

Haygarth Lecture, University of Chester, 16 November 2017

It's a very great honour for me to be invited to deliver the Haygarth Lecture at the University of Chester. And it's always a delight to be in this beautiful historic city. Amid the hurricane of technological change and global market forces, the power of heritage - the rootedness and long continuities of a place - to sustain wellbeing and, indeed, health, is profoundly important and too little recognised. This long established higher education institution is itself part of Chester's heritage, but, thriving as it does under your leadership, Vice-Chancellor, it imparts to the city contemporary energy and modern purpose.

As Co-Chair of the All Party Parliamentary Group on Arts, Health and Wellbeing, I see Dr John Haygarth as a figure whose life and work in the 18th century exemplify approaches which we, as a parliamentary group, believe are urgently needed today. Haygarth was a pioneer of preventative healthcare. His spectacular achievement in alleviating human disease and suffering through the prevention of smallpox stemmed from his open-minded observation and his courage in challenging orthodox practices. He can fairly be described as one of the first medical practitioners to give full weight to the social determinants of health. He was, therefore, a proto-Marmot. He is justly a hero to the world of public health. His work in Chester was based, of course, on systematic scientific and sociological observation and rigorous statistical method, but he was no mere technocrat. As a doctor he had a passion for social justice and his practice was enriched by his broad humane culture. Haygarth's dictum that "imagination can cause, as well as cure, diseases of the body" should be better heeded in our own time.

Some years ago, between 1998 and 2001, I had the privilege to be Minister for the Arts. In that capacity I developed a dialogue between my department, DCMS, and the Department of Health (DH). Although I knew much less then than I have subsequently learned, including about the pioneering work in the field of arts, health and wellbeing led by Peter Senior in the north-west from the 1970s, it seemed to me even then a no-brainer that the arts could help people lead healthier lives and that the quest for better health could enable more people to have access to the arts and culture. We've just seen an impressive instance of that in the performance just before this lecture by the Movers and Shakers, a choir of people with neurological conditions. I thank them and congratulate them. Back then I received a positive response from my ministerial counterpart at DH, John Hutton, and in particular from NHS Estates. However, politics being as prodigal as it is, when the two of us were removed from our departments our initiative ran into the sand. There was a brief revival of interest in the arts and health a few years later with the production in 2007 by the Arts

Council and the Department of Health of the *Prospectus for Arts and Health*; a debate in the House of Lords in 2008; and a splendid speech by Alan Johnson, Secretary of State for Health, at the Wallace Collection later that year. But again, with ministerial changes, it ran out of steam. With the upheaval of the Lansley reforms, and the intense controversy around the Health and Social Care Act 2012, for some time it did not seem opportune to pursue another initiative on arts and health. However, by 2014 I felt that it was worth trying again.

Circumstances could by then be interpreted as being more favourable. NHS England's *Five Year Forward View*, published that year, proclaimed a whole new emphasis on preventative strategies. Devoted as the British people were, and remain, to the principles of the NHS, there was now clearly no room for complacency about this institution so cherished as to have been the centre-piece of the great narrative of our national life in the opening ceremony of the 2012 London Olympics. Costly new medications and new technologies, together with the ageing of the population and the increasing prevalence of long-term conditions, meant that our insufficiently productive economy was failing to fund the NHS to keep up with need and demand. Austerity was intensifying the economic struggle to keep the health service and social care afloat. It was obvious that we couldn't just carry on wrecking our health with our consumer life-styles and expecting the NHS to patch us up. The conclusion by now was surely inescapable: western societies needed a decisive turn towards healthier ways of living. David Cameron had already endorsed a commitment by the Office of National Statistics in 2010 to measure national wellbeing and he had set up the What Works Centre for Wellbeing in the Cabinet Office. Gus O'Donnell, head of the Civil Service, and Professor Lord Layard were making headway in persuading Whitehall that wellbeing and happiness should be objects of mainstream policy.

Perhaps, then, this was the moment when we could persuade decision-makers and the medical establishment that the arts can make a truly important contribution to healthier and more fulfilling lives - to the creation of what has come to be termed a "healthy and health-creating society". The organisational and funding structures created by the 2012 legislation, whatever their other merits or demerits, were capable of providing support for arts in health work. The new policy emphasis on public health should be propitious. An additional, and crucial, circumstance was the presence on the scene of the National Alliance for Arts, Health and Wellbeing, formed across the regions of England by practitioners in arts and health in 2012. With the advice and support of the National Alliance, in 2014 a cross-party group of parliamentarians founded the All Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW).

