

Report of the Review of Arts and Health Working Group



DH INFORMATION READER BOX

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
Document purpose	Best Practice Guidance
Gateway reference	7621
Title	Report of the Review of Arts and Health Working Group
Author	Harry Cayton
Publication date	4 April 2007
Target audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Directors of Adult SSS, NHS Trust Board Chairs, Directors of HR, Allied Health Professionals, GPs, Directors of Children's SSS
Circulation list	Voluntary Organisations/NDPBs
Description	This report sets out the findings and recommendations of the Review of Arts and Health Working Group, chaired by Harry Cayton, National Director for Patients and the Public.
Cross reference	N/A
Superseded documents	N/A
Action required	N/A
Timing	
Contact details	Zoë Lawrence Experience and Involvement Room 5E58, Quarry House, Leeds LS2 7UE 0113 2546107
For recipient's use	

Foreword

Sir Nigel Crisp, former CE of the NHS asked me to carry out a review of the role of the Department of Health in promoting arts and health. I set up a small working group to advise me and invited submissions from people with an interest in the area. I am pleased to enclose the report of the Working Group on Arts and Health.

We have considered carefully the many excellent and thoughtful responses we have received, from over 300 colleagues in the Health Service, Local Government, the Arts Council, professional bodies and organisations, individual patients and users, artists, charities and the construction industry. These form the foundation of our report, and I should like to thank both the members of the Working Group for their time, commitment and great enthusiasm, and all those who have taken the trouble to share with us their ideas, experiences and passion for improving the health and wellbeing of patients, users and staff in every aspect of health and healthcare. My particular thanks go to our secretary and advisor, Jane Riley, whose knowledge and assiduousness have been invaluable.

The arts are undoubtedly essential for human well-being. We hope that our report celebrates the contribution they make specifically to the lives of those who use and work in health and social care and that we set out practical ways the Department of Health can encourage and develop practice in this valuable aspect of care and healing.

Harry Cayton
Chair, Working Group on Arts and Health
National Director for Patients and the Public
28 February 2006

“The effect of beautiful objects, of variety of objects and especially of brilliance of colour is hardly at all appreciated ... I have seen in fevers (and felt, when I was a fever patient myself) the most acute suffering produced from the patient not being able to see out of a window and the knots in the wood being the only view. I shall never forget the rapture of fever patients over a bunch of bright coloured flowers... People say the effect is only on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, by colour, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery.”

Florence Nightingale, Notes on Nursing, 1859

“Not everything that can be counted, counts; and not everything that counts, can be counted.”

Albert Einstein (1879-1955), sign hanging in his office at Princeton

“Do not imagine that Art is something which is designed to give gentle uplift and self-confidence. Art is not a brassiere. At least, not in the English sense. But do not forget that brassiere is the French for life jacket.”

Julian Barnes, Flaubert’s Parrot, 1984

Executive Summary

The report sets out the findings and recommendations of the Review of Arts and Health Working Group, which was set up by Harry Cayton, the National Director for Patient and the Public, to support him in advising the Department of Health on its role in relation to arts and health.

Its key findings are:

- Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments, including supporting staff
- Arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the Department and NHS to contribute to key wider Government initiatives
- There is a wealth of good practice and a substantial evidence base
- The Department of Health has an important leadership role to play in creating an environment in which arts and health can prosper by promoting, developing and supporting arts and health
- The Department should make a clear statement on the value of arts and health, build partnerships and publish a Prospectus for arts in health in collaboration with other key contributors

Introduction

1. Sir Nigel Crisp, former Chief Executive of the NHS, asked Harry Cayton, National Director for Patients and the Public, to lead a Review of the Department of Health's role in relation to Arts and Health, to help the Department to understand the contribution and potential value of arts and health more fully.
2. Although the Department promotes a number of arts and health related activities, it has not previously sought to develop a more joined up or sustained approach. As well as the continuing growth of arts and health, key catalysts included recent discussions with Arts Council England (ACE) and others; the opportunity of the current capital investment programme for the NHS; the Department of Health's increasing emphasis on improving public health and wellbeing, on joint working with other agencies, and the Department's changing function. As the terms of reference (**Annex A**) make clear, the Review was to reflect the Department of Health's role set out in 'Creating a Patient-led NHS'.

