



# **Arts on Prescription in Doncaster**

Health & Wellbeing Board Action Plan 2018



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## Health & Wellbeing Board Action Plan 2018

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### Photographs

*All the photographs in this report show arts activities in Doncaster venues lead by Doncaster arts organisations.*

*Photography by James Mulkeen*



## Our vision for Doncaster

The recently published UK All Party Parliamentary Group (APPG) report *Creative Health* clearly evidences how the arts can play a central role in healthy communities. It represents a national call to action for both the health and cultural sectors to apply this understanding to benefit our local populations.

Our vision for Doncaster is that community hubs, among them cultural venues, will be home to participatory creative activities for people of all ages and means, with health professionals confidently referring patients into them as part of a borough wide *Arts on Prescription* service. Doncaster residents taking part in creative activity will be healthier, happier and more resilient, and the positive effects will reach into the surrounding community.

Doncaster leads the way in developing innovative, creative activity with individuals and communities and has a national profile for good practice. We have four Arts Council National Portfolio Organisations and a wealth of highly

trained, experienced artists who deliver powerful interventions and high quality arts experiences with a range of people of all ages, backgrounds and needs.

In Doncaster we have strong partnerships between our culture, leisure and health sector leaders who have worked closely together over recent years to develop, pilot and evaluate arts and health interventions in a range of contexts which have achieved powerful results.

However, these projects are small in scale and reliant on short term fundraising for their success. As a board, we recognise the opportunity to capitalise on the skill, capacity and track record we have in Doncaster in order to achieve genuine impact across our population.

If you'd like to know more about Doncaster's plans or to be part of the story, please contact Lucy Robertshaw (01302 558054, [lucy@thepoint.org.uk](mailto:lucy@thepoint.org.uk)).



# Creative Health: introducing the All Party Parliamentary Group report

Published in 2017, the All Party Parliamentary Report *Creative Health*<sup>1</sup> presents comprehensive evidence gathered from two years of research, evidence-gathering and discussions with patients, health and social care professionals, artists and arts administrators, academics, local government, ministers, policy makers and parliamentarians from both Houses of Parliament. It has three main messages:

- *The arts can help keep us well, aid recovery and support longer lives better lived*
- *The arts can help meet major challenges facing health and social care: ageing, long term health conditions, loneliness and mental health*
- *The arts can help save money in the health service and social care*

The report looks at the different life stages at which the arts can have an impact on health and wellbeing from birth to death. Below are some of the key findings on how different art forms can impact positively on health, illustrated with one national example for each life stage, evidencing how the arts can save money in health and social care by:

- *Strengthening prevention*
- *Reducing demand for medication*
- *Diverting or shortening hospital stays*
- *Delaying the need to residential care*

## Childhood & Young Adulthood

The early years are crucial to fostering the cognitive and socio-economic skills that serve children well in later life and the arts can have a central role in aiding these development processes. The report shows that learning to play music changes the morphology of the brain, leading to improved literacy and spatial reasoning. It highlights the importance of arts activities in the

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<sup>1</sup> The full report and a shortened version are both available online at [www.artshealthandwellbeing.org.uk/appg-inquiry](http://www.artshealthandwellbeing.org.uk/appg-inquiry)

community that can provide a welcoming school environment, particularly important for children excluded from school. The arts can address and improve behavioural problems which, left untreated cost on average £70,000 by the time the child has reached the age of 28.

It's clear that the arts can play a beneficial role in recovery from illness and the management of long-term health conditions. For example, evidence shows that taking part in improvised dance can diminish acute pain and accelerate rehabilitation from brain injury.

There are an estimated 850,000 children in Britain with a mental health issue and related physical problems. Children from low-income families are up to three times as likely to experience mental ill health. Arts participation helps to overcome anxiety, depression and stress and can encourage emotional expression. Taking part in regular creative increases rates of physical activity and reduces levels of obesity.

#### *The Music and Motherhood study – case study*

Psychosocial factors, such as stress, are known to have an impact on perinatal mental health. The chronic stress precipitated by low income adversely affects parent-child bonding and parenting ability, which has a knock on effect on children's long term development.

The Music and Motherhood study – led by the Centre for Performance Science, involving 148 participants – looked at the impact of group singing on women with postnatal depression, as compared to a combination of antidepressants and psychotherapy. Every week for ten weeks, in hour-long weekday workshops, women listened to, learnt, wrote and sang songs with their babies.

