

Heritage and Nature for Brain Health Webinar, Tuesday 10 May 2022

Veronica Franklin Gould, President, Arts 4 Dementia

Good morning. Fresh from an open-air swim in the rain this morning, welcome to our Heritage and Nature webinar to help Preserve Brain Health – in partnership with the International Longevity Centre, the Optimal Ageing Programme at the University of Oxford and Arts 4 Dementia. The growing understanding we share today is that thanks to social prescribing – GPs referring patients for personal appointments with link workers for much-valued non-clinical support – their patients can now be empowered from the onset of symptoms of a potential dementia – to preserve their brain health.

Engaging in re-energising wellbeing activity in nature and our historic and natural environment, they and their partners protect themselves from loneliness in the fear-filled months years leading to diagnosis of our most feared condition.

CHAT: Sonu Bhaskar An important topic that reinforces need for social prescribing in medicine.

There are over 200,000 new cases of dementia in Britain - some 10 million new cases worldwide – social prescribing can help them – preserve their identity, sense of belonging, of normalcy and joy in Nature for years longer.

We warmly thank our chair **Dr Desi Gradinarova**, Senior Policy Advisor, Wellbeing and Inclusion Strategy at Historic England. Desi is also the Historic Environment Lead for the National Academy for Social Prescribing. Warm thanks too to our distinguished speakers for the knowledge you are about to share with our guests - from all over the UK, Australia, China, Italy, Nigeria, Slovakia, Taiwan, and California, Florida, Minnesota, New York and North Carolina in the United States of America.

Each speaker today is going to talk on their specialism for five minutes and share further guidance and ideas in an informal speaker debate chaired by Desi.

We shall hear insight into the variety of green opportunities through which people experiencing mild cognitive impairment can preserve their brain health in enjoyable and refreshing ways. - and the pathway to and from those opportunities, via the Culture Health and Wellbeing Alliance (CHWA) –

Deborah Munt, a Board Director, will discuss the infrastructure around social prescribing at CHWA and raising awareness to the Social Prescribing Network.

Julie McCarthy presents the Greater Manchester Creative Health model of social prescribing.

Elena Tutton, Healthy and Activity Lifestyle Activator Place Services for Dorset Council speaks for local authority social prescribing and has a special interest in Nordic Wellness Walking. As both Elena and

Dr Lucy Loveday GP, Associate Dean of Health Education England, Ambassador for Swimming and all-round Nature guru, had prior engagements, they have kindly made valuable recordings.

In person, **Katrina Gargett** presents Archaeology on Prescription, where participants have the thrill of unearthing objects not seen for centuries,

Julie Hammon Project Coordinator will describe the range of green prescribing offered by Dorset's Area of Outstanding Natural Beauty - Stepping into Nature 'Nature Buddies'.

Caroline Gibson speaking from Australia, will describe Western Victoria's Green Scripts programme – and

Alistair Tuckey, Ranger, Head of volunteers, education and interpretation will present Durlston Country Park and National Nature Reserve's green prescribing opportunities, spectacular outdoor learning on the Jurassic Coast, a World Heritage Site to which Durlston is a key gateway, with coastal scenery of headlands, bays, sea defence works, a rich geological record. I'll never forget how absorbed a participant/friend with early symptoms was by Durlston as we searched for wild orchids and watched seabirds flying to nest below us. Their men's shed too is extremely popular.

Before handing over to Desi, it is a great honour to introduce you to Sir Muir Gray, highly experienced in public health, co-author of the invaluable guide, *Increase your Brainability and Reduce your Risk of Alzheimer's* and Director of the Optimal Ageing Programme at The University of Oxford and more.

**Sir Muir Gray, Director, 'Live Longer Better, Optimal Ageing Programme,
The University of Oxford.**

I've got a number of points I'd like to make for you to think about.

Nature and Public Health: The Evidence

Firstly, the evidence base is very strong and the probably the single best place to look is The Oxford Textbook of Nature and Public Health: The Role of Nature in Improving the Health of a Population (Van den Bosch, M. & Bird, W., 2018). I'm not involved in writing or editing it so I can recommend it to you as an independent person, but it's full of excellent research showing how green activity is even better than activity in your own room or in a hall or a gym. It seems to have an important effect on inflammation. We now know the inflammation is an important factor in increasing the risk and the progress of dementia.

Activity – physical, cognitive, emotional

The other issue of course is that we think of activity is having three dimensions - physical, cognitive, and emotional. All three are covered by activity in a natural environment. There are two particular groups that we need to think about:

Firstly, people in what are called care homes and secondly, and, even more challenging, people isolated in their own homes. Now the two ways in which I think we can enhance the green experience:

Use of Digital Technology

The first is the use of digital: I think we need more cameras in birds' nests, rabbit holes, fox dens are just watching ferns grow, so digital. There is an issue of digital exclusion, but most AgeUKs are working on that.

How older people can contribute to greening their environment

The last thing I want to say is we need to look for ways in which older people can be allowed and enabled to contribute. What we are saying to our various groups, who are becoming more active, why don't you adopt the local wildlife trust? And if you're doing a walking programme in a care home, why don't you raise money for the local wildlife trust? It improves the greenery of the county and it improves a job prospects for young people, but we can think of bringing greenery home, near home. And, for example, letting some gardens go wild in blocks of flats. So think about people who are isolated, thinking about people in care homes and blocks of flats. Think about the use of digital and about sense of mission. Can we enable older people, people with dementia of all levels to be involved in sponsored walking, to improve the green environment in which they and their families live.

I look forward to hearing from the speakers,

VFG Thank you very much Muir for compelling motivation and ideas for us to act upon. May I now introduce our chair Dr Desi Gradinarova,

**Chair: Dr Desi Gradinarova,
Senior Policy Advisor, Wellbeing &
Inclusion Strategy, Historic England.
Historic Environment Lead for National
Academy for Social Prescribing.**

Thank you for inviting me to chair the webinar today. It's a real pleasure to be with all of you.

I have spoken on more than one occasion about the well-being benefits of engaging with heritage and the historic environment, especially their very pronounced, powerful supporting mental and brain health.

There is growing evidence that more frequent cultural engagement is linked to better memory and ability to perform cognitive tasks, while heritage and creative activities have a role to play in increasing creativity and stimulating brain health and imagination.

Heritage – combining nature, people, culture, history and climate

I'm especially delighted that we are looking today at both nature and heritage. I honestly believe that the best way to approach connecting people to our environment is to see it as one holistic thing made of nature, people, culture, history and climate. The everyday person doesn't see things in sectors; and we have to try and see it from people's perspective and offer as wide and rich understanding of the environment and its opportunities to individuals and communities as possible.



From a heritage perspective, there is so much that our sector can offer to help improve mental health and wellbeing. From a heritage perspective, there is so much that time sector can offer to help improve mental health and wellbeing.





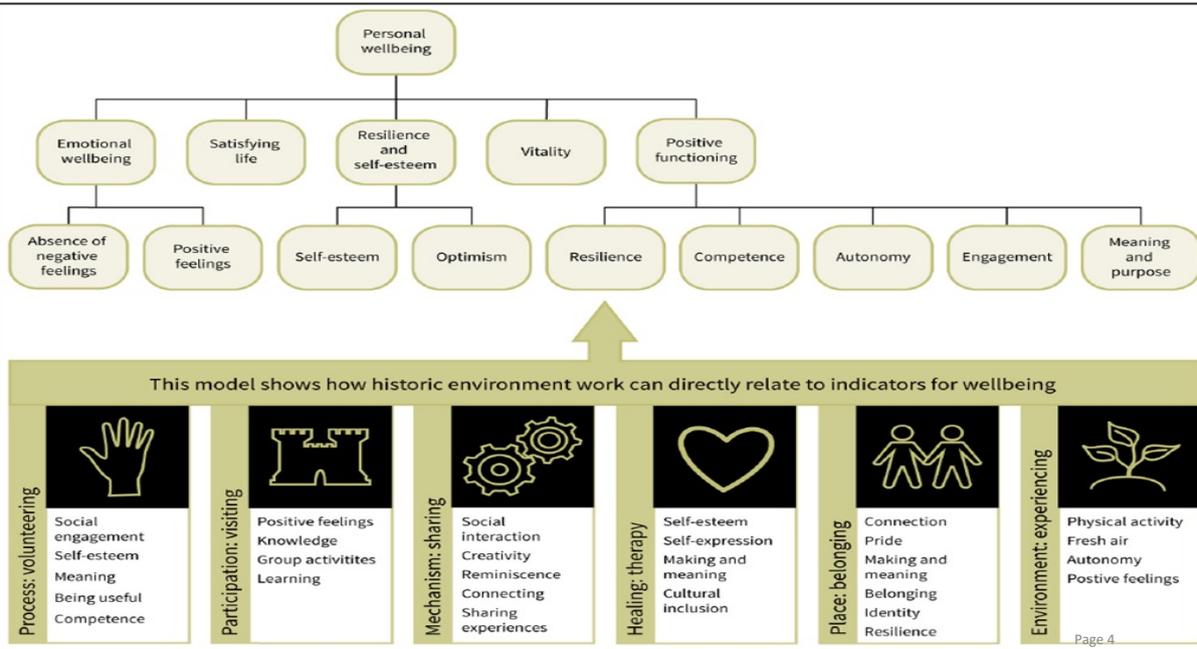
I'm sure that we all have enjoyed a stroll around a historic market town, explored a historic house, attended exhibitions in museums and galleries or a service in a historic place of worship.

Intangible Heritage

Heritage is not just buildings. It includes historic landscapes, historic parks and gardens, archaeological sites, historic coastlines and something people consider the intangible heritage - people's shared memories, past experiences and their personal stories.

This intangible heritage often means more to both communities and to individuals than a park or a listed building itself. Connecting with all these aspects of our heritage and nature around us can contribute immensely to our feelings of belonging, identity and purpose, and helps people come together and be proud of the places they live in; and as a result, increase community cohesion and to improve our wellbeing.

