



Arts for Brain Health Webinars

Hosted by Veronica Franklin Gould, in association with Arts 4 Dementia & Sir Muir Gray, Director of the Optimal Ageing Programme at The University of Oxford.

Music for Brain Health, Tuesday 11 January 2022, 10-11 am

Chaired by BBC Broadcaster, Katie Derham

- [Sir Muir Gray](#), Director, [Optimal Ageing Programme](#))
- [Dr Bogdan Chiva Giurca](#), [National Academy for Social Prescribing](#) & [Global Social Prescribing Alliance](#)
- [Dr Iban Tripijana Sanchez](#), Clinical Neuropsychologist, Castellón de la Plana, Spain
- [Phil Hallett](#), Chief Executive, [Coda Music Trust](#)
- [Grace Meadows](#), Director, [Music for Dementia](#))
- [Victoria Hume](#), Director, [Culture Health and Wellbeing Alliance](#)
- [Sian Brand](#) (NHS England [Social Prescribing](#) Regional Facilitator)

**** Key actions will provide supporting material for dementia care for Health and Care Bill committee stage debate in House of Lords, invited by Baroness Greengross, Jan 2022 ****

Veronica Franklin Gould, President, Arts 4 Dementia, introduction:

Good morning. Welcome to our Music for Brain Health webinar – over 200 delegates, from Canada, America, India, Taiwan, Spain, Malta and all over the British Isles - That’s Music – and I think Katie, much loved BBC broadcaster, Arts 4 Dementia patron, violinist dancer who is kindly chairing the discussion today.

There are 200,000 new cases of dementia in the UK each year, as yet incurable - a terrifying prospect - but symptoms can be eased and if people engage in weekly music and other wellbeing activity to nurture their resilience in the community. So today’s webinar is focusses on how music-making helps to relieve the isolating fears people feel in the period leading to diagnosis of a potential dementia.

To encourage GPs to refer patients at the outset of symptoms to through their social prescribing link workers to local musical opportunities, to empower them to protect against cognitive decline, loneliness, depression and strain, enhance mood, self-expression and preserve confidence, brain health and as we all feel today bring a joyful sense of camaraderie and accomplishment.

Tackling the challenge of playing, learning music together heightens brain activity and becomes a joy. Singing in a choir, musical theatre, opera group, playing an instrument, listening, improvising, learning new music, performing and improvisation, engages the whole brain and promotes neuroplasticity, thereby increasing resistance to age-related neurodegeneration. As we age, music-making provides a tool for a total brain workout.

*[not mentioned in webinar: churches, cathedrals, uplifting spiritual buildings offer inspirational opportunities for music to preserve brain health, through free mid-week performances and dedicated [choir and organ programmes](#), pp. 64-80]

We warmly welcome our speakers – Dr Iban Tripijana Sanchez, a clinical neuropsychologist from Spain with a special interest in how music helps with challenges of mild cognitive impairment. Dr Bogdan Chiva Giurca, Clinical and Global Lead at the National Academy for Social Prescribing and founder of NHS England’s social prescribing student champion scheme. Phil Hallett, will present the wide range of genres offered through the Coda Music Trust in Hampshire. Grace Meadows, Director of Music for Dementia also offers music **earlier** in the life course, Victoria Hume will explain how musicians can raise awareness of your programmes through the Culture Health and Wellbeing Alliance’s regional champions and Sian Brand, regional champion and learning coordinator for the Social Prescribing Network, will show how linkworkers can help spread the word to patients.

Before handing over to Katie, may I introduce Sir Muir Gray, Director of the Optimal Ageing Programme at Oxford, author of *Increase your Brainability – and Reduce your Risk of Dementia* – and key advisor to our Arts for Brain Health webinars – Muir

Sir Muir Gray, Director, Optimal Ageing Programme

Hello – Two short things by way of introduction.

DIGITAL CONNECTION: Firstly, I’m going to speak a little bit about digital and obviously we should get people face to face. But we’re looking at different ways in which we can use the power of digital:

Streaming music into care homes

We can stream concerts to care homes. [Maki Sekiya](#), the Japanese pianist here has done that. Even more important, I think, is we can connect people. There’s probably 1,382 people love Verdi in care homes – but that’s one every six care homes, but could we bring them together? The answer yes; and it needn’t be Verdi. It could be bagpipes or Scottish country dance music or something like that.

The same applies to the medical record. If the record had a musical love, eg Verdi, then the GP information system could automatically connect then to Verdi initiatives locally and virtually. The patient is the only person constant in health care - everyone else is part time or sessional, so we need to take responsibility for our medical and musical record

We need to get the big companies like Garsington to record their operas on VR and we are introducing VR to care homes – ****You can stand in the chorus or dance in the chorus line !!! ****

GPs prescribing music

The third digital initiative that's taking place is that GPs will be able to prescribe music t We've got now, the GP information systems able to do social prescribing,

Set up a charity to promote music / help young musicians

The other thing I'd here say is that if you want to reduce your risk of dementia, the most important thing you can do is to get involved in setting up a charity who promote music or to help young musicians. It's interaction and challenges with others that's probably the single most important thing you can do. And the tougher Veronica, the tougher the job the better it is for you. So I look forward to today's programme very much and be thinking about ways in which we can make this real and every care home, and every person isolated in their own home; and how we can build it into music therapy, linked to every drug therapy.

Veronica, A4D Thank you Muir. Very interesting about the linking up with care homes. [See CHAT at end 'Streaming music into care Homes and Hospitals']

Katie, It's our great privilege to have you as chair. Thank you so much. May we hand over to you now?

Katie Derham, BBC, Chair

It's an absolute pleasure. You know how committed I am to supporting your wonderful organization and how important this whole area of research is to me personally, Such a pleasure to be here and for so many of you to be joining as well. This is something that I've been very passionate about for a long time. I've got the delight at the moment of presenting a podcast, which I hope people listen to called Just the Tonic, which is really focusing on the transformative power of music and the arts.

What we all have in common on this panel is a fervent belief that music and the arts can transform people's physical and mental health; and what I hope we get from the next hour or so is a sense of what programmes are out there, how they work, how more people can access them and how we can campaign at a policy level for music to be made more central to our lives at every stage.

We have this eminent panel, Veronica has introduced them; and I'd like to ask them all to talk for about five minutes or so each, so that then we all have a chance at the end of this hour to get involved, have a discussion; and for me to be able to take questions from you all as well, who are listening to this webinar. So first though it is my great pleasure to hand over to Dr. Sanchez, the clinical neuropsychologist from Spain. Dr Sanchez, can you set the scene for us, if you liked why music is so good for the brain health.

Dr Iban Tripliano Sanchez, clinical neuropsychologist

Improving memory and attention

Studies show how music improves memory in general, verbal memory in healthy subjects; and those with dementia, demonstrating how music improves working memory and attention; and how musical memory prevails over other types of memory in Alzheimer's

- Music and cognition
- Improved verbal memory
- Improved working memory and attention
- Musical memory prevails over other types of memory in AD



EFFECTS OF MUSIC ON THE BRAIN

Active musical practice improving cognitive performance

Active musical practice improves cognitive performance in general. In our group of research, we are working on this. Active musical practice increases cognitive reserve; and if cognitive reserve is increased, it is less probable that the diagnosis will be Alzheimer's or another dementia. Music reduces disruptive, aggressive behaviours and anxiety in people with Alzheimer's.

- Increased dopamine in ventral striated nucleus, NAC, VTA and insula in connection with the orbitofrontal cortex (reward)

Activation of endogenous opioid peptides

Empowering social interaction and participation

Music is an important source of social and interactional cohesion, increases participation and empowerment in people with dementia.

- Music and conduct
- Important source of cohesion and social interaction. Increases participation and empowerment in dementia forgiveness



Reducing apathy, inducing pleasure

Live music reduces apathy in people with dementia too. One of the effects of music on the brain is increased dopamine, inducing pleasure sensations, activation of endogenous opioid peptides.

- Music and conduct
- Live music reduces apathy levels in people with dementia



EFFECTS OF MUSIC ON THE BRAIN

Reducing stress, anxiety and pain

The use of music will reduce stress, protect against disease and modulate pain.

Music in the brain reduces levels of endorphins, of cortisone, of anxiety.

- Reduces stress, protects against disease and modulates pain
- Reduces levels of beta endorphin and cortisol (HPA)

EFFECTS OF MUSIC ON THE BRAIN

• STRENGTHENS THE IMMUNE SYSTEM

In singing groups, it increases the concentrations of immunoglobulin s-IgA, one of the main antibodies in the body.

