

Emma Anderson (00:00)

Hello and good morning and welcome to this is series two of the Movement for Health podcast, Movement in Conversation. And I am delighted to be joined today by Jake Sanders from Versus Arthritis, who is the Scottish Programme and Partnerships Manager there. Good morning, Jake.

Jake (00:16)

Morning Emma, thanks for having me.

Emma Anderson (00:18)

Excellent. This is series two and we are looking at taking a deep dive with the Movement for Health Coalition members in this series. So we're getting a chance to check in with the membership organisations and chatting through what it is in the space that the organisation is offering for people with different conditions to move in ways that are safe, accessible, enjoyable and yeah, just really getting a flavour.

of what's out there and also discovering maybe some nice stories along the way and also what maybe the challenges or barriers might be to programmes success or evolution. So thank you for joining us Jake this morning. If you could start us off maybe with a little bit of context around Versus Arthritis, the organisation you work for and arthritis in Scotland at the moment, just a little bit of context of that landscape would be lovely.

Jake (01:13)

Sure, so we are Versus Arthritis we're the biggest arthritis charity in the UK and we support people with arthritis and musculoskeletal conditions across the UK.

That's roughly one in three people have a musculoskeletal condition so we support these people with a range of services. Whether that's access to our helpline, our online community forum, face-to-face services in our community including physical activities, health management programmes, information support talks. We also offer these online for people that don't have access to our face-to-face services. And we offer a suite of online programmes such as our Let's Move With Leon programme, our stretching series and our

rehab and prehab for people who are waiting joint replacement surgery to help them get into a better place to maximize their recovery and get them prepared for surgery.

Emma Anderson (01:55)

Excellent, thanks Jake, that's lovely introduction. Online with Leon, was that born out of Covid or did I just see a lot more of it in Covid time?

Jake (02:03)

I couldn't tell you exactly but it was one of our first online programming. It probably came out around that time. I only joined the charity towards the end of COVID.

Emma Anderson (02:08)
online offering.

Excellent, thank you, Jake. So what does it look like for someone that has been recently diagnosed, let's say, a recent experience of coming to terms with diagnosis of arthritis and having been to events of Versus Arthritis before, I know that that's, there's a very broad age range and you do lot of work around young people with arthritis as well as throughout the life cycle.

And I wonder what that experience looks like for people coming to the charity. What can they expect when they're looking for support?

Jake (02:43)
So I think it depends where they are with their own stage of diagnosis and where they are in their journey. Some people come in a lot more confident, especially if there's like good quality healthcare professional support in place and they're able to access healthcare professional support much easier. If they have those kind of basic building blocks, if they're able, for example, to access our information or local GP surgery, they might not need to start their journey with calling our helpline.

Emma Anderson (02:46)
Mmm. Mm-hmm.

Jake (03:07)
Many people do start their journey by calling our helpline or emailing our services team to get a little bit more information. And from there we'll signpost them into the most appropriate space. So not everybody's journey looks the same. Somebody who may not get diagnosed until 55 but has been researching for 20 years arthritis, they're sure they have it but it takes that long to get a diagnosis, might not need the basic information on what arthritis is. But they might have been really worn down with the system.

Emma Anderson (03:20)
course.

Mm.

Jake (03:35)
find it really hard to manage because they haven't had that support. So they could need a full self-management course to get them into that place to help them make informed decisions and help them take control of their condition. Somebody who's

very new to diagnosis, never expected to have arthritis. And again, that could be a young person or it could be someone 70 years old, but never expects to have arthritis, may not know anything about it. So a place to start could be sending them some information leaflets, could be phoning our helpline, speak to one of our advisors, coming online to our online community forum.

But for most people who don't have information in advance, it starts with getting a little bit more information, which helps them either by themselves or in combination with one of our staff or volunteers to make a decision on what service is right for them, whether that's from physical activity, continuing to share peer support, either face to face online, accessing some more information sessions, or even our full self-managing course. It depends where people are on their journey. So even...

