

Midlands

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Commissioner, Birmingham and Solihull CCG.

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AMANDA SPRUYT is Head of Learning at Nottingham Contemporary. Nottingham Contemporary is a centre for international, contemporary art in the heart of the city hosting exhibitions, performances, films and events. Learning and engagement is central to the gallery's mission. Their renowned lifelong learning programme connects to adults of all ages, as well as families, schools and young people. The emphasis is on partnership and collaboration with the team embedded in schools and community networks across Nottingham developing activity to respond to local need. Amanda joined the team in 2013. Her role is to develop strategic plans and make local and national connections, working closely with other arts organisations and with statutory and community partners.

I am part of the Learning Team at Nottingham Contemporary. We are a free international art gallery in the centre of Nottingham, but more than an art centre. What we strive to be is a community hub. That is why the relationships and the partnerships that we form across our cities with groups and individuals are so important to us. It is through these relationships and connections that we define our purpose and our approach. That is connections between people, but also connections between people and artworks and materials, and connections to ideas. We have got a really experienced team of artists and programmers, who have got a track record of supporting dementia work.

We have got a fabulous Communities Programmer, Natelle Morgan Brown, who works really closely with the Alzheimer's Society. She is a Dementia Friend trainer, and she has been part of delivering training and raising awareness across our team. She also works and brings groups from the Alzheimer's Society regularly to our venue and to our programmes, and together they review the work that we do.

It is this reflection and research that is really important to us. We recently led a [research project](#) that was about exploring the experience of arts programming on elders, and/or those people from African, Caribbean, South Asian or Southeast Asian heritage. The key findings of that research is what we all know right now, about the importance of direct contact with people, and of those social moments. Since then, we have been really trying to embed that in all of our work and programmes.

We have developed things like [Welcome Walkthroughs](#), where we bring visitors and staff together socially, to form relationships and connections. It is also a really important strand within our Adult

Amanda Spruyt, Nottingham Contemporary.

Lifelong Learning programme that we have branded [Exploring](#). In these sessions, participants explore drawing, sculpture, sound and collage, these are weekly sessions which take place in monthly blocks. They are open to everyone, but they are tailored to over 65s. That might be people who are pre or early stages of dementia, but it is really important to us that those workshops are for everybody. The thinking is that they are inclusive, but they are dementia informed, that's very much at the heart of what we do.

What we want is for that knowledge, that awareness of dementia to kind of embedded and be part of all of our programmes and our thinking, so that it is core funded, and can happen regularly and routinely. I suppose with that, it is happening regularly, but it is probably not happening with the frequency that we would hope. That is where connections really come in. What we really want to do is be part of providing a network and working with cultural organisations and partners across our city to work together to provide a really rich offer by connecting up and by programming collaboratively and promoting collaboratively.

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Dr Sonia Ashraf, GP and Dementia Lead, NHS GP Central Locality Commissioner, Birmingham and Solihull CCG.

DR SONIA ASHRAF graduated from St George's Hospital Medical School, London, and after completing her Oxford GP Vocational Training Scheme, became a GP in the Buckinghamshire area. She moved to Birmingham in 2015 where she joined Hall Green health as a GP Partner and the Lead GP for Dementia. She was the Local Membership Lead within NHS Birmingham and Cross City CCG and then was elected as the lead GP Central Locality Commissioner on the Governing Body for Birmingham and Solihull CCG. She is also on the Quality and Safety Board for the CCG and chairs both the low COVID19 vaccination uptake board and Mobile COVID19 Vaccination Board also for the CCG. She has also become joint Cancer Lead for the CCG. She is a GP Appraiser for NHS England and sits on the Birmingham Local Medical Committee board.

'Speaking with your GP about a diagnosis of dementia and what happens next.'

