

PATH to Active Ageing

Promoting the Benefits of Physical Activity for Older People

Sharing Learning and Knowledge
in Scotland in the European Year for
Active Ageing 2012



European Year for **Active Ageing**
and **Solidarity between Generations 2012**



LTCAS

LONG-TERM CONDITIONS
ALLIANCE SCOTLAND
people not patients



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I was delighted to be asked to sponsor the Active Ageing Conference held, by LTCAS and the Joint Improvement Team, in the Scottish Parliament on 27th April 2012. I found this conference one of the most fascinating events I have attended in a very long time. In particular, I was most interested in Professor Dawn Skelton's work on the effect of different types of activity on ageing and the difference that staying active can make both in prolonging life and in extending the healthy part of life. The exciting point of this research is that remaining active has a significant impact on healthy life, involving additional years, not months, of life and a greatly increased quality of life. There were most interesting presentations from Dr Margaret Whoriskey, Joint Improvement Team, Susanne Hollmann from the European Commission and Dr Andrew Murray, the Scottish Government's Physical Activity Champion amongst others, showing the overwhelming evidence proving that being physically active adds life to our years as well as, years to our lives. The gap between those who exercise and

those who don't is enormous and is indicative of the huge amount of control that we all have over our own health. I must mention of course Musical Minds who entertained us so well. Musical Minds, a choir of people with dementia and their carers were a really bright spot in the day and exemplified the social and therapeutic effects that the creative arts can have. I was delighted to meet them.

This was a most fascinating and uplifting conference, particularly for those of us over forty, and I very much look forward to digesting the lessons of the report in a personal as well as a political capacity.



Stewart Maxwell MSP



It was a pleasure to join with Stewart Maxwell MSP in hosting this excellent event. It was particularly interesting to have input from colleagues from across Europe, who share a commitment to encourage older people to live well in their own communities

and to be as far as possible, independent. There was a wealth of great information presented on how people of all abilities can stay active, with some first class

projects from across Scotland showcasing their good practice. The facts around the benefits that activity can bring, not just in terms of direct health benefits but also, the opportunities provided to reduce social isolation cannot be overestimated. Getting this information out to older people themselves, should be a priority for all of us.

I very much look forward to the Conference conclusions which I hope to be able to use to promote the benefits of physical activity within the communities which I represent.

I think that the highlight of the day for me was Musical Minds. Their performance was uplifting and it just set a great tone for the rest of the day at the conference. It also clearly demonstrated how music can transcend language in enabling people to form friendships and enjoy life.

Dr Richard Simpson MSP



Planning All Our Tomorrows with Hope

“ Our aim in Reshaping Care together is to provide world leading services for older people that optimise independence and wellbeing. Promoting physical activity is a key part of this and has enormous positive impact, helping older people maintain good physical and mental health and improving their quality of life. The European Year for Active Ageing is an important reminder of this message and this event is a milestone in Scotland’s preparation for hosting the 8th World Congress on Active Ageing in Glasgow in August. ”

Shona Robison MSP Minister for Commonwealth Games and Sport.

Long Term Conditions Alliance Scotland (LTCAS)/Joint Improvement Team (JIT) Conference A PATH to Active Ageing was a Scottish contribution to the European Year for Active Ageing 2012 and centred on promoting the benefits of physical activity for older people and demonstrating in a practical way, the renewed focus on improving the health and wellbeing of older people in communities across Scotland.

This publication provides a summary of conference activity, highlights the benefits of physical activity to older people and showcases good practice across Scotland.

In doing so, it is anticipated that it will raise awareness of the issues, give a renewed impetus for Change Fund activity and provide a useful guide to all involved in the care of older people of the advantages of encouraging older people to undertake physical activity thereby enabling them to live more independently.

The European Commission has named 2012 European Year for Active Ageing and Intergenerational Solidarity. The designation of the year, represents an important opportunity to share good practice thereby building on Scotland’s position as a leader in delivering quality outcomes for older people. It also provides a vehicle to maximise benefits by ensuring a strategic fit with other activity around promoting independence for older people including the Reshaping Care of Older People and associated Change Fund activity (Scottish Government, 2010b).

The PATH conference focused on the improvements that physical activity can make to promoting health and independence of older people. The national learning and knowledge exchange also allowed partnerships across Scotland to highlight case studies and examples of good practice to share not only with reshaping care partners but to showcase to interested parties in Europe and beyond.

The PATH to Active Ageing also provided a key platform for Scotland to build upon, ahead of The 8th World Congress on Active Ageing (www.wcaa2012.com) being held in Glasgow in August 2012.



“Older People not only like to get out and about but it has been shown that providing opportunities for friendships, learning and leisure have a role in keeping them active and healthy.”

(Raynes et al, 2006)

The World Health Organization, defined active ageing as, “the process of optimising opportunities for health, participation and security in order to enhance Quality of Life as people age.” (World Health Organization, 2002).

In Scotland there has been a radical change in empowering people and communities and moving in the direction of services geared towards preventative

health and anticipatory planning (see Appendix 2 on The Policy Context).

Alongside this, illnesses of the 21st Century are significantly different in terms of effect, from illnesses of earlier times. Improvements in conquering and treating acute infectious diseases, have played a part in shifting treatment towards preventing and managing complex long term ill health and disability (Nolte and McKee, 2008).

“We don’t have to fear ageing, if we have opportunities - if we know that growing old doesn’t mean that we become dependent.”

**Mercedes Bresso, President
Committee of the Regions.**

Demographics – Some Trends

Scotland’s population is getting older. Currently, around 1 million people or 1 in 5 of the population are over the age of 65 (Office for National Statistics, 2010).

By 2031, the number of people in Scotland aged over 65 is projected to increase by 62 per cent (Scottish Government, 2010a). The number of people aged 75 and over is set to increase by 75 per cent between 2004 and 2031 (Scottish Government, 2007), and for the over 85 age group the expectation is a projected 144 per cent increase (Scottish Government, 2010a).

This will bring with it a marked rise in long term conditions, particularly dementia which is set to double from present numbers of 82,000 people in Scotland to around 164,000 by 2037 (Alzheimer Scotland, 2012).

Those born in 2007 will have an average life expectancy of 103 (BBC News, 2012).

Despite the considerable benefits identified by the Chief Medical Officers of the UK (Department of Health; Department of Health, Social Services and Public Safety; Scottish Government and Welsh Government, 2011) of the benefits

of physical activity to promoting good health, statistics indicate that only 20 per cent or 1 in 5 of 65 -74 year olds and 9 per cent, less than 1 in 10 of over 75 year olds undertake enough physical activity to benefit their health (Scottish Government, 2011).

The ageing population, and rising long term conditions, present challenges to health and social care services. Long term conditions and older age are also strongly associated with lower employment, mental health problems, social exclusion, debt and poverty (Scottish Executive Social Research, 2007).

Promoting the benefits of physical activity in contributing to healthy ageing, not only improves health outcomes for older people but in doing so can assist in shifting spend from hospital and long term care to care in the community, which most older people prefer (Scottish Government, 2010b).

At a time when demographic trends show the rate at which our population is ageing, the research evidence on the benefits of physical activity to healthy ageing is now incontrovertible and therefore a key focus for future activity around ageing in Scotland.



What is Active Ageing?

The Scottish Context

Preventing unnecessary or premature admission to long term residential and hospital care could play a large role in meeting the aspirations of older people and their carers, as well as promoting faster recovery and ensuring better spend.

Currently £4.5 billion of public money is spent on over 65s, for health and social care across Scotland. Emergency admissions of older people to hospital account for £1.4 billion a year, with around £2.5 billion accounting for care in hospitals and care homes. (Scottish Government, 2010b). Frail older people and older people with dementia are more likely to suffer from adverse incidents in hospital, have higher mortality rates and are also more likely to suffer falls and to be readmitted to hospital care (Scottish Parliament, 2007).

Significantly shifting the balance of care from long term institutional care to providing better care in the community, has become a strong catalyst for policy makers, health professionals and older people themselves, to drive forward policy and programme alternatives that will enable older people to live active healthy and independent lives where possible and to be supported in timely hospital discharge and rehabilitation, where necessary. Simple measures can be effective in achieving this - for example, for those who have had repeated falls, the single most effective intervention is strength and balance exercise retraining (Sherrington et al, 2011).

“ Person Centred health care is about valuing the individual as the lead partner in their care and providing them with the support, the information and advice to help them to have greater choice and control. ”

Dr Anne Hendry, National Clinical Lead for Quality, Scottish Government. LTCAS Annual Conference Report, 2011

In parallel there is a move across the Statutory and Voluntary sectors towards a person centred approach to health and social care, which challenges the traditional model of “fixing” problems and needs, in favour of empowering people and communities to maintain and sustain health and well being.

Personalisation enables people to ensure that services are directed towards individual needs. It also allows them to manage their own needs in their everyday lives, unlock their own skills and strengths, supported by family, statutory and community resources (Alzheimer Scotland, 2010).

Recent advances in anticipatory care planning and self management have encouraged health care professionals to carefully consider the benefits that can be obtained from healthier lifestyles. Action on smoking in public places, education programmes on obesity and implementation of actions around reducing alcohol consumption have all played a part in enabling populations to age more healthily. In Scotland particularly, there has been a continuing policy move, towards increasing the provision of information available to populations to enable them to be full participants in their healthcare and to make informed choices about the effect of lifestyles on health.

New guidance by the Chief Medical Officers of the UK on the clear benefits of physical activity to health, (Department of Health, Social Services and Public Safety; Department of Health; Scottish Government; and Welsh Government, 2011) coupled with the opportunities on preventative spend around the Change Fund and Reshaping Care activity, offer a new dynamic around “stepped and intermediate” approaches to care and keeping older people well in their local communities (Scottish Government, 2012).

Our Conference Keynote speakers addressed Active Ageing: Reshaping Care for Older People, Active Ageing: The European EU Perspective and Active Ageing: Evidence and Practice.

Reshaping Care for Older People and Physical Activity

“Active Ageing matters for us as a Nation. It matters for our communities and families. And it matters for us as individuals.”

“ Our policy goal is to optimise the independence and wellbeing of older people at home, or in a homely setting. This will involve a substantial shift in focus of care from institutional setting to care at home – because it is what people want and provides better value for money. ”

Reshaping Care for Older People: A Programme for Change 2011-2012

“The Dumfries and Galloway ‘Building Healthy Communities’ project - for those with long term conditions - demonstrates an asset based approach, where hundreds of people have had their lives enriched by joining walking and Tai Chi groups. They know that their involvement has really helped them deal with loneliness and has made them more confident. And it has made them feel good. Achieving their ‘30 minutes a day at least five days per week’ has not been a chore. It has been life enhancing.

The Scottish Government is ambitious about what it wants to achieve with and for our older people. The NHS Quality Strategy, Reshaping Care for Older People, the Integration of Adult Health and Social Care, Renewing Scotland’s Public Services, along with the National Dementia Strategy and the Carers Strategies – all emphasise our ambition to have world leading services.”

There is therefore currently a host of activity in Scotland that is contributing to changing the landscape of support and improving

outcomes for older people. The direction of travel is also clearly articulated in the report of the Christie Commission on the Future Delivery of Public Services, which the Scottish Government endorsed in September

2011. The Commission sets out a ‘bold and imaginative programme of renewal and reform’ that includes: a decisive shift towards prevention; integration of services, particularly health and social care; and a focus on improving outcomes for individuals and communities.

“We need services that nurture independence and wellbeing, services that build on the assets of both us as individuals and of our communities. Services which create great partnerships between the people who use services – that means you and me - and the professionals who support us. So let’s build a legacy for all our futures – futures where we can enjoy longer, healthier lives and continue to make a positive contribution to our communities through being and remaining physically active”.

The reallocation of health and social care resources towards preventing and managing later life long term conditions is welcomed by professionals and service users as a step forward. Keeping people out of long term care and keeping them well in their own communities, thereby promoting independence and reducing dependence, is not only a focus for policy makers and health and social care professionals but also for older people themselves.



