



The Culture, Health and Wellbeing Alliance

CHWA

Sector Support Organisation

A merging of:

The National Alliance for Arts, Health and Wellbeing

www.artshealthandwellbeing.org.uk

and

The National Alliance for Museums, Health and Wellbeing

www.museumsandwellbeingalliance.wordpress.com

Led by

Arts & Health South West

Business Plan 2018-22

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1. Executive Summary

The Culture, Health and Wellbeing Alliance represents the merger of the National Alliance for Arts, Health and Wellbeing and the National Alliance for Museums, Health and Wellbeing to create a dynamic new sector support organisation that will build on our combined strengths. The Culture, Health and Wellbeing Alliance will support artists, arts organisations, galleries, museums, other cultural institutions and those engaged in delivering the arts for health and wellbeing to learn from each other and raise awareness of good practice in:

- Achieving excellent artistic outcomes
- The range, innovation and quality of artistic and cultural work that is being done in this field, including the latest developments with digital work
- Opportunities for artists to develop their professional skills and artistic practice
- Realising the full benefits of the arts and culture for individual and community health and wellbeing
- Extending the reach of cultural engagement to those who are vulnerable and excluded due to ill-health or the wider social determinants
- Using the evidence base and how to evaluate the work
- Partnership working and collaboration with the health and social care sector, including individual artists working with health practitioners to stimulate new approaches and learning
- Engaging with public sector commissioning and how to leverage new income sources through articulating health and wellbeing benefits

We will do this by:

- Developing a strong alliance of partners
- Developing national and international opportunities for networking, conversation and debate and showcasing excellent practice.
- Delivering regional events, training, activity and networks
- Advocating for the work at a national level and supporting advocacy at a regional and local level
- Proactively communicating with a strong PR strategy.
- Developing online resources to support the drive for excellence in the field and for knowledge exchange.

Our aim is that health and wellbeing is part of the core strategies of arts organisations and museums. We want to spread the expertise of this area of work outwards from artists and arts organisations that specialise in arts and health work. We will support the practice and professional development of artists wishing to engage with health and wellbeing and raise the profile of the work within the wider arts and cultural community. We will ensure that CHWA becomes the go-to organisation for those who wish to engage with this area of socially-engaged practice but may be unfamiliar with it.

The culture, health and wellbeing field works with some of the most vulnerable and marginalised people either through ill health, poverty or personal and social circumstance; people who face emotional, social and physical barriers. The potential to reach diverse people in this field of practice is enormous. We will pro-actively support the diversification of the arts and health workforce to better reflect the diversity of beneficiaries and participants.

We believe that cultural engagement can make a major contribution to a healthy and health creating society. Our goal is a shared ambition across the health, social care and culture sectors for achieving access to culture for all.

2. Introduction

The Culture, Health and Wellbeing Alliance (CHWA) represents the merger of the National Alliance for Arts, Health and Wellbeing and the National Alliance for Museums, Health and Wellbeing to create a dynamic new sector support organisation that will build on our combined strengths.

The National Alliance for Arts, Health and Wellbeing (NAAHW) represents a 50 year old field of practice. The archives from Arts for Health at Manchester Metropolitan University and other pioneering individuals and organisations were acquired by Wellcome in 2016 and work is ongoing to digitise the material as a unique historic resource. In the last 50 years, the field has forged its own path between the interstices and the mainstream with a growing body of practice and research that interconnects with a wide range of activity within multiple health and wellbeing contexts.

The definition of arts and health as used in the arts, health and wellbeing document produced by Arts Council England in April 2007 is:

“Arts and health encompasses arts-based activities that aim to improve individual and community health and healthcare delivery, and which enhance the healthcare environment by providing artwork or performances.”¹

The main areas of arts in health work, including with museums, are:

- Arts in the healthcare environment including public art
- Participatory arts programmes in many different healthcare and community contexts, including museums
- Arts on Prescription, Museums on Prescription and arts-based Social Prescribing
- Medical training and medical humanities

We pursue positive working relationships with the Arts Therapy community where appropriate, and many state registered Arts Therapists (regulated by the Health and Care Professions Council), also work as artists in arts and health projects.

The Charter for Arts, Health and Wellbeing, developed by the National Alliance for Arts, Health and Wellbeing, states that:²

“The arts, creativity and the imagination are agents of wellness: they help keep the individual resilient, aid recovery and foster a flourishing society. We recognise there are many different approaches to arts and health work, and that there is a range of practice taking place both within and outside dedicated healthcare settings.”

The field is very broad ranging. The breadth and range of work is comprehensively illustrated in the recently published report [Creative Health: The Arts for Health and Wellbeing](#), the result of a 2 year Inquiry by the All-Party Parliamentary Group on Arts, Health and Wellbeing. The Inquiry was project managed by the National Alliance for Arts, Health and Wellbeing, who provide the secretariat for the All-Party Group. The report draws on examples from 200 submissions to a Call for Practice Examples from around the country and evidence gathered at 16 round table discussions as well as extensive background research on the policy, research and practice context. The round tables examples

¹ based on Tom Smith’s definition used in, An Evaluation of Sorts: Learning from Common Knowledge, Centre for Arts and Humanities in Health and Medicine, University of Durham, 2003.

² www.artshandwellbeing.org.uk

included: *Rosie Kay Dance's* inspirational work addressing post-traumatic stress; the work of visual artists like *Chris Tipping*, which illuminates hospital environments whilst reaching the most vulnerable people; Alan Higgins', Director of Public Health in Manchester, and Clive Parkinson's, Director of Arts for Health Manchester, endeavour to embed arts and health as a social movement in Manchester's devolved health provision; *Clod Ensemble's* work to transform medical training through Performing Medicine; and how *Entelechy's* 'Meet me at the Albany' is: "The kind of stereotype-smashing thing that sticks two knitting needles up at anyone who dares assume day care for older people is about flower arranging and endless cups of tea". However, the *Creative Health* report also highlights the patchiness and lack of sustainability in provision.



FIVE SOLDIERS. Rosie Kay Dance Photo credit: Brian Slater



Tameside Macmillan Cancer Unit. Project managed by Willis Newson. Artist: Chris Tipping
Photo credit: Jill Tate Photography



Meet me at the Albany. Photo Credit: Roswitha Chesher:

The museum and health sector is younger but already the field is impressive; a recent survey by the NAMHW identified over 600 wellbeing programmes across UK museums, representing around a third of the sector. The Whitworth and Manchester Museum has developed a strong partnership with the NHS, including ward-based work and medical staff training and they have placed wellbeing at the forefront of their organisational strategy. In 2015 they were awarded an ACE research grant for 'Not so Grim up North'. The National Museums Liverpool's House of Memories, funded by the Department of Health, has gained international recognition by using mobile technology to bring its collection to people affected by dementia. The Exploring Stuff project at Bexhill Museum explores how objects enhance our sense of wellbeing and the Serpentine Gallery's Skills Exchange project saw the collaboration of older people, young artists, social housing professionals and architects. Yorkshire Sculpture Park (YSP) looks at older age mental health and training for clinicians by arts educators and now has a dedicated arts and health coordinator.

The museum sector has a committed and passionate workforce and an infrastructure of remarkable buildings and collections that will bring great strength to the new Culture, Health and Wellbeing Alliance. Museum staff bring experience of working with collections and artworks with people with a range of health needs. They can provide 'hub' museums locally and regionally which can support the development of activity and help build the infrastructure of networks that we need to make provision across the country more equitable. These regional and local hubs can be a focus for individual artists wishing to engage with and learn about arts and health practice. Some museums are already working with artists who are skilled in arts and health work, others may not have local connections. Through better networking between arts organisations and museums we can share learning, good practice, contacts and build local provision.

Ultimately, we aim to encourage health and wellbeing as part of the core strategies of arts organisations and museums and broaden the expertise of this area of work outwards from artists and arts organisations that specialise in arts and health work. In this process we will support the practice and professional development of artists wishing to engage with health and wellbeing and raise the profile of the work within the wider arts and cultural community.



Young patient at King's College Hospital visits the Dulwich Picture Gallery in the Cardboard Tour.

The culture, health and wellbeing field works with some of the most vulnerable and marginalised people either through ill health, poverty or personal and social circumstance; people who face emotional, social and physical barriers. The potential to reach diverse people in this field of practice is enormous. One hospital Trust in London has a staff of 16000 and 2.1 million patients every year. One GP practice in Leeds has wellbeing centre visitors topping 2500 every week. 3.5 million 65+ live alone and 30% would like to go out more often and 40% have a life limiting illness: many of them are likely to struggle in accessing culture. We advocate for the contribution of culture to health creation, prevention, early intervention, healing and recovery. Work with health economists to show the return on investment is crucial to making the case to health and social care. In 2016 £142.7 billion public sector money was invested in health.

With the combined expertise and strengths of the NAMHW and the NAAHW, as well as new Strategic Partners and Strategic Alliance Members, CHWA will have a catalysing, coordinating and bridging role, connecting the players, uncovering the extent of activity and making it visible and available to the field as a whole. We aim to ensure that efforts right across the country are more strategic, better informed and more dynamic so that the visibility, invested energy and impacts will be greatly amplified. This includes bridging across the portfolio of ACE investment to maximise value and to coordinate a sector and nationwide push of activity. e.g. cultural commissioning, museum development officers, NPO's and new SSO's. It also includes developing a regional infrastructure to counteract current inequity and provide the means to activate and energise people and systems at a regional and place based level.

