

Concurrent Session 1

CHAIR: Dr Michelle Howarth, University of Salford; Steering Committee, NASP and International Social Prescribing Network

DR MICHELLE HOWARTH, Senior Lecturer in Nursing and Deputy Director for Postgraduate Research at the University of Salford, has a specialist interest in social prescribing and the use of nature-based, person-centred approaches to promote health and wellbeing. Michelle is passionate about promoting personalised care to support people with long-term conditions and leads the National Social Prescribing Network Special Interest Group for Nursing, through which she is actively campaigning to raise awareness of social prescribing among nurses through research, curriculum development and placement opportunities.

We have heard a lot already about the impact and value of non-medical approaches for from people living with dementia, and how this can make a massive positive difference to people's lives. But before we start, I wanted to provide some details about the running order. This replaces the usual housekeeping. We have four regional talks that will be ran in three groups, they are pre-recorded, and will be run consecutively. There will be a five-minute break between regions, which will allow for one to two questions per region, speakers will be available after the videos. At the end of the last talk, you may continue any conversations on the regional networking tables, and then re-join the main conference room. Without further ado, I'd like to introduce our first speakers.

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Greater Manchester

Andrea Winn, Curator of Community Exhibitions, Manchester Museums.

'Made to Measure: Inclusive programmes for Older Adults at Manchester Museum'.

Dr Jonathan Kaye, GP, Dementia Clinical Lead, Manchester Health and Care Commissioning, NHS Manchester CCG.

Heather Etheridge, Head of Service, Be Well Service, Big Life Group, 'Social Prescribing and Dementia'.

Dr Mehran Javeed, Consultant in Old Age Psychiatry in Salford, Clinical Lead, Salford Memory Services.

Andrea Winn, Curator of Community Exhibitions, Manchester Museums.

ANDREA WINN is Curator of Community Exhibitions at Manchester Museum and is responsible for managing the Museum's Community Engagement and Volunteer programmes. She leads the Museums Age Friendly work and the Manchester Culture Champions programme, an active leadership scheme for older adults in the city. The museums volunteer programme has a diverse range of roles from engaging with the public in our galleries, to documenting and conserving objects, all helping to increase access to the museum's encyclopaedic collections. Andrea managed the IF: Volunteering for Wellbeing programme and the Into the Future volunteer programme which aimed to build confidence and enhance wellbeing of participants through support and training.

'Made to Measure: Inclusive programmes for Older Adults at Manchester Museum.'

I run the age-friendly work for the museum, as well as community engagement and volunteer programmes. What we have been doing is looking at all of our programmes, and we just call them age-friendly. They are accessible to everyone, including those pre-diagnosis of dementia or living with dementia. We try and develop them for and with older people, so their input, time and support are valued, and it gives our participants a sense of purpose.

The museum is looking to develop a specific age-friendly volunteer programme which will build on a successful programme that we ran over three years called the if: Volunteering for Wellbeing Programme. It was a three-year programme with a longitudinal study attached to it, an evaluation, bringing in lots of the conversations we have been having. This programme evaluation followed a social return on investment model - we found that for every pound invested, there was £3.50 worth of return on social benefit to society. The final report recommended for the next steps looking at integrating social prescribing model into volunteering, and the opportunities that would bring, not just for participants and their wellbeing, but to society as a whole.

What we are considering actively is an age-friendly volunteer programme which has the opportunity to include specific training on museum's documentation, conservation and support and care of the museum collections, and then at a later stage, working with collections and with the public, based on models we've worked on before. All of the staff that would deliver the training would have been trained as Dementia Friends, but we would also look to work with support providers as well. Once the volunteers have completed their training, they would be offered a regular volunteer time to suit their chosen role

and their availability, ensuring appropriate support is in place, working with a service provider for this. We found that regular structure supports all our volunteers, not just those living with dementia or with a pre-dementia - it is that contact and social activity, it is bringing people together.

A lot of our volunteers do tell us it is not just the volunteering, getting to know the collections and sharing their knowledge, but they feel valued by the museum. They have that sense of purpose, but there is also a very social aspect to our volunteering. It is not done in isolation, we have over 120 active volunteers that are very much looking forward to getting back when we reopen. We all know that volunteering has been well documented in the benefits it can bring in supporting wellbeing and sense of purpose. It fits with our core values as museum, which are to be inclusive, imaginative, and caring. So, we want to talk with service providers and connect with LW to see how we can make this work. We have got the experience on the volunteer side that we would like to really develop, so we would love to follow up these discussions after the event.

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Dr Jonathan Kaye GP, Dementia Clinical Lead, Manchester Health and Care Commissioning

I am a GP in Kingsway Medical Practice. Currently, we start to offer treatment for brain diseases, such as dementias, when symptoms affect daily life, when the damage has already occurred. What we could do is to intervene earlier, to delay or prevent brain disease getting to this stage. Cognitive stimulation and improvements to lifestyle can reduce the risk of dementia developing.

What do we do now? We identify those at risk of dementia e.g. those with heart disease or diabetes, and in Manchester we ask them about memory at chronic disease annual reviews. If they do have a memory complaint, we may offer blood testing, memory tests and referral to memory assessment services for a diagnosis. We do this, but it may take time.

What can we do better? We could refer patients at the outset to a brain health SPLW who can support the patient to make prompt lifestyle improvements, those which stimulate the brain, such as arts, crafts, music and dance. It is important to remember that this has to be culturally sensitive to the individual person. The LW may be a social prescriber, care coordinator, dementia advisor, health coach – there are several titles which may do similar things and are commissioned in different ways, across our population.

How do we refer people? Well, in our practice, we have a referral form for social prescribing, and there will be a box on that form to tick, to refer people for brain health. How do we advertise this service? We need to notify clinicians of the change to the referral form, and that there is a box that they can use to tick for this purpose. How do we reach out to LW? These are a disparate group. I've contacted the social prescribing peer support group, so that education and training can be offered.

