All Party Parliamentary Group on Arts, Health and Wellbeing

Arts and Health Policy and Devolution Round Table
Monday March 21st 2016 4.00 – 5.30pm
Committee Room 1 House of Lords

Edited Transcript

Lord Howarth of Newport welcomed everyone to the meeting. The purpose of the inquiry into Arts, Health and Wellbeing by the All Party Parliamentary Group is to inform a better vision for political leadership in this field. This Round Table is one in a series. It is an opportunity for parliamentarians to listen and learn from you so that we can accumulate ideas and evidence that will inform us when we come to formulate policy recommendations in the autumn. I am particularly grateful to Eluned Morgan, Baroness Morgan of Ely, who takes a very close interest in all aspects of this work. We thought that it would be very useful to learn from people working in the devolved administrations, in Wales, Scotland and Northern Ireland in particular, but also from the north of England.

Baroness Morgan: Thank you and welcome to you all. This is a two-year research project that is being undertaken by the APPG on the Arts, Health and Wellbeing. Part of the exercise for today is for us to learn from each other. My interest in this area is mainly because I'm one of the trustees of the charity, Live Music Now. I chair the advisory group in Wales. We are going to kick off today not with the areas that are already devolved. Alan Higgins is the Director of Public Health on Oldham Council, so he's going to start, and then we'll move on to Clive Parkinson, who is Director of Arts for Health at Manchester.

Alan Higgins: Thanks very much. We're going to do a bit of a double act on Greater Manchester. I will speak as Director of Public Health. Clive will address Arts and Health. The devolution deal for Greater Manchester has done a lot for us. Most relevant to this discussion is the invitation to be radical, to be innovative, to think differently, and to be very ambitious. Devolution of Health and Social Care came in February 2015 with a budget of about 6.2 billion. But the cost of the Health and Social Care system was 7.2 billion. Oldham, where I work, is one of the ten boroughs of Greater Manchester, and I lead there on implementing the devolution deal in Oldham. So the challenge is to improve health and wellbeing and to close that budget deficit in about five to ten years. It is essential that we deal with prevention; and with the promotion of health and wellbeing. One of the programmes is a radical upgrade in current activity which includes to nurture a social movement for health and wellbeing. That's emergent thinking, not really sure what that is, but it sounds exciting.

We talk about nurturing a social movement of wellbeing, because really social movements come from communities. You don't commission, you don't control a social movement. However, in Oldham we've got a ten-year gap in life expectancy – that's the worst – that goes across Greater Manchester, and we can't sit back and wait for something to happen. So nurturing is a way of engaging with communities and also recognising that the real drive will come from the communities themselves. Arts, Health and Social Movements is a particular theme that I've picked up on. Partly that's through a long-standing interest in Arts and Health, a long standing association with community arts, and a recognition that in Greater Manchester we have some history there, which Clive will talk about in a moment. But it's also to do with wanting to engage with people outside the usual health and social care system, to engage with people who haven't been public health trained. We need people who think differently to actually change the way we do health and wellbeing and so engaging with arts practitioners is one way of doing that. Clive and I have had initial discussions. We went from there to engage with other people at a workshop in November in Home, which is the newest of the cultural centres in Manchester. 30 to 40 people came, a mix of arts practitioners, arts administrators, and Health and Social Care people. The Social movement we were particularly interested in was increasing connectivity, but addressing that through arts activity. It was fantastic. The response was much better than I expected. The ideas that came through from arts practitioners were very strong. We were uncertain quite where this is going, but we felt there was something in it. That thing of uncertainty, I think is a good characteristic if you want to do something that is radical, but is innovative. The next workshop is the 12th of May. The arts people I speak to are very interested. They know it's a difficult time for funding for their organisations, but they recognise that this Arts, Health and Social movements idea is something that they can contribute to in a very big way. They recognise that devolution is giving Greater Manchester some momentum, we're doing something that's radical and outside the usual silos. I don't know how to draft policy for that kind of momentum, innovation and

radicalism, that's not my job. It feels tangible. It feels uncertain as well, but we're comfortable with that for the moment.

Baroness Morgan: Thank you. Clive, would you like to talk through the next steps of what else you've been doing then?

Clive Parkinson: The fact that you're talking about uncertainly alongside epidemiology and stats, it's going to be a challenge. Manchester is shaped by the industrial revolution. There's always been this tradition of radical thinking. The Pankhurst family from Moss Side, the Cooperative Movement, the Working Class Movement. There's always been a hotbed of political activity. Disraeli said: 'whatever happens in Manchester, it's going to happen in the rest of the world', I think it's true. I'd suggest that the Arts and Health Movement did have its roots in Greater Manchester. Harking back to the 1970s, and the results of the Community Arts Movement in the sixties. Peter Senior, he first developed Arts for Health, admittedly it was all hospital focused, expanded a whole minefield of activity that exploded, expanded, evolved. We've organisations like Start in Salford. They're at the heart of the community, facilitated, run, organised by people who've experienced mental distress. So Arts and Health spread. It developed its focus around public health. Lime developed its focus around hospital art. Start developed its focus around mental health. Each of these organisations influenced things like Healing Arts in the Isle of Wight. There are small pockets of brilliant work happening by people who fall off the radar. Mike White, one of my colleagues, a pioneer in the Arts and Health field, who died last year, described it as a small scale global phenomenon, and I think that's completely accurate.