Guardian "Second Wind", March 2004

"A project teaching asthmatic primary pupils to play musical instruments has seen a remarkable improvement in their health and attendance."

Approach

3. To support him, Harry Cayton set up a small Working Group (see terms of reference at **Annex A** and membership at **Annex B**). The Group met four times, first meeting in September 2005. This report sets out the Group's findings and recommendations. In particular, we considered:
 - What contribution can and does arts and health make in a range of areas, including improving health and wellbeing, in creating healing environments, as therapy and in supporting staff?
 - What evidence is there about arts and health and what does it tell us?
 - What should be the role of the Department of Health/NHS? Should the Department produce a strategy on arts and health, and if so, what should it include?
4. As well as drawing on the experience and expertise of the Working Group itself, we consulted a wide range of groups and individuals. It was clear that the Review engendered much interest and enthusiasm. We received over 300 detailed and positive (and no negative) responses from senior NHS managers, NHS arts coordinators, artists, arts therapists, clinicians, charities, individual patients and users, professional bodies, academics, architects, constructors, designers and engineers. In addition, we carried out a number of literature and research reviews, and interviews with some key individuals.
5. Although 'arts and health' can be defined in a number of ways, we have used the definition of "arts" provided by Arts Council England: "literature and writing, theatre and drama, dance, music, visual arts which include crafts, new media, architecture, design, moving image, and combined arts".

The healing power of song, Daily Telegraph 2005

'Singing medicine' at Birmingham Children's Hospital finds that taking part helps children cope better, distracts them from the pain, trauma and boredom, stimulates the brain particularly in those who have suffered a head injury, and encourages children to join in.

Key Findings and Analysis

Well-established and widespread good practice

6. We found that there is a large amount of effective, innovative activity right across the country, demonstrating real results for patients, service users, staff, local communities, the NHS and society as a whole. Arts and health is making a very valuable contribution in many different ways, including: improving health, wellbeing and quality of life, to major health priorities, to improving clinical outcomes both from environments and direct treatment and therapy, supporting and training staff, and in promoting patient and public involvement and community cohesion in the creation of arts and as a way of improving understanding between staff and the recipients of their care.
7. There are many fine examples of good practice. Many arts and health organisations and initiatives have been established for a number of decades, both in the UK and abroad. The examples involve individuals, groups and organisations from many different backgrounds including the state, private and not for profit sectors, artists, clinicians, therapists and managers. They serve a range of people including those with disabilities, mental health problems, terminal illnesses and long term health conditions, older people, carers, refugees, and from a wide variety of ethnic origins.
8. There are also many useful websites and publications which describe good practice, including those produced by Arts Council England and the former NHS Estates. However, we found that these materials and examples are not always widely known about. When they are, they save time and effort and provide sound examples for others to use. Many have commented that they were most inspired and convinced of the need and possibilities by seeing live examples, either within their own organisation or elsewhere. Although respondents described several challenges, almost every one had been overcome by another project elsewhere, showing the value of sharing and networking effectively. Many organisations in the NHS and elsewhere have already taken the initiative to set up networking mechanisms, but there was a universal call for more.

King's Fund inspires brighter working spaces Nursing Times, 2004

A significant contribution to key Departmental and Government objectives

9. Many projects are demonstrating the contribution arts and health can make to some of the most important objectives for:
- the Department of Health – such as developing more patient-centred care; delivering public health priorities on prevention and promotion, mental health, obesity and asthma; shaping tailored care under the National Service Framework for Older People; promoting Self Care; improving patient experience through improved clinical outcomes and more homely environments; supporting staff by tackling stress and enabling them to use their skills more fully, and using the humanities to improve training and education
 - Wider Government – contributing to the regeneration of deprived areas, creating greater social capital and community cohesion, enabling greater participation and reducing exclusion, helping people back into employment, and supporting major programmes such as “Every Child Matters” and local area agreements in local government
10. Given the connections between communities, participation, education, health, employment and wellbeing, there are key opportunities for the Department of Health and the NHS to bring about change through arts and health to some of the key influencers of health and the use of the NHS. Just a few of the many examples include:

