



## **The All Party Group on Arts, Health and Wellbeing**

### **Music and Health**

**Monday 23rd February**

**4.30-6.00pm**

**House of Lords Committee Room 3**

**Notes from the meeting a Roundtable Discussion**

**Chaired by Lord Berkeley of Knighton**

Welcome by Lord Howarth of Newport, Co-Chair of the APPG on Arts, Health and Wellbeing.

Apology from Paul Burstow, one of the other APPG Co-Chairs, formerly the Care Minister.

Welcome to Live Music Now's Founder Chairman, Ian Stoutzker CBE, Evan Dawson, Director of LMN, and Julian Lloyd Webber, who will give a short presentation about the charity's work.

#### **Ian Stoutzker**

- Yehudi Menuhin would have been delighted to know that music has a role to play in wellbeing.
- He himself performed under the most terrible conditions during the war and thought he could change the world by playing the violin; wanted to leave the world a better place.
- Believed young musicians could be trained to work in different situations where they had not worked before, with older people, disabled children
- Started in 1977 and it was difficult – we were experimenting – able to transform a small organisation into a national charity. Over 60,000 workshops to around 20 million people.
- So much potential, but it is out of sight and difficult to get support. Always been a struggle to get the support to do the amount of work that is out there.

#### **Evan Dawson**

- Distinction between music therapy and the work of LMN. Music therapy has a long training, involves working with an individual and aims to achieve a particular clinical outcome.
- LMN training much shorter, enables musicians to work in challenging circumstances.
- Main point is about access – there are many people who can't access publicly funded arts.
- Paper prepared by LMN – a snapshot of the evidence presented in a compelling and attractive way.
- Work in a neuro-rehabilitation centre – patients prescribed doses of live music. Full RCT.
- Project with Essex University in care homes - range of measures to show distance travelled.
- Loneliness –music appeals to almost everybody, can be used as tool to bring people together.
- Evidence base is strong – now need to talk about policy and good practice.
- Profile is not as high as it should be.

#### **Julian Lloyd Webber**

- Very fortunate to work with Yehudi Menuhin, he was most proud of the school and LMN
- Invited to support LMN – visited various schools and been very impressed by the work.

- Observed first hand with children with severe disabilities, the transformatory power of music.
- Audition process is very stringent. Standards are very high. 2,500 concerts a year.
- Charity isn't recognized as much as it should be.

### **Roundtable participants introduced themselves:**

**Simon Proctor**, from Nordoff-Robbins, a charity providing music therapy

**Donald Wetherick**, Music Therapist and Chair of the British Association for Music Therapy

**Helen Odell-Miller**, Professor of Music Therapy at Anglia Ruskin University

**Norma Daykin**, Professor Emerita in Arts and Health at the University of West of England, linked to Sidney de Haan Centre for Arts and Health and one of the co-editors of the journal of Arts and Health. Research over last ten years focused on music and health and patient and participant perspectives.

**Phil Hallett**, Director of Coda Music Trust, Dorset based charity

**Judith Jolly**, member of the House of Lords and Government whip in House of Lords with responsibility for DCMS and DOH

**Heema Shukla**, Consultant in Public Health at Public Health England

**Professor Michael Trimble**, Professor of Behavioural Neurology in Queen Square and Emeritus Consultant in Psychiatry at the National Hospital with an interest in music and the brain from a neurological perspective.

**Ginny McIntosh**, member of House of Lords

**Baroness Masham**, cross-bench peer in the House of Lords

**Paul Cann**, Chief Executive of Age UK Oxfordshire and one of our contributions to this area is the website, the Age of Creativity

**Nikki Crane**, Head of Arts at Guys and St Thomas's Charity

**Eluned Morgan**, member of the House of Lords and Chair of Live Music Now in Wales

**Gillian Moore**, Director of Music, Southbank Centre. Background in music and community and education – plans for a clear focus on the area of arts and health

**Paul Robertson**, led Medici Quartet, developed an interest in brain function and music

**Chika Robertson**, violinist, joint CEO Music Mind Spirit Trust

**Andrew Stunell**, Liberal Democrat MP and member of the APPG

**Gillian Stunell**, professional life with music in schools, now work with adults with cerebral palsy and in a school for children with autism

**Julian West**, Royal Academy of Music as Head of Open Academy; freelance Creative Music Leader, been working with people with dementia for 15 years leading projects for Music for Life

**Jane Povey**, GP in Shropshire and keen amateur musician. Establishing a social venture around arts for health – need to move understanding it to making it accessible to all – working with Live Music Now.

