



All Party Parliamentary Group on Arts, Health and Wellbeing

**Meeting to discuss *Creative Health Recommendation 7*
Monday 26th March 2018
House of Lords Committee Room 3
4-5.30pm**

Chair: Lord Howarth of Newport, Co-Chair of the All-Party Group on Arts, Health and Wellbeing

Participants:

Gilly Angell, Expert Patient, UCLH Cancer Centre
Linda Boyles, Arts & Minds Development Manager, Leeds and York Partnership NHS Foundation Trust
Dr Neil Churchill, Director for Patient Experience, NHS England
Julia Cort, Community Learning Manager, Horniman Museum
Heather David, service user
David Gilbert
Jayne Howard, Managing Director, Arts Well CIC
Poppy Jaman, Chief Executive, Mental Health First Aid
Jennie Jones, Deputy Chair and Trustee, National Rheumatoid Arthritis Society
Ursula Joy, Peer Trainer, Horniman Museum
Richard Kidgell, Service User
Joan Kidgell
Anna Ledgard, Producer and Educationalist
Arthur Mactaggart, Artist
Rachel Howfield Massey, Arts and Wellbeing Coordinator, Yorkshire Sculpture Park
Hayley Mills-Styles, Artist
Jane Mordue, Chair of Healthwatch England
Eva Okwonga, Peer Support Advisory Board Member for Mind and Music Workshop Leader at Music In Mind
Rachel Power, Chief Executive, Patient's Association
Mandy Shepherd, mental health service user
Anna Woolf, Artist

APPG Secretariat, Partners and Members of the Next Steps working group

Alex Coulter, Secretary to APPG
Faith Biddle, APPG Administrator
Professor Paul Camic, Professor of Public Health and Psychology, Canterbury Christ Church University and Chair of the RSPH SIG on Arts, Health and Wellbeing
Shirley Cramer, CEO, Royal Society for Public Health
Nikki Crane, Arts & Health Consultant
Professor Martin Green, CEO, Care England
Sarah Gregory, King's Fund
Damian Hebron, Director of the London Arts in Health Forum
Richard Ings, Arts Council England
Professor Richard Parish, Board member of Public Health England and Emeritus Professor of Public Health at the University of Chester
Alex Pleasants, Researcher to Ed Vaizey MP
Ellen Rule, Director of Transformation, Gloucestershire CCG
Alex Talbott, King's College London

Recommendation 7

We recommend that Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.

1. Welcome and Apologies

2. Service user perspective

2.1 It would be great to have an animation when people are waiting for their hospital appointment or a place where people can go for more advice? It could be a booklet, but it needs to be something accessible for all.

2.2 Social media is an incredibly powerful platform for a voice. I'm surprised how little we see charities on this platform. It particularly speaks to a younger generation. We could use it much more to highlight good practice. I'm not sure we'd speak to the professionals involved, but it would increase awareness.

2.3 In Essex we have an arts and culture newsletter every month on email, but the problem is that it only goes out to people who have found it and asked to be put on the email lists. There are lots of people who would benefit from the arts, but they aren't getting access to them.

2.4 Local libraries, or local radio or television stations could advertise this. There are lots of churches that put on lunchtime concerts, but there are people who would benefit from these but don't even know what's out there.

2.5 I think at the heart of it is us as users and how each individual has used the arts to transform their life. We would like to develop a cartoon that is totally inclusive. Another thing is that without a doubt cultural wellbeing saves money for the government and individuals. We must find different ways to fund these brilliant projects.

2.6 I have used my phone to write a poetry anthology. Last week I read something on my twitter account about a homeless man who was given a phone and within 8 days he had set up a twitter account, had somewhere to stay, been offered jobs, and good will. He is now a writer and he has started writing poetry on twitter. It has started a crowdfunding campaign to get more donations for phones. Technology is a wonderful tool to make a huge impact. Technology companies might want to get involved to donate ipads to hospital waiting rooms.

2.7 The report is a fantastic tool and it's great to use it to persuade. We need to infiltrate the trust boards of hospitals. Trust boards are very good at getting ex nurses, but don't generally have people from the wider humanities. There are projects happening at a local level, and I've been involved with one in South Dorset. It's called Living Tree – it's a combination of the leisure centre, the local GP, other charity organizations, with arts workshops and physiotherapy. There is another model that I'm involved in with as a producer, a project about art and the transplant programme. Those bigger projects are wonderful and it's a place where we can engage with leaders in the NHS. We need the media at these events to make the difference. In my experience, people who can advocate for this are those who have gone through a journey of conversion. Conversion happens when someone can engage empathically with art. Medical staff need to understand the impact on the family. We talk about the patient experience widely now which is great, but we need the arts as a way to express the narrative of the patient experience and the narrative of the care within the system.

