

Scottish Conservative Healthy Lifestyle Strategy

Setting out a long term
alternative strategy for
Health, Wellbeing and Sport

Scottish
Conservative
& Unionist



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INTRODUCTION

The aim of this document is to start setting out a long term alternative strategy for Health, Wellbeing and Sport. It will specifically look at the connection between having an active lifestyle and making healthy choices and the issue of barriers to inclusion and participation leading to increasing health inequality and a widening attainment gap.

It is intended to provide a basic framework, initial policy recommendations and broad approaches which will be developed further over the coming Parliamentary session. Its purpose is to spark a conversation and further consultations with relevant stakeholders.

Although prevention is often discussed, this document will argue that current government strategy is a traditional focus on cure rather than prevention. Furthermore, the document looks at the crucial role that activity and sport can and should take in the development of a healthier nation physically, mentally and emotionally. Activity and sport has been sliding down the agenda at the same time as key poor health indicators have been on the rise along with health inequality and a widening attainment gap.

Access to opportunity (or lack thereof in certain sections of the community) will be highlighted as a major contributory factor to health inequality. A practical approach will be put forward to directly tackle this issue.

In developing this document many interested agencies have been approached for their input and invited to stress test the findings and suggested solutions. They are included in the list provided in the Appendix. It should be noted that their inclusion in this list is not an endorsement of a political view, rather as recognition of a general approach to direction of travel for a healthier Scotland.

It is the responsibility of government to create an environment where opportunity exists for everyone, irrespective of background or personal circumstance. Furthermore, it must ensure that all are aware of these opportunities and have the knowledge, confidence, capability and aspiration to make these choices.

Brian Whittle MSP

SCOTTISH CONSERVATIVE HEALTH EDUCATION SPOKESMAN

HEALTH INEQUALITY IN SCOTLAND

Health inequality has remained a persistent problem across the different parts of the United Kingdom. In October 2016, ONS released their Health expectancies at birth and at age 65 in the UK report. It highlights some clear disparities in life expectancy across the UK:

“Across the constituent countries of the UK between 2010 and 2012, life expectancy was higher in England than Scotland for both males and females. The gap between England and Scotland was 2.6 years for males (79.1 years and 76.5 years respectively) and 2.1 years for females (82.9 years and 80.7 years respectively).”

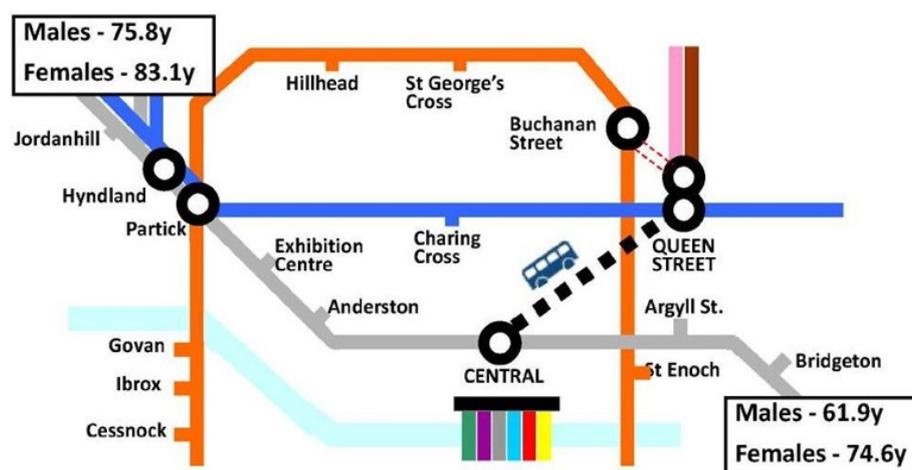
However, what is clear is that significant health inequalities exist within Scotland too. The ONS report makes this point very clearly:

“In Scotland, the largest inequality for males and females at birth was between Glasgow City and the Orkney Islands. Males in the Orkney Islands could expect to live the longest in “Very good or good” health at 68.3 years (86.0% of their lives) compared with Glasgow City at 55.9 years (77.0% of their lives); a gap of 12.4 years.

“This gap was almost twice as wide as life expectancy, where the gap between these 2 Scottish Councils was 6.9 years. Females in the Orkney Islands could expect to live the longest in “Very good or good” health at 70.9 years (86.6% of their lives) compared with Glasgow City at 58.5 years (74.5% of their lives); a gap of 12.5 years. The gap was more than 3 times wider compared with LE, where the gap was 3.4 years.”

