

All Party Parliamentary Group on Arts, Health and Wellbeing Submission to the DCMS white paper consultation

In January 2014, an All Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) was launched to keep under review current practice and research in the field and to develop relevant policy recommendations. The case for the efficacy of the arts and creativity in improving health and wellbeing is compelling, underpinned by a growing evidence base on health and wellbeing outcomes and the cost benefits of arts and health interventions.

Since its inception, the APPGAHW has hosted a series of round tables, in which parliamentarians, practitioners, academics, commissioners, managers and people with lived experience come together to discuss specific themes relating to arts, health and wellbeing. To date, themes have covered:

- The Care Act and the ways in which the arts can contribute to staff training and the quality of care following the findings of the Francis Inquiry into the Mid Staffordshire NHS Foundation Trust
- The Care Act and Commissioning Arts and Culture for Wellbeing with a particular focus on local authority and public health commissioning.
- Music and Health with a focus on the evidence base for the impact of music interventions on health and wellbeing, including the latest research in neuroscience and benefits of music for people with dementia.
- The Arts and Dementia with a focus on non-clinical community-based programmes including work in care homes
- The Arts and Palliative Care, Dying and Bereavement
- The Arts and Post-Traumatic Stress with a particular focus on work with Armed Forces personnel and their families.

Our submission to the consultation for the DCMS White Paper is based on discussions at these round tables and the case studies that were presented.

The APPGAHW is currently conducting an Inquiry into Arts, Health and Wellbeing, in order to develop policy recommendations for the Department for Culture, Media and Sport (DCMS) and other government departments. Following on from work that DCMS is already undertaking in this area, including the round table convened by the Minister in 2014, we hope that a continuation of dialogue between the APPGAHW and DCMS about arts and health policy will inform the Inquiry.

Jennie Lee's 1965 white paper was exemplary in its understanding of the arts as an integral part of everyday life. The 2016 white paper has the potential to build upon this precedent and create a holistic vision for the arts across government. We believe that DCMS can play a pivotal role in convincing ministers and officials in the Department of Health (DH), Department for Communities and Local Government (DCLG), Department of Education (DfE), the Ministry of Justice (MoJ) and beyond that the arts and creativity are fundamental to the health and wellbeing of the population. By making the case for integration of the arts into the delivery of public services throughout the life course, access to the arts will be massively increased. At the same time, funding for the arts will become more sustainable as cultural attendance and participation become integral to wider strategies aimed at improving the health of the nation.

1. The role that culture plays in creating places that people want to live, work and visit.

The NHS is the fifth largest employer in the world with 1.7 million employees.¹ Healthcare buildings – ranging from GP practices and small community hospitals to major acute NHS Trusts – exist in every part of the country. The arts have a significant role to play in healthcare environments, and there is a long tradition in this country of public art in major hospitals. The King’s Fund’s Enhancing the Healing Environment programme worked with more than 250 health and social care organisations – including acute, mental health and community NHS Trusts, care homes and hospices – the majority of which involved the arts in their nurse-led programmes. High-profile organisations include the Chelsea and Westminster Hospital NHS Foundation Trust, where research has shown that the presence of visual art reduced depression among patients awaiting chemotherapy and day surgery and shortened labour times and reduced requests for analgesia in the maternity ward, while live music also reduced anxiety in chemotherapy patients and pre- and post-partum women and accelerated the foetal heartbeat.²

Arts-based interventions can also help people to manage long-term conditions, maintain social connections and encourage the development of new skills and networks. In relation to managing conditions, Dance for Parkinson’s is a UK-wide network providing high-quality dance lessons for people with Parkinson’s Disease which has been shown to increase functional mobility and enhance quality of life.³ Also around the country – albeit in a less networked way – are many organisations offering Arts on Prescription services. Typically, people experiencing mild to moderate mental distress are referred to these services by a GP. An example of best practice is to be found in Salford, where the organisation START (founded in 1993) has purchased a building and installed specialist studios for woodwork and ceramics.⁴

The Care Act 2014 encourages a focus on illness prevention and on reducing health inequalities, as does the NHS Five Year Forward Plan. During the APPGAHW round table on the Care Act: Commissioning Arts and Culture for Wellbeing, the former Director of Public Health in Dudley, Valerie Little, argued that it is important to embed an arts-based approach into mainstream commissioning work for health improvement. She sees the principal value of the arts as enabling people to see the world differently and thus encouraging behaviour change, with participatory arts embodying an approach in which patients are involved in the ‘co-production’ of care – the kind of model towards which public health is moving. At the same event, Steven Michael, CEO of South West Yorkshire NHS Foundation Trust, spoke passionately about the Creative Minds programme, based at the birthplace of Henry Moore and Barbara Hepworth, through which creativity has been brought into the whole range of mental health and community services