2.8 Professional bodies are provided with evidence, but they don't become converted, but seeing is believing and if they see a patient thrive it can be powerful.

3. Health Perspective

3.1 We talked about public libraries and seeing these places as arts and cultural providers and a bridge between the NHS and others. One of the most successful schemes to bridge this gap has been the reading

well initiative and books on prescription. We've seen over 650,000 people benefit so far - engaging people with books that could help them with their common anxieties and mental health problems. Social prescribing is one of the mechanisms for this, which we are looking at very widely in the NHS. We are not making the most of the social value act and social commissioning. There are two ways we can look at the arts and these are: arts as therapy and arts and understanding. For example arts as drama to act out complaints. People have use drama to show what it's like with disabilities accessing the NHS.

3.2 NHS spends a lot of money in local communities. The NHS is thinking more about how to look at community assets. There is recognition we don't use our spending to strengthen community assets. We know that this could support many people who come to the NHS when they don't have a medical problem. In each contract we would have to prove that we are demonstrating social value. People who are bidding for those contracts would have to prove or show they are making an impact in social value.

4. Healthwatch, Patient Association and representative bodies

4.1 In Healthwatch we use the arts as a way of engaging with people, and the more that we do, the more that other people are aware of it. Our role is not about advocacy, but more about insuring that people are involved in decisions about health and social care. I asked my team about examples of arts projects and I was amazed at what we got back. If you talk to healthcare professionals about the stories, they make the micro changes and someone says 'oh I could do something about that' and it's about the micro changes that really do add up.

4.2 The Patients Association has three key objectives. The first one is listening to patients, the second is securing change based on that information and the third is about enabling and empowering patients to take control of their care. We provide advice and signposting services, but we also run projects. We are running a project in Birmingham about libraries as a type of community hub. We did a membership survey last year and people do want written information. Art and information is a hugely powerful tool. We can't formally say we'll advocate but we can add things to our newsletter that goes out to a few thousand people every week. I want to be part of this to help empower our patients. People need to know the impact and what is the difference.

4.3 Healthwatch needs to be responsive. Various groups ask if we can advocate for them and that's not our role, but local Healthwatches can be encouraged to talk about the impact of the arts and health when being a critical friend to the health and social care system. Addressing certain messages would be great way to feedback to the system because they won't have time to read the whole report. Local Healthwatches can be encouraged to use arts as a ways of engaging, so that arts organizations can see Healthwatch helpful. We could share good news stories. Healthwatch England has a regular conference, so maybe they could run a session. There is a willingness to learn from other places and a bit of healthy competition and a keenness to pick this up. STPs are looking for our support. Our place on the health and wellbeing board has been very important. I joined local Healthwatch with a background in arts and health and my agenda is to advocate for this in the local forum.

4.4 With societies like NRAS, and many patient charities that represent particular illnesses, you're pushing at an open door to promote the issues you have raised in the report. Charities like ours could be helpful in promoting to professional organizations, in taking some of those messages forward. Suddenly people are very keen on patient experience. We have managed to get sponsorships for educational videos to help patients express themselves with clinicians and clinicians have found them moving to see the benefits of other disciplines than their own. Medical schools are using those videos in the managing of patients. As a patient who has participated in NICE activities and in clinical commissioning groups, it's hard to be a patient advocate in specific environments because some guidelines are set so rigidly. There could be more adventurous discussion about what best practice could be for a chronic long-term condition. Being a health advocate is very important. NICE do lots of training to help you engage, but they are still very technical.

4.5 I'm an artist and freelance theatre practitioner and I collaborate with all kinds of organizations delivering work. I partnered with NRAS and now doing my PhD looking at arthritis and applied theatre and transition and I think that is a route for artists to work in collaboration with patient led organizations.

5. Arts and Health

5.1 I went to Art College, then trained as an OT, I've had cancer, I've had a relationship with someone with schizophrenia. I know the work that health professionals have to do. I said to my manager 'have you seen this report', and she said 'you deal with that'. I think we have a challenge to get health professionals to listen because even if they believe in it, they haven't got the time or the money to do anything about it. There are no drivers to make them do it.

5.2 As an artist, I am working with the 'love libraries' project which creates a space for people to find their outlet to explore their mental health. I've been really lucky because I've been making art for as long as I can remember so I've had a creative voice to express how I was feeling, but it wasn't until I put my work in Leeds city museum and I got emails from people who had seen my work that I was able to open up the dialogue. I'm going to be on the One Show to talk about mental health and start those conversations. I always say to people, creativity has changed my life, and it can help others too. It's about getting that mainstream attention.