In terms of the here and now in Manchester, as part of the National Alliance for Arts, Health and Wellbeing, and hopefully with some influence in the All Party Parliamentary Group, I nominally represent the north west, in which Greater Manchester has the most members. We developed a manifesto in 2011/2012. I am going to read a couple of lines, because they're central to my understanding of what this devolution agenda might be about as well. Some key comments from over a thousand people who contributed to this manifesto. It's not a quick fix. It's not about municipal sculpture, it's not about reducing the arts to cost effective prescription, which is a challenge if you've got a deficit to reduce. It is about wellbeing, it is about democracy, it is about human flourishing. It's about new ways of understanding impact and value, and critically, it's about solidarity.

So we are in a time of austerity. I've made reference to a couple of thriving projects. Well equally, projects are going under the knife all the time. It's a critical time in Greater Manchester and far further afield. Devo Manc, what does it offer us? We're all familiar with cultural quarters, and Manchester's no exception. We've got this cultural corridor. Oxford Road has the hospitals, the universities, the museums, the galleries. It spreads all the way through the city like a lovely pulsing vein. It's not artificial in Manchester, but there is a feeling that we're imposing culture on people. It can't offer solutions to all life's ails. If it's about cheap alternatives, if it's just about saving the NHS money, you'll have a real difficult job in getting true buy-in from the people.

In the face of deep rooted inequalities, are people's imaginations restricted? Are people allowed to be imaginative, to have these big ideas to want change themselves? Or is it being, again, imposed from on high? So how do we do some of that nurturing? If there's a positive aspiration, we need to raise the bar. It's not just about prescription, happy, smiling, passive, well managed individuals. The arts offer the opportunity to be a voice, the voice might be dissent, and if it's the voice of dissent, how then, if you've opened up the floodgates, do you deal with it and aspire to it, and work with it, and nurture it? So we need to be in for the long haul, not just for the next few years. But whatever this devolution offers us, I'd be thinking of a ten-year plan to say, how do we affect generations in Manchester? It was central to the industrial revolution. Could be central to a small scale cultural revolution. It offers us in Manchester really great focus to work together, and really increase that sense of being part of something bigger than we are as individuals.

Baroness Morgan: It's fascinating. I love the way that you have to have the confidence to let go. I think you have to have a lot of strength of purpose to allow things to develop in their own way, and yet be very aware it's a time of difficulty financially. So good luck with that. I think it's a very brave thing to start off by saying we are going to genuinely give it a go. Now we are going to move on to a Round Table discussion now. I'm going to start with Northern Ireland, Dr Jenny Elliot. If you could just tell us a little bit about yourself and then a very brief introduction to how you're doing things.

Jenny Elliot: Thank you for inviting us. I'm representing Northern Ireland. My own personal background is that I trained as a health professional and lectured in healthcare for a number of years, because my mother would not allow me to be a dancer. So when I was able to make my own choices, I decided that I would leave healthcare and train as a dancer. After I trained as a dancer, six weeks later I landed in a project in healthcare and I have been in healthcare for the past 25 years. I've been working with an organisation called Arts Care. It delivers arts programmes in healthcare settings, right across all Health and Social Care Trusts in Northern Ireland. It was started in 1991 by the then Permanent Secretary of Health in Northern Ireland along with a very dynamic businessman. They decided they would like to trial developing an arts organisation that emerged out of healthcare itself. That organisation has sustained, through a very distinct model of Artist-in-Residence programmes. So we have a group of Artists-in-Residence across all art forms that is located across all Healthcare Trusts, and they deliver a two to three day a week arts delivery. We have a Project Artist, list of eighty artists, and we have a Clown Doctor programme. We have been funded by the Department of Health for the past 25 years, by the Health and Social Care Trust, the Arts Council of Northern Ireland and by the Public Health Agency. We have terrific support at governmental level.

Just six weeks ago, our core funding from the Department of Health had to be taken from us for the first time in 25 years, and sent out for eProcurement into European tendering. We put in an application, and on Friday heard that we have been successful. So for the next three years we will move forward with our vision. We have quite a strong partnership globally. We partner with Lombardy Cancer Hospital in Washington DC, with Oklahoma, with the Chickasaw Nation, with Lithuania, where we've started up a Dance and Health programme, and also with Helsinki in terms of our research, because we are driving towards an evidence base. But the evidence base must be a dialogue where is not just stats and the formal research, where the arts and health duet together. I'm Laban dance trained, and we actually use Laban dance as a cultural management tool. It's very significant in healthcare and transfers across where you have relationship to self, relationship to other, and relationship to the environment. That's very critical for the dancer. But those three relationships are absolute significant when it comes to health and wellbeing.

We are now finding that over the last five years in particular, the Public Health Agency and our outreach into public health has been very significant. We deliver three major health and wellbeing projects during the year. The Let the Dance Begin Project, which is a new model of arts delivery in a small border town, Strabane, and that border town is really socially deprived. It has low employment and also low education achievement. We are literally flooding our collective of artists into this small town. Looking at how we can build confidence. We've been now running this for the third year. We have the Here and Now Older People's Arts Festival and the Looked after Children large scale model.

