

Concurrent Regional Session 2

CHAIR: Professor Carolyn Wallace, University of South Wales

PROFESSOR CAROLYN WALLACE is Director of the Wales School for Social Prescribing Research and a Professor in Community Health and Care Services at the University of South Wales (USW). She is Associate Director of PRIME Centre Wales where she leads the 'Care Closer to Home' work package. Her background as a nurse, NHS Manager and currently chair of Age Cymru Gwent has been key to understanding the context of both health and care community working environments. Carolyn is a trained in mixed methods such as Group Concept Mapping, realist evaluation and has worked on a number of projects exploring family resilience, social prescribing, social wellbeing, community nursing, health visiting and optometry.

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Wales

Nicky Deacon and Laura Rehman, participant and Young Onset Dementia Coordinator, Age Connects Torfaen.

Robert Visintainer, Project Manager, Men's Sheds Cymru.

Gwennan Mair, Head of Creative Engagement, Theatr Clywd.
'Arts from the Armchair'

Andrea Davies, Arts in Health and Wellbeing Coordinator and Strategic Lead, Betsi Cadwaladr University Health Board.

Laura Rehman interviews Age Connects Torfaen participant, Nicky Deacon.

LAURA REHMAN is Young Onset Dementia Coordinator at Age Connects Torfaen at their dementia specialist centre located in Griffithstown in South Wales. Laura has been working with Age Connects Torfaen for the past four years within their dementia services and for the past three years has been working as part of the young onset dementia team Zest for Life. Zest for Life is a supportive group for people living with young onset dementia or cognitive impairment, offering specialist arts and crafts, music therapy, gentle exercise and community-based activities. Members do not need a diagnosis to attend the group, allowing them to access activities earlier in their journey.

NICKY DEACON, is in her mid-50's, following a stroke in 2016 she was left with short term memory loss and cognitive impairment. A former shop manager, Nicky was first introduced to the Zest for Life project at Age Connects Torfaen – Widdershins Centre in 2018. At this time Nicky was really struggling with her confidence and in need of support. Within a few months we could really see the change in Nicky's confidence and looking back now it is fantastic to see the personal growth in her. She has now become a volunteer within Age Connects Torfaen and enjoys teaching other members of the group new skills.

Nicky Deacon: I was quite low when I was diagnosed because I had to have a lot of tests, and things just took ages. I stayed at home because I was too frightened to go out. I was so poorly. I had lost all my confidence. I could not see a way of getting back to how I was. Everything affected me. I got really low, to the point where I had to have someone stay with me all the time. I had a social worker, and they were trying different things, different groups, different workshops, and I just could not do anything. They were not for me.

The last resort was Widdershins Centre. We tried it, and it was the best decision I have ever made. They are like a second family to me now. I have done loads of things I would never have dreamed I could do, because I basically thought that was it for me. It has completely saved my life and changed my life. I am doing things that I enjoy, that I'm good at. I can actually show other people how to do it. I am making things. If I have a bad day, I will just go to my craft room and it takes me to my own safe place, where I do not have to think about other things. I am doing a lot of making and crafting at home.

Laura Rehman: How have you found the arts has helped with your mental health, Nicky?

ND: If you want to make something, you can! I usually knit, because that gives you a focus. If you are feeling a bit down or anxious, my crafting just gives me a focus. It is like taking a deep breath, with

something you can make, or that you can do. For however long you do it, your head is clear of all the stuff that you do not want in your head. I find that its calming, it relaxes me, and I have made something or created something. I like to take photos, and that it is an instant thing. It is a positive thought that goes into my head, and I just concentrate on that. The other thoughts are gone for now, and I try to make them stay there as much as I can by doing my arts and my crafts.

LR: You first got ill in 2016 and came to us in 2018. How would have helped if you knew about the services that were available, immediately from diagnosis?

ND: It should be like you're prescribed medication - saying, 'Right, well we've got these things for you to try!' It took ages to get anywhere with any doctors, I had to go private to get told what was wrong, and even then, they were not 100%. I had to have every test. I was in hospital all the time. At least if I had of gone there at the beginning, I don't think I would have had the problems that I suffered from. I was not confident at all. I was anxious all the time, things terrified me. I would get really down. Had they said to try this, I think it would have been even better than it has been. It has been a medication without me actually having to take a tablet.

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Robert Visintainer, Project Manager, Men's Sheds Cymru and Swansea City Opera.

ROBERT VISITAINER has been Men's Sheds Cymru Project Manager since August 2019 - supporting the men's shed movement in Wales. Involved in the movement since 2009. Men's Sheds offer space, activity, and camaraderie to men, many of whom have found themselves with time on their hands, especially after retirement or through a change in their life circumstances. Men's Sheds like to think they offer a 'health by stealth' approach to overcome mental and physical health problems. Men talk shoulder to shoulder not face to face, so they will have a more honest conversation if they are working on something together. It is how they worked in the mines and factories and informs the title of The Men's Sheds Cymru Opera, Shoulder to Shoulder.

