All Party Parliamentary Group on Arts, Health and Wellbeing

Meeting to discuss *Creative Health* Recommendations 3 and 4
Monday 29th January 2018
House of Lords Committee Room 3
4-5.30pm
Notes and Actions

Chair: Rt Hon. Ed Vaizey MP, Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing

Attendees:

Parliamentarians
Rt Hon. Lord Howarth of Newport, Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing
Baroness Meacher
Lord Ramsbotham
Participants
Nigel Acheson, Regional Medical Director and Higher Level Responsible Officer, NHS South
Laura Bailey, Primary Project Officer, Culture & Creative Economy Service, Kent County Council
Stuart Davie, Public Health England
Kate Farmery, Executive Director of Torbay Culture
Julia Holding, Head of Patient Experience, NHS Improvement
Marc Jaffrey OBE, Change Consultant, Ebbsfleet Garden City
Richard Jerrett, Delivery Manager for the South Regional Medical Directorate, NHS England
Will Lilley, South West Academic Health Science Network
Kevin McGeough, Director, Ebbsfleet Garden City, Healthy New Town
Dr Catherine Swann, Deputy Director Health Improvement, Public Health England
Frances Tippett, South West Lead for Integrated Personal Commissioning, NHS South West
Rob Webster, CEO of South West Yorkshire Partnership NHS Foundation Trust and Lead West Yorkshire and Harrogate STP
Robert Woolley, CEO of University Hospitals Bristol NHS Foundation Trust and Lead Bristol, North Somerset, South Glos STP

Observing
Sarah Gregory, Researcher, King's Fund (leading on feasibility study for the APPG)
Gabriel Lawson, NHS Management Graduate Trainee (Policy and Strategy)
Ian Moss, Policy Director, BPI

Recommendations 3 and 4
3. We recommend that, at board or strategic level, in NHS public Health England and each clinical commissioning group. NHS trust, local authority and health a wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy fo arts, health and wellbeing.

4. We recommend that those responsible for the NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organizations are involved in the delivery of health and wellbeing at regional and local level.

   1. **Welcome and apologies**

   2. **NHS**
2.1 Across the whole of England the sustainable development unit is helping run a joint programme by NHS England and Public Health England on sustainability. This refers to environmental sustainability, financial sustainability and the sustainability of services. This is part of the NHS offer on social prescribing.

We are looking at how we do that networking and facilitate it more effectively. Across NHS South, we've appointed 'sustainability ambassadors' - 13 so far - and we want to try and have one is each of the STP footprints. And then use that individual to help form local groups. We want to connect our own networks to those that already exist.

2.2 Academic Health Science Networks were part of the review 5 years ago into the challenges and barriers to spreading good practice, whether in technology or ways of working in healthcare. We are currently re-licensed for the next 5 years and it is a great opportunity to spread infrastructure. We work with all parts of the NHS to spread innovation. We are working on a 5 year plan and working with the big lottery to test social prescribing models. It's early days but we are starting to work with commissioners and providers and one of the things we are encountering is the cultural change that needs to happen with medical staff to recognise the benefits. We are working with universities to help evaluate some of these approaches.

2.3 We are looking at how we can roll out integrated personal commissioning which is intended to give individuals much more control over their care and support. It's part of NHS England's personalized care group and at the moment there are a number of programmes, that have been fragmented, which are coming together. Within the south west we are doing bottom up testing on how we can make it flexible and personal because what one person wants, another one doesn't. Some of the examples that show some real promise are working with primary care.

2.4 From an STP perspective, we face many barriers. The shift from a health and care system that has been focused on illness and injury to a health and care system that prioritizes wellness and health is a very big shift and we are only at the start of that journey. The opportunities that are presented through social prescribing are valuable, but we are operating in a system that is having to deal with the pressures of today. Our ability to deal with very significant demand pressures (particularly in winter), and then to find time for leadership to come together and discuss the way in which we practice and spend money, is limited. We're at the beginning of even being able to introduce a conversation around arts as a contributor to health and wellbeing. It will make a difference having champions, you have to start with leadership. Then we need to be given clear next steps because these STPs are very complex endeavors. Some places they are just informal gatherings of leaders.

