



Reflecting upon the Value of Arts & Health

& a new approach for the
East Midlands 2011-2013



Derbyshire Community Health Services
Leicester City Primary Care NHS Trust
Lincolnshire Partnership NHS Foundation Trust



Picture credits: LPFT, Leicester City PCT, and DCHS

Acknowledgements

This document has been produced within a wide ranging partnership. The following organisations based within the region were at the core of this partnership:

Big Difference Company
Derbyshire Community Health Services
Leicester City Primary Care NHS Trust
Lincolnshire Partnership NHS Foundation Trust

In addition, **Managers in Partnership (MiP)**, the national trade union for healthcare managers, has supported the project.

Much of the work within this document has centred on the geographical areas covered by those NHS organisations listed above; however contributions have come from across the East Midlands Region and beyond.

Without these contributions this document could not have been produced.

This partnership would also like to thank following individuals:

Dr. Clive Parkinson (Manchester Metropolitan University), Marisa Howes (MiP), Carole Devaney (NHS Leicester City), Jane Tuxworth (Lincolnshire Partnership NHS Foundation Trust), Kay Bradley (Derbyshire Community Health Services), Geoff Rowe (Big Difference Company), Anna Peavitt (Big Difference Company), Maya Biswas (Big Difference Company) Ashley Scattergood (Big Difference Company), Tim Sayers, Lydia Towsey (both Brightsparks) Alison Bowry (High Peak Community Arts), Gaynor Nash, Glenis Willmott MEP, Paddy Casswell (Glenis Willmott MEP's Office), Jane Millum (EMPAF), Alex Gymer (Cave Consulting), Vince Atwood (Soft Touch), Christina Wigmore (Soft Touch), Jacob Wesley (Soft Touch), Theo Stickley (University of Nottingham) and many others for their professional and moral support.

A large print version of this document is available upon request: info@bigdifferencecompany.co.uk.

Forewords



Tim Broadley:

Associate Director of Services at Derbyshire Community Health Services

We are very keen to support this work as it will increase the profile of the application of the arts in healthcare.

Within Derbyshire we have already seen significant benefits from the work we have done with Arts for Health at Manchester Metropolitan University and with the Kings Fund in relation to improving health outcomes for patients, improving their experience of healthcare and strengthening the relationship we have with our local communities.

We are currently undertaking a range of activity across the Trust which is creating a real buzz amongst staff, patients and families alike.

Building on this work, we are keen to promote partnerships with local arts organisations and to pursue innovative projects, network and learn from other like minded organisations.



Deb Watson:

Director of Public Health and Health Improvement NHS Leicester City and Leicester City Council

NHS Leicester City felt it was important to invest in the development of a regional Arts and Health strategy. The significant role that Arts and Culture can play in maintaining or improving the health and well-being of the general population and those with a physical or mental illness is not always recognised.

The Government itself has identified the beneficial impact creative activities can have in the recently published strategy 'No Health without Mental Health'.

It is particularly important to recognise the positive role that Arts and Culture can play in supporting health and wellbeing as we face economic recession and associated reductions in publicly funded services.

These factors will undoubtedly have a negative impact on health and well-being at a population level over the coming years so it is more important than ever that we use all available means to strengthen the resilience and wellbeing of individuals and communities.

It is also worth remembering that the health benefits of Arts and Culture can be delivered not only through therapeutic interventions in the NHS but in many other settings and services including the Local Authority and the Voluntary Sector, through producing and delivering health information in creative ways and through improvements to the built environment.



Chris Slavin:

Chief Executive, Lincolnshire Partnership NHS Foundation Trust

I am delighted that Lincolnshire Partnership NHS Foundation Trust has been involved in the development of this strategy.

For many of our service users the opportunity we afford to them to unlock their amazing ability and potential through the medium of creative arts, is a significant aid to their feeling of self esteem, purpose and achievement.

Art, in whatever shape or form, is a means of transcending stigma and it provides a platform to showcase an individual's true talents.

This strategy provides a foundation on which to build the case for the health promoting value of using art and as a route to the prescription of arts in health.

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“The traditional model of healthcare is a medical model, focussing on the history of illness, investigation into the physiological basis of symptoms, and remedies to return those to normal, followed by measurement of outcomes. The broader wellbeing of the person experiencing illness, and being a patient often for the first time, can be lost within this model.”

The Psychological and Social Needs of Patients, BMA, 2011

Overview

Background

The regional Department of Health office funded an East Midlands strategic programme which aimed to mainstream Arts and Health work across the health and social care sectors. The programme was led by Big Difference Company (a cultural sector charity, based in Leicester) which successfully formed alliances with senior health managers from a range of backgrounds. Big Difference Company (BDC) led on to the development of this document, which aims to help embed the work within the huge changes taking place across the NHS, local authorities and the Third Sector. This work is being led by Derbyshire Community Health Services, Leicester City Primary Care NHS Trust, Lincolnshire Partnership NHS Foundation Trust.

Defining Arts and Health for the purpose of this document

The term 'Arts and Health' used within this document is aligned with the London Arts in Health Forum's aim to promote an *"understanding of the role that the arts and creativity can play in health care and encourages healthcare services to explore the value of culture in wellbeing"* (www.lahf.org.uk/about-us). Therefore, the term 'Arts and Health', in this context, has relevance for clinical health, public health, social care and, potentially, all other health and well-being services.

The arts and their impact on health outcomes have long been the subject of research, projects and publications. Narrow and broader definitions of 'health' are central to the recommendations and reflections which form the substantive part of this document. The following definition of 'health' is widely used:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Preamble to the Constitution of the World Health Organization, entered into force on 7 April 1948.

Aims

At its core this document and its recommendations strive to be:

Relevant
Achievable
Practical
Realistic.

