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Minute of the meeting held in the Scottish Parliament as a joint meeting between the Cross Party Groups on Sport and Older Adults, Age and Ageing.

## PRESENT

Margo MacDonald MSP, Sandra White MSP, Nanette Milne MSP, Fiona McLeod MSP, Dr David White, Edith Macintosh, Rona Gibb, Carolyn Wilson, Kim Atkinson, Oliver Barsby, Lee Cousins, Jeannie Cranfield, Eddie Dolloch, David Dundas, Stuart Gallagher, Jim Gunn, Donnie Jack, Grant Jarvie, Rick Kenney, David Laing, Walter Macadam, Donna Mackey, Jenni McCabe, Fiona McLeod, Alan Miller, Jim Moffat, Helen Quigley, Charlie Raeburn, Beverly Roberts, Ronnie Sloan, Stephen Somerville, Millar Stoddart, Joan Turner and Justin Wollin.

## APOLOGIES

Bob Aitken, David Arnott, Tom Bishop, Dougi Bryce, Diane Cameron, Jane Campbell Morrison, John Clayton, Bruce Crawford, Mark Dickson, Duncan Hamilton, Jane Harvey, Scott Hastings, Keith Irvine, Judith McFarlane, Mark McGeachie, Jim McIntosh, Vivien Murchison, Pam Scott, Andrew Senew, Dawn Skelton, Kenny Stewart and Brian Walker.

## **Previous Minute:**

Matters Arising – None.

## **Feedback from 2012/13 meetings:**

The evening sessions appeared to be preferable. The partnerships with other CPGs were also commended as aspects to continue for some meetings each year.

A question was raised regarding the Health and Sport Committee's report into 'Support for Community Sport' which it appears was not shared with other Parliamentary Committees; therefore there is an opportunity for this Cross Party Group on Sport to help with this information and with making recommendations and connections here.

## Round Table Discussion

Margo welcomed everyone to the session, a joint meeting between the CPG on Sport and the CPG on Older Adults, Age and Ageing which she felt was a welcome look at sport and older people. In particularly welcoming Sandra White MSP, Convenor of the CPG on Older Adults, Age and Ageing, Margo reflected on the benefits of holding partnership meetings like this with other Cross Party Groups.

Margo highlighted the importance of demographic change as being particularly pertinent in relation to this topic along with the importance of the social aspect of sport, prior to introducing the guest speakers.

**Dr David White, Scottish Government Physical Activity Champion and Specialist Registrar in Sport and Exercise Medicine** began with a presentation on the benefits that physical activity can bring to the older and ageing population. He pointed to the importance of this issue from a health perspective and made the point that the older demographic was the fastest growing section of the population. He outlined the potential benefits of physical activity in the older and ageing population on:

- an individual level (people living longer, healthier and happier lives)
- a social level (people making positive contributions to society for longer) and
- a population level (through reducing the burden to the whole of society – currently 46% of the health care budget is spent on 20% of the population).

The lowest levels of physical activity are recorded within older adults, with currently only around 5% meeting the minimum recommended guidelines for physical activity. Coupling this with the fact that this is the fastest growing demographic and that this age group have the most to gain from being active, David highlighted significant new opportunities in this area. He also intimated that distinct barriers to activity exist for this population, the removal of which remain a priority.

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The discussion moved to the drivers to increased physical activity including the new physical activity indicator within the National Performance Framework, the potential impact on this within Single Outcome Agreements with local authorities, the Scottish Government’s new National Walking Strategy and the new GP contracts within primary care.

David referred to the Toronto Charter for Physical Activity: A Global Call for Action and highlighted five key focal areas:

- environment
- active recreation
- education settings
- NHS and care settings
- workplace settings.

David raised awareness of the three strands of the NHS Plan, which will require leadership within the medical profession to recognise, prioritise and challenge current practice:

- 1) Embed physical activity as normal within the NHS
  - ‘National Physical Activity Pathway’
- 2) Improve education of physical activity for health within undergraduate and postgraduate curricula, and in CPD workforce development across the *entire* healthcare workforce
- 3) Support a Health Promoting Health Service by facilitating physical activity for both staff and patients.

David was clear that immediate and tangible benefits and medicine cost savings are available through, for example: enhanced sleeping and mood and reductions in joint pain, which may be better motivations than the longer term, although significant benefits, associated with reductions in the risk of heart disease, cancer etc. David also highlighted a number of the risk reductions associated with people being physically active:

<b>Chronic condition</b>	<b>Risk reduction</b>
All cause mortality	30% risk reduction
CVD, stroke	20-35% reduction
Diabetes	30-40% reduction
Hip fractures	36-68% reduction
Colon cancer	30% reduction
Breast cancer	20% reduction
Loss of function	30% reduction
Depression/dementia	20-30% reduction

One of the main challenges remains the fact that 80% of patients do not undertake physical activity referrals from GPs. David made reference to a project in England, co-funded by the British Heart Foundation and Sport England, whereby lamp posts were marked out one mile apart with digital markers which linked to a programme to get people walking. Participants would check-in to the lamp posts as they passed and the system would advise as to whether they were walking at the recommended minimum speed of 3mph or not. Such a model could also potentially operate in Scotland.

Ultimately, minimum guidelines for over 65s specifically were needed and an on-going consultation with the older and ageing population required.

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**Edith Macintosh, Rehabilitation Consultant with the Care Inspectorate**, followed Dr David White's presentation by discussing initially the role of Care Inspectorate and her work in promoting physical activity through supporting the care sector in Scotland. This is one aspect of her work through her improvement post, a key element of which is the Go for Gold Challenge.

