

# Yorkshire and Humber

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**Geraldine Montgomerie**, Project Officer, Leeds Arts Health Wellbeing Network.

**Dr Sara Humphrey GP**, Advisor Clinical Lead for the Yorkshire and Humber Dementia and Older People's Mental Health Clinical Network.

**Ripaljeet Kaur**, Coordinator, Touchstone.  
'Arts, creativity and inclusivity'

## Geraldine Montgomerie, Project Officer, Leeds Arts Health Wellbeing Network.

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GERALDINE MONTGOMERIE is a Project Officer for the Leeds Arts, Health and Wellbeing Network (LAHWN), developing awareness of the health and wellbeing benefits of arts and culture and promoting cross sector working. Geraldine has worked as a clinician in prisons and community settings in fields of drug treatment and psychological therapies. She is also an artist, writer and curator who has developed exhibition and installations with the Love Arts Festival in Leeds. Geraldine has served on the board of a charity in Leeds; and other interests include playing video games involving collecting golden coins, Japanese rock and roll, black coffee and digital jigsaws.

Leeds Arts, Health and Wellbeing Network was set up in 2019, to bring people together, in the city and close by, anybody who was passionate about the power that arts and culture can have for people's health and wellbeing. We know that arts make such a difference through some of the many national, local, regional projects.

Something that I'm quite passionate about is the Giving Voice Choir in Leeds. It is a choir set up by a speech and language therapist in primary care, and the idea was to help people on their recovery from neurological conditions and stroke. Meeting the people who have been involved in a choir has shown me the difference that it has made. As well as helping people with their recovery and with their health conditions, you can also see the power of bringing people together who have shared experiences and shared understanding of the challenges of recovering from stroke.

We recently set up the Creative Ageing Forum. The idea of this forum was to fulfil some of the ambitions in our current health strategies, such as Leeds Dementia Strategy, and to bring people together to make the best use of our cultural resources. If you are interested in how arts and culture can support ageing well in Leeds our next Creative Ageing Forum is on 17th June.

In Leeds City Region, we have a UNESCO world heritage sites, like Saltaire. We have got fantastic huge organisations like Opera North, which has an international reputation and Leeds Playhouse, which has such fantastic programming such as their touring performance Maggie May that was planned to launch next year. Unfortunately, due to COVID19, it has been delayed, but it was created with people with lived experience of dementia, telling their story through theatre. Their work with Heydays at Leeds Playhouse and other similar programming is just phenomenal.

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We wanted to also capture much smaller organisations and developing organisations such as Swan Song that helps people write songs and make music at the end of their life, celebrating lives, making memories and leaving legacies and to bring all those different organisations and all that rich knowledge together to make a real difference in people's lives today, and in the future.

Something that's coming up in Leeds is our Thriving Communities bid. So, in Leeds city region, we have had three successful bids to the Thriving Communities Fund. They include our work with Space2, who bring it together all kinds of organisations across health, culture and sport, such as cricket in Leeds. Bringing those people together with our health services and our social prescribing link workers to really explore what's available to people who have been most affected by COVID19, and how we can use arts to make a real difference. So, a really exciting time for the network and I do hope that we'll be able to work with people both locally and across the region, to just collaborate, to partner, to celebrate what's working, to support each other through challenges, and to connect.

Creative Lives Sheffield are addressing opportunities for older and emerging artists as we speak as they launch the report Creative Lives: Dismantling Ageism in the Professional Art World (2021).

It was great to hear Julie Hammon earlier today talking about the power that networks have to change systems and to support championing good practice, connecting people and supporting overcoming challenges.

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## Dr Sara Humphrey, GP Advisor Clinical Lead, Yorkshire and Humber Dementia and Older People's Mental Health Clinical Network.

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DR SARA HUMPHREY is a GP Advisor Clinical Lead for Dementia & Older People's Mental Health (OPMH), NHS Yorkshire and the Humber Clinical Network, is a GP Partner in a super partnership of seven practices, Affinity Care, with 65,000 patients and after 22 years in a large suburban practice. She has moved to head up a smaller predominantly South Asian patient practice in Keighley. Since 1996, Sara has worked as a GP with a Special Interest in Care of the Elderly, initially working for provider services of the Proactive Care Team in intermediate care and now for Bradford Teaching Hospital Foundation Trust in several community rehabilitation units. Sara also has a significant role at Bradford District and Craven as the Associate Clinical Director for Frailty, Dementia and Learning Disability. Sara is supporting this conference today as the GP Advisor Clinical Lead for the Yorkshire and Humber Dementia and OPMH Clinical Network.

I will talk about the primary care bit of the pathway, and what happens when you identify that you may have a memory problem. As a GP, people come to see me themselves, or they come on behalf of someone else in the family.

The first thing I do is ask people how it affects them, what we call a 'history' in medicine. It is very much around how it affects you and the things you like to do? When did it start? Sometimes the information will be supplied by the patient, or family will provide extra information. That can create difficulty if there is an undercurrent of things going on.

Then I try to look at their medical records for causes, looking for things around vascular issues, diabetes, previous histories of strokes, heart attacks and high blood pressure. We are information gathering at this stage and pull it all into one place. I will often ask about what people are worried about. They do not always come in and say, 'I'm worried I might have dementia'. They may just be worried about their memory. Especially in younger people, I may think about things like depression. We will explore what they are worried about, often people are worried about something specific. It is exploring what it means to you as an individual, with your symptoms.