Tackling major health issues: Oldham’s “Bronchial Boogie” shows teaching children with **asthma** to play wind and brass instruments has cut time missed from school and the number of children unable to participate in sports, reduced symptoms, sleepless nights and medication

Participating in arts projects has a positive impact on the **mental health** of participants by raising self esteem, and reducing social isolation, such as Bromley by Bow Health Centre. In acute care, the arts have proven effects on wellbeing, recovery and perceptions of **pain**

Community cohesion, regeneration, and improving public health – arts get people to participate, raising their self esteem and opening them up to change, often important in making improvements in their health and lifestyle. After being part of Portsmouth’s Somerstown Dot to Dot initiative, several of the postnatal depression group joined other activities, training for Sure Start, becoming a non-teaching assistant or member of the local Regeneration Project Board

Arts Therapies can be particularly helpful to people who find it hard to express their thoughts and feelings verbally. An award-winning programme in Glasgow helped deliver culturally sensitive treatment options to women asylum seekers and refugees with moderate mental health problems and complex trauma. Language barriers were reduced because the intervention did not depend on the spoken word

Explaining and normalising healthcare – the charity A Picture of Health and Artists in Residence programmes such as at the John Radcliffe, Oxford, provide a way of expressing emotions and worries which may be hard to articulate, explain complex procedures more readily through images and provide a normalising experience within stressful and invasive environments

Education and the Humanities – Cambridge PCTs and local artists have introduced arts into GP education, getting a theatre group to stimulate **discussion and insight into mental health** problems faced by patients and their doctors. A Yale University study uses art to teach the importance of observation to improve diagnostic skills

The King's Fund's Enhancing the Healing Environment now has over 100 schemes. Formal evaluations demonstrate how **transforming environments** delivers therapeutic benefits, reduces staff and patient stress, supports staff development, and improves retention and recruitment

Building alliances with partners such as the police in Connecting Communities in Camborne has brought football, a BMX track and dance workshop to a deprived community, building social cohesion and encouraging **physical activity**

Salisbury District Hospital was one of the first to achieve Practise level in **Improving Working Lives**, including a programme of participatory arts for staff, letting staff try something new, wind down after work, meet colleagues in a different context and reduce stress – supporting team working, staff welfare and development and creating the friendly environment frequently commented upon by staff and visitors

Using natural creativity and the interest in participating as part of **successful rehabilitation** – men at a post discharge stroke group set up by occupational therapists at Mayday Hospital in Croydon produce complex Eagle Star quilts. As well as therapeutic benefit, people meet and support one another, and develop fine motor skills, high levels of concentration and raised self confidence

Key characteristics for successful work

11. The responses we received identified a number of common success factors:
- senior level support and the advocacy of champions
 - sustained commitment from all those involved, often in the face of major difficulties
 - taking a patient- or user-centred approach to develop a service
 - building partnerships with all types of organisations
 - having people who are appropriately trained and experienced
 - having a dedicated post which most described as an “arts co-ordinator”, with the skills and contacts to raise awareness and funding, to provide a focus, to engage with artists and outside agencies whose role and approach may differ from that of the NHS and who may find it difficult to understand and access the Health Service

- effective communications about the benefits, using evidence or real examples to demonstrate what is possible
- having a clear, robust strategy

“It opened my eyes: using theatre in education to deliver sex and relationship education.”

