



**The All Party Parliamentary Group on Arts, Health and Wellbeing  
&  
The All Party Parliamentary Group on Wellbeing Economics**

**Roundtable on The Care Act: commissioning arts and culture for wellbeing**

**November 5<sup>th</sup> 2014 4-5.30pm  
Committee Room 3 House of Lords**

**MINUTES**

**Paul Burstow** welcomed everyone.

- Co-chair of the APPG Arts, Health and Wellbeing. Joint meeting with the APPG on Wellbeing Economics – their chair is David Lammy who is here today.
- Today's session for providers of services, for those involved in research and commissioning to discuss the evidence, what works, why it works and the difference it makes. Context is new responsibilities for LAs from 1st April set out in the Care Act.
- The Care Act contains a new organising principle for Adult Social Care in England - the promotion of individual wellbeing. Significant departure from their historic role - how we promote connectedness and maintain people's participation and purpose in society.

**Lord Howarth of Newport** Co-chair of APPG on Arts, Health and Wellbeing:

- For more on the work of our group – [www.artshealthandwellbeing.org.uk/appg](http://www.artshealthandwellbeing.org.uk/appg)
- Previous roundtable with Ed Vaizey, Minister for Arts - recommended meeting the Secretary of State for Health. We met in July, organized by Sarah Newton, third Co-Chair of group, Conservative Member of Parliament.
- Agreed that a useful method of influencing LAs to commission arts and culture for wellbeing would be to provide them with Practice Guidance under the terms of the Care Act. He has commissioned Public Health England to prepare an evidence review. Justin Varney from PHE here to report on progress. Next steps to work with DOH, PHE, LGA.

**David Lammy**, Chair of APPG on Wellbeing Economics:

- Axiomatic that wellbeing and arts and culture have a relationship
- All Party Group inquiry on four areas – encourage you to look at report on the website (Wellbeing in Four Policy Areas [www.neweconomics.org/publications](http://www.neweconomics.org/publications) ). Looked at planning; infrastructure; space making; health as a key component of wellbeing; mindfulness and of course arts and culture, particularly in the context of mental health; isolation and loneliness in ageing population; LA cuts.
- Some argued that arts and culture less important in relation to wellbeing than health. Quite the contrary – key connection between the evidence base approach to wellbeing and wellbeing as a key area where this sector can demonstrate its value.
- You can save a considerable amount if you invest up front in arts and culture - encourages people to participate and express as well as reflect and receive great art.

**MPs left to vote and Lord Howarth** took over chairing meeting:

- Purpose of roundtable is how we can support LAs to commission arts and culture in context of the Care Act and the new statutory requirements on them to deliver wellbeing

- Representatives here from commissioner, provider and research organisations, we are extremely grateful to all of you for coming and bringing your expertise to the table.
- Questions: Other than funding constraints, what are the barriers to LAs commissioning arts and culture for wellbeing and how can we surmount those barriers? What in your experience have been the most effective ways of overcoming those barriers? We mustn't couch the discussion only in negative terms of barriers, must talk about opportunities too.

**Valerie Little**, formerly Director of Public Health for Dudley; Independent Consultant in Public Health:

- Director of Public Health in Dudley from 2002 until September. Reflections on a decade of work using arts to develop public health improvement programmes. All in 2013 Annual Public Health report. Title is Inspire; Engage; Involve - Dudley model for commissioning. Learning can be translated to the Adult Social Care agenda.
- Important to get an arts based approach embedded into main stream commissioning work. In a programme for health improvement ask what the arts offer and how they help in achieving objective – different from an arts and health project.
- Use the arts to inspire –enable people to see the world differently and come to a decision to change their lifestyle. Engagement – particularly helpful with younger people but also with a wide range of ages. Involve people - co-production, both the work and the legacy.
- Legacy may be a set of resources - in one project the legacy was 50 community health champions in Black & Minority Ethnic minority populations committed to conversations about cancer awareness within their communities. Used the artwork to help them do that.
- One of the barriers is if not embedded in programme planning. Second is always evaluation – complex to evaluate. Have to build the body of knowledge around that.
- The evidence base is difficult. Rigorous RCTs not there. We may be working outside the positivist scientific paradigm but there are other paradigms to help people improve their health.
- View expressed by some that this kind of activity is joyful, pleasurable and frothy – we have to get some enjoyment if we want be inspired, engaged and involved – attitudinal change needed.
- Our key message is that we have to get this embedded and the notion of Practice Guidelines is eminently sensible because suggests that this is a normal consideration.
- Final barrier is the best value regime and tendering - very difficult to have a long term relationship with a partner – have to keep re-commissioning because of probity issues.

