

Annual General Meeting

Thursday 30 November 2017, Hemswell Court.

Summary of comments captured in table discussions

The aim of the AGM was to share the latest insight on physical activity in Lincolnshire.

An external data specialist agency, PressRed, have been working with Active Lincolnshire to turn the data that we have into meaningful insight to start to shape our thinking.

They presented the latest insight. It focused on:

- what it means to be active;
- key population trends;
- demographic breakdowns by age, gender, social group, district;
- and physical activity behaviour in our county.

The insight was collated from published data (mainly Sport England Active Lives & Active People data) and looked at broad themes.

Our conclusions for Lincolnshire were:

- We need to focus on inactive behaviour
- Our priority is those aged 45 and over (due to size of population and aiming to reduce health conditions associated with an inactive life.)

And from here we need to do more insight to understand where we can have the most impact.

- We need to take a **geographical approach** to:
 - Going where we can reach inactive people in this age group in greater numbers
 - Targeting different groups based upon the 'need' of that group in that given locality
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Stakeholders were asked the following questions:

- How are the communities you are working with changing demographically?
- Does the focus on moving people out of the 'inactive' group fit with local priorities and priorities for your organisation?
- How does this evidence resonate with what you know locally?
- What information or evidence do you have on people aged 45+ and their physical activity behaviour?
- What further insight would help you to positively impact on their

The responses to the presentation are summarised below into key themes, in no particular order.

Sports

The sports sector was represented by several NGBs and Lincoln City Football Club. Walking netball & football are seeing growth and are starting to appeal to younger ages (40+).

Football has engaged 500+ and are now researching how many steps people take. They want to evidence the health benefits and grow the sport. Boston is now a priority area. The target population want more than activities. They want a social element. For example, the health walks offer this.

The sports need to consider how they engage the inactive into their clubs. And in particular the older population.

Tennis see an ageing population in Lincolnshire. They are keen to do further work on disability. Grantham TC won disability club of the year. (Lynsey + John Copsey). How do we get the volunteer base to make this happen?

LCFC – they are more community focused than ever before. Want to get more people in the community active.

Golf is having to adapt to keep people longer in the game. They have a lot of members not coming due to work barriers. Aiming for more accessible pathways.

ECB /Lincs cricket – National playing survey breaks down who is playing by demographic for Lincolnshire.

The inactive pop

How many of the 22% have a chronic illness? Can the UoL help with research (They have done some research already in this area on health rehab.)

How do we create activity that is not looking like activity? Clubbercise. Fun activities, not branded sport.

Positive Futures have data on younger inactives that they can share.

Health sector

Train the GPs /PCTs so they can refer to local activities.

The NHS know that supported initiatives for people with health problems have a positive impact BUT they don't have the resources to fund them or increase the offer.

Migrant & seasonal population

EL has a large migrant population in agriculture and coastal towns. This population works long hours and is hard to reach. There are also 35,000 caravans and many of these people are not registered due to residency laws, making them hard to reach.

In Boston, white continental Europeans are one third of the population.

Student population – the university has seen the u25 pop increase in the city in past 20 years.

Rurality & size

EL has big issues with rurality. Isolation. The Coop has recognized this and EL is a priority area for growing the health walks.

We need to take the activity to the people. NK for example, are seeing a 20% growth on the over 65s.

We can't rely on the facilities alone as people are located a long way from them.

Children

There is an increase in YP

Don't forget the younger population. This is a route through to parents.

There is a big obesity problem with primary school age. This is our future inactive population.

Habits learnt whilst young become lifelong habits.

We need more activities for children, especially in more cut off areas.

Older people

Can they exercise at the intensity needed?

At middle age (45+), there is a transition from sport to what? How do we keep these people active who are not ready for walking football? Is there a case for more unstructured such as Park Run?

Leisure centres do target the 55+ audience and expect them to bring the younger generations.

Active Travel

We need a system that promotes this – especially in the towns such as Boston, Grantham, Sleaford.

Rurality & size has a big impact on active travel.

We need to review our infrastructure – for example, how are we making cycling safe in the city?

Cycle to work – people are time-pressured. How do we change the message?

Disparity of nationalities & districts

Each district has pockets of very different populations & deprivation. EG SK has Stamford & Grantham.

