**Slide 1 Title**

**Slide 2**

I will be talking about the trajectory of Arts & Health South West as well as something of the national work that is going on. First though I’ll touch briefly on my own experiences of becoming engaged in the field.

This year the Wellcome Library opens its newly acquired arts and health archive. A large proportion of the contents comes from Arts for Health Manchester where arts and health, as we know it, started in the 1970’s. Of course, the relationship between arts, health and healing is far more ancient than that. This painting of Piero della Francesca’s Madonna della Misericordia is on the cover of Richard Cork’s book: ‘The Healing Power of Art’ which traces the presence of artworks in healthcare environments from ancient times to the present day. The Madonna della Misericordia is part of an altarpiece that Piero painted in the mid 15th century for a confraternity, a charitable organisation that administered to the sick and destitute. My own slightly circuitous route to working in arts and health started with studying art history and specialising in the 15th century. In 1998, having been an artist and a teacher, I took on the role of arts coordinator at Dorset County Hospital. The following year, Arts for Health Manchester hosted a major international conference The World Symposium for Culture Health and the Arts. It was a transformative experience and gave me a sense of being part of an important and meaningful movement. I am still inspired by the extraordinary stories of people’s lives we encounter when working with the arts for health and wellbeing.

**Slide 3 – Annabel and Felicity**

When I joined Dorset County Hospital in the late 90s several large hospitals in the South West had recently been successful in securing Arts Council Lottery funding for capital developments. Dorset County Hospital received over £300,000 for Phase 2 of the new hospital. Most of it went on commissioning large scale artworks for the public spaces. Once I was in post, I began to work more closely with staff to develop participation and engagement. One of the first projects was with the photographer Gabriella Sancisi who was resident in the maternity wards for a number of weeks and made large scale photographs of newborn babies. This is an image of Annabel and Felicity, the twins in the photograph, 13 years later, in 2012.

**Slide 4 Room with a View**

In the first decade of the 21st century there was a great flourishing of arts in hospitals across the country. This wasn’t the only area of healthcare where the arts played a role by any means, but it was and in many ways still is where the most sustained infrastructure exists. My post was originally funded by the lottery, later by core NHS funding. The late 90s and early 2000s saw the ambitious Labour government target of building 100 hospitals in 10 years. The Department for Culture Media and Sport was pivotal in influencing the design of new hospital buildings through the Commission for Architecture and the Built Environment (CABE) and its work with NHS Estates. The key person in DCMS was Lord Howarth of Newport, then Minister for the Arts, and a passionate advocate for arts and health over several decades, also as some of you will know, a resident of Norwich. NHS Estates worked with an American psychologist, Roger Ulrich, whose research into hospital environments was an early influence on me. He was particularly interested in the impact of the natural environment and images of nature on recovery times. This is an image of a project we did at DCH which was in direct response to his research – rather than a painting of nature, we decided to give patients the real thing. Room with a View provided cancer patients in isolation rooms with a screen showing a continuous live feed from a local beauty spot. We conducted a medical research project looking at the impact on stress hormones. At that point I was very sold on the idea that we could prove the benefits of the arts within a scientific and medical model. With hindsight I’d gone temporarily native.

**Slide 5 AHSW**

During that period the Arts Council in the South West was keen to support the development of the arts and health sector and they asked a group of us to meet with them and discuss setting up a regional network. We were nearly all arts coordinators working in hospitals across the region. Together we formed Arts & Health South West which we launched in 2006. It was, and still is, primarily a networking organization and at that time was based on a paying membership model with a coordinator to administer it.

Arts and health in England reached a peak with the publication of the Arts Council’s and Department of Health’s joint prospectus for the Arts and Health in 2007 and the then Secretary of State for Health, Alan Johnson’s, speech at the Wallace Collection where he said that:

*Participation in the arts..is not some kind of eccentric add-on – it should be part of the mainstream in both health and social care*

It was a fragile ascent and we were soon to fall back into temporary oblivion when the economic crash of 2008 sent everything into freefall, followed by the change in government in 2010.