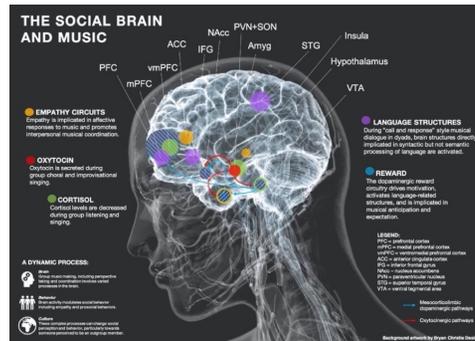
How music strengthens the immune system

An important theme of music for me in dementia is that music strengthens the immune system. One aspect of Alzheimer's or another dementia relates to infection, bacteria infection in the mouth, like gingivitis or herpes virus in the brain. Here music is important in strengthening the immune system. It's very, very important for me. Studies provide evidence that music increases

activity of NK cells, increases lymphocytes, T cells, CD4. It is significant that music modulates the immune system, increases social participation and increase empathy, which is important. Increased oxytocin level too.

Effect of group singing

Singing in groups increases oxytocin levels, the concentrations of immunoglobulin s-IgA, one of the main antibodies in the body.



Active Musical Practice for the Prevention of Alzheimer's. A Case in Alcora, Spain.

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Introduction

We know that Alzheimer's disease means impairment of memory and other cognitive and conductal domains. In its broadest meaning, and of the benefits of active music to trigger the functions of the two cerebral hemispheres. Our proposal aims to improve the quality of life and cognitive functions of older people through active musical practice, and to provide evidence that this may prevent the beginning of Alzheimer disease or another neurodegenerative process. Singing in a choir is nothing new. There are many choirs for older people. Our proposal is a form of innovation research, because it includes psychomotor skills, the composition of music, lyrics, and singing performance. Participants learn music, but the goal is not to learn music, but to improve the quality of life and cognitive functions.

The methodology used will be an experimental study, using the rating scales that are relevant for us applied pre- and post active music practice using a control group. The intervention includes a range of musical activities including singing, body expression, instrumental expression, public interpretation of concerts, song composition, reading and writing. The sessions are once a week and the duration is one hour, leading to performance in different centres, care homes or nursing homes. We hope that this project can be implemented in more places in Spain, and we would like to know the global impact.

Objectives

The overall goal of this research project is to study the cognitive effects of music in older adults. Specifically, we aim to test and provide evidence that music produces improvements in cognitive performance, thereby offering another therapeutic tool when it comes to preventing and/or acting as a treatment for the symptoms of neurodegenerative processes such as Alzheimer's.



Katie Derham, chair

Thank you, Iban. The evidence you are sharing with us is so powerful for us to be able to spread the message of how important music really is in a practical sense to help people with all sorts of health conditions.

Sian Brand (CHAT) That evidence is so helpful to us to widen promotion of music to support brain health and even general well-being!

Katie Derham, chair

Now, I invite Bogdan, please, to speak next because you're working with other doctors. I know how passionately you feel that this knowledge about the importance of music and the arts on brain health has to be integral to the training in the medical profession:

Dr Bogdan Chiva Giurca, National Academy for Social Prescribing, Global Social Prescribing Alliance

Thank you, Katie, for the warm welcome. And it's lovely to see so many familiar faces, so many people from around the world, joining in, thank you so much Iban for that fantastic point around the evidence and the benefits for music.

Health care vs sick care

When I say the word "health" or "healthcare", what do you think of? What do you imagine? Here, we're already in a group where you'll be thinking about much more, but your mind does that without you wanting to. So one day, go around and think about scrubs, stethoscopes, blood tests, X-rays, imaging scans, blood pressure, cuffs pills. That's what young students go into healthcare for, right? Stitching suturing, surgery, illness; and you're not wrong to imagine all of those things. It's the way medicine has really been portrayed for decades, using battleground terminology of fighting illness. We've more or less been taught to deliver a sick care model, one that pays doctors like me within the emergency department to fix and repair what's broken.

But how wrong is that? How wrong is it that we don't put a price on preventing disease, on teaching our young trainees and students to improve brain health in the long run. We seek a formal diagnosis constantly, clinging to it with our teeth and don't go ahead until we've put a label on an individual, when we could have actually helped them live well in the longer run, regardless of the diagnosis and label. The revolving door and fixed shop mentality we built over the years only allows us to focus on the one-third of the total population at a given time - those who are already sick. Think about that for a second. Two-thirds of us are currently healthy, but we don't get to think about health until we become ill. So when we do get ill, we seek it in formal institutions where the so-called experts are waiting to save the day.

How have we allowed that to happen? Because year after year, we've taught healthcare students in an algorithmic fashion, in a constant battle against disease. If X, then Y. What we were really doing was offering tomorrow's healthcare professionals, a tunnel vision, a one-dimensional definition, a biomedical approach to health, a definition that sadly doesn't reflect the reality that we live in, a reality defined in proportion of 80% of our [social determinants of health](#), our housing, our income, our education, our access to certain activities.

With people living longer, a rise in long-term chronic diseases and the dramatic increase in dementia by 2050, as found in the recent [Lancet paper](#),¹ we have to change the definition of health once and for all.

Brain health at the heart of local communities

Brain health doesn't have to start within the hospital environment. Brain health starts within our homes and at the heart of our local communities with activities such as music, like Iban said. For the future generation of cultural professionals, they need to understand that too.

Training

First and foremost, healthcare professional training must include [music on prescription](#) through organizations, such as [Arts 4 Dementia](#) (next training [25 January](#)). Music for dementia students from across the UK have already started to understand that medicine is far from just being biomedical in nature. They clearly caught me in time and look how that's turned out.

Early referral to music to preserve brain health

Secondly, early referral and accessibility to brain health activities, such as music within the community is crucial. Accessibility - music shouldn't only be accessible to some, it should be accessible to all. It should be everyone's basic human right? But for that to happen, we need to tackle health inequalities and ensure we don't leave anyone behind, because it's easy for us to keep engaging with people who are self-motivated and self-empowered to seek such activities. But what about the ones who don't have the opportunity to learn about or experience the benefits of music?

Funding support for music programmes

Support for the voluntary care sector organizations is crucial to ensure adequate funding for such activities to take place - activities that we know will result in healthier individuals and therefore healthier communities in the long run.

How we can reshape values, effect culture change to preserve brain health

What can we – the already converted - do to change the definition of health once and for all? Well, I believe whether we like it or not - and hopefully we do like it - we are role models for those around us, be it in our own families as individuals, be it within the clinical environment as mentors, be it within the academic world or even within the workplace as colleagues. Through each of our spheres of influence, we can play a role in reshaping values and beliefs, both amongst the current, but also the future generation. I just don't talk just about clinicians. I talk about everyone's perspective and definition of health; I think my promise to myself and to you is that I'll continue campaigning for social prescribing and access to healthy community activities until tomorrow's

¹ "Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease study, Jan 6, 2022

healthcare professionals see social prescribing and music interventions as exciting as the most expensive immunotherapy drug or the most complex brain surgery you can imagine. When that happens, when we see all that social and psychological as important as biomedical, we'll get to experience the full benefits of community health and prevention. Thank you.

Katie Derham, chair

Well done. I'd like you to be everybody's doctor, please. Thank you very much, indeed. That's very, very inspirational.

CHAT

- [Jane Mullins](#) Thank you Bogdan, your thoughts resonate greatly I also represent the [Awen Institute, Swansea University](#) where we undertake research with the creative industries to support older people, if anyone is keen to collaborate on any research please contact me j.m.mullins@swansea.ac.uk
- [Nisha Halai, London UK](#) Thanks Bogdan. I feel a sense of Hope hearing your words. - Anthroposophic Medicine includes arts, touch, music and meaning-making by the individual - I found it a way of listening and looking at Life that works for whole human development/health.
- [Veronica, A4D](#) Bogdan, you enrich and enliven us all with your knowledge and inspiration.

Katie Derham, chair

Let's turn now to examples of extremely successful programmes, putting this work into action. I'd like to introduce you to Phil Hallett from Coda Music Trust. He has been working with arts education for many moons. He's a champion, I think it's fair to say, and I'd love to hear more from you about what Coda is doing down in Dorset.

Phil Hallett, Chief Executive, [Coda Music Trust](#)

Thank you, Katie. The charity Coda Music Trust is actively engaged in delivering the kinds of services and activities that we've been talking about so far this morning.

