CULTURE HEALTH AND WELLBEING

NEW REALITIES FOR HEALTH GLOBALLY

Arts, Health and Wellbeing: resilient people and communities

Introduction

Thank you and the Royal Society for Public Health (RSPH) for the privilege to address the opening session of this important conference on Culture, Health and Wellbeing here in Bristol. As this is an international meeting I thought I should address the issues of the arts and health in the context of new realities for health globally and supporting resilient people and communities.

This conference and the RSPH Lecture is an opportunity to take stock of how far we have come since the Windsor Declaration 1998 which promoted the practical application of the arts and humanities in caring for people and in promoting better health and well being. The arts and health scene in the UK and internationally has dramatically changed but the recent economic crisis has created new realities for health globally. We should however remember that market forces alone do not solve social problems and greater equality must become the new economic and social imperative with the arts and health playing a crucial part in creating social capital for resilient individuals and communities and a more secure and stable world.

The arts and humanities touch people's lives at every level because they encompass those things that make life worth living, contribute to the level of a country's civilisation (AHRC) and enhance quality of health wellbeing and help cope with challenges and change.

This presentation will outline the Windsor Declaration, the report of the RSPH Working Group which reviewed achievements since the Windsor Declaration, propose some policy futures for the arts health and well being including social capital and community resilience; strategic issues R&D, education and practice including monitoring the culture of health services and health services and culture and comprehensive cultural barometer defining the way of life of a society and health.

Global Economic Crisis and Health

The economic crisis of recent years pose new realities for health globally with living conditions of millions of individuals and families seriously threatened as well as the funding for health and health protection schemes. However we should remember that times of crisis have been times of opportunities in that governments may take action that might otherwise be politically infeasible. The crisis may offer a window to enact long needed but challenging reforms such as investment in public health including health smart investments that encourage people to adopt healthier lifestyles and the arts and health could play a major role in creating social capital and more resilient individuals, communities. The global economic crisis since 2008 has gone deeper and reached further than many had anticipated and the effect on health and health systems varies from country to country. The outgoing President of the World Bank , Bob Zoellick, in his summary of the ' new age of globalisation' noted that the balance of power had shifted with the developing countries now ' the engines of growth' and wanting to be stewards of their own futures.

Margaret Chan, DG WHO, speaking at a conference in Brussels on advancing health amidst the global crisis said “our world is dangerously out of balance. This is clearly an unhealthy condition for people but also for economic prospects for world stability and security. A market economy is still the best way to lift people out of poverty and improve their health status. However market forces alone will not solve social problems”. Further and equally important was a challenge from the Executive Chairman of the World Economic Forum, Davos,” Greater social equality must become the new economic order and social imperative for a stable and secure world.”

Rapid Global Health Transitions

The recently published Global Burden of Disease (GBD) reveals three massive shifts in health since the 1990 the starting point of the first GBD Study. First, the world populations have grown considerably older. Second, infections’ and childhood illnesses related to mal-nutrition were the primary cause of death but now more people are dying from heart disease, cancer and other chronic disorders. Third, the disease burden is increasingly defined by disability instead of premature death with more burdens now being caused by musculoskeletal disorders, mental health conditions and injuries.

Some of the new challenges for health globally go beyond the health sector, rapid urbanisation, aging populations and competition for scarce natural resources, economic uncertainty and migration, impact of climate change on the fundamental requirements for health – clean air, sufficient safe drinking water, a secure food supply as well as adequate nutrition and shelter.

The new health challenges particularly NCDs and development according to Helen Clark, Director UNDP “are not sufficiently understood”, (Lancet 2013) and that it is essential to develop partnerships between health and other sectors to tackle the underlying social, economic, political and environmental and cultural determinants of health.

A Chatham House study concluded that the hall marks of the period for global health 1998-2008 was that systems thinking gave WHO a defeatist view and should be problem focused. However systems thinking is back with final text of RIO+20 referring specifically to “strengthening health systems”, and Ilona Kickbusch recently identified a global system in the making (Huffington Post 2013) specifically focusing on global public goods and global health and wellbeing.

Nigel Crisp in his book 24 hours to save the NHS wrote” systems thinking and leadership holds the key to the many improvements we can make in health and healthcare”.

The 1998 Windsor Declaration on the Role of the Humanities in Medicine and Health

When I returned to the UK after my time in the Australian Government service to take up the post of Secretary of the Nuffield Trust the then CMO Sir Kenneth Calman asked whether the Trust would be willing to take forward an initiative which he had already embarked on with the Arts Council and bringing together those who had an interest in the arts as therapy, the arts in health and community development and the arts in medical and other health professions education and training.

