

Community Health

Evidence Base document - sixth draft : 7th December 2020

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Purpose of this Evidence base report

This evidence base report has been prepared to support the development of the D&TNP. It has been structured to support the collation of information in a coherent format to:

- Allow the presentation of evidence to demonstrate the needs of the community in an objective way
- ensure that the evidence presented is proportionate and robust and supports the choices made and the approaches taken
- support the careful analysis of evidence gathered and ensure that it informs key themes and priorities to be developed in the NP
- allow us to use the supporting evidence to explain the intention and rationale of the emerging policies in the draft NP
- ensure that all evidence is clearly referenced and presented in an accessible way. For the purposes of independent Examination and for the benefit of residents, landowners and developers who will be reading the plan.

1.b) Neighbourhood Development Plan Themes

Neighbourhood Plan theme	What has been considered?
1. Landscape, Biodiversity and Heritage	Landscape Character Historic Environment Biodiversity Agricultural and Mining classifications Flood characteristics
2. Community Facilities and Green Infrastructure	Existing Community facilities and resources Open Space Key green infrastructure assets
3. Housing	Existing Housing Stock Housing Needs Affordable Housing Older people's Housing
4. Community Health	Demographics Population change Health Deprivation
5. Accessibility, Communications and Transport	Road Networks Broadband Networks Public Transport Community transport Walking, Cycling and riding routes Accessibility Travel Patterns Parking
6. Business Economy and jobs	Economic Activities Tourism Employment (including youth unemployment)

1 c) Structure of the Evidence base

The Evidence base report has been structured under each of the six themed headings. For each of the themes the following elements are presented:

4.1 Policy Overview

This explores the wider policy context for the theme, through reviewing:

- Key National Planning Policy Framework policies and issues
- Cornwall Council Local Plan (2016) regional and local issues for the topic covered.
- Other national or regional studies which provide intelligence on the topic

4.2 Baseline information:

- Liskeard and Looe **Local Insight Profile** March 2017
- Census information 2011
- Cornwall Interactive mapping information on the topic covered
- Cornwall Council Specialist research e.g. Housing numbers

³⁹ Cornwall Wildlife Trust (1996 –2009) Cornwall's Biodiversity Plan Volumes 1-4 [online] available at:

http://www.cornwallwildlifetrust.org.uk/conservation/Biodiversity_and_Geodiversity_Action_Plans/Cornwall_Wildlife_Trust_Biodiversity_Action_Plan_BAP

4.2 Community Consultation Feedback

- Initial questionnaire (March 2017)
- Second Questionnaire (May 2018)
- Roadshow events (September 2019)
- Local Policy Consultation Events (September /October 2029)

4.1 Issues and Opportunities arising from the Evidence base

Population and Health Sources of Information

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

Coombs E, Jones AP and Hillsdon M (2010) The relationship of physical activity and overweight to objectively measured green space accessibility and use.

Cornwall Local Plan: Strategic Policies 2010-2030. Adopted November 2016.
www.cornwall.gov.uk

Cornwall Public Health Annual Report 2014

Cornwall Public Health Annual Report 2015

Cornwall's Director of Public Health Annual Report 2015

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.

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

Everybody active, every day: a framework to embed physical activity into daily life,

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

Health and wellbeing strategy 2013-2015. Cornwall Health and Wellbeing board.

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

<https://www.gov.uk/government/publications/everybody-active-every-day-aframework->

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.

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

Physical Activity strategy summary: Transforming activity levels by 2020

Public Health England (2014). Everybody active every day – what works, the evidence.

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

Public Health England (2016). Community Health Profiles

Public Health England, 2014

Social Science and Medicine 70(6): 816–822

Sport England (2015). Active People Survey

Sport England (2015). Local sport profile tool

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

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

The Lancet 380:219–29 to-embed physical-activity-into daily-life

4. Community, Population and Health

4.1 Policy Overview

National Planning Policy Framework

Key messages from the National Planning Policy Framework (NPPF) include –

- The social role of the planning system involves ‘supporting vibrant and healthy communities’.
- The planning system can play an important role in facilitating social interaction and creating healthy inclusive communities.
- A core planning principle is to ‘take account of and support local strategies to improve health, social and cultural wellbeing for all’.
- Set out the strategic policies to deliver the provision of health facilities
- Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and wellbeing of communities.

