



All-Party Parliamentary Group on Arts, Health and Wellbeing

Meeting for *Creative Health Champions* Monday 11th February 2019, 2-4pm House of Lords Committee Room 1

Minutes

Welcome

Lord Howarth, Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) welcomed all those present (please see Appendix 1 for a list of participants).

Those invited to this meeting have been involved in taking forward Recommendation 3 in the APPAHW's [*Creative Health*](#), namely:

We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.

Lord Howarth thanked the contributions of Rob Webster, Mary Hutton and Cllr Izzi Seccombe, who helped the APPGAHW to write to a very large number of institutions with 40 positive responses to date on this Recommendation.

Lord Howarth described those present as the pioneers in delivering Recommendation 3. He also noted the productive working relationships with NHS Providers, NHS England, the Local Government Association (LGA), and the Culture, Health and Wellbeing Alliance (CHWA). A key question for participants to explore was whether existing networks were able to advance Recommendation 3 or whether a new national, strategic network should be designed to reach across the silos that divide Local Authorities, Clinical Commissioning Groups and NHS Trusts.

Introductions and Response to Challenges

Sunita Singh, as an architect, had found through her research on healthcare design that art in hospitals should be non-intrusive and universally appreciated.

Cllr Cath Homer said that in Northumberland there was an energy and a sustained commitment to drive forward the arts, health and wellbeing agenda.

Catsou Roberts was committed to bringing great cultural encounters tailored to particular service user groups. A key challenge was to convince staff of the value of arts collections as a precious asset in their buildings.

Ian Leete said that while the LGA was fully convinced of the evidence of the benefits of arts to health and wellbeing, there was still a lack of understanding of the evidence on the ground and funding models needed development.

Neil Churchill said that social prescribing was a key part of the recently published NHS Long Term Plan and that there were lots of champions of arts and health in NHS England.

Louise Hardwick confirmed that £800,000 had been committed to social prescribing as a community chest for applications from the voluntary sector. A five-year strategy was being drawn up between the health bodies in the East of England, Snape Maltings and the Museum of East Anglian Life. Key challenges were staff understanding of the arts and health, budgetary pressures, leadership, collaborative working and funding to ensure sustainability and culture change.

Peter Kara said there was a case for ringfencing the role set out in Recommendation 3 and he was interested in creation of space for ambulance staff to think creatively around the arts, health and wellbeing in their everyday work.

Emma Carr had found a key challenge was staff understanding of her role as an artist championing arts, health and wellbeing in the hospital setting. Melanie Walker talked about the recent partnership between Frimley Hospitals NHS Trust and 64 Million Artists with a view to improving staff health and wellbeing.

David Clayton-Smith is interested in helping deliver Recommendation 4 of the Creative Health report. There is an APPG/AHSN conference on 2nd May to share best practice and build networks across Kent, Surrey and Sussex. A key challenge is socialising the concept of the arts as a legitimate part of wellbeing and the importance of funding. Articulating the evidence at a system wide level and with local commissioners of services was vital. Development of the designed environment was also important. A similar approach to the five-year strategy outlined by Louise Hardwick for East of England was underway in the South East of England.

Anna Farthing explained the opportunity to align multiple cultural strategies emerging in the West of England region. While a key challenge was the high turnover of staff in posts similar to that defined in Recommendation 3. Recruitment, retention and wellbeing of staff were the larger systemic challenges with increasing workloads, pressures and underfunding in the arts and health sectors.

Richard Ings mentioned the Arts Council England (ACE) ten-year strategy (expected for publication in Autumn 2019) was in the process of refreshing support, policies and strategies for the arts, health and wellbeing sectors. As part of this, ACE created a network of trackers across all 9 regional offices tasked with championing arts and health work. ACE also championed arts advocates in schools and children's services and have established cultural education partnerships. ACE would like to support the workload pressures for creative champions to make their roles manageable with toolkits, signposting, through the Culture, Health and Wellbeing Alliance (CHWA), evidence base and capacity sector building.

Rob Webster has strived to implement the recommendations of the Creative Health report in six areas through the West Yorkshire and Harrogate Health and Care Partnership. The Northern Powerhouse has culture at its core and the cultural offer across the region has been huge especially in tackling the wider social determinants of health. He talked of the progress being

made on the ground in Wakefield, Leeds and Calderdale through the Integrated Care System (ICS). A concern was that the arts, health and wellbeing agenda could be crowded out by a Whitehall-dominated, centralist agenda, as well as a tipping point of changes in regional partnerships and changes to the NHS regulators.

Cllr Rod Ashford was in process of creating a five-year strategy for Reigate and Banstead which tackled the disparity of funding allocations on wellbeing. Challenges included a postcode lottery on social prescribing and threats to the role of libraries as community hubs.