3. Vision Mission Values

We believe that cultural engagement can make a major contribution to a healthy and health creating society. Our goal is a shared ambition across the health, social care and culture sectors for achieving access to culture for all.

'Everyone has the right to freely participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.'

Article 27 of the Universal Declaration of Human Rights

Access to the arts and culture is a human right and increasingly it is positioned as a social determinant of health. Access to culture is a social justice issue. The values laid out in the Charter for Arts, Health and Wellbeing³ will be re-visited and refreshed by the new combined Alliance during the first year and a Charter for Culture, Health and Wellbeing published in Spring 2019.

4. Aims and Objectives

We will:

1. **Develop a strong alliance of partners.** CHWA brings strong geographic representation from existing NAAHW and NAMHW partners. The CHWA steering group will be made up of two representatives from each of the regions. Along with the Strategic Alliance Members (SAMs - members with national reach and specific areas of expertise) they demonstrate the quality, knowledge and assets available to CHWA.

The General Alliance Membership (GAMs) will become an identifiable critical mass and a series of individuals who can be inspired to take action. (10000 members over 4 years).

We will invite key strategic partner organisations such as: Public Health England, NHS England, Local Government Association, National Council for Voluntary Organisations, Royal Society for Public Health, Patient Association, Healthwatch and others, to identify an individual in each organisation with a culture, health and wellbeing responsibility, that we can liaise with, invite to be on a Strategic Alliance Partners (SAPs) group that meets 3 times a year and feeds directly into the Steering Group.

2. **Develop national and international opportunities for networking, conversation and debate and showcasing excellent practice.** CHWA will showcase good practice and encourage exchange of ideas and knowledge. We will create space for debate across the culture and health sectors about shared issues. We will consider why experimentation and excellence are important and help artists explore the exciting and challenging arenas for culture provided by the health and wellbeing spheres. We will:

- **Develop and deliver an annual national conference.**
- **Hold at least one annual gathering of Strategic Alliance Members.**
- **Deliver practitioner/researcher events.**
- **Engage with high-profile individual artists to ensure that we share examples of excellent practice and work with them to promote the value and opportunities of work in this field**
- **Support the delivery of the AHSW International Culture, Health and Wellbeing Conference in 2021.**

³ <http://www.artshandwellbeing.org.uk/what-is-arts-in-health/charter-arts-health-wellbeing>



Artist Bobby Baker in the What is Creativity? Big Debate at the 2017 Culture, Health and Wellbeing international conference.

Photo credit: Clint Randall

3. **Develop and deliver regional events, training, activity and networks** to strengthen the infrastructure across England. Our longer term ambition is to create greater equity of infrastructure support across the regions. We will:
 - **Develop a leadership training programme focussed on diversity.**
 - **Deliver training and events in the regions.**
 - **Seed fund regional gatherings and conversations.**
4. **Advocate for the work at a national level and support advocacy at a regional and local level** This is a dynamic moment for the field, full of a sense of opportunity and energy. At the same time there are many challenges to making the work sustainable. We will:
 - **Provide the secretariat to the All-Party Parliamentary Group on Arts, Health and Wellbeing which is currently the responsibility of the NAAHW.**
 - **Provide CHWA members with information and tools to advocate at their own geographic or structural level.**
 - **Support the network of individuals with responsibility for culture, health and wellbeing in each CCG, LA, NHs Trust (see 6.4 Recommendation 3)**
5. **Proactively communicate with a strong PR strategy.** Some of our most powerful advocates are those who have experienced the benefits of culture for their own health and wellbeing. We will help communicate their stories.
6. **Develop online resources to support the drive for excellence in the field and for knowledge exchange.**

5. The External Environment

The recently published report, [*Creative Health: The Arts for Health and Wellbeing*](#) (July 2017), by the All-Party Parliamentary Group on Arts, Health and Wellbeing, provides a comprehensive survey of the field and identifies the challenges to progress.

The report lays out the case for three key messages:

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care.

It identifies culture change as the greatest challenge and calls for new collaborations to be formed across conventional boundaries. It makes 10 recommendations including the development of a national strategy led by DCMS and DOH. CHWA will play a key role in helping to deliver the recommendations and will be in a strong position to inform the national strategy through providing the secretariat to the All-Party Parliamentary Group (APPG). Many of the recommendations will support CHWA's ambition to develop an infrastructure across the regions to provide greater equity of provision and resources. CHWA will be in a key position to help deliver the recommendation to Arts Council England that it should support arts and cultural organisations in making health and wellbeing outcomes integral to their work.

6. 2018-19

6.1 Benchmarking of current activity. During the first year we will analyse the strengths, weaknesses, synergies and tensions of both fields and identify where each could support the other. We will consider how:

- museums can provide opportunities for artists and vice versa
- NPOs and consortiums delivering ACE Strategic Programme can be supported to develop sustainable partnerships with health and wellbeing partners
- arts and health practitioners and museums professionals can share learning
- museums and artists can collaborate on a national scale to improve the visibility of work in culture and wellbeing
- practice can be shared digitally and developed across the fields to establish good practice and consider co-production, experimentation and excellence

During the same period we will work with our Strategic Alliance Members (SAMs) to benchmark activity at a national level. SAMs are organisations that have national reach and specific areas of expertise. Those that have already expressed an interest in being involved are in Appendix 1. We will proactively recruit service-user led organisations and VCSO health and social care organisations to be SAMs.

We will also encourage wide sign up to General Alliance Membership (GAMs) via our existing networks (in compliance with recent data protection law). We will engage GAMs in an audit of assets in their locality. This membership database will be our route to developing regional and sub-regional networking opportunities and mapping geographic spread. Sign up will include individual artists, arts organisations, including NPOs and consortiums delivering ACE Strategic Programmes, Museums, NHS Trusts and Public Health Departments, Health and Social Care partners amongst others.

Both the NAAHW and NAMHW will encourage individuals to sign up via a CHWA newsletter. Membership recruitment will focus on England, but individuals and organisations from the whole of the

United Kingdom, and indeed abroad, will be free to join. We will develop relationships with colleagues in Scotland, Northern Ireland and Wales. However, in terms of our infrastructure development we will focus on the regions of England. We would hope to have 2000 members by the end of 2018-19 and be in a position to work with them in a number of ways:

- Build on previous surveys conducted by NAMHW and members of NAAHW (AHSW annual surveys) to build a comprehensive picture with a particular focus on training needs to develop a leadership training programme
 - We are particularly interested in working to ensure the workforce represents the diversity of participants and to expand our reach by engaging with providers that might not be within our usual networks
 - We want to encourage participant and service user routes to workforce development
- We will build a picture of geographic spread and identify gaps
 - We will ask members to do an 'asset audit' in their local area, asking them to identify existing relationships with health and social care; social prescribing provision; existing and potential partnerships with other cultural providers and the wider VCSO sector.

Our SAMs will provide a different kind of intelligence based on expertise in specific areas of practice (e.g. People Dancing, The Reader); different areas of health need (e.g. Creative Dementia Arts Network; MIND); related and overlapping areas of activity (e.g. Group for Education in Museums, National Criminal Justice Alliance). We will explore ways to forge meaningful dialogue between our SAMs and for them to inform our strategy and activity.

CHWA will work with existing museum networks such as those overseen by Museum Development Officers and the Group for Education in Museums, to ensure regional connectedness between museums and arts and health practice.

6.2 Consultation events for Charter of values. In 2018-19 we will organise regional events to engage new SAMs and GAMs and coordinate conversations to inform a refreshed national Charter for Culture, Health and Wellbeing and to inform CHWA's strategy. These may be 9 separate events or a combination of events in major centres with access through live streaming.

6.3 Annual conference. We will deliver our first annual conference in March 2019 and then every year following.

6.4 SAMs meeting. The first annual meeting for SAMs to establish the structure of the group and the best means of communication

6.5 Supporting individual artists. We will proactively recruit individual artists to be General Alliance Members. We don't anticipate this will be difficult. Of the existing 2274 members of AHSW, 782 categorise themselves as artists or arts in health practitioners. Effective consultation methods with GAMs will ensure that we can identify and meet their needs with regard to information sharing and professional development.

6.6 Service-user network. We are working with two service-users who were involved in the APPG Inquiry to establish a network of service-users which will be aligned to CHWA and inform its development. We will work with them and through our current networks to identify 70 service-user/participant stories for the NHS 70th anniversary postcard project (see 6.8.6)

6.7 Partnerships. There are some on-going discussions which we will explore further in the first year.

- 6.7.1 Discussions are under way with the GP lead at the Faculty of Healthcare Leadership and Management, Dr Jane Povey, to deliver a joint national event for their members.
- 6.7.2 The Social Prescribing Network lead, Dr Marie Polley, has suggested forging a link between their network and CHWA.
- 6.7.3 There are existing links with the research community via the Royal Society for Public Health Special Interest Group in Arts, Health and Wellbeing and discussions are under way to find better ways to support joint working between practitioners and academics.
- 6.7.4 Voluntary Arts and the BBC Get Creative. We will support the national roll out of Up for Arts. A Voluntary Arts officer will work within local BBC radio stations to put on events in public places and provide opportunities for the public to try creative activities. Each local project will ideally be linked to a local arts and health network and we will work together on this area of mutual interest. Get Creative will have a health focus in 2019.