We need to instil passion in our workers. The brain is fascinating. Again, explain a little and light the spark of interest. This is vital. There are opportunities. If one speaks to a GP, they will say they are too busy, but general practices are working together in their primary care groups (PCN). There is money for additional roles, new members of staff who can provide new models of care - this could be a social prescriber. This is extra help. Somebody else may say, but I have a Quality Outcomes Framework (QOF) to worry about. But this role could include being trained to facilitate annual dementia wellbeing plan reviews. This would satisfy the QOF work and free up staff. As for social distancing, many of us have embraced Zoom, and we can think of new ways of working, such as interactive webinars.

Now we come to solutions. What about training? Dementia United has training for dementia wellbeing plan reviews and is interested in MCI. Arts 4 Dementia (A4D) could help with training. I have spoken to social prescriber colleagues - there is great interest in this work. It is important to have champions, to help drive things forward and make sure they happen. The outcomes will be that our patients have the opportunity to live longer, healthier, happier lives. They and their loved ones will feel better supported. Those working in this area will also feel more professional satisfaction and feel proud that they are helping. So, what are we waiting for?

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Heather Etheridge, Head of Be Well Social Prescribing Service, Big Life Group

HEATHER ETHERIDGE leads the Be Well Social Prescribing Service for Manchester at the Big Life Group. Be Well aims to build skills, knowledge and confidence with people and communities across Manchester, so that they can take control of their own life. An experienced Strategic Manager and Life Coach, Heather is skilled in Criminal Intelligence, Coaching, Communication, Conflict Resolution and Presentation Skills. She is a strong operational and strategic professional with a criminology, psychology and sociology focus in Social Sciences.

‘Social Prescribing and Dementia’

Hi everyone, I am Head of Service for social prescribing in Manchester, this includes the Be Well and PCN teams. Both of those services are delivered by the Big Life Group which is who I am employed by. At our social prescribing service we are passionate about helping anyone who has got anything going on in their lives, including those pre-diagnosis, during diagnosis or post diagnosis of a dementia. The key message for me, that I want to get across to you today, is that I would really encourage you all to not wait until someone has been diagnosed with dementia to make a referral to us. We can work with someone at any point on that journey, at any time in their life, with or without dementia. Get people to us as soon as possible, we all know the more people that engage in activities, the more connections they’ve got and the more relationships they build, the more positive effect that will have in delaying the onset of dementia. That is really important, if you’re going to take anything away, take that away today.

Once someone is referred into Be Well, our social prescribing service, we have an initial conversation with them to find out what is happening in their life, what is important to them. We are working with who that person is, their strengths, and then pulling that into all areas of their life. Anyone can be referred to us by any organisations in Manchester, a GP, memory service, or any other organisation that they are working with. It is really important that the person lives in Manchester before they can work with us. We work with the person based on their needs and wants, and where they want to be in life. Once we have all the information through that initial conversation, we will allocate them to the worker best placed to meet those needs or wants. The person has support from their worker as long as they need it, and we work with them to do everything they want in their lives or help them to connect to services or activities that will help them to achieve what they want.

We have coaches and SPLW in our service, so you’ll hear some of those job titles when you start to work with people at Be Well. We work with

numerous different organisations across the city, Manchester Museum for example. We know what they provide, how they provide it. We know about lots of services across the city, and part of our job is getting people to the right place. We are a social prescribing programme connects people and gets them to the right place, but also does one to one coaching sessions along the way. That is what really enables someone to get to where they want to be, that hand holding and more intensive support.

When someone is diagnosed with dementia they will go through all sorts of different emotions, and we are there at that point to listen, to have conversations, and to connect them to the services that they need. What is really important also, is not just the person that's got the diagnosis of dementia, but also the person that cares for them. We will work with the carer too, on a package of support that is best for them. The beauty of social prescribing is that we are super flexible with what we can do, and we adapt to an individual's needs. We build relationships with other organisations, so that they can also meet the needs of people.

If there is a block in terms of what someone wants, and there isn't a service to provide it, we'll work together with different organisations to come up with a solution to meet that person's needs. We think about what they want, and how we can best deliver it at all points. Another exciting development is all the placements with students from Salford University, as well as other universities, and we're ensuring that they get that community delivery aspect and connect with different services along their education journey. Please get people to us, and don't wait until their diagnosed – thank you!

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Dr Mehran Javeed, Consultant Old Age Psychiatrist, Clinical Lead for the Salford Memory Service

DR MEHRAN JAVEED, a Consultant in Old Age Psychiatry in Salford, is the Clinical Lead for Salford Memory Services. He has a keen interest in neuropsychiatric symptoms in dementia and has been a co-author in recent publications on this topic. In his spare time, he is a member of the Greater Manchester, Lancashire and South Cumbria Clinical Senate.

The Salford Memory Service is predominantly a one stop shop model. At least 80% of our initial assessments are seen by the nurse, and in the same day we have a discussion with the consultant, myself or one of my colleagues. A plan is made in terms of what needs to happen next. We also make sure that we don't overindulge the patient with too much information, but we certainly provide them with the right level of information so that they can make the right choices. It is all about the right diagnosis, the right support to signpost them too, and at the right time. We have to remember it has been quite difficult, especially with COVID19, where face to face appointments have been limited, but we have been able to resume such contact with the correct personal protective equipment (PPE) and environmental changes.

Initially we have a pathway for MCI, so once someone has been referred and has had their diagnosis for a MCI, they are followed by our service for up to two years. During that period, we will focus on that personalised care approach. What are the things we can potentially reverse? Whether that is around medication or isolation, or even functional mental health problems about low mood, it may even be sensory impairment. There may be opportunities and avenues for them to be signposted to.

