All-Party Parliamentary Group on Creative Health

Neighbourhood Health and Creative Health Roundtable
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Co-hosted by the National Centre for Creative Health, Secretariat for the APPG on Creative Health

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Dr Simon Opher MP, Chair of the APPG on Creative Health:
So can I first of all welcome everyone here. It's a fantastically mixed and lovely audience. So thank you for that. So this is the All Party Parliamentary Group for Creative Health and I'm Simon Opher. I'm the chair of this group. I'm also a GP and we've got a number of GPS to speak as well, which is great because this is all about neighbourhood health centres and how we can really help neighbourhood health to take off using Creative health strategies and also, you know, our local communities. As well to really help them to really get launched. So as you will may may know neighbourhood health centres are really a very central part of something called the 10 year plan for the NHS which is about really under 3 aims of it is and the most important one is getting care out of the hospital into the community in my opinion, the two others which are worth reminding people of it's to shift care from analogue to digital. So that means that we can interact with it like we do with the rest of our lives in a more digital sense. And the other thing is very important particularly with creative health as well is moving from a sort of cure culture to a preventative culture. So we prevent ill health rather than just wait for it to happen and rather then cure it, which has been the sort of medical model for many, many years. So that's I I'm really looking forward to neighbourhood health and I do think it's probably of all the things that the 10 year plan suggests it's the most central part and the mechanism for delivering a number of the outcomes that we want. So, it's really exciting to be here. We've got a really sort of mixed afternoon which will be really fantastic. So I'm not going to bore you very much longer, but as I say theirs is a number of different issues. There is a crisis particularly in mental health and the amount of time young people and adults have to wait for mental health assessments. And also, if you think about prevention, prevention in physical health terms, we sort of know what that's about, don't we? We don't smoke, we keep as slim as we can, we do a lot of exercise. Now what's what about maintaining and preventing mental health? There's a bit of exercise, there's some evidence for, but I think creative health is very central to preventing mental health. Be that playing musical instruments in primary school for young people or getting older people to be a bit more creative and a bit more reflective in what they do. So I do believe that we are possibly uniquely placed to provide that sort of preventive thing in mental health. So I'm not going to go on much more. We've got a total of 67 minutes of speakers. And I should be timing you down to the end. But so I'd like to start off on a sort of policy sort of context. So Professor Martin Marshall, who's Chair of the Nuffield Trust and National Centre for Creative health as well. So, Martin, you've got 5 minutes.

TIME STAMP 3:08

Professor Martin Marshall, Chair of the Nuffield Trust and National Centre for Creative health
Simon, thank you. Thank you very much indeed. Can everybody hear me OK? So I'm also a GP by background, at least retired now, but I used to be a GP in the East End of London, where there's an amazing sense of community and a lot of energy that that brings creative health into the stuff that we generally do as GPs. So, so I'm delighted to have an

opportunity to speak. You're going to be hearing a lot of very inspiring and fantastic examples of how neighbourhoods are being used to promote creative health on the ground. But as Simon says, I want to start off with a slightly higher level, looking at it from a policy and NHS perspective. And first of all, ask the question, is the NHS doing enough to encourage creative health? That is, by the way, a rhetorical question. Through neighbourhoods. The vehicle for doing that, of course, is the NHS 10 year plan, which Simon has introduced. And the National Centre for Creative health, like many organisations in the room, lobbied very hard to try and get creative health into the 10 year plan. Did we succeed? No, that was disappointing. But are there opportunities within the 10 year plan for promoting creative health? The answer is definitely yes and definitely the conversations around neighbourhoods is, I think the way the way to do that and the and the Department of Health has created the National Neighbourhood Health Implementation Programme. Relatively small program, but a program that's going to establish 43 neighbourhoods. We'll be hearing from some of them today and evaluate them and learn from them and decide how the NHS can learn to take that forward. They've invested 10 million pounds in that, although I'm not sure how much of that is going to be going to the front line. We'll see about that. But they have made an investment and I think it's an exciting one. So let me pre-empt the evaluation of that programme by saying what do I think the NHS needs to do and the department needs to do in order to encourage creative health and I think it's three things. So, the first thing is the centre of the NHS needs to better understand what neighbourhoods are, and they don't understand that at all at the moment. It has to be said when you're sitting in Whitehall, it doesn't look like anything below Whitehall is a neighbourhood, it's a locality. And of course it isn't. neighbourhoods are what happens in small communities within towns and cities.
What happens in villages and parishes, what happens sometimes in street, that's what a neighbourhood is. And neighbourhoods are where energy grows, where energy is established. So, I think the department really needs to understand the role of neighbourhoods in creating a sense of identity, a sense of common purpose, sense of pride and trust. And on the basis of all of those is where activities around creative health actually happen. So I remember a senior servant once saying to me, don't forget that the department is willing to devolve everything except for power. There's some truth in that. And what we need is a true devolution of power and resources that go with it in order to create a real energy around creative health. So that's number one. The second Simon's also referred to, which is a shift from the pathogenic model of the NHS, you know, the disease based biomedical approach. To a salutogenic approach, which is about promoting health and wellbeing using often social interventions. You know, many of us will know that only about 30% of our health is determined by things that the NHS can do anything about. 70% determined by our education, by wealth distribution, by employment, by a whole range of other things, including activities of a creative kind. And that's where we need to be putting our energy. So, I think that shift into understanding that people engage with their health when they feel that a sense of ownership, a sense of pride, I guess a greater understanding of themselves, all of which are generated through creative health activities. And then the third thing that we need is to redirect resources and that's redirecting resources not just from hospitals into primary and community care, although that's important and we know how difficult that's going to be at a time when the majority of acute trusts in the country are in deficit, but that shift needs to happen, needs to happen into primary and community care in order to help established professionals in those territories to better understand the role of creative health. But there also needs to be investment in creative health activities themselves, so establishing an infrastructure to support Creative health and, I think most importantly, funding Creative health practitioners to do their job. There seems to be a slightly strange belief that Creative health practitioners, unlike health professionals don't need to pay their mortgages and don't need to pay for their food bills. They do, so we need to invest in in in creating a proper infrastructure and workforce in Creative health in order to deliver this. So in summary, we all know that neighbourhood, there's nothing new about neighbourhoods. What would be new is implementing them and that's where we need to put our energy.
And we need to do that, Government and the NHS can set a context within that happens. And that means putting resources in the right place, getting contracts in the right place, neighbourhood contracts they talk about in the 10 year plan, very exciting to do that, getting the KPIs in the right place and then government needs to step back let the neighbourhood grow from the bottom up because that's where change will happen. Thank you, Simon.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you, Martin. That's really good, and sort of sets a really broad context to what we're talking about. So next another GP think so three in a row. Yeah, it's difficult to see GPs, but you, yeah, you could catch them here.
But Minal, I'm really delighted to have Minal because she is the National Director of Primary Care and Community

Transformation and Leads on Neighbourhood Health Implementation. So I'm really grateful for you coming Minal. Thank you.

TIME STAMP 9:29

Dr Minal Bakhai, National Director for Primary Care and Community Transformation and Improvement, NHS England: Thank you and yes, I'll take consultations afterwards. I'm a practicing GP in Holston in northwest London, so the second most deprived ward in London. And I would say I've been doing neighbourhood health or neighbourhood working for about 7 to 8 years because actually a lot of my patients, the residents that I serve have lots of complex needs. I as a GP, the health care system, the NHS cannot solve those issues alone. It absolutely needs partnership approach and fundamentally working with communities differently. So, I suppose that's really where I come at this. So just building on Martin's points. So neighbourhood health is not new. It's been a policy ambition for about 5 decades. We've been at this for quite some time, but instead of this shift towards community orientated care, actually we've seen the investment go into hospitals both in terms of workforce, hospital consultants expanding, but also the money and therefore it's no surprise when we look at the challenges that the NHS is facing at the moment, particularly with regards to hospital admissions, people staying in hospital for longer than they need to. Actually, some of that activity is due to a changing demographic, so older people, ageing population, increased complexity, but most of that is avoidable and it's avoidable because actually, if we invest more in primary care, in community services and particularly community and social infrastructure, the stuff that keeps us well, that prevents ill health, but also creates health, but also supports earlier diagnosis and intervention, then actually we wouldn't need all of that.
So sitting behind the three shifts that Simon mentioned, there are some key principles. Firstly, there's a new way of thinking, so moving away from that medical model, looking at body parts to actually thinking about whole people and whole person care and holistic care, what we call biopsychosocial care, it's about moving away from a deficits based approach to really understanding strengths, strengths of individuals, their families, their carers and their communities, because there's an awful lot that people can bring to their own care and wellbeing. The third is really moving away from a culture of what's the matter with you, to what matters to you? So really understanding the things and the outcomes that are going to make people's lives better and focusing on those. And that really drives value in how we deliver care and fundamentally doing with, not doing to, and that's a huge a shift in how we work with communities in partnership. And I mean true partnership. I mean co-producing outcomes, co-designing how care is delivered, co-delivering care and co-learning and having that true accountability to our communities. And so the National Neighbourhood Health and Implementation Programme deliberately takes a different approach to programmes that have gone before it. So fundamentally it doesn't look at success just through the lens of the NHS, which often has quite narrow measures of success that look on look at hospital activity, but it looks at whole person outcomes. It recognises that this can only be delivered through the strength of partnerships, and so it's very much about trusted relationships that are the foundation of neighbourhood working. It recognises the brilliant work that's already happening across the country, so it's not there to replicate or duplicate what's gone before it. It's to learn from that, build on that existing great practice, but create the mechanisms to spread that systematically and in a structured way across the whole country. I have the privilege in this job to be visiting lots of places that are progressing neighbourhood health and I've been distilling down what are the key things have really helped them progress this. And guess what? 80% is exactly the same, only 20% is different. So ,we're far more similar than we are different. So there's lots that we learn from each other, but also lots of places across the country have solved each other's challenges. So it's how we share that learning better. And so I always describe the program as taking a tight, loose, tight approach, tight on a shared mission, tight on shared accountability, loose on how we implement and adapt to our local context. because there is no single size fits all, but then tight on shared outcomes and actively learning from each other. It's not about parachuting capability into places. So, Martin said what's happened with the 10 million? Well, 10 million is not a lot of money to be spread across 43 places across the country. So, what we're investing in is building capability, so sustainability of the approach and that means we are pairing each place with a national coach and they are committing a place coach and in essence we're building this together and developing academies of good practice within systems that then spread that learning more widely. It's also about recognising there are barriers to change. You know, some of these barriers is what sort of got us stuck in the past because nationally policy never moved quickly enough to keep up with the pace of change on the ground. We never hardwired the changes we wanted to see. So this is about surfacing the tangible barriers and blockers to progress, understanding if places can solve them