But even on a hyper-local basis, the differences can be remarkable:

Each stop on the Argyll line travelling East represents a drop of 1.7 years in male life expectancy



Life expectancy data refers to 2001-5 and was extracted from the GCPH community health and well-being profiles. Adapted from the SPT travel map by Gerry McCartney.

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The diagram (sourced from the DHI Conference) demonstrates the stark reality of health inequality within the city of Glasgow. The reality is that governments have come and gone, have made big noises about tackling health inequality, thrown lots of money in the general direction of the issue, yet levels of inequality have not changed (see life expectancy numbers).

It is, however, not enough to look at averages. For example, the levels of smoking have been steadily reducing yet those born in the most deprived areas are still far more likely to smoke. According to ASH:

- In the highest 20 income percentile there is a 9% smoking rate
- In the lowest 20 income percentile there is a 34% smoking rate
- Almost half of adults who are permanently sick or disabled (48%) are smokers
- Almost half of adults who are unemployed and seeking work (46%) are smokers
- People with mental health problems are far more likely to smoke than those in good health, using one third of the tobacco smoked in the UK

A similar pattern can be observed in obesity. A SPICE briefing on Obesity in Scotland from January 2015 suggests that obesity rates in Primary 1 children from the most deprived areas 24.4% were at risk of being overweight compared to 17.8% from the least deprived areas (data from 2012/13).

The BMA's Health Survey also emphasises this point, with inequality in health linked to inequality in sports participation:

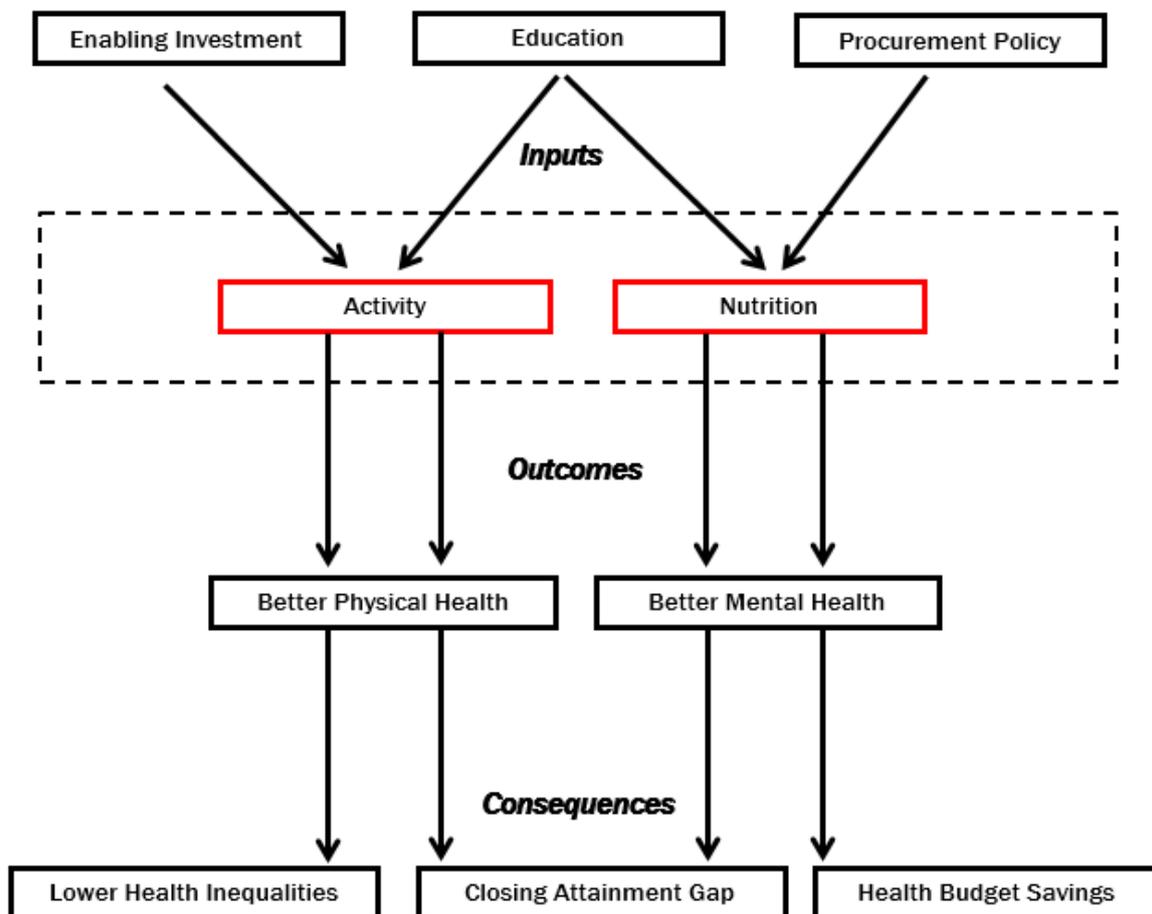
“Data shows that in every year since 1998, children living in the least deprived areas had the lowest levels of obesity risk (BMI at or above the 95th centile) and, from 2009 onwards, those in the most or 2nd most deprived areas had the highest risk (difference of 9-14 percentage points).