Dr Margaret Whoriskey Keynote Speaker Director Joint Improvement Team



Keynote Speakers

Physical Activity and Active Ageing, The EU Perspective

The European Year for Active Ageing and Intergenerational Solidarity has been targeted as providing a framework for raising awareness, identifying and disseminating good practice and encouraging policymakers and stakeholders at all levels to promote active ageing. A key theme identified, by the European Commission is promoting good health and independence.

“Europeans are living longer and healthier lives. Low birth rates coupled with Europe’s ageing population brings a number of challenges. The increasing share of older people and the decreasing share of working age persons in the population will have social, economic and budgetary consequences. Staying active as we grow older is key for tackling this challenge. Active ageing is about creating a wide range of opportunities for older people to stay in control of their own lives. We don’t need to fear population ageing if we stay healthy longer,

create more opportunities for older workers, allow older people to remain active in society and build an age-friendly environment. “Active ageing” is key to tackling population ageing and preserving solidarity between generations.”



**Susanne Hollman,
Sport Unit, Directorate
General Education
and Culture, European
Commission Brussels**



“ *Achieving a society for all ages will require decision makers and all relevant stakeholders to take collective responsibility for designing new ways of organising our societies to ensure a fairer and more sustainable future for all generations. We believe that the current demographic change is a key opportunity to work together to create an Age-Friendly European Union by 2020.* **”**

AGE Platform Europe, 2012



Active Ageing Evidence and Practice

"The Chief Medical Officers for the UK have found the evidence for action so compelling that they have now unanimously agreed guidance on the amount and type of physical activity that is needed (Department of Health; Department of Health, Social Services and Public Safety; Scottish Government and Welsh Government, 2011).

They have also noted the increasing evidence that there are risks around extended periods of sedentary behaviour. Three weeks of bed rest can cause significant loss of strength and endurance (McGuire et al, 2001). A similar effect on bone density has also been shown (Krolner, 1983). Essentially, one week of bed rest is equivalent to 10 years worth of ageing on the physical body. To put this into context, following a week of bed rest it would take over a year of regular exercise to regain the lost bone density and perhaps up to 6 months to regain lost strength and endurance.

More recent research (Healy et al, 2011) has shown that breaking long periods of sitting has a positive effect on health. This is important information for those working in Care Settings (both Hospitals and Residential Settings) as we may be doing harm by not encouraging regular mobility and movement."

- 40 per cent of older people attending GP surgeries, and 60 per cent of those living in residential institutions report 'poor mental health' (dissatisfied, depressed and socially isolated).
- Being active increases engagement, improves confidence, resilience and control, reduces anxiety and

depression.....as well as reducing symptoms of disease and improving function to help maintain independence.

- It is NEVER TOO LATE! - In 3 months a 65-95 year old can rejuvenate 20 years of lost strength.
- Nursing home residents spend 80-90 per cent of their time seated or lying down.



Professor Dawn Skelton, Professor in Ageing and Health, Glasgow Caledonian University



“ How long do you spend sitting every day? ”

**Dawn Skelton,
Glasgow Caledonian University**



The Chief Medical Officer's Guidance

Physical Activity – Let's Be Clear About What Older People Need to Do to Stay Healthy

Physical Activity is when we use up calories and raise our heart rate. This can be through exercise or simply through increasing the amount of day to day activity that we undertake – like walking, cycling, taking the stairs. Taking steps to be active, is also about reducing the time which we spend in a sedentary or sitting position, with low activity levels such as watching TV, on the computer, or reading.

“Improving your quality of life can be as easy as taking a stroll.”

John Gillies, Royal College of General Practitioners Scotland Chairman

Over the last ten years there has been a growing body of research which has clearly evidenced the health benefits of increasing physical activity levels for all older people (See References). By encouraging activity, based on this research, partnerships are beginning to move towards more preventative and anticipatory care, which will have long term benefits across, physical, mental and social well being, enabling older people to live well, in a socially inclusive way, in their communities.



“It is proven beyond all medical doubt that Exercise can improve health. In fact apart from stopping smoking it is the only measure we can adopt that can improve life expectancy significantly. In many medical conditions from heart disease to breast cancer to depression there can be many benefits from modest exercise. Activity, aimed at gently raising the heart rate is the cheap pleasant route to improved health.”

Dr Brian Walker, Head of Sports Medicine, Scottish Institute for Sport

How Much Physical Activity Do We Need to Take to Benefit our Health?

- Some physical activity is better than none.
- More physical activity provides greater health benefits.
- Over a week, activity should add up to at least 150 minutes of moderate intensity

And some further information about what helps you to be fit and active...

- 30 minutes of walking on at least 5 days a week.
- Or shorter periods of activity – for example 10 minute walks 3 times a day will also meet recommended guidelines. (For further information, see British Heart Foundation National Centre for Physical Activity and Health Evidence Briefing 2012 'Physical activity for older adults (65+ years)').
- Undertaking physical activities that improve muscle strength on at least two days a week is important. Any activity whereby you carry extra weight, or work against a resistance will improve strength.
- Adults at risk of falls should incorporate physical activity to improve balance and coordination, at least twice a week.
- Adults who are already active at moderate activity levels will further benefit from 75 minutes of vigorous activity spread across a week.



“ I’m involved in gardening. I help to plant troughs and tubs. We also go outside in the summer and have tea parties. ”

**Douglas,
Elderly Care
Home Resident**



The following table sets out guidance in relation to levels and intensity of activity.

Everything counts!

Any physical activity can improve health.

What is moderate activity?

Moderate intensity activity can be anything that makes you feel warmer, increases your heart rate and makes you slightly out of breath (but can still talk). This will depend on your current fitness levels, so for one person walking at a 3mph pace will be moderate activity, for another it may require a faster pace or a more intense activity. Because the range of fitness in older people is so varied, researchers and professionals tend not to use the traditional scale of METS or scales of energy expenditure that are often used for certain activities in adults. Instead, the Borg Rating of Perceived Exertion is often used (Borg and Hassmen, 1999). This is just a scale where one end means the activity is effortless and requires no exertion and the other end of the scale is an activity that you would have difficulty completing or speaking as you were expending so much energy.

The example below is the original Borg scale with a version put together with older Scottish people wanting to give their own words for the level of energy expenditure. On this scale moderate activity would be around 5-6 and vigorous activity around 7-8.

 THE SCOTTISH BORG SCALE RATE OF PERCEIVED EXERTION		
0	NOTHING AT ALL	
0.5	VERY VERY LIGHT	A Doddle !
1	VERY LIGHT	A Skoosh !
2	FAIRLY LIGHT	Nae Bother !
3	MODERATE	Nae Bad !
4	FAIRLY HARD	Peckin !
5	HARD	Wabbit !
6		
7	VERY HARD	Puggled !
8	VERY TIRING	
9		
10	VERY VERY HARD	Knackered !
	EXHAUSTING	Fair Forfochten !

(Borg and Hassmen, 1999)



The Chief Medical Officer's Guidance

Our Conference "Carousel of Activity" (See Carousel of Activities: Good Practice Across Scotland) demonstrated a wide range of projects which promoted the physical, mental and social benefits of activity for older people.

The Chief Medical Officer and academics also cite a wide range of physical, mental and social benefits of physical activity (Department of Health; Department of Health, Social Services and Public Safety; Scottish Government and Welsh Government, 2011).



- There is even a benefit to just standing. Those who spend more than 4 hours a day on their feet have a much lower risk of fracture than those who do not manage this long on their feet. Physical Activity can improve digestive function and decrease levels of constipation.
- Exercising 3 times a week for 12 weeks with resistance bands can rejuvenate 20 years of lost strength due to ageing, no matter what your age.
- Exercising for more than 3 hours a week halves your risk of Osteoporosis or a heart attack compared to a sedentary person of the same age.

Physical Health Benefits

- When comparing the most active, with the least active, there is a 30 per cent risk reduction in the death rate for the most active group.
- There is a 20 per cent to 35 per cent lower risk of cardiovascular disease, coronary heart disease.
- When comparing moderately active people with those who are sedentary, there is a 30 per cent to 40 per cent lower risk of type 2 diabetes.
- There is a 30 per cent lower risk of colon cancer and a 20 per cent lower risk of breast cancer for adults participating in regular physical activity.
- Older adults who participate in regular physical activity have approximately 30 per cent lower risk of falls as long as the activity challenges balance (e.g. Not seated).
- Higher amounts of activity can improve muscle function, reduce bone loss, improve balance and flexibility and have a beneficial effect on blood pressure.

“ My favourite activity is exercise to music. It cured me of a rheumatic condition that I had. At first I couldn't do the foot movements and now I can. I think it's wonderful – that's my favourite of all the activities that we do. ”

Rita who is 101 and lives in Richmond Care Home

“ I can't achieve what I once did, but I keep dancing because I love it. ”

Diane Payne-Myers, aged 74, ballet dancer

“ There is no single better intervention to maintain independence, prevent falls, regain quality of life, confidence and control over your life than exercise. It's hard work but the benefits far outweigh the risks and it really can have miraculous results in even the oldest old. ”

Professor Dawn Skelton, Glasgow Caledonian University



Mental Health Benefits

- Physical activity reduces the risk of depression and cognitive decline in older adults.
- There is approximately 20 per cent to 30 per cent lower risk for depression for those who undertake daily physical activity.
- There is some evidence that physical activity improves sleep.
- Physical activity can enhance psychological well being by improving self perception, self esteem and mood.
- It has been shown to also reduce levels of anxiety and fatigue.



“ To meet like minded people, it's not always the exercise I go for, more the chance to catch up with people, hear about new things, be part of a group again...”

Agnes, aged 87, on why she attends falls prevention exercise class

“ I like the sociability of it and I like the exercise. ”

Mary, 96, Dundee



Social Benefits

- Engaging in physical activity can reduce feelings of isolation and loneliness among older people.
- It can increase levels of confidence and feelings of well being, resilience and control.
- Engaging in physical activity can also encourage individuals to adopt a preventative approach to managing their own health.
- It can also promote independence of spirit.



The Myths...

The Myths - All of the statements below which are commonly held views about physical activity...

THE MYTHS

“ If you have a heart condition you shouldn’t exercise. ”

“ Being 90 is too old to get active. ”

“ People with Arthritis shouldn’t exercise. ”

“ Bed rest is good for you. ”

“ Exercise increases your likelihood of falls. ”

“ Exercise is unsafe if you have Angina or Asthma. ”

“ For exercise to work it must hurt and you must sweat. ”

“ Exercise is not appropriate for frailer older people. ”



Dr Andrew Murray, Scottish Government Physical Activity Champion

The opposite is TRUE...

“ Exercise is for all and of proven benefit. It is a first line treatment for many conditions. If it could be bottled as a tablet, everyone would get it. It prevents and helps more than 20 conditions and has very few side effects. ”

Dr Andrew Murray, Scottish Government Physical Activity Champion

...are in fact UNTRUE



THE FACTS

- Older adults who participate in any amount of physical activity gain some health benefits.
- Older adults should aim to be active daily.
- All older adults should minimise the amount of time that they spend sitting, especially for extended periods.
- Regular physical activity helps to prevent and manage many long term conditions such as heart disease, stroke, type 2 diabetes, cancer, obesity and musculoskeletal problems.
- Physical inactivity accounts for 6 per cent of global deaths.
- Physical inactivity is the fourth leading risk factor for deaths across the globe.

BUT

- Increasing activity for all older adults will show benefits.
- For some older people, with specific needs such as those with chronic obstructive pulmonary disease, Parkinson's Disease. Following a stroke, a heart attack, regular falls or a fracture, exercise is best prescribed by a physiotherapist or specialist exercise instructor so that the most effective exercises are chosen for the best effects.

