

Northern Ireland

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

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

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

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

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

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

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

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

In terms of thinking about the pre-diagnostic stage, there is a couple of things to say. One is the tests that doctors use to measure cognitive function and to diagnose dementia are blunt instruments, for example the mini mental state examination, which I suppose would be the gold standard. Somebody's state of cognition has to be significantly impaired before we see a change in that. I quite often see a patient or a family who

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

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

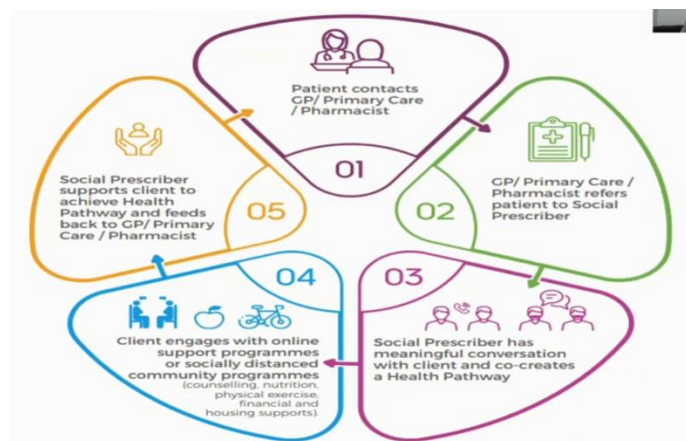
Contact: l.dubras@ulster.ac.uk

Leanne McBrearty, Co-Chair Regional Manager, Spring SP

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

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

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



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

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

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

Contact: leanne@bbhealthforum.org

Lorraine Calderwood, Arts Council of Northern Ireland.

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

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

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

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

Contact: lcaldерwood@artscouncil-ni.org

Dr Jenny Elliott, Chief Executive, Arts Care

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

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

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

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

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

about the programmes that we do with Arts Care is that we really work with the most vulnerable, try to increase our outreach, and reduce the inequality that can sometimes prevent people and act as a barrier to people participating in the arts.

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

Contact: ceo@artscare.co.uk