“The Scottish Health Survey 2014 reports that the proportion of children in the most deprived areas that had participated in sport in the past week was at least 10 percentage points lower in most years than the proportion in the least deprived areas. This inequality in sports participation has increased significantly over time due to declining levels among those in the most deprived areas.”

THE TWO PILLARS OF A HEALTHY LIFESTYLE

This document is based on the belief that there are two primary pillars to a healthy lifestyle – Activity and Nutrition. Both of these need to improve if we are to tackle the vast health inequalities across Scotland.

It will require upfront investment, it will require early intervention programmes, it will require changes in how we approach education and how we do procurement. But the outcomes and long-term consequences of such an approach are clear to us – significant improvements in physical and mental health, and, consequently, better attainment, lower inequality and significant health budget savings down the line.



ACTIVITY AT THE CORE OF HEALTH & EDUCATION

The benefits of an active lifestyle are well-documented improvements in physical and mental health. Recent research by The Scottish Sports Alliance concludes that activity and sports participation can have the following personal health benefits:

Reduced Health Risks

- 30 % reduction in premature mortality
- 31 % reduction in stroke
- 33 % reduction in heart disease
- 30-40% reduction in type2 diabetes
- 20-30% reduction in colon cancer
- 20-40% reduction in breast cancer
- 30-50% reduction in recurrence of these cancers

Reduced Mental Health Risks

- Reduced onset of mental health issues
- 20-30% reduced incidence of depression and dementia
- 38% reduced cognitive decline risks
- Reduced anxiety
- Avoidance of mental health illness
- 30% enhanced wellbeing
- Improved mood
- Increased confidence and self-esteem
- Improved sleep
- Reduced stress

Quality Later Life

- 30% reduced falls
- 36-68% reduced hip fractures
- 38% reduced cognitive decline risk
- 30-50% reduced onset of functional limitations
- Delayed dementia
- Decreased loneliness
- Enhanced mental wellbeing

It is well known that obesity is a major health issue in Scotland. According to the SPICe briefing on Obesity in Scotland, in which the economic burden attributable to obesity is detailed, there are a wide range of conditions and comorbidities commonly associated with obesity.

The report concludes that:

“Carrying excess weight can make every day physical activities harder and can lead to fatigue. However, being obese or, to a lesser degree, overweight also increases a person’s risk of developing many health conditions. It is these comorbidities that shorten life expectancy by 2 to 4 years for individuals with class 1 obesity (BMI 30-35) and by 8 to 10 years for those with a BMI between 40 and 50 (NICE 2013)”

These comorbidities include:

- Cancers such as breast, colon, endometrial, ovarian, prostate and rectal cancers
- Cardiovascular disorders such as heart failure, hypertension, ischaemic heart disease and ischaemic Stroke
- Respiratory disorders such as asthma, chronic obstructive pulmonary disease and obstructive sleep apnoea
- Gastrointestinal disorders such as gallstones, gastro-oesophageal reflux disease, pancreatitis and liver disease
- Musculoskeletal such as gout, osteoarthritis and lower back pain
- Type 2 diabetes
- Neurological/Psychosocial such as dementia, depression and intracranial hypertension
- Infertility
- Kidney disease
- Complications during pregnancy and birth

Educating people about the benefits of an active lifestyle, encouraging them to take up activity, removing barriers to participation, making activity an integral part of a child's educational journey and putting activity at the centre of health care should be the primary objectives of a government that cares about the health of the nation.

The Scottish Government currently does not have a coherent policy strategy for sport. This is a huge oversight given the continual focus on the overall health statistics in this country. It speaks to a complete lack of understanding and joined up thinking when it comes to the importance of sport and general activity.

The Scottish Government talks about lifestyle and activity but in reality is actually doing little to develop an active culture in Scotland. The Active Schools Programme is very welcome and has the potential to be part of an overall effective strategy. It is being delivered by SportScotland but requires a much greater central investment. SportScotland currently receives £34 million to run sport in Scotland and is continually being asked to cover more with less money (for example, the Scottish Government has tried to pass responsibility for Jog Scotland to them without any further investment which they have resisted). One in five people in Scotland are members of a sports club and there is no other portfolio with such a reach with so little investment.