Wellbeing and the Historic Environment



Practical ways to use heritage for personal wellbeing improvement are summarized in our assessment on [Wellbeing and the Historic Environment](#) (2018) and how to utilize things like volunteering and visiting historic sites, sharing stories and experiences as a therapeutic approach, including specifically for boosting brain health, through the power of reminiscing, connecting with the past and exploring places of meaning and memories together. We talk about six routes into this agenda - the last is about environment, and how heritage can help us experience our environment even better and deeper.

Not only do heritage sites and places give us the opportunity to be outside and connect with nature or be physically active, but they also provide that additional cultural air to that experience, helping us to feel part of something bigger, something meaningful and important, increasing our feelings of identity and belonging and stimulating our imagination, promoting learning and instilling that sense of discovery. Often, they also offer solace and escape, transporting a safely into another world of pastimes and wonder, exploring the connections of our own past and stories and those, the people next to us.

Heritage helps us understand ourselves and how we as human beings relate to each other and how we fit into this world.

Heritage and Wellbeing Strategy

At Historic England we realize that there is so much more we can do to promote wellbeing through our work and to address health inequalities through heritage. To this aim

we're launching later this month (May 2022), our new Wellbeing and Heritage Strategy, which will ensure that wellbeing is embedded in our work as heritage professionals and as a key objective of all Historic England projects, we're looking at four key priority areas as a start - young people, older people, mental health, and loneliness - all of them relevant to issues connected with brain health and mental wellbeing. We are aware that these groups are not mutually exclusive, nor do they cover every element of health and wellbeing. But we believe that this focus will help us develop knowledge with partners to understand specific needs of particular communities.

Social Prescribing – Heritage England partners with the National Academy

One of the most promising delivery mechanisms of embedding wellbeing and addressing health inequalities is social prescribing, an approach in which the health system is massively investing and with which many other sectors – such as nature, art, sports – are very actively engaged. We believe that there is a great opportunity for the heritage sector to get involved in this space as well, and to maximize our public value and our contribution to improve public and individual health, Historic England has partnered up with the National Academy for Social Prescribing; and we're working with many colleagues across sectors to promote social prescribing, help create these links and partnerships and support the development of innovative social prescribing approaches.

As I mentioned, I'm appealing for holistic approach to the environment. Heritage as part of the natural environment and our relationship with nature as part of our heritage.

So now I invite my wonderful colleagues to take the virtual stage and share their knowledge and experience of utilizing the power of heritage and nature for improving our brain health and mental wellbeing.

Resources:

[Heritage & Wellbeing Special Research edition](#) - Historic England Research on wellbeing
[Wellbeing & the Historic Environment](#) (Historic England, 2018) Policy, case studies & framework
[Social Prescribing and the potential of Historic England's local delivery](#) (2020) Case studies
[Heritage and Wellbeing](#) (HE website) – our team web pages – more case studies and resources
[Heritage, Health and Wellbeing](#) (The Heritage Alliance, 2019) – case studies from the wider sector
[Wellbeing in Volunteers on Heritage at Risk Projects](#) - report on volunteering benefits
[Heritage Action Zones](#), [Enriching the List](#), [Heritage at Risk](#), [Historic Environment Records](#)
[Heritage and Social Prescribing webinar June 2020](#)
[Heritage and social prescribing article HE Research September, 2021](#)
[Heritage Special episode from Podcast on Prescription](#)



National Academy for Social Prescribing

Historic England

Heritage and Wellbeing – strategic approach

- Historic England's Wellbeing & Heritage Strategy

Key priority areas for embedding wellbeing in heritage work

- Younger people
- Older people
- Mental Health
- Loneliness

- Partnership with National Academy for Social Prescribing

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**Dr Lucy Loveday, Associate Dean,
Faculty Development Innovation and
Performance, Health Education England.
Stay connected @drlucyloveday**

This is a brief overview, highlights of existing and emerging evidence that supports the potential role of nature to benefit our wellbeing, preserve brain health and enhance our sense of wellbeing for mental health.



Trees – benefits of phytoncides

Some of these highlights involve trees; and what the Japanese traditionally call *shinrin-yoku*, which literally translates as forest bathing. This is led by some key researchers in Japan, Dr. Qing Li and Professor Yoshifumi Miyazaki whose studies demonstrate that trees and plants produce phytoncides, volatile organic compounds, that can have a mediating role to benefit our immune system function. Being in the presence of forests and trees not only benefits and impacts on our psychological sense of wellbeing, but also at a physiological level, reducing our stress, hormone, blood pressure, and increasing our heart rate variability, which is all supportive of lower stress state.

Fractals, named in 1975 by a Polish mathematician, Benoit Mandelbrot, describe the pattern that repeats on a progressively finer scale to produce objects of enormous visual complexity and beauty. Fractal patterns are abundant in nature: in this pine cone, in peacock feathers, seashells and many more areas and places in nature. Professor Richard Taylor and his team demonstrate that looking at images of fractal patterns with a mid-range D-value assigned can have a favourable effect on our neurophysiology, which is summarized for the *Journal of Holistic Healthcare* 2019 (pp 52ff) .



Green Exercise

Exercise is, of course, good for us; and when we exercise outdoors – if we are able and it's safe to do so –there is the additional benefit of the Vitamin D boost. My systematic review 'Move with age: Strength and balance', examines literature around the types of movement, physical activity and exercise that support strength and balance as we age.

Gardening – positively associated with Health & Wellbeing

One way we can combine nature with movement is to garden. Gardening lends itself as a natural facilitator to meeting physical activity requirements or recommendations. A national survey in England (2020), not surprisingly showed spending time in the garden, will positively be associated with a sense of enhanced wellbeing and overall health.

The Cognitive benefits of interaction with nature, its restorative effect – fascination

We live in busy hyper-connected lives and our central executive function, which is responsible for keeping our attention focused, directing it appropriately, that mechanism, that neural pathway can become very fatigued. Kaplan and Kaplan Attention Restoration Theory: A systematic review', (1989, 'University of Exeter) recognize features present in natural environments: Being Away, Extent, Fascination, Compatibility. Those features have real potential to restore the mental fatigue and stress that we can experience, particularly the soft fascination, which can evoke this sense of restoration and it can manifest itself in

many ways, be it through the observation and enjoyment of watching a butterfly's wings or the visual magnificence of a display of a starling murmuration.



Birdsong eases mental fatigue, reduces stress

It's not only the visual sensory input from nature that can support us, it's also the auditory Birdsong. We have just celebrated the International Dawn Chorus. There's always a Tweet of the Day on Radio Four to enjoy. Dr. Eleanor Ratcliffe is doing some fantastic research into the role of Birdsong to support our stress and preserve our sense of restoration.



Sensing Nature for the people who are sight impaired

Here is a pied flycatcher and a link to Graham Taplin's audio soundscape in the fantastic Sensing Nature project, that looks at bringing nature to people who are sight impaired and may fall, may therefore find it to access these opportunities in the environment. (Nature soundtrack 1, Nature soundtrack 2)

The Natural Environment – a Symphony for the Senses

Bratman and colleague's 2019 review, 'Nature and mental health: An ecosystem service perspective showed the impact of nature experiences and the benefits to mental health: increased happiness and subjective wellbeing, positive social interaction, cohesion and engagement, engenders sense of meaning and purpose in life, decreases mental distress, positively affects aspects of cognitive function, memory, attention and impulsive inhibition, improves imagination and creativity. So embrace the natural environment, almost like a symphony for the senses in whatever way you can, for its joyful, restorative effect.

Swimming – modifiable risk factor for dementia

As one of the first ever outdoor swimming ambassadors I feel I must direct you to some interesting emerging research around cold water proteins, studying the swimmers at the parliament LIDAR and Professor Giovanni Mallucci, Professor of Clinical Neurosciences, at the UK Dementia Research Institute Centre at the University of Cambridge is leading on that research - ultimately, it's about Connection.

Alleviating loneliness – Connecting through nature

We live in this hyper-connected world, but we have this sinister challenge playing out – loneliness. Loneliness affects so many people, particularly those who are older, potentially at risk of being socially isolated. Nature can offer places and spaces that often people can't.

A Ring of Nature – We are Nature

Nature can be non-threatening. Nature can be safe. People can feel held by nature and feel this sense of belonging and this opportunity to reconnect with a part of yourself that perhaps you've lost or forgotten. This beautiful display of pebbles at a beach in Pembrokeshire - creating a ring of Nature.



We are nature, says Andy Goldsworthy the environmental sculptor. If we talk about losing connection with nature, then we're losing connection with ourselves. We're not inseparable. The survival of our species depends upon the natural world. So I encourage you to embrace all the beauty, the huge transformative potential that lies within the natural environment for your health and wellbeing. Thank you. Stay Connected! Here is my Nature on Prescription Handbook (2021); Nature on Prescription Handbook Evidence ECEHH: Beyond Greenspace Projects: Virtual Nature, Have a go ...

Deborah Munt, Board Director, Culture Health and Wellbeing Alliance

Thank you very much for inviting me to speak today. The Culture Health and Wellbeing Alliance (CHWA) is a membership organization of around 6,000 members - people who have a vision for culture and creativity as part of the world of health creation. It is a small support organization with a national remit. We try and reach into the regions; and the small team are doing a really good job of developing support materials around all things, culture and health.

CHWA and Social Prescribing

Included within that is social prescribing - to support grassroots and frontline activity, the kind of activities you'll be hearing about today. It also tries to amplify the voice of the sector, the people doing that work, because you will hear of the great variety today. It often happens out of passion, bloody mindedness of the people who are involved in it. Often it is not strategically supported or developed, and that is one of the missions of CHWA.

