

Transcript of presentation by Professor John Wyn Owen CB FRSPH FLSW

THE ART OF HEALTH IN WALES SYMPOSIUM 2016

Arts and Health of the People: resilient individuals and communities

Thanks for the invitation to take part in this important meeting and my intention is explain why the arts and humanities matter for the health and wellbeing of the people of Wales.

My text for the day is:

“The arts and humanities touch people’s lives at every level because they encompass those things that make life worth living, contribute to the level of a country’s civilisation and enhance the quality of health, wellbeing and help cope with the challenges of change” (AHRC 2009)

My starting point is the Windsor declaration arts and health of 1998 and first to ask how far have we come since then and where do we want to go with Art and Health in Wales.

Secondly, I want to stress the opportunities offered by the Wellbeing of Futures Generation (Wales) Act 2015 and the Bevan Commission’s Prudent Health Care Principles for the Arts, Health and Wellbeing at a time of continuing austerity.

Thirdly I want put to you that the time is right for arts and health practitioners, working with others, to develop a Wales Pathfinder and an Agenda for Action for Arts, Health and Wellbeing as a prudent way forward to a time of economic vulnerability; restating and refreshing a Strategic Intent and Direction for the arts and health in order to consolidate social capital, improve resilience of individuals and communities and putting “National” back into NHS Cymru Wales.

WINDSOR DECLARATION ON THE ROLE OF THE HUMANITIES IN MEDICINE AND HEALTH

First a reminder of the Windsor Declaration of 1998 as I believe it established a strategic intent and direction to promote the arts from the margins into the very heart of health care planning, policy making and practice and a bench marking to calibrate progress.

On taking up the post of Secretary of the Nuffield Trust the then CMO asked whether the Trust would be willing to take forward an initiative which he had already embarked on with the Arts Council and bring together those who had an interest in the arts as therapy, the arts in medical and other health professions education and the training and the arts in health community development- strengthening social capital and resilience.

In 1998 and 1999 I convened two Nuffield Trust invitational meetings in Windsor that 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 meetings brought together people from the UK and the USA from different backgrounds –arts, philosophy, theology together with health practitioners to assess activities, perceptions, beliefs and models of effective practice in health professions education, the place of the arts in both community and healthcare environments caring for people of all ages and backgrounds to promote better health and wellbeing.

The meetings subsequently known as Windsor 1 & 2 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: growing confidence and self-reliance of individuals and communities; and provide an approach and support to combat social exclusion.

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. [1]

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 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.

Following the declaration there was significant progress as well as positive media cover but it was not universally welcomed. 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. 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”. [2]

RSPH WORKING GROUP ON ARTS HEALTH AND WELLBEING BEYOND THE MILLENIUM

Working: how far have we come since 1998 and where do we want to go?

In 2012 the RSPH convened a working group which I chaired to prepare a report and for key note address for an international conference in Bristol 2013 on health and wellbeing to assess how far we had come since the Windsor Declaration and where to go in the future. The report of the Group is a unique resource with [www links \[3\]](#) to original material and of interest to all working in arts health and wellbeing.

Since the Declaration the arts and health scene in the UK and Wales has dramatically changed in scale and intensity. However the economic crisis of recent years poses new realities for health globally and brings recognition that market forces alone do not solve social problems and that greater equality must become the new economic and social imperative. This is a time for the arts and health, generally low cost but high value and a good ROI (return on investment), to play a critical part in creating social capital, more resilient individuals and communities

Recent public health policies in the UK and in Wales have further strengthened the cultural shift, which has been evolving since Windsor, which is the focus on people and population health. 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.

Strong social capital is characteristic of a society with good health for the whole population, with strong social cohesion between its members, as well as solidarity and trust in both society as a whole and in other people.

Arts and health are being used in numerous innovative ways to regenerate, strengthen and enrich some of the poorest communities and improve the quality of life of disadvantaged and vulnerable people.

The RSPH Working Group noted that uncaring or alienated communities adversely affect 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 Friedl [5] this can lead to improvements in the overall cost and efficiency of local services.