The biggest challenge is that the most vulnerable and those from the most deprived areas continue to fall through the net. It is those 'above the line' who receive the most benefit and continue to move further and further ahead of those 'below the line'.

SPORTING PATHWAYS AND GETTING IN EARLY

Early education is absolutely crucial in the development of a healthy population. With a cross-party agreement on the expansion of free childcare hours, there is an opportunity to establish a nationwide framework for developing consistent early learning. It is incumbent upon the government to allow those in the child care sector access to training and development in this crucial area should they so wish. The long term positive effect from a nursery education framework of this nature, cannot be underestimated. By laying the best foundations possible in the early years, long term cultural change can be realistic.

By the time a child reaches primary school age their bone density, neuromuscular system and cardio vascular system are mostly complete. In other words, the lifestyle blueprint is mostly set. The older they get the harder it is to alter this blueprint.

So if we want active, healthy adults the easiest way to achieve this is to look at pre-school activity. Furthermore, we need to have a pathway they can follow irrespective of background or personal circumstances throughout their lives. This pathway should allow each individual to attain the level they can should they choose to do so.

The development of physical literacy needs a pathway just like learning to read, write or count. If it was mathematics being discussed there would be universal agreement that a pathway be in place from early years' development right through to a post graduate degree.

It is crucial that an understanding of sporting development and activity is attained along a similar thought process. Just as a child should have the opportunity to travel a pathway in academia to their potential, so should they be able to travel the physical literacy pathway that leads them from enjoying a basic active lifestyle right through to the highest echelons of sport should they desire.

With the basic movement patterns embedded during pre-school active play, primary school should be the place where they progress towards specific goals like the Run/Jump/Throw model. A fun games environment where these skills are being developed, without the children realising that they are preparing for specific activity later in life is the plan. If they haven't engaged by the time they are reaching the later stages of primary school, it becomes increasingly difficult to impact on their physical literacy potential and their likelihood to adopt an active, healthy lifestyle as they develop.

It is crucial that physical education is recognised as a specific skill set much like any other subject and should be delivered by physical education specialists. Under this Government's watch, the number of PE teachers in Scottish primary schools has fallen. Since 2011 the number of primary school PE teachers has decreased dramatically by 17 per cent (189 PE teachers down to 156). Back in 2014, this Government made a commitment that 'every school pupil in Scotland will benefit from at least two hours per week of physical education in primary school'. Evidently, this has not been possible without putting additional pressure on school staff.

At the 2016 Scottish PE conference it was highlighted that in teacher training they can have as little as 6 hours PE instruction as part of a 4-year course. This cannot speak to the importance of developing children with active healthy lifestyles.

Investing in educators

Key to ensuring opportunity for all is to invest in the educators. Not only does this give our children the very best start in life, it gives value to those in this sector increasing their motivation and aspiration.

Nursery nurses should be able to upskill through a structured CPD programme that targets physical literacy, numeracy and literacy skills. A national framework targeting these skills through active play would go a long way to tackling the inequality that already exists by the time children reach school age. Primary school teachers should have a CPD programme available to them, allowing them specific skills in physical education for this age group. This should follow on from the pre-school programme. Online education is the ideal vehicle to deliver this in a cost effective and time efficient way. Specific courses can be adjusted to deliver on these goals.

Furthermore, such online education can also be used to break down some of the barriers to enter the voluntary sector by delivering the bulk of coach education courses online. The time commitment and cost of coach development courses seriously prohibits new coaches entering sport and the development of those with basic qualifications. Online education specialists and the Scottish Sports Association should be brought together to discuss developing an online learning capability for coaching.

With those from the most disadvantaged backgrounds online education could form part of the solution. To do this it requires access to technology which is readily available in schools after hours. This is yet another reason that school access should not be limited to school hours.

Secondary school sport

If the goal of active early years has been established, by the time children reach secondary education they will have an idea of activities and sports they may want to participate in. The goal would be to have them active across a range of activities at this stage. Early specialisation should be avoided.

Physical Education specialists should be in place in every secondary school giving a broad introduction to many sports. Crucially there should be an easy pathway to full participation in the activity of their choice. The simplest way is to keep the school facilities open after hours. Extracurricular sports should be taken by teachers and qualified coaches. Strong links with local clubs and governing bodies must be encouraged for those pupils wanting to take their sporting and activity interest further.