between themselves and if not, where national action is needed, connecting those places with those national teams to co-produce the solution, so they're grounded in real world experience of delivery, so not done in a sort of dark room, disconnected from what happens in reality. Then spreading those solutions across the country, so we're not repeating the process however many hundreds of times, but also fundamentally, it doesn't look at health in isolation. So it recognises that health is obviously much wider than health care, and 99.9.9999% happens outside of clinical settings. It happens at home. It happens where you live. So cross government approaches working with DCMS/MHCLG, so housing, local government, Department of Culture, Media, Sports, with Natural England, Defra, all sorts of other Cabinet offices where they're really investing lots of lots of funding and resource in building that community and social infrastructure. So making sure we are greater than the sum of our parts and we're bringing that all together to deliver the biggest benefits for our communities and for our places. And through this work that going around the country we've shaped what the kind of key design principles are, so recognising there isn't a single size fits all and we cannot over specify what a neighbourhood health model looks like because it will look different in Harleston than it does to Newham. It's about what are the principles that shape or form a neighbourhood, a good starting point for places. And these we've tested with 300 plus key stakeholders, partners across the system, including community leaders, places that are driving the change, frontline practitioners, people with lived experience to make sure they're really grounded in evidence and experience, we are starting to implement those through the program. I just want to share what some of those key elements are because I think they're really important as we move forwards. They're about wrapping or coordinating a multi-agency team of teams around not just individuals, but their families and their households and their carers to provide that whole person care, whether it's proactively or reactively when there is an immediate urgent need 24/7. So they've got a single trusted point of contact rather than having to navigate the complexity of the health and care system. It's about activating the resourcefulness of individuals and families and carers themselves and systematising that co-management of long term conditions, health and wellbeing and really fundamentally building those deep community connections and connecting people into community led solutions so we're not over medicalising, such as creative health. We all know that impact that we need to have on connecting people to places, to the other people in their communities and to purpose, which is what the basics, the foundations of our very being. And then finally, I just want to come back to those whole person outcomes because this is really important to me because this is what will help shift the culture, I think fundamentally in our system because often what measures counts. And so we're starting to look at patient reported outcomes, people's wellbeing, what matters to them, people's reported experience, people's activation, their knowledge, their confidence in managing their own health and wellbeing, staff experience alongside those service utilisation metrics which are important for the NHS, to make sure that we are looking at the whole person, the whole picture and not breaking things up into silos like we've traditionally done. I think my final point is that the great work that I've seen shows that neighbourhood health doesn't just deliver for tomorrow. It's not a tomorrow's problem we're fixing, it's a today's problem. It's it improves outcomes for people, it improves outcomes for staff, and improves outcomes for the system. So it is a win, win, win if we can get the focus and the mechanisms right, hopefully that this programme starts to accelerate.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you, Minal. That's really, really useful. Can I just ask you just to close the door, do you think? Just because there's some extraneous off stage noises, but that's fantastic. Thank you for that. Now, Claire Kennedy, Joint Chief Executive PPL and Neighbourhood Health Simulation. So I'm interested in this, thank you very much.

TIMESTAMP 20:00

Claire Kennedy, Joint Chief Executive, PPL: Neighbourhood Health Simulation London:
Unfortunately, I'm not a GP, so I feel I have to say that. So you said my organization, PPL is a social enterprise and we're working really closely with Minal and the team around the National Implementation Programme. I'm here today to provide a glimpse of the future, that is my remit. So we have run two large scale simulations of neighbourhood health, so neighbourhood working at scale, one in London and one which only took place last week in Manchester, and I'm delighted to say that Minal was actually in the second simulation playing as a GP. And one of the things that we wanted to do today was to share that experience of that simulated environment, talk a bit about how we did it, but also what we learned from that, what some of the outputs that came out from that and a few reflections as to what that means in the context of creative health. So the term simulation kind of implies something quite technocratic, but this

was actually 100 human beings in a room, a mix of frontline professionals, system leaders, and people with lived experience recreating the scenario of a neighbourhood health service. So we had, we created an environment called Millbourne, a completely artificial community. Millbourne had within it a hospital, a school, a library, a VCSE hub, a neighbourhood health centre, the first ever neighbourhood health centre. The Secretary of State was visited on the second day and we did say it's a neighbourhood health centre. And part of that was, as you'll understand from coming from a creative health background, the importance of creating realism so that we could allow people to really relax into the behaviours within the scenarios and to really experience what this new way of working would feel like. So as Martin and Minal described, it's very much a way of working, a way of connecting and a way of interacting as opposed to a set of processes. So what happened was that we ran in London 3 cycles, in Manchester 2 cycles of a set of scenarios and what that allowed was the people in the first cycle, if you like, to do what would might instinctively come naturally, and what that creates is almost a reworked version of current day, but then an opportunity for everybody to come together at the end of that in all those different roles to reflect on their experience, to share what it feels like from different parts of the system. So what did it feel like to be a consultant in the hospital through this experience? what did it feel like to be a GP, what did it feel like to be a person experiencing this? And then in the second cycle to try something new. So there was a day break between the two cycles. We encourage people to go home and Minal will remember this, suggested to think of one thing to do differently the next day. And I think it's fair to say there was a real explosion in activity, purpose and connection through the second day when people have had a chance to really experience their current world, then think about what things they want to try and do differently and then to come back and to be in that safe space. What we say to people is there's nothing you can do wrong in this space. Just go with your instinct. If you think something will work, try it. I remember in London one of my favourite moments was one of the social prescribers coming up to me and saying, am I allowed to refer to the GP? And I said, will it help? And she said, oh yeah, definitely. And I said do it. So we got the opportunity. The social prescribers, by the way, were overwhelmed in both, both simulations. So when you take away the constraints of normal life.
So the first simulation commissioned link workers halfway through the simulation because they realised how essential they were. In the second simulation, the social prescribers were overwhelmed. Some of the patient reported feedback in the second simulation was people specifically saying that having someone who acted as a custodian for their needs, and that could be anyone. It could be a psychiatrist, it could be a nurse, it could be a link worker. But just someone they had as a point of contact to allow them to interface with the system as a person, not as a sort of person being referred, made a huge difference. I think I don't need to say that the first thing we found was it works, which is a relief to everyone because obviously we went into this in the spirit of curiosity. It works. It really, really works. What we saw in the second cycle in Manchester was a massive drop in referrals, what that is evidence of is people working together as a team. So obviously a referral is actually a product of two teams trying to connect with each other. If you're working together as a neighbourhood team, you don't need to refer because you're all in the same conversation. So we saw a massive drop in referrals in the second cycle, which was really exciting. We saw a massive drop in outpatients appointments in the second cycle because people were being looked after and progressed and actually getting to the places they needed to get to without a series of follow-up appointments. The appointments were longer. People were having they were often two professionals potentially in the appointment. I should explain that we had a virtual platform running underneath which allowed a chat function. So professionals across the whole range of professionals, so VCSE professionals, frontline professionals were all able to communicate and that chat function allowed people to have conversations that they would in an ideal world having a corridor with each other. But of course we're all in so many different corridors that that's impossible. So creating that dynamic showed that actually if people can just have a conversation you can take weeks out of the process. The final point is really important in terms of what we saw, which is particularly relevant to today, is in both simulations, the role of the VCSE was absolutely at the core. So in the first simulation, VCSE colleagues found that in the first cycle they weren't being able to get access to the people they could see on the chat platform who had needs. So they ran a festival, a sort of a simulated festival to encourage professionals and participants lived experience to come and understand what was available and that completely shifted the dynamic in the second simulate, in the second simulation that process of having one team, so each professional had a different sort of lanyard. When we started in the second simulation, the second day, everyone took the lanyards off to indicate they were part of the same team. So it made it very tricky for the observers because they couldn't see which groups of people were from different organisations. But obviously it makes complete sense because when any of us access services, what we want is just help. We're not really that interested in where that help is coming from, we just need the right help at the right time. I've got a few bits of

verbatim feedback, which I thought were particularly powerful. So literally a verbatim quote. “I didn't need to see a GP because my needs had already been met”. Which what we were looking for was absolute gold. My favourite anecdote from the second simulation was I was talking to a colleague who was part of the organizing team and somebody rushed past to grab paper and pens. And my colleague said, can I help? And he said we need paper and pens because we're setting up an art club because we think that's what the family hub needs. And I thought like for people like yourselves, just to to sort of have that evidence that with all the constraints taken away, just able to kind of people be in the flow of what would work, these needs are the needs that we all recognise as human beings and giving people the opportunity just to make them.
To meet them instantly was quite magical. And the final point was everybody was talking about agency as we went through the whole process. And I think that what creative health does is creates agency in everyone. It creates agencies in the individuals who are able to connect with sense of self and to feel empowered, ultimately for me, creative health is about hope because you when you're creating something, you are creating something that wasn't there before, whether it's an experience, whether it's something you draw or create. So that sense of agency ran through the whole experience and I think that being able to really feel that in the room is hugely powerful. If it's OK, I've got a couple of opportunities, just one challenge, which I thought would I'd leave everyone with in terms of the opportunities. I think as both Martin and Manuel described the local model, that much more relational model, the growth in social prescribing, I think creates a much more holistic perspective and a much more natural flow of relationships. And makes it much more, much more sort of intuitive for that process of engagement because you don't have that process of referral. The second opportunity is I think visibility removes the need for explanation. So the more time people are spending together in a local environment together, the more visibility there is of what everybody is bringing and the less time people have to spend talking to each other to explain what they do and the more time people can just experience it. I think in terms of the challenge, if that's the right to sort of put that on the table, what we can really see is that in a really profound sense, the impact is deeply personal and it's profoundly societal. And I think one of the things we've been hinting at already in the conversations is a lot of the planning and management is happening in between that, so that organisational and system layer. So one of the things I hope we've done with the simulation is create a box of evidence that we can start to use to really pull into the language of that organisational and system conversation. I know that colleagues around the room are doing this work all the time. I think that is the challenge because we can see the impact in evidence terms at a societal level without question, we feel it and we can see it on an individual level, and so it's how do we really describe it in that middle bit. And I'm hoping simulation is part of a contribution towards that.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
OK, well, thanks Claire. That's really interesting to actually simulate what it could be like and what sort of comes out of that as well. So I mean one of the things that got me into this was about 26 years ago I had an artist in my surgery and one of my most regular customers, I referred her very early on and then I didn't see her for 12 weeks, which was really good for her actually and quite good for me too in some way. So, but it was a transformative effect which you're describing. So thank you for that. So thanks to the three speakers, but with respect, this is the part of the afternoon that I've been most looking forward to. So we've got the Shade Primary School here and I'm delighted also to have MP Charlotte Cane here. So, but I'm most excited about the Shade Primary School and perhaps you could sort of introduce yourselves as well and I'll hand over to you.