6.8 PR While CHWA is establishing itself during the first year, we will ensure a public presence through social media and a creative project to celebrate the NHS 70th Anniversary Celebrations and to draw attention to the contribution of culture to health creation, prevention, early intervention, healing and recovery.

- 6.8.1 **Brand identity for CHWA and a holding webpage** will be a first task to be completed in time for a 'soft' launch in March 2018. The webpage will give access to the existing websites of NAAHW and NAMHW and encourage people to sign up to the CHWA newsletter and join as a GAM.
- 6.8.2 **CHWA website.** An early responsibility of the newly appointed staff will be a review of the current websites of the NAAHW and NAMHW to develop a brief for the new website, drawing on the content of both to launch under the CHWA banner at the first annual conference in March 2019.
- 6.8.3 **Social Media output** We will use social media to track and communicate the first six months of the life of CHWA, helping to engage new GAMs and encouraging sign up to a newsletter, in the lead up to the launch of the website and Charter/consultation events in the autumn and spring of 2018-19.
- 6.8.4 **Monthly newsletter** The e-newsletter will start in April 2018 and will be the initial means of recruiting the wider membership. The existing newsletters and networks of NAAHW and NAMHW will be our main route to engaging sign up. LAHF will be responsible for coordinating the CHWA newsletter. It will contain policy and national information and have links to regional news/newsletters.
- 6.8.5 **Creativity and Wellbeing Week 2018** The third National Museums and Wellbeing Week will be delivered by NAMHW from 12-18 March 2018; the seventh annual London Creativity and Wellbeing Week will be delivered by LAHF from 4-10 June 2018. During Museums and Wellbeing Week there will be a 'soft' launch of CHWA in Birmingham, to coincide with the last NAMHW annual conference. CHWA will support Creativity and Wellbeing Week in 2018.
- 6.8.6 **70 digital postcards** We will work with the CHWA steering group to gather the stories of 70 individuals from around the country who have benefited from participation in culture and health. These stories will represent the diverse communities and individuals that participate in culture and health, and the diversity of practice in terms of artform and health context. The postcards will be launched on 5th July 2018, the 70th anniversary of the NHS.

6.9 Strategy During 2018-19 we will develop a comprehensive strategy for the organisation. This will build on the recommendations in *Creative Health: The Arts for Health and Wellbeing*. We will support the delivery of the *Creative Health* recommendations:

Recommendation 1: Leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy delivery.

- The NAAHW is responsible for the secretariat to the APPG and will be helping to facilitate consultation with the arts, health and social care sectors during 2017-18. The recommendation suggests that Arts Council England, NHS England, Public Health England, the LGA and other representative bodies will support the national strategic centre. The aim is to ensure that this group aligns with CHWA's 'Strategic Alliance Partners' group. CHWA will be responsible for the secretariat from April 2018 and will continue to play a key role in this recommendation.

Recommendation 2: The Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture.

- The NAAHW and then CHWA will proactively feed into the cross-governmental strategy through their role with the APPG

Recommendation 3: At board and strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.

- CHWA can play an important role in delivering this recommendation by empowering our members to work with partners to lobby for a designated individual in their local clinical commissioning group, NHS trust, local authority and health and wellbeing board.
- We will work towards supporting this network of champions in each of the organisations listed above by providing resources, networking and learning opportunities.
- We will encourage CHWA members to engage locally with the relevant representatives (see Recommendation 4).

Recommendation 4: Those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level.

- This recommendation will provide an important context for arts and cultural organisations to engage with place-based policy in their locality. We will build on the work of the Cultural Commissioning Programme, and share learning and case studies from around the country.
- The support of existing, and development of new, regional and sub-regional networks will help arts and cultural organisations to work collaboratively to provide a clear and coherent 'offer' to Sustainability and Transformation Partnerships. We will support them with accessing relevant resources.

Recommendation 5: Arts Council England supports arts and cultural organisations in making health and wellbeing outcomes integral to their work and identifies health and wellbeing as a priority in its 10-year strategy for 2020–2030.

- There is a clear role for CHWA in supporting the first part of this recommendation through networking, providing resources and connecting arts and cultural organisations with research and good practice in the field.

Recommendation 6: NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.

- Many members of both NAAHW and NAMHW are already engaging with social prescribing. There is much to learn from the Gloucestershire CCG work that has evolved out of the Cultural Commissioning pilot. This is a fast moving landscape with the recent announcement of new Department of Health funding for social prescribing. CHWA, through

its strong networks, will remain abreast of developments, advocating for the provision of arts and culture within social prescribing and supporting arts and cultural engagements to engage fully with this important area of activity.

- The Social Prescribing Network has expressed an interest in being involved in CHWA, either as a Strategic Alliance Member or as a Strategic Alliance Partner (tbc)

Recommendation 7: Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.

- Through our proactive approach to communicating good practice we will support our members to work closely with participants and service users to ensure that they are integral to PR campaigns. Testimonials from participants are powerful advocacy tools and we will work with Healthwatch, the Patient Association and others to ensure that their stories are heard (see 5.3.5)

Recommendation 8: The education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes. We also recommend that arts education institutions initiate undergraduate and postgraduate courses and professional development modules dedicated to the contribution of the arts to health and wellbeing.

- CHWA will provide support to this recommendations in a range of ways. CHWA will deliver training to members (see 6.2.1). In addition individual member organisations provide a variety of training, for instance, LAHF has recently run a Royal College of Physicians accredited introductory course for doctors, allied health professionals and nurses interested in learning more about the potential of the arts to impact on health.
- CHWA will encourage members to consider ways in which they can support the next generation of arts and health practitioners and managers, with mentoring and training opportunities
- CHWA is committed to diversifying the workforce and will work with partners in health and social care to support this ambition.

Recommendation 9: We recommend that Research Councils UK and individual research councils consider an interdisciplinary, cross-council research funding initiative in the area of participatory arts, health and wellbeing, and that other research-funding bodies express willingness to contribute resources to advancement of the arts, health and wellbeing evidence base. We recommend that commissioners of large-scale, longterm health surveys include questions about the impacts of arts engagement on health and wellbeing.

- Through working with our Strategic Partners and SAMs, in particular the Royal Society for Public Health Special Interest Group, we will work towards better dissemination of the evidence base through ‘curating’ access for practitioners, and will encourage connections with the research community to support more partnership working between researchers and practitioners
- We will create opportunities for museum and arts professionals to link with academics, evaluators and researchers, to develop joint projects through our Practitioner/researcher events (see 6.1.4)

Recommendation 10: We recommend that the National Institute for Health and Care Excellence regularly examines evidence as to the efficacy of the arts in benefiting health, and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.

- We will encourage CHWA members to sign up as Stakeholders with NICE so that they can contribute to consultations on guidance.

7. 2019-21

7.1 Summary of position in April 2019

By April 2019 we will have:

- Signed up a membership of approximately 40 Strategic Alliance Members and at least 3000 General Alliance Members
- Established the structure of the steering committee to ensure regional representation is effective.
- Agreed an organisational strategy that has good buy-in from our Strategic Alliance Members and reflects the priorities and concerns of our Strategic Alliance Partners.
- Supported the beginning of a service-user/participant network and encouraged input to the strategy as well as engagement in the PR work the NHS 70th Anniversary celebrations
- Gathered intelligence via a survey from General Alliance Members to inform our strategy and work at a regional level.
- Established a good working team of staff and clear governance structure with Arts & Health South West
- Agreed effective means of evaluating the impact of CHWA through documentation of events feedback and consultation with our members
- Developed a brand identity and new website for CHWA
- Delivered 9 regional events to develop a revised Charter for Culture, Health and Wellbeing
- Delivered our first annual conference in March 2019
- Celebrated the contribution of the arts and culture to health and wellbeing as part of the NHS 70th anniversary celebrations
- Supported LAHF on the production of 12 CHWA newsletters

7.2 Partnerships we will explore and establish partnerships with organisations and networks where there is a shared purpose, e.g.:

7.2.1 We have existing links with NPOs and consortiums delivering ACE Strategic Programmes where health and wellbeing is a strong feature, including Creative People and Places and Celebrating Age, as well as those involved in delivering the Great Place Scheme, such as Torbay Culture Board. We will build on these and develop new relationships to support organisations wishing to develop their relationships with health and social care at a local and regional level.

7.2.2 We plan to explore Peer Learning Networks to identify case studies to illustrate how new partnerships have been developed with the health and social care sector and inspirational art works commissioned. We are particularly interested in working with these organisations to share learning about reflective practice and evaluation.