I work for Men's Sheds Cymru. We were approached by Swansea City Opera back before lockdown who showed an interest in finding out what Men's Sheds were. They recognised that the sheds were doing good work, and they wanted to help us in fact promote that good work and the Men's Sheds movement in Wales. I met Bridget and Brendan from Swansea City Opera, and they explained to me how they wanted to write an opera about Men's Sheds, and to do so they wanted to visit Men's Shed in Wales and interview the participants. They knew, like us, that there were lots of life stories of the people who attend Men's Sheds, and they thought that would make a good topic for an opera. I have never been involved with music before this point really, so I was quite excited and curious as to what we're going to do.

Back in early 2020 I visited a few sheds with Brendan, and they interviewed participants and heard their stories, and they went away. After a few months Brendan had produced a piece, which included a chorus and a scene for an opera based on Men's Sheds. The first scene is about a daughter and her father just before he joins the Men's Shed, and then the chorus is about three men in the shed singing, and it is shed related. The goal for both us and Swansea City Opera was to create an accessible opera, which involved an amateur chorus including some of the men from the sheds. Along with professional singers and musicians.

The idea, if we get funding, is that this will be toured around Wales, in village halls and community centres with the local sheds appearing, whether as part of the chorus or audience. Then the audience can talk to actual Men's Sheds members and hear about the work that is going on in the community. It has been a really good and interesting collaboration. Unfortunately, COVID19 and lockdown restrictions delayed it quite a bit. But we're hopeful now to start in June and visit a few more sheds so Brendan can gather a few more stories and put those to music. You can find out more on our website, and hopefully you can ask any questions you may have.

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Gwennan Mair, Head of Creative Engagement, Theatr Clywd.

GWENNAN MAIR is a drama facilitator and theatre director dedicated to make cross discipline work within communities. Her passions lie in hidden stories and giving people a voice through the arts. Her work mainly focuses on health and wellbeing and creating pathways for community to be able to engage with any art form. Gwennan is the Director of Creative Engagement at Theatr Clwyd leading a core team of seven and as well as numerous freelancers from across North Wales and beyond. She also sits on the board for the Arts Council of Wales – the youngest member ever to do so.

‘Arts from the Armchair.’

It is a real privilege to be here to talk specifically about one of our programmes called Arts from the Armchair. A little bit about our programme, it has now been running for around four years, and it is about creating new memories within our building. We are a producing house, we make theatre here, from the costume design to the props and the wigs, and one of the massive important things about this programme is that it introduces those skills of theatre making for people with early onset memory loss. Arts from the Armchair runs for two sections of the year, for 16-week terms. We now have two groups with an additional Arts Cafe which runs alongside it.

This programme is in partnership with Betsi Cadwaladr University Health Board (UHB), and they have funded this programme with us for the last four years, so it is a longstanding relationship. We get referrals through the memory clinic here in Mold, and we have continued these two groups through lockdown, I think we had a two-week break, running all of them on Zoom. This has only been possible with the delicacy of those relationships that we already had with existing participants. Our incredible facilitator has been working so beautifully with the participants, using individual phone calls to really bring the theatre back to people’s homes. We have still engaged with professional singers and set designers, costume makers and stage managers to come to the session still, and to still engage in different art activities. Obviously, it’s not the same as being in a different space, and being at the theatre, but we have really tried to continue a little bit of that magic through this time.

On top of this we also have two elders companies as well, we have Company65 and CompanyZ, and they have just done an intergenerational film with our youth theatre over Christmas, and they are now working towards staging some professional production short scenes in the summer. I am mentioning this because it fits in with early onset, and how all of our programmes can bleed into one. You don’t

have to just be part of Arts from the Armchair. You can also be part of our elders company. It is an interesting conversation at the moment because theatre is in that shift and in that transition, but I wonder what the future is for arts and health work within theatres? Even more so, because we are asking the question, what is the purpose of theatres, and asking should they be more of a civic centre?

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Andrea Davies, Arts in Health Wellbeing Coordinator, Betsi Cadwaladr University Health Board.

ANDREA DAVIES is Betsi Cadwaladr University Health Board's (UHB), Arts in Health and Wellbeing Coordinator and Strategic Lead. She has designed and commissioned several award-winning projects improving patient experience and collaborative working. She is also instrumental in the establishment of the North Wales Arts in Health and Wellbeing Concordat. Delivering training and lectures throughout the UK and a member of the Welsh Assembly for Wales Cross Party Group: Arts in health and Wellbeing. She is proactive in developing strategies, sharing good practise, leading, and advising initiatives and also sits within many Arts in Health steering groups. Andrea's ambition focuses on the powerful benefits of creative therapeutic interventions, developing and embedding arts into mainstream service provision.

I am Arts in Health Wellbeing Coordinator for Betsi Cadwaladr UHB, which is North Wales' Health Board. Creative Well is our arts, health and wellbeing programme, and it aims to facilitate multi-arts interventions which enhance the lives of patients, staff and the communities we serve. We deliver these arts projects within local communities, cultural venues, hospital wards, whether that is acute or community. Our projects all have a clear focus on outcomes. Much of our work focuses on mental health provision and prevention. Although our ambition is to embed arts for health and wellbeing as internally funded health board services, many of our projects are still funded through the Arts Council of Wales.