I am going to talk about what happens when you see your GP when you are worried about dementia. We would encourage that anyone with memory problems, that they do see their GP, and they come along with a family member or a friend who knows them very well. The GPs have different GP Screening toolkits that they use. I use the [GPCOG](#) Dementia Screening Test, this involves memory recall, time orientation and visual spatial ability. At the end of the assessment, there is a score, and dependent on the score, we then decide if a referral to the memory clinic is needed. If we go ahead with the referral, we also tend to refer to our SPLW, who can support the patient and the family, plus referring patients to arts prescriptions is also very valuable since there is a lot fear and a lot of isolation that can be leading up to a diagnosis of a type of dementia.

We also check for reversible causes: We will check the urine to make sure there's no urine infection. We may do a physical examination, a mental examination to look for things like depression, anxiety and stress, which can affect your memory. We would strongly advise, especially if there are sight or hearing issues, that these are checked prior to the assessment. Plus, we carry out a blood test, which will look for other reversible causes of dementia, such as vitamin deficiency, such as Vitamin B12 or Folic Acid, and look for thyroid disease.

At the memory clinic you will then have a more formal assessment, you may have some brain imaging and hopefully a diagnosis of the type of dementia and the severity of dementia. There is a lot of support once you receive a diagnosis, this opens a door and a window to all the

Dr Sonia Ashraf GP, Birmingham and Solihull CCG.

different types of support. Depending on your type of dementia, there are dementia drugs, there are admiral nurses to help with behavioural issues, there is the Alzheimer's Society who can allocate you a support worker, there's Forward Carers, especially in Birmingham, they support the carers through respite and various initiatives. Plus, as I mentioned before, arts prescriptions, these are great for stimulating and keeping you busy. Also with a diagnosis, you will have a GP annual review of your dementia, plus depending on your type of dementia, an ongoing review with the hospital.


In summary, dementia is not the normal part of ageing. See you GP if you have memory problems, getting diagnosed opens the door to a lot of support, and arts prescriptions at the point of referral to the memory clinic can support the patient to combat fear and loneliness in the months leading to a diagnosis. Jenny, who is speaking now, is our SPLW - I often refer to her and the patient feedback is great.

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Jennifer Luisada, SPLW, Community Care PCN, Birmingham and Solihull.

JENNIFER LUISADA is the SPLW for Hall Green Health, Northbrook Group Practice and Swanswell Medical centre, covering Birmingham and Solihull. Until 2019, as an IPS Employment Specialist, she managed a service that helped those with suspected or diagnosed neurodiversity and mental health into employment, education and training. Jennifer is part of the Hall Green Neighbourhood Network Steering Group and helped set up the pan-disability [Better Pathways football team](#), both aiming to help provide services that looks at tackling social and health inequalities to help health, wellbeing and opportunity.

‘A patient’s SP journey’

REFERRAL TO SOCIAL PRESCRIBING  Community Care PCN
Northbrook Group Practice,
Swanswell, Hall Green Health

- From clinician or other practice staff
- Contact as an urgent within the week or within 4 weeks
- Initially contact to arrange best time to speak
 - Does carer need to be present
 - Based on needs and social environment is there a best time of day

Reason for referral *

- Employment, Education, Training
- Welfare and Benefits
- Support round disability
- Cognitive Stimulation
- Healthy Lifestyles
- Physical Activities
- Housing / Homelessness
- Social Network
- Families & Parenting
- Carers Support
- Domestic Abuse
- Emotional Wellbeing
- Volunteering
- COVID-19 after effects

Thank you giving me the opportunity to speak about the patient SP journey, during this peri-diagnostic period of dementia.

Referral for SP comes from the clinician, but also other practice staff, such as receptionists, are really good at picking up on social things that patients are mentioning when they are contacting to get an appointment.

We usually give the person a quick call just to say do they need a carer present. Do family members want to be involved? Do they look after grandkids during the day, so is it best to call of an evening?