7.3 Events

7.3.1 Annual conference. We will deliver an annual conference in March each year. This will be a visible manifestation of the state of the field and an opportunity to network, profile achievements and learn from each other. This will enable us to showcase and learn about:

- Excellent practice in the field including innovative work and work in unusual contexts
- Evaluation approaches and evidence of impact
- Frameworks and models for commissioning and delivery
- Effective partnership working and collaboration

7.3.2 Hold at least one annual gathering of Strategic Alliance members. We will convene SAM's once a year to share practice, connect with each other and influence the work of CHWA. (20-40 organisations)

7.3.3 Practitioner/researcher events. We will create opportunities for museum and arts professionals to link with academics, evaluators and researchers, to develop new evidence or thinking to develop rigorous thinking about practice. (200-300 people over two years)

7.4 Developing the infrastructure We aim to ensure that efforts right across the country are more strategic, better informed and more dynamic so that our visibility is increased and our energy creates greater impact. This includes working across the portfolio of ACE investment to maximise value and to coordinate activity. E.g. cultural commissioning, museum development officers, NPO's and new SSO's. It also includes developing a regional infrastructure. AHSW has over 2000 members of which 59% are in the SW region. 726 UK based members are outside the SW region from areas not served by a network. LAHF have 3307 newsletter followers of which 2612 are UK based, 5391 twitter followers and 2491 facebook followers. The NAMHW have been able to make impressive strides since 2012 with 583 members and 1170 twitter followers.

- We will encourage and support networking and connection between members at a regional and sub-regional or local level.
- We will support consortia and partnership working to strengthen the offer of arts and cultural work to health and social care commissioners and providers.

We need strong and supported networks at the geographic footprint which is most appropriate in each locality. Museums, as physical hubs, could be pivotal in facilitating new culture and health networks and infrastructure in the regions and sub regions. The NAMHW has recently sent out a survey and had a good response from museums interested in being hubs. Arts and museum providers and experienced arts practitioners will benefit from being better networked in order to develop a joined up offer that can meet the needs of commissioners having to commission at scale. These networks would also benefit from aligning themselves with other delivery partners within the Voluntary Community Sector, particularly health and social care charities, to maximise their chances of fully engaging with health and social care commissioning. These networks and collaborations exist in some places but through CHWA we will build more consistent support across England. The demand is evident but the inequity of infrastructure means that not only can poorly served areas not fully benefit from developments that take place at a national level, there is also no-one to activate regional and local potential.

In 2019-21 CHWA will specifically develop activity to counteract current inequity, to achieve nationwide reach and put things in place that provide the means to activate and energise people and systems at a regional and place based level. We will:

7.4.1 Deliver training and events. These may include workshops, briefings, roundtables and training sessions on topics such as: Self and peer evaluation; Arts and museums collaborative devising; The Creative Case for Diversity; Preparing to work in health settings; Museums as spaces for wellbeing; Innovative practice in health and wellbeing contexts; Making the most of Inquiry recommendations; Co producing, Co curating and Co creating; Starting a provider network (30-40 over 2 years reaching 1500-2000 people).

7.4.2 Seed fund regional gatherings and conversations. Encouraging grassroots gatherings to encourage new conversations about networks and peer support. (10-16 per year reaching 200-400 people). For example: Enable museum and arts sector meet and greet: simple events to introduce the sectors to each other and start to explore collaborative potential.

7.4.3 Undertake phased development activity in regions to develop infrastructure. We will focus on specific development work in one or two regions each year, to catalyse activity that can contribute to the infrastructure of the sector. We will map known plans against intelligence about the regions to identify where there are opportunities for synergistic stimulus e.g. the expansion of Culture and Wellbeing Week into Manchester and Liverpool could stimulate new partnership and network development for the Lancashire region. We will also consider rolling out models from other regions e.g. Creative Health CIC in the West Midlands have secured a £75k investment from Arts Connect, the bridge organisation, to develop a Commissioners Network to increase access for children and young people. (1-2 areas per year)

7.5 Culture and Wellbeing Week

In 2019 Museums and Wellbeing Week and Creativity and Wellbeing Week will combine into one annual national Culture and Wellbeing Week, building on the strengths of both events and creating a major high-profile festival to celebrate work across the country in culture, health and wellbeing. The event will be delivered by LAHF with support from CHWA. Our SAMs will be important partners in celebrating the diversity of work in this field e.g. the Voluntary Arts Network, Happy Museum and 64 Million Artists, will help us to celebrate everyday creativity for wellbeing, the Age Friendly Museums Network and the Age of Creativity will focus on older people, while Paintings in Hospitals and the National Criminal Justice Arts Alliance will highlight the work in specific settings.

7.6 Develop a leadership training programme for the sector. This will have a particular focus on diversity. We will research the most appropriate format based on the needs of the field through consultation and online surveys. Aim to run in 2019-22. (40-60 participants over 3 years)

7.7 Advocacy

CHWA will continue the work of the NAAHW in providing the secretariat for the All-Party Parliamentary Group on Arts, Health and Wellbeing. This is a key route to advocacy at a national level. At a regional level we will align our advocacy work to support the recommendations made in the Creative Health Report, in particular recommendations 3 and 4. Supporting the development of regional and sub-regional networks will encourage collaboration and consortia working in order to present a clear offer to health and social care commissioners and providers.

We will promote an asset-based approach by building on existing strengths and celebrating health creation rather than a deficit model of illness. This chimes well with current thinking within health and is shared territory for our work across all sectors. Place-based policy is a focus for Arts Council England, NHS England and Public Health England and meets the devolution agenda in local government. We need to raise awareness and upskill cultural providers to engage with these debates, while at the same time advocate for the importance of cultural organisation to be part of the solution.

The culture organisations aligned through CHWA will represent the biggest strategic alliance the field has ever seen. We are building a critical mass for future advocacy work, outward facing to our health and wellbeing partners and inwardly to the culture sector. Museum decision makers and those in larger cultural institutions can be encouraged and supported to embed health and wellbeing in their strategic agendas and to rethink their work with both new and existing visitors.

7.8 PR and Communications CHWA will proactively communicate with a strong PR strategy. This is absolutely key to raising the profile of the work and creating stronger demand amongst the public. We will communicate good news stories from across the country, strengthening the voice of the participant and service user. We will work with the Patient's Association, Healthwatch and service-user led organisations to ensure that we can maximise the impact of participant stories. Our communications strategy will also encompass regular communication with strategic partners and targeted information related to specific areas of policy. We will encourage the exchange of ideas and openness with invited 'thought pieces' from key individuals in health, social care and culture to be highlighted in the newsletter and on the website.

7.8.1 Communication with SAMs through an online platform such as Slack, an instant messaging and collaboration system.

7.8.2 The CHWA newsletter will evolve to have curated and editorial pieces, working with SAMs and strategic partners to ensure it is an effective tool to link people up to resources, events, opportunities and current debates in the field.

7.8.3 PR campaigns. An important aspect of profile- raising will be a national PR campaign linked to Culture and Wellbeing Week. There will be regular activity in relation to strategic policy developments, new research and the promotion of relevant events.

7.8.4 Promote the RSPH awards programme. We will increase awareness in the culture sector to encourage more submissions in the arts categories. We will profile the winners through our targeted communications and social media activity

7.9 Developing online resources

The combined existing resources of the NAAHW and the NAMHW will create an extensive online offer for arts and museum professionals which provides access to training materials, guidance, case studies, research and evaluation reports, policy documents, sector updates and member directory. Initially this will be a consolidation and organising of what already exists but will build over time with additional resources such as new guidelines, webinars and mini moocs (massively open online course). (1 website, 10000 members and 280000 website visits 2019-22)

7.9.1 We will develop new resources such as toolkits and signpost to existing ones in response to needs identified by our membership, including for those who are new to this area of work and individual artists.

7.9.2 We will review the disparate digital resources of other organisations and link CHWA's online presence where it would be of interest to the field e.g. Wellcome's forthcoming digital arts and health archive (which has the potential to become a live cohesive repository of evidence) or the Cultural Commissioning Programmes resources which we will link to ensuring a legacy.

7.9.3 In support of **Recommendation 3** in the APPG Inquiry report, we will work to collate existing resources and develop new ones to support identified champions in each of the key regional organisations listed: Clinical commissioning groups, NHS trusts, local authorities and health and wellbeing boards. This will be the starting point for developing a network of champions, informed by the audit of assets conducted via our SAMs and GAMs and by work being developed nationally by Arts Council England.

8. Monitoring and Evaluation

During 2018-19 our focus will be on:

- Establishing strong governance and regional representation for CHWA
- Recruiting organisations to be Strategic Alliance Members (SAMs) and General Alliance Members (GAMs)
- Establishing the Strategic Alliance Partners group with partner organisations (SAPs)

- Consulting with our GAMs via regional events and with SAMs online and at meetings, and SAPs, on the strategy for CHWA
- Consulting with our GAMs via regional events and with SAMs online and at meetings, and SAPs, on a renewed Charter for Culture, Health and Wellbeing
- Consulting on training and development needs
- Working with members on PR and communications
- Encouraging members to gather local intelligence to inform CHWA's strategy and support their own local activities

The recruitment of members will be an ideal opportunity to gather some baseline data for later evaluation and monitoring. Membership sign up will enable us to collect information on:

- Equality and diversity
- Training needs
- Local intelligence to support networking and partnership working

At regional events during 2018-19 we will gather feedback on specific issues that will inform our evaluation and monitoring plans. In March 2019 we will have our first CHWA annual conference which will be another opportunity to gather feedback. In association with the conference we will send out our first annual survey. This will have been carefully discussed and planned in the preceding months to be sure that we are asking the right questions to build a systematic picture of our activity and its impact over the next three years.