The partnership which developed this document is cognisant of regional, national and international agendas for Arts and Health. The document has been developed within a climate of change, which has been challenging, yet we have sought to grasp the opportunity to influence the changing environment within the cultural, health, social care and voluntary sectors. All partners are committed to the implementation of the 'way-forward' presented towards the back in this document.

The long term aim is for the East Midlands to be recognised as a beacon of good practice nationally and internationally because of evidence of improved outcomes due to Arts and Health interventions in the region.

Scope and purpose

The primary purpose of this document is to act as a 'tool-kit' for a Working Group, which will 'hold the torch' for the immediate (circa 18) months following publication.

Beyond these parameters, it is hoped that the contents of this document will be valuable to anyone who has an interest in the application of the arts and creativity in health, well-being and social care settings.

The themes of this document do not specifically relate to Arts Therapy. However, the 'Arts in Health Statement of Principles' (www.baat.org/Arts_in_Health_Arts_Therapies_11_Jul_10.pdf) has been a very important reference point during the writing of this document.

When is a strategy not a strategy?

At conception, this document was referred to as a 'strategy', yet this word appears fewer times in later drafts. What you read here is a call to action and a means of developing strategic partnerships that should, in time, serve to maximise the potential of Arts and Health in the region.

This document hopes to initiate a new movement for Arts and Health in the East Midlands, providing ideas structures, tools and creative space which will enable this movement to work effectively over the next 18 months and beyond.

A solid base

The East Midlands has a long history of using the arts in health settings. The work has often:

delivered key health messages to 'at risk' and 'seldom heard' communities
provided opportunities for patients and service users
engaged with and listened to 'seldom heard' individuals.

As the various initiatives profiled in this document suggest, the East Midlands is fortunate to host some excellent practice in the field of Arts and Health which:

supports patients, service users and carers
is valued by health and social care professionals
demonstrates and breeds innovation
leads to positive outcomes
is diverse.

This diversity, in no small part, exists because the region itself is diverse; for example, it has large urban multicultural centres, rural countryside and coastline.

The five core partners involved in developing this piece of work also reflect this diversity.

Methodology

This document has been developed through consultation with a range of organisations and individuals. Themes and opportunities have been identified by:

sharing qualitative information via online survey (cohort of 66 respondents)
face to face meetings
a seminar (entitled '*Creative Interventions*') held in Leicester on 19th Jan 2011, in association with MiP
a 'surface' literature review.

Interviewees in face to face meetings and respondents to the survey were asked broad questions like:

what works well?
even better if?
what enables good practice?
what blocks good practice from taking place?

'*Creative Interventions*', a seminar held on 19th Jan 2011, was attended by 22 professionals from a range of arts, health and social care disciplines. The seminar included presentations from Gaynor Nash (East Midlands Legacy Officer for the 2012 Olympiad), Alison Bowry (High Peak Community Arts, Derbyshire) and Vince Atwood, Jacob Wesley and Christina Wigmore (Soft Touch Community

Arts, Leicester). Delegates also took part in group consultation exercises, which have informed this document.

Arts & Health: recognised by government and professionals

Nationally, the East Midlands region can take note of a range of guidance literature pointing towards the arts as a credible choice when considering appropriate interventions.

Most recently, the Government's *No health without mental health* (DH, 2011) has recognised both the financial and social case for the integration of arts and other creative activities, in order to improve and promote health. Such interventions are seen as crucial to improving and maintaining the well-being of individuals, communities, the regions and the nation:

"The Government will ensure that the population as a whole knows what it can do to improve its wellbeing and stay healthy. There are many things individuals can do to improve their own mental health; for example...participating in meaningful activities, such as arts..."

(No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages, DH, 2011)

The Psychological and Social Needs of Patients, (BMA, 2011) argues that attention to non medical interventions can have a profound and measurable impact on outcomes. The document, produced by the BMA's science and education department and the Board of Science, forcefully argues that the arts can have a positive effect on inpatients; shortening hospital stays, reducing drug consumption and promoting better relationships between doctors and patients.

The document also presents evidence of the benefits of specific art-forms and creative practice to health; namely comedy, music, visual art, creative writing, story-telling, poetry, theatre, drama, dance and singing. The report also recommends that art be an integral part of the design of settings and that provision should be made for the performing arts within healthcare settings.

In *Commissioning Mental Wellbeing for All* (National Mental Health Development Unit, 2010) the arts are recognised as an important care pathway, *'improving quality of life through increasing opportunities for participation, personal development and problem-solving that enhance control and prevent isolation'*. The document also recognises that arts and culture can help to 'encourage improvements in physical and social environments, and strengthen social networks'.

The Young Foundation's *The State of Happiness (2010)* points to benefits of the arts and culture across the policy spectrum; specifically the report notes that participation in arts activities (as opposed to spectating) has the greater benefit. The document, which poses the question 'can public policy shape people's happiness and resilience?' notes that there is a growing body of evidence *for* the positive effects of arts interventions upon both physical and mental health.

Arts and Health: recognised by service users

The impact that Arts and Health interventions can have upon a service user, with moderate or complex needs is evident through the feedback given following workshops, events and projects. Gathering feedback and using it to improve service is good practice; here we attempt to use it to inform wider practice. The following (anonymised) quotes have been taken from a range of projects reviewed as part of the development of this document:

"I always feel out of my comfort zone but I always feel I am gaining/learning something."

"These sessions have really helped me come to terms with my diagnosis."

"I have discovered skills I didn't know I had."

"It gave me something else to focus on other than how bad I felt."

"Art was the release from the torment I was living in."