During the pandemic therapeutic activity slowed down or even paused, and we had to find new ways of working. By being able to creatively support our allied therapy services, the interventions have been able to continue, even within the constraints of lock down and uncertainty. Our Creative therapies project is a multi-arts intervention, which has been co-produced with speech and language therapies and occupational therapy services. It has been designed for people with early-onset dementia, those who have maybe had a stroke or have a mild cognitive impairment (MCI). Patients who, due to the pandemic, would not have necessarily been able to access these important services had it not been for the arts.

Arts from the Armchair is a fantastic example of what can be achieved through collaborative working, and that is with Theatr Clywd, who are our partners and have been for several years now. It is a theatre project, and again it is for patients with early-onset dementia and their carers. It provides them with the opportunity to learn something new, it provides meaningful activity, it improves mood and wellbeing, reduces loneliness

and isolation, and supports care closer to home. It is innovative and exciting, and a creative way of delivering our therapeutic interventions. It has also managed to adapt to the current crisis with the provision of online workshops, which have been well attended and very much enjoyed. Moving forward with the ambition to be secure in our funding for the arts - through arts on prescription, social prescribing, or health and social care services - service level funding is vital. To do this I believe that we need to demonstrate best practice. Although our programme is primarily funded externally, I am passionate that by leading the way and demonstrating it as best practice, relevantly evaluating projects, and building positive partnerships with the therapy and mental health teams, it stands us in a much better position for developing and presenting business cases to service improvement within mainstream health board activity.

In order to embed these therapeutic arts interventions into health board service provision, we need to be able to demonstrate the clinical and wellbeing effectiveness of the arts within the current treatments. What do the services we currently provide deliver? What health indexes do they focus on improving? Whether that's reducing decline, maintaining function, or improving patient health and wellbeing. Linking projects to strategy is so important. Finding how the project fits within the strategy for loneliness and isolation, or aging well, older person's mental health, or the Living Healthier Staying Well strategy. Arts in health can significantly support the prevention agendas, and these can also be identified and demonstrated within the four levels of prevention which have been identified by the Welsh Government. All health boards in Wales have been told they must accelerate their prevention provision.

So, what makes a good project? What does a well-designed project look like? I think it is about co-production, it is about working with the expertise from teams and patients alike. I would say that it has been tailor made for the health priority, it has been designed in collaboration with specialist clinical teams and delivered by professional arts facilitators. The work is not just a nice additional extra if money was no object, but money is, and so if we are going to redirect funding from one service to another, then we need to know it can deliver what we need it to in terms of our health and wellbeing, but also have the ability to enhance that.

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Scotland

Rachel McLellan, Culture Policy Officer, Scottish Government.

Robbie McGhee, Chair, Arts Culture Health and Wellbeing Scotland,
'How can a National Network help support social prescribing to Culture
as a Peri-Diagnostic Practice for Dementia'.

Jan-Bert van den Berg, Director, Artlink Edinburgh.

Susan Grant and Ian Mackenzie, Arts Manager and Green Health
Programme Manager, Edinburgh and Lothians Health Foundation.

Robbie McGhee, Chair, Arts, Culture Health and Wellbeing, Scotland.

ROBBIE MCGHEE has 25 years' experience working in the area of arts, mental health and wellbeing, as a practitioner and now in research, funding and development. He is currently Chair of Arts Culture Health and Wellbeing Scotland, Associate Director of Art in Hospital, Freelance Arts and Health Consultant and Arts and Health Research Associate at Glasgow University in School of Medicine. He has previously worked for local and national government and led on the development of the Culture Strategy for Scotland.

'How can a national network help support social prescribing to culture as a peri-diagnostic practice for dementia.'

Arts Culture Health and Wellbeing Scotland is an active network which provides information and support for anyone working across arts, culture, health and wellbeing in Scotland. The network is open to anyone to join, including artists, organisations, cultural providers and researchers. We take a broad understanding of both culture and health. We recently received support from the Scottish government who, in their Culture Strategy for Scotland, have a strong focus on health and wellbeing. We developed Arts and Health Scotland into the new charity, named Arts Culture Health and Wellbeing Scotland. We have also recently received funding from Creative Scotland to help support us gain stronger links with our membership programme, host a series of conversations and produce a newsletter to increase the reach and profile of collaborations within culture and health, both within Scotland, the UK and internationally.

We are really interested in the whole conversation around SP, and this is a conversation that is taking place across health and culture at the moment. I know there are lots of good examples of work happening where referrals are happening to culture from health. We would be keen to see if the network can play a role in supporting and highlighting these cross disciplinary collaborations, and if we can advocate for social prescribing referrals to culture, and the benefits they can have to people. There are examples of work within dementia services, and for people who have not had their diagnosis and who are in the early stages accessing culture, and the positive effects that can have on their illness and how they progress.