So we are absolutely thriving in Northern Ireland, and we are reaching out globally, which is very important. One of our mantras that we're using at the minute is, 'In your wildest dreams.' We do healthcare staff training, we work with medical students, nurse students and carers, with a very comprehensive training programme in Arts and Health, unfolding their creativity and enhancing how they deliver their care practice and care for each other. So that's really our model.

Baroness Morgan: Thank you. It's quite interesting that actually it was the Permanent Secretary who kicked it off. You're saying let's do it from the bottom up, and they're saying, to make it start, we needed somebody to raise it from above. So that's something to bear in mind. I'll move on now to Maggie Maxwell. Would you mind introducing yourself and telling us a little bit about what you do?

Maggie Maxwell: Thank you very much for giving us the opportunity to take part in this. I'm Head of Equality, Diversity & Inclusion at Creative Scotland. Creative Scotland is the National body for funding and advocacy in development of the arts, screen and creative industries in Scotland. We fund, with money from the Scottish Government and from the National Lottery. We are only responsible for about ten percent of the public funding of the arts and culture sector in Scotland, in fact.

My personal background is very much in Arts and Health. One of my first posts after graduating was as the first paid NHS Arts Officer in Grampian Hospitals' Art Trust. This was with funding from the NHS and it was the first NHS post in Scotland for Arts and Health. I worked to develop a collection of art in Grampian hospitals. It grew to about four thousand pieces eventually, mostly painting, sculpture; quite a traditional collection. Gradually we started to have artist residencies and participatory workshops. I then moved to

Scottish Arts Council which became Creative Scotland, and Arts and Health sits in my remit. In 2002/2003 we started working with the fourteen health boards in Scotland. We set up strategic posts in partnership with the health boards. Usually with NHS funding, endowment funding and Lottery funding. These posts are incredibly important for developing strategies in the local areas for Arts and Health. Each one's different. Each one responds to the communities and the geography of the areas they are based in.

There's now a burgeoning Arts and Health network in Scotland. It is very informal, but it's growing. People are learning from each other: different models, different funding models, different ways of working and sharing good practice. Our priorities in Creative Scotland are set out in a letter of guidance from the Cabinet Secretary for Culture, which is based on the One Scotland Programme for Government. The Scottish Government clearly recognises that culture is key to the quality of life and wellbeing. Our Letter of Government states that engaging in culture is life enhancing in its own right, but is also known to have a positive impact on our wellbeing and quality of life, and evidence shows a significant association between cultural engagement and good health and life satisfaction. A sense of connection with places is key to the sense of wellbeing in our community. In 2013, the Scottish Government published the impact of cultural engagement in sports participation on health and satisfaction life in Scotland. It showed that those who participate in culture and attend cultural places and events are more likely to report good health and life satisfaction than those who do not, even when factors such as age, economic status, income, area deprivation, education, qualifications, disability or longstanding illness are taken into account.

We are developing an art strategy in Creative Scotland. We have a ten-year plan and our art strategy will be published this summer. It's tries to take a holistic and comprehensive view of arts impact on society and society's impact on the arts, and therefore our collective and individual mental and physical health. We believe that artists and art can't solve society's problems but they do gather unique insights and alter how we see the world, how we live and work together and how we express and understand society's values and challenges. We have a portfolio of funded organisations, and although there's no specific Art and Health organisations in there, they all have to demonstrate their commitment to equalities and they have to submit plans showing their increasing engagement in diverse communities and in tackling socio-economic deprivation and inequalities, including health.

Baroness Morgan: Thanks very much. You said you are only responsible for ten percent of Arts funding in Scotland? Is the rest of it directed from Government?

Maggie Maxwell: Yes, a lot of it comes from Scottish Government to the national companies and to the museums and galleries sector.

Baroness Morgan: That's interesting. Thank you. We'll move on to Jackie Sands.

Jackie Sands: I'm the Strategic Arts and Health Coordinator for NHS Greater Glasgow and Clyde. I am one of those posts that Maggie just referred to. I was the first one, in 2005, into health improvement and now in public health within the Corporate Health Improvement team. I've been working to promote art and creativity across the NHS in NHS Greater Glasgow and Clyde. You can go quite system wide because health boards go right across acute into primary care, health centres and social care. There are certain policy directives which have happened in Scotland, which have really enabled the arts to work across NHS Greater Glasgow and Clyde. So for example, in 2006, there was the HDL 58, which is a health department letter, which was very instrumental. It's requiring a policy for design in quality in Scotland, and so every health board had to develop a design action plan. NHS Greater Glasgow and Clyde produced a design action plan. It also had a huge capital modernisation programme. So we were able to impact on the new builds, the environment, the design, the environmental arts and therapeutic design.

