of Public Health Annual Report 2015

Ethnicity and physical activity

Whilst the proportion of ethnic minorities in Cornwall is smaller than the national average, it is nevertheless important to note that certain diseases have higher rates in some ethnic groups. For example, type 2 diabetes is up to 6 times more likely in adults and more than 13 times more likely in children of South Asian descent[14]. There is considerable variation in physical activity and dietary behaviours across minority ethnic groups, with particular issues affecting those of South Asian origin[15] .

Population by ethnic group
Source: Census 2011

Life Expectancy and Healthy Life Expectancy

The Director of Public Health Annual Report 2015 highlighted that on average, men in Cornwall live for 79.3 years, which is the same as the England average, and women live for 83.3 years, which is higher than the England average. In the 2011 Census over three quarters of the population identified their health as 'good'; however, healthy life expectancy for both males and females is below the national average. Men on average have poor health from 63.6 years and women from 65.5 years. This means that on average 15.7 years for men and 17.8 years for women are spent living in poor health. There is a difference in life expectancy and healthy life expectancy depending on the level of deprivation in the community, with people in poorer communities living shorter lives and shorter healthy lives, compared with more affluent communities.

Life expectancy of people in poorer communities in Cornwall

Years spent in poor health compared to more affluent communities

[14]Association of glycaemia with macrovascular and microvascular complications of Type 2 diabetes: prospective observational study. *British Medical Journal 2000; 321: 405-412.*

[15]National Obesity Observatory – Obesity and Ethnicity Report 2011

A life course approach

This strategy adopts a life course approach acknowledging that people's lifestyles, and the role of physical activity within their lives, vary throughout specific life transitions such as moving schools, entering employment, moving house, starting a family and retirement[16]. It recognises that physical inactivity has negative effects at all stages of life and while ill health and premature death generally present themselves in adulthood, the exposure to risk begins in childhood.

The recommendations of the Chief Medical Officers (CMO) and recent NICE guidelines (PH44) both highlight the role of physical activity throughout our lives. These include new guidance for the early years, updated guidelines for children and young people as well as adults, and new, tailored recommendations for older adults. The guidelines stress the importance of adapting physical activity to the needs of people at different life stages and reinforce the principle that physical activity is something that should be a natural part of everyday life, throughout life.

During the early years and for children, there is an emphasis on physical and emotional development focusing on active play especially in the outdoors and an increase in numbers using active travel to and from school. For young people, there is a real need to avoid a decrease in participation at key points as they transition from primary to secondary school and then out of education. Parents, carers and family have an influential part to play in establishing an early habit and reinforcing positive behaviour through their own engagement in physical activity. For many adults, the challenge is to build physical activity into busy lives and the workplace based opportunities present a largely untapped potential. For older people, physical activity is seen as a way to maintain independence and enjoy a healthy and sociable later life. The key here is tailored activity that meets the changing needs of this demographic with opportunities that are community based and easily accessible. With this in mind, walking and cycling in their various forms present a particular low cost option that would seem to satisfy many of the requirements highlighted above.

