

# ORCHESTRAS IN HEALTHCARE #2

2023



Photograph by Fraser Band

# ORCHESTRAS IN HEALTHCARE 2023

**Sarah Derbyshire** (*Orchestras Live*), **Natalie Ellis** (*Cambridge University Hospitals National Health Service (NHS) Trust*), **Fiona Harvey** (*Association of British Orchestras / ABO*), **Matthew Swann** (*independent consultant*) and **Laura Waters** (*University Hospital of Derby & Burton NHS Foundation Trust, National Arts in Hospitals Network (NAHN) Co-Chair*)

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## FOREWORD

**Darren Henley CBE**  
**Chief Executive, Arts Council England**

Music is a vital part of living well, and at Arts Council England we are proud to have a long-standing commitment to health, wellbeing and happiness through our investment in such cultural experiences and creativity activity. I am very pleased to read the results of this second edition of *Orchestras in Healthcare*, which sets out many positive trends – as well as sound recommendations for the continued development of this growing field.

It is encouraging that investment into orchestras for this work has diversified and increased since the first survey and that musicians report wellbeing benefits not only to the patients, families and staff with whom they work, but also to themselves – through opportunities to learn new skills, work within multi-disciplinary teams and explore novel approaches to their own creative practice. All of this evidence suggests that working in health and social care is a positive innovation for orchestras across England.

Last year, the Arts Council published its Creative Health plan, which sets out how we will deliver more effectively against the vision of our ten-year strategy, *Let's Create*, and ensure we maximise the impact of creative health for people of all ages, wherever they live.

We are committed to continuing our support for music in healthcare as part of this plan, by building partnerships that connect and underpin it and investing in the talented musicians and amateurs whose skill, dedication and compassion are at the heart of this work. We look forward to working with the consortium behind *Orchestras in Healthcare* to continue building on this encouraging progress.



## FOREWORD

**James Sanderson**

**Director of Community Health Services and Personalised Care, NHS England**

The 2020 report *Orchestras in Healthcare* was an important moment for the contribution of orchestras to health and wellbeing. It called for a sector wide approach to coordinating action with the health and social care sector, including a focus on Social Prescribing. The growth that we have seen between 2020 and 2023 is really encouraging and demonstrates the fantastic work that is ongoing.

We all know that music has played a big part in our lives but there is growing evidence that beyond simple enjoyment music can actually have a positive influence on our health and wellbeing. Alongside experiencing music and the arts, participation in musical activity through singing in a choir or playing in an orchestra can help to keep people active, connected and offer a sense of purpose - all essential elements of a healthy life.

Social Prescribing has been a key move for the NHS in England. It enables people to connect to the arts and provides them with psychosocial support alongside more traditional biomedical interventions, and embracing more creative opportunities for health is a key focus for the future. There have been over 2 million social prescribing interventions in England, a significant achievement. There has also been a modest increase in orchestras' links to Social Prescribing, almost 50% of orchestras still do not have any links in this area. It would be great to see this as a key area for growth in coming years.

I welcome this report which celebrates the work of orchestras in healthcare, a rich and wide range of work that goes on across the country in various settings achieving positive outcomes for patients. I am pleased to see that *Orchestras in Healthcare* will continue to work with key organisations such as the National Centre for Creative Health, Arts Council England, and other sector wide bodies to build a robust evidence base, demonstrating the value of this work.

I am grateful to all the musicians who have made this exciting agenda possible. This work supports patients, partners and orchestras to thrive.

# EXECUTIVE SUMMARY

Orchestras in Healthcare #2 is the report to a follow up survey updating the picture of the contribution that orchestras (including those integrated in opera companies) currently make in the public health sector. The first survey was undertaken in 2020. Orchestras in Healthcare #2 draws on responses to the survey from ABO member orchestras and opera companies across all four UK nations. Findings focus on geographical, financial and musical aspects, the type of healthcare settings in which the work takes place, orchestras' motivation for their involvement in the healthcare sector, the role health and wellbeing delivery plays in their business models, the significance of this work for musicians and a review of recent and current evaluation and research.

**Sarah Derbyshire** (*Orchestras Live*), **Natalie Ellis** (*Cambridge University Hospitals National Health Service (NHS) Trust*), **Fiona Harvey** (*Association of British Orchestras / ABO*), **Matthew Swann** (*independent consultant*) and **Laura Waters** (*University Hospital of Derby & Burton NHS Foundation Trust, National Arts in Hospitals Network (NAHN) Co-Chair*)

## Evidence of progress

**Reviewing 2023 findings in the context of headline areas from the 2020 report, we see a level of stability and growth that is encouraging, given the uncertainties and specific strains on both sectors post pandemic. We identify positive trends in some areas, but concerns remain regarding orchestras' ability to meet their own ambitions in delivering work in healthcare settings.**

Overall, the [2020 Orchestras in Healthcare<sup>1</sup>](#) report carried a call that the survey should mark the start of a sector-wide approach to developing policy and practice within the orchestral profession, co-ordinating with developments in the health and social care sector particularly regarding social prescribing.

This sector wide approach is developing, but with considerable scope for growth. We welcome Arts Council England's focus on arts in healthcare and similar calls in other home nations, the engagement of the Creative Health and Wellbeing Alliance and their Quality Framework, and the National Arts in Hospital Network (who are contributors to this survey and report). We strongly endorse the key messages in the Creative Health Review launched in December 2023. These developments, all of which have taken place since our first report was published, strengthen our case that more coordinated activity by the orchestral sector is required both to take advantage of a changing landscape for this work and to make a unique contribution.

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<sup>1</sup> <https://abo.org.uk/assets/files/Publications/Education/ABO-Orchestras-in-Healthcare.pdf>

## 2023 survey recommendations and next steps

In reviewing our 2020 recommendation, and the findings and conclusions from this survey, we have outlined the following Next Steps for orchestras and their healthcare partners.

- 1** **Symphony orchestras risk missing out on significant, impactful work which delivers economic and wellbeing benefits for their musicians, due to inflexible business models.**
- 2** **Orchestras should engage fully with networks providing connections with arts managers within the healthcare sector, and begin to navigate the pathways that have developed between the health and culture sector.**
- 3** **The focus on this activity to provide meaningful work for orchestral musicians should be universal across the sector. Related to this, there is still scope for more training of orchestral musicians, particularly for activity that requires a specialised approach or outcome.**
- 4** **The need for more and better research remains, particularly in recording personal impact from both participants and care/medical staff, to build an evidence base that supports creative practice across both the orchestral and health/social care sectors.**



Photograph by Media Studio

# THE SURVEY

## a) Methodology

The methods used to collect information for this survey included quantitative and qualitative data. The quantitative data provide statistical information in relation to delivery in 2022/23 of health/wellbeing and social care activity, who leads the work, the percentage of musicians who are in the orchestra, links to social prescribing programmes, and financial information. Qualitative data have been key to the survey, and we wanted to ensure that we obtained responses from a balanced mix of orchestras, opera companies and choirs throughout the UK. The data provide us with information about the benefits to orchestras in delivering this work, training and support for musicians, managers and producers, and the benefits to musicians. We also collected information about the impact of the pandemic, what the future of this activity might be, and what else we should be seeking to learn.

The majority of questions are consistent with those asked in 2020. Some additional questions were posed, prompted by the first report's findings and relevant to the current operating context.

Information was collected through Survey Monkey, emailed directly to 66 professional orchestras who represent all the full members of the Association of British Orchestras, opera companies and choirs in August 2023.

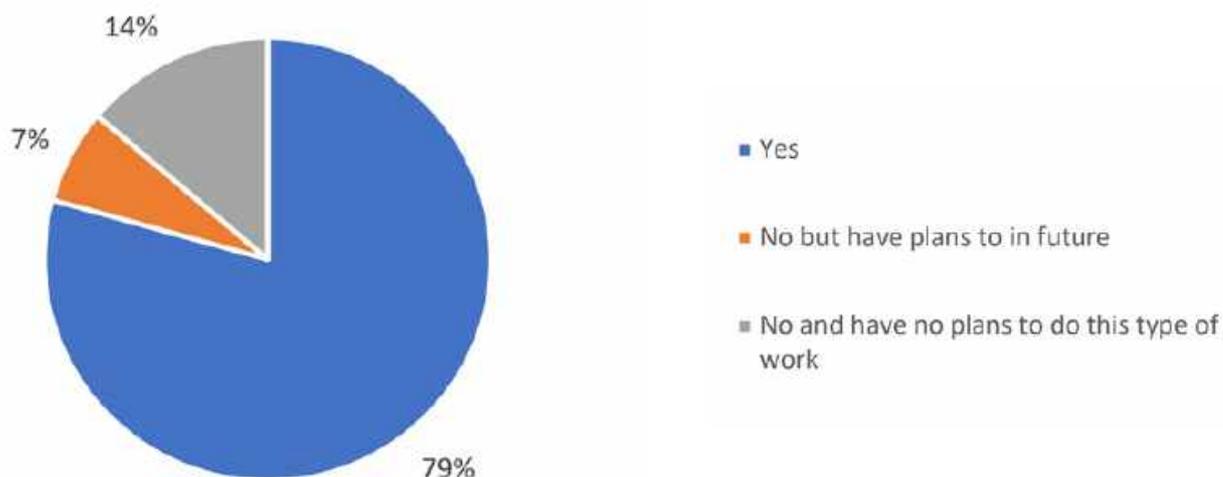
A list of respondents to both surveys is included in Appendix B. Whilst the set of respondents in 2023 differs slightly from that in 2020, it is sufficiently substantial, with significant overlap between the two, to provide worthwhile conclusions

## b) Findings

### Response

29 (44%) of the surveyed orchestras responded, from all four UK nations (2020 – 54, 82%). Of the respondents, 79% (2020 – 63%) are delivering work in health and social care settings, 21% are not. As in 2020, 30% (7% of total respondents) of those orchestras not delivering this work have plans to do so in the future.

## Does your orchestra currently deliver work in or with any health and/or social care settings?



## How is the work funded?

Total income reported by 16 orchestras in 2023 was £1,650,040. Average per orchestra is £103,128 – a 68% increase on 2020 (average £61,538 per orchestra reporting income).

Of total: Private trusts & foundations 23% (57.3% in 2020); Public funding grants 50% (29.6% 2020); Donations 2% (6.8% 2020); Direct payment for services 2% (6.7% 2020), Other contributions/funds levered 24%.

8 orchestras (50%, 19% in 2020) reported generating income over £100,000. Another 7 (44%, 62% in 2020) reported generating less than £50,000.

Whilst the percentage of direct payment for services has dropped, orchestras have reported on other contributions/funds levered for the first time, at 24%. This includes co-investment by NHS partners who fundraise from separate sources (e.g. hospital charities).

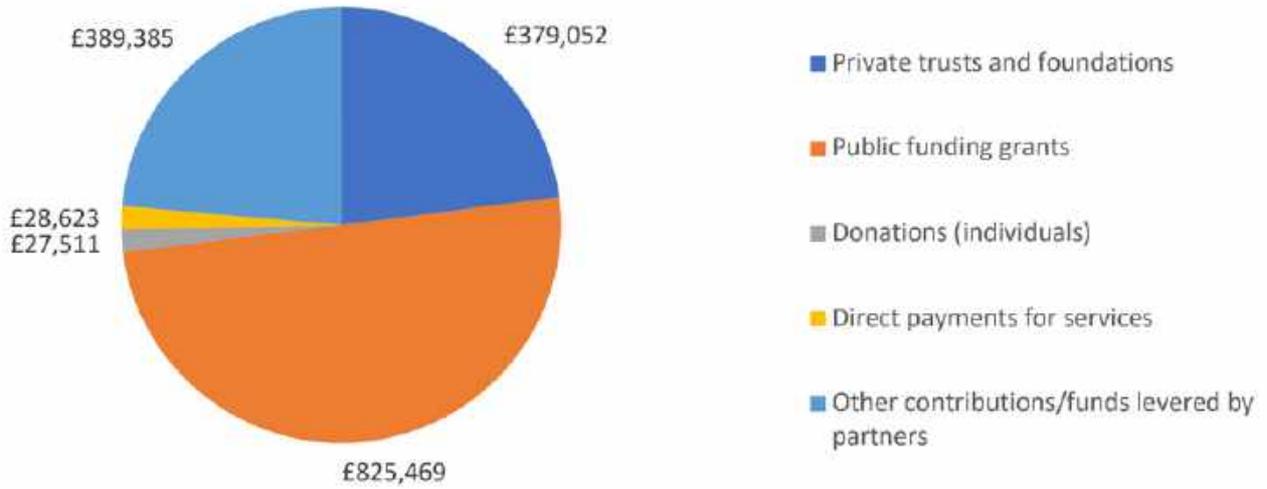
Individual orchestras' income ranged from £2,500 to £350,000 (£5k to £225k in 2020). This income represented on average c.32% of orchestras' overall Learning & Participation/Engagement Programme (l&p) income.