By 2020-21 we will have developed our consultation and evaluation systems to ensure that we can represent our Strategic Alliance Members and our wider membership with confidence and purpose. The voice of individual artists and smaller arts organisations around the country is as important as that of the larger museums and cultural organisations with national or strategic reach. Increasing the membership numbers will be crucial in giving CHWA a mandate to be the voice for the sector. The programme of work outlined above will build the membership and test the various mechanisms for ensuring everyone feels engaged and able to participate in national discussions if they wish to.

Evidence of our impact will be gathered in line with the performance indicators in our activity plan. We hope to be able to evidence that we have:

- Worked collaboratively with partners to generate new and useful resources that encourage cross-sector working and understanding
- Established CHWA as a valued and well networked organisation that can be shown to support our members and the wider development of the field
- Provided a conduit for the flow of information and ideas from a strategic level to the grassroots and vice versa
- Given voice to members and those participants who have been involved as beneficiaries in arts, health and wellbeing programmes
- Contributed to diversifying the workforce
- Encouraged work to expand the evidence base and provided useful and valued resources resulting in more good work happening.

By December 2020 we would hope to have collected high quality data from the membership and have effective communications strategies in place to be able to evidence our impact on the field and to argue the case for continued investment. We would also hope to have evidence of increasing investment from sources other than Arts Council England.

9. Summary Statement for 2021-22

9.1 Review progress and establish CHWA as an independent organisation. During 2019-21 we will have discussed and agreed the best structure for an independent CHWA and completed the necessary financial and legal requirements so that CHWA is in a position to apply for future funding in its own right. We will do this in discussion with ACE.

9.2 CHWA Programme of activity. We will continue to deliver the programme of activity based on a progress review and the evaluation of impact conducted during 2020-21. Evaluation will inform our strategic planning for beyond 2022 and funding applications for ongoing support. This activity will include the third year of our leadership training programme.

9.3 Support the delivery of the AHSW International Culture, Health and Wellbeing Conference in June 2021. AHSW has delivered two Culture, Health and Wellbeing International conferences on behalf of the National Alliance for Arts, Health and Wellbeing, in 2013 and 2017. The 2017 conference attracted over 400 delegates and speakers from 22 countries. In 2021, AHSW will deliver the conference on behalf of, and with the support of, the Culture, Health and Wellbeing Alliance. The conference provides an opportunity to place the UK's best practice on the international stage, and is a springboard for international cooperation and collaborative working. There is a strong international community that CHWA can connect with in the intervening years.

10. Management Structure and Governance

10.1 Governance

Arts & Health South West is responsible for delivering the Culture, Health and Wellbeing Alliance on behalf of the group of organisations that have been involved in the NAAHW and the NAMHW. Within the NAAHW there are 2 well-established National Portfolio Organisations: Arts & Health South West and the London Arts and Health Forum. Other organisations are specialist arts and health providers and have represented their regions in an informal role. The NAAHW steering group has been working together since 2010 and through steady team building we have successfully established trust. The NAMHW was formed with the aim to eventually merge with the existing NAMHW. We have had two joint meetings to discuss the merger and have another planned for February.

The diagram in 10.4 shows how the governance will be the responsibility of Arts & Health South West, with a steering committee made up of members of the NAAHW and the NAMHW.

The Board of Arts & Health South West and the current members of the NAAHW and the NAMHW have agreed that we will work towards CHWA becoming a separate entity during this funding period. The aim is that in 2021 CHWA will be in a strong position to apply to Arts Council England to be a stand-alone Sector Support Organisation beyond 2022.

10.2 Steering committee

The Steering Committee will comprise a rationalised version of the existing steering groups. Existing steering group organisations are:

UCL Culture • National Museums Liverpool • British Museum • UK Medical Collections Group, represented by the Thackray Medical Museum • Tyne & Wear Archives & Museum • Manchester Museums and Galleries partnership • The Research Centre for Museums and Galleries, University of

Leicester • the Museums Association • Equal Arts • Arts for Health Manchester • London Arts in Health Forum • Arts & Health South West • Creative Health CIC • Arts Derbyshire • Arts and Health East • South East Arts and Health Partnership

In the first year we will have a development steering group. This will follow the proposed regional structure, which reflects the current make-up of the NAAHW. During the first year the regional representation on the steering group will be the subject of discussions with regional working groups, and the final steering group for years 2-4 will reflect agreements about roles and responsibilities made at a regional level. The development steering group will be:

North West:

Clive Parkinson, Director of Arts for Health Manchester Metropolitan University
Carol Rogers, Executive Director Education & Visitors, National Museums Liverpool

North East:

Alice Thwaite, Co-Director, Equal Arts
Zoe Brown, Outreach Officer, Tyne and Wear Archives and Museums

Yorkshire and Humber:

Deborah Munt, Chair of the NAAHW
Joanne Bartholomew, Chief Executive, Thackray Medical Museum, Leeds

West Midlands:

Kate Gant, Director, Creative Health CIC
Rosie Barker, Community Engagement Officer, Birmingham Museums Trust

East Midlands:

Helena Reynolds, Arts and Health Coordinator, Arts Derbyshire
Jodie Henshaw, Museum Development Officer, Mansfield Museum

East:

Gavin Clayton, Director, Arts & Minds, Cambridge
Miranda Stearn, Head of Learning, Cambridge University Museums

London:

Damian Hebron, Director, London Arts in Health Forum
Laura Phillips, Head of Community Partnerships, British Museum

South West:

Alex Coulter, Director, Arts & Health South West
Ruth Gidley, Engagement Officer, Royal Albert Memorial Museum & Art Gallery, Exeter

South East:

Pip Collings, South East Arts and Health Network (tbc)
Mitch Robertson, Community Engagement and Programme Manager, Beaney House of Art and Knowledge, Canterbury

Alex Coulter, Director of AHSW will chair the development steering group for 2018-19. A Trustee from AHSW will attend the steering group meetings. We propose that voting rights will be given to steering committee members, on a one organisation one vote basis, but as far as possible we will aim to reach decisions by consensus. Where decisions do have to go to a vote and there is an even split, the AHSW Board Member will have the casting vote. This process will be discussed and agreed at the first meeting in April 2018. Steering committee meetings will deal with business of CHWA and additional subgroups may be established as and when needed. The steering group will meet quarterly in a central location (e.g. Birmingham). Contact will be maintained between meetings via group emails, Skype and conference calls.

Strategic bodies in health and social care will also be invited, such as RSPH, LGA, and PHE to join an advisory group to inform the steering group (Strategic Alliance Partners) and to meet at least three times a year (aligned with steering group meetings).

At a regional level, the steering group representatives will liaise with their regional museums development officers and Arts Council England regional arts and health leads to ensure good two-way communications.

10.3 Lines of governance and decision making

Overall accountability for the SSO programme of work will lay with the AHSW Board of Trustees. They will receive updates at Board meetings from the Director of AHSW and a newly appointed CHWA Director. The Board will not need to ratify every decision that the CHWA Steering Committee makes but, as the accountable body, it will have the right to intervene and override if they have concerns.

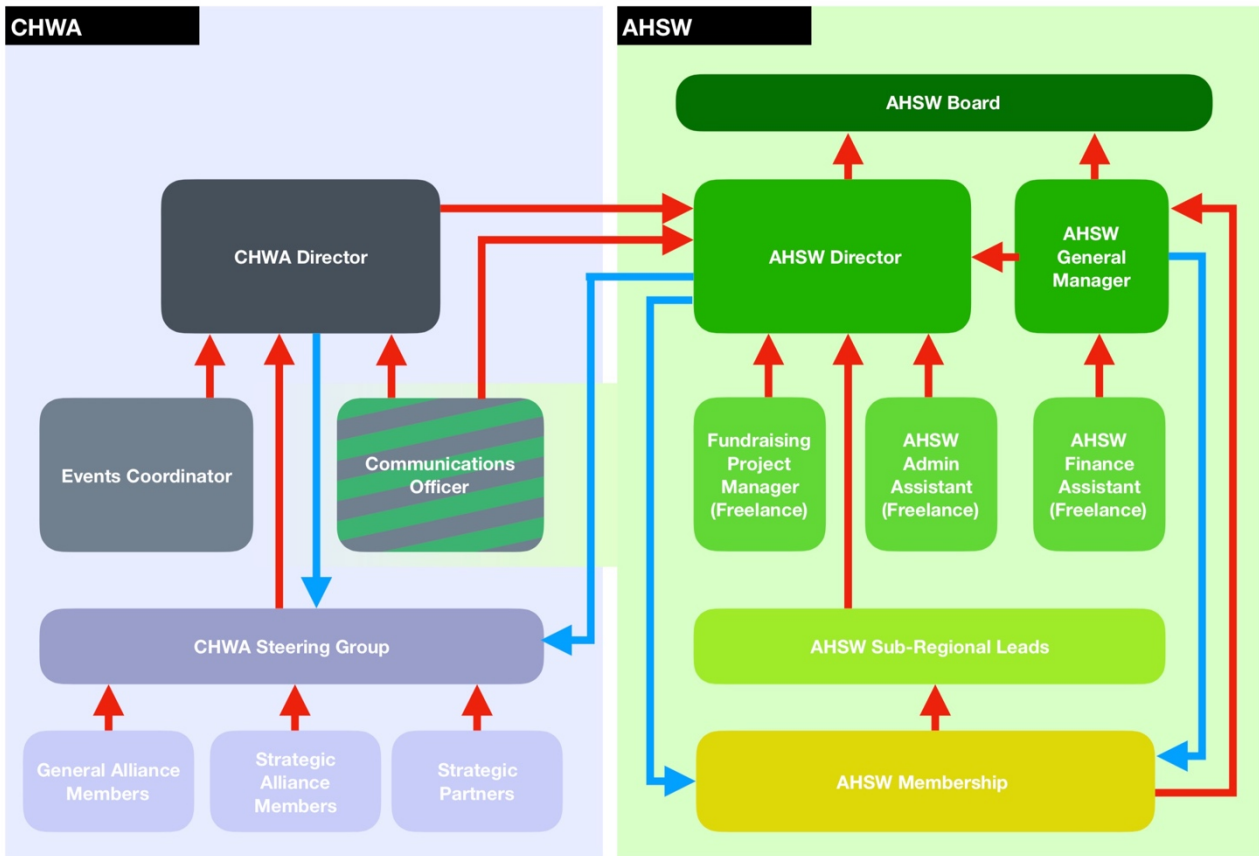
The AHSW Director, Alex Coulter, will provide day to day oversight of the programme and will line manage the new CHWA Director. It is likely that Alex will continue to be the main provider of the secretariat for the APPG and the Inquiry building on good relationships within Parliament and with agencies and organisations contributing to the Inquiry process. However, she will work closely with the CHWA Director to ensure knowledge and contacts are shared.