You can be forgiven if you suppose that Parliament is a place of mere anarchy, with politicians at each other's throats across parties and even more so within them. Well, what provides routine journalistic copy isn't the whole story or anything like it. Aside from select committees, there are numerous all party parliamentary groups – APPGs. They bring together politicians, from the two Houses of Parliament, who share an interest in a particular policy area and who want to work constructively across party lines. Around fifty parliamentarians of both Houses have been involved with the APPGAHW.

Following a number of casualties among our members at the 2015 election the APPG picked itself up and dusted itself down. We decided to conduct an Inquiry, with the threefold purpose of assessing the state of arts in health (primarily in England, since policy for both arts and health is devolved), making recommendations and stimulating progress. We were greatly blessed that Alex Coulter, seconded to us by Arts and Health South-West, a part of the National Alliance, was project manager for the Inquiry. We were also extremely fortunate to receive funding from Paul Hamlyn Foundation and Wellcome. Not only have these foundations been most generous to us, but they have taken a continuous and searching interest in the work and have given us invaluable counsel. Our academic partners were the Special Interest Group on Arts, Health and Wellbeing of the Royal Society for Public Health and King's College London. Our practice partner was Guy's and St Thomas' Charity who have supported innovative and important work in arts and health, mainly in Lambeth and Southwark. We were assisted by an advisory group of distinguished experts, notable among them Professor Richard Parish of this parish. Richard, with his deep knowledge of public health, his wisdom and personal kindness, and his amazing contacts book, has been a wonderful friend to the APPG.

We held a series of sixteen round tables in Parliament, in which more than 300 people from across the country participated: healthcare and social care professionals, people from arts organisations, including of course artists, academics, policy-makers, funders, commissioners, managers and, most importantly, service-users. Themes for the round tables included music and health, museums and health, arts on prescription, arts and healthcare environments, arts and post-traumatic stress, arts and dementia, arts and palliative care, dying and bereavement. The full list of topics and participants is at the back of our report. These round tables generated some very exciting discussions and insights, mutual learning and new networks, energy and resolve to transform the presence of the arts in health. There were many remarkable contributions, but the most moving and compelling testimonies came from service-users.

We were also very fortunate to be able to appoint as our researcher Dr Rebecca Gordon-Nesbitt. Rebecca has been based at King's and partly funded by the Arts and Humanities Research Council for this work. She drew, not only on the round tables and what we learned from many other meetings, but from a call for evidence from practitioners which elicited 196 submissions. These were evaluated within the framework commissioned by Public Health England from Professor Norma Daykin, one of the members of our advisory group. Rebecca drafted the report of the Inquiry, entitled *Creative Health: The Arts for Health and Wellbeing*. It is a substantial document which draws together on an unprecedented scale the evidence concerning the benefits of the arts to health and wellbeing. Following discussions of the arts and the social determinants of health and of the evidence base, and chapters on the policy, commissioning and funding landscape and on place, environment and community, the report follows the life course with chapters on childhood, adolescence and young adulthood, working age adulthood, older adulthood and end of life. We complete the report with ten recommendations and a discussion of next steps. Beside the full report we also published a Short Report, illustrated with wry humour by David Shrigley. We launched *Creative Health* in Parliament on 19 July this year and with Arts for Health at Manchester Metropolitan University a couple of days later.

There are three key messages in the report:

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions and mental health.
- The arts can help save money in the health service and social care.

The report provides an abundance of evidence for all three contentions.

Such has been the interest that we've already had to reprint the document. The report had extensive and positive coverage in the national and specialist media, even getting a favourable notice in the *Daily Mail online*. However, I have no illusions that publication of the report means job done. Many a worthy report has landed with a thud but done little thereafter to improve the lot of mankind. There is a very long way to go to mainstream the arts and culture within the healthcare orthodoxy - within, so to speak, the formulary. Any doctor will tell you to eat five a day (or is it now ten?) pieces of fruit and veg and take brisk walks. It will be a most unusual doctor who will tell you to benefit your mind and body through art or even to take up dancing to avert falls in old age or singing to preserve your pulmonary function. I am told there is no training about the arts in the public health syllabus. Medical humanities are marginal in

the professional formation of doctors. Despite a very considerable body of research evidence – much of it cited in *Creative Health* – the medical professions largely ignore the potential of the arts and culture to benefit the health of their patients.