As in 2020, chamber orchestras are continuing to generate more income than symphony orchestras both by total income (£1,062,960 / £587,080), average income (£151,494 / £73,385) and by proportion of their total l&p income (49% / 18%). This difference in income was particularly pronounced in the comparison between chamber orchestra and symphony orchestra income from public funding grants (£347,052 / £32,000).

Symphony orchestra (representing 50% of reporting orchestras) income was in all except two cases less than £50,000 from all sources, representing between 2 and 50% of their total l&p income. One symphony orchestra generated £175,000, representing 40% of their total l&p income, with a further generating £246,000 / 26%.

Chamber orchestras generated between £80,132 and £350,000 of income (except one reporting orchestra who generated £2,500). As a proportion of total l&p income this represented a range from 26% (for an orchestra raising £107,548) to 100% (£118,590). For the orchestra who raised £350,000, this represented 70% of their total l&p income.

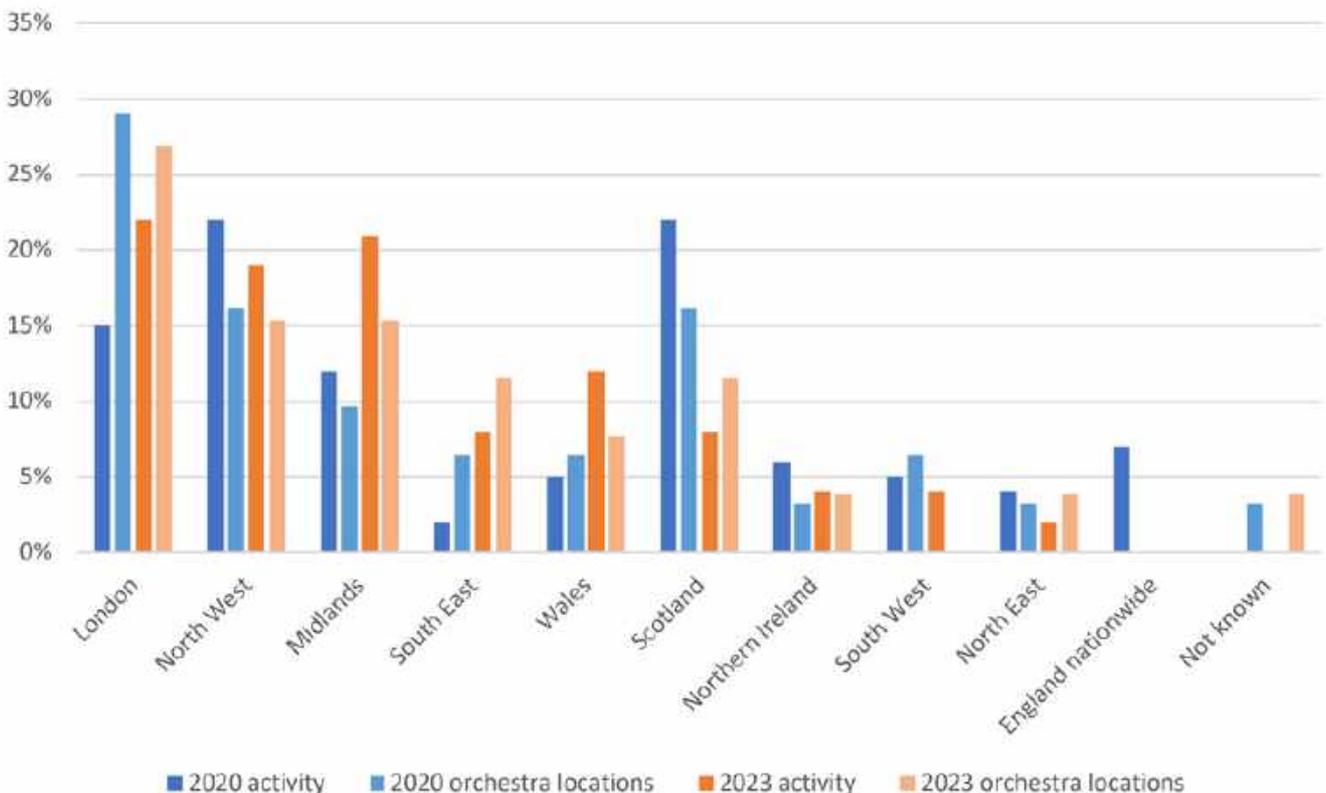
Reported income 2023 (16 orchestras)



**Where does the work take place?**

**Geographical location**

Proportion of activity (all settings) taking place in each region related to responding orchestras based in each region (2020 and 2023)



Overall, the proportion of activity in each English region in the 2023 was consistent with results from the 2020 survey. There were high levels of activity in London and the North West, corresponding to a relatively high number of reporting orchestras being located in those regions. There was a small reduction in the overall proportion of orchestras reporting but an increase in the overall proportion of activity. In the North West, the levels of activity and number of reporting orchestras as a proportion of overall figures were similar to 2020.

Elsewhere, there were increases in proportion of activity and reporting orchestras in the Midlands and South East England, England nationwide activity, and Wales as a whole. There was a significant reduction in the proportion of overall activity reported in Scotland. In each case of these regions/nations, however, the small overall numbers of orchestras reporting compared to 2020 means that it is difficult to ascertain whether this increase or reduction is part of a wider pattern or due to factors affecting individual projects within the reporting period.

Activity levels in the South West and North East of England remains very low.

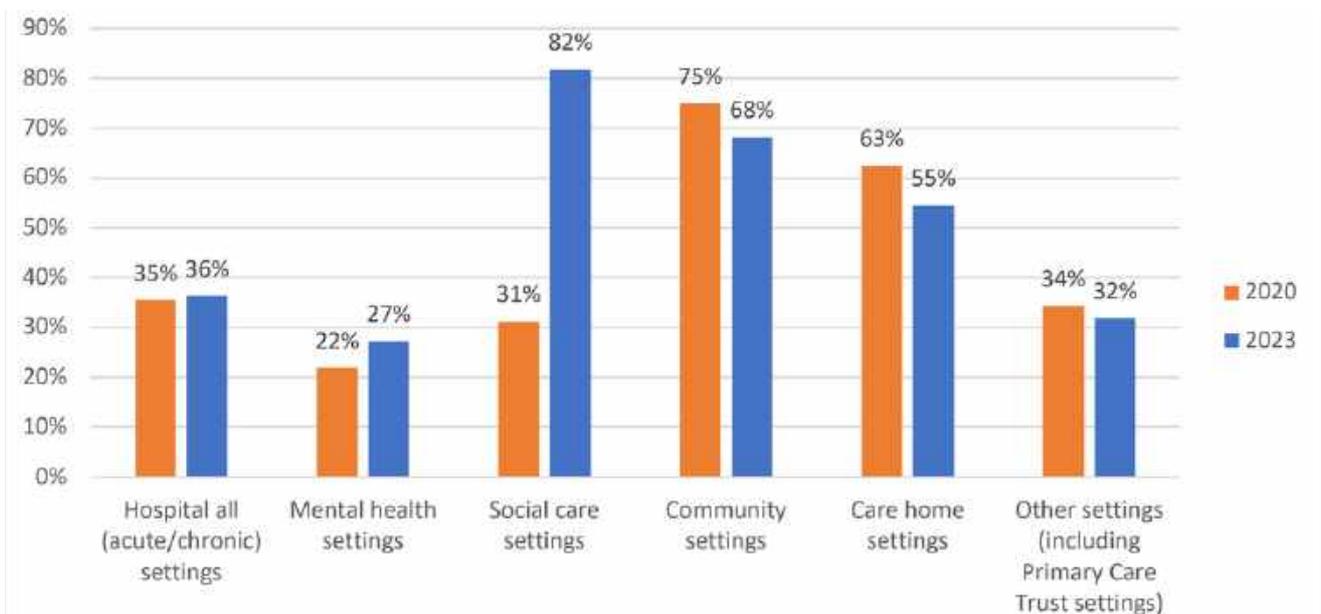
## Where does the work take place?

### Types of setting

The responses demonstrate that the orchestral sector continues to deliver activity in all the healthcare settings covered, including hospital settings, mental health and social care settings, community and care settings.

This data set suggests that the level of this work has increased since 2020, though we hesitate to conclude that firmly due to the difference in respondents between the two surveys. Nevertheless, the nature of data collected from 2023 respondents, compared with 2022, enables us to draw wider conclusions about the direction of travel across the sector, in the sections below.

#### Settings for the work: summary comparison 2020 and 2023



The profile has changed somewhat since 2020, with the most significant change seen in social care settings, where the level of activity has risen by 51%. Work in mental health settings has increased by 5% and there is a very slight increase in work in hospitals. Community, Care home and other settings have reduced slightly.

## Who delivers the work in each setting?

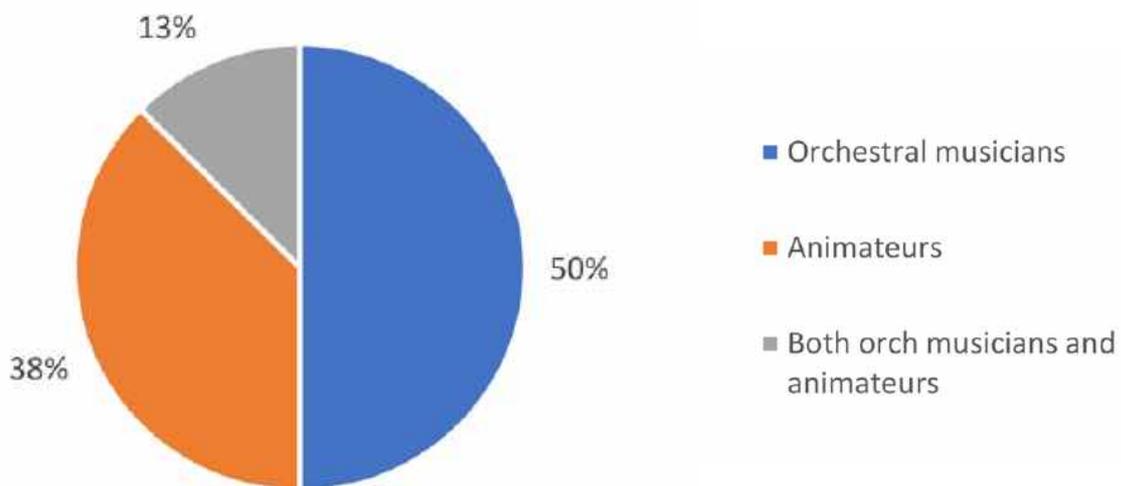
The profile of musicians and creative practitioners delivering the work varies considerably across the different settings.

A summary comparison between 2020 and 2023 responses suggests a reduction in the overall percentage of orchestral musicians delivering work.

### Hospital settings

8 organisations (36%) work in this type of setting.

Hospital projects are led by:



Work takes place in Wales, English regions in the North West, West Midlands, East and London. Partnerships with NHS Trusts include relationships with hospitals serving a wide region within their Integrated Care System. The distinction made in the 2020 report, between chronic and acute hospital settings, has largely been abandoned in line with current practice across hospitals.