Within that framework there exists the possibility of community mentoring programmes whereby local people can be mentored by professionals, with a view to taking a more active developmental role. Ultimately they would gain qualifications and be in a delivery role with the mentor taking a more back seat advisory role. This allows for a sustainable solution.

With a good grounding in activity by the time pupils leave school, with links to clubs and national governing bodies and with a world class coach development programme it becomes much less of a 'happy accident' for exceptionally talented people to discover their talent and develop it.

Recommendations

- The expansion of childcare hours should be seen as an opportunity to develop early intervention programmes that make physical activity an integral part of a children's lives.
- A structure CPD programme should be developed for nursery nurses as well as primary school teachers that targets physical literacy alongside numeracy and literacy.
- Online education specialists and the Scottish Sports Association should be brought together to discuss developing an online learning capability for coaching.
- Physical Education specialists should be put in place in every secondary school giving a broad introduction to sports and the options available.
- Community mentoring programmes for those who want to pursue an active developmental role should be developed.

OVERCOMING BARRIERS TO PARTICIPATION

The goal of policymakers should be to ensure that participation opportunities exist for all across as wide a variety of activities as possible. If we examine the main differences between state schools and private education the glaring one is simply the access to opportunity. Teachers' abilities are certainly no different.

Scottish schools sport is becoming the bastion of private education. If we look at the 2012 British Olympic Team we discover that a third of the team was made up from 7% of the population who were privately educated. This evidence highlights that the gap between those who have access to activity and those who have not prevails.

In the Child Poverty Action Group in Scotland Report titled The Cost of the School Day, when discussing the cost of activities outside of the school day, it states that:

“even small costs can stand in the way of participation” and “children pointed out the risk that people will pretend they aren’t interested in something because they know they can’t afford it.”

What needs to be understood is that just making activity available is not enough. Those who will likely access opportunities are those who are already encouraged to participate and are already in that mind set. The Child Poverty Action Group in Scotland are one of the organisations telling us that the barriers to participation from the poorest backgrounds remain and will hinder any potential engagement. These activities may be advertised as free but looking beyond the headline shows that hidden costs exist:

- After school free buses will no longer run if the child remains for extracurricular activity
- Travel to and from activity site
- A drink and a snack for the activity
- Having the basic tools to participate (appropriate training shoes for example)
- Cost of school trips which also require a packed lunch

Most take these things for granted and never give them another thought. But for those who have to count every penny, the above are significant barriers and will prevent participation. Unless this issue is directly addressed, the disparity in access to opportunity, the health inequality gap and therefore the attainment gap cannot be closed.

Sport is performance led as can be demonstrated every year as the tennis courts are packed during the Wimbledon fortnight or as local clubs get inundated during the Olympics. However, where the system is failing is in capacity. Many clubs have waiting lists so when a new potential participant arrives to try and join the club they are turned away. This of course is unacceptable. Much of legacy of late has been about encouraging participation without thinking who was going to enable that participation. Therefore, a major focus on coach recruitment and development, on supporting the volunteer sector and opening up more opportunities in a school community hub must be established.

There are those of course who cannot access the higher echelons of sport purely for financial reasons. Organisations like SportsAid Scotland are set up to give out grants for such young sports men and women to ensure that they do not miss out because of their circumstance. According to SportsAid Scotland they are funded purely by donations whereas SportsAid England is government supported and has the capability of many more interventions of this nature.

For those who wish to participate in exercise for purely health reasons, governments should support organisations who display a positive track record such as Jog Scotland. They organise groups of people who wish to go for a run in a safe environment with other like-minded people. They have approximately 40,000 participants, 80% of whom are women. These initiatives should be encouraged to expand and develop into other activities too. The effect is not only felt with the individual participating but can have a very positive knock on effect in the home.

Park runs have become extremely popular worldwide as a fun way for people to get together and exercise. Everyone from the elite to those pushing a buggy round can participate for free. There is a move by some councils to try and charge for these runs. This has to be strongly resisted.

Compulsory primary swimming lessons should be reintroduced into Scottish Primary Schools, as they are in England. According to Scottish Swimming 40% of pupils arrive at secondary school unable to swim

Recommendations

- A national audit of out-of-hours use of school facilities should be undertaken.
- School activity hubs for out of school activity should be established to ensure that social inclusion is available for all coupled with the opportunity to participate in activity of choice.
- A Sporting Access Fund should be set aside, match-funded by local authorities, to offer small grants to children from low income families.
- Innovative community transport solutions should be explored to improve access.
- The Scottish Government must ensure that all elite Scottish sport is properly funded with the support network surrounding performance embedded.
- Local authorities should be encouraged to develop schemes providing access to community sports facilities for free to those from deprived backgrounds.
- Compulsory swimming lessons for all primary school pupils should be reintroduced.
- Mass participation activities like Jog Scotland should be fully funded and support for expansion should be available.