The BREEAM scoring system, which is the British Research Establishment Environmental Assessment Method, has been really useful because they ask if you've got an art strategy, have you got an arts coordinator? I've been using these sorts of levers to legitimise the work, and I use percent for art, which came out of Ireland many years ago, to lever money from inside the project so that we can then get matchfrom external sources such as Creative Scotland and Trusts and Foundations. The Green Exercise Partnership is another really good thing in Scotland. In 2007, NHS Health Scotland, Scottish Natural Heritage and Forestry Commission Scotland established the Green Exercise Partnership (GEP). The

overarching purpose of this Partnership is to promote better health and quality of life for people in Scotland through greater use of the outdoors for physical activity and contact with nature to promote green space, green exercise, and that type of thing. In response we are improving the NHS estate and the surrounding areas and work beyond the boundary of the health centre. When we work on a capital project, we can, through the arts, talk to our neighbours and work on green exercise, green space and walking plans.

Those have been the enablers, and because I work in health improvement, it's all evidence based. My job has been a fixed term contract which has been renewed and renewed because of my passion to promote the role of art and creativity in healthcare drawing on evidence and making recommendations based on examples of innovative good practice. The evidenced drivers from external agencies have helped and we are seeing a demonstrated and positive difference in the quality, look and feel of our healthcare environments. We're now getting to the point where the capital modernisation programme is ending and there are certain things which we really need to look at, the role of the arts in dementia care, the role of the arts with carers, but we haven't got the equivalent of the health department letter that's come into the health board. That's what I think we need in Scotland next, that there should be a policy directive. Sometimes the directive is just an evidenced idea with recommendations, and there's no money attached, but the health board still has to get round it. Working in Scotland has been very interesting because it's a systemic and system wide approach. I think that helps with promotion and integration of the arts and creativity quite well.

Baroness Morgan: Thank you very much. I'm afraid at some point we're likely to get a vote. Please don't take it personally if it's in the middle of your presentation. We'll move on to Carol Tannerhill now, from Glasgow.

Carol Tannerhill: I have, for the last ten years, been director of an organisation called the Glasgow Centre for Population Health. The Glasgow Centre is a partnership between the City Council, the NHS, Glasgow University and Scottish Government. We were established specifically to build evidence and fresh thinking about how we might improve health and tackle health inequalities. That combination of being a research body, but also one with an explicit remit to try and do things differently, and to look to the future, has enabled us to get involved in a range of activities. For the last two years I've been on secondment part-time to Scottish Government in the role of Chief Social Policy Advisor where my responsibility has been to work across government directorates in relation to their responsibilities for tackling inequality and also thinking about how national policy relates to local community based delivery. So I'm probably going to jump between these roles and hopefully there is something of relevance in both of them.

Scottish Government has three clear priorities at the moment. At its core is a commitment to tackling inequality in a range of outcomes, health of course being one of them. The second is achieving inclusive growth where the benefits of economic growth are more fairly distributed in society, but also contributions to the economic growth are more widely distributed in society. The third is about reform in public services where the Campbell Christie Commission remains a very strong driver, particularly its focus on shifting to prevention and working in partnership, and also the Scottish approach to government. At its core is a strong emphasis on increase in participation and working in an asset based and co-productive way. We recognise that traditional policy levers will only take us so far, and that a lot of the issues and challenges that we're facing in society will require a different approach that's much more about working with the people of Scotland than depending on traditional policy directives to solve our problems.

The second bit of context is our health statistics. Health is improving in Scotland but inequalities persist, and indeed seem to be increasing on a number of measures. We are seeing an increase in causes of death from what might be called social diseases, due to external causes, so drug and alcohol related deaths, deaths due to violence, due to suicide, due to mental health problems. These of course can't be solved by the NHS, and are a reflection of people's sense of not being included as much in society as they might be. I think that's directly relevant to what the arts can contribute in terms of improving health. We recognise increasingly that we can't treat our way out of the health problems that we face and so we need to 'expand the solution space', so that our solution space isn't just the traditional space that relates directly to the problems, it's something much broader. The other particular focus that we're developing in Scotland is on early years. Real strong commitment that every child should have a good start in life, and the arts and culture is an important part of that.

I want just to now focus on two other issues. The first is measurement. We have in Scotland a national performance framework with a number of very clear outcomes, and indicators that relate to those. They is an indicator about increasing cultural engagement in Scotland. Recently we've included questions in our Scottish household survey about participation in culture and sport. Also, questions on life satisfaction and self-assessed health. This has enabled us to get population level data, both on cultural participation but also on the relationship between health and participation in culture. We can now track that over time. We see strong associations between the relationship of taking part in cultural activities and good health. At the moment these are just cross-sectional associations, but we'll be able to look at that over a longer time period. I think that the importance of investing in good longitudinal studies here has to be emphasised. If we as countries and devolved nations really want to take the relationship between culture and health seriously, we need to have in place, systems to measure that and to understand the pathways between participation and health outcomes.

The other point I'd like to make is about a piece of evaluation work that we've done in the Glasgow Centre, an evaluation of Sistema Scotland. It's based on the Venezuelan El Sistema model, and it receives a significant amount of funding from Scottish Government. It also receives funding from the local authorities in which it delivers its programmes, and philanthropic funding. Sistema Scotland is focused on a small number of quite deprived areas. Its objective is to transform children's lives through music. It is a programme of social regeneration in these communities. So it was of particular interest to us in the Glasgow Centre. We've been evaluating major regeneration activities in some of our communities in Glasgow, looking at the health impacts of all of the investment that was being made in housing and neighbourhood regeneration, and were consistently struck by the absence of even a fraction of that investment going into the people in these areas. So a lot of money going in to improve physical environments, much less going in to enable the people to flourish. We see the work of an organisation like Sistema Scotland as being an approach that can help with that social regeneration. It's available to all of the children in the communities. Very dependent on the schools and nurseries as a location for delivery. But we've identified seven aspects of its delivery model that, through our evaluation we felt were crucial to its success. Each of these you would see in other arts programmes, but we feel that seeing them all together in this model has been important.