Within the team we also have dementia advisors, carer support workers, occupational therapists and psychologists who all work and liaise closely with the community assets offered in Salford. We do know that it can be a very difficult time, not just for the person, but for the family as well. I think that arts for dementia offer the opportunity for someone to stimulate one's mind and meets others. Whether it is pre-dementia, or even following dementia, we are always thinking about quality of life, and how we can optimise that. Even when we have functional mental health problems, the key conversation is how can we help you age well.

We can also offer pre-diagnostic counselling for people who are hesitant or unsure of what to expect, and what that means for their journey, because dementia can mean various things. It is trying to understand their concerns and worries, and the right steps forward. This can be

addressed for example with simple strategies, such as having the right people in the right environment to understand them better. The message is ultimately around person centred care and also the need to drive digitalisation around Greater Manchester. Many a time we haven't been able to do video consultations because there is no Wi-Fi available, or no technical material or relative that could support the individual. That needs to be supported. At the same time, we need to be aware of the landscape. Salford is a thriving population with a very diverse ethnic group, so our approaches and services need to be tailored to all the ethnic groups and create a service that is fit to purpose. I certainly hope that helps your understanding of some of the good work that has taken place in our service.

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Greater Manchester Q&A

CHAIR: I'd like to say a big thank you to our Greater Manchester speakers, that was fantastic. From Andrea we learnt about feeling valued as a volunteer, and the impact this has had on wellbeing. We have heard from Dr Jonathan Kaye about how helping people earlier through lifestyle choices can make a difference. I absolutely love the idea of a Brain Health LW! Heather talked about the Be Well service, and how that supports people through any part of the journey, through a one-to-one flexible service. The final speaker talked about the one stop shop model, and how they have tackled the recent COVID challenges to promote personalised care approaches. There is time for one or two questions. One of the things that is coming through a lot today is how we can ensure a timely referral, so we do capture people right at the start? Would one of the speakers like to respond to that, maybe exploring what they do as an example?

JK: I think from my experience of talking to patients and carers for a long time, often the GP is the first person who is approached. I think it is vital that when you approach that GP, that you are going to get satisfactory support. We have to make sure that GPs are receptive and have that professional curiosity. They may go to other services, but I think many go to GPs first.

MJ: Just following from what Jonathan said, I think when we are thinking about timely, we've got to think about timely for who. The focus needs to be around the patient and making sure that the needs are understood. Sometimes people need time, and there may be things we can try and address in that period, but memory services need to be flexible in terms of what information they receive and respond in the right way. Certain investigations and things like that. It shouldn't stop a referral or an assessment, so I'm very keen to ensure that we're a responsive service.

Q. Sarah Fox: Would GM have capacity for a role within the charity sector of a brain health drop-in service worker – a bit like the Brain Health Scotland model, but who could raise prevention awareness and signpost to SP/clinical support?

CHAIR: I want to respond the question as to whether Greater Manchester has capacity for a role within of a brain health drop-in service worker, who could raise prevention awareness and signpost to SP/clinical support? A brain health drop-in service? It sounds unique!

East of England

Miranda Stearn, Head of Learning, Cambridge Museums
'Partnerships for ageing well: Promoting older people's psycho-social wellbeing at the University of Cambridge Museums'.

Dr Dean Dorsett, GP, Social Prescribing Lead, Ipswich and East Suffolk.

Kelly Austin, Social Navigator, Granta Medical Practices.

Chrissie Moore, Programme Manager, DanceEast.

Dr Miranda Stearn, Head of Learning, Cambridge Museums.

DR MIRANDA STEARN leads a team aiming to deliver imaginative and innovative encounters between diverse audiences and diverse collections at The Fitzwilliam Museum, and working in partnership across the University of Cambridge Museums. Making a difference to people has been at the heart of her work over 15 years in the public sector arts and heritage. She represents museums in the East of England on the steering group of the Culture, Health and Wellbeing Alliance.

'Partnerships for ageing well: Promoting older people's psychosocial wellbeing at the University of Cambridge Museums'

I am just going to take a few moments to share some of the work we have been doing to promote older people's psychosocial wellbeing across the University of Cambridge Museums. For those of you who don't know us, the University of Cambridge Museums consortium is the coming together of the eight museums and the botanic garden that are part of University of Cambridge. Together we are supported by Arts Council England as a Band 3 National Portfolio Organisation. Our mission is to activate the power of the University through our collections. Sharing with our communities and networks to deepen understanding of our world, inspire new thinking, and address local and global challenges. For me, that is where our work around culture, health and wellbeing, and particularly our work with older people, fits in. Thinking about how we can make the best use of the resources at our disposal, our collections, our spaces, our people, to address local and global challenges, such as loneliness and isolation, and to support people to age well in our communities.

The examples I am going to give work on a variety of models, our focus at this conference today is around SP. Although we are involved in social prescribing work, particularly with our colleagues at Arts and Minds, these particular programmes are not currently delivered on a social prescribing model, but through other referral mechanisms. What our referral approaches to our culture, health and wellbeing work have in common is a long-term commitment to collaboration, and to working in partnership with experts. As a grouping of museums, we would never set out to deliver this work on our own, we always identify who we should be working with in the community, in terms of care partners in the private or public sector. Then we look to the established need to identify appropriate recruitment pathways, and also to share our expertise, to make sure that we are making a difference, and then continually improving our programmes by measuring the progress we're making and seeking to evidence that too.

Our Portals to the World programme has been delivered over the past eight years or so, in partnership with local organisation Dementia Compass. This is a programme that is explicitly targeted at those who have received a dementia diagnosis and are living at home with their care partners. It is very much about coming together to share positive experiences in the here and now, centred around our museum collections. It works as a multi-week course, followed by an alumni programme. It began focused around art appreciation at the Fitzwilliam Museum, but has expanded across the museum partnership, including to our science collections and most recently our zoology museum who have played a really active role in adapting programmes for online delivery.