Cornwall Local Plan

Key messages from Cornwall local plan include-

- Dobwalls and Trewidland villages are the main settlements in Dobwalls and Trewidland Parish. They are not classified in the Cornwall Settlement Hierarchy. Developments in the parish will therefore be taken forward through the Neighbourhood Development Plan or Rural Exception Sites.
- In the Local Plan Dobwalls and Trewidland is listed under the Liskeard and Looe Community Network Area with a population of 33,000 in 2007. Liskeard and Looe are the main settlements in this area and act as the local service centres for the smaller settlements in the area, including those of the parish.
- Development is to help rebalance communities by providing facilities, economic development or housing for local needs of a scale that is appropriate to the settlements and to reduce the need to travel.
- Development should deliver community benefits in the form of affordable housing for local people and contributions to requirements for facilities, services and infrastructure identified locally
- Open space and Green infrastructure can play an important role in improving health and wellbeing by providing accessible space for recreation.
- Green Infrastructure networks should be enhanced through the maintenance/ improvement of strategic green corridors, provision of enhanced walking and cycling routes and enhancement to ecological networks.

Other Plans and Studies

Box 4.1 Implications of an Ageing population

The Select Committee on Public Service and Demographic Change report **Ready for Ageing?**² warns that society is underprepared for the ageing population. The report says that *'longer lives can be a great benefit, but there has been a collective failure to address the implications and without urgent action this great boon could turn into a series of miserable crises'*. Key projections about ageing include 51% more people aged 65 and over and 101% more people aged 85 and over in England in 2030 compared to 2010; and a 90% increase in people with moderate or severe need for social care for the same time period. Organisations involved in urban planning will need to adjust to an older population and will have an important role to play in preventing the social isolation of older citizens.

The report says that the housing market is delivering much less specialist housing for older people than is needed. Central and local government, housing associations and house builders need urgently to plan how to ensure that the housing needs of the older population are better addressed and to give as much priority to promoting an adequate market and social housing for older people as is given to housing for younger people. The report notes that *"if the country had an adequate supply of suitably located, well-designed, supported housing for older people, this could result in an increased release onto the market of currently under-occupied family housing, expanding the supply available for younger generations"*. It recommends that local government should ensure better housing provision for older people by both encouraging private market provision and by making specific mention of older people's needs when drawing up Local Plans.

Box 4.2 Influences of Nature on community wellbeing

The report **Natural Solutions** from the New Economics Foundation³ looks to highlight evidence from recent studies that demonstrates the important role that the natural world can play in delivering well-being and the delivery of key societal goals such as health, education, urban regeneration and crime reduction.

It points to the relationship between access to nature and positive health outcomes, with both physical and mental health benefits on offer through increased physical activity and environmental experience and contact. The natural environment is also described as potentially being a resource to help reduce crime levels and increase community cohesion by providing a neutral space in which people can meet and interact. In addition, green spaces and other outdoor locations can provide key environments for effective learning, with this particularly being the case for children not engaged in formal learning.

² Select Committee on Public Service and Demographic Change (2013) Ready for Ageing? [online] available at:

<http://www.parliament.uk/business/committees/committees-a-z/lords-select/public-services-committee/report-ready-for-ageing/>

³ New Economics (October 2012) Foundation Natural solutions Nature's role in delivering well-being and key policy goals

<http://www.neweconomics.org/publications/entry/natural-solutions>

⁴ The Marmot Review (2011) The Marmot Review: Implications for Spatial Planning [online] available at:

<http://www.apfo.org.uk/resource/item.aspx?RID=106106>

⁵ Upper tier and unitary local authorities

⁶ ONS (2011) Census 2011, Key Figures for 2011 Census: Key Statistics

⁷ ONS (2001) Census 2001, Key Figures for 2001 Census: Key Statistics

⁸ ONS (2004) Census 2001, Age Structure, 2001 (KS02)

⁹ ONS (2013) Census 2011, Age Structure, 2011 (KS102EW)

Box 4.3 further policies in relation to 'health'

Fair Society, Healthy Lives⁴ ('The Marmot Review') investigated health inequalities in England and the actions needed in order to tackle them. Subsequently, a supplementary report was prepared providing additional evidence relating to spatial planning and health on the basis that there is: *'overwhelming evidence that health and environmental inequalities are inexorably linked and that poor environments contribute significantly to poor health and health inequalities'*.

It highlights three main policy actions to ensure that the built environment promotes health and reduces inequalities. These should be applied on a universal basis, but with a scale and intensity that is proportionate to the level of disadvantage. Specifically these actions are to:

- Integrate fully the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
- Prioritise policies and interventions that both reduce health inequalities and mitigate climate change by: improving active travel; improving good quality open and green spaces; improving the quality of food in local areas; and improving the energy efficiency of housing.
- Support locally developed and evidence-based community regeneration programmes that remove barriers to community participation and action, and reduce social isolation.