I'll just finish by reading them out to you: Longevity and commitment. When Sistema goes into a community, it makes it clear it will be there for the children in the long- term. It's inclusive and accessible. If children don't turn up, they will go to their homes to bring them. They work with disabled children, and they make sure if people behave badly, they're still part of the programme. It's innovative and flexible, so the programme is offered at different times of the day, summer programmes offered and so on. People can play in the orchestra, they can play in small bands. It's intensive and immersive. This isn't just a one hour a week music lesson, it's a very high dose of intervention. Again, if you take a traditional health model, the dose of intervention often makes a difference. The collective learning, something that children are doing together develops a different sort of school. Excellence. The high standard seems to be important. Finally, the focus on the relationship between the teacher and the child. Absolutely at the heart of what happens, and enables the children to get something that they're maybe not getting at home or in other parts of their life.

Baroness Morgan: Thank you very much. We'll move straight on now to Wales.

Sally Lewis: I'm the Portfolio Manager at the Arts Council of Wales. My portfolio straddles Arts and Health and poverty and arts and young people. Wales doesn't currently have a strategy on Arts and Health. Although certainly the Arts Council plans to develop one with the Welsh Government. It got pretty close in 2009 but didn't quite come off. Interestingly, in our most recent remit letter from the Welsh Government, one of our key priorities moving forward is going to be Arts and Health. It means that when the new administration comes in following elections, we'll be pushing on an open door.

A lot of really exciting projects have bubbled up that have happened on a quite organic adhoc basis. We have got real hotspots and cold spots. There's a particular swathe of activity going across the north. It's often driven by either a particularly active health board, or a particular individual who really wants to take something forward. It's hard to headline some of the things that are happening, but one that sticks in my mind was a community arts organisation working in University Hospital Wales, in the teenage cancer ward with young people. They wanted to help the young people to have a voice, to empower them. The young people said, "At the end of our bed there's this file and we're a number, and there's loads of numbers there, and actually we want to put a sheet of paper right at the front that says, 'This is me. I'm John, and I love football. Before I was

in here I loved this rock band'". That changed the practice. It was the first thing the medics saw when they came in.

Also in the absence of a strategy, we're becoming an enabler for this work. The Wellbeing of Future Generations Act sets out seven wellbeing goals for Wales, two of which are: a healthier Wales and also a Wales of vibrant culture and thriving Welsh language. This legislation puts an onus on public bodies, including the health boards and Arts Council Wales, to take a long-term view and joined up approach. The other one is the Social Services and Wellbeing Act, which is starting to change the way that care is delivered in Wales, and really giving more voice, to patients and to their carers.

The ten-year plan for mental health in Wales has just had a boost with a three-year Phase Two plan, which is looking to challenge stigma around mental health, and particularly looking at children and young people, and older people with dementia. The wider agenda, like the one round tackling poverty, which is central to the government programme in Wales, is a really important one too, not least because of the correlation between ill health and living in poverty, and some of our arts organisations are doing really interesting work, particularly targeted in more deprived communities. We are optimistic about that relationship with the Welsh Government around a more coherent strategy. It's important to keep the door open for imaginative projects to come through, as well as helping strategically. Over 50% of our revenue funded clients are involved in Arts and Health projects.

Andrew Davies: I am Chairman of ABMU Health Board, which is one of seven health boards, which covers the greater Swansea Bay area. We have a resident population of around half a million people. We employ 16,500 people. I am also Chairman of the National Dance Company of Wales, one of the leading contemporary dance companies in the UK. I think what needs to be stressed from a health service perspective is there is no one single NHS for the UK. There are four different models. I can't stress this enough that the model, certainly between Wales and England, is diverging and it has been diverging for many years. We have an integrated model of healthcare. For example, we do no longer have an internal market, so it's a collaborative, not a competitive, model. As a health board, we deliver tertiary care, secondary/acute care andprimary care with 73 GP practices for example. We also deliver mental health and acute health services. Public health is a responsibility of the health board rather than local government, as happens in England. Policy wise, the big driver for us at the moment is the current health minister's policy of prudent healthcare, what is known in Canada as parsimonious healthcare.

There are four basic principles of prudent healthcare which I think relate to Arts and Health. The first is to achieve health and wellbeing for the public, with patients and healthcare professionals being equal partners through co-producing services. As a health board we use patient experience to allow patients and carers and service users to tell their story. At every health board meeting we have a patient story at the very start, most of which are produced by patients and carers and other service users working together. The other point, which has been mentioned by colleagues from other parts of the UK, are the other principles of Prudent Healthcare, namely caring for those with the greatest health need first and making the most effective use of all the skills and resources. So it's working on the basis of co-production, using people's own skills and resources to improve the outcome, whether they're service users or the carers.

