

Emma Anderson (00:00)

Hello and welcome to today's podcast, Movement in Conversation. We are joined today by Stuart Brown, Deputy Head of Prevention Services at Chest Heart and Stroke Scotland. Hello, Stuart. Hello, good. Thanks for coming along. In this series two of the Movement for Health podcast, Movement in Conversations, we are highlighting the work of our member organisations, the work that supports more people to

Stuart Brown (00:11)

Hello, how we doing?

Emma Anderson (00:27)

move in accessible, safe and enjoyable ways across Scotland, specifically people living with health conditions. And no one better to talk to you today on this slightly blustery, very early spring day than Stuart. Stuart has been with the coalition since its inception and has been a key and integral part of its growth and evolution. So really pleased to speak to you today, Stuart, and reflect

more on the work within Chest Heart and Stroke specifically. But if you could start us off Stuart by introducing the organisation, so our listeners get to know Chest Heart and Stroke a little bit more and the work across the organisation, which is vast.

Stuart Brown (01:07)

Sure,

thanks Emma and thanks for having me on today.

Yeah, I guess Chest Heart and Stroke Scotland, we're a bit of a does what it says on the tin organisation. We work with people living with chest heart and stroke conditions. But I guess crucially for me, we open our doors to really anyone who wants to make kind of an improvement to their life. And that's where that kind of primary prevention piece comes in as well. So the charity has a long history, well over 100 years. And we're now at a place where

we're in the second iteration of our No-Life Half-Lived strategy which is all based around self-management and community recovery models. So we're very much about supporting people how they want to be supported.

And then also we are working with a number of other organisations to spread our reach, get to more people and hopefully have a positive impact on people's lives.

Emma Anderson (01:57)

Lovely. What does that look like? So I'm wondering when you're saying supporting people how they want to be supported and obviously you're very much within the

prevention services side of things within the organisation. So let's deep dive into that a bit more and what that can look like. It'll be different for everyone as most services are in our sector delivered with that.

person-centred approach to it. So what could that look like for someone? What support is out there for them?

Stuart Brown (02:26)

So we have a range of services available through our kind community healthcare support service model and within that we have our advice line team who are a whole range of skills and they can offer people that kind of telephone support but also virtual support like we are doing now, over teams or whatever it might be. We also have stroke nurses, we have community support teams who are out supporting people

Emma Anderson (02:44)

Mm-hmm.

Stuart Brown (02:50)

one-to-one or in small groups. We offer a supported self-management six-week course which is the Stanford model so again you know evidence-based supporting people with really what matters to them but through a bit of a framework.

And then where my team kind of comes in, we have physical activity team, we have our Health Defence team, which is all around working in areas where health inequalities are still stark. And we work directly with those communities through our community development team, and then our Health Defence team to really support people with those kind of lifestyle changes. And they might be really, really small to start off with.

but it's how those small changes can lead to potentially something that can be really life changing for people. And as I said in the introduction for us, we're in a slightly unique position within the charity. So we work with people with chest, heart and stroke conditions, but we also support people who maybe have other conditions, who might be at risk of developing one of our conditions. So...

I always say that we're very fortunate because we get to speak to everyone really and that's a nice place to be.

Emma Anderson (03:49)

We'll come to the prevention discussion in a minute because I'm really intrigued and that's for a lot of our organisations, actually something you're quite unique in, in terms of the approach that you're taking. But before we come on to that, so I'm wondering about the people that are living with chest heart and stroke conditions.

They've had that event in their life or that long-term events in their lives that, how have they come to you? Is this through the triage in hospital?

that you have a relationship obviously with the nurses and with the other gatekeepers and is that how they find you and your services? Mostly.

Stuart Brown (04:23)

Great question and to be honest, we have a number of different ways that people can access our services. So we do have some referrals that will come through directly from hospital settings, particularly where we have our stroke nurse teams. We have a lot of healthcare professionals will refer to us via the website that's picked up through our advice line and then directed on to the most appropriate team again. So if that individual says, I really want to work on walking, for example, then that's

Emma Anderson (04:26)

Mm.

