



**Arts, Health and Wellbeing  
All Party Parliamentary Group**

**The Care Act  
How the arts and culture can contribute to improving the quality of care following the  
Francis Inquiry**

Wednesday July 2<sup>nd</sup> 4-5pm  
Room C, 1 Parliament St. SW1A 2NE

**Notes from the meeting**

**Welcome and Introduction by the Rt Hon. Lord Howarth of Newport**

The subject of the meeting is the Care Act and how the arts can contribute to humanising health care. The Francis Inquiry has driven home the message that bureaucracy and procedures must not suppress imagination and humanity. It has been important in the development of the Care Act. This APPG is focused on how we can influence the guidance for Local Authorities in connection with the Care Act.

**Sir Robert Francis QC** believes the arts have a role to play in delivering better healthcare. The history of arts and health goes back to the asclepeion at Epidaurus, where the theatre was next to, and integral to, the place of healing. In hospitals, functional processes tend to delete humanity and personal dignity. Staff can have their humanity crushed out of them by bureaucratic processes. They are often bleak environments without pictures on the walls, with exceptions such as Chelsea and Westminster. How can staff take pride in such environments, or care about keeping them clean?

Although the connection with his Inquiry and the Care Act is primarily about compliance, the ward 'culture' can be very limiting. The Care Act emphasises the duty of local authorities to deliver individual wellbeing in relation to personal dignity and participation in work, education, training or recreation, as well as the individual's contribution to society.

Poetry in health is a revelation, it can communicate the reality of disease; it can create empathy. It allows people to talk about things they are fearful about such as cancer. Poets can help us understand the world of dementia. Pictures on the walls create a human space. Now what we have is graphs about performance and the ratio of staff to patients. Medical staff are not necessarily equipped to occupy that human 'space' but artists are. The Arts should have been the 291<sup>st</sup> recommendation in his Inquiry!

**Dr Ellen Storm** read two poems: Out of Hospital Arrest and Walk (see Appendix). She is training to be a pediatrician and has been writing poetry for about 10 years. Out of Hospital Arrest won the Hippocrates Prize, and although she had thought the subject of the poem was not very relevant to a meeting about the Care Act, on reflection, she now sees that creative writing and reading with and by health professionals enables them to effectively 'debrief' and engage in reflective practice. Poetry is a means of expressing, but more importantly transmitting, the lived and emotional experience and can encourage empathy. It is an area that she has a growing interest in. The second poem, Walk, which was highly commended in the Hippocrates Prize, is based on personal experience with her father who has Parkinson's and Dementia with Lewy bodies.

**Nikki Crane**, is Head of Arts Strategy at Guy's and St Thomas' Charity. The charity's ambition is to be a catalyst for healthcare innovation in Lambeth and Southwark. Their endowment gives them some £20 million a year for healthcare innovation. Their arts and health strategy is integral to the charity's

work. The focus on the arts in education, training and professional development is where the arts have a real opportunity to help tackle those attitudes and behaviours that stand in the way of care and compassion and thus patient safety. To have real impact this approach needs to be embedded in the NHS from top to bottom - the key here is seeing how the targets should be set and delivered.

This is an exciting partnership between Performing Medicine and the SaIL Centre at St Thomas' hospital. Performing Medicine, run by Clod Ensemble, a theatre company, in collaboration with medical educationalists and health professionals, has been delivering courses to medical students at Barts and at King's medical schools for nearly 15 years and working with Foundation Year doctors and Health Care Assistants at NHS Trusts around the UK.

The Simulation and Interactive Learning (SaIL) Centre at St Thomas' hospital provides clinical skills training for both undergraduate and postgraduate healthcare professionals. The aim is to create unique arts-based training programmes across King's Health Partnerships in a range of clinical settings - responding directly to the findings of the Francis report. The pilot is funded 2014-2017.

**Suzy Willson**, is Artistic Director of Clod Ensemble. Performing Medicine uses arts methodologies to teach skills central to clinical practice. Workshops and courses are led by a team of associate artists from the National Theatre, Royal Shakespeare Company, Ballet Rambert, Laban and Tate Modern. We help these artists to transfer valuable skills to a healthcare context.

