KEEPING THE CONVERSATION GOING – A COLLECTIVE VOICE

12 June 2019
Glasgow Royal Infirmary

Circa 60 people were in attendance including those from the public health sector, arts organisations, charities, academia and the government, as well as arts practitioners and entrepreneurs.

EVENT REPORT

Robbie McGhee provided a welcome and introduction for the event, welcoming the panel speakers and providing background to the purpose of the event. It was stressed that the event was about having a conversation about arts and health, allowing attendees to have input and contribute to informal discussions both with the panel speakers and in roundtable groups. A short powerpoint presentation was also provided detailing: 1) that the event was produced by Arts + Health Scotland with Voluntary Health Scotland and Art in Hospital, with thanks to Creative Scotland and NHS Greater Glasgow and Clyde for support towards visiting speakers, and to Glasgow University School of Medicine for providing the space; 2) that the aim of the event was to bring professionals from Scotland's arts and health sectors together to hear about developments in England, Ireland and Wales, foregrounding discussions for a way forward for Scotland; and 3) the background to the event and an overview of recent National developments.

WHAT WE KNOW NOW

Each of the panel speakers introduced themselves:

1. **Dr Jenny Elliot** [JE] (CEO Arts Care, Northern Ireland). Jenny stated that she wanted to bring to our discussions the uniqueness of Arts Care as an organisation developed by the Department for Health. She discussed the landscape of Northern Ireland and the fact that they have 100 artists on their register, an artist in residence programme which places these artists into a wide range of services, and how they develop work with healthcare practitioners and students. 'Unfolding creativity' is at the heart of what they do and they support integrating personal creativity into professional practice. They also have links in the UK, including a dance company in Scotland. Jenny ended her introduction by emphasising that global connection is important and that a collective voice is needed for transformation at a basic level of caring for one another.
2. **Nikki Crane** [NC] (FRSA, Independent Arts Consultant) introduced herself as an independent consultant working in arts and health. She highlighted her work with Scottish Ballet and their Dance, Health & Wellbeing programme. She started as a dancer working in communities and believes that this embodies the work that she does. She also explained that she had previously worked for Arts Council England and had recently developed a funded portfolio of arts and health programmes at Guy's & St. Thomas' Charity. She is currently working across disciplines at Kings College London. As well as this, Nikki continues to be an advisor for the APPG for Arts, Health and Wellbeing and explained that she wanted to share some news of this later in the event.
3. The third introduction came from **Angela Rodgers** [AR] (Coordinator Wales Arts Health & Well-being Network) who was unable to be at the event, so she shared a video recording of her thoughts. The video is available here: https://www.dropbox.com/s/wz45hs4ytjjnw1a/Angela_Rogers%28Arts_%26_Health_Network_Scotland%292.mp4?dl=0
4. **Claire Stevens** [CS] (Chief Executive, Voluntary Health Scotland) introduced VHS as a national charity and intermediary working with 3rd sector organisations and a diverse network. They have 400 people making up their individual memberships and see themselves as a platform and voice for involvement in health; a bridge

between decision makers in the public sector, policy makers and the 3rd sector. Health inequalities is a key interest and they're working alongside the government's loneliness and social isolation agenda. They're also involved with the NHS and sometimes take leads from members of the network. Arts + Health Scotland are an example of a relevant organisation in their network. They straddle different sectors, but all use the arts, and they feel that more work needs to be done. There is a cross party group on health inequalities which VHS is secretariat for, so they're asking: what have the arts done for health inequalities? Claire stated that VHS can help to keep conversation going. They have hosted a series of round tables, and had a big conference last year (Get The Picture).

5. **Chris Fremantle** [CF] (Senior Research Fellow and Lecturer, Gray's School of Art) introduced himself as a Research Fellow and member of the Arts + Health Scotland working group. He provided a short presentation on the need for this event, previous events and the response to the Culture Strategy that the working group put together. He highlighted a need for a complimentary agenda to London and called for a network of national centres across 4 nations as Arts and Health is devolved in every case. There is a need for a cross national/board level agenda. He also identified a couple of key research issues: practice and evidence (which are bound together), and how artists can be supported to work effectively without experiencing burnout.

Attendees were then invited to pose questions to the panel:

Q: [To JE] What would be your top 3 bits of advice for us in Scotland?

JE emphasised the importance of relationships and the significant advances that have been made in Northern Ireland through the right relationships with service users, healthcare staff, community staff and universities. Because Arts Care is born out of both the department for health and artists themselves, there is a level of confidence there regarding how to navigate the culture. To develop these kinds of relationships, it's important to invite CEOs and politicians to see work, even if they don't always come along; for example, she recommended knocking on doors and setting up conversations to encourage buy in from the top.

