

Digital, Culture, Media and Sport Committee

Oral evidence: The social impact of participation in culture and sport, HC 734

Tuesday 16 October 2018

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Members present: Damian Collins (Chair); Julie Elliott; Simon Hart; Julian Knight; Ian C. Lucas; Brendan O'Hara; Rebecca Pow; Jo Stevens.

Questions 178-227

Witnesses

I: Alastair Campbell, Mental Health Campaigner, Dr Daisy Fancourt, Senior Research Associate, Institute of Epidemiology and Health Care, University College London, and Susannah Hall, Head of Arts, Great Ormond Street Hospital for Children NHS Foundation Trust.

Written evidence from witnesses:

- [Dr Daisy Fancourt](#)
- [Great Ormond Street Hospital for Children NHS Trust](#)

Examination of witnesses

Witnesses: Alastair Campbell, Dr Fancourt and Susannah Hall.

Q178 Chair: Good morning. Welcome to this further session of the Digital, Culture, Media and Sport Select Committee on the social impact of culture and sport. This morning, we are going to focus mainly on the social impact of culture and sport on health and health outcomes. I will start with a question for all members of the panel, perhaps starting with Daisy and working along to Alastair.

When we talk about the social impact of sport and culture, do you think there is a clear enough understanding of what that means? Do the organisations that you work with have a clear sense that, as well as sport and culture for their own sake, there is an important social function attached to them, which perhaps is not quite as heralded as it should be?

Dr Fancourt: That is definitely increasing at the moment. When we talk about something like culture, which is very much an umbrella term for so many things, there is now a recognition that these activities are multifaceted. At individual levels they help to reduce stress, for example. They are cognitively stimulating and mindful. At social levels they reduce loneliness and enhance social support networks. At community levels they are reducing sedentary behaviour and encouraging skills development and economic advantages. I think that the multi-component aspect of culture is being recognised, as is the fact that all of these different components themselves are known to support health, but what the arts and culture do is to bring them together in a very effective way, because they combine the different components with an aesthetic beauty and joy of engagement that makes people want to engage.

Susannah Hall: I think that at Great Ormond Street, we know that it is a clinical place, but we try and see it as a cultural space as well. We know how important culture is to childhood and young people, and therefore we do not want any children at the hospital to miss out on those opportunities just because they are not well. It is very important to the hospital, and we look at programming arts across different sectors. We look at all sorts of art forms—dance, music and theatre—but we also commission artwork for the environment as well, to try improving both the experience of being in hospital and the hospital environment.

Q179 Chair: As far as you are concerned there are really clear benefits to this.

Susannah Hall: Absolutely. We know that it improves patients' experience of being in hospital, because they tell us. We also know that it improves their wellbeing—for example, mood scores in waiting areas improve. Waiting for a hospital appointment can be really stressful, especially if you are with family and siblings and might be waiting for several hours between various specialities. We know that when we programme arts activities in those waiting areas, mood scores increase for the children, but also for the parents, which is important as well.



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Alastair Campbell: I think that there is an understanding of it, but I am less persuaded that that understanding is taken sufficiently into account for Government health strategy. I will give you a few examples of where I feel that it is obvious that there is this benefit.

In my own experience, I know that a combination of a commitment to physical exercise every single day and a mild obsession with a northern football team that I see home and away most weekends—although I will be missing it for the march this Saturday—plus the sense of a commitment that I can put into sport, for example by campaigning on issues such as mental health, has been good for my depression. I know many, many other people who have been able, for example, to cut down on or get off medication responses to their condition through sport and, indeed, through art therapy, which I think is really important.

We were just talking outside, and I was explaining that my brother, Donald, who died a couple of years ago, had schizophrenia. The drugs used for schizophrenia are awful and take about 20 years off your life. His quality of life was vastly improved by the fact that he had a passion for music—he was a professional bagpipe player. Daisy was explaining to me what actually happens inside the brain that means that somebody who is often very distressed can get amazing relief through something like music.

With the combination of austerity, which means that the funds you might think are needed for mental health services—we are all desperate for more money for those services—are not necessarily there, and Brexit, which will possibly make that situation a lot worse, we need to look at more cost-efficient, less obvious ways of doing things that will improve people's mental health. We always focus—I am as guilty of this as anybody—on how much money is going in to it, but if the money is not going to be there, we should look for other things that may be able to help individuals, communities and so forth. I do not think we are even at the beginning of discovering the opportunities in peer-to-peer groups, social prescribing and that kind of thing, which can help deliver better services for people who need them.

Q180 Chair: One of the reasons that we are doing this inquiry is to identify the benefits of many different sporting and cultural programmes that affect people's lives in a positive way, and to ask why there is not a more coherent strategy for supporting them across Government, where it is often quite fractured. As you said, it seems that rather than seeing these as very cost-effective programmes that we could do more of when money is tight, they are seen as discretionary spend and are cut out altogether.

I think, Alastair, that you have written before that with sport in particular, there should be a more co-ordinated policy structure across Government, to look at the way intervention around sport is funded and supported. As you know, the Sports Minister has nothing to do with sport in schools, sport in prisons, or anything else. Do you think that to make more progress here, there needs to be a reform in the way Government works, looking at how you put more of these programmes at the heart of what happens?



Alastair Campbell: After the 2012 games in London, I sent a note to Jeremy Heywood suggesting that on the back of the Olympics—it could be for a short period of time, not necessarily forever—there might be the opportunity to establish at Secretary of State level a Minister for Sport who had that capacity to range right across the piece: across health, across education and across the prisons. You have professional sport at the top and you have participation, if you like, down at the grassroots, and I felt there was a massive opportunity there.

I feel that successive Governments have paid lip service to this. They like to be associated with sport and they like to be part of sporting success, but I do not think we have ever fully understood the real benefits—economic, social and cultural—that come from the fact that this is a nation that is pretty good at sport and passionate about sport. There are all these benefits going on, and I sometimes think the sporting world has been ahead of the political world on this. If I look at the worlds that have done really well in breaking down stigma, taboo and so forth, cricket has been great and rugby league has been great. Mind has just done a tie-up with the English Football League, which is all about a real, active programme of bringing sport to communities in the towns and cities of the 72 clubs.

It is not necessarily that you need a more coherent Government structure, although you do, but all of that stuff is going on almost randomly, without that Government-level leadership that says, “This really matters, we see the benefits, and this is how we are going to push it out there.” I still think there is a case for that, by the way. Let’s be honest: I think the current Sports Minister is very, very good, and she is absolutely on it about sport in lots of different ways, but does she have that capacity to really get into the criminal justice system and the education system? She doesn’t, because of the structure of Government and because she is seen as “sport”. DCMS has always been about C and M much more than the S, and I think that is a mistake.

Q181 Chair: Just a final question from me. There seems to be some push-back around these programmes when you talk to Government officials, or to some Ministers as well: “If you can prove that this works, then we will support it.” I feel there are lots and lots of case studies that demonstrate how this works, yet there is still that barrier to overcome. I wanted to ask the three of you whether you still feel this is a push-back that you get, and that we should be making more of the case studies that exist to try and make that case to budget holders and decision makers.