Dancing Together at the Museum, however, is an example of one of our programmes that is focused on promoting older people's wellbeing through combatting social isolation, and building a sense of being valued, or being part of a wider community through coming together in our museum spaces, to look at art together, to discuss, but also to enjoy shared movement and music experiences. It was initially a partnership with City Council, and their sheltered housing division, but it has expanded to encompass people in a variety of settings.

That's all I have time for, but I am very happy to expand on how those projects and programmes work, and how we've been delivering them, as well as to talk about the potential for social prescribing in this area.

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MS: For more info on the Portals to the World programme, developed and delivered in collaboration with Dementia Compass – with specific reference to how we adapted the programme during lockdown:

<https://www.museums.cam.ac.uk/blog/2021/05/10/making-art-together-remotely/>

<https://www.museums.cam.ac.uk/blog/2021/03/23/portals-to-the-world-museum-of-classical-archaeology/>

<https://www.museums.cam.ac.uk/blog/2020/09/17/from-the-sedgwick-museum-to-my-living-room/>

Further info on our blog about the Dancing with the Museum programme before and during the pandemic:

<https://www.museums.cam.ac.uk/blog/2020/05/12/relax-look-and-imagine-objects-in-focus/>

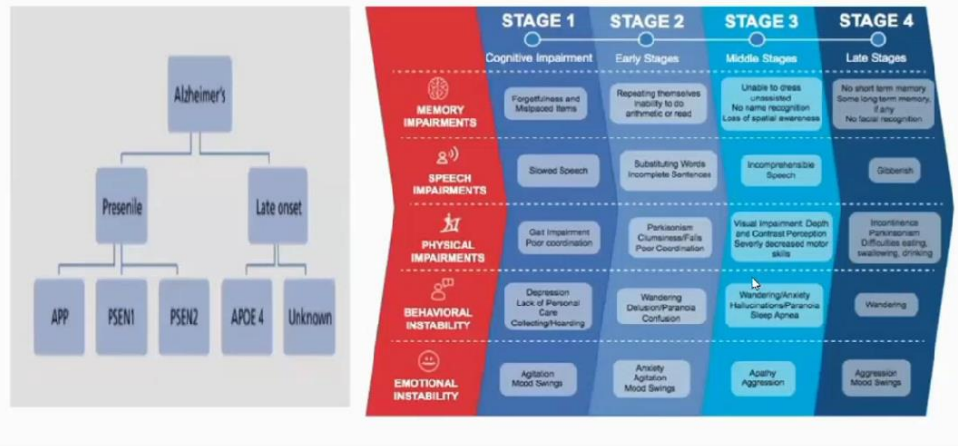
Dr Dean Dorsett GP, Social Prescribing Lead, Ipswich and East Suffolk

DEAN DORSETT, GP, is the clinical lead for social prescribing at NHS Ipswich and East Suffolk CCG and sits on its Governing Body. He practices at Burlington Primary Care in Ipswich, the first GP practice to offer social prescribing through the Connect for Health programme. Dr Dorsett supports integrated care, medicine management, mental health and the inequalities workstream and is the RCGP East of England Regional Clinical Lead for Person Centred Care.

I was given the brief to describe the patient journey from presentation to my surgery, right through to diagnosis. I was quite relieved when that happens because I thought I just get to listen to all the other illustrious speakers and have a short description of what happens in my surgery. I thought it deserved more than that, but I will meet the brief straight away:

1. Patient and family present to the GP – 10 min chat (1 week - 1st delay because it is not seen as an emergency appointment, there can be up to a one-week delay)
2. Dementia trained health care assistant – 30 – 45 min assessment and blood test (2 weeks - second delay because these longer appointments don't come up frequently at the surgery).
3. GP assessment with results (2 weeks - third delay GDPR/Consent causes issues with delay).
4. Referral (Waiting list 6-8 weeks - fourth delay, referral process is quite good usually because of COVID, most of the other patients' appointments have been cancelled or reduced, at around a two month wait).
5. Memory Clinic (2 weeks - fifth delay, multi-disciplinary team tests, assessment, reports and letters).
6. Diagnosis (2 weeks - sixth delay, GP appointment).
7. Planning (seventh delay – This can be unlimited legal, financial, social, medicinal implications)

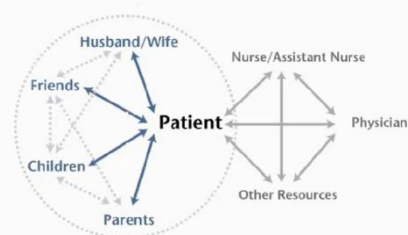
There is no typical journey



There is no typical journey, but for the family and patient there is a lot of suffering. I wanted to expand on the patients' journey more to include just what is just the physician, the nurse and the other resources. What is actually more important to the person is their spouse, friends, children or parents around him. Those people are much more impacted, and families and community account for 80% of an individual's health and wellbeing, which is where the arts come in.

DISEASE PROGRESSION AND THE ENORMOUS STRESS IT CAUSES FOR FAMILY MEMBERS

The "team" from the patient point of view



This is my headache as a commissioner; half the people will know someone with dementia, one-third will get it, and currently there are [850,000 living with dementia in the UK](https://www.dementiastatistics.org/statistics/numbers-of-people-in-the-uk/). This becomes a huge problem because we estimate about 46 million Americans are living with some form of Alzheimer's with no symptoms, and that equates to eight million in the UK. So, we can see why a cost effective, social approach is needed.