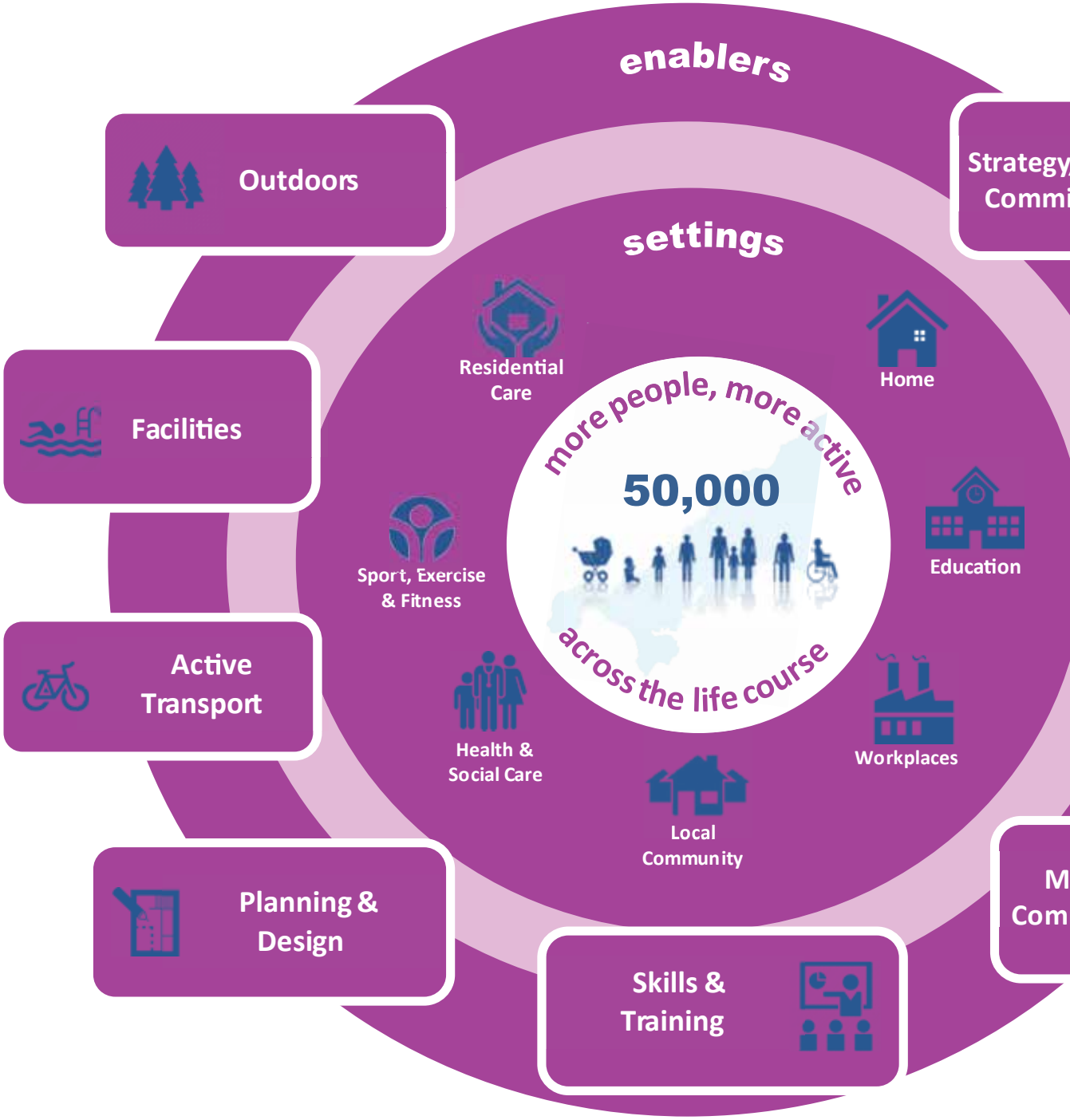
The recommended daily activity for children is at least one hour of moderate physical activity per day

Percentage of children in Cornwall achieving recommended levels of physical activity[17]

The recommended activity for adults is to be active every day and achieve 150 minutes of moderate intensity (increased breathing able to talk) activity per week or 75 minutes per week of vigorous intensity (breathing fast difficulty talking) or a combination of both. Plus strength exercises on two or more days a week that work all the major muscles

Percentage of adults in Cornwall achieving recommended levels of physical activity

[16]Public Health England (2014). Everybody active every day – what works, the evidence.
[17]Cornwall's Director of Public Health Annual Report 2015


enablers
Outdoors
Facilities
Active Transport
Planning & Design
Skills & Training
Strategy Commi
M Com
settings
Residential Care
Home
Sport, Exercise & Fitness
Education
Health & Social Care
Workplaces
Local Community
more people, more active
50,000
across the life course

Physical Wellbeing

Prevention and treatment of >20 diseases
Maintain healthy weight
Reduced risk of falls and hip fractures