AND

- Targeting adults who are inactive (less than 30 mins of activity a week) will produce the **greatest reduction in Chronic Disease.**
- **It's NEVER TOO LATE to reap the benefits of an active lifestyle. Age is not a barrier, neither is medical condition.**

“Increased activity, appropriate to age can empower patients to take control of their own treatment which in the long-term could support Scotland in becoming a healthier nation with a positive outlook on wellbeing.”

John Gillies, Royal College of General Practitioners Scotland
Chairman



Health Inequalities and Economics

The Importance of Enablement in Addressing Health Inequalities and Ensuring Better Targeted Spend

“Clinical practice in cardiology has changed hugely to prioritise prevention and healthy lifestyle measures. The benefits are proven but those at highest risk of cardiac events have the lowest uptake of physical activity. We need to develop strategies to target those with most to gain.”

**Stephen Glen, Consultant
Cardiologist, Scotland**

Health inequalities

Scottish Government has recognised that in order to challenge health inequalities, vulnerable older people should be prioritised. *Equally Well* (2008), reiterates this by highlighting the need to address inequalities due to the strong links between poverty and poor health.

“There is a wide spectrum of people in later life who, while not having a clinical diagnosis of mental illness, do not enjoy optimum mental health and well being. A variety of causes such as loneliness, poverty, bereavement, physical illness and elder abuse can underpin this situation. Efforts to promote a mentally healthy later life consequently have to focus on the whole population of people in later life and not only those with a diagnosable mental illness.”

**Mentally Healthy Later Life Reference
Group, 2010**

It is also the case that gender related inequalities are reflected in, for example, access to services for long term conditions, where men (particularly those from specific communities) are often hard to reach. (Jané-Llopis and Gabilondo, 2008).

Tackling inequalities is important to improving outcomes for older people. People in socially deprived communities are far more likely to live with several long term conditions and to experience poorer mental health and wellbeing. They are also far less likely to be active. An Active Ageing programme has the potential to contribute to reducing inequalities

in health and wellbeing. This aligns well with work on multiple conditions in Scotland where the impact of poverty is a key dimension.

Health Economics

“The NHS is facing unprecedented financial challenges at a time of increasing demand. Rising to meet this challenge will be complex and difficult. But looking after older people well is cheaper than looking after them badly” (British Geriatrics Society (Scotland), 2011). The economic costs to the NHS of physical inactivity have been evidenced.

The British Heart Foundation found that the overall direct costs of physical inactivity related disease to NHS Scotland is £141 million per year (Foster, 2010). While this figure represents the direct costs to the NHS, indirect costs such as lower productivity, absence from work, and private healthcare costs all contribute to the wider costs to the Scottish and UK economies.

In Scotland it has also been estimated that £85.2 million could be saved if levels of physical inactivity were reduced by 1 per cent each year for the next five years. These economic benefits are associated with the number of life years saved due to preventing an estimated 2,162 premature deaths (Department of Health, 2009).

Allender et al (2007) analysed economic costs based on current UK government policy on physical activity using information from the World Health Organization’s global “burden of disease” project to calculate the mortality and morbidity costs of physical inactivity. The study concluded that the direct cost to the UK NHS of physical inactivity was £1.06 billion.

In conclusion, the costs of physical inactivity both in economic terms and in terms of quality of health of older people are too persuasive to be ignored. Physical activity has both health promoting and disease prevention properties. An increase in physical activity is one of the measures that would have the greatest positive impact on the health of the population. If everyone followed the guidance, health would improve and healthcare costs would drop dramatically

NHS Scotland, 2012



Carousel of Activities Good Practice across Scotland

Our conference demonstrated that physical activity has significant value across all settings – home, community, hospital and residential – and this is reflected in the following section on case studies.

As our workshops illustrated across all sectors there is a focus on prevention, impact and return on investment as well as wellbeing.

Musical Minds - Alzheimer Scotland Choir for People with Dementia and their Carers in Kilmarnock

In August 2010 Musical Minds was launched with the aim of developing a weekly singing group for people with dementia and their families. The concept was based on the considerable evidence that self-esteem could be raised through music and that people benefit greatly from regular professional and peer support. Many couples who are living with dementia become socially isolated and therefore expressed a desire to take part in a social group together. The project also aims to reduce the stigma often associated with dementia by placing the group within the community and working closely with partners.

Denis' story

This is the story of Denis, a 61 year old member of the Musical Minds Group

Denis who has dementia, heard about Musical Minds from the Carers' Centre in Kilmarnock. As someone who has always been interested in music, Denis decided to go along to rehearsals and give it a try. He has never looked back.

Denis - "I love Opera – some of the

words, I don't understand but the melody of the tunes is very relaxing. Before Musical Minds, I was spending a lot of time in the house. I would often listen to CDs but sometimes, it felt like being in a box and one of the carers suggested that I get in touch with Katy, Alzheimer Scotland, Dementia Advisor, who organises Musical Minds.

Now I feel like I am a Member of a VIP club. It has opened up new horizons for me. The training that I get from Martin and Eddie, would cost me pounds. On Wednesdays when we rehearse, I feel like someone has plugged me into a battery – I am so charged up and I feel full of life.



The Club itself is so friendly and you know that everyone there is on the same journey as you, so if someone is feeling sad that day I can hold their hand and the energy that I give out will rub off on them. No one judges you. You can sing, get up and dance or even make a mistake or play the tambourine out of tune and we all just laugh. I have made so many friends and can just be myself.

I also get dressed up with my shirt and tie to go to rehearsals. We don't stand on ceremony, or shake hands, we just give people in the group a hug if they need it.

I can't drive now, so the bus trip to the Scottish Parliament was a real treat for me. We had a great day. I think one of the things that I most enjoy is giving other people pleasure through the performances that we do. When we recently performed in the Scottish Parliament, people came



Carousel of Activities - Music and Dance

and listened and sang along. Some people said that we had “inspired and uplifted” them. To be able to cheer people up and make them feel good makes me feel good too.

Wednesdays when we rehearse has become my favourite day of the week.”

“ *I was buzzing after my day with you last Wednesday, I was so impressed by the set up you have organised and with the wonderful people who make up the Musical Minds group, making the sessions work so well.* ”

Linda Warham, daughter of Matt Hair to whom the Musical Minds CD is dedicated

Costs



For the first 8 months, the NHS provided a free venue in order to get the project started. The costs of a Dementia Advisor, who is required to set up and run the project, are covered by Alzheimer Scotland. The group participants manage to meet the costs of the rehearsal venue (hall) and the refreshments are provided free of charge by volunteers at the Howard Centre. The costs of sessional workers and the Music teacher are covered by locally fund raised money. For example, as a result of Alzheimer Scotland being awarded Provost Charity of the Year in 2011, East Ayrshire Council has helped to raise funds locally.

Other one off costs of the project are:

- Musical Instruments approximately £150
- Uniforms approximately £200

Community Psychiatric Nurses help to promote the group and encourage people to come. Additionally, Kilmarnock College has provided a group of volunteers who interpret the songs and communicate using sign language.



Impact and outcomes

When asked to rate the service on a scale of 1-6, 100 per cent of members rated it 5 or 6 (very good or excellent).

The project has benefited from the support of Martin Aelred, a professional tenor singer who has given his time free of charge to support the group. He has commented on the range of benefits the project provides:

“ *Breaking down the stigma is socially so important. It also proves that music brings us all together as a community...locally, globally, universally.... a global language that we ALL share as human beings.* ”

Martin also commented that the group helps to build up people's self-esteem and that it helps to provide a real sense of community.

Carousel of Activities - Music and Dance



“ I love it. I think every town in Scotland should have a “Musical Minds” group. It’s about Community and the fact that we ALL need one another to make this world work. I’ve seen really happy people at Musical Minds, people having a real sense of achievement, pride, bringing joy to the wider community. It’s an experience I’m so grateful for. As a professional classical singer I have studied the art of communication through the singing voice by my tutors from The Royal Schools of Music and this programme ticks every single box of their teachings. It’s been an absolute joy for me to be part of the group and I will support its beliefs every path of my professional career...”

Martin Aelred, professional tenor singer



The project has also received a number of positive comments from staff who are involved in the project:

“ It has been an absolute pleasure working with Alzheimer Scotland and East Ayrshire Council on this exciting new venture for people with dementia and their families.

It has been great to see, and hear about, the growth and development of this group over the last 15 months.

I think Musical Minds is a great example of communities and organisations working together to improve the lives of people with dementia and their carers in Ayrshire.”

Isabel Marr - Service Manager, NHS Ayrshire and Arran



“ My husband has had Alzheimer’s for the past three years and Musical Minds has opened our lives up.”

Mrs C, Musical Minds participant

“ We should do this every day for the next 40 years.”

Mrs M, Musical Minds participant

“ Musical Minds is amazing, I wouldn’t miss it for the world.”

Mrs R, Musical Minds participant

“ We have made lots of new friends at Musical Minds and it has given us the chance to dance again.”

Mrs R, Musical Minds participant

“ My husband has Alzheimer’s and I’m his carer and this gives me two hours of relaxation every week.”

Carer

“ The beauty is that your musical group from the picture shows people of all ages with and without dementia learning together. Amazing!”

Alan Midwinter, Service Manager, Alzheimer Scotland



Carousel of Activities - Music and Dance

Scottish Opera Memory Spinners

Scottish Opera and Alzheimer Scotland have begun a three year collaboration on a creative project that seeks to highlight the positive ways in which music and other art forms can enhance the quality of life for those with dementia – and for their carers and families.

Through the introduction of complementary arts experiences, such as visual arts and movement, the project aims to support the physical, mental and spiritual well-being of people with dementia. In doing so, it hopes to assist Alzheimer Scotland to raise awareness of the condition and the therapeutic effects that stimulation, music and the arts can have on people with dementia and their carers.

The first phase of the project has established a regular workshop programme in Glasgow, with a view to extending the programme to other cities in Scotland in later phases.

Within the workshop programme, Scottish Opera created a storyline, linked to Puccini's opera *La bohème*, which acts as the focus for a wide range of creative activities including dance, song, set and costume design. This provides the framework of performance as a stimulus for creativity, self expression, physical fitness and mental alertness, socialisation, participation and particularly, enjoyment.

Since January, the group has been meeting weekly for skill-building workshops in music, movement and design, and is working towards a performance of an original performance piece, which the group has named *The Memory Spinners*, in June 2012.

Anecdotal feedback from participants indicates that they have enjoyed the experience which they have found to

be stimulating, confidence-building and inclusive.

Once the first phase of the project is complete, an external evaluation will be carried out by the Dementia Services Development Centre at the University of Stirling.



“ When my husband is having a bad day, we come to the Opera studios and have a cup of tea in the café. Then he is relaxed again. ”

Carer involved in Memory Spinners Project

“ We are on a journey here together. We are creating something. Something which we can be really proud of. ”

Memory Spinners Participant



“ I like to come and meet people, and have lots of fun and even some dancing! ”

Memory Spinners Participant who has dementia

“ Scottish Opera designed and created promotional materials to encourage people to get involved. The materials were distributed by Alzheimer Scotland's national networks. The response was great! In fact there were too many people to fit in the room that we had available! ”

Judith Riddell, Education Manager, Scottish Opera



Perth and Kinross Care Home Activity Network (CHAN)

“ We have Wi Fit games, which are a lot of fun. My favourite is tennis because I used to be a tennis player. Activities are good for us because we need to be kept on the move. At our age it's easy to lose the spirit of competition. Getting together and talking to other people is important. You can easily become isolated otherwise, so I'm all for it. ”

Ken, 89, Part of the Care Homes Activity Network

when a large care homes “meaningful activity” conference was held. At the conference, 93 per cent of staff indicated they wished to be involved in a care home activity network in their locality.



All the CHAN members have been involved from the outset in the planning structure for the network including identifying the purpose of the CHAN and how they might achieve this; compiling “commitment” forms; outlining responsibilities and expectations required; exploring communication channels both internally and externally; and identifying training needs. This set a solid foundation on which to build the network and has ensured ownership and longer term sustainability from the beginning.