**Ian Ritchie**, Artistic Director of Festivals; Artistic Director of the Musical Brain, charity that puts on an annual conference looking different aspects of music and the brain, and the interface with medicine.

### **Lord Berkeley**

- Apologies from Nigel Osborne. He has submitted a paper, which will be circulated afterwards.
- Susanna Eastburn can't be here from Sound and Music; important connection to make with composers and need to encourage them to go into hospitals, care homes.
- Judith Weir would also like to have been here.
- Like to identify some things we could actually achieve. Three themes for discussion:
  - The evidence base for the impact of music interventions on health and wellbeing
  - Music interventions and music therapy for those with dementia
  - Practitioner and participant perspectives

### **Helen Odell-Miller**

- Music therapist in the NHS since 1976, working with people with dementia and research.
- Director of a Centre that trains music therapists, interacts with the community and musicians.
- When there is cognitive impairment music can improve quality of life and reduce agitation.
- Neuro-plasticity of the brain at a certain period can be positively affected by music.
- Partnership with Methodist Homes. Study using individual music therapy, improvisation, singing showing that people's levels of agitation decreased and levels of medication reduced.
- Study by Hanne Mette Ridder – multi-centre trial twice weekly music therapy RCT trial - in six

weeks reduced levels of agitation.

- Brain research shows the verbal aspect can be increased in a study about depression.
- Music therapists have at least 3 years training as musicians and also masters degree, training about 80 people a year – getting the funding can be difficult.
- Spin-off in Methodist Home research. Qualitative research shows a big impact on carers attitudes to caring.

### **Michael Trimble**

- Work with Epilepsy, chronically disabling – seeing people in wheelchairs, hardly moving, spring to life when Nigel Osborne puts on one of his shows is remarkable
- Trying to turn brain waves into a musical signal that can then be manipulated and returned back to the brain. Brain stimulation.
- Different types of dementia – frontal lobe dementia probably just as common as Alzheimer's. Separating out the different neurological pictures is very important.
- Parkinson's – dramatic effect on movement, but has to be a certain type of music – tailoring the music to the disorder will get it into the brain.
- Mozart effect –in the end shown just to increase attention, but the idea was there. Work with Nigel means that you can see more directly which types of music can influence cerebral rhythms. With Parkinson's you have to choose music with a well-defined structure and with a rhythm and beat that goes with the person's gait.

### **Paul Robertson**

- With Nigel Osborne we have developed a technology based on a model of the brain - prototype which can read in real time the level of arousal and personally select music.
- Commercial possibilities, quite close to raising first million – it will be an App.
- Not intended to take away from the value of live performance and the work of musicians face to face. This is merely a facilitator. Disruptive technology of a significant type.
- Able to invite anyone who has a significant interest to see it. Conversations with health about an application for Alzheimer's.

### **Jane Povey**

- Coming from a different angle after 20 years in General Practice.
- Spend a good deal of time in health and care propping people up, trying to keep them alive, extending length of life, but not doing anything about the quality of life for many people.
- In communities we can grow individual and collective wellbeing and resilience using the creative arts.
- Evidence is there. I think the only way to raise the profile is to engage people more widely.
- Can't find anyone who doesn't get this but they are not quite as likely to hand over money.
- Aim to bring together care homes, hospitals, community settings, educational settings, with local business, local artistic offering and pair with the expertise of organisations like LMN
- Need to make the evidence more visible so that we have more levers regarding funding.

### **Gillian Moore**

- Southbank Centre has an international programme of arts and music in particular but constantly seen in the context of the wider benefits of the arts to society as a whole.
- Bringing the top musicians together with people who need them most.
- Very mindful of public subsidy in the arts. For example, weekend about chorus very focused on singing and health including organisations such as Singing for the Brain.
- February next year weekend, centred on Marin Alsop – called Altered Minds - to explore the effects of mental states on the minds of artists. Talks, workshops etc.
- Tim Joss helping with a conference involving commissioners coming together with artists.

### **Ian Ritchie**

- In Bosnia dealing with some very damaged children 15 years ago. The work was so desperate that practically nothing ended up being written up – none of the extraordinary results and incredible benefits.

- The evidence must be there to make compelling arguments about reducing the cost of health.
- Very important to bring these areas of concern, both of health and of disability, into the main stream so that people notice.

