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Dr Daisy Robinson, GP, College Surgery Partnership, Cullompton
Social Prescribing Testbed.

Ruth Tucker, Health Facilitator, Culm Valley Integrated Centre for
Health, Cullompton Social Prescribing Testbed.

Gail Mistlin, Coordinator, Wellbeing Exeter.
'The Wellbeing Exeter Programme.'

Hannah Reynolds, Chair, Exeter Community Centre Trust.
'All's Well Heritage with Health Benefits'

Dr Daisy Robinson GP, College Surgery Partnership, Cullompton Social Prescribing Testbed, Devon

DR DAISY ROBINSON, BA (Hons), BMBS, MRCGP is a GP Partner at College Surgery, Cullompton, in Devon, Southwest England. She is Social Prescribing lead for the Culm Valley Primary Care Network and Senior Fellow at the Institute of social prescribing hosted by the SWAHSN. She also supports workforce development in primary care through peer-led multi-professional learning & education. Daisy has worked with Ruth, the social prescribing link worker (SPLW) and local agencies to develop community health and wellbeing networks across organisational & cultural boundaries with a strong inter-generational focus. She lives with her husband and two young children near Exeter.

I am a GP partner in Cullompton, I met Michael Dixon and Ruth ten years ago now; and I have taken a keen interest in social prescribing since, and I am now social prescribing lead for my Primary Care Network (PCN), and I work more closely with Ruth, now Michael has stepped back. We have been doing work with young people, particularly around increasing community opportunities, and they have very much said they would like to do things such as volunteer in memory cafes, so there is a definite link there to be made.

I thought I would give you an example of the patient journey from the perspective of a GP. Mr B was in his late seventies. He complained he could not run as far as he used to; we went through a process of looking at possible causes for that; he ended with a simple medical diagnosis and off he went. Then he came back to see me, and said he was increasingly worried about everything, my memory is not as good as it was, and I'm feeling a little lonely. We went through a traditional structure, exploring if this could be dementia, we went through the GPCOG and a slightly more detailed test as well, and there was no objective evidence of him having poor memory at that point. We had to say this probably isn't early-stage dementia, but we will explore what else could be going on. What he really wanted was greater social connection now his physical ability has decreased.

As a GP I decided he would benefit from a referral to the local social prescribing service we had at the time. He met someone four times at the service; and he made goals that explained he didn't want to go a coffee group, he didn't want to go to Knit and Knatter, or a memory group. He wanted to use his brain and to meet people. He was then connected with nature walks and a puzzle group, so he could use his brain in company. This is what he wanted to do. He came back later,;and he said 'I feel better connected, happier, and I have a reason to get out

the house when my family are busy and I'm on my own. I'm using my brain, and I am feeling more myself.'

That is a classic story of how I would experience social prescribing as a GP. What is interesting with Mr B is that 12 months later, he came back and said he didn't feel well again. At this stage he did have a life changing diagnosis, but he also continued to say his memory had deteriorated, and his wife confirmed this. At that point we formally referred him to the memory service, and that journey hasn't yet happened, but it just struck me that this was someone who had twice come with something physical and psychological, and each time there had been an opportunity to connect to a non-traditional dementia service, and he really found that helpful. Whatever the journey is in the future, he is still connected to these previous groups that gave him that social connection.

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Ruth Tucker, Health Facilitator, Culm Valley, Cullompton Social Prescribing Testbed, Devon

RUTH TUCKER is a social prescribing link worker (SPLW)/Community Builder at College Surgery, Cullompton Devon. In 2008, Ruth was employed by College Surgery as an activity facilitator as part of a co-operation between the surgery and Natural England looking at how activity in the form of anything from short walks in the countryside to visits to the gym might improve health in patients. This has since evolved and Ruth is now also employed by Bramblehaies Surgery supporting and connecting people with community groups, charities or other services, to help them better manage long-term conditions. This in turn hopefully gives them the ability to improve their health and wellbeing and tackle social isolation.