The style of teaching is practical and interactive and requires lateral and critical thinking. Participants have to embody and demonstrate behaviours and attitudes, to rehearse, to get things wrong, to practice. They have to take responsibility for their own learning – to participate, to show up – they cannot hide at the back of a lecture theatre or be on Facebook – they must be present for themselves and the other people in the room. This emphasis on presence is central to our work and this idea of stage presence is common in theatre and theatre training. Patients want their health worker to be there for them. There are three main areas that run through all our work and we can bring to this new partnership.

**Physical awareness** - Shockingly, for those working in theatre and dance, healthcare professionals have little physical training, even though they are working with people's bodies all the time. Participants learn to recognise the physical symptoms of stress in themselves. In performance dancers and actors learn to eat properly, manage high levels of adrenaline; they warm up and warm down – prevents burn out. Many healthcare assistants suffer from lower leg pain; mental health workers from headaches and fatigue. We encourage health workers to learn skills to look after themselves and value their own bodies. Perhaps then they are more likely to value other peoples.

**Non-verbal communication** - participants consider how their own physicality may impact on their patients, in the way they look, move and touch. Whether you come across as arrogant, incompetent or trustworthy and caring may depend on the angle of your head or chin or the curve of your shoulders. In a recent independent evaluation of a course at King's a student noted:

*'Just by changing certain things about yourself, your posture... people react to you differently both the patients, the doctors. I definitely felt that.'*

**Voice** – a team of voice coaches help healthcare professionals to find their voice to communicate more clearly with patients and so that they have the confidence to stand up to intimidating consultants and crucially to give them the confidence to raise concern where necessary.

**Ways of seeing** – Arts can provide a provocative platform from which to examine ideas of identity, power, ethnicity, and sexuality and can provide a safe space where prejudices can be aired and discussed. Health workers need to develop their subjective, interpretive skills and their tolerance for ambiguity and uncertainty. Clearly, at work there is not always an obvious solution to a problem.

**Teamwork** - we concentrate on how to work effectively in teams, everyone has to take responsibility for their own role and understand and value their place in the bigger picture.

The scale of the investment in this project allows us to develop a substantial body of work and continue to build an evidence base for the role of arts and culture within health education. The Francis Report has done a great favour to those of us who have been working in arts and healthcare for many years by using the language of care and compassion, shared values and common culture within the NHS. A third year King's student recently gave a talk at a conference talking about the course and said: *As a result of these practical, embodied, dynamic and reflective learning methods I feel much better equipped to deal with challenges not just of a being doctor but of life in general.*

### **Questions from the floor:**

**Chris Ruane** – is there evidence of better outcomes for patients or evidence that training makes better practitioners, this is what MPs need.

**Dr Suzy Willson** – it is very difficult to make a direct link between the teaching of a specific skill and the impact on the patient. But if we accept that future doctors need to be trained in certain professional competencies at medical school we can assess whether arts based learning can help to teach these in straightforward ways.

**Dr Rachael Morris**, Consultant Dermatologist, King's College Hospital, believes the evidence is clear in the case of medical students who have failed their exams, specifically related to communicating with patients. The exam is observational and these students have just been through Suzy's course and examined again, so the exam results will be evidence.

**Suzy Willson** - students are usually trained in these skills before they are examined, but that this was a particular group of students who had failed.

**Professor Chris Fowler** (Health Education England) doubts the evidence could ever be definitive, it needs to be a social movement.

**Deborah Munt** - if no one invested in imagination and experiment in the first place there would never be anything new to evaluate, this is particularly important when we know that the old ways are falling short.

**Suzy Willson** - we have recently done work with healthcare assistants, which was very interesting. It is however, very difficult to get staff released from the workplace for training. It is all very well doing work with consultants helping them to be more creative in their thinking, but if the management culture doesn't allow them time and space to take learning back into the workplace, it is pointless.

**Lord Ramsbotham** - it is about the culture of management; it is a social process rather than a scientific process and the evidence can lead to a culture change in the NHS. In prisons the arts can make a significant impact; one woman who never spoke was able to communicate through the use of poetry; and another example is where people in a mental health wing were engaged in painting a mural together and it had an extremely positive effect on their experience and the environment.