Health Development Agency good practice guide, December 2003

Practical Issues

12. There has been some debate about whether the NHS should invest in or be involved in arts and health, and in some cases this has made it hard to secure resources. We noted that historically in many cultures, arts, health and wellbeing were regarded as closely connected and complementary. This recognition, grounded in the understanding that health is a product of the whole person not just of medical treatment, lies at the heart of many of the successful approaches to engaging with the public and patients, as well as in providing positive support for staff.
13. Much of the sector has grown through the work of committed individuals, rather than because of general acceptance and understanding of the value of arts and health. In addition to funding from the NHS itself, arts and health has proved very successful in securing external funding, including from Arts Council England, the private, voluntary and charitable sectors, thus bringing significant sums into the NHS that it would not otherwise have had. However, much of it is short term, and when it ceases, services are at risk of being cut.
14. In our view, spending on arts and health is and should be seen as a legitimate, integral part of healthcare and good staff management and support, and entirely appropriate for NHS activity and investment, for instance for health promotion. There is an opportunity now to make existing partnerships even more constructive in delivering results.
15. Although many called for further funding, and it is clear that additional money would always be welcomed, we believe that tackling issues about awareness, evidence and understanding are the most effective way to increase investment, and is in keeping with ‘Creating a Patient-led NHS’. It should also be made clear that local health communities know best how to use the arts in their own work, and it is for them to decide what they wish to fund and how, rather than being the subject of any central approach. In particular we acknowledge the strong contribution that traditional arts make to the lives of many minority communities. We consider that many issues about

funding stem from the fact that the benefits and evidence-base for arts and health are not always fully recognised – where the NHS does use arts and health, there are strong benefits and where people have seen good examples, they have generally been sufficiently convinced to develop similar schemes, services or approaches.

16. As a number of people urged that a specific sum to be spent on art should be identified and ring-fenced in the budget for all new building and refurbishments, we considered this issue. We recognised that in some cases it has been found helpful, and has ensured that the arts were given consideration. NHS bodies may wish to consider this approach. We argue however that what is essential is that the arts should be seen as integral to the NHS, and planned from the beginning.
17. Appropriate facilities are not always provided for the delivery of arts and health services. In some cases, arts and health is sometimes only an afterthought in new buildings. Best practice suggests that the use of the arts and the need for suitable accommodation for arts activities should be integral to planning, design and construction processes right from the outset.



The Centre for Arts and Humanities in Health and Medicine works with NHS bodies to develop staff training using research-based arts techniques to get across key messages about human behaviour to promote greater understanding of health inequalities in communities, and improve interaction with patients.

18. The arts and humanities have an important role to play in supporting and enriching the lives of staff as well as patients, through reducing stress and creating better working conditions, in clinical education, training and service provision, and building stronger relationships between staff, patients and service users and their families, including improving mutual understanding where there are ethnic differences. A number of respondents mentioned that arts and health activities were generally very warmly welcomed by staff, and were seen as a valuable alleviation of what could sometimes be unrelenting and routine work. Many told us that even the most withdrawn patients had “come alive” and that they had gained a new understanding of and respect for patients who found it hard to communicate – “seeing the patient not the condition”.

Sandwell Third Age Arts

Winner of NIMHE’s Positive Practice award for Mental Health and Older People. STAA provides creative opportunities for older people with mental health problems and their carers.

19. Artists and community-based organisations wished to understand the NHS better, to know who to contact and how to present their skills to make them attractive and relevant to the NHS. Many had experience from other sectors that could be readily translated for the NHS's benefit.
20. The important issue of patient and staff safety, particularly when working with vulnerable patients was raised with us by a small number of respondents, including the British Association of Art Therapists. Many artists and groups stated that they were keen to undertake training to help them work more effectively in the NHS, but such training is not necessarily provided. It is important that arts and health activities are carried out safely. We believe that it is entirely appropriate for creative artists to work alongside patients, when properly supported and supervised. This does not detract from the importance of the arts as a form of therapy. There are very many good examples of collaboration between artists and arts therapists with each drawing on the strengths of the other. The NHS should be fully aware of the importance of selecting only those who are appropriately experienced and should ensure adequate levels of support and supervision as appropriate, as well as proper use of the Criminal Records Bureau.
21. A number of people mentioned both the positive and negative aspects of media publicity and the impact this has on the ease of engaging with colleagues and outside bodies. Many broadsheets regularly feature positive articles and research on the impact of the arts. Several respondents told us that if the media were engaged, particularly with local projects where they could see real examples with real people and real benefits, they were generally highly supportive. The bulk of press coverage is very positive, but a small number of negative and trivialising articles have a disproportionately harmful impact, and many respondents were disappointed that these articles had not sought to explain the proven benefits of the use of arts and health.

SAGA "The Sound of Music", September 2005

"Music is famously the food of love but the latest studies suggest it can also help ease depression, calm anxiety and aid recovery from illness."