Dr Fancourt: We have fantastic case studies, but we also have incredibly rigorous research that shows the benefits of this. This is not something that is just based on anecdote anymore. We are seeing huge buy-in from multiple different sectors. Personally, I have worked with over 100 NHS trusts in the last few years, had thousands of patients involved in studies, and got hundreds of major national arts and cultural organisations involved in this. We are also seeing big interest outside the UK. For example, I am working with the WHO at the moment on writing a new policy report on arts and health for the 53 member states in the European region.



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Despite seeing that buy-in, we are still encountering some barriers. There are three in particular. One of them is around making sure that there is equal and open access to arts and culture for everybody. We know there is a social gradient in health. We also know there is a social gradient in arts and culture engagement, and it is very important that we try to identify and remove those barriers. There is already fantastic work happening in this area, but there needs to be more, to make sure that arts and culture are not just for those who come from wealthier backgrounds.

The second issue is about there being proper links between arts and culture and health. Social prescribing is a fantastic example of that, because it is a very clear partnership between the two, but we need more of those links through. The third thing is that there is the budget issue and making sure that we recognise the in-kind contribution that arts and culture can provide to health. We have 40,000 community choirs, 50,000 amateur arts groups and 50,000 book clubs. They are an incredible resource, and we need to recognise the value they are bringing—both for their own sake as arts and culture, and from the health perspective.

Q182 Chair: We have some questions on social prescribing later on, so I am sure we will return to that. Susannah?

Susannah Hall: I would just say that I think the evidence really does exist. If you look at the recent all-party parliamentary group report, “Creative Health”, it brought together hundreds of pieces of evidence from across the country on all art forms—everything from singing to tap dancing—and the benefits for wellbeing, but also the clinical outcomes. Lots of the work that Daisy has done really shows those clinical outcomes. I think the evidence is there and that we just need to start doing it more. Certainly in the hospital, there is an acceptance of that; there is an acceptance of the importance and the place of arts in a hospital. We know that it has its intrinsic value anyway—its beauty and the wonder that it brings to children and childhood in a hospital setting.

Alastair Campbell: There is a very good scheme that was run in a partnership between Mind, Sport England and the lottery called “Get Set to Go”, and I am sure they could send you all the numbers that were touched. That, again, was a small scheme in a small number of areas and it had a positive effect. That is the kind of thing that if you could take it and roll it out nationally, involving the voluntary sector, you would see the benefits.

The other thing I would like to mention—I mentioned prisons earlier—is that a few years ago I opened a medium-secure psychiatric unit up in the north-west, near Burnley. There were people in there who lots of you, and lots of members of the public, would say should be in jail, because of what they have done. You can make that argument, but they were there and they were responding to art therapy. Given some of the things they had done, you might have thought, “This is just a bit weird; a bit wacky.” They genuinely were responding, and I felt that they were people who, if they were stuck back in prison, would get out and then go back in. They were



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getting a sense of meaning and purpose in their life that I do not think they had ever had before. That was amazing to see.

There is all sorts of really, really good stuff going on, and the media has a role to play in how that is brought together and pushed out there, but politics also has a real role to play. Too often, these things get a bit belittled—they are wacky, weird and what have you—but where they can be seen, with proper assessment, to be working I think we should be rolling them out right across the country.

Q183 Chair: We saw a little bit of this over the summer with the recommendation to the Ministry of Justice that taekwondo be used to train young offenders, based on the huge success in using it in the favelas of Brazil. But it seems to have been removed from the strategy because it is seen as too wacky or maybe not appropriate, but it was in fact successful.

Alastair Campbell: What is the story of boxing down the years? It is that for people from really tough backgrounds and in really tough areas, boxing has been their way out. We should apply that to some of the social and cultural challenges we have now.

Chair: Absolutely.

Q184 Julie Elliott: That works in my city. Boxing absolutely has a fantastic record, in some of the poorer communities, of getting kids back on track. It is amazing, even though I don't like boxing—but I don't have to do it.

On World Mental Health Day last week, the Prime Minister recommitted to equalling funding between mental health and physical healthcare. How do you think that can be made to happen? We often hear people say that, but how does it happen?

Dr Fancourt: There is a new programme I am heading up, which is funded by lots of different research councils in the UK and is part of their mental health network plus scheme. This is a new scheme in which they have funded eight new national programmes focusing on mental health research, and one of the programmes—the one I am leading—is specifically focused on social, cultural and community activities. For a start, it is a really exciting move from the research councils that we are seeing investment in these activities as important to mental health. Across the next three years, we are going to be working with hundreds of different individuals and organisations, including cultural partners, researchers, scientists, policy bodies and mental health charities, with an aim to link up much more the research that is being done on mental health in relation to arts and culture, the practice that happens and the policy that is developed from that. That is one example of a tangible programme that will be trying to directly address mental health through arts and culture.

Susannah Hall: In the hospital, we work quite a lot with the psychological services department. The arts department and the psychological services department come together to create projects. A recent example is that I



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am wearing one of our temporary tattoos that children and young people created at the hospital. They all have messages of resilience and hope on them. This one says, "Life beats on" and it was made by a cardiac patient—there is a little trace there. The idea was that they design their own tattoos with messages about home or hope, or what they felt would make them feel better. The tattoos were created into a set and then they could give them to other teenagers in the hospital as a sort of, "You're not alone". The temporary nature is about the idea that experiences can be transitory—try to be a bit mindful about the experience. A lot of the work that we do is trying to support the services in hospital that support mental health.

Alastair Campbell: My concern about the question of parity is that it is there now—it is meant to exist now—in terms of the words of the NHS constitution, but we are so far away from it in terms of funding, awareness and our appreciation of the complexity of the issues.

If you think about the focus on health and safety in the workplace, for example, I sometimes think we have got very good at safety without sufficient regard for health. On the question of parity, again, I feel that we are paying lip service to it. I do not really think we believe it. I worry that a succession of Ministers and Prime Ministers have talked the talk in terms of it being a priority, but priority means more important than the others, and it is not.

When you say, "How do we move to that?", I do not think we can unless the words are backed up by proper resources and proper strategy right across Government. Last week, for example, on World Mental Health Day, the Prime Minister announced all sorts of things, including a Minister for Suicide Prevention. That is fine—on one level, it is good—but unless it is backed up by a proper strategy and proper resources, I do not see where it really leads.

Q185 **Julie Elliott:** It seems as if there is not a co-ordinated joining up and pulling together. Getting back to what you said about having a Secretary of State, do you think that is the only way this can work? Is there another way within the structures that we have now for us to make it happen?

Alastair Campbell: Are you talking about Government or broader society?

Julie Elliott: In Government.

Alastair Campbell: Look, you know this: a lot of it depends on the individual's concerns and on whether you have a Health Secretary who is really going to say, "Right, this is my passion. This is where I really believe we have to focus our attention." But that is very hard with all the other pressures on the health budget. Likewise, I know from my own experience that if you do not have the Prime Minister and the Chancellor locked in to a sense of the priorities that you are trying to push as a Minister, you are not going to get very far. It is important to have that leadership from the



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top. What I am saying is that I think we have it in terms of the language and the words, but I am not sure that we have it in terms of the practice across Government. Is it really a priority? I feel at the moment that it is talked of as a priority, but it is not.

