All Party Parliamentary Group on Arts, Health and Wellbeing

Meeting to discuss *Creative Health* Recommendation 6
Monday 5th March 2018
House of Lords Committee Room 2
4-5.30pm

Notes and Actions

Chair: Lord Howarth of Newport, Co-Chair of the All-Party Group on Arts, Health and Wellbeing
Attendees:
Lord Bichard
Tracey Brabin MP
Lord Ramsbotham

Participants:
Tim Anfilogoff, Head of Community Resilience, Herts Valleys Clinical Commissioning Group
Dr Marcello Bertotti, Senior Research Fellow at the Institute for Health and Human Development, University of East London
Samantha Butler, Senior Policy Adviser, Office of Civil Society
Gavin Clayton, Director Arts & Minds, Cambridge
Sir Sam Everington, Chair of NHS Tower Hamlets Clinical Commissioning Group
Dr Agnelo Fernandes, Chair of NHS Croydon Clinical Commissioning Group
Jules Ford, Senior Programme Manager, Social Prescribing and Cultural Commissioning, NHS Gloucestershire Clinical Commissioning Group
Dr Ulrike Harrower, Consultant in Public Health, PHE South West
Dan Hopewell, Director of Knowledge and Innovation, Bromley by Bow Centre
Tapiwa Mtemachani, Senior Commissioning Manager, NHS Dudley Clinical Commissioning Group
Ruth Nutbrown, Assistant Chief Officer, NHS Rotherham Clinical Commissioning Group
Dr Simon Opher, GP and GP trainer, Gloucestershire
Dr Marie Polley, Co-Chair of the Social Prescribing Network
Jo Robins, Consultant in Public Health, Shropshire
Jacqueline Rose, Acting Head of Culture, Mayor of London's Office
Cllr Gerald Vernon-Jackson CBE, Chair of the LGA's Culture, Tourism and Sport Board.
Dr Vikesh Sharma, GP Lambeth
Bev Taylor, Senior Choice Manager -Social Prescribing, NHS England
Jo Ward, Change Maker
APPG Secretariat, Partners and Members of the Next Steps working group
Alex Coulter, Secretary to APPG
Faith Biddle, assistant to Alex and taking notes
Shirley Cramer, CEO, Royal Society for Public Health
Nikki Crane, Arts & Health Consultant
Dr Daisy Fancourt, Vice-Chair of the RSPH SIG on Arts, Health and Wellbeing
Dr Rebecca Gordon-Nesbitt, APPG Researcher, King's College London
Sarah Gregory, Researcher, King's Fund
Damian Hebron, Director of the London Arts in Health Forum
Alex Pleasants, Researcher to Ed Vaizey MP

Recommendation 6

We recommend that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.

1. **Gloucestershire**

1.1 We started with small scale arts on prescription for mental health which gave us buy in from the clinical world. Then the Cultural Commissioning Programme brought us strategic buy in from the CCG. Arts and culture, environment and nature, physical activity etc all sit under the social prescribing umbrella and so that's how we defined it in our Sustainability Transformation Plan. We have got strategic buy in, by making sure it's not a sideways piece of work.

1.2 We have picked the high priority, long term conditions: respiratory, cancer, dementia (all the major big cost and quality of life conditions). We would say that for our singing for breathing work (our choirs), the medical outcome is through improved breath control, but there is also the psychosocial outcome through improved confidence and reduction in social isolation. By taking this holistic approach, very functional approach, we are able to encompass both.

1.3 Our first evaluation, in-house, is still underway. Our next step is a realist evaluation - we know it works, but we want to know what works for whom and in what circumstances. The engagement is higher with arts based interventions and the drop out is lower –so it's also very common sense evaluation.

1.4 Our universal social prescribing model is shared with the voluntary sector and the NHS so that there's access across the county. We commission the connectivity (ie the link worker). Then we have social prescribing plus where we are commissioning the activity. So if it's loneliness, we are commissioning the link worker, if it's breathing, we are commissioning the community singer and up skilling them. It is possible, but it's not a quick fix.

2. **NHS Tower Hamlets CCG / Bromley-by-Bow**

2.1 80% of the GPs in Towner Hamlets social prescribe. We have a very systematic way of getting the GPs to social prescribe by making it a win win. On the desktop of GPs we have referral forms for cancer but also a referral form for social prescribing, so it's quick and easy and adds another tool to the desktop. It's about allowing the patient to take control of their own life.

2.3 It is critical to think about how to use social prescribing as a mechanism, not just to re-think the clinical, biomedical social model of health, but also to think about how a whole range of different organizations contribute to health and wellbeing in those communities. Health and wellbeing boards were intended to be the big table that everyone got around to understand the role of health and wellbeing in that community and how we can harness money etc.

3. **Social Prescribing Network**

3.1 Social prescribing networks are growing and continue to grow, but it's been a hard road for arts and culture to be recognized to this point. I think there is a need for everyone to recognize the value of art. 'I went to an arts group and I didn't commit suicide' that's about as hard an outcome as you can get. There is a need for different types of evidence.

3.2 We now need to move towards social prescribing being taught to all health professionals to set the foundations. The social prescribing network is hosting its first conference in June. We need to publish more. There is a public health aspect we need to look at with putting it in schools.

3.3 We should look at the creative industries - I think there might be potential synergies with the community and private sectors working in the same way.