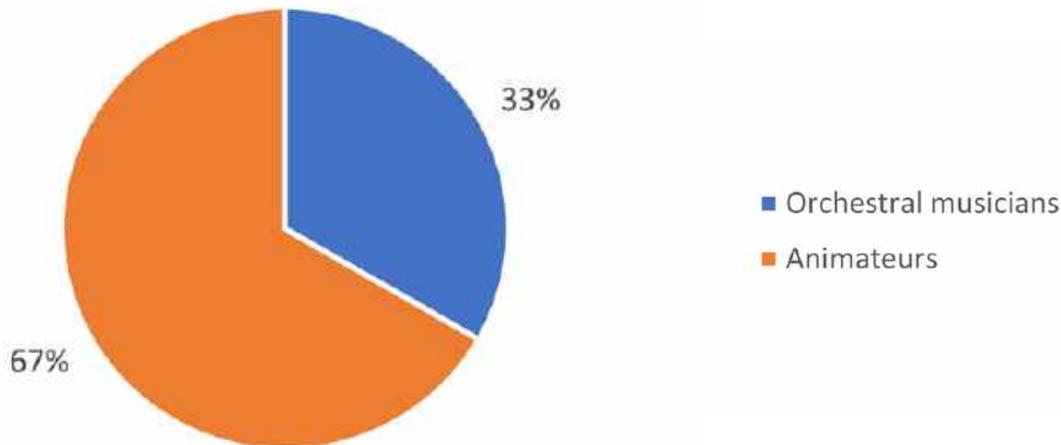
Activity ranges from performances in public spaces to in-depth participatory work on wards, including intensive care, and in specialist units including rehabilitation, Cancer Centres/clinics and dementia care. The majority takes place as a regular programme of work.

Musicians are selected for their skill set in relation to specialist participant groups.

## Mental health settings

6 organisations (27%) deliver work in this type of setting.

Mental health projects are led by:



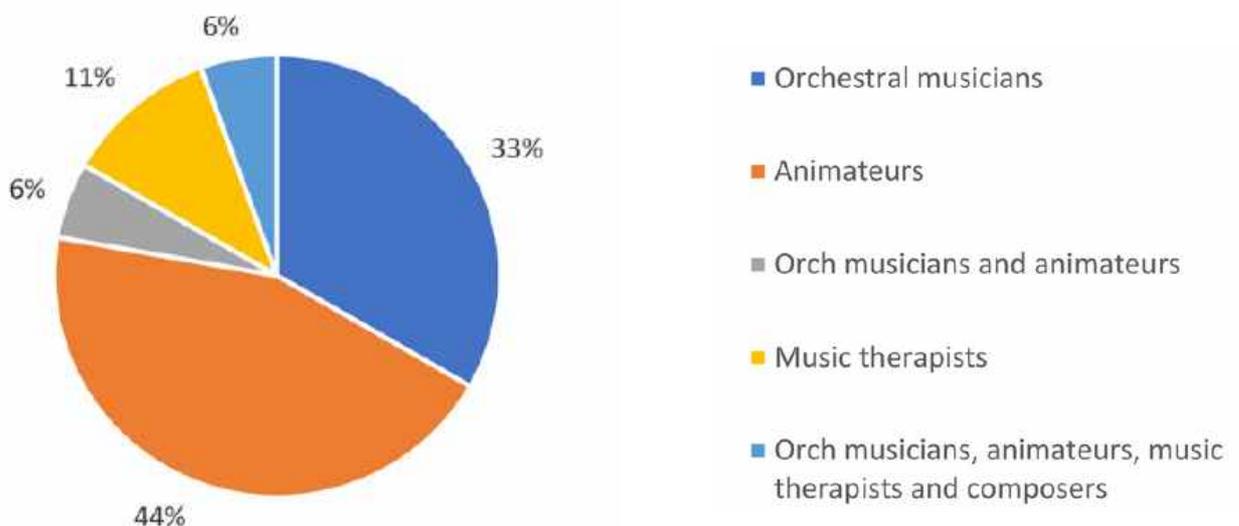
Work takes place in Scotland, English regions in the North West, East Midlands, West Midlands and London. Partners include NHS Trusts, Local/Combined Authorities and specialist education settings.

Participants include people living with dementia, young people using the CAMHS service, people in prison and people experiencing homelessness. The majority takes place as a regular programme of work. Musicians are selected for their skill set in relation to participant groups, with specialist training provided for specific projects. Some delivery may take place alongside the partners' usual music therapist.

## Social care settings

18 organisations (82%) deliver work in this type of setting.

Social care projects are led by:



Work takes place in Wales, Scotland, Northern Ireland, English regions in the North West, North East, West Midlands, South West, South East, East and London. Partners are principally local charities and support groups with additional connections made to schools for intergenerational work.

Participants include people living with dementia, and young carers.

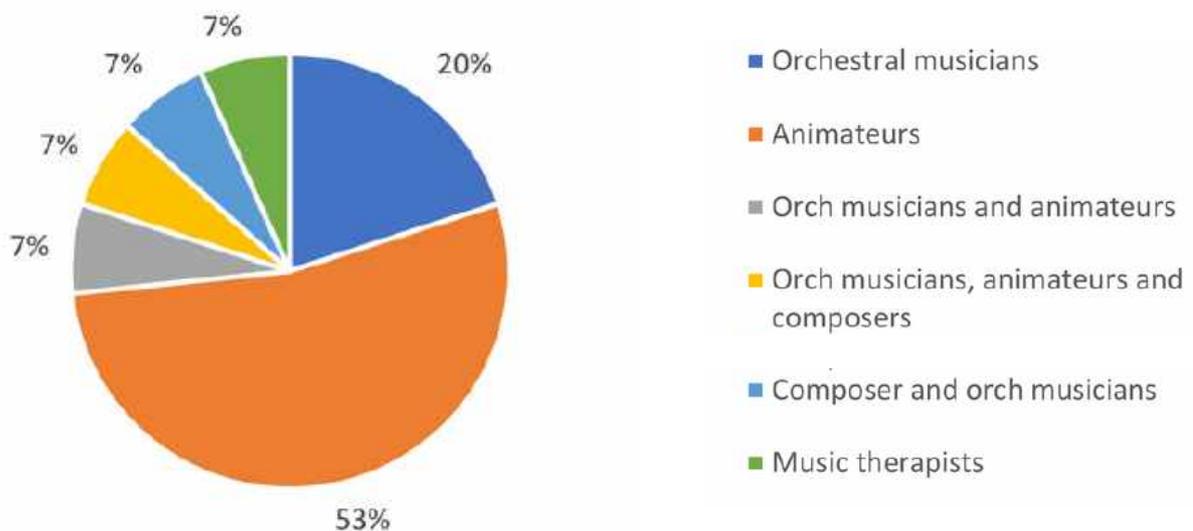
Activity ranges from dementia-friendly performances in public spaces to in-depth participatory workshops delivered in regular sessions.

Musicians are selected for their skill set and experience in relation to specialist participant groups. In some cases work is led by a specialist music leader with support from orchestral musicians.

## Community settings

15 organisations (68%) deliver work in this type of setting.

Community settings projects are led by:



Work takes place in Wales, Scotland, Northern Ireland, English regions in the North West, West Midlands, East Midlands, South West, and London. Partners are principally local charities, community arts groups, community health initiatives and libraries. These include settings hosting social prescribing programmes and one project delivered on Zoom for participants living at home accessing long Covid care. Other post pandemic, in person delivery addresses loneliness issues and isolation for people living at home.

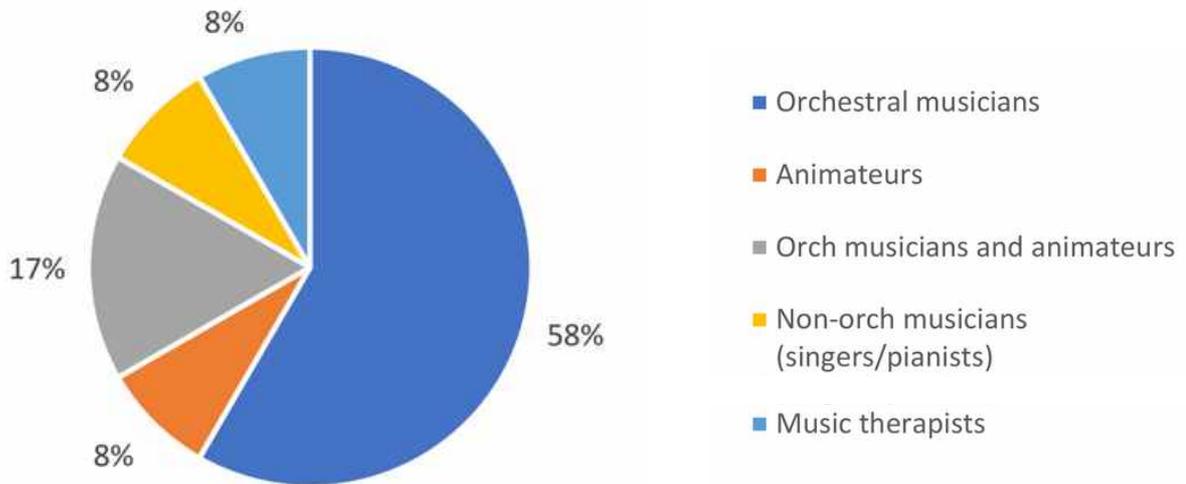
Participants include people living with dementia, young carers, perinatal service users, neurodiverse adults, disabled adults and people experiencing isolation living at home.

Musicians are selected for their skill set and experience in relation to specialist participant groups.

## Care homes

12 organisations (55%) deliver work in this type of setting.

Care home settings projects are led by:



Work takes place in Wales, Northern Ireland, English regions in the North West, West Midlands, East Midlands, East, South West, South East and London. Partners are local authority and private care home providers, age related charities, sheltered housing providers.

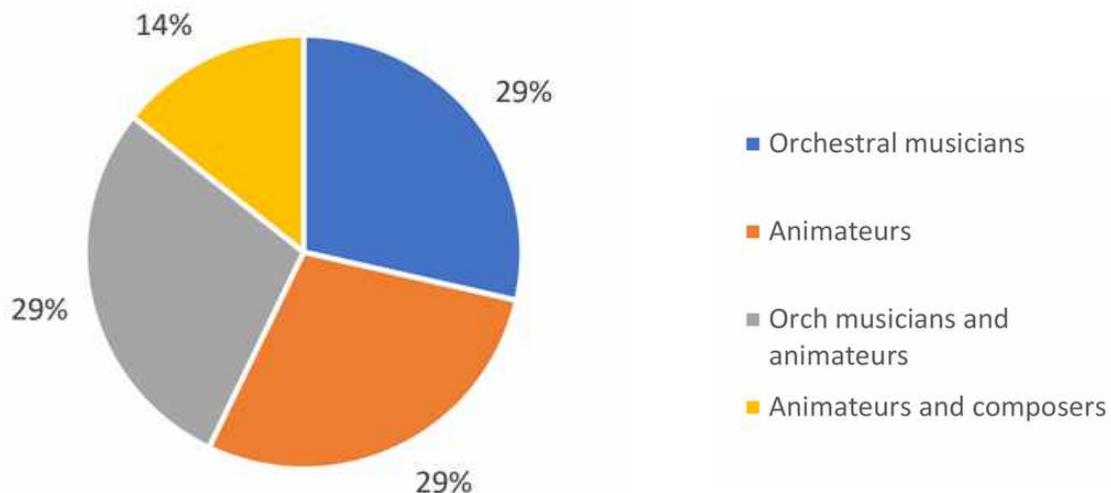
Most activity takes place in workshops and participatory performances given by small groups of musicians.

Musicians are selected for their skill set and experience in relation to specialist participant groups.

## Any other health or social care settings

7 organisations (32%) deliver work in other health or social care setting, including 1 also delivering work in Primary Care Trust settings.