Emma Anderson (04:26)

Mm-hmm.

Jake (04:27)

straight after diagnosis, different people are at different stages of their journey. It's not like a one-size-fits-all.

Emma Anderson (04:32)

And how about when we're talking to them about, let's look at self-management for a moment, that discussion with someone. Is that done? So you talked about health professionals obviously have a key role and you're very interlinked with the different services. Is it mainly in primary care or is it also in secondary? Is it a mixture of both care in the community? How does that look for people?

Jake (04:53)

It depends on our relationships in an area. So if we have face-to-face staff within an area, we do often have better relationships. We've got a really strong...

Emma Anderson (04:55)

It's a mixture.

Jake (05:04)

Sorry, our names just changed and she's going to kill me for using her old name. We've got a really strong professional engagement manager in Scotland and who makes these connections with health care professionals, not just GPs, but any health care professional and her team can actually offer them training. So people are finding their health care professionals don't have these skills. We can even offer like health care professional training and diagnosing arthritis to tell the difference between fibromyalgia and rheumatoid arthritis and core skills and musculoskeletal conditions. So Karen, who's our?

Emma Anderson (05:05)

You

Mm-hmm.

Mm-hmm. Mm-hmm.

Mm.

Mm-hmm.

Jake (05:31)

professional engagement manager, she can offer that and network with healthcare professionals across Scotland. We've also found the link workers, social prescribers to anyone that's watching from England have been amazing. So we've made some really good connections with some of the link workers across Scotland, not just in areas where we have staff, because the link workers are able to signpost into our online services as well, our helpline etc. So we've done lots of information sessions, we've delivered some self-management courses in partnership with link workers.

Emma Anderson (05:37)

Okay.

Mm.

you

Jake (05:58)

They've

been key and I think the third sector would probably agree as whole on the importance of the link workers

Emma Anderson (06:02)

Absolutely right, absolutely right. This is a repeated conversation that I have with our different memberships and social prescribing network in Scotland and that pivotal role that they have. We've been speaking with GPs about they'd be lost. you know, so many of them say they would be bereft if they had lost their link worker and the incredible importance of that role with someone to be able to support them at that level.

can be such a game changer. So yeah, we do hear that quite a bit. Thank you for sharing that. And Karen, then, in terms of the training that you sort of mentioned there, where does movement or physical activity or that sort of narrative come into it

with Versus Arthritis? When is that approached and spoken about as a tool for people?

Jake (06:49)

Is this when we're offered healthcare professionals you mean? when we're...

Emma Anderson (06:52)

Yeah, I'm wondering

if it comes into the training or does it come to just the individual themselves or is it both? Both, brilliant.

Jake (06:56)

Yeah, so it's covered in both. So it's covered in our

training and it's also covered in the program we have called Patient Voice where we actually take patients in and that's again Karen, our wonderful professional engagement manager, takes patients into university settings and she'll speak to students while they're still kind of learning to make sure they really understand. So we take people who have been through our services, whether that be physical therapy or other services, and speak about their experience and what worked for them. So it's really embedded into

Emma Anderson (07:02)

Mm-hmm.

Jake (07:24)

new doctors and new healthcare professionals from an early stage so they really understand that message from somebody with lived experience and not just from like perhaps a textbook.

Emma Anderson (07:28)

Thank

Absolutely. And what about those people that were students some time ago? I was thinking how to frame that. They're established professionals within healthcare.

Jake (07:38)

So.

So we offer it within our core skills as well, so within the training. Obviously not every healthcare professional will go on that, so we do try to make connections with healthcare professionals as well and send them out updates on our services, but it

can be difficult because healthcare professionals do get bombarded with so much
But we do our best.

Emma Anderson (07:50)
Of course.

Mm-hmm.

do you cut through?