5.3 The regional networks can help us support one another. Yorkshire Sculpture Park is very shiny from the outside, but it doesn't have money for lots of projects and the status of the arts and health ebb and flow. If we worked together with other organizations, whether NHS partners or other arts partners, we could help people to not fall through the gaps. We should be proactive in speaking to other sectors. I went to a value in nature network, and they talk about international standardized measures of wellbeing and about art as an intrinsic method of research. Health and social care providers want to know what we do, and we need to make it simpler for them to refer into us, and how we can benefit them. A GP, who runs a Room to Breathe, a project with a psychotherapist walking around the sculpture project, says it's really hard to know what's on and what's good. He suggested we get an arts mark so people know the quality of something. We are working with Wakefield council and teenage girls at risk of exploitation, and those girls see the value and are desperate to tell their story.

5.4 I'm here today as a service user, but I worked for a long time in social care and I've worked with NICE and the department of health and social care. It's helped me tremendously to do the projects at the sculpture park. I would love that every older isolated person could have access to what's going on at the sculpture park, it would save the government billions in preventative measures, to get people out of the house, but I know it's a pipe dream. For a long time, I've been in one of the patient participation groups for GPs. If we could get one person from a project to go to a local participation group then it could make a huge difference. One or two GPs are always present – because they have to be.

5.5 I'm also a service user. Service users should be advocates, but also there should be more about how it can save money. I come from a retailing background and if I look at things that have engaged people, when you go into a supermarket they have sampling tables. We have an art house in Wakefield, and they had an exhibition on ink drawing and they had a little table where you could try ink drawing yourself. What about making employers more responsive to this? Another barrier is 'what is creativity'? People don't recognize they're creative. In schools, we've moved away from creativity having any importance. What we want is the 5 a day of creativity –the government have used 5 a day to make people want to be healthier and things like 10, 000 steps.

5.6 In the museum sector there is a lot of work to make this happen. What we struggle with is how to do it well. We worked with the Recovery College to form a discovery box for the museum. It's essentially a mini museum in a box.

5.7 Co-production is very rarely done well. This project was good at embedding co-production. It had myself, a service user, and a peer trainer with an expert from the museum. We had 18 people come

along. It was really popular because it had a clear result and allowed people to have a voice without having to be openly vulnerable by speaking in public.

5.8 Healthcare professionals language does not match the service users. We need somewhere where these stories can be published.

5.9 There needs to be an engagement campaign. If we normalize creativity and send out a message that everyone is creative, we start appealing to peoples wellness. We should focus on case studies and stories. I encourage people to Google 'this is me in the city'. What are the cultural benefits– millennials are thinking about what they want out of life – having purpose is more important than making money. If we created a discussion between the big charities of health conditions by winning the hearts and minds with stories, then I wonder what our influence would be. The final point is the APPG's power of convening. We've got Heads Together, Mind mental health and Time to Change, but at some point the Royals' campaign will move more towards wellness. We could think about the legacy of Heads Together and use stories of art to talk about what people do to keep themselves well.

ACTIONS:

- Healthwatch to show/advertise *Creative Health* report on their news e-bulletin. *APPG to discuss with Healthwatch*
- Prepare key messages from the report for Healthwatch members to use (joint briefing?). *APPG and Healthwatch*
- Workshop on *Creative Health* at the Health Watch conference in October. *APPG to discuss with Healthwatch*
- Links to PWC/KPMG/Deloitte. *APPG to discuss with Poppy Jaman*
- Campaign to build on Heads Together. *APPG to discuss with Poppy Jaman*

Ideas:

- Create a 'creativity awareness/ creative health day, possibly through linking with either:
 - Time to talk (on the 12th Feb each year)
 - World Mental Health Day (on the 10th October each year)
- Utilize social media / libraries (especially for the older generation who aren't on social media)
- Training of some sort for those who want to learn about how to be advocates.
- Arts mark for quality so that GPs know they can trust the activities
- Patients that are champions of arts and health joining patient participation groups at GPs
- 5 a day of creativity
- Translate the messages from the report so that they are accessible
- Creating a discussion between the big charities using stories
- Use the social value act as a lever
- Create a cartoon or easy-to-read-documents for people to be aware of in the waiting rooms of doctors or on TV/Youtube etc.
- Link with Women's Institute to promote/link with their events on creativity.
- Tell arts organizations to approach Healthwatch and Patients Association to tell their stories