The study suggested that singing led to faster recovery from postnatal depression than in either of the control groups, reducing cortisol, stimulating a positive emotional response and promoting mother-child bonding. The impact was more pronounced in mothers with severe postnatal depression, who recovered a month faster than either of the control groups.

#### **Working Age Adulthood**

Challenges faced at this stage of life can include the search for work, establishing a home and relationships and possibly also the onset of ill health. The report demonstrates that arts engagement can alter the morphology of the brain and help speed recovery from neural damage. Listening to music soon after a stroke activates regions of the brain responsible for attention, motor function, memory and emotional processing.

The British Lung Foundation has embraced the health and wellbeing benefits of singing for chronic lung conditions, and some hospital provider trusts are



looking at integrating singing into their care pathways for serious lung conditions.

English National Ballet developed Dance for Parkinson's in 2010, a classical and contemporary repertoire to provide weekly classes for people with Parkinson's, their family, friends and carers. As might be expected, participants' physical condition degenerated over the course of the study, but improvements were perceptible in coordination and fluency of movement. Participants felt their balance and gait to have improved. Participants also appreciated the mental stimulus of the classes and experienced reductions in depression, anxiety and apathy compared with a control group.

### *Creative Practice as Mutual Recovery – case study*

Between 2013 and 2015, as part of Creative Practice as Mutual Recovery, a study was led by the Centre for Performance Science at the Royal College of Music. Adults experiencing mild to moderate mental distress were recruited to the study via hospitals, psychologists and psychiatrists and invited to participate in weekly 90-minute group drumming sessions over 10 weeks.

Without having any specific therapeutic aims, the facilitator increased the complexity of the activity over time. A mixed-methods evaluation used a range of psychological scales, interviews, blood pressure tests and saliva analyses. During single sessions, stress and tiredness significantly decreased and happiness, relaxation and energy levels increased. Over the course of the study, group drumming led to reductions in cortisol and an enhancement of immune responses, which was combined with a reduction in inflammatory activity over a six-week span and the activation of an anti-inflammatory response over ten weeks.

## **Older Adulthood**

The arts have a part to play in fostering healthy ageing and starving off frailty. Arts can diminish anxiety, depression and stress while increasing self-esteem, confidence and purpose. Music training can improve differentiation of sounds, such as voices in a busy environment. Dance is particularly effective in the prevention of falls in older people (and have much better retention rates than alternative NHS initiatives.) Social Participation can have a protective effect on health comparable to giving up smoking.

An estimated 850,000 older people in the UK have a dementia diagnosis, predicted to increase to one million by 2021 and two million by 2051. The annual cost of dementia to the UK is £26.3bn, which is more than the combined cost of treating cancer, heart disease and stroke and is expected to exceed £50bn over the next three decades. The arts can provide significant help in meeting this major health challenge. Arts engagement can boost brain function and improve the recall of personal memories; it can also enhance the

quality of life of people with dementia and their carers. In dementia care, colour, reflection and shadow can have an impact on mood and lead to better nutrition, hydration and engagement.

### *Dancing in Time – case study*

Leeds has an ambition to be the best city in which to grow old, and it has its own Older People Forum. In January 2015, Public Health Leeds commissioned Yorkshire Dance and the University of Leeds to investigate the feasibility of implementing a dance programme to improve the health and wellbeing of older adults (aged 60 to 85) living in the community. The project considered factors known to contribute to falls, including fear of falling.

Contemporary dance is a low-impact physical activity open to all, regardless of physical condition. It offers the opportunity to interpret music, either individually or as part of a larger group, through movement which includes elements of aerobic exercise, balance activities, low-level resistance exercise and moves that enhance flexibility. Dance courses were offered in Leeds over 10 consecutive weeks, each comprising twice-weekly sessions of 90 minutes, led by specially trained dance artists.

Researchers from the School of Biomedical Sciences at the University of Leeds used a variety of questionnaires and motor activities to examine the impact of participation on physical activity patterns, balance, fear of falling and mood. A group discussion with participants explored their perceptions of the ways in which the programme had affected them.