I started as a SPLW ten years ago. My position was always about being in a non-medical role and supporting people in different ways. Initially it started with just activities but overtime it progressed to a full-time roll. I am also a Community Builder, where I look at what is there in the community; are there any unmet needs, and if so, is there a way I can try and put something in there. A few years ago, one of the unmet needs was memory cafes in our local areas, so I linked with local volunteers and helped to set up these.

Over time, we got more referrals direct from GPs with people who were having memory problems, who wanted to see if there anything we could do for them. I was then also approached by a local charity looking to hold training in cognitive stimulation therapy, and they wanted to find a venue to trial a 14-week course. They approached me and I put the two together, spoke to all the partners and we made it work.

We are fortunate, at the Culm Valley Integrated Centre for Health, that we have a large area which we were able to use for groups – we now call that our Community Life Hub (Listening, Inclusion, Friendship, Education).

The idea was to make this very much about the community and groups that were not available anywhere else. We set up this up initially for twelve people, but slowly we were getting more, but we were also conscious that at the end of 14 weeks we may not have another group.

For me, sustainability is hugely important; a lot of things may work well, but then they disappear and that doesn't help the group of people who attend. I approached a couple of volunteers, they then actually trained to be able to continue that group. This was about two years ago now and they are still going. However, with COVID19 it has been interesting, as I have spoken to carers who are really struggling when people are shielding, so I am forever grateful for our volunteers who have taken on this group to help these people. They now have a weekly

phone call at the same time as they would normally have the group, but now recently they have started doing activity packs, maybe colouring or something which they could interact with on their next meeting. That has made a lot of difference, some of these people are feeding back and saying that they we would not be doing anything without this interaction, they still see themselves as in the group, so it is important to see those things. As a social prescriber we are the glue bringing the medical services and the community together.

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Gail Mistlin, Coordinator, Wellbeing Exeter

GAIL MISTLIN is Coordinator of the Wellbeing Exeter programme. Employed by CoLab Exeter, Gail has worked in social care for many years with some of the hardest to reach people in society. She moved to Devon over four years ago to set up a smallholding, learning about the ins and outs of raising rare breed pigs, sheep and chickens. For 10 years, she was Chief Executive at SkyWay Charity, in Hackney, working with disadvantaged youth. Before starting her current role, Gail was the Wellbeing Coordinator for One Northern Devon, based in Barnstaple.

‘A brief summary about the Wellbeing Exeter programme’

Wellbeing Exeter has been operating for four years, and currently works with seventeen GP practices across the city. These GPs, alongside other health and social care professionals will refer people to the single point of referral, (SPOR), where one of sixteen Community Connectors working to the Wellbeing Exeter programme will be allocated to work with an individual.

We use a range of criteria to match a person with the appropriate Connector, looking at the age, geography and issues involved, as Wellbeing Exeter has adult, young people and family Connectors based across the city. People are referred for a range of reasons, including individuals who are at the onset of dementia symptoms, who may be experiencing loneliness and cognitive worries. Working together with the Connector, using the Five Ways to Wellbeing model, the person will be supported to find connections in the local community that meet their need and fulfil their wellbeing. Connectors work with people for approximately eight weeks, but there is no time limit, especially during in the pandemic where we have continued to connect to individuals throughout. A Connector may have visited someone quite often in that time, or it may be a few phone calls just to check in. Once a person feels confident to manage on their own, the Connector’s work is done.

The Wellbeing Exeter programme includes the work of thirteen Community Builders and four Community Physical Activity Organisers (CPAO), who are based across Exeter to support their local communities to become more active and resilient. They also act as a point of contact for individuals once they have finished working with the Connector. CPAOs are a great community resource for a person experiencing early signs of dementia, as they will accompany people on walks in their own neighbourhood and introduce them into other locals. Wellbeing Exeter exists to support people to improve their wellbeing and create meaningful connections to their community at any stage of their lives.