4. Local Authorities

4.1 Health and wellbeing boards have a very important role in all this but we need to be realistic about local government funding. You can't offer people the care if you haven't got the money. In Hampshire for example, it is my understanding that there is now no youth service. I think the part we can be helpful with is signposting to ongoing organizations. If the LGA can be helpful in passing around good practice, then we would be very happy to do that. We need to show that it can take pressures off the health and care services.

5. **Public Health**

5.1 In Shropshire, we have been able to develop social prescribing because it is within the priorities of the health and wellbeing board, in our wellbeing strategy. We have all the partners around the table and we are developing from what we already have in our county in the third sector, the hospice, the work that is provided by the CCG. We then enhance that with a social prescribing model. The political will of the locally elected member for health and housing is enormously important. We have tried to adopt a systematic approach by working with primary care. We are trying to focus on an asset-based approach but reaching people across the large geographical area is a challenge.

5.2 The challenge when I speak to CCGs, GPs, STPs is their difference in view and aspiration within the system and therefore there is a need for coherence in approach.

6. **NHS England**

6.1 We are developing a shared vision that every GP (and others) in the long term should be able to refer to social prescribing. So that at the local level - it has to be local because all good care is relational - we are able to co-commission connector schemes to take referrals and connect them up to community support. That is the vision that we all share.

6.2 How do we move there from where we are now: we have some fantastic commissioners in the room who have been brave in being different, so how do we support you, to support change to support others.

7. Clinical Commissioners and GPs

7.1 We have been working in social prescribing since 2012. I just want to make one point about the problem of the voluntary sector – we cannot just push people into the services and not provide funding.

7.2 We have issues with sustainability and I'm sure there are similar issues for CCGs around the country. We looked at funding for the voluntary sector and we stepped in to 'shore up' the third sector and strengthen the organizations.

7.3 How does this work for the GP on the ground? I looked at three different referrals we have: referral to a physiotherapist, referral to acupuncture, referral to social prescribing. There is a very different dynamic when it comes to doing each of those referrals. We are very comfortable doing the first one – the referral pathways have been around forever and our training has led us to that one. Acupuncture in many ways was seen as alternative, up until 10 years ago when it came under NICE guidance and now it's valued. GPs are keen to try other ways but we almost need to be given permission. When I tell GPs what I'm doing they all get it, but they don't feel they have the space to do it. I think we should talk to NICE and perhaps there could be more training for GPs to talk to them about outcomes.

7.4 The discussion I've been involved in is that everyone thinks it's a good idea but when it comes to the crunch the system stops it. The answer has to be more than just evolution, it has to be revolution. We started last July with one practice and got support from policy and from people involved in community development. It was initially local council funded and now it's looking at how to get money from the whole of Croydon. I've been to meetings with GPs where no one has mentioned social prescribing because they think it's a social issue, not a health issue!

7.5 Our mission is to show it can be done, and then get the message to spread. The commissioning is really important – the other aspect is how do we align voluntary sector with community health from

across the borough. The bottom line is financial – I need to convince my senior finance team that this will deliver. It's about revolution, not evolution. It's about involving the whole system, not just health.

7.6 The struggle that the voluntary sector has with money goes without saying, but I also think that commissioning has a role to play in not making people compete with one another.

8. Arts and health perspective

8.1 The Mayor has a responsibility to reduce mental illness for Londoners. We are starting to think about what a social prescribing offer might look like and we have done some scoping. The evidence is patchy, but we are looking at what power we can bring with the influence of the Mayor. We are identifying gaps and we are at a point where we are going to consider recommendations.

8.2 I do a lot of work with a CCG about the spend. I think we need to stop being so apologetic about what we are doing – we're changing lives. We need to be able to back it up with hard evidence and that's what we'll do. I work for the maternity vanguard which is based in Cheshire and we have had a nine month social prescribing model for mums and babies. The current system is building in costs by over-medicalising birth. We are looking for a universal prescription for singing for mums and babies.

8.3 I've been talking with my local GP about the law of requisite variety. It says that GPs must provide variety and a lack of variety will result in failure. Arts on prescription is different from exercise on prescription. I think community building is something the arts contribute to. I think arts on prescription could provide access to services and give the patient continuity for 8/10/12 weeks to get them through the difficult time.

8.4 Arts and culture is gaining credence. We have a long way to go. We need to get inside the CCG and start changing the management views because that's what has helped us in Gloucestershire. I think we do this through showing the evidence. Perhaps we could have a Social Prescribing manifesto – perhaps all CCGs should have to sign something to say they are dedicated to the arts and culture.

9. DCMS

The Commissioning Academy works across CCGs, NHS England as well as with police commissioners. It's important to look at commissioning for outcomes. This requires a mindset change. The academy has been giving people the headspace to think outside the day-to-day. Bringing people together in a neutral space to look at how they can jointly work together helps change the mindset. It's behaviour change.

ACTIONS

- NHSE is doing an audit of CCGs to find out who is delivering social prescribing and to identify gaps. *Bev Taylor*
- The CQC is moving towards a role in 'sharing good ideas' so it's worth having a conversation with them. *APPG*
- Work with LGA to share good practice. *APPG*
- Create a Social Prescribing manifesto for all CCGs to sign to show how they are dedicated to the arts and culture movement for benefits to health. *Subject of further discussion*