There was an 85 percent adherence rate for those who took part in the project, compared to 40 percent for standard NHS falls prevention courses. This showed decreases in sedentary time and increases in physical activity, decreases in fear of falling and increases in happiness. Additional benefits attributed to the dance programme included reduction of pain, easing of joint stiffness, increased energy levels, better balance and coordination and feeling more relaxed.



# Outcomes from the Health & Wellbeing Board workshop

In February 2018 a presentation at the Health and Wellbeing Board on the APPG report was led by Lucy Robertshaw, darts (Doncaster Community Arts) and Dr Rupert Suckling (Director of Public Health.). Representatives included professionals from Doncaster Public Health, Clinical Commissioning Group, CAST theatre, Heritage Services, RDASH, Doncaster and Bassetlaw Hospital Trust, Healthwatch, Doncaster Chamber, SYHA Social Prescribing, Doncaster Council, Children’s Trust and St Leger Homes.

The APPG report has a number of recommendations and our workshop focused on the following:

*‘We recommend that NHS England and the Social Prescribing Network support Clinical Commissioning Group, NHS Provider Trusts and local authorities to incorporate Arts on Prescription into their commissioning plans and to redesign care pathways where appropriate’*

Each group discussed how Doncaster could respond to the above recommendation. Below are the key points that emerged from across the three groups:

<p><b>Who could benefit?</b></p>	<ul style="list-style-type: none"> <li>• ‘All of the people all of the time’</li> <li>• ‘should be part of everyone’s everyday lives’</li> <li>• Working carers, adults living with dementia, dual sensory impairment, professionals with stress, prison, those with protected characteristics, learning disabilities, young people, those on rehabilitation wards, older people, people who smoke, those who are obese, isolated people, parents/families</li> </ul>
<p><b>What are the outcomes to achieve through Arts on Prescription?</b></p>	<ul style="list-style-type: none"> <li>• Reduced hospital admission</li> <li>• Less sick days and increased productivity</li> <li>• Fewer slips and falls</li> <li>• Increase in volunteering and employment</li> </ul>

- Reduced isolation
- Economic spend
- Reduction in stress
- Reduction in obesity
- Less respiratory issues
- Top 3: health, economic impact, reduction in isolation

The following discussion points emerged across the three groups:

#### **Early Intervention and Prevention**

- Creative provision - *'It's crucial that it happens before crisis – we need to get the provision in earlier'*
- Recognition from the Health and Wellbeing Board that currently most of their services are more clinical and there is less support around prevention and wellbeing. This is something that they want to address.

#### **Community based, person centred and incorporating the whole family**

- A strong interest in activity based in geographical communities perhaps around Family Hub localities. Need to find community advocates who have already experienced the benefits of arts activities
- Cross borough working – each community may have different needs, character and challenges – needs a flexible approach
- Flexibility and choice for the individual is essential

#### **Population change**

- Recognition that arts organisations are already delivering creative activity to address major health challenges but that this is small scale. A desire from the group for population change and scaling things up so activity can be accessed across the borough

#### **Specific art forms for specific health conditions**

- Awareness needed by health professionals of how specific art forms can directly address and improve specific health conditions e.g. Dance for Parkinsons and/or fall prevention, Singing for respiratory problems, Music for people with dementia

#### **Awareness and training for health and social care professionals**

- *'As a health and social care practitioner I can think of people I'm working with right now who would love to come to these arts sessions but I don't know about them' – how do gps and social work/care team get to know about what's on offer?'*
- *'Arts are often seen as the icing on the cake rather than part of the solution' – recognition from the group that this needs to change*

#### **Changing the mindset of the health professional and the patient**

- *'My gp would advise me to take medication, not go to a singing session'* recognition that this needs to change
- Recognising that medication may be a quick fix but coming to an arts activity is a process, it might be slower but may well be long lasting
- Does it need to be called *Arts on Prescription* – is this helpful as it legitimizes the referral or does it feel too medical?