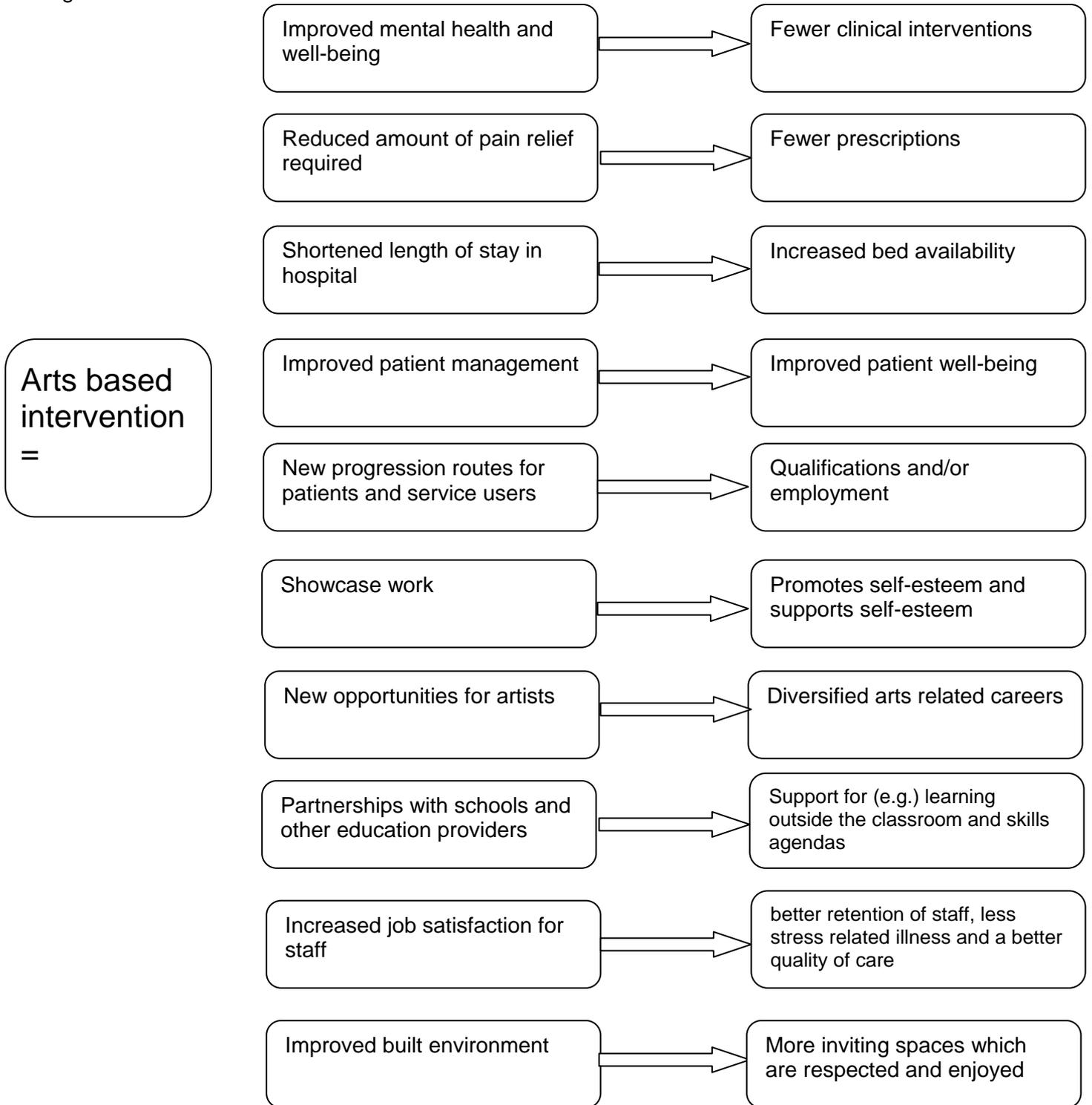


BDC

Business case for arts based interventions in health

There is a wealth of evidence that points toward a strong business case for the arts in health. The statements below are commonly heard yet seldom (forcefully) argued:

Figure 1. Benefits and outcomes



What does 'good' look like?

The practice of Arts and Health can be divided into two constituent areas:

Arts as participation

e.g. visual or performance arts workshops, which support improved health or well-being through creative activity.

Arts as audience

e.g. within the built environment; viewing pictures on walls of health and social care buildings or watching performances promoting healthy lifestyles.

The consultation that took place to support the development of this document identified that a good project often includes an interconnection of these two elements; e.g. service users producing art for the purpose of exhibition in health and social care settings, thus supporting the artist as well as the audience.

Furthermore, others have argued that there are three levels associated with Arts and Health:

1. **Individual level** (aspects about individual participants e.g. increasing skills)
2. **Project level** (aspects about the project e.g. creation of a welcoming meeting place)
3. **Community** (aspects about the wider community/environment e.g. more community groups in contact with general practice staff)

Cited in South, J. (2009) Evaluation Framework for Arts for Health projects. **Leeds Metropolitan University, January 2009**

The diverse nature of the partnership which has developed has provided the authors of this document with an opportunity to look at Arts and Health in a three dimensional way and to 'shine a light' on good practice, opportunities and innovation. The list below is indicative of what makes a good Arts and Health project across the two areas identified above and as identified within the consultation process outlined on page 6:

Diverse, inclusive partnerships

Partnerships which involve the community, patients, service users, staff and other stakeholder individuals and agencies help to ensure a sense of ownership and maximise capacity.

Clarity of purpose

The more diverse the partnerships, the greater necessity there is for clarity of purpose. Where commissioning is involved, a good brief is absolutely essential, i.e. an appropriate agreement that clearly outlines expectations.

A personalised approach

Individual needs of patients and service users must be recognised; therefore the more personalised the service is, the more likely it is that desired outcomes will be achieved.

