Health system innovation through the arts: insights from the Health Arts Research People programme

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This research briefing aims to provide a concise summary of research on health system innovation through the arts and its relevance to policy and practice.

Overview and policy context

Within the updated Programme for Government is a pledge to: "Introduce an all-Wales framework to roll out social prescribing to tackle isolation" (1). Social prescribing is a key component of universal personalised care where patients are in control of their care package – and, as a recent Senedd Research Service briefing (2) noted, social prescribing aligns with the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014, both of which are founded upon models that recognise the impact of social aspects on health and wellbeing. Furthermore, 'A Healthier Wales: plan for health and social care' sets out a long-term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness (3). Finally, the Wales Innovation Strategy (4) recognises the need for innovation and its role within health and care systems.

There is an increasing drive in health care for creativity and innovation to tackle key health challenges, improve quality and access, and reduce harm and costs. Human-centred design (HCD) is a potential approach to achieving organisational innovation. However, research suggests that healthcare workers often feel unsupported to take the risks needed for innovation, and leaders may not understand the conditions required to fully support them (5). Using the arts within the framework of innovation could be framed as a process of 'disruptive innovation'. Disruption describes a process whereby a smaller company such as an arts and health organisation or a freelance facilitator with fewer resources is able to successfully challenge established health organisations. This can lead to the development of improved products and services for their most demanding service users and challenging settings, while preserving the advantages that drive the health organisation's success (6). The arts have successfully addressed the psychosocial needs of patients and delivered benefits where other interventions struggled (7). Recent studies have tested their scalability and replicability of creative interventions across different health settings (8, 9).

To further redress this need, an innovation and research partnership between Arts Council of Wales, Nesta and Cardiff University called Health, Arts, Research & People (HARP) tested new ideas and approaches in arts and health. The research team, based within Cardiff University's public services innovation lab for Wales (Y Lab), recently carried out a series of in-depth interviews on the process of embedding the arts within health and social care systems. As part of this research, participants were asked about their views about on innovation and the conditions that support innovative creative practice within health and social care systems.

What the research shows

Drawing on observations, interviews and questionnaires with 4 innovation facilitators and 44 participants in 17 arts and health projects that were part of the HARP innovation programme, it became apparent that innovation was embraced and understood very differently by the organisations involved. The HARP call required organisations to embrace innovation and engage with a structured programme of innovation support. Four organisational elements were identified as key to predicting innovation outcomes:

Autonomy: The ability of individuals to innovate depended on a set of factors including the autonomy that they had within their organisation and within the project. This in turn determined the risk they could take and buy-in power that they had when forging partnerships with external organisations. This includes freelance artists who had to negotiate their space within newly formed partnerships.

Growth mindset: Participants reported different growth mindsets which shaped their ability to explore new ways of working. The ability to engage with challenging processes such as testing, trying out new techniques and taking risks was dependent on the value that participants' placed on working differently and outside of one's comfort zone. Some participants were more ready to explore new ways of working whereas some perceived the innovation terminology as 'jargon' that they had to learn and did not need because they felt that they were constantly innovating anyway.

Collaboration strength: Most organisations created new working relationships through this programme. Some of those new working relationships were reportedly more prone to disconnect and discord when there were conflicting working styles that could not be reconciled. Working with existing partners provided stability and familiarity and these relationships were key in absorbing the shock of interpersonal and interorganisational fallouts.

Diverse workforce: The lived experiences and demographic profile of the artists played a big role in shaping the projects and their outcomes. They were key in recruiting participants, gaining their trust and engaging them in creative activity. More specifically, representation in terms of gender, age, ethnicity, race and disability were key in creating bespoke interventions that attracted diverse audiences.

Recommendations

As Welsh Government develops its policy to introduce an all-Wales framework on social prescribing to tackle isolation, seeks to embed Prudent Healthcare principles and develops its new innovation strategy, the following recommendations can be suggested:

1.   *Organisational culture:* Enable greater autonomy for employees to initiate innovation initiatives within their organisations and test out different creative approaches.
2.   *Interprofessional learning:* Create opportunities for inter-organisational working between organisations in health and social care and those in the arts through secondment-schemes where individuals will be embedded within a different sector for a fixed amount of time.
3.   *Lived experience within a diverse workforce:* Promote and support experiential learning based on the employees' lived experiences and ensure that there are organisational development opportunities for employees to use their experiential as well as professional knowledge.

Further recommendations from the HARP team tailored to the different stages of an arts and health innovation process can be found here:
https://healthartsresearch.wales/harp/recommendations/policy-makers

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