

Address to Culture, Health and Wellbeing International Conference, Bristol, 20 June 2017

### Creative Health – The Arts for Health and Wellbeing

We are highly privileged to take part in this international conference – a conference, with its great range of events and participants from 22 countries, that crystallises and personifies the international arts and health movement. I warmly congratulate the organisers. I feel particularly honoured to be invited to address you again. Alex and her team do take risks. She accused me of rabble-rousing when I spoke at the 2013 conference. Rabble? Are you a rabble? Personally, I think you are a very distinguished group of people united in your deep knowledge and commitment to the arts in health. Anyway, this time I've promised to be downbeat, so I will only say that, like Hokusai's great wave, the Bristol conference traverses the oceans, gathers its power, crests in a magnificent parabola, roars and overawes. Who can doubt arts in health is the wave of the future?

The future does indeed need to be different – very different – and much needs to be washed away. We are experiencing a crisis of values in the west. As we have seen in a series of elections, our own most recently, tolerance of politics, government, bureaucracy as usual is wearing thin. Young people, and many who are older, hold in contempt politics as the handmaiden of rampant capitalism. Worship of the great god GDP and the cult of market forces has shattered the cohesion of our societies, generating sickness and despoiling our globe. There is an impatient longing instead for a politics of mutuality, proportion and justice, for a reaffirmation of solidarity and community, for an economics in harmony with nature, for the life of the spirit to be asserted against mere materialism, for a politics of integrity. We are in that limbo so memorably characterised by Antonio Gramsci: “The crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum a great variety of morbid symptoms appear.” Among those morbidities is today's epidemic of mental illness, incubated by the lifestyles and pressures of consumerism, inequality and anomie, with no prospect of cure by conventional healthcare systems.

The Grenfell Tower disaster has underscored, with extraordinary symbolic force, our need for empathy, relatedness, care for each other and a responsible state. And now the Finsbury Park event tells us yet again the horror of hatred and the saving grace of solidarity.

Arts in health is a movement which will be instrumental in bringing about the birth of the new, of healthcare that goes with the grain of our better nature, of a “healthy and health-creating society”. Good public policy and effective public services in the end must be based on good values. Those values include recognition that a human being is not just a physical specimen, but a creature whose fulfilment depends upon imagination and creativity. Recognition that to see a human body merely as a mechanism is as simplistic and as demeaning as to see a person merely as economic man. Recognition also that we are social creatures, every one members one of another, and that if anyone is neglected and left behind we are all diminished. Recognition that we will thrive better, individually and socially, if the body and the soul are nourished and healed together.

Rhetoric, however, butters no parsnips, and you are practical people, as you need to be. You get things done. Many of you will have been at the launch last night of the Bristol Arts on Referral Alliance, which brings together thirteen arts on referral groups across the city in partnership with the City Council. We meet here this week following another brilliant Creativity and Wellbeing Week, the sixth in the series, which showcased a wonderful range of practical and effective work by 200 London organisations and another 100 organisations across the country. Over 35,000 people attended nearly 300 different events, exhibitions and talks exploring arts and health across the life course. Congratulations to Damian Hebron and his team. It was a huge task and a terrific achievement: a “collective shout”, as the London Arts in Health Forum called it – just what’s needed.

Four years ago I said to you that I intended, with the help of the National Alliance, to form an All Party Parliamentary Group – an APPG - on Arts, Health and Wellbeing. We have done so. We waited a while, until some of the dust had settled after the upheaval of the Lansley reforms of the NHS. But by 2014 it was realistic to set up the new Group. There was a very good response from parliamentarians in both Houses. A number of the MPs who joined had been encouraged to do so by a number of you visiting them as their constituents and explaining to them why they should. “Never forget who brought you to the dance” is a maxim that sensible MPs do not ignore. I was fortunate to be joined by a first-rate set of officers: Sarah Newton, Paul Burstow and Dr Sarah Wollaston, between us representing the three main parties as they were then.