Early intervention to access culture can have a really positive effect on people, so we as a network would like to continue the conversation. We would like to be a strong advocate of social prescribing to culture, and we would like to continue to engage in this conversation, and in some ways maybe lead the conversation. We have had requests asking if it is possible for us to hold a working group, so we can get a better idea of

what is happening nationally, and if there is a way for us to have a stronger voice together, to advocate for funding and support in this area. It would be great to kept in the loop and stay involved in this conversation. We are a membership organisation, so you can just join us as a member via the website, which is great to keep informed around how we are progressing as an organisation over the next few years. Thank you very much, enjoy the rest of the conference.

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Jan-Bert van den Berg, Director, Artlink Edinburgh.

JAN-BERT VAN DEN BERG is Director, Artlink Edinburgh and the Lothians. Jan-Bert trained as an artist at the Royal College of Art and has worked for Artlink for 30 years. Artlink was established in 1984 to support and promote the involvement of people experiencing barriers to participation in the arts. We offer practical support so that older people, people with physical disabilities, mental health problems or learning disabilities can participate in the cultural life of their communities and work with arts venues and organisations to increase opportunities to enjoy the mainstream cultural offering. We also support a range of programmes which creates partnerships with artists, health, social care and community organisations where the arts process supports positive inclusion and change.

I am the Director of Artlink Edinburgh. We support a range of people with complex healthcare needs and those with mental ill health, in a variety of community and healthcare settings. This is something we have been doing for over 35 years. Our aim was quite simple. To make sure basic human rights are supported. We recognise there are many barriers that individuals experience, and we continue to think creatively around how to overcome these barriers, and make sure this is informed by individual experiences.

What I am going to talk about is how we approached this for older people with additional support needs who live the community, and who have a love of culture, and what happens in a pandemic appears out of nowhere. Artlink have been involved in running an Arts Access programme since it was founded in 1984. The idea is really simple, you match someone with additional support needs and a love for culture with a volunteer who shares this love. Through doing this, you can overcome a range of barriers, such as transport and social isolation, and you create the opportunity for an enjoyable experience at a cinema, theatre or gallery. We currently have 200 service users supported by over 100 volunteers. Out of those 200 users, around 50% are older people. In a normal year we run more than 1000 outings, and we closely work with a range of arts providers in the city, to look at how we make the cultural offering more responsive to specific interests and needs. We focus on what can fire our joint imagination and see what happens when you look at something from a different perspective.

That imagination was put to test in March last year, as a service which supports people access the theatre or a gallery suddenly had to stop operating from one day to another. What we did is we took to the phone to get a sense for what was happening for people. Most of this had little to do with arts events, but more to do with making sure people are ok. We tried to establish what people needed, but also what the best way of

communicating would be, and what would be useful to offer. That took a while to work out, and between cancelling tickets, and organising refunds, we made sure that volunteers were matched with service users we thought were particularly vulnerable.

As things started to relax, we were able to explore more creatively, we tried to using gardens for music and performances, and that worked well, not only for our service users but also for the neighbours. We started exploring distance storytelling sessions during the summer. Then these developed into telephone sessions as the Scottish winter hit. These activities are about keeping contact with people, giving them a different focus and exploring what you can do very simply. At Christmas we dropped off care packages with festive cakes, that was a great experience. We then moved into the second lockdown, we added a postal embroidery workshop and a drop off and pick-up ceramics workshop as possibilities. We also keep people informed with monthly newsletter. Most recently we have linked up with Joy Rides Edinburgh, which offers the opportunity to get out and about on an electrically powered tricycle. In the words of our coordinator for the Arts Access service, it has been quite a journey, but one where we have picked up lots of new ideas and skills along the way.

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Susan Grant and Ian Mackenzie, Arts Manager and Green Health Programme Manager, Edinburgh and Lothians Health Foundation.

SUSAN GRANT is Arts Manager, Tonic Arts, Edinburgh and Lothians Health Foundation, the official charity for NHS Lothian. It provides funding and makes grants to support projects and initiatives not normally funded by the health service, including strategic programmes in arts in health and wellbeing and green health. Susan has managed the award-winning Tonic Arts programme since 2014, creatively enhancing the healthcare experience and environment of NHS Lothian, in partnership with patients, staff, artists and organisations. Tonic Arts is a diverse, multi-arts programme of events, exhibitions, artist residencies, art collection curation and art and design commissioning that improves patient health and community wellbeing. Susan has over 20 years' experience of collaborative, participatory and public arts as an artist and arts manager in gallery, community and healthcare contexts. She has collaborated with partners such as Peacock Visual Arts, Grampian Hospital Arts Trust, Edinburgh Sculpture Workshop, Triangle Arts Trust and Arts Tasmania and undertook a social prescribing residency with NHS Grampian in 2005, working alongside patients with stress-related conditions.

IAN MACKENZIE is Green Health Programme Manager at Edinburgh and Lothians Health Foundation, which aims to improve the physical and mental health of the people of Scotland. Working in environmental sector for the past 10 years Ian has a strong track record of developing programmes that benefit people and wildlife. Ian was a programme manager for the Scottish Wildlife Trust and developed the Cumbernauld Living Landscape from concept through to award winning multi partner project. He has a passion for connecting people to nature on their doorstep and unlocking the benefits this can bring. Now employed by Greenspace Scotland, he is embedded in NHS Lothian as the Green Health Programme Manager and leading the delivery of the Greenspace and Health Strategic Framework for Edinburgh and the Lothians.