In 2010, while Jane Willis was Chair of AHSW, she secured an Arts Council Grants for the Arts award for 3 years to develop it into a free membership organization with a part-time Director as well as a coordinator. I was appointed as the Director and we became an Arts Council National Portfolio Organisation in 2012. Free membership enables us to increase our mandate and we now have nearly 2000 members, mostly in the South West region but also from across the country and the world.

We represent the South West region on the National Alliance for Arts, Health and Wellbeing. The National Alliance was formed in 2012 and its main aim is to provide a clear focused voice to articulate the role creativity can play in health and wellbeing. One of the first projects of the National Alliance was developing the Charter for Arts, Health and Wellbeing. We hosted a series of events around the country to discuss our shared values and the writer Rosie Jackson wrote the final Charter. As it states, those who are signed up to it believe that the arts, creativity and the imagination are agents of wellness: they help keep the individual resilient, aid recovery and foster a flourishing society.

**Slide 6 – international conference**

In 2013 AHSW delivered the Culture, Health and Wellbeing International Conference, on behalf of the National Alliance and in partnership with the Royal Society for Public Health.

Richard Parish, then Chief Executive of the RSPH, can be seen here chairing a lively debate. The debate very quickly focused on the evidence base, as is so often the case. One memorable comment was by a medical clinician from New Zealand, who said: “there is no randomized controlled trial for the efficacy of a parachute.”

Richard Parish had led a group based at the RSPH in writing the report: Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go? which was an important document in taking stock of all the progress in the field over the previous 30 years and an assessment of policy directions for the future.

Richard is now on the board of Public Health England and is an influential ally.

You can see Lord Howarth of Newport there on the right, who gave a rabble rousing speech, a call to arms to the 390 delegates from 22 countries who were assembled there.

Just as the 1999 conference in Manchester had inspired me I hoped our conference would do the same for a new generation of practitioners. Feedback was very positive and I think people left re-energised and motivated, with a strong sense of an international community. There is another international conference next June in Bristol.

Following the conference Lord Howarth discussed with the National Alliance his plans to start an All Party Parliamentary Group on Arts, Health and Wellbeing and proposed that the National Alliance provide the secretariat to support it.

Another significant national development was the formation of a UK wide arts and health research network which has now become a RSPH Special Interest Group. Membership is only £40 and it is open to practitioners as well as academics.

The All Party Parliamentary Group on Arts, Health and Wellbeing is one of many such groups in the Houses of Parliament, where parliamentarians of all Parties and from both Houses come together to discuss issues of mutual interest. In the first year we had a number of meetings and round tables and then agreed that we would seek funding to conduct a more serious and wide ranging Inquiry into Arts, Health and Wellbeing. The purpose is to inform a vision for political leadership in the field, develop policy recommendations and influence parliamentarians and other decision makers. We hope that the report, when it is published next Spring, will provide a springboard for action for practitioners and others to influence at a more local level. The National Alliance will host some regional seminars with commissioners and others to catalyse that process.

The project is a collaboration with King’s College London and our researcher, Dr Rebecca Gordon-Nesbitt is based there. Our other partners are Guy’s and St Thomas’s Charity and the RSPH Special Interest Group that I spoke about earlier. We have continued with a programme of round tables that bring together service providers, service users, practitioners, academics and commissioners with parliamentarians to discuss key areas of focus.

Defining the scope of the Inquiry; identifying what should be the focus of policy recommendations; and where to focus our attention is a complex matrix. We have to make a policy document that is compelling and that speaks to different government departments, while not re-enforcing silos; we have to draw on the best examples of practice, where there is a good or growing evidence base and where we can genuinely show that that the arts can contribute to delivering good outcomes.