Dr Fancourt: What I would say as well is that a lot of the work on arts and mental health is happening at the grassroots level. We have so much research coming out, for example, that shows how the arts can help to prevent the onset of conditions such as depression, and actually help in the management and recovery of mental health conditions. We have vast numbers of arts organisations delivering very sophisticated programmes that meet mental health needs, but that is happening mainly from the grassroots level. In order to support the growth of programmes—either certain programmes rolling out nationally or more programmes developing at local levels—there is a need for more support at the Government and political level to show the recognition that this is something that is worth investing in.

Q186 **Julie Elliott:** So you are saying that this is happening at a grassroots level almost in spite of Government, not because of Government, it sounds to me.

Dr Fancourt: In many ways, that is a good thing, because it shows that this is coming from an evidence base, from clear need and from clear benefit, but it is mainly at the ground level that we are seeing that activity at the moment.

Alastair Campbell: The Government's role could be in helping to co-ordinate that, but at the moment, I do not necessarily think that it all has to be done by the Government at all. For example, employers are incredibly important in this. Good employers understanding the importance of their employees' mental health and wellbeing is incredibly important. Those employers that are providing proper counselling, gyms, advice on diet and all this stuff—you go into those places and you see a healthier workforce, and of course that benefits them as well as the workforce. It is not all about the Government, but if the Government are giving that leadership and an overall strategy, the sort of things that Daisy is talking about are going to spread without cost.

Susannah Hall: It is very light-touch. For example, we have a choir at the hospital that is open to staff and parents. It is just once a week and we sing together. Staff say that after a really stressful day on paediatric intensive care or something like that, coming together and singing is enormously beneficial to the wellbeing of the workforce of the hospital.

Alastair Campbell: You should try it in Select Committees.

Q187 **Simon Hart:** It is more of the same, really, focusing particularly on the physical side. There is all this evidence out there about the physical benefits, and yet it is not matched by evidence of increased physical activity. I can't quite decide for myself where the blockage is. As Alastair has said, everybody is talking a good game but the statistics still show



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that there is a huge obesity problem, for example. Now that we have all clocked the fact that there are clear benefits, what is stopping us?

Dr Fancourt: The barriers are still quite a big issue. Yes, we have clocked it, but we know from a psychology point of view that just because you know something is good for you does not mean you are going to do it. We often have situations where people know that they should be engaging more in these activities, but they aren't available for them in their local communities, or there are costs attached, or it is not seen as something that is culturally relevant to them where they live. I think those barriers are a huge issue that we still need to understand more and break down further.

Q188 **Simon Hart:** Sorry to interrupt, but part of that is that government—local or national—may not be providing the facilities or incentives that we need, but it is not exclusively that—is that what you are saying?

Dr Fancourt: We have seen some examples of the closure of lots of libraries over the past few years. Libraries were a central community hub that ran many arts and cultural activities. Their closure means that in some communities there might not be the same kind of cultural hub any more for people to go and therefore it has blocked off lots of engagement with arts and culture.

Alastair Campbell: If you go to a GP, would they even think about referring you to some kind of social and physical activity? I don't think they do, and yet that might turn out to be way more effective than the most common thing to do, which is to say: "You are feeling very down, here is a prescription for antidepressants."

Dr Fancourt: Can I comment on that aspect for GPs? We have had this trial of social prescribing over the past few years, where about 400 general practices have basically been referring people who present to them with things like low-level mental health conditions to community arts, cultural and social activities, and the data that have come back from that have been fantastic.

We have had some really lovely case studies. I met an artist who had had very bad depression problems following a stroke. He was referred to an arts class, which was the last thing he thought he wanted to do, but actually he ended up loving it. It got him back on track. He is now over his mental health problems and running his own arts groups for other mental health service users.

We have seen that from 400-ish general practices and we now have NHS England involved, which is working on scaling it up to reach the 6,500 general practices that we have. This is an exciting opportunity to further those links so that the people who present to GPs with mental health conditions are being given a suite of options that include community activities.

Q189 **Simon Hart:** Would you extend that to the teaching profession? The reason I say that is that a few years ago I did quite a lot of work with



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organisations such as the Field Studies Council on getting people—those who perhaps don't respond or do particularly well—out of traditional classroom situations and into learning outside the classroom scenarios. The interesting observation from the Field Studies Council—this was acknowledged by Michael Gove at the time, but it was in the too-difficult file—was that parents, pupils and staff at the centre liked it, but it was the teachers in the school from where the children came who thought it was a massive hassle because of all sorts of health and safety issues and having to get cover when they were not there. Was that a reasonable observation for them to make?

Dr Fancourt: We have to weigh up the pros and cons to everything. It is definitely worth involving schools as well, because we do not want the only way to arts and culture to be via someone having to get bad enough to go and see a doctor. So yes, we need more of those links with social care and with education to encourage people to engage in arts and culture.

When we are weighing up the pros and cons, we consistently see that, at both individual and economic levels, referring people on to arts activities is often more cost-effective than referring them to alternative pathways.

Susannah Hall: Maybe support is also needed for the arts sector to be able to provide the opportunities to prescribe things so that it is not a hassle for the GP and there is long-term funding and support to find the right programmes as part of their artistic planning. Otherwise, it is complicated. They need to be able to create the programmes that actually work for GPs. It is about upskilling the arts sector as well.

Alastair Campbell: If we can, we should break open this idea that if you are liable to mental health problems, the only two routes are medication and therapy. Those are two routes, but all of this stuff gives other options that will often turn out to be better and, in the long term, cheaper. The thing about schools is interesting. I was on a TV programme over the weekend, on the back of the Prime Minister announcing this idea of having mental health and wellbeing checks on children. I was up against a couple of people who just thought this was a crazy idea and that we are giving them labels too young. But if we teach kids at school that it is really good to run around the playground, and to do sport and exercise every single day, I think it is also good if they understand, from an early age, that that has benefits beyond the fact that it is good fun. I do not have any qualms about the idea of encouraging teachers—I know they have a lot on their plate—to play a role with kids from a very early age in understanding the benefits of physical exercise beyond them just being meant to like running around the playground.

Simon Hart: The Field Studies Council said that after one week in their centre, kids were sent back who were then better at every subject that they were learning at school, so it was a huge benefit to teaching.

Q190 **Chair:** Do you think that sometimes the Government should be more prescriptive? With learning how to read, Government studies, commissioned by the last Labour Government and then picked up by the



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Department for Education, said, "If you teach kids to read in that way, it is more effective, so we are going to do it that way now." Do you think we should look at physical education in schools and say that there are some really clear case studies and examples of this working so we want everyone to do it like that?

Alastair Campbell: If you have the data that shows that that is likely to be beneficial to the majority of school children, then yes. We are going back to the point about whether you have somebody in Government with real clout on sport. I think the Government I worked for made some progress in relation to sport in schools. Let us be absolutely frank: the level of sporting provision in state schools, compared with the 7% who use private schools, is a joke. We are nowhere near that level. I would try to get the data as to whether sport, as practised by children educated in private schools with very good sports facilities, is a reason—there are all sorts of other reasons—why they often get better educational attainment across the board. I don't know, but that is the sort of thing we need to know, because then we can apply that to the state sector as well.