It's how do you cut through? And something that we find really can support some of that is that joined up approach with organisations, like with the Movement for Health work, where a lot of us are saying the same recommendations. Obviously there's condition specific stuff, which is incredibly valid. But there are some of those key messaging and things that we can join up together.

and sort of put across to healthcare professionals.

Jake (08:26)
We've been blessed as a charity as well with community appointment days. And the community appointment days focus on obviously musculoskeletal health and reducing waiting lists. We've been invited to most, well hopefully all the ones that have happened in Scotland so far. We've had a presence there so we've done lots as well speaking to patients who are on waiting lists. And we've had patients come up to us say they feel they no longer need to be on the waiting list because of the impact of these days. But we've also created lots of healthcare professional networking. So in every...

Emma Anderson (08:27)
Yeah.

Mm-hmm.

Mm. Mm-hmm.

Jake (08:52)
day that we've been to so far we've noticed huge numbers like 20 plus healthcare professionals that we've been able to network with and engage about our services and take away information to signpost into our services in future because anyone that can come into our services is one less person on the waiting list as well.

Emma Anderson (09:06)
Absolutely right. For those that might not know, can you expand a little bit about what community appointment days are?

Jake (09:11)

So community appointment days are run to support people who are on like physio, waiting lists, joint replacement waiting lists, usually waiting lists around musculoskeletal conditions and to try and either get people off those waiting lists or to offer them support while they are on the waiting lists because the waiting lists are so long. They start off usually by having a what matters to you conversation which is around what they want to get out of the day and then they'll be offered a physio, like a short kind of physio check-in giving them some recommendations. Some places will also have

kind of an exercise section where they'll be given like a taster of exercise and encouraged to come along to that in the community. And then the last section is all the third sector partners, both local and national. So things like support for welfare to make sure people are getting all the welfare they're entitled to. Energy charities to make sure people can keep their homes warm as much as possible. Obviously arthritis charities to make sure that people can manage their arthritic or musculoskeletal conditions, self-management and for talks. Local self-management charities we've seen there.

and occupational therapists, care, anything like that that might help a person to become more supported and to take control of their condition. I think all the stands together kind of almost form a self-management. Don't need to give someone the tools to self-manage their conditions. They know what's there, but they're in the driving seat and giving them a bit more autonomy and power over their condition instead of just waiting for a healthcare professional to tell them what to do next.

Emma Anderson (10:23)

Mm-hmm.

Jake (10:28)

It's making them realise that their condition isn't just like the bone or the pain. It's made up of all these other bits like the social economic factors which is why there's support for that. Making them realise that gadgets around the house perhaps like if they had a little bit more support around the house and could start to do little bit of physio could they maybe actually come off the waiting list. So it's trying to signpost people into other options not just to reduce waiting lists but because not everybody needs that and if they fully understand everything that's there.

Emma Anderson (10:45)

Mm-hmm.

Absolutely.

Jake (10:55)

it's given them that control over their condition, which is what self-management is all about.

Emma Anderson (10:58)

Absolutely, that control over one's destiny is so important, and it takes away the infantile kind of relationship that people can sometimes feel that they're in, in terms of, you know, just waiting for an instruction, being held and put somewhere else. So that's really nice. Thank you for explaining that model. in more detail there. Thank you. You touched on technology.

Jake (11:02)

Yeah.

Emma Anderson (11:20)

There you mentioned it. I'm going to jump on it. Some theme of all the conversations. I'm really interested in

lots of different types of technology to support people to move more. Not just the maybe physical technology that can help someone on a day-to-day basis, but the data and other forms of technology. And I wondered what Versus Arthritis experience was within this space of using data and using technology either for your

programs or with individuals that have arthritis and musculoskeletal conditions. I know there's lots of different apps and platforms and things available for people and wondered what your experience as a charity has been in that space.

Jake (12:01)

So we have a fair bit success. we were one of the first to use an AI chatbot. So we have AVA, which is the Arthritis Virtual Assistant , I believe, which if you go and you can ask it basic questions around your condition and it'll give you some information so you can kind of have a chat with it. We use continuous feedback. So we usually things like smart survey.

