Diamond Music Therapy Services with the

Northern Health & Social Care Trust

# Moving towards a more sustainable method of working – the benefits for therapist and clients.

## Topic Area

## **Please** **identify (more than one option may be selected)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Adaptation |  | Communications and engagement |  | Estates and facilities (energy, waste, water) |  | Food, catering  and nutrition |  |
| Funding and  financial mechanisms |  | Medicines |  | Research, innovation and offsetting |  | Strategic ambition |  |
| Supply chain and procurement |  | Sustainable  models of care |  | Travel and transport |  | Workforce, networks and system leadership |  |
| Green/blue space and biodiversity |  | Digital transformation |  | Sustainability education |  |  |  |
| Other (please specify): | | | | | | | |

\*Topics aligned with the 12 Greener NHS workstreams (NHS England) are shaded.

## 

## Key message / aim

**During the Covid 19 pandemic our weekly singing for health sessions were offered online and when in person sessions began again the participants and the Northern Health and Social Care Trust (NHSCT) agreed to work differently using a hybrid approach where participants could join online or in person. We aimed to lower our carbon footprint resulting in fewer emissions and improved air quality. This was particularly important for a group of participants who have respiratory conditions – the weekly singing for health sessions sought to prevent ill health, reduce social isolation and improve levels of happiness and wellbeing.**

## What was the problem?

The NHSCT’s principal corporate objectives include:

Objective 2. Continue to improve outcomes and experience.

Objective 5. Improve population health and address health and social care inequalities.

Through their area Arts and Wellbeing Network they engaged the services of a music therapist to facilitate Singing for Chronic Lung Conditions, this quickly expanded to include people living with dementia, long-term conditions and mental health difficulties, and carers. The participants came from a wide geographical area, there is poor public transport, and all 30+ participants used their own cars to travel independently to the sessions, and the music therapist had a round trip of 132 miles each session.

The Covid 19 pandemic had a significant impact on the health needs of participants and led to decreased opportunities for social interactions and levels of wellbeing. The Office for National Statistics (ONS) reported in 2021 ‘Recent research has shown our social lives, happiness levels and health have suffered considerably since the first COVID-19 lockdown’. They found that wellbeing and happiness levels of the UK ’deteriorated across all indicators” between April 2020 and March 2021’. This impact was strongly articulated by participants and carers in their own self-report evaluations completed in 2021 and 2022.

## What was the solution?

Initially sessions moved online, during an annual evaluation of the service in 2021 and prior to in person sessions returning participants and carers indicated their preference for maintaining a hybrid approach with over 50% expressing a preference to continue attending online only. Online was particularly of benefit for carers of people with dementia, reducing the stress of getting out of the house, into the car etc. It was also of benefit for those with physical or respiratory difficulties who could join in on a day when they didn’t feel particularly well and the thought of the journey was too much but joining from home meant they could end the session earlier if they needed to. The NHSCT and the music therapist agreed to work differently.

We moved to two hybrid sessions each month and two online only sessions. One zoom invite was created and shared each week and emails notified participants of each weekly session. This led to a significant reduction not only in our carbon footprint but also in the therapist’s time - one session used to take up 4 hours each day including travel time and delivery. But most importantly the participants experienced the benefits of connectedness and improved functioning.

## What were the challenges?

Finding a space where the Wi-Fi connectivity was good and where participants could socially distance was a challenge because the previous venue had not reopened to the public yet. However, we found a community facility with enough space to facilitate a smaller group. A Risk Assessment which took into consideration the possible transmission of infection through increased airborne particles through singing had to be developed. The session format was slightly shorter than previously with breaks built in to clear the air and to minimize where possible singing too loudly. Participants were asked to complete a questionnaire prior to each session to ensure they were well enough to attend.

Running hybrid sessions was a challenge as you were engaging with people in the room and trying to respond to and monitor those joining online. Zoom updates and poor WI FI for participants was sometimes a challenge but we learnt to overcome it. The music therapist had to create a contacts list for online participants in case of emergency becoming unwell and leaving a session early a relative or neighbour was contacted. Participants accepted these measures and our sessions progressed.

## What were the results/Impact?

* **Patient outcomes:**  **& Population benefit**

An annual evaluation of participants uses a Likert scale and asks participants to score various statements where 1 = Disagree Strongly to 5 Strongly Agree .

Singing makes me feel relaxed and reduces levels of anxiety.

1 2 3 4 **5 100%**

Singing with others helps you feel less lonely.

1 2 3 4 **5 100%**

‘Loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day’. (Holt-Lunstad, 2010) addressing social isolation and loneliness has a significant impact on health outcomes.

Singing helps me to take time to breathe properly.

1 2 3 4 **5 100%**

Participants with respiratory conditions indicated a reduction in GP visits mirroring the outcomes of the study by Lewis et al with Singing for Lung Health groups where ‘45% of singers reported reduced GP visits’.

**Environmental impact** – moving to a hybrid approach has led to a significant reduction in carbon footprint with less travel by participants and the therapist.

**Social impact** - there is reduced travel time for the therapist, participants and carers. Joining online has been of particular benefit for those caring for people with dementia – it is less disruptive having to leave their house and go to somewhere unfamiliar.

## What were the learning points?

The key enablers for this approach were:

* + The openness of the NHSCT to working in a different way
  + Participants telling us what was working for them.
  + Having the technology in place to enable us to work this way
  + Having effective systems in place to communicate with participants and carers.

The single most important ‘one line of advice’ which you can give to others starting a similar project? – *If you are thinking about it, try it – you can always return to the traditional method of working if it doesn’t work out. Better to try and see than always wonder if this might work.*

The feedback from the participants and their high levels of engagement illustrates the usefulness of this approach and there has been a very low attrition rate.

This approach is transferrable to other clinical pathways and can be used by various health professionals.

## Next steps

This work is a joint initiative between the NHSCT, and the Music Therapist contracted to deliver the project each year. During the annual contract review this will be revised, and potential upscaling will be explored, however, this will very much be determined by the budget available. The project will be shared at external events where possible.

## What the team and/or patients and carers had to say

Qualitative comments from the annual evaluations include:

‘Since lockdown & shielding started Zoom has enabled us to carry on with our singing, it has been great to be able to do so, also to keep in touch with each other. If we didn't have this, we would miss the craic, & social interaction, as well as the singing. I always leave the session feeling better physically & mentally’. (Couple who join the sessions)

‘I am so glad to be back in the room singing with others – the sense of connection and community is fantastic.’ (Individual with respiratory condition)

‘The pandemic has been detrimental and has impacted on everyone’s wellbeing for approx. two years. We have been unable to take part in community activities for such a long time, so these Zoom sessions have lifted everyone’s mood. Service Users run to dining room when prompted for these Zoom sessions and leave smiling and singing, Priceless !!!’(Day Centre Manager)

## Resources and references

Holt-Lunstad J, Smith T B, Layton B. Social Relationships and Mortality Risk: A Meta-analytic Review

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Lewis A, Cave P, Hopkinson N. Singing for Lung Health: service evaluation of the British Lung Foundation programme. Perspectives in Public Health. 2018;138(4):215-222. doi:10.1177/1757913918774079

ONS. (2021). Coronavirus and the social impacts on Great Britain Available: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/ healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/22october2021

## Want to know more?

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* Partner organisations involved: Northern Health & Social Care Trust https://www.northerntrust.hscni.net/
* Has this project or story been made public in any form before?No