Q. There is an energy here in this room and we are all activists here, but there needs to be a public facing activism that everyone can buy into such as a website and a repository of good evidence.

A: [CF] There is a website now available at artshealthscotland.co.uk and we are working on collating resources. There is also another challenge regarding different forms of evidence - peer reviews, case studies, grey literature – as there are many powerful publications made by practitioners which would be overlooked in formal evidence which we don't want to lose sight of.

Q: [NC] How has the Creative Health report been distributed?

A: [NC] It is an extremely well distributed report that has got into so many places, including medical training and on the email footers of people involved.

A: [CF] That report also exists as an infographic and the trick is how to get that mobilised. This is almost more important than the document itself.

Comment from attendee: We need to pick up on that – the Creative Health report and summary – and use quotes from it to raise money, showing the Scottish picture.

Comment from attendee: But the question is also how we gather evidence to make sense of it and not re-invent the wheel.

JE: There is an element of myth that there isn't an evidence base; perhaps this is the case from a clinical perspective as our evidence doesn't always employ the models they're looking for. The steering group in Northern Ireland engaged the Department of Health so that the evidence was coming from a credible organisation. This is exciting times for

research, but we must also evaluate the evaluation tools that we use. We explore performance-based evaluation a lot to demonstrate lived experience but use this alongside quantitative research. Academics and consultants want to see 'live' research – seeing things they wouldn't identify in a clinical research model – and we need to make more room for exploration across the UK.

CS: VHS use impact and evaluation in every conversation. At our conference *Getting the Picture*, a manifesto was created outlining the next steps – every health and social partner should be required to report on arts and health initiatives within their area, using an infrastructure that's there already.

Q: A lot of artists and practitioners come from a health background, but how many are disabled themselves? This just struck me as something that could be relevant for research.

Response from attendee: Artists come from different experiences, and they may or may not have a disability.

Response from another attendee: To reply to that, artists may not have personal experience of ill health but they could have experienced the ill health of a family member. On another note, one recommendation from the working group was that we propose there is a named person at board level connected to the NHS; however, finding the way into those mechanisms is difficult. We need to give information to the people who we can ensure will bring that information forward to the right places.

NC: The response can be more powerful when coming from health people talking about this, and effort into that is worth a million. There are creative ways of doing this – give people quantitative evidence to show the credibility of the arts and then give films, evaluation etc. The biggest mistakes in arts and health is to create evidence in a vacuum and not give commissioners what they want: you've got to know who your audience is. Bring the funders in earlier into the conversation. Can we deliver research on that basis? There is a need to develop outcomes and measures together.

Q: How do you get support from health boards and from NICE?

JE: It's a huge challenge. Every workshop is evaluated by our artists on a daily basis. We do not have the resources to do more and we are a small team of 5 who analyse the rich data. We are developing more conversations with universities and need their skills base. We are working with some academics in Australia as they've offered to give some of their scientists to look at our data and we haven't had that support from academics in Ireland.

CS: We have a third sector research forum that is open to all to join, aiming to build links between academics and the third sector. There are some bridges that can be built with culture.

Q: How do we support each other across the arts and health sectors to do all the things that we need to do? We don't have the capacity. How do we as a network help each other to do that – not everybody has every one of those skills. How as a network can we support all the little organisations?

RM: This is something to think about whilst you're here today. The group can be whatever you want it to be and we need to find out what that might look like.

RESPONSE: Group sessions

6 group discussions took place, addressing*: What are the key messages that can be passed onto policy and decision makers regarding arts and health in Scotland, reflecting and responding to what we know and what we have heard?*

Notes prepared by each chair of the group:

Group 1 – chaired by Chris Fremantle, Senior Research Fellow and Lecturer in Contemporary Art Practice, Gray's School of Art

- Addressing who we need to engage with: We identified that there are several policy areas with associated 'scales' to address including in Health, Public Health (National and Regional 22 regional/special Boards), Health and Social Care, Social Isolation coming under Equalities and Local Government, Volunteering under the Health Directorate. We also thought it was important to address the arts, Scottish Government Cultural Strategy, Creative Scotland, and also all the 'arts' Schools, Uni Depts, etc
- We then turned to a discussion of what we want to achieve: There is a need for a discussion around evaluation and evidence - we got into a discussion about whether we should be arguing on the basis that arts in health is a human right or on the basis that it is 'effective'. We definitely thought that valuing practice was a vital aspect that needed development. We identified the arts unions (certainly Musicians' Union, Equity and Scottish Artists Union) as important strategic partners.
- We also touched on the question of 'sustainability' i.e. who and how to secure delivery on more than a project by project basis (which dominates the arts), but equally to bring the arts' culture of development, not simply doing the same thing repetitively, to the health context.