TIMESTAMP 29:52

Charlotte Cane, MP for Ely and East Cambridgeshire:
I'm very proud to introduce this project. It's a project that primary schools in Soham in my constituency carried out. Soham's a small market town and they were looking at children's stories of health and wellbeing and they used a whole variety of techniques. There are some wonderful pictures over there in the hula hoops and many of you will have a prescription in front of you. Mine says eat healthy and be well, but have a treat sometimes and have a good day. So these are ideas of, and I mean they pick up a lot of what you've been talking about. So we've got two of the pupils from the primary school, Bethany and Charlie, but it's going to be introduced by the project manager, Ruth.

Ruth Sapsed, Fullscope Project Manager:

Thank you so much for inviting us. So it's a big pleasure to be here. I wanted to start by saying that the work has been about starting with the children's stories, as Charlotte said, over 1000, in fact. Jeanette Winston, the writer, says a better story starts with a better story, and without imagination, nothing changes. And we want to share some of the better stories today and think about the work that starts with the imagination of the children. This project was run by Fullscope. Fullscope's a consortium working in Cambridgeshire and Peterborough with a vision for a mental health system for children and young people and their carers that's accessible, that's relevant and that's meaningful, and I think we'd probably all agree we're not there yet. So our work is focusing on how we can put children and young people's voices at the urgent work of reimagining. We start from a set of values that centres their rights to be heard and the importance of creativity and creative approaches in this process of listening and thinking together. We were very aware as a consortium that younger children's voices almost never get involved in these discussions and we wanted to really challenge that. We wanted to think how to listen to their incredible wisdom about their lives and what matters to them and also celebrate their amazing creative powers. We chose the town of Soham for all sorts of reasons. There are three primary schools there and they were all part of this project, but we also had a prior relationship with one of the head teachers, so we hoped that the schools were going to be open. I think it's really important to say that we were completely bowled over by how much the schools wanted to be a part of this work. We thought they might say come and talk to a focus group and we might meet 12 children in each school. Each of the schools said we want to be a part of it, but you have to work with every child in our community and as wide of the community as possible. So we just had this amazing opportunity to listen to over 1000 children. So I'm going to hand over now to Hilary, who was the artist who led the work with me, and Charlie and Bethany, and also Sharon, who's a member of staff at the primary school.

Hilary Cox Condron, Artist, together with Bethany and Charlie (children from the Shade Primary School), and Teacher Karen:
Thank you, Ruth. Yes, so we created a playful and supportive space for imaginative and therapeutic working. We discussed what it meant to feel well in our minds as well as our bodies, didn't we? And then we invited the children to draw maps of what matters to them and to reimagine prescriptions for wellbeing, which you all have. Ruth and I then analysed all of this work from 1000 children to identify the main themes that emerged and created montages from the work that illustrated them, some of which, as you said, you can see over there.

Bethany, you told me that you created a map of importantness, didn't you? Importantness was a great word. Can you remember some of the things that you included on it and how it felt to draw them? I remember I included a duck pond and a river near me which had fishes and quite a lot of like small forest areas around where I used to live. And do you have the library? I remember you put the library in it. Yes, I had the library and wombats, which is a child sitting area near the library. And how did it feel, Bethany, to draw this rather than write it? Can you remember? It felt like I could show what I was thinking rather than have to put it in words so it was clearer to describe. Did really well. Thank you.

And Charlie, I love how you said that your mind opened up as you created your map and that your imagination burst out of your head, didn't you? Can you tell me maybe a little bit about your map and how it felt different to draw rather than write? So on my map I did a broccoli forest because since I hate broccoli, and that I could power through by trying hard and I did. I also did like a monarch that was like my favourite of a special period and I draw the picture of Elizabeth 1st. I remember doing like a historic kings and book, and I think that was it. You're such an expert on your history, aren't you? And I love how you say, Charlie, that you love history and being outside, maybe not in the broccoli forest, but in another place. You love it because it like really expands your imagination, you said, and that was really important to you. I love that.

Karen, you were telling us that it really helped you and other members of staff to get to know the children and that there's not usually any time in your curriculum to do that, really. What was it that particularly struck you? So there was a couple of things. So a lot of the important things were actually things like the Soham pumpkin fair, so in Carnival we have a Christmas house, which if any of you have seen BBC Breakfast News featured this week, it's a highlight for all the children. Everyone goes to look at it every year and these were the things coming up in their pictures. They were just drawing those and like the ducks, it's a big in Soham, we've got a duck pond, we have a duck race, all those little things where people come together and we might not necessarily take that much time to chat about those things

during our normal day. That's great. And we spoke with some of the other children too. Finlay told us that it felt great and that it made him feel important. Tallulah was a little bit nervous and awkward at the first until she started to feel brave, and Kostadin said that they were nervous too, but that it felt amazing and that they always wanted somebody to hear their opinion.

Bethany, why do you think it's important for grown-ups who are making decisions about children to listen to children? I think it's important that children have a say in things as well, because even though we don't get to vote, we still deserve to be heard as we are still members of the community. Yeah, well done.
Thank you both very much. Well done.

Ashling Bannon, Integrated Neighbourhood Programme Manager - East Cambridgeshire, South Integrated Care Partnership, Cambridgeshire & Peterborough ICS:
Thank you, Bethany and Charlie, a very, a very hard act to follow. As we said earlier, neighbourhood health is about so much more than hospitals, doctors and physical health. It is also about making the everyday spaces that children. families live and grow into places where they can access what they actually need to thrive. This project aligned with our neighbourhood way of working in East Cambridgeshire, but gave us a creative way of listening to children and hearing what actually matters most to them and what they need to thrive as young people. Through this project, one of our key aims was to ensure that we not only heard what the children said, but also that we acted on what we on what we heard. We wanted the children's voices to help shape the redesign of neighbourhood health in both East Cambridgeshire, the neighbourhood we're from, but also across the broader Cambridgeshire and Peterborough area. We also wanted there to be some legacy from this project, something that helped the children realise that their voices have had an impact, which they have. With this in mind, as you can see, they are here with us today telling you what matters most to them. Hilary and Ruth have also worked alongside the children to create a video and an infographic which captures the priorities for children, what they need to live happier, healthier and safer lives. With this project, it's also important to acknowledge that it's a project like this is not without its challenges. Our budget for this project was small and required a huge amount of role generosity from all the partners, full scope schools and other members of the team to complete this project. Also what we found not only through this project but through our wider neighbourhood working in East Cambridgeshire is that what children, young people, families and adults often identify as needing to thrive are not necessarily the structures or services that we keep building and funding. Creative health is an approach which can help us to move from a focus on treatment to a focus on prevention, as well as being an inclusive approach for hearing from what matters from seldom heard voices. So hopefully our project reinforces the need for further investment. Moving forward, what are we going to do? Children's voices will be influencing several developments across Cambridgeshire and Peterborough. For example, what children have told us will form an integral part of the review and redesign of children and young people's mental health services, which has been led by our ICB and starting this month. We are also working very closely with Cambridge University Hospitals Foundation Trust to ensure that these priorities feed into the design of the new Regional Children's Hospital, and we'd be looking at how that supports the national strategic aim of moving care and support from hospital into communities. I'd just like to finish with saying I feel so privileged to be part of this project. All of the children have been so inspiring, and my final call to action - If we do anything with children or about children that we do it with them. So thank you very much.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you. That's fantastic. I'll cut you off before you are totally finished, so apologies that, but that's fantastic. It's really inspiring and I think that's really obvious from that why arts interventions of this sort can be preventative as well as a sort of a something to treat and also I would, I would just celebrate one thing this government's done, which is the curriculum review about bringing arts back into mainstream education, which is fantastic. So can I thank you an awful lot? I know you. I think you have to go shortly after this, but you're so welcome, it's so good to get children's voices in Parliament as well. So thank you for that. Yeah. So I'm going to hastily move on. And so next we've got David Boyd, who is the estates delivery lead at North East London ICB and is from St George's Health and Wellbeing Hub, which has got something to do with that, isn't it? So, yes, would you, David, great.

TIME STAMP 41:35

David Boyd, Estates Delivery Lead, NE London ICB: St George's Health and Wellbeing Hub:
Good afternoon and thank you for inviting me to present a very real opportunity for integrating creative health with the Neighbourhood Health Centre and Neighbourhood Health Service in a brand new Neighbourhood Health Centre. St George's Health and Wellbeing Hub is a 4500 square metre building in Havering on the edges of North East London, providing primary care, a community diagnostic centre, mental health services, social and social prescribing and voluntary services, desks, outpatients, an ageing well centre, a renal dialysis unit and a community cafe. Although designed in fact before Covid, it opened last November and it is in effect the definition of a Neighbourhood Health Centre. Building as you can see here and my colleague will pass one round to the other part of the room. The building as you can see here is roughly U-shaped with the two wings sheltering around a courtyard, opening onto a cafe terrace and a landscape garden with stroll paths and benches from Sutton's Lane Main Rd. The main entrance is approached through a feature 2 Storey covered forecourt and it's glazed on both sides so that it's transparent through to the courtyard at the rear. Inside there's a partial double atrium, double height atrium with a bridge at first floor linking the two wings. It's light and airy and with several spaces inside and out that can be used for activities and performances. In fact, earlier in the year we held a taste today of different activities throughout the building and the effect was absolutely amazing, completely galvanized the whole atmosphere. It's an exceptional design which just last month was awarded the bronze medal in the National Building Better Healthcare Awards for the best 25 to 75 million healthcare development. The stated vision for St George's Health and Wellbeing Hub is to encourage, develop and maintain physical, mental and social health, wellbeing and independence through integrated services using shared pathways across sectors and from the very beginning we wanted to embrace arts and creativity as key elements of the vision, developing and supporting people's health and wellbeing, but also bridging the sectors, weaving together the different services and binding them into the integrated services model. Creating a holistic model and a unique identifier for services and style. With Arts Council England and London Arts and Health support, the board commissioned Dr. Rebecca Gordon-Nesbitt to prepare the creative health strategy, which you have copies in front of you, which is a brilliant comprehensive, robust, adaptable and scalable. The work involved widespread engagement with local cultural groups and programmes, including Havering London, which is the borough's recently funded culture strategy, and the Havering Music School, Queen's Theatre and voluntary and charity groups, all of whom are now champing at the bit to participate. There are three strands to the strategy, environmental enrichment, which is effectively artworks inside and outside the building, a clinical pathways strand, which is tailoring creative health approaches to specific conditions, i.e frailty or mental health or respiratory or whatever it may be, and a healthy living, working and ageing strand which is targeted at preventing poor health and isolation and promoting social engagement and healthy living. The strategy has been endorsed by prominent national health figures, Lord Darzai and the NHS Medical Director, Dr Claire Fuller, and at the ICB level, the Medical Director, Dr Paul Gilluley, and from the creative sector, the late Lord Howarth of the National Centre for Creative Health and Arts Council England. We launched the strategy in an event in June and it's already attracted attention from cultural heavyweights, the South Bank Centre and the Royal Albert Hall. The National Academy for Social Prescribing is suggesting that it becomes a destination for their international exchange visits. This could be a really exciting programme that people will flock to. However, we have now hit a barrier, we were asked to talk about barriers and are in real danger of losing momentum or worse, running into the sand altogether. And I'm sure it's no surprise to you that that barrier is funding. Primarily funding for a core funding for a creative health programme director role, which is essential to develop the programme and to raise funds for activities and events to implement the strategy. In summary, then, this could be a vibrant, innovative model.
It's relatively discreet and contained, so could serve as an exemplar blueprint for others to adopt and adapt. The foundations are all in place. The kind of social timing and direction of travel seems right. The national prevention goal is in place, new systems are being designed now, and at St George's we've got the vision, we've got the intent and the mindset. We've got the strategy, we know what to do and how to do it. We've got the support and engagement of the local community and wider and we've got a showcase building. That is the St. George's opportunity and I'm hoping that if this group can adopt it as some kind of pioneer or flagship project that would help us leverage the funding needed to turn our creative health strategy into a creative health reality for the wider and new NHS. Thank you.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you. Oh, that's really inspiring. And actually, I mean, we were talking in a previous meeting around the arts and young people about getting rid of the mental health waiting list by get using facilities exactly like yours. And