### **Embedding *Arts on Prescription* into care pathways**

- Needs to be embedded and consistent, longer term regular models – not one off pilots
- David Crichton *'need clinical commissioners to be brave and make the decision to move/cut funding appropriately to accommodate creative activity within care pathways'*
- Needs to be open to all – current frustration at how some people have services withdrawn as soon as they can make a cup of tea, and others where if they fit the Care criteria that the Wellbeing team aren't allowed to work with them

### **Funding and commissioning**

- Look at joint funding - NHS, CCG, ACE
- Personal budgets (Care act) Julie Jones, DMBC *'We would encourage people to use their personal budget for creative activity if they wanted to'*
- David Crichton *'We pay for a medical model of healthcare so we know who the people are who would access, it's about incorporating the arts into their healthcare plans, commissioners need to network, make different choices about healthcare, it's not about blending budgets, it's about using existing budgets in different way to incorporate the arts'*

### **Artistic excellence balanced with experience of working with complex need**

- Artists working on *Arts on Prescription* need high levels of flexibility and motivation and may need enhanced support from health professionals
- Artists can deliver high quality arts experiences for those with a range of needs
- Co-production is possible – artists, clinicians, participants and commissioners working to design and deliver interventions
- Chance for artists to learn from health professionals and vice versa

### **Range of creative activity that can be delivered**

- Ranges from arts in communities in order to maintain good mental and physical health to specific *Arts on Prescription* services to address complex health needs
- Tension between understanding what an individual might do for themselves e.g. going to a book group to what an arts organisation might help someone to do e.g. accessing dance sessions to reduce risk of falls. May be similar to someone in reasonably good health deciding to do the Couch to 5k

programme by themselves to someone accessing a physiotherapist for to treat a serious injury

### **Referral methods**

- Everyone agreed that having more than just the gps able to refer into creative activity was essential and wanted to reduce the reliance on primary and secondary care for referrals. Others suggestions for referrers were lead practitioners, friends, neighbours, individuals identified through carers assessments, fire service, service psychiatrist and work coaches. Self-referral was felt essential as the people who don't go to their doctor but need support wouldn't be able to access otherwise

### **Collaboration with arts organisations and health care providers**

- *'It feels as though the arts and health sector are still getting to know each other and finding out about each other'* – there's a drive from both sides to collaborate more as they did in the workshop to see what is possible

### **Increasing public demand for *Arts on Prescription***

- Important to raise the profile and create public demand by helping people who have experienced the transformational benefits tell their stories

### **No side effects**

- David Crichton *'What struck me was the benefits that the arts on mental health are clear but no-one is talking about the negatives. There doesn't seem to be any negatives associated with creative activity, there are no side effects, so why aren't we doing more of it?'*

### **Work and health**

- Strong support for providing *Arts on Prescription* for people who are working. Many examples given in groups of high levels of stress and presentism in employees in Doncaster and that this could help to address this

### **Not one off pilots**

- Don't have time limits on services due to funding – 'you can have this but only for 6 weeks' – *'taking something away from people because funding has run out can be even more destructive'*
- There was a strong feeling from the Cultural organisations that commissioning of arts services can often be short term and seen as 'pilot' activity rather than recognised as part of a valuable element of someone's care pathway. If *Arts on Prescription* was embedded into care pathways then this is less disruptive, makes the service more stable and raises public awareness

### **Social Prescribing**

- How does *Arts on Prescription* align with the current Social Prescribing Service?

### **Capacity in the cultural sector**

- Need to think carefully about where activity can take place across the borough – DCLT are interested in working with the cultural sector to place activity in their buildings
- Are there enough creative professional across the borough? Need quality arts practitioners who are experienced in working with a range of needs

### **Challenges**

- Time
- Money
- Overwhelming (need logic model = case for change)





## What might *Arts on Prescription* look like?

- A non-medical intervention to meet medical needs and helps people overcome physical and psychological pain, playing a vital role in recovery and maintenance of health. Group creative activities can help to overcome social isolation in people of all ages
- Between 12-20 weekly sessions offered to participants with clear pathways into other opportunities after their prescription has finished
- Colour Your Life in Durham run a 10 week activity. Then a membership scheme after this so that they can attend weekly activities that are part funded by their weekly donations and part funded by Durham County's Public Health Service
- Importance of pathways into arts interventions but then ongoing support, transition out of activity at the appropriate time but also back in at a later date if needed
- Provision of support and training for artists – supervision group for artists
- Consider evening and weekend sessions to increase accessibility for those working
- Experiment with introducing affordable fees
- Showcase work created at gp surgeries to raise profile and increase demand
- Organisation delivering *Arts on Prescription* can become part of the Social Prescribing Network
- Co-production with artists, participants, health professionals and commissioners