I have ten minutes, so sometimes I will bring people back for cognitive tests on a separate time, because the talking and the gathering of information is way more important than a screening talk, that can come later. We send them off for bloods, because we need to look at a set of things that are potentially reversible. I look at thyroid function and for

## Dr Sara Humphrey GP Advisor, Yorkshire.

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diabetes. Then I bring them back and I will do cognitive tests. The tests that we do in general practice are screening tools, not the full thing done in a memory clinic - they are not diagnostic. What they do, is they say that with the history that I have got from someone, and this test, together. They are ringing alarm bells that this could be an early dementia, or something like a depression.

People worry about tests; people think it is an exam. They worry about performance anxiety, so we say that this is just to help us, that it is not pass or fail. We do the Six-item Cognitive Impairment Test and the GPCOG - they are all short tests. I may do the Clock Test, depending on someone's language, but sometimes I don't do any, because the history tells me all I need to know.

I look after a deprived South Asian population. Most of their elders' first language isn't English, and often they present later. So, we talk about the history, someone may say that their mum used to make this recipe all the time, and now she can't make something she has always made. If you only go down a standard route, then often people may not have a problem with it, so we are trying to explore what it means individually.

I ask what is it that they are worried about? Do they want to have an assessment? I try to give them an idea and prepare them for what will happen. We have a leaflet for our local service. The biggest worry is about losing their driving licence – not necessarily. I always look at risks, because waiting times are long and, especially since COVID19, getting longer, and they can't do the same face to face reviews.

We have always asked about risks and what needs put my patient at top of queue? I worry about people without a significant other, who can add resilience to their home situation. I worry about people where there may be evidence of self-neglect. I worry about people who are driving who shouldn't be, and people who don't attend appointments, or who don't take medicine. On our form we have places to raise alert level, and then I send them off to the memory clinic, I may see them again, in-between diagnosis, especially at the moment as it is very long, but if I see everyone at the annual review.

I'm quite happy to refer someone for any kind of support. There are often unmet needs whether you end up having a dementia diagnosis or not, some of those unmet needs can be met during that diagnosis period. I would be absolutely delighted to refer to the arts at that stage.

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## Ripaljeet Kaur, Coordinator, Touchstone, Leeds.

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RIPALJEET KAUR is a Coordinator at BME Dementia Service, Touchstone, a mental health organization based in Leeds. Ripaljeet has over fourteen years' experience working within the ethnically diverse communities, the last nine specialising in dementia. She delivers awareness talks within community groups, supports people on the diagnosis pathway, provides post-diagnostic support and facilitates the Hamari Yaadain café for people with dementia and carers from the South Asian community. Ripaljeet is a member of the Leeds Dementia Partnership meetings, Dementia Friendly Steering Group and chairs Touchstone's BME Dementia Forum. Ripaljeet has presented at various conferences and events nationally and internationally. As a member of Alzheimer's Europe's expert working group, she coproduced the 2018 report The development of intercultural care and support for people with dementia from minority ethnic groups (2018). Touchstone's BME Dementia Service has won a National Dementia Friendly Champion Diversity Award. Ripaljeet was invited to 10 Downing Street to attend Vaisakhi event, a Sikh religious celebration, in recognition of her Dementia work.

### **'Arts, creativity and inclusivity.'**

I run Touchstone's BME Dementia Service and will be presenting on our work around arts, creativity and how to inclusive of different communities. Our service has been running since July 2012, spreading awareness and working with people with dementia and carers or family members. We run weekly music session for people from south Asian backgrounds and have a dementia café for south Asian people, which I have moved online during the pandemic with a weekly session over Zoom. We are part of different meeting groups in Leeds.



Touchstone was nominated for a couple of awards, winning an award around diversity back in 2018. I have also attended 10 Downing Street for our dementia work. We worked with a local artist, look at the beautiful smile here. They had a few workshops with her, then they created their own pieces of art.

We work very closely with Leeds Playhouse, and some of our café members shared their life journeys, and they wrote a play with a writer. They really enjoyed sharing their stories. It was quite heart-warming seeing their life stories coming to life during the play.

## Ripaljeet Kaur, Coordinator, Touchstone., Leeds

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We worked with Ian Beasley, an artist, to create this beautiful banner for our dementia café, with some of our lovely service clients in the picture. We worked with Pavilion and created some different and beautiful artwork.



I would like to share things you may wish to consider before you set up groups and activities. Think about people who don't speak English as their language, how could you support them to attend your groups? Or if you are organising new activities, how could you be more inclusive of those people?

Speak to your colleagues or people, feel free to reach out to us. If you understand different cultures, or have an understanding about their culture, it makes it easier for them to connect or to be creative.

You don't need to learn different language, just use different creative ways to be inclusive and see what works for the communities you want to work with. You can find out by asking or engaging with those communities. This is what we do at Touchstone. We speak to our communities and our clients and see what they would like to see, and then we organise activities or group accordingly.

These are my contact details, feel free to get in touch if you have any questions, or if we could support you in any way. Please visit our [website](#) to check out the work we have been doing over the years.

Finally, I love this quote, 'Dementia doesn't discriminate.'

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