Mental Wellbeing

Enhanced cognition and learning
Improved emotional resilience
Reduce anxiety and depression
Reduced risk of Dementia

Individual Development

Improved school readiness
Increased academic attainment
Increased confidence and self-efficacy
Improved independent living
Increased life-expectancy

Social and Community Development

Increased social cohesion
Reduced anti-social behaviour
Improved perceptions of community safety
Reduced social isolation

Economic

Reduced burden on services
Enhanced employability
Improved productivity
Decreased sickness absence and staff turnover
Improved labour mobility

Creating an active society requires action at all levels

How active people are is influenced by a wide range of factors, from the advice or encouragement of friends, family and carers at home, through programmes at school, work or in local communities, to the influence of general socio-economic conditions. People may be encouraged to exercise by a health or social care professional or a friend, but may find that childcare or work responsibilities get in the way, or they cannot find anywhere nearby to be active.

Key influences for increasing physical activity

People living closer to green spaces have been found to be more physically active and are less likely to be overweight or obese[18]. Evidence from the Inclusive Design for Getting Outdoors (IDGO) research programme[19] shows that older people who live in environments where it is easy and enjoyable to go outdoors, are more likely to be physically active and satisfied with life, and twice as likely to achieve recommended levels of healthy walking. Less user-friendly environments are often perceived by older people as posing an increased risk of falling, especially by those with vision, mobility or other impairments. Such environments can heighten fears about crime, nuisance and traffic, and make going outdoors less enticing; reinforcing feelings of loneliness or entrenching the challenges of socioeconomic deprivation.

Likewise, well-designed and accessible built environments can enhance the long-term health and wellbeing of those who use them regularly, reduce the risk of falls, promote physical activity and reduce social isolation. Promoting physical activity is as much the role of the transport and town planner (ensuring good provision for safe walking and cycling) as it is for those providing facilities (ensuring programmes are available for people who are currently inactive). Similarly, in schools and colleges, there is potential to develop safe walking and cycling routes and active playgrounds, alongside ensuring the provision of good physical and health education through the formal and informal curriculum.

This strategy focuses on concerted and committed action to create environments and conditions that make it easier for people to be more active and less sedentary. Action on physical activity is aimed at tackling all of the barriers at all levels, from the personal through to the environmental – particularly the challenges relating to safety, whether actual or perceived. Positive change needs to be long-term and large scale with interventions being based on community needs, but implemented and designed by these communities harnessing many of the assets already in existence.

This is a big challenge that requires a multi-faceted solution involving the combined efforts of a wide variety of individuals across a range of diverse domains and settings. The intention of this strategy is to highlight the role of all potential contributors and to provide a framework within which they can coordinate their efforts and focus resources to deliver greatest possible impact.

[18]Coombs E, Jones AP and Hillsdon M (2010) The relationship of physical activity and overweight to objectively measured green space accessibility and use. Social Science and Medicine 70(6): 816–822.

[19]http://www.idgo.ac.uk/about_idgo/index.htm accessed on 21/03/16

Wider outcomes

In addition to the primary outcomes aimed at reducing inactivity and increasing the number of people meeting CMO guidelines, this strategy also highlights the potential for increases in physical activity to deliver a range of wider associated outcomes. These broadly relate to physical/mental health, personal, social and community development and economic factors. With this in mind Public Health England's Health Impact of Physical Inactivity (HIPI) tool estimates that low levels of physically activity could be the cause of up to 36,815 premature deaths in England, between the ages of 40 and 79, and as many as 434 in Cornwall each year[20] (table 2).

The additional burden on services and associated costs are vast and recent estimates suggest that Cornwall spends a conservative £12 million each year on treating a number of diseases related to inactivity[21] (table 3). These estimates are a starting point in understanding the costs of physical inactivity. The true total cost of diseases related to physical inactivity is likely to be much higher when obesity, musculoskeletal health, mental health and functional health are taken into account.

