CROSS-PARTY SPORTS GROUP MEETING 27 November 2012

Minute of the meeting held in the Scottish Parliament.

PRESENT

Margo MacDonald MSP, Alison Johnstone MSP, James Kelly MSP, Mary Scanlon MSP, Fiona McLeod MSP, Peter Warren, Kim Atkinson, Lee Cousins, Suzanne Vestri, James Hendry, Karen Addie, Shane Buckeridge, Jim Gunn, Jude Clarke, Andrew Sim, Mandy Reid, David Laing, Mig Coupe, Brian Robinson, Lindsay Gray, Hazel Robinson, Ian Crawford, Nigel Holl, Diane Cameron, Oliver Barsby, Jim Moffat, Stuart Gallagher, Ahmed Yousaf, Hugh Hall, Fiona Barlow, Brian Ewing, Stew Fowlie, Tom Clarke, Alistair Henderson, Dougie Arneil, Margaret Ann Fleming, Alan Robertson, Dr John Gillies and Billy Watson.

APOLOGIES

Malcolm Chisholm MSP, Bob Aitken, David Arnott, Liza Baillie, Dougi Bryce, Jane Campbell Morrison, John Clayton, Sara Ebbett, Ian Findlay, Fiona Forbes, Laura Gibson, Peter Glissov, Daniel Gray, Mark Griffin MSP, Duncan Hamilton, Suzanne Hargreaves, Scott Hastings, Robert Heatly MBE, Hugh Henry MSP, Karin Jackson, Rick Kenney, Jenny Marra MSP, Julie Mason, Michael Matheson MSP, Neil Matheson, Lorraine Mcauley, David McColgan, Tracy McGarry, Mark McGeachie, Duncan McNeil MSP, Neil Park, Charlie Raeburn, Colin Rennie, Dr Richard Simpson MSP, Liz Smith MSP, Ron Sutherland, Cameron Watt and Stuart Younie.

Previous Minute:
Matters Arising – None.

Round Table Discussion

Margo opened the meeting by welcoming guest speakers Dr John Gillies, Chairman of the Royal College of GPs and Billy Watson, CEO of the Scottish Association for Mental Health (SAMH). Margo also offered the apologies of Michael Matheson MSP, Minister for Public Health who had unfortunately had to submit his apologies for the meeting and therefore was unable to speak at the meeting. Margo clarified that this was a joint meeting of the Cross Party Groups on Sport and Mental Health and thanked both Malcolm Chisholm MSP and Karen Addie from the Cross Party Group on Mental Health for their support in jointly hosting this meeting.

Dr John Gillies – Royal College of GPs

John stressed the importance of collaboration between sport/physical activity and health practitioners. In referencing the 'Start Active, Stay Active' report, John also highlighted the Toronto Charter in relation to investments including active travel, transport policies prioritising walking, cycling and public transport, urban design for safe recreation, whole school plans, and physical activity being integrated into primary care.

He categorised three classifications of activity:

- Everyday activity (eg travel, gardening, DIY)
- Active recreation (eg walking, cycling, active play, dance)
- Sport.

There is evidence of a dose response in relation to activity, ie the more active people are the greater the health benefits they will reap. A 20-30% reduction in depression/dementia is a prime example of such benefits, along with the link between depression/dementia to other physical health conditions, which are also benefitted through physical activity. John also referenced other benefits in relation to a range of chronic conditions:

Chronic Condition	Risk Reduction
All-cause mortality	30%
CVD, stroke	20-35%
Diabetes	30-40%
Hip fractures	36-68%
Colon cancer	30%
Breast cancer	20%
Loss of function	30%
Depression/dementia	20-30%

John stressed that physical activity and sport need to be a physiological part of normal life. It is a myth to think that people can't exercise – everyone can benefit to some degree and the opportunity to individualise activity further emphasises this. Participation in sport and physical activity helps to both treat and prevent a wide range of health issues. The role of GPs within this is clear; "General Practice is the only major field which transcends the division between mind and body" (Ian McWinney). Participation also has an enabling effect of people supporting their own health through empowering individuals and through allowing them to take responsibility for these benefits, both of these can have a transformative effect on individuals.

Sport and physical activity is a cost effective method of care. Per QALY (Quality-Adjusted Life Year) in relation to the primary prevention of heart disease, statins cost up to £1,700 while physical activity costs between £20-£440. Such participation has triple benefits: to the individual, to the population and to the NHS budget.