SG: Ian and I both work for Edinburgh and Lothians Health Foundation, which is one of the official charities for NHS. Our Foundation provides funding to support projects and helps initiatives not normally funded by the health services. That includes supporting strategic programmes in volunteering, arts and health, and green health. I run Tonic Arts, which is the arts programme, and it has traditionally focused on acute and hospital settings, and that includes enhancing the environments through an art collection and exhibitions, commissioning art and design in new hospitals, and also enhancing experiences through an ongoing programme of arts activities, delivered with a number of arts partners, including Artlink.

Much of this has been delivered remotely in the last few months and has been supplemented by arts packs going out to hospital and community

settings and patients. We also deliver strategic projects and programmes. I have a particular interest in social prescribing, having been involved in delivering a Creative Scotland funded pilot programme, a residency model set in a primary health care centre in Aberdeenshire in 2005. I was interested in listening to people's comments about the issues we encountered during that project with building trust with patients and GP surgery staff, which was certainly key to the success or failure of any of the activity delivered there. I'm going to hand over to my colleague Ian, who is the Green Space Manager in the Foundation, and he has been delivering over the past few months a strategic green space development programme in social prescribing.

IM: I am the Green Space Programme lead, there have been so many parallels between the work I have been doing on green health SP, and what we are talking about in terms of arts and social prescribing. Over past four or five months we have identified that during the lock down, despite the fact the media attention focused on how people were using green spaces more, there is actually growing inequality in that access. The media reports don't tell the full picture, and where there are existing health inequalities, they were only deepened by the lockdown, and that is the same with green spaces.

Older people who previously had little access had even less access due to shielding, and this was a real problem because there's really good evidence around the health and wellbeing benefits of accessing nature. Over the past four or five months we have been working with partners across the Lothians to look at how we can deliver more green health social prescribing in the Lothians. We have worked with around 200 people now, and these have been potential prescribers, health care professionals and other people within the system. Potential providers, so these might be people running wild swimming courses, therapeutic gardening, walking groups - if you can do it outdoors, then there will be a green health social prescribing activity for it. What we are saying makes it unique is that it happens in a natural environment, and there are additional benefits of these activities because they are delivered in a natural environment. This work is ongoing, and we are working with a huge range of different providers at the moment, and we're trying to develop this shared understanding, and a shared set of outcomes.

As we have engaged with so many different people, we've found that in terms of the providers, the prescribers, and the people that can potentially benefit, there is so many different languages and challenges to understanding what needs to happen. As part of our development work, we've started to identify some golden threads that we're seeing to be really important in terms of green social prescribing.

1. The first is that good conversations are key, I know from the community link workers, this is a really important part for them. Everyone needs to understand what those good conversations are, whether it is the activity providers, or the

prescribers, or the person who is going to be taking part in those activities. It needs to be led by the needs of those people taking part.

2. The second thread is around the inequalities that arise at all levels of the system, and that the activities need to be targeted to those people with the greatest level of need, this comes from provider perspective too. I have worked with lots of different providers to create services, but how do we target those services to where they are needed most?
3. Information has been mentioned a couple of times today, we are finding that local information is really important. There has been attempts at apps and websites and databases, I have been involved with them before, but what seems to be really important is local information, local communities and the information that is held of the assets in that community.
4. Finally, there have been a lot of pilot projects, there is a lot of good work out there, but how do we take the next step and really embed this in the system, so that it becomes mainstream, and not just another pilot project or another small-scale intervention.

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Northern Ireland

Prof Louise Dubras, Dean of School of Medicine, Ulster University.

Leanne McBrearty, Co-Chair, Regional Manager, SPRING Social Prescribing.

Lorraine Calderwood, Arts and Older People Programme Officer, Arts Council Northern Ireland.

Dr Jenny Elliott, Chief Executive, Arts Care
'Arts Care Northern Ireland- Arts and culture, an integral part of supporting the health and wellbeing of older people.'

Northern Ireland: Professor Louise Dubras GP Dean, School of Medicine, Ulster University.

PROFESSOR LOUISE DUBRAS is the Foundation Dean of the School of Medicine at Ulster University. Formerly, Deputy Dean of Medical Education at King's College London, leading the MBBS (Bachelor of Medicine, Bachelor of Surgery) programme for trainee doctors, Her expertise is curriculum design and the implementation of educational change with an emphasis on educational leadership. Louise also works as a GP in a deprived Derry-Londonderry practice. Her academic interests are student transitions, diversity and inclusion. At King's and the University of Southampton, she championed educational initiatives including a module for year two medical students to undertake placements as healthcare assistants, and the development of Medical Humanities teaching for medical students. Louise is a strong believer in the benefits of arts-based approaches to healthcare.

