



All Party Parliamentary Group on Arts, Health and Wellbeing

Meeting

13th December 4.30 -6.00pm
Committee Room 3, House of Lords

Notes and Actions

Chair: Rt Hon. Lord Howarth of Newport, Co-Chair of the APPG

Attendees:

Tracy Brabin MP for Batley and Spen and Shadow Minister for Early Years
Lord Crathorne

Faith Biddle, APPG Assistant and taking notes

Dr Simon Chaplin, Director of Culture and Society, Wellcome

Alex Coulter, Secretary to the APPG

Nicola Crane, Arts and Health Consultant

Dr Daisy Fancourt, Vice-Chair of the Royal Society for Public Health Special Interest Group on Arts, Health and Wellbeing

Dr Rebecca Gordon-Nesbitt, APPG Researcher, King's College London

Damian Hebron, Director of London Arts in Health Forum

Val Huet, Chief Executive of the British Association of Art Therapists

Richard Ings, Arts Council England

Deborah Munt, Chair of the National Alliance for Arts, Health and Wellbeing

Alex Pleasants, Office of Ed Vaizey MP

Dr Jane Povey, GP, Director of Creative Inspiration Shropshire CIC and Deputy Medical Director at the Faculty of Medical Leadership and Management

Phillipa Reive, Head of Creative Campus Project, Snape Maltings

Alex Talbott, King's College London

Alice Thwaite, Co-director Equal Arts

Esmé Ward, Head of Learning and Engagement, Whitworth and Manchester Museum

1. Welcome and introduction

2. Strategy Paper

2.1 Update on current activity

2.1.1 The draft strategy paper on Next Steps was discussed. Recent parliamentary activity has included a written response from Chris Ruane MP, Vice-Chair of the APPG, and a Westminster Hall debate led by Ed Vaizey MP, Co-Chair of the APPG, in which 16 Members of Parliament spoke. The response from the Minister confirmed that DCMS is committed to a cross-government strategy. Lord Howarth asked a question in a debate on falls prevention in the House of Lords.

2.1.2 The National Alliance for Arts, Health and Wellbeing is organising a series of 9 regional events to disseminate the Creative Health report and findings. Rebecca Gordon-Nesbitt is funded by the AHRC to generate impact and assess impact of the report in a programme of events.

2.1.3 Hard copies of the report are being distributed to CEOs or Chairs of Clinical Commissioning Groups, NHS Trusts, Local Authorities and Health and Wellbeing Boards in support of recommendation 3. Richard Ings has identified Arts Council England regional champions and is disseminating the report via them.

2.1.4 The next APPG meeting will be on Recommendation 2 to discuss a cross-departmental strategy. We will consider other examples of cross-governmental and cross-sector work such as between the Ministry of Justice and the Criminal Justice Arts Alliance and Public Health England and Sport England. In Wales there is a Memorandum of Understanding between Arts Council Wales and the NHS Confederation, which is another model to consider.

2.2. General discussion about the strategy paper

2.2.1 There was a discussion about young people's mental health with some examples of practice: The Sing Out campaign, across 4 years, implemented singing in nearly 22,000 primary schools. Their new strategy is around singing and mental health but they are lacking partners from the health side. The British Association of Art Therapists has developed a programme to teach teaching assistants in skills in using art with children. It started just over a year ago and is bringing in a lot of interest from schools.

2.2.2 The Creative Health report identifies culture change as key to progress. The Faculty of Medical Leadership and Management is an opportunity to influence with networked leadership. The idea of working through people who are advocates and passionate about their work is a positive way forward.

2.2.3 The recent Social Mobility report shows that the divide is no longer north and south but based on cold and hot spots. Perhaps we can use the data from the report to help us. It would be interesting to see if the hot and cold spots of poor social mobility mapped onto hot and cold spots of cultural funding because that would provide a very strong case. If we are asking if there are strong correlations between cold and hot spots then research would need to check if it's causal too. As in the Durham commission on arts and education, could we look at this from a health perspective?