Mm-hmm.

Stuart Brown (04:51)

where the advice line team would direct them to the appropriate colleague and then we'd look to be able to support them as best we can. So yeah I guess

that's one way in, but people can also self-refer in as well. So that's still really important. A lot of people don't know who we are. A lot of people don't know of the support that charities, and I mean that right across the board, what charities can offer. I think there's a little bit of work to be done in terms of actually making everyone aware of all the amazing work that goes on right across the sector.

Emma Anderson (05:08)

you

Stuart Brown (05:22)

We still receive a number of self-referrals and again they will come through our portal online or they might be referred by a family member. yeah, lots of different ways for people to access us and of course people can just phone the Advice Line Direct as well and that can start the process too.

Emma Anderson (05:39)

And in terms of the physical activity programme within Chest Heart and Stroke, I know that you have a lead of the programme and there are lots of different offshoots of what that looks like. So could you just sort of talk us through the physical activity framework, if you like, within the organization?

Stuart Brown (05:58)

Yeah, our physical activity programme has really developed a huge amount over the last few years. We've kind of gone from a very, very small team to a slightly bigger team, but still a small team. And within that, we have our physical activity lead and he looks after our kind of two main programmes, I guess, which are core, which is our Movement Matters programme.

Emma Anderson (06:05)

Mm-hmm.

Stuart Brown (06:22)

which is just about to go through a really exciting change, which I'll maybe come on to. And we also have our Walking for Health programme as well in partnership with Paths for All and I guess one of the main successes of that has been

not just that we have a coordinator in post to offer more walking groups and opportunities, but we've managed to embed that really as part of our community support offer as well. So people living with our conditions can access that kind of one-to-one support or small groups as well, which is sometimes what they need. You know, after an event to then be able to progress and move on and ultimately get to that point where they can self manage.

Emma Anderson (06:58)

What does your Walking for Health programme look like? It's quite broad now, geographically speaking.

Stuart Brown (07:02)

It's quite broad.

Yeah, so

we have a national programme and it's essentially been kind of split up into three areas Emma. So we have our community support offering, which is the one to one and the group support, which is run right across the country wherever we have our community support teams. We have partnership walks, we work with other organizations to be able to deliver walks. So rather than reinventing wheels, we'll try and

Emma Anderson (07:12)

Mm-hmm.

Mm-hmm.

Stuart Brown (07:30)

just set something up with a local partner if they're looking at doing something similar. And then we also have walks from our retail spaces and also from some of our peer groups as well. So we have around a hundred and, don't quote me on this, but a hundred and ten-ish peer groups across the country.

Emma Anderson (07:40)

Mm-hmm.

Mm-hmm.

Stuart Brown (07:49)

Yeah, from Wick to the Borders, so huge spread and we offer training and support for them to get their own walk started. Again, it's another opportunity for them to get together, another opportunity to be more active and hopefully live that healthier life.

Emma Anderson (08:01)

you

And what do people get from the walks? What are they enjoying most? What do they come back and say is the best bits do you think? Do

Stuart Brown (08:14)

you know, there's so many different elements to it. I think what probably comes back time and time again is the social connection piece. It's a great opportunity, particularly those I find who maybe have had a stroke. It's a great opportunity for them to get out, do that little bit of rehab out and about, but also have a conversation.

Emma Anderson (08:26)

you

Mm-hmm.

Mm-hmm.

Stuart Brown (08:35)

And it might be that they're actually practicing their communication skills. You know, if they're living with aphasia on the back of a stroke or their stroke, we've had some incredible stories. We've had one individual who, her goal was to become a walk leader. But she was worried that aphasia was going to kind of stand in her way. So what we decided to do was we offered her a one-to-one training session. We kind of took her through it.

Emma Anderson (08:40)

Yeah.

Right.

Stuart Brown (09:01)

She has now been leading a walk in South Glasgow for a long time now and is doing a wonderful job at it as well. So that's where the real power is of the walking because it's something that generally most people want to get back to doing or they want to start doing a bit more of it because it gives you the social, it gives you the physical and also good for everyone's emotions as well.