What the evidence tells us

22. There is a large amount of evidence and good practice both from the UK and internationally that demonstrates the value of arts and health. We were sent details of over 1000 studies which make a powerful case for making investment in arts and health. Some reviewed considerable amounts of literature to demonstrate the scale of the evidence base, including:

- The 2004 review of the medical literature for Arts Council England by Rosalia Staricoff cites nearly 400 papers – several are cited in this Report
- Roger Ulrich and Craig Zimring's September 2004 study 'The Role of the Physical Environment in the Hospital of the 21st Century' found some 700 peer-reviewed robust research studies demonstrating the impact of the environment on health outcomes. Many have also demonstrated economic savings as well as higher patient and service user satisfaction levels

Other examples include:

- (a) 2001 Chelsea and Westminster Hospital research by Rosalia Staricoff found length of stay of patients on a trauma and orthopaedics ward exposed to visual arts and live music was one day shorter and need for pain relief was significantly less than those in the control group; live music was very effective in reducing levels of anxiety and depression; and visual art and music reduced levels of depression in patients having chemotherapy by a third
- (c) Two independent evaluations in 2003 and 2006 of the King's Fund Enhancing the Healing Environment demonstrate significant improvements including in user and patient satisfaction, clinical outcomes, clinical practice, safety, staff retention, recruitment, and team working – in many cases, rethinking the environment led to changes in the way services were provided
- (d) A University of Nottingham study found patients in the new cardiac ward were discharged 3 days sooner, needed significantly less medication and rated their care better than those on the old ward
- (e) University of Sheffield, South Downs Health NHS Trust and Poole Hospital NHS Trust (2003) found medical patients in the new acute hospital were released on average 1.5 days earlier, there was a dramatic reduction in the amount of analgesics taken by patients in the new wards compared to the old, and in the mental health unit the severity of verbal and physical abuse, and the instances of patients injuring themselves dropped very significantly

- (f) Bristol Royal Infirmary Consultant Occupational Therapist Robin Philipp's 1999 study of 196 people published in *The Lancet* reported:
 - 2 out of 3 said reading reduced stress and writing was an outlet for their emotions
 - 10% said that reading poems improved their mood
 - 13 said that poetry had helped them to stop taking anti-depressants or tranquilisers
- (g) More than 30 rigorous scientific studies show how exposure to nature quickly decrease stress and reduce pain, slowing respiration and lowering blood pressure (Ulrich and Gilpin, 2003)
- (h) Many studies mentioned the positive impact on staff both of works in the environment (which has a proven positive impact on staff satisfaction, Ulrich, 1992) and improving job satisfaction, by reducing stress and helping them to provide a better, more stimulating service
- (i) McMellan (1996) shows that the relationship between medicine and arts, particularly literature, stimulates the insights into shared human experiences and individual differences. Others show that literature is important in helping to develop empathy across gender, race, class or culture (Charon, 1995, Hunter, 1995)



Singing has been shown to increase the quality of life of people with progressive dementia (Clair 1990, 1996, 2000)

Rheumatoid arthritis sufferers who listened to 20 minutes of their preferred music daily reported a significant reduction in the perception of pain (Schorr 1993)

- (j) As part of the Invest to Save programme, the Department of Health, North West Public Health team and Manchester Metropolitan University's Arts for Health are improving the evidence base through a major three year study examining six differing projects. They include "Wear Purple", a rurally-based project in Cheshire, run by Age Concern to tackle isolation, and BlueSCI which works in a hospital and community setting to explore the impact of arts and health on NHS staff, environment and culture