I'm a GP in Derry, as well as a Professor of Medical Education. Over the years I have championed an art and humanities-based approach to medical education. It is really important for doctors to understand and appreciate the value of arts-based approaches to care for their patients, as a means of understanding and gaining some insight into the patient experience as they develop all sorts of ill health. I also think it is important for them to develop an awareness of their own health, and mental wellbeing.

The other point I wanted to make is that although we see dementia and early onset dementia as a condition of aging. I was struck by thinking it is not the years in your life but life in your years. Physical and mental health are inextricably linked, it is very easy for us to separate mental health and physical health, but it is important that we treat the whole person. We know that engaging in a range of physical and creative activities maintains and enhances brain health. In other words, it delays cognitive decline. I think all of those can be championed by SP, of one sort or another. Today we are of course focusing on arts. The other thing to think about, in relation to mental decline and decline in cognitive function, is the impact of loneliness and social isolation. We have seen that so much in this last year.

In terms of thinking about the pre-diagnostic stage, there is a couple of things to say. One is the tests that doctors use to measure cognitive function and to diagnose dementia are blunt instruments, for example, the mini mental state examination, which I suppose would be the gold standard. Somebody's state of cognition has to be significantly impaired before we see a change in that. I quite often see a patient or a family who know that there is a deterioration, but it hasn't shown up in the tests yet. For me, social prescribing is the perfect approach to engage patients

either before any decline is noticed as a means of maintaining function, or in those early stages, because it is an opportunity to slow progress. Or equally if someone is awaiting assessment, it is an opportunity to engage and find support. I cannot understate the value of our practice social worker as the person to whom I, as a GP, will make the initial referral. The important thing for us to know about social prescribing is that there are few harmful side effects, but one of the other side effects is that it can be beneficial, and somebody can actually have fun. It can be hard to underestimate the value of joy, pleasure and fun in what we do. This last year has shown us that we need it more than ever before.

Two final points I want to make, one is in terms of research opportunities. Ulster University will have not only the School of Medicine and Nursing, but also the other Allied Health Professions. I think this will be a really great opportunity to engage with colleagues across the realm of SP, to explore in more depth the benefits. Finally, as my medical students are due to walk through the door for the first time in August, I am very excited about embedding their education within the city of Derry-Londonderry working alongside a whole host of community groups in SP. One of the nice things about medical students is that they are often multi-talented people. They bring with them their own background in creativity. It is very interesting sometimes to see the student societies that will spring up to get involved with these types of things. That is my banner waving for our forth coming medical education.

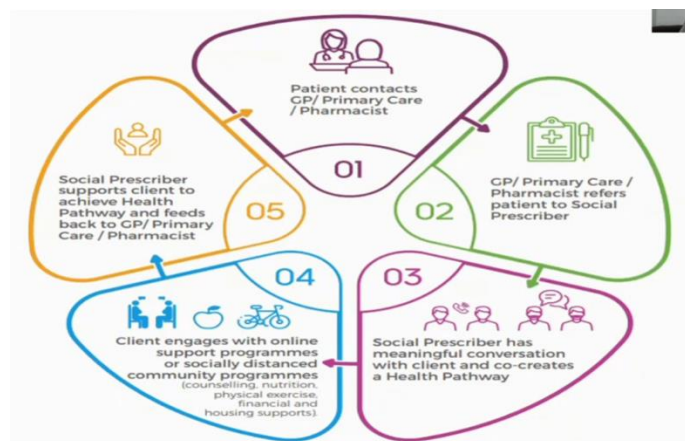
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Leanne McBrearty, Co-Chair Regional Manager, Spring Social Prescribing

LEANNE MCBREARTY, Regional Manager SPRING Social Prescribing Northern Ireland, has a background in the area of health improvement, with experience implementing programmes that address health inequalities within community settings. She has been involved with social prescribing since 2011 when the first pilot projects were established in Ireland. Leanne works at Bogside and Brandywell Health Forum and has a lead role in the operational and strategic development of the SPRING Social Prescribing project in Northern Ireland which is a partnership between the Healthy Living Centre Alliance and Scottish Communities for Health and Wellbeing. She wholeheartedly believes in the potential of social prescribing as a solution to modern day health care.

SPRING Social Prescribing is a partnership between Bogside and Brandywell Health Forum, the Healthy Living Centre Alliance and Scottish Communities for Health and Wellbeing. I am the Regional Manager of Northern Ireland. I would like to thank our funders, who are The National Lottery Community Fund and the Department of Agriculture Environment and Rural Affairs in Northern Ireland, who support our rural sites. We operate in community led health improvement organisations, we have a team of 38 SPLW in Northern Ireland and Scotland, and at the moment there is over 100 GP practices making referrals into our services.

This is our client journey. You will see at the top a patient contacts or presents to the GP/primary care/pharmacist. They can offer to the patient a referral to the social prescribing service, and they



would make the referral on the patient's behalf. They do that either by filling out a paper-based referral form, and sending it in the post, or they can use our software partner Elemental, to make the referral. The SPLW will then pick the referral up, we make contact with the person on the phone. Prior to COVID19 we would have made a home visit, but we do all the work now over the phone, or else on Zoom. We have a meaningful conversation with the person to see what their support needs are. Social prescribing is very much about what matters to me, not what is the matter with me. It is about a person making choices for

themselves. We will have the knowledge of what is available to them locally, so that is part of the discussion. We will let them know what is available. From there, we can make the referral, or link them into the service on their behalf. So that could be for example a counselling service, a nutrition programme, or an arts activity.