Emma Anderson (09:16)

That's it.

Awesome.

I think walking is for most or for many a really obtainable goal. When we're talking about movement, moving for someone living with long-term health conditions, some will be quite chronic and quite limiting potentially in terms of its movement. But I always think walking is...

potentially a realistic goal and a tangible goal for people that can be such a lifeline for getting their lives back following an event such as a stroke. Yeah, thank you for sharing that story. She sounds amazing. Movement matters. I agree, first of all, I'd like to say I agree movement does matter. What does Movement Matters entail?

Stuart Brown (09:51)

again.

Absolutely.

Yes, yeah.

Yeah,

we were going to call it Movement for Health, but somebody stole that one. Movement Matters has kind of evolved over the last few years. So way back in 2020, there was the this wee thing called COVID, which came along. A lot of our services had to adapt pretty quick.

Emma Anderson (10:11)

Were you? Oh, I'd have charged you.

yes, I remember.

Stuart Brown (10:29)

and like many organisations we started to offer some online services and at that time we were actually just at the very start of offering a physical activity programme. That's kind of grown now, we're up to kind of a team of two specialists.

Emma Anderson (10:39)

Mm-hmm.

Stuart Brown (10:44)

Plus our lead service and really we're now at the point where we're really looking to offer a pretty robust kind of physical activity referral scheme where we can work with people you know post event poster kind of NHS rehab kind of taking them into that tier two and physical activity referral standards where we've definitely had feedback from service users and also our

Emma Anderson (11:01)

Mm-hmm.

Stuart Brown (11:07)

colleagues who are offering that rehab or that initial rehab that there's a little bit of a gap there for some people and that they're just not quite ready to progress into something in communities. So we see a huge opportunity there for us to

We're never going to fill the void, but we can make a dent in it and we can start to offer something. So Feaghaus is working on at the moment with some of our colleagues in stroke, pulmonary rehab and cardiac rehab to be able to offer something. There we'll also have an offer which will be a little bit more kind of generic aimed at getting people, yeah, a bit more active, strength and balance type ideas.

And then, yeah, longer term as well, we would hope that we can kind of expand that and grow the programme across the country because obviously we're fairly limited at the moment, but we hope that won't be forever.

Emma Anderson (11:56)

So that will be, it's that sort of piloting it at a certain level or in a certain area first and then scaling, looking at the scalability.

Stuart Brown (12:03)

Yeah,

absolutely. So we're looking at two or three health boards at the moment that we've had good relationships in and we'll hopefully be working directly with.

Emma Anderson (12:10)

Mm-hmm.

Stuart Brown (12:13)

with those referrers so that actually what's happening is there's just a kind of constant stream. Everybody will be getting their monitoring form at the start and then at the end of the 12 week programme, which is a bit of a shift for us. We've historically tended to just keep people involved for as long as they really want, which quite often is a long, time. And what we're saying is, we recognise that there's a huge value in that.

Emma Anderson (12:22)

Mm-hmm.

Okay.

Mm-hmm.

Stuart Brown (12:40)

At the same time, we're going to meet more people, reach more people, then we need to have an opportunity for people to move through as well and progress. And that might be then connecting in with a local leisure trust. It might be connecting with another organisation. Or it could even be passing those individuals onto some of those peer groups across the country who are doing fantastic work.

Emma Anderson (12:50)

Mm-hmm. Mm-hmm.

It has to be sustainable for it to work for the organisation. as you say, mean, there seems to be lots of other avenues as well that people can remain, you know, part of the Chest Heart and Stroke community, but not necessarily having to have the same supports in place for them as individuals throughout for, you know, a no end date in sight sort of thing.

Stuart Brown (13:20)

Absolutely.

Emma Anderson (13:25)

Yeah that's really exciting. what sort of time scales are you looking at? Just put pressure on you now, commitments Stuart. Yeah I'm gonna write it down.

Stuart Brown (13:26)

It's exciting, yeah.

