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## ARTS FOR HEALTH AND WELLBEING OF WALES

### PREAMBLE

Thank you for the opportunity to speak on arts and health and wellbeing of Wales at today's Symposium and to say how important and timely this initiative is by UWTSO and Hywel Dda University Health Board.

Text for the day is "The arts and humanities touch people's lives at every level because they encompass those things that make life worth living, contribute to a country's civilization and enhance the quality of health and wellbeing and help people cope with the challenges of change" AHRC

My starting point for this presentation is the Nuffield Trust Windsor Declaration of 1998, which laid the foundations for a strategy to put the arts and humanities into a pivotal role across the spectrum of public health and health care in the UK to complement the scientific and technical models of diagnosis and treatment driving medical policies and practices, to promote the practical application of the arts and humanities in caring for people and in promoting better health and wellbeing- "Where We Live Now"- our Cynefin, where we instinctively belong or feel connected..

Improving healthcare and wellbeing requires leadership at all levels of governance in Wales, to recognize the contribution of culture, arts, and humanities, as part of place based policy, and to support the caring ambitions of every health care organization we need a cultural barometer of the health care system to measure progress in a multicultural Wales and the ambitions of the Wellbeing of Future Generations (Wales) 2015

### INTRODUCTION

In 1998, on the recommendation of the then CMO Sir Kenneth Calman, I convened as Secretary of the Nuffield Trust a conference to assess activities, perceptions, beliefs and models of effective practice in health professions education and the place of the arts in both the community and healthcare environments to complement the scientific and technical models of diagnosis and treatment driving medical policies and practices in caring for people.

The Nuffield's conference resolution known as "the Windsor Declaration" –still relevant today-promoted the practical application of the arts as therapies, ethics and humanities in medical and health professional education, and public health and health care in community development for people of all backgrounds and promoting better health and wellbeing through the application of the "art of the practice of the science of medicine" (David Weatherall) or as in the break out session later today "Arts and Science for Health".

In 2013 the Royal Society of Public Health convened a working group, which I chaired, to review and report on the achievements since the Windsor Declaration.

The report was launched in Bristol at an international conference on culture and health (a valuable resource for the evidence base of the benefits to health from investments and support for arts and humanities for people's health) and showed that the arts and health scene in the UK and internationally had changed dramatically.

#### THE ART OF THE HEALTH OF WALES

Last year in Llandrindod speaking on the Arts of Health in Wales, a landmark conference, I reviewed how far the arts and health had come in Wales since the Windsor Declaration, and asked where and how should we should move forward given the unique opportunities offered by the Wellbeing of Futures Generations Wales Act and the Bevan Commission's Prudent Health Principles all a time of continuing austerity.

I made the case that the time would be right for the arts and health practitioners, working with others, to review and restate the Strategic Intent and Direction and draft an Agenda for Action for the Arts, Health and Wellbeing to consolidate social capital, improve resilience of individuals and communities and finally to put the National back in the NHS Cymru Wales.

#### A YEAR OF PROGRESS FOR ARTS & HEALTH-2016/17

I am pleased to report that in the last 12 months, the arts and health scene in Wales has changed significantly in scale and intensity, due amongst other matters continued pressure by Welsh Ministers to implement the Bevan Principles in health care and public health policies which have further strengthened the cultural shift to focus on people-not just patients- and population health outcomes-"health gain"

#### (a) All Wales Developments- National Assembly

One of the recommendation I made at the Llandrindod meeting, was to press for similar arrangements to the APPG for Arts and Health in Westminster and for a similar committee at the Senedd (National Assembly) to enable Assembly members of all parties to be informed about significant practice and developments in the field of all arts, health and wellbeing in Wales; to provide a forum for regular discussions between elected members and practitioners as well as to enable Ministers and others in significant decision-making roles to make presentations and be questioned .

I am delighted that a Cross Party Arts and Health Committee has been established by the Senedd with Baroness Morgan our opening speaker is the Chair.

#### (b) All Wales Developments – Arts Council & Place

Another encouraging development is at the Arts Council with support for arts and health with a focus on place –Where We Live Now- and used in numerous innovative ways to regenerate, strengthen, and enrich some of the poorest communities and improve the quality of life of disadvantaged and vulnerable people.

In addition the Arts Council has signaled it wants to bring together a case for enhanced Welsh Government funding by evidencing the impacts already achieved and the probabilities of further significant benefits and even cost savings from the preventive value of arts and health.

#### (c) University Health Boards

There are some significant developments in health boards in the West Wales with university partners such as the Director of Public Health in Hywel Dda Health Board in her Annual Report 2015, which encouraged the engagement of arts and health practitioners in the public health agenda to develop Arts4Wellbeing.

This Symposium is also an example of progress initiated by the R&D Committee of the Hywel Dda UHB.