Dr Fancourt: We do have some of that data, though. For example, in arts and culture, we know the long-term benefits of having that in schools. We should be prescribing it, to a certain extent. The problem at the moment is that it is seen as the nice thing on the side that can be cut but does not need to be essential or core. The problem is that if it becomes like that, it does go, and that means that children do not engage. Children who do not engage as children do not engage as adults. I think we should be suggesting prescriptions and encouraging a certain amount of set arts and cultural activities every week in schools.

Q191 **Ian C. Lucas:** I was going to ask Susannah a question, but on that point, the problem with music and whether it is a core subject is the politicians who do not make it a core subject and do not give it precedence in how schools are measured. That would encourage teachers to focus on music. Is it not the case that there is doublespeak from the politicians? The focus is on the exam results and the number of people studying music is diminishing. While there are warm words coming from the politicians, the reality is that what they look at in schools is the GCSE results, the A-level results and so on, which completely undercuts all the warm words that we hear on World Mental Health Day. Do you agree?

Dr Fancourt: Completely.

Q192 **Ian C. Lucas:** I am sorry about the speech. Susannah, I was going to ask you a question. When you first spoke, you referred to cultural activities at the hospital, and you also referred to a choir. I want to drill down into what you are actually doing within the health sector at the hospital. Is that funded from the core budget of the hospital, or are those activities funded by charity?

Susannah Hall: Arts in hospital teams are funded in all sorts of ways. I have met many of my colleagues. We sit in every single department and are funded by a range of organisations and from, as you have said, the core budget and charity. In our case, at Great Ormond Street, the arts



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programme is funded by the Great Ormond Street Hospital Children's Charity. I am a trust employee; it is a trust service, but our programme is funded by the charity.

Q193 **Ian C. Lucas:** Is that true of the choir as well?

Susannah Hall: The choir is part of our programme. We pay professional musicians. We believe very strongly that the quality of the art in hospitals should be professional. It should be as good as it can possibly be. Just because it is in hospital and for children should not mean that it is less—

Q194 **Ian C. Lucas:** So again, that is funded by the charity?

Susannah Hall: In this case, yes.

Q195 **Ian C. Lucas:** The reason I am asking that is that what I have found in my own constituency, where we have been trying to take forward a choir project with drug users within the constituency and also an arts project involving dementia patients, is that it is always a charity and that scrabbling around for money always has to happen before these things happen. I don't know whether it's just me, but I find it extremely difficult to get the mainstream services to actually be open to funding. What am I doing wrong?

Susannah Hall: You're not quoting Daisy's research—that's the main thing! As Daisy was explaining, when you start to look at the clinical outcomes and then also the cost savings, it becomes an easier argument. I think that, in the arts sector, there will always be charity funding and mixed funding, but the sort of work that is being done around social prescribing in GP surgeries and things like that is starting to move this into the core budgets as well.

Dr Fancourt: There is a slight danger in it being constant short-term funding, because these programmes that are linked in with health, particularly in acute settings like hospitals, are incredibly sophisticated in the way they have to run, both to achieve the outcomes and to deal with the point that was mentioned earlier about their being a hassle to the point where people don't want to engage. When it's short-term funding, by the time something is developed, embedded and working well, the funding is over, and the disruption of then finding new funding and restarting is a massive detriment. There is a huge need for longer-term funding programmes that enable something to embed and have longer-term benefits as well.

Q196 **Ian C. Lucas:** Can you give examples—perhaps not now—of health boards that are committing to that sort of longer-term funding?

Dr Fancourt: Yes, we've got some really good examples now of places that are starting to take this very seriously. Gloucestershire clinical commissioning group is a good example, in that it ran a cultural commissioning pilot and that is now transitioning into longer-term engagement with arts and culture as something within the Gloucestershire region. Something that we notice is that the places that start to do this long term tend to stick with it, because they see the benefits. The problem



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is that most pilots are short and then, if there is no plan for follow-up funding, it just folds.

Q197 **Ian C. Lucas:** So Alastair, how do we get the politicians to do this?

Alastair Campbell: I think you have to show the benefits and build up a picture of those benefits being real. If you're in your constituency and trying to get your local hospital, your local commissioners or whatever to take this seriously, you have to have the examples and the data so that you can go to them and say, "Look, this is a no-brainer for you guys." Also, I think you've got to get a bit of courage, both for yourselves as politicians and for them, in terms of taking the hit from those parts of the media and elsewhere that are going to say, "This is not core services; it's a complete waste of money." They are going to moan and whinge about this kind of thing whatever. You have to show the people you are trying to get the money from that this is more effective. Rather than just saying, "We need more money for a, b, c," show them why that money would be a wise investment. And over time—I think this is a collective thing, not just involving politicians but going right across the campaigning piece—show, as I said right at the outset, that this is a way of saving money for the public sector in the long term. It is a cultural change that we have to make.

Susannah Hall: I think if you can get people involved, that really helps. When members of our board come to the choir, they sing its praises afterwards because they have experienced this for themselves. It can sometimes be a really hard sell to say, "Why don't you come along? Come and join us. You don't have to be able to sing or read music." But then they are really convinced.

Q198 **Ian C. Lucas:** The other aspect of choirs that is very good is that they bring together, sometimes, service users and the general public in a non-confrontational atmosphere, which increases understanding among different groups in our communities—something that I sometimes don't see in other places.

Susannah Hall: Yes, I never ask whether people are staff, patients or families—mums and dads who are living at the hospital. We have choir rehearsals in the evening, and I don't know which they are. It's just people coming together and singing.

Alastair Campbell: I thought it was interesting watching the news last night. The Prime Minister was talking about the loneliness strategy, which is part of this as well. If you can get people out running together, or cycling or singing together, you are addressing that as well. And there is a thing about the cost. How much does the choir programme cost?

Susannah Hall: Just the cost of the choirmaster to come up. We rehearse in the chapel and everything else is free.

Alastair Campbell: Yes, nothing.

Q199 **Chair:** Social isolation in and of itself is one of the biggest detriments to



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health. As long as people get together to do something, it is almost more important than—

Alastair Campbell: And one of the biggest barriers. One of the worst things about depression is the feeling that you do not want to go and do anything. You do not have the energy or the desire to go and take exercise, but you might if it was in your diary every Tuesday and every Friday: this is what you are going to do and these are the people you are going to go with, and you know you can talk to them and so forth. Again, it costs nothing.

Rebecca Pow: There is, of course, a parliamentary choir, which we will all join after this.

Julian Knight: You wouldn't want me joining the parliamentary choir.

Q200 **Rebecca Pow:** It's always in my diary, and I think I've got there twice since I've been here. But you are right; it makes you feel so good and it is cross-party.

Interestingly, I held an event in Parliament with the Royal College of Psychiatrists about social prescribing, but it was particularly focused on green prescribing and to do with using nature and the outdoors and wildlife. That touches on everything to do with sport and activity. A key thing came out of that. Although there is lots of good practice, what are your feelings about, say, a doctor's surgery or a health specialist prescribing a charity or the work that they do? How can we trust them and should we start to have standards and codes to formalise this whole prescribing issue? First, you would know what you were getting and, secondly, you would know that they came up to the right standard. This is all a bit hit and miss at the moment, isn't it, Daisy?