Well, no pressure, but you are going to take a date from me. So we are hoping

to have our first pilot up and running by May this year. And then, yeah, as I say, we'll be looking to get two or three of those done this year, get all that feedback collated make sure that we're on to a winner, and then it'll be a case of ramping it up where possible.

Emma Anderson (13:43)

Lovely.

Excellent, because that won't be for everyone either. that's another more, I was going to say detailed intervention, it's just a more, seems more to it than some of the other work that people could be involved with to support their symptoms and their experiences. That's very exciting. I look forward to hearing more. We'll have to do another podcast in however long to see how that's going.

Stuart Brown (14:12)

Definitely.

Yes.

Emma Anderson (14:23)

Okay, so that's Movement Matters. Can I ask about prevention then? Something I'm very excited about. Movement for Health as Stuart knows, we talk about the need for more investment, more resource, more conversations about prevention and how to support prevention programmes and what new ones need to be in place and

Chest, Heart and Stroke, think have probably gone beyond what many organisations have gone in terms of the investment in prevention. Most organisations historically that are like yourselves are condition focussed and therefore support the people that have been impacted by that condition and their network and to support their family, etc.

But actually there's a whole other tranche of what could happen before. What could happen to potentially prevent that from ever happening in the first place or from preventing, making it less impactful than it then appears to be with individuals. So I'm very excited about prevention programmes. Tell us Stuart about yours.

Stuart Brown (15:30)

Yeah, prevention, I guess, is one of my real passions.

something that is now kind of a part of our model I touched on at the start. So as you say Emma, a lot of organisations support that kind of post-diagnostic time in people's lives and we still do that. We kind of follow that acute diagnosis through to then supporting people in the community at home and then ideally we want to kind of grow that chain of support, get people involved and as you say kind of hold them into the organisation with

Emma Anderson (15:43)
Mm-hmm.

Stuart Brown (15:59)
that's they become a volunteer, do they become a fundraiser, do they even just become somebody who shouts about what we're doing. But right at the top of that page now there's there's prehab and prevention and that's really exciting for it to be called out you know within our strategy.

Emma Anderson (16:02)
Mm-hmm.

Stuart Brown (16:15)
What does it look like? There's, I guess, a few strands to it. One of them is that physical activity piece, although I would say physical activity does kind of weave its way right through. But obviously, if we can have more people being active, it's called the miracle drug for a reason. It can make a significant difference to people's lives and hopefully play its part in preventing our conditions.

What we also do though is we have a programme called Health Defence which has been running for quite a few years now. We have a couple of hubs across the country, one in Glasgow and one in Dundee. And we're very excited to be rolling out another three this year, Grampian, Ayrshire and Arran and A. N. Other to follow, which is again really exciting. And these teams are working in the heart of communities.

Emma Anderson (16:39)
Mm-hmm.

Stuart Brown (16:58)
where there is the most need, there's high levels of people living with our conditions currently. So if we can work with those areas, work with those communities, build a programme that includes education, awareness, offering them just simple things like a blood pressure check, they can come and get their cholesterol checked, they can come in and even just have a conversation if you've got any concerns in our team.

Emma Anderson (17:05)

Mm-hmm.

Stuart Brown (17:21)

our amazing Health Defence team led by Kevin Miller just do a phenomenal job because they don't know who's going to come through the door on a day to day basis and they can have conversations wide and ranging.

Emma Anderson (17:32)

Yeah.

Stuart Brown (17:33)

As I'm sure you can imagine, what's most amazing about this programme is that it is really about the people. And there is a conversation that's had almost every single time that someone comes in for that, that ends up with them going, okay, I've taken something away today. It might be a little nugget.

Emma Anderson (17:34)

Mm-hmm.

you

Stuart Brown (17:52)

But we can support them for as long as they need support. That might be six months, that might be a year. It might be that they come in once. But the team are there to provide that knowledge, provide them with a little bit of guidance on how they can do simple things that can actually go to make a big difference in their lives.

Emma Anderson (18:00)

Mm-hmm.