Why does it work? Because every sense we have is connected to a part of the brain, and although we estimate there are only five senses, most officials say there are probably 21 senses, and the arts in all of its forms impacts all of them! We probably suggest that the earlier you get a diagnosis the better, but the diagnosis can be a little bit of a red herring because going through all that process and ending up in hospital delays

things, so there are lots of guilt and family pressure that come, but referring somebody when they have MCI, when they are just starting to forget things, is the best time to refer. We are very lucky that in Ipswich and East we have had a social prescribing offer for the last three years, so anybody can refer straight in.

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THE RELEVANCE OF SENSES

Prevention & Management

1. Cost-effective harm free
2. Patient to Person pathway
3. All parts of our brain



Kelly Austin, Social Navigator, Granta Medical Practice.

KELLY AUSTIN has been a Social Prescriber since May 2018, having set up the service for Granta Medical Practices, five GP practices with 44,000 patients in South Cambridgeshire and North Hertfordshire. Expanding the service from initial local government funding to the new NHS model, the service focuses on a non-medical, personalised care approach for the PCN's patients. Kelly works with local statutory and voluntary organisations to map community resources, identify and support community initiatives to fill gaps in services to address the wider determinants of health and health inequalities. An NHSE Ambassador for Social Prescribing, she is East of England Champion for the National Association of Link workers sits on their Advisory board. Kelly is a qualified dancing for fitness instructor. Granta Medical Practices covers 44,000 patients at South Cambridgeshire PCN.

Our work is based on the what-matters-to-you model, not 'what is the matter with you?'. So, it really fits in with the Arts 4 Dementia's (A4D) ethos of activities before diagnosis, not pending diagnosis.

I wanted to let you know about our patient journey. Initially our patients had to be referred through a clinician. We've extended our service after our initial pilot so that patients can now be referred from any member of the primary care team, that may be by pharmacy staff, reception staff, clinician staff or our nursing teams. We also have great links with our locality teams, so patients could be referred through our reablement team, health visiting team, or occupational therapy team, anyone in the wider community health team, and we now have self-referrals in the community. Key to this is now having our own service email and telephone number, bypassing the medical reception clinical system, so that patients can directly access the service. That means that if anyone has concerns, they can access our service without having to go through the GP.

Our timeframe. We try and contact that patient back from that initial referral within one to two weeks. We will aim to see them within that time frame. Contact could be anything from 10-minutes just to signpost a patient, or if they need support, we could work with them for up to an hour, that would be for six to twelve sessions, depending on the patient's need. We can do that in a variety of ways, it might be a telephone call, or a video consult as it had been during COVID19. Or we can see them in surgeries, in any one of our five practices, or in their own homes if that is more appropriate. We can work with them for up to twelve sessions, and we can really help them access all those groups and services that they want to. It is a real valuable service.

How we map services in the community is by getting out into the community and finding out about these groups and services. We try make as many communities and organisational contacts as we can within our network of organisations, so we can really see what is going on within our community. Also, we can figure out things through patients and keep them all on the database that we can all access, and this can be updated as and when it needs to be. We are also looking at some other technologies, but that's a bit further down the line yet. I hope those few minutes have been helpful; any other queries do get in touch with me.

Contact: k.austin1@nhs.net

Chrissie Moore, Programme Manager, Dance East

CHRISSIE MOORE is Participation and Engagement Programme Manager at Dance East in Ipswich. Chrissie graduated from the University of Lincoln in 2015 with a BA Hons in Dance and joined Dance East in Ipswich in May 2016. Chrissie began her career as Communications and Development Assistant and has since moved into various roles within the Learning and Participation Team. As current Programme Manager for Participation and Engagement, her role includes producing and managing a range of engagement programmes, from early years to older adults, ensuring that everyone has access to high quality dance provision, regardless of age and ability.

Dance East is based in Ipswich on the waterfront. We offer a breadth of activity for a range of ages and abilities. Veronica has invited me to talk about some of our work for those over the age of 50, and the type of work we are doing out in the community. To respond to COVID19, we had to close the dance house back in March, and our focus and energy was channelled into continuing programmes out in the communities.

I'm going to talk to you about our Movers classes, these classes are funded by Babergh and Mid Suffolk District Council, as well as Dance East as part of our core funding. They offer a weekly dance session for men and women over the age of 55. They are designed to boost mental health, physical health and include a chance to connect with others, but most importantly, and more so than ever, have fun and meet new people. The sessions are led by experienced dance artists, accompanied by assistant dance artists, and they are happening Lowestoft, Hadleigh and Stowmarket, so lots of different areas in the county. Working in all of these areas in Suffolk, it enables more communities within the district to access the benefits of engaging with great dance. By ensuring that the good geographical reach and the spread of our outreach activities means that we are not just prohibited to delivering activity within our own building. We understand that also brings up its challenges and some people are not so confident to come into the building and access our provision in our studios, so we have designed models to take it out into those communities. A lot of those venues are village halls and community centres, and we are working in partnership with the Seagull Theatre in Lowestoft, a peer-to-peer arts venue, hoping we can reach the right people.

The Movers model has been designed in order to sustain the activity, and right from the get-go we contract the dance artists as part of the funding, and also to enable them to continue running the classes in those communities themselves as independent artists and independent businesses. After the years funding, we support them to keep enabling those programmes in those districts, and also enabling the work force to

earn a living and to making sure that these pop-up activities can continue as much as possible. If you are a new participant, or signposting a new participant, I would say the offer is a trio of movement, dance and cup of tea and a good selection of biscuits. The sessions hope to make dance and movement more accessible by pairing the activities together and making sure that it offers a safe and friendly environment for newcomers but also those who have accessed our provision for quite some time. Also, a lot of our volunteers are over 50, and would really like to continue to give something back to the community. Lots of stuff is happening in the region, but that was just an example of one community outreach project for those over 50.