Meeting musical needs of Dorset elders

We're creating a little bubble of wonder down here. I've been here about 10 years now; and it's lovely to see how people are responding. We sit on the border of Dorset in the New Forest, in a beautiful part of the world. Our local population is significantly older than other places in the UK. I think at one point, Christchurch had the most elderly population in Europe. As a small community-based organization, it was quite natural for us to begin to meet the needs and demands of our local population. Over time they word has spread and our staff and users have seen the potential for doing more.

Social ensembles, bands, courses and classes

At the moment, we work with around 200 people in their '60s and older, every week. (We do also work with people of all ages and abilities, but I'm focusing today on this group of people.) We provide a whole range of [social ensembles, and bands, and](#)

[courses and classes](#) that occupy a space in the sweet spot between learning and wellbeing - they meet both those objectives. Ten years ago, we had one choir here at Coda. Now our choirs are joined by ukulele bands, jazz bands, folk bands, and a whole range of beginner and intermediate courses and classes that enable progression to and from these groups.

Music's vital role in health and wellbeing

Although we have a significant arts and health programme at Coda, which includes a clinical music therapy service and projects that use music to specific health issues, such as Parkinson's, stroke and dementia, the lure for people coming to the bands and groups I'm talking about here was first and foremost to learn, to play music in a band with other people. However, over the past decade, as general awareness has grown to how music can play a vital part in keeping physically and mentally active and supporting health and wellbeing in older age, we've seen this area of work grow as a motivation for working with us. People now come because they know playing music is good for them, sure and simple as that.

Financial sustainability

The groups that we run are pretty much financially sustainable; and I think that's an important element for us to look at in this whole kind of mix, especially as the social prescribing structures are emerging in the UK. We typically charge a small fee for attending maybe £5, £6 or £7, which multiplied by the numbers in the group helps to pay for our professional music leader and other on top costs. Where necessary, sometimes there's a combination of a small fee and subsidies or donations or grants, which are fundraised by Coda as a charity, either specifically for core courses or classes, or more generally as a charity. But on the whole, when we're creating a sustainable range of activities and services here.

Qualitative testimony

There is no formal evaluation around the impact with these groups, just a myriad of anecdotal evidence and testimony from those attending about how it's helped with a recent bereavement or how it's kept people positive and connected throughout the pandemic or how their confidence has grown, having performed publicly for the first time. All of these though are key indicators when you start looking at wellbeing, surveys and results.

A blended way forward for music on prescription

I know that probably to truly connect with the formal health and social care services, more evaluation is probably a requirement, but I think what we're trying to create here is a model where there's a blended way forward, where music on prescription perhaps led by a clinical music therapy team and playing in a band are acknowledged as points on a scale of progress in the path to improving or maintaining wellbeing.

Witnessing culture change for users, health and social care systems

In the past few years, I've certainly seen a culture change on the ground with both our users and with the health and social care systems. Certainly, a move towards more holistic understanding of health that includes wellbeing and non-medical interventions, some acceptance by people themselves of their role in their own health and an acceptance of how art and arts organizations can play a vital part in this bigger picture.

When I first got here, we would deliver to GP surgeries, our fliers around [Singing for Health](#) sessions, and people were confused as to why we were doing such a thing and not accept those flyers. They were wondering what that was; and similarly, more seriously, maybe we would fall down when trying to get mental health patients referred for music therapy by social adult social care departments, but this is changing now.

Instead I see excitement on the faces of local social prescribers when I describe the whole range of opportunities that are offered by Coda and our cultural partners locally. There are lots of challenges, I think in particular, how we work together with such different cultures of practice. Also, maybe, whether the solutions we're offering can be accepted by those who are so used to medical intervention themselves, and even whether charities like Coda can survive, to play their role in this system as funds become scarcer and need greater.

Rusty Rockers

But for now I know almost 25, mostly older gentlemen will invade Coda shortly for their Rusty Rockers session, which is a kind of musical [Men's Shed](#). They come to achieve their dream of playing in a rock band, but in the process, they make new friends and find support for their shared concerns. They're challenged and stimulated mentally to learn and play their favorite songs and physically to get and keep their fingers and toes moving. They may never tour the world, but they may still be dancing like Mick Jagger and the Stones well into their '70s and '80s. And that's gotta be a good thing, isn't it?

Katie Derham, chair

Most certainly does. I've now got that image in my mind of what, to what your morning is going to be like after this webinar; and It's noisy and it's full of joy. Thank you so much for all the work you do.

[CHAT – CODA MUSIC TRUST]

- **Sian** A musical Mens Shed - just brilliant!
- **Jane Mullins** Love musical Men's Sheds too Phil
- **Sharon Clixby** Phil - the whole set up you described sounds excellent- I need to move to Dorset!
- **Veronica, A4D**, Phil, you bring alive Coda so well, the fantastic range of music you offer - I love the idea of musical men's sheds! Thank you so much for sharing, V

Katie Derham, chair

Can I turn now to Grace at Music for Dementia to just explain a little bit about the powerful work that you've been doing there. I know that you're aiming to work with the DCMS and change policy, so it would be really interesting to hear that angle as well.

Grace Meadows, Director, [Music for Dementia](#)

Thank you, Katie. And thanks to everybody. It's been a very inspiring already this morning and there's more to come. I know that we are, as Bogdan mentioned, talking to the converted, but for those of you who aren't aware, Music for Dementia is a national campaign calling for music to be an integral part of dementia care for all the reasons we have discussed this morning.

With the pandemic, we are faced with extraordinary challenges now that are acute, that are complex, that are cross sector and require a joined-up, collaborative, cohesive co-operative approach as to how we approach them, how we recover, how we rehabilitate. Whilst music is not a silver bullet, it's not a panacea for everything, what we have learned, what we know and what the evidence shows us is that music is incredibly powerful to support health and wellbeing.

[Working with UK Music for music across the lifespan](#)

Since April last year we have been working with [UK Music](#), the umbrella body representing the UK music industry, to say, what more can we do if we join up and take a genuine cross sectoral sectorial approach. Elevating the original mission of the Music for Dementia campaign, which was bringing people together around the power of music for one particular group, we are now saying what happens if we put music into life across the lifespan?

I am naturally biased as a music therapist and as a musician and someone who's worked in the NHS, in special educational needs, end of life, I've worked with mums-to-be right through to people at the end of life. I can see how music is the soundtrack to our lives. What we are saying is, let's make music an integral part of our lives. Bogdan, you said something really important about accessibility. That chimes in very nicely with what we've always said at the campaign: that it's about the right music at the right time delivered in the right way by the right person. It's that individualized personalized approach. And you can take that if you have the right national and local services in place, and that's what we're calling for with our work with UK Music. We've done a series of workshops.

[Power of Music report – to improve & enrich our wellbeing, sense of self, contribution to the world](#)

We're in the process of writing a report and presenting that to the Departments of Culture Media and Sport, of Health and Social Care, and the Department of Education. Because we understand that we need to do this together if we're going to create that culture and behavioural change and that different approach to music, taking it from being a nicety to that "absolute necessity" (Oliver Sachs). We've always said that music, isn't a nicety for people with dementia. It's a necessity, but actually as we are all musical

beings, We all have the capacity to respond to music. Whether we believe that or not, regardless of what we think of our voices, we all have an inherent ability to respond to music; and therefore we have this capacity to have music as a health and wellbeing tool across our lifespan. What we've found through this consultation is that we are a nation of untapped musical potential. We're not all going to be part of the Rolling Stones, or Nigel Kennedys. We're not all going to be extraordinary musicians of that calibre, but we can use music to enhance and improve and enrich our wellbeing and our sense of self, our sense of contribution to the world - all these soft skills that actually create meaning and purpose and give us drive and momentum and support our wellbeing. And in turn, all of that does feed back and support brain health.

So we will be presenting to government a very, very bold vision of how we put music into the lifespan; and brilliantly we already have the support of the Secretary of State for the DCMS, Nadine Dorries, who we're talking to about these recommendations. We have the support of the music industry, of [Universal Music](#), which is incredible. We have the support of [James Sanderson](#), the [Director of Personalized Care](#), and others at the NHS and all of you on this call. That's really important because naturally there are issues in the music and health space, because of the impacts on resources.

Let's get behind this one mission, one vision – to ensure that we have an ecosystem that works for all, and that allows local services to flourish, but also allows national programmes to happen, to work in partnership together. It might sound a bit utopian, if we get the structures in place properly, we can make this happen. We can make it so that somebody is growing up with music; and that music is then a self-agency tool to support their health and wellbeing. Then we're really getting into this idea of personalized care, what matters to the individual. [Music on Prescription](#) is absolutely the heart of this report and recommendations, because we need to shift that mentality around music being merely nice to have - it is an absolute necessity.