So today I'm not really talking about frontline delivery, but rather about infrastructure – or lack of it – to support that work. There is social prescribing material, a whole page dedicated to social prescribing for anybody who would like to find out more about that in terms of CHWA. The web-page lists things like museums on prescriptions, toolkits or the London Arts and Health social prescribing myth-busting tool. [Its many useful links include *Arts for Brain Health: Transforming Diagnostic Practice for Dementia*].

Contacting CHWA national team

If you are a member of CHWA and even if you're not, and you have an inquiry about anything within its remit, you can contact the team and they will do their very best to be able to, to help you with your inquiry, within the limitations of, of being a small national support organization. I think they average about two inquiries a day in England. So please do feel free to contact either the national team.

Regional CHWA champions

Or, the Alliance has a Network of Regional Champions and in every area there is an arts champion and a museums and heritage champion. So if CHWA need help with an inquiry that you might make, they would also reach out into more local knowledge, through the regions; and whilst what can't happen through those regions, because those regional champions are voluntary roles, we can't provide you necessarily with a really beautiful, simple, clear pathway from a social prescribing client, through their link workers, right through to the individual artists, museum practitioners or nature practitioners, because that is a very big and complicated job. Unfortunately, we're not able to do that, but what we might be able to do, if you have a request, say for example, you would like a particular gathering in a particular area to look at how you might organize around social prescribing or you might want to have debates and conversations about it. Then the CHWA may well be able to support you in convening that activity.

Culture and Creativity Week, 16-20 May – join SP events

It also partners with the London Arts and Health on their Creativity and Wellbeing Week, (16-20 May this year). On Thursday, the 19th, there is a day specifically dedicated to social prescribing, which I would recommend you join. And on the morning of Friday 20 May, I and my link worker colleagues in Derbyshire will be launching the Link Worker Manifesto that we have been working on as a result of an artist-led support programme during the COVID lockdowns.

So the work that I'm doing in Derbyshire is a really good example - there isn't enough infrastructure to be able to support this work. It's very complicated.

Every Primary Care Network gets to do social prescribing in its own way. Then in every area, there are different flavours, different organizations, different assets, different passions, different people on the ground. That makes for a very complicated blend of a landscape to navigate. We have very little in the way of infrastructure that might broker and help people navigate that whole world.

Creating soft social infrastructure around culture and health

So outside of my work with CHWA, I am a sort of freelance developer within culture and health. In Derbyshire, we are now looking at how do we create a soft social infrastructure around this? We are looking at supporting link workers to develop a network of simple social groups right across the county and the idea of this is eventually they become a kind of peer support network for social prescribing clients and for link workers themselves.

Cultural Programmer

Then in parallel with that, we are also looking at developing a role around the Cultural Programmer who would work with the culture sector to work up the offers that are available, to tweak the universal offers, but also to look at where there are gaps in provision and commission new pieces of work. The programmer would then be able to link directly with that network of link worker, social groups across the county, so that there would be a really direct exchange of information. The programmer would be able to connect the various organizations that are in an area to those directly, to the social prescribing clients, via those groups. This is the kind of infrastructure at the moment that we think is missing.

So hopefully I will be able to report back at some point about much clearer, more tangible and transparent pathways to help this process on its way. And then this will be exactly the kind of thing that CHWA would then be able to amplify, share in the hopes that we can share that learning more broadly across the country and across the world.

DG, chair: Thank you, Deborah. Thank you very much. I will add to what you said at the end. But thank you very much for raising all these issues.

Now we're going to go to Katrina Gargett from the York Archaeological Trust, who'll talk about a fascinating project, Archaeology on Prescription.

Katrina Gargett, Community Engagement Manager, Archaeology on Prescription, York Archaeological Trust.

Museums and Heritage Award 2022,
Community Engagement Programme of the Year – Congratulations!



It's wonderful to be here today to tell you about our new project Archaeology on Prescription. York Archaeological Trust is an educational charity which operates four attractions across the city centre, including the world-famous Jorvik Viking Centre. We also have an active commercial field work unit undertaking archaeology ahead of development projects. But I'm here today to tell you about the work that we've been doing in the community engagement team.

Archaeology on Prescription

Over the last year we've been developing Archaeology on Prescription, which is our new social prescribing project, aiming to engage the residents of York in archaeology to improve wellbeing, to foster new social connections, and improve self-esteem and confidence through the development of new skills and knowledge about archaeology and the past.

The project really came about because we began having conversations before the COVID 19 pandemic about the potential for archaeology to improve wellbeing for those within York who are struggling with their mental health, who might be lonely or isolated have one-on-one long-term conditions or complex social needs.

As Desi highlighted in her presentation, it's long been acknowledged within the sector that involvement in heritage can have a positive impact on an individual's mood. And archaeology as something which has traditionally been very off limits as an activity for those who aren't working in it, has all the right ingredients to really benefit those who do and can engage with it.

Tactile, physical, outside, exciting, wondrous, social

Archaeology is very tactile. It's physical, it gets people outside and we've heard about the benefits of being out in nature. It's exciting. We can already resonate with that wonder of discovery. but most importantly, archaeology is a social activity. It's fundamentally a human experience. It's something that can connect us all with each other and with the people of the past and can really contribute to a sense of place and belonging. and it can really unite people in a shared cause. You have discovery and everybody working together and to meet the same aim, which is to discover more about the past. So in that sense, it's very suitable as a social prescribing activity, which can have a profoundly positive impact on someone's personal and collective wellbeing.

Our project is intergenerational. We engage a range of ages, from older people who have retired and to working-age adults and young people and students who are facing mental health, difficulties and loneliness. So it's quite an ambitious project. It's not like all we've ever done before.



Nine-week pilot project 2021

We took our first tentative steps into social prescribing by doing the pilot project. We secured a number of small pots of funding from local funders, which we used to deliver a nine-week pilot from September to November 2021 excavating in the site of the garden of a disused care home owned by the City of York Council, which is adjacent to the medieval city walls in a historic area called [Walmgate](#).

Because this was our first foray into social prescribing, we decided to pilot the project with two non-statutory charitable organizations who we've worked with on previous community engagement projects, who already work with those who we hoped might benefit from taking part in the project. Those are: [Converge](#) who are a charity based at York St. John University who offer creative courses for students with mental health needs and [Changing Lives](#) who work with people recovering from addiction. Working with these two charities in the first instance has enabled us to have the support of professionals and support workers in mental health for our delivery team, as well as providing us with training and mental health awareness, because we acknowledged that we are archaeologists and we are not mental health professionals. The pilot itself was a brilliant experience.

Participants

We had around 30 participants in total, referred from our two project partners, and they were able to take part in a range of archaeological and artistic activities as part of a flexible model of delivery that we developed, where people could choose what they wanted to get involved in on the day, based on their individual needs and interests. Nearly all our participants took part in trowelling, even where disability or access issues made that a challenge. They also had the opportunity to do finds processing, finds bagging and identification, recording and researching the rich history of the Walmgate area and alongside that, they had opportunity to lead the way in co-creating artistic pieces.

We had one participant who created a collage of the site. They did field sketches and even created a film about the story of the excavation, which was really lovely. They found lots of things, as we are very lucky in York: you stick a trowel on the ground, you're going to find something because we have 2000 years of occupation. They found lots of objects, from pottery to animal bone.



I can never not mention our star find from day one, which was a Terry's chocolate orange wrapper dropped here from 1989 - that long ago.

That really did contribute to that sense of place with the [Terry factory](#) being based in York

Converge Evaluation and Research Team (CERT)

The impact of the first pilot was: We were quite taken aback by just how much of an impact it did have. We of course commissioned it to be evaluated, by the [Converge Evaluation and Research Team](#) (CERT) who were based at York St John University.

They are a research team made of people with lived experience. The results indicated that the project had a hugely positive impact on the mental health of those who took part: They felt welcomed and supported and confident to engage in archaeology by the staff team.

They felt part of a team. They made new friends, they enjoyed the range of activities on offer and really appreciated having that agency to choose what they wanted to do. And that they learned a great deal about archaeology, the past, York and about each other. They supported the anecdotal evidence that we had from some of the participants who by the end of the project really opened up in very profound ways. So just the first nine weeks alone has proven to us, the archaeology really can have a profound impact on a person's wellbeing and sense of self-worth.

Current second nine-week pilot – link worker referral

We're currently in the middle of delivering a second nine-week pilot where we're working with more local non-statutory partners, including [Sash](#) homelessness charity, [Blueberry Academy](#), and [Door 84](#), who work with young people facing social and mental health challenges. And we have our first referees through our local social prescribing link workers. Many of those who are older people who have been suffering from loneliness. I could tell you so much more about the project, how we developed it and how we developed our referral process and kind of the challenges that we faced and are facing as we continue to develop the project. This is only the beginning for the archaeology on prescription.

What's next for Archaeology on Prescription

Our bigger aim is that we make this into a sustained year-round programme where people can be referred either through non-statutory partners or through social prescribing link workers. Not only that, we want to establish it as, as a model that we can take to other archaeological sites in York, and further afield to cities like Nottingham and Sheffield, where we have our other offices.

Of course, as Deborah has highlighted, there are challenges around that as the social prescribing landscape looks different in each region across the UK. I'd be happy to talk about that in the debate later on. Above all, we are really hopeful that by fully establishing and expanding our offer, we can make a significant, positive and profound difference to as many people's lives as possible by engaging them with archaeology.

DB, chair: Thank you, Katrina. I was brilliant to hear about this very innovative work that you are leading on.



Julie Hammon, Area of Outstanding Natural Beauty: Stepping into Nature, Nature Buddies Network Project Co-Ordinator

The Stepping into Nature programme has been running since 2016. And it looks at working with a consortium of different partners to make green spaces and green-space activities and nature-based activities more inclusive, particularly for people living with long-term health condition or cognitive impairment or in a carer's role.