The increasing role that local level authorities are expected to play in producing health outcomes is well demonstrated by recent Government legislation. **The Health and Social Care Act 2012** transfers responsibility for public health from the NHS to local government⁵, giving local authorities a duty to improve the health of the people who live in their areas. This will require a more holistic approach to health across all local government functions.

4.2 Baseline information

4.2.1 Demographics : Population growth and Age Structure

According to the most recent Census data available in 2011 the population of Dobwalls and Trewidland Parish was 2,068. This is an increase of 129 from the 2001 Census population (1.06 %). Of the 2011 population 982 were males and 1,086 were females.

Table 2.1 Population growth 2001-2011

Date	D&T	Cornwall	South West	England
2001	1,939	499,114	4,928,434	49,138,831
2011	2,068	532,273	5,288,935	53,012,456

ONS Crown Copyright Reserved [from Nomis on 24 April 2018]

However there has been a significant increase in population as a result of the development of X sites with a combined total of Y new Households in the parish over the past six years.

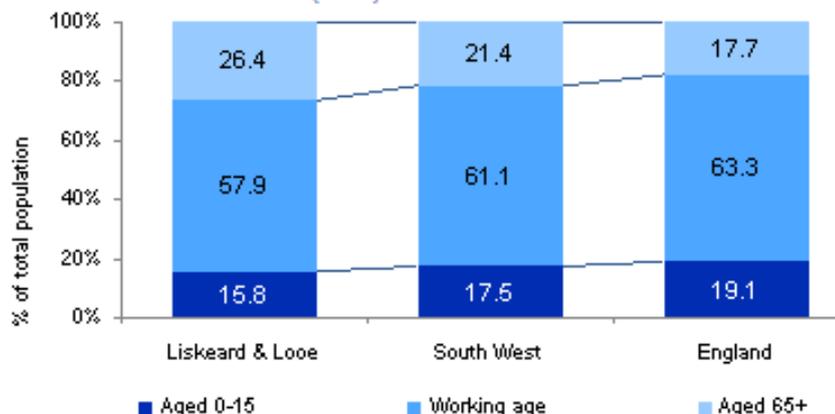
Age Structure

In 2015 the over 65 age group was estimated as being 23% of the Liskeard and Looe CNA population. By 2030 the predicted over 65 age group is estimated as being 27% of the population

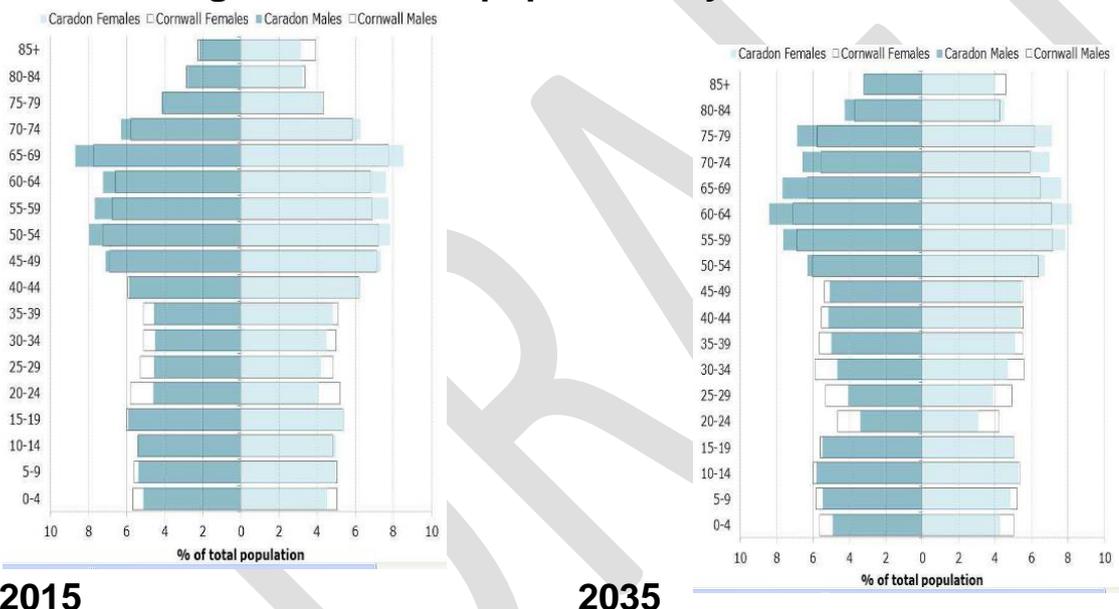
Source <https://www.cornwall.gov.uk/media/22243244/main-report-august.pdf>

Table 2.2 highlights the age structure of the Liskeard and Looe Community Network Area. The comparison between such proportions of elderly people in the community, even in 2015 showed very significant differences between the Liskeard and Looe area, Cornwall and particularly with England as a whole.