23. Some pieces of evidence are less rigorous than others. Sometimes this is a consequence of the amount of resource available and the requirements of those introducing the initiative. Research methodologies do need to be improved if all of the evidence base is to be convincing. There are also issues about the way qualitative evidence is regarded in the NHS, compared to quantitative studies. This is a significant cultural issue and a barrier to the use of the evidence base. The NHS should adopt a more pragmatic approach, and recognise that different types of evidence can be entirely valid in decision-making. As Einstein said: “Not everything that can be counted, counts; and not everything that counts, can be counted.”
24. Although many said that the evidence is important in engaging people, it is by no means essential – many senior managers argued that it was common sense and that although some studies were not quantitative or randomised controlled trials, the changes were clear to see and they were satisfied about the value of investing.
25. The research has significant implications for the NHS, in that it demonstrates how arts and health can contribute to major priorities such as improving health, healthcare, wellbeing and quality of life, working with all sections of the population, and in reducing stress in staff and patients.
26. A number of Trusts told us that they were drawing on the evidence to respond to the Choice agenda, recognising that patients were judging the hospital on how it looked and felt, and might choose to go elsewhere if facilities rated poorly. Others considered that having a more rounded view of people including staff as human beings is important, and there were many research studies about improving the quality of life and interaction with older people and those with dementia.
27. However, the scale and strength of the evidence is not well appreciated and it is not drawn together to make it easily accessible. This means it is not always used to develop the best solutions or make an effective case for change or investment, and helps to perpetuate the myth that there is little evidence to support investment in arts and health. There would be value in supporting greater awareness and sharing of the results. We also need to consider how we can overcome issues about how the different types of evidence are regarded. There would be significant benefits to the NHS if information about and access to the research evidence could be improved, so that more people were aware of it and knew how to find and use it. It would reduce duplication, speed up the adoption of proven ideas and give confidence to the investment process.



“Open Harp Surgery”, 18 February 2006

Cardiologists have a new way to pluck up your heart strings

The role of the Department of Health

28. Almost all those who responded considered that the Department of Health has a unique and important role, and that its support is essential if the maximum benefits for patients, service users and staff are to be derived from arts and health. In particular, they emphasised that progress on arts and health would be supported and accelerated if the Department was to make a clear policy or position statement.
29. A significant proportion of respondents felt that the Department of Health should take a role in working with the media to get across the key messages about the true impact of arts and health, including the scale of the evidence base, the benefits for patients, users, staff and the NHS as a whole, as well as issues about value for money.
30. The Department of Health has an important role to play in promoting, developing and supporting arts and health to the benefit of all, and it is clear that there would be great benefit in having clarity about the Department of Health’s position. We discussed what form this might take, and in particular whether a strategy would best achieve the ends we propose. In our view, a strategy would not be the most constructive approach, particularly as the term suggests prescription and an additional reporting requirement on the NHS. What we believe is needed is clarity about the value which the Department attaches to arts and health.
31. The Department of Health is also in a unique position to create a supportive environment, to raise awareness and to build strong partnerships with a range of other bodies. Key to this is the need to develop a better common understanding of what arts and health is and can contribute, across the Department of Health, the NHS and the media, as well as with a range of other bodies. A published document, produced in partnership with other key contributors to arts and health, would be particularly valuable in getting across key messages about good practice, evidence and inspirational ideas.

“...a greater challenge still: of achieving health for all, not just improving health care. Our central question: how do we help every individual and every community get the most out of life?”

Patricia Hewitt, Secretary of State for Health, January 2006

Our health, our care, our say: a new direction for community services

Recommendations

32. We make the following recommendations:

Recommendation 1: Arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments. The Department of Health should make a clear statement to this effect, and should consider how arts and health can be included more regularly in its policies, and whether systems and incentives should be adapted to reflect the contribution of arts and health. The Department should establish a national award to promote the use of arts and health.

Recommendation 2: The Department of Health should take this opportunity to provide leadership in arts and health, by creating an environment in which it is legitimate and considered to be good practice to be involved with and invest in arts and health. With key partners, including Arts Council England, the Department should produce and publish a Prospectus for arts and health, illustrating benefits and good practice approaches, to publicise and share the wealth of material sent in by respondents and others, so that the NHS does not miss out on the wide range of opportunities these present.

Recommendation 3: The Department of Health should make clear that there is a substantial evidence base supporting the use of arts and health, as well as many good practice examples, and should give further thought to how these can be shared, understood and made more accessible.

Recommendation 4: The Department of Health should approach other Government Departments and a range of organisations with an interest with which it can form partnerships and identify sources of funding at a strategic and corporate level, to identify how arts and health can contribute more fully to health and wider Government objectives.

Recommendation 5: The Department of Health should develop a communications strategy to work closely with the media.