Connecting to Nature

The main aim of a Stepping into Nature and the Nature Buddies Network is that we feel that connecting to nature should be accessible for everybody. We believe that connecting to nature should be accessible for everybody.

More than getting out into nature

It's not just about getting out into nature. It is actually taking part in a meaningful activity, what you're out there. That could be doing poetry outside, or doing art outside, or going on the history of walk. It's a varied different thing. What we've found through the programme that we've been delivering is that actually there was a gap in people being able to get to us on their own that maybe weren't feeling so confident or didn't have anybody to go with; and they didn't feel like they could actually engage on their own. So we have linked in with The Arts Development Company and we put in the Thriving Communities bid and the Nature Buddies Network was part of that delivery.

Volunteer Nature Buddies



The idea would be that we would set up a volunteer Nature Buddies initiative to support those finding it difficult to get out. We wanted to embed it within organizations, as an option for people to sign up. So it wasn't just having a pool of volunteers. It was actually people that dealt with either the volunteers or they actually had contacts with clients and recipients who needed this extra support.

The reason was because we wanted people to be able to get out into nature and get into green spaces locally to them and become more confident and hopefully then reducing the impact of social isolation and increasing their physical and mental wellbeing. This was one-to-one volunteering. We would link a Nature Buddy volunteer with a recipient who actually wanted to be able to get out; and that needed to be driven by what those people wanted. So it could have been a walk down to the park or simply sitting out in the garden feeding the birds. It was very much wanted to be driven by what people were requiring.

This is a rough role of actually how it would work or how it does work. It's a circular moment. The people who are recipients link in with organizing groups who have contact with people in need of support and the volunteers and so forth and the surrounds. We could

have organizations involved in it that coordinated volunteers, but also organizations that had contact with people in need. It was about connecting that loop together.

Best Buddies

The Nature Buddy role has a certain amount of autonomy where the Nature Buddy finds what suits the person that they are linked in with best, and then helps them support them on that journey of living happier, and healthier. It's very much looking at people-centred and it's very much linking into what people were requiring.

Where we are we today

The pilot started over a year ago now. It was due to finish in March but has extended over to June. We only have one organization signed up, AgeUK, but they've been piloting the initiative and want to continue piloting it over the next year, we've got twelve people signed up for the regular activities and

Feedback

The effect that it's had on people has been profound. There are some really strong stories about how people now are being able to get out; and the changes that it's made into their daily habits. But we came across a few barriers that we have to address:

Addressing Barriers

Capacity from the organizations that are linked in has been tight, especially after COVID and having to catch up with everything, Our capacity to deliver it, because this is an add-on project to an already heavy workload, and limited resources. We didn't have a lot of funding in the first place to be able to deliver this. So it was trying to work out what it was we actually needed to potentially get it off the floor and get it wider. Getting organizations to have a bit of understanding of how they can embed it within what they're already doing, because they're already tight with resources they're already lacking in capacity. It was a difficult sell to try and sell it to them to get them involved. But it was met with loads of enthusiasm; and people who wanted to become involved, thought it was a really good idea. The engagement around that has been really beneficial that's coming out of it.

Final report upcoming – Getting the Nature Buddies Network Mainstream

We'll have the final report on the effects that the Nature Buddies Network has had, in the next month or so. We're struggling to get it mainstream. And I suppose for me having all these people and these experts together into listen to me, it's how do we take it wider?

Thank you

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Any advice around whether it's a good idea - Should I ditch it? Shall I carry on? would be good. That's my contact details. If anybody wants to get in touch with me, have a chin wag and a chat over where the problems lie. I'm happy to chat. Thank you.

DG, chair: Thank you, Jules. That was brilliant. Thanks so much.

DG, chair: We're going now all the way to Australia, so to speak, to hear from Caroline Gibson of Green Scripts, Bigger Hearts Dementia Alliance in Australia.

Caroline Gibson,
Green Scripts, Bigger
Hearts Dementia
Alliance, Ballarat,
Western Victoria,
Australia.



Green Scripts

greenscripts.org.au

Being in nature is good for your health

- Stay active for longer
- Reduce isolation
- Decrease stress and anxiety
- Enhance memory and thinking

Visit the Dementia Friendly Forest and Sensory Trail today

Katy Ryan's Rd, Mt Clear

Bigger Hearts Dementia Alliance Ballarat

biggerhearts.com.au

Being in nature is good for your health

Thank you for having
me I'm from Australia
and so far, I think

Caroline Gibson
Bigger Hearts Dementia Alliance, Ballarat

everyone's ideas it's fantastic. I wasn't sure about how we fit it in, but I think we do. This first slide is just a breakup of what our poster looks like. Basically, it's about Green Scripts being in nature is good for you. We focus on staying active for longer and reducing isolation, decreasing stress and anxiety and enhancing memory and thinking.



First of all, I should acknowledge the traditional custodians of the land, where I work live and raise my family, the Wadawurrung and Djadjawurrung people. And I recognize their continuing connection to the land and waterways.

Just to give you an idea where I am, I'm in Australia, Victoria, and about where the sea is in Victoria is where this project is run in Australia. It's the first such project in Australia using the Bush.

Green prescription

Green prescription - we've all talked about it. We know that social prescribing is a good, positive thing for people's health outcomes. The Royal Australian College of General Practitioners here in Australia - it's been reported that 70% of GPs believe referring patients to community activities and the like will improve health outcomes. But the barrier is most of them do not have links to such services. They don't know they exist.

I heard you talking about link workers before we've got Community Connectors in some areas doing some hard work, but our project is a community driven project. It comes from from the grassroots up.

Woowookarung Regional Park Dementia Friendly Forest & Sensory Trail

We have a park where we live in Ballarat from the Canadian state forest called Woowookarung – it's really lovely. It actually means in Aboriginal means 'place of plenty' and it certainly has been. The Dementia Friendly Forest and Sensory Trail walk was developed there. It was started by the Bigger Hearts Dementia Alliance, a volunteer group in Ballarat, which was developed out of a Compassionate cities project, which then becomes Compassionate Ballarat. They called themselves Bigger Hearts. It was a Dementia Community Alliance and the people that started it. Ann Tudor and Edie Mayhew. Edie had dementia and Ann was her partner and carer. They were determined. I think I heard the word bloody mindedness. They certainly were, that they were going to make a mark on our community and it was going to become dementia inclusive.

Parks Victoria, university, local business, government support

They lobbied with Parks Victoria. There was this space in the forest that was being developed. Then what happened was this wonderful trail. The fact, I think that it was community driven and community supported is what really has made this a success.



Community driven, community supported

On the left are the seedlings that were going to go into this area. They were grown up with Parks Victoria at one of the Melbourne University rural sites. COVID hit schools were supposed to take the trays and nurture them. Because of COVID, there was a big call out and hundreds of people in the community took a tray of seedlings home and looked

after them for six months until they were ready to be planted, when, we were able to involve schoolchildren and local community members from far and wide came to help.

We had support from a lot of local businesses, state, local governments. Bank of Melbourne staff, executives that came down also helped with planting and also with some of the other infrastructure we needed. Just a few photos to start.

Green Scripts

Green Scripts, as the project's called, is the tool, the online resource illustrating the different health benefits of being in nature. We built this online tool as a free resource basically so Primary Care practitioners would have some of the language or something to show people other than the flyer that people could just access on their phone. It's just like an app that looks at what the physical, mental health and social care needs of people living with dementia and their support persons accessing space. So Green Scripts is the tool, while the script is the Woovookarung walk, the space in nature. Both projects bring Dementia Friendly Community grants to help support their development.

'Dementia'

We deliberately use the word 'dementia', partly because it came from Ann & Edie's determination not to shy away from it. By using the word we're looking at normalizing, reducing stigma or the acceptance of people living with dementia and to a certain extent, extend support, acceptance of that journey towards a diagnosis.

Sensory Trail – Symphony for the Senses

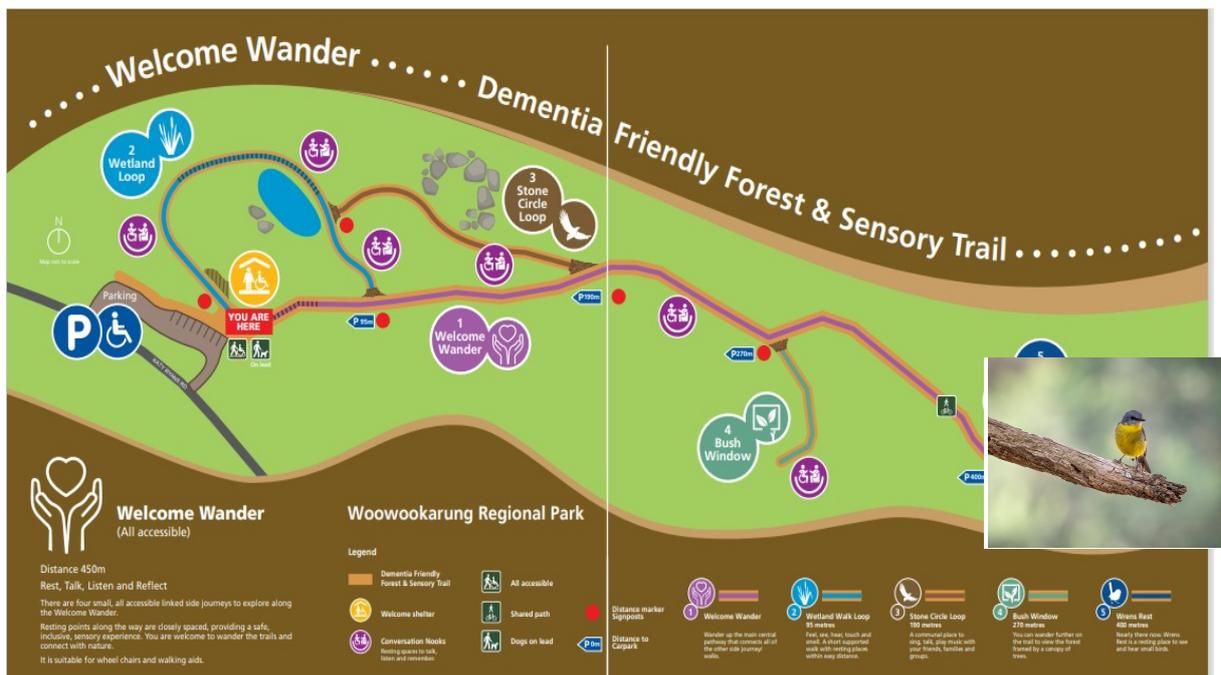
But the trail is for everyone who wants to engage with nature, it's been built as a space to move, sit, touch, look, smell, listen, be alone, be with others and reflect. A lot of people, I noticed, were writing down words – *fascination / exploration / embrace connection / belonging / heritage / culture / symphonies for the senses*. All this I believe is built into this area. The Green Scripts resource has four sections Walk, Move, Connect and Think:

The Green Scripts App: Connect page

This highlights the social benefits of being in nature: creates a sense of belonging, decreases isolation, opportunities for positive social encounters, to share skills and knowledge. Below are what you can do: walk, pack a family picnic, share a cup of tea, story, play games, talk with friends.