Built on good practice and recording good practice

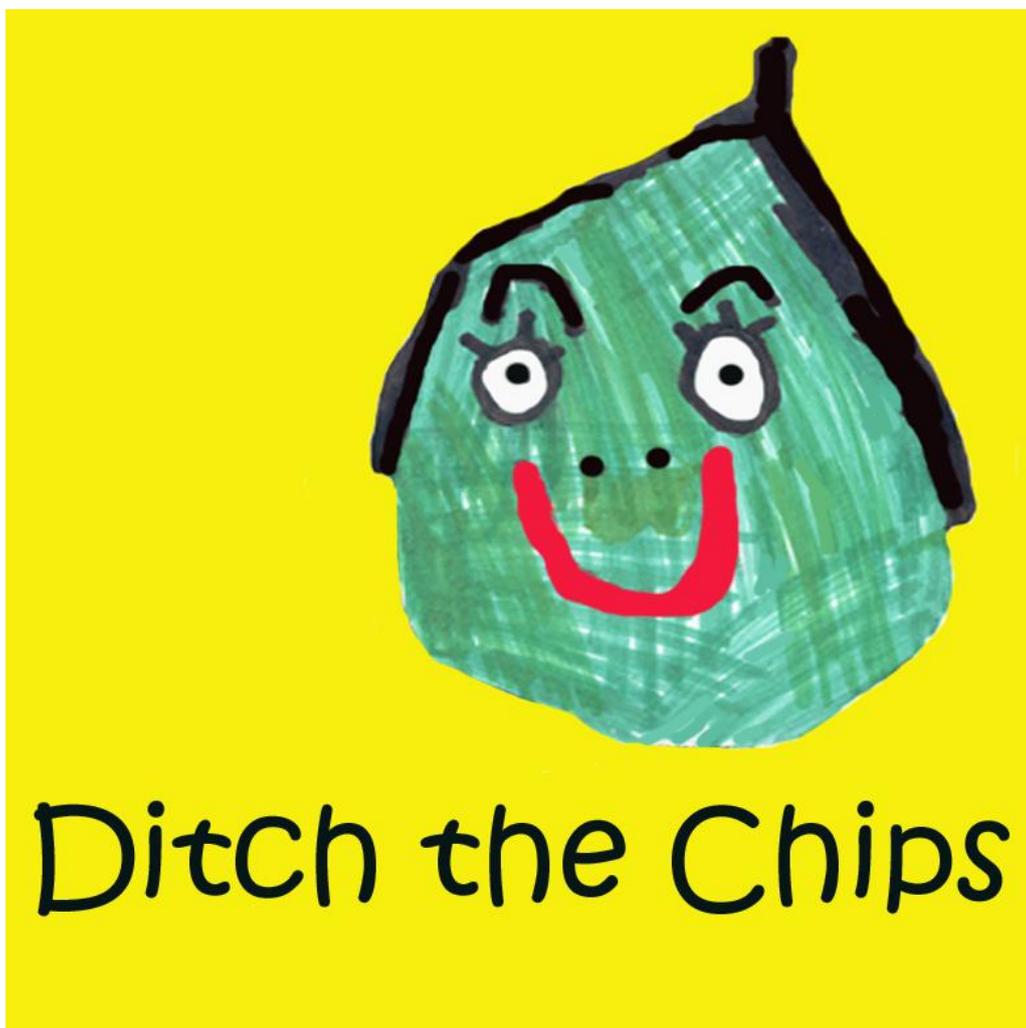
Projects that don't exist in isolation, but link to research and lessons from previous activity, are likely to succeed. Projects that are evaluated effectively are more likely to lead to service transformation.

Managers and leaders 'buy-in'

Managers and leaders are key to the development of good practice. Managers are more likely to have a broad view of service delivery and identity, to see where arts based interventions might fit, and are more likely to advocate their application at senior levels.

Showcasing quality

Showcasing and celebrating quality serves to promote the effectiveness of arts based interventions, perpetuating and increasing knowledge and understanding of the benefits of arts and health.



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“Projects should have cross-sectoral support without creating cross-sectoral structures. For example, local hospitals or GPs should be aware of projects’ activities and arguing in their favour, but other activities should not be inserted into projects, as interdisciplinarity is costly, time-consuming, and difficult logistically.”

Arts for Health, Health Development Agency, 2000

Contemporary practice

CLIVE PARKINSON, Director of Arts for Health at Manchester Metropolitan University talks about an innovative partnership in Derbyshire:

Derbyshire Community Health Services (DCHS) and Arts for Health (Manchester Metropolitan University) are working in partnership to deliver innovative services to the people and communities of Derbyshire, by embedding culture and the arts at the heart of health and social care.

In the 2009 report, Fully Engaged and Culturally Connected (Arts For Health) opportunities were identified to address broad ranging themes around health and well-being. Early work has taken place around improving patient and experience and the environment, whilst ground-breaking work bringing patients with dementia to high quality art and design, is currently underway.

DCHS have developed meaningful working relationships with a range of cultural and arts providers and are actively engaged with schools and colleges to develop creative solutions to health issues, through proactive relationship-building with its communities.

Arts for Health and DCHS are committed to innovation in 21st century health provision and believe a focus on creativity, culture and the arts will enable a shift towards asset and human flourishing.



DCHS

The Leicester City Local Improvement Finance Trust (LIFT) Programme

NHS LEICESTER CITY has been working with **The Creative Arts Co-ordinators** at Leicestershire Partnership NHS Trust. The Arts Co-ordinators work in partnership with community arts organisations and engage schools, disability services and mental health organisations. They also engage staff and patients in the development of ideas for artwork and in the selection processes.

Projects include:

A permanent photography exhibition for Westcotes Health Centre.