¹ <http://www.forbes.com/sites/niallmccarthy/2015/06/23/the-worlds-biggest-employers-infographic/#31a59f6b51d0>

² Rosalia Staricoff, ‘A Study of the Effects of Visual and Performing Arts in Healthcare for Chelsea and Westminster

² Rosalia Staricoff, ‘A Study of the Effects of Visual and Performing Arts in Healthcare for Chelsea and Westminster Hospital’, 2004.

³ Lisa Heiberger, Christoph Maurer, Florian Amtage, et al, ‘Impact of a Weekly Dance Class on the Functional Mobility and on the Quality of Life of Individuals with Parkinson’s Disease’, *Frontiers in Aging Neuroscience*, 2011, Volume 3, Article 14.

⁴ To watch a film about START in Salford, visit <https://www.youtube.com/watch?v=wbyVL0MrOy0>

provided by the Trust.⁵ As public services move towards greater integration of health and social care budgets, the cultural sector needs to be at the table.

The arts can also contribute to vibrant, healthy communities beyond the healthcare environment. Staff benefit from working in buildings in which arts programmes exist; the arts have been shown to contribute to staff retention and can play a wider role in occupational health. So, for example, a study of Canadian emergency services workers found that ‘higher levels of frequency in cultural leisure [concerts, ballet, theatre and museums] significantly predicted greater physical health’.⁶ More recently, creative activity undertaken outside the workplace has been found to enhance work-related performance and hasten recovery from work strain.⁷

In 2014, as part of the Arts and Humanities Research Council Cultural Value Project, an international evidence base was set up to explore the longitudinal health benefits of engaging with the arts in cultural venues.⁸ A seminal study within the evidence base found that people attending the least cultural activities had a 60% higher risk of death than those attending the most.⁹ Another showed a positive association between survival and attendance at art exhibitions and museums, concerts and cinemas.¹⁰ Yet another found that attendance at art exhibitions and museums, concerts, theatre and the cinema had a significant impact on the incidence of coronary heart disease and death,¹¹ while, in urban areas, ‘rare attendees at cultural events had higher cancer-related mortality than frequent attendees’.¹² Cultural engagement has also been found to play a part in curbing obesity and staving off dementia. Taken together, these and other studies strongly suggest that, even without an explicit emphasis upon health, engagement in the arts leads to a longer life expectancy and greater resistance to a range of diseases. Government has a significant part to play in engendering vibrant, healthy communities by facilitating access to arts events throughout society. This can be achieved not only by continuing to support cultural venues – directly and through Arts Council England – but also by addressing the persistent paradox between excellence and access. It is our belief that scope exists for the vast majority of the population to become involved in cultural activity

⁵ <http://www.artshealthandwellbeing.org.uk/appg>

⁶ Yoshitaka Iwasaki, Roger C. Mannell, Bryan J.A. Smale and Janice Butcher, ‘Contributions of Leisure Participation in Predicting Stress Coping and Health among Police and Emergency Response Services Workers’, *Journal of Health Psychology*, Volume 10, No. 1, 2005, p. 94.

⁷ Kevin J. Eschleman, Jamie Madsen, Gene Alarcon and Alex Barelka, ‘Benefiting from creative activity: The positive relationships between creative activity, recovery experiences, and performance-related outcomes’, *Journal of Occupational and Organizational Psychology*, 14 April 2014.

⁸ <https://longitudinalhealthbenefits.wordpress.com/>

⁹ Lars Olov Bygren, Boinkum Benson Konlaan and Sven-Erik Johansson, ‘Attendance at Cultural Events, Reading Books or Periodicals, and Making Music or Singing in a Choir as Determinants for Survival: Swedish Interview Survey of Living Conditions’, *British Medical Journal*, 313, 21–28 December 1996, p. 1577.

¹⁰ Boinkum Benson Konlaan, Lars Olov Bygren and Sven-Erik Johansson, ‘Visiting the Cinema, Concerts, Museums or Art Exhibitions as Determinant of Survival: A Swedish Fourteen-Year Cohort Follow-Up’, *Scandinavian Journal of Public Health*, 28, 2000, pp. 174–78.