In 1998 and 1999 two conferences were held in Cumberland Lodge, Windsor which laid the foundations for a strategy to “promote the arts from the margins into the very heart of health care planning, policy making and practice “(Robin Phillip). The conferences subsequently became known

as Windsor 1 & 11 recognised the need for a cultural shift in the delivery of healthcare where people would matter more than structures. The main aim of the proposed strategy was to elevate the arts into a pivotal role across the spectrum of Britain's healthcare and public health systems to complement the scientific and technological models of diagnosis and treatment that had driven much policies and practices for much of the 19th century. Among the anticipated benefits would be: more compassionate, intuitive doctors, nurses and other health practitioners; reduced dependency on psychotropic medication such as tranquillisers and anti depressants; growing confidence and self-reliance of individuals and communities; and provide an approach and support to combat social exclusion.

Sir David Weatherall, then Regius Professor of Medicine, Oxford explained that the arts of healing versus the science of healing though complex had changed quite dramatically. Sir David explained to participant at Windsor that there was change of emphasis from the whole patient and whole organs to diseases of molecules and cells, giving rise to concern that molecular medicine was reductionists and dehumanising. Sir David claimed that "we will now start putting the bits back together again and the old skills of clinical practice- the ability to interact with people will be as vital as they have been in the past. Looking to the future we could see in 1998 that doctors and other health professionals would need to deal with issues of enormous complexity and new millennium medicine and healthcare would involve prevention-some reduction or removal of risk factors; major changes in screening technology; social engineering; control of diseases; non-invasive technology and bio-technology- in short 'the art of the practice of the science medicine'.

The Windsor Declaration of 1998 had a 12 point action plan covering: professional education-humanities to be included in medical education; arts in therapy and healthcare settings-dissemination of best practice and evidence; arts in community development and health – promoting arts for personal health and strengthening communities.

The communiqué issued following the meeting concluded that there was an urgent need for a programme of pure and applied research to strengthen the evidence base underpinning the arts and health movement. Further almost anticipating the economy crisis for health we said" People's increasing expectation of the NHS cannot be met by an ever expanding and unlimited budget. A shift of concern with prevention rather than treatment will add point to a greater interest with the arts and the social content of health and community care. All those who contribute to healthcare will need greater insight into the parts the arts and humanities can play in improving understanding and empathy with patients and those who seek to remain healthy.

The Conference emphasised that change must accept the Britain, part of Europe as well of the Commonwealth is a society of many cultures, religions and habits and health professions must be aware of the need to understand such diversity, to learn how to communicate with persons of whatever background and be prepared to initiate, adapt and comprehend change.

Progress Immediately following the Windsor Declaration

Following the declaration there was significant progress [with the establishment of the Centre for Arts and Health and Medicine (CAHHM) in 2000 by Professor Sir Kenneth Calman, former CMO, and Vice Chancellor Durham University. With some seed funding from the Nuffield Trust its remit was to develop and research in arts and health and medical humanities and make a case for their value.

Other developments such as the Medical Humanities at ICL soon followed. The Nuffield also made small contributions to the National Network of Arts in Health, provided some funding for the evaluation of the arts and health initiative and the Trust also played a part in the establishment of the Association of the Humanities' and Medicine.]

Society, Community and Wellbeing

The arts and Health featured in other Nuffield Trust activities. In Policy Futures, a programme of evaluation of fitness of purpose of UK health policy 2010 in its Technical Series on Social trends authored by Professor Ray Pahl ,the issue was raised of whether we were becoming a more or less caring or more or less friendly society. Professor Pahl claimed that "there was a direct link between social support and health with a soundly based body of knowledge accumulating on the correlation between social connectedness and social, psychological and physical wellbeing and a friendly society is more healthy society and also like to be more resilient".

Settings for Care

Arts, health and settings for care were a theme in Jessica Corner's Nuffield Trust Queen Mother's Fellowship 'Between You and Me- closing the gap between people and health care'. Jessica developed the idea of the architecture of treatment and asked does the built environment of healthcare contribute to the impersonal and controlling atmosphere. Corner advised that buildings need to embody recognition of peoples' sense of self, of me and we should use architecture to portray and promote partnerships and personal attention. Buildings need to convey the sense that "I" matters and , that the way "I" experience health care is as important as its outcome .Critically the buildings need to foster self action by people since increasingly this will be demanded by future generations who may be more reluctant to relinquish themselves unquestioningly to biomedicine.