Dr Fancourt: We are starting to see more of that. I refer you to the work of the Social Prescribing Network, whose big focus is on the very issues that you have mentioned. At the moment we have variability in terms of the quality and how prepared organisations are to deliver this work, but we have variability because of the lack of money and also a lack of longer-term investment. If this is actually given a higher profile, it will become much easier for local organisations to decide that they are going to change their strategies and prioritise this as one of their strands of work. If we have clearer systems for how people can train in order to be ready to lead these kinds of programmes, we have those training programmes in place. We know there is a huge appetite for that, but it comes down to the fact that this has been grassroots. I think we need more of that higher-level engagement on training and development to support that strategic progress.

Q201 **Rebecca Pow:** I am all for using some of this money that the Government have announced. Their heart seems to be in the right place. Should some of that money be directed towards coming up with a proper system of codes, standards and checks so that you knew you had a bona fide list of go-to places for your prescriptions?



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Dr Fancourt: Yes; the only caveat I would add is that some of the best programmes I have seen have been from small-scale organisations delivering at a local level. They are responsive to particular cultural identities and local needs, so whatever is proposed from that, which sounds brilliant, needs to not just privilege large organisations, but be of a type that means small organisations with limited resources can engage.

Q202 **Rebecca Pow:** My colleague, Ian Lucas, touched on this. There are issues for the charities, whether it is the Wildlife Trust doing wild walks or the Brewhouse Theatre in Taunton doing painting classes. I went to one of those two weeks ago; all sorts of retired people and pensioners were there absolutely loving it. One of the issues is that charities might have to expend money applying to do these things. The whole thing is difficult for them. We are relying on not just a handful, but hundreds of these diverse charities to solve the problems of society. What do you think about that, Alistair?

Alastair Campbell: Isn't that partly why they are there? That is not necessarily how they establish themselves, but that is part of the role that they play.

Q203 **Rebecca Pow:** Yes, but if the Government are thinking they could solve lots of society's problems, we are putting a lot of onus on these small diverse groups, aren't we?

Alastair Campbell: We are.

Q204 **Rebecca Pow:** So that cuts back to Ian's point—they need a better, firmer footing. Many of them are operating on a shoestring.

Alastair Campbell: A lot of them are, but I would be a little worried in a situation where, for example, your area might happen to have a particularly good walking club or birdwatching society, and a GP might think, "You know what? I think that would really suit what you are telling me you are struggling with at the moment." I would be worried if the GP then had to worry about whether all the people involved had been put through CRB checks, and whether they had the funding to take on another person. There has to be a little bit of flexibility attached to this; otherwise it feels as if we slightly lose the point.

Q205 **Rebecca Pow:** I would agree with that, but what happens if something happens to a person on one of the courses?

Alastair Campbell: I agree.

Rebecca Pow: Or you find that somebody abuses somebody. We get into realms of all of that.

Dr Fancourt: One of the most popular models of social prescribing does not put the onus on the GP to be aware of everything in their communities, but uses link workers, or "navigators" as they are called, which is a person based in the GP's surgery who knows the local organisations. When a GP decides that someone could benefit from social prescribing, they are referred to that person. It does not have to happen



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in a 10-minute consultation, with the GP being responsible for everything; it puts it on to a different person's professional responsibility.

Alastair Campbell: If we did not give the choices to a doctor or any other medical professional who is trying to advise people on a route that is not necessarily just therapy and medication—let us be honest, there is precious little therapy, and there are very long waiting times. I think we would slightly defeat the object if the GP felt limited by organisations that they knew on every level would be perfect in every way. I think that is unrealistic.

Q206 **Rebecca Pow:** On that note, another issue that arose was that a great many diverse organisations are doing a great many interesting projects, but lots of people do not know about them. Would it be useful to have a register of who is doing what, where, why and how?

Susannah Hall: There are some organisations, such as Aesop Marketing, that are working on a sort of online dating thing of matching arts organisations to commissioners, and some work is being done on that. Obviously it is a creative sector and, as you have said, there is a balance between replicating what works and giving opportunities to innovate and have artistic new challenges. I do not want always to deliver the same thing because I know the practitioner and how it works and whether it was successful. I want an artistic programme in the hospital. But yes, there is a role for matching organisations that can do such work and are willing, interested and artistically excited by it, and for commissioners and so on.

Q207 **Rebecca Pow:** The power is often within the clinical commissioning groups, because they hold the purse strings. How do you convince them to give some of their money to let these services be used?

Dr Fancourt: So far, we have seen two types of model. One is that arts organisations specifically lobby a CCG and say, "My programme is better than what you are currently funding for this particular problem." An example of that is Breathe Magic, which works with children who have hemiplegia, which is paralysis on one side. It has been shown that those children need intensive hand therapy exercises. Breathe Magic has worked with the Magic Circle and turned all the hand exercises into magic tricks. The kids now go on magic camps, which not only means that they are much more engaged, but addresses the psychological and social problems that are often attached to hemiplegia. Breathe Magic has gone to CCGs, one by one, lobbying them and showing that its programme is more effective and cheaper than the current standard of hand physiotherapy, but that is very heavy weather. The other approach is broader social prescribing where people are referred through, which often means that the money is not provided by the CCG budget but in many instances comes from arts organisations. It is more a case of signposting. Those are the two broad approaches we have at the moment.

Q208 **Rebecca Pow:** Do you think they should be improved? Do you think those are successful processes for applying for the money?



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Dr Fancourt: I think they put a huge amount of pressure on small organisations, because to write one CCG business case is a huge amount of work, let alone writing dozens of them. There is the problem I mentioned earlier about local organisations versus big national ones.

Q209 **Rebecca Pow:** Finally, you touched on libraries closing and potentially social spaces are changing. What about having a much wider view about what kind of communal spaces we could use—using churches more, for example?

Susannah Hall: I suppose I would see a hospital a bit like a library, in that it is a space that can be used if there is the cultural activity; there is the potential audience there. They are sort of trapped there, so they are an audience, and are a potential group of artists as well. Those sorts of spaces—hospitals, churches—can be cultural spaces as well.

Q210 **Rebecca Pow:** So do you think we should look a bit wider at how we could use buildings and spaces to deliver some of these things? We could probably all think of some empty buildings in constituencies.

Dr Fancourt: I would definitely say yes on buildings and spaces. My caution around churches is that you do not want that to set up another perceived barrier that, if someone feels that they do not share the faith of the building, they are not going to be welcome or it is not going to be culturally relevant to them.

Q211 **Jo Stevens:** Are some sectors, in your experience, better than others at supporting health and wellbeing? For example, could museums learn from music programmes or could tennis learn from football? I am interested to know what the three of you think about that.