Figure: Population by age
Source: Mid-Year Estimates (ONS) 2015



Predicted Age structure of population by 2030



The predicted changes in age structure of the population by 2030 are significant in their predictions of much lower numbers of younger people of working age in the population.

Households (2017 estimate)

Dobwalls village	714	
Dobwalls rural	142	total 856
Trewidland village	53	
Trewidland Rural	94	total 147
Total household in Parish	1003	Dobwalls and Trewidland PC (2017)

The two areas of the parish show very different population structures with most of the parish population in the Dobwalls settlement,

4.2.2 Health

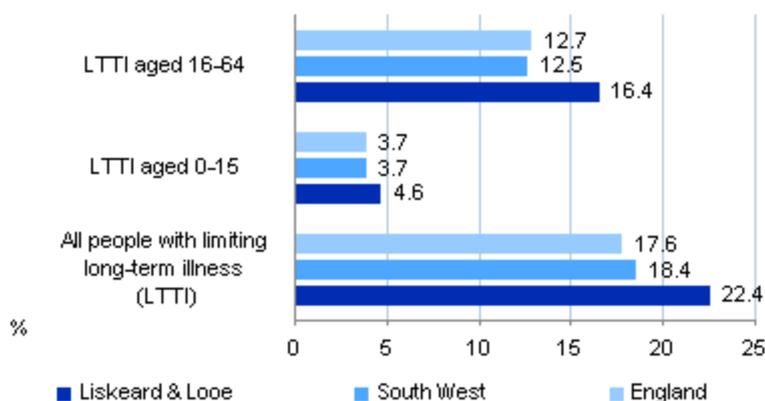
The health of people in Cornwall is varied compared with the England average (ref 1)

- Only 3 in 10 adults eat the recommended 5 portions of fruit and vegetables a day (ref 2)
- 1 in 3 children leaving primary school are overweight or obese. There are an estimated 16,000 children who are obese in Cornwall (age 0-16) (ref 2)
- Only 13% of adults in Cornwall achieve the recommended level of physical activity (ref 2)

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 (ref 3)

Figure: People with a limiting long-term illness
Source: Census 2011



Local Insight profile for Liskeard and Looe Community Network Area,
OCSI March 2017

Adult Health

- The rate of alcohol-related harm hospital stays is 725, worse than the average for England. This represents 4,060 stays per year.
- The rate of self-harm hospital stays is 228.6, worse than the average for England. This represents 1,172 stays per year.
- The rate of smoking related deaths is 262, better than the average for England. This represents 983 deaths per year.
- Estimated levels of adult excess weight are worse than the England average.
- Rates of sexually transmitted infections and TB are better than average.
- The rate of deaths from drug misuse is worse than average.
- Rates of statutory homelessness, violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average. (ref 1)

Child Health

- 30% of children aged between 2 -15yrs are overweight or obese (ref 5)
- Out of 2000 children, 1 in 5 youngsters do not go outside to play (ref 4)

- Physical inactivity in England is estimated to cost the government £8.2 billion a year and this is predicted to rise (ref 6)
- 40 – 60% of children over 6 years spend less than 1 hour a day doing moderate intensity activities (ref 7)

Levels of inactivity in Cornwall

Inactive means - for children and young people > less than 30 mins per day
for adults (16 year +) > less than 30 mins per week

	Current	2020
a) children and young people (5-15yrs)	42% (24,200)	32% (18,200)
b) Adults (16yrs +)	28% (130,000)	24% (111,000)

ref (12+13)

Local Insight profile for Liskeard and Looe Community Network Area,
OCSI March 2017

Wider outcomes

- 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 physical 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 (ref 9)
- recent estimates suggest that Cornwall spends a conservative £12 million each year on treating a number of diseases related to inactivity (ref 10)

Cornwall's priorities

A large proportion of death and disability in Cornwall are 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 (ref 3)

Priorities in Cornwall are reducing:

- smoking,
- physical inactivity,
- unhealthy diets,
- excess alcohol,
- and lack of social connections.