Story Telling and Patient Care

The third area for the Nuffield Trust was the art of communication in health and medicine. Sir Kenneth Calman's Queen Mother Fellowship 'A Study of Storytelling: humour and learning in medicine' proposed the contagious theory of behaviour change and the role of the 'Transmid'. Calman brought together three major themes- story telling, humour and learning and pressed the case for a contagious agent the 'Transmid 'as the vehicle by which ideas are transmitted and the story is the agent itself. People change because of the way stories affect them and that story telling is potentially important way in which this can occur. This was anticipating the recent London conference on 'narrative future health care'.

Progress Not Always Welcome

There was significant and positive media coverage for Arts and Health but some was negative. The Times said in respect of the Windsor Declaration that the pressure to " expect future physicians to learn and appreciate cultures which have not developed in Petri-dishes may be asking too much in advance of eventual qualification. As a precondition of practising medicine it may strike many potential patients as a skewed priority." The Times concluded its editorial 31 March 1998 by saying "doctors should resist the adulteration of their profession".

The Prince of Wales discovered a similar mix and hostility when he proposed in the JRSM 2012 an integrated approach to medicine and health which includes mind, body and spirit and more need to be done in the face of 'a crisis of caring', to foster and enhance those age old qualities of human kindness and compassion ,to create better personal and community health.

The article promoted some strong and mixed reactions including the following "HRH has more influence than most. It is a shame that he uses to promote integrated health which merely seeks to insinuate pre-enlightened quackery back into main stream medicine".

RSPH Working Group on Arts Health and Wellbeing beyond the Millennium: how far have we come and where do we want to go?

The RSPH has played under Richard Parish's leadership a prominent role in supporting the Arts and Health and throughout its work in improving population health through community focussed interventions there has been a place for arts led initiatives particularly in support of hard to reach groups. The Society has been encouraged to develop a nationally recognised education pathway for all arts health practitioners and to take this work forward it has developed six evidence based workshops covering a range of the arts, culture and heritage. The Society also presents an Annual Arts and Health Award to celebrate arts-based health improvement initiatives and 2013 is for creative arts and the criminal justice system in secure settings and the community. There is still time to send nominations which close Friday 5 July and Awards will be presented at the Annual Conference in September 2013.

The RSPH also convened a working group to prepare for this conference on health and wellbeing to assess how far we had come since the Windsor Declaration and where to go. The report of the Group is summarised in your conference pack and is a unique resource with www links to original material and should be of interest to all working in arts health and wellbeing. I commend it and let me outline some the headlines and a short summary of the report.

Arts in Public Policy

The most recent policy on public health further strengthens the cultural shift which has been evolving since Windsor which is the focus on people and population health. The 2010 White paper 'Equity and Excellence: Liberating the NHS pledged to put patients and public first, giving them greater choice and control and the subsequent Health and Social Care Act 2012 gives a new focus to public health with local authorities responsible for improving health of their local populations. This is expected to include innovative public health improvement schemes in collaboration with Clinical Care Commissioning Groups. A focus on outcomes is also a key feature of the new arrangements and again there are important opportunities to articulate the benefits of investments in the arts and health.

The transfer of public health into local government will create challenges as well as opportunities for the arts in health as part of community empowerment and outcomes-based commissioning to reduce health and wider inequalities and help improve the lives of local communities.

Arts- education, research, therapy and community development

In summary the RSPH working group sets out that there are now several interdisciplinary centres of excellence for research into medical humanities which have attracted substantial funding; bringing visual performance and participatory arts into hospitals for the benefit of staff and patients is now common practice with Trusts having dedicated Arts programmes; art is being used in numerous innovative ways to regenerate, strengthen and enrich some of the poorest communities and improve quality of life of disadvantaged and vulnerable people; training provision is increasing and targeted at all levels of involvement with arts and health; arts for health forums are thriving in most regions to facilitate networking and the dissemination of good practice now coordinated by the National Alliance and the evidence base is growing improved by partnership with academic departments and good dissemination of good evaluation practice.

Government policy, with its move towards primary prevention and promotion of wellbeing has created valuable opportunities for the arts to be mainstream healthcare. The Marmot review of health inequalities and the social determinants of health has brought health and wellbeing onto the forefront of public health policy in the UK and internationally via the WHO. The consequent focus on healthy communities and their role in promotion of good health, as well as the prevention of ill health, has provided opportunities to show just what the arts can contribute to this area.

Where do we go from here?

Policy Futures for the arts health and wellbeing

Let me finally turn policy futures for the arts, health and well being.