This is the park map showing elements of the park. Here are elements of the Park:



The Bush Window

This is what's called Bush Window, Edie's got a picture frame - you can put yourself into nature. It says *The trees want to know how you are.* Is that section's Bush window.

If you sit behind Bush window and look up - some of the local artists, ... there's a possum in the tree there. They've created little concrete sculptures that some of the local artists built and donated. We've got a couple of wombats, a couple of kookaburras, wallabies. There are other things too, located around the path for people to discover. There are some real ones as well, but these ones are much more reliable. You have to find one. We've got a section in the walk called the Lizard Lounge:

The Lizard Lounge: There are a couple of concrete lying back chairs and on the right, that is what you see when you look up through the trees that visit lounge.

Lizard Lounge



Stone circle is a big space with the rocks around in a circle that's been used for some indigenous storytelling. Tai-Chi from our local community centre, yoga. and childrens' birthday parties.

The Wrens' Rest

We also have a Wrens' Rest, even though that is not a wren. It is an eastern yellow robin. The Wrens' Rest area on the walk has got some seating and it's where you can most likely hear the wrens. There are a lot of bird-watching groups that supported us in this placement.

Wildflower Walks

We've got wildflower walks along this area. There are volunteers who take people along and show them the wildflowers.

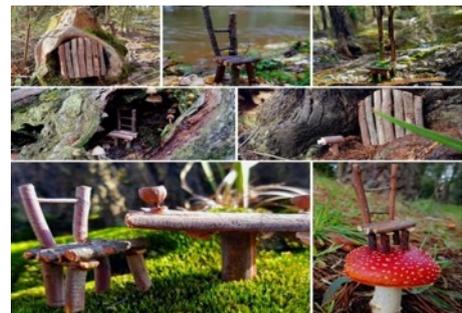
Magic in the Forest

We've got a part that's called magic in the forest. One of our local artists has gone around and picked bits up from the forest and then reconfigured them into these little bits of furniture that, and they're down in the bases of trees, in little nooks and crannies, and see if that's something you want to do, you can go and find them. They eventually wash away - they're Edie's transient bits of magic.

All-inclusive accessibility

To summarize, it's an accessible inclusive space for everyone, a Dementia Friendly Walk. I love that idea of the Nature Buddies. We do through the Bigger Hearts Alliance have people that if there's someone who's a little bit nervous about going out into the forest or just not too sure, they can contact us and someone will come out and meet them there.

We have 400 people accessing the trail weekly, which is quite phenomenal. The people accessing the trail are people living with dementia and their carers, and we have a lot of younger people, disability groups and people out of residential aged care facilities because they've now got a destination they can go to. This section of the trail has been built in such a way that two wheelchairs can sit side by side. With a flat ground, it's an easier walk.



Sensory trail rising

The walk does end up coming into what's called the 10,000 step walk that's currently being developed. You can start off on this nice walk sensory trail. Then it gets progressively harder as you get out to the lookout and then come back around the other side of the forest.

Green scripts and the challenge of linking to GPs and primary care

So the Green Script is the part of the tool linking it, describing it to GPs and primary care. That linking has been challenging, partly because of COVID - we weren't allowed to put flyers or posters into waiting rooms, they all came out. We weren't really able to access primary care very well. I am a community nurse and I had struggled too because we had so many people; and we just weren't allowed in with COVID.

The inkling

We have got the Dementia Pathways project happening at the moment, nationally, but also if so, Victoria, from what I call *the inkling*, that time when people start to think, hold on, something's not quite right, but I can't put my finger on it right through to post diagnostic management - I'm on an advisory group for this.

Linking In

I'm going to work at linking in Green Scripts and social prescribing into this tool, which will then be sitting on the GPs and practice nurses' computer. So when they're working, there'll be able to link in and print something off about it. Green Scripts is the tool, but the trail is key. I think its success was due to the compassion, generosity and inclusiveness our community. So many people came together. We had Parks Victoria who owned the land, our local indigenous community whose land it is, are also heavily involved.

Educational support, local government, business, artists & local community

Federation University helped build the tool. I just did the content. University students put in the scanning barcodes, so you can actually hear on different parts of the journey: what's the bird calls are and who, what they are etc. We've had schools involved in planting and maintenance. Local business, such as bank of Melbourne, state local government have provided bits of funding, local artists built us things and the general community.

Dementia inclusivity rising

We've had so many people experience the walk who have had dementia that have felt included in the space and constantly going back. But we've also had so many people go without problems with having dementia and not feeling them excluded either. So it's just, it's been a wonderful experience to be part of.

DG, chair: Thank you, Caroline. That was absolutely fascinating. Such a brilliant range of activities and spaces you've created. I can see from the job that they added and these were also quite impressed. I'm sure there'll be quite a lot of interest your websites afterwards.

Caroline Gibson, Green Scripts: Thank you. Thanks for letting me share.

DG, chair: Our next speaker is Alistair Tuckey, from Durlston Country Park and Nature Reserve in Swanage.



Thank you for listening

<https://www.greenscripts.org.au/>

<https://biggerhearts.com.au/>

Alistair Tuckey, Durlston Ranger, head of volunteers, education and interpretation
Durlston Country Park and National Nature Reserve, Swanage



I have the privilege of working at this fantastic national nature reserve, Durlston Country Park. It's one of the best places in the UK for wildlife an amazing place for people. About 250,000 people come here each year.



It's a great place to unwind to de-stress and draw strength from the natural world and the amazing heritage of the site, an incredible place for wildlife over 4,000 different species of living thing, from birds to butterflies, to bees, some amazing views, wonderful landscape to immerse yourself in.

I'm not going to talk about that community of species here, but more about the community of people at Durlston and in particular about

The power of volunteering for health and wellbeing

The power of volunteering, for people's health and their wellbeing. A really strong community of volunteers here - about 17,000 hours a year of volunteer time - people from different age groups, different backgrounds, doing all sorts of different work. Volunteering's an extremely powerful way to draw strengths through difficult times in your life; and we wanted to make our volunteering here as inclusive as we possibly could.

Inclusive, accessible volunteering – re-empowering

Making sure that people with disabilities, with long-term health conditions could all access volunteering, because I think it's one of the worst things about having a disability or a health condition is how disempowering it is. So really volunteering not only gives you that social element, helps you learn skills, but it's also about giving - giving the power back to people at a time in their lives when they may not have much ability to make change in the world. So what I particularly wanted to focus on today was not the way volunteers are involved in, in the practical work, in the visitor services and the education, but particularly through a new project here, which we've called Everyone Needs a Shed, - everyone does! and here's our lovely shed:



Everyone Needs a Shed – peer to peer support

Really the point of the project was to offer new ways for people to volunteer, which were very informal, very sociable, which weren't too physically demanding and also very much about volunteers working with other volunteers, trying to get away from that sort of gift relationship you sometimes see in health

and social care work so that it really is peer-to-peer support.

The shed is open for people of any age. Our youngest volunteer who goes to the Shed at the moment is fourteen and our oldest has just very proudly celebrated his 98th birthday.

The Shed to start with was very much a blank canvas. It's been co-created with the growing number of people who use it, doing all sorts of different work, whether that's gardening - we've talked a little bit about already:

Gardening with a purpose

Gardening with a purpose as well, selling those plants to raise money for the park and support the park and projects. Growing plants to be used in our Landscape Restoration scheme, which we're running here as well. It's such a great way of – oh there's Gerald - such a great way to bring people together, to take that gentle exercise, to learn skills, to share skills as well with each other.



People of many different backgrounds, trying out things like bringing woodworking here, getting to use axes and pole lathes for the first time, making bird boxes to be used around the park; and just making those amazing connections between people.



Intergenerational

One of the nicest things I think about the Shed is the huge range of people, of different age groups to come.

Memory café members helping in nature nursery

This was a lovely project with our local memory cafe, people with dementia, where the volunteers from the cafe were working with kids who attend the Nature Nursery here, running activities for them. That's a great two-way relationship. The kids loved the company of the people from the memory café, who really enjoy helping those kids experience nature, be creative together. That was really successful and it continues to grow.

The Shed's developed a really strong community in a very short time. We've Cuppa and a Chat, which is aimed at people perhaps were socially isolated, at the garden gardening session, practical sessions. Those people are supporting each other in amazing ways.