Projects are led by:



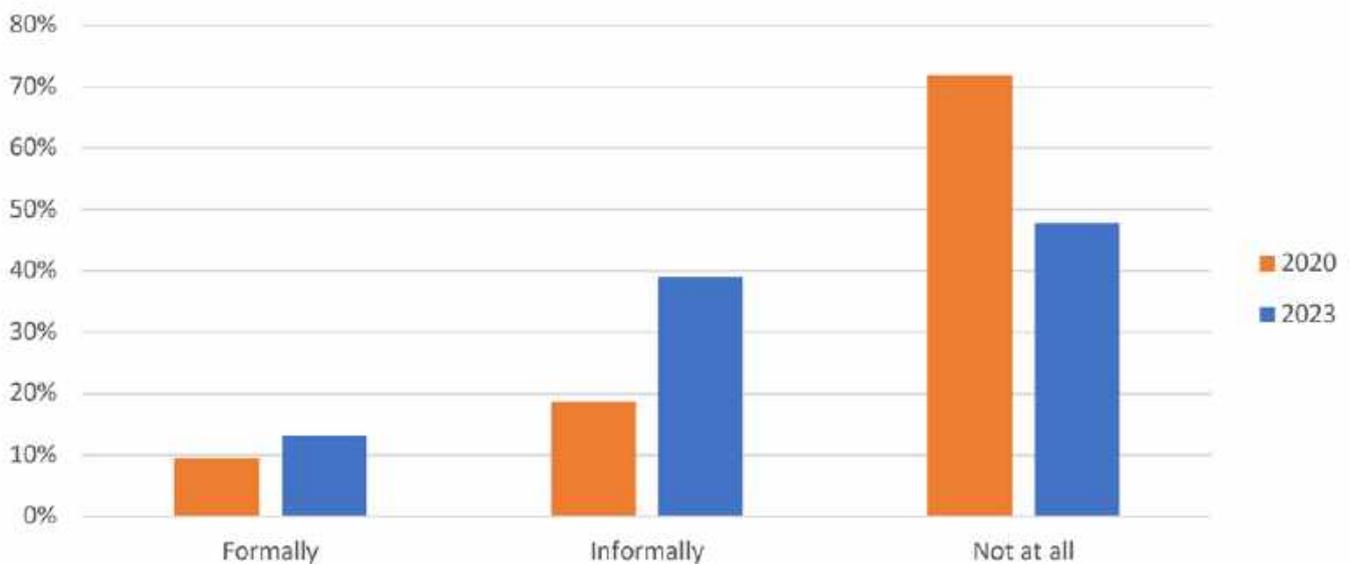
Work takes place in Wales, Scotland, English regions in the North West, West Midlands, East Midlands, and London. Partners are various and include local charities, other cultural organisations, local authorities and NHS trusts (for work in public rather than patient-centred settings). 1 organisation reported work in a Primary Care Trust, in London. However, much of the work reported in the settings above intersects with multiple partners, amongst whom Primary Care Trusts are numbered, though not the lead partner.

The type of activity reported on is varied, including delivery of an illustrative session at a Long Covid conference, a wellbeing project for parents, on-demand performances and digital access.

Musicians are selected for their skill set and experience in relation to specialist participant groups.

## Social prescribing

Are you linked to social prescribing programmes?



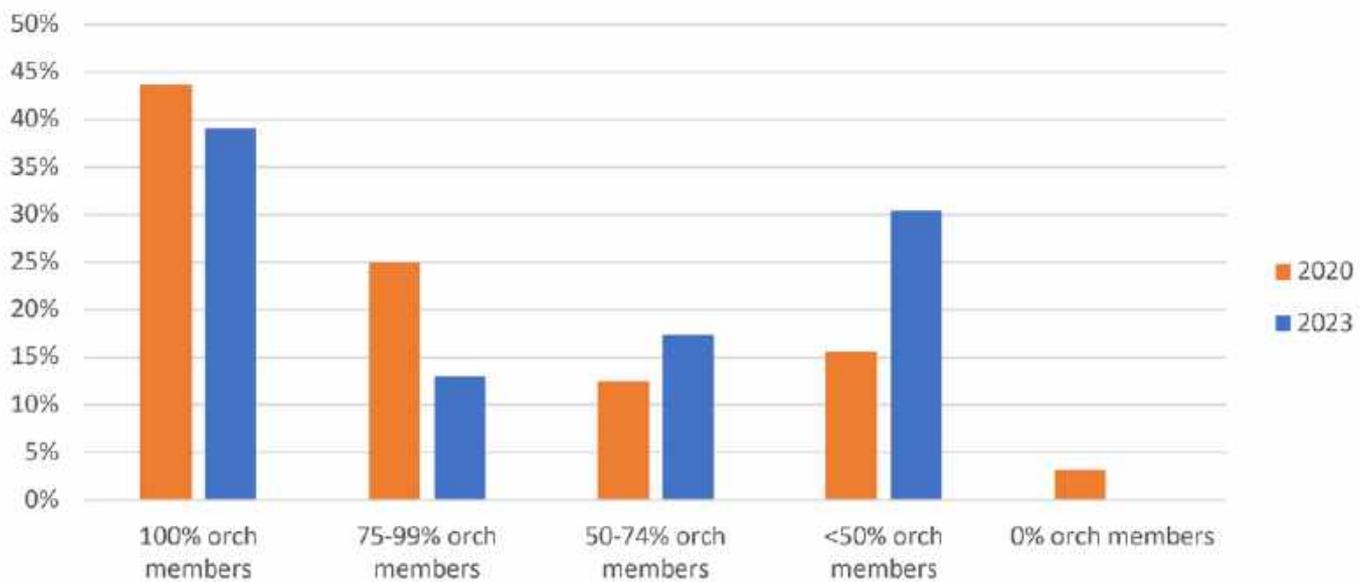
Some projects in the settings reported on above are accessed through social prescribing referrals. Specific responses on social prescribing indicate that the proportion of orchestras with formal or informal links to social prescribing programmes has grown since 2020, with a higher number of individual organisations involved (12 total in 2023, 9 total in 2020).

## Musicians working in these settings

23 orchestras reported a total of 529 musicians working in these settings (note: some musicians may be working with more than one orchestra so this is likely to be an over-estimate).

Between 12.5% and 100% of the musicians working in these settings were members of the orchestra. (15-100% in 2020).

## % of musicians working in these settings that are members of the orchestra

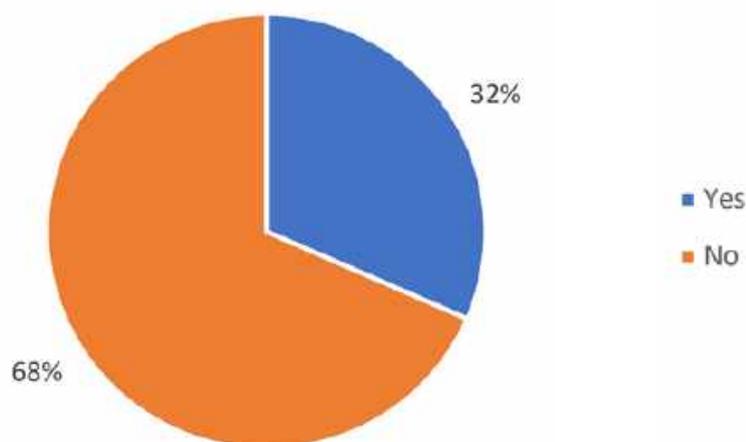


The 2023 survey responses indicate that all orchestras engage their musicians to some extent in the delivery of this work, which is an improvement on 2020.

## What is the significance of this work for orchestral musicians?

### Specialist training

Is there a separate budget for training musicians in specialist skills in order to deliver this work?

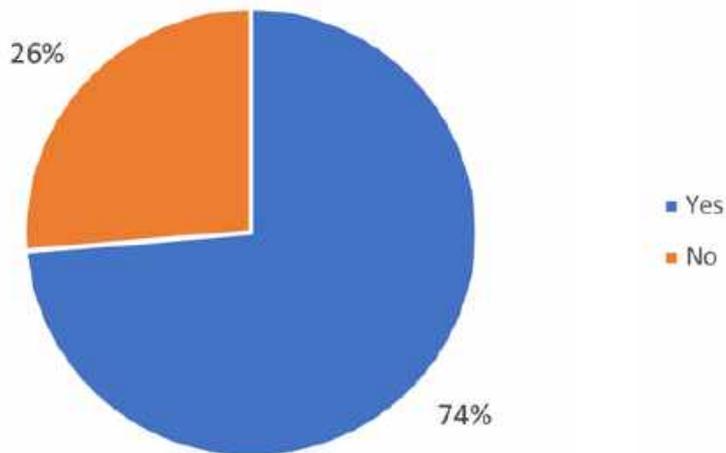


The percentage of orchestras reporting that they have a separate budget for training has increased, from 25% in 2020, to 32% in 2023.

The majority of respondents stated that project and delivery budgets routinely include an element to support training. Others allocate funding from the organisational training budget according to perceived need. One organisation that didn't allocate budget for training will do so in 2023/24.

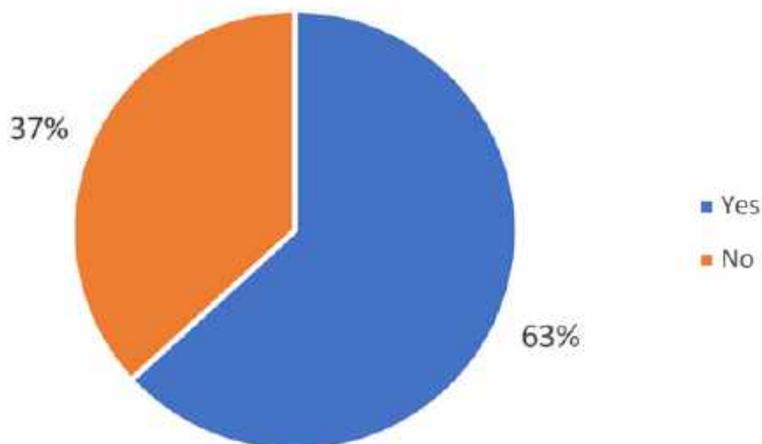
## Workforce wellbeing and resilience

Do you take steps to support wellbeing and resilience for musicians working in care settings?



## Wellbeing and resilience of management staff working in/with care settings

Do you take steps to support wellbeing and resilience for management staff working in/with care settings?



We were prompted to ask these questions for the first time in 2023 by a sense of increased understanding of and emphasis on staff wellbeing and resilience in the wake of the pandemic. Many of those supporting musicians in this way link this to their training and incorporating reflective practice. Those supporting management staff offer a range of services, either through existing HR resources or expert support from specialist agencies in the relevant area of work.

Do you seek musicians' views/feedback in the context of this work? Is there anything you would like to/can add about the impact on this work on the musicians themselves?

83% of the orchestras responding seek musicians' views and feedback. Many report a holistic approach to feedback, built into reflective practice both with musicians and staff in the settings where they deliver projects.

Whilst the percentage of orchestras delivering project solely with orchestral musicians has reduced (see above), responses to this question indicate that those musicians are actively engaged in planning and reflection, collaborating closely with project managers. This, together with the support for musicians developing reflective practice, and the unique nature of the work, enables musicians to gain significant value and reward from work in healthcare settings, informing their creative and performance practice and benefiting their own wellbeing.

## **Musical and organisational benefits**

We find that the musicians that participate in this work tend to benefit from the work in a broad range of ways. It can be difficult and challenging work and so relationships between musicians working together are often strengthened. Our project managers take a really active role in this work, so the understanding between musicians and management team is often strengthened by working together in such a wide range of environments. Musically the musicians are challenged to consistently find new and brilliant ways of sharing music and making music together and this challenge means the work keeps fresh.

This work also impacts on the musicians as artists pushing them outside of their usual 'remit', pushing them to creatively engage 'in the moment' and with individuals through music they improvise and create together. It requires an openness and artistry that stretches them beyond the concert platform. So much so, that they now want to use the practise developed in this work ON the concert platform.

## **Musicians' benefits**

*"We made music using our instincts, which made me trust my own (as I'm sure the participants also felt) - I will carry this into other work."*

*"I left feeling calm as if a little piece of breathing space had been carved into my busy week. Making music without the pressure of an end product is a very freeing and feels very much like a therapeutic process."*



*“The work has a positive impact on [musicians’] wellbeing and also their musical/ creative skills... the sessions push them to explore their creativity in new ways, and improve/ develop their skills.”*

## Retention/recruitment

*“The musicians involved regularly say that this is the reason why they still play with the orchestra (i.e. haven't yet retired) because they love the work so much.”*

Have you changed your investment and delivery in this work as a result of the pandemic?

