Creative Health

Meeting
Tuesday 26th November 2024 11am-12.30pm

Minutes

Present:

Dr Simon Opher MP, Chair of the APPG on Creative Health
Lord Howarth of Newport, Vice-Chair of the APPG on Creative Health (online)
Cat Eccles MP, member of the APPG on Creative Health

Professor Helen Chatterjee, Professor of Human & Ecological Health at UCL
Alex Coulter, Director National Centre for Creative Health
Dr Michael Dixon, GP and Head of Royal Medical Household
Dr Paul Gilluley, Medical Director, NHS North East London ICB (online)
Dr Darren Henley CEO Arts Council England
Professor Martin Marshall CBE, Chair of the National Centre for Creative Health, Chair of the Nuffield Trust
Angela Rippon
Charlie Royall, Chair of ArtLift
Ellen Rule, Deputy CEO/Director of Transformation and Strategy, NHS Gloucestershire ICB (online)
Hollie Smith-Charles, Director Creative Health & Change, Arts Council England
Dr Hannah Waterson, Policy and Research Manager, National Centre for Creative Health
Rob Webster, Chief Executive, NHS West Yorkshire ICB (online)
Anna Woolf, Director of London Arts and Health
Professor Louise Younie, Community Based Medical Education, Queen Mary, University of London

Molly on behalf of Jim Dickson MP
Sufyan Ahmed, office of Simon Opher MP

1. **Introductions and Welcome**

Dr Simon Opher MP welcomed everyone to the newly formed APPG on Creative Health. Simon has just been elected Chair of the APPG along with the following officers:
Co-Chair: Dame Caroline Dinenage MP
Vice-Chair: Lord Howarth of Newport
Vice-Chair: Lord Kamall of Edmonton

Everyone in room and online introduced themselves

2. **Purpose of the APPG**

Context of this discussion. Lord Darzi's Review focussed on three shifts:
From hospital to community

From analogue to digital
From treatment to prevention

Question to everyone: What should be the focus of the APPG and what should it achieve, and how would we measure success?

Alex Coulter (AC): APPG inquiry from 2015-2017 very influential in the field. Progress made on all the recommendations except on the government strategy. 2023 Creative Health Review recommended to the government a cross-departmental Creative Health Strategy. Success would be making progress on that and influencing government thinking. Mission led approach is helpful.

Martin Marshall (MM): To be ambitious, we need nothing short of a culture change. We have a health service which is very orientated around the medical model, sometimes for good reasons, but we also know it causes harm and is very expensive. Something between 70% and 80% of our health is determined by factors that lie outside of what NHS can do. We need a shift from a very seductive medical model to a social model with social interventions of which creative health is a part.

Cat Eccles (CE): A recent visit to a hospital in Ukraine showed what is possible. They have set up a one-stop shop for rehab, therapy, which included creative aspects such as dance and arts. Created in a war zone and it would be the envy of the NHS. Examples that we would look to.

Simon Opher (SO): Integration into standard NHS care is an important overarching theme

Rob Webster (RW): Very opportune moment for this conversation. We need to embed as the norm. Position it within the missions of the government. Three missions for health: wider determinants of health, and a cross-government approach because 80% of health determined by where you live, education, employment, access to green space etc. Somewhere to live, someone to love, something to do.10% access to care; 10% is that care any good. Second bit of mission around 10 year plan for the health and care system, again we should be in that space. Reform of adult social care – something there too. Secretary of State is really vocal about needing a neighbourhood health service – this APPG would be really successful if in defining the neighbourhood NHS it includes access to dance or singing for Alzheimers, knit and natter for mental health, or being engaged in the creative industries as a creator which helps support health and wellbeing. Very practically, outcome would be APPG mentioned in the three missions and in the neighbourhood health service.

Lord Howarth (AH) – Following Martin's and Rob's comments, work of the CH Review provides a valuable agenda for the APPG to pursue; obviously free to introduce variants; but the Review represented 12 months of very hard work with able and dedicated people. Martin and I have sent copies of the review to incoming ministers. Wrote to Pat McFadden – cabinet office should be the spider at the centre of the web. Letter shaped to show how the report fits the mission driven approach of the government. Report as a template for the government. Look again at the Review and mesh with other policy work. Suggest considering inviting Pat McFadden to an APPG meeting.
Action: AC to show correspondence to SO

Ellen Rule (ER): Agree with points already made. Start of journey 10 years ago we were in a very different place. We now have fantastic evidence, a lot of great examples across the

country. But piecemeal, not consistent, progress differs. Focus could be on how to drive implantation and a lot of the focus in driving implementation is about communications. Who do we need to influence, how do we up the narrative. Public narrative as well as in the policy space as well. Up the awareness. We can be confident about the evidence and it is cost effective. Shift focus on to how do you implement and drive spread now.

Angela Rippon (AR): As someone involved in dance for many years, I am aware of the benefits of dance for health. Role in Strictly Come Dancing an opportunity to raise the profile nationally. Conversation with CMO Chris Whitty about how we need to take more responsibility for our own health. Working with all the major dance organisations. Integrated keeps coming up. There is a huge amount of work but it is siloed. There is a need to communicate with the public. Let's Dance will launch on March 2nd as a national day of dance with four national centres at the Dumfries House, Winter Gardens in Blackpool, Birmingham Theatre, Eden Project in Cornwall, Social prescribing is not funded properly. £2 billion a year is spent on unnecessary prescriptions. Funding needs to go to the providers. Parliamentary lobbying, will be meeting Wes Streeting, Stephen Kinnock, Liz Kendall and Stephen Powys at NHSE. From January the BBC will be making five films for the One Show and BBC Radio is also supporting the campaign and a national newspaper taking it up.

