





Art in Community Hospitals

Presented by

Angela Conlan
Oxford Health Arts Partnership Lead
Angela.conlan@oxfordhealth.nhs.uk

Paula Har Senior Named Nurse Safeguarding Adults Paula.har@oxfordhealth.nhs.uk

Oxford Health Arts Partnership - Creating with Care Project

Aims

- To increase the wellbeing of patients, staff and carers through participatory arts interventions
- To enhance the hospital environment through arts interventions.
- To raise awareness of the benefits of arts interventions in healthcare settings



Building an Arts Programme











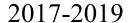












A total of **4,350 patient attendances** at arts sessions across community hospitals

1,666 staff attendances

£38,000 in project funding

Partnership work with over 40 local artists and arts organisations

2022

A total of **3209 patient attendances**

373 Arts Sessions

Arts Strategy – Oxford Health Arts (Artscape/Creating with Care)

Substantive arts co-ordinator post

How do we know it works?











Winner 2020 CHA Award

Innovation and Best Practice
Improving Patient Care

Service Evaluation/ Research – 224% increase in mood Blogs | Oxford Health Charity







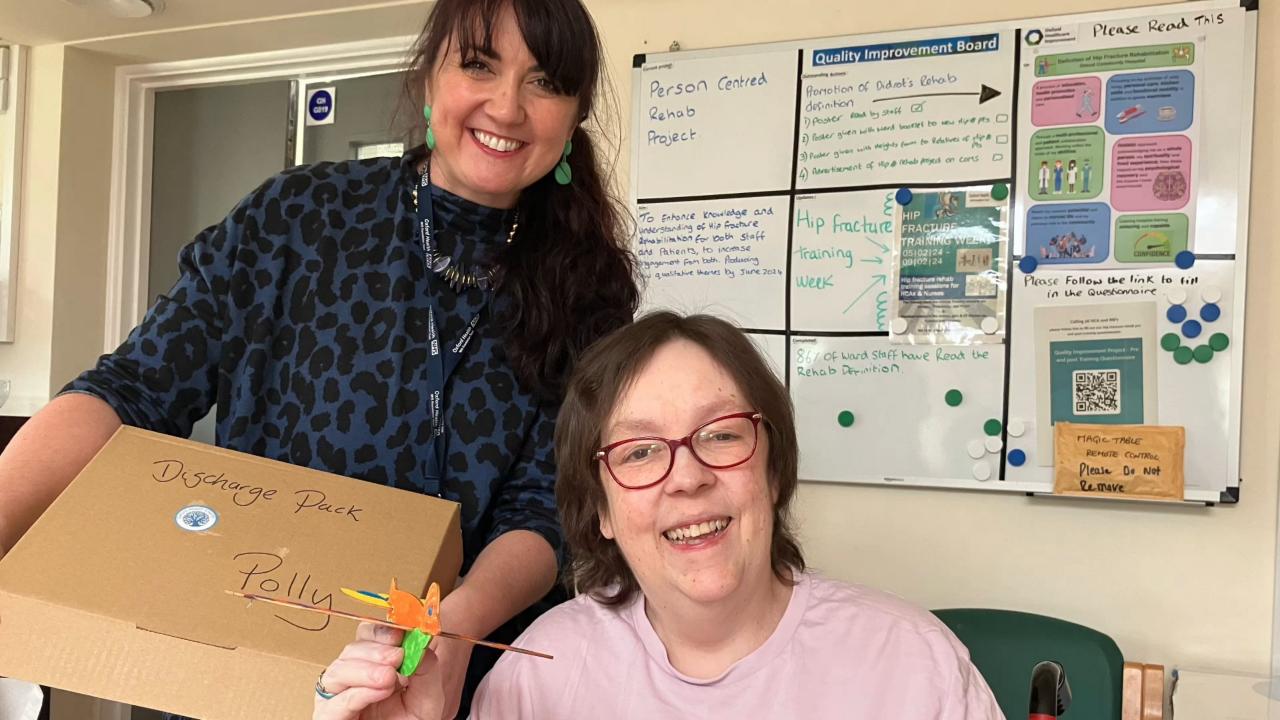
Didcot's Brilliant

A place based creative health project





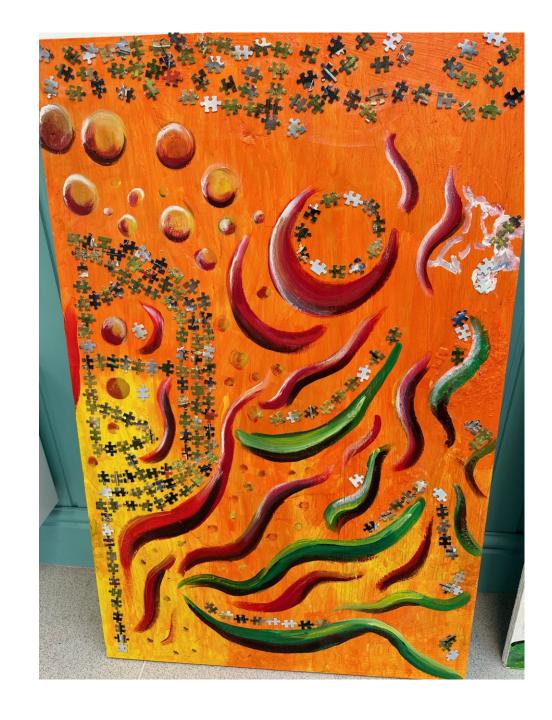




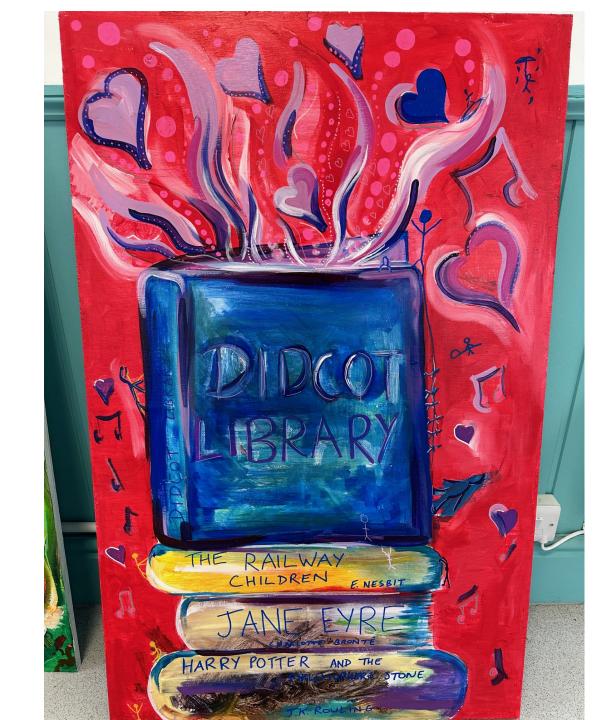


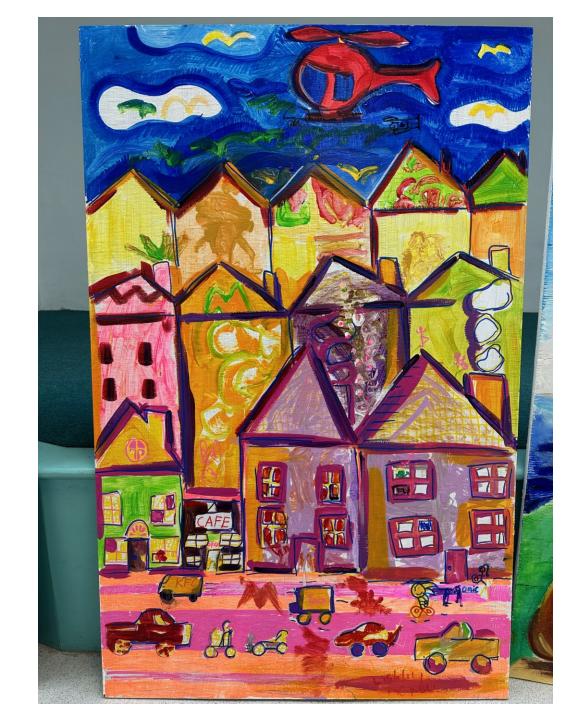




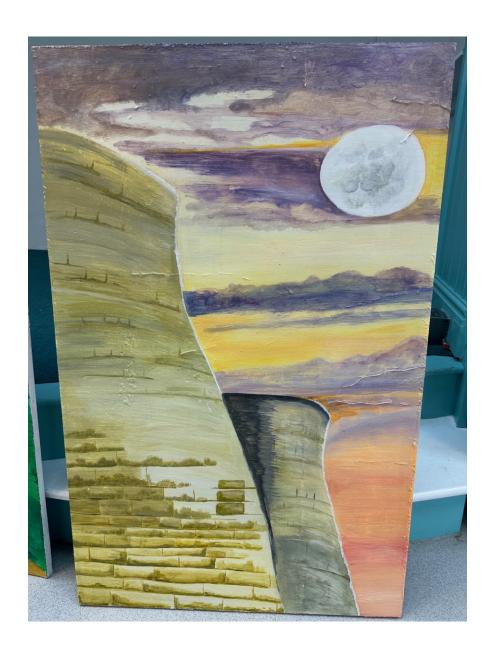
















Thank you to our Project Partners





The Didcot community- who contributed by sending postcards!