Some of the challenges and opportunities inevitably relate to the Treasury: financial constraints, cost effectiveness and the way that Public Services are responding: integrated budgets; an awareness of the pressing need to focus on prevention but the difficulty that presents when constantly fire-fighting at the acute end of services. Some of the policy priority areas we think we should concentrate on are:

* The social determinants of health
* Prevention and early intervention
* Wellbeing
* Mental health and parity of esteem with physical health
* Dementia
* Social Prescribing
* Black and Ethnic Minority communities
* Criminal Justice System

Still very much a work in progress but I have chosen a series of images that relate to each of the round tables and will give you a flavor of some of the issues that have arisen.

**Slide 7 - Dr Yukimi Uchide**

This image is actually from the last international conference. We heard about amazing arts and health practice from around the world and fascinating new research but the presentation that most affected my thinking was by Dr Yukimi Uchide from the Social Welfare Foundation in Japan. Following the Tsunami in 2011 she has implemented significant changes in the way that she trains staff and manages services for older people in the residential care homes under her charge. A care home near to the sea had to be evacuated and in the chaos that followed she found that the residents, who all had dementia, came into their own. Some had known of a short cut to the mountains, others could help with alternative ways of cooking, such as on open fires, and they could be a source of comfort to distressed care workers, as in this image. Dr Uchide uses theatre techniques to encourage her staff to empathise fully with those they care for and has developed a theory which she calls: ‘from the age of care to the age of reciprocity’ where she tries to create an equality between carer and cared for and a joint endeavor where the person who is cared for has more agency and power in the situation.

This relates to our first round table in parliament where we looked at the Francis Inquiry into the Mid-Staffs hospital and discussed the Care Act which directly tackles the Francis Inquiry findings. Suzy Wilson from Clod Ensemble spoke about their work with Guy’s and St Thomas’s Hospital and the training of medical staff and care and nursing staff. Their project ‘Performing Medicine’ also uses very practical theatre techniques to enable staff to better understand their own bodies and how they can empathise with the experience of patients. Performing Medicine are about to launch the Circle of Care: a framework to help us think about, practice and demonstrate high quality compassionate care.

At the second round table, also on the Care Act, we looked at Wellbeing and the commissioning of wellbeing by Local Authorities. We joined forces with the Wellbeing Economics APPG to deliver the round table, which had a focus on local authority commissioning. The Wellbeing Economics APPG published an Inquiry last year called: Wellbeing in Four Policy Areas. One of the areas was the arts and culture. Our Inquiry will be drawing on the relatively new **What Works Centre for Wellbeing**. Definitions of wellbeing are fraught and many people still question whether it can be sensibly measured, but it is a concept that is now widely accepted and applied, not least because it has been enshrined in the Care Act. It links to the prevention agenda and we know that people’s wellbeing will impact on their vulnerability to ill-health; equally you can have wellbeing even though you are seriously ill.

**Slide 8 Music and health** When thinking about the policy recommendations, I think it is unlikely we would focus on a single artform, but we decided to do a round table on Music and Health because it is one area of arts and health activity with a relatively strong evidence base. Live Music Now presented their evidence review at the round table. This is an image of their Songs and Scones project in libraries, for older people who may be experiencing loneliness and isolation. This is West Bridgford Library in Nottingham. The round table was attended by a range of people with a very sophisticated understanding of the research evidence about music, including music therapists and neuroscientists. One particular contribution that struck me was from Nordoff-Robbins, the music therapy organization. They have worked in partnership with Barchester Care Homes for many years and have evolved an approach in which the care home is a musical institution, where music and singing permeate every part of the building and daily life. Live Music Now are currently working with the Baring Foundation on a project called ‘A Choir in Every Care Home.’ Work in Care Homes can now be supported by NICE guidelines on the need for meaningful activity.