Emma Anderson (12:00)

Do your best.

Jake (12:23)

for our services to get impact data on the difference that we're making to people's conditions to let us know what does and doesn't work to make sure that our services are evidence-based and that they're based on what people want so that we're replying to that kind of continuous feedback. We also have a raft of online services delivered on different platforms like we use YouTube, we have them embedded into

our website, people can sign up for a newsletter to have them emailed out to them and we have DVD copies for those that aren't online as well. I think I've got another...

We do have an Arthritis tracker app as well, so people can of track their condition, how it's affecting them.

Emma Anderson (12:52)

Does that have any movement elements to it? Like, can you track your physical activity, for example? It's just a conversation that we've been having. but someone came to one of our coalition meetings and spoke about, a musculoskeletal app in development. I'm going to find it and I'll link it on this.

Jake (13:09)

Oh, Good Boost

is it? Yeah, we support Good Boost majorly. So it's not ours, but we work with Ben Wilkins a lot and I believe we funded it in part as well, I believe. it's water-based with tablets as well, isn't it?

Emma Anderson (13:10)

say that again? It is, it was good boost, it was good boost.

No.

That's it.

Mm-hmm, mm-hmm, excellent.

That's it.

That's it. Thank you for reminding me. was in there somewhere at the back of our brains. That's excellent. And what about apps and online activity and things? You've got Online with Leon. Obviously, we saw a massive increase during COVID of online involvement for people to move more, stay active, especially for those that may have been shielding at that time.

and the importance of having that element of safety and comfort for themselves during that time. Since then, I think we've had a real mixed feedback across the different organisations that are part of Movement for Health, because a lot of people enjoyed the online for access, especially if they were in maybe more dispersed communities, know, sort of transport poverty and...

thinking Highlands & Islands, etc. But I'm also thinking that a lot of people wanted to get together again and be with people and you were talking about that social

benefits, you know, combating isolations and we know that people living with health conditions can feel especially isolated. yeah, I just wondered what your experience has been. You offer lots of different things. So if we could unpack the offering at Versus Arthritis, that would be lovely.

Jake (14:37)

Sure, so our online has, I would say it's grown more since COVID. We have regular online Tai Chi and Chi Me classes across the UK. I know in Scotland our Tai Chi class run by our wonderful Stranraer group has over 80 people on the list. they have many weeks, have like 30 plus people kind of attending. They have like whole, they have in one area they have a village hall that actually dials in. So they come together in the village hall and they dial in.

Emma Anderson (14:41)

Right. Interesting.

Mm-hmm.

I'm

that's lovely.

Jake (15:03)

People kind of think of innovative ways to use the online in these remote areas whilst kind of taking part together there is a social element element obviously which is why we try and encourage our online our live online services to be more than just physical activity closing goal .We encouraged them to be about peer support people to chat and make those connections Some people will always prefer face-to-face, but we can't be everywhere like realistically we need to be honest and to reach as many people as possible. We need to have that kind of blinded offer

Emma Anderson (15:22)

Mm-hmm.

Mm-hmm.

Mm-hmm.

Jake (15:33)

Our Let's Move with Leon has had, I can't even tell you how many views, tens of thousands. But our stretching series has used massively our online exercise rehab, so joint preparation for joint surgery has been huge. We also heavily use the We Are Undefeatable resources, which are obviously massive as well.

Emma Anderson (15:41)

Thank

Mm-hmm.

Yep, brilliant team at We Are Undefeatable and the Richmond Group of Charities in England.

Jake (15:56)

and

We run online info talks as well so we run

online information support talks and we're just about to relaunch online self-management courses and they're fairly busy as well. Sometimes they're not as busy but that could be down to time, down to how people sign up but we do find like, if we don't put a cap on numbers we've had like 20 plus people at some sessions before.