The Five Ways to Wellbeing LEARNING

AiM Home Research

Research Team

Angela Conlan – <u>angela.conlan@oxfordhealth.nhs.uk</u>
Dr Sara McKelvie – <u>s.mckelvie@soton.ac.uk</u>
Dr Anne Ferrey - <u>anne.ferrey@phc.ox.ac.uk</u>











Exploring the acceptability of Home-based Arts Interventions for Older People known to Community Health Services



Dr Sara McKelvie, Dr Anne Ferrey, Angela Conlan, Gayathri Thivyaa Gangatharan, Antoinette Broad, Becky Deane, Emily Bishop, Penny Clayton











Aims

Primary: To assess the impact of arts provision on quality of life, pain perception and social isolation

Secondary: Examine the acceptability and feasibility of the arts intervention

Funder/Sponsor and Affiliate Organisations

Oxford Health Charity, Oxford Health NHS Foundation Trust, The University of Oxford's Nuffield Primary Care Health Sciences Department, The University of Southampton Primary Care Research,

Oxford Health Arts Partnership

Background

For the elderly population, chronic pain (1) and social isolation (2) are repeatedly reported as bidirectional, debilitating risk actors for worsening quality of life, and increasing mortality (with chronic pain increasing risk of death by as much as 57% (1) Although pain is influenced by a multitude of complex factors - which include physiological, psychological, social and political realm (1) – it is primarily exclusively managed through analgesic medication. Whilst these can be effective, in chronic pain bis is accompanied by the harmful risks of dependence, polypharmacy and tolerance in a population already overburdened by multimorbid health challenges (1). Thus, discovering non-pharmaceutical ways of trackling chronic pain in the elderly is of utmost importance, not least because of its intolerability to live with. Moreover, given the systemic shift towards more inclusive, accessible, and sustainable healthcare (3) which acknowledges the complex, intersectional nature of wellbeing, for the elderly population, this means moving away from polypharmacy-inducing exclusively pharmaceutical approaches, and moving towards an interdisciplinary, ustainable, community-based model of care which values patients quality of life.

The creative arts offer one potential solution, given their proven history of improving wellbeing and quality of life, when implemented in hospitals (4). To date, however, there have been no studies investigating whether art interventions, such as music, dance, and artistic drawings, can support patients in their own homes, particularly for patients who cannot leave their own homes due to their lilinesses. Thus, this study will aim to investigate the effect of art as a non-pharmaceutical analgesic, in supporting elderly people in the community through chronic pain, social isolation and with their quality of life. As a novel pilot study investigating the use of art in community settings, for those who cannot travel, we hope to shed light on how transformative this form of healing, can be, for the elderly community, and if beneficial, we hope to expand on this research.



Figure 1 (above): Photograph of an older patient who self-reported enjoying a drawing session facilitated by the Oxford Arts Partnership.

Methods

Design: This study was co-designed by NHS staff and patients based upon feedback received during creative arts sessions within hospitals – see figure 1.

Recruitment: Up to 20 deferly patients will be recruited for this study through a fiyer distributed by district nurses and the community therapy teams across Oxfordshire. The inclusion criteria will be those recovering from an articipants, we will aim to have a subgroup of up to 10 patients with chronic leg ulcers being treated by community nursing theapings are often housebound and do not usually have access to creative arts-based interventions at

Intervention: Over six months, these participants will be offered the opportunity to have up to 6 visits from an artist and volunteer to work on a creative arts project together.

Assessment: This pilot study will used a mixed-methods approach to assess the impact of the arts interventions. Before and after each session, each participant will report quantitative measures through standardized surveys, including on quality of life Europ(a, 15), pain (heir plan) inventory) and solication (Lubben Social Network size cale). These will be completed at home, in addition to these, qualitative measures will include the Arts Observation Scale (ArtsObs) which will be recorded by the volunteers during each arts activity session. Following completion of the six arts sessions, participants will be contacted by the study team to take part in a qualitative interbut to understand their experience of the intervention and the perceived acceptability. The view of involved staff, artists and volunteers will be captured through focus groups on the perceived acceptability, feasibility and effect of arts interventions for older patients on the community health team.



Figure 2 (above): Photograph of an older patient who self-reported enjoying a dancing session facilitated by the Oxford Arts Partnership.

Results, Conclusion and Future Direction

As this is prospective qualitative and quantitative pilot study, results will be analysed using a mixed methods approach we hope that the results from this study can be used to inform a more wider research project to assess the impact of arts based interventions in housebound patients. If found to be transformative, we aim to use this data to shape local and national healthcare policies by increasing the funding available for arts based interventions in the community. Ultimately, we hope to be able to come with a sustainable way of improving the quality of life for the elderly community.

References

2.1 entr.A. Kirkkul, I, Vennoogy, V. cu. What instances to population or opportunity of the control entrol or opportunity of the control of t







Questions?

Presented by

Angela Conlan
Oxford Health Arts Partnership Lead
Angela.conlan@oxfordhealth.nhs.uk

Paula Har Senior Named Nurse Safeguarding Adults Paula.har@oxfordhealth.nhs.uk