Dr Fancourt: Often, it has been led by big research programmes or big practice programmes that have really helped the sector gear up for it. A prime example is museums, where projects such as Museums on Prescription, led by UCL, help to develop toolkits and models and programmes for museums to work more with health. I think you are right—there is a huge amount to be learnt between the different disciplines. I mentioned earlier the MARCH network that I am leading, where a big focus is on helping to share that learning. In a sense, there is not much difference between a museum and a library and a park. I mentioned the multifaceted aspects of arts and cultural engagement. Each one of those different activities combines different elements, but they have so many things in common and I think there is a lot more opportunity for collaboration and for learning.

Alastair Campbell: I know that the banks, for all sorts of good reasons, get a very bad rep, but I have been really impressed by a lot of the work the banks have done as employers. Partly, that is driven by the fact that most of the big banks had to deal with suicide during and after the global financial crisis. I was at the stock exchange recently, where there was a suicide. They have kept the guy's desk as it was, as a kind of reminder, and they have really embraced the whole mental health and wellbeing



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agenda. Some of the big employers that we might not expect have actually shown a real understanding of this.

In sport, I mentioned rugby league and cricket. Rugby league is as rough and tough and as macho as it gets in terms of what goes on in the field. Not least through suicide that has happened in that sport, they have really taken it seriously, with the Rugby Football League itself and the clubs going out into the community.

Cricket has had some very high-profile suicides and open mental health struggles, including Marcus Trescothick. That has led to the sport taking it much more seriously. I still think there is a bit of a problem with football, which is why I was so pleased when the EFL tied up with Mind.

There is some really good stuff out there. There are some great specific individual schemes going on. There is a thing in athletics where they are trying to encourage running clubs with people who have mental health problems.

There is a lot of good stuff going on, but they are the ones I would pick out.

Q212 Jo Stevens: Are they talking to each other though, and sharing what they are doing?

Alastair Campbell: There is a charter now that a lot of the sporting bodies are signing up to, but I would say it is very piecemeal. That might be a leadership issue, where Government and politics could play a part.

Q213 Jo Stevens: Susannah, did you want to say anything on that? No. We have had far more evidence for this inquiry from arts organisations than sports organisations. I would have thought health and wellbeing and sport would go together naturally. Do you think there is more understanding of the role that arts can play in health and wellbeing than there is with sport?

Dr Fancourt: I don't think there is a difference in the evidence so much. I think it is probably an indication of the grassroots activity that I mentioned earlier, in that the arts and cultural sector has had a huge amount of energy behind it in the last couple of years. We have the all-party parliamentary group on arts, health and wellbeing. We have had the "Creative Health" report. We now have the launch of the Culture, Health and Wellbeing Alliance. A lot of activity has been focused on supporting arts and cultural organisations and raising the profile of the health benefits that they have. Interestingly, a lot of the research I do looks at big national datasets and cohort studies, tracking how lifelong engagement in arts and other social and exercise activities links in with health outcomes.

Something we are routinely seeing at the moment is the same size of effect of arts as from sport and exercise in things such as reducing the risk of, for example, developing chronic pain in older age or mental health problems. I would not necessarily say one is better than the other; it is more a case that both of them are good. The messaging seems to be



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stronger among the public around the benefits of sports. We know about “get your 30 minutes of exercise” and “get your five-a-day fruit and veg”, and at the moment there is no equivalent for arts and culture. That is a huge shame, because I do not think people recognise that these activities are inherently good for their health. They generally know about wellbeing, but sometimes it can seem a bit fluffy, and the evidence is just as good. We have a need for some really strong public health messaging campaigns that will raise public awareness about arts and health.

Q214 Jo Stevens: It seems to me, listening to you all this morning, that there is masses of really good evidence. How do we hear more about it? How do we get to know about it so that everyone can take those steps to get the improvements we have talked about?

Dr Fancourt: It is being churned out in science journals all the time and it is spoken about among scientists at conferences. There is something of an issue around how we get that to policy makers—

Q215 Jo Stevens: How do you shift that from there to public discourse?

Dr Fancourt: We know big media campaigns can help a certain amount. The BBC, for example, have got their Get Creative festival, which I work with them on as a researcher, and that is all around encouraging people to try new activities: things that are free and things that they can do easily at home. That has a wellbeing focus. But the five-a-day and 30 minutes of exercise campaigns are the ones for which we need an equivalent in arts and culture.

Alastair Campbell: Can I throw something else into this? It is right to think “Does sport and the creative world do it better?” or to see what they do and see what they can learn from each other. But the arts is ultimately about creativity of the mind and sport is seen much more as being about the body. It is about trying to get that understanding that the two really go together.

I think it is more obvious for someone in the arts and cultural space to think, “I’ll talk about this kind of thing.” But what is really interesting to me is that at the top level of elite sport—I do quite a lot of work with elite sportspeople now—they really, really, really concentrate on the mind. So if you look at sport and culture and you throw politics in, politics is way down. Think about how few politicians are open about their mental health and wellbeing. I understand all the reasons why you might not want to be, but that is a problem. It is also a problem in the sense that the public sometimes think that the political class is a bit remote and a bit weird because you do not have them talking about this in the same way. Where are we at? I think five MPs have talked openly about having mental health problems. Well, I know a lot of politicians and I know that is not where we are at.

We are talking about parity, and part of what the Time to Change campaign is about is trying to get an understanding that we should be as open about our mental health as we are about our physical health, because we would all be better off for that. So, as I say, I think we have



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seen a lot of leadership in sport and the arts. The media has a massively important role to play, and actually they are playing that role better than they used to, but politics is important as well.

Q216 Julian Knight: To pick up a point made by Ian on education and sport, there is a perception that the decline in competitive sports in schools has made quite a difference in terms of participation and involvement. What are your thoughts on that? Is that a red herring, or does that actually have some weight?

Dr Fancourt: I don't think it is a red herring, no. I think there is weight, and it is just the same for arts and culture in schools. There are a couple of reasons why we see this. From a behaviour or psychology perspective, if you get used to doing something at a young age, you are much more likely to continue it, but it will also add skills that will make you continue it. So if you are doing sport from a young age, you are going to be more physically fit and therefore you will inherently want to do more activity when you get older.

Q217 Julian Knight: Is that specific to competitive sport, or is it just sport more generally?

Dr Fancourt: I don't think I can comment on that specifically.

Alastair Campbell: You are on to one of my bugbears here—

Julian Knight: One of only a few, of course.

Alastair Campbell: Yes, I have a few, but I mentioned earlier the difference between sport, competitive and otherwise, in the private sector and in the state sector. There is a real problem. When I was at school in a state comprehensive school, we had PE teachers for sport and then we had stuff outside that was run by a maths teacher and an art teacher, who had time and wanted to do it. Going back to the point Ian Lucas made, because it is all about getting the results, I don't think you have the same number of teachers who are willing to do that kind of thing and take it on. That being the case, if we accept—as I certainly do—that competitive sport is a good thing, one of the myths is that schools do not want to do it. I think they do want to do it, but they do not have the capacity to do it in the same way as the private sector.

Q218 Julian Knight: In terms of inequalities and health outcomes, my borough of Solihull has a 10-year life expectancy difference between the north and the south. We have one of the largest council estates in western Europe in the north and then we have the affluent south of the borough. I am interested to know whether you think that, if we increase participation in sport and cultural activities, that itself could become unequal and it will be the people in the south of my borough who take that on, rather than the people in the north of the borough. What are your thoughts?