Prue Thimbleby: I have the enormous privilege of being the Arts Coordinator for the health service in the Swansea area. I was appointed about three years ago. We now have an art strategy which is embedded in the health board strategy and includes a percent for art. We're about to appoint a music therapist who's externally funded, and we're about to use some of the percent for art to fund a specific post in capital planning. I'm a story teller, so can I just tell you a funny story about devolution? Three years ago I'd just been appointed, I hadn't started in the post yet, and I went to the conference in Bristol, which is the international conference in Arts and Health. I was very excited because lots of people were coming from abroad and I love travel and I love meeting other people. So I signed up to be a buddy to somebody from abroad, and went off and got to Bristol and found that I was the person from abroad. I was born in Bristol! A couple of projects that I thought you'd be interested in; one was funded by the Arts Council, with myself doing story-telling and a fine artist and an anthropologist, and we worked in complex breast reconstruction in plastic surgery. We brought together plastic surgeons and tailors from Savile Row to look at the crossovers in practice. Alongside that, we had a small research project in giving the women the opportunity to record what they wanted to say to the consultant and then playing the recording, whether that improved their experience. So the whole project was embedded

in improving patient experience. The research was very successful, we hope it's going to be written up soon and published.

I do a lot of story-telling and it's becoming deeply embedded within the health board. I train frontline staff to create 2 minute videos with people. I do a lot of work with the complaints department and I make stories with people who've got serious complaints. It's been incredibly powerful in turning many of those complaints round. The outcome is a 2 minute video of that person's story, not necessarily with them on it, we've done one with someone who was transgender where an actor voiced it, and it was done with drawings. But it changed something that was heading towards the courts into something which she proudly took and showed to the Health Minister, and has gone all over the world as her story. So it's quite exciting. We've had a twenty percent reduction in major complaints. As Andrew said, there are seven health boards within Wales. We've been doing a bit of work nationally. Five of those health boards now have some sort of arts post. All of the posts in Wales are currently funded from within the health boards. We have a very fast growing network both in south and north Wales, and we're joining together to create an all-Wales voice. We hope to have a cross-party group within the Welsh Assembly Government over the next few years.

Lord Bichard: Those who are passionate about the arts probably don't need much convincing that Arts and Health really matters. In order to convince the consultants and the medics, you need data and you need evidence because it's a scientific community. In Scotland you've been doing great stuff for ten years. So presumably you can give me some really hard data about what impact that's had in the areas that really matter: mental health, oncology, obesity, aging. Similarly, in Northern Ireland. I've got a GP close to me who has been doing some work for four or five years now. He's got an Artist-in-Residence, and he is scrupulously keeping the stats, because he knows the only way he's going to convince his peers, is by showing them that he's actually had a 35% reduction in the number of people coming to the surgery with stress. So have we got more evidence now from all of your work that can be made available?

Jackie Sands: There's a lot of research around less days off sick, staff come to work more often when they're in an improved environment, for example. We can see what's happening across the workforce in NHS Greater Glasgow and Clyde. The whole of the programme in Scotland has been built on previous evidence, so it's evidence based design. The evidence says that people take less pain killing drugs if they're in nicer environments. Improving the patient environment, the social and emotional environment's really important. We haven't attached a research programme to our new builds, but I think we should. People we've been working with, the artists and designers and architects and different building companies that have come forward, have wanted to attach research projects. There's been a little bit of resistance around that, because there's huge pressure to actually deliver the project.

Lord Bichard: The problem with the Civil Service, where I used to work, is that where people are designing a policy and begin to implement a policy, they say exactly what you've just said, "Oh, we're really, really busy and we've got to get this underway, but we haven't got time to do research." I'm not really talking about research. I'm talking about building in what I would call mandatory information and data which enables you to show what impact the policy is having, and also enables you to intervene if you need to intervene. Because very often when things aren't going right, you just don't know where to intervene, you haven't got the information to enable you to do that. So I think you're right. It's really, really important to start the kind of courage to build this in at the beginning of a project.

Andrew Davies: It's a very helpful challenge, but I think the health service generally is bad at evaluating outcomes. Certain treatments are carried on because they've always been done, even though there's no evidence base for them, as you will know as a Permanent Secretary, a former Permanent Secretary. We're moving as a health board much more towards what I call PROMs, patient reported outcome measures, and part of that is how people feel about themselves, patients and users actually saying, "How do we feel?" So we're much clearer now about building evaluation around every initiative we undertake whether it's in terms of Arts and Health or anything else. The other point is, I think we're undertaking a major cultural change in the organisation. We've had our challenges, but we felt we needed to change culture significantly, creating a more open and honest culture, so encouraging both patients and the staff to be open about their experience. As Prue said, there's been a twenty percent drop in formal complaints across the health board. In one of our hospitals, the Princess of Wales in Bridgend, where we pioneered these changes, there's a fifty percent drop in complaints. I think there's a lot of evidence in terms of hard evidence that it's making a big difference.