65% respondents report changing their practice; 22% report no change; the remainder did not respond to this question.

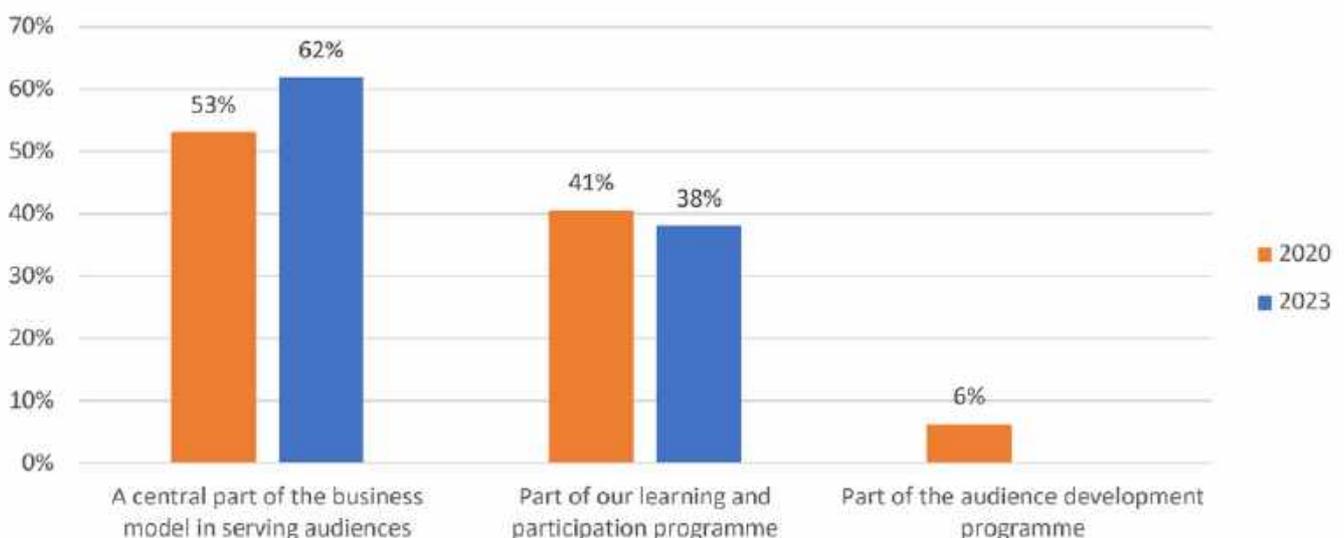
Positive changes include continued digital elements in delivery and access; establishing a dedicated dementia café in the absence of care providers restarting their own post-Covid; new staff and volunteer wellbeing project responding to low NHS staff morale following the pandemic; increased investment in the work as the impact of music on wellbeing became better understood through the pandemic; expedited plans for a carer training scheme which has now developed into a fledgling business opportunity with government-assisted grants; relationships with more NHS partners and expanding the reach across new clinical areas.

By contrast, negative changes include reduction in funding due to greater competition post-Covid; reduction in delivery, difficulties in restarting in person work in care homes.

## Key drivers

62% of orchestras that responded in 2023 identified the key driver for delivering work in health and social care settings as: A central part of the business model in serving audiences. (53% in 2020.)

How would your organisation identify the key driver for delivering work in health and social care settings?



## What are the top 3 benefits to the orchestra in delivering this work?

Orchestras were invited to provide the top three benefits of undertaking this work in free text. We grouped these responses (70 in total) into themes which reflected and focused the responses given.

As in 2020, reaching specific and underserved communities was a key driver for orchestras, but the proportion of orchestras citing this as a key benefit to the work rose to 58%. The second most prevalent benefit was the benefits that this work brought to musicians, and with clear differentiation made by orchestras between how this work was meaningful for musicians and contributed to their well-being (45% of orchestras) and their professional and creative development (34%).

Overall, there was a far wider and more differentiated range of benefits cited in 2023. There was clear distinction, for example, between reaching communities, and the impact it had on those communities, and as well as new benefits including developing a reflective organisational practice and changing the perception of orchestras as a whole. Economic benefit was also important to orchestras, from both the perspective of organisational funding and paid employment for musicians.



The full responses from this question can be categorised as follows:

1. Reaching specific and often underserved communities 17 / 58% of orchestras
  - Including building profile in particular communities
  - Widening geographic impact
  - Reaching new audiences who can't access concerts

2. Meaningful work for musicians which contributes to their wellbeing 13 / 45%
3. Musicians professional and creative development 10 / 34%
  - Including from those in the caring / medical profession
4. Delivering measurable and significant social and wellbeing impact – for both communities and individuals 8 / 28%
5. Economic benefits 7 / 24%
  - Generates core funding for the orchestra
  - Regular funding for musicians
  - Builds case for support, particularly re public funding
6. Delivering ensemble’s strategy and values (specifically organisational strategy as opposed to community / audience aims) 5 / 17%
7. Changing the perception of orchestras 4 / 14%
8. Helping us become more reflective as an organisation 3 /10%
9. Building profile in new sectors – healthcare, tech and innovation 3 /10%

For comparison, the 2020 results were split equally across the following four areas:

1. Making an impact on society / our local community
2. Wider access and new audiences
3. Developing musicians and creating rewarding experiences (and paid employment)
4. Organisational objectives including funding and communications

Are you facing any specific challenges in delivering this work from the perspective of your own organisation?

65% respondents report specific, internal challenges; 13% report none; the remainder did not respond to this question.

The most commonly cited challenge was funding, followed by issues around scheduling players. Administrative capacity is also a challenge. The tension between organisational priorities focused on numbers and reach, as opposed to depth of impact, presents a challenge to a number of respondents. Practical challenges include the specialist nature of the work and requirement for training, lack of suitable musical arrangements and difficulty of connecting with other music professionals such as music therapists, at a local level.

Are you facing any specific challenges in delivering this work relating to external factors e.g. NHS workforce?

43% respondents report specific, external challenges; 22% report none; the remainder did not respond to this question.

External challenges focused on workforce capacity and availability in care settings, particularly NHS and social care staff shortages as well as lack of communications and understanding amongst care workforce, care staff unavailable due to strike action; support for care and NHS staff required to enable them to engage in and benefit from activity. One orchestra reported that Covid related cancellations by care homes have only recently declined. Also cited was financial uncertainty in NHS departments impacting on budgeting. Two orchestras mentioned issues around Social Prescribing, still 'in its infancy' regarding music activity and insufficiently funded.

How do you monitor the impact of this work? Have you done any specific research? Please share details and/or links to reports etc.

74% of respondents working in healthcare settings report that they evaluate their projects and programmes. The nature of evaluation ranges from inform feedback from participants to the use of specific frameworks such as 'Five Ways to Wellbeing'. Independent evaluation has included medically approved metric scales to record changes due to participation. Examples of research partnerships, past and present, are given with Kings College London, the Institute of Psychiatry, Psychology and Neuroscience, University of Edinburgh, Queen Margaret University's Centre for Person-Centred Practice Research, University of Manchester, University of Liverpool. The following links were provided by orchestras as examples of current research and evaluation.

### **Current Research by orchestras – background information**

<https://www.manchester.ac.uk/discover/news/music-in-mind-remote-study/>  
<https://manchestercamerata.co.uk/new-phd-partnership-introducing-katherine-blumer/>  
<https://wno.org.uk/news/wellness-with-wno-the-results-so-far>

### **Completed research & findings**

<https://manchestercamerata.co.uk/community/phd-research-project/>  
<https://manchestercamerata.co.uk/research-at-the-heart-of-what-we-do-an-interview-with-dr-robyn-dowlen/>  
<https://www.cambridge.org/core/journals/ageing-and-society/article/in-the-moment-with-music-an-exploration-of-the-embodied-and-sensory-experiences-of-people-living-with-dementia-during-improvised-musicmaking/3A2AD776F64CCBC9393A566A491A1AB8>  
<https://manchestercamerata.co.uk/two-of-cameratas-activities-included-in-the-baring-foundations-treasury-of-arts-activities-for-older-people/>

### **Evaluation**

<https://orchestraoftheswan.box.com/s/hlrmtubz87m7ln46gzb6wmco2wnqy8ko>  
[https://halleconcertsmy.sharepoint.com/:w:/g/personal/holly\\_randhawa\\_halle\\_co\\_uk/EUPUwFCmFZVFnNyLT08\\_looB6iMLS2B5cVu1Xsmih7MBQ?e=E1ChkD](https://halleconcertsmy.sharepoint.com/:w:/g/personal/holly_randhawa_halle_co_uk/EUPUwFCmFZVFnNyLT08_looB6iMLS2B5cVu1Xsmih7MBQ?e=E1ChkD)

## Orchestra websites and project information

<a href="https://www.rsno.org.uk/">https://www.rsno.org.uk/</a>
<a href="https://www.sinfoniaviva.co.uk/Pages/News/Category/creative-projects">https://www.sinfoniaviva.co.uk/Pages/News/Category/creative-projects</a>
<a href="https://www.ulsterorchestra.org.uk/learning-community-engagement/community-engagement/wellbeing-workshops/">https://www.ulsterorchestra.org.uk/learning-community-engagement/community-engagement/wellbeing-workshops/</a>
<a href="https://www.aam.co.uk">https://www.aam.co.uk</a>
<a href="https://wno.org.uk/wellness-with-wno">https://wno.org.uk/wellness-with-wno</a> <a href="https://wno.org.uk/news/wellness-with-wno-goes-wales-wide">https://wno.org.uk/news/wellness-with-wno-goes-wales-wide</a> <a href="https://wno.org.uk/cradle">https://wno.org.uk/cradle</a> <a href="https://wno.org.uk/news/cradle-choir-launches-in-llandeilo-west-wales">https://wno.org.uk/news/cradle-choir-launches-in-llandeilo-west-wales</a>
<a href="https://orchestraoftheswan.org/">https://orchestraoftheswan.org/</a>
<a href="https://www.SingingMedicine.co.uk">https://www.SingingMedicine.co.uk</a>
<a href="https://halle.co.uk/connect/for-our-communities/">https://halle.co.uk/connect/for-our-communities/</a>
<a href="https://www.lso.co.uk/learn-and-discover/health-and-wellbeing-initiatives/">https://www.lso.co.uk/learn-and-discover/health-and-wellbeing-initiatives/</a>
<a href="http://www.cityoflondonsinfonia.co.uk">www.cityoflondonsinfonia.co.uk</a> <a href="http://bbc.co.uk/programmes/m001cns4">bbc.co.uk/programmes/m001cns4</a> - featured in Music Matters' 'Music and Mental Health' programme
<a href="https://www.brittensinfonia.com/">https://www.brittensinfonia.com/</a>
<a href="https://www.bbc.co.uk/bbcnow">https://www.bbc.co.uk/bbcnow</a>
<a href="https://www.sco.org.uk/join-in">https://www.sco.org.uk/join-in</a>
<a href="https://londonsinfonietta.org.uk/">https://londonsinfonietta.org.uk/</a>
<a href="https://www.orchlab.org">https:// www.orchlab.org</a> <a href="https://lpo.org.uk/project/crisis-creates/">https://lpo.org.uk/project/crisis-creates/</a>
<a href="https://manchestercamerata.co.uk/community/">https://manchestercamerata.co.uk/community/</a> <a href="https://manchestercamerata.co.uk/community/music-and-dementia/">https://manchestercamerata.co.uk/community/music-and-dementia/</a>
<a href="https://www.rpo.co.uk/strokestra">https:// www.rpo.co.uk/strokestra</a>
<a href="https://cbso.co.uk/cuppa-concerts">https://cbso.co.uk/cuppa-concerts</a>
<a href="https://www.londonmozartplayers.com/about-education/community">https://www.londonmozartplayers.com/about-education/community</a>
<a href="https://www.liverpoolphil.com/about-us/music-and-health-programme/">https://www.liverpoolphil.com/about-us/music-and-health-programme/</a>
<a href="https://www.asmf.org">https://www.asmf.org</a>

# CONCLUSIONS

Overall, the findings of the survey present a very positive picture compared with the 2020 survey results. While there remains substantial room for further improvement, there are positive trends, notably in levels of activity, investment and focus on musicians' wellbeing.

