FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM SCOTTISH SPORTS ASSOCIATION

1. The SSA is the independent and collective voice for sports governing bodies in Scotland. We represent their interests and currently have 52 full members and 21 associate members. The governing bodies of sport are responsible for the governance, development and delivery of their individual sports and provide a formal structure for the over 900,000 individuals in Scotland who are members of one of Scotland's 13,000 sports clubs. Many of these organisations are run on a not-for-profit basis and are managed by volunteers. They provide coaching, competition and youth participation development opportunities for their local communities and most of the 150,000 people who volunteer in sport do so within the club structure.

2. Currently one-fifth of our population participate in sport as a member of one of Scotland's 13,000 sports clubs. However, as well as being an important recreational activity for our nation, sport makes a significant contribution to Scotland's physical and mental health for 'older adults'. The contribution of sport to preventative spend aspirations is considerable and demonstrates the wider benefits that sport brings to improving our nation.

Background research

3. There is considerable research available as to the positive impact of participation in sport and physical activity on many conditions. A great number of these are more prevalent in older adults, meaning instance will increase as our population ages.

4. The US Surgeon General reported that physical activity 'reduces the risk of premature mortality in general'[1]. Research reported by the Chief Medical Officers of the UK shows a strong correlation between regular physical activity and a reduction in the risk of many health conditions and over 20 chronic diseases, for many of which susceptibility increases with age, including:

- 30% risk reduction in all-cause mortality
- 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke
- 30-40% lower risk of metabolic syndrome and type 2 diabetes
- 36-68% reduction in hip fractures
- 30% lower risk of falls in older adults
- 30% risk reduction in colon cancer
- 20% lower risk of breast cancer.[2]

[1] Surgeon General (1996). *Physical and Health: A Report of the Surgeon General*, US Department of Health and Human Services.

[2] Chief Medical Officers of United Kingdom home countries (2011), *Start Active, Stay Active: A report on physical activity for health*. Available at:

5. While even small increases in physical activity provide some benefit against certain diseases, there is "consistent evidence of a dose-response", whereby an increase in physical activity results in increased health benefits. Participation in sport and physical activity also demonstrates an increased life expectancy.[3]

6. Reports suggest that physical inactivity costs the NHS across the UK £1.06 billion[4] (although it should be noted that this conservative figure is only based on five conditions specifically linked to inactivity). This emphasises not only the health consequences of physical inactivity, but also the financial impact on health care in the longer term through the treatment of these conditions. In addition to this, increased life expectancy and costs associated with social care due to decreasing functional capacity must also be considered along with the significant benefits increased activity could foster.[5]

7. In recognising our increased longevity and the anticipated growth in our older adult population, it is also important to highlight the increased prevalence of coronary heart disease, strokes, type 2 diabetes, cancer, obesity, and the increased risk of falling-related fractures within this segment of the population. The contribution of sport and physical activity to reducing the risk of such chronic diseases and the incidence of falls, along with maintaining functional ability and a reduction in bone/muscle loss, is significant.[6]

8. In relation to functional capacity, older adults who participate in sport and physical activity retain better mobility and balance for longer and so are less likely to fall or have incidents which may lead to fractures[7]. The National Osteoporosis Society stated that one in two women and one in five men will suffer a fracture after the age of 50; the economic impact of hip fractures alone, across the UK, is estimated to be £1.7billion per year[8]. Active lifestyles, through participation in sport and physical activity, can have a positive impact on the dexterity and coordination of

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http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

[3] Chief Medical Officers of United Kingdom home countries (2011), *Start Active, Stay Active: A report on physical activity for health*. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

[4] Allender, S., Foster, C., Scarborough, P. & Rayner, M. (2007). 'The burden of physical activity-related ill health in the UK', *Journal of Epidemiology and Community Health*, 61 (4): 344 – 348.