Dr Finola Lynch explained how Shropshire CCG with the Local Authority had been the engine driving social prescribing across the West Midlands. Dr Lynch saw social prescribing as a platform to legitimately challenge the medical model. Key challenges existed on funding cuts to public health and prevention. As a former Area Chair for ACE in the Midlands, Peter Phillips, gave two practical examples in Nottingham which highlighted the importance of training and awareness of arts and culture for NHS staff.

Saffron Cordery said that NHS Providers had a proactive role to play in networking and promoting the arts and health agenda both at local and national level. At a strategic, national level, NHS Providers had raised awareness of the ACE strategy with national level NHS bodies, such as the NHS Prevention Board. Key vehicles for driving forward culture change were Sustainability and Transformation Partnerships (STPs) and ICSs, as already evidenced by Rob Webster's work on the ground.

Laura Waters talked about the creation over the last eighteen months of an arts managers network (70 arts managers in total) across the UK which had taken forward recommendations of the Creative Health report. This network provided peer to peer support for arts managers and artists. The network was in the process of formalising as part of the [National Performance Advisory Group \(NPAG\)](#) and was already represented as strategic alliance member of CHWA. A recent survey of the network's arts managers found that consistency of arts and culture provision nationally was patchy, as well as challenges around funding and research. There was also a big gap between demand and supply of services with workload pressures impacting negatively on the wellbeing of artists. Paul Brooks talked about the ten-year strategy to embed arts in health at an operational level in Derby. Key obstacles were a lack of awareness by CCGs and funding issues.

Richard Rice said that Greenwich CCG would be keen to have support and practical tools to move the arts and health agenda forward.

Victoria Hume described the background to the CHWA with an arts and museum champion in each region of England. CHWA's offer was a resource to those present with 3,400 members and a new website being rolled out in the next month as a hub for information, resources, toolkits, evaluation and research. CHWA's first [Annual Conference](#) will take place on 21-22 March and the national [Creativity and Wellbeing Week](#) will run from 10-16th June. A key challenge was effective cultural investment in the complex, ever changing healthcare structures.

Sheila Lloyd said that clinical leadership was key to drive the arts and health agenda forward. She said that following this meeting she would re-draft the patient experience and involvement strategy for her Board to include an additional pledge based on Recommendation 3.

Cllr Susan Sullivan said that her Live Well Board was creating a ten-year health and wellbeing plan for Chelmsford. Challenges were around GP's lack of support and an issue with Essex County Council Health and Wellbeing Board's lack of reference to arts in their ten-year health and wellbeing strategy, as well as closures of half of the libraries in the county. She confirmed her appointment to ACE's South East Regional Council.

Discussion

Lord Howarth summarised the key points made by all those present in their introductory remarks, as follows:

- Training for portfolio workers
- Need to look at funding models and is there a case for ringfencing, where would the funding come from and implications of sources
- Problems about making the research accessible not duplicating the research and while research may have worked in particular instances may not be ready replicable.
- Great importance of the arts for staff morale, health and wellbeing
- How to share best practice
- Great emphasis in public policy on innovation – how can we get arts and health accepted as being meritorious innovation.
- How to articulate the evidence
- Importance of the designed environment as explored in the Creative Health report
- How do Creative Health champions embed your work with other colleagues particularly those that are sceptical or who are simply unaware of social prescribing
- Danger of Whitehall imposing policy with preconceived ways of policy delivery
- Geographical zones embracing very disparate social populations and associated problems
- Social prescribing where GPs are accepting it but not including arts and how to cajole GPs, how to change institutional culture
- Clinical leadership is crucial
- Funding cuts and public health budget challenges
- Opportunities from new announcements on the Prevention Agenda
- National Performance Advisory Group
- CCGs who have never heard of social prescribing, arts and health
- The opportunity of Culture and Wellbeing Week in June
- Pressures on individuals trying to drive forward the arts and health agenda in their organisations.

Rob Webster noted that every ICS has to produce a five-year health and wellbeing plan using central guidance expected in April. This represented a timely opportunity to embed the Creative Health report's recommendations in this guidance, drawing on the combined influence of all those present. All ICSs would have to then take account of the recommendations in their plans for six months up to the autumn, by which point the Government's Comprehensive Spending Review would have been published with details on workforce issues and public health expenditure. NHS Providers agreed to take the lead on this piece of advocacy work.

Sunita Singha talked about the importance of people power to drive forward the arts, health and wellbeing agenda rather than focusing energy and attention on the funding issues, citing the example of the Peckham Experiment during a period of scarce resource in Britain. This example was on display at the [Living with Buildings exhibition](#) at The Wellcome Collection. Lord Howarth agreed that profound and sustainable culture change were vital steps to be taken in this political and economic period.