### **MPs returned from vote**

**Helen Goodman MP:**

- Everybody knows the connection between sport and physical health but not that there is a connection between arts, culture, wellbeing and mental health, so it is a new frontier.
- Books on Prescription - at first thought if you are lonely you will be prescribed Wordsworth; if a dysfunctional family, Tolstoy. Instead you get a books like: What is Depressive Illness? But of course people do need to understand their condition.
- Participation in cultural activity is very important. Recent news article on Tommies using dance with medical students - about anatomy, body language, bedside manner.
- In order to move from one off projects to a systemic approach, must concentrate on commissioning; an opportunity to think again about the way that services are configured.
- Need to look at commissioning to break down the professional barriers - part of the issue. In developing the Practice Guidelines, a shared evidence base must be part of our object.

**Steven Michael**, CEO South West Yorkshire NHS Foundation Trust:

- South West Yorkshire Partnership NHS Foundation Trust has embarked on a progressive approach to creativity within health across the range of mental health and community services it provides. The local communities served have a rich tradition in the arts. Wakefield District, for example, is the birth place of Henry Moore and Barbara Hepworth; and it is from this platform that the Trust has built its Creative Minds Strategy. Beginning in 2011, there are now over 70 creative partners, covering the full spectrum of the arts. Key to this has been working with service users and carers through a process of co-production.
- What this has done is to present Local Authorities and other stakeholders with a solution, rather than having the traditional expectation of Local Authorities as provider and funder of creative projects, which often only serves as a real barrier to change.
- Funding approaches have utilised the financial freedoms offered by Foundation Trust status, seeing over a million pounds invested, with Trust Board support, over a three year period. This has been matched through Local Authority funding, Arts Council grants and charitable body contributions. The aim throughout has been to make projects sustainable with a view to building the approach into the core service offer. Direct payments and social prescribing offer further opportunities to do so.
- Three years in, there have been some real successes, but there is more to do. Developing a sound and costed evidence base will be crucial, as will building the approach into mainstream commissioning with a link to personalised commissioning and social prescribing.

**Paul Burstow:** Interested to pick up on commissioning and where the commissioners sit in all of that. Next speaker is the Director of Adult and Social Care, Borough of Greenwich

**John Nawrockyi:**

- Tension in Care Act between dependency based approach and statutory focus on health prevention and wellbeing. Opportunities: personal budgets and market development.
- Within the Care Act people are entitled to a personal budget and a needs assessment. Commissioners' role moves away from traditional contracting and procurement to arranging services that people choose to use. The family may choose to do some of the caring and spend money on sport, leisure, culture, media and art services.
- Market development: encourage service providers to make sure people can buy the services they want to buy in their locality.
- The evidence base and Invest to Save Business Case very important.
- One barrier is systemic: how we allocate public funding; what's the core business, what's the shared business and what's the altruistic business. We tend to think the Care Act is about dependency and all our money must go into personal support services but should be open to any evidence based invest to save programme which provides a business case.
- What does arts, culture and media offer for people with social care needs. How much does the arts increase its priority on people who are vulnerable.
- Third sector organisations befriending activities, e.g. Men in Sheds run by local Age UK. Tremendous impact on socially isolated people: reduces visits to A&E and respite care and is a human way of dealing with a need that has been stigmatizing.
- Better Care Fund is £3.8 Billion nationally for integrated approaches - a significant percentage could be targeted to the health prevention and wellbeing agenda.

**Paul Burstow:** last contributor is Justin Varney, National Lead on Adult Health and Wellbeing at Public Health England.