During the first lockdown, we said perhaps we ought to get together on Zoom so that the Sheddies can keep in touch with each other. I suggested it to one of the Sheddies. He said, *oh, we've been doing that for weeks!* When one of our volunteers, Brian who's blind lost his guide dog during lockdown another Shed volunteer immediately stepped in to help him get out and about with access to the park access nature again. So it really is that magic that always happens when you put people and nature and green spaces together and good things happen, not just for people, but for nature as well. At Durlston, we also offer yoga, park runs, Mindfulness Walks and Forest Bathing. Here is a video on Volunteering at The Shed. Really, it's that magic of getting people into nature and good things happen for both.

DG, chair: Thank you, Alistair. Wonderful work you're doing over there. Thank you very much for sharing. Next we hear from Ellen Tutton, from Dorset council and the fascinating Wellness Nordic walking.

**Elena Tutton, Health and Activity Lifestyle Activator
Place Services, Dorset Council. Wellness Nordic
Walking**

Hello, my role is split between the Active 4 Health Exercise Referral Programme, the Outdoor Activity programme, and day to day running of our Golf & Activity Centre. I'm here to talk about my links to social prescribing, our exercise referral programme and our outdoor activities.

Social prescribing referrals

In my role, I receive referrals for patients who may benefit from exercise for a range of reasons from a variety of health professionals such as GP's, physiotherapists and social prescribers. We receive referrals for a wide range of conditions, including long-term conditions, weight loss and mental health conditions, as well as patients who may not currently have any conditions, but are at risk of developing certain health conditions in the future. We also receive patients with neurological conditions such as Parkinson's, MS or Dementia patients.

Assessing risk

Every patient is different, and when I contact patients after they have been referred, I have to assess their risk level, and categorise them as low, moderate or high risk, and then place them on an appropriate pathway. For example, patient who is at the onset of dementia would typically come through as a low-moderate risk patient, dependent on any other conditions they may have and their overall health. A patient further along in the disease progression would likely come through as a high risk patient and would need a bring a carer with them to sessions. Typically, a moderate or high-risk patient, will need to be referred to a leisure centre, and depending on the severity of their condition(s) may need to see a specialist instructor.

Low risk patients can be referred onto any of our outdoor or community-based activities, such as health walks, cycling or Nordic walking.

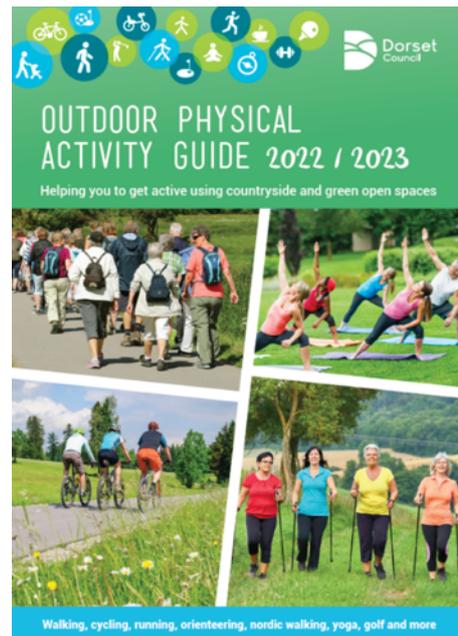
Wellness Walks at Moors Valley Country Park

Our Nordic Wellness Walks are suitable for people with a lower level of fitness, a health condition or are getting back into exercise. The Wellness Walks take place in the forest and around the lakes at Moors Valley Country Park, and incorporate mobility exercises to help with flexibility, balance and strength, as well as general fitness.

Nordic Walking – health and wellbeing benefits

Nordic walking has many benefits, including improving cardiovascular fitness, maintaining muscle strength and flexibility, and range of motion around the joints. Maintaining bone density to reduce the risk of developing osteoporosis, improving memory and reducing cognitive decline.

Regular exercise, such as a Nordic walk, also reduces the risk of developing various health conditions such as: hypertension, heart disease, type 2 diabetes and cancer to name just a few.



Another benefit of Nordic walking is the reduced strain through the hips, knees and ankles compared to a regular walk, as the poles allow the effort to be redistributed, with greater use of the arms, so these sessions are great for people with injuries or those who have problems in their lower limbs.

Benefits for older people

Many of our regular walkers tend to be older, and so the walks have been very beneficial for them to help maintain their mobility and reduce their risk of developing health conditions as they age.

Exercise referral programme

The aim of our exercise referral programme has been to connect people in Dorset who may benefit from regular exercise, with an activity that they enjoy and is appropriate for their health needs. Nordic walking is one of the many activities we offer to help people get more active in their local area, and we have recently been able to expand our programme to offer more regular Nordic walking sessions across the county, and we now offer walks in Blandford, Ferndown, Moors Valley, Bridport and Wimborne, with hopes to offer walks at even more locations over the next few years.

If you have any questions about our exercise referral programme, please email: active4health@dorsetcouncil.gov.uk , and for any questions specifically about the Nordic Walking we offer, please contact: healthandactivity@dorsetcouncil.gov.uk

Thank you.

DG, chair: That was Elena, with all the activity links if you want to explore their social prescribing offer in Dorset.

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Julie McCarthy Strategic Lead for Live Well and Creative Health at Greater Manchester Combined Authority and GM Health and Social Care Partnership

I'll give you a whistle stop tour of Beyond Social Prescribing in Greater Manchester (GM) and linking in with the green agenda and with brain health - a dip into about 50 different things.

Why social prescribing?

In GM, we have very much a strategic focus on inequity and addressing the wider determinants of health across the life course. The kind of facts and research that we focus on other, we know that 20% between 10 and 20% of GP appointments are non-medically related, but around loneliness, depression, housing, etc. This is where social prescribing really comes into its own. We also know that, demographically, older people are more likely to access their subscribing prescribing, although that demographic, that age group is lowering. We also know that, at the moment in GM, it's about two to one female to male take up. So your biggest cohort for social prescribing is older women, and it's actually all the white women as well at the moment.

Social prescribing gives people time to focus on what matters to the person, through a shared decision-making and personalized care and asset-based approach. It's that time that a GP or nurse doesn't have to give to someone, but this relationship can unpick the reasons why someone has approached a GP, because they don't know who else to talk to. But we know that this is a really important relationship because there is clinical evidence that isolation and loneliness alone can shorten someone's lifespan in the same amount as smoking fifteen cigarettes a day. We're not only talking about mental health, we're talking about physical health and about people dying earlier because they feel isolated.

GM in partnership with VCFSE

In GM we work in partnership with the VCFSE sector, private and public sectors. The role of the social prescribing infrastructure is to identify needs and gaps within the community and to develop the local offer and until April 2022, NHSE funded regional associates to support systems and link workers.

Regional Social Prescribing Learning Coordinators no longer funded by NHSE

But from now on that responsibility sits with regional personalized care teams.

Embedding social prescribing within Health & Social Care

In GM we're quite lucky that because social distribution we've carried on that support for those teams. So social prescribing is embedded within our health and social care partnership. We work closely with the training hub and programme boards in GM. So that's mental health, for example, suicide prevention, diabetes, brain health. Our pathway for brain health and dementia in GM is called, Dementia United, to offer additional training to link workers. We're able to work as well with the steering group to identify support and training needs. So that's a really integrated approach. But other support and trainings available through NHS through NASP, Personalized Care Institute and Health Education

England, which offers training around person-centred approaches and engagement with community. There's a lot of support out there, but not necessarily focused around brain health and/or dementia.

Green Social Prescribing

In terms of green social prescribing, we are one of seven national pilot sites funded by DEFRA and we're targeting those most disproportionately impacted by COVID-19. We've got four Test and Learn Sites delivering the programme. These are Sow the City in Manchester, focusing on food-growing schemes, Lancashire Wildlife Trust testing types of activity that attract participation from across a broad demographic - Petrus in Rochdale, breaking down barriers to participation, they're specialists in homelessness. They're looking at a diversity access, and Salford CVS, who are looking at the links between green spaces and therapy. Across GM, we have City of Trees who are creating a resource help, delivering shared assets and training, etc. Generally we're trying to establish referral pathways from mental health trust and other local referral channels - trying to unpick how we integrate the support across the life course, including brain health. Brain health is an across the life course issue.

As well as that, my main job at the moment at GMCA and Health and Social Care Partnership has two parts, both related to this subject.

Live well

Live Well is a manifesto commitment, one of those commitments that Andy Burnham was elected on. It's my responsibility to work out how we deliver against that. Essentially, it's a beyond social prescribing programme. So we are aiming to build on our local social prescribing services to create a minimum offer, which will be a structured, consistent offer - information, advice, and support - with routes into supported activity, all with the aim of improving personal and community wellbeing, resilience, and social connection. We're designing it with communities. It will be delivered with communities. It's going to be easy to access and support people with what matters to them. It's an asset-based approach.

One of the central pillars is access to green spaces. The others are: financial inclusion, access to cultural and creative activity, physical activity, housing. Those are our main pillars at the moment - they may change. We're working on that at the moment, and we're working very closely with the voluntary sector that with health and social care colleagues and with public service reform colleagues as well around this. We have a very strong public service reform team in GM who basically their *raison d'être*, and I sit within that team actually is, addressing the wider determinants of health and social inequality.

Creative Health City Region

As part of that piece of work, moving away slightly from green, but this is linked, I'm also developing the infrastructure and the strategy around the Creative Health City Region. Our aim in GM is to become the first Creative Health City Region. We are in close conversation with the National Heritage Lottery Fund about how we link the green agenda with outdoor spaces and with heritage sites – one of the HILF outcome measures is around wellbeing. They've done a lot of work around how, and they're doing a lot of work at the moment thinking about how inequality at greenspaces heritage are linked together. So we are creating a strategy, I've got draft number four on my desk, which links recommendations from the Marmot Review, a review into inequalities in England, and the GM Independent Inequalities Commission report, which was a GM specific report about how we address inequalities and the wider determinants of health, our new GM strategy, and also current

research on the role of culture and creativity and addressing the wider determinants of health.