### **Trisha Vella-Burrows**

- Nurse for 35 years and teach nurses in dementia care. De-medicalising day to day care all the time.
- Music interactions – spontaneous tiny interactions between carers and cared for.
- Someone being inspired by something on the radio, she will then start dancing and that will raise her mood, she will go to one of the residents and do a little jig and there will be a smile.
- From my nurse perspective I want to know why that person is smiling and what is happening in the interaction between people, but I also don't care because it is very evident to me.
- We work with practitioners that don't have a music therapy training and the level of interaction, level of analysis is very like a music therapy model.
- Interested in how we develop those little moments, engage and fully embrace them.

### **Julian West**

- The work I am doing is with people with various forms of dementia.
- The music has to be the right music otherwise it can have a negative effect.
- We work creatively and through improvisations and can have really meaningful moments and interactions with people, in a creative relationships that exists in the here and now.
- Support people in their wellbeing and sense of identity. We are not just the sum of our memories, preferences and feelings as well. Meaningful moments can bring wellbeing.
- Working alongside staff with a sustained relationship. If you can help to create a human connection, it can be picked up and developed and disseminated in the care home.
- Music for Life has been working with Jewish Care for 15 years now – impacts on staff retention, staff morale, less staff sickness.

### **Norma Daykin**

- We are moving forward with the evidence base, but need more social and qualitative research. Music can afford certain benefits and outcomes but it is not a foregone conclusion.
- What are the contingencies and what mediates the outcomes. The type of music itself, the context, environmental constraints, people's different life experiences and identity issues, can affect whether they relate to live music or any kind of music.
- In the news today something like 8% of the people listen to 44% of the live music available.
- I have been working with young offenders and it feels like it is getting worse, in terms of people's experience and familiarity with live music.

### **Jenny McIntosh**

- Talking about evidence and benefits but if the APPG is going to make any difference they have to be able to say what the economic benefits are.
- Ian said there are economic benefits over time – without a 'narrative' that shows specific benefits that the treasury can understand, this will continue to be an interesting, invigorating and heartwarming conversation between people who know what they are talking about.
- Endlessly up against this issue of how to convince people who have many priorities.

### **Ian Ritchie**

- If we can prove that every extra £1 we spend will reduce the costs in health by 5 times
- Different silos that represent the different ministries and budgets.

### **Heema Shukla**

- In PHE we are interested in, as commissioners, if we invest in this, what are the outcomes.
- Working with LSE on a scoping exercise on the return on investment of the arts for health.
- Which of the many different aspects, artforms and conditions do we choose?
- Need to use the model of £1 spent you get back savings in terms of the wider care costs to show commissioners that they should be investing. Model used in mental health by LSE.

- It is about how we use this model, how PHE connects the different parts, and different evidence.

### **Simon Proctor**

- Nordoff-Robbins known for music therapy, very focused on engaging individuals.
- Have found over the last 50 years that music doesn't stay within walls and people leave sessions singing, you are working with a place and a community of people.
- Trying to 'musicalise' a place and help people use music as much as they can.
- For example in community mental health work, you might work one to one or with a group, but a lot of the musical work that you enable goes on without you.
- Someone can give guitar lessons to someone else, some people use music to leave the health system and seek links with other people that are musical rather than based on their pathology.
- Likewise in a care home you might find care workers who are lovely musicians.
- People who are on the edge and don't feel music is for them. Must encourage people to get experiences in school. This complexity, as Norma was saying, requires more qualitative research.
- It is underplaying what music has to offer if we think of it as just a medical intervention.
- The wellbeing economics perspective is useful to consider what music has to offer.

### **Baroness Jolly**

- Department of Health provided a briefing including information on all your charities and the wonderful work you are doing.
- It also came to the nub of the issue which is the evidence base, money, who is going to fund it and what is recommended for who and under what circumstances.
- NICE recommendation for supporting people with dementia and their carers.
- Such a spectrum, from the specialist end working with very difficult clients in complex environments to the really inspirational wellbeing work in the community.
- You also have people who mean well and think they can solve all sorts of problems, with a simplistic view of what is needed.
- In parliament, we can raise these issues, have debates, talk to the new secretaries of state after May.
- Different silos – Department of Education, the Department of Communities and Local Government, Department of Health. If for example you persuade your local CCG to commission it, the benefits will actually be seen in care and not necessarily in health.
- After the election health and care budgets will be bound more together.
- Do we have the capacity to scale up nationally. People have to be properly skilled up.