**Dr Justin Varney:**

- Asked by the SoS for Health to look at arts and health evidence base. There has been an evidence base for a decade but it is confused– ‘Arts and Health’ is short hand for arts therapies; arts and culture sector; programmes, interventions; projects; exposure to arts.
- Major difference between e.g. art in hospitals with paintings on walls and dancing with dementia as an intervention. Short hand does a disservice to the sector; some areas good evidence. Similarly arts therapies is a very diverse professional group. Huge difference in evidence base between different arts therapies. Need to be clear so that commissioners know what they are commissioning and providers articulate what they are providing.
- Arts sector highly fragmented – a challenge for commissioners. Arts organisations are starting to collaborate. Learn from Sport England – sport is now a major player in supporting health. PHE will be supporting the Arts Council as they move in that direction.
- Evaluation is an issue, everyone does it differently: opportunity to learn from standard evaluation frameworks for physical activity. About sector development, collection of internal evidence right through to the research studies and impact.
- Nervous about using wellbeing language - the CMO’s views very clear. The language of social capital at a community level is key to demonstrate potential in the arts. Work to do around participation – the arts council and other funders focus on bums on seats and how people experience culture - has value but doesn’t translate into return on investment.
- We can fund with end of year underspend and some enlightened trusts are using the tariff to pay for arts as part of their contract. But it is not part of the negotiation.
- No quick fix. There is over a decade of documents at policy level, position statements etc. At PHE we want to bring to this: how do you turn policy into practice.

**Paul Burstow:**

- To pick up on the use of the word wellbeing – in the otherwise brilliant report by the CMO, she has done us a disservice by dising that word. Parliament has defined what we mean by wellbeing - it is quite specific. The challenge is not to re-medicalise, but to look at the gaps in our research base. It is important to speak up against the more medical view in the CMO’s report which otherwise drives mental health in a very good direction.
- Commissioning is really key and the evolution into personalized commissioning and how personal budgets might be a mechanism - and the new role LAs have which is to shape the market of services in their locality, to meet wider population needs and the obligations around prevention which is a new focus and converges with Public Health responsibilities.
- Then there’s something about how we make this a normal consideration, Valerie’s point. We have started to answer issues with the evidence base.
- The shared core and altruistic agendas – which I thought was a very interesting way of articulating public purpose. Too often public services forget money is public’s money to be spent to deliver public purpose and wellbeing is a pretty good public purpose.
- The Act is about fundamentally moving from a model: ‘Let’s capture all your deficits and pat you on the head’ to ‘Let’s work with you to identify the assets you have and the networks you have to work with you to enable you to realize your potential’. It flips the whole thing on its head. And the arts and culture are absolutely central to the flip side.

**Paul Dieppe, doctor and scientific evaluator at Exeter University:**

- Very important not to listen to doctors or scientists about evaluation I agree we shouldn’t medicalise it. The science of evaluation has a great ability to obscure the bleedin’ obvious and I think a lot of this is about the bleedin’ obvious.
- I wanted to make a suggestion about language; when you talk about health and wellbeing you medicalise it. I suggest we go back to Aristotle and the concept of flourishing - everybody should try to live to the best of their capabilities for the sake of the community.

**Jessica Harris**, Cultural Commissioning programme: A few observations about the perspective of the arts organisations. It looks really complex for arts organisations. They are all relatively small. The language is new to them, structures have changed; outcomes required very different across different localities, LAs, health, public health. Evidence that commissioners are looking for will vary. The issue is one of fragmentation, who to talk to, the language, needs to be more systematic.

**Julian Lloyd Webber** representing Live Music Now:

- Marvellous organisation, founded by a colleague Yehudi Menuhin who had a great vision of helping young musicians coming out of music college going into special needs schools, hospitals, working with dementia patients. He was way ahead of his time.
- The question is how do you persuade people locally that this kind of work is valuable. Local papers write up everything about football but not about some really good musicians going into a care home and inspiring people.
- We all know the power of music, of art to transform all kinds of lives - but there is a gap between what a lot of people take as read and what a lot of other people don't.

**Paul Burstow**: Great example, the use of music for people with dementia - there is an imperative, which government has set, which is reducing the amount of anti-psychotic medication because it kills people. Begs the question, what are the alternatives and music is undoubtedly one of the alternatives. We need to be saying that more loudly with the evidence that there is.