To Muir's point, it's this blended approach we need, that technological aspect, but we also need to make sure that there are in-person services. It's really about the right music at the right time, in the right way. So our campaign is absolutely about music and enabling people to be seen, for who they are, beyond their condition, whether that's dementia or whatever it might be. It's about saying: let's make this integral to what it means to support health and wellbeing. It's very encouraging to hear the collaboration this morning, because it absolutely personifies what it is that we're trying to shift in terms of culture and behaviour and system change. The pandemic has sadly presented us with an opportunity to consider how we can do this differently, how we recover and rehabilitate, with music at the heart leading the way.

Katie Derham, Chair

Great, thank you. I will be fascinated to hear exactly how Nadine Dorries's support actually manifests as policy change. I think we're all keeping our fingers crossed for that.

[CHAT – MUSIC FOR DEMENTIA]

- **Veronica, A4D**, Grace it is so heartening to hear you and your bold vision of putting music into the lifespan - magnificent. Thank you so much for speaking.
- **Veronica, A4D**, Absolutely, beyond the condition, especially music to preserve brain health, which makes people feel they are doing something to help themselves, ourselves
- **Andrew @ BAMT** Thank you so much Grace - your passion and integrity has led to amazing developments in music and dementia and has great voice for influencing government, DHSC etc - it is always a joy to hear you talk about this
- **Grace** Thank you Andrew!! Really excited about what we can achieve this year with music and looking forward to working with you on making this happen!
- **Grace** Here is a link to our [Power of Music](#) report and the support from government

Katie Derham, Chair

Let us hear now from Victoria, because having heard how important this is, let's talk about how we actually get it all out there. Victoria is Director of the Culture, Health, and Wellbeing Alliance, and has - what's the latest count? - 6,000 practitioners at your fingertips.

Victoria Hume, Director, Culture Health & Wellbeing Alliance (CHWA)

Lucky us. Thanks, Katie. it's a pleasure to be here.

Empowering people to do what they love – creativity not the exception but the rule

I'm going to start by quoting the Arts 4 Dementia report [A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire](#).² One of your supporters, Andy Burnham, who said,

I think 'care' is helping people do what they love to do, allowing them to connect with their passions, what animates them in life. Empower them to do what they love doing.

which hits the nail on the head for me. And like all of us, I'm going to work from the assumption that we all believe that giving people access to creativity at moments of crisis, is an essential expression of care. What we're really interested in CHWA is how we can make sure that that becomes not the exception, but the rule.

CHWA practitioners – freelancers, small organisations – driving arts prescription

It's important to say that as Phil just illustrated, social prescribing is just one mechanism for helping health services connect with creativity. There are tens of thousands of people already delivering this kind of work around the country in hospitals and clinics in many different community settings as an organization. As you've just said, we've got thousands of members, most of whom are the practitioners who are driving this work forward. It's really dominated by freelancers, small arts organizations. Many museums are engaged in this kind of work. We put out [reports in 2020 and 2021](#) that highlighted just 100 of these arts organizations who were reaching people shielding at home or

² A.R.T.S. – wide ranging cultural, creative, heritage, nature etc (Activities to Revitalise The Soul)

stuck in institutions during lockdowns, finding ways to support mental and physical health, despite all the obstacles in all of our ways. But social prescribing at this moment with the government backing that it currently has, has the potential to be a really important mechanism to take this further.

Culture change need: to align medical and arts prescription programmes

Going back to the A.R.T.S. for Brain Health report again, Professor Martin Marshall, the Chair of the Royal College of General Practitioners says that

The shift for us in general practice is not just engaging with those medical activities which are core, but to engage with social activities, and make sure the two are aligned.

So this is a logistical problem, but it's also a cultural one. It represents a huge culture change in primary care and social care and public health, but also in the cultural sector, which is beginning to move toward a better understanding of how we can work in a collaborative way.

How can freelance musicians or music organizations liaise with social prescribers?

At CHWA we work with a network of [regional champions](#), a bit like the [Social Prescribing Network](#), to make sure we understand the realities of this work on the ground and also to spread great practice. But one of the questions that we're trying to answer is: how does a freelance musician or a music organization actually get involved with social prescribing on a practical level? There's no real answer to that question at the moment. A lot of passionate, determined people and organizations have found ways really by just knocking on every door they come across until someone lets them in, but it's a tiring process, a bit arbitrary. It tends to depend on individuals, energies and connections: GPs and link workers might want to prescribe into arts programmes: and arts organizations might want to be supporting people's health. There are some amazing examples dotted around the country as we've just heard. But we don't have a consistent and efficient system for making that happen.

Government investment needed to fund music and arts prescription programmes

The real answer to this, echoing Grace's point about having the right mechanisms in place, is proper investment. The government has committed a certain amount of money to the link worker programme – arguably, not nearly enough - but almost no funding for people who are actually providing the prescriptions.

The A.R.T.S. for Brain Health report highlights the [Thriving Communities Fund](#), which is an exception. It's a great model for bringing together collaborators across health and across a range of specialists, community organizations, not just the arts, but people providing access to nature, supporting exercise, supporting help around finances. And it's really good to know that there's some potential for that programme to be extended. What I hope it will do is catalyze investment into giving these kinds of cross sector

collaborations a long-term future, not just this kind of project-based approach that we seem to be stuck in at the moment.

We know from our [CHWA surveys](#) that the vast bulk of creative work supporting health is funded through project grants from charitable trusts and foundations. So we have this kind of precarious project-based system trying to meet a big statutory system. What we really need is investment into an infrastructure that can build the kind of alignment that Martin Marshall is talking about.

Beacons of joined up place-based partnership respond to local needs

There are some real beacons out there taking a strategic approach to this work. Gloucestershire CCG has been investing in arts on referral for two decades now, and that longevity of investment has led to significant falls in GP consultation rates and hospital admissions. In 2020 the Greater Manchester Combined Authority - again goes back to Andy Burnham and the way that the city is operating launched a publication called [A Social Glue: Greater Manchester, A Creative City Region](#), which aligns culture with Greater Manchester's commitments to health equality, as the UK's first Marmot city region in Cornwall in the Isles of Scilly, the council's Culture and Public Health teams have come together to develop a creative health and wellbeing partnership - that's particularly focused on addressing health inequalities, improving mental wellbeing, addressing loneliness and isolation.

For me, it's this kind of place-based partnership work that can respond to local priorities and it can provide a network for creative practitioners in this area to be able to find that way into health that can be so elusive at the moment. It's this kind of joined up thinking. Grace referred to an ecosystem, which is a really helpful word that will give us the chance to spread the word that we all know should be happening everywhere.

Music is really like all creativity offers, this chance to transform the story for, and the experience for individuals and their families at moments of deep crisis and change. It can't be about one-off miraculous events any more. This is about how we can make miraculous into the everyday.

Katie Derham, chair

Victoria, thank you so much.

CHAT - CULTURE, HEALTH & WELLBEING ALLIANCE]

- **Victoria, CHWA** <https://www.culturehealthandwellbeing.org.uk/>
- **Veronica, A4D** Victoria thank you for all your references which we shall highlight. I agree with all you say about the need for investment to catalyse long-term sustainable arts prescription programmes. Invaluable talk, such thanks, V

Katie Derham, chair

I think it's ideal now that we've got Sian Brand here to talk from the perspective of being part of one of those networks and to just to discuss a little bit about the challenges faced, just trying to make it all pull together and actually working with the practitioners.

Sian Brand, NHS England East of England Social Prescribing Regional Facilitator and Learning Coordinator.

Thank you, Katie; and thank you so much, Victoria, and all of the other previous speakers, I am just so totally inspired. I've been in social prescribing for a number of years now, probably almost seven years from when the Network started the national network - moving from a social movement of social prescribing to national policy in probably the quickest turnaround I've ever seen happen for the NHS in terms of commissioning something.



So where does social prescribing sit? It came around formally within the [NHS England Long-Term Plan](#), which is now three years old. Funding for the link workers has been in place now for 2½ years. We're still relatively new in terms of national policy. But since that point, we've actually grown the workforce of social prescribing link workers to in excess of 1500 across England. That doesn't include social prescriber link workers in the devolved nations or emerging across the world, as we know from Bogdan and the Global Alliance.