### **Evan Dawson**

- Spectrum of different approaches – there are some situations where a music therapist is needed and at the community end it may be voluntary, in the middle a range of approaches.
- Musicians can be given the skills, and we train musicians for several weeks rather than several years.
- Different approaches should be interacting together better.

### **Jane Povey**

- We are talking about unmet need – there is no new pot of money and it is all in silos where the benefits are not necessarily recognized by those that might be paying for it.
- That is why it is a community issue –we have to look at need and the needs of our population is much more diverse than in this room and more than we can reach perhaps.
- Community of the Southbank could absolutely raise the profile and make a difference.
- Hopefully the council and CCGs with pots of money will increasingly talk to each other.
- We have to say, as a community, is it satisfactory, are we doing enough. I love the term 'musicalising' health and care, a benefit that is worth reaching for.

### **Paul Robertson**

- This is a conversation I have heard many times over the last 30 or 40 years.
- Sitting on a pot of gold that most of us don't see or think about. The music industry.
- iPods worn by everyone – multi-billion industry – gaming, advertising, film industry. The technology is one small component of that key. Soon this discussion will be redundant.

### **Chika Robertson**

- Next generation, showing neuroscience research to young musicians at the academy, they are so excited. Getting their self-esteem and performing, particularly for older people.

### **Helen Odell-Miller**

- Response to question of evidence. Link to recovery. One of the NICE guidelines is for people with Schizophrenia – systematic review of all the outcomes across the world in music therapy.
- At same time funding cuts across the board in arts therapies.
- We have some multi-centred RCTs with mixed methods. One in Autism, funded by University of Bergen and NIHR, between Anglia Ruskin and Imperial College London, and schools and the NHS.
- We have the income from the NIHR to run the study but they don't fund the music therapy.
- Enormous amount of money for the research but no way of funding the treatment itself.

### **Donald Wetherick**

- Much of the work is being done by charities or by arts bodies as an adjunct in community work.
- Chicken and egg problem - setting up work depends on the research evidence and doing the research depends upon people who can actually deliver the work so we can evaluate it.
- Very few music and health careers, music therapy is part of it.

### **Michael Berkeley**

- We could go on for a day and just begin to scratch the surface. There are so many levels and I am very conscious that we have skated over a lot of it.
- But it is a fantastically important area and I am incredibly grateful to all of you for coming. You are all in your way expert and dedicated.
- If one does seem to come out of this – perhaps we could draw together a group maybe under the auspices of this APPG, to actually create what Ian was talking about.

### **Alan Howarth**

- 15 years since Rosalia Staricoff's work at Chelsea and Westminster Hospital - proved that there were indeed saving efficiencies and improvements in value for money to be achieved.
- Many other instances of highly persuasive research. Trying to get coherence in the field of research across the country as a whole remains baffling and elusive.
- It is one of the APPG's ambitions to re-convene the various roundtables and report back on progress.
- The group exists to raise the profile of arts, health and wellbeing issues in parliament and we have a considerable membership of parliamentarians who come from time to time.
- We also seek to make an impact on government. After meeting with Jeremy Hunt he asked Public Health England to do a round up of the research and evidence base.
- One of the difficulties is that funding is highly de-centralised in the health service, there is the silo problem and that social care budgets are not decided by the Department of Health.
- Public Health England and Health and Wellbeing Boards, offer a chance for people at local level.
- An enormous culture change is needed. Challenge where there aren't the RCTs or the critical mass of research evidence that may help to justify to funders.
- Also very important thing that Jane touched on, is that those responsible for commissioning need do more than just keeping people alive. The Reith Lectures by Atul Gawande and his wonderful book *Being Mortal* is a challenge to us here just as it is to the orthodoxies in the USA.
- Very interesting that Paul says there is a crock of gold right underneath us. Music is a very big part of our national economy and we ought, if we are ingenious, find ways to tap into that.
- Part of the culture change is the culture of public expectations. So how to re-frame issues and develop new conceptions about propriety in this is actually quite difficult.
- Certain foundations doing wonderful work. Guy's and St Thomas's Charity is exemplary.
- We must agree to keep on refining the policy objectives and seeing what within all these difficult constraints of culture and funding we can realistically seek to do.
- Thank you very much for sharing your experience and your thoughts. My colleagues and I will at some point be back in touch with you. Thank you Michael very much for leading the discussion.