considering that in my area it's 2.5 years, I think there's a lot of young people on that, particularly young people, there seems to be some element that could really help them. I'd like to come and see it actually. There are some photographs in the in the document pages 9/15/16 and 19, just saying. I think you've seen this document before, haven't you? Anyway, no, really impressive. Thank you very much for that. I I'm going to, I'm going to crash on because we've got so many speakers, but there's an opportunity to ask questions at the end. Oh, sorry, goodness. Sorry. Dr Alexandra Caulfield, National Medical Directors, Clinical Fellow, Mental Health in NHS England and Honorary Research Fellow, Nuffield Department of Primary Care, Oxford University. I'm awfully sorry about that. I

TIME STAMP 47:54

Dr Alexandra Caulfield, National Medical Director's Clinical Fellow in Mental Health at NHS England; Honorary Research Fellow, Nuffield Department of Primary Care, Oxford University:
Full disclosure, I'm also a GP, another representative. My interest in the topic is from seeing patients, it's from running workshops with GP registrars, and it's from a research project that I've been leading over the last couple of years. So I wanted to use that research project as a framework for what we've been sort of discussing a little bit today and think about how we can maximise the impact on wellbeing and reduce the barriers of participation in creative arts. So the research was looking at how we can use creative arts to improve wellbeing for people who are aged 65 and over living in the community. So more and more people every year as the population ages, and it was a focus on promoting wellbeing. So that really kind of, you know, the preventative salutogenic model of healthcare, and what we found was that the impact on wellbeing was greatest when there was a sustained attendance at programmes, when there was the opportunity to socialise but not the obligation to do so, when there were skilled facilitators involved in the programmes, and when the artistic themes resonated emotionally with the participants, so that they were able to enter that state of psychological flow, when you're so absorbed in what you're doing that you forget what else is going on around you. In terms of barriers though, and I think this is really important, we found that there were logistical challenges to participating. So for example, finance could be a barrier for people participating, also transport was a huge issue. You know this is a very diverse population group and just because of someone's numerical age, you know, we can't tell what they'll be like physiologically and socially. So it's a hugely diverse group, but for some people transport was a real issue, and then practical issues around safety, getting out into the community. There were also fears about being patronised or stereotyped based on age being a number, and that was a real concern for people who might otherwise think about participating. So we need to think about how we portray these programmes, what we're offering to people and how we explain that to them. And then there was also a perception by some of arts as being exclusive or requiring prior skills. So again, it's thinking about how we pitch creative health, so it's inclusive and and it's not assumed that you need any skill. It's more creativity. I would say it's a better word perhaps than art, but we can discuss that. So if we think about those then as the opportunities and the barriers, how do we maximise the opportunities to improve wellbeing and how do we minimise the barriers to participate and enjoyment with reference to the neighbourhood health model. So a couple of things and I think these pick up on what's coming up already, but if for most people, the improvement for wellbeing is greatest when there is sustained attendance. Then the prerequisite to that is having sustained funding, isn't it? And I think that's not just for the people who go to these programmes, but it's also for the wider sector and for those people who have skills in creative health to feel valued by the system rather than a short term add on. So sustainable funding in this sector is key and to stop people needing to spend the time and the effort on applying for funding so often that that is taken away from the programmes. Secondly, tapping into what is happening already. I think this picks up on what you've said, Minal, but across sectors there is a great deal of expertise, so partnering with the voluntary sector, the social enterprise sector, cultural and arts to understand and use the expertise that is already there. And I would sort of take that step further and say from the research perspective, these studies, a lot of them which were evaluated in peer reviewed journals, there was a lot of detail given to the methodology of the evaluation, but less on how the project was funded., how people were referred or engaged themselves with the project, where it took place and all of these things are really, really important so we can replicate good practice and learn from projects. So I think sharing and that detail was better reported in the reports from charitable organisations. So thinking what the strengths are and then working together on that. More embedded research perhaps in the neighbourhood health model links to creative arts programmes and local research groups so that we can understand the longer term impact of creative health and collect data about the benefits of it. And then thinking about co-production as well, you know communities are best placed to understand what they need. We've

seen that with the children today, and so involving people in the design of creative health programmes in neighbourhood health centres and by virtue of doing that, not only do you get the best solution to whatever work problem is we're trying to solve or impact that we're trying to make. But also then that you get buy in from the community and it builds a sense of community capital and ownership, which is really important. And then flexibility and choice of programmes as well. I don't know how I'm doing time wise, ok, little tiny little bit left, but just to say I think we need to think very carefully about how we implement creative health in the neighbourhood health approach, because if we don't do it with a very clear focus on health inequalities, then we risk worsening existing inequalities. We risk creating in groups and out groups of programmes, and then also to think about people who may not be able to access the neighbourhood health hubs. So for example, housebound individuals who perhaps have even more to benefit and so to really think about the people who may be at risk of being excluded by this approach and to have that focus right from the beginning. So I think I'm on time.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you, Alex. Yeah, I do. I'm sorry for missing you out. I'm doing a very good job Chairing today, but I'm enjoying it anyway. So that's amazing. So thank you for that. Can we go on to Sara and Yasmeen? I'll hand over to you to explain Fantastic.

TIMESTAMP 55:51
Sara Hadi, Artistic Director, Mimar Theatre: Our Stories, Our Voices, 24/7 Mental Health Centre, Birmingham:
Hello. It's working. OK. Thank you so much. It's lovely to be here. Thanks. I'm Sara and I'm from Mimar, we are a community participatory theatre company based in Birmingham. We're very passionate about the impact that creativity can make in healthcare, especially mental healthcare. So we work in art for mental health using quite a broad creative toolkit, but the core of our work is the use of applied theatre, co-creative theatre and storytelling to help people to build their confidence and resilience through creativity. This year we're running a project called Our Stories, Our Voices, which expresses the heart of what we do. The project has been funded by NHS England and we've been commissioned by the 24/7 Neighbourhood Mental Health Centre in Bordesley Green in Birmingham. This is one of six pilot projects that's been chosen that have been commissioned by NHSE to deliver. Really, with the aim of revolutionising how mental health services are delivered and the intention is that it's a 24 hour service which is building towards that at the moment. There are no exclusions. Anybody with any level of need can walk in and get help. People can come and get help for a family member. And multidisciplinary support across the range of services, helping people to really rebuild their lives. Also the project is serving like a local catchment area of about 50,000 people in an area of quite severe deprivation, so through our project, my colleagues and I run a weekly creative wellbeing workshop at the Neighbourhood Mental Health Centre. I'm here today with Yasmeen, who's been attending regularly and I'm so glad she could accompany me. So she's going to tell you a bit more about what our sessions are like. But before that, I would like to tell you a bit more about Bordesley Green, where we run our sessions.
So here, all on one High Street you can you have, you can have Asian fashion tailored at the little world of fabrics, you can find bags and household goods in the cartoon, cash and carry, you can learn English at the Adult Education College and next to the fresh samosas, you can even buy eternal beauty at the eyebrow bar or sorry, its name would suggest. However, the locality is also in the top ten most deprived areas nationally, suffering from multiple indices of deprivation, with child poverty at 61.5%, so just a picture of that and I'll hand over to Yasmeen to tell you a bit more about what our sessions are like.

Yasmeen Rahim, service user and participant:
Hi, my name is Yasmeen. I've been attending sessions now for quite a few months. However, I felt that benefits of the sessions has been instant. So what I love about the sessions is that I can speak quite deeply about what's bothering me or things that have happened in the past, or even on a daily basis. And I think the reason why I can do that is because I'm using a lot of symbolism and art, because sometimes you find it difficult to speak about your feelings, but as Bethany was saying when she was here, doing it through art, it makes it a lot easier. So we've been speaking about colour and I just found that I related to some colours and I didn't relate to others. My go to colour is always pink, but when I was painting I found that I was always gravitating towards blue and I just thought, what's this all about? And then I found that I was finding a lot of peace, tranquillity and strength whenever I was painting with it. Because we were looking at colour so much, when I was just going out for walks, I became more aware of my surroundings. I was

looking at the sun, the sky, just, you know, I was taking in so much more now and looking at the leaves and we were speaking about the autumn leaves and them falling, and what that represented for me, and so these questions kind of made me think quite deeply. So I felt as though those leaves falling were just like me letting go of things that weren't serving me anymore and then just kind of preparing myself for spring to come and then hopefully become stronger, a new experiences. One thing that I love about the group, and which brings me back again and again, is doing creative work with the rest of the women there. We've got a really lovely bunch of women and we made like you hear of a man's cave and we made a women's cave. We got really lovely cloth and it was all twinkly and everything and made a huge cave and we sat underneath it and made a mock fire. We sat in a circle and we told stories about our lives and it really felt like a safe space to talk. And you know, we don't know each other, but it feels like a family and it's a very gentle form of talk therapy. And that's something that I needed, which the GP actually was finding it very difficult to find some kind of talk therapy. So this in some ways took that place for me. And I find the bond that we've made has been because of the creativity and the arts that we're doing together. And one thing that I've taken away from these sessions, which is actually huge, I found that art is now a coping mechanism for me, and it's become a really healthy coping mechanism because now every day what I'm doing is something creative at home. So whether that be painting or poetry or making jewellery, that's just I'm getting some kind of creativity out there and it feels good, it feels grounding. I've got my sketch pad with me if you want to see what I've been up to during the week, and I've made some jewellery, so you can have a look at the bracelets too. Thank you.