I was, of course, extremely grateful, as I remain, to Arts and Health South-West for allowing Alex Coulter to be our administrative secretary. I’m constantly reminded when I observe Alex in action that women are the stronger sex. From the beginning, Alex has worked with total commitment and endless energy,

imagination and practicality. Her emails come whacking in at all hours of the day and night, reminding me of what I'm supposed to be doing and bubbling with good ideas. She tells me she lives in Oxford, but I suspect she actually lives on the Oxford Tube, shuttling in perpetual motion between Oxford and Westminster. The lady in the bus, not the lady in the van; she's even more elegant and even grander than Dame Maggie Smith. Alex, you have been the creative spirit in the APPG. Thank you!

As you may know, the APPG decided to conduct an Inquiry into the existing situation in regard to the arts in health and social care. The Inquiry would lead to a report. Our aim was to stimulate advances in policy and practice. Just as we were getting going, however, the 2015 General Election and its aftermath decimated our team of officers. Paul Burstow sadly lost his seat. Sarah Newton, more happily, became a Minister. And Sarah Wollaston was elected Chair of the Health Select Committee. While performing that role to widespread admiration, she has continued to be a very good friend to the APPG. Anyway, we regrouped and pursued the Inquiry.

Let me tell you about the structure and methodology of the Inquiry.

Evidence, if it were needed, that arts in health is a movement whose time has come is provided in the remarkable support the APPG have had, and not only from parliamentarians. We put out feelers to find a range of partners. The Special Interest Group of the Royal Society for Public Health agreed to be our research partners, and I'm particularly grateful to Professor Paul Camic, who has acted as link between the SIG and the APPG and been a great friend and adviser, not least in the bar after our meetings. Paul's academic perspective is always orientated towards good practical outcomes. I add my warm thanks to Shirley Cramer, Chief Executive of the RSPH, who has personally joined our discussions. I also offer special thanks to Shirley's predecessor, Professor Richard Parish. Richard has assisted us with his amazing range of contacts and his wise advice at many points. Guy's and St Thomas' Charity agreed to be our practice partners. We have been inspired and learned much from observing pioneering arts in health projects supported by this remarkable charity, and Nikki Crane has been a wonderful friend from the word go. King's College London have also been generous and enthusiastic collaborators with us, providing a base for our researcher, Dr Rebecca Gordon-Nesbitt, and assisting us on all kinds of practical matters. We are extremely grateful to Deborah Bull, Ruth Hogarth and their colleagues at King's.

The APPG are deeply appreciative of our funders. Paul Hamlyn Foundation and Wellcome have each funded the Inquiry most generously. But it's not just about the money, indispensable as that has been. The expression of confidence that

they made in funding us was hugely important at the outset as we were building the Group and developing our networks. And the close interest that they have continued to take, asking excellent questions and putting us on the spot in salutary ways, leaving us free to get on with the job but being there for us when we wanted, has been, to my mind, a model of the relationship there should be. I'm deeply grateful, therefore, to Jane Steele at PHF and Nic Vogelpoel and Simon Chaplin at Wellcome. We are also delighted that the Arts and Humanities Research Council has recognised the importance and the quality of Rebecca's research and supported her through King's.

Many of you have been directly involved with the processes of the Inquiry and I thank you for that. We have held a series of sixteen round tables, inviting people from all parts of the country to Parliament to testify and to debate key topics. The themes of our round tables have included: music and health; museums and health; the arts and post-traumatic stress; the arts and the criminal justice system; the arts and healthcare environments; the arts and public health; place, environment and community; young people, mental health and the arts; the arts and dementia; the arts and palliative care, dying and bereavement; the arts and commissioning; the arts, health and devolution; arts on prescription; funding for arts, health and wellbeing. More than 300 people have kindly joined with us to take part in this process. For the MPs and peers who listened it has been revelatory. But participants have told us that they have also learnt from each other at the round tables, gained new insights, struck up new working relationships. So many people have spoken to us with such depth of knowledge, such passion and eloquence. Most striking of all – moments when you could have heard a pin drop in a parliamentary committee room – and most moving, have been the testimonies of patients and service-users, who, often with great courage, have told us of their personal experiences and the remarkable, transformational benefits they have gained from the arts for their own health and wellbeing.