The Perth and Kinross Care Home Activity Network (CHAN) is a joint partnership between Perth and Kinross Council, NHS Tayside, Live Active Leisure, Scottish Care and 25 local care homes. It supports local care homes to drive up their standards of care around the provision of meaningful activity. Meeting quarterly, the CHAN provides a forum for staff to share activity ideas; examples of best practice; and resources and training. The CHAN benefits older people themselves, and also care home staff.

The ultimate aim of the CHAN is to benefit the physical and mental wellbeing of older people and improve their quality of life. It was initially aimed at increasing the activity levels of care home residents but has more recently been extended to include day care clients. Being engaged in meaningful activity promotes self worth and gives meaning, purpose and enjoyment to each day. The CHAN reinforces the personalised, individualised outcome approach for each and every resident and reinforces that meaningful activity is the responsibility of all care home staff and should happen all the time.

“ An Activity Co-ordinator should be a friend to all with a sense of humour and love of fun. ”

Rita, 101, a Care Home Resident

“ The network is a great resource for both residents and care workers alike. It gives us a good support network as we meet up every three months to swap ideas for activities and its very important for our residents as it encourages social activity and gives them an opportunity to get together and talk to other people – so I'm all for it. ”

Kincarathie Care Home worker, Perth

The CHAN was founded in March 2010

Each care home is invited to appoint two 'activity



Active Ageing in the Care Setting

leads' with at least one usually attending the quarterly meetings of the CHAN. The CHAN is supported by a steering group comprising of the Falls Service Manager (NHS), the Contract Compliance Officer for Care Homes (Perth and Kinross Council), the Health and Inclusion Manager (Live Active Leisure) and a Care Home Activity Co-ordinator. Currently, at least one member of the steering group attends the CHAN meetings. The quarterly meetings of the CHAN are held within a large room of one of the Perth Care homes.

Alongside the quarterly meetings of the CHAN, two larger conferences have been organised and held, both of which were funded by NHS Tayside, Perth and Kinross Council and the Rehabilitation Framework. In order to keep costs relatively low the conferences were held in church halls. The first conference cost £350 which included venue, IT, equipment and lunch costs and the second conference cost £250 where a local care home provided the lunch free of charge.

Those members of staff attending CHAN meetings take the information back to their care home and share it with colleagues. By supporting each other the CHAN can ensure they are providing the best possible outcomes for residents. Between meetings, CHAN members communicate regularly and an electronic forum has been developed to enable this. CHAN members receive regular correspondence regarding CHAN activity and this is also disseminated to care home managers when larger events are organised.

“An Activity Co-ordinator should be able to unite a group of people into a happy group with nothing in common but old age.”

Rita, 101, a Care Home Resident

Through increasing activity potential, residents are naturally encouraged to increase their physical activity. The work of the CHAN has led to an increased variety of activities for care home residents. A range of fun physical activities are promoted including chair-based exercise, indoor curling, the interactive Wii, walks and gardening.



Improved Outcomes

- Older people within the network have increased participation in activity to improve their physical, mental and social wellbeing;
- the network has allowed for more joint working and sharing of ideas;
- a number of care homes work collaboratively, for example, many are holding a strawberry/daffodil tea party on the same day
- care homes engaged in the CHAN now independently organise their own inter-care home competitive events for example quizzes and curling;
- a large “Go4Gold” games challenge event is planned in Perth this year with 50 care homes invited to participate.
- care home staff feel much more supported and can share issues as they arise and support each other to address them;
- the creation of a CHAN resource booklet containing useful information such as all of the CHAN members' contact details;
- an entertainment contact list; and mapping of available resources and materials;
- there are future plans to create an activity analysis resource to sit within this;
- training to members to increase their confidence to undertake activities that were new to them.

Looking to the future, the CHAN management plans to visit care homes that are not involved to discuss with the managers the benefits of joining the CHAN and to encourage further homes to get involved in and engaged with the network.



West Lothian Care Activity Network Olympics

In May 2011, the West Lothian Care Activity Network (CAN) in partnership with the Ageing Well Project, West Lothian Community Health and Care Partnership and Xcite West Lothian, held a pilot inter-care Olympic style event followed by a tea dance. Ten care settings were represented on the day, each with a team of six participants, and the event was attended by almost 200 people.



The West Lothian CAN invites activity co-ordinators from all care settings across West Lothian to attend network meetings which take place 6 times a year. The main objective of the West Lothian CAN is to increase physical activity levels within care settings (care homes, day care, sheltered housing and care at home). Research has shown that competitive events can encourage people to be more active and therefore the West Lothian CAN decided to organise this inter-care Olympic style event which was held in Xcite, Broxburn Sports Centre.

“It was amazing watching all the teams. They put their hearts and souls into it.”

Alongside the main aims of increasing physical activity levels within care settings and running a competitive event to encourage participation, the event also aimed to: develop partnership working with key partners such as the Ageing Well project, NHS and local care settings; support activity co-ordinators from each care setting in delivering a programme of physical activities to older people; and to create an 'equipment bank' which could be borrowed by care settings at any time to allow them to encourage participation by older people.

On the day, participants took part in five activities including parachute and ball, skittles, new age curling, jigsaw and bean bag toss, at different stations in the hall. Teams were supported by carers and volunteers to allow for the smooth running of the event and to help keep the score.

“Very enjoyable, fun activities within everyone's capabilities – enjoyed the different events!”





Active Ageing in the Care Setting

The cost of the event was £387 which included costs to cover a bagpiper, an entertainer, first aiders, refreshments and medals and trophies. The West Lothian CAN covered the costs of the rest of the event through grant funding and donations in kind from a number of organisations:

- Xcite West Lothian provided the event venue and some of the equipment for free;
- The Ageing Well project enlisted the help of over 50 volunteers;
- Tesco provided volunteers and bottled water for all participants and also donated £102 from their Community Fund towards the cost of purchasing the equipment;
- West Lothian On the Move funded the purchase of some of the equipment and the refreshments for the tea dance afterwards;
- Community Physiotherapy provided three members of staff and hoist equipment.

The event was thoroughly enjoyed by those older people participating as well as by carers, families and staff. It provided an excellent opportunity for older people in care settings to take part in fun physical activities aimed at improving health and wellbeing. It also encouraged older people within care settings to increase their physical activity levels more generally, as care settings were allowed to borrow the equipment before and after the event for older people to use. In addition, the 'equipment bank' has been made

available to non participating care settings in order to provide further opportunities for increased physical activity. The 'equipment bank' has been developed since the event was held and supports people to be active throughout the year without the care settings having to incur any additional cost.



“Great day for all concerned – those taking part and those helping.”

The West Lothian CAN plans to hold the event again in 2012 using the same equipment and all partners are willing and excited to be involved again. There are also plans to invite children from the local primary school to sing or cheer lead at the event in order to increase intergenerational opportunities.

“Excellent. So many smiling faces.”



Inverclyde Globetrotters

The Inverclyde Globetrotters are a gym-based exercise group who help participants tackle long virtual walks in an enjoyable environment to promote health and wellbeing. The group is particularly aimed at people with cardiovascular disease, other long term conditions and people who are relatively inactive. The members of the group, who are on average, 69 years young, all have fun by staying active by virtually walking around the world (and beyond) without leaving Greenock.



The group was formed in early 2008 in order to help Inverclyde, and the rest of Scotland, to start and stay active. It aims to promote by example, the benefits of cardiac rehabilitation and works to achieve these aims in partnership with others including the British Association for Cardiac Prevention and Rehabilitation; the British Heart Foundation; Chest, Heart and Stroke Scotland (CHSS); CVS Inverclyde; Glasgow Caledonian University's School of Health; NHS Greater Glasgow and Clyde; Inverclyde Leisure; Paths for All; and Sus It Out Plus (Future Balance).

“An extremely positive example of a local organisation working to encourage people to become and remain active.”

The Rt. Hon. Alex Salmond, First Minister of Scotland

The Inverclyde Globetrotters formed what was a weekly Phase IV cardiac rehabilitation class at Inverclyde Leisure's Waterfront Complex in Greenock into a not for profit organisation. The class is now part of the Live Active Exercise Referral Scheme run by NHS Greater Glasgow and Clyde and Inverclyde Leisure and uses a team approach to promoting physical activity.

Class participants started off with the challenge of undertaking a virtual walk around the world. They did this by counting the number of steps they took every week at the gym class using a pedometer. These steps were then recorded along with the distances walked, cycled and rowed during the class and each week's progress was plotted on a map of the world. After successfully achieving their virtual walk around the world in May 2010, the group members have now embarked on a virtual walk to the Moon and back (477,714 miles) and then hope to walk to Mars after this (48.7 million miles)!

“It's life-enhancing stuff putting on your pedometer to count the number of steps you take and then setting off on one of these marvellous fun tours ...a novel way of keeping class members fit and healthy.”

Class Member

The group is funded through grant funding and has recurring costs of £300 per annum. These costs include £200 per annum for pedometers (funded through British Heart Foundation Help a Heart Grant) and £100 printing and postage. The group has also secured grants to enable them to carry out functional assessments (Shuttle Walk Tests) and to use activPAL™ technology to provide accurate personal feedback on activity/inactivity levels.



Walking in Late Life

“ Inverclyde Elderly Forum are delighted to be involved with such an excellent initiative as Inverclyde Globetrotters. ”

Nell McFadden, MBE, Chair of Inverclyde Elderly Forum

Along with pedometers and maps, other essential resources for the group to carry out its virtual walks include a printer; internet access to calculate routes and distances; and a dedicated person to collate information, provide feedback and encourage people to participate. The group promotes its activities using a variety of methods: word of mouth, face-to-face contact, regular newsletters, e-mail, telephone, articles in relevant publications and most recently social media (mainly Facebook).



“ Your simple and creative idea to help promote physical activity both in Scotland and globally is something which has the power to effect real change. ”

Mr Gordon Campbell, High Commissioner of Canada

The Inverclyde Globetrotters have developed innovative ways of overcoming the limited funding opportunities available to them to run the group. For example, the group was invited to affiliate with CHSS which enabled them to develop a constitution and appoint a Committee drawn from its members,

who are often required to complete funding applications. Additionally, the group has developed a good working relationship with its local Council for the Voluntary Sector (CVS). CVS Inverclyde has been very helpful in providing support advice and encouragement to run the group.

Such a simple approach to exercise has resulted in a range of **benefits and outcomes:**

- Encourages older people to participate in an activity which benefits their health and improves their quality of life.
- Accomplishes challenges as a team which would have been difficult for older people to achieve on their own.
- Provides peer support and helps to reduce social isolation by generating a sense of belonging and wellbeing.
- Supported a number of Inverclyde businesses and community groups to take on virtual walking challenges.
- Inspired CHSS to launch their Lunar Trek which attracted the support of 46 affiliated groups from all over Scotland.
- Brought young people and older people together through a primary schools competition to design a new logo and successful collaboration with Inverclyde Council to involve primary schools in the CHSS Lunar Trek through their Walk to School Week.



West End Walkers 65, Scottish Physical Activity Research Collaboration (SPARColl)

West End Walkers 65+ was a research project which aimed to assess the feasibility of a pedometer-based walking programme



in combination with physical activity consultations in adults aged 65 years and over from a General Practice in Glasgow. The study provided information on recruitment and retention, the intervention process and outcome measures, with a view to informing future research and practice.

Adults aged 65 years and over, in one GP practice in Glasgow were informed of the project via a letter from a GP.



The project was funded by the Chief Scientist Office of the Scottish Government, the Scottish Primary Care Research Network and NHS Research and Development. This was a one-off research project which cost £157,482 to deliver. The research is completed.

A cost-utility analysis suggests that the intervention would cost around £100 pounds per person (full report available on request).