Emma Anderson (16:20)

Thank you. I'm wondering then about some stories, Jake, and we're here to talk about how movement supports people. So what are the benefits that people are seeing from being involved in these activities that Versus Arthritis supports?

Jake (16:36)

So if you don't mind, I'm just gonna pull up Rosemay's story in front of me. So Rosemay is one of our wonderful volunteers who is 79 years young. She began her journey with us during lockdown when obviously everything face to face stopped. She has arthritis and her pain and was her arthritis. And she was looking for a way to kind of stay moving and continue to manage her pain.

Emma Anderson (16:39)

Of course, please do.

Yes.

Mm-hmm.

Jake (17:02)

and manage her condition. So she joined an online Tai Chi class for Zoom during COVID and from there she kind of just grew with us. She wasn't too familiar with the moves to start but she worked through it, she became friends with some people in the group and she felt much less isolated because she couldn't be in touch with

friends and family during lockdown. She enjoyed the Tai Chi class for kind of several weeks and then we were offering some chair-based yoga training during COVID.

So Rosemay signed up for that and became a chair-based yoga volunteer for us. After Covid, she started delivering that in her village of Fochabers on the east coast of Scotland and her confidence just grew. She has over, she has around 25 people attending a week now and from someone who wasn't even sure of joining a class herself. She's spoken to students at university and told them about her story and what changed for her so she's actually able to influence future healthcare professionals for us

Emma Anderson (17:25)
Hmm.

Jake (17:51)
she has supported me at the community appointment day yesterday and we have people come along who aren't too keen in speaking to me because I'm a young person I've got other health conditions but I don't have arthritis I don't know what people have been through I've been through it for like 20 or 30 years but Rosemay was able to go actually go I've been through this Rosemay has had joint replacement surgery in her knee and she was able to say I've had the joint replacement surgery in my knee this is what happened for me and it does get better so she was able to kind of like

Emma Anderson (18:00)
Mm-hmm. Mm-hmm.

Jake (18:16)
We had maybe three people between the two days who just didn't want to hear from me which is fine. Rosemay was able to turn all three of them around and they left actually feeling they'd had a difference made to them. They left with information with a positive spin on the day which they hadn't gotten so far because it's difficult taking a message from a healthcare professional who doesn't have your condition or from somebody perhaps who doesn't have your condition. Rosemay was able to kind of turn that around for these people and make a real impact on their life. So now Rosemay's gone from somebody who...

joined the class and didn't know anything about us to being one of our advocates, which is fantastic.

Emma Anderson (18:47)
Wonderful. And I think obviously from an organisation, these stories are incredibly important for us to help grow and support and reach more people ultimately, also the

value for the individual. So for this individual, Rosemay to have that confidence and to have gone through this experience

with her long-term condition and being able to see so tangibly the difference that she can make as an individual to someone else, I think is so powerful and that comes across in that story that she's kindly shared with you, I think. And it's really interesting, isn't it, because I don't present necessarily at someone with conditions and so equally people with health conditions, etc. don't necessarily open up to me instantly.

with their own experiences and things, but as soon as they see someone that they can identify with, even if it's geographically, you know, I think my accent gets in the way for most conversations that I have. You know, if you have someone from your local area, especially, or someone who is similar to you, same age, same...

same build, say, similar background or something, that connectivity is, I think, so much more powerful and easily attained, I think, as well. Then, as you say, someone that maybe doesn't feel as relatable for whatever reason can really make a difference. I'm so pleased that those people have come away knowing that they've been impacted in a positive way and maybe have more of a positive destination or outlook from speaking with Rosemay.

Well done Rosemay. That's excellent. And what does it mean then for people to be able to continue or find movement if you're living with arthritis? What are the benefits for moving more with arthritis?

Jake (20:20)
amazing. She's a tripper.