The overarching strategic intent and direction building on the work since the Windsor Declaration is the central issue of social capital, resilient individuals and communities.

Strong social capital is characteristic of a society with good health for the whole population, a society with strong social cohesion between its members, solidarity, and trust in both society as a whole and in other people. Strengthening social capital was goal one of the Swedish Public Health Bill 2001– one of the best model public health laws- recognising that social capital influences health in different ways and since body and mind are linked all good health is promoted by good social cohesion and influenced by social heritage.

In Health 2020 the WHO European Policy Framework for supporting action across government and society for health and wellbeing has four priority areas one of which is creating resilient communities and supportive environments to protect and promote health and a sense of belonging.

There are good reasons why the concept of resilience is at the centre of the current debates not least the underlying vulnerabilities that lead to human crisis and make people less able to cope with shocks.

How resilience can or should be promoted before, during and after crisis is a challenge. The Sunday Times 5 May 2013 headline was that resilience is best learnt at the school of hard knocks and Adrian Furnham describes resilient people as a able to cope better, bounce back faster, know who they are who they can count on where and when to get help they are hardy and have good coping skill .He asks can you learn resilience, can you change a person's mind set the way they look at the world so

they move from vulnerability to resilience? His answer is clear in the article, resilience is an extremely valuable life characteristic that can and must be nurtured.

Equally important was a challenge set out by the Overseas Development Institute's Humanitarian Policy Group should the focus on resilience be on 'people' or 'systems'. I would answer both and Cynefin is the key.

I referred to Nigel Crisps book 24 hours to save the NHS in which he claims" it is of growing importance that systems thinking and leadership holds the key to many improvements we can make in health and health care but there is little research on managing systems and relatively little is taught about it in our universities and institutions."Margaret Chan DG WHO expresses similar views "systems research on health systems has been badly neglected and underfunded and not widely recognised that health systems research is essential for strengthening health systems, getting cost effective treatments to those that need them and achieving better health status locally and around the world".

Cynefin

As we think of systems and complex systems at that, I would recommend becoming familiar with the Cynefin Framework developed by David Snowden explain the evolutionary nature of complex systems including their inherent uncertainty. Cynefin is a Welsh word is sometimes used to describe an environment where a person feels they belong or knowledge and a sense of place that is passed down by the generations. It can also refer to fleeting moments of time "a place where we instinctively belong or feel most connected."

The term Cynefin was chosen as a reminder that all human interactions are strongly influenced and frequently determined by our experience both through the direct influence of personal experience and through collective experience such as stories or music.

The Cynefin framework draws on research into complex adaptive systems theory, cognitive science, anthropology and narrative patterns as well as evolutionally psychology to describe problems, situations and systems. It explores the relationship between people, experience and context and proposes news approaches to communications, decision making policy making knowledge management in complex social environments. The Cynefin framework has been used in the US government for analysis, policy making, organizational strategy, cultural change and national security.

I believe that the arts and health and wellbeing community should contribute to the policy debate on health systems – systems for health, health care and health as a learning system and the Cynefin Framework is ready made for those in the cultural world especially as there has been a limited use of the framework in the NHS.

Strategic Issues

Research & Development

The evidence base is growing, and more is needed and timely evidence informed by research is essential for informing policy, targeted interventions and universal services (Thorpe Mackie 2012.)

However it is important that we demonstrate how we are making progress and what we value particularly measuring well being. Though the WHO definition includes 'well being' in its definition of health for more than 60 years WHO by its own admission in its European Health Report 2012 the WHO has neither measured or reported on wellbeing. Instead it has focussed on reporting on death, disease and disability. WHO is now partnering to measure progress on the enhancement of wellbeing in Europe in the context of Health 2020 and researchers now agree that the field of measuring wellbeing would benefit from additional clarity and more rigorous assessment methods. The Regional Office of WHO expects to have by 2013 some operational approach to measurement and how the information can be used by policy makers, health professionals and other interested groups.

More generally the arts and humanities academic community will still need to test and develop measures for specific arts and health contributions though at the same time achieving a balance to ensure that the point of arts interventions is not lost in the emphasis on evaluation measurement. Further there is an opportunity to inform officials at PHE of outcome measures for arts and health to help commissioners deliver a sustainable system in the face of the most challenging financial and organisational climate

Health Professions Education and the Challenges of Caring

HRH in his Editorial in the JRSM addressed the issue of the individual encounter between patient and clinician and "we are led to believe that there is 'currently a crisis in caring'. I am sure that this is not the case, in many or most encounters. Nevertheless, I am equally sure that there is much more that can be done to foster and enhance age old qualities of human kindness and the need to restore urgently a climate of care and compassion at the heart of the service .This inevitable raises questions such as are we doing enough to ensure that there is sufficient empathy and compassion instilled throughout training in medical schools and later hospital training, should we be doing more to enhance the length of contact and continuity when it comes to relationships between professionals and patients? What seems missing is that the art of thoroughly understanding the patient narrative, to understand the patients story-what is said and what is not said- and in this way help the patient find their own pathway towards better health".