The exhibition features both amateur and professional Leicester City photographers who have taken photographs of places within the city that mean something special to them.

Ceramic artists and local Shaftsbury Primary School.

The artists ran a series of workshops at the school exploring the theme of 'community'. Children used Google Earth as a tool, enabling them to see their own area from above. The young participants then collected plastic packaging and built their own city. Pieces of packaging were re-cast into semi porcelain clay before being coloured, ordered and constructed to build a wall sculpture. The finished piece enhances a wall space in a busy GP waiting area at Westcotes Health Centre in Leicester, providing a more tranquil setting.

A public sculpture in clay for Merlyn Vaz Health and Social Care Centre.

Artists worked with the local community, patients and staff at the centre and with mental health service users from the Arts Café Group at the Bradgate Mental Health Unit. Nearly 200 decorated house bricks were produced; each brick represents the individuality of the person that made it.



LPT

Elsewhere in the region:

OPUS: Musical Medicine at Derby Children's Hospital

OPUS musicians provide a brief respite from illness or the illness of others, enabling a cultural exchange and individual expression – things often missing from the hospital environment. Medical staff (doctors and nurses) is increasingly asked Opus to work with particular patients who they considered would most benefit.

This project was being evaluated by an evaluator from Cambridge University; it being a project of national interest to Youth Music.

The project had a public launch in October 2010 at the Children's hospital with a visit from the Mayor of Derby and a cheque hand-over from Youth Music to the project partnership.

The project is underpinned by a positive partnership between Derbyshire Children's Hospital Charitable Trust, Youth Music and Derby City Council. OPUS also has in-kind support from MusicLeader East Midlands and from Musique & Sante.

For more information email nick@opusweb.co.uk or visit www.opusweb.co.uk



BDC

Opening Minds: Mental Health, Creativity and Leicestershire's Open Museum.

The Open Museum is a 'museum without walls' that can deliver museum collections and displays to your communities and venues.

The Open Museum's mental health work started in 2001, when a support worker wanted the museum to work with service users to create a display for World Mental Health Day. The project was so successful that the Open Museum has been involved in working with people who use mental health services ever since.

For the first project, the display *Not What It Seems* was created by a core group of around 7 people who came together especially for the project. The group initially worked with a Community Poet who used museum objects to inspire creative writing. This helped gel the group together and to generate ideas on what the group wanted their display to be about. Once a theme was decided, (raising awareness of mental illness), two Community Artists helped the group to creatively explore and realise their ideas. The final display they created became part of the Open Museum's collection of touring 'Moving Objects' displays.

We have used this successful model again and again. Although the groups who engage in the community arts projects are small, because the outcomes are physical (such as museum displays), the results are far reaching. The *Not What It Seems* display for example, has been touring community and public venues since its creation over nine years ago. In this time, thousands of people have seen, interacted with and enjoyed the display.

For more information email Nikki.Clayton@leics.gov.uk or visit www.leics.gov.uk/index/community/museums/open_museum

Useful Networks

East Midlands Arts, Wellbeing & Communities Research Group

The group meets in order to facilitate a network of people in the East Midlands who are keen to promote a programme of research focusing upon arts, wellbeing and communities. The essence of the group is to actively collaborate in developing ideas, writing bids, liaising with the statutory and voluntary sectors as well as participants and artists to advance this work. The group is also committed to disseminating research findings.

Aims

To bring diverse people together to develop and sustain a high quality research programme in the East Midlands focusing upon arts, wellbeing and communities in order to promote self-reliance to help people improve the quality of their lives and to enhance social inclusion.

Objectives

To continually develop and advance a research network in the East Midlands

To help increase the evidence base for arts, wellbeing and communities

To actively include academics, artists, participants, arts organisations, health workers and other relevant people in the network

To collaboratively develop and submit research bids

To conduct consultations when required

To liaise with interface with any national initiatives relevant to the stated aims

To provide research training as and when appropriate

To actively disseminate the findings of consultations and research

To advocate for research into arts, wellbeing and communities to statutory and voluntary sectors

To liaise with policy-makers, commissioners and so on in order to achieve the stated aims

To help with the development of best practice.

For more info contact Theodore Stickley, Associate Professor School of Nursing, Midwifery & Physiotherapy: theo.stickley@nottingham.ac.uk

The East Midlands Participatory Arts Forum (EMPAF)

East Midlands Participatory Arts Forum exists to provide a platform for communication and development of the participatory arts sector in the East Midlands.

The purpose of the forum is:

to provide a collective voice for the participatory arts sector for campaigning and advocacy

to raise the profile of the participatory arts

to develop a wider network of participatory artists and arts organisations and disseminate good practice

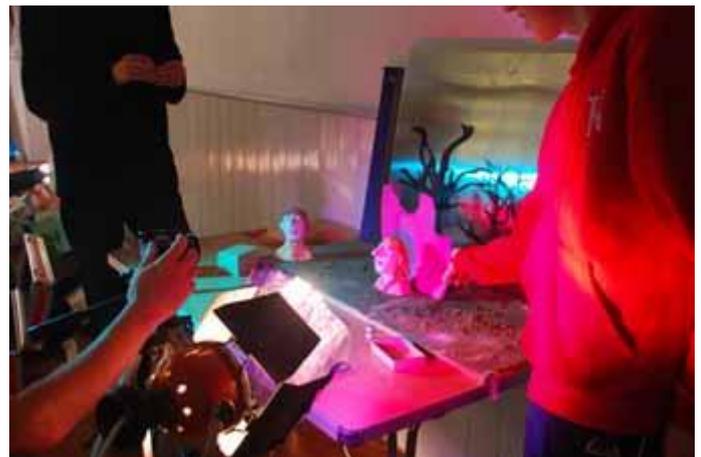
to provide opportunities for debate around the theory and philosophy of participatory arts

to develop professional practice

to respond collectively to national and regional strategies

The Forum hosts a website which includes resources and a directory of artists working in all art forms across the East Midlands region. The website is open to anyone to join (either simply registering or setting up profiles for individuals, projects and organisations).