I'd say for arthritis movement is one of the best medicines. It kind of gives you a bigger range. The more you move, the more range of motion you get within your joints. Movement won't kind of cure arthritis, but it can help to reduce the impact. You kind of get that synovial fluid moving within the joint if there's any left

Emma Anderson (20:42)
No.

Hmm.

Jake (20:48)
which can help to lubricate the joint. The more you move, the more you kind of get used to the movement, the more your body get used to it. And then also moving more can help you to reduce weight as well. And weight, obviously the more weight there is on a joint, the more impact the joint has. Exactly. So it helps to alleviate

some of that pressure on the joints. So it's got kind of that twofold. One, it's giving you that bigger range of motion and able to move more. And two, if you do lose weight, you are able to...

Emma Anderson (20:48)

Mm-hmm.

Mm-hmm.

pressure.

Mm-hmm.

Jake (21:15)

move the joint more without hurting.

Emma Anderson (21:16)

Okay, so

it really helps with those symptoms. does it help with perhaps it doesn't, but does it help with sort of in terms of prevention of worsening or that kind of thing? Can it slow it down or does it play a role in that?

Jake (21:33)

I don't think it's necessarily one size fits all. It depends on the individual, but generally moving more does help to kind of manage it. And it's not just the physical side either, it's the mental health side. So if you're moving more, if you're out walking, seeing people, it helps that social isolation side, which makes the arthritis worse. It stops that kind of cycle of your mental health becomes worse, you stay in, so you don't move the joints.

Emma Anderson (21:46)

Mm-hmm.

you

Jake (21:58)

so the pain gets worse, so your mental health becomes worse, so you stay in, you don't... so it stops that kind of cycle. Yeah.

Emma Anderson (22:02)

Yep, it's a cyclical, yep, yep, absolutely.

I'm curious then about the younger people. And I think most people may associate arthritis and other long-term conditions actually across the board with ageing and a more mature population.

But actually, as the work that Versus Arthritis does to highlight this so well is that actually there is arthritis throughout the life cycle, far more common than I think we realise. And I'm just wondering how the younger populations are responding to moving classes, online options. Is that still something that they're engaging with or are we having to think differently?

Jake (22:40)

Definitely think differently.

So we have, because it's so different, we do have kind of two separate teams. try and link up and allow that kind of transition. But for younger people, we offer things like residential, art programmes, things that are more tailored to try and get them involved, to try and bring them together. Because although arthritis happens in young people, it is obviously much rarer than adults.

I think there's 12,500 young people in the UK affected by arthritis. So it's like trying to give them a chance to come together to share experience, to share what works for them, to speak about things like more appropriate to their age, like relationships. So it's a chance to kind of enable all of that. So we do have a team that are dedicated to that and that offer these services throughout the UK. In terms of movement, they do their movement by a residential, so it's almost like they're

Emma Anderson (23:07)

Mm-hmm.

Mm-hmm. Mm-hmm.

Mm-hmm. Mm, fantastic.

Mm-hmm.

Jake (23:29)

exercising but it's hidden which is the same for all kids I think isn't it like if you get kids to move you can't call it exercise

Emma Anderson (23:32)

gosh, hiding the vegetables in the sauce.

Yeah, having got two children, I know what that looks like. But I'm wondering then about this smaller population then of younger people living with arthritis. So much of

that must be about peer support. So those residentials are so key to building those relationships to find others that are going through, you know, let's be honest, incredibly difficult time of your life anyway.

when you're young in your younger years and that must be so valuable for those younger people to be able to find other younger people. Again that peer support, that recognition.

Jake (24:07)
think

It's also valuable for the parents as well isn't it, to be able to chat to other families that going through similar situations and for the kids to be able to share the experiences of the medications they're on. Because they're on some medications which are really harsh on their bodies and to understand that it's not just them that are going through that. I'm not an expert on the Young People and Family Service, it's not my area of delivery, but I think it's an amazing service. I want you to be able deliver everything in that kind of capacity.

Emma Anderson (24:09)
Of course, that's great. Yep.