**Slide 9 - Dementia and the Arts**

Dementia and the arts has always seemed to be an obvious area in which we should focus our attention. The Prime Minister’s Dementia challenge provides the policy backdrop and it is a priority that is only going to become more prominent with the ageing population. In addition to this there is in general an openness to the arts and alternative approaches, some reasonably good evidence and a growing number of arts organisations engaging in work for people with dementia. This is an image from the RADIQL programme at Age Exchange in London which has a well established programme of activities using reminiscence as a springboard for creativity. A cost benefit analysis is being done by Daniel Fujiwara formerly at the LSE and head of cost-benefit analysis at the Department for Work and Pensions. My strongest memory from this event was a discussion about the appropriateness or not of different arts forms. The neuroscientist and academic, Dr Sebastian Crutch, was asserting that we should respect people’s prior tastes in the arts, that is to say what they enjoyed doing before getting dementia; and that we should be careful not to impose artforms. A man with dementia then spoke about how as a former guitar player he found it very distressing to not be able to continue playing well. He told a story of when he was persuaded, rather reluctantly, to join in with Circle Dancing. He can’t remember what he thought, or his embarrassment, but he can remember the feeling and it was one of happiness.

**Slide** **10** – Under the Microscope – artist Sofie Layton installation at Great Ormond St Hospital. Project with children with cancer and heart problems and their families. The nurses are listening to a ‘fairy tale’ written with the children and families. This project was part of a round table on Palliative Care, Dying and Bereavement which we did to coincide with the Access to Palliative Care Bill, a private members bill by Baroness Finlay.

Storytelling; narrative; narrative medicine. Many doctors are engaged with using literature and narrative to help understand patient experience and medicine. At the round table two of these doctors: Sam Gugliani, an oncologist is Cheltenham; and Dr Iona Heath, formerly President of the Royal College of GPs, both spoke eloquently about the need for medicine to re-balance from the scientific and technological, particularly when we are dealing with death. I am sure you have all heard of Atul Gawande, the Cancer Surgeon from Boston and perhaps read his book Being Mortal. This passage sticks in my mind: ‘the problem with medicine and the institutions it has spawned for the care of the sick and the old is not that they have an incorrect view of what makes life significant. The problem is that they have almost no view at all. Medicine’s focus is narrow. Medical professionals concentrate on repair of health, not sustenance of the soul. Yet – and this is the painful paradox – we have decided that they should be the ones who largely define how we live in our waning days.’

**Slide 11 Re-Live Abandoned Brothers, Billy Field, Falklands Veteran**

The image is Abandoned Brothers, a project by Re-live in Cardiff and winner of last year’s RSPH Arts and Health Practice Award. Abandoned Brothers was a semi-scripted live performance with two veterans who were the ‘performers’. They expressed, from first-hand experience the invisible battle of post-traumatic stress, and the effect this has on them and their loved ones. This is Billy Field, a Falklands Veteran. He said “I’ve got 30 years of pain to get out, the stories are bursting out of me”. “This feels like a chance to turn things around”.

Unfortunately I was ill for the round table and only know what was said from a recording, but I found listening to it a very moving experience. I was struck by the incredibly rich ecology of practice and thought, that seemed to coalesce around the subject of post-traumatic stress. It was chaired by Lord West of Spithead, whose personal experience of loss and trauma infused his commentary with sensitivity; a veteran and therapist talked of deeply individual work and the effectiveness of the arts in healing a brain dissociation; the writer, Kevin Dyer, spoke of how his father had never spoken of his own post-traumatic stress from the D Day landings, but at the end of his life was giving all of the little money he had to the charity Combat Stress. Kevin’s aim is not to use his art to help people with post-traumatic stress but to influence society to challenge stigma; two ballet dancers from Danish Wounded Warriors spoke of their work with an adapted pilates technique to tackle trauma that affects the mind, body and spirit; another dance artist, Rosie Kay has been performing her work, Five Soldiers, in military bases across the UK.