How do people access it then in that community? So you've got three more coming this year and is it drop-in, is it referrals, what is it for people?

Stuart Brown (18:21)

Great

question. We have, again, a range of options. We want to be as accessible as possible. That's one of the things that kind of came out of the community development work before we actually had boots on the ground. We always do about six to 12 months of work in the area to understand the needs.

Emma Anderson (18:37)

Mm-hmm.

Stuart Brown (18:38)

And people can refer either by dropping in, they can self refer online, they can refer through our portal and sometimes we will get internal referrals as well. So a whole range of different ways for people to come over. But again, as having that base in the community is really key there, because it gives us a home, it gives us somewhere that people kind of see.

But then also we also take the project out. So we've got a hub and spoke model where we can take the project out to community groups. So for example, we've been doing work in Tayside recently with the Gypsy Traveller community. We've done work in Glasgow previously with the local mosque, local women's groups. So I think that flexibility is what makes this project really unique and what makes it probably work particularly well.

Emma Anderson (19:09)

Thank

Mm-hmm.

How does it link up with other things in the area? So I'm thinking about other programmes, mental health services or other things that are going on and people's link workers and GPs and what does that look like? How is that tapped into?

Stuart Brown (19:40)

Yeah, again, like that's, that's really fundamental to this being a success is having those networks locally. So a good example in Drumchapel, where Health Defence first started, there's an ongoing relationship still with the Community Links workers in that, from the practice there. And we've delivered a joint walk for

Emma Anderson (19:44)

Yeah.

Mm-hmm.

Listen.

Stuart Brown (19:59)

probably five years now with the Link's workers in terms of local mental health groups, drug and alcohol groups. We connect in with them. We work with DWP. Having a whole range of contacts within that kind of locale is really, important. One, because you don't want to tread on toes.

but also because we can't have the answer to everything and we can't be the solution to everything but we can if we know where to point people in the right direction.

And probably the other thing I would add to that is it's what makes our venues quite unique. So our venue in Glasgow, and we're actually just about to move to the Maryhill Burgh Halls. So that's right in the heart of Maryhill. We were in the Wyndford Estate previously. We're in a sports centre in Dundee and we're looking at a shopping centre in Grampian. So again, it's slightly different everywhere we go.

Emma Anderson (20:43)

Mm.

Stuart Brown (20:50)

But with that kind of common theme of it's somewhere that the public know, somewhere that they recognise there's existing infrastructure there as well. And like at Dundee, for example, you we can tap into, you know, Leisure and Culture Dundee and their programmes really easily because we're based, you know, with them.

Emma Anderson (21:07)

That locality is so important. And I think what you've spoken about there really is a real picture of what partnership organisation looks like and feels like in terms of knowing that you can't be everything to everyone, not stepping on people's toes, not reinventing wheels and about that being able to be agile.

enough as well in terms of yes, this is our model and this is our framework, but actually the locality over here, this is going to support that better than it has in Tayside or will do things slightly differently in Grampian. I love that kind of fluidity. It feels really responsive. Your programmes are very responsive to the needs of the people and it feels like you can have that flexibility within them, which I think is the way the world is

is now in terms of funding and the life cycle of things you need to be able to switch and change and respond to the landscape as it goes. That's excellent. Thank you for that. In terms of partnerships, I've said the word partnerships. Are there any other sort of, I don't know, maybe quite high profile partnerships that Chest Heart and Stroke might have in the

movement physical activity landscape. I'm struggling to think of one.

Stuart Brown (22:20)

Yeah, let me think. We do have one which launched last year Emma, which might be worth talking about. So yeah, for the last year we've been working in partnership with the Scottish Football Association.

Emma Anderson (22:24)

you

you

That's the one.

Stuart Brown (22:35)

specifically

around women's football, women's recreational football. And this kind of forms part of our women's health plan, but also obviously our prevention agenda as well. So obviously, Scottish Government have a women's health plan, ours very much aligned to that. And we were looking at ways for us to engage with women where we can have those conversations about women's health, but also have

Emma Anderson (22:45)

Mm-hmm.