The story telling conference in June in Swansea organized by the ABMUHB with support from a number of organizations including Swansea University, UWTSO and the Learned Society of Wales is another regional example.

#### (d) University & Research Developments

I said last year that research in the humanities, arts, and health is well represented in Wales with multi million pound AHRC research projects in Cardiff University led by Gareth Williams on developing the creative powers of people to improve health and wellbeing through creative arts practice and Gill Windle in Bangor leads another large-scale project on dementia and imagination using art to connect communities and develop wellbeing.

There are other more recently funded projects in the region such as Literary Geography project (Professor K.Bohata, Swansea University) which is to encourage the critical and active reading of fictional narratives to promote the understanding of how literature can help strengthen individual and community identity and the team members have extensive experience health and recovery from a range of medical conditions.

The Cathedrals Group, of which UWTSD is an institutional member, is in the process of holding a number of meetings of relevant staff member institutions aimed at giving the Cathedral Groups a higher profile in both education and research including promoting research outputs and impact in the fields of arts and health in working towards the next REF assessment.

#### (e) Museums & Libraries and Health: Hubs of Learning & Centres of Imagination

A relatively new but expanding area of the arts and health in the community is the involvement of the cultural heritage sector, with evidence that supports the benefits to health and wellbeing of museums and libraries interventions, as they are non-stigmatized settings where people can be encouraged to learn about themselves, their culture and society and the larger world around them.

There is more we can do on this front in Wales as illustrated by a project which Malcolm Rigler with Dr. Andrew Edgar in the Department of Practical Ethics, Cardiff University have been developing with libraries as hubs of learning and centers of imagination, to help develop and maintain health literacy so that individuals have the capacity to obtain and understand basic health information to make appropriate health decision, particularly engage in self care and chronic disease management.

[The recent Carnegie UK review of libraries shows that unlike elsewhere in the UK they are not in decline]

#### PLACE BASED POLICY FUTURES

Let me come to Place Based Policy and highlight four aspects: importance of Cynefin and systems thinking; a regional approach for health (ARCH) in West Wales ; putting National back into the NHS in Wales and cultural competence with a health systems cultural barometer to measure progress.

#### (a) Where We Live Now-CYNEFIN- Place based Policy & Wales Studies

First I would like to highlight the recently published report of the British Academy's project "Where we Live Now" to which the Learned Society of Wales and others have contributed (The Wales meeting report with references to arts and health report as well as the full report is on the BA website)

The BA's project has been reviewing the evidence for peoples attachment to place and the belief that places matter to people, they shape the way "we live our lives, feel about ourselves and the relationships we have with others, memories, stories and our lived experiences. All in turn contribute to personal and societal wellbeing."

The view of the BA was that "we are surprisingly place blind when it comes to making policy for health, education, social care, employment the economy as if places were all the same".

The WHO Euro's Health 2020 calls for action across government and society for health and wellbeing to create resilient communities and supportive environments to protect and promote health and a sense of belonging what in Welsh we call Cynefin" a place where we instinctively belong or feel most connected"

But improving the health of the people also requires systems thinking and why the Cynefin Framework developed by David Snowden (now at Bangor University) is so relevant for decision making and leading change for health and wellbeing, social cohesion and pride of place.

The Cynefin Framework draws on research into complex adaptive systems theory, cognitive science, anthropology, and narrative patterns as well as evolutionary psychology to describe situations and systems. It explores relationships between people, experience, and context and proposes new approaches to communications, policy making and knowledge management in complex environments. The Cynefin Framework has been used by the Victorian Health Department for its health policy and development and UWTSD is offering 2 studentships for Masters and leading to PHDs on the application of systems thinking for health for people living in rural communities.

The Cynefin Framework is a ready made for cultural change and there is an important opportunity for the arts and health practitioners to contribute to its implementation in Wales.

#### (b) ARCH

A local example of people and place is the ARCH which last year received government project funding to develop a strategy to transform health and wealth of the 1 million people of South West Wales

The stated aims for ARCH are: to improve health, reduce inequalities, deliver excellence, make transformational change to services by integrating public, private and third sectors in a world-leading framework and to create multi and inter professional learning and training.

It is important that a case for the arts and health to be incorporated is put to the ARCH Project Board in particular in the wellbeing villages, but also across the whole project.

#### (c) Put NATIONAL leadership back in the NHS in Wales

Among the many challenges for the Welsh Government is prudent stewardships and implementation including transformational change not just at the local level but at national level –putting NATIONAL into the NHS. The recent OECD report on UK Health Care Quality stated "there is scope for a greater degree of steering and oversight from national authorities to provide consistency, direction and strong accountability that is sometimes lacking and the need for a responsive

and flexible approach to health systems governance which balances central and local roles.”

One contribution to consider to strengthening national leadership would be to formalize an Alliance for Arts and Health Cymru Wales.