It is reassuring that the operating Framework for the NHS 2012/13 recognises that getting the basics right every time is essentials to avoid failing to provide the elderly and vulnerable patients with dignified and compassionate care "but too often variations in standards between or even within organisations remain" as the Mid Staffordshire Inquiry was a stark reminder.

World of Practice and Leadership- Organisation Culture

Creating a better culture of health care and wellbeing requires systems and leadership and one which recognises the contribution of culture, arts and health and which support the caring ambitions of every health service organisation and working across borders with related partners and organisations .We know, and have listed in the RSPH Working Group, that uncaring or alienated communities adversely affect the health and wellbeing of those that live in them but also if you tackle some deep seated problems not only do you witness improvements in health and inequalities but as shown by Freidl (Metal Health, Resilience and Inequalities WHO Euro 2009) this can lead to improvements in the overall cost efficiency of local services.

I noted with interest on the programme of AUPHA's (American Association of University Programmes in Health Administration)2013 Annual Meeting a session on how we teach cultural competence on undergraduate and graduate programmes with particular attention to provider sensitivity, cultural based healing , 'cultural concordance', promoting cultural proficiency, competency and awareness in the world of healthcare administration.

Challenges of cultural competence were identified by the Francis Inquiry and called for action so that every single person serving patients contribute to a compassionate caring service and recommended a shared culture and that "a tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system".

This I believe is an important opportunity for the place of arts ,humanities, health and wellbeing to be included in the cultural barometer and to help shape the metrics.

In a recent comment on strategic management and leadership Chris Edmunds (February 2013) and organizational culture he claims that successful leaders when talking about their company or teams performance light up when they talk about performance metrics but don't when they talk about organisational culture but those that do understand that it is one of their most important assets. The reality is that most leaders do not have measuring or monitoring systems that keep them informed about the quality of their organisations culture and the advice to business is to make" culture as important as performance".

Francis in his recommendations was no doubt restricting his advice to matters of values, standards, safety, honesty, and transparency but the arts health and wellbeing community should aim for a wider view of culture in the barometer as it measures the whole health system for resilience- individuals, communities and a more secure world.

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Summary

This presentation has focussed on new realities for health globally and the contribution of the arts, health and wellbeing for resilience- resilient individuals, resilient communities and a more secure and stable world. These themes are also to be found in the Report of the High Level UN Panel on the post 2015 Development Agenda a universal agenda -not just developing economies- where business as usual is no longer an option and a transformative shift to help build 'resilience' to life's uncertainties, more social inclusion, new solutions and good governance as core elements of wellbeing.

Leaders in the UK and wider must continue to press for health policy interventions which promote social capital, individual and community resilience, in short health and health impact assessment in all policies' including culture and the arts.

Secondly , think systems for health, health care as a learning systems using the 'Cynefin Framework' remembering that we have multiple cultural pasts and a "place where we instinctively belong or feel most connected".-people and systems

Third create a better culture of healthcare and wellbeing and support the caring ambitions of every health service organisation by supporting research and education and professional development.

Fourth the arts and health communities –practitioners and academics -should provide evidence and guidance for including the arts and health in all public health and social care outcomes frameworks and make them available to Public Health England or the relevant agencies in their countries.

Finally capitalise on the Francis Inquiry recommendation of a tool or methodology for a cultural barometer to measure the cultural health of all parts of the health system by offering in addition metrics for health services and culture including the arts, humanities and wellbeing –to create a fully comprehensive cultural barometer and defining the way of life of a society and health in line with the ONS initiative on measuring what matters- and understanding the Nations wellbeing.

After all as the Windsor Conference of 1998 emphasised "change must accept that Britain part of Europe as well as the Commonwealth, is a society of many races, cultures religions and habits and health professionals and health systems must be aware of the need to understand such diversity, to learn how to communicate with persons of whatever background and be prepared to initiate, adapt to and comprehend change- a cultural barometer will tell us whether we are making progress."

Professor John Wyn Owen CB FRSPH FLSW

RSPH Professorial Fellow

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