[5] Chief Medical Officers of United Kingdom home countries (2011), *Start Active, Stay Active: A report on physical activity for health*. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

[6] Chief Medical Officers of United Kingdom home countries (2011), *Start Active, Stay Active: A report on physical activity for health*. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

[7] American Geriatrics Society (2012), *Prevention of Falls in Older Persons: Summary Recommendations*. Available at: http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/prevention_of_falls_summary_of_recommendations/

[8] National Osteoporosis Society (2009). *Osteoporosis facts and figures v1.1*. Available at: http://www.nos.org.uk/NetCommunity/Page.aspx?pid=328&srcid=312

older adults[9]. Enhanced dexterity may be a significantly contributing factor to the maintenance of functional ability which could lessen the rising costs of personal and social care[10].

9. The Scottish Health Survey (2010) states that only 32% of adults aged 55-64 meet the minimum levels of recommended physical activity, decreasing to 19% in those aged 65-74 and to 8% in those aged 75 and over.[11] Obesity increases significantly with age rising to 38.3% of the population by age 55-64. When combining the prevalence of obesity and overweight this peaks at 77.9% of the population for those aged 55-64. [12]

10. Obesity has a significant impact on the quality of people's lives as well as further impacting on their health through an increased risk of: type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis and cancer.[13] This is off-set by the significantly positive impact of sport on such conditions, reducing the risk of such conditions by between 20-40%, as detailed above.

11. Of the developed nations, Scotland has one of the worst obesity profiles. In 2007-08 it was estimated that obesity (and related illnesses) cost the NHS in Scotland in excess of £175million.[14] The financial impact on the NHS of dealing with these conditions is an area for concern given the projected significant increase in the elderly population of Scotland[15].

12. As well as sport contributing to physical health, sport and physical activity also have a direct and positive impact on people's well-being through the sheer enjoyment of participating in sport. In correlation, there is a positive association between sport and physical activity and the prevention of anxiety and depression[16] and a reduced risk of dementia and Alzheimer's[17].

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[9]American Geriatrics Society (1995), *The Effect of a 12-Month Exercise Trial on Balance, Strength, and Falls in Older Women*. Available here: http://web.missouri.edu/~brownmb/pt415/Mb/2007/articles/5.lord.pdf

[10]American Geriatrics Society (2009), *Do Muscle Mass, Muscle Density, Strength and Physical Function Similarly Influence Risk of Hospitalisation in Older Adults?* Available here: Health in Ageing

[11] Scottish Government (2010). *Scottish Health Survey 2010 Volume 1: Main Report.* Available at: http://scotland.gov.uk/Publications/2011/09/27084018/0

[12] Scottish Government (2010). *Scottish Health Survey 2010 Volume 1: Main Report.* Available at: http://scotland.gov.uk/Publications/2011/09/27084018/0

[13] Scottish Government (2010). *Scottish Health Survey 2010 Volume 1: Main Report.* Available at: http://scotland.gov.uk/Publications/2011/09/27084018/0

[14] Scottish Government (2010). *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*.

[15] General Register for Scotland (2009). *Projected population of Scotland (2008 based)*. Available at: http://www.gro-scotland.gov.uk/files2/stats/projected-population-of-scotland-2008-based/projected-population-of-scotland-2008-based-publication/j1125003.htm#f1

[16] Whitelaw S., Swift J., Goodwin A., and Clarke D. (2008) Physical Activity and Mental Health: the role of physical activity in promoting mental wellbeing and preventing mental health problems. An evidence briefing. NHS Scotland, Edinburgh.

[17]Chief Medical Officers of United Kingdom home countries (2011), *Start Active, Stay Active: A report on physical activity for health*. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

13. The benefits of physical activity to psychological well-being are evident for older adults where the retention of cognitive function and the avoidance of debilitating mental illnesses are of importance. A strong correlation exists in older adults between physical activity and a reduced risk of depression and dementia.[18]

14. The social connectedness that participation in sport can bring for people of all ages is recognised, but is perhaps of particular importance for older adults, who may have fewer other opportunities for social interaction[19]. As well as bringing significant mental health benefits, including the aforementioned prevention of anxiety and depression and reduced risk of dementia and Alzheimer's, the social element of participating in sport and physical activity will further enhance these benefits for individuals[20].