2.2.4 The importance of artist-led work, not just for people with dementia, but also for staff in Care Homes is not fully recognised. Retention of staff is a huge problem. We see how brilliant artist-led training is on the ground, but it's not happening as much as it should. One of the things we don't exploit enough is the idea of artists as leaders. We could aim to have artists as creative thinkers embedded within health organisations.

2.2.5 There could be some scope to bring the Brits on board as they have such reach in terms of social media. We should return to the question of forging a useful partnership with the creative industries federation.

ACTIONS:

- Enter ballot for debate in House of Lords
- Summary information on the APPG circulated to regional groups of MPs via members of the APPG
- APPG meeting with Sarah Wollaston
- Rebecca Gordon-Nesbitt to make contact with Sing Out.
- APPG meeting with Sir Simon Wessely
- Rebecca Gordon-Nesbitt to consider potential of using the social mobility report to inform APPG actions
- Richard Ings to discuss the Durham Commission with colleagues in ACE
- Alex Pleasants to contact BPI

3. Recommendation 1 – the establishment of the national strategic centre. We propose commissioning a feasibility study from consultants:

- We need to consider who are the leaders and how we engage with them?
- What are the processes we need to go through for the early development for this centre?
- How would existing organisations/networks relate to this centre?
- How do we define for fully the terms of reference that the centre would be?
- What is its value added?
- How do we design and fund this?

3.1 General discussion on purpose and models for a centre

3.1.1 The What Works centres could be a model. We need to consider what the existing centres have brought about. We need to think about the balance between health and culture, not just arts, and to make it collaborative.

3.1.2 One might look at the pre-categories in funding: arts funding, health funding, and funding that sits between the two. Health focused programmes and health outcomes will be the critical bit of evidence that health funders are looking for but arts programmes will look at quality, and health benefit may be supplementary. A centre which is charged with identifying the best interventions and promoting them and targeting recommendations to different sectors could be the focus. Over time we will see a middle ground develop, but the centre itself should feel comfortable speaking to both audiences and be careful not to speak the wrong language to the wrong target audience.

3.1.3 It is important to get away from the binary view. We need to be a lot bolder and think of social outcomes and social value. The better the health outcomes the better the social outcomes. The idea of culture is that it embraces major social purposes. The binary approach doesn't reflect the world in which we live. The Great Places scheme through the Arts Council and Heritage Lottery is looking at distributive leadership among health practitioners and cultural practitioners as a social movement.

3.1.4 At Snape, work within the criminal justice setting started as an arts project going into a prison, but it is now jointly funded. We now have a combined language of criminal justice and arts. We are at the start of a big project to make Snape a place which is owned by education, culture, health, criminal justice and much more and want people to feel part of that process and place. We want to create a joint laboratory, where exactly these questions can be discussed, tested, trialled, thrown out and tried again, a safe place for conversation and partnership.

3.1.5 The policy network think tank are doing a body of work for cultural-led place making, looking at value through health, not just the value of place. Place can tie into the economic cold and hot spots. Unless people are given the opportunity to flourish they will continue to be in poverty. In terms of the need, if we are talking about place, it shouldn't be a centre in a national way, but a regional bottom up movement to make sure the work that is already going on continues to get funded. Different places need different projects. Stories at a national level are particularly important.

3.1.6 Research and evaluation is important if we are going to convince policy makers and funders. So many of the problems are social, not medical. Where is that problem being looked at? In Lancaster University they have a health innovation hub. It will be a live GP primary healthcare centre, and a centre for innovation and learning as well as actually delivering.

3.1.7 What makes good and bad arts and health practice? Creating a centre that sits on the boundary between culture and health, that has a strong place in both camps and can talk to both, will be essential. We will need to find ourselves on the boundary and need to be critical of some arts for health approaches and will have to be comfortable with that because it need to also be about what doesn't work. The report is a brilliant analysis of what is good and a celebration of practice generally. As a sector we need to be better at saying where there is poor practice and what is a waste of money.

ACTION: Commission a feasibility study for Recommendation 1