The funding listed above enabled a research assistant, practice nurse, general practitioner and team of researchers to dedicate time to this project. Associated costs were consumable items and access charges for a room in a GP practice and the Glasgow Clinical Research Facility.

Qualitative data suggested that people found the intervention easy to follow and that the practice nurse was helpful. Participants showed a significant increase in physical activity (measured by step counts) of around 20 minutes a day. This increase was maintained over 6 months. The walking programme was also associated with improved quality of life.



“ I think when you’ve got your meter on, you try to get a wee bit better...I feel it’s like a challenge. ”

Project participant

It was intended all project sessions with participants would take place in the GP practice. As a result of space restrictions in the practice building this was not possible. The Clinical Research Facility in the Western Infirmary, Glasgow was used as an additional venue to meet with participants.

This project has evaluated an easy to implement, cost effective set of resources which were considered user-friendly by the participants and successfully increased and maintained walking levels in inactive older men and women. If SPARColl were to the run the project again, they would allocate more time to screening potential participants for contra-indications to walking. Integrating patient data on physical activity into the GP computer system would result in a more efficient identification of inactive adults.



“ When you’re out with your pedometer, you’re thinking ‘I’ve got to get this step count up,’ I MUST...walk round a longer route... I found writing it down, helped me to do more. If I did say 7000 today; I’d be thinking tomorrow I’ll do 8000. ”

Project participant



The Green Environment: Our Outdoor Activities

NHS Fife Occupational Therapy Gardening Project



The Occupational Therapy Gardening project within Phase 1 Queen Margaret Hospital, Dunfermline has been designed and created over time, through collaboration between older people and people with mental health conditions within the Occupational Therapy Mental Health Service and staff from Older adults and Adults Mental Health Service. It uses gardening as a therapy to promote physical and mental wellbeing.

Instead of utilising the skills and expertise of a professional to design and create the courtyard garden into a sensory, visual, tactile and safe environment, the Occupational Therapy staff decided that people with mental health conditions should be empowered to make their gardens their own, so, together with the help of Occupational Therapy staff facilitating gardening projects, the beginnings of new plant life through nurturing, began.

“Great to be outdoors.”
Project participant

The on-going project has a number of aims:

- To assess cognitive/functional

ability, mental state and social awareness.

- To facilitate a safe environment and familiar activity to practice social and communication skills.
- To promote active participation, integration, choice and decision making.
- To reinforce awareness of abilities and existing skills / limitations.
- To promote a sense of achievement and enjoyment.
- To promote confidence and self esteem.
- To encourage multi sensory experience.

The project was set up and is maintained at a relatively low cost and is funded through NHS Fife. The project's main cost has been gardening equipment and ongoing dedicated time from staff.

Within Older Adults Mental Health Service, this gardening project has shown that a simple and low maintenance garden with easy-to-grow plants can provide a range of benefits to older people who take part. Through the participation of gardening, decision making skills are enhanced. People share their life long knowledge and reminisce. Parallel working is encouraged alongside group teamwork. Multi sensory experiences are gained and confidence building begins. For many, to be valued and supported in a safe environment can lead to empowerment.

“I enjoy feeling the breeze on my face.”

Project participant

Within Older Adults Mental Health Service, the gardens are designed in specific ways. In agreement with many written articles relating to Mental Health and gardening, the garden layout can enable development and enjoyment. It can be seen as a useful tool to allow the building of positive working relationships



between staff and the individual, for people to find inner peace and potential creativity. These therapeutic gardens can be seen in many ways – a peaceful sanctuary, a bird and plant nature retreat, a small allotment and also an undisturbed safe haven where mind, body and soul can come together, and be at peace.



Occupational Therapy courtyard garden
Older Adults Service Queen Margaret Hospital.

The ideas for low maintenance and colourful plant varieties are discussed with the gardening groups and according to Blair and Hume (1999) gardening improves the quality of life, for young and old, with the provision of colour, fragrances, practical experiences and the produce which can result from careful tending can increase self worth and esteem.

These gardens can provide a safe environment whereby after a busy session, weeding, planting and watering plants, individuals, young and old can sit on the purpose built wooden garden seat and appreciate their work.

Ageing Well, Edinburgh

The Ageing Well Edinburgh Project is run by Edinburgh Leisure in partnership with NHS Lothian, the South Central and North East Edinburgh Local Health Partnerships

and Pilmeny Development Project. It is a health improvement initiative for older people supported by volunteers, which enables local older people to take control of their own health. It achieves this principally by creating opportunities for people over 50 years to continue to make a positive contribution to their own lives, the lives of other older people and the life of their local communities. The Ageing Well Edinburgh Project involves older people directly in defining needs, determining priorities and exerting control over the decisions that affect their lives.

Ageing Well's main aim is to focus on health and independence rather than the provision of care by providing physical activities and social opportunities for older people based on a peer support model. The project encourages older people (aged 50+) to lead a more active and healthy lifestyle by providing peer support, encouragement and information. It provides a range of activities (health walks, dancing, chair based exercise, cycling, buddy swimming, buddy gym, indoor curling, an allotment project, digital photography, knitting and singing) to the local community on a weekly basis.





The Green Environment: Our Outdoor Activities

The peer support model is supported by a team of trained volunteers. Volunteers, who are all over 50, go through a core Ageing Well training programme and many have been trained as walk leaders and seated exercise leaders and deliver the activities themselves. Furthermore, volunteers provide just as much support by being welcoming and providing a friendly face to encourage involvement and participation of their peers in physical activity.

“ Going to the allotment is excellent for my husband who has depression and does not have many interests. I myself look forward to our visits there, I also have a mental illness and after being at the allotment I feel great that I have achieved something. ”

Allotment group participant

Ageing Well is funded by NHS Lothian in partnership with Edinburgh Leisure and the Pilmeny Development Project. The project has been running since 2001 and is currently funded until 31 March 2013. The total costs of the project are £86,000 per annum (£43,000 for South Central Ageing Well and £43,000 for North East Ageing Well, however the project is now hoping to develop work within additional areas of the city). The main cost areas that the budget supports are:

- Salary for 5 staff members;
- Community Hall Bookings;
- Volunteer training;
- Volunteer expenses;
- First Aid Courses;
- Health walk / seated exercise leader training;
- Equipment for Seated exercise;
- Evaluation costs;
- Postage;
- Staff training;
- Instructors.



Ageing Well is promoted on an ongoing basis by Ageing Well volunteers and staff at activity venues and they have found that older people have responded well to promotion when there has been face-to-face contact. The project is also promoted using a variety of methods:

- Leaflet distribution, newsletter;
- Networking events with other organisations;
- Stalls at health events, presentations, and talks to groups of older people;
- Meetings attended i.e. Neighbourhood Partnerships;



- Relevant conferences;
- Falls prevention groups;
- Pulmonary and Cardiac Rehabilitation Groups;
- Older adult's day centre participants;
- Volunteer Centre Edinburgh;

Impact and outcomes

Research suggests that older people are more receptive to people of their own age and the Ageing Well project has shown that the peer support model works well in encouraging physical activity in the 50+ age group. Evaluation of the project highlights that the model has made a positive impact on the lives of volunteers, and participants felt that taking part in Ageing Well activities has had a positive effect on their health. Many enjoy the social aspects and feel it benefits both their mental and physical health.

Evaluation suggests that the social element of the activities is highly valued by participants, especially by those older people who are more socially isolated. Many participants look forward to the 'chat' before, during and after the activities. They enjoy being able to maintain and build up their social networks and feel that this helps to support their mental wellbeing.

Mrs B, Ageing Well participant

Mrs B has turned 80 this year. She attends the Friday Chair Based Exercise class every week. She has mental health issues and lives alone. She walks to and from the class every week, this involves slopes! This is her only opportunity in the week to interact with other individuals outside her family circle. The social aspect of this class is a very important part of the Friday session. She misses the class greatly if classes stop for a holiday break and to date has never missed a session unless she has been on holiday herself.

“ Now my favourite hobby which is shared with my husband and granddaughter at weekends - cycling is now an excellent option for us to get around Edinburgh and is helping us to keep fit. ”

Cycle group participant

Mrs E, Ageing Well participant

Why do I come on the walks, I have asked myself more than once. The 'cup of tea' and socialising at the end. Over the last two years I have found that my stamina and strength have improved and my 'mind set' has changed too.

I don't think twice about walking a distance, for example London Road down Leith Walk to Ocean Terminal. Two years ago I would not think to, never mind actually walk between bus stops.

“ I am delighted at how fit and strong I have become... especially my legs and upper body. ”

Cycle group participant

“ I joined to see if I could get back the skill of riding a bike after over 50 years and was amazed to find how quickly my confidence returned with the help of the friendly [volunteer] leaders. ”

Cycle group participant



Strength and Balance Exercises for all Abilities

Otago Strength and Balance Programme

Otago is a strength and balance exercise programme aimed at reducing falls in older people. While it is widely recognised that falls can be a significant threat to the health and independence of older people, there is robust evidence that exercise can reduce falls particularly among frail older people (Yarrow, Skelton et al, 2011).

Our Carousel of Activity demonstrated in a very practical way, how Otago can be used with frail older people, including those who use walking aids and also those who are chair bound. A free toolkit is available to assist practitioners to consider and evaluate the benefits that Otago can bring.

“Don’t Stop Me Now”



NHS Forth Valley and their Local Authority partners have been collaboratively delivering a shortened version of the OTAGO strength and balance programme since 2008. The 3 Community Health Partnerships supported a 4 day training programme for 20 staff from health and social care to allow roll out of the programme across a range of settings including the day hospital, rehabilitation wards, care homes, day care, resource centres and housing with care.

Data on 157 patients with an average age of 80 and a history of falls were assessed at entry and discharge from the 8 week

programme showing extremely positive results. Given the frailty of the group, researchers believed that retaining the same ability would be considered to be a positive outcome.



There were clear improvements in indoor and outdoor dependency and walking aid use as well as improvements in 180 degree turn and chair rise ability. This suggests that although the service delivers a far shorter duration OTAGO intervention than the original research, there are positive outcomes to the patients receiving an exercise intervention through both health and social care (Yarrow, Skelton et al, 2011).

The Otago strength and balance programme can therefore have a significant impact on the functional capabilities of Older People, even when the programme is performed less frequently and for a shorter time span than the evidence base would suggest is required.

While very frail older people may have difficulty in performing the full programme, encouraging results would suggest that participating in part of the programme can still produce a positive outcome.

Silver Deal Active

The Silver Deal Active (SDA) Programme is a physical activity initiative to encourage older adults to remain more active more often in later life across Glasgow. It is a



joint partnership between Glasgow Housing Association (GHA), Glasgow Life and NHS Glasgow that provides FREE regular, coach-led physical activity and arts sessions to all Glasgow residents aged 60 years or over. SDA's main aims are to provide Glasgow residents aged 60+ with local opportunities to get more active more often, in order to support health improvement and personal confidence and reduce isolation.

“The coaches are so enthusiastic and committed to helping us it gives you great encouragement to 'get up and go' and do more things on your own.”

Silver Deal Active Participant



©Glasgow Life

There are three distinct elements to the SDA Programme:

1. **Easy Exercise Sessions:** These weekly 45 minute sessions offer a variety of activities including: Chair Aerobics, Tai Chi, and Easy Dancing. Each session is delivered by one of the fully qualified and experienced SDA team.

Ongoing consultation and focus groups with participants ensures that activities offered meet the needs and aspirations of the participants.

2. **Active Arts Sessions:** These weekly sessions offer a variety of arts based activities including: Glass and Ceramic Painting, Textile Painting, Clay Modelling, Mosaic Crafting and Jewellery Making. Each session is delivered by a fully qualified sessional arts worker.

Ongoing consultation and focus groups with participants will ensure that arts activities offered meet the needs and aspirations of the participants.