PHYSICAL ACTIVITY BEYOND PHYSICAL HEALTH

Mental Health

Raising self-esteem, aspiration and personal wellbeing; reasserting a perception of 'control' are not only a pathway to better mental health for those suffering, they are a pathway to preventing the development of many mental health issues.

According to mental health organisation experts like SAMH, the 3 main ingredients for good mental health are:

- Inclusivity – opportunities to participate in social activity
- Consistent mental activity
- Consistent physical activity

Generally, the population would much prefer having the tools to self-help than have external agencies solve issues for them. The current strategy is directed much more towards increasing resource and treatment for those with poor mental health rather than in prevention. The current cost of mental health treatment in Scotland stands at £3.6 billion when loss of productivity, medication, mental health expert intervention etc, are taken into account.

As James Jopling, Samaritans Executive Director for Scotland, says:

“Physical activity can provide mental health and wellbeing benefits of itself, but can also provide an environment for individuals to connect with other people and providing an antidote for some to feelings of social isolation and loneliness.”

Attainment

Educationalists fully understand that pupils who have an active lifestyle outside of school time show significant improvements in attention, behaviour and ultimately academic achievement. Given that closing the attainment gap is the priority of every political party in the Scottish Parliament, and given the mountain of evidence that pointing to having an active lifestyle as a major solution, it would seem essential that a sport and active lifestyle strategy would be front and centre of any plan to tackle the attainment gap as well as rising health inequality.

An example of a time efficient and easy intervention at primary school age is the STEP Programme which advocates a twice daily 10-minute physical literacy programme focusing on balance, coordination and eye tracking. A study in the USA has shown a qualitative result after 12 months of 94% improvement in students' ability to focus and concentrate and an 81% improvement in self-confidence, coordination and emotional functioning. Specific academic results indicated a:

- 76% improvement in English
- 70% improvement in Maths
- 86% improvement in Reading
- 62% improvement in Spelling

The impact of an inclusive, extracurricular approach to closing the attainment gap can be readily proven from those education establishments who have implemented such a strategy. The correlation between academic achievement, confidence, aspiration and activity is widely accepted but rarely implemented. The Perth Grammar School case study serves as a great example of how an inclusive approach to extracurricular activity can result in significant improvements in attainment. They introduced an extracurricular activity programme of sport and creative arts with significant achievements within 4 years.

Recommendations

- Echoing the RCPE: physical activity should be fully embedded into primary care, secondary care, social care and health education, as well as into the health and social care workforce and workplace.
 - There should be dedicated mental health support in all GP surgeries.
 - Social prescribing opportunities should be improved and mapped so that GPs can direct patients to various form of activity as part of treatment.
 - Best practice guidance should be issued to all schools regarding an inclusive extracurricular activity approach.
-

IMPORTANCE OF GOOD NUTRITION

The second pillar of a healthy lifestyle strategy is good nutrition. We have looked at current procurement practices of the Scottish Government as well as options around local produce and the education system.

PHYSICAL ACTIVITY BEYOND PHYSICAL HEALTH

Procurement Policy and the Public Sector

There is inadequate recognition from the Scottish Government of the unique selling point in home grown Scottish produce, that food has the highest quality and nutritional value when purchasing locally without need for significant transport.

When the sourcing of food is examined for Scottish Government departments such as Health, Education and the Scottish Prison Service it has to be recognised that a focus on locally sourced produce which is then cooked on site can offer a higher nutritional meal. Often across the public sector, the nutritional value of the food served is severely depleted. For example, the food supplied to the new super hospital in Glasgow, the Queen Elizabeth, is prepared offsite, flash dried and frozen, driven to the hospital, rehydrated and heated onsite prior to serving. Notwithstanding the carbon footprint in the delivery of this food, the nutritional value of this food (which should be the absolute priority) will be much less than fresh, local produce prepared onsite.

We would suggest that in rehabilitation within a hospital environment highest levels of nutrition would be a pre requisite. In fact, a high percentage of the food goes uneaten and is wasted. This speaks to a procurement failure and a 'false economy' in purchasing food.