**Rachael Morris** – healthcare staff are under terrible pressure with constantly increasing targets, bureaucracy, innovation initiatives. It is very hard to not just focus on the mechanics of getting the job done and to make space for other things. More time with patients would make all the difference.

**Lord Crisp** - good design can enable the processes of all kinds that take place in healthcare settings to be as little disagreeable and as rapid and efficient as possible. We think in an engineering context about how design can best serve our functional ends and we should think in the same way about healthcare.

**Lord Howarth** - Lord Darzi, as Minister, had vigorously pursued this idea but he wonders whether the policy is still being pursued by the DoH. Discontinuity in ministerial appointments too often leads to a loss of momentum or abandonment of good policy.

**Guy Eades** - Care Homes struggle to provide wellbeing. One Care Home owner talked to him about how much she sympathized with people on their first day, knowing how terrible the change is for them.

**Sarah Newton** - wellbeing in Care Homes is a requirement of the Care Act. It provides Local Authorities with measures for wellbeing. The government has established methods. We aspire to a situation where wellbeing is as important in measuring the success of our nation as GDP. It will take a long time but Local Authorities have a statutory obligation and we can hold them to account and change what is commissioned.

**Paul Burstow** – Care Act will move Local Authorities thinking on wellbeing from transactional to relational.

**List of Attendees:**

Clara Belessiotis	Foundation Year Doctor
Luciana Berger MP	
Rt Hon Paul Burstow MP	
Gavin Clayton	National Alliance for Arts, Health and Wellbeing
Alex Coulter	APPG
Nikki Crane	Speaker – Guy’s and St Thomas’ Charity
Lord Crathorne	
Melanie Crew	DCMS
Lord Crisp	
Guy Eades	National Alliance for Arts, Health and Wellbeing
Professor Chris Fowler	Health Education England
Sir Robert Francis QC	Speaker
Wendy French	Poet
Kate Gant	National Alliance for Arts, Health and Wellbeing
Roma Gee	National Alliance for Arts, Health and Wellbeing
Lord Howarth of Newport	
Baroness Lister of Burtersett	
Baroness Masham of Ilton	
Baroness Morgan of Ely	
Dr Rachel Morris	King’s College Hospital
Deborah Munt	National Alliance for Arts, Health and Wellbeing
Sarah Newton MP	
Clive Parkinson	National Alliance for Arts, Health and Wellbeing
Lord Ramsbotham	
Alison Raw	DoH
Milica Robson	Arts Council England
Chris Ruane MP	
Dr Ellen Storm	Speaker
Dr Suzy Willson	Speaker – Director of Clod Ensemble

## Out of Hospital Arrest

After it was over I took the guy who took the head end to buy mouthwash.  
We sat in a café and drank lattes. I said he did brilliantly.

It's not like it is on television. You don't get the smell for one thing:  
the final relaxation of bladder and bowels,

or the blood-tinged death-froth that keeps on coming: strings of lung-fluid,  
spit and snot. Someone offered a tissue, but not to take over.

Before it happened – his quiet keeling – he was overflowing the window seat.  
When the passengers next to him noticed, they hauled him into the aisle.

We knew he was dead when we got there. You get a feel for these things  
after a while, but you have to put on a show: two children's doctors

and a woman from the British Heart Foundation, who knew the algorithms.  
I looked up the carriage at two rows of faces, leaning sideways.

When the paramedics arrived they started again: inserted cannulae.  
When everyone was clear they announced it: covered him; took him away.

We waited while the train emptied: walked down the deserted platform  
into a grey mid-sized town we did not know the name of.

## Walk

Until the Borrowers came to live in the bilges,  
the water was your mother, rocking you to sleep.

They were your comfort in those last days. You talked to them:  
big ones, small ones. They were your friends.

Now I'm being made complicit in the deprivation of your liberty  
for your best interests: you must die in a bed.

You who have wandered the wild woods, sailed the seas,  
and never lived under the cage of a roof, all your life;

you who have roamed every day of your days  
on cliff-tops and beaches, must come indoors in the end

and all you keep saying is you want to go for a walk  
alone, in sunshine or rain. I do understand,

sitting together at this formica table, on this locked ward  
with its courtyard surrounded by walls with eyes.

You must be made safe from yourself.  
You cannot be allowed to walk off a cliff.