NHS Personalised Care: *What matters to you, rather than what's the matter with you.*

It's very much within NHS Personalized Care strategy. You may have heard the saying it's about *What matters to you rather than what's the matter with you*. We're changing that conversation we have with people we're talking to in the NHS and really focusing on their strengths and their assets, their history, what makes them them - music is absolutely a key part of this.

Surgery-based link workers

These link workers generally are based around GP practices. Many are hosted actually by voluntary sector organizations, but they serve a practice-based population. Anybody with a social need should be able to access a link worker at an appropriate point where they need it - and obviously never more so than during the pandemic.

Link workers seeing how music meets people's needs

Have we seen the need for social prescribing link workers and that shift to supporting people in their social needs. And music, absolutely, as we've heard from the evidence, and it's wonderful to have that. Evidence plays a key role in health and wellbeing

generally, so that bio-psycho-social model and the link workers play a key role in knowing what's in the community – that comes as a generic part of their role as link workers. But also the need has been mentioned by others, particularly around connecting and knowing what's happening in their communities - it will be different even across the county, as to knowing what's available when, where, and to whom.

How SP learning coordinators / regional facilitators can guide linkworkers to music

I, in my roles as learning coordinator and regional facilitator support the link workers directly very practically around the learning and development. I am opening their eyes and I'll absolutely be sharing this webinar with all of my link workers in the east and the national team as well

Supporting Integrated Care Systems

Also I support systems. We have emerging integrated care systems, and these will be the strategic leaders in regions that will be deciding how their money is spent. I will be placing in front of them, things like this, that say, look, look at the evidence, look at what Phil's doing. Look at how Grace is reporting different schemes and look at Victoria's reports. What are we doing? How are we spending our money? And we will work very closely with the [National Academy of Social Prescribing](#) (NASP) and the [regional leads](#) around Thriving Communities.

What's really challenging for those link workers at the moment is working in a pandemic. They have very, very heavy, heavy caseloads. So if organizations or musicians suddenly pass their information to individual link workers, it's very difficult to get that grit around building relationships because they are so stretched. Even though the ambition of NHS England is to grow teams of link workers within primary care networks and GP practices, we're not quite there yet.

Raising awareness to link workers

The easiest way is probably to connect with your [regional facilitator or learning coordinator](#) and link with NASP [Thriving Communities lead](#) for your region as well. That way we can build a sort of mini distribution of knowing what's available for music in a set area and share that in a much more accessible way for the link workers to get hold of that information.

We hold peer support sessions, and many of the areas actually like to have speakers come along and tell them what's going on. There are some really practical ways that we can help you connect. I hope you take that opportunity to link with those appropriate people.

My job after today is to spread the message about this wonderful webinar and the Q&A that's just about to happen, to the link workers in my region. I'll definitely do it with my other learning coordinators across indeed the country. And I will say the national team as well. So thank you for your time today

Katie Derham, chair

Sian, thank you. You set that up beautifully for Q&A.

[CHAT – SIAN BRAND]

- **@Bogdanbcg NASP** For international colleagues who may want to [find out more](#) about the core building blocks of social prescribing
- You're so right Sian - HOW we spend our money to deliver value-based care, to reach those most in need, those most impacted by social determinants of health and health inequalities is crucial!
- **Veronica, A4D** Thank you so much for explaining the link worker connections, learning. I do hope the Thriving Communities Fund is re-established to ensure long-term sustainable arts prescription practice. Let's all campaign for this - win-win for all!
- **Victoria, CHWA** On integrated care systems – it's worth following the work of the [National Centre for Creative Health](#) who are learning from hubs across the country how best we can work with the ICS systems.
- **Lesley Hodgson VAMT** I am a community coordinator for people aged 50+ working out of a voluntary council in Merthyr Tydfil, South Wales. I am convinced about the benefits of music/singing and in previous roles have started up choirs etc. Many of those choirs are now on hold. I suppose my query is: *where do I start? How do I convince people to become involved in music? That music is for them too? Who do I refer to?* Not everyone has access to online resources. Sian, I need your contacts!
- **Victoria, CHWA Lesley**, do try contacting the Wales Arts Health & Wellbeing Network - they may be able to help

Katie Derham, chair, Q & A

A lot of interesting points have been raised. One which strikes me initially is that with the amount of evidence that we've got between us here in this group, how much more convincing does the government need, quite frankly? This is what strikes me every time I have these conversations with people who work with the music and brain health and health generally. Would someone like to get the ball rolling with that.

Sir Muir Gray, Optimal Ageing Programme

The Future of Clinical Practice – change the way the professions think

I think the government's done enough actually. They can do a bit more, I very much hope they get Grace's report and do something about it. Maybe we should plan an attack on the various Royal Colleges. For example, what is The Chartered Society of Physiotherapy's policy on music? The Royal College of GPs is probably on board. I say we can relieve their work by doing it automatically - so the GPs' information systems. but the [British Geriatric Society](#) or [Royal College of Psychiatrists](#). We've got to get down to the future of clinical practice; then as the Chief Pharmaceutical Officer's 2021 report on Overprescribing '[Good for me Good for us Good for Everybody: A plan to reduce overprescribing to make patient care better and safer ...](#)' said it was a lack of

social and active prescribing possibilities that was one of the reasons for prescribing, we need to change the way the professions think, as Bogdan was saying early on.

[CHAT – REGISTRING PATIENTS’ MUSICAL INTERESTS]

- **Muir Gray** When people are admitted to a care home their musical preferences and passions would be collected just as important as their NHS number
- **Veronica, A4D** Fabulous idea Muir to record our musical preferences into residential care admission
- **Jane Mullins** Absolutely musical preferences need to be part of the admission to residential care and ab agree with Grace re individualised, at right time and place
- **Muir Gray** The same applies to the medical record if the record had a musical love eg Verdi then the GP information system could automatically connect then to Verdi initiatives locally and virtually; and we need to get the big companies like Garsington to record their operas on VR and we are introducing VR to care homes - ** You can stand in the chorus or dance in the chorus line !!!**
- **sa022369** Agree Muir. Should be also in wards of the hospitals dealing with older people and those with cognitive problems. Almost 30-40% patients on medical wards have cognitive problems +/- Dementia.
- **Grace** Muir, looking forward to talking to you about our plan for an online resource we are developing that could interface with the GP information system
- **Caitlyn McCrean** Northern Ireland Connector for Together with Music. Connecting care homes across the UK with local organisations through music. We have connectors across the UK who cover various regions. For more information, www.togetherwithmusic.org.uk or contact me on caitlyn@togetherwithmusic.org.uk
- **@Bogdanbcg** NASP: You’re right Muir - catch them when they’re young and shift their mindset!
- **Jane Mullins** Thanks Muir, i will be in touch with the Royal College of Nursing!
- **Sarah Johannessen** And yet the funding for music in schools has been slashed!
- **Andrew @ BAMT:** hear hear Muir - need to work on health and social professionals esp with their colleges and training
- **Jane Mullins** Happy to incorporate this into my Finding the Light in Dementia Training platform- is anyone wants to connect jane@duetcare.co.uk

Katie Derham, chair

Thank you, Muir. Grace, you've got your hand up, would you like to respond to Muir

Grace Meadows

Yes, I'd absolutely agree with what Muir said and we do need that. Absolutely. But we also need a public campaign so that we start to understand the role of music in supporting health and wellbeing much more, and that people start to associate music with it being an absolute necessity; and I think we can do that in a variety of fun and amazing ways. Just think about what the work Vicky McClure has done with Our dementia choir. She has absolutely put front and centre singing and music for people living with dementia as synonymous. If we can do that over a period of three years in really targeted well-thought-out national campaign that has landing points in it, we can start to help people make associations with music where they may not do currently. It's really about speaking to need, demonstrating how music can address needs, through conversations at a national level. How can music help us address isolation and

loneliness? How can it help us support recovery and rehabilitation from the pandemic? How can it support dementia? We need to be taking up to a huge level in terms of the messaging. It's a real communications piece, as well as the kind of systematic tactical stuff that needs to happen, that sort of underpins and ensures that sustainability that the Victoria was talking about.

[CHAT] **Veronica, A4D:** Thank you for spreading the message - we too shall share how best to liaise across the sectors

Katie Derham, Chair

I think your point about it being a big national conversation is so important, Grace. But I know there are questions coming in as well, making the point that there is a reduction in music in schools; and if we're not getting children accessing music at a young age then we have got a bit of a problem, getting them to understand the importance of music for their health and wellbeing. So are you sensing at a policy level when you're dealing with DCMS, that they're talking to the Department of Health, the Department of Education as well?