For more information about EMPAF contact jane@empaf.org.uk or visit www.empaf.org.uk.



High Peak Community Arts

“A mechanism for evaluating the health benefits of an arts project has yet to emerge that both allows for meaningful and rigorous analysis and allows freedom for projects to set their own evaluation frameworks with regard to aims and objectives, and to local targets and need. Such a model will, it is hoped, emerge in future stages of this inquiry.”
Arts for Health, Health Development Agency, 2000

“Health professionals said that they needed to know more about the idea of using the arts to convey health messages. Champions are needed, it was suggested, to act as ambassadors within health organisations.”
Doctor, Doctor, Leicester Comedy Festival, 2007



LPFT

A New Approach to Arts and Health in the East Midlands

Arts and Health in the East Midlands would be even better if...

“...evaluation

was seen as just as important a part of projects as the process itself.”

*“...there was **strategic** support (i.e. at high level in the NHS and other relevant public sector agencies) to foster and develop partnership working...”*

*“...there were strong **partnerships** between arts providers & health providers.”*

*“...there were clearer **pathways** for third sector bodies to be able to engage with the mandatory services.”*

Responses to the Arts and Health Survey conducted during the writing of this document (added emphases).

The evidence suggests that, within the contemporary climate, it is essential for Arts and Health champions, supporters and practitioners to work in a multi-agency, cross-disciplinary way, establishing an appropriate *environment*.

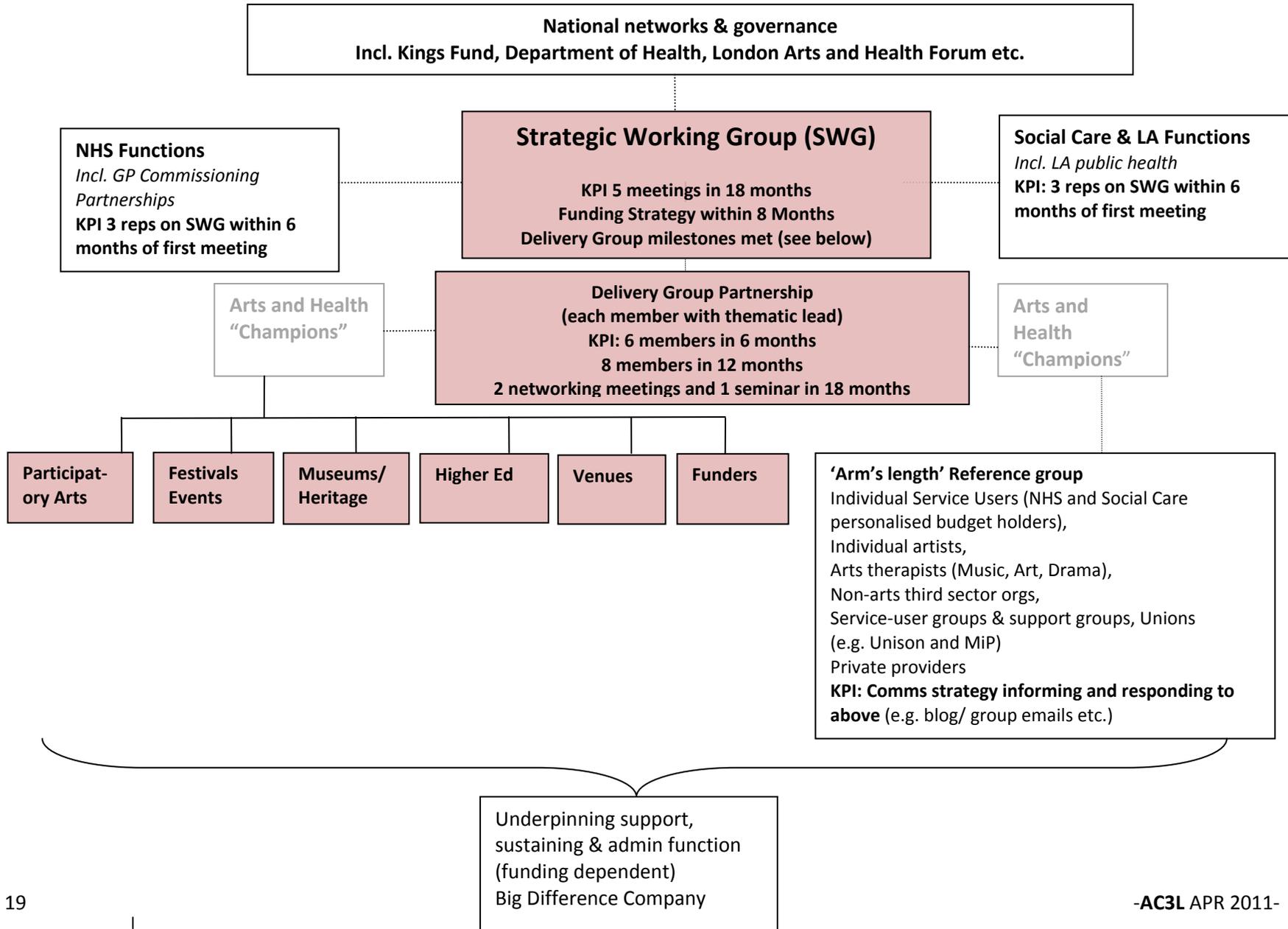
This change must be more cultural than structural: cultures are built on shared values and are more sustainable than structures. Moreover structures imply inflexibility: the field of Arts and Health is so broad in scope that inflexibility will restrict rather than enable. This said, an environment that has transparent opportunities for information sharing requires some form of framework and governance.