These five behaviours lead to five health conditions (cardiovascular disease, cancer, mental illness lung disease and musculoskeletal problems) that cause the majority of deaths and disability in Cornwall (ref 14)

- Only 13% of adults in Cornwall achieve the recommended level of physical activity (ref 2)

Behaviours > Diseases



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
- Inactive people have x3 the rate of moderate to severe depression as active people (**ref 3**)

Health services in Dobwalls and Trewidland

The town of Liskeard is approx 2.8 miles, 6 minute drive from Dobwalls, approx 4.2 miles 10 minute drive from Trewidland

Liskeard has:

- Liskeard Community Hospital – 2 wards, MIU, x-ray dept, OP clinics
- 2 GP surgeries – Home visits, deliver medications
- 2 Dental Surgeries

Other health facilities/services/activities are supported through:

- Primary schools: in both Dobwalls and Trewidland villages
- Village Halls: which provide a range of physical activities including short mat bowls, Tai Chi, Judo, Skittles
- Open spaces, footpaths and lanes which provide opportunities for dog walking, informal sports for children etc
- Sports Clubs: including: Dobwalls Football Club , Dobwalls and Trewidland Snooker clubs, Slimming clubs,

Disability and Care needs

The Local Insight Profile for Liskeard and Looe Community Network Area, (OCSI March 2017) gives the following:

“The information in this section looks at the prevalence of disability among people living in Liskeard & Looe. There are two measures of disability presented: those claiming Attendance Allowance or Disability Living Allowance.

Attendance Allowance is payable to people over the age of 65 who are so severely disabled, physically or mentally, that they need a great deal of help with personal care or supervision. Disability Living Allowance is payable to children and adults in or out of work who are below the age of 65 and who are disabled, need help with personal care or have walking difficulties. It is a non-means tested benefit, which means it is not affected by income.

The information boxes show the total number of people receiving Attendance Allowance and Disability Living Allowance across Liskeard & Looe.

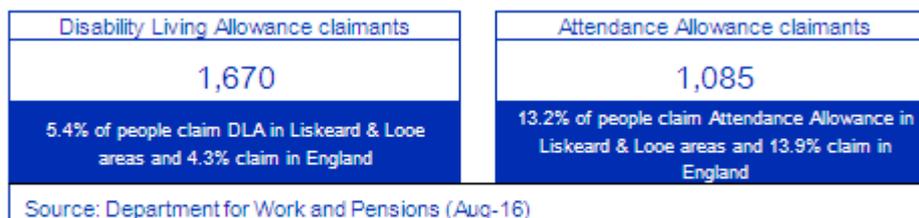


Figure: Adults with a disability (receiving Disability Living Allowance)

Source: Department for Work and Pensions (Aug-16)

Figure: People providing unpaid care

Source: Census 2011

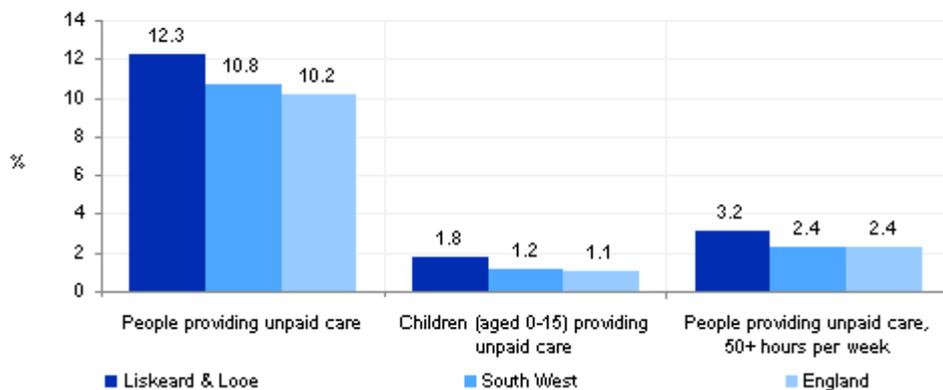
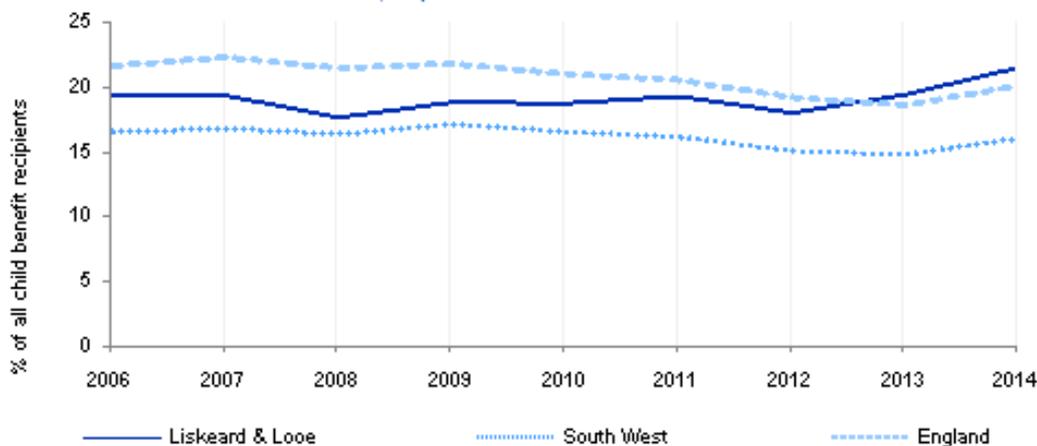