Group 2 – chaired by Jackie Sands, Health Improvement Senior: Arts and Health, NHS Greater Glasgow and Clyde

- Evidence available (The Creative Health Report 2017) and what we know in Scotland demonstrates:
- The arts workforce working in health and social care when harnessed and supported helps to take pressure off National Health Services.
- The arts workforce working in health and social care is effective at human communication and involving people, connecting with patients in meaningful ways to deliver patient-centred care. Their expertise should be utilised.
- Arts sector practices in health and social care provide cost effective ways to reduce loneliness.
- Health environments which involve arts programmes help staff cope better, take less days off work, and feel happier at work.
- Arts + Health Scotland members working in health and social care propose that all Integrated Joint Boards in Scotland be required to report on their Arts and Health work in areas of health prevention, health promoting health services, mental health and wellbeing.
- Arts + Health Scotland needs more diverse membership – needs Health champions to join.
- Arts + Health Scotland membership recommends that patients, visitors and NHS staff should be able to access the arts in all health settings: hospitals, health centres etc.
- Every Health Board is required to respond to the Creative Health Report i.e. to develop its own action plan.
- Culture provides a route and life line to staying well (prevention and recovery).
- Arts + Health Scotland membership recommends that the new AHS management committee engages works on a plan to engage with NHS Chief Execs with key messages and requirements.
- More people at a higher level across culture and health policy need to buy into and assert identity of this work

Group 3 – chaired by Chris Kelly, Projects Coordinator, Tayside Healthcare Arts Trust

- We need to find a common language between Arts and health and Social Care.
- Recognise two clear strands of work.
- Health Improvement – Living better/environment
- Clinical – Recovery
- We must promote research that stems from coproduction with participants.

- Research work must be done in context and embrace the narrative.
- Recognise that success criteria differs across the simplest of programmes depending on the perspective of the various stakeholders.
- Progress will be very difficult without high level (Political, Health, Culture) buy in that is prepared to invest in bottom up development.

Group 4 - chaired by Susan Grant, Arts Manager, Edinburgh and Lothians Health Foundation

- Key messages to policy & decision makers:
- Lobby Scottish Futures Trust/ Architecture & Design Scotland to make it a requirement/ easier to include art & design enhancement via the procurement of new buildings. HubCo process makes this very hard.
- Find ways to make the process of third sector organisations/ artists collaborating with NHS easier. Often the willingness is there but the procurement/ payment/ contracting processes seriously restrict/ inhibit it. Do we need a trouble-shooter/ policy post? A better understanding of recommended rates for arts specialists/ a valuing of arts projects would also help this.
- Awareness raising is required about the field with policy makers in a wide range of contexts e.g. academia, government etc.
- Gather evaluation as well as clinical research and disperse – different decision makers require different types of evidence.
- Commission an eco-system landscape of everyone in the network - who they are, what they do and where. On website have profiles of organisations and individuals.
- Give us the money! To NHS, Scot Gov, Creative Scotland, etc.

Group 5 – chaired by Len McCaffer, Arts Development Officer at West Lothian Council and Doctoral Researcher, University of West of Scotland

- What makes Scotland unique? What are the similarities with other parts of the UK and how can we utilizes what has already been developed/achieved there? What unique challenges does Scotland face? What works? What do we already have? Looking for gaps and not reinventing the wheel.
- There is a need to develop best practice and to demonstrate what the artist can contribute. Policymakers need to value the professional knowledge and experience that the artist can bring. There are still situations where artists are expected to turn up for free, or an assumption that a volunteer can do what an artist can do.
- The network could assist institutions to work with artists. In Northern Ireland, artists are experienced and skilled, and there is an infrastructure to work with professional artists in health contexts.
- Short term funding is a major barrier in providing innovative, impactful projects that can be properly evaluated.
- Evaluation is needed, but artists are often required to do this on top of their other responsibilities, and this can be a lot to ask. Need better collaborations between artists and evaluators/researchers to find suitable methods.
- Understand and define differences between Participation and Art Therapy.
- An agenda is needed to prioritise a drive for Governmental policy in Scotland.