WHO EURO's Health 2020 calls for [6] action across government and society for health and wellbeing to create resilient communities and supportive environments to protect and promote health and a sense of belonging- in Welsh Cynefin, a place where we instinctively belong or feel most connected frequently determined by our personal experience and through collective experiences such as stories or music or the arts."

Cynefin is a term of art that has been adopted David Snowden, for a decision-making framework [7] that draws on research in complex adaptive systems theory, anthropology and narrative patterns as well as evolutionally psychology to describe problems, situations and systems. The framework helps explore the relationship between people, experience, context and place and provides new approaches to communications, decision-making and knowledge management in complex social environments. Governments have used the Cynefin framework for analysis, policy-making and cultural change including health.

Challenges of cultural competence were identified by the Francis Inquiry and called for “a tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system”. This Francis recommendation has been narrowly interpreted and restricted to internal matters of health organisations. The arts, health and wellbeing community should press for a wider view for a fully comprehensive cultural barometer to ensure it measures the whole health system including resilience- individuals and communities and not just care organisations - 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.

This is an area where Wales can take a lead as David Snowden established the Cynefin Centre at Bangor University in April this year.

ARTS AND HEALTH IN WALES

Let me begin with a word of congratulations with what has been achieved in Wales, and this meeting is testimony to this, and professionals from Wales from the beginning played a key part in developing and implementing the Windsor Declaration- Professor Martin Evans, Baroness Finley, the late Ray Pahl.

I have some observation and some actions for you to consider as you look to the future of arts and health.

First the noteworthy leadership for the elevated status of the medical humanities pioneered at the University of Swansea which constructed an unprecedented interdisciplinary post graduate study drawing together several disciplinary perspectives from the humanities with clinical medicine and in 1999 admitted undergraduate students to a new interdisciplinary degree BSc in Medical Humanities.

Dr David Greeves, co-director of the programme was also the founding co-editor of a new BMJ Journal Medical Humanities. Swansea intellectually moved beyond the mere addition of different subjects in a multidisciplinary scheme to the INTEGRATION of

subject based perspectives and created a genuinely interdisciplinary programme of study without precedent in any other established UK University.

I would strongly recommend that medical humanities education needs to be revisited in HEIs with medical and health professional schools in Wales and a question asked of whether there are some continued merits in such programmes.

My second observation is that research in humanities and health is well represented in Wales. Noteworthy is the multi-million pound AHRC research project at Cardiff University led by Gareth Williams in partnership with other Universities in the UK- Glasgow and Highlands and Islands in Scotland; Leeds, Birmingham and South Wales."Representing Coimmunities: Developing the Creative Power of People to Improve Health and Wellbeing. The over arching aim of the project is to explore how community representations produced through creative arts practice can be used as forms of evidence to inform health related policy and service developments and ways in which policy makers can engage in more effective dialogue with communities.

Dr Gill Windle at Bangor University leads another impressive large-scale project on dementia and imagination-using art to connect communities and develop wellbeing. The aim is to explore how the vision for dementia supportive communities might benefit from creative activities – socially engaged visual arts practice – An experimental focus with art as a catalyst for change.

My third observation is that the Welsh Government has "recognised that there is a connection between the arts and health and that people benefit from being in a conducive environment enhanced by good design and art as well as from an active engagement in creative pursuits. The benefits relate mainly to emotional health and wellbeing through the power of music, literature and the visual arts to provide deep relaxation and emotional release or the opportunities provided by the arts for self expression and enjoyable social contact" (Edwina Hart, Minister for Health and Social Care and Alun Ffred Jones, Minister for Heritage)

My recommendation from this third observation is that the Governments policy for the arts and health needs to be revisited and refreshed and it is timely with a new government in place.

The Welsh Arts Council has provided funds directed at improving health and wellbeing though not funds for academic research projects, or art therapy projects or for professionals to carry out health and wellbeing projects. Perhaps this policy could be reviewed as part of refreshing the Welsh Government's policy for the arts and health.