3. **Social Events:** By way of reward to participants that regularly attend SDA classes, a series of subsidised and free social events are planned each year. These events provide an opportunity for residents of different areas of Glasgow to meet and socialise as part of an enjoyable programme of outings i.e. Pantomime, New Lanark, Riverside Museum etc. These have proved to be very popular amongst participants and help support new friendships, a vital aspect of encouraging older adults to stay active and reduce social isolation.

Over the course of the year, the programme provides a range of other physical activity opportunities for SDA participants to take advantage of, for example Swimming Lessons, Aqua Aerobics and Dance Lessons.

“I have really enjoyed the classes, not just the activities but the chance to meet new people and socialise with them in a friendly and relaxed atmosphere.”

Silver Deal Active Participant



Strength and Balance Exercises for all Abilities

The SDA programme is funded by Glasgow Life, GHA and Glasgow Community Health Partnerships and costs £312,000 per annum, which covers the cost of 120 classes per week. It is promoted mainly via local partner communication links and through relevant newsletters including GHA newsletters which go to all GHA homes in Glasgow.

Impact and outcomes

Evaluation of the SDA programme shows that it has had a significant impact on the lives of older people in Glasgow. Older people have reported an increase in mobility and strength; an improvement in posture and balance; and a reduction in self isolation.

A Silver Deal Active Customer Satisfaction Survey was issued at all SDA classes during February 2012 by Exercise and Arts coaches. The survey was completed and returned (freepost) by 381 participants and achieved an overall satisfaction rate of 99.0 per cent.

“ In our opinion we all think it is doing us old yins the world of good and we are enjoying the company, we would not miss it for the world. We look forward to it every week. Since the keep fit has started I have found a great difference in my mobility and the coach is first class. ”

Silver Deal Active Participant

In November 2005, when SDA was launched, only 5 classes per week were delivered and 12 people were registered. During 2010 / 2011:

- 1,224 Silver Deal Active Members were registered
- 20,200 attendances at all Silver Deal Active services
- 2,962 Sessions delivered (1,122 within GHA Sheltered Housing Complexes)
- 740 members self reported being more Physically Active
- 816 members self reported having

improved health / mobility

- Delivered 4 blocks of swimming lessons of which 82 members learned to swim.

All activities that SDA deliver are at the request and demand of their members. An example of this was when Glasgow Life staff tried to issue free swim cards to SDA participants which allow anyone aged 60+ to access local swimming pools free of charge. After some discussions, it became apparent that SDA members were not accepting the free swim cards as many of them had never learned to swim and some were afraid of the water.

The SDA Steering Group agreed to provide blocks of swimming lessons to SDA members who were unable to swim or were unconfident in the water. To date 207 members have learned to swim and the majority now regularly use their free swim cards.

Aberdeen City Partnership – Techno Gym

Isobel's Story

101-year-old resident at Aberdeen City Council's Fergus House care home is enjoying what she terms a "new lease of life" thanks to the provision of groundbreaking Technogym equipment.

Isobel Robertson, a retired shop assistant, has been rolling back the years adding to her daily walks along the home's corridors with a work out in the recently installed Technogym at the Care Home where she lives.

As part of the council and NHS Grampian's commitment to reshaping care for older people, funding was secured from the Aberdeen Partnership Change Fund to secure the UK's first publicly-funded Technogyms for older people.



consider whether physical activity might have a beneficial effect on behavioural difficulties, Aberdeen City Partnership undertook this innovative project to purchase specialised gym equipment using Change Fund monies. Each set of equipment cost £17,000 which included training of staff in operation, use and exercise.

Fred McBride, chair of Aberdeen Partnership and Director of Social Care and Wellbeing, said:

"It's hugely important that we change people's perceptions about older people. It is fantastic to see so many of the residents utilising the Technogym equipment and clearly enjoying themselves too."

This is a very innovative and important area of work with older people. Statistics show that the population in the city is ageing and that creates a number of service issues that we are actively addressing both for now and the future."

What this equipment does is encourage older people (60+) to undertake physical activity and signpost them to other activity opportunities in their communities. It gives opportunities for those with dementia living in the community to use the equipment, encourages care homes to increase the levels of physical activity and meaningful activities within their units by illustrating the benefits and challenging the stigma and attitudes facing older people."

It's still very early but we are extremely encouraged by the results and seeing all of these residents here today shows how important projects like Technogym are and I hope they continue to prove popular with service users."

Technogym Easyline equipment is specifically designed for older people and others who may be unfamiliar with exercise. It employs a hydraulic design, ensuring that the resistance applied is relative to the ability of the person using it, rather like a bicycle pump with the emphasis being on gentle lifting and pushing."

The Aberdeen City Partnership purchased four sets of equipment and dispersed them across, community and residential care settings, as well as Dementia Hospital wards.

Centenarian great-grandmother Isobel insists the equipment, which differs from normal gym equipment as it has been specially designed so that it is suitable for older people and those who have long term conditions such as dementia has been "a smash hit with residents".

Isobel said: "I think it's great, I have really enjoyed using the gym. It's good for getting all the residents together mixing and talking to one another. "

Maintaining good levels of physical activity in older people who live with dementia and mental ill health can represent a particular challenge for older people with dementia, for their carers and for those working with them. In considering how to improve and increase physical activity levels and also to



Strength and Balance Exercises for all Abilities



Impact and Outcomes

The clinical evaluation was conducted by Robert Gordon University and showed all round improvements to physical abilities and importantly acute and chronic improvements in mood. Importantly staff also observed benefits in terms of social interaction and the positive effects on families to see constructive activity taking place.

“The equipment has been an instant hit across care settings. The residents and staff here have embraced it and are all enjoying it immensely.

The feedback we are getting suggests that they are all reaping the benefits with residents mood and attitude lifted, they are sleeping better and we are seeing more flexibility and balance which we hope will lead to decreased falls.

Julie Thomson, Social Sare and Wellbeing Principal Planning Co-ordinator.

“I am pleasantly surprised at the positive impact on this group, many of whom have advanced dementias, varying concentration levels and can be intolerant of others in close proximity.

Dementia ward manager

“Some patients were pleasantly surprised at the amount of work they were able to manage.

Physiotherapist

“It has allowed for social interaction between and with patients.

“It has been a pleasure for families to see their relatives participate in activities.

Clinical lead physiotherapist

Aberdeen City partnership undertook a six-week pilot service evaluation to assess the use of the equipment with patients in five wards and two day hospitals that provide care and treatment for older adults with mental ill health. The patients assessed included those from two behavioural management units who primarily deal with people who show Behavioural and Psychological Symptoms of Dementia (BPSD). Functional capacity, acute and chronic psychological response and the subjective response of staff involved in the use of this equipment, were recorded.

The aim of the evaluation was to examine the use of *Technogym Easyline* equipment as a therapeutic intervention to increase physical activity in older people with cognitive impairment and functional illness including anxiety and depression.

Results from this preliminary service evaluation therefore indicate that the *Technogym Easyline* equipment may represent a good way of increasing activity levels in those with complex mental health conditions, particularly in closed environments such as hospital wards. The positive results recorded in patients who show behavioural and psychological symptoms of dementia (BPSD) were identified by researchers and staff, as particularly surprising and encouraging. An evaluation to consider results over the longer term is planned as a future action.



South Ayrshire Positive Steps Project

is a partnership project between South Ayrshire Council Falls Management, NHS Ayrshire and Arran and the Joint Improvement Team using Change Fund resources. Incorporating the development of the Falls Pathway and INVIGOR8 programme, the project operates a 52 week course of exercise and activity aimed primarily at older people who have a history of falls. The initial focus of the work was centred around all Sheltered Housing complexes in the authority area but due to its success has recently been rolled out across communities. Central to the project has been links with community alarm and mobile attendant services and also trained staff to provide assessment and advice to people who have either fallen or are at risk of falls. In terms of evaluation, in the areas where individuals currently access the service, there has been a **51 per cent decrease in people requiring access to support services, following a period of enablement and 22 per cent of people who require support require a decreased level of input. The plans for the coming year are to roll out the service across all areas** of South Ayrshire and to train homecare staff in the independent sector to provide an enablement based support service, ensuring continuity of an enablement approach within South Ayrshire.

Walking Towards Better Health

Walking Towards Better Health is a partnership project between Long Term Conditions Alliance Scotland (LTCAS) and Paths for All. The project aims to encourage those living with long term conditions, with a focus on inactive women over 45 and inactive men and women over 65, to become involved in walking to improve their health and better manage their condition.

The project also aims to

- Raise awareness of the benefits of walking for the target group and across relevant sectors in Scotland.
- Support LTCAS members to establish walking activities which enable the target group to become and remain more active.
- Work with the target group to gather information on the main barriers to walking and to identify enablers that would facilitate increased activity levels.
- Use the information gathered to develop a series of events, key messages and a report in order to highlight the impact of increased activity for the target group and for those who work to support them.



The first year of the 3 year project is focused on consultation activities with the target group to discover what barriers and enablers to walking they face. Developing an understanding of this enabled them to raise awareness of the benefits of walking in a way that is timely and appropriate for the target group. Consequently people who had initially disregarded walking because they



and Our Other Examples of Good Practice

didn't feel physically able or felt that it would have a detrimental effect on their condition began to think differently about what physically activity could mean for them and in many cases they began engaging in walking activities.

For example the first reaction to walking from many in the target group was often 'I can't walk because my joints are too stiff and sore'. However when they were reassured that walking can be a useful tool for maintaining/improving mobility, and they could be part of the process of designing a walking activity they began to engage .

“ This was my first walk. It was a short walk which suited me as I have walking difficulties, everyone seemed to enjoy the walk, it was a bit cold and it started to rain a bit but it didn't put me off. Hopefully I will be able to participate in more of these walks. ”

Project participant



The project offers walk leader training to groups interested in taking part. This free opportunity enables and empowers volunteers to plan and implement walking activities that are appropriate for their peers.

It also offers volunteers training and support to monitor change and capture the impact that increased activity has on group members.

Providing these training and support

opportunities for volunteers instead of staff, reduces reliance upon the member organisations that may not have the capacity to support members in additional ways. It ensures that groups created via the project are much more likely to be sustainable as they do not rely on funding or staff time to function. This training also ensures that volunteers become advocates for their own group. They are responsible for engaging and attracting new members. By applying an assets approach the project has a strong impact without being resource intensive.

“ It's all about being taught, encouraged and motivated to self manage your time and know what you are capable of. ”

Project participant

Workshops to enable project groups to share ideas and learn from each other about how to support those with long term conditions to become more active, were facilitated. As a result of these learning sessions, project groups have designed a range of walking activities that are appropriate for their own target group. These include; walk and talk support groups and indoor walking. All groups are led by older adults living with long term conditions.

“ I feel a type of benefit when, and after a walk, it releases stress and builds up your muscles. ”

Project participant

Many LTCAS members already had walking groups. But in some cases membership had dwindled or only the “fittest” attended. As a result of learning sessions many have adapted the activities to make the groups more widely accessible. Such adaptations include using buddy walking to support new members who join the group and working with new members to ensure that the routes used were appropriate to their need. Often this is as simple as making sure that there was somewhere to rest at



the end of the route.

Another challenge of this project has been engaging with those who would not consider engaging in physical activity; naturally those who are already effectively self-managing or who may already be relatively active are more likely to engage with the project. To overcome this issue the Walking Development Officer attended support groups and meetings for those who engaged with their particular organisation for regular support groups but remained isolated in the time between meetings. The support group meetings were an effective method of changing attitudes of those who are inactive about walking.

it became clear that for the majority of people the things that prevented them from walking could be easily overcome with consultation and planning. For example many worried about access to toilets, however if they helped plan a route that included access to public toilets they felt able to participate. Others were worried about pain, however support with pacing and short distances significantly reduced apprehension.

These lessons have highlighted the value of investing time to find out what is important to the target group. Working with the target group to gathering information about their barriers and enablers to walking has allowed for the project to be developed appropriately.

“I just never knew walking could be relaxing.”

Project participant

“The pace was comfortable and the chatting distracted me.”