A newly appointed Director of CHWA will be responsible for day to day decision making and the delivery of the CHWA Business Plan (3 days per week). The Director post will be located outside of the southern regions, preferably in the north. Regular contact will be maintained with the Director of AHSW by skype, telephone and emails as well as meetings at intervals. The CHWA Director will also liaise directly with members of the Steering Committee, keeping them apprised of activity and consulting them on their area of expertise when needed. There are challenges in distance working. So long as communication lines are open and clear and regular contact can be maintained with the Director of AHSW as line manager, by Skype, telephone and emails as well as meetings at intervals, we believe it will be an effective arrangement. The principle of dispersed activity right across the country underpins CHWA's mission so we will endeavour to maintain this position but will of course review the situation and make adjustments accordingly. CHWA has already received an offer of in kind office space from the CEO of the Thackray Medical Museum in Leeds, which is located a few minutes away from NHS and Public Health England headquarters.

A newly appointed Administration and Events coordinator will provide day to day administrative support to CHWA and coordinate national and regional events. They will report to the Director of CHWA. In order to properly represent the views, interests and areas of expertise from both the museum and arts fields, we will endeavour to secure representation from both the arts and museums sectors within the CHWA team. The PR and Communications function will either be delivered via a new role as part of the CHWA team or as a joint post with AHSW.

Lord Howarth of Newport, Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing, has agreed to be President of the CHWA. He will speak at the 'soft' launch of CHWA which is planned for the middle of March. Other support will be agreed with him but is likely to include statements and speaking opportunities in an advocacy role.

10.4 Management Structure



10.5 Trustees of Arts & Health South West

Chair: **Sue Isherwood**, Leadership training in Cultural Sector

Treasurer: **Bill Boa**, NHS Finance Director (most recently at Cambridge Hospitals NHS Trust)

Other Trustees:

Mary Chamberlain, Creative Art Practitioner and Fundraiser

Amanda Colbourne, specialist in creative learning and work with children and young people

Professor Paul Dieppe, Emeritus Professor of Health and Wellbeing, University of Exeter

Professor Kevin Elliston, Deputy Director Health and Wellbeing, Public Health England South West

Philippa Forsey, Manager Creative Wellbeing Programme, Creativity Works

Dr Louise Younie GP and medical educator

11. Finance

The budget and cashflow is in a separate Excel document.

11.1 Financial viability and accountability

CHWA will be a brand new entity which in this first four years will be supported by the experienced hand of AHSW, the arts and health network for the south west and the lead organisation for this CHWA application. AHSW was established in 2005, has a broad base of finance streams through a range of initiatives it is involved with and is currently working on a Catalyst Evolve programme which is opening up new doors to sponsorship, individual giving and trusts and foundations. All the organisations and individuals involved in CHWA, most importantly AHSW, all have robust financial management experience. We will set up a separate bank account for CHWA finances. Through additional funds for CHWA, including in its work as the secretariat for the APPG, we will build a financial track record for the organisation which will enable it to be independent from AHSW from 2022.

To ensure financial viability we will:

- Ensure appropriate financial management and governance mechanisms are in place
- Plan carefully to ensure services can be delivered on budget
- Develop strong partnerships and alliances that help us to diversify our income streams, draw on in kind support and develop a broad base of support

11.3 Financial planning and monitoring

CHWA funds will be held, distributed and monitored via AHSW and a satellite bank account. AHSW will have ultimate responsibility for financial monitoring. Financial Management will be shared between the Director of AHSW and the Director of CHWA with the support of the AHSW General Manager, AHSW's freelance Finance Assistant and AHSW's accountants, with Trustee Treasurer, Bill Boa, offering financial advice and oversight from the Board.

The Directors of both AHSW and CHWA will plan and budget collaboratively. Quarterly management accounts will be needed for the CHWA steering committee meetings and the AHSW Board meetings and the AHSW Finance Assistant, with input from CHWA Director, will prepare these.

Day to day the AHSW Finance Assistant processes incoming and outgoing payments and early work will need to be done to establish clear spending and monitoring systems with the CHWA team.

11.4 Future considerations

AHSW will maintain overall financial accountability for the course of this investment, but over the four years we will be planning for the future financial independence of CHWA. During 2018-20 the organisation will agree the best structure for the future organisation (for example a CIC or CIO) and steps taken to ensure there is a smooth transition during 2020-21 with a view to applying for further funding beyond 2022 as an independent organisation.

11.5 Income generation

For the first 12 months our model has to be simple as we get our core offer in place. Income will primarily consist of the ACE SSO grant and earned income from events. After that, we will look at other potential areas of income generation such as:

- Earned income
- Commissioned services
- Grant income
- Donations and sponsorship

11.5.1 Earned income

Training and events are a core need for the sector and with ACE support for the core human resources, a programme of events should not only be self financing but also generate additional income. Event numbers will grow over a 4 year period and can contract and grow depending on demand and interest. We have planned for staffing levels to increase in years 3 and 4 to enable this growth. There will be a constant review of new opportunities for CHWA - inspired by its networks and SAMs. As it increases in visibility and triggers the change in climate we anticipate new income generation opportunities emerging.

11.5.2 Commissioned services

We anticipate that our work with health and wellbeing partners in particular could lead to some commissioning in areas of work such as development of guidance or CPD events.

11.5.3 Grant income

We will consider opportunities for other public grant income. For instance the DOH has recently published guidelines for a major new social prescribing grant. CHWA is not yet in a position to apply for this fund but will be for possible future rounds.

11.5.4 Foundations and Trusts

Wellcome and the Paul Hamlyn Foundation funded the Inquiry into Arts, Health and Wellbeing. There is a bid in to both Trusts for support for the work of the APPG in 2018 and delivery of the Inquiry recommendations. CHWA, in providing the secretariat for the APPG, will also manage any additional funds that are secured for the APPG's work. This has to be a distinct strand of activity, with finances kept clearly defined, in order to report to the Parliamentary Registrar, and at the moment it doesn't feature in the CHWA budget. We will open up discussions with a range of Trusts and Foundations who are becoming increasingly interested in this area to support the core activity of CHWA in 2019-22.

11.5.5 Research

The Arts and Humanities Research Council and other funders have invested around £3-5m in museums/arts in health research and a significant element is researching collaborative practice. A new opportunity from research councils is that co-produced research is eligible to include costs for practicing organisations, not just the academic ones, in order to ensure ethical collaboration; this is an important aspect of impactful research. A good example would be Dancing for Wellbeing at Addenbrooke's which has just received inward investment of £300k for a big research programme with Anglia Ruskin University. There may be income potential for CHWA as a partner in a research project. For example, an initial conversation with Bournemouth University concerning an application to the National Institute for Health Research for a multicenter UK trial of HeART of Stroke has led to CHWA being listed as a partner in the bid with some funding attached to involvement in an advisory role.

11.5.6 Partnerships

We may have a role to play in direct delivery if it fulfils a need and a gap and if we are enhancing and harnessing the work of our partners and not duplicating it. We will be vigilant for relevant opportunities.

11.5.7 Donations and Sponsorship

During the first year, and as part of strategy development we will look at mechanisms for individual giving and sponsorship of events.