General questions

What is your view of the effects of demographic change and an ageing population on the sustainability of funding for (a) health and social care and (b) housing services and (c) public pensions and the labour force? What public services will individuals increasingly call on and in what way?

15. The information detailed above demonstrates the contribution that participation in sport and physical activity can play in reducing the risk and incidence of many of Scotland's most prevalent health conditions as well as the incidence of a wide range of physical and mental health issues. Fundamentally, participation in sport and physical activity can and does improve both the quality of life and life expectancies within Scotland. In turn, in addition to anticipated health care savings, the information detailed above outlines potential opportunities savings in social care.

16. Individuals need to be better informed not only as to why sport and physical activity is good for them, but also what it can prevent; better promotion amongst both individuals and medical practitioners is required to convey the message that through participating regularly in sport and physical activity, people can improve their own quality and quantity of life. Participation in sport and physical activity should be at the heart of any self-directed care or personalisation systems.

Further, what planning is being done, or should be done, to address this?

17. Three key actions are required to address this. The first is a focus on participation opportunities for older adults and the systems and facilities required to provide quality, attractive programmes for a wide variety of sports in voluntary sports clubs throughout our communities. The value of social areas for sports clubs (club

[18] Chief Medical Officers of United Kingdom home countries (2011), *Start Active, Stay Active: A report on physical activity for health*. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

[19] Aberdeenshire Council and NHS Grampian (2011), *Change Plan Survey*, p.9. Available here: http://www.jitscotland.org.uk/downloads/1335348295-Aberdeenshire%20Appendix%201a.rtf

[20] Professor Tom Kirkwood, University of Newcastle (2011), *The Importance of Activity for Older People*.

houses, lounge/bar areas) should not be underestimated in this regard. Ageing and activity should be about enablement not disablement.

18. The second key action is better education of the Scottish population, as a whole, as to the breadth of the benefits of participating in sport and physical activity (including what participation can prevent or reduce) – and that through sport and physical activity they have the opportunity to change their future health.

19. The third key action is in two parts: i) better education throughout medical practitioners as to the benefits of sport and physical activity and ii) participation in sport and physical activity being available from the prescription pad; medical practitioners require enhanced mechanisms to be able to prescribe participation in sport and physical activity to patients and access to appropriate and accurate data relating to local sports clubs to which patients can be referred.

What weight should be given during the annual budget process to demographic trends and projections?

20. The contribution of sport and physical activity as activities which significantly benefit health and social care functions should be recognised within the budget planning process at both national and local level. Sport is a vehicle which provides benefits across the areas of: health, education, the economy, justice, communities and the environment and, as such, should be considered through an integrated budget process and not as a stand-alone recreational activity.

What data is collected (and what should be collected) with respect to (a) health and social care and (b) housing services and (c) public pensions and the labour force, and what use is made of this (or should be made) to forecast what funding will be needed?

21. Further research is required into what is recognised are wide-ranging, but potentially expansive, benefits of participation in sport and physical activity as a preventative measure for physical and mental health in older adults and for social care. It is recognised that some of the benefits of participation in sport and physical activity present in the long-term, but some of the benefits around mental health, and perhaps functional capacity relating to social care may be accessed in the short-term also.

Health and social care questions

To what extent are preventative policies such as the Change Fund key to addressing demographic pressures on the provision of health and social care?

22. The Change Fund can be used for sport and physical activity projects, but rarely has been. Aberdeen City Council used the Change Fund to establish technogyms for older people and its Golden Games. Their falls prevention programme uses chair Zumba classes and OCTAGO. East Dunbartonshire Council have also used the Change Fund to provide physical activity for the elderly, for instance chair aerobics. Use of the Change Fund in this way is to be encouraged.

To what extent are the pressures on health and social care a consequence of an ageing population as opposed to other health challenges such as obesity?

23. As detailed above, it is recognised that the prevalence of obesity/being overweight increases with age and therefore is it anticipated that it may be difficult to delineate these two factors. However, regardless of the cause of the pressures, be they resultant from an ageing population or obesity, the research above unequivocally details the positive contribution that sport and physical activity can provide for Scotland's population.