Project participant

“Walking is good for you, it gives you exercise and company.”

Project participant

“Walking helps me and promotes a healthy lifestyle.”

Project participant

Year 2 will focus on creating resources based on findings from the consultation activity and in year 3, it is anticipated that the scope of the project will expand to explore all forms of physical activity for the target group.

Simple solutions to big barriers

When consulting with the target group

The role of healthcare professionals

During the consultation activity it was discovered that those who had been told to remain active by a health professional, particularly their GP, were much more likely to engage with the project and were less worried that walking would have a detrimental effect on their condition. This highlighted the importance of building partnerships with healthcare professionals and establishing their role as part of the shift between inactivity and activity.

In terms of **outcomes**, LTCAS members have improved understanding of how to support those living with a long term condition to become more active by walking. For older people with long term conditions, there is an increased awareness of the benefits of walking and reducing sedentary behaviour. Contacts with cross sector stakeholders will also continue to be developed to further promote the project.

The contact details for these good practice case studies can be found on the LTCAS website at www.ltcas.org.uk



A Scottish PATH to Active Ageing

A Scottish PATH to Active Ageing: Key Issues from the Conference Workshops and the Way Forward

The conference included three workshop sessions with each exploring one of these three key issues: **The Group Experience; Building an Active Community; and Making Best Use of the Environment.**

Participants examined the Barriers, Enablers and Solutions to promoting active ageing and discussed what the landscape will look like ideally in ten years and how to get there. They also addressed the following key questions: Who needs to change? And what needs to change?

A number of cross-cutting themes emerged from the discussions:



- **Engage and consult** with older people themselves. Mechanisms to find out what older people want should be improved in order to get effective solutions **with** older people rather than **for** them.

“It is key that we intervene and consult at a much earlier stage, this should at least be at retirement stage.”

Conference Participant

- **Loneliness and social isolation** are barriers to enabling older people to become more physically active. It

is often difficult to reach the more socially isolated groups of older people.

- **Older people are still unaware** of the consequences of not being active and therefore of the benefits of physical activity.
- **Empower older people** with information, especially information on what they can do, what services are available and the benefits of physical activity. This should be high quality information in an accessible format.

“Information for older people should be available in a variety of places, for example, post offices, supermarkets, pubs, shopping centres and bus stops.”

Conference Participant

- Older people across Scotland experience an **inequality in access** to a range of services and opportunities.
- There is a **fear and anxiety** about falling amongst older people, relatives and staff which must be addressed.
- There is much scope to embed **intergenerational learning** and to build up mutual trust, understanding and respect between older people and younger people. Older people need to be valued in society and should be seen as positive role models for others.

“It is vital that both groups value and learn from each other as this enables community cohesion.”

Conference Participant

- **Sustainability is an important issue**– serious thought needs to be given to how activities can be continued and embedded once project funding has ceased.
- **A lasting collaboration**, supported by a robust policy framework will help to make the most of the contribution that older people can make in the run up to the Glasgow Commonwealth Games in 2014 and beyond.



Key themes to emerge from the Group Experience workshop:



“Peer support is important and works!”

Conference Participant

Group-based self management approaches such as **peer support, buddies and befrienders** are crucial in encouraging older people to become active and live a full life. It is important that older people engage with their peers within their wider group support networks to feel valued and regain confidence.

- Group-based activities should be made **as fun as possible**. Most participants are keen to engage in activities which they find interesting and which are centred around what people are passionate and enthusiastic about, for example music and dance.
- **Volunteers** can make a significant contribution to encouraging and enabling older people to undertake physical activity. Effective models of volunteering should therefore be supported by modest funding and implemented more widely across Scotland.

“Volunteering can help keep older people more active. It is great when older volunteers and younger volunteers can learn key skills from each other.”

Conference Participant

- **Location** is important – consideration should be given to where different age groups of older people should meet in order to reach a wide range of age groups, especially those harder to reach, more socially isolated.
- There are many **examples of good practice** across Scotland which could be extended, for example the use of Technogym equipment in Aberdeen City Council; the City of Edinburgh Council's Get Up + Go Programme's directory of the resources and facilities available across the city to the 50 plus age group; and the Scottish Disabled Ramblers Group.

“It is essential that we share good practice to disseminate what works.”

Conference Participant



A Scottish PATH to Active Ageing

Key themes to emerge from the *Building an Active Community* workshop:

- Adopt a **community development and assets-based approach** which values and invests in people as assets and maximises their potential in enabling older people to live active and healthy lives. Such approaches must be incorporated into community planning and the training of all relevant staff.

“We need to build up the confidence and skills of older people within communities.”

Conference Participant

- **GP practices** should act as a **hub** for older people by encouraging older people to become more active and referring them to relevant exercise classes/services. Improved signposting to community-based support by GP practices is vital. **GP practices can be powerful partners** in getting across the message about the benefits of physical activity.

“Joint working is key - we need to ensure we link up resources and services to encourage older people to become more active.”

Conference Participant

- Planning should **shift away from 'setting'** and consider instead how exercise and physical activity can be taken to a **person's home**.
- It is crucial that **meaningful messages** about the benefits of physical activity and relevant classes/services reach and make a significant impact at the community level.
- Older people enjoy the **social aspect** of being active and the **social 'add ons'** to exercise opportunities provided within the community.

“Additional activities, such as lunch clubs and coffee mornings in conjunction with exercise, can encourage older people to become more active.”

Conference Participant

- **Models of effective community based activities and support** such as Community Sports Hubs run by sportscotland; Active Communities in South Lanarkshire which provides an array of physical activity opportunities in the area; the Search Project in Newcastle which is a community based resource centre for older people and their carers in West Newcastle; and the Ageing Well Project in West Lothian which provide physical activities and social opportunities for older people, should be explored further.



Key themes to emerge from the *Making Best Use of the Environment* workshop:

- **High quality environmental planning**, for example in relation



to parks, transport and the retail environment, can help older people to become more physically active and interact with their family and friends.

“The act of getting out of the home is strongly associated with people getting more active, but older people need to be more active with the right sort of environment.”

Conference Participant

- The **pedestrian environment** is important – there is a need for, good quality pavements and lighting, plenty of seating and improved public toilets.
- It is crucial that Scotland **prepares well for its harsh winters** to ensure that older people can get out and about. There are a number of examples from abroad that could be learned from and implemented.

“People in Norway and Finland are provided with grippers for their shoes and this is known to reduce falls.”

Conference Participant



- Older people's ability to undertake physical activity is frequently hindered by a **lack of accessible transport**. This is especially the case in rural areas, where some bus services stop early or are very infrequent.

“Lack of public transport is a barrier.”

Conference Participant

- It is vital that the **urban environment is enhanced by including and reflecting the natural environment** as there is much pleasure and many psychological benefits to be gained from engaging with nature. People living in towns or cities should be encouraged to interact with the natural environment, for example by walking in parks and on tree-lined paths.
- There are many **models of good practice**, such as a community transport scheme in Perth where bus drivers wait until everybody has sat down before they drive off; the Living Streets programme which carries out community street audits working with groups of stakeholders, including older and younger residents, to identify improvements which will create a safe, attractive and enjoyable environment for all users; and transport schemes in the Netherlands' municipalities which is organised and implemented by individual volunteers for older people.

“There needs to be local ownership of programmes to improve the built environment to get older people more active and to drive things forward.”

Conference Participant



Our Footprints PATH

Our Footprints PATH

told us that our conference participants

- had been **motivated and energised** by what they had heard about the benefits of physical activity;
- could see first hand how it could be **fun and enjoyable**;
- would look for opportunities to **promote activity in the workplace** such as active meetings;
- wanted to promote **an inclusive Scotland** where older people were valued and given opportunities to exercise regardless of disability or illness;
- would now set **personal, family and organisational goals** around increasing physical activity levels;
- were committed to working jointly to **set up networks to take the message forward** within their own geographic areas;
- recognised **the importance that volunteers could contribute** to getting older people out and active;
- Would actively ensure that **design, planning and management of the outdoor environment** was informed by what makes it easier for older people to be active eg lighting, toilets, benches;
- Look for opportunities to **to empower older people themselves** to be active and healthy;
- **disseminate information** about the benefits of physical activity.

Comments from The PATH

- I've actually learned loads from today and enjoyed it far more than most events. Thanks!
- Sharing practice! Lots of great work going on all over Scotland.





- Look to build links with other resources to promote activity with older adults.
- Work on better evidence to inform those responsible for the design, planning and management of the outdoor environment so it is easy and enjoyable to use for all ages.
- Promote the role of AHPs – doctors, nurses, AHPs to enable. Focus on enablement as a team.
- Buy a pedometer and start walking. Olympic Games – care homes in Scotland.
- To take the message forward to care homes within my local authority. In my local authority, we need to look at joint working with health/social care/voluntary sector using a personalisation approach to set up some activity groups.
- Take forward Inverclyde Globetrotters idea. Love it, I am so inspired!
- Physical activity is the best thing we can do for our health.
- Very impressed and moved by the performance of Musical Minds. Inclusion of people with dementia and physical and cognitive disability is so important.
- Small changes make a big difference! – Stewart Maxwell MSP
- I will do more to promote physical activity in my health centre. I will establish a 'think tank' in the health centre to address this.
- Start a Walking Huddle Team every week – Dr Anne Hendry, National Clinical Lead for Quality, Scottish Government
- Active Ageing is more than physical health. Giving older people a chance to dance creatively – pushing their own boundaries, expressively and physically, socially (for some), emotionally and cognitively.
- I plan to use creativity and imagination in all aspects of my work with older people e.g. virtual walking.
- I won't be put off by blinkered authorities; I'll let my group members speak for themselves and create their own dances to express and record their feelings. I'll challenge the next doctor who laughs at creative dance for wellbeing (yes one doctor did).
- Going to be proactive locally in getting information about benefits of physical activity to older people.
- Mainstream Active Ageing throughout all Age Scotland events – internally and externally and link to Olympic/Commonwealth games legacies.
- Increase collaborative working to improve therapeutic activity for older adults with mental ill health and their families/carers.
- To continue and increase my personal level of exercise in order to better my chances of a healthy old age.
- Look at adding exercise group information to systems.
- To encourage the implementation of telecare and telehealth solutions to increase confidence in the ageing population to carry on being active.
- Generated a lot of ideas for potential student projects and volunteer opportunities – may be of mutual benefit to the students and older people they work with.
- Try to encourage one new person to exercise more every day.
- I will work with others to start an Activity in Care Homes network and tell other AHPs about the 'globetrotting' idea!
- Walk with Me challenge – possibly in care home with a virtual walk; OTAGOthon challenge. Personal challenge: get my mother in law to walk with me!)

Twelve propositions for Active Ageing



Our conference participants, including those from senior citizens groups, set out a series of solutions which could assist to maximise opportunities for older people in their local communities and enable them to contribute in a proactive way. These were -

1 - Involve older people themselves.

- The **involvement of older people themselves** in designing and promoting services and in decision making and research processes which affect them.

2 - Raise awareness.

- Information to be disseminated more widely to **increase "know how" and raise awareness of the benefits of physical activity.**

3 - Give GP practices a central role.

- **GP practices to play a central role** in encouraging good practice and to be central to progress recognising the role that **brief interventions** can play.

4 - Recognise the role volunteers could play.

- Consideration to be given to the role that **Volunteers and Befrienders could play** in assisting those who are mentally or physically frail.

5 - Importance of project location and accessibility.

- Cognisance to be given to **design, lighting, toilets etc in planning open spaces** whilst bearing in mind the importance of **project location and accessibility for older people themselves**.

6 - A more holistic approach.

- A holistic approach, which starts early and advances the idea of an **Active Communities for Older People**, similar to the present Active Schools approach.

7 - Joined up working in "Active Communities."

- Joined up working across a range of services **to embed Active Communities for Older People within the policy landscape**.

8 - Enable older people to manage their lives.