**Gavin Clayton** Director of Arts & Minds and in the National Alliance for Arts, Health and Wellbeing with Alex, Kate and Damian who are all here:

- Previous point - comes down to leadership from the top. How often do we see Culture Ministers or Secretaries photographed at the theatre or a concert as opposed to at a football match. Is there a fear it will reflect on one as a politician and so there is a reluctance to take those leadership steps? Needs to become part of the national debate and in the media - to chip away at perceptions and involve culture in everybody's lives.

**Helen Featherstone** Arts Council England: Issue of participation - it is also being an audience member that we are talking about. Need a long-term evidence base and to look at causality and effects on wellbeing. Next year ACE is launching a research programme to look at much longer-term studies.

**Helen Goodman**:

- Arts Council England criteria are not set in stone - what has been going on doesn't need to go on for the next 25 years. As Labour Shadow Culture Minister we are certainly open to looking at changing the criteria. Possibly changing in terms of access and young people.
- Next thing is about skills and people understanding the value of the arts in the broadest sense. Of course very important that people at the top understand but in old people's care homes it is the low skilled underpaid women we have got to get through to so they know it is better for people to listen to music rather than watch telly all day long.
- In a middle class family someone is stressed and you'll say keep a diary for a bit and you will feel better but in working class families these cultural possibilities are not there. When we are designing policies I want to keep the C word in mind.

**Dave O'Brien** Academic at City University:

- Divergence between how health care is thought about and cultural policy, which is largely hierarchical with arts organisations doing things to people rather than a focus on what

people are interested in, in their daily lives. We could do something very radical with a redefinition of what culture is.

- Secondly a problem about capacity – cuts make it difficult for local arts organisations to survive let alone deliver this kind of work.
- Health and social care provide opportunities for people to get together and take part in arts and other activities - not the kinds of things that ACE would fund.

**Paul Burstow** important challenge to Arts Council – Justin you said there was some discussion on learning from the Sports Council, could you say a bit more about that.

**Justin Varney:**

- Arts Council and Sports Council very different organisations with different remits. We could do something around standard evaluation frameworks. Separate work with arts therapies - strand specific e.g. research on music therapy with neurology.
- Provider landscape, we are looking at influencing next year's commissioning cycle.
- Work to be done with Public Health Professionals. Through talking to each other across sectors we need to get a to a tipping point, sharing what works. Networks are key to this whether sub-regional, regional or national.

**Julian Lloyd Webber:** The arts being not only a middle class pursuit - choirs, brass bands.

**Dave O'Brien:** My point is that ACE doesn't fund that kind of work

**Valerie Little:** Challenge the idea that artistic excellence is not for everyone. Everyone benefits from a high quality experience.

**Lucie Stephens,** Cultural Commissioning programme at NEF: Staff in care homes also benefit as well as older people. The arts can connect people, staff and service users.

**Charlotte Jones,** Independent Theatre Council: Albany – Entelechy Arts every Tuesday morning, older people bringing social connections. Totally joyful – case of the bleedin' obvious. BBC researching a programme called 'I do Art', need some good examples.

**Steven Michael:** Tipping point – the work is valuable for long term conditions; mental health. The risk is commissioning becomes transactional, window of opportunity with the shift from block contracts.

**Lord Berkeley of Knighton:** Key to changing attitudes to the arts is education; art and culture in schools – the next generations will be versed in the value of culture. Every part of the arts sector needs to think of the arts as a social responsibility.

**Evan Dawson,** Live Music Now: Training of musicians to be excellent; this kind of work is difficult and is not for every artist. We need to have a coherent approach to projects and work with the evidence base; artists need excellent communication skills. With dementia it is important that interventions are over a long period and regular, can be harmful to short term one off interventions.

**Paul Burstow:** Final point is that partnership working is key; arts organisations collaborating with the wider voluntary community sector. Occupational therapists have been developing good practice guidance and we can learn from them. The Alzheimer's Society is very influential in government and outside. Partnership work can overcome some of the capacity and scale issues.