Peter Brooks said that those present had a key role embedding the patient experience into networks consulting on health and wellbeing. Lord Howarth agreed it was critical for the service user voice be heard and the APPGAHW had created the Lived Experience Network (LENS). Neil Churchill said he would be happy to support efforts here. It was advocated that families and carers should be consulted by the APPGAHW.

Rob Webster recommended an [Academic Health Science Network](#) (AHSN) take the lead on supporting the Creative Health report's recommendations as a national piece of work for the fifteen AHSNs to follow suit. David Clayton-Smith agreed to take this piece of work forward in discussions this week with CHWA and the APPGAHW secretariat.

Alex Coulter suggested that the LGA, CHWA, NHS Providers could meet together as a network 'sub-group' to discuss further support for a network of champions in response to Recommendation 3. Neil Churchill suggested involving NHS Clinical Commissioners and could facilitate that connection.

Richard Rice would welcome a toolkit on how organisations could deliver practical, incremental steps from the Creative Health report. Victoria Hume agreed to follow this up. It was also suggested that more practical information from existing peer support networks for artists and arts managers in healthcare settings would be welcome.

Anna Farthing said that a lot of the research evidence base was based on short term case studies and existing longitudinal research could be mined for data. Alex Coulter noted the work of Dr Daisy Fancourt in this area and said that we need translating, mining and sharing research.

A common hurdle identified by those present was ways to persuade GPs to advocate the arts and culture in their care and advice. Twenty per cent of GP consultations were related to social issues. Dr Finola Lynch agreed to Lord Howarth's suggestion of a joint presentation with Dr Jane Povey and the APPGAHW to the RCGP.

Other useful suggestions was the use of a model of communication NHS England called '[What matters to you?](#)'. This could be useful for communicating key messages on arts and health alongside promotion on social media.

Next Steps

- **NHS Providers will coordinate a piece of advocacy work on the health and wellbeing guidance for ICSS, with the support of the APPGAHW and all those present at the meeting.**
- **APPGAHW secretariat will consult with Carers UK to ensure carers and their families are adequately represented in arts and health policy development.**
- **APPGAHW secretariat, CHWA and the AHSN for Kent, Surrey and Sussex to take forward work on a national piece of work to support Creative Health's recommendation 4.**
- **APPGAHW secretariat, CHWA, LGA and NHS Providers to meet to discuss network support for champions. Neil Churchill to link NHS Clinical Commissioners.**
- **CHWA to develop a practical toolkit from the Creative Health report.**
- **Dr Finola Lynch agreed to deliver a presentation with Dr Jane Povey and the APPGAHW to the RCGP.**

Appendix 1 – List of Participants

Chair: Lord Howarth of Newport

APPG Project Manager: Alex Coulter

APPG Administrator: Ben Cook

Participants:

- Cllr Rod Ashford, Lead for Leisure and Wellbeing, Reigate & Banstead Borough Council
- Paul Brooks, Director of Patient Experience, Estates & Facilities Management, Derby Teaching Hospitals NHS Foundation Trust
- Emma Carr, Arts and Communications Officer, Frimley Hospitals NHS Foundation Trust
- Neil Churchill, Director for Patient Experience, Participation and Equalities, NHS England
- David Clayton-Smith, Chair of Kent, Surrey, Sussex Academic Health Science Network
- Saffron Cordery, Deputy Chief Executive, NHS Providers
- Ann Farthing, Arts Programme Director, University Hospitals Bristol NHS Foundation Trust
- Louise Hardwick, Head of Partnerships, Ipswich and East Suffolk Clinical Commissioning Group
- Cllr Cath Homer, Cabinet Member for Culture, Arts, Leisure & Tourism Northumberland County Council
- Victoria Hume, Culture, Health and Wellbeing Alliance
- Richard Ings, Arts Council England
- Peter Kara, Non-Executive Director of East of England Ambulance Service NHS Trust
- Ian Leete, Senior Advisor on Culture, Tourism and Sport, Local Government Association
- Sheila Lloyd, Executive Director of Nursing, Clatteridge Cancer Centre
- Dr Finola Lynch, Vice-Chair, NHS Shropshire CCG
- Peter Phillips, Non-Executive Director, Shropshire Community Health NHS Trust
- Richard Rice, Chair, NHS Greenwich CCG
- Catsou Roberts, Director of Arts and Health, Barts Health NHS Trust
- Sunita Singha, Non-Executive Director, Moorfields NHS Foundation Trust
- Cllr Susan Sullivan, Lead on Safer Communities, Museums and Cultural Strategy, Chelmsford City Council
- Melanie Walker, Employee Engagement Manager, Frimley Hospitals NHS Foundation Trust
- Laura Waters, Arts Programme Manager, Derby Teaching Hospitals NHS Foundation Trust
- Rob Webster, South West Yorkshire Partnership NHS Foundation Trust