Casting the net as widely as we could in the time available, we have also developed a systematic programme of meetings to include Ministers in the Departments of Culture, Health and Local Government; the Chief Medical Officer, NHS England and the Care Quality Commission; the What Works Wellbeing Unit in the Cabinet Office; Select Committee Chairs and members; other All Party Groups whose interests overlap with ours, such as the APPGs for Health in All Policies, for Dementia and for Wellbeing Economics; and the Cross-Party Arts and Health Group in the Welsh Assembly. We have developed particularly valuable working relations with Public Health England, where of course Duncan Selbie needed no instruction from us to understand the importance of the arts in health; the Local Government Association, with whom we will be working on policy briefing notes; and Arts Council England, where

Sir Peter Bazalgette, Sir Nicholas Serota and Darren Henley have been unequivocal in their support. In his first speech as Chair of ACE, in Hull, entitled *A Creative Future in a Changing World*, Nick Serota spoke eloquently of how “the experience of art, in its many different forms, can enable people to discover their own identities and to express their hopes and emotions to others” and how “these life-changing opportunities should be more available to those who now have little or no access to the arts”.

To help us absorb such a mass of ideas and information, we held a further series of meetings in parliament. At these, people of great experience within the worlds of health and social care, the arts and culture, and politics and government – some of them invited because of their known scepticism - have helped us by providing a reality check on our provisional thinking and emerging conclusions. We have also benefited continuously from the advice of members of a 25-strong Advisory Group who have met from time to time, chaired by Paul Burstow, and have very kindly made themselves available at other times on the phone and by email to help us. Busy as they are, with their research or medical practice or running their organisations, I can’t thank them enough. Other particular friends to the APPG I would single out to thank include Professor Helen Chatterjee, Professor Geoffrey Crossick, Professor Norma Daykin, Dr Iona Heath, Damian Hebron, Dr Simon Opher, Clive Parkinson, Mags Patten, Dr Jane Povey and Gillian Wolfe. They have all gone out of their way to spend time helping us, to our great benefit.

Alongside all this activity, under the auspices of the APPG and the Inquiry, Rebecca Gordon-Nesbitt has carried out a major piece of research. Her depth of knowledge, her academic rigour and her passionate commitment have not only informed her research but have greatly strengthened us in all aspects of the work. Whatever else may be achieved by the report we are about to publish, it will, I believe, provide a uniquely comprehensive overview of the field and be an essential point of reference. There will also, in case you have other stuff to keep you busy before you read the 100,000 words of the full report, be a short report in about eight pages.

Some forty parliamentarians have taken part in the work of the APPG. At the risk of being invidious, I want to express my personal appreciation of some parliamentary colleagues who have played an outstandingly valuable part: Kay Andrews, former Minister at the Department of Communities and Local Government, Chair of English Heritage and author of a report for the Welsh government on culture and poverty; Michael Bichard, former Chief Executive of Gloucestershire County Council, Permanent Secretary at the Department of Education and Employment, Rector of the University of the Arts, Chair of the Design Council, Chair of the Social Care Institute for Excellence, and a Patron

of Arts and Health South-West – if you want to get things done ask a busy person; Nigel Crisp, former Permanent Secretary at the Department of Health and Chief Executive of NHS England; Eluned Morgan who, as a newly elected Member of the Welsh Assembly, set up the Cross-Party Arts and Health Group there; Estelle Morris, former Secretary of State for Education and Minister for the Arts; and Lola Young, former head of Culture at the Greater London Authority, Chair of this year’s Booker Prize jury and member of more arts boards than you can count. They are all members of the House of Lords, so think about that, if you will, next time a political party that fancies itself as radical or a government that resents parliamentary free spirits threatens to abolish us. And, among the MPs who have been involved, I particularly want to thank Ed Vaizey, an outstanding Minister for Culture, Communications and Creative Industries, who I am delighted to say has recently agreed to be Co-Chair of the APPG. All these colleagues, from across the political spectrum and the independent cross benches, have contributed their knowledge and experience and good judgement. It’s very important that arts and health doesn’t fall foul of party politics, and thankfully there’s no sign of that. In the new circumstances at Westminster cross-party agreement will not only be more necessary but will open up bigger possibilities.