Professor Sir Michael Marmot, in his seminal reports on the social determinants of health, arguing compellingly for stronger policies to prevent ill health, ignored the arts. I am very happy to say, however, that he allowed us to meet him and that he readily acknowledged that this omission was regrettable. He actually asked our researcher, Rebecca Gordon-Nesbitt, to provide him with some slides to use in future presentations. He gave *Creative Health* his endorsement in the following terms:

“The mind is the gateway through which the social determinants impact upon health, and this report is about the life of the mind. It provides a substantial body of evidence showing how the arts, enriching the mind through creative and cultural activity, can mitigate the negative effects of social disadvantage.”

The social determinants of health are defined by the World Health Organisation as the “conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.” Following his work with the WHO’s 2005 Commission on Social Determinants of Health, in *Fair Society, Healthy Lives: The Marmot Review*, commissioned by the Health Secretary and published in 2010, Marmot made the case again that health inequalities are the result of the differential distribution of power, income, goods and services, including access to healthcare, education, good quality employment, homes and communities. This is a radical proposition, which one would expect to be uncongenial to neoliberal politicians, yet because of its demonstrable empirical validity it has been accepted by the Department of Health and the NHS. The APPG’s 2017 report, *Creative Health*, provides evidence additionally as to how the arts and culture, overlooked in previous analysis, can contribute to each of the principal means that Marmot proposed for tackling health inequalities.

For our purposes the arts included the visual and performing arts, as well as crafts, literature, cooking and gardening – the common theme being personal creativity. The cultural field included concert halls, galleries, heritage sites, libraries, museums and theatres. Places where engagement with the arts might take place included health and social care environments and community settings. We emphasised the importance for health and wellbeing of architecture, design, planning and the environment.

Marmot's first prescription was "Give every child the best start in life." The arts can help to do that. Among participants in a programme called Be Creative Be Well, in deprived communities in London, 79% of those who engaged with the arts started to eat more healthily. Young mothers thus averted for their babies the lifetime consequences of maternal under-nutrition. Maternal depression is estimated to carry a long-term cost of £8.1bn for every annual cohort of births. The Music and Motherhood study showed group singing leading to faster recovery from post-natal depression. This applied particularly to mothers with severe depression who recovered a month faster than the control groups, showing reduction in the stress hormone cortisol and better bonding with their babies. Research by Professor Susan Hall, who joined us at one of our round tables, has shown that musical training improves the brain's early encoding of sound, leading to enhanced performance in language development, literacy and spatial reasoning – all crucial to personal thriving.

Marmot next advised "Enable all children, young people and adults to maximise their capabilities and have control over their lives." The Art Room is a national charity offering therapeutic interventions for children and young people who find it difficult to engage with learning because of emotional or behavioural difficulties rooted in family circumstances, maltreatment, trauma, bereavement. An independent evaluation of the Art Room showed that sessions significantly reduced students' emotional and behavioural problems and increased their pro-social behaviours. Children who had clinical levels of difficulty at the beginning of the sessions showed an 87.5% improvement in their self-reported mood and self-esteem by the end of the programme. Research for the Prison Reform Trust has demonstrated significant benefits from the arts and creative projects, in terms of self-worth and life-skills, for children in care and young people in the criminal justice system. In Camborne, one of the UK's most deprived communities, dance workshops for young TR14ers (that's their postcode) led to a 90% reduction in truancy, improvements in educational attainment and health, a drop in disorder and youth crime and ten young people a year saved from being branded persistent young offenders. Yet the arts have been marginalised in the school curriculum.

The onset of psychosis is linked to social adversity, with a higher incidence among people from ethnic minority communities. The first episodes of psychosis usually occur in adolescence or early adulthood. The Alchemy Project, an early intervention in psychosis, was run jointly by the South London and Maudsley Mental Health Trust and Dance United. 18-35 year olds, diagnosed with psychosis, were encouraged by health professionals to work with professional dancers. In a few weeks they were able to give performances before an audience in a theatre. They experienced clinically significant improvements in communication, concentration and focus, levels of trust, team

working, relations with peers and family, quality of life and wellbeing. A remarkably promising set of trials, surely. However, funding for the Alchemy Project has not been renewed.

