

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 Old Age Psychiatrist, Clinical Lead for 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 social prescribing link worker (SPLW) 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

DR JONATHAN KAYE, Clinical Lead for Dementia at Manchester Health and Care Commissioning has been a GP in South Manchester for 25 years and is Dementia Friends Champion. I work closely with Dementia United, a project to make life better for those affected by Dementia who live in Greater Manchester. My most recent work has been leading on Care Plan production, reaching out to our South Asian Community and looking at developing future housing models for those with Dementia. Wellbeing is made up of physical, psychological and social factors. Social prescribing is a great opportunity to contribute to this.

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 social prescribing link worker (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 SPLW 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 SPLW? These are a disparate group. I have 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 have 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 Salford Memory Services.

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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