As an all-party group at Westminster we can only make recommendations for England, but we greatly value our collaboration with colleagues and counterparts in Wales, Scotland and Northern Ireland. I had fun attending a lively meeting of the Cross-Party Group in Cardiff. We were delighted to welcome Danish colleagues to one of our round tables at Westminster. We were also honoured that Dr Nayreen Daruwalla joined us at our round table on public health to tell us about her wonderful project, Dekha Undekha, which has become a biennial festival in the informal settlements of Mumbai; you also heard her speak yesterday. While policy and practice are in some ways ahead of our own in other countries, we hope that our thinking may also be useful beyond England’s borders. There is no reason, after all, why, with Brexit, we should stop learning from each other and supporting each other across Europe and the world. Another international conference in Bristol in 2021 will be a symbol of that cooperation.

We were due to launch our report last week, but another election has messed us about, and we will now launch in London, at the House of Commons, on 19 July. Then we will hold a further launch in Manchester. Greater Manchester has been the home over the years of so much pioneering arts in health work, and now, with the freedoms of devolution, Greater Manchester is blazing the trail towards integration of health and social care. After the terrorist atrocity at the Manchester Arena – an unspeakable atrocity one might have said – art spoke: the poetry of Tony Walton and the singing of Ariana Grande brought, as

nothing else could have done, solace, healing and reaffirmation of community. Our Manchester launch will be on 21 July. Meanwhile let me give you a discreet foretaste of what our report will say.

By the way, not having a bright idea myself, I offered a prize of a bottle of House of Lords champagne to whoever would come up with the best title. The winner is Faiza Khan, of PHF, who suggested *Creative Health*. The making of champagne is, of course, an art form, and the drinking of it certainly makes for wellbeing.

Where was I? Our key messages to government and its agencies, the professions and the public will be:

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

We make ten specific recommendations. I must keep those under wraps until *Creative Health* comes out, but let me describe to you the thinking which underpins them.

As politicians, when we started work in the APPG, we tended to assume that our recommendations would principally be made to Ministers. But increasingly we realised that the barriers to the full potential contribution of the arts becoming a reality lie not in formal policy but in culture and attitudes. Progress can be made within the structures laid down in the Health and Social Care Act 2012, including present funding systems. Here in the south-west, Gloucestershire Clinical Commissioning Group has shown that very encouragingly indeed. Accordingly, we will not be asking for new legislation or regulation or organisational change. We don't need to, and we will gain goodwill by not doing so. Nor will we ask for additional public expenditure. Some of you may be disappointed by that, but we have taken the view that, given the present and prospective pressures on funding for health and social care, lobbying that could be seen as demanding privileged funding for the arts and culture would, to say the least, be counter-productive. As far as public funding is concerned, we will ask only that commissioners and other public funders take an informed and unbiased view of the value for money that arts interventions can provide in the pursuit of existing agendas.

We will argue that two things in particular are needed. The first prerequisite is more effective coordination on the part of the proponents of the arts in health and social care.

We will propose the creation, at national level, of a strategic centre for arts, health and wellbeing. I am well aware that some people will bridle against the idea of a national centre, fearing perhaps that it would mean people on high fancying they know better, laying down the law, suppressing debate and telling you how to do your job. Well, that's not what we mean at all.

There are, as you will know, government-led initiatives to promote the impact of the arts on health, wellbeing and quality of life in Sweden, Finland, Norway and Australia, and indeed in Scotland, Wales and Northern Ireland cross-governmental programmes have been initiated. For a variety of reasons, no such initiative has yet been taken in England, although Ed Vaizey's Culture White Paper last year encouraged hopes of such an approach and promised that the Government would respond to the recommendations made in the APPG's report. We will not let the government off the hook, but we also judge that we should not wait for the government. They have many difficult problems on their hands and we might be waiting a while. Besides, we think that a strategic initiative will be deeper-rooted, better designed, more persuasive and more effective if it is led by people who are already respected leaders in the cultural, health and social care sectors, joined by academics and, very importantly, patient representatives, and supported by charitable funders. It is you who should lead. Government and its agencies should then follow along supportively.