Grace Meadows

Yes, what we're doing is we're trying to take a cross departmental approach to this is, is to bring DCMS apart from Education and the DHSC together. Because if we want to push that lifespan message, we have to have all those departments working together.

Veronica, A4D

What we're on today, which is that we need to bridge this gap for people as symptoms of a potential dementia come in, we need GPs to know that they should refer them to music right at that early stage, because they are living in fear and trauma. And the great strain at home needs to be overcome.

More empowering to refer to “preserving brain health” than passive “for dementia”

And also, although A4D and Music for Dementia have “dementia” in their name. where possible, especially before a diagnosis, when people are traumatized by the thought of having a dementia to refer to “brain health”. Mindful that of the terrible adjective “demented” that people casually misuse, the Global Brain Health Institute had an excellent podcast by a person who has dementia. She said, *I would much rather people referred to my condition as “a brain disease - like heart disease”*. It's a matter of tact.

If we can try now and think of brain health, of preserving brain health, always to be positive and empowering before and even actually after diagnosis. We did all need to have “dementia” in our charities’ titles because people needed to know that music and the arts - all of that - really do help. But where possible, if we can change the language and refer to preserving brain health before and after diagnosis – actually we should change our charities’ titles now to Brain Health, it would make people feel much less uncomfortable. We just need to bridge this gap.

NICE Dementia Diagnosis Guideline amendment to recommend music and arts at the outset

I'm hoping a campaign for an amendment to the NICE Dementia Diagnosis guideline. NICE has one for social prescribing, and currently recommend arts for dementia post-diagnosis - this was quite an achievement - but now this amendment and tactful updating of language is needed. Because if you're engaged in a re-energising social, musical group throughout memory assessment, which, however sensitive, makes people worry that they are failing the test and, worse, in front of their son or daughter, who has never before pitied their parent, being referred to music at the onset of symptoms will enable people to remain happily active in the community. Obviously we want music for the life course, which is fantastic. But now we need to make a concerted effort to avoid hurtful comments like "s/he's away with the fairies" and talk instead to the husband or wife. Talk to them. It is everyone's right to enjoy music and the arts – and as dementia symptoms strike, people need encouragement and support to enrich their lives through music – Coda is a perfect example of the wide range of musical opportunities.

[CHAT – USE OF LANGUAGE]

- **Andrew @ BAMT** Thank you Veronica - terminology really important - reason why we avoided using "dementia / demented" with people who had HIV related "brain impairment" rather than AIDS Dementia.
- **m-tuppen:** Thank you Veronica - words can be distressing - I work in memory assessment and the most difficult part is having to mention the word 'dementia'.
- **Andrea Davies** we need consistency with language too, such as 'referral' is this a genuine referral in which case it could be financed by GPs etc, or are we really meaning signposting which is very different.

Katie Derham, chair Victoria, what would you like to connect?

Victoria Hume (CHWA)

Building trust and raising awareness of musical opportunities

Some of this is about building trust. I spoke about the fact that there's a culture change. As a GP, how do you get excited about referring somebody to a music programme - A, if you don't know where there is one / B, if you're not sure how exactly that's going to contribute to health. There are several aspects to it: there's exactly what Muir said, the national conversation is definitely a big part of that; and an awareness-raising programme.

Quality, process and involvement

Some of the anxiety that we hear expressed is around quality frameworks and how you assess as a clinical practitioner, the quality of the work that you're prescribing people into. I get very nervous about the word "quality" in relation to the arts, because I associate it with a High Arts ideal, which is not really what a lot of this work is about. It's much more about process and involvement.

First Quality Framework for Social Prescribing

NASP, the National Association of Voluntary and Community Action, and Spirit of 2012 are collaborating on the first quality framework for social prescribing,

which will be really helpful for us, because it takes the pressure off arts organizations to be determining that, at a distance from clinical imperatives. But a lot of it for me is about local partnerships. It's experiencing this work that often converts people to understanding the value of it; and if we can get to a point where GP consortia and link workers are able to work more with artists who are in the same physical area as them, then you start to build trust and understanding. It becomes much more about relationships that have some sort of longevity and less about this abstract idea of clinical over here and music over here.

[CHAT – VICTORIA HUME]

- **Sian** Agree Victoria - key is trust and to gain that it needs building local relationships and knowing the evidence - this takes time and where social prescribing link workers can help
- **Grace:** Really agree with what you're saying Victoria - these partnerships are essential and trust sits in the middle of that
- **Sian** it needs to be across all health and care curricula
- **Nisha Halai,** London: Yes give each person a direct experience.

Katie Derham, chair

Is it a pipe dream to think that one of the most effective ways to get that trust and understanding from the health practitioners would be for them to experience it themselves? I wonder if there's some,

Victoria Hume, CHWA

I don't think it's a pipe dream at all. It's critical; and thank God for Bogdan and all the work he's doing. Getting this work into clinical education is totally critical for me. If people have experienced some aspect of the arts during their education, as clinicians or as Allied Health professionals, that totally transforms the way they work.

Katie Derham, chair

So I'm thinking Bogdan, you need to set up several choirs in amongst all junior doctors.

Dr Bogdan Chiva Giurca, NHSE Social Prescribing Champion founder & NASP

Wide-ranging students to interact with participants at arts for brain health workshops

Absolutely. And not just doctors, broad healthcare professionals, but also arts students themselves who are working together with medical students, nursing students, occupational therapy students, physiotherapists and drama students interacting together in such a way that they appreciate health differently once again - in a way in

which we don't just fix broken things, in a way that we prevent, and create health from the beginning. This I think is something we've neglected, but we can't neglect anymore.

We know there will be a projected increase of dementia by 2050, and what the pandemic is showing us now, and with people living longer, which is to be celebrated, there's an increase in chronic diseases. With more and more patients turning up, the quality in care is decreasing because we're running around trying to fix things.

[CHAT – FULL CROSS-SECTORAL STUDENT INVOLVEMENT]

- **Veronica, A4D** Bogdan involving your medical students with arts students interacting with people experiencing cognitive decline
- **Sian Brand** - not just medics but social care, nurses etc etc
- **Victoria, CHWA** Yes to breaking down the silos in higher education!!
- **Sian** yes yes yes
- **Veronica, A4D** yes Sian, A4D do invite social care trainees to A4D arts workshops with music and medical / neuroscience students.
- **Victoria (CHWA)** Absolutely yes - AHPs have always been amazing champions of creative/cultural work
- **Nisha Halai, London** So please can we start to consider utilising Waldorf Education principles to ensure prevention, right from the start of human life.

Dr Bogdan Chiva Giurca

Misconception amongst clinicians that personalised care and social prescribing increases workload and time

There's a huge misconception amongst clinicians and amongst my colleagues thinking that personalized care and social prescribing increases their workload and their time. And they think they don't have time to deliver that. I've had comments made to me as a doctor in the emergency department that I don't have time to do certain activities or be nice to people and try to look at the long-term problems and that's wrong because I know deep down it is an upfront investment of time that I'm making, and therefore it's going to prevent them in the future from coming in and using the service again.

[CHAT] @Bogdanbcg NASP Royal College of GPs report shows 59% of all GPs feel Social Prescribing EASES their workload - but funny enough it was only those who were trained on the subject. The correlation there being that EDUCATION is the barrier, not time

Katie Derham, chair

We are approaching the end of our time. Veronica, do you want to just round things up?

Veronica, A4D

Thanks above all, Katie, because your presence here has brought in more delegates than we've ever had before to our Arts for Brain Health webinars. Thank you for your professional support and wondrous inspiration. The efficacy of music itself played no small part; and Muir you have guided our webinars to make a difference.

Arts for care homes

And although Arts 4 Dementia's charitable mission has always been to support through artistic stimulation for people living in the community - so, apart from our training for arts facilitators, my experience has not involved care homes, I appreciate the vital importance here too, so we'll share the issues raised today.

Cross-sector student interaction with participants at arts workshops to preserve brain health

A key point that Bogdan has made is the involvement at arts workshops of medical and neuroscience, nursing, physiotherapy students and art students interacting together with people experiencing cognitive challenges. Sian, we should liaise with you to find out how to include social care trainees too, and all get together.

Working towards policy change

Thank you to Katie, to each vital speaker, to Iban, the clinical neuropsychologist from Spain and to you all for guiding the webinar today, working towards policy change. We shall send this webinar to Baroness Greengross for next week's House of Lords debate on the Health and Care Bill.