¹¹ Kristina Sundquist, Martin Lindström, Marianne Malmström, Sven-Erik Johansson and Jan Sundquist, ‘Social Participation and Coronary Heart Disease: A Follow-up Study of 6900 Women and Men in Sweden’, *Social Science & Medicine*, 58, 2004, pp. 615–22.

¹² Lars Olov Bygren, Sven-Erik Johansson, Boinkum Benson Konlaan, Andrej M Grjibovski, Anna V Wilkinson and Michael Sjöström, ‘Attending Cultural Events and Cancer Mortality: A Swedish Cohort Study’, *Arts & Health*, 1, no. 1 (March 2009), pp. 64–73.

through a strong network of community-based arts organisations as part of a broader preventative strategy. In this endeavour, recognition should be given to the cultural value of attendance and participation before any second-order (health or economic) benefits are considered.

2. Building financial resilience in cultural organisations and institutions through new funding models, to enable them to survive and prosper in a tough economic and financial climate.

Cultural organisations and institutions that develop relationships with health and social care providers and local commissioners, and are well embedded in their local third-sector ecology, are well placed to diversify their incomes through arts and health work. There are many examples of health funding supporting the arts. Gloucestershire Clinical Commissioning Group is currently funding a project manager and the commissioning of arts organisations across a range of health care pathways, including the treatment of diabetes, chronic pain, dementia, adult and young people's mental health.¹³ START has a rolling contract with Salford Clinical Commissioning Group, while a forerunner organisation, Start in Manchester (founded in 1986), has been based within the NHS throughout its lifetime, encouraging creativity to speed recovery from mental illness by developing resilience.

An important dimension of this cross-cutting approach is the need to articulate the cost-saving benefits of arts and health work. It is estimated that the costs associated with depression are €90 billion across 30 European countries, while anxiety disorders account for a further €74 billion. It should also be borne in mind that people experiencing depression have a higher all-cause mortality rate, place a greater demand upon health services, are more likely to take time off work and have a greater proclivity to suicide. In 2011, the Department of Health published research conducted by the London School of Economics (LSE) and King's College London that considered the cost of treating eight mental health conditions (depression, anxiety, schizophrenia, bipolar disorder, eating disorders, personality disorders, child and adolescent mental health problems and dementia), all of which are projected to reach unsustainable levels by 2026. In examining a range of low-cost preventative and protective strategies, this research found that, while increasing health and quality of life, 'many [arts] interventions are seen to be outstandingly good value for money'.¹⁴

Building upon this study two years later, an LSE member of the original research team teamed up with the World Health Organization European Observatory on Health Systems and Policies to conduct an economic analysis of Arts on Prescription services for people with mild to moderate depression, taking Arts & Minds in Cambridgeshire as an example. This study looked at the impact of arts interventions as a prelude to Individual Access to Psychological Therapies (IAPT), as opposed to IAPT alone. This found that GP-referred Arts on Prescription plus low intensity IAPT only needed to achieve a 37.5 percent recovery rate from moderate to mild depression to demonstrate cost-effectiveness from a health service perspective; from a health and productivity perspective, the recovery rate only needed to be 12.5 percent to begin being cost effective, becoming cheaper than IAPT alone at over 16 percent recovery rates. For

¹³ <http://www.gloucestershireccg.nhs.uk/grant-opportunities-for-voluntary-and-community-organisations/>

¹⁴ Martin Knapp, David McDaid and Michael Parsonage (Eds.), *Mental health promotion and mental illness prevention: The economic case*, April 2011, p. 43.

stepped-up intensity IAPT, these figures become 11.5 and 14.5 percent from health service costing and health and productivity perspectives respectively.¹⁵

ArtLift provides an Arts on Prescription service, primarily in GP practices, funded by Gloucestershire NHS. Dr Simon Opher, who inspired the programme by working with artists in his surgery, looked at 90 of the 500 participants in the scheme to find that GP consultations dropped during the year after patients were seen by artists, compared to the year before, while hospital admissions also decreased. This represented a total saving to the NHS of £576 per patient (as compared to the £360 per patient it costs to operate ArtLift).¹⁶ A parallel mixed methods analysis conducted by the University of Gloucestershire demonstrated increases in subjective wellbeing by virtue of the ArtLift project.¹⁷