Marmot called for “fair employment and good work for all”. He described health-damaging work as “characterised by high demand with no control over the work task, by high effort and little reward, by social isolation at work, by job insecurity, by organisational injustice, and by shift work.” These are all too prevalent features of today’s UK labour market, with zero-hours contracts, a growing precariat and a major increase of in-work poverty. In 2015-16 30.4m working days were lost to illness and injury, estimated to cost the economy £100bn - almost the entire budget of the NHS. The main causes of sickness absence from work are anxiety, stress and depression. Engagement with the arts can work powerfully to alleviate anxiety, stress and depression. Professor Dame Carol Black, a previous Haygarth Lecturer, who conducted a review for the government of health at work, told the APPG at a round table that people she interviewed about workplace wellbeing had asked for singing, dance classes and reading groups.

Arts on prescription programmes in the community demonstrate significant progress in recovery from mental health problems. A participant in an arts on prescription project run by the charity Artlift in Gloucestershire described how:

“I had split up from my partner, found myself without anywhere to live and couldn’t see my children. I couldn’t work as I wasn’t physically able to do the job” – he had had a stroke – “and wasn’t in a position mentally or financially to start a building business again after going bankrupt. Since going to Artlift I have had several exhibitions of my work around Gloucester. I find that painting in the style that I do, in a very expressionistic way, seems to help me emotionally. I no longer take any medication and, although I am not without problems, I find that as long as I can paint I can cope. It doesn’t mean that depression has gone but I no longer have to keep going back to my GP for more anti-depressants. I just lock myself away and paint until I feel slightly better. I now mentor some people who have been through Artlift themselves and they come and use my studio a couple of times a week to get together, paint, draw and chat and I can see the benefit to them.”

A cost benefit analysis of Artlift over the period 2009 to 2012 showed that, after six months of working with an artist, people made 37% less demands for GP appointments and their need for hospital admissions dropped by 27%.

Marmot advised that we should ensure a healthy standard of living for all and that we should create healthy and sustainable places and environments. As

things are, more and more people are having recourse to food banks. And we are failing to build the new homes needed, while spending vast sums on treating the health problems of people living in poor quality accommodation. Lynsey Hanley, in her book *Estates*, wrote:

“You can blame higher incidences of poor health and premature death, to a large extent, on the concentration of poorer people in a single area, where there are fewer fresh food markets, fewer open and green spaces, fewer sports amenities and fewer opportunities to have social life outside the family.”

Creative Homes recognises that the household environment is a major influence on a child’s brain development. Working with families living in over-crowded conditions, at particular risk therefore of mental health problems, the charity facilitates live arts experiences within their homes. Trained artists, including story-tellers, dancers and musicians, share with the families skills that directly assist with the stresses of daily life. Analysis of Creative Homes has shown a 64% improvement in the quality of household routines, a 23% increase in play at home and a 27% increase in singing with children. At the launch of *Creative Health* in Manchester, Arthur and Martha, together with some of the homeless people with whom they are working on the Homeless Library, showed movingly how the arts can mitigate the hopelessness of homelessness. A report commissioned from the King’s Fund by the National Gardens Scheme pointed to evidence that enjoyment of gardens and gardening has a range of positive impacts on health and wellbeing across the life course. Research shows that people who perceive their environment as beautiful experience better mental and physical health. It is unfortunate, therefore, that the government has so weakened planning guidance and that planning has become so discredited in the public mind.

This very rapid and simplified sketch of a small selection of arts in health practice and research indicates very clearly, the APPG contends, that the arts should be embraced unequivocally and fully in new preventative strategies to improve the health of the nation. For all the instances I’ve quoted, you can find in *Creative Health* the fuller story and links to the research. Of course the arts are not a panacea, and we do not want to over-claim, but they do offer demonstrable health benefits and value for money. For instance, falls are the main cause of emergency hospital admissions among older people and the major factor in people moving from their own homes into long-term care. The cost of older people’s falls is some £2.3bn a year. Evidence shows that one hour of dancing per week for six months by still healthy older people benefits their cognitive, tactile and motor performance. Dancing in Time, a falls prevention programme in Leeds, had an 85% adherence rate, compared to 40% for standard NHS falls prevention courses. Longitudinal studies in New York and Sweden

have shown that groups who participated in creative artistic activity, such as painting and drawing, and people attending cultural events were protected longer from the onset of dementia. Consider the benefit to the Health Service budget, not to mention wellbeing, if the onset of dementia was delayed systematically.