We support them along the way to engage with the programme. Maybe review to see if it worked for them. If it was something they enjoyed, or maybe we need to revisit and explore something else. It is very much about staying in touch with the person along the way. We will provide some feedback to the GP, just to let them know how the patient has progressed on their journey.

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Lorraine Calderwood, Arts Council of Northern Ireland.

LORRAINE CALDERWOOD works at the Arts Council of Northern Ireland and manages the Arts and Older People Programme. This programme has been running for 10 years and has supported organisations in the delivery of arts projects to older people across Northern Ireland. The aim of the programme is to improve the health and wellbeing of older people through reducing isolation and loneliness and promoting social interaction.

At the Arts Council, we run an arts and older people programme. It is jointly funded by Public Health, the Baring Foundation and our own National Lottery money. It has been running for 10 years now. In that time, we have had a variety of projects and art forms across the board and around 26,000 participants. From our evaluations we have been able to capture the strength of arts for older people and how this addresses isolation and loneliness and improvement in their health and wellbeing. We had a lull last year due to COVID19 and the lack of participation. Some organisations experimented with digital delivery and Zoom, there was work ongoing which has been refined. We also had some good projects started in January again.

We are focusing, moving forward, on dementia, care homes and carers. This was decided in conjunction with our partners, as areas that really needed to be addressed and areas that were lacking in activities. We are looking at developing programme, focusing mostly on those three areas. It is great to take part here today because I am hoping to go away with a lot to think about, and a lot of areas I will need to know about if we are going forward in these areas. For example, social prescribing. It would be great to incorporate that into our projects moving forward. I was looking at the Arts 4 Dementia (A4D) directory. It will be a great resource for our organisations. For next year as well, we are really focusing on recovery and care homes. We want to capture the stories and the voices of those people that were forgotten about, sitting in their own rooms isolating. With all of the work going on around storytelling and reminiscing, we are capturing the real voices of older people, and now that they're back taking part in arts again, finding out how that has affected their mental health and wellbeing.

Pre-diagnosis is really interesting one as well, it would be really great to take part in some projects working in that area too. I will probably be in touch with a number of you in the upcoming month to see how we can develop and incorporate that into my programme, more about social prescribing and pre-diagnosis, and how that can then role on.

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Dr Jenny Elliott, Chief Executive, Arts Care

DR JENNY ELLIOTT is Chief Executive and Artistic Director of Arts Care, a leading arts in health organisation which delivers regional arts programmes in healthcare and community across Northern Ireland. Jenny has worked in arts in health development locally and internationally for over 25 years as a contemporary dance choreographer, lecturer, and researcher. Jenny contributes to the Arts, Health and Wellbeing, All Parliamentary Group, Westminster.

Arts Care, is a Northern Ireland charity now in its thirtieth anniversary year. We deliver a wide range of arts and health activities on a daily basis into a variety of healthcare services. An area in which we deliver most of our services is actually older people. During COVID19 there have been increasing requests for us to support older people out in the community who are living with ageing conditions, including those in that early stage, pre-dementia diagnosis.

Over the last year, we have been developing digital services to develop our outreach with COVID, as it has been really difficult for our artists to go into the homes, community settings, wards and units, to deliver their services. But it has been a very interesting year. One of the things that we do on an annual basis is that we deliver a Here and Now Older People's Arts and Wellbeing Festival, which spans the period from round about November into January of the following year. This year the huge challenge to us was actually to deliver this very vibrant and dynamic festival, right across the region, within a pandemic context. Our artists did rise to the challenges; and one of the most exciting outcomes of this festival has been that 72% of the older people, mainly living in communities, actually engaged with digital services via Zoom, or through our Arts Care online digital workshop services that have been facilitated by our artists, musicians, poets and dancers.

What we have found over the years and, increasingly, as we have been working in this field of arts and dementia and arts pre-dementia, has just been the many benefits that the arts can bring in term of quality of life. Self-value, self-confidence, and the management of a health life as we progress through the different stages. It is very exciting to work with many partnerships and with community partners. Over the last year, working with COVID, we have actually connected with older people's services, probably around 55-60 organisations, that we depended on out in the community to assist us to deliver the arts programme.

Many of the older people that we do work with have accessed the arts at some stage in their life; but they say that as they move into older age, it is more inaccessible. Some have never really participated in the arts, because of the quality issues or lack of access. The wonderful thing about the programmes that we do with Arts Care is that we really work

with the most vulnerable, try to increase our outreach, and reduce the inequality that can sometimes prevent people and act as a barrier to people participating in the arts.