The advantages of improved physical activity go well beyond physical health and wellbeing. The association with psychological wellbeing is now well established and the potential for physical activity to play its part in managing the growing challenge of mental ill health is significant. Physical activity can enhance psychological well-being, by improving self-perception and self-esteem, mood and sleep quality, and by reducing levels of anxiety and fatigue[22]. Physical activity can also reduce the risk of depression and dementia, both of which have a high prevalence. In Cornwall and Isles of Scilly, approximately 27,000 adults have a diagnosis of depression[23] and over 5,000 adults have a diagnosis of dementia[24].

Indicator	Annual Figure Cornwall	Preventable if 100% Active	Preventable if 75% Active	Preventable if 50% Active	Preventable if 25% Active
Total Deaths (all causes)	2,380	434	298	161	25
Coronary Heart Disease [a]	1,227	139	95	52	8
Diabetes [b]	24,947	3427	2351	1275	199
Breast Cancer [c]	417	87	60	32	5
Colorectal Cancer [d]	305	62	42	23	4

Table 2. Burden of illness and death from physical inactivity ages 40-79 in Cornwall (a-emergency hospital admissions, b-prevalence, c-new cases, d-new cases).
Source: Health Impact of Physical Inactivity (HIPI) Latest Annual Figure - estimated number of deaths in persons, 40-79, 2010, based on deaths, persons, 40-79, registered in 2007-2011 available at www.apho.org.uk

[20]Public Health England (2015). Health Impact of Physical Inactivity (HIPI) tool

[21]Sport England (2015). Local sport profile tool

[22]Department of Health, Physical Activity, Health Improvement and Protection (2011). Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers.

[23]Public Health England (2016). Community Health Profiles

[24]Public Health England (2016). Dementia Profile

Disease Category	Cornwall	South West	England
Coronary heart disease	£5,692,592	£45,480,757	£491,095,943
Cerebrovascular disease e.g. stroke	£2,427,508	£16,982,310	£134,359,285
Diabetes	£1,993,140	£16,384,407	£190,660,420
Breast Cancer	£1,008,025	£6,586,966	£60,357,887
Cancer lower GI e.g. bowel	£825,863	£7,035,640	£67,816,189
Total Cost	£11,947,128	£92,470,080	£944,289,723
Cost per 100,000 population	£2,208,325	£1,756,799	£1,817,285

Table 3. Estimates of the primary and secondary care costs attributable to physical inactivity.
Source: Sport England commissioned data f rom British Heart Foundation Health Promotion Research Group for PCTs, reworked into estimates for LAs by TBR

The contribution of physical activity to wider personal, social and community development is often understated. Being active every day is important for everyone, particularly the most vulnerable and underprivileged. Increasing levels of physical activity leads to more resilient people and more resilient communities. It has the potential to reduce inequalities and improve life chances by tackling some of the risk factors that lead to disadvantage. These include improvements to educational attainment, employability, social and emotional skills, community cohesion, social exclusion and isolation.

Importance of sport and physical activity to Cornwall's economy

Reducing the burden on our health services is a significant economic outcome, however, increasing levels of physical activity has the potential to deliver economic impact beyond these important cost savings. NICE guidelines (PH13) suggest that investing in the health of employees can bring business benefits such as improved productivity, reduced sickness absence, increased loyalty and better staff retention[25].