The experience in England with the National Alliance for Arts and Health working alongside the APPG is an exemplar of how we could with representative's of areas and regions in Wales, provide a national voice for the sector, dissemination of national UK and international research and good practice, support training and CPD and complement the work of the Arts Council and the National Assembly's Cross Party Committee on Arts and Health

(d) Cultural Competence & Health Systems Cultural Barometer: Where We Live Now

In the USA academic programmes in health administration include cultural competence with particular attention to provider sensitivity, cultural based healing, cultural concordance and cultural proficiency and competency.

Writing in the FT last weekend Gillian Tett wrote “as the world has become more globalized there is actually more not less –need to understand cultural differences and tell kids who want to study business to do courses in anthropology first to be more aware of the need for cultural analysis.”

Cultural competency was identified by the Francis Inquiry and called for “a tool or methodology such as a cultural barometer to measure the cultural health of all parts of the health system”. Thus far the Francis recommendation has been narrowly interpreted and restricted to internal matters of health organizations. The arts, health and wellbeing community of practice should press for a wider view for a fully comprehensive cultural barometer to ensure it measures the whole health system including resilience-individuals and a communities and care organizations- and defining the way of life of a society and health and in line with the ONS initiative on measuring what matters and understanding Wales' wellbeing.

“ Change must accept that Wales, Britain, part of Europe as well as the Commonwealth is a society of many races, cultures, religions and habits and health professionals must be aware of the need to understand such diversity, to learn how to communicate with persons of what ever background and be prepared to initiate, adapt to and comprehend change”- a cultural barometer would tell us whether we are making progress.

AGENDA FOR ACTION FOR ARTS HEALTH AND WELLBEING CYMRU WALES

At the conference in Llandrindod past year I recommended the development of a Pathfinder for Arts and Health (a route map) as a prudent way forward for the arts and health at time of continuing economic vulnerability.

I still consider this route map a priority as part of the arts and health community's case for investing in the arts and health, based on the evidence base of the effectiveness of arts and health interventions for health gain and sound stewardship with early returns on investments as well as longer term health gains- years to life and quality life years, in response to the changing burden of disease of the Welsh population recognizing that the new challenges go well beyond the health sector and require new ways of working.

The time is opportune for an Agenda for Action for the Arts Health and Wellbeing of Cymru Wales and following today's meeting we should find a way to take this forward possibly with the help of a refreshed Academic Health Services Hub for West Wales.

The main tasks would be:

First: Formalize an Arts, Humanities, Health and Wellbeing Alliance for Wales, possibly beginning in West Wales as follow up action to today's meeting and with support from the newly appointed hub administrator for the West Wales Academic Health Services Collaboration (AHSC).

[I would suggest membership drawn from people from different backgrounds, similar to the original Nuffield Team- arts, philosophy, theology, artists, musicians, poets, architects and designers together with health practitioners to promote activities, models of effective practice in health professions education, the place of the arts in both community and healthcare environments in caring for people of all ages and backgrounds to promote better health and wellbeing.]

Second: Press for a review to update the Arts in Health and Wellbeing Action Plan published in 2009 preceded again by an audit similar to the one conducted in 2005 by Angela Tilcock.

Third: Develop an Agenda for Action and a prospectus for a prudent investment plan for the arts and health in Wales at a time of economic

Fourth: Prepare a submission for arts and health to the Parliamentary Inquiry into health chaired by Dr. Ruth Hussey and press for the development of a 'cultural barometer of the Welsh health system and the community it serves' (Francis)

Fifth: Develop regular meetings with other organizations in Wales such as the academic health services and sciences collaborations, Wales Universities, Health and Care Research Wales, the Arts Council, Bevan Commission, and the NHS Confederation.

POST SCRIPT

This presentation began with the Windsor Declaration and I would like to go back to the aspirations of that meeting when David Weatherall, then Regius Professor of Medicine Oxford, explained that the arts of healing versus the

science of healing though complex had changed quite dramatically. There was a change of emphasis from the whole patient and whole organs to diseases of molecules and cells giving concern that molecular medicine was reductionists and dehumanizing and Sir David claimed we “ will now start putting the bits back together again and the old skills of clinical practice-the ability to interact with people will be as vital as they have been in the past and looking to the future doctors and other health care professionals would need to deal with issues of enormous complexity and new millennium medicine and healthcare would involve prevention-some reduction or removal of risk factors; major changes in screening technology, social engineering; control of diseases; on invasive technology and biotechnology’ in short the art of the practice of the science of medicine.”

We also anticipated that the Declaration benefits would be: more compassionate, intuitive doctors, nurses and other health practitioners; reduced dependency on psychotropic medication such as tranquillizers and anti depressants; growing confidence and self reliance of individuals; and provide an approach and support to combat social exclusion.

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