## **a** Response rates

Response rates for this, our second survey were lower than in the first survey in 2020. That survey took place in the pandemic, and was also first of its kind, and hence received a very high response rate with 54 (82%) of orchestras surveyed responding.

It was inevitable that with busier activity schedules, and in its second iteration, the 2023 survey would achieve lower response rates. Nevertheless, it still represents a strong data set with 29 of 66 (44%) of those surveyed responding. The number, rather than percentage, of 2023 orchestras responding and delivering work has risen to 36, from 34. Their responses to a wider range of questions and topics enable us to draw meaningful and far reaching conclusions.

## **b** Investment patterns highlight differences between orchestra business models

Given the smaller data set, but a huge uplift in average funding per orchestra (£103,128, a 68% increase on 2020), it is likely that investment to orchestras in this field has increased more than the overall investment figures suggest.

Work in health and wellbeing settings is becoming an increasingly significant source of income for many orchestras in the context of their overall income. Traditionally, learning & participation (l&p) work in a schools context has been the primary focus of orchestras' engagement activity. This survey shows that many orchestras are now raising up to half - with a significant number raising the majority - of their total l&p income through healthcare activity, with an average of 32% of l&p funding coming from healthcare activity.

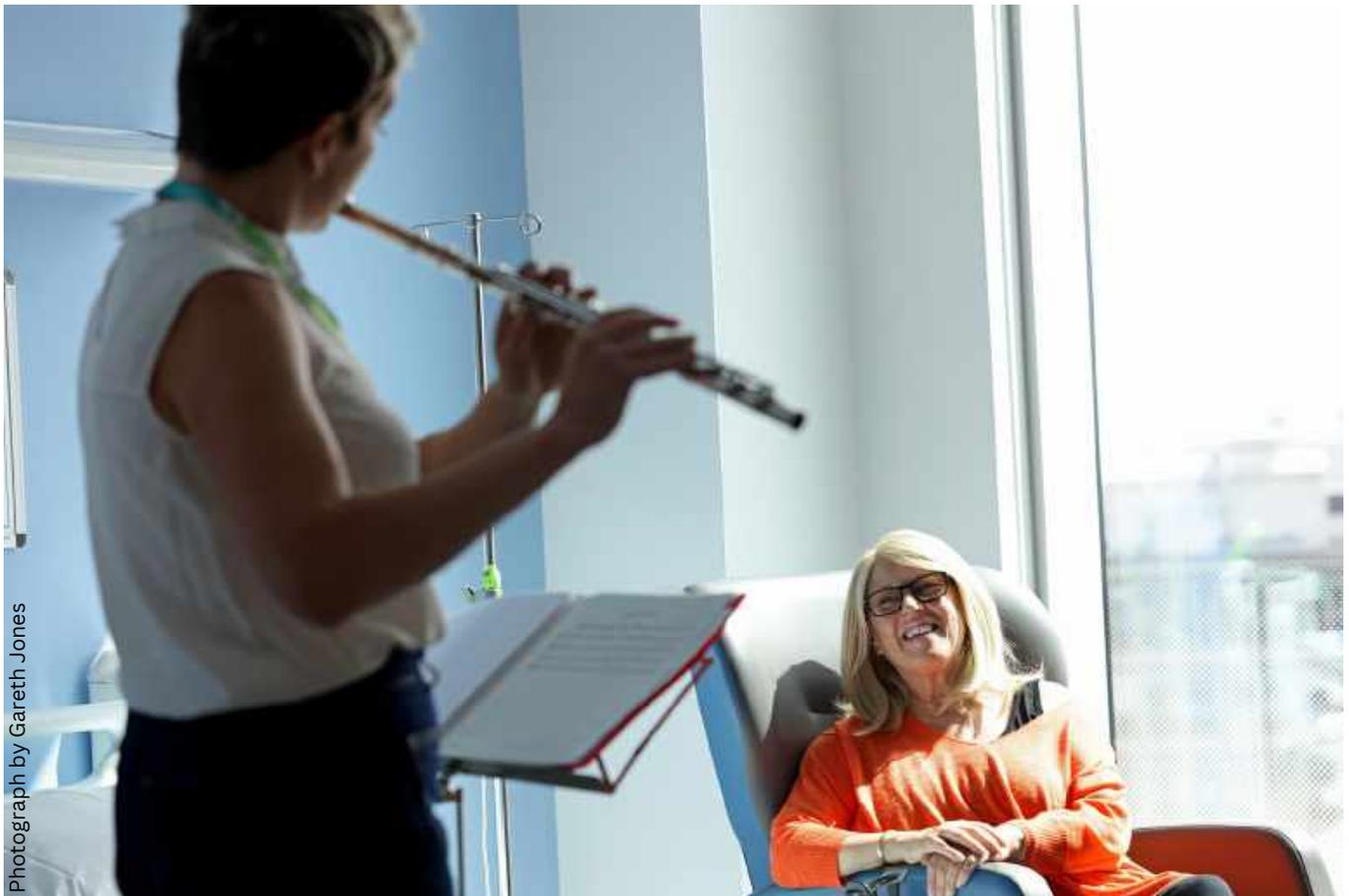
While direct funding of this activity by the NHS and healthcare partners has decreased, funding from new sources, including co-investment from NHS charities (eg. hospital charities, for activity that has been the foundation of this work for many years) is now a significant income driver, at 24% of total funding. This suggests that while there is less direct NHS funding to orchestras, there is an increasing value placed on this activity by those in the healthcare sector who are prepared to leverage other funds that orchestras might otherwise be unable to access.

Chamber orchestras are significantly outperforming symphony orchestras in terms of income being raised for this activity. (There are, however, exceptions to this and our case studies give examples of how larger, contract orchestras can significantly increase activity and income.)

This is both in terms of overall levels of organisational income (total amount and average per orchestra raised) and as a proportion of their total l&p programme income. Half of all chamber orchestras who contributed to this survey stated that over 50% of their l&p income was for healthcare activity.

As in 2020, we conclude that this marked difference is in part due to business model and scheduling factors. Chamber orchestras typically employ their musicians on a freelance basis, and have far fewer concert performances, meaning more time is available in the schedule to undertake this activity. Their more nimble and reactive business models also allow them to create flexible relationships with healthcare partners in complex and challenging settings and explore new areas of work. These include new and as yet under-explored areas of activity including mental health and social prescribing.

Symphony orchestras' musicians are typically salaried and have far busier concert diaries. Of those responding to the survey, 40% cited scheduling issues as challenges to undertaking this work. Other symphony orchestras cited the time needed for training and recruiting musicians for this activity as a challenge, factors which no chamber orchestra cited.



## **Modest growth in Social Prescribing is evidence of potential**

The increase in orchestras with any kind of links to this work is very positive. Many orchestras' links to social prescribing are informal, however, and almost 50% of orchestras still don't have

any links in this area. While we acknowledge that navigating this area of work can be complex, both the increase in links and the fact that almost half of orchestras don't have links suggests that there is scope for further exploration and growth. ACE continues to encourage stronger engagement with social prescribing, which will have positive impact on public funding available for orchestras.



### **Increased specialism supports collaborative programme design**

While there are fewer orchestral musicians leading the projects delivered by orchestras as an overall proportion of those delivering the work, our perspective is that there are a number of factors in play and this is not necessarily a negative trend.

It is important to consider whether work is performance or co-creation/improvisatory focused, and if the work is geared towards general wellbeing and quality of life care or more specific health outcomes. Projects which are more improvisatory in nature and focus on specific health outcomes might need to be led by specialist musicians and amateurs, who are often not orchestral musicians. We would encourage investment in training to enable more orchestral musicians to deliver this work, but acknowledge that the current situation could be due to more in-depth work taking place which is positive in the long term.

The range of musicians – across orchestral musicians, amateurs and music therapists – delivering the work is evidence of orchestras' flexibility and responsiveness to the nature of each setting, their participants' needs and the activity's intended outcomes. Increased consultation and collaboration between settings, delivery partners and orchestras will also support the development of musical teams offering different specialisms, tailored to each project/programme.



### **Recognising the significance of this work for orchestra musicians brings organisational as well as individual benefits**

The pandemic shone a spotlight on workforce wellbeing and resilience, and in 2023 we wanted to understand the extent to which orchestras have maintained that focus. As stated in the Findings section (Section 3b) we are encouraged that a majority of orchestras take steps to support musicians and management staff in healthcare settings. Many orchestras also reported that a key benefit of this work is that it provides meaningful work for musicians. Overall, we see that the positive trend to focus on musicians' resilience has continued, resulting in a more holistic approach.

The vast majority of orchestras seek musicians' views and feedback in the context of this work, which is to be welcomed. We were, however, surprised to see that 17% of orchestras don't seek musicians' views and feedback, and would question the rationale behind this. Seeking this

feedback can be done in very simple and non-intensive formats, and providing dedicated time and space for conversation with musicians to reflect on this work supports creative thinking and practice (individually and organisationally). This is work that requires a high level of creativity, and any steps that help to identify any wellbeing issues that occur when working in settings that could be stressful or even triggering for some individuals, and deliver constructive feedback, is to be encouraged.

Overall, the benefits of delivering this work as reported for both project managers and musicians are persuasive in underlining the business case for orchestras in developing their workforce and exploring new partnerships to deliver work in health and social care settings. This point is reiterated in examining the key drivers reported by orchestras responding to the survey.



Photograph by CUH Arts



## Key drivers reflect a holistic approach to musicians and audiences

We note a significant change compared to 2020 in the extent to which orchestras recognise that this activity is important for musicians not just in terms of economic ('work in the diary') and creative practice benefits, but in providing meaningful work for musicians that contributes to their wellbeing. Work in health and wellbeing settings often involves musicians engaging with

very small numbers of individuals – those being cared for and their care/medical staff – at any one time, in often very challenging settings, and where their impact can often be seen in the moment. As above, we feel the steps orchestras are taking to recognise this is part of an increased and welcome emphasis on musicians' wellbeing and resilience.

In a further significant change to 2020, no orchestras reported that this activity was part of a wider audience development programme. Instead, many orchestras said that a key benefit of this activity was reaching new audiences who can't access concerts, as part of a wider driver around reaching specific and underserved communities. We note this as a significant and welcome shift, and a realisation that everyone who encounters an orchestra is part of its 'audience', whether in formal performance spaces or not.



### **Whilst research and evaluation is increasing, demonstrating impact remains inconsistent**

Our 2020 survey recommendations called for more research into this work. While we are pleased to see a growing number of orchestras reporting that they had research partnerships with academic and healthcare partners, we still lack the range and depth of evaluation and research to persuasively demonstrate impact for both the orchestral and health sectors.

In considering the monitoring, evaluation and research that was reported on, we identified three questions that we feel orchestras could address to create better and more impactful findings into the benefits of this activity across the sector:

- Are orchestras allowing adequate budget provision for evaluation? This is something that should be a central part of any project delivery, but all too often is either not properly allowed for at project design and budgeting stage, or is cut where there is a funding shortfall.
- Does the orchestral sector understand the marriage of quantitative and qualitative data in evaluation of this work? While it is important to create shorthand metrics for the impact activity is having across a group of participants or a whole project, on an individual level, impact is very dependent on personal experience, and this should also be recorded and explored.
- Related to this, do orchestras allow enough time and resource to take qualitative data from care and medical staff? These staff will be alive to the personal, in-the-moment impact this activity can have on participants which if recorded and considered in full would contribute to wider practice.

Funders of this activity – whether that funding is in the form of grants and donations, or commissioned delivery – have increasingly detailed requirements for in-depth evaluation. Even if orchestras' current funders don't currently require extensive evaluation, this is likely to change both in terms of post-delivery reporting and in establishing need when making funding applications.