Stuart Brown (22:58)

the conversation around just prevention generally and how we can support that best as a charity. So we started a piece of work with the SFA as I say a year ago now and the plan is for us to have 25,000 women playing football by the end of the four-year partnership through the expansion of the recreational programme.

right across the country. Things have started really, really well. We had over 5,000 women sign up in the first six months of the partnership. So things got off to a really great start. But in many ways, now the hard work starts to maintain that and to keep it growing. it's been such an exciting project for us to be involved with. And it's probably our first foray into this space in terms of prevention and women's health.

Emma Anderson (23:28)

Yeah.

Stuart Brown (23:40)

on that level anyway and looking at how we engage with, yeah generally I guess, a slightly younger demographic than we maybe would otherwise. But what was amazing to see at the launch was actually there was such an age range of people there. So yeah, I learned something immediately that actually this could be something that really does work for people from the age of 18 right through to they can play into their 70s, maybe even their 80s.

Emma Anderson (23:41)

Mm-hmm.

Absolutely.

Stuart Brown (24:04)
and beyond.

Emma Anderson (24:05)

And what does that look like? So when these people are signing up, these women are signing up, what are they signing up to?

Stuart Brown (24:10)

Great question. we have 12 recreational, what are called our recreational hubs or centers across the country. So they're the kind of CHS hubs in the local region. A lot of the clubs will offer a recreational session. They can sign up via our website via the SFA website as well. And what basically what they're getting involved with is usually a weekly session where they can come along, meet other women who are there to kick a ball

around, have some fun. There's not a, I say there's not a competitive element to it. I think that always creeps in, but it really, the focus isn't about competition, the focus isn't about training and then a match at the weekend. It is really about that kind of social, let's get together.

let's have a blether and get out. And it's been such a lovely thing to see. We also run a series of festivals which kind of brings the local clubs together within a region. And those festivals delivered by the local SFA teams as well have just been fantastic. Great way for everyone to get together. And again, there's always a little bit of competitive edge, even though it's very much recreational focussed.

Emma Anderson (25:14)

I'm sure people can get what they want out of it in terms of that level of competition. I wondered about all of this is wonderful. All of this is wonderful, but it doesn't just come easy. I'm just wondering what something that I've kind of tried to highlight with the organisations, our member orgs that we're talking to in this series is some of the work we touched on with our mapping exercise around what the challenges, what

Stuart Brown (25:17)
Absolutely.

Emma Anderson (25:38)

are there barriers? Is there stuff that you've wanted to do but couldn't and why? So I just wondered if there was anything you wanted to highlight within that, that Chest,

Heart and Stroke have been keen to develop or there's something that's holding it back or we know funding's a big one. We know funding's a big one.

Stuart Brown (25:55)

Yeah, I mean funding is always going to be a big one. I think the nature of funding as well, where even if you can get the funds to get something started, there's not always the funds to keep that going for the length of time that really we need for things to embed and be a part of kind of, I guess, people's local society and what they do. That's on there because it's been running for X number of years.

Emma Anderson (26:01)

Mm-hmm.

Keep it

Mm-hmm. Mm-hmm.

Stuart Brown (26:18)

So yeah, there's a whole range of different things. I'd probably say one of the most challenging things from our perspective has been that shift from a charity that has focussed previously on that post-diagnostic support is it our place to try and prevent these conditions as well. Essentially, I joke that I'm trying to put my colleagues out of a job, right? But...

Emma Anderson (26:39)

self-advertisement.

Stuart Brown (26:41)

The reality is, you know, figures aren't getting better in this country and I think it's getting that shift from seeing things that we do as a cost.

into an investment. And I know that, you know, my Chief Exec was along at the conference last year doing a presentation around this and we're starting to get some really rich data, which can highlight the impact that this can have. And I think sometimes as well with particularly with prevention. It's not it's not a silver bullet. It's just

Emma Anderson (27:07)

Mm-hmm.