Sara Hadi, Artistic Director, Mimar Theatre: Our Stories, Our Voices, 24/7 Mental Health Centre, Birmingham:
Thank you. So nice. Thank you for sharing. We've explored various themes and various kind of arcs of work. So for example, I brought some journals along and Yasmeen's is one of them. We thought we explored something called an idea called the hero's journey and in the context of how we are the heroes of our own lives and at each different session, we looked at different stages of the journey. People are most welcome to have a look at some of these journals. And it was quite eye-opening how people started to view their relationships in their own lives differently. For example, we ended with, I will not attempt to use a giant Japanese name, but this Japanese art form of mending broken pottery with and eliminating it with gold. So we did that with origami paper. And very much what we were reflecting on when we were filling in the gold was when we look back on difficulties in our lives, we often think, you know, it's easy to think about, oh, this was hard, that was hard. I've been through such a struggle, but often we forget about about the gifts we gained along the way. You know, maybe that that amazing friend who helped us through everything, or maybe the resilience that we discovered, the strengths we didn't know we had. So those are some of the themes. Well, you know, time is short, so I won't go into more detail about that, also looking at sounds and colour and painting to making music, painting to music, things like that. So anyway, I hopefully that's given you a little glimpse into what we're doing and a sense of the impact that this work is having for people. Obviously, the health benefits of creativity are universal. So many studies that have proved that access to the arts and culture improves people's quality of life. But we feel that this is particularly valuable in in settings where there are multiple indices of deprivation and access to creative experiences is limited. So the communities I've always worked with are those traditionally seen as.
hard to reach. In my experience, they are not hard to reach. They are just underserved. It's just a matter of the offer needs to meet the need. And every time my experience has proved that when the offer is culturally relevant and accessible, the demand is actually overwhelming. It's supply that's limited. Yeah, as Yasmeen explained,, it helps us connect creative experiences like this in a gentle environment, helps us to connect and improve our sense of self and our ability to access more experiences. So if I give you an example of some of the things that people say at the end of our sessions, and I will just be very brief. Somebody with social anxiety coming in and telling us that for five years she's barely left the house, but she after our sessions, she feels more confident, she feels a sense of achievement. Somebody with severe ADHD and learning difficulties talking about how even simple tasks like a weekly shop are really difficult for them because now everything's computerised, and I was thinking about this when you mentioned moving towards digital, how do we help people like that? But by the end of the session, the same person saying I feel at home. It's too soon to report really long term outcomes of this work in terms of social economic impact of improving people's confidence and sense of self in this way. However, obviously we'd love to continue long term enough to be able to measure those. And in terms of how NHS professionals see this work, I'd like to leave you with the words of consultants Clinical psychologist Dr. Hesina Lockhat, who observed one of our sessions and called our work "a clear lifeline for some". We'd love to be able to offer this lifeline to more people who derive the most benefit.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you very much. Yeah, I like the broken pottery. Also, yeah, if we could, if we could, if we could guarantee eternal beauty, I think you called it. I think we'd definitely sell this, couldn't we? Can I just explain with the MPs, often MPs come and go and there's no reflection. And I know that Lord Kamall said you need to go at some point in the afternoon. So it's no reflection on what people are saying. Don't take it personally. I should be here all afternoon because I'm not expecting a vote. But our last meeting, I remember I kept on having to nip out. So anyway, here, just so you're aware. And that's what MPs always do. So next Louise Hardwick, Deputy Director of Partnerships, Suffolk and NE Essex ICB and you're in the wave one of the these 43? Oh, I'm interested because we didn't get one in our area.

TIMESTAMP 1:08:00

Louise Hardwick, Deputy Director of Partnerships, Suffolk and NE Essex ICB: Ipswich and East Suffolk:
Thank you very much, Chair. Today I want to make the case that creative health is not a luxury, not a nice to have, but one of the most cost effective prevention tools we have in in Suffolk and NE Essex to tackle widening health inequalities and the rising NHS demand, I'm really privileged for that in the past six to seven years across (SNEE) Suffolk and North East Essex, we've been asking and answering 6 critical questions. The first one is why creative health? Because health is about more than medicine, creative health interventions can be and have been in Ipswich and East Suffolk, particularly around arts, culture, movement, music and heritage. Really, it's showing that it's strengthened connection, confidence, purpose, and participation, the very foundations of prevention and our evidence is clear. Over 67% of participants that have gone through our programmes have improved their wellbeing. People with long term conditions report better self-management. We've seen reductions in GP attendances, A&E visits and in some cases reduced reliance on medication. Activities which you will hear one with our participant Lucy in a minute or so, include singing for respiratory health, dancing for aging well, photography for social isolation, outdoor wellbeing at our local Food Museum, particularly within our housebound patients and much more. These outcomes do not just improve lives, they've reduced system pressures and increased social value. The second question was, well, where are we now? I think it's fair to say, and we've heard previously from other speakers, we have a burning platform in the NHS. 97% of our health budget is directed to cure and only 3% to prevention, meanwhile, UK life expectancy has stalled. Cancer survival lags behind our peers, diagnostic and clinical capacity remains below organisation for economic co-
operation and development averages. Obesity is among the highest in Western Europe and chronic disease support and self-management outcomes are weaker than comparable nations. We simply cannot treat our way out of this. Thirdly, why now? Why is creative health not bold? What's bold is continuing as we are. Creative health is affordable, evidence-based and already delivering in our area. It's improved outcomes, it's lowered demand, it's greater community resilience, and economic and social return on investment has really proven it's worth. We cannot afford not to invest in creative health. The 4th question was the challenges we must address honestly, and that's around to sustain and scale of creative health, we need to be candid about the barriers and some of the barriers we've had to overcome in the last six to seven years. Firstly, it's been difficult to convince strategic commissioners that the worth of Creative health. Creative health was often dismissed as fluffy. But consistent monitoring and evaluation over several years have demonstrated real impact both clinically, socially and financially. Second, we need shared understanding between commissioners and creative health providers, about what good monitoring, evaluation and outcomes measurement look like. This is essential for confidence, accountability and long term adoption. Thirdly, the voluntary sector, creative sector needs ongoing support, and investment. These providers are often small, hyper local and working with vulnerable people. Group dynamics are delicate. High referral volumes or unmanaged complexity can destabilise programmes if not carefully planned. And finally, we need multi-year recurrent funding, not cliff edge grants. Stability enables quality, capacity building, workforce development and innovation at scale. These challenges are solvable, but only with deliberate policy backing. So the fifth one is where and when. In Suffolk and NE Essex, the infrastructure is already there. Our voluntary sector partners are very much seen as equal partners with us. We have integrated neighbourhood teams. We have what we call our connect space. We're working with local anchor institutions across both public and private sectors, as well as our voluntary and faith groups. We have looked at and have proven that creative health is scalable through provider consortia. Sustainable, but we want recurrent community

investment. It is integrated across health, but also we're now broadening it to social care through education, maternity, mental health and our justice systems. The 6th one is where now? What do we need from all of us here in this room today? We need to move from pilots to platforms, from short term projects to long term policy and from cure dominance to prevention, first investment. Our priorities around servant leadership and co-production, culture and communication change prevention seen as core business. Looking at our finance reform, even a small upstream yields between 10 and 100% gains in years lived in perfect health and years lost to disability and premature death. These measures should be used to compare the burden of different diseases or health interventions and to allocate resources effectively. My closing remark before I hand over to Alex from Suffolk Art Link and our participant Lucy, is that within SNEE, Creative health has shown what what's possible when we value imagination alongside innovation. This is an opportunity for us as system leaders and the government to take a bold, necessary step towards a healthier, fairer, more economically resilient future where prevention is systemised and creativity is recognised not as a luxury, but as a lifeline.

Alex Casey, Director of Suffolk Artlink:
Thank you, Louise. My name's Alex. I'm Director of Suffolk Artlink. I'm just going to tell you, give you a brief overview of a project that we've been running in partnership with Louise at Ipswich and East Suffolk Alliance called Curious Minds. Curious Minds is a community health and wellbeing programme led by Suffolk Artlink and delivered in partnership with Suffolk Community Libraries, the Food Museum, working with Ipswich and East Suffolk Alliance and Suffolk County Council Public Health. The programme supports adults living with complex health needs, participants are referred through social prescribers within the primary care network as well as through self-referrals. This ensures the programme is both accessible and embedded within community health pathways. Each 12 week programme takes place in local libraries with venues chosen in response to where patients live. These neighbourhood based settings make the programme accessible and help participants feel connected to their local communities. This directly supports the NHS 10 year plan's commitment to neighbourhood health, bringing care closer to home, reducing isolation and strengthening community resilience. The sessions we deliver are artist-led and explore heritage themes inspired by the Food Museum's collections. Through art forms such as photography, illustration, dance, mixed media, participants are invited to explore stories, develop their creative skills and find new ways to support their mental wellbeing. Each programme culminates in a public exhibition of participants work celebrating personal achievement and confidence. A legacy programme hosted by Suffolk Community Libraries ensures that creative activity and social connection continue well beyond the initial 12 weeks. Curious Minds, we believe, is a great example of how creativity, heritage and partnership working can help deliver on the NHS vision of healthier, more connected neighbourhoods. And now I'd like to hand over to Lucy, who's taken part in the Curious Minds programme to tell you about her experience.

Lucy Nicola Chandler, participant from the Curious Minds programme:
Yes. Well, thank you all for having me here today. And yeah, I have to sing the praises of Suffolk Artlink. And I also want to just say that lots of things that individuals said today do really resonate with me and what's needed and of me being a service user. So, I started as a participant of the first Curious Minds group that I went to and at that point I was in a very, very low point in my life with suffering with my mental health. So it's been absolutely amazing to take part and to do all these different activities that are supported so well. And also the use of the collaboration between the library, and the Food Museum, etc has all been brilliant and I felt really supported. I now volunteer and really I see myself as a tourist going around to all the different groups, but it's so lovely to help people and to have my background to understand some of the ways people feel. And yes, just to help and give back, whether that be making a cup of tea or helping somebody who's struggling. I think when I first discovered the program, we've talked about barriers and things that this was a free activity to do, which is fantastic because quite often health issues, mental health, etc comes with poverty, which is also something for me that I dealt with. So we have looked after a a diverse amount of people and issues and it's all linked together and we've ended up as peer support to each other as well. And we've carried on with the legacy groups, which is fantastic. Again, a 12 week programme, which sometimes they just suddenly stop and come to an end. And that's then like, oh, what do I do now? And so to keep it forefront in our minds is lovely. And our group is like an old slipper, really. We get on so well. We have such a laugh. There's times when we're just chatting about all our different issues. And then other times it was quiet as anything to concentrating so

hard with what we're making and it's brilliant and I've absolutely loved what the children have said today and working on one project with some children, and this chap that was summed it up brilliantly and said, do you know, “Art is infinite? You know, in your mind it's just infinite”. I think, wow, what a clever guy. And I love the fact that we just do things which we perhaps wouldn't do at home, because we think I've got put washing on. So we go to the library safe space and we say please we have a lock in because we don't want to go home and it's lovely because we you don't have to be good at art either and you're not working towards something like a grade or something. So it doesn't matter what you produce and it's just fantastic and we have been signpost to other people, but also Suffolk Artlink has brought those people to us as well to let us realise there's so much more support out there. So I'm really, really grateful and I'm so pleased to be here today. So thank you very much for listening to my story.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Really nice. Art is infinite. Discuss? I'm really running behind. I do apologise. But anyway, over to you, David. Perhaps introduce yourself. Thank you