Group 6 – chaired by Sally Thompson, Director Grampian Hospitals Art Trust

- There is a disconnect between evaluation/evidence and research.
- Do we need evaluation to be developed as research?
- Is there a research depository already anywhere (Gill and Chris did one once?)
- Health policy makers prefer the arts to have a therapeutic value – singing and COPD
- Arts needs an equal voice with health.
- Recognise the support that other allied organisations across the whole of the third sector could give. There is a keenness for third sector organisations to be involved in arts and health.
- Public Health Scotland could be lobbied to be pro-active. They may even be able to support the capacity of arts and health.
- Pay levels of artists are decreasing in real terms, and this needs to be addressed.

- Core funding versus project funding. Lack of core funding stifles the development of the sector

Other points raised from discussions, reported by Joanne S. Brown, Co-ordinator, Generation Arts Association

- Commonality of language needs to be improved, and Scotland is clearly lagging behind. The 4 points of the AHS aims need to be incorporated into the cultural strategy. Political and NHS CEOs must value artists as experts in unlocking creativity. Link into 'Health Improvement and Better Lives' and make a stand for a role for culture in this.
- Who do we want to speak to? Public health; regional and national; all 32 health and social care partnerships; inequalities teams in local government; Art schools; Creative Scotland. What do we want to say about research and evidence? Valuing artistic practice, sustainability. There is a significant challenge for project funded artists to work within NHS delivery mechanisms. What would success look like in 10 years' time, what do we want to achieve?
- We want better health for Scotland, people deserve better care. How and who do we pass on the key messages to ask? What stops you considering the arts as an outcome at Public Health Scotland? Every health board should be required to respond to the Creative Health Report. We don't need to reinvent the wheel. Go straight to Scotland health CEO's with Creative Health Report. Every IJB should respond to this Report. Require them to take responsibility (as has been legislated for in Wales). Membership of AHS should have high level members from health.

Dr Jenny Elliot ended the session by commenting that it is a human right to engage with the arts (not just about therapeutic outcomes), and we should not just lose this notion along the way. We are all ultimately working towards the same goal of improving health.

WHAT ELEMENTS ARE REQUIRED

Following a short break, at 3.50pm, further roundtable discussions took place in response to the following questions:

1. Who are the key partners and what strategic relationships are required?
2. How best to communicate – among ourselves, with partners and decision makers?
3. What practical elements are needed to best share information, research and evaluation?

General notes from discussions, reported by Joanne S. Brown, Co-ordinator, Generation Arts Association:

- 1. Public Health - how do we influence this? Engage PR company. Identify gaps. Need a coordinator / secretariat.
- 2. Health buy in. Must recognise multiple health audiences who are all looking for different aspects from the arts and who mustn't have unrealistic expectations re: small organisations.
- Lead on best practice. Work with Evaluation Support Scotland to coalesce models on evaluation and authenticate it.
- Conference to showcase work to health sector, not to one another, and stop reinventing the wheel.
- 3. Public Health Scotland and NHS Scotland can each help distribute information through their networks. Cross Parliamentary working group for Scotland within Scot Govt. Regular get togethers, use media experts, do mapping exercise, website, depository for research, use google analytics.
- 4. Engage Chief Medical Officers past and present and Heath and Culture Ministers to influence policy. Identify art networks and present to them on arts and health. Link with practitioners' networks; Artists Union, Creative Enterprise Office, art schools. Don't forget importance of soft indicators. Are there any parallel areas we can learn from such as sport?
- 5. Website, face to face meetings to share practice, Twitter, current Facebook page to be open access so that anyone can post. Capitalise on existing contacts - have event where you bring someone with you from the health sector.

Group 1 – chaired by Chris Kelly

- 1. Health Service relationship is always critical, both for successful partnership working and for proper recognition of the context of the work.
- There is a need for much better buy in at a health education/training level.
- There are unrealistic expectations put on small organisations in relation to research and evaluation and its dissemination.
- 2. There are different requirements for different audiences.
- The network needs to lead on best practice.
- Explore possible partnership with Evaluation Support Scotland and the 3rd Sector Research Forum to help define the context for Arts & Health evaluation and research.
- We need to prioritise how to validate our existing evaluation methods without feeling under threat.
- 3. More creative solutions for dissemination that will still be clinically acceptable e.g. films, animations, audio files, infographics.
- Good well-designed website/repository. Let's not reinvent the wheel again.
- A good conference can be best access point for high quality advocacy provided you can get the right people attending.