Mm-hmm. Right.

Mm-hmm, mm-hmm.

No, you've painted a lovely picture for us there, I have to say. Yeah.

What are the challenges that people with arthritis or the organisation is facing when looking specifically at supporting people to move more or help them with their symptoms?

Jake (24:46)
I think the biggest challenge that everyone probably says funding. Funding seems to getting less and less every year and harder and harder to get and funders always want something new when what people with long term conditions actually need is bit of consistency so there's that if you're constantly changing what you're providing for them it becomes hard to help them take control of their condition somewhat in terms of exercise it can be really hard

Emma Anderson (24:49)
Mm-hmm. Yeah.

Mm-hmm. Mm-hmm.

Mm-hmm.

Mm-hmm.

Jake (25:10)

to get some healthcare professionals on board with referring into any one and into movement programs.

Emma Anderson (25:13)

Yeah. Yeah. And is that like

a risk aversion? Is it, yeah, just maybe not understanding the programs and...

Jake (25:20)

A bit of both. I think a bit of risk aversion

and bit of not understanding. don't think there's enough education on physical activity within healthcare professionals time within university and such. think it could be done with being focused on a lot more. I think it should be a first call for a lot of conditions.

Emma Anderson (25:38)

Yeah, yeah, no, absolutely something we advocate for and we'll do much more of that this coming year with the lead up to the elections and things as well, just to think about that training aspect and really seeing it as a, it's not a nice to have, you know, it is for many people, for many, many people living with health conditions, being able to move, being careful of my language here, move and be physically active. I think exercise is a slightly different

know, different kettle of fish for many, but to be able to move, it's freedom, it's self-control, and it's a lifeline for so many people. It isn't a nice to have. And in so many incidences, it is, well, it is far more cost effective than any medication, of course, but it's also far more helpful than being on lists or being on medication for certain, for pain and things when actually you can swim a lot and that's

maybe alleviate some pain for some people and that kind of thing but if you don't live near a pool or if that pool is shut down. Something we're seeing a lot of concern about working with Community Leisure UK at the moment is where are those local services, where is the local provision for people to go to help support and manage some of these conditions if that's what they want to do.

and it's applicable so it's complicated. appreciate the funding landscape is very hard to navigate.

Jake (26:57)

You touched on it as well the difference between exercise and movement. Exercise can be a really harsh word I think even when and this isn't slightly a healthcare professional it's nice guidelines but the guidelines make exercise seem like really intense and harsh and we've actually seen like we've got lots of kind of evidence from our

evaluations to show that even people coming along to a Tai Chi class once or twice a week which is very kind of gentle flow movement actually makes a huge change in their condition. The other

barrier that's worthwhile highlighting in terms of physical activity is as we start to move stuff online, it's trying to get that right balance because people who can't use online do often feel left out and disempowered but we still also do need to offer online for the millions that can use it and find it useful. So it's trying to offer as much online as possible without making those who can't access online feel... It's trying to find that right.

balances whatever you do you're going to kind of upset somebody. Some people are so against anything online you think it takes away from that and that kind of social aspect but actually for people in remote and rural locations or people who are housebound or even people who just don't have the time to go out to like somewhere it's hugely important to be able to access those services.

Emma Anderson (27:50)

Mm, mm-hmm.

And I think, you know, it's really helpful for those that might be experiencing anxiety and thinking

about shielding. I know some people are still shielding as well and actually that offers them still the opportunity.

for someone.

Jake (28:19)

We can even send DVDs out to people, which I'm

actually from Argyll and Bute, I'm from a town that has internet speed, well from a village that's internet speed is 0.5 megabytes a second. One of the first things I done when I came into post was I organised using the We Are Undefeatable DVDs, I got a stock of them in and I sent them out to people in the islands in Argyll and Bute who needed them, who didn't have access to internet. So I done a bit of campaigning and looked to who needed these and got them posted to them direct so they could...

Emma Anderson (28:29)

okay.