Dr Fancourt: That is always the risk, but that is where you need the expertise of the community organisations—the sports and arts and culture organisations—to know to reach those. I don't think there is any inherent reason why someone should not engage. It would be a question of the



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barriers we have mentioned already: either they feel it is not suitable for them or not culturally relevant to them, or there are cost, transport or location barriers that will stop them engaging. But just because it is a challenge does not mean I think we should not be trying to address it and make that engagement equal.

Susannah Hall: Arts and health can help to address those issues. For example, everyone goes to hospital and it is not necessarily by social gradient; if it is, it is as a negative, because if you are from a disadvantaged background, that equals more ill health. If there is an arts programme in a hospital, you are perhaps reaching people who would not normally interact with those sorts of art forms.

Julian Knight: That's interesting.

Alastair Campbell: I agree. If I think back to my own kids growing up and the role of parents in making sure that their kids are doing what they want to do, it is a lot easier if you have money. It is a lot easier if you have a car. It is a lot easier if you have time. Those are pressures that apply right across the piece, which is why I talk about the importance of having a culture in which we all think it is good that our children are physically active and the messaging is coming out from Government, from local authorities, from schools and from parents. That is a cultural change we need to make, not least because of the point Simon Hart raised about obesity.

Q219 **Julian Knight:** Is there any way we can specifically target those areas? Are there any keys that effectively unlock the doors in those particular areas—the more socially disadvantaged areas? We talked boxing earlier; I have visited my local boxing gym, where they do amazing work. Sometimes I wince when I see them hitting a bag, but it is fantastic work and gets a lot of people involved. Apart from that and some cultural things that we see, is there any particular things that we really are not doing at the moment that we could be doing as a country, across all services, in those particular areas?

Dr Fancourt: I don't think there is a national solution to that, because what you are describing are challenges in particular areas. They are local challenges. That is why it is more about local solutions. It is a case of being able to fund arts or sports organisations and say, "In this area we know participation is low; find out why and solve it." Those organisations are incredibly experienced at going in, identifying what the problems are, working out an activity that is relevant to those people and delivering it. We have many, many examples of Arts Council-funded projects and others that have been able to increase audiences from groups that had not previously engaged in arts and culture.

Alastair Campbell: Did you see that thing in Liverpool last week, with those huge models?

Julian Knight: Yes.



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Alastair Campbell: It was incredible. There is no way they were all middle-class, affluent people going out to see it. It was a really big cultural moment. I am not saying that is necessarily directly related to mental health, but it is having the imagination, locally and nationally, to say, "These are the kinds of things that will touch people and bring them into the space that we are trying to tempt them and their parents into." Again, if you put together the scientific data analysis that people such as Daisy have with the welter of incredibly good local examples around the country and build them into a national strategy, with leadership, you could make big positive changes very quickly in the areas that you are talking about.

Q220 **Julian Knight:** Do you think, in terms of a governmental aspect, that things like the new combined authorities are the real—

Alastair Campbell: For sure.

Julian Knight: You talk about a Secretary of State for this area, but the combined authorities would be almost more so. In Manchester, there is a requirement on health, and part of that brief is mental health, of course.

Alastair Campbell: I think that the whole thing about elected Mayors is very exciting. A lot of it depends on the personality of the person and what they decide their priorities are. There are probably only three or four things that they can do in the time they have got. Andy Burnham is targeting rough sleeping, which is incredibly important, but if he also targeted this kind of thing, in the long term—probably for his successors—he would hopefully have fewer people living on the streets because he would have dealt with some of the causes that put them there in the first place.

Dr Fancourt: I have two examples. I think cities of culture are a really good example, because they go into places where there often aren't big cultural scenes. In the space of a few years, you have had a massive transformation. We have also seen examples of particular projects—the Choir with No Name, which is for homeless people, is one I really like, and the Streetwise Opera is similar. On paper, an opera for homeless people seems a million miles away, but that is a perfect example of a very clever arts organisation going in, managing to make it culturally relevant and engaging people who weren't engaged before.

Q221 **Ian C. Lucas:** Across the UK, there are limits to expenditure. Every community in the country has an issue with homelessness—not to mention issues such as NPS and drug abuse, which are touched by the very effective approach that they undertake. Again, it is a question of mainstreaming that sort of activity.

Dr Fancourt: When we look at the data from those projects—I think this is for the Choir with No Name—about 60% or 70% of people who go into them go on to get volunteering positions, housing or jobs as a result.

Susannah Hall: At the hospital, we often think that what we are doing is a family arts programme. Obviously, children don't come alone to hospital; they come with their family, siblings and partners. We find that they



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sometimes have experiences that they haven't had before. They might watch a theatre show and say, "I really enjoyed doing that with my child. It was a really special experience and memory. It was not about my treatment and what happened; it was something we can share and draw on." Perhaps they interact afterwards when they have left hospital, and engage in art forms that they might not have thought were relevant to them.

Q222 Jo Stevens: Alastair, you were talking about the need for leadership and perhaps a Secretary of State at this level, and I absolutely agree with you. In Wales, for example, we have the Well-being of Future Generations (Wales) Act 2015, which means that we have a future generations commissioner, and there is a responsibility to look at the impact of health and wellbeing arising out of every piece of legislation that goes through our National Assembly as part of the scrutiny process. It seems to me that we could do that in this place. Do you have any thoughts on that?

Alastair Campbell: I completely agree with that. I know, from having worked in Downing Street alongside different Secretaries of State, Prime Ministers and what have you, that in the structures of Government—you can see it here in the DCMS Committee—silos are very, very powerful. Often, you think that the Cabinet Office is the place where the cross-cutting stuff goes on but, like all Secretaries of State, they have priorities—they have three or four things that they are going to do. Let's be honest, at the moment, virtually every Department is completely consumed by Brexit. All this other stuff, which is really important—some of which, by the way, may be included in the reasons why people voted for Brexit—is not being addressed. Something like this requires you to break out of these conventional structures.

Could you make a case that sport is on a level with health, education, defence, etc.? Probably not. Could you make a case that sport and culture can have an impact for the better on all these areas right across the Government? Definitely. How do you make that happen? You can only work through the ministerial structures that you have, because that is the basis on which Government and Parliament are formulated. That is then about leadership—a Prime Minister saying, "We are going to do this in a different way." I think David Cameron missed a trick after the Olympics. That was the moment when we really had an opportunity to use sport in a way that the country had never used it before. Sport in Britain is great on many levels, but was it really harnessed as a turning point, in the way that sport is used across the policy piece? I don't think so.

Q223 Brendan O'Hara: Very briefly, Dr Fancourt, could you tell me more about the work that you have done on dementia and how culture and the arts have a real impact on the onset of dementia and on looking after people who are living with dementia and their carers?

Dr Fancourt: We have done studies where we have looked at whether arts and cultural engagement is protective against the development of dementia. We know there are lots of other factors, such as diet, exercise



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and education that help to prevent dementia. We are hearing much more about the concept of cognitive reserve, so building the resilience of the brain against cognitive decline.