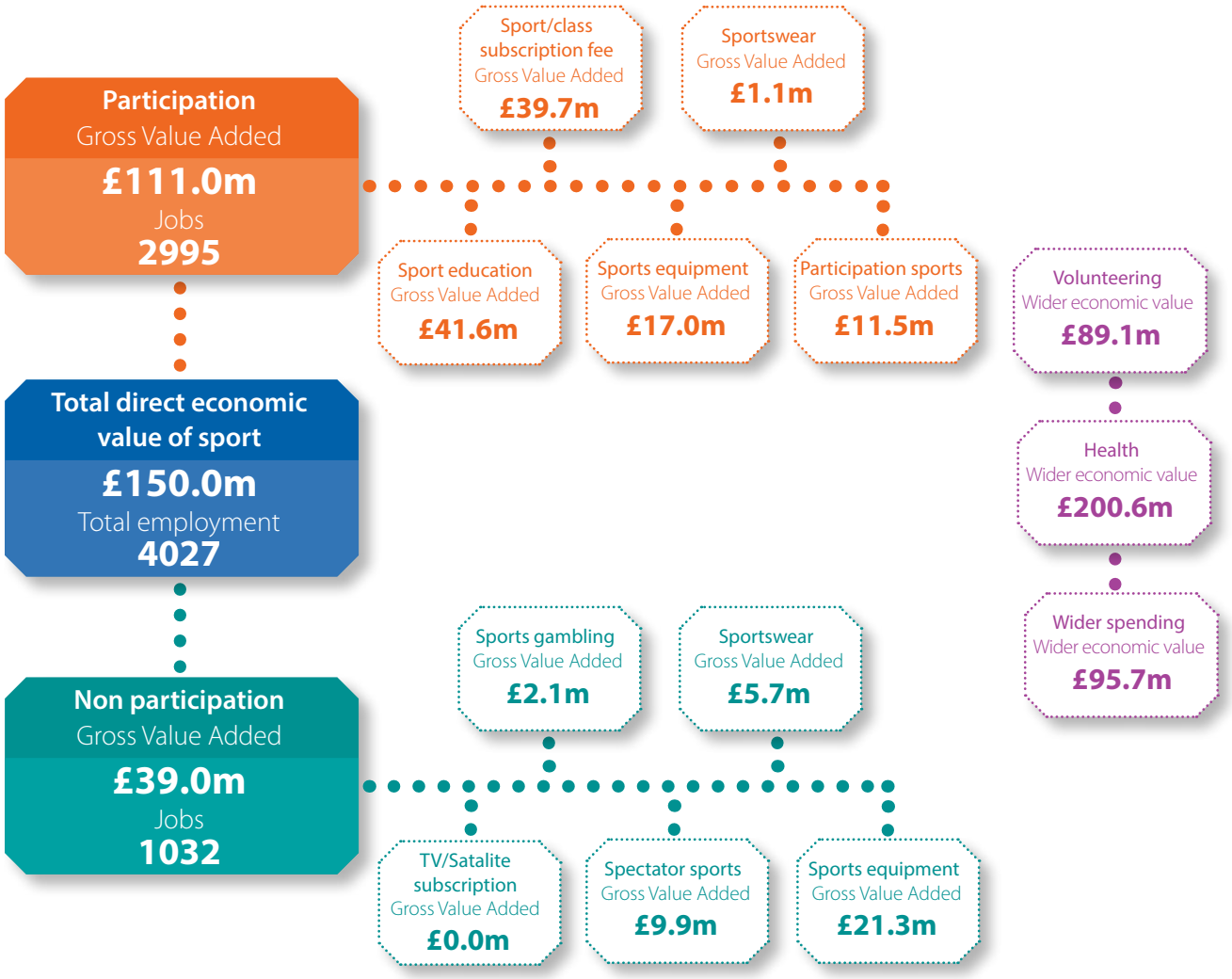
Physical activity programmes at work have been found to reduce absenteeism by up to 20% (physically active workers take 27% fewer sick days than inactive workers) and staff turnover by 10-25% with cost savings estimated at around £20,000 for a business with 100 employees on minimum wage.

In addition, Sport England has developed a tool that measures the contribution that sport makes to local economies. Sport contributes an estimated £150.0m directly to the economy of Cornwall with a further £385.4 m of value through the contribution that sport makes to volunteering, health service and visitors into the area. Furthermore, the model estimates that 4027 jobs are currently within the sports sector in the county. It is important that the contribution that physical activity and sport can make is considered within Cornwall's economic strategy and Devolution deal.