East coast has an increasing ageing population.

Gainsborough has an ageing population which means more demand on services.

Reaching different nationalities is challenging.

Workforces / Corporate

Some employers have v diverse workforces. EG Police have office staff, shiftworkers, volunteers etc. This presents challenges.

Siemens is already focusing on 45+.

Volunteers – we need 'Champions' at local level to inspire.

Corporate sector – can we aggregate a scheme that gives benefits – eg gym membership, a toolkit of best practice. Bronze, silver gold? Tiered and tailored approach. Can we help bring resources and key messages to life, such as the OneYou campaign, self-care?

Facilities

They are still important. EL have built the best facility in the county and numbers have soared (Meridian, Louth). But to get the inactive to come, they have gone to different places to recruit (pubs, hairdressers).

Mental Health

For Riseholme, this is a priority area. When students suffer from mental health, they disengage in activity.

Branston have started a mental health forum. Can we all learn from this?

Insight questions

Can we map county and local authority wards to inactive & workless families.

(IMD says this is the most challenging group.)

Do we understand our communities at granular level? Their motivations? What do they

want?

Do we have a map of our existing spaces?

Do we have a map of facilities / resources? Of what is in our local communities already?

We need to understand workplace travel. (UoL working on this area)

Can we do research into activity programmes in certain locations? UoL have a wealth of information / researchers here.

Are we sharing good practice?

Are we selling the full benefits of physical activity? Not just health, but anti-social behavior, community cohesion, mental health, fun thing to do. (NK have data they feed to the council on this every 12 weeks.)

We need to link our data to other data locally.

Do we want to focus on the 45+ age group? This is a massive demographic – can be 45 – 90 years of age! Can we not segment more?

Can we layer the datasets? How many 45+ are parents/working/not working?

Can we geomap leisure centre data with what we have already?

PH can support with the data for YP

We need to understand this older (45+) audience more – why do they drop out at 45+? What would get them into activity? What are they looking for? What are the barriers?

The final question reinforced many of the good points raised above. The answers demonstrated an understanding of the scale of the problem (if we don't make significant changes to our sedentary ways, the health service will not cope), and a willingness to work together to solve it.

How can we work with you more to make a difference?

Data sharing

We all have our own data, so how do we share this and make use of it? Can we also look at wider organizational aims to fit together?

LCFC for example have data from their community projects – education & training specifically.

This will make us more robust, more systematic.

Sport England – have evidence research ready, so we need to be proactive and not reactive.

We need to tell partners what data we want to collect – give them a plan. Help them to measure impact. Data drives results.

Have tools to measure data – useful tools so everyone is using the same.

Better communication with our stakeholders

Active Lincs need to keep stakeholders better informed about the strategy and what is happening. We need to remain strategic and not operational.

We need to communicate our role more clearly. Educate stakeholders on the active lives agenda.

We need to share best practice – what works? Case studies.

More joined up work and communication to target specific groups based on health conditions, age or areas.

We need to facilitate links to accessing SE funding via joint bids for example.

Active UK has not been mentioned so far and it should have been with SE as a key driver.

Defining & knowing our customers

We need to plot lifecycles and find out where people drop out of PA. Can we put something in place to stop this?

Where do we find the 55+ age group? Who are the intermediaries? EG u3A, Age Concern.

Youth - need to look at how we start life. At school you get a view of sport, develop role models. What is not working at this age group?

45+ is far too wide a population. Needs to be at least 55+

Do we know our community connectors? Those who are making things happen at the local level.

Geographical approach – local authorities, schools etc know an area. This will be key to understanding the roots of inactivity – eg peer pressure, access to facilities etc.

Sport can target the inactive

Work with LTA, FA, England Netball to drive footfall. NGBs can be the exit route once people start getting active – make sure they are involved.

Golf are doing work on mental health.

Making the health Link

Healthwatch want to include PA in their work.

We need to look at the health trends and match priorities to these.

Continue to work on the link with cancer (and other health conditions) and how PA is the route to recovery. (Along the self-care agenda).

Disability

This has to be a key strand of any strategy as our older population is large and getting larger.

Good mental health

This is linked to PA. EG young people with mental health issues.

Workplace activity

Employers working with us to get less active employees to be active

Leading companies to team up with us.