11.6 Budget Notes

- The AHSW Director will continue to work on Inquiry and APPG matters on behalf of CHWA. This forms part of the management fee that CHWA is transferring to AHSW. Additional funds may be secured via APPG specific funding applications.
- The team is part time for efficiency purposes. There will undoubtedly be significant levels of administrative and coordination task with this programme and it does not make sense to pay a Director level salary to do those. Part time arrangements seem appropriate value for money and we have planned in increases to staff time over the course of the four years, as income grows.
- Events play a key role in our financial model...they meet an important sector need but can also be self financing and raise a surplus
- We plan to spend a significant portion of the budget in the regions, close to £190k through the events programme, specific development activity and network meetings.
- Our plan to develop a significant online resource is phased across 2 years in order to manage the level of investment required.
- We will look for efficiencies throughout the programme. We are conscious that the significant alliance of partners we bring to this may have human and financial resource to bring to the table. Already we have an offer for in kind office space from one museum and

we are conscious of the space and marketing potential also present in museums. However times are tight for everyone and museums are being encouraged to behave in a more businesslike fashion so we cannot be sure where and when these resources will be offered in kind.

12. Risk Assessment

The Risk Assessment will be reviewed by the Steering Group twice a year.

Potential risk	Potential impact	Steps to mitigate risk	Risk	Timeframe
Challenge of distance working and isolation	Breakdown in working practices	<ul style="list-style-type: none"> • programme weekly Skype • doodle and plan meetings • robust recruitment and interview process • secure buy in from key partners • assess options for museum hosting • clarity of working processes and procedures 	Medium	5-6 of the highlighted mitigation steps a week
Challenge of merging two organisations	Failure to establish equal representation from both Alliances;	<ul style="list-style-type: none"> • maintain strong communication • regular email updates • transparency about financial outputs • agree procedural framework for meetings and recording decisions • AHSW board skills in mediation and conflict resolution; • build on history of co-working 	Low	3-6 Email updates a month.
Regional representation not seen as representative	Lack of support from arts and health community	<ul style="list-style-type: none"> • regular newsletter content • series of regional consultation events • annual survey • use of year-long development period 	Low	1-4 newsletters a year 1-4 regional consultation events a year
Inequity in regional networks and infrastructure	Situation maintained	<ul style="list-style-type: none"> • careful allocation of resources • regular review of staff time and activity • potential to revisit plans to ensure impact in regions 	Low	Allocation of 3-5 resources 1 review of staff time and activity every quarter
England wide organisation with lack of funding to engage whole of UK	Poor relationship with potential partners in rest of UK	<ul style="list-style-type: none"> • consider funding approaches to bodies in Scotland, Wales, N Ireland • clarity of relationship with APPG • offer alignment to UK bodies (eg HLF) • invite shadowing and fact finding missions to England • Free membership and access to resources via website. 	Low	Alignment to a minimum of 3 UK bodies per year
Steering body lacks relevant skills or commitment	• organisation becomes moribund or fails to achieve its purpose	<ul style="list-style-type: none"> • review and agree skills required • draw up competence framework and job descriptions 	Low	review and agree skills required once a year

	<ul style="list-style-type: none"> • decisions are made by staff without recourse to the steering group • resentment or apathy amongst staff 			
Conflicts of interest (or perceived conflicts of interest) emerge for steering body	<ul style="list-style-type: none"> • poor reputation, morale and ethos • conflicts of interest • possibility of regulatory action • possibility of funding withdrawal 	<ul style="list-style-type: none"> • agree mechanisms to manage potential conflicts of interest • agree protocol for disclosure of potential conflicts of interest • put in place procedures for standing down on certain decisions • review and agree recruitment and appointment processes for steering group • agree procedural framework for meetings and recording decisions • make minutes and notes publicly available 	Low	agree mechanisms to manage potential conflicts of interest by June 2018
Activities cross over between AHSW and CHWA	<ul style="list-style-type: none"> • duplication and excessive bureaucracy • liabilities to repay funders • loss of funder confidence • challenges on staff time • loss of confidence from arts and health community 	<ul style="list-style-type: none"> • agree protocol for reviewing new projects to ensure consistency with operation • create financial systems to identify restricted funds and their application 	Low	Reviewed quarterly at AHSW board meetings
Loss of key staff	<ul style="list-style-type: none"> • experience or skills lost • operational impact on key projects and priorities • loss of contact base and corporate knowledge 	<ul style="list-style-type: none"> • succession planning • document systems, plans and projects • implement training programmes • agree notice periods and handovers • review and agree recruitment processes 	Medium	Review and agree processes by June 2018 and then annually
Competition from similar organisations	<ul style="list-style-type: none"> • loss of income • reduced fund-raising potential • loss of confidence from arts and health community 	<ul style="list-style-type: none"> • monitor and assess performance and quality of service • deliver effective communication and PR activity • agree fund-raising strategy • ensure regular contact with funders • monitor public awareness and profile of charity 	Low	agree fund-raising strategy by December 2018

	<ul style="list-style-type: none"> • confusion from advocacy targets and health sector 			
Employment issues	<ul style="list-style-type: none"> • employment disputes • health and safety issues • claims for injury, stress, harassment, unfair dismissal • equal opportunity and diversity issues • adequacy of staff training • child protection issues • low morale • abuse of vulnerable beneficiaries 	<ul style="list-style-type: none"> • review recruitment processes • agree reference and qualification checking procedures, job descriptions, contracts of employment, appraisals and feedback procedures • implement job training and development • implement health and safety training and monitoring • be aware of employment law requirements • implement staff vetting and legal requirements (eg DBS checks) • agree a whistle-blowing policy 	Low	review recruitment processes by June 2018 and then annually
Health, safety and environment	<ul style="list-style-type: none"> • staff injury • product or service liability • ability to operate (see Compliance risks) • injury to beneficiaries and the public 	<ul style="list-style-type: none"> • comply with law and regulation • train staff and compliance officer • put in place monitoring and reporting procedures 	Medium	Review training needs of staff and compliance officer every fiscal year.
Disaster recovery and planning	<ul style="list-style-type: none"> • computer system failures or loss of data • destruction of property, equipment, records through fire, flood or similar damage 	<ul style="list-style-type: none"> • agree IT recovery plan • implement data back-up procedures and security measures • review insurance cover • create disaster recovery plan including alternative accommodation 	Low	Data back-up measures in place and checked annually. Insurance cover reviewed annually. Disaster plan drafted by end of 2018
Information technology	<ul style="list-style-type: none"> • systems fail to meet operational need • failure to innovate or update systems • loss/corruption 	<ul style="list-style-type: none"> • appraise system needs and options • appraise security and authorisation procedures • implement measures to secure and protect data • agree implementation and development procedures • use service and support contracts • create disaster recovery procedures 	Low	Appraisal of systems and security and other procedures every year; policy for data protection in place by June 2018

	of data eg donor base • lack of technical support • breach of data protection law	• consider outsourcing • review insurance cover for any insurable loss Policy for data protection in place		
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Financial	Potential impact	Steps to mitigate risk	Risk	Timeframe
Lack of clarity around financial responsibility through consortium structure	Financial insecurity	<ul style="list-style-type: none"> • Appropriate processes created; • draw up clear payment structure for regions and SAMs • Oversight by very experienced Finance Director on AHSW Board 	Low	Payment structure planned and agreed by June 2018
Income generation not realised	<ul style="list-style-type: none"> • reliance on subsidy funding • unplanned deficit • cash flow impact on other activities • loss of funding and support • affordability of services to arts and health community 	<ul style="list-style-type: none"> • ensure accurate costing of events • compare with other service providers • draw on track record and relationships with trusts and other funders • monitor funder satisfaction 	Low	Review finances quarterly at steering group meeting and AHSW board meetings and agree actions
Sustainability of organisation challenging	Building up a 5% contingency; planning for small surplus from year 2 onwards; closely monitoring income and expenditure; flexibility with staffing in years 3 and 4	<ul style="list-style-type: none"> • Building up a 5% contingency Strong financial management closely monitoring income and expenditure; • planning for small surplus from year 2 onwards • implement effective procedures to authorise/approve expenses and payments • flexibility with staffing in years 3 and 4 	Low	Quarterly financial reports to board are monitored and actions agreed
Cash flow sensitivities	<ul style="list-style-type: none"> • inability to meet commitments • lack of liquidity to cover 	<ul style="list-style-type: none"> • ensure adequate cash flow projections (prudence of assumptions) • identify major sensitivities • ensure adequate information flow from operational managers 	Low	Quarterly financial reports to board are monitored

	variance in costs • impact on operational activities	• monitor arrangements and reporting		and actions agreed
Fraud or error	• financial loss • reputational risk • loss of staff morale • regulatory action • impact on funding	• review financial control procedures • segregate duties • set authorisation limits • agree whistle-blowing anti-fraud policy • review security of assets • identify insurable risks	Low	Financial control procedures established by June 2018 and reviewed annually; anti-fraud policy agreed by December 2018

Environmental/ External	Potential impact	Steps to mitigate risk	Risk	Timeframe
Professional advice	• lack of investment strategy or management • failure to optimise fiscal position • contract risks • failure to address compliance risks	• identify and ensure access to professional advice • identify issues where advice is required • conduct compliance reviews	Low	Professional advice needs identified at quarterly steering group meetings
Public perception	• impact on attitudes of arts and health sector • ability to access grants or contract funding	• communicate with supporters and beneficiaries • ensure good quality reporting of activities and financial situation	Medium	Regular review of communications strategy and action plan at steering group meeting
Adverse publicity	• loss of health sector confidence or funding • loss of influence • impact on morale of staff	• agree a crisis management strategy for handling negative press - including consistency of key messages and a nominated spokesperson	Medium	Crisis management strategy agreed as part of communications strategy by September 2018
Relationship with funders	• deterioration in relationship may impact on funding and support available	• ensure regular contact and briefings to major funders • report fully on projects • meet funders' terms and conditions	Low	Discussion at each steering group regarding funding applications should flag up any concerns