SO: Very lucky to have you promoting it. Also I have a meeting with NASP later to discuss funding for VCSE organisation who are providing the prescriptions. Single point of access to coordinate a referral system.

AR: Alan Naismith is piloting a joined up technology solution using NHS number to access what is locally available: https://www.polyatrics.co.uk/

Paul Gilluley (PG): At East London NHS Trust we did a huge amount to integrated arts with the staff and service users. Re-emphasise what Rob said, this is a real opportunity to move from a focus on illness to prevention. Developing resilience in local communities using the arts as a vehicle. Neighbourhoods and what matters to them. In NE London ICB, looking at creative health hubs and neighbourhood networks, linked to integrated neighbourhood teams.

Introductions from additional guests.

SO: Medical education really key, should ask Bogdan Chiva to speak at a future meeting. Need to affect government thinking and integration into NHS services.

Charlie Royall (CR): If work is embedded in a clinical pathway we need to develop the frameworks so that organisations know what their duties and liabilities are.

MM: To what extent do we want to be hard-nosed about the money, do we want to be specific about where the money should come from?

ER: In Gloucestershire we have the evidence and frameworks for commissioning. We have 'Social Prescribing Plus' which is social prescribing commissioned within care pathways. We hold a large set of contracts and grant agreements with VCSE and cultural organisations. We need to share the learning. We have one of the biggest longitudinal data sets over 7 years plus including health utilisation data. Could be Gloucestershire's particular role in the APPG – to share that learning.

Anna Woolf (AW): Two challenges: who is in this space and who is not, and funding models. Firstly, we need to be careful that we aren't just replicating and re-enforcing inequalities in the APPG. Who is here and who is not? Talked about the importance of lived experience and diversity. How can we re-imagine healthcare for those who are excluded and have often had a very negative experience of health systems. Secondly: funding and models in Creative Health. The new M10 (Metro Mayors) creative health network is seeking funding solutions. Example is Maudsley in South London and a recent callout to grassroots organisations to co-design youth mental health services. Culture, Health and Wellbeing Alliance's recent state of the sector report evidences that money needs to follow the patient and that the workforce is chronically underpaid and under resourced. We need a collective re-thinking of funding mechanisms to bring in local authority, philanthropy and health and arts funding. We also need to engage the wider public.

CE: Good to focus on where the savings are in order to present this to ministers. We can use parliamentary questions, written questions, or debates. Thank you for raising the issue of pay for practitioners. I'm Chair of the APPG on Visual Arts and pay is a key issue. We need a self-referral model so we engage people who are outside the health system.

Helen Chatterjee (HC): Pertinent to focus on health inequalities and prevention, offering solutions. We don't have such good evidence around prevention. We don't have the evidence or the arguments for making the case to commissioners and finance officers. We need to evidence cost savings and benefits in terms of health utilisation in the poorest areas. In Blackpool for instance the huge challenge they have is the health and care burden and it is very difficult to make these changes. In schools in the poorest areas is where the arts and physical activity etc are cut most, and we know this will have an impact on public health. Great effort needed to make the curriculum change necessary in places like Blackpool.

SO: Inverse care laws and health inequalities a huge challenge. We should talk to one of the APPG members, Polly Billington MP, is part of the Curriculum Review so we should use that route.

Michael Dixon (MD): Where the inequalities greatest, social prescribing can be most effective. A lot of ICBs are beginning to fund VCSE. It is demand and pull.

ER: Social Prescribing Plus and then more universal social prescribing is prevention. It is very hard to prioritise money so it requires an iron will to make the case. In Gloucestershire the ICB is investing £700,000 in frontline VCSE services at a neighbourhood level, but had £4 million worth of applications with many very good ideas. In the context of resource constraint, the ICB has a differential approach focussing on areas of highest need.

Louise Younie (LY): Buy-in from doctors is needed. We are in a neo-liberal bio-medical system which leaves no room for humanity. Lord Darzi talks about re-engaging staff and re-empowering patients. Medical students have high levels of burnout as do staff. Students need creative health for themselves, they need creative agency to counteract issues around perfectionism and imposter syndrome, key drivers for burnout. More creative health in medical education good for them and for their future patients. It is counter-cultural in medical education.

Darren Henley (DH): Plethora of evidence but we have failed to make the case for paying for it. We need to be Treasury focussed and to look at the Green Book which does include subjective wellbeing measures. Wellby (similar to Qaly) measurement could be a currency with the Treasury. We have to be ruthless about moving from anecdote to data.

HC: When making the case with the Treasury and DCMS we need better data for how things can operate at scale. Most of the evidence is small sample size.

ER: Part of the core mission for the APPG - we need to advocate for a place in training for instance within the personalisation agenda, to put the heart and soul back into medical practice. Experiential opportunities can be very effective in persuading clinicians. When we engaged clinicians from chronic pain in the music activity, referrals increased exponentially.

Hannah Waterson (HW): Overview of the work of the NCCH, the Creative Health Review and how creative health can help tackle major challenges. Advocacy work with departments around the missions. The submission to the 10 year plan consultation and how creative health can have impact including prevention, long-term conditions. Community and creative health providers should be part of the Neighbourhood NHS.

SO: Three or four topics for the next year. The themes which have come through from this discussion are:

- Training/workforce
- Community/integration/ neighbourhood
- Money – focus on Treasury and getting a shared language
- Drive/implementation
- Prevention agenda

Others added:

- Advocacy/making the case to the public at large
- Prevention/intervention
- Diversity/lived experience to ensure an equity

We will make a plan for the next year and then review progress.