We're trying to link that all together under the umbrella of Live Well. Access to green spaces is a really important part of that, alongside culture and creativity. When we're talking about how we support the workforce, we're really conscious that a lot of people are not in the formal NHSE-funded link worker roles, but might be working in a community allotment or might be working with a supper club with older people. So we've created an [Introduction to Social Prescribing](#), which anyone can access on the Personalized Care Institute [website](#). You just have to register and then go to the resource hub. The aim of that is to give an introduction to people who work in community settings with people or the voluntary sector, but also health and social care professionals who might not understand the opportunities that social prescribing brings. That's one of the ways we address access into this world.

Live Well Make Art

We're relaunching a [Live Well Make Art](#) network to support practitioners, both in health and creativity around social prescribing and also broader, creative health approaches.

GMCA Ageing Hub

I've worked really closely with the [GM Aging Hub](#) - they're part of the GMCA website – who are about to launch a pilot in ten areas across GM looking at Healthy Neighbourhoods and green is a major part of that approach, particularly as a green city region is one of our three major aims for GM over the next five years.

DG, chair: Thank you, Julie. It's been brilliant. It's wonderful to see the wide variety of work you've done in GMCA and your partnership. This is exactly what we're trying to encourage more partners across the sectors, including local authorities and general health sector, to explore. I'm sure that it will be a great example for people to see.

DG, chair:

It's been fantastic to see the range of practices, of projects and activities, and research that's been going on in so many different areas of heritage, nature and social prescribing. If we had more time, I would have obviously, welcomed questions to our speakers, to myself, to talk about some of the challenges that were already raised. I personally welcome anyone to get in touch and share their views, or, you know, ask questions afterwards by email. Veronica will circulate our details and you are very welcome to do that.

For our sector specifically in the heritage sector, a lot of the challenges that we have in embedding wellbeing and also in implementing social prescribing as a delivery mechanism of different wellbeing, is the awareness amidst people about the potential of your external environment to actually raise your wellbeing. We need more evidence and more research specifically to show that positive effect and it's increasing. there's more and more. Obviously that is happening, but in an attempt to bring a variety of colleagues and sectors together.

Historic England is not only partnering with organizations like the National Academy of Social Prescribing, but with other colleagues across our sector. We've formed recently a Heritage Social Prescribing Community of Practice where we are trying to see what's happening in our sector and to support each one of us in the different organizations - national and local – to grow the knowledge and the understanding, to help us all bring, guidance, evidence and toolkits that we can share them widely within the sector and with others.

But I know that the Nature and the Natural Environment sector are even further ahead of us, and even today, they have the green social prescribing event, which is running in parallel, which I'll be also interested to see later today. They already have plenty of evidence that shows what those benefits are.

In terms of social prescribing, I know there are a lot of challenges implementing these projects in practice that a lot of funding and infrastructure challenges of the moment, but, partially this is because it's such a new mechanism. It is not new in theory, but in the practice, in the scale and level to which we're trying to implement it across a variety of sectors. It is massive. It has great potential because as many people said we are focusing on the person-centred approach, focusing on people's needs. And for that reason, I think it is worth it to put all our efforts strategically in that. Thank you.

VFG, host: Desi. You've been amazing. Thank you very much. Although the talks, irresistibly wide-ranging and innovative, have overrun, may we debate a little:

Volunteering – intergenerational

Volunteering highlighted today was much valued, for people who are concerned about their brain, opportunities to volunteer are brilliant because this helps preserve their brain health in the best possible way, enabling them to feel useful. And the intergenerational approach also discussed in several talks does offers mutual enthusiasm.

Caroline, thank you for joining us from Australia. Is there anything you'd like to talk, discuss with British colleagues or anybody else liked to ask her, or

Caroline Gibson, Green Scripts, Australia: Lack of Diversity

I'd just like to note though that your comments about the diversity and I think we all know that's obviously a good idea and I don't know whether we start from our comfort zone and work our networks out that maybe we end up being like this little white female group almost.

VFG, host: *I am sorry there should have been diverse representation on the panel – where possible, we do, for example, Professor Semir Zeki spoke on neuroaesthetics at our last webinar and we shall have a poet of Sierra Leone descent at our next. We are also planning a webinar looking at specialisms and challenges in diverse cultures approach to arts for brain health.*

CG, Green Scripts Australia

But we in the Green Scripts project, Ballarat is a low socioeconomic regional town with a population of 100,000 people. Then very quickly we step off the edge into rural. We have a rather large indigenous population. We don't have a lot of other multiculturalism really in Ballarat. We're starting to get one of the refugee centres, largely Togolese I think Togolese and Somalian. But other than that, we're not like, Metro Melbourne or something like that, but we have had interest in involved with being community driven. Anyone whose been interested just comes along. That said, like the magic garden that someone just did that. We just discovered it, you know, that's the beauty of it.

Someone's doing an art series of women with dementia and they're doing portraits of people relating women with dementia within the forest space. So hopefully we'll move to become more and more inclusive as people hear about it. But I think that's a really valid point that was brought up a few times and I can't take credit for our work. I tried to get someone else to one of our volunteers to talk about it. It was truly a community.

VFG, host: Terrific.

CHAT – Lack of funding to support VCSE prescriptions

Alison Watson-Shields : It has been an incredibly interesting morning. My usual concern with these things is that, based on my personal experience, there is more demand on the VCSE sector but very little/no funding to support the work. We work hard to make a positive difference but these projects cost money.

Sonu Bhaskar : May I suggest that for sustainable funding we need to think about activity based funding from NHS/DoH. Activity based funding will help sustainable reimbursement for providers involved.

DG, chair: Funding

I'd like to take the comment in the chat, which is a very valid point about one of the biggest problems or challenges currently in implementing social prescribing is the funding situation.

A lot of people know that it's usually based on funding a project for a short period of time and the usual funders are the different lottery funds of heritage in community lottery and other funders are obviously not only developing more capacity and interests specifically in supporting social prescribing, but as Julie said before, having wellbeing at the core of their main areas which they would like to support. So this is always very positive.

However, we're looking now – and when I say we, I mean, not only Historic England, but NASP - while we have, of course, a lot of other bodies, organizations represented, we are all looking to find a sustainable long-term solutions to this. It is not going to happen overnight. This is a long process where the health sector and the Department of Health, obviously leading on by implementing social prescribing as part of their ten-year old plan. They're investing by supporting link workers to be part of Primary Care Networks. But we do understand that it is the third sector and it is also even the private sector who have to be encouraged and supported to feed into developing social prescribing.

One of the ways we're trying to explore as a solution is to create original shared funds in which different bodies, different funders, even businesses that want to support these schemes, they can put in and they can become part of sustainable programmes that the local authorities can support in that way. What Julie McCarthy just said in their plan and their vision is something that we want to encourage further. This is a first step. But that's how we learn about and how we try to promote partnerships, not only across sectors, but on different levels as well; and they have to be focused on local needs. They have to be focused on collaboration and working across different sectors, but on different levels as well; and they have to be of course, developed in a way that will be different in different areas. So there isn't a one size fits all. What I'm saying is, we do understand that there is a lot of work to happen. But the good thing is there is will; and there's interest in a very wide spectrum of players in that field. So I will take at least some encouragement from that.

VFG, host:

Oh, thank you, Desi. Also to say that in our report, [A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire](#) as you know, I massively highlighted the Thriving Communities Fund partnership structure, which Jules is part of. I think that is an absolutely ideal social prescribing model and mortified that it has stopped. But, as you know, NASP is holding a funding event shortly and at which we hope to learn more – (details at end of this typescript).

DG, chair:

Yes, it's not stopped in that sense. It is changing. And what I just said, encouraging the creation of regional based, not national necessarily, but regional shared community funds is the way we're going forward. So it may not be called Thriving Communities Funds Round Two maybe call something else, but that's the way we were going because Thriving Community sponsor was brilliant and demonstrated how social prescribing as a model could work and should work. But we do understand that we can't let the third sector and everybody else just work from a funding a 12-month project to funding another 12-month project. This is good, but we have to move to something more sustainable; and that's where we're going next.

VFG, host:

I think the key is doing things to involve the university students. You have this wonderful, as you know, Social Prescribing Student Champions Scheme. Throughout our Southwark project we were lucky to have arts and medical/neuroscience students interacting together with the arts participants for bio- or rather tri-directional benefit - win-win because this generates greater understanding at the start of student careers as well as helping evaluation and their dissertations – with keen intergenerational benefits for arts participants too.

DG, chair:

Yes, that's part of it, definitely our students and our clinical social prescribing champions are one way to help us promote this and get the partnership between sectors. But social prescribing will become more of whole community approach. I heard quite a few examples today from other organizations that are already implementing this in one way or another. What I mean is in support of the link workers employed by Primary Care Networks, we are having more and more examples of peer to peer supporting and volunteering networks.

VFG, host:

Can we ask the speakers for example, Ali, how is Durlston all your fantastic, huge programme funded – It's a whole social prescribing program really, isn't it?

Alistair Tuckey, Durlston:

Yes. I suppose we have the advantage of being part of a site. So as long as I can make sure that the site keeps washing its face financially, that gives us the opportunity to support volunteers. So really with the Sheds, it was initially funded through a National Heritage Lottery Fund projects which established the facilities and then through the staff already based at the park, we were then able to support volunteers to do that important work. So I think it's absolutely key, isn't it? that volunteers need a degree of support from paid staff. I think that's really vital for them to be able to work effectively, but then you can then get to that point where 95% of the running of the Shed is now done by volunteers, which I think not only gives us the resource to be able to do it. But it's also really key to the ethos of that sense of ownership and that atmosphere of the Shed that is to say, it's not a carer/caree relationship. It's a bunch of people working together.

VFG host: Brilliant.

And Caroline, in Australia, how is Green Scripts funded? Is it funded by the health teams?