Figure 2 (overleaf) has been developed to enable a new Strategic Working Group to develop the themes and recommendations herein. The Strategic Working Group will investigate and implement flexible working models which aim to be:

**sustainable
inclusive
innovative.**

Although much of this work can be accomplished within existing resources, to achieve the three aims above, the partnership is pursuing additional funding through all appropriate agencies.

Figure 2: A broad framework to support a way forward



Recommendations

By identifying cross-regional, cross-sector and cross-community champions who are able to communicate the real impact of Arts and Health, it is most probable that robust partnerships, innovative, 'fundable' projects and ultimately improved outcomes can be achieved, i.e. partnerships build capacity. The below recommendations intend to support capacity building.

A working group of health & social care stakeholders should be established.
The working group's existence should:

be convened with an Independent Chair
be time limited (e.g. 18 months)
have clear and agreed mission, aims and objectives which follows the spirit of this document
have clear and agreed Terms of Reference designed to foster sustainability, innovation and inclusivity
be supported with adequate resources and funding
be representative of the region
seek to deliver the following:

Delivery Group Partnership (Arts and Culture bias), or similar, to support the over-arching Strategic Working Group (Health bias)

A short training programme for arts professionals to develop effectiveness in advocating creative interventions within health settings

A short training programme for health professionals / champions developing effectiveness in advocating the arts as an effective tool for improved health and wellbeing

A 'pathways' initiative: identifying existing and new routes from health to arts and enabling continued dialogue between arts and health organisations, facilitating professional partnerships and, ultimately, referrals of all description

A framework for evaluating process and outcomes.

Outcomes should be linked to identified *need*. These needs might be personal, unique and individual. This said, more 'generic' outcomes e.g. 'raised self esteem' or 'reduced unhealthy behaviours' (e.g. smoking, alcohol, drugs), can be and are used effectively, often within large communities.

Evaluation, linked to identified outcomes, should:

be creative
recognise individual service user needs
recognise international, national, regional and local priorities
recognise participative and passive models (artists and audience)
include all stake-holders (staff, artists, patients, service users and their carers, friends and families)
focus on the extent to which outcomes have (or have not) been due to an arts based intervention.

No Health without Mental Health (2011) sets out six objectives for mental health, which can underpin and shape the delivery of all Arts and Health initiatives:

1. More people will have good mental health
2. More people with mental health problems will recover

3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer from harm
6. Fewer people will experience stigma and discrimination.

The Strategic Working Group should support the development of additional objectives, if appropriate, e.g. 'More people will have improved motor skills' or 'fewer young people will start smoking in the area in which the activity takes place'.

Similarly, the many existing and 'in development' outcomes frameworks (e.g. relating to mental health, public health and adult social care) should be drawn upon as appropriate. For example, WEMWBS (the Warwick-Edinburgh Mental Wellbeing Scale) is being used to measure adult mental wellbeing in a range of settings and agencies i.e. the wheel does not need to be and should not be re-invented.



Hollis (BDC)

A regional funding strategy

The current health and social care landscape is unclear. At the time of writing there is great national debate about the future of all healthcare. Moreover, funding of the arts and culture has been and will continue to be affected by austerity measures. Many arts organisations will be closing, reducing output or working in different ways to accommodate new funding arrangements. As this outlook becomes less murky, the strategic working group must seek to answer some key questions:

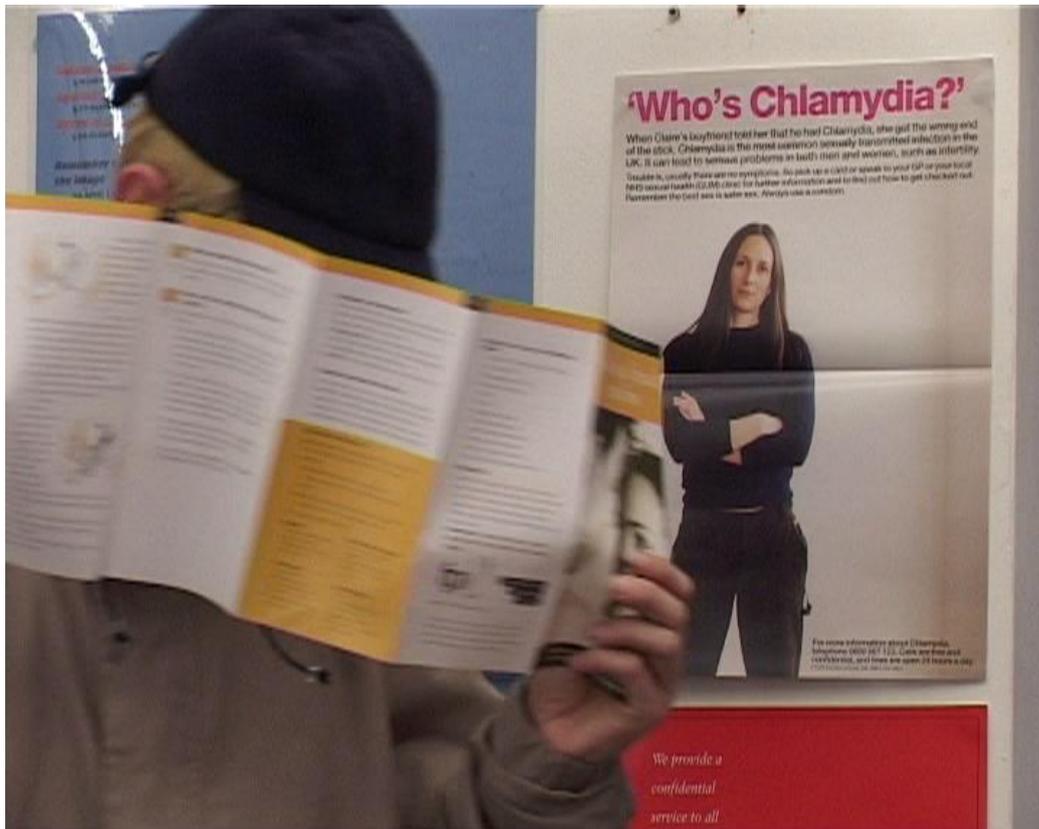
As GP Consortia take shape, what funding opportunities are available to non-statutory and statutory organisations?