My fourth observation is that there is much scope for further innovation in arts and health in Wales. The new prison in Wrexham will have opportunities for ground breaking health and wellbeing projects in the justice system which has some examples of successful projects such as one time the 'Odd Theatre Company' Manchester which was committed to working creatively with vulnerable groups and did for 10 years manage and deliver issue based projects in criminal justice and thus improving the lives and outlook of individuals through drama and the arts

Having made the fourth observation it is worth reminding ourselves that there are many other innovative projects in Wales such as the tool kit, WNO's programmes in deprived communities, next years conference on story telling, a colleague of mine Malcolm Wiggler, working with colleagues in Wales is promoting libraries and health as hubs of learning and centres of imagination in our communities. There is much more to celebrate and I know that people in this room will be actively involved across the board.

A WALES PATHFINDER FOR ARTS AND HEALTH 2016

So where and how do we proceed strategically from here?

A Cymru Wales Pathfinder for Arts and Health

First develop a Cymru Wales Pathfinder for Arts and Health 2016 as a Prudent Way Forward for Arts and Health at time of Economic Vulnerability

Times of economic vulnerability and austerity are often times of opportunities for governments to take action that might be otherwise politically infeasible and also enable long needed but politically challenging reforms to be implemented such as reshaping the "boundaries of the state of the future". (FT 4.12.15). This is certainly happening in England and its consequence through the Barnett formula has a Welsh funding consequential. In such circumstances ministries of health have a duty to advocate government policies that take a pro-health across all sectors, particularly tackling the social determinants of health and pressing for smart investments in public health and knowing what to protect, promote and how improve social capital and resilience for the health and wellbeing of the people of Wales.

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. Social capital a goal of the Sweden's Public Health Act 2001 recognised that social capital influences health in different ways and since body and mind are linked, all good health is promoted by social cohesion and influenced by social heritage arts and culture.

The arts and health practitioners in Wales should be encouraged that in the Hywel Dda's Director of Public Health's Annual Report 2015 where there is recognition in the public health agenda in Wales for developing the Arts4Wellbeing.

The arts and health communities need to make the case for investing in the arts and health based on being people centred together, health gain as the new wealth and disease and disability the new poverty, compiling the evidence base (now gathering in quantity and quality) of effectiveness of arts and health interventions and sound stewardship with early rates of returns in investments as well as longer term health gains-years to life and quality life years- in response to the changing burden of disease of the Welsh population as well as recognising that the new health challenges go beyond the health sector-urbanisation and the impact of climate change- and require new ways of making a difference.

The arts and health communities should link their advocacy to policy-makers, health professionals and others- to the principles of prudent health as proposed by the Bevan Commission of personalised healthcare services tailored to cultural and population values of co-production. Further, review the Wellbeing of Futures Generation (Wales) Act 2015 for reasons to invest in the arts and culture for health and wellbeing pressing for the development of a Welsh comprehensive cultural barometer of the health system -resilient health and care services, people and communities.

In the regions and areas of Wales arts and health practitioners should press for the FGB Local Boards to have an item on arts and health as it transcends the 7 pillars of the Act- health, culture, and resilience

An All Wales Alliance for Arts and Health as part strengthening National Leadership in NHS Cymru Wales

Secondly as part of putting NATIONAL leadership back in NHS Cymru Wales, establish and formally seek recognition for an All Cymru Wales Alliance for Arts and Health.

Creating a better culture of health care and wellbeing requires systems and National leadership and one that recognises the contribution of culture, arts and health and which supports the caring ambitions of every health service organisation and working cross borders with related partners and organisations. The recent OECD report on UK Health Care Quality comments that "there is scope for a greater degree of steering and oversight from central national (Wales) authorities to provide consistency, direction and a strong accountability that is lacking in some places, and the need for a responsive and flexible approach to health systems governance which balances central and local roles".

There is a case for looking at what is happening in England with the APPG and the National Alliance for Arts and Health and Wellbeing. Building on what is now a strong programme of arts and health in the regions of Wales to formalise and strengthen the arrangements and create a Welsh Arts for Health Network with representatives of the areas and regions of Wales and provide a national voice for the sector, dissemination of national UK and international research and good practice and support training and CPD for the arts and health practitioners.