Recommendation 6: The Department of Health and the NHS should recognise the contribution arts and health plays in supporting and enriching the lives of staff as well as patients, including its impact on retention and recruitment, and should value those members of staff for whom bringing the arts and health together is a skill, making a valuable contribution within an NHS organisation and between it and the wider community. It should work with partners to consider issues around training to support the increased involvement of artists and community groups in the work of the NHS.

Recommendation 7: That all those providing funding and services including public bodies, charities and businesses should work with the NHS to take account of what will happen once the planned funding ceases, as some services need to be sustainable.

Recommendation 8: that all NHS bodies proposing new build and refurbishment should follow existing guidance and consider how to maximise the use of arts and health, including the need for suitable accommodation for arts and health activities, and that this be integral to planning, design and construction processes right from the outset.

“LIFE SAVING VERSE” Daily Telegraph 2005

Conclusion

33. The Working Group believes that the messages are clear – that arts and health have a clear contribution to make and offer major opportunities in the delivery of better health, wellbeing and improved experience for patients, service users and staff alike. The Department of Health has an important role to play in promoting and supporting the development of arts in health, working in partnership with others.

Annex A

TERMS OF REFERENCE

To consider whether or not the Department of Health should have a strategy to support, develop and promote the role of the arts* in health and to make recommendations by:

Considering the role of the arts in the following three areas

- Arts in the healing environment
- Arts as therapy
- Arts in improving working lives (including training)

Reviewing and assessing the existing evidence

Taking into account NHS policy and strategy in other areas in particular the framework set out in *Creating a Patient led NHS*.

The review group should make recommendations and report to Sir Nigel Crisp by the end of February 2006.

* we will be using the definition of “arts” provided by Arts Council England: “literature and writing, theatre and drama, dance, music, visual arts which include crafts, new media, architecture, design, moving image, and combined arts”

Annex B

Strategic Review of Arts and Health Working Group Members

Harry Cayton (Chair)
National Director for Patients and the Public

Dr Sam Everington
Bromley By Bow Health Centre and Deputy Chairman, BMA

David Gilbert
Freelance Consultant, Patient and Public Involvement in Health

Simon Henderson
Head of Cancer Environments, Macmillan Cancer Relief

Catherine McLoughlin
Chairman, National Network for Arts in Health and
Chairman, Age Concern England

Sonia Mills
Chief Executive, North Bristol NHS Trust

Pauline Tambling
Executive Director, Development, Arts Council England

Secretariat

Jane Riley
Department of Health

References

Staricoff R (2004) *Arts in health: a review of the medical literature*. Arts Council England.

Ulrich R, Zamring C, (2004) *The role of the physical environment in the hospital of the 21st Century*. The Centre for Health Design.

King's Fund for London (2003) *Enhancing the healing environment*.

Ulrich R, Gilpin L (2003) *Healing arts: Nutrition for the soul*. In SB Frampton, L Gilpin, P Charmel (ed) *Putting patients first: design and practicing patient centred care*. Pp 117–148 San Francisco Jossey-Bass.

Ulrich R, (1992) *How design impacts wellness*. The Health Forum Journal Sept-Oct 35(5):20–5.

McMellan (1996) *Why Literature and medicine*. The Lancet 348 109–111

Charon R, Trauman BJ, Conell JE, (1995) *Literature and medicine: contribution to clinical practice*. Annals of Internal Medicine 122 599–606

Hunter KM, Charon R, Coulehan JL (1995) *The study of literature in medical education*. Academy of Medicine 70 787–794

Clair A (2000). *The importance of singing with elderly patients*, in Aldridge D (ed) *Music therapy in dementia: more new voices*. London. Jessica Kingsley pp 81–101.

Clair A, Bernstein B (1990). *A comparison of singing, vibrotactile and non-vibrotactile instrumental playing responses in severely regressed persons with dementia of the Alzheimer's type*. Journal of Music Therapy 17 119–125.

Clair A, (1996) *The effect of singing on alert responses in persons with late stage dementia*. Journal of Music Therapy 33 234–247.

Schorr (1993) *Music and pattern change in chronic pain*. Advances in Nursing Science. June 15(4):27–36.