Figure: Children living in poverty

Source: HM Revenue and Customs, Department for Work and Pensions



4.2.3 Indices of Multiple Deprivation

The Parish looks homogeneous across:

- Multiple indices of Deprivation (all second most deprived rank)
- Crime and disorder (all least deprived rank)
- Living environment (all most deprived rank)

Differences across other deprivation indices

- Skills and Training
- Employment and Income
- Health and disability
- Barriers to housing and services.

Dobwalls

- second most deprived
- second most deprived
- second most deprived
- average rank

Trewidland

- average
- average
- average
- most deprived

Source: Cornwall Council Interactive Map Statistics (2015)

4.3 Community Feedback on Population and Health

4.3.1 Initial Questionnaire (2017)

category ranking	Priorities	Important ticks	Category Number
1	Open spaces Footpaths	60	4
	Community Facilities	60	6
2	Landscape	57	2
	Provision for young people	57	17
3	Type of Housing	56	10
	Health Services	56	16
4	Wildlife	55	1
	Transport / Traffic Parking	55	13
5	Provision for Older people	54	18
6	Housing Numbers	51	9
	New development location	51	11
7	Recreation/ Leisure facilities	50	5
8	Education / Skills	46	15
9	Economy/ Jobs	44	14
10	Housing Design	43	8
11	Neighbourhood Watch	42	19
12	Historic Environment/ Heritage	39	3
13	Renewable Energy	29	7
14	Second Homes/ Holiday Homes	27	12
15	Tourism	16	20

We also felt that it was important to compare the number of times that the issue had appeared in the top Quartile of Q4 responses (shown in pink in the table below) with the number of comments made in Questions 1, 2 or 5, which related to the issue. This shows some interesting differences in emphasis.

Table 3: Issue Priorities / levels of importance in Matrix and Comments

	From tick box matrix	priority	from written comments
1	Open spaces, Footpaths Community facilities	top	+ 13 comments + 14 comments
2	Landscape Provision for young people		+ 24 comments + 9 comments
3	Health services Type of housing		+ 9 comments + 5 affordable housing
4	Wildlife Transport, parking and roads		+ 14 comments + 22 comments
5	Provision for older people		+ 4 comments
6	Housing numbers New development location		+ 6 no more Dobwalls + 4 more please Trewidland
7	Recreation and leisure facilities		+ 6 comments

Written responses Dobwalls

Health		
	Enjoy	improve
		Pollution . Surely enough population n Dobwalls, that a 'smokeless coal only' should be enforced? Monitor traffic pollution- too many of us caught between dual carriage way and the heavy diesel using traffic on old main road. Air is fundamental.
		Concerns :- Doctors surgery
		Medical facilities in the village