I would therefore encourage you yourselves to form a strategic centre for the advancement of arts, health and wellbeing. By this, I don't mean a physical building but, rather, a gathering point, a network of networks.

Many of the people key to making this happen are in this room today: not only those whose specialist field is arts and health, but clinicians as well as health and social care managers and others who are here because you believe this work matters and can make a difference to those in your care. The centre would need to be genuinely collaborative, challenging sectoral boundaries and ensuring that patients and service-users are part of the decision-making process.

We have found that arts and health provision is patchy across the country and often not sustainable. This could be a key role of the centre: to see the gaps in service and help to fill them, to identify the barriers and find ways to dismantle them. With representatives from the relevant sectors and networks, the centre would be well placed to broker dialogue between arts organisations and the

health and social care systems, the development of integrated policy and joined-up working at every level. The centre could encourage and support the appointment of arts and health champions in relevant organisations throughout the country.

More basically, there are many good tools and resources out there, but often they are not shared – even metrics and terminology are not shared – because people don't know about them or they are not easily accessible. Work could be done by the centre to make high quality evaluation, of whatever appropriate kind, the norm. Making the evidence base more accessible to non-academics; identifying the gaps in evidence and influencing research policy to fill them; and promulgating research findings in order to influence health planning and decision-making – these are all areas that would benefit from agreement across sectors and stronger coordination.

Advocacy is needed for the inclusion of arts-based methods in the training of health and social care professionals, and for the availability of routes in health and social care for the career development of artists.

The centre could stimulate interest and demand. If the professions and public decision-makers are to be persuaded, they need to hear powerful stories about arts and health and a clamour for change. The arts and health movement could organise to inform the public debates on major issues such as the impact of cultural disadvantage, the importance of good design, the mental health of young people, preventative strategies, the management of long-term conditions, healthy ageing. And, just as we are doing here today, the centre could help develop international links so that we can learn continuously from practice and policy around the world.

If you favour the idea of such a centre and you think we can be of help, the APPG would be glad to support you in the processes of establishing it. We would make it a top priority in our next phase of work. The new Culture, Health and Wellbeing Alliance would, of course, be a key partner for us, and I want to say how much I welcome the coming together of this combined Alliance. The closer the coordination between the various sectors – arts, museums, heritage, libraries – the more effective we shall be. In consultation with the field, the APPG can perhaps facilitate meetings to think through the purpose and organisation of the centre. We can approach potential philanthropic funders. We can open discussions with various agencies about the role that they might play. We would encourage bodies such as Arts Council England, the Local Government Association, NHS England, Health Education England, Public Health England, the Royal Society for Public Health, Healthwatch England, the Patients Association, the National Council of Voluntary Organisations and

others to support this initiative in ways that all concerned will feel to be appropriate. With this momentum developing, we would also ask Ministers to make clear their recognition of the importance of the arts for health and wellbeing and to develop a cross-governmental strategy in support of your work.

The second prerequisite for fulfilment of the promise of the arts in health and social care is culture change. It is an interesting, indeed a poignant, question why, given the strong body of existing evidence as to the value of the arts in health and social care, it has been so little appreciated and acted upon. In the debates about the social determinants of health, the value of the arts and culture in improving people's life chances has hitherto hardly been noticed, although we were very pleased that at the APPG's meeting with Professor Sir Michael Marmot he readily acknowledged their potential value. While arts on prescription has an impressive record of success – and Artlift in Gloucestershire is a wonderful case in point - it has not been prominent within the spectrum of social prescribing, though I'm glad to say again that at the APPG's meeting with Dr Michael Dixon, National Clinical Champion for Social Prescribing, he agreed that more opportunities should be taken to refer patients to arts activities. While it is excellent that the New Economics Foundation's five ways to wellbeing – connect, be active, take notice, keep learning, give – are now endorsed on the government's website, the penny has not yet dropped with the government that the arts provide ideal opportunities for people to follow this advice.