2.5 There are only 44 STP leaders. Change moves at the pace of engagement. A critical thing is connecting people who are already working within the arts, or in communities, and putting them on a shared endeavor. The power of networks is really important here.

3. Healthy New Towns

3.1 There are ten pilots across the country. Ebbsfleet is the first new town in 50 years. The Healthy New Town programme has been pioneered in the South of England, and is looking at what we can do for better long term health outcomes. Ebbsfleet is working with the CCGs, with Kent County Council and the hospital. In terms of arts, as a health generator, we need an active and vibrant place. Mental health issues, social isolation, depression, people feeling poor in terms of wellbeing, are all issues. NHS England has given us capacity to try new ideas. We invited the arts and culture community and the GPs to look at what a health and wellbeing centre might look like - they were involved from the very beginning with 110 representatives.

3.2 One of the things about this process is that it's being co-facilitated and driven by a leading architect, Sarah Wigglesworth, education architect of the year. Everyone in this room is convinced, the harder reality is that there is a significant divide in language. The arts and cultural world is sloppy with its language, and evidence means different things. There is significant work to do to go through the right processes to find common language and common purpose.

3.3 There is a lot to be done with local authorities. Commissioners are starting to understand and artists are starting to understand the commissioners. It's about having better conversations with NHS colleagues.

4. Torbay

4.1 Torbay culture is an Arts Council funded initiative which is designed to help increase the socio-economic impact of arts and culture in Torbay and South Devon. Torbay has the 'perfect storm conditions' for trying to implement this approach, in that it is in an area of extremely low arts engagement but also an

area of significant deprivation and really severe health inequalities. There is a strong theme of participatory arts practices that really lends itself to these sorts of activities. We have developed a cultural commissioning framework. We formed strategic partnerships with the CCG, with the NHS, Public Health, and secured a lot of external funding. We are into a 12 month programme to test dance classes for mobility, choirs for wellness, mental health and wellbeing focused projects for young people and older people.

4.2 There are references to arts and health in the STP. We primarily work with CCGs and officers within the local authority, as well as GPs. There is resistance to cultural engagement even within partners - they say it's terrific, but they do everything to avoid taking part in a dance class themselves, so how can we expect them to prescribe it? There is also the danger of unrealistic expectations and short-termism, largely due to the financial conditions that the health partners are operating in. We have engaged with lots of people, but we are not, realistically going to show any reduction to A&E in this financial year, but it feels like we are having to overpromise to get this off the ground.

5. NHS England
We have talked a lot about current infrastructure. What we're really lacking is the brokerage and the expertise. We have networks of artists and art workers with experience but we need to influence those who are providing care and we need people who can solve a problem. We need to show how artists can help you to deliver something different.

6. Public Health England
If we want to get the arts onto the prevention agenda, we need to be engaging with local authority agendas. But to convince them that it's worth spending money, we need to convince them there will be a return on investment. There is an opportunity at the moment with the new Minister for Loneliness and the Jo Cox report coming out. There is an increasing acceptance of the factors of social isolation, loneliness, social capital, all being significant in contributing to health. Art is one way in which people can make connections, make relationships, get up and get moving, they also exercise a bit of their brain that other activities may not. I think local government will listen but you need to back it up with figures. PHE produced an evaluation guide in 2016 to help people look at the effectiveness of arts and health projects and we are supporting the social prescribing agenda working nationally with NHS England, but it's very NHS focused, there is nothing very local government focused. We need to stop talking about the arts as different from sciences. It's important to stop seeing it as dualism.

7. Royal Society for Public Health
The actual system itself is incredibly complex and you can only imagine how that seems to a small arts organisation. Mapping is something we have been concerned about. How can this be done so people can be signposted? Local authorities are often people who are championing it and they have a huge footprint. We need champions in all those areas. We need to understand communities. This fits really well with community services. It's about a joint endeavor. The more its solution focused, the more open people will be to get on board. It might be useful to look at how Manchester is doing it. We are looking at changing a system from an illness focus to a wellness focus.

ACTIONS:

AC and AP Meeting with Minister for Loneliness
EV and LH Meeting with Julia Holiding's chair (Baroness Dido Harding).
RWe NHS providers – meet quarterly and chairs a Chief Executives meeting. Could arrange a presentation
RWe and RWo Speaking at STP leaders event.