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East of England Q&A

CHAIR: Thank you to all of our East of England speakers again, it's lovely to hear how all of these different services are making such a difference. Miranda described how the Portals to the World worked in partnership to make a difference, and importantly evidence that difference. Dr Dorsett described the patient journey through the GP and commissioners view and highlighted the fact that family and friends account for 80% of care providers, which is significant. Kelly highlighted the way in which we consider what matters to you, not what is the matter with you, and the multidisciplinary approaches that they use to refer to a range of community support; and highlighted the different pathways that they have been using. Chrissie highlighted how Dance East supported people and communities through the Movers classes, to improve mental and physical wellbeing.

MS: What I should reflect on is the fact that at the moment what I can see is a disjunct between our work with older people, those with a dementia diagnosis, and those pre-diagnosis and older people more generally in Cambridgeshire, as we haven't managed to tap into the social prescribing mechanisms with that cohort. But we have over the last five years been very involved with social prescribing projects working with adults of all ages in relation to mental ill health, specifically people with mild to moderate anxiety and depression.

What I'm really interested in is how do we take a set of practice that is well established, for example with our Portals to the World programme, it's been running eight years, it's got a strong community partnership behind it, it's a really strong piece of practice. Or for example our Dancing at the Museum programme which is about three – four years old, but it works through mechanisms such as working with the city councils and independent living service to recruit participants, but how do we, as a cultural organisation, get our programmes that we already have, into a social prescribing mechanism for older people. That is a reflection on where we are at, rather than how it's working now, but I'm interested to hear from other, where maybe this work is a little bit further along. We do have exciting developments going on in Cambridgeshire around social prescribing with other age groups.

CHAIR: Thanks Miranda. I'm just wondering whether to call on Chrissie, because you've done outreach, and used dance. How have you managed this, and is there any way you can respond to Miranda, how do we get museums involved with social prescribing schemes and SPLW?

CM: Oh gosh. I suppose the biggest thing we have learnt from our community outreach projects is that there is actually so much merit in that element of social time with refreshments. Embedding that activity

alongside the dance activity, and that being one of the priorities whilst we are planning these community outreach projects and building these community groups. Advocating for the volunteers or participants within that group to take on some more voluntary champion roles to support the dance artist. Keeping the activity sustainable, to enable any funded activity to then hopefully be handed onto the dance artist to then run that longer term. Having people who can really advocate for your programmes, who take part in your programmes, is such a vital part of a successful community project. I hope that answers your question.

HE: I totally agree with what Chrissie said. I think it is about people being advocates for the service that you provide. What is most important is that you have got multiple relationships with the people in the social prescribing service. In Manchester for example, a lot of the more strategic people in museums and in different projects will know about me, but the workers delivering the projects know more SPLW or coaches, so there are relationships at all different levels, it is not just one SPLW. It is about ensuring the social prescribing lead and their staff has the time to make those connections and relationships, but vice versa, making sure the people that are delivering the services engage and reach out to make those relationships.

Kent

Elizabeth Taylor, Services Manager, Alzheimer's Society.

Monica Boulton, Social Prescriber Lead, Red Zebra Community Solutions

'Red Zebra Social Prescribing Project: Connecting people to their community to support their wellbeing.'

Sian Stephenson, Creative Director, Moving Memory Dance.

'Challenging Perceptions of Self: Feeding Body Brain and Soul.'

Dr Patricia Vella-Burrows, Principal Research Fellow, Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University.

Elizabeth Taylor, Services Manager for East Kent, Alzheimer's Society.

ELIZABETH TAYLOR has been Services Manager, East Kent at the Alzheimer's Society since September 2014. Prior to this she was a trainer in the Health and Social Care sector. During her twenty years in health and social care, her interest in all aspects of dementia encouraged her to seek more specialised employment. Liz has been involved in local and national projects working alongside people affected by symptoms of dementia.

At the Alzheimer's Society we have over 40 years of experience of supporting people affected by the various forms of memory loss. We speak directly to people affected by dementia so that we can adapt and deliver our support for anyone who is worried about their memory, through the diagnostic process and through to end of life. People affected by dementia are the experts by lived experience, they know what works well for them, they know what has been missed and they know what they need. Unfortunately, pre-diagnostic support has been missing for some time.

We are going to give that the recognition, that people who are going through pre-diagnostic process, or who are worried about their memory, need support. They need to be signposted to opportunities to help them with their memory loss, mood and to help them to live their life as best they can. We actively refer service users to arts activities to help improve both the mental health of the person with the memory and cognitive problems, but also family members who may be around them.

So, how can arts support someone with memory worries? For some people they may rediscover a love for arts, this gives them that familiar feel-good feeling, the endorphins in their brain working to make them feel good. All of that can help with memory. All of that can help with their cognitive abilities. Or it could be that somebody decides to try something for the first time. They did not realise they could write poetry. They did not realise they could draw. They have a go, and they now experience that amazing rush of feeling good because they have made something. They have created something, whether it's words, a performance or a picture.

Extensive research has shown that different aspects of the arts can have positive effects on people experiencing memory loss. The big one, singing. It is so well documented that it increases sustained attention, it recalls lost memories, and it significantly increases executive functioning. It is a social activity, and it is stimulating for the individual and those around them. Watching or taking part in performing arts has also been proven to improve an individual's mental wellbeing and is a cognitive and emotional stimulus. Participating in the appreciation of

visual arts can allow the individual to improve communication and stimulate their memory. There are no wrong answers. The stigma of dementia is still very much out there, so attending groups that are nothing to do with your memory loss, but are for something that you enjoy, will reduce that social isolation.