There is a long tradition of health funding in capital projects involving public art and participatory arts activities. In the late 1990s and early 2000s, DCMS was pivotal in influencing the design of new hospital buildings through the Commission for Architecture and the Built Environment (CABE) and its work with NHS Estates. The government's aim was to build 100 new hospitals in 10 years, and a number of those that came to fruition included arts organisations being involved in Private Finance Initiative (PFI) consortia, ensuring that the arts were conceived as integral to the whole design. In the intervening years, arts projects funded through NHS capital schemes have continued to represent a substantial area of arts investment. A recent example of this is Southmead Hospital in Bristol, where arts-in-healthcare consultants, Willis Newson, managed a public art programme involving nationally and internationally recognised artists working alongside the hospital community to create therapeutic environments and animate spaces within the hospital building and grounds. While the £1.1m invested in this programme represents only a fraction of North Bristol NHS Trust's £430 million investment in the hospital, it is a significant investment from an arts perspective. The Chief Executive of North Bristol NHS Foundation Trust, Andrea Young, commented that 'The integrated approach to art plays an important role in the overall design quality of the building [...] the art is helping to make Southmead Hospital a better place to be for patients, visitors and staff'.¹⁸

Under the provisions of the Care Act, people are entitled to a personal budget and a needs assessment. Families may opt to take some of the caring responsibility and invest personal budgets in sport, leisure, culture, media and art services. The commissioner's role becomes that of arranging access to the chosen services, and a new market opens up for relevant organisations. Several arts and health organisations are already sustained by funds from the personal budgets of service users, and there is potential for this trend to grow. Many commissioners at a local level, whether in Clinical Commissioning Groups (CCGs) or local authorities, are interested in new ways of working and receptive to the contribution that the third sector, including the cultural sector, can make to improving health outcomes and reducing health inequalities. A future round table (provisionally 25 April 2016) will focus on commissioning and the role of local authorities and CCGs in facilitating access to the arts as a mainstream part of their work.

¹⁵ David McDaid and A-La Park, *Investing in Arts on Prescription: an economic perspective*, May 2013.

¹⁶ Simon Opher, *Cost-benefit evaluation of Artlift 2009-2012: summary*.

¹⁷ Diane Crone, Elaine O'Connell, David James, Phillip Tyson and Frances Clarke-Stone, *Art Lift, Gloucestershire: Evaluation Report: Executive Summary*, University of Gloucestershire, 2011.

¹⁸ <http://www.willisnewson.co.uk/southmead-hospital-art-and-health.html>

3. People and how they engage with culture.

Engagement with culture has been shown to be beneficial throughout the life course. A literature review recently published by the National Endowment for the Arts (NEA) in the US explores the ways in which early childhood engagement in music-based activities (including singing, playing musical instruments or dancing), drama and the visual arts and crafts is linked to socio-emotional development. This builds upon the widely held view that the first eight years of a child's life are crucial to their development, fostering the cognitive and socio-emotional skills associated with success later in life. The NEA review brings together research showing a positive association between the development of social skills and emotional regulation and all the branches of the arts under investigation. At the same time, the review finds that low socioeconomic level can delay or distort socio-emotional development and act as a significant barrier to arts participation.¹⁹ In much the same way in the UK, the inversely proportional relationship between socioeconomic status and arts participation is borne out by data derived from the Taking Part survey. The 2015 Report by the Warwick Commission on the Future of Cultural Value also noted a worrying decrease in children's participation in all cultural activities except film and video.²⁰ In this regard, DCMS has a very important job to do in promoting arts education with DfE.

Moving up through the age ranges, the Personal Social Health and Economic Education Association has produced a briefing on four major recent surveys of the behaviours of school-age young people and the Cabinet Office analysis of risk behaviours among the same demographic. This synthesis suggests that, 'while traditional risk behaviours such as smoking, drinking and drug use by pupils appear to be in decline, there is growing concern about the apparent increase in children and young people suffering from poor emotional health',²¹ particularly teenage girls. In response to growing concerns about children and young people's mental health, the APPGAHW has scheduled a round table discussion focusing on Young People, Mental Health and the Arts (provisionally 23 May 2016).