One of the most exciting things that I would like to refer to really has been this key benefit of older people using Zoom in terms on their connection, their sense of reaching out and being with others, because many of them have been extremely isolated. We have been looking at this model and developing something that we are hoping we can move forward with post-COVID and using digital services in a very new and exciting way for older people to articulate exactly what they want to say.

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Wales, Scotland and Northern Ireland Q&A

CHAIR: Thank you very much Louise, Leanne, Lorraine, and Jenny for their contributions there. It seems to me, reflecting on all of those presentations, that the problem highlighted in Nicky and Laura's presentation, was that the gap between going to seek help and actually finding the right sources of help. There was about two years I believe after diagnosis where they managed to get help and engage in the arts. It seems to me that the problems that Nicky and Laura identified are universal to us all. Louise made a comment about how the mini mental is a blunt instrument, that diagnostics are not good, and that it is so important to engage before a decline or in the early stages of dementia in order to gain an opportunity to slow the progress. There is opportunity out here I think, there is a wealth of knowledge and wealth of experience here this afternoon, and there is the enthusiasm to work together, and I think we ought to, we ought to make those opportunities become a reality and start working together to try and see if we can solve some of these issues, and make arts for dementia more available for individuals, and make it a natural referral on presentation. What I'd like to ask the individuals here, what do you think our priority is in working together to undertake research in this area, what should we do first?

LC: One of the things that I think we need to do in Northern Ireland - it was touched upon in our regional meeting - is to know what is out there, to have that collated somewhere. We also need to do a bit of work with combining the health sector with the arts sector. Over the past couple of years, it has got stronger, with the likes of Jenny in Arts Care, we've got a very strong working relationship with them, and on the Arts 4 Dementia (A4D) website, quite a lot of Northern Ireland workshops were advertised on it, but it is just getting the message to all our arts organisations, that they can use this facility, and that it would be good to do so. That this is almost the first step we need to take, to get people round the table. Then it is all of us going away, informing the people we work with, to raise the message, using social media and getting the stories out there of what work has taken place. We would need the health sector to do that as well as the arts sector.

CHAIR: Absolutely. That is a really important point. That communication is so important in this area. If people don't know what services are out there, or activities are out there then they can't reach further. But equally, it is communication with GPs, and them understanding how good the opportunities are, and what's out there is equally important as well. The issue I would go back to is what Louise mentioned, about diagnostics, that is so important.

AD: Investment into projects and the delivery of them is really important. I think you mentioned evaluation, obviously that is really

crucial, but what we're evaluating is so important; and what we need do because of how we access funding, we need to understand and know what the Health Boards want, for example, what indexes they're looking at, what improvement do they want, and evaluate those things to demonstrate how we are saving money, or how we're helping people to live better lives. It is the two things, investment in the project, you can have as many social prescribers as you want, but we are relying on individuals to set up these projects without any investment, and then to evaluate them to look at service level agreement.

JE: I just wanted to say that investment in the arts is a very significant thing, and the partnership element of it. Particularly making the arts very accessible to everyone, pre-diagnosis and in the community. I suppose for our Here and Now Older People Arts and Wellbeing Festival model, we have been directed that this festival outreaches to older well people, and people who are struggling with some aging conditions. That means that if we involve the full community of our older people, particularly around our intergenerational work with young people as well, and make it an everyday accessible activity for them, then social prescribing can then fit into that very well. But I do find that it is challenging to get funding for social prescription, not to get the referral, the referrals are there, but we need to invest definitely in funding for that. But let us try and make the arts just something that is very accessible to all older people, and really invest in them. I know that the programme we have in Northern Ireland through the Arts Council has really been very positive for us with that.

CHAIR: Thank you very much, Jenny. Having strategic support is very important, as you noted. Talking from your experience, but also the strategic support that Rachel mentioned, that cross working, that communication across departments at the top level is really important. Communication at multiple levels of society is what we need. We need to get the message out there that social prescribing is really important for families, not just for the individual. What about partners? What about the families who are involved and engaged helping the individuals to live their lives, and to care for them in some respects? We have focused on the individual. What about those carers and the families, what about their experience, have you any thoughts about them, as they're going through this phase? Veronica, did you want to say something?

VFG: Diagnosis is afterwards, it is before that, we need to get people to arts at the point at which they're referred to memory assessment. Each person has been invited here on their strengths, particularly partnerships, I wanted to highlight best practice in the partnerships. It is arts organisations reaching out to put on more activities to help preserve brain health. People are being missed out from the onset. That is the area where people need to offer arts activities to help people who are just beginning to experience difficulties, which means training for

the arts organisations. The arts organisations need to have training in early-stage dementia and MCI awareness, so the arts facilitators can tweak their practice. For example, Theatre Clywd, they cover the spectrum from creative aging to post-diagnostic. But the thing is to rebrand, arts to preserve brain health, because it is not being done 'to' it is what the person individually can do. So, when they are attending to doctors, the doctor can say to them, when they are offering memory assessment, say there is something you can do for yourself, the SPLW is here to help discover what matters most to you and offer you arts to help protect your brain on a weekly basis. Monthly is a treat, weekly you are really helping the person, and you're doing what the health teams want because you're preserving health