The picture across Scotland shows a wide variation of cost associated with daily meals per person (as much as £2.50 to £7.50 per person per day according to FOI responses). There is a marked difference between rural and urban hospitals with rural more likely to source and prepare produce locally.

In the case of the Scottish Prison Service, of the 6 food suppliers to this department, only two of them are Scottish. Again this speaks to a lack of support for the Scottish rural economy by the Scottish Government and certainly doesn't support a circular economy.

East Ayrshire Council has a policy of sourcing all produce for schools locally. This ensures they know exactly where it comes from and can guarantee fresh and nutritious food for pupils. They are demonstrating that supporting the local rural economy not only should be done but can be done effectively. Secondary schools in the district predominantly have their own kitchens with a number of primary schools having the same.

Food suppliers also have varying approaches to the sourcing and supplying of food to the public sector. Some have a more positive attitude to supporting the local economy than others. In all circumstances, locally sourced produce should be encouraged.

Recommendations

- The highest nutritional value of meals should be the primary objective of food procurement policy.
- Fresh local produce should have precedence over imports in food procurement.
- Information about food sourcing across the public sector should be made readily available online.
- The sale of unhealthy food within hospital grounds should be restricted.
- An independent inspection regime of hospital food standards should be introduced.

MARKETING AND MAKING LOCAL PRODUCE AVAILABLE

Our farmers produce high quality food under stringent legislation, yet Scotland remains one of the most obese nations in Europe and indeed the world. This suggests that the food our farmers are producing is not reaching the Scottish dinner tables, or at the very least not making it in its healthiest condition.

Speaking with representatives from the supermarkets and food suppliers it is apparent that healthy food has never been so available and as cheap. They do try and align their own marketing with strategy with government objectives, however do point to an inconsistent strategy from the Scottish Government, making it more difficult to set an effective health agenda.

Entitlement to free school meals does not necessarily translate to pupils taking up said entitlement. Even though pupils could access free school meals evidence from teachers is indicating that a worryingly high proportion of these pupils (especially secondary pupils) will still leave the school grounds with their peers and purchase less healthy options. Not only are they choosing a less nutritional meal, they are also paying for it.

Recommendations

- Rather than a universal provision of school meals, the focus should be on providing a broader menu of healthy on-site options.
- Programmes should be trialled that make fresh fruit and vegetables more widely available in deprived areas.
- A specific and consistent marketing strategy, both at home and abroad, should be developed for Scottish produce by the Scottish Government with a focus on highlighting quality.

EDUCATION AND SKILLS DEVELOPMENT

RCPE makes it clear that ensuring informed choices about nutrition must be a part of the solution to the obesity crisis:

“The costs of obesity to both the NHS and patients are high, financially and in terms of avoidable suffering. Being overweight increases the chances of developing diabetes, heart disease, cancer and arthritis, and has the potential to lead to reduced mobility, disability and social isolation. It is vital that the public can make informed choices about food. While a balanced diet will help avoid obesity, a poor diet which does not meet recommended dietary requirements and results in overweight/obesity could be described as ‘modern malnutrition’.”

A huge issue is around a growing lack of basic understanding in what constitutes a healthy meal and furthermore there is a fundamental inability in food preparation skills in a growing number of the population. The Trussell Trust and associated charities have told us that, as a result, some centres are now offering basic healthy food preparations.

The correlation between the sharp demise in basic home economics being taught in schools and the declining skills in food preparation cannot be ignored. The Curriculum of Excellence education policy has squeezed the choices available to many pupils and a lack of qualified home economics teachers has been highlighted by the Chair of the Scottish Food Commission, Shirley Spear. Provision has to be made for life skill subjects as these will have a significant impact on future wellbeing.

Recommendations

- Life skills subject should be promoted and placed at the centre of the school curriculum.
 - Voluntary sector projects delivering community nutritional classes should be encouraged.
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CONCLUSION

A target of having an active, healthy Scotland, shaking off the 'Sick Man of Europe' tag requires collaboration across political portfolios. Sport, Education, Rural Economy and Welfare must have a significant input.

As curricula are consistently being squeezed and budgets get cut it is physical education and activity that is far too often the victim. The measurement of academic achievement has become so much of a fixation that the potential impact of an active lifestyle is being increasingly overlooked. The link between physical activity and academic achievement is widely recognised yet in practical terms this is not being deployed consistently in schools.

A target of 2 hours of PE a week does not come close to addressing the issue. It also does not take into account the time pupils take to change and perhaps shower. The full picture has to include the access and uptake of extracurricular sports participation. This does not compare favourably with many countries around the world.