Further we should press for similar arrangements to the APPG and make the case for a committee of the National Assembly to enable Assembly members of all parties to be informed about significant practice and developments in the field of the arts, health and wellbeing, to provide a forum for regular discussions between elected members and practitioners as well as to enable Ministers and other in significant decision making roles to make presentations and be questioned.

One of the challenges for the Welsh Government of prudent stewardship is one of implementation including transformational leadership at national level, not just the local level, coupled with smart governance for and of health, adopting emerging innovations in personalised and stratified medicine and wellbeing; how to involve the general public, how to personalise healthcare services tailored to cultural and population values and how to motivate people to become or stay more healthy and where intervention is necessary to have tools including the arts and health therapies.

There is a case for a discussion with Academi or with the Bevan Commission for considering the AUPHA's programmes on how to teach cultural competence on undergraduate and graduate programmes for health care executives in particular provider sensitivity, cultural based healing, 'cultural concordance', promoting cultural proficiencies, competency and awareness in the world of health care administration.

Agenda for Action for Arts and Health Cymru Wales

Third Develop and Agenda for Action for Arts and Health in Wales as a way of progressing the Pathfinder.

The arts and health leaders in Wales should press for health policy interventions, which promote social capital, individual and community resilience and make the case for:

- (a) An early meeting with the new Welsh Government to press for a review to update the Arts in Health and Wellbeing Action Plan for Wales published (in 2009?), with an audit similar to the one conducted in 2005 by Angela Tllcock.

- (b) Develop a prospectus for a prudent investment plan for arts and health in Wales at a time of economic vulnerability and seek an early meeting with Public Health Wales
- (c) In support of putting National back in the NHS, make the case for a National Assembly Committee on arts and Health and formalise an Arts and Health and Wellbeing Alliance for Wales and a chapter member of the National (England) Arts, Health and Wellbeing Alliance
- (d) Build the action plan on the mandatory duties placed on public bodies by the Wellbeing of Futures Generation (Wales) Act 2015 including pressing for the development of a 'cultural barometer of the Welsh health system' (Francis)
- (e) Develop regular meetings with other organisations in Wales such as the Academic Health Sciences Collaborations; MWC's Centre of Rural Health Excellence; Wales Universities; Health and Care Research Wales; Arts Council Wales.

CONCLUSION

I began this presentation with the Windsor Declaration on Humanities and Medicine and would like to conclude by going back to the aspirations of that meeting when 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 and looking to the future doctors and other health care professionals would need to deal with issues of enormous complexity and new millennium medicine and healthcare would involve prevention-some reduction or removal of risk factors; major changes in screening technology; social engineering; control of diseases; on invasive technology and biotechnology- in short the art of the practice of the science of medicine”

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

POSTSCRIPT

My final reference to the Windsor Conference was our conclusion that “change must accept that Britain part of Europe as well as the Commonwealth, is 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 of the Welsh health systems will tell us whether we are making progress

Professor John Wyn Owen CB FRSPH FLSW

RSPH Professorial Fellow

8 May 2016

- 1 Humanities in Medicine: Beyond the Millennium. Summary of the Proceedings of the first Windsor Conference Nuffield Trust Series 10. ISBN 1 90208924.3 London 1999
- 2 Times Editorial 31.3.1998
- 3 Arts Health and Wellbeing: How far have we come in 15 years. Report of an RSPH Working Group www.rsph.org.uk/artsandhealth 2013
- 4 Representing Communities: Developing the Creative Power of People to Improve Health and Wellbeing. Cardiff University in partnership with the Universities of the Highlands and Islands, Glasgow, Leeds Birmingham and South Wales. AHRC 2016
- 5 Friedl. Mental Health, Resilience and Inequalities WHO Euro 2009
- 6 Health 2020. WHO European Policy Framework, 2012-2020. www.euro.who.int/health2020
- 7 David Snowden & Mary Boone Harvard Business Review Nov 2007