There were no written responses on Health from Trewidland

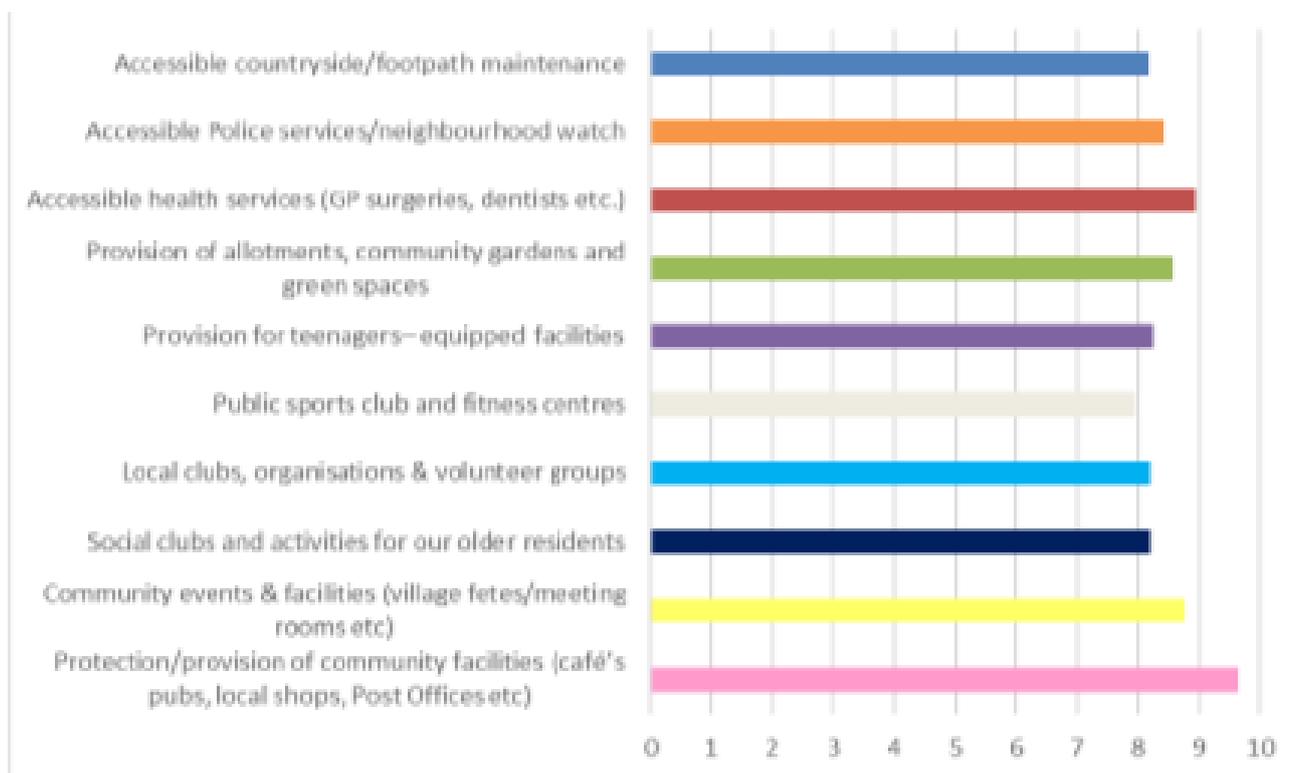
4.3.2 Second Questionnaire May 2018

The major questionnaire was undertaken by Boscawen for Steering group the in the spring of 2018. The figures set out are taken from their analysis of the results, published in July 2018.

COMMUNITY SAFETY, HEALTH AND WELL-BEING

Introduction: It is clear from the results of our initial survey that local community facilities are valued and, in some places, could be significantly improved.

Q4: Please rate the Importance of the following, where 1 is very Important, 2 is Important and 3 is not so Important to you.



The results of the Questionnaire were presented at the Roadshow events in Sept/Oct 2018 and local attendees were asked to add their views.

Written Health responses Public Roadshow events (Dobwalls and Trewidland Oct 2018)

Dobwalls

Parking

- So dangerous outside Spar shop + Bad parking at School drop off/ pick up times in Duloe Road and surrounding housing estates – including on pavements and engines running.
- Is parking space possible near Spar shop?
- Speeding at Dobwalls roundabout/ Parking Tremabe Lane

Doctors Surgery

- Doctors Surgery – place for young people to go
- Doctors Surgery
- Local Village Doctor's surgery

Greenspace

- Multi use green areas e.g fenced fields for football, responsible dog walking , allotments, pond
- Activity Area for older children
- Where are the green areas for Fetes etc?
- So many dogs and nowhere to let them off the lead

Trewidland

Lanes

- Speed limits on the lanes
- Use of lane which is access only for motor vehicles as a rat run
- Speed through the village / by the school – A 'school' sign by the old shop to warn drivers 20mph
-

Footpaths and Greenspace

- Improved signs for public footpaths
- Maybe access to the field adjacent to the walk down to the School for a safer walk to School
- A public space. Maybe at the top of the lane on the way down to the School
- New outside community area for young and old.
- Clearly identified public footpaths
- Public Footpaths better maintained
- Improve access to the countryside please
- No space to walk dogs
- No play areas

4.3.3 Local Events Feedback Sept/Oct 2019

Oct 19 local Policy feedback Dobwalls				Doublebois		Trewidland		All	
COMMUNITY HEALTH				Agree	Don't Agree	Agree	Don't Agree	Agree	Don't Agree
1	Ensure that planning policy supports and encourages a balanced demographic mix across the parish	15		6		4		25	
2	Ensure that new development provides improved opportunities for outdoor activity and active leisure to support physical and mental health	15		7		4		26	
3	Ensure that development is designed to support positive social interaction across the community	15		7		4		26	