A crucial piece of the jigsaw is offering consistent access to school facilities out of school hours. There is always talk of needing better facilities, yet in many cases quality community facilities are out of reach when the school gates are locked at the end of the school day. The school needs to become a community hub available for activity after school, at weekends and during school holidays.

There has been a lack of focus and understanding within the Scottish Government around the impact that an active healthy lifestyle can have in individuals, communities and the health of Scotland. The crisis in the NHS is often discussed where the real issue is the health of the nation. If that is tackled, then the health of the NHS will benefit. A joined up cohesive and long term plan to tackle the poor health record in Scotland has been sadly lacking. The connection between health, education, welfare and the rural economy has to be recognised and not addressed within those silos.

Giving access to activity for all is a difficult issue but that should not mean it is not tackled. All the answers are there but it will take significant will and courage to commit to a strategy that takes politicians out of a parliamentary term. However, if it is the right thing to do it should be done.

This consultation document will allow those agencies and experts with a specific interest in this topic to evaluate its findings and conclusions with a view to adapting and developing it into a definitive strategy. Voluntary sector projects delivering community nutritional classes should be encouraged.

RECOMMENDATIONS

- The expansion of childcare hours should be seen as an opportunity to develop early intervention programmes that make physical activity an integral part of a children's lives.
- A structure CPD programme should be developed for nursery nurses as well as primary school teachers that targets physical literacy alongside numeracy and literacy.
- Online education specialists and the Scottish Sports Association should be brought together to discuss developing an online learning capability for coaching.
- Physical Education specialists should be put in place in every secondary school giving a broad introduction to sports and the options available.
- Community mentoring programmes for those who want to pursue an active developmental role should be developed.
- A national audit of out-of-hours use of school facilities should be undertaken.
- School activity hubs for out of school activity should be established to ensure that social inclusion is available for all coupled with the opportunity to participate in activity of choice.
- A Sporting Access Fund should be set aside, match-funded by local authorities, to offer small grants to children from low income families.
- Innovative community transport solutions should be explored to improve access.
- The Scottish Government must ensure that all elite Scottish sport is properly funded with the support network surrounding performance embedded.
- Local authorities should be encouraged to develop schemes providing access to community sports facilities for free to those from deprived backgrounds.
- Echoing the RCPE: physical activity should be fully embedded into primary care, secondary care, social care and health education, as well as into the health and social care workforce and workplace.
- There should be dedicated mental health support in all GP surgeries.
- Social prescribing opportunities should be improved and mapped so that GPs can direct patients to various form of activity as part of treatment.
- Best practice guidance should be issued to all schools regarding an inclusive extracurricular activity approach.
- The highest nutritional value of meals should be the primary objective of food procurement policy.

- Fresh local produce should have precedence over imports in food procurement.
- Information about food sourcing across the public sector should be made readily available online.
- An independent inspection regime of hospital food standards should be introduced.
- The sale of unhealthy food within hospital grounds should be restricted.
- Rather than a universal provision of school meals, the focus should be on providing a broader menu of healthy on-site options.
- Programmes should be trialled that make fresh fruit and vegetables more widely available in deprived areas.
- A specific and consistent marketing strategy, both at home and abroad, should be developed for Scottish produce by the Scottish Government with a focus on highlighting quality.
- Life skills subject should be promoted and placed at the centre of the school curriculum.
- Voluntary sector projects delivering community nutritional classes should be encouraged.



APPENDIX

The following organisations have been consulted throughout the work on this document. (Our findings and recommendations do not necessarily represent their views).

Leonard Cheshire Disability
Access Sport South Ayrshire
SAMH
SFDF
Royal College of Physicians
The Open University
British Medical Association
Health and Social Care Alliance
Arthritis Research UK
Poverty Alliance
Save the Children
Diabetes UK
British Heart Foundation
SportsAid Scotland
Child Poverty Action Group
Oxfam
Scottish Youth Parliament
YMCA Scotland
Chest Heart and Stroke Scotland
Waitrose
General Medical Council
Youth Link Scotland
Royal College of General Practitioners
British Society of Rheumatology
Asda
Tesco
Health and Social Care Alliance
Aldi
Scottish Women's Aid
Down's Syndrome Scotland
Royal College of Paediatrics and

Child Health
Glaxo Smith Kline
The Zone Initiative Ltd
Partners for Inclusion
MSYP
Scottish Churches
SCVO
Scottish Rugby
Scottish Athletics
Salvation Army
Colleges Scotland
Youth Link Scotland
ACE Running Club
Ayrshire Cancer Support
Ayr Housing Aid Centre
Morven Day Services