SP support is working with clinicians, not instead of them, which is really important during this diagnosis process. It helps put the patient at ease and ensures we are all singing off the same hymn sheet and reading the same notes, things like that. The support is ongoing for however long is necessary. It often starts off with weekly or fortnightly appointments, checking the support being put in place is appropriate and

Jennifer Luisada, SPLW, Birmingham

is working for them. This might change to a check-in call every month or so, to see how they are doing.

The initial appointment is what matters to you. During the diagnosis process and just after, it is a big change and a lot of stress, so it is nice to reflect with the patients, what matters to you? What did you used to do that you may not do anymore? Is there an accessible version of it now? So, for example, I have a patient who loves ballet, she used to do it when she was younger but because of her mobility now, she is worried about how coordinated she is. We looked into it and found a seated ballet class along her bus route so she was able to go independently, instead of relying on when her son would come. Over lockdown, that has been over Zoom as well, so she has been able to carry that on.

Access is really important, if they rely of public transport, I will look for services along the bus route, because often, if they're not able to walk there, then they will rely on something on their bus route.

Does the carer need a carer's assessment, so they are supported too? Are there any pressing financial issues, do they need help claiming their bus pass? Really little things that make such a huge difference in being able to access these groups, they usually come up now. Are they claiming any benefits they are entitled to? That is really important, a lot of people don't access services because they have to pay for it, even if it is just a really small contribution. Can I do a referral for them? That gives them a bit more spare change each week to be able to access these groups.

I also support the community groups based on needs we are seeing, which has been absolutely essential during COVID19 due to changing restrictions. Last summer when patients really wanted just some face-to-face contact, we did socially distanced coffee mornings. Then, come Christmas time, when restrictions were a lot harsher, patients said we don't really care to learn how to use Zoom, we've got this far in life without it. So local community groups started At-Home packs, where there was a theme each week and gave the opportunity for participants to become pen pals, make a new friend.

Recently I have been working with a group that has been delivering at home packs of wooden carrier pigeons with some lovely paints, so patients are painting these pigeons and writing messages of hope on the back. These are going to be collected up shortly and redistributed with participants, so everybody is getting a message of hope.

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Gordon Strachan, Commissioning Manager, Adult Social Care, Birmingham City Council.

GORDON STRACHAN is a Commissioning Manager at Birmingham City Council, with responsibility for commissioning prevention services, including carer support services. Fully committed to partnership working, he has been a leading personality in the implementation of integrated commissioning with CCG's and Children's Trust to create all age, citywide prevention pathways. Gordon is the elected West Midlands Association of Directors of Adult Social Services (ADASS) regional carers lead chair. Coordinating the efforts of a group of 13 local authorities, who endeavour to identify and implement best practice around carer support, including bespoke packages of support and specialisms for dementia carers. Gordon is a strong advocate and contributor to local community resources and is a passionate ambassador of service user involvement and co-production of services.

When it becomes apparent that something is not quite right with someone's memory or their cognitive function, and a diagnosis is being pursued, there is a really horrendous hiatus before a diagnosis is concluded. What do people do, apart from feel very anxious? Life tends to come to a bit of a grinding halt at these times, people withdraw into themselves, and they tend to isolate, and that anxiety becomes really prevalent in their life.

What a great opportunity for the person who is waiting for that crucial diagnosis and their family partner to engage in something meaningful like art therapy. For both parties to be able to get involved, to have some subject matter to discuss, and reflect on, beyond any therapeutic sessions. To even build on something incrementally over the days, weeks or months that they can relate to. Something tangible to look at and reflect upon. That whole process of creativity and producing something is really significant where memory is impacted.

I have learnt of the good work that Arts 4 Dementia (A4D) do, and I'm an absolute true advocate. Without any question, should I or any of my family members, should there be any concerns around the working memory etc., it is something that I would actively pursue, having learnt what I've learnt, and having heard the testimonials. So, go ahead, keep doing the good work that you are doing. I think we need to be really mindful just how agonising that period of uncertainty is, and to find an opportunity to fill that time will be so meaningful for so many people.

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