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Hannah Reynolds, Chair, Exeter Community Centre Trust, Devon

HANNAH REYNOLDS is the volunteer Chair of Exeter Community Centre Trust, which is a community-owned enterprise set up to save Exeter Community Centre, a former Victorian School for the Blind, from private development. The local community trustees have raised approximately £2 million to take on the building as a community-owned asset, refurbish it and make it once again the heart of the community. Exeter Community Centre Trust is the lead partner in All's Well, a community heritage and social prescribing Thriving Communities project in the St David's neighbourhood of Exeter. Hannah's professional career started in community theatre and co-owning a successful Murder Mystery company. For the last 20 years, she has been an advisor in social enterprise development. As a community activist resident in her neighbourhood, she has been involved in a variety of projects using arts as a vehicle for individual and community wellbeing.

'All's Well Heritage with Health Benefits'

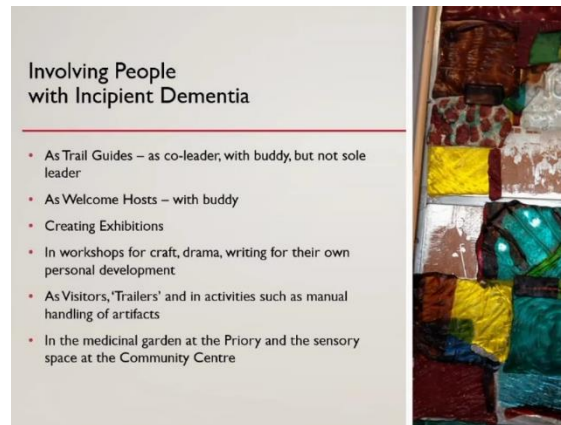
All's Well Exeter is a community engagement art for wellbeing project, helping people reconnect to their community, and to the heritage of their neighbourhood. All's Well trains local residents to be trail guides on neighbourhood St David's trail, welcome hosts to our community spaces, and curators of exhibitions. There are three partner organisations in All's Well, I am the chair of Exeter Community Centre Trust, which is that huge brick building in the top slide the Devon and Exeter Medical Heritage Trust cares for a collection of over 12,000 ancient medical artefacts and ephemera. That is the image on the bottom left. The collection is exhibited at St Nicholas Priory which is owned and managed by All's Well partner Exeter Historic Buildings Trust. St Nicholas Priory was founded in 1087 and is the oldest building in Exeter.



So how will All's Well work? Through lockdown, since November last year, community volunteers have been researching local history and heritage to create local trails around the neighbourhood. We will now recruit local people as volunteer trail guides, and also as welcome hosts. The welcome host workshops will include training for welcoming people with neuro diverse conditions, such as autism or dementia. We

want to understand how the layout of spaces in venues and our welcome can become more sensitive to the individual needs of our visitors. We will also recruit and train curator volunteers, who may not feel comfortable front of house. They will learn to catalogue, handle, label and exhibit medical artefacts in the Priory, as well as developing an understanding of wellbeing more generally, including their own wellbeing.

All's Well is not designed to be a specialist project to involve people with dementia, but our experience running our community help scheme in lockdowns showed us the local people who had lost their sense of



connectedness to their community, their family and friends, even sometimes to themselves and their sense of identity. So as this slide shows, there are areas of All's Well where people with incipient dementia may be attracted: co-leading trails, co-hosting, in workshops, in cataloguing artefacts,

and maybe working in the medicinal garden at the priory, and the sensory space at the community centre.

The general philosophy of All's Well links the Five Ways of Wellbeing, being active, keeping learning, taking notice of what's around you, giving time and connecting. The underlying principle for us behind All's Well is that volunteering and being active community members can allow us to feel valuable and valued, and that builds confidence and a sense of wellbeing. So, All's Well is an opportunity not only to learn new skills through free training and hands on experience, but also to enjoy feeling empowered and connected. As we find and develop the stories of this area and learn how to guide trails around the physical spaces of St David's, we will also tell our own stories, and remind ourselves that we belong here.

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