Stuart Brown (27:14)

a part of what we can do to hopefully all live slightly healthier lives. And that includes, you know, being more active. That includes having more social opportunities. That includes having safe spaces where you feel like you can have a blether. So like one

of our other partnerships is with Walking Football. And a lot of the Walking Football is about that.

emotional support they can lean on each other they can support each other you know they can get out and maybe not annoy their partners for an hour a week so there's loads of different reasons of yeah I guess why it's important that we continue to chip away at making that little bit of change

to promote what we do as an organisation but through a slightly different prism of prevention and the potential that that has to really make a difference to people.

Emma Anderson (27:59)
Mm-hmm.

That's it.

I think the more that we can learn about how to talk about prevention so that it is seen as an investment and not a nice to do or a cost, the more people we can win over or bring with us, I guess. think prevention is long-term investment and telling the story of the success of prevention is tricky.

Stuart Brown (28:21)
Yeah.

Emma Anderson (28:26)
to do within sort of, I think, political time scales as well. So it's about bringing that piece together. that's, Jane-Claire Judson, your chief executive spoke at the Movement for Health Conference last summer, very eloquently about the move to prevention. And I think everyone in that room, it's not a hard room to talk to in terms of prevention for sure, but

Stuart Brown (28:29)
for me.

Emma Anderson (28:48)
We're convinced by the end of it that this is absolutely the direction of travel that we need to be going in. And it's so wonderful to see a leader of such a large organisation in Scotland, in the charity sector, put forward that and make that a priority and visually make that a priority as well, because that's different. That's different. That shift and being very visible. It's brave, but it's needed.

It's absolutely needed and I think that leadership is a real key point to its success as well.

Stuart Brown (29:19)

Yeah, I mean, ultimately, if we didn't have that, I wouldn't be having a conversation with you right now. So you have to have leadership who are...

Emma Anderson (29:22)

Mm-hmm.

Mm-hmm.

Stuart Brown (29:27)

in a place where they know that it's going to be maybe a risk but actually it's the right thing to do because the systems that we have right now are failing us a little bit and that's not through the fault of anyone out there everyone's just doing the best they can but the reality is there needs to be almost that that sea change of how we approach what we're doing around health.

Emma Anderson (29:31)

Mm-hmm.

Mm-hmm.

Well Stuart, it's lovely to talk to you as always and every time we talk you're doing a hell of a lot more than I remembered you doing the last time we spoke. So slow down, I look forward to hearing all about the new Health Defence

Stuart Brown (29:59)

That's where these backs come from.

Emma Anderson (30:08)

hubs and new areas. That sounds really exciting. Is there anything else we can look out for this year? You've got the Movement Matters programmes, so we'll keep people up to date on those because I think there'll be lots of really good learning coming out from that and the Football Partnership as well.

Stuart Brown (30:25)

Yeah, football partnership. Yeah,

of stuff going on. We're doing some great work with Scottish Disability Sport around boccia, which has been fantastic as well. And then in the wider sense as well, you know, the supported self-management six week programme has really taken off the feedback that we've had and the data coming through again is really, really strong. So watch this space as well because it's really exciting piece of work.

Emma Anderson (30:32)

Mm-hmm.

Wonderful, excellent. Thank you for your time today and Stuart, just thank you for all the time that you've given to the Movement for Health Coalition since its inception over the last five and a bit years. It's been a real privilege to see the work of Chest Heart and Stroke Scotland grow in that time as well as the work of the Coalition and it's just been a real, it's just been really great to see that and understand it and understand the impact that it's having.

A large part of that is down to the work of yourself and your team and all the work that you're putting into it. So it's greatly appreciated across the sector and thanks for today.

Stuart Brown (31:19)

Thank you. No,

thanks very much, Emma. And likewise, it's been a pleasure to be a part of.

Emma Anderson (31:25)

Thanks. Thanks everyone for listening to Stuart and I chat through the Chest Heart and Stroke offering in today's Movement in Conversations podcast. I hope you've enjoyed it. If you have, take a listen to the other episodes in this series to learn what our other member organisations are doing to support more people living with health conditions to move more in fun, safe and accessible ways. Thank you and bye bye for now.