TIMESTAMP 1:21:45

David Moss, Locality Director, One Weston and Woodspring, BNSSG ICB: Woodspring:
My official title at the Integrated Care Board is Locality Director for the two North Somerset Locality Partnerships, one of the wave one. I don't want to say too much really, I think Martin nailed it. I was going to talk system. Laura was going talk about the practitioner and end user, but that notion of centre giving resource and influence to neighbourhoods, moving from pathology to social and redirecting resource. I mean mic drop, let's leave the room, that's it. But maybe I guess having travelled here, I'll tell you the story of why. My background, I've worked 10 years in hospitals. I went from the mortuary to outpatients and understand how hospitals work. I work with primary care on the contracting end, we closed practices, merged them, managed payments, dealt with scaling practices and about seven years ago stepped into the integration space in how we work the neighbourhoods and I've already spent seven years unlearning what I'd learned really in sense of the emergence, the listening, the holding back and responding to need and that different ecosystem that isn't a factory of how we work with neighbourhoods and that's led us emergently into the creative health space. We reached out to Alex and set up a Creative Health Board, as we called it in the summer on Weston Pier, where I first met Laura. And it was an un-agenda space, largely using creativity to say, what can you bring to this? What do you want to take from this? You're not here for no reason. And we wrote some words. You could call it a strategy, I don't think strategy drives behaviour, I think behaviour comes first and that has led to new things, my being at this table and all sorts of unexpected outcomes. We were fortunate to have something called Good Grief Festival within our ecosystem and our partners in North Somerset across health, mental health, social VCSE had decided by life course that for their dying world priority it was to have a conversation about the last 1000 days of life before they get to the GPs door to fill in the relevant paperwork, which is always a difficult space if you haven't socially got there. So the creative aspect of the Good Grief Festival, Professor Lucy Selman has brought this forward and Superculture in Weston-super-Mare run this. But it creates conversations in neighbourhoods about what's important to them and it's quite a vibrant, exciting thing when you start to take ownership about your life and what you want to do with it and how you want it to finish. And a majority of that is usually not a hospital bed and to be deliberate about that. So this is how we use arts and culture in in our ecosystems of neighbourhoods. That has led to our partners putting in funding from across three or four income streams within our grasp, and it's not all health money, to develop the notion of a community chest. Don't exactly know where that's going. There's a workshop two or three weeks ago to say there's £50,000 in the middle. We want to do something about all of the things that we discussed in this room. How do we, in my role with the red tape, get rid of it? How do we get out the way to help that happen? Whilst seeking the necessary assurances that some of the procurement law allows and requires of us. So this is exciting new space that you don't sit in a room of board rooms and come up with. It's listening to lived experiences, doing something fundamentally differently, and I'm working with new organisations. So this whole process has led me to work with the Arts Council and again and also has just been awarded quite a chunk of money for creative people in places who will only layer into what's emerged and allow us to on an inequality space reach out and work with the citizens panel for the first time where those in the most deprived neighbourhoods are going to direct the resource into what they need to happen for their people designed by people for the people. So these aren't projects, this isn't designed in the middle, this is emergent. And I think when we trust communities, practitioners, professionals and give

them the space to understand what's possible, real change emerges that doesn't disappear when the big ideas have gone from somewhere national and that was your point, Martin. It has to come from real people. I echo everything everyone said. It is underfunded. It's short term. Myself and Laura were on the train debating where are we going to get the money for three weeks and what does that look like and how much energy you were putting into that. And it has sat on the margins, but hopefully in North Somerset we're creating the spaces to bring it into the main guts of the conversation. So I don't want to say too much more. I think neighbourhoods need to be permitted to join budgets. It isn't just health money, allow them to get on with it and join up in a way that makes sense. Innovation allows us to do that and gosh, creatives are very innovative and bring a very different lens to that. Co-designs at the middle of this and how we connect to collaborate brings real change and real meaning. I do just want to heed warning. I think even in our NNHIP work, I think there are trust tracks and there are fast tracks and I think there are some things we can move quite quickly across the year of that programme. A lot of this is deeply embedded in trust and relational deep understanding and the ability to tell stories to open up in the way that some of our colleagues around the table have done today and creativity allows the way to do that. It won't happen in 12 months. It takes time. And our partnership said to me in coming here is that don't talk about the NODES, it's not the static structure, it's the dynamic relationships and connections between and how we nurture those and have used that in North Somerset has used creativity. We have used Greek methodical storytelling around a room with quite, you know, social care directors who have 40 minutes of then on a coffee break and look at me and suggest What are we doing? And then we came back and spoke quite openly about personal grief and theory, and sharing and that ability to move relationships more tightly, and what maybe traditionally has been done in pubs and taverns that happens professionally through use of creativity.
This is all quite innovative. It's not for everybody, but I think creativity does span people, places and practices. It's the wiring of integration and it moves from that notion of left shift from not the medicine to the social. And creativity is the currency for relationships and connections. So. So I'll just leave you with that. As I say, I'm Mr. system and Laura's going to talk very much more adequately about her world of practicing creative health.

Laura Porter, Founder of Now Hear This Music:
Hi, my name's Laura Porter. I founded Now Hear This Music CICI founded it after having worked for years as a professional musician. But then I had a catastrophic injury where my legs were crushed. I knocked some teeth out and my professional life just stopped. Then I underwent lots of psychotherapy and dug deep into how I'd always used music. So I'm sharing my personal story of journeying into adulthood after experiencing abuse and neglect as a child. Highlighting how access to playing music became a powerful protective factor throughout my life. Music making supported me during that difficult childhood, but also later as a mechanism for recovery following acquired physical disability after the onset of associated chronic pain and through a serious mental health crisis following bereavements during the COVID-19 pandemic. Extensive research detailed the longer-term health implications for children who experience four or more adverse childhood experiences, including risk of heart disease, cancer, long-term mental health conditions and complex socio-economic barriers. My own ace score is 7. Protective factors were scarce, yet those I did have were available to me through access to playing music with others. Access to non-curricular music making in my school and within other community spaces provided a safe and supportive environment for creative self-expression. It also enabled me to remain visible to safer adults, those able to offer the kind of care that develops through ongoing, genuine connection, showing up week after week and the signposting offered by group coordinators made me feel seen, safe and valued. This support ultimately led to the opportunity for a sustainable career as a professional musician. Nevertheless, certain predictors for my health in adulthood were still realised. Following a crush injury that left me with a permanent physical disability, my mental health deteriorated significantly. Alongside psychiatric support, engagement in art therapy became central to my recovery. Continuing to participate in creative activities remains essential to my wellbeing today, helping me to be the best parent I can be to my two young children, and supporting my work that I do now as a lived experience practitioner in the field of creative health.
It's so nice to work with someone who just gets it. This is something we hear so often from our participants, affirming the value of lived experience, that unique insight that can't be taught and which is essential to effective practice. Co-designed creative initiatives consistently demonstrate how participation strengthens resilience, connection and social cohesion. We don't need to keep on proving that when people are empowered to engage creatively, collective wellbeing improves. We know this works and the neighbourhood health pilot presents a real opportunity to mobilise more people to help others thrive. Finally, I want to highlight that my own transition to wheelchair use midway through

my career revealed suddenly and harshly the additional persistent barriers to participation experienced by so many disabled people. As the pilot develops, I ask that sufficient funding is allocated to ensure equitable access and engagement at every stage. Costs for supporting individual needs will of course vary hugely, so please be realistic about how this crucial element to a successful pilot is going to be factored in. This is how we build a sustainable, inclusive framework in which creativity continues to protect and enhance wellbeing for all.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Well, thanks, Laura and David. I'm even more jealous now, I must say. So if we could, I'm going to really quickly go on because I'd like to get some questions in at the end. But Donna and Julie, would you like to introduce yourself?

TIMESTAMP 1:33:34

Donna Rowe, Integrated Care Area Development Manager, NHS Cornwall and the Isles of Scilly:
Hi. Thanks, Simon. Yes, I'm Donna Rowe. I'm an Integrated Care Development Manager from Cornwall and the Isles of Scilly from the NHS system, I've got a 38 year experience of working in the NHS in Cornwall, primarily around primary care. Sorry Simon, we are wave one as a whole county, not just one integrated team. So I'm going to talk to you today about a model that we've introduced. It's introduced into Cornwall and the Isles of Scilly. It has a global and UK evidence of having a positive outcome for individuals, populations and health systems. It's a model that makes a difference to people with most need. It needs long term and we have this in Cornwall long term sustainable investment and it is at the heart of health creation. I think we also need as a as a whole system creative health commissioning because this is where it's lacking for this model elsewhere in the country. The model meets the two of the three NHS shifts. Treatments to prevention and hospital to community. It is transformational and it is a non medically led model and I think this is at the heart of what's going to make a difference. It needs national recognition for this to be an acceptable valued workforce. I'm going to explain or we're going to explain working alongside the NHS and embedded in local communities. This already happens in Brazil where we are learning from them and where this has been implemented for over 30 years. Brazil, a low income country, has lower investment in health services but has better outcomes than countries like the UK and other high income countries. So very quickly the model, we introduced this into Cornwall in 2023. Cornwall 600,000 population, rural, semi-rural coastal community.
And we now have teams, this workforce in 9 of our 16 integrated neighbourhood team areas. We have 60 community health and wellbeing workers. That's what I'm going to talk to you about, who are embedded in 12 voluntary sector organisations across our county. We are covering half of the population in the core 10, and we'd love to expand it more. My plan is that we do expand it more. We gave a five year contract to the voluntary sector to deliver this program for us, so we potentially got funding until 2029, but plus 1 + 1 means it could be 2031. We're enabling continuity of services to up this population that we're working with. We've also embedded personal health budgets into the model to ensure that our community health workers can really make a difference to those people in the most need, and crucially, a really smaller enabling fund for our community health workers to access rapidly without bureaucracy and by things like a birthday card or take someone for a coffee or, you know, help with the school uniform, something that they can get to really quickly. Community health workers have been recruited based on their values and not on qualifications, and we're aiming to have community health workers at the heart of all of our 16 integrated neighbourhood teams, in the coming years. We've got really great data, wellbeing is something we really felt was important to measure. We're using the MY CALL tool to measure, a validated NHS tool, and they were overwhelmed, the ladies from MY CALL when they did evaluation last year on 200 residents, they saw a 90% improvement in wellbeing. We've just done the second evaluation and we're waiting for that to be published. We're just going through the checks, but it's very similar outcomes. So we've seen that that level of improvement is sustainable. We've starting to see reductions in ED attendance by about 20%, reductions in GP face to face appointments by 39%. So some really big shifts within two years of this investment. Community health workers are hyper local, they have very small neighbourhoods they work in, all ages, we're not that's not limited to age groups or types or targeted around health conditions at all. These workers are our eyes and ears of our GPs and they have a 360 degree view of a person that they can bring to their GP, and integration with the local GPs are critical. I'm going to stop talking about the high level. Julie is going to talk about the difference it's making.