Baroness Young of Hornsey: This is a subject that I've referred to before, because it does concern me in carrying out this Inquiry. The extent to which you have experience of having worked with black and minority ethnic communities in this field. I think particularly in mental health, where there's so much distrust and so many bad experiences. The extent to which Muslim communities are being engaged in arts and health, and artists from those communities as well. Could you say something about that please?

Prue Thimbleby: Well Swansea was the second city of sanctuary in the UK, as you may know, following Sheffield. I've been very involved in that, and we have a significant mental health stream within work for people who are asylum seekers and refugees. In terms of city of sanctuary work, it's a big network of organisations working on asylum, refugees, plus the African Community Centre has a large programme on mental health and counselling work that artists are involved in. So there is quite a significant network of things going on in Swansea. We're one of the sixteen dispersal centres for asylum seekers and refugees.

Jenny Elliot: I think one of the challenges for Arts and Health is that there is evidence. It's just that we're not collectively bringing it together. I know that in Northern Ireland we do have a lot of evidence. We have done research. Every programme that we do is robustly evaluated. We do work very heavily with minority groups. But again, the great thing about me coming here today to the mainland here in the UK, is that I'm actually hearing a lot of information that I didn't know existed until we've come collectively together. So it seems to me that this is a stepping stone to say we need to share collectively the information, the critical information that we have. That actually has significant, has international significance as well.

Baroness Andrews: Part of the problem is that we've struggled with the research in the past in terms of the arts as a whole. One of the things that's happening in Wales now is a national framework for evaluating the impact of engagement with the arts. That's being done on a voluntary basis between the University of Cardiff and the museum. The National Museum of Wales sees its social mission as paramount and it is taking a leadership role in things like the framework for the wellbeing act. So we've got some extremely innovative work going on. But what you've identified goes to the heart of the problem on actually knowing what works best. We had what works best people [What Works Centre for Wellbeing] in a week ago, and there's some extremely interesting work being done to actually factor what works best across these fields. So that's one thing. Hopefully if we can get these consolidated frameworks and they are tested against these amazing, fascinating devolutionary differences, then we can drive that actually into policy sectors.

The second area is about relationships leadership and ownership. Because we've had models of strong leadership and then models of highly innovative grassroots evolution. What we have in Wales is an interesting mixture and there maybe something that people can learn from. Because it is about frameworks essentially. Into those frameworks you can fit a lot of direction and place-based work. For example, Sistema is a place-based project. We've got place-based projects in Wales which are driven jointly, and jointly funded and increasingly rebuilt and constructed by the community development organisers in the most deprived areas of Wales and the cultural leaders. There are six of these projects in Wales and they are highly innovative. They are bringing together for the first time in a single conversation, people who are from different disciplines, but who actually work and address the same objectives. We've had the first evaluation report, showing significant impact. It seems to me that this co-production, co-ownership that you are talking about, place based approaches, really actually hold the key to prioritising some of this.

Lord Bichard: I just wondered if as an inquiry, we have engaged with NICE. Because everyone thinks that NICE is just about drugs, but it isn't. I Chair the Social Care Institute, and NICE are producing guidance on discharge from hospital, children over the age of sixteen, all of that sort of stuff. I'm wondering whether that might be an interesting conversation.

Alan Higgins: I really want to follow up with Carol about what you've been talking about, in Glasgow with the Sistema approach and what you've been talking about in Wales and the use of evidence there. I find it quite hard to put into words just what I think that it is that we can offer back, or advise. But on the evidence question, it is essential that we gather an evidence base. It will build over time. It has been building over time. But with Andy's point, I'm not breaking any confidences in saying that the best evidence doesn't always get commissioned. That's no secret, is it? I've been an Exec Director on the NHS board for ten years previously. We're using a term called 'leap of faith'. That gets us into work and we're now gathering the evidence. There

is much here to do with just getting that sense of momentum, of needing to try something different, which then leads through, or I hope it will lead through to commissioned activity. When that's commissioned, you've got to gather the evidence of it, which is what I was hearing from what you're doing in Wales as well. But the evidence alone will not generally carry the case. In Greater Manchester, particularly in Oldham, where there is an Asian population of about 25%, I'm looking for recognistion that we haven't been engaging with that population through the usual means. I'm hoping that through this arts-based activity, we will engage more communities than we have done previously, and that question is a question that I don't think we've got a proper answer for currently. So in terms of what I think we can offer, I think it's to always keep trying, be enthusiastic, take the message out, keep talking about it, is the key.

Clive Parkinson: I'm not totally engaged with the community, because Manchester is so completely diverse. I think it's got the most languages spoken in a city in Europe. You know I mentioned before, the small scale groups that fall off the mark, like in Moss Side, Hulme, that area alone, Zion Arts Centre, they're pulsing with life, they're doing work around arts and recovering from both mental health issues and addiction. So there is a ground swell of activity out there.

Baroness Young: Those tend not to get funded, they tend not to gain sustained funding, and they tend not to be commissioned in any area. It's a real big issue, because it then just compounds some of the problems that were already existing.