Veronica, A4D Thank you all for your input, for coming. Your chat will be included in our report. Many thanks Katie, Muir and speakers, Grace, Iban from Spain, Victoria, Sian, Phil, Bogdan - and thanks Nigel for massive support, thank you all so much,

Veronica A4D postscript

Sally Greengross writes that has put forward for debate in the House of Lords amendments to the Health and Care Bill recommending that patients be referred to social prescribing for music and the arts – from the onset of symptoms of a potential dementia to preserve brain health, with A4D invited to contribute input.

CHAT

[CHAT] **Jane Mullins**: People with mild dementia can experience profound apathy and so I agree we need to help make music accessible to those who struggle to motivate

[CHAT] **Andrew @ BAMT** There is wide range of research to show the benefits of music for people with dementia - both Music4Dementia and BAMT can provide this
www.musicfordementia.org.uk and www.bamt.org

[CHAT - RESEARCH]

- **Nisha Halai, London** A blended way of researching impact too. I advocate for Heuristics Research (Clark Moustakas).
- **Jane Mullins**: I also represent the Awen Institute, Swansea University where we undertake research with the creative industries to support older people, if anyone is keen to collaborate on any research please contact me j.m.mullins@swansea.ac.uk

[CHAT] **Katie Derham, BBC** All this information is brilliant, thank you everyone. Veronica will be collating all these contacts and projects following the webinar. So inspiring already!

[CHAT] **Surrinder-Playlist for Life**, Communities Officer, Supporting People living with Dementia to access 'Personalised Music'. Soundtrack to their life
(0) 7476355893 surrinder@playlistforlife.org.uk www.playlistforlife.org.uk

[CHAT] **Astrid - Carers Support West Sussex** will this webinar be available to share - we support family and friend carers - many of whom are dementia carers?

[CHAT – MUSIC IN HOSPITALS]

- **Katie Derham, BBC**: Music in Hospitals also a wonderful organisation
- **sa022369** Katie are you quoting Music in Hospital as Hospital Radio? Sandip
- **Katie Derham, BBC** Music in Hospitals is a charity which sends musicians into wards and care homes.
- **Claire Owen** Hi Sandip - you can find out more about our work [here](#) would be happy to connect and talk more about our live music in health and care settings.
- **sa022369** Mainly happens around festive times and with Pandemic it is total standstill at present at least in Wales. Sandip Thank you Claire. Will have a look.
- **Claire Owen** Inspiring to hear everyone's thoughts today. Music in Hospitals & Care are very open to collaboration, conversation and advocacy and 100% behind the aims of all here today! you can drop me a line at Claire@mihc.org.uk
- **Muir Gray** The patient is the only person constant in healthcare. Everyone else is part time or sessional so we need to take responsibility for our medical and musical record

[CHAT – TRAINING]

- **Jane Mullins**: I have developed a training platform for care homes, health and social care professionals; Happy for this to be a vehicle to help bring the arts into care homes.
- **Michelle Conlin** - Playlist for Life Completely agree that education is so important. At Playlist for Life we offer free training to all students in healthcare and social care disciplines on the power of personalised music. The course introduces students to the power of personal playlists in dementia care:
<https://training.playlistforlife.org.uk/courses/playlist-for-students/>
- **Nigel**, CEO, A4D Arts 4 Dementia welcomes arts facilitators and learning teams to full-day training: [Early-Stage Dementia Awareness training for Arts and Heritage Organisations.](https://arts4dementia91.eventbrite.co.uk)
<https://arts4dementia91.eventbrite.co.uk>

[CHAT] Streaming Music into Care Homes and Hospitals

- **Jane Mullins** I love the idea of streaming music into care homes and as a dementia nurse specialist think that this could be a part of a person's care plan. I have just created [Finding the Light in Dementia](#) Training for care homes and health and social care professionals (with a care staff wellbeing hub) and would like to incorporate this into the training. Would anyone be interested in connecting with me - the training is highly creative and engaging and is available worldwide. It would be a great platform to get this across to care homes. I have developed a training platform for care homes and health and social care professionals and am happy for this to be a vehicle to help bring the arts into care homes. My training platform also provides a staff wellbeing hub so that we can help staff enjoy the beauty of music as well as other ways of helping them stay well and resilient
- **Victoria Hume (Culture, Health & Wellbeing Alliance)** - Jane, you might want to try connecting with Live Music Now, who have been doing lots of this kind of work over the last 2 years.
- **Caitlyn McCrean** Northern Ireland Connector for [Together with Music](#). Connecting care homes across the UK with local organisations through music. We have connectors across the UK who cover various regions. For more information, www.togetherwithmusic.org.uk or contact me on caitlyn@togetherwithmusic.org.uk
- **Catherine@MiHC.org.uk**: That's great to hear Jane, we've been working in livestreaming music to homes and hospitals since Covid, tailoring and making it as accessible as possible. It requires staff facilitation for maximum interaction, so it would be good to talk. Catherine@MiHC.org.uk [Music in Hospitals & Care](#)
- **Katie Derham, BBC**: Music in Hospitals also a wonderful organisation
- **sa022369** Agree Muir. Should be also in wards of the hospitals dealing with older people and those with cognitive problems. Almost 30-40% patients on Medical wards have cognitive problems +/- Dementia. I had patients with Dementia on medical ward who settled better with classical music than antipsychotics and eliminated the need for one to one nursing!
- **sa022369** Katie, are you quoting Music in Hospital as Hospital Radio? Sandip
- **Katie Derham, BBC** Music in Hospitals is a charity which sends musicians into wards and care homes. **Claire Owen** Hi Sandip - you can find out more about our [Music in Hospitals & Care](#) work here mihc.org.uk would be happy to connect and talk more about our live music in health and care settings. **sa022369** Mainly happens around festive times and with Pandemic it is total standstill at present at least in Wales. Sandip Thank you Claire. Will have a look.
- **Grace** If you haven't come across [Music for Dementia](#) already, check out our campaign and our m4dradio.com [radio stream](#).
- **Surrinder**, Communities Officer, [Playlist for Life](#). Supporting People living with Dementia to access 'Personalised Music'. Soundtrack to their life
07476355893 surrinder@playlistforlife.org.uk
- **Claire Owen** #MusicEveryDay <https://mihc.org.uk/tnl-musiceveryday/>
- **Jane Mullins** All of this can help the staff too -

[CHAT] **Grace** [Social workers guide on embedding music](#)

- **Astrid** - Carers Support West Sussex is there a list of musical resources we can share with our unpaid family and friend dementia carers?

[CHAT] **Grace** A funded blending approach is needed to ensure sustainability - it's why we need a cross-sector approach to embedding music in a more central role in our lives as a health and wellbeing tool

[CHAT] **Age UK Exeter** Sharing joy that our allotment group for people with dementia and supporters experience when we sing outside amongst the plants we've grown and nurtured.
 [CHAT] **Nisha Halai**, London: I imagine clusters of self-governed altruistic community groups facilitating and offering whatever is needed for human freedom and health through the Arts. So, the pyramid shape flattening to a sphere. Inner body-mind-soul work can bring further clarity around what is truly needed for the self and others.

[CHAT - THANKS]

- **Muir Gray** WELL DONE VERONICA !!!!!
- **Katie Derham, BBC** Thank you everyone – let's share this widely! **Veronica** Will do!
- **deniselane** Thank you everyone. I have a patient list to recommence. As a humble Audiologist who is trying hard to get folks to keep their hearing aids in order to access music to their best ability, I have found the discussions both fascinating and inspirational. Let's do this!
- **Elizabeth** very interesting webinar. I feel local music artist should be engaged in providing support to the focus group.
- **Andrew @ BAMT** "see, feel and hear" - so important
- **Catherine@MiHC.org.uk** Inspirational to see so many of us working towards supporting people as a whole. There is a bright future in supporting health and wellbeing, not just fixing (thank you Bogdan!).
- **sa022369** Thank you all I did manage to note lots of resources. Sandip
- **Surrinder-Playlist for Life** Thank you everyone
- **Michelle Conlin** - Playlist for Life Thank you all speakers. Great webinar!
- **ra215431** Thank you, that was so interesting and helpful!
- **Helen Shearn** Thank you very much, a really great webinar!
- **Jane Mullins** Thank you **AVOV VCT** thank you all **Jan Tuson** Thanks
- **BAVO** Thank you **Ian** Thank you, very good. **Charlotte Speke** Thank you
- **tracy.bailey** Thank you this has been so useful. **Astrid - Carers Support West Sussex** many thanks all - fascinating information. This is the future
- **Monique K** thank you all, very interesting and useful info **Kelly Sims** Thankyou - very interesting x **Katherine Blumer** Thank you everyone! Wonderful!
- **Andrea Davies** thanks all :) **Cath Parker** Thank you so much. So interesting.
- **Katherine (Forget-me-not Chorus)** Thank you **Claire Owen** Thank you all!
- **Maki Sekiya** Thank you so much for such inspirational talk!
- **Jan Tuson** Really interesting, thanks **Beth Sedgwick** thankyou
- **Helen Bell** Thanks so much **Helen Tooth** Thank you, very interesting
- **Age UK Exeter:** Thank you very much for the opportunity to listen and learn.