Group 2 – chaired by Susan Grant

- 1. Ex and current Chief Medical officer – Harry Burns & Katherine Calderwood
- A key MSP to sponsor events/ advocate (ELHF taking this on to identify via Creative Scotland)
- Scot Gov Heath & Culture Ministers
- Scottish Futures Trust/ Architecture & Design Scotland
- Priority peer to peer/ community ones are:
- Artists via Artists Unions/ organisations
- Peer organisations via Voluntary Arts Scotland
- Heads of the Arts Colleges/ Arts Depts at Universities – identify & attend group meetings to influence early years training/ etc.
- Longlist (Action: Identify who knows who within the network and engage them on an informal basis):
- Chief Officers of IJBs & Community Healthcare Partnerships
- Clinic Health reps
- Clive Gilman, Creative Industries, CS
- Universities – researchers and evaluators
- NHS staff via 'Project Lift' – NHS future leaders group.
- 2. Work with parallel wellbeing sectors who have successfully lobbied/ shared message to government e.g. sport? to get wellbeing message across.
- Evaluate the softer benefits as well as statistical – qualitative and qualitative.
- 3. Free newsletter which goes out to those in the sector?
- Website & social media
- Raise funding for a person/ people to take network forward & develop comms strategy.
- Circulate delegate list from today.

Group 3 – chaired by Jackie Sands

- Arts + Health Scotland membership recommends:
- Getting a social media communication manager – consultancy
- Commissioning a film, video, podcasts
- Film with BBC Scotland
- Twitter (health sector use Twitter)
- Current Arts + Health Facebook becomes open access – members want to post items themselves – open discussions
- Members want to host visits to their programmes to share good practice – network – hold professional practice seminars

- Artists working in Health want to be understood and valued at all levels by patients, public, media, politicians for their professional work, intelligence
- Other:
- Act on the Creative Health Report recommendations – don't reinvent the wheel
- Work with National Partners in England, Wales, Northern Ireland to move forward on joint ventures – e.g. research repository. Learn and share with each other
- Through Cross Party work ensure the arts sector working in Scotland is engaged and supported to deliver through proper pay, career and professional practice development.

Group 4 – chaired by Sally Thompson

- 1. Key partners: PHS, NHS Scotland, Health Minster, Chief Medical officer
- MSP cross party working group
- Find some clarity in order to have clear
- 2. Find some clarity on what and who we are: website, engage a media expert, networking meetings, mapping exercise.
- 3. Website with good search functions, professional infrastructure (governance transparency of the new group to ensure support from policy makers), formal sharing platforms, mapping exercise for the extent of the sector cover

Following reporting back the group discussions, Nikki Crane shared with the group an update on developments that have occurred as a result of the Creative Health report. A recommendation was to create a national strategic centre for arts and health. After consultation, the centre might be based at Imperial Health Partners (an academic health science network). This hasn't been formally signed off but is looking likely. The centre will be allied with the royal college of GPs, providing greater connections to implement social prescribing. An application is also in the pipeline to the lottery to bring together Scottish, Irish and Welsh partners, uniting the UK in London through the centre. Imperial Health Partners will be the base for sharing knowledge and advocacy to make this work flourish, but there will hopefully also be a hub in Scotland, Northern Ireland and Wales. It will also be health driven as the health sector needs to own this and champion it. There will be a meeting on 16th July in London to move this forward which Chris F is speaking to Alex C about.

Robbie ended the workshop by thanking everyone for participating and informing those present to keep an eye on the website for updates: artshealthscotland.co.uk

After the event, a short business meeting took place to form a Voluntary Association. A draft constitution was agreed and the inaugural management committee appointed. The new committee consists of:

Chris Fremantle - Senior Research Fellow and Lecturer in Contemporary Art Practice, Gray's School of Art
Chris Kelly - Projects Coordinator, Tayside Healthcare Arts Trust
Len McCaffer – Arts Development Officer at West Lothian Council and Doctoral Researcher, University of West of Scotland
Barbara McEwan Gulliver – Artistic Director, Art in Hospital
Robbie McGhee - Associate Director, Art in Hospital and Associate Artist, Glasgow University, School of Medicine
Fiona O'Sullivan - Arts Programme Manager, Edinburgh Children's Hospital Charity
Claire Stevens - Chief Executive, Voluntary Health Scotland
Alison Stirling – Creative Director, Artlink
Katey Warran – Doctoral Researcher, University of Edinburgh and Coordinator, Arts Health Early Career Research Network

Report collated by Katey Warran, July 2019