Photograph by Gareth Jones



## **Flexibility and collaboration are required to address continuing challenges**

That 65% of respondents spotlighted specific, internal challenges in delivering this activity highlights organisational weaknesses that orchestras must address in order to fulfil their ambitions in delivering work in health and social care settings.

Principal among reported challenges is the tension between a desire to demonstrate reach, and the concern for quality and depth of impact experienced by participants. As we have observed above in considering orchestras' differing business models, scheduling is a key challenge that mitigates against collaborative, impact focused project planning as well as consistency of the musicians engaged in this work. This is particularly the case for symphony orchestras.

No one should be surprised that almost half of respondents reported external challenges in delivering work in health and wellbeing settings. Key amongst these are capacity issues within both sectors, and continuing funding and budgeting uncertainties. The challenge around Social Prescribing indicates that a key opportunity to integrate music activities led by professional musicians in community settings is being missed, in spite of the extensive track record that orchestras demonstrate through their own initiatives. This calls for greater collaboration between policy makers in both sectors, at a high level.

# WHAT NEXT? AND RECOMMENDATIONS

In reviewing our 2020 recommendation, and the findings and conclusions from this survey, we have outlined the following Next Steps for orchestras and their healthcare partners.

- a** **Symphony orchestras risk missing out on significant, impactful work which delivers economic and wellbeing benefits for their musicians, due to inflexible business models.**

As in 2020, chamber orchestras are generating far more income for this activity, and are harnessing the positive impact it can have on musicians' wellbeing and creative practice. For symphony orchestras more broadly to reap similar economic benefits in an increasingly difficult funding climate, greater priority should be given to work in health and wellbeing settings, unlocking internal and external investment and supporting resilience within the orchestral workforce. The necessity to re-evaluate the positive return on investment in terms of an orchestras connections and relevance to communities it serves – a key recommendation in 2020 – remains a priority in 2023.

- b** **Orchestras should engage fully with networks providing connections with arts managers within the healthcare sector, and begin to navigate the pathways that have developed between the health and culture sector.**

There is currently very little input from the orchestral sector at a national leadership and policy level within the healthcare sector. Orchestras need to make better connections with national level organisations including the National Centre for Creative Health, their Creative Health Associates and the Cultural Health and Wellbeing Alliance (CHWA) which have developed apace since 2020. These networks also provide greater intelligence on the new NHS Integrated Care Boards and social prescribing, which are hard to navigate alone. Some orchestras have begun to undertake this work through city and region wide NHS partnerships.

The consortium behind Orchestras in Healthcare has undertaken, and will continue, advocacy and networking at national level, including bringing together orchestra l&p managers and hospital arts managers, leveraging its unique, cross sector position.

In 2020 we made a call for 'better known and more navigable networks'. In 2023 we see positive progress through the creation of new bodies and systems, but orchestras have yet to connect with them in a comprehensive way. These connections are essential for orchestras, and orchestral musicians, to realise the opportunity for growth within the health sector.



**The focus on this activity to provide meaningful work for orchestral musicians should be universal across the sector. Related to this, there is still scope for more training of orchestral musicians, and developing their reflective practice as integral to this work's delivery, particularly for activity that requires a specialised approach or outcome.**

This survey revealed a change in the language that orchestra managements use to describe their relationships with musicians around work in healthcare, which reads as far more collaborative than in the previous survey, and focuses on musicians' wellbeing.

Both this approach, and the training and delivery practices that orchestras employ, including a greater emphasis on reflective practice, need to be more widely shared across the sector.

The Orchestras in Healthcare consortium, in partnership with the orchestras and conservatoires who are already making inroads in developing training, will also seek to develop sector wide, national frameworks for this activity, potentially in line with the Cultural Health and Wellbeing Alliance's Quality framework.



**The need for more and better research remains, particularly in recording personal impact from both participants and care/medical staff, to build an evidence base that supports creative and reflective practice across both the orchestral and health/social care sectors.**

The progress made in compiling the first comprehensive picture of orchestras' work in health and wellbeing settings demonstrates the value of orchestras collaborating to tell a positive story. This has established the context for the orchestral sector to collaborate on evaluation and research that raises the health sector's understanding and awareness of their impact.

This should include embracing, and sharing, research and evaluation methodologies that encompass more than just quantitative clinical metrics, to encapsulate social value and personal wellbeing impact. Working with organisations such as National Arts in Hospitals Network, CHWA and the National Centre for Creative Health will further develop robust evaluation measures and provide opportunities to raise the profile of published studies. Orchestras in Healthcare will seek to work alongside other sector wide bodies in both the orchestra and wider arts and healthcare sector, and Arts Council England to explore how to develop and implement these measures.

# CASE STUDIES



## The Income and Business Case for Orchestras working in Healthcare Royal Liverpool Philharmonic Orchestra

Since 2008, over 18,000 people have benefited from high-quality live music and group music-making to support their recovery and wellbeing through Royal Liverpool Philharmonic's long term Music and Health NHS programme.

Starting with Mersey Care NHS Foundation Trust on two mental health wards in 2008, Liverpool Philharmonic has now worked with five NHS Trusts, with activity in 50 health, social care and community settings. Programmes are co-designed with partners to best serve patient and NHS staff needs and deliver mutually agreed outcomes.

The experienced musician team make music with patients on wards, perform for patients, visitors and staff, support participants to sing together, create and perform their own music, and present their own events. Musicians enhance connections between mums and babies, and inspire participants to write lyrics, stories, poetry, and create art.

The number of NHS partners has led to 177% growth in investment since 2020. In addition to NHS funding, Liverpool Philharmonic has secured grants from trusts, foundations and corporate partners, supporting social prescribing activities, investment in musician professional development, and research.

Key factors encourage NHS Trusts to join the programme:

- **Quality of musicians and musical activity.** Led by a team of 10 Lead Musicians and over 50 musicians from the Royal Liverpool Philharmonic Orchestra and beyond, musicians connect with participants through music, unlocking new skills and building confidence. The programme is person-centred, focusing on individuals' thoughts, choices, and responses to music.
- **Evidence base** demonstrating impact for patients, participants, NHS staff and Trusts. The sustained investment and commitment initially by Liverpool Philharmonic and Mersey Care enabled its growth and development across mental and physical health services. This generated an evidence base, expanded over time through research partnerships (University of Liverpool).
- **Commitment by existing NHS partners and their senior leaders**, generating credibility and helping NHS Leaders in prospective partners to make the case within their own organisation. As each Trust joins, the combined partnership strengthens further, enabling connection and shared learning.
- **Tailored partnership and content with each Trust.** Working across different health settings and physical/mental health needs, programmes are responsive to each Trust/setting. Programmes start small with focussed pilots, before growing over time. Programmes take account of each site's individual context (wards, places, localities), services (e.g. secure services, cancer care, perinatal mental health), patient needs, Trust priorities and ward staff local requirements.
- **Flexibility and adaptability of partnerships.** Built on trust, reciprocity, and openness, partners test approaches and are open about successes, activities that did not work and points of learning. Activities are co-created by musicians, NHS staff and participants, using reflection and feedback to evolve with changes or developments in each setting or Trust.
- **Strength of the individual relationships:**
  - Musicians and participants
  - Musicians and ward staff (clinicians, occupational therapists, volunteers, nurses)
  - Liverpool Philharmonic staff and NHS key contacts
  - Liverpool Philharmonic and NHS Trust senior leadership
- **Engaging NHS staff.** Either through dedicated activities for staff, or extending invitations and ticket offers to concerts by the Royal Liverpool Philharmonic Orchestra or events at Liverpool Philharmonic Hall, this helps raise awareness of, and strengthen support for partnerships, as well as using live music to support NHS staff wellbeing.
- **Creating achievable budgets** – being realistic with the financial ask of NHS partners that ensures partners can maintain funding levels and sustain the programme over time. Using relevant data, outputs and evidence informs annual budgeting processes or helps identify

funding sources, for example, NHS Trust charities or Staff/Patient experience funds. An initial small match funding contribution from Liverpool Philharmonic acts as a catalyst to incentivise and establish new partnerships and pilot projects.

- **Liverpool Philharmonic’s reputation** in Music and Health, as well as the organisation’s brand within the Liverpool City Region. Liverpool Philharmonic demonstrates long-term commitment to this programme - core to its mission - which is recognised and valued by NHS partners.

In October 2023 Liverpool Philharmonic published a report into the impacts of 15 years of partnership working, based on evaluation and new research by University of Liverpool.

Liverpool Philharmonic’s ambition is for all NHS Trusts within NHS Cheshire & Merseyside Integrated Care Board to make Music and Health available for their patients, staff and wider communities by 2030.

**“Our collaboration with Liverpool Philharmonic...[is]...massively successful in helping patients feel more relaxed and reduce their anxiety...Feedback has been overwhelmingly positive, with patients commenting on how much they’ve enjoyed the music...Patients tell us it relaxes them, takes their mind off their treatment...”**

**Julie Gray, Chief Nurse, The Clatterbridge Cancer Centre NHS Foundation Trust**



## National policy driving strategic growth

### Welsh National Opera's Arts & Health Programme

At Welsh National Opera, we have seen a notable increase of 497% in our income towards arts and health programmes from 2019/2020 to 2022/2023. The main reason for this is because our programme of arts and health activity has significantly increased in scale over the past three years, with health and wellbeing becoming a key priority area for our Programmes and Engagement department, in the context of Welsh Government health policy recognising and investing in social prescribing across Wales and our partners in the NHS working with us to evidence the benefits of human centred intervention in non-medicalised environments.

During this time, we have been proactive as a national arts organisation by increasing collaboration and developing strategic partnerships to address issues specifically faced by our communities, particularly where health and wellbeing are concerned. We know that the arts have a particularly powerful contribution to make to a healthy, connected and engaged human life, and taking live opera out of its traditional, theatrical settings and into the spaces where people who have the most to gain physically and psychologically from arts-based interventions, is the basis of our growing arts and health work.

For example, 'Wellness with WNO' was launched in 2021 after we were approached by three University Health Boards to design a non-clinical expert intervention for individuals diagnosed with Long COVID. Through this programme we were able to provide a service that utilises the expertise of professional opera singers, who share techniques and exercises that they use in performing to optimise their breathing and lung capacity. These tools and strategies are transferred to support participants with symptoms of Long COVID which include breathlessness, anxiety and fatigue. We piloted this programme in 2021/2022 and were able to present evidence of successful physical and mental wellbeing outcomes, including in some cases avoiding hospitalisation, which helped to gain the trust and secure the longer-term commitment in partnership from all seven NHS Wales health boards. During our 2022/2023 Season, we received a grant from ACW and financial contributions from these seven health boards, which together fully funded the programme and made up just under 50% of our total income towards arts & health.

We also received a larger grant (about 4 times the amount) from the National Lottery Community Fund in 2022/2023 than in 2019/2020 which, alongside a smaller grant, made up 33% of our total funding towards arts & health. These subsequently fully funded 'Cradle', our intergenerational creative arts project bringing together people to explore the perception of ageing and dementia, building resilience within the local community with their ability to support older people living with dementia, in Milford Haven during our 2022/2023 Season. The main reason we have been able to raise more funds against Cradle is because further evaluation has enabled us to strengthen our case for support to funders who recognised the gap in provision we are addressing.

Income also increased towards Opera Tutti (PMLD project), a multi-sensory concert for young people with profound and multiple learning disabilities, aged 5-19 years old. In our 2022/2023

Season, we received 2.5 times more funding compared with our 2019/2020 Season which was our first year of delivery. Our pilot evaluation of Opera Tutti in 2019/2020 highlighted the positive impacts of the project on our beneficiaries. This has enabled us to provide compelling and evidence-based answers in applications to charitable trusts and foundations, therefore, securing increased grant support.