Caroline Gibson, Green Scripts, Australia

Our funding: it's sort of a mixture of funding and Goodwill and donations. So Parks Victoria – it's their land, it's part of the state park, they've put in quite a bit of funding. It's taken years of generally gathering bits of buckets of money as we go. Dementia Australia, we got

two grants from them as part of the Dementia Friendly Communities programme. A lot of businesses donated materials, for example, the Lizards lounge. We had some local business donate and make that, local artists donated, you know, the sculptures we've got in the trees. School groups did a lot of the planting. So it really is a community funded thing out of Goodwill of buckets of money. But Parks Victoria have oversight of the area.

VFG, host:

Great. Katrina, would you like to tell us more how archaeology on prescription is funded?

Katrina Gargett, Archaeology on Prescription:

As I said, our first pilot was funded by smaller, local charitable trusts and a few of them got together to form a pot. Then we developed a winter programme over the winter months when we couldn't be onsite – that was post excavation artistic activity. And we were lucky to secure a small amount of funding from our local CCG. So we accessed NHS funding for that. But just before December we were awarded a Community Renewal Fund grant from the government, which enabled us to develop the project, but that finishes at the end of June. So we're currently in the process of seeking further funding. We're putting in for a National Heritage Lottery grant, which hopefully if we get will keep us going for another three years, but it's that classic thing that Desi saying about many projects like ours, where we are seeking funding on a monthly and yearly basis. So if we really can secure local funding, regional funding as Desi was explaining, that will be really beneficial for us.

VFG, host:

Excellent that the Heritage Lottery funds crucial social prescribing projects for heritage. That is really useful. Sorry, I didn't mean to interrupt you Desi. It's just having these social prescribing innovators able to talk to you - wonderful,

DG, chair: Thanks. That's very important

VFG, host:

It's so difficult as arts programmes have traditionally been trust funded projects arts whose time limit was unattractive for NHS referral if by the time participants plucked up the courage to take up the offer, only to find that programme has stopped. But the wonderful thing about cross-sector funding and what we've had so much about today is how social prescription programmes can keep on going and it's thrilling to hear you speak - wonderful to hear you Desi when you're at the forefront of the decision-making.

Julie Hammon, Stepping into Nature

All of my projects have been funded by a National Lottery funding from the arts council and we've had funding from Thriving Communities, but for us it's a different approach in the fact that we're trying to embed the inclusiveness within things that are already running. So when we walk away from it, they they've been embedded within that; or there are elements that people can self-manage. So I agree with you Desi. I hate it when you have a project, it's great, it's delivering and it stops. So I've always thought how can we, if we don't get funded, how can we sustain it in other ways that enables people to make their own decisions to go and actually be able to get involved. So if we fund a walk, for instance, it'll be a walk that's been in a nature based organization that maybe don't engage with that audience. So we'll go in and we'll help them set it up, we'll help them deliver it; and then it becomes part of their normal delivery.

DG, chair:

Absolutely right. Actually, we're also looking at creating something similar to what you're doing. You know, you talked about Nature Buddies and we're looking at creating something small called Heritage Connectors, and we're actually developing it, learning from Natural England in your practice, in your experience. I know that there are other colleagues in other sectors centred in arts and sport, that they're doing something similar as well. That's exactly it, the whole community approach to social prescribing is exactly that, to use existing schemes, existing volunteering and other community support mechanisms which can implement social prescribing. So it's just part of what people do. That's one way to support that sustainability. Another attendee and another of our colleagues today on the webinar, said about exploring how the health sector and the NHS can look at the sporting activities financing, financing activities, and that's of course another thing that we're looking to do. NHS Improvement are also interested in taking part in those Sheds 'original funds that we're trying to create with the community through funds and other helpers and supporters.

But at the moment, the main focus of the health sector putting their money into is obviously in supporting link workers. So, we're trying to attack it from different angles. But at the end of the day, I think Jules, you're absolutely right, we should be using what is already there and enhancing it, just making it work better, for the future.

JH, Stepping into Nature:

Okay. Well, if you want to test, so we've got plenty of heritage down here in Dorset.

DG, chair:

That's why we always open for propositions.

JH, Stepping into Nature – Empowering others to deliver

We've actually just got a little bit of funding from the NHS to deliver nature-based wellbeing activities for their staff as a pilot. So, again, it's because we're working with a large consortium of different partners. We don't actually deliver anything. We empower others to deliver.

DG, chair

Yeah. But that's, that's the secret. It's exactly that, just engaging partners across sectors and people who help you with, whatever area they're developing depth, their expertise in. So, that's brilliant.

VFG, host:

Thank you all. It's been incredibly kind of Desi, giving valuable time and expertise from your busy and respected roles as Senior Policy Advisor on Wellbeing and Inclusion Strategy at Historic England and Historic Environment Lead for NASP, to exchange experiences and guidance today. We are so lucky to have you and all of you is really terrific. and Caroline speaking from Australia.

My thanks to Sir Muir Gray for his highly experienced support – he sets the bar very high, encouraging, urging action, for us to think of innovative ways for those who simply cannot get outside can enjoy nature through the imaginative use of technology – which will be a theme for a later webinar.

And finally to Nigel for enabling Grain to provide the basic transcript from the recording – which produces transliterations, such as Katrina's archaeological find of a 1989 York Terry's wrapper – as a 'terrorist rapper' - and 'Mule' Gray (gosh how disrespectful) and other trickily subtle mishearings; and to Amisha Palmer who expertly edits out recording glitches to a smooth finish.

Thank you all.

CHAT

HL : THANKS SO MUCH THIS IS A BRILLIANT SEMINAR

adebimpe :Thank you all for the brilliant presentations ! Lots of food for thought and ideas to help the elderly in our community

Claire Ferris : If it works for people living with dementia it works for everyone - great presentation

janet Such inspirational and ideas-generating talks. Thank you so much 👍

Bee Myson :Thank you for such stimulating content, so encouraging. Can I draw attention to a national movement of Quiet spaces where it is 'Ok not to be ok': Renew Wellbeing, which also includes green spaces. See <https://www.renewwellbeing.org.uk/>

Sarah Hogben Thanks for a really interesting webinar

Sonu Bhaskar : Do we have a website for Durlston? :<https://www.durlston.co.uk/> Thanks you Veronica. Great seminar.

Shelagh (she/her) Barber Institute of Fine Arts a great range of speakers and projects - thank you

alistair.tuckey : A little video about the 'Shed'
<https://www.youtube.com/watch?v=R3vm012hkj4&t=48s>

kirsty.mcdade :thank you it's been interesting

maeve butler : A really great morning and many thanks to the fantastic speakers for sharing such inspiring projects. **Kate White** : I echo Maeve's message thank you

Sonu Bhaskar : Yes, it will be ideal if more diverse backgrounds are represented in the speaker panel. For social prescribing to make an impact, diversity, inclusion and equity needs to be integrated into its architecture. **Kate White** : Sonu I support your comment about the need for diversity in the speakers. **Sonu Bhaskar** : Thank you Kate. As a neurologist and global health researcher, I often see that the lack of DEI in the social prescribing and related interventions is a major cause of its poor uptake in people from diverse and marginalised backgrounds, who often carry disproportionate burden of the chronic diseases and underlying disparities/inequities. **VFG, host**: Apologies - speakers from diverse backgrounds are represented at our Arts for Brain Health webinars, not this time, but a distinguished professor of neuroaesthetics Semir Zeki spoke last time, the time before a Romanian speaker and a poet of Sierra Leone descent speaks at the next webinar and later in the year we devote an entire webinar to inclusivity.

Samantha Coultas: Thank you very much. Great to have a look at activities in the southern hemisphere also! Very good seminar, thank you.

Sonia Levesque : NA jam packed inspiring morning, huge thank you to all who made today possible. The outdoors is a magical place, nature and arts together for well-being = <3Sooo much information to take away and fully digest and implement, thanks again :)

Berni Godinho : What brilliant much needed awareness to a better life ! Very innovative ideas brought forward ! Yes more evidence based research for practice would be par excellent ! Thou Gp s are prescribing so good !

Kate White : Inspiring - YES!!

Claire Ferris :Thank you everyone - really insightful and inspiring, lots of great ideas.

Ian : Thank you for a very informative morning. Looking forward to seeing the recording and transcript in the near future.

Berni Godinho: Thank you for this fantastic talks all ! Veronica for her enthusiasm in keeping these talks ongoing

Alison Watson-Shields : Thank you Desi!

alistair.tuckey : Thank you everyone!

Alison Hadfield :I enjoyed all your interesting presentations and discussion, thank you very much all!

Kate White : Brilliant Veronica for bringing us together

Ian : Please do Young Onset.

VFG : In our report, Arts for Brain Health, we highlighted the superb NASP Thriving Communities Fund, now discontinued, but the structure is brilliant and NASP is holding a funding event shortly -

National Academy for Social Prescribing:

Our next webinars will be on **Exploring Funding Models in the VCFSE** (next Monday) and **Measuring and Communicating Results with Impact** on Tuesday 24 May. Please see more details below and how to sign up. You can find more details about our webinar series, and how to catch up with previous webinars on our [website](#).

NASP webinar: Exploring Funding Models in the VCFSE

Monday 16 May, 3-4pm

More details and to register visit [Eventbrite](#).

Join us for this webinar where we will discuss different sources of funding available to the VCFSE sector and the specific needs of funding social prescribing, including a case study of how one social prescribing service is funded. You will come away with an enhanced understanding of different types of funding and how to go about approaching these.

NASP webinar: Measuring and Communicating Results with Impact

Tuesday 24 May, 9.30-10.30am

More details and to register visit [Eventbrite](#).

In this webinar we will look at:

- Why evaluation is critical to understanding the difference you're making
- How it can help you plan services and projects by refining your aims and objectives
- How it can help you learn and adapt your future activities
- Its importance to the wider system as it helps build the evidence base for social prescribing
- How it can also help you make the case to beneficiaries, partners and funders