Remember, groups don't need to be dementia specific, they just need to be dementia-friendly. Just a little bit of work to make sure group leaders understand the needs of their participants if they are experiencing memory problems, is all that is needed to make it accessible for all. At the Alzheimer's Society, we are striving to make as many dementia-friendly communities as possible, so that we can help everyone to continue to access the services and groups that they have always gone to, but also to open up those new opportunities for individuals who are experiencing these cognitive and memory issues. In recognition of how important this is, on our [Dementia Connects](#) website we now list a number of pre-diagnostic support services that are available. The one good thing that has come out of COVID19 is being able to do things virtually, and people having the confidence to do things virtually. It is not always a postcode lottery now, because a lot of services will continue online. Even if it is not a physical connection you have with people, you are still getting that virtual connection.

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Monica Boulton, Social Prescribing Lead, Red Zebra Community Solutions.

MONICA BOULTON, has lived and worked in Canterbury for the past 10 years, is currently working on a social prescribing project in Kent for the charity Red Zebra. One of the first of its kind in the country, the project has helped inspire a movement of encouraging people to improve their wellbeing through taking greater control of their health through non-medical interventions. As the National Association of Link Worker (NALW) Managers Champion for England, Monica supports managers of social prescribing projects and the work of NALW. It was social prescribing that inspired her undergraduate studies on the impact of music on our wellbeing, particularly as part of the treatment for conditions such as dementia and mental health. Monica believes that everyone can benefit from social prescribing and is dedicated to encouraging the community to work together to support those within it.

‘Red Zebra Social Prescribing project: Connecting people to their community to support their wellbeing.’

Red Zebra has been involved in social prescribing for over five years now, and we have seen many developments within that approach since then. If you know me at all, you will know my passion for social prescribing and how it can support anyone, no matter what stage of life they are at. It is a preventative, rather than reactive approach. That is why it is important that it becomes a priority to refer into a social prescribing service upon an initial discussion around potential diagnosis of a cognitive impairment. Not just for the patient, but also for their support network as well.

The way that Red Zebra are doing this, is by working closely with the GP surgeries in the area, as well as the community through charities, organisations, groups, and public services etc. All of whom can refer into us. When a referral comes through from a GP, this is usually through EMIS (Egton Medical Information Systems), which is the system used for patient records. This comes directly into our SPLW, who will then process that referral. A holistic assessment is taken upon consultation to identify what matters to the patient and what steps they could take to improve their wellbeing. Once this has been identified, we will use our database as well as our SPLW knowledge to signpost, refer and encourage them to take up an activity that will support this. For example, for a referral coming through at the possible onset of dementia, we would encourage creative activities. Encourage them to attend groups with other like-minded people and ensure that they have all of the information that they need as they progress. Ensuring the family are supported and empowering the individual to take control of themselves through helping them to access what is out there.

We measure their wellbeing throughout this process, and always focus on what is important to them. Our involvement can be anything from two weeks to six months. It is truly a client led service, and we ensure that we have completed that co-produced plan with the client before we close their case. However, all our wellbeing is ongoing, so we often see people more than once. We essentially act as a bridge throughout people's lives to help them navigate services that are available to support them. This can be relevant at any stage of a condition such as dementia. Our database, [Connect Well Kent](#), is our database where we list activities which people can refer into. These are all quality checked and approved by our team. The reports from this database also enable us to identify possible gaps in the community, in relation to the demand on services and demographics of need in the area. As a charity, we can then use that information to apply for funding ourselves, or support others to apply for funding to bridge these gaps. This will help create sustainable activities in the community, which is what we're aiming for, thus reducing health inequalities.

What I would encourage, is to use the systems that we have within GP practice to encourage a referral into social prescribing pre-diagnosis, to ensure there is support. We are currently working with the surgeries that we are involved in to have a range of conditions, including dementia, that will automatically suggest a referral into social prescribing when this is inputted into the patient database. This may not encourage engagement, but it will certainly give the opportunity to discuss the benefits of what a nonmedical intervention can have for conditions such as dementia.

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Sian Stephenson, Creative Director, Moving Memory Dance Theatre.

SIAN STEVENSON has worked in theatre, opera and participatory arts for over 25 years and is currently the Creative Director of Moving Memory Dance Theatre Company. As a director, performer, and choreographer, she has worked with many companies including Bobby Baker Daily Life Limited, English Touring Opera, Plain Clothes, Gloria, Grange Opera and Actors Touring Company. She has extensive experience in participatory arts, with specialist knowledge in movement, inclusivity and disability, and a long track-record of creating new performance in a wide range of educational and community settings. Sian is currently a Senior Lecturer in Theatre Studies at the University of Kent. Sian's work with Moving Memory is focused on the creation and promotion of a distinctive, movement-based, peer-led, collaborative, creative practice which enables people (especially women aged 50+) to tell their own stories and express their individual identity. A unique feature of this practice is the integration of digital technology, especially the use of a bespoke digital projection kit, nicknamed 'Doris'. The company has also created an online training programme, which enables the establishment of sustainable Moving Well groups across the country. The work has a strong inter-generational element.

'Challenging Perceptions of Self: Feeding Body Brain and Soul.'

Moving Memory Dance Theatre is a company whose vision is of a society within which older people lead longer, healthier and more fulfilled lives, because they participate in artistic, creative and physical activities. We achieve this through offering high quality performance and participatory opportunities. Animating autobiographical stories through movement, music, spoken word and digital forms. Empowering our participants to become the makers and the producers of the work.

Our core performance company currently comprises seven women aged 50–87, who have been collectively devising and performing for 10+ years. All identify a renewed sense of purpose, self, community, and creativity through sustained engagement with the company. Much of what the company stands for is captured in the core signature piece, 'Cracking the Crinoline', which placed the company centre stage on public platforms, streets, car parks, protest marches, shopping centres all over the UK and beyond. Celebrating the vibrancy of our performers and confronting ageism. A late member of the core ensemble, while undergoing medical tests, told me that at each appointment she brandished the publicity shot of 'Cracking the Crinoline' to ensure that clinicians knew they were not dealing with an old woman on her way out, but a dynamic, creative person. A person of value, purpose and skill. An artist in her own right.