[25]National Institute for Health and Care Excellence (2008). Promoting physical activity in the workplace, PH13

Economic Value of Sport for Cornwall

Flowchart representation of key results from snapshot



Outcome measures

Progress towards the primary outcomes and targets shown on page 6 will be monitored annually using existing methods and reporting from established national measures based on household surveys of a representative sample of the Cornish population. Many of the wider, secondary outcomes are also currently monitored nationally through Public Health, NHS and Adult Social Care Outcomes Frameworks. These together with key stakeholders defined key performance indicators will form part of the local annual monitoring of progress in the form of proxy measures (see Appendix 1).

Overarching principles

- Empower people – everyone has the confidence and capability to be physically active every day.
- Create active environments – exploit the potential of built and natural environments to support a culture of people being more active as part of their daily lives.
- Collaborate – join forces as networks of partners to build on local assets, align objectives and focus resources to maximise impact.
- Make every contact count – everyone who comes into contact with members of the public can start a conversation to improve health outcomes including increasing physical activity.

Proposed future priorities and key recommendations

Evidence points to the following future priorities and key recommendations that will help guide the contribution of all those with a stake in getting Cornwall more active:

Active Society

1 Start Well (Early Years) - All children have an active start to life leading to an increase in the number who are healthy, happy and ready to start school.

Work with early years settings to ensure focused opportunities for physical activity are delivered as part of a daily routine with a balance of free and structured play in indoor and especially outdoor environments.

Help parents and carers to be active role models with advice on the importance of physical activity and practical ideas for indoors, outdoors and the home environment.

Provide all children with places and facilities (both indoors and outdoors) where they feel safe taking part in physical activities.

Establish an award/framework to support the delivery of physical development and physical activity within early years settings e.g. Time2Move.

Ensure a consistent and systematic sharing of information between early years settings and schools regarding children's physical development and activity levels prior to transition.

2 Start Well (Children and Young People) – The number of children and young people who are physically literate, active and meeting the CMO guidelines is increased.

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.

Support schools in delivering against the ambitions of the Time2Move Framework including a commitment to delivering a minimum of 2hrs curriculum PE each week and ensuring every child can swim.

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.

3 Live Well (Adults) – The number of adults who are physically active and meeting the CMO guidelines is increased.

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.

4 Age Well (Retirement and Active Ageing) – Physical activity is a regular part of individual lives leading to greater opportunities for independent living and improved healthy/ disability free life expectancy.

Ensure that all residential/care homes offer a programme of physical activity for occupants that focus on improving strength and functional ability as well as cardiovascular fitness.

Build local partnerships that integrate physical activity into existing community activities/care in the community projects e.g. Living Well Pioneer programme.

Focus interventions on communities in rural and deprived areas with high proportions of the 60+ age group delivering tailored activities 'on the doorstep' using local peer to peer activation.

Active Environments

5 Outdoor and Public Spaces – The utilisation of outdoor space for physical activity is increased.

Bring key partners together to explore innovative ways to maximise the potential, provide direction and coordination and to take forward the outdoor component of the physical activity strategy.

Review the potential of public outdoor spaces to support physical activity and identify opportunities for growth including; facilities, access and connectivity to public transport, walking and cycling routes.

Identify capital investment to support the development of local facilities and equipment to facilitate growth in activity in the outdoors e.g. playgrounds, cycle tracks, running routes, green gyms, climbing equipment, boats etc.

Actively promote Cornwall's natural environment as well as more non-traditional spaces as places where physical activity can take place.

Work with schools and colleges to provide children and young people with access to outdoor environments that stimulate their need to explore and which safely challenge them.

Support the growth of the outdoor activity delivery network with apprenticeships, workforce training, business support and a regulatory framework.

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.

7 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.

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.

Active Professionals

9 **Policy and Commissioning – Cornwall's high level strategies, policies and commissioning plans include physical activity outcomes as a priority.**

Ensure physical activity is positioned in the JSNA with the health, social and economic benefits of physical activity clearly outlined.

Ensure physical activity features as a key strand in the Health and Wellbeing Strategy.

Identify physical activity champions including a member of the Health and Wellbeing Board, a member of the KCCG and a senior council member to promote the importance of encouraging physical activity across portfolios.