**Slide 12 Royal Albert Memorial Museum Exeter Once a Warrior**

Museums and health is a flourishing area of practice and the subject of a round table in February. One of the challenges for the field of arts and health practice is capacity. The arts sector as we all know is fragmented but also richly diverse and varied. None of us would want to constrain the creative individuality of the arts sector but at the same time, where organisations are serious about being commissioned by health and social care they are often taking one relatively straightforward idea to scale and beginning to replicate rather than innovate. Museums seem to me to have an advantage in this aspect, in that they are pretty consistently across the country. They may be small and volunteer run but they would usually be well embedded in the locality. There is a significant amount of work going on with older people and in many places specifically with people with dementia. They can respond to initiatives such as dementia friendly cities. There are large scale projects such as Age Collective, a cross-sector partnership project that explores how museums could work more effectively with and for older audiences, led by the British Museum in partnership with Glasgow Museums, Manchester Museum and National Museums Northern Ireland. The new National Alliance for Museums, Health and Wellbeing aims to support them with a focus on information about museums and health being shared; to improve existing practice, help build resilience and provide resources. This image is from the Royal Albert Memorial Museum in Exeter and the Once a Warrior project. Current and former servicemen and women – some with histories of post-traumatic stress disorder - found parallels between their own military experiences and Native American warrior societies. The group responded in words and art to "Warriors of the Plains", a British Museum exhibition about honour and ritual in 19th-century North America.

**Slide 13 Devolution round table**

In this round table we tried to look at how policy in the devolved countries supports, or not, arts and health work, and what we can learn from them. And what might the impact of devolving powers to the cities and regions be on arts and health. We hear a lot about place-based commissioning and localism. The Director of Public Health from Oldham Council and Clive Parkinson from Arts for Health Manchester spoke about the integration of arts into Greater Manchester’s Health and Social Care Devolution Plans. Manchester always seems to be at the forefront of the latest developments in arts and health.

From Scotland Professor Carol Tannahill, the Director of the Glasgow’s Centre for Population Health, spoke about their longitudinal evaluation of the impact of Sistema on the communities where it is established. They are tracking children from start to finish and beginning to find positive outcomes across the board: These range from better school attendance to projected whole-life benefits for participants, such as greater community cohesion as well as economic gains over the medium and longer term. The high initial cost of delivering the scheme should be offset by the savings that are projected to accrue from longer-term improved health and educational outcomes.

**Slide 14 Hen Power Equal Arts**

Just this week there was a round table on commissioning where we asked participants the question:

'What changes in policy or practice, at national or local level, would assist the commissioning of arts for health and wellbeing?’

Hen Power is a wonderful project in which, as Alice Thwaite, Director of Equal Arts puts it, Trojan Hens enter the care home with artists in their wake. The ‘Hensioners’ love having something to care for and it re-dresses that balance between carer and cared for that I discussed in the slide about Dr Yukimi Uchide.

Future round tables:

**Slide 15 Arts on Prescription and Social Prescribing round table** – Create Gloucestershire image – Artlift project. Questions to participants:

* What are the opportunities and challenges of an Arts on Prescription model for delivering arts for health and wellbeing
* How does Arts on Prescription fit into current wider developments in Social Prescribing
* What policy issues should the Inquiry into Arts, Health and Wellbeing consider in relation to Arts on Prescription and Social Prescribing

**Slide 16 Effervescent: Social Alchemy. How Long Would you Wait?**

Young people and mental health – psychosis. Another project called Alchemy will be showing a film of their work on dance with young adults from the early intervention in Psychosis Teams at South London and Maudsley Hospital

**Slide 16 – arts and health care environments** – environments can be corridor and public spaces but could also be in a little cardboard box - Dulwich Picture Gallery Google Cardboard Tour.

June 13th – includes a reception at St Thomas’s Hospital for Creativity and Wellbeing week – tours of the hospitals and display

**Slide 17 – Arts and Public Health**

What could be better for health and happiness than getting everyone to dance? This is Big Dance outside Pavilion Dance South West in Bournemouth

**Slide 18 – Finally** – all of this and much more will be discussed and shared at the next Culture, Health and Wellbeing international conference in June next year. The Inquiry into Arts, Health and Wellbeing will have its first public outing and Lord Howarth will be giving a keynote about it. We hope to have good representation from India and South Africa and to showcase work in Europe. We encourage abstract submissions for films, performances, workshops, presentations, posters on either research or practice. Please do contact us to be signed up for the newsletter.