She discussed in particular the Go for Gold Challenge (including unveiling the new logo), championed by the Inspectorate, a campaign that exists to promote and celebrate physical activity in the care sector and aims to increase participation in physical activity in older adults. Edith pointed to the surprising competitive nature, passion and enthusiasm of older adults to get involved, which is often underestimated, and that the Go for Gold Challenge is seeking to build capacity amongst staff to promote physical activity to the older and ageing population they work with and involve them (staff and residents) in the legacy of 2012 and 2014. A Strategic Reference Group has now been established to further support the programme.

The key to development in this area is challenging the culture and thinking within physical activity about older adults and learning how to encourage individuals to be more active day to day; pointing out examples such as Lanarkshire's Dance with Me Challenge which was being taught by a local GP. Edith stated that the importance lay in ensuring all individuals are able to participate, including those with a range of health care and disability issues; "living life to the full" is the priority. In addition to a range of interventions, the vital aspect is encouraging all individuals to be more active every day.

She pointed to the developing resource for the care sector in this area that is funded by the Scottish Government and Care Inspectorate and is aiming to launch in 2014. July 2013 is the focus for the Going for Gold Challenge for this year, with a focus on intergenerational practice and community engagement.

**Carolyn Wilson, Falls Service Manager, Perth and Kinross Community Health Partnership**, discussed the establishment of the Care Home Activity Network (CHAN) after a positive consultation response of 96% that agreed to establish the network. CHAN meets quarterly with 25 regular members, involving 30 care homes; numbers which are continuously increasing. The aim is to provide and improve meaningful activity within care homes, particularly the availability of physical activity 24 hours a day, 7 days a week.

Carolyn discussed the Go for Gold Challenge Care Home Olympics competition, which involved 90 residents from 25 care homes who were all training in preparation for the event, therefore providing on-going activity for residents. Carolyn pointed to a specific example of integration and intergenerational support from St. John's Academy and Perth Grammar schools. Competitions were adapted to ensure all participants could get involved.

Moving forward towards the 2013 Challenge, the aspiration is to have 120 residents involved, with activities such as tea dances added to the programme. CHAN are also seeking closer working with care homes regarding regular and on-going physical activity, which they hope to be extended to sheltered housing and care at home clients.

**Rona Gibb, Development Manager at Paths for All**, introduced Paths for All as the Scottish charity promoting walking for health and helping people develop their own local paths. Rona gave a presentation on the new 'Walk Your Way to Better Strength and Balance' course/resources developed to give older adults the ability to walk every day, partake in strength and balance activities at least twice a week and to spend less time being sedentary. The key rationale behind the course is the statistics that see only 21% of men and 20% of women aged 65-74 meeting their physical activity recommendations.

Rona discussed further the importance of instilling confidence in the older and ageing population who are often fearful of physical activity in case of a fall and the need to ensure they can grow this confidence in taking part in regular activity.

Rona confirmed that in excess of 6,000 volunteer walk leaders have been trained to date. Rona highlighted two key user groups within the walking groups: those people who wish to be more active (predominantly women over 45 and men and women over 60) and a functional fitness aspect to keeping people more active and therefore independent. Rona also highlighted the view of the Chief Medical Officer as to the importance of focussing on developing strength and balance as well as being active. This led to the launch of the 'Walk Your Way to Better Strength and Balance' resources a month ago.

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Sandra White MSP expressed her thanks to Margo and to the presenters regarding the joint Cross Party Group meeting and expressed her pleasure in being able to celebrate older age, reflecting that this was an extremely positive CPG meeting. She also requested the timeline for the Active Healthy and Age Plan Report.

Dr David White questioned what level of report was required at policy and practice level therefore it may be a multi-level report. He also stated that opportunities for activity in care homes should be made available all of the time, in turn educating families as to the importance of being active versus care home staff doing everything for residents.

Margo stated that everyone working in care homes should have some form of qualification and be required to undertake appropriate training, of which physical activity should be a key component. Edith pointed out that currently a SVQ level 3 is required and there has been progression in developing further award levels regarding management etc.

Fiona McLeod MSP made comments on the important role family education should play, requested that walking leader training be provided for care home activity leaders and stated that the Care Home Network should be across all of Scotland.

A point was made that many older 'Masters' competitions exist, for example in weightlifting, in Scotland, reinforcing the importance of strength and conditioning exercises.

Dr David White pointed to the key trigger points to changing activity in adults as they grow older and stated that these challenges must be tackled; retirement, moving into care and loss of a spouse.

Donna Mackey from Bowls Scotland made the point that activities such as bowls brought about these desired benefits to the older adults as a social activity that improved individuals community engagement, health and competence, often with competitive opportunities; Bowls has over 70,000 members and a high percentage of these members are over 75; it is such an intergenerational and family based activity that could only improve physical activity as people get older. Donna assured Fiona that Bowls Scotland was looking to support clubs with new tools to increase community engagement, at all levels, to bowling clubs across Scotland.

Charlie Raeburn stated that there was more to the independent care model and importance of the social aspect of this therefore the fundamental need here was social interaction and contribution of sport and physical activity in encouraging this.

Kim Atkinson related the discussion today within the topical discussion on self-directed support – is sport/activity not an ideal example of self-directed support at all ages? Edith agreed this is an easy decision for those who wish to be active and that the question is how to support this life selection for those who are not so inclined to do this. Dr David White agreed that the principle of physical activity for health is new and therefore it is not the culture of older adults at present and further to that we need to make a culture change.

Margo thanked each of the speakers again and all for attending, offering particular thanks to Sandra White MSP and the Cross Party Group on Older Adults, Age and Ageing for their support for this most interesting joint meeting.

**The date of next Cross Party Group on Sport was 20 June for the AGM.**

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