Photograph by Gareth Jones



Photograph by Stuart Armitt

## **The value of adopting a collaborative approach with musicians**

### **Scottish Chamber Orchestra's ReConnect programme: "Meeting the musical moment"**

ReConnect is the Scottish Chamber Orchestra's (SCO) programme of interactive music workshops for people living with dementia. Running since 2013, the programme aims to bring people together through music to improve well-being and quality of life. ReConnect is delivered by a core team of musicians, led by community music specialist Dr Jane Bentley. The ongoing development of this programme is rooted in taking a collaborative approach with the musicians who deliver it, with training and reflective practice sitting at the heart of the work.

The hospital context in which the ReConnect programme occurs is one of the most challenging settings for both people with dementia, and the people who care for them. Ongoing training means that musicians are fully supported to understand the context, and the needs and communication possibilities of people with dementia. Musicians learn to develop a musical 'toolkit' of flexible responses, and to fine tune their ability to understand and adapt moment-to-moment to what may be happening on the ward, and with individual group members. Training sessions have been particularly important in developing confidence and building resilient, connected responses to musical experimentation.

Coupled with training, ongoing reflective practice has been key to ReConnect and enables musicians delivering the programme to continually adapt to the changing nature of the setting and the participants involved. Taking time to reflect after each workshop session ensures that musicians continue to respond to participants' increasing degrees of skill and comfort as the programme progresses. In the debrief meetings which follow workshop sessions, musicians are encouraged to identify their growing edges which they then get to extend in subsequent practical work. These reflection-based debrief sessions also allow for contact time with the hospital staff. This input is highly valued by the team, and offers the possibility of developing greater understanding of the patients, and the setting.

The primary task for musicians delivering ReConnect workshops is, as Dr Jane Bentley describes it, to “meet the musical moment” and identify how to respond at any given time. The skills and confidence to do this are not only honed through professional development opportunities and reflective practice but also through the workshop dynamic cultivated by Jane whose responsibility is to build the confidence of musicians in contributing to these moments. She observes that “As a team, each musician is empowered to initiate and respond in a session. At the same time, we seek to remain musically connected and move seamlessly between foreground, and background, both musically, and interactively. We have several musicians who have developed a shared language of communication and chemistry as a result of their work on the ReConnect programme.”

Musicians who have worked on ReConnect for a number of years have highlighted that these relational practices now very much inform their role as performers. As one musician on the programme notes, “I am learning all the time from the patients and staff on the ward about how to make a social and emotional connection in the moment and I am now much more aware of the relationship between me and the audience when I am on stage performing as a result.” Another adds that “Musically, working on ReConnect has given me much more confidence to improvise and react to the other musicians in the group which has been so valuable to me as a performer.”

The importance of the journey musicians take through their engagement with ReConnect should not be underestimated. Developing the programme together and learning from clinical staff, patients and each other provides them – and the Scottish Chamber Orchestra itself – with an expanded awareness of the potential and power of music beyond simply performance. The sense of agency, musicality and creativity experienced by the musicians through the approach taken to both the development and delivery of ReConnect has, over time, had a powerful effect on each musician's own sense of wellbeing: “I leave each session with real joy, as the people we encounter never fail to give me energy and a sense of value.” In the face of the challenges presented by a degenerative illness such as dementia, ReConnect provides an opportunity for everyone to grow and develop together – musicians and patients alike.



## Cross-sector partnership forms a joint vision between orchestra and hospital

### Cambridge University Hospitals (CUH) Arts and Britten Sinfonia

CUH Arts is Cambridge University Hospitals' arts-in-health programme. Established in 1999 and based at Addenbrooke's hospital on the south side of the city, CUH Arts strives to humanise health, inspire hope and promote wellbeing by providing excellent creative and cultural opportunities for its patients, staff, visitors and wider community.

Embedded as part of the hospital and funded through the NHS budget and hospital charity, CUH Arts' diverse, person-centred, multi-disciplinary programme of live, participatory and visual arts is facilitated and managed by a specialist team of arts professionals in collaboration with artists and cultural partners.

Rooted in the East of England, professional chamber orchestra Britten Sinfonia has had connections with Addenbrooke's Hospital for decades, but visits have tended to be occasional and short-term. In 2022, CUH Arts invited Britten Sinfonia to pilot the re-introduction of live music in wards and waiting rooms as the hospital tentatively emerged from the pandemic. We began gently with a series of regular live performances by solo players and small ensembles, which helped to explore a wide range of clinical environments and public spaces, test approaches and begin building fresh relationships with staffing teams. We found that out of this early test phase, a joint vision began to form around the deeper, longer-term role that an orchestra could play in the day-to-day life of the hospital.

Together, we established four key pillars to support and progress the development of our emerging partnership:

- **Integrating into the daily rhythms of hospital life**; learning and responding to what works within the specific context of a hospital environment, paying close attention to logistical details such as the structure of the day (which varies from ward to ward depending on patient needs), the physical set-up of spaces, and the range of acoustics
- **Supporting players**; empowering musicians to build in both confidence and expertise, and to begin to grow their creative practice in a safe, appropriate way
- **Building trust** with hospital staff, enabling players to develop a mutual understanding of roles on the wards and providing opportunities for collaboration between musicians and healthcare workers
- **Developing relationships at senior clinical level**; identifying opportunities to positively impact and contribute towards the priorities and goals of healthcare workers, which involves supporting teams to rebuild group sessions post-pandemic, particularly in rehabilitation services with long-stay patients

This collaborative groundwork has led to the programming of a residency in spring 2024, where Britten Sinfonia players will closely collaborate with the speech and language therapy team to devise new music to support their daily rehabilitative work with patients. Alongside this, plans are in place to increase the regularity of performance-based sessions across the hospital site, offering training for musicians delivered by experienced facilitators and clinical consultants. Both Britten Sinfonia and CUH Arts are making significant staffing investments to ensure the sustainability of the partnership going forward, with Britten Sinfonia creating an additional coordinator role, recognising the need for capacity in their health and wellbeing work.

**“Working here at Addenbrooke’s Hospital as a ward sister caring for the older population, we’ve been fortunate to work with members of Britten Sinfonia. We’re seeing that the effect their music has on patients has been magical and inspiring. Watching people clap hands, tap their feet and sing along with the music - the power of musical intervention is priceless.”**

**Catherine, ward sister, Cambridge University Hospitals**

CUH Arts is generously funded by the kind supporters of Addenbrooke’s Charitable Trust.

## Training partnerships across orchestras and healthcare providers

### Air Arts at the University Hospitals of Derby and Burton and Sinfonia Viva

The networking sessions that arose from the previous Orchestra in Healthcare report developed many new connections and inspired new projects. Following the meetings, Sinfonia Viva and Air Arts at the University Hospitals of Derby and Burton met to discuss a new research and development programme for orchestral musicians.

The programme will take the form of a residency including training and delivery of music in hospitals with a focus on partnerships between orchestras and hospitals.

The outcomes will focus on creating a skilled musician workforce, NHS staff training, improved patient experience and staff wellbeing.

Musicians will join expert from specific areas of the hospital who can share knowledge and information with the musicians as part of the training programme. Areas which are being considered for the programme include:

- Stroke and Neurological Rehabilitation
- Dementia
- Cancer & end of life care
- Renal

Understanding the complexities of different departments is extremely important, and it is anticipated that although many of the approaches will have similarities, there will also be some more specific approaches designed to be particularly effectively for the above conditions to support patient recovery and wellbeing.

Strong links with Occupational Therapy services will be established to support wider staff training to incorporate artistic approaches into daily interactions with patients. This will highlight transferrable skills across the programme and showcase the importance of the collaborative approach.

Embedding creativity into NHS hospitals is one of the ways in which we can support more holistic approaches to healthcare. Taking this wider view of health helps to promote wellness as well as treat illness, which is crucial in aiming to reduce pressures on the NHS. By bringing the skills of orchestral musicians into clinical areas, this work may also support staff wellbeing, which in turn may support recruitment and retention of NHS staff. A range of support activities will also be designed with staff specifically in mind, it is likely that this will include a range of listening and active participatory aspects, providing a broad offer and wide range of ways to engage with the musicians in hospital.

Evaluators and researchers will be drawn from both the musical and healthcare fields to look at the musical impact as well as the impact on patients and staff wellbeing.



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James Sanderson, NHS England

## APPENDICES

### A – Questions Asked

- Does your orchestra currently deliver work in or with any health and/or social care settings? These might include hospitals, care homes, social or community settings.
- In 22/23 did your organisation deliver work in
  - Hospitals - acute care settings (e.g. A&E, inpatient and outpatient medical and surgical departments)
  - Hospital – chronic care settings (e.g. for people with pre-existing or long-term illness)
  - Mental health settings (including specialist and secure mental health units)

- Social care setting (e.g. voluntary organisations providing services for older people, vulnerable adults, people living with dementia and their carers, young carers, homeless shelters/hostels, prisons)
  - Primary Care Trust settings? (GP surgeries etc)
  - Community settings (e.g. informal support via community hubs, youth clubs, drop-in centres, refugee centres)
  - Care homes
  - Other health or social care settings
- In your answers for each setting please tell us:
    - Who leads this work
    - How many musicians in total are involved in your work in each of these settings
    - What percentage of these musicians are in the orchestra approx
  - If you are working in more than one type of setting, please list details in the 'additional information' box below in the same order.
  - If you'd like us to be aware of work that your organisation regularly or normally delivers in any of these settings, but for some reason did not in the 2022/23 financial year, you have an opportunity to give details.
  - Are you linked to social prescribing programmes?
  - If you have any comments about your experience of being linked, or not linked, to social prescribing programmes, please tell us
  - Are you working with any Integrated Care System (ICS) providers?
  - Please provide details
  - What income did you receive in 2022/23 for health/wellbeing/social care projects?
  - What percentage of your overall learning & participation income does the total of the figures (in the previous question) for health, wellbeing and social care work represent?
  - If the above income for this work in 22/23 is not typical and you would like to provide further details, please do so.
  - Is there a separate budget for training musicians in specialist skills in order to deliver this work?
  - Do you take steps to support wellbeing and resilience for musicians working in care settings?
  - Do you take steps to support wellbeing and resilience for management staff working in/with care settings?
  - How would your organisation identify the key driver for delivering work in health and social care settings?
  - What are the top 3 benefits to the orchestra in delivering this work?
  - Do you seek musicians' views/feedback in the context of this work?

- Is there anything you would like to/can add about the impact on this work on the musicians themselves?
- How do you monitor the impact of this work?
- Have you done any specific research?
- Please share details and/or links to reports etc.
- Have you changed your investment and delivery in this work as a result of the pandemic?
- Are you facing any specific challenges in delivering this work from the perspective of your own organisation?
- Are you facing any specific challenges in delivering this work relating to external factors e.g. NHS workforce?
- Orchestras in Healthcare is an informal group of professionals from the orchestral and healthcare sectors. The group aims to further the recommendations of that report and to foster collaboration between orchestras and the healthcare sectors, initially through online networking events.
- Have you engaged with the Orchestras in Healthcare network over the past few years, e.g. attending the meetings on Zoom?
- Contact information for follow up

## B – List of Respondents

Responding orchestras 2023

\* responded in 2020

‡ not delivering this work but plans to in the future

§ not delivering this work, and no current plans to do so

Academy of Ancient Music\*

Academy of St Martin in the Fields\*

BBC National Orchestra of Wales\*

BBC Philharmonic\*§

BBC Scottish Symphony Orchestra\*

Britten Sinfonia

CBSO\*

City of London Sinfonia\*

Ex Cathedra (Singing Medicine)

Glyndebourne Sinfonia

Halle Concerts Society\*

London Chamber Orchestra ‡

London Mozart Players\*

London Philharmonic Orchestra\*

London Sinfonietta §

London Symphony Orchestra\*

Liverpool Philharmonic\*

Manchester Camerata\*

Orchestra of the Swan\*

Royal Northern Sinfonia ‡

Royal Philharmonic Orchestra\*

Royal Scottish National Orchestra\*

Scottish Chamber Orchestra\*

Sinfonia Viva\*

Ulster Orchestra\*

Welsh National Opera\*



Photograph by Gareth Jones

We are keen to keep abreast of new development and activity that we may not yet be aware of or that has been initiated since we compiled this report. Do get in touch if you have additional information that you think would be of benefit to the sector.

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