Julie Pollard, Operational Team Manager: Community Health and Wellbeing Workers Programme, Volunteer Cornwall:
Thank you very much, Donna. Good afternoon. I'm Julie Pollard from Volunteer Cornwall. So my role is the Operations Manager of the expanding team across Cornwall as you've heard from Donna so far. So I'm going to talk briefly about the opportunities and what we're doing and how we've managed that so far and then a little bit about barriers as well. The community health and wellbeing service has already been mentioned in the 10 year NHS plan as good practice, which is excellent news. We just need to make sure that there's further funding to go with that. That's part of the plan. So we're already developing those opportunities and the community workers really are that pivotal bridge between health services and communities, and they are place based workers and I like the comment I heard earlier which I've taken like “custodian for needs of people”, which I think sums it up beautifully. They're developing personalised opportunities and using the what matters to you approach, which many of our professions have over the years and they're really part of a team around the residents. So this is already part of an integrated neighbourhood team as such and we're engaging those hard to reach groups, so those that are isolated with long term conditions etc. So again fitting beautifully into those neighbourhood teams. What are they doing? Well, they're finding the gaps and they're setting up those creative opportunities where people need it. So things that we've heard about already today, but many other things as well. So, you know, gardening, walking in nature, printmaking, diamond art, dance, music, cinema groups, etc. And the benefits, you know, the art groups improving confidence and loneliness after illness, and singing groups improving breathing and mood, etc. Movement groups, all of these things are supporting physical, mental and social health. And Donna mentioned our enablement fund, which is a very small amount of money and that really means we can make things happen for people with a small amount. So £10 for a watercolour set to take with somebody to their home and for them to start being creative again, you know, really makes a difference. So we're reducing loneliness and social isolation, improving mental health and self-esteem, self-management, independence, resilience, confidence, empowerment. And Donna’s already mentioned the phenomenal wellbeing outcome scores that people have said themselves, they self-assess their health improvement scores. And this is also creating a legacy, which I've heard a few times today already. So we have some of our residents who are now volunteering themselves and giving back like your lovely self. There was a lady who was a florist, who has long-term conditions, who's also a carer for her husband, used to be a florist, she was encouraged to go along to the group with the community health and wellbeing worker, and she's now running that group, doing floristry and creative work herself with those residents and her quote is “great to share my skills and has given me confidence. Can't wait to do this again”. And now just moving on to some barriers. I think there are several, but I'll just highlight a few. So data collection is a huge barrier for us and we are trying to get a national SNOMED code so that we can actually prove all the activity and what's happening. Sharing of information between services is a huge barrier. Trying to get others to trust voluntary sector partners to say, yeah, we can let you know if that is a safe space, a safe house to actually visit. That can be a big issue. Integration into NHS systems, which we're working. Recognition, so I heard earlier from yourself across the table, creative health is seen as a nice to have and not essential. We all know that's not the case. Funding long-term countrywide is very important and we work very closely with other areas in the country because we've been able to scale up this this wonderful service, but we're very fortunate because Cornwall and the Isles of Scilly Integrated Care Board are very forward thinking and they have given us that long-term funding and they've been bold and brave and seen the benefits of creative health. So finally, creative health can transform community wellbeing and the community health and wellbeing workers are really key to make this happen. Creativity is not a luxury, it's a vital part of health. So creative health, in my mind, equals health creation. Thank you very much.

TIMESTAMP 1:43:53

Teresa Salami-Oru, Consultant in Public Health, Tackling Health Inequalities in Coastal Communities: Hastings and Rother:
So, yes, my name is Teresa Salami-Oru. I'm a consultant in public health and I work at East Sussex County Council. I have a special interest in creative health and storytelling, as a transformational tool and research methodology. So I'm going to briefly speak this afternoon about what we're doing, sorry, excuse me, to tackle health inequalities in our coastal communities, Hastings and Rother. And yes, we're also a wave one area. Anyway, E Sussex is located in the southeast coast of England. It is a two tier authority covering a population of 545,800. Hastings is a coastal town with a population of about 91,000 and Rother is a mix of coastal and rural marketplace towns with a population of about

93,000. So for many of us, our coast is a source of pleasure, fond memories and hope, which is wonderful. But while it's good to reflect on the positives of the coast, it's also prudence to have a degree of balance, acknowledging that there are some serious health concerns and challenges associated with our coastal communities, as clearly articulated by the 2021 CMO report, Chief Medical Officer report on coastal health. Health inequalities, as we know, refers to the avoidable differences in health outcomes between different groups and is driven by social, economic and environmental factors. In coastal places like Hastings and Rother, these inequalities manifest as a shorter life expectancy and fewer years lived in good health compared to more affluent areas. On average, residents who live in non-coastal communities enjoy 10 years of extra life and can expect to spend an extra 20 years in good health compared to their coastal counterparts. All public health programmes in East Sussex contribute towards efforts to increase life expectancy across our coastal communities, I'm very glad to say, and we are very much looking forward to embedding our learning into the work we're doing in our neighbourhood plans. An example of one such project is the Mr. Hastings and Mr. St Leonard's project. This is a men's health project and it's based on the belief that men in Hastings and St. Leonards can and will live happier, healthier, longer lives as long as they're at the heart of decision making and can live in strong, supportive and well connected communities where they can fulfil their potential. There is an there is an acknowledged challenge associated with recruiting and retaining the health and care workforce in coastal areas. Despite having older and more deprived populations, they significantly have fewer postgrad medical trainees, consultants and nurses per patient. In Hastings, we have commenced a programme called Aspirations, which seeks to encourage young people into medical and nursing careers. It's delivered by a local organisation called the Education Futures Trust and they target pupils in year five, that is those aged between 9 -10. Research, as I'm sure many of us will agree, is fundamental to tackling health inequalities because it provides the evidence base for action. It helps us to identify where disparities exist and understand the underlying clauses and evaluate which interventions work best. Research amplifies the voices of those most affected, ensuring that policy and programmes are informed by real experiences rather than assumptions. In coastal communities like Hastings and Rother, research enables us to design targeted solutions, integrate creative approaches and measure impact over time, turning this into meaningful change. East Sussex County Council is therefore proud to be part of the Coastal Community Creative Health Research Project. This is a three-year project funded by the Arts and Humanities Research Council. It focuses on three coastal areas in England, Hastings, Weston-super-Mare, and Blackpool. All of which have health outcomes that are poor, but are both are all rich in cultural and creative heritage. The project aims to integrate creative community activities into local health systems, recognising the powerful impact that culture and creative resources can have on improving health. We are therefore again really happy and very fortunate that we can work closely with our neighbourhood planning leads to realise integration opportunities. In East Sussex, we very much recognise the contribution of the arts, culture and creativity and have done so for a number of years. Since 2021, we have journeyed towards becoming a creative health county and are now working towards embedding our learning into our neighbourhood aspirations. Using the building blocks of health framework, we have framed the local narrative that arts and culture can mitigate against the difficulties in accessing these building blocks or indeed strengthen their use. We know that when these building blocks are weak or inaccessible, people face higher risks in terms of chronic illness and reduced wellbeing. So in conclusion, while there are a number of creative health initiatives already in place in our patch that can contribute towards tackling health inequalities in Hastings and Rother, we know that the key ingredients to our success as a neighbourhood place going forwards, will be our ability to build on our learning to date, our established relationships with our communities, our commitment to research, data evaluation and innovation, and our track record of developing strong partnerships with the local authority, NHS, academia and VCSE. Thank you.

Dr Simon Opher MP, Chair of the APPG on Creative Health:
Thank you. Can I thank everyone actually for really interesting chats. There's something about emergence rather than chucking something down, which I think is really important and interesting to talk about men's health. There's going to be a big splurge on men's health on Wednesday - International Men Day, but I think it is really important, the highest, the commonest cause of death in men under 50 is suicide, so that's a tragedy, I think. Now, we've only got a very few minutes, I'm afraid, but let's have a few questions from the back. So, if you could just stand up and say who you are, that'd be fantastic.

QUESTIONS FROM FLOOR: TIME STAMP 1:50:25

Q1: This gathering is very cleverly created towards health. I believe creative health will only be successful if local authorities are actively involved. Do the panel agree? And if so, how can we get more local authorities to listen to the topic?

Answered by:
Dr Minal Bakhai, National Director for Primary Care and Community Transformation and Improvement, NHS England: Absolutely agree, and actually there's so much to learn from local authorities, particularly around the sort of co-production with communities from what matters to you. They've really led the way with that and really do focus a lot on co-producing with communities and being accountable to communities and as part of the National Neighbourhood Health Implementation Programme, it is very much focused on a partnership approach and the strength of all partners and equity of voice of all partners. And local authority are an absolute key partner in every single conversation from leadership, strategic and operational. So from an actual practical perspective, that's absolutely the case and I work very closely with local government association and wider through the national organisations as well to make sure that they are, you know, we're working in sort of hand in glove as we drive some of this work forwards alongside the voluntary sector and voluntary sector alliances as well. So ,I think just to reiterate your point that with no one can do this without partnerships and absolutely there's so much that we can learn from local authority.

Ashling Bannon, Integrated Neighbourhood Programme Manager - East Cambridgeshire, South Integrated Care Partnership: In East Cambridgeshire we've been pooling budgets at local neighbourhood level, so actually what you've got is an integrated pot of money to focus on priorities and that was one of the reasons we were able to fund this particular project in in East Cambridgeshire. So I think the scope within integration, absolutely central question.

Q2: I think there's something around value-based care. A lot of people here talked about frontline experience and measuring outcomes and how they've improved health and wellbeing. And I think if we get to value based care, there's 200 billion pounds we spend and you know is that improving our population and some of it's not, our inequalities are getting worse, our life expectancy isn't brilliant. So are there better ways to invest the mainstream kind of money? The second idea I think we should be pushing for is, as a nation we need a public mental health strategy, you know, how do we improve the popular the mental health of our population? And I think this is where it could be mainstream, especially creative health as an intervention.

Answered by:
Dr Simon Opher MP, Chair of the APPG on Creative Health: So the minister for that would be Ashley Dalton and we should try, as we don't have anything at the moment. And I do think Creative health has a really important role in that.