A no-brainer, I said. As yet, however, it is a small proportion of medical professionals who recognise, let alone act on the recognition, that the arts and culture can contribute importantly to good health. A great opportunity is being lost. In my Foreword to the full report I speculated on why this should be. I suggested that factors included: the almost exclusively science based formation of medical staff; defensiveness and lack of imagination among hard pressed health professionals; conventional medical research criteria which favour large-scale projects; the bureaucratic character of the NHS; commissioning methodologies that pursue volume rather than outcomes; historic failure by proponents of arts in health to make their case rigorously and insistently; discontinuities of funding for arts in health projects and low prioritisation of the arts by local authorities. I believe that the main barrier to change is not legislation or even funding, but lack of understanding. Those medical staff who do have some sense of the possibilities may find it hard to inform themselves further and find practical ways to engage. I should add that there are also many arts and culture professionals who have yet to embrace the health agenda. And we must recognise that high quality work in arts and health is not straightforwardly replicable; it involves sensitivity, experience, skills of a high order and true commitment.

How, then, are we to bring about a culture change that will enable the arts to take the place they should have in healthcare? The APPG has made ten specific recommendations in *Creative Health*. Let me comment on some of them and talk about how we see the way forward.

First, we recommend that leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. We think a national strategic centre would be valuable because the whole arts in health enterprise at the moment is so fragile and vulnerable. Wonderful initiatives, wonderful practice come and then so often they go. Funding runs out, key people move to other jobs, new pressures and crises intervene. Effort and achievement are patchy, in some places brilliant, but with little happening at all in other places. There is as yet no strong national voice for arts in health. A national centre could raise the whole game: provide a voice which is heard loud and clear by policy-makers, commissioners, clinicians,

patients and the public; support coherence across the country; spread awareness of best practice; ensure a better underpinning by consistently high quality evaluation and further development through research. Every other healthcare discipline has its national-level body to champion it.

Arts in health of course has the National Alliance, soon to be the Culture, Health and Wellbeing Alliance - CHWA. The National Alliance has advanced the cause of arts in health very significantly since it was formed, but it is grounded in the cultural sector, is core-funded by the Arts Council of England, and doesn't at the moment have equal buy-in from health and social care professionals. So there is not yet a combined strategy. That broadening and integration of effort would be the value added by a national strategic centre. The timing feels right and the opportunity is great.

We do not propose a model for the centre super-imposed from on high, but one that emerges from discussion among practitioners across the country – one that they believe will support their mission and enable a step-change in the role that arts and culture play in the health of the nation. There will be complexities in setting up a centre. A key challenge is to find enough people working in health and social care who are prepared to be leaders in securing recognition of the value of the arts in health among their fellow professionals and will make the commitment to help create the centre. We therefore propose that a feasibility study should be commissioned, which would consult widely, and explore a range of possible structures for a new centre. Meanwhile, I very much hope discussion about the principle and practicalities of a national centre will take place at a series of nine regional conferences that the APPG will be supporting in the first half of 2018. If the APPG receives a mandate from the three sectors – arts, health and social care – we will be happy to do what we can to facilitate the actual creation of a national centre, including seeking to raise funds to support its establishment and its operational costs.

For obvious reasons we have not called for new legislation or reorganisation, nor for additional public spending for the arts in health. We have recommended that the Secretaries of State for Culture, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture. We urge government, and in particular the Health Service – at national, regional and local level – to grasp the opportunity that the arts provide to further their agendas of social and cultural inclusion, better health and improved wellbeing. In our conception, however, that should not mean the Government or the Arts Council or Public Health England or NHS England or the Local Government Association or any other body taking control of the agenda. It means them facilitating the approaches that people working in the field believe best. Very

welcome as government encouragement and help will be, the real impetus must come from the professions. Edicts or even exhortations from government and bureaucratic hierarchies will not bring about the changes in habitual thinking and practice that are needed. In principle the arts can be enlisted to support health within existing organisational and funding patterns. That this happens all too little at the moment derives from a mixture of existing orthodoxies, lack of understanding and pressure of vested interests. It is that culture that needs to change.

We were very pleased, of course, when John Glen, the Minister for the Arts, announced in a parliamentary written answer to Chris Ruane, one of our officers, on 11 September:

“We welcome the recent *Creative Health: The Arts for Health and Wellbeing* report. The report made a specific recommendation for ... DCMS, the Department of Health and other relevant departments to develop and lead a cross-government strategy to support the delivery of health and wellbeing through arts and culture. We are committed to exploring the potential for such a strategy further with these departments, including DoH.”