CHAT – SOCIAL PRESCRIBING TO ARTS FOR BRAIN HEALTH FRAMEWORK]

- **Annie Harrison** Can you post information about this framework and how we can find out more about it. Thanks – See [A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire](#)

[CHAT – TRAINING]

- **Jane Mullins:** I have developed a training platform for care homes, health and social care professionals - happy for this to be a vehicle to help bring the arts into care homes. My training platform also provides a staff wellbeing hub so that we can help staff enjoy the beauty of music as well as other ways of helping them stay well and resilient
- **Nigel, CEO, A4D Arts 4 Dementia** welcomes arts facilitators and learning teams to full-day training: [Early-Stage Dementia Awareness training for Arts and Heritage Organisations. https://arts4dementia91.eventbrite.co.uk](https://arts4dementia91.eventbrite.co.uk)

SPEAKER BIOGRAPHIES

KATIE DERHAM is one of the UK's leading broadcasters and one of the most recognisable voices on BBC Radio 3, where she presents their flagship programme *In Tune*. Since 2010, she has been the face of BBC Proms, anchoring its coverage from the Royal Albert Hall. In 2019, Katie also presented BBC 4's series *Discovering* with analysis and concerts in a wide range of musical genres. Her other Radio 3 credits include *Sound of Dance*, where she explores the relationship between music and dance in varying genres, and *Afternoon Concert*. Katie spent the first 15 years of her broadcasting career in news and current affairs, first at the BBC then joining ITN as Media and Arts Editor for ITV News. She was ITV's youngest ever newsreader, where her role as anchor meant she covered everything from elections to royal weddings and the wars in Afghanistan and Iraq. She also fronts television documentaries, most recently presenting *The Girl from Ipanema: Brazil, Bossa Nova and the Beach* for the BBC, which saw her travel to Rio de Janeiro to explore the story behind Brazil's most famous and enduring song. She was the host of *All Together Now: The Great Orchestra Challenge* for BBC Four and Fine Tuned in 2016-2017 for Sky Arts. Proud to be involved with a number of charities including the Prince's Trust, Leonard Cheshire Disability, Dementia UK and Arts 4 Dementia, Katie is also a member of the Cambridge University Alumni Advisory Board and on their Communications Committee. In 2015, her career took a decidedly glittery turn when she took part in Strictly Come Dancing and reached the final. She then returned to the dance floor in 2017 to win the Christmas Special.

SIR MUIR GRAY CBE, author of *Increase your Brainability and Reduce your Risk of Dementia* (2021), entered the Public Health Service by joining the City of Oxford Health Department in 1971. The first phase of his professional career focused on disease prevention, helping people stop smoking. He went on to develop the NHS screening programmes, for pregnant women, children, adults and older people and was appointed Chief Knowledge Officer of the NHS. He set up charities to promote urban walking and the Oxford based Centre for Sustainable Healthcare and Better Value Healthcare, publishing a series of Handbooks, including *How to Get Better Value Healthcare*. In a 50-year mission to help people live longer better and cope with ageing, based in the Optimal Ageing Programme at Oxford, he has developed a paradigm to help compress morbidity at the end of life, reduce the incidence of dementia and frailty and therefore reduce the need for social care.

DR IBAN TRIPIANA SANCHEZ is a clinical neuropsychologist at *Neurovita*, in charge of the care of people affected by acquired brain damage and other neurological affections, and participates in the brain gymnastics workshop for older people *Neurogym*. Since his degree in psychology and postgraduate training in neuropsychology, health psychology and psychopathology, from the Jaume I University of Castelló, he has practised as a clinical neuropsychologist with patients with acquired brain damage in the chronic or maintenance phase. As external researcher at the Music for Life research centre at Jaume I University, he investigates the cognitive effects and quality of life of active musical practice in the elderly, which can be an important preventive factor in counteracting neurodegenerative processes such as Alzheimer's disease. He is pursuing a neuroscience PhD at the University of Valencia, in the field of neuropsychology, where he investigates the cognitive effects of direct current brain electrical stimulation (tDCS) in stroke patients. He also collaborates through research, in neuropsychology, with the Spanish association of neurodegenerative diseases due to iron accumulation in the brain ENACH.

PHIL HALLETT is Chief Executive of Coda Music Trust. Since 2009, he has driven significant development, creating an inclusive and responsive organisation. working across the education, health and cultural sectors to bring music into the lives of local people. Phil has some 30 years' experience in arts education.; In London, working at the Southbank Centre, Europe's largest performing arts centre, the Baylis Programme at English National Opera, a pioneering centre for arts education projects and practice in

the 1990s, As Chief Executive of Sonic Arts Network, he devised award-winning, internationally acclaimed projects and festivals; and with BBC Radio 3, the Cut and Splice Festival explored links between sound and art in digitised culture. Phil has a total commitment to participation in the arts and a passion for engagement and creativity.

VICTORIA HUME is Director of the Culture, Health & Wellbeing Alliance. She is a composer, researcher and project manager specialising in culture, health and wellbeing, and was an arts manager for the NHS for 15 years. Victoria also worked in South Africa for some years, establishing a module in hospital-based performance for the University of the Witwatersrand and receiving a distinction for a Masters in Music and Health Communication focused on hospital-induced delirium. She is a Research Associate in the Medical Humanities at WiSER (Wits Institute for Social & Economic Research), working with the Medical & Health Humanities Africa Network. She continues to write and release music through Lost Map Records, based on Eigg.

SIAN BRAND is the NHS England East of England Social Prescribing Regional Facilitator and Learning Coordinator. She has been working in social prescribing for seven years and is a core member of the National Social Prescribing Network. Sian has worked country wide to facilitate codesign of system wide social prescribing in communities building the strength of communities and the VCSE in local social prescribing models. Sian has a background in public health and health improvement and the golden threads in her career have been collaboration and whole system working – encouraging strength and asset-based approaches to improvement.

DR BOGDAN CHIVA GIURCA is Development Lead for the Global Social Prescribing Alliance and Clinical Champion Lead at the National Academy for Social Prescribing (NASP). He is the Founder and Chair of the NHS Social Prescribing Champion Scheme (2016-2021) consisting of thousands of UK junior doctors and medical students. Over a four-year period, the scheme has delivered over 700 teaching sessions in all UK medical schools, as well as developing a National Consensus for Teaching Social Prescribing. As the founder of the '#SocialPrescribingDay' campaign, Bogdan has acted as an international champion, raising awareness of the subject globally. His work has influenced national healthcare policy and has driven key changes within the medical school curriculum, contributing to several peer-reviewed publications and policy documents, including the NHS Long Term Plan, the Personalised Care Model, GP Partnership Review, as well as authoring three books on medical education. Bogdan has completed clinical foundation training and is currently applying for specialty training as well as continuing his work as Collaborator for the Harvard Global Health Institute.

VERONICA FRANKLIN GOULD FRSA AMRSPH founded Arts 4 Dementia in 2011 to develop weekly programmes for early-stage dementia at arts venues, training, best practice conferences and reports, with a website to coordinate arts opportunities for dementia in the community. Her inaugural programme, *Reawakening the Mind* (2012-13), won the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013. Veronica was named finalist in The Sunday Times Changemaker competition and on publication of *Music Reawakening* (2015), she was appointed A4D president. Her regional guide, *Reawakening Integrated: Arts & Heritage* (2017), maps arts opportunities for dementia and aligns arts within NHS England's Well Pathway for Dementia. Veronica's social prescribing programme (2019-21) opened with a conference *Towards Social Prescribing* (Arts & Heritage) for the Dementias (May 2019, The Wellcome Collection). To address cross-sector issues raised, she piloted dance and drama social prescribing programmes to test the process and ran a series of 15 cross-sector conferences around the UK. Findings were disseminated in a two-day conference and report '*Arts for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia*' (2021).