Q3: I've worked in the arts for 40 years doing projects like this, and this is the first time I've sat in this place and talked about the issues. So it's nice to see that this action is starting to happen. We've known forever in the arts, the profound results of working with any manner of group and it is getting on the agenda of the health service, so just wanted to acknowledge how great this is, as we should offer this tool in the service of social care, mental health care, health care.

Answered by:
Dr Simon Opher MP, Chair of the APPG on Creative Health: Absolutely. Yeah. And I think, I think I do feel like the arts and health movement it's a bridge. It shouldn't actually be sitting in health or anywhere else, it's a sort of bridge between arts and health, and local authority.

Q4: Question for ICB colleagues. Alexandra, you mentioned the importance of understanding that implementation pathways for delivering neighbourhood health and our Mobilising Community Assets Research projects all across the country that are looking at helping parties like you've heard from Theresa. They're very focused on that kind of ecosystem integration and that sort of research at data level. And I guess the question to ICB colleagues is who are those decision makers and those commissioners that we need to influence and what kinds of data and evidence do you think is going to be influential? Because we've heard amazing examples today and we know from all across the country

and beyond, but there are brilliant similar examples. But what's going to be the data that's going to change the hearts and minds of those commissioners and those senior decision makers that you've struggled to bring on forward?

Answered by:

Laura Porter, Founder of Now Hear This Music: Who are going to be the decision makers? Don't ask me how to make it happen, but it needs to be the residents at a hyper local level. That's who the decision makers need to be.

David Moss, Locality Director, One Weston and Woodspring, BNSSG ICB: It's probably passing the buck, isn't it? But if we I was working with the hospital group in Bristol this week and 2/3 of the ICP's budget spent on acute care and I came away from the room and I was like, why? And I got to 75 regulators or people that a group needs to assure about certain things and the budget that they need to consume to do so and keep it safe, and the unprecedented demands on the queues and the risk in those queues. So we have this machine that's it's consuming resource. I think the case is won, it's how you move it and it's how the edges of that in the pathways or what we are allowed to be opened up and put in the middle for a redesign and how you bring people with you on that in a safe way, but it's a big ask, been having these conversations for 25 years.

Donna Rowe, Integrated Care Area Development Manager, NHS Cornwall and the Isles of Scilly: And it is a challenge that's happening across the country, a real live challenge right now. I think it there are different levels of decision making, and barriers to that, one is right at the top, so the vision of the chairs and chief executives of organisations. We were fortunate that in Cornwall our chair and chief exec wanted to invest in the community and see that transformation. That was a few years ago and we're starting to see the benefits of that, you've then got other parts of the country where it's people like in the finance directors or other commissioners who are barriers to seeing the light and investing funding. They have health systems have inequalities funding now and if they were bold enough to use it in a big scale, rather than piecemeal, they could start seeing a real difference. So for me, that's where the challenges are, for people to influence.

David Boyd, Estates Delivery Lead, NE London ICB: St George's Health and Wellbeing Hub: Yeah, it's an observation really and it's not really answering your question, but I do think there's something about the way that the message is conveyed. The NHS the management side is under a great deal of stress in terms of capacity and priorities and all that kind of stuff and I think in a sense that the message of creative health needs to be conveyed to the NHS in a way that the NHS finds easy to read and to accept and to process. And it's something I've been thinking about because obviously because of the work that Rebecca and I have been doing at St George's. And one of the things that's come back to me from them is to say, yeah, David, Rebecca, this is a great. You'll need to do a business case for it. And in a sense, the business case format is a format that the NHS can read and process and accept. Now, it's not that you don't have the evidence and all that kind of stuff. There's mountains of evidence, hard evidence, but if it's not presented in a way that the NHS can kind of accept, it just makes it much more difficult. In terms of people's time and capacity and all that kind of stuff. And it's the classic 5 case model. It's a perfectly good logic model. It's actually very, very thorough discipline. But if I think if it can be presented in that kind of a format, even if it's a generic business case template that perhaps the NCCH could or somebody could come up with, then other people could adopt it and make the case to their individual arms of the NHS. I know the NHS will be persuaded if it can see hard evidence of value and money saving.

Dr Simon Opher MP, Chair of the APPG on Creative Health: The current Secretary of State for Health is he's a working class lad, done good and he doesn't like the fluffy. He likes really hard hitting stuff. I'm aware that we are at time now is if there's no one pressing in at the door at the moment. So we could probably do one more question if there is one or we can we can probably tie up. Now I was thinking, so we could sort of divide creative health into three things. So this preventative side, I think really could be really powerful, a sort of treatment side if you like and I think it's got something there. But also, and this is something that I've used in men's health, it's the Trojan horse idea whereby arts can actually get into areas that are very difficult. So, I've done something called football on prescription and it looks like you're just going to a football game, but you're getting into men's space and can really help that. So don't forget the Trojan horse effect of art. No one wants to go to fat club, do they? But they might want to go to art club. And do you know what I mean? It's a way of getting people in there. Sorry, Minal, you're shaking your head, but probably a very

non PC thing to say. But it's true. People don't want to, I mean, men don't want to go to a lonely club, do they? So you have to label it in a different way to get through.

Louise Hardwick, Deputy Director of Partnerships, Suffolk and NE Essex ICB: I worked very closely with the local football club, because the men's health that was more inroad. So they are running quite a few men's health evening events with ticket holders and we've now widened that to include farmers because we are seeing there's a huge increase in male suicide in farmers at the moment, with a club known as the tractor boys. So links in with Alex's programme at Suffolk Artlink and also links with Ipswich Town Football Club with their over 50 residents. So there's a lot of connectivity and it's that opportunity to link those things together. While I've got the voice, just very quickly about the funding, I think we need to be bold, courageous and think differently and I think that comes with our contracts. So at the moment our contracts are blocked and I think as I mentioned, 97% of our funding is goes to reactive medicine rather than the 3% on proactive. And actually we should be bold, we should be courageous and actually up those contracts by 10% for that prevention. That's what we should be doing.

Q5: I set up an organisation with the Chelsea's Boards Trust, which is a kind of portal for men to go to and find out about services. So I mean that's true. But as a nation, we always have to remember this in Britain and I've sat in rooms at the Globe talking about problems with music and theatre education. This is the land of, you know, Elgar and Shakespeare and our culture in this country is constantly via for its validity and I think that there will be a similar fight among certain powerful constituents over this because culture has a less of a value in this nation than it once did and needs to continue to have. So I think that's a barrier we must, not just funding, it's people who don't care about the arts.

Answered by:
Dr Simon Opher MP, Chair of the APPG on Creative Health: Yeah, that's definitely true. And I do know that, for example, the arts actually employed more people in the car industry in this country. I am encouraged by this curriculum change. Yeah, absolutely right. A levels have gone right down and there's lots of examples where we need to turn that around. I mean, I think that arts and health can't take on that remit totally on its own. I'd love to get to a stage where we don't need arts in health because everyone's just participating and playing music and stuff. But we do at the moment, and we probably will do for the foreseeable future.

Dr Minal Bakhai, National Director for Primary Care and Community Transformation and Improvement, NHS England: I just wanted to pick up the point about the sustainable funding because it's come up multiple times in basically every example and I think there's some really interesting approaches that sites within the programme are taking with regards to funding. So absolutely agree that 220 billion that's allocated, we need more focused around prevention than we do on just reactive care, but that that will be a journey that we go on. And so while we go on that journey there is the new office for impact investment or impact economy – I always get the name slightly wrong, but we're working really closely with them. So they are looking for sites and we're trying to connect them with our NHip sites and that's particularly looking at wider forms, investments recognizsng that the creative arts will help not just drive a health impact, but social impact and economic impact. As we've just heard, there is a real opportunity for wider investment, philanthropic investment to de-risk some of the early capital that might need to be invested, social finance from the charitable sector, corporate financing. So how do we bring wider financing into this space which essentially presents itself to as a bit of like an anchor organisation, so particular grassroot community organisations that are really tailored to the needs of the local communities but don't have the infrastructure to bid for like lots and lots of small grants all the time and that drives a lot of instability, both creating the infrastructure so that they don't have to go through that process but also then that multi-year recurrent funding that gives them the capacity to scale essentially as we've heard about because it's benefits are huge, but the challenge is also scaling. And so I think there's a real opportunity to join this up across government thinking wider than health and health care and there's a real appetite to do so. So then making it easier to do these things. So how do we embed that subject matter expertise and it creates the mechanisms to be able to do this within systems, within places. And I think we heard about a template or something. So how do we create some national tools, cross government that can be used and then people can just do some of that localisation and that's a live conversation.

Laura Porter, Founder of Now Hear This Music: Yeah, that's really interesting in particular education because one of the biggest populations we're seeing at the moment is children of all ages with either emerging needs or with complex social, emotional, mental health challenges. There's a huge trajectory on emotionally based school avoidance, children who are between institutions, we know whether they're not quite off rolled from one school and I don't have enough experience to know how this board and policies might interact with education to ensure that the right conversations are happening at the right time and that any pot funding pots, you have permission. So has it come from an education pathway or has it come from health? It shouldn't matter, that I need advice on that. I work a lot with profound and multiple learning difficulties and lots of varied specific learning difficulties. And by far the biggest barrier is finding truly accessible places to work from. From one of our young people has a carer ratio of 2 to 1. He was sick of not being able to use a toilet, so they the family bought him a portable hoist, even with his two carers, carers and a portable hoist, the accessible toilet facilities in the community building are not big enough, for his carers to get in with the hoist. So this person still can't come out and be part of the community. So any spaces that might be invested in, please engage meaningfully with disabled people because it's not community if not everybody has a choice.

Dr Simon Opher MP, Chair of the APPG on Creative Health: I think one of the things that we can use this for, as I said at the start, it's the mental health waiting lists are our prime target and that's actually where SEN type problems meet health and they're all sitting on the waiting list actually, and we know all about them, we know who they are. The South Bank Centre are trying to do a project where they take the whole of the waiting list and actually see them and our supposition is that they need support and ability to express themselves rather than a child psychiatrist. So and you know if we can sell this as taking out a waiting list that will be very attractive to the government, certainly.
Now I'm quite aware that the people are sort of going off. So I think probably it would be sensible to draw this to a close. Now we could probably carry on chatting for another three hours, but let's close it off and then we can also we've got another 3/4 of an hour to chat to people in the room which will probably be more useful. Can I just say look massive thank you to everyone for contributing GPs and non GPs, wave one and non-wave one and but no it's been really delightful. So thank you for that and thank you for coming and I'm glad you didn't get held up in the customs coming in as well. And yeah, let's follow this up as well. So we should get notes from this meeting that will circulate to everyone and we'll work through now as well to try and get some influence on the national scene as well. So thank you very much.