Monitor and evaluate the effectiveness of local strategies and systems in supporting physical activity outcomes.

10 **Partnerships and Coordination - Local stakeholders are clear on their roles and responsibilities in supporting physical activity outcomes.**

Nominate a lead agency for the coordination of physical activity services in Cornwall and the Isles of Scilly.

Provide a forum for better partnership working between various sectors and organisations ensuring that increasing physical activity is everybody's business.

Audit current demand and service provision across the life course with particular emphasis on health inequalities and specific population groups.

Identify and fill gaps in service provision prioritising those at most risk.

11 **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.

12 Workforce, Skills and Training – Appropriate training and support is provided for professionals and volunteers working to support delivery of physical activity outcomes.

Conduct a workforce audit across sectors identifying professionals and volunteers who have the potential to come into contact with target groups. Complete a skills matrix and training needs analysis.

Provide basic information and training for all front line professionals and volunteers on how to provide brief advice on the benefits of physical activity.

Establish CPD programmes to ensure that professionals and volunteers who design, plan and deliver formal and informal physical activity sessions have achieved and are maintaining the relevant sector standards, qualifications and skills.

Develop and support communities of practice for individuals contributing to physical activity outcomes including a register of physical activity professionals and annual conference.

13 Monitoring and Evaluation - Physical activity outcomes are monitored and evaluated against an agreed framework.

Enhance current levels of survey-based data including increased sample sizes to allow further division by life-course stages (especially early years and the elderly) and sub-county area mapping to inform and monitor a place-based approach.

Work with stakeholders to identify and agree key performance indicators and proxy measures that relate to specific outcomes of the physical activity strategy, establish baseline measures and report annually on progress.

Ensure that physical activity interventions adhere to the Standard Evaluation Framework for Physical Activity, with a minimum requirement of delivering against the 'essential' criteria.

Promote the single item measure and the International Physical Activity Questionnaire (IPAQ) short version as the standard validated method for assessing baseline/initial activity levels of participants and to determine impact and behaviour change.

Develop a bank of good practice case study examples against a standard template to share good practice within Cornwall and the Isles of Scilly.

Implementation plan – Outline Year1

Develop an action plan in conjunction with key stakeholders to identify priority recommendations and commit partners to agreeing their commitment to outcomes including;

- Ensure physical activity is positioned in the JSNA with the health, social and economic benefits of physical activity clearly outlined.
- Nominate a lead agency for the coordination of physical activity services in CIOS.
- Provide a forum for better partnership working between various sectors and organisations ensuring that increasing physical activity is everybody's business.
- Enhance current levels of survey-based data including increased sample sizes to allow further division by life-course stages and sub-county area mapping to inform a place-based approach.
- Work with stakeholders to identify and agree key performance indicators and proxy measures that relate to outcomes of the physical activity strategy and establish baseline measures.
- 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.
- Bring key partners together to explore innovative ways to maximise the potential, provide direction and coordination and to take forward the outdoor component of the physical activity strategy.

Appendix 1
Wider associated outcomes and measures

Wider Outcomes	Physical Wellbeing	Mental Wellbeing	Individual, Social and Community Development	Economic Impact
Children and Young People	Child mortality[1,2] Obesity and excess weight in children[1] Hospital admissions for asthma/diabetes[2]	Hospital admissions for mental health conditions Rates of self-harm Hospital admissions for self-harm[1] Hospital admissions for substance misuse	Child development at 2-2$^{1}/_{2}$ years[1] School readiness[1] GCSE achieved Pupil absence[1] Exclusions from school Entrance to youth justice system[1]	16-18 NEETs[1] Demand for children and young people services Need for child social care in the community Admissions to hospital Visits to GPs
Adults	Obesity /excess weight in adults[1] Diabetes diagnosis[1] Hypertension Incidence of /mortality CVD[1,2] Incidence of Stroke[1] Cancer diagnosis/ mortality[1,2] Incidence of /mortality of respiratory diseases[1,2] Injury due to falls[1,3] Hip fractures[1,3] Osteoarthritis	Dementia diagnosis[1,2] Depression Anxiety	Health related quality of life[1,2,3] Self-reported wellbeing[1] Perceptions of community safety[1] Social isolation[1,3] Improved independent living[3]	Sickness absence rate[1] Employment of people with LTC and mental illness[1,2,3] Need for adult social care in the community Admissions to hospital Admissions to residential and nursing homes[3] Visits to GPs
Long - term	Reduced Potential Years of Life Lost and Improved (healthy/disability free/inequalities in) life expectancy[1,2]			