- Empower older people by providing **information and opportunity to enable them to manage their lives** in a positive way.

9 - Physical activity should be fun and sociable.

- Reinforce the fact that everyone, no matter where they live should be able to **enjoy some level of physical activity, in a way that they find to be fun and sociable**.

10 - Challenge ageism and promote good practice.

- Recognise the importance of **national policy and action plans** with associated timescales to challenge ageism, promote good practice and embed activity across a range of sectors.

11 - Develop partnerships for learning and volunteering.

- Develop **partnerships for action on the ground** which provide opportunities for learning, volunteering and employability.

12 - Promote intergenerational activity.

- Consider the role of **intergenerational activity** in facilitating and improving understanding between younger and older people.



Twelve propositions for Active Ageing

Our final conference session looked at what future steps could be taken to achieve these outcomes.

“It has become clear that there is much to be gained from a Scottish Collaborative approach to promoting the healthy and active ageing agenda. We are keen to connect up all policy areas and are therefore bringing together a short task and finish working group. This will involve cross sector collaboration across physical activity, mental health and wellbeing, housing and the 3rd sector. It will enable us to examine what we need to do together to enable older people to be more active.”



Dr Anne Hendry, National Clinical Lead for Quality, Scottish Government

Based on the contribution of our participants there was a view that not only does the present agenda merit sustainability around the key messages identified on health promotion and self management for older people but there is also an identified will **to build holistic Active Communities**, which would consider the social capital that older people themselves can contribute in terms of for example, **volunteering, social inclusion and employability** as well ensuring their full participation, in the run up to the Commonwealth Wealth Games and beyond.

A “reference group” to bring together key partners including older people, could -

- Continue to build the evidence base and library of case studies and produce analysis of key ‘success factors’ in enabling active ageing;
- Support evidence-based service redesign;
- Provide a hub to link policy; research; service design/redesign; practice; and the experiences of older people and their unpaid carers;
- Embed lasting knowledge and networks in Scotland;
- Develop a strong health inequalities dimension on active ageing.

Effective collaboration will underpin success. This will also be key to developing lasting networks to sustain progress on active ageing in Scotland beyond 2012.

“The Third Sector is keen to be involved in this future activity, as integral partners. Today has demonstrated an enthusiasm across Scotland to ensure that our older people enjoy, not endure old age. I would like to see us develop a dedicated small grants programme to address issues raised around transport, befriending and isolation that would give access to smaller groups. We need the political will to support this to ensure a future legacy for Scotland after the World Congress and in the run up to the Commonwealth Games.”



Ian Welsh, Chief Executive LTCAS

Bob Laventure

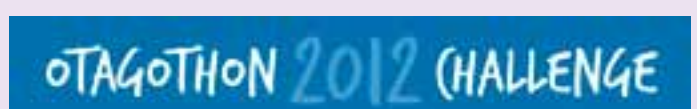
8th World Congress on Active Ageing (Glasgow 2012)

The current policy climate, along with the European Year for Active Ageing and Scotland's strong track record on academic, third sector and governmental partnership around older people, has presented an opportunity to develop a distinct 'Scottish contribution'.

Uniquely, the Congress has a mixed audience of researchers, policy makers, practitioners (health, social care and fitness), charities, the third sector and older people and their carers. This maximises linkages and lasting impact across the range of activity focused on improving outcomes for older people. It also gives a further opportunity to celebrate Scotland's commitment to take forward an innovative and inspiring approach to improving health outcomes for older people and increasing preventative spend.

The World Congress which begins the day after the end of the Olympic Games in London, will provide a forum for knowledge exchange for those entering old age, those in transition to dependence and for frailer older people. For example, there is an associated **Go for Gold** Challenge to promote physical activity for older people living in Care Settings.

Many care homes and communities across Scotland are participating in the event. There is also a Walk With Me Challenge and an Otagothon Challenge to engage with a wide range of older people and professionals www.wcaa2012.com





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Appendix 1 - Partnership Working

In undertaking this work LTCAS has worked in partnership with:

- Scottish Government Joint Improvement Team
- Scottish Parliament
- Reshaping Care Partnerships
- Local Authorities and Health Boards
- CMO Physical Activity Policy Lead
- Health Improvement Scotland
- European Commission
- European Parliament
- World Congress on Active Ageing
- Third sector organisations
- Independent care sector
- Care Inspectorate
- NHSScotland, health boards and Community Health and Care Partnerships
- Glasgow Caledonian University
- British Heart Foundation National Centre for Physical Activity and Health
- Physical Activity and Health Alliance (PAHA)
- Scottish Physical Activity Collaborative (SparColl)

Appendix 2 - The Policy Context

A range of activity is already underway that will contribute strongly to the vision of the Christie Commission report, including:

- sets the vision for a future Scotland – a Scotland which will value and benefit from the talents and experience of its older people. This strategy seeks to remove barriers and support the contribution of older people in order to deliver an integrated approach in developing and delivering services and thereby improve outcomes for older people.

- The **Change Fund and Reshaping Care for Older People** with its principal goal: *to optimise independence and wellbeing for older people at home or in a homely setting.*
- The **Community Care Outcomes Framework** with its key four national outcomes – *improved health, improved well being, improved social inclusion and improved independence and responsibility.*
- The **Chief Medical Officers' of the UK guidance, Start Active Stay Active**, which identifies recommended levels of physical activity for older adults and associated health benefits.
- The **Healthcare Quality Strategy** and associated 6 Quality Outcomes, including:
 - *Everyone gets the best start in life, and is able to live a longer, healthier life.*
 - *People are able to live well at home or in the community.*
- **Towards a Mentally Flourishing Scotland Policy Action Plan: 2009-2011**
- The **National Dementia Strategy**, which sets out the plan for *improving standards and developing world class services for people with dementia*, and associated:
 - **Charter of Rights for People with Dementia and Their Carers**, which based on the UN Panel approach outlines the rights of people with dementia and their carers to participate in decisions affecting them and to be treated with dignity and respect.
 - **Standards of Care**, which is an implementation plan to inform the commissioning, provision, inspection and scrutiny of services. It also empowers people with dementia by embedding the Charter of Rights into a services framework.
- **Promoting Excellence: Knowledge and Skills framework**, which sets out a strategy to update skills and qualifications of all health and social care staff involved in dealing with people with dementia.
- **Self Management Strategy/Fund**, which aims to support people to live well with long term conditions. One of the themes of the Self Management Fund for Scotland was exercise and activity and LTCAS is now working with Paths for All to deliver a follow-on project 'Walking Towards Better Health'. This will focus on women aged over 45 and men and women aged over 65 and improve opportunities to be involved in walking to enable people to improve their health and better manage their condition.
- The new **Life Changes Trust**, currently being developed by a consortium led by LTCAS. One of the aims of the Trust will be to improve the lives of older people with dementia and their carers.
- The new **Mental Health Strategy for Scotland** will build on progress made through Towards a Mentally Flourishing Scotland and support 'people and communities to act to protect and promote their mental health and reduce the likelihood that they will become unwell'. The direction of travel also proposes to support the person-centred ambition of the Healthcare Quality Strategy by ensuring 'care and treatment is focused on the whole person and their capability for growth, self management and recovery'.
- The **2014 Commonwealth Games** and the Scottish Government's aspiration that these will *be used to encourage all Scots – young and old – to be more active and help to make Scotland fitter for the future... this...is about how all of us can become more physically active in our every day lives.* Activity to achieve this includes:



Appendix 3 and 4

- *NHS Health Scotland's work to 'scope and develop the NHS contribution to increase physical activity in those whose health means they have most to gain'*
- *The 'Active Nation' campaign.*
- *Big Lottery Fund's 2014 Communities Grants which has already funded projects to increase opportunities for older people to be physically active.*

Appendix 3 - Related LTCAS Activity

LTCAS is a strategic partner of the Scottish Government and is centrally involved in a range of work that can support the Active Ageing Programme including the following. Further information is available from the LTCAS website -

Public Service Reform

Healthcare Quality Strategy

12 Propositions for Social Care

My Condition, My Terms, My Life

Emotional Support Matters

Asset-based Approaches

Self Management Fund for Scotland

Self Management Fund Special Report – Exercise and Activity

Self Management Fund Special Report – Skills Development and Employability

Impact: The Evaluation of the Self Management Fund 2009-12

Living Well with Multiple Conditions

www.ltcas.org.uk

DALLAS (Delivering Assisted Living Lifestyles at Scale)

LTCAS was successful in applying to be part of the UK wide DALLAS initiative run by the UK Technology Strategy Board and is a member of the Scottish DALLAS

Community. It is likely that LTCAS' contribution to DALLAS will be focused on using a social marketing approach to engage with people who could benefit from assisted living.

www.innovateuk.org/content/competition/dallas-delivering-assisted-living-lifestyles-at-sc.ashx

ALISS (Access to Local Information to Support Self Management)

The ALISS project is in the process of moving into LTCAS. The project has developed online technology that enables people to access information about local community-based activity that can support them to live well and manage their condition.

www.aliss.scot.nhs.uk/

Appendix 4 - Related Joint Improvement Team Activity

The Joint Improvement Team:

- **Provides practical support to partnerships across Scotland to deliver better health, housing and social care services.**

Joint working between health, local authorities and the independent sector delivers better, faster, safer, closer services. The Joint Improvement Team provides practical support and advice that is specific to local circumstances.

- **Focuses on partnership improvement and outcomes.**

The Joint Improvement Team is part of the Directorate for Health and Social Care Integration within the Scottish Government. Its key functions are performance measurement and management, and performance support and improvement.

These are the key action areas the Joint Improvement Team is involved in to support service developments and improvements:

- Care at Home



- Commissioning
- Delayed Discharge
- Equipment and Adaptations
- Governance and Management
- Housing
- Integrated Transport with Care
- Intermediate Care
- Managed Care Networks
- Performance Improvement
- Reshaping Care for Older People
- Rural and Remote
- Talking Points: User and Carer Involvement
- Telecare

Please visit the Joint Improvement Team website for more information

www.jitscotland.org.uk/

Appendix 5 - Scottish Physical Activity and Health Alliance

www.paha.org.uk

The Scottish Physical Activity and Health Alliance (PAHA) is a network that brings together and engages a variety of people from different sectors and professions involved in the promotion of physical activity and health in Scotland.

PAHA helps to inform people, connect people with others and aid policy development and practice – including at the older adult life stage, through networking, consultation and debate. Specifically, this aims to support local implementation of the national physical activity strategy, Let's Make Scotland More Active.

There are a range of useful resources available on and signposted on our website, www.paha.org.uk – case studies, evidence, research and policy – as well as through our monthly members' email news updates, events, and Awards Programme.

Benefits of membership

Membership to **PAHA** is **free** and open to a broad range of people and organisations across all sectors. While you don't need to be a member to access www.paha.org.uk, applying for membership does offer benefit through:

- Sharing of the latest physical activity and health information;
- Invites to our events, including the member's only PAHA Annual Conference;
- Opportunities to share information about your work with others, and;
- Contributing towards evolving and sharpening the focus of physical activity and health improvement across Scotland.

Awards Programme

The PAHA Awards Programme is committed to sharing inspiring examples of promising practice in the field of physical activity from across Scotland. The Awards will be offered for the third consecutive year at the Autumn 2012 PAHA conference. There are a number of award categories that anyone can submit to, including:

- Physical Activity and Healthy Communities: Active Communities Award;
- Physical Activity and Mental Health and Wellbeing: Active Mental Health and Wellbeing;
- Physical Activity and Active Ageing: Active Ageing Award.

Finding out more

For further information on the PAHA Awards Programme, membership, or how we could work with and support you in your role, please visit www.paha.org.uk; email nhs.HealthScotland-PAHA@nhs.net; or contact Ashleigh Oates, Health Improvement Programme Officer at NHS Health Scotland, who provide administrative support to PAHA, on **0141 354 2946**

Also website www.activescotland.org.uk



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