Sidney De Haan Research Centre led on the evaluation of our early work *Moving Well: A Prosper Adventure Project* (2014), concluding:

The social impact outcomes of the project are far-reaching. They relate to the development and refining of a model of participatory performing arts that can contribute to national targets for supporting older people's health and wellbeing and consequential prolonged independence into older age.

We have gone on to extend our offer, to developing a distinctive peer led programme which focuses primarily on Moving Well workshops. These inclusive, non-prescriptive workshops engage people in a movement-based practice that has multiple physical and emotional benefits. We start with people in a room, encouraging a theatre approach to animating experiences, culminating in some form of performance wherever possible. We believe it is this combination of creativity and performance that is the cherry on the cake. Engaging people at a very deep and meaningful level, resulting with a wide range of participants reporting a sense of fun, liberation, wellbeing and community

Sport scientist Ian Farr, *The Intergen31 Intergenerational - Theatre Project Reduces Implicit Negative Age Attitudes* (2016), noticed that we offer an alternative to other forms of physical activity, ultimately the development of positive social identity, self-concept and quality of life is evident. The past year has seen the work shift online, extending our reach and our practice, and to our delight, current and new groups report a sense of connection, creativity and community. Serving as a positive and sustaining experience during the pandemic. Our distinctive, peer led, collaborative approach, with its embedded element of public performance, exhibition and installation feeds the brain, the body, but also, the soul. Making space for new and different conversations, giving a creative expressive voice to those who have been marginalised. The older body, brain and soul is given pride of place and validated.

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Dr Patricia Vella-Burrows, Canterbury Christ Church University.

DR PATRICIA VELLA-BURROWS RN BA (Hons) Music. PhD (Music and Dementia) FRSPH, is Principal Research Fellow at Sidney De Haan Research Centre for Arts and Health, Lecturer and post-graduate academic supervisor, Canterbury Christ Church University. She is Director of Research for the Canterbury Cantata Trust and Research Lead for their Sing to Beat Parkinson's® training programme, Director, 'Music4Wellbeing', delivering research-based music services in health and social care settings and training healthcare staff to enhance their practice and the experiences of their cared-for through music. Her professional background is in Adult Nursing, specialising in neurodegenerative disorders (ND), specifically, models of dementia care. Trish's post-graduate academic research has centred on arts and health, exploring the effect of music on health and wellbeing and the integration of music into care programmes. As Director of Music4Wellbeing, Trish works with people affected by dementia and Parkinson's, designing and delivering evidence-based music/singing programmes and providing formal training programmes for care staff.

This conference is the result of years of conviction that creative and cultural activities for brain health have a fundamental role to play as pre-diagnostic practice for people at risk of a diagnosis of dementia, and those living with the condition and carers. Put simply, the aim is to enhance wellbeing, enhance autonomy and extend independence for as long as possible.

We heard the 15 regional meetings that Veronica and the Arts 4 Dementia (A4D) team organised over the last 15 or so months, which brought together key personal from academia, from social prescribing, culture, health, and wellbeing. They took place in every NHS region in the UK, which I think is quite a feat. These regions have collectively yielded 450 hours worth of data from over 400 speakers. This has provided insight into best practice, and importantly, highlighted current operational shortcomings in the early stages of the national upscaling of SP. What we have heard over the last two days, I am sure you would all agree, adds considerable weight to the argument for some level of systemisation in the process of social prescribing in this context. This is a concept sanctioned by the Minister for Health, Matt Hancock, if you look at the [Alzheimer's Society](#) website you will see his quote. It is also the subject plan for inclusion in the delayed Green Paper on social care, but of course it is not without its challenges.

What are the next steps? Well, A4D and the Sidney De Haan Research Centre for Arts and Health, at Canterbury Christchurch University, are proposing research at doctoral level, and this will be built upon previous research and what is happening right now. It will explore the depths of what is currently known about the operationalisation and impact of

social prescribing to creative and cultural activities for brain health. It will of course review the breadth of current literature. It will importantly use the intelligence gained from the 15 regional meetings, and all other relevant conferences and symposia. The research will work in partnership with people living with dementia. They will work alongside the Social Prescribing Network, Culture, Health and Wellbeing Alliance (CHWA), the National Centre for Creative Health and crucially with local voluntary and public services in Primary Care Networks (PCNs), including of course SPLW. The aim is to provide recommendations for a rationalised operational model. This will need to sit within a loose framework to accommodate local infrastructures, economies and proficient services, and of course the individual and changing needs of each person for whom social prescribing, in this context, could play a fundamental role in maintaining their wellbeing for as long as possible. We are at the early stages of planning, but please do feel free to contact me for more information. I can keep you informed as we develop this proposal.

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Kent Q&A

Chair: Thank you to our speakers from Kent. I am mindful of time, but I wanted to sum up. We started with Elizabeth Taylor, who described the work of the Alzheimer's Society, and highlighted that the person with dementia is the expert, and how arts can actively support people with memory worries. Monica then talked about the Red Zebra work, and how it has developed to ensure it has a preventative approach, but importantly, how it works closely with GPs and community groups. I am particularly interested in the Connect Well database. I will be contacting Monica!

Sian talked about the Moving Memory Dance Theatre Company. She really highlighted that we are all dynamic and creative people, and that should never be forgotten. Finally, Dr Vella-Burrows importantly, as an academic myself, highlighted the need to ensure that we are able to use the evidence to curate it in a systemised way, to provide a robust evidence for a sustainable model going forward. So, all the presentations have provided a unique insight into how social prescribing can use personalised approaches to support brain health and promote wellbeing.