Hmm.

Jake (28:47)

take part in the way they wanted without having internet access.

Emma Anderson (28:52)

that's excellent. Yeah,

no, that's wonderful. Again, just thinking about all the different options that are available for people. that's obviously you have that first hand experience so that that's helpful. That might not actually come into many people's minds that maybe are based in Glasgow or Edinburgh, for example, or, you know, other the big cities, perhaps where there is more technology and reliable technology perhaps available. you know, having that.

knowledge is really key as well. Can I just ask you, you've got partnerships in your your title and I just wondered about any partnerships that you do with other organisations and things I know Versus Arthritis is very involved, it's a Richmond Group Charity as well obviously you're involved with the Movement for Health Coalition which is partnership of health organisations.

Are there any examples around partnerships with other organisations or is that an area that you might want to explore in terms of supporting people to move more?

Jake (29:46)

Is this just movement based or is the other one?

Emma Anderson (29:47)

You can give me whatever example you like

Jake (29:50)

Paths for All is one. We deliver some health walks and we've

done a kind of move more for arthritis video in partnership with Paths for All in the past as well. With the Mental Health Foundation and The Alliance, we've had some funding of them and this went on for us to develop in partnership with the Mental Health Foundation. So remember how I said we do our suite of information talks. We develop an information talking partnership with them for mental wellness and long term conditions.

Emma Anderson (29:59)

Excellent.

Mm-hmm.

Mm-hmm.

Mm-hmm.

Jake (30:16)

So

people who, because it's slightly, well there's some extra steps that people who have long term conditions like arthritis can take to help to manage their mental wellness. So we create that in partnership with the Mental Health Foundation. Work with Alliance so we get some funding off Alliance. We've done some projects with them. Walking Football Scotland, we're running some walking football in Stranraer and we're looking at how we can work with other walking football clubs across Scotland by delivering some of our information talks to them.

Emma Anderson (30:24)

Mm-hmm.

Excellent.

Jake (30:43)

We tend to find and not trying to put people in pigeonholes, but we tend to find that guys are less likely, not always, but less likely to share their feelings and open up in that peer support level in a random drop-in session if we have what we call a cold session where people who don't know each other are all invited together. But if we go and deliver straight to a club of guys that have been playing together all the time and understand each other and are willing to share, we find that they can actually...

Emma Anderson (30:51)

Mm-hmm.

Jake (31:09)

they'll be more willing to talk about their pain there because they'll have a little grumble here and there anyway so guys already tend to know a little bit of that stuff about each other so by going straight to a walking football session where the men already know each other and they're coming together to self-manage with physical activity anyway we can tend to get them to open up a bit more and come into that peer support element and get their really rich content of information talks out so

we're looking at how we can deliver information talks straight into walking football clubs

Emma Anderson (31:33)

Excellent. That's a great example of partnership, I think, you know, recognising that there's something that already exists. We don't have to replicate it, but how can we come in and do something with this, if like ready-made, peered, you know, comfortable group that are already doing what we want them to do, but we can just support them a little bit more with their conditions and joining that up. And that's what I really enjoyed seeing from our mapping report across the organisations was this

We're always being asked, can you partnership? Where are the partnerships at? We don't want to reinvent the wheel. We don't want to do that either as individual organisations. So obviously, Paths for All 's Health Walk Network is a wonderful example of that opportunity to use a model that works well for people to move more, that can help all sorts of conditions and that ready-made peer supported group that you can...

come into as an organisation. So thank you. Thank you for sharing all of that with me today, Jake. I will bring that to a close. I've really enjoyed talking with you and I really look forward to seeing what Versus Arthritis does next. And I hope you've enjoyed listening to our podcast session with Jake today. If you have, please tune into the other episodes in this series around movement for health.

how you can move. I hope this has inspired you and we'll have lots of information on the links if you want to check out any of the programmes that Jake spoke so well to us about there this morning. Thank you and bye bye.