### **Benefits of *Arts on Prescription***

- High attendance and completion when compared with other primary care based health referral programmes such as exercise referral schemes
- Successful recruitment from a broad range of socio-economic backgrounds, high percentage from more deprived areas
- You are not defined by your condition but able to move towards the idea that you are defined by your art

### **How *Arts on Prescription* links to Doncaster's to Place Plan**

- Support all ages
- Working with people at transition points
- More neighbourhood based, community and person centered delivery
- Increased focus on prevention
- 7 areas of opportunity: Vulnerable Adolescents, Starting Well, Learning Disability, Dermatology, Complex Lives, Urgent and Emergency care, Intermediate Care

### **How *Arts on Prescription* links to Doncaster's Health and Wellbeing Strategy**

- *Arts on Prescription* can benefit Doncaster residents under the Living Well and Ageing Well as well as increasing their health and wellbeing which would have a positive effect on their relationship with their children (Starting Well)
- *Arts on Prescription* could deliver the following outcomes under Living Well:
  1. More people making healthy choices relating to smoking, alcohol consumption, healthy weight and diabetes
  2. More people in sustained work
  3. *Arts on Prescription* could deliver the following outcomes under Ageing Well:
    1. More People remain healthy and independent for longer with fewer people socially isolated
    2. Fewer older people will have serious falls that require them to go to hospital
    3. Fewer older people require health and social care services
- *Arts on Prescription* could deliver the following outcomes for All Ages:
  1. More people will be physically active
  2. Carers have as much social contact as they would like
  3. Fewer people will die early from causes considered preventable
  4. People's quality of life is good

### **How *Arts on Prescription* links to Doncaster Growing Together**

- Doncaster Caring: Supporting our most vulnerable residents. Emphasis on joining up social and health care and support and on shifting focus to prevention and support that enables people to enjoy life with their families and communities
- Doncaster Living: developing the arts, culture and leisure offer and using physical activity to improve population health and wellbeing



## Recommendations/Actions

*'We recommend that NHS England and the Social Prescribing Network support Clinical Commissioning Group, NHS Provider Trusts and local authorities to incorporate Arts on Prescription into their commissioning plans and to redesign care pathways where appropriate' APPG*

### **Raise awareness and change attitudes about the arts and cultural sector:**

1. **Establish an advisory group.** Members could include senior commissioners, procurement leads, councilors, members of the Health and Wellbeing Board. Work with this group to develop a set of objectives about who to influence and how. Set timescales
2. **Develop a range of communication tools in order to influence different people about the impact arts and culture can have.** Design a one page plan for Doncaster which shows how it can impact on current outcomes in the Place Plan, Doncaster Growing Together and Health and Wellbeing Board priorities
3. **Work with SYHA Social Prescribing Service** to see how the arts can enhance provision and support the current needs of its patients.
4. **Identify 3 gp practices who would commit to running a pilot *Arts on Prescription* service.** Present the APPG report and our vision for *Arts on Prescription* at a gp Practice Network
5. **Work with the advisory group to identify opportunities for *Arts on Prescription* pilots in Doncaster.** Build on strong interest from health professionals that attended the APPG presentation to identify specific opportunities that they would be willing to fund e.g. dance for falls prevention or Singing for Respiratory conditions.
6. **Identify opportunities to bring together the public and arts sectors.** For example inviting a cultural organisation to present at a local conference or hold public sector events in arts spaces.

7. **Hold a networking event that brings together arts organisations with commissioners to find areas of alignment**

**Improving procurement processes to engage and support the arts and culture sector**

1. **Explicitly write arts and culture into tenders**
2. **Ensure that people with personal budgets are able to access information about arts activities in Doncaster.** Consider running training for care coordinators to raise awareness of non-traditional services, such as arts
3. **Identify how to influence the leads of the Accountable Care Partnership who may be interested in pilot activity**

**We would also action the following recommendations in the APPG report:**

*'At board or strategic level, in NHS England, Public Health England and each Clinical Commissioning group, NHS Trust, Local Authority and Health and Wellbeing Board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing'*

*'We recommend that Healthwatch, the Patients Association and other representative organisations, along with arts and culture providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professional and the wider public'*