Clive Parkinson: People always say, "We need to get together, we need education, we need research, we need funding." I found that facilitating large scale events and small scale events, it really feeds people, really nurtures them, really keeps the momentum going. In terms of research, I actually think there's bags of it. We've got an emerging and growing arts and health research network in the UK that's connected, growing and expansive and learning the different language of what scientists want on one hand and what anthropologists might offer on another hand. It's about how we marry those things together so we can tell the stories and provide the evidence. I know we've got an incredible piece of work that spans Europe and the Nordic countries that has some profound messages about the long-term engagement, the impact of long-term engagement on health and wellbeing. So there is evidence there. It's getting what we're doing, how we get the message out there to the people that are making the decisions and influencing change, and know that this material's there for them to answer.

Lord Bichard: I think it would be really useful if the Inquiry was able to draw on the evidence that you are talking about. I think this is an opportunity to provide a platform that exists to share the kind of experience that we've heard of today.

Rebecca Gordon-Nesbitt: I'm the researcher on the Inquiry, and it was actually me who worked with Clive to put together the longitudinal evidence base around the Nordic research. In the exemplary organisation START in Salford the kind of ethnic mix of people who use that service is incredibly diverse. The over-representation of Black and Asian and Minority ethnic communities featured in that organisation led me to start wondering why that was the case within Greater Manchester. There is some really interesting literature about why the over-representation is happening within society. Contrary to more elitist models of arts funding, I think there's a case that grassroots organisations that are geared towards health are actually overcoming some of those barriers. So if we can insert ourselves into that niche, we've got a very strong case in terms of engagement.

Andrew Davies: I think it's a very powerful challenge that's been laid down for us as healthcare providers and commissioners. What I would say is, I think this isn't just about Arts and Health, it's true generally about services. A retired GP who some of you may have heard of, Dr Julian Tudor Hart, famously described the Universal Care Law, which is where those who most need get the least support, and those with least need get the greatest investment. I mentioned earlier that we're abolishing the internal market in Wales. But what we are now doing is reassembling a commissioning capacity which is looking at a needs-based analysis in terms of the needs of local communities. We don't have the diversity and the size of BME community that, say, Manchester has, but nevertheless Swansea is a port, so we have quite a diverse population. It's not very big, but the largest is the Bangladeshi community, so they are experiencing some of the biggest problems in terms of diabetes and mental health problems as well as, for example, the Chinese community. So it's how we engage with them in terms of all our services, including obviously Arts and Health.

Baroness Morgan: Is there anyone from the back who'd like to contribute?

Tom Harrison: I'm Tom from the RSA, a Research Assistant. I just wanted to say this whole conversation has really heartened me the whole time. I was really glad to hear from the Manchester team, because we've just been appointed National Learning Partner with NHS England on behalf of the Social Movement programmes, that's why I'm here. I would love to offer building the evidence and really getting to embedding this in practices all over the UK.

Douglas Noble: I'm Strategic Director Wellbeing at Live Music Now. I just want to come back on a couple of things. One on the evidence point. There's an upcoming Cochrane review by Dr Wendy Magee which will be coming out in April, and she's reviewing all the RCT tests looking at Arts and Health issues, looking at those that are the highest standard. Then the other point I wanted to make is really about the importance of skills, the investment of skills in the sector, both in terms of the practitioners, the arts practitioners, but also in care staff. There's a project in north Wales being run by Pendeen Care which is the Pendeen Academy, an apprenticeship for carers. I think they're going to have a two-year apprenticeship and there's a hundred carers going to go through it. Arts is being embedded into that programme. So they're both investing in the skills of the carers but also they're raising the status of the carers and the importance of arts running through that.

Eli Anderson: Director of StoryAID. I'm a therapeutic story teller, so really good to see a story teller in the room talking about arts. The work that I'm doing goes way beyond the kind of structures within the hospitals and has an impact way after. It's actually not a short-term fix; it's much longer term. As human beings we need long-term fixes and we need to integrate our work within the community with which people work. I think this is really a movement, and I can sit here and say, well actually, the beginning of such a movement. So what I can do, let me know, because this is not simply a UK-wide thing, it's a global movement.

Baroness Morgan: I'm just going to take one final contribution because we've actually got the room for fifteen minutes at the end, and I think people might like the option to speak to each other.

Daisy Fancourt: I hold a joint research post between Imperial College and the Royal College of Music where our aim is to look at Arts and Health. To pick up again on the evidence point, because I think we have to be clear about the type of evidence that we need and what we currently have. I think a lot of the evidence base in the UK has been based around interventions, for example, randomised control trials, looking at different arts interventions in healthcare. But there are two areas we've not looked at much one of them is more epidemiology, which, as Rebecca pointed out, has been done in a lot of Nordic countries, but we really haven't had here in the UK. The other aspect is the mechanisms of how it is that these art interventions work. So it's one thing to say, for example, that music and health reduce depression, but it's another thing to actually be able to explain why. As an example of this, we published a paper last Friday, where we showed that drumming workshops reduced depression by about 38% in mental health service users, and actually identified all this by the same biological pathways being activated as in drug treatments for depression. So this is one of the examples of epidemiology and mechanistic work that we need to be keeping emphasis on as well as the mainstream RCTs.

Baroness Morgan: That's great. I think I'm going to bring it to a close because I think people would like the opportunity to speak to each other. Can I thank all the contributors for their incredible information today? That will feed now into this Inquiry. This is a long-term project. I'm sure there's always an opportunity for us to learn from each other.