

## CHAIR: Professor Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health, NHS England and NHS Improvement

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**CHAIR:** There was a question around that tension as a charity or as Arts Council England, funding things that people say should be funded by the NHS. How do you manage what could be a tension? John I will come to you first.

**John McMahon:** All the lottery distributors work on what they call the additionality principle, we are not meant to fund core investment in other areas of public activity or in schools. We see our role as a funder, and that of our peer funders, to be to enhance the role of culture or sport etc in this space, and to invite in the longer-term patient investment of partners in the health care system, whether that's CCG or Integrated Care Systems (ICS).

**Q. Peter:** I have seen funding for arts practitioners in clinical settings, but does anyone know of projects that embed clinicians within cultural settings?

**A. Shelagh:** Responding to Peter - at the Barber Institute, we have a Nurse in Residence as part of our Barber Health project - please do reach out if you would like to know more

**CHAIR:** That is very helpful. Peter has another question which maybe Ian could answer, hearing about clinicians going into a cultural setting?

**Ian Lush:** That would be a great idea, certainly as things open out we are looking at ways of engaging our clinical staff in the wider arts work. In terms of what do we fund, it is exactly the same principle as John. It is additionality. For example, the arts work is a really good way to say, well, that will never be funded in core budget, so it is a really good thing for charities to support. Our principle is that it is about enhancing facilities and experience for patients and staff, over and above, core statutory funding.

**JM:** There are already amazing examples all around the country of particularly social prescribing link workers (SPLW), but also other clinicians being embedded in community settings, libraries, art centres or theatres. That is something in terms of geographical place-based partnership that can be built upon. Helen Chatterjee who spoke earlier, and colleagues at UCL, under the umbrella of the Royal Society of Public Health Arts Special Interest Group are doing some mapping for me at the moment to look at whether clinical and medical sector courses at the moment incorporate an arts or cultural element, and vice versa. Whether a higher education course on the culture and creative

side could have a medical or clinical element. Mapping those is the first step for potentially fostering collaboration at an entry level point for those practitioners. It would be amazing to imagine medical students and students from the local arts school deliver projects together as part of their study.

**CHAIR:** Great. Ian, a specific question, if there are 240 NHS charities why do some trusts not use them? We had a discussion about equity earlier, is it a publicity thing, or education?

**IL:** I think it is fair to say first of all that there are a huge range of types of charities. Some are very small and embedded in the Trust and really are a charitable fund, managed by one or two people in the finance department and with relatively small resources. The biggest 30 are some of the biggest charities in the country. Guys and St Thomas' owns huge swathes of land in Southeast London and is worth about a billion pounds. There is a huge variety. But I think the last year has woken up the NHS Trusts to the existence of their charities and that they should be working in partnership with them.

**CHAIR:** Thank you for bringing this morning's session to a great close with great examples, thank you very much indeed. For me it is the three 'I's: 'Inspiration', we heard that from Sally Greengross about being inspiring, and I think we have all been inspired, I certainly have, from what we've heard this morning. 'Information', there have been lots of links to specific information about specific areas. That information is key. The third 'I' is 'Ideas'. We have sparked ideas off. It is really great that people in the audience are giving each other the answer to questions, that's really important. Lots of fantastic questions and interactions. So, I just want to thank everyone whose been involved this morning. It has been a delight and a privilege to chair.