Encouragingly, John Glen reaffirmed that commitment in his response from the front bench to a well attended debate led by my Co-Chair, Ed Vaizey, in Westminster Hall on 12 October. Less encouragingly, when I had the opportunity a few days later to talk to a very senior Department of Health official with relevant responsibilities, that person was completely unaware of the commitment made by DCMS. Whereas Public Health England, and Duncan Selbie personally, have been consistently and positively engaged with the Inquiry from the beginning, less interest has been expressed by the Department of Health and NHS England. Pleasingly, though, Dr Michael Dixon, Co-Chair of the Social Prescribing Network, agreed with us when we put it to him that the arts had hitherto been too much downplayed in the campaign for social prescribing. Some senior people in the NHS and some GPs have indeed worked with us and clearly grasp the possibilities, as you will see if you look at the endorsements within the front and back covers of *Creative Health*, but these individuals are exceptional thus far.

As to our other recommendations, we urge that an individual should be appointed at board or strategic level to take responsibility for the arts and health agenda in every significant healthcare body, including clinical commissioning groups, NHS trusts and health and wellbeing boards; that those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships should ensure that arts and cultural organisations are involved in the delivery of health and wellbeing in their areas; that the Arts Council of England supports

arts and cultural organisations in making health and wellbeing outcomes integral to their work, and identifies health and wellbeing as a priority in its next ten year strategy; that NHSE and the Social Prescribing Network support CCGs, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and redesign care pathways as appropriate. We ask that Healthwatch and the Patients Association, along with arts and cultural providers, should advocate the health and wellbeing benefits of arts engagement to health and social care providers and the wider public. We make recommendations about education and training and about research, and we ask that the National Institute for Health and Care Excellence examines the evidence as to the efficacy of the arts in benefiting health and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.

A modest but feasible agenda, surely. Transformational if carried through. We consulted extensively about the recommendations we were minded to make, on the basis that it's no use asking people to do things that they really believe are misguided or unrealistic. We received positive preliminary responses to all our recommendations, although, as I say, the DH is still pretty much *terra incognita*. "Here be monsters", the medieval mapmakers used to say of the unknown lands south of Cape Mogador. I do not believe the DH and NHSE are populated with monsters. They are struggling to keep the show on the road and they have not yet applied their minds to the arts and health. We intend to help them do so. There is a growing movement of people committed to the cause of a healthy and health-creating society. Our thinking has much in common, for example, with that of the New NHS Alliance. We are seeking out key interlocutors across the fields of health, social care and elsewhere. Building on the success of the Inquiry process, we are programming a further series of round tables in parliament to explore each of the recommendations in the report, encouraging cross-sector, open-minded discussion and identifying the action that will lead to progress.

I was pleased just recently when Andy Burnham, Mayor of Greater Manchester, told me he is very interested in the potential of the arts and culture to enhance healthcare and social care as he takes advantage of the freedom that devolution has given Greater Manchester to experiment with new models of provision. We look forward to the pioneering tradition of the North-West, most certainly including Cheshire, being renewed.

Excellent things, indeed, are already happening in Cheshire. As we mention in *Creative Health*, Halton Clinical Commissioning Group has issued its Cultural Manifesto for Wellbeing. It recognises the context in which people live to be the most important determinant of life expectancy. The manifesto embraces a community-wide approach, aimed at addressing the root causes of health, and it

explicitly recognises the importance of the arts and heritage, the environment and sport. Studio-based organisations in Runcorn and Widnes are strategic partners with Halton CCG. Dr Cliff Richards, the former Chair of Halton CCG, gave us illuminating advice at our round table on commissioning. Here in Chester the new Storyhouse, an art deco cinema brilliantly converted by architects Bennetts Associates into a communal space housing a range of cultural activities, home to the Chester Literary Festival this very week, offers health and wellbeing workshops. The 2013 production of the Chester Mystery Plays was described by a critic as a modern miracle. The modern revival of the “ancient custom” of the mystery plays, deriving from a tradition that stems at least from the thirteenth century, performed in the cathedral and the streets around it, is a true community event involving hundreds of local people as cast, crew and support teams. I hope and anticipate that the 2018 production will be another miracle. Heaven knows, we need one.

It is my hope that this distinguished university, so influential within the North-West and further afield, will play a creative part in gaining wider recognition and acceptance of the role of the arts and culture in advancing health and wellbeing. Your Master’s course in Art Therapy is providing workshops and seminars in the therapeutic application of art. With your well respected Faculty of Health and Social Care, your emerging Medical School and your generous embrace of the arts under the auspices of the Faculty of Arts and Humanities, you are strongly placed to influence the culture and the development of events. I shall observe what you do with keen interest. Meanwhile, I thank you for allowing me to talk to you this evening and I look forward to any responses you care to make.