Research is being conducted around the relationship between mental health and arts engagement in the adult population. One Australian study shows that people engaging the most with culture are found to have better mental wellbeing than those engaging less often.²² This correlates with some of the findings in the evidence base mentioned in response to question one. Also in the adult population, the arts are playing an effective part within the criminal justice system, providing prison inmates with purposeful activity to help them cope with custody and encouraging new opportunities and outlooks aimed at reducing

¹⁹ Melissa Menzer, *The Arts in Early Childhood: Social and Emotional Benefits of Arts Participation A Literature Review and GAP Analysis (2000–2015)*, Office of Research & Analysis National Endowment for the Arts, Washington DC, December 2015.

²⁰ *Enriching Britain: Culture, Creativity and Growth: The 2015 Report by the Warwick Commission on the Future of Cultural Value*, University of Warwick, 2015, p. 34.

²¹ Current trends in health, wellbeing and risky behaviours amongst children and young people: a synthesis of recent evidence, PSHE Association, 2015, p. 1.

²² Christina Davies, Matthew Knuiman and Michael Rosenberg, 'The art of being mentally healthy: a study to quantify the relationship between recreational arts engagement and mental well-being in the general population', *BMC Public Health* (2016) 16:15.

recidivism.²³ In a similar vein, the round table on Post-Traumatic Stress explored ways in which the arts might ease the transition from military to civilian life.

Turning to consider the third age, research by Arts Council England into engagement with the arts shows that older and homebound audiences are some of the least engaged, and the majority cite poor health as their main reason for not attending or participating in the arts.²⁴ There are a growing number of case studies and research projects on the benefits of the arts for older people, including for those with dementia. In an overview at the APPGAHW round table on the Arts and Dementia, Paul Camic, Professor of Psychology and Public Health at Canterbury Christ Church University, explained how arts programmes and interventions are helpful in dementia care. Engagement in the arts can be shown to decrease the risk of mild cognitive impairment; even one-off experiences have shown a positive impact on wellbeing, and one-on-one delivery in the later stages of dementia has been shown to reduce aggression and agitation, increase cooperation and provide higher care staff job satisfaction.²⁵ The National Institute of Health and Care Excellence (NICE) recently issued guidance on the mental wellbeing and independence of older people, acknowledging the relationship of both of these factors to mental and physical health. The NICE overview stresses the importance of group activities, including the arts, crafts and creative activities alongside singing, in particular in professionally-led community choirs.²⁶

A desire to be creative can be vibrant until the end of life. The APPGAHW round table on The Arts and Palliative Care, Dying and Bereavement looked at ways in which the arts can contribute to alleviating psychological distress and providing social support for the dying and bereaved. This found that creative activity provided a nuanced language with which to articulate complex emotions, a way of addressing fears and a sense of control over the unpredictable circumstances of life.

By its very nature, the kind of arts activity explored within the round tables tends to be more inclusive than much mainstream cultural provision. Where there is low engagement in the arts – whether due to socioeconomic status in children or to ill-health in older adults – the expansion of arts and health work, in partnership with health providers and underwritten by an understanding of health benefits, engages new audiences and participants. In this way, the benefits of engagement in the arts can be spread more widely and to those who need them most.

²³ Leonidas K. Cheliotis, Aleksandra Jordanoska and Ivana Sekol, *The Arts of Desistance: Evaluation of the Koestler Trust Arts Mentoring Programme for Former Prisoners*, 2014.

²⁴ Arts Council England, *Arts audiences: Insight*, 2011.

²⁵ <http://www.artshealthandwellbeing.org.uk/appg>

²⁶ National Institute for Health and Care Excellence, *Mental wellbeing and independence in older people overview*, 2015.

Recommendations

DCMS should:

- Acknowledge the link between arts engagement and improved health – both within and beyond the clinical environment – and set strategic objectives accordingly
- Continue supporting the production and dissemination of culture – directly and through Arts Council England – on the understanding that arts engagement leads to longer lives better lived
- Present a coherent case, backed up by evidence, for the contribution the arts can make to priority areas in health – as part of both a curative and, increasingly, preventative strategy
- Articulate the efficacy and cost effectiveness of the arts in delivering health and wellbeing outcomes
- Take a proactive role in liaising with other departments – including DH, DCLG, DfE and MoJ and working closely with the Cabinet Office on wellbeing strategy – to promote a holistic approach across government
- Support the arts sector in working together more coherently by creating stronger networks, sharing good practice and learning how to better use the evidence base
- Engage actively with local government, working with the Local Government Association and, with and through DCLG, advising and supporting local authorities in the development of their cultural policies.
- Encourage coordinated working between organisations – including public and third sector commissioners and providers – and service users in a place-based approach to integrating the arts into the delivery of local services