It seems to me there have been a number of barriers to recognition and acceptance, among them: the heavily science-based bias of medical education; conventional medical research criteria that are ill suited to evaluation of arts in health; the technical and bureaucratic culture of much healthcare. There has also been a problem, I respectfully suggest, that proponents of the arts in health have too often not made their case as confidently and strongly as they might. Discontinuities of funding from a range of sources have indeed made it very hard, if not impossible, for many arts organisations, however dedicated, to keep their arts and health work going. Most local authorities have not given a high priority to arts funding. The funding squeeze has meant that the NHS and social care providers, struggling to maintain existing services, have found it difficult to think about new approaches. In the heyday of neoliberal economics it was not expected that policy should be addressed directly to wellbeing, and it is only latterly that some in government and the economics profession have begun to think more seriously about wellbeing as a proper object of policy. Political leadership has been hesitant and inconsistent.

A different model of leadership is needed: leadership widely diffused throughout the complex systems of the arts, health and social care. Artists, clinicians, carers, service-users engaging together, in dialogue, debate, collaboration and co-production, across conventional boundaries, across the United Kingdom and across international borders, as here in Bristol, will change the culture. Challenging the dominant medico-technical culture – not disparaging its virtues and its great achievements, but calling for something else in addition - this movement will humanise it and open it to the possibilities of imagination, creativity and the spirit. Expert witness and public demand, combining and building, will prevail against group think, vested interests and inertia. As more and more medical and care professionals who want the best for their patients accept this message, the managers will respond, and so will the policy-makers and the funders.

The APPG see ourselves as part of a growing movement to create a healthy and health-creating society. This is why we believe that a national, strategic centre for culture, health and wellbeing should be the apex of a movement led and proved locally, which then gathers its forces centrally, renews and intensifies them, and channels them into the most effective action locally, nationally and internationally.

We are fortunate that the funding of the APPG's Inquiry will support a further phase of our work following the launch of the report. So, with you, we will be seeking to carry the message to the professions and to the country, in regional events that we will organise and, we hope, by presenting at professional conferences and on other occasions. If you can help us to find such opportunities we would be most grateful. And, of course, we shall seek to raise the profile of arts for health and wellbeing within Parliament and with government, by means of parliamentary questions and debates, and at meetings with Ministers. Please once again help us also by making appointments to meet your own re-elected and newly elected MPs, explaining to them the importance of these issues for their constituents and why they must join the APPG and play their part in advancing this cause in the House of Commons.

I want to remind you of some of the most beautiful lines in the English language, the opening of *Endymion*:

A thing of beauty is a joy for ever;  
Its loveliness increases; it will never  
Pass into nothingness; but will still keep  
A bower quiet for us, and a sleep  
Full of sweet dreams, and health, and quiet breathing.  
Therefore, on every morrow, are we wreathing

A flowery band to bind us to the earth  
Spite of despondence, of the inhuman dearth  
Of noble natures, of the gloomy days,  
Of all the unhealthy and o'er-darkened ways  
Made for our searching eyes; yes, in spite of all,  
Some shape of beauty moves away the pall  
From our dark spirits.

John Keats knew whereof he spoke, from his medical training at Guy's, his brother Tom's death of TB, and his own illness. Keats was mocked as a poet in his lifetime, but the beauty and the truth of what he wrote became universally recognised. Those lines are among the most popular of Poems on the Underground, Judith Chernaik's initiative of genius, supported by Transport for London and copied in other cities, which has done so much to create wellbeing for many millions of people.

All but two hundred years after *Endymion* was written, we are, I believe, at a tipping point. The growing crisis in health and social care, which hitherto has produced defensiveness, now makes fresh thinking imperative. The growing crisis of disaffection from politics means that different and better values can come to the fore. The arts in health movement has grown to the point at which it is ready to take on the establishment, just when the establishment may be ready to listen and respond. If now we are resolute, clever, united and have the courage of our convictions, the possibilities are immense.