Summary of secondary outcomes related to the proposed physical activity strategy
([1]Public Health Outcomes Framework, [2]NHS Outcomes Framework, [3]Adult Social Care Outcomes Framework).

Appendix 2
List of consulting organisations

152 individuals from key stakeholder organisations were invited to input to the strategy and an online survey and drop-in event was arranged as part of the consultation process. The following organisations provided comment:

Public Health England (South West)

Public Health England (Cornwall)

Health Promotion Service

Royal Cornwall Hospitals Trust

Kernow Clinical Commissioning Group

Cornwall NHS Foundation Trust

Cornwall Council

- Adult Care
- Commissioning and asset management
- Communities and devolution
- Environment
- Resources
- Transport, planning and strategy

Sustrans

Devon and Cornwall Police

Cornwall Fire, Rescue and Community Safety

Youth Offending Service

Inclusion Cornwall

Age UK Cornwall and The Isles of Scilly

Cornwall Bowls Development Alliance

Youth Sport Trust

Cornwall Association of Primary Head Teachers

Cornwall Association of Secondary Head Teachers

St Breock Primary School

Penryn College

University of St Mark and St John

SofaDodger

Sport England

Cornwall Sports Partnership

Tempus Leisure

Cornwall Marine Network

National Trust

Appendix 3
Useful resources

Chief Medical Officers physical activity guidelines

Start Active Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, 2011. https://www.gov.uk/government/publications/start-active-stay-active-a-report-onphysical-activity-from-the-four-home-countries-chief-medical-officers

Insight into key influences on participation of different groups

Sport England research to understand factors which influence sporting behaviour, such as age, gender and economic conditions. This includes insights and understanding into what affects and impacts specific population groups. https://www.sportengland.org/research/encouraging-take-up/key-influences/

Existing NICE guidelines regarding physical activity

PH2 2006 Four commonly used methods to increase physical activity

PH6 2007 Behaviour change: the principles for effective interventions

PH8 2008 Physical activity and the environment

PH13 2008 Promoting physical activity in the workplace

PH16 2008 Mental wellbeing in over 65s: occupational therapy and physical activity interventions

PH17 2009 Promoting physical activity for children and young people

PH25 2010 Prevention of cardiovascular disease

PH27 2010 Weight management before, during and after pregnancy

PH35 2011 Preventing type 2 diabetes – population and community interventions

PH38 2012 Preventing type 2 diabetes – risk identification and interventions for individuals at high risk

PH41 2012 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation

PH42 2012 Obesity: working with local communities

PH44 2013 Physical activity: brief advice for adults in primary care

PH49 2014 Behaviour change; individual approaches

PH54 2014 Exercise referral schemes to promote physical activity

NG16 2015 Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset

NICE publications in development - Physical activity and the environment including accessibility for people with mobility problems or additional needs – anticipated February 2018

Please see www.nice.org.uk/guidance for more information.

Everybody active, every day: a framework to embed physical activity into daily life, Public Health England, 2014

https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embedphysical-activity-into-daily-life

Physical Activity Evaluation Framework – available on https://www.noo.org.uk/core/frameworks/SEF_PA

Get Active Cornwall - http://www.getactivecornwall.co.uk/

The Cornwall and Isles of Scilly Physical Activity Strategy has been jointly developed by Public Health Cornwall and Cornwall Sports Partnership, in consultation with a range of key stakeholders. The Strategy was approved by Cornwall's Health and Wellbeing Board in July 2016.

For more information please email:
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