Individualised support presents a targeted way forward in this regard. However, everyone can benefit from increased levels of activity. A brief intervention tool is being piloted which seeks to identify how much physical activity is being undertaken and also through GPs/nurses to help to encourage people to be more active. Information is also available via the Aliss (access to local information for self-management for those with long term conditions) system: www.aliss.org

Sport and physical activity present unique opportunities for health improvement and an important partnership for general practice, along with many stakeholders across government, to help to improve the health and mental health of our nation.

Margo thanked John and introduced the next speaker.

Billy Watson – Scottish Association for Mental Health

Billy began by expressing his delight at this further example of sport and mental health working together.

SAMH is a charity, which was established in 1923. It provides over 70 community services, covering: mental health, addictions, homelessness and employment and 4 national programmes: Anti Stigma, Anti Bullying, Suicide Prevention and Get Active. In addition to this, SAMH also supports policy and campaigns and fundraising and volunteering.

In terms of the scale of mental health issues:

- £10.7 billion is the socio economic cost of mental health problems in Scotland
- Over 1 million people in Scotland will experience a mental problem every year (1 in 4)
- 3 in 10 GP appointments in Scotland are to discuss a mental health problem
- Around 2 people every day die from suicide in Scotland (SAMH has this week launched their Two Too Many campaign in this regard).

There is a growing body of evidence that physical activity is effective in the treatment of mental health problems, such as depression and anxiety, as well as the prevention of mental health problems. In addition to this, there is also strong evidence as to the role sport can play in improving confidence, self-esteem etc.

"If everyone in Scotland changed just one aspect of their lifestyle, such as walking to the shops instead of taking the car, it could make a huge difference to their physical and mental health. I would like to encourage everyone to Get Active" – Sir Chris Hoy, SAMH Ambassador.

Billy highlighted that the evidence in this area is strong, but further research is required to increase this as a priority to permit a stronger business case to be made to initiate more of a preventative spend approach in this regard.

SAMH's Get Active programme has 3 aims:

- Strengthening individuals (increasing emotional resilience and promoting self-esteem, life skills and coping skills)
- Strengthening communities (increasing social inclusion and participation along with promoting social support and networks for target groups)
- Building infrastructure to support the challenges.

A SAMH report in 2009 identified some of the key barriers to participation in sport and physical activity, including:

- Isolation
- Low self esteem
- Lack of motivation
- Culture
- Anxiety – 'it's new'
- Environments
- Communication
- Lack of confidence
- Loss of purpose
- Loss of identity
- Reluctance
- Lifestyle choices.

To support this, there are 4 components of the Get Active programme, which has a 5 year commitment:

- National awareness raising campaign
- National events
- Learning and education
- Community engagement demonstration projects.

These are underpinned by the following principles:

- Involvement and ownership
- Interagency collaboration and partnership working
- Reducing inequalities
- Empowering and enabling people to take control of their own health
- Building on evidence and sharing learning.

Throughout 2011-12 there were 17 partnership projects, 1,000 people involved in a range of events and 600 participants in community engagement pilots where they were regular participants. Of the attendees:

- 70% had a history of mental health problems
- 70% were aged between 24-54
- 61% were male
- 80% were unemployed.

The projects had 'no rules'. Individuals could choose when to attend and those that did so helped to increase and sustain their activity. Peer mentoring was also enacted which both supported and increased attendance. The overall aim of the programme is a positive behaviour change which leads to sustained health improvement.

Some other key results of the programme have included:

- Reductions in GP attendance
- Reduced dependence on medication
- Reduced dependence on self-medication
- Increased number of volunteers
- Increased peer mentors.

In addition to these, more individuals entered or became closer to the labour market via the Get Active programme than through many other employment programmes, despite the programme not being funded to support this. In the evaluation of the programme:

- 82% of individuals said the programme has helped them to be more active in their daily life
- 81% said that it had improved their fitness levels
- 91% said that it made them feel happier
- 81% said it made them feel more confident
- 80% said it helped them to make new friends
- 87% said it helped them to learn new skills.

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To date, £0.5million has been spent on the Get Active programme over 2 years. The next phase of the programme will be smaller targeted/focussed community engagement programmes with a stronger evidence base in relation to:

- Socio economic cost
- Health episodes
    - GP appointments
    - Medication
    - Alcohol consumption
    - Weight/diet
- Training and employment.

SAMH has a range of strategic partnerships supporting the programme, including: Scottish Athletics/jogscotland, Scottish Rugby League, PFA Scotland and the Royal College of GPs.