Written comments from Dobwalls Local Event (October 2019)

Open space, facilities and services

- Need for Dr Surgery x2
- Pedestrian crossings
- Public Toilets x2
- More speed checks
- No access for HGV unless need to access village
- Less plastic about
- Problems of Sewage in School field in the past – what happens to it now?
- New building must be kept in line with the infrastructure's ability to cope.
- I understand 'Local' to mean anywhere in south East Cornwall.
- So difficult to get to see GP/Medical staff @ Liskeard as just too many patients
- I think you are doing a wonderful job pf drawing up all these policies – Well done and Thanks.
- Get the infrastructure first before you build more houses – i.e. doctors/ hospitals/ schools etc.
- I feel we need a communal green area for village activities
- Play areas must be village centralized obviously for security reasons
- Open space : A nice area to stop , chat and relax in. perhaps provide seating – donated by people in memory of loved ones.

Written Comments from Doublebois (October 2019)

- Wheelchair access to play areas, parking, pathways. i.e. steps bar the way from Dobwalls to Liskeard
- Lane from Twelvedwoods island to Treburgie would benefit from seating especially for Elderly/ disabled.
- Walks! - Mrs June le Voi, Burnt House Cottage junelevoi@btinternet.com
- There should be signs to warn traffic that the area/ lanes are used for exercise – many runners, cyclists and walkers use our lanes for recreational purposes.
- Open space : play areas, benches and walking paths in all areas of the parish.
- Important but missing: Open all public walking paths and link them together. As path in Doublebois has been blocked for many years.
- As a fitness professional we need to envisage the wise ways to keep fit. Walking is the best and most cost effective way and it is free exercise
- Important but missing: for a rural community there is a lack of signage for the rights of way for footpaths. There should be several rural routes to suit all abilities for walkers and cyclists.

4.4 Community Health

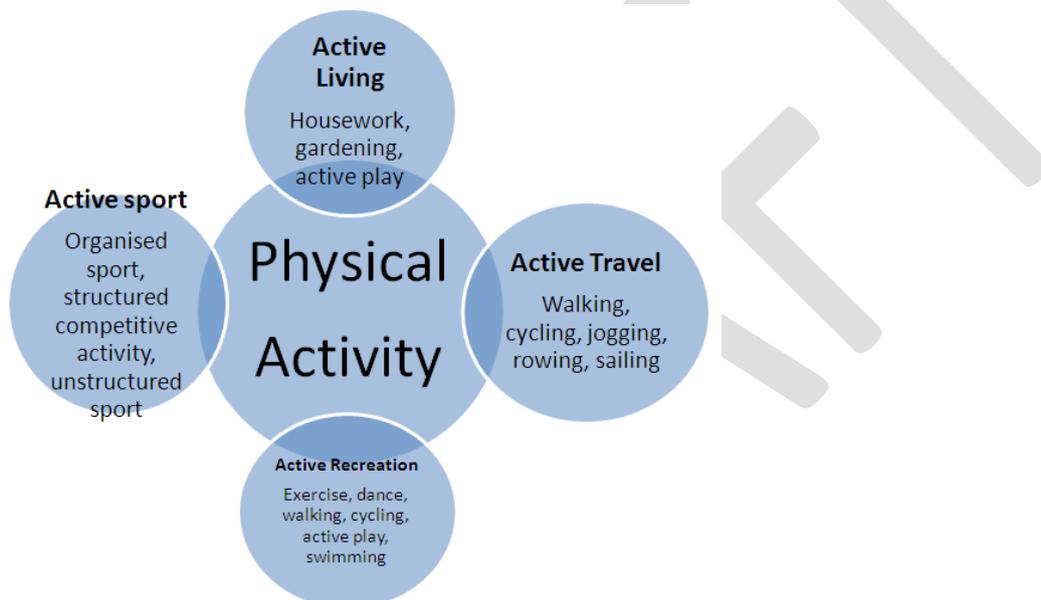
Key issues and Opportunities for Dobwalls and Trewidland

Issues

- Increasing numbers of individuals and households in older age groups
- Reducing number of households with younger working families and children
- Worsening health in both adult and child populations

Opportunities

- Ensure that new development in the parish supports the maintenance and improvement in numbers of young people and families in the parish.



- **Encouraging more active lifestyles: Advantages**
 - 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, (ref 11).
 - 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 (ref 12) and over 5,000 adults have a diagnosis of dementia (ref 13)
 - Create attractive outdoor and indoor opportunities for social interaction and active leisure for all ages