Personalised budgets are being implemented in varying degrees (particularly within social care, local authority contexts); how might patients and service users access the arts using their budgets?

How will Health and Well-being Boards be able to support a regional initiative for Arts and Health?

How might (e.g. 'match-funding') opportunities broaden when organisations work in partnership across health, social-care, arts and culture?

Can a regional funding strategy promote the sharing of good practice and the development of new and innovative networks, ultimately resulting in better health outcomes?



BDC

Critical success factors

(On being asked “*what works well?*”)

*“... A clear programme
of aims*

and objectives”

Arts Charity Manager

The success of this ambitious, aspirational yet achievable approach is dependent on a range of important factors being taken into consideration:

Strategic Working Group

The working group must be a well publicised initiative, known to stakeholders, including to ‘arms-length’ agencies, volunteers and service-users. Communication will need to be wide-ranging and through varied media (e.g. email, social networking and word of mouth). A clear message, associated with the working group’s tasks and its legacy, is crucial.

It is critical that the working group has a clear and achievable focus and committed members, who have the necessary influence inside their own organisations to advocate mainstreaming of Arts and Health. Working Group members must also be able to advocate beyond their organisations, through existing networks and forums.

Champions and Delivery Group

All relevant stakeholders, who have an ability to communicate the benefits of Arts and Health, should have the opportunity to support the development of strategic goals designed to improve health and well-being outcomes of individuals and communities. These ‘activists’ could be service-users, carers, artists, promoters, clinicians, officers, senior managers etc.

Training

This may initially be quite modest, e.g. two one day workshops delivered by health and social care representatives and a reciprocated event delivered by arts based practitioners. Reports from the workshops should be shared between the two groups are aware of outcomes.

Pathways

By ensuring that the Arts and Health landscape is as transparent as possible, service users and professionals alike will be able to recommend and refer to arts and culture based interventions. These recommendations and referrals will need to be cognisant of funding and capacity issues. Duplication of provision, it is hoped, will be less likely; therefore there will be less chance of resources being wasted.

Outcomes and evaluation

This, by necessity, needs to be simple, accessible and flexible, giving stakeholders the opportunity to appreciate soft and harder outcomes.

Where next?

It's up to you!

Are you a manager in health and social care who would you like to sit on a time-limited strategic working group?

Would you benefit from the development of cross-sectoral networks that this document seeks to support?

Do you have any ideas, comments or queries as a result of reading this document?

We appreciate that this document doesn't provide 'all the answers', it simply aims to provide a way forward. We would love to hear from you so that we can maintain momentum and continue the dialogue.

Please contact: info@bigdifferencecompany.org.uk for further information.



BDC

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Appendix

Selected survey and meeting responses

The following table gives examples of some of the responses given during interviews with stake holders working in the arts and/or health and social care sectors. These 'interviews' took the form of meetings and the statements below have been directly transcribed from the conversations. These conversations have served to inform this document.

Good looks like	Blockers	Enablers	Arts & Health delivery would be even better if we had...
a) Partnership	a) Evaluation / Evidencing outcomes – difficult:	a) Champions	a) an outcomes framework
b) Involving the community	b) Lack of 'embeddedness'	b) 'Outward looking attitudes – learning from others' practice.	b) An evaluation framework
c) Involving staff e.g. ward managers	c) Lack of evidence	c) Spirit of partnership	c) A physical directory of practitioners and specialisms
d) Clarity of purpose – a good brief	d) Outcomes too 'soft'	d) Cost neutral partnership	d) Agreed referral pathways
e) Involve experts and recognise expertise	e) Referrals to arts not an accepted pathway	e) 'Bottom up' approaches	e) Links to Local Government priorities (e.g. One Leicester)
f) Positive outcomes	f) Not on 'Athens' – where is the evidence?	f) Simple accessible tools	f) More capacity
g) Personalised service	g) Lack of capacity	g) Knowledge	g) Models of integrated working
h) Scope for innovation	h) Lack of knowledge about work in other sectors/providers	h) Leadership	h) Randomised Control Trials
i) Controlled risk	i) /localities	i) Innovation	i) 'Health Economists' recognised impact.
j) Enthusiasm	j) CPD not embedded	j) Referral pathways	j) Measured impact in:
k) Shared values	k) Cost – self funded interventions (e.g. theatre visits, gallery visits, dance classes, private arts therapists etc.)	k) Cost/Effective	▪ Service delivery
l) Focus on Quality/Clinical effectiveness	l) Seen as 'just nice'	l) Links to national initiatives such as 'Big Draw'	▪ Built environment
m) Meets needs of service users	m) Safeguarding questions	m) Brave commissioning	▪ Mental Health
n) Empowerment	n) 'Awkward' professionals		▪ Palliative Care
o) Improved well-being of service users and staff			▪ Public Health
p) Progression routes			▪ Improved recovery rates/bed occupancy/re-admittance rates across services
q) Leads to service transformation			
r) Coherent links to academic research			
s) Sustainable			
t) Transferable			
u) Management 'buy-in'			
v) Showcasing			