Margo thanked all the speakers for their presentations and opened the floor for questions.

Margo opened the questions by asking for further information from John in relation to the brief interventions he mentioned. John clarified that GPs commonly ask patients 2/3 questions relating to smoking or alcohol, eg "are you worried about how much you smoke/drink?". This method has proved effective in opening discussions in such areas. A similar principle is being applied in relation to levels of activity with GPs asking questions around how much exercise patients are taking and for how long. This provides the opportunity to open discussion in this regard and also to discuss how patients can take more exercise. Through this, GPs can monitor and report on individual levels of activity. This is being piloted at present. Key to this process is supporting individuals in the transition from the GP to the local sports club; enabling and empowering individuals in this regard is also a priority.

Mary Scanlon MSP asked whether GP training includes elements of mental health training. John responded stating that current GP training is 4 years, but that there is a proposal to increase this to 5 years to improve training, which it is proposed would include mental health as a focus. Currently, not all GPs get a 6 month mental health placement but will all receive the healthy body and healthy mind teaching practice.

James Hendry noted that St John's Hospital has replaced the hospital's smoking room with a multi gym for patients and recommended further engagement with local authorities in this regard.

Billy agreed that the challenge is where sport, social care and health care can all work together towards the same objectives. He sighted Ayr United as a good example where the local authority, GPs and the NHS are all involved in ensuring quality opportunities within related programmes.

Nigel Holl asked how Scottish Governing Bodies/physical activity organisations can help GPs with information, more than just contacts. Recent Sport England evidence suggests that much of the driver for new participation in sport is social, therefore a focus on networks within organised activities and a social element – provided by clubs – is vital. He also sighted an example of a GP who runs a jogscotland group from his own GP surgery. John welcomed the opportunity for clubs to support this work. He recommended that clubs interested in finding out more about this to register their details on the aforementioned Aliss website. John also referred to receptionists at surgeries who can review local sporting opportunities for patients. Diane Cameron reminded the Group of the recent presentation from Atlantis Leisure and their work in linking with the local GP surgery. They identified that a key barrier was for inactive people to walk into a sports centre. To support this, Atlantis has enacted a buddy system to help to identify interest areas and also to identify opportunities within communities beyond the sports centre. John reinforced the need for central government support for such schemes in relation to support, guidance and funding.

Fiona McLeod MSP spoke of the need for flexibility in relation to the length of time of such support prior to exit routes into mainstream programmes. She was hopeful that the integration of health and social care would make this easier.

Jude Clarke highlighted the need for local solutions in building support around long term conditions, such as mental health.

Dougie Arneil congratulated the Cross Party Groups on their collaborative work and expressed his pleasure in seeing sport working with partners in this area. He raised the contribution of sport to children and those already

with difficulties. He identified the need for a driver through education and social care into sport and welcomed the 'whole school' approach that John had referred to and questioned as to whether we can get education, sport and health together to investigate this 'whole school' approach.

Fiona Barlow asked if the Get Active programme had particularly been targeted at men. Billy confirmed that SAMH was in the early and progressive stages of a relationship with a range of football partners regarding engaging with disengaged individuals through sport as the vehicle.

The point was made regarding additional challenges for individuals who are deaf/hearing impaired and raising awareness that accessibility is about more than just wheelchair access.

Stew Fowlie reported on Scottish Student Sport's 'Healthy Body, Healthy Mind' programme, involving 17 institutions, endorsed by SAMH. The success of the programme was due to a focus on infrastructure, via health, and referring people to a welcoming environment. He stressed that there was a need to move beyond programmes and into infrastructure to provide sustainable support, which required resources and direction.

In reflecting on the meeting, John thanked all those present for their comments, which he found both useful and interesting and reiterated the value of such conversations. He confirmed that the 'whole school' approach is vital and agreed the need to involve the education sector in these discussions. He encouraged sports clubs to focus on a more welcoming approach. John also informed the Group that he was awaiting a response from the Scottish Government in relation to the 'Start Active, Stay Active' report, which may provide further opportunities for discussion in this regard.

In concluding, Billy agreed that building capacity, infrastructure and mainstreaming is vital for sustainability. He also stressed the need to make the business case – to gather evidence and to build a collective case about the benefits and savings through partnership working.

Margo once again thanked John and Billy for their presentations. She also thanked the Cross Party Group on Mental Health for their support and to all for attending.

The date of next Cross Party Group on Sport was 30 January 2013 at 1pm.

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