We have seen from a number of studies—longitudinal studies—that arts and cultural engagement is protective against the development of dementias. Interestingly, we are seeing that the effects of that are just as big as loneliness and social engagement, which is again something that we could talk about a lot. We talk about loneliness in relation to health. We do not really talk about the arts as having the same kind of protective effects, but that is what we are seeing statistically.

We think that the reason for that is that arts and culture are cognitively stimulating. They involve novel creative experiences that actually help to develop resilience in the brain. They provide social support, so they are a vehicle to accessing that.

We are also seeing that when people have dementia, engagement in the arts can help with the management of the condition; for example, we see that people who listen to music when they have dementia have better memory recall and better fluency of speech. The use of music in hospitals in dementia units is linked in with lower levels of aggressive behaviour around meal times and bathing. We see reductions in levels of depression, improved quality of life in people with dementia, and benefits for the carers of somebody with dementia, given that they often take on a huge load alongside this. We have a really strong evidence base around arts and dementia now, and a lot more research ongoing as well.

Q224 Brendan O'Hara: This is probably more of a political question, but given that at best you could describe it as a rising challenge of dementia, which is predicted to get more acute as the years go on, is it the case that it is generally the charitable sector or the third sector who have been left to finance research and care? Is there not a case that that should be done far more on the national health service and it should be a political decision? If you are going to offset this in the future, you have to start doing it now, and rather than doing it piecemeal you have to do it as a national strategy.

Dr Fancourt: This comes back to the point that Alastair made about the silos of where funding comes from and where it is distributed. Something I always feel is that there is a lot of interest at the minute in developing new multimodal interventions such as brain-training apps and all these different activities to try to help prevent dementia. That is fine, but it is a very heavy weather approach, and you are talking about having to develop something, test it and then scale it up. We already have arts and cultural organisations across the UK that can deliver these types of programmes, so instead of trying to develop new solutions, we could be looking at what is already available that we could be making better use of. Museums, galleries—there is a lot of research about them and dementia. We just need to have more high-level support and more funding for them to be able to work with older people at risk of dementia.



Q225 Brendan O'Hara: In my previous life, I made football documentaries, and I was asked to go down to the Alzheimer Scotland dementia centre in Helensburgh in my constituency to show some of those football documentaries. The conversations that followed with people living with dementia were absolutely remarkable. There is anecdotal evidence from me and empirical evidence from you. Do you see that being carried forward properly, or is it still very much a piecemeal approach?

Dr Fancourt: I tend to think of it on three levels. At the individual level, people do not know at the moment that these things are protective. We need to raise public awareness about the importance of arts for dementia. At the organisational level, we need to support the arts organisations that can deliver this work to support their skill development and provide the funding to enable it. At the policy level, there needs to be more of a joined-up approach, so it does not get to the point where people are getting in touch with health services only when they have dementia, but we are able to identify it earlier and try to help them. It is not necessarily going to work for every individual, but it will help to reduce the overall risk.

Alastair Campbell: This is why the issue of stigma and taboo is so important, because there is a kind of hierarchy within the charitable world and there is a hierarchy in terms of the research that goes on. So if you think about cancer and cancer research, the big cancer research charities struggle a lot less for funding than the mental health charities, although all charities struggle at the moment. I think back to my childhood, when the media talked about cancer as "the big C", and if you knew somebody with cancer you did not talk about it. That is all gone, which has helped cancer research. That is why I think that if we can strip away all the stigma and taboo around mental health issues—I include dementia, although it has an area of its own now as stigma is being broken down much better than for some of the illnesses we have talked about—that helps the research. I would say that for mental health and mental illness, there is a bit of a research desert compared to some of the big physical illnesses. That is another ongoing problem. I would love to see your documentaries though.

Brendan O'Hara: I will speak to you about that.

Q226 Chair: A few final questions from me. Firstly, just picking up on something that you mentioned, Daisy, which was making better use of the infrastructure and facilities that we have. When we had our session on the sale of Wembley Stadium in July, Gary Neville spoke about this in terms of community sport. He said that we have loads of schools that are locked up at weekends and evenings, and asked why we do not use more of that infrastructure. Have you seen any examples of good ways in which you can try to open up some of that infrastructure? I declare a small interest: I am a trustee of a sports trust in my constituency, which is backed by a local charity and a philanthropist. When they donate money for projects, one of their criteria is ensuring wider community use of the space, and not keeping it just for the organisation. For example, if the money is for a local cricket club, will the primary school benefit from that as well, and how do we make that happen? Have you seen any good



examples of how we can try to open up infrastructure better?

Dr Fancourt: Yes—I will give two. I spoke a bit about museums, and I think we have got lots of really nice examples of museums and galleries opening up their spaces and doing targeted programmes for older adults for example, who perhaps would not normally engage. I think that is a really nice example. Also, because they are physical spaces, they are buildings that people recognise in their communities. I think the other thing is to look at the resource, not just from the physical space, but from the artists themselves. We have lots of organisations, such as Wigmore Hall, that have got the LSO and other orchestras with fantastic world-leading performers. They also do amazing outreach programmes, often linked in with health as well, so they are making the most of their performers to actually deliver some of this work. Earlier, Susie mentioned the importance of high quality in this, and I think that is completely true.

Susannah Hall: It is exciting if those arts organisations see it as an artistic opportunity and a challenge, and that working in a healthcare setting is something that provides the opportunity for new ways of working. For example, we were talking areas in which you might not necessarily see arts, and we just had a performance in our hydrotherapy pool at the hospital by a company called Oily Cart. It was part of the planned physiotherapy for some of the patients with this incredible performance with floating instruments, sponges, water, sand, and the music in that space was incredible as well. That is because they had had the opportunity and the resource to think about what kind of arts intervention would work in some unusual spaces around the hospital. There is an opportunity to share good practice: we have a network of children's hospitals arts managers, the few of us who get together, and will be affiliated with the Culture, Health and Wellbeing Alliance. We try to share resources and best practice, but also artworks, so some of the pieces that we have developed at the hospital will then be touring other children's hospitals. *[Interruption.]*

Chair: I am sorry for the intervention there.

Susannah Hall: I thought you were playing us some music and underscoring what I was saying.

Alastair Campbell: It was a news item about President Trump from what I heard.

I think that I have mentioned the tie-up between Mind and the English Football League. There is already some really good stuff going on with some of the individual clubs. At my own club, Burnley, there is not a day when there is not something going on inside the stadium, involving kids, young adults and so forth. Most football and rugby clubs are getting into that. But again, it's piecemeal, and it depends on the community team and on whether the leadership and the organisation take it seriously, but those that do bring huge benefits to the community.

Q227 **Chair:** I know Burnley have a particularly strong community programme.



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They had an event here a year or so ago to go through that. When we visited Manchester in September, we saw the work that they were doing on managing football and children's football at the Etihad campus. Do you think in some ways that public bodies could look to devise programmes by working with some of these sports organisations that already have the licence to go into communities because of who they are?

Alastair Campbell: Let us be honest, in most communities, a sports brand has got more powerful access to that community than businesses, local MPs or whoever it might be. Sometimes the infrastructure is there and has nothing to do with Government or the local authority, but you just have to have imagination to tie-up with it and get into that community.

Chair: That concludes our questions. Thank you; it has been a really interesting and informative session.