Government policy	<ul style="list-style-type: none"> • availability of contract and grant funding • impact of tax regime on voluntary giving • impact of general legislation or regulation on activities undertaken • role of voluntary sector 	<ul style="list-style-type: none"> • monitor proposed legal and regulatory changes • consider membership of appropriate umbrella bodies 	Low	Steering group and Strategic Alliance Partners consider relevant govt. policy at quarterly meetings
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APPENDIX 1

CHWA Activity Plan 2018-21				
Activity	Outcome	Time frame	Milestone/SMART objective	Quality Indicators
Objective 1 Develop a strong alliance of partners				
Establish the Strategic Alliance Partners Group (SAPs) to include PHE, NHSE, LGA, NCVO and other representative organisations	Individuals from each organisation identified and are committed to attending 3 meetings and offering advice and guidance	2018 - 19	By end of 2018 membership of SAPs group agreed and first 2 meetings held	Evidence that they have cascaded information through their organisations e.g. newsletter items
	Ongoing support for CHWA provided by this group with 3 meetings a year	2019-22	Annual review shows 80% attendance at meetings and engagement in forward planning.	Evidence of collaborative working in 3 joint briefing papers, events or other collaborative initiatives per annum. Evidence discussion of sustainability of organisation beyond 2022 in minutes of meetings.
	Joined up and coherent approach to national policy developments	2019-22	Annual review of strategy and activity	Evidence of CHWA activity aligning with wider policy developments.
Establish Strategic Alliance Members (SAMs) remit and engage them in organisation	Clear routes to communication and dialogue enable SAMs to engage in CHWA strategy development	2018-19	Online communication tools agreed and first annual meeting for SAMs delivered	Dialogue with SAMs online evidenced in strategy. Attendance and agenda from annual meeting recorded.
	CHWA has a productive and mutually beneficial relationship with national organisations and major cultural institutions	2019-20	20 major cultural institutions are signed up as SAMs	SAMs annual survey identifies value of relationship- 30% response to annual survey
Expand SAMs to include health and social care charities	SAMs membership reflects cross-sector partnerships	2018-19	5 national health and social care NGOs join SAMs	Representatives from 3 of new SAMs attend SAMs annual meeting
Recruit General Alliance Members (GAMs) and build engagement	Initial drive to recruit from existing Alliance membership is successful	2018-19	At least 3000 GAMs are recruited by end of 2019	Membership lists
	Good response to baseline audit of assets which then informs strategy	2018-19	30% of membership respond to audit of	Evidence of GAMs ideas/responses in CHWA's strategy

			assets by end of 2019	
	CHWA continues to build a strong and active membership and is valued by them	2019-22	Evidence of 30% GAMs contributing information for the newsletter and 25% GAMs requesting training and support for regional development	Training and support is shown to help regional development through the establishment of at least one new local or sub-regional network per annum
Support a special interest group of 'service-users' as a discrete network within GAMs	Group is established and helps with NHS 70 th Anniversary postcards project	2018-19	Through networks at least 30 service-users join network and 70 participants are identified for postcard project	Feedback from network indicates that members feel supported and involved
Build partnerships through shared activity	Work with the Social Prescribing Network to build membership and share learning increases number of arts organisations in the social prescribing network	2018-21	Annual survey of social prescribing and CHWA membership shows increase year on year of arts organisations engaging with social prescribing initiatives	3 case studies per annum about culture and social prescribing are developed and disseminated to help spread models of good practice
	Work with the RSPH Special Interest Group to make evidence base accessible to practitioners - including interpretation and curation of evidence on thematic basis	2019-22	By 2022 annual feedback from CHWA membership indicates that over 50% of those responding have used the RSPH SIG Arts and Health Repository website	Feedback from those using the Arts and Health Repository shows that 50% have found it useful and it has informed their work - pop up questions on the website itself.
	Relationship established with NCVO, Age UK and other VCSEs in the DOH's VCSE Health and Wellbeing Alliance	2018-22	Joined up working with members of the VCSE Health and Wellbeing Alliance ensures that 1 example per annum of projects or activity is identified as having an arts and culture focus	1 example per annum of arts and culture based VCSE work is used as a case study for CHWA resources
Objective 2 Develop national and international opportunities for networking, debate and showcasing				

Annual Conference	Annual conferences are well attended and seen as a valuable networking and showcasing event. First annual conference in March 2019.	2018-22	All conference have at least 180 delegates representing all regions of the country	30% delegates respond to survey and rate the conference as good for learning and forming new relationships
Support the delivery of the Culture, Health and Wellbeing international conference in 2021	Successful delivery of international conference	2021	Conference has at least 400 delegates and speakers from 20 countries	30% delegates respond to survey and rate the conference as good for learning and forming new relationships
Annual gatherings for Strategic Alliance Members	Annual gatherings are well attended and seen as valuable for networking and learning	2018-22	In annual feedback survey at least 10 SAMs per annum identify new partnerships and new work emerging from CHWA networking	30% of SAMs attending annual gatherings rate them as good or very good and useful to them and their work in the feedback
Practitioner/Researcher events	Joint events with the RSPH SIG on specific themes results in shared work involving practitioners and researchers	2018-22	Per annum, at least 2 new research partnership involving researchers and practitioners developed	At least 1 research project per annum is funded and delivered as a result of these events
Partnership events	Joint webinar and conference with the Faculty for Healthcare Management and Leadership	2018-19	1 joint webinar and conference with the Faculty for Healthcare Management and Leadership before March 2019	At least 10 new members recruited from healthcare leaders; at least 1 new resource developed jointly
	At least one joint event per annum e.g. with national patient or service-user led organisations	2019-22	1 partnership event per annum	Attendance at joint event is 50/50 CHWA members and other sector
Objective 3 Develop and Deliver regional events, training, activity and networks				
Charter events Yr 1	Events and online consultation engage members in developing shared vision	2018-19	9 events, one in each region, provide feedback for renewed Charter	Feedback from 50% of participants in events is good or very good.

Seed fund regional gatherings	Focussed seed funding supports new networks in areas of low engagement	2019-22	At least 4 seed funded events per annum encourage new networks	Each year 2 new networks develop plans for future meetings and identify organisations/individuals who will support ongoing networks
Deliver training in the regions	Training needs are identified and prioritised in each region; delivery of training programme	2019-22	10-20 training activities (events, workshops, briefings) are delivered in each year	Feedback from training events from 50% of participants is good or very good. Feedback from events is shown to inform following year's programme
Leadership programme focussed on diversity	Workforce is diversified including supporting patient participants to enter workforce	2019-22	Baseline assessment of diversity of membership, plan and fundraising for leadership programme agreed by early 2020 and two cohorts of 20 individuals complete course by 2022	Baseline assessment of diversity of membership completed by 2020. Cohort demographic data collected and is evidence of diversity by 2022.
Phased development in the regions to develop infrastructure	Survey identify areas of low engagement and areas of opportunity which informs focus for events and training	2019-22	1-2 areas per year	Intelligence gathering in 2018-19 will identify areas for focus. Data can be shown to influence planning.
Objective 4 Advocate for the work at a national level and support advocacy at a regional and local level				
Provide the secretariat to the All-Party Parliamentary Group on Arts, Health and Wellbeing	Ensure CHWAs strategy aligns with recommendations in Creative Health report	2018-19	Specific actions to support recommendations are identified in the strategy which is agreed by March 2019	Strategy has clear impact measurement tools included
	Support the delivery of the recommendations from the Creative Health report	2018-22	Specific actions to support delivery of recommendations are identified in strategy and milestones agreed	Impact measurement tools are used to measure change in relation to recommendations and reported on to Steering Group and AHSW board annually

	Providing secretariat for APPG enables CHWA to contribute to advocacy at a national level	2018-22	The secretariat agrees a programme of activity with the APPG annually	Programme of activity is delivered and reported to Steering Group and AHSW board annually
Provide CHWA members with information and tools to advocate at their own geographic or structural level	Local networks are able to make more coherent case and offer to decision makers in their locality	2019-22	5 examples of advocacy work at a local or regional level identified annually.	Annual survey of members and more informal information gathering via meetings provides 5 examples per annum of advocacy work at local regional level result in new work being commissioned or delivered.
Support the creation of a network of individuals with responsibility for culture, health and wellbeing in each CCG, LA, NHS Trust etc (Recommendation 3)	A growing number of individuals are engaged across the country and the network builds impetus	2019-22	Baseline assessment of number of individuals identified by 2019. Year on year increase by 25%. Annual networking meeting delivered in partnership with SAPs once a year.	Feedback from network and annual meeting is evidenced in an action plan for further work which is reviewed annually by Steering Group and AHSW Board
Objective 5 Proactively communicate with a strong PR strategy				
Brand identity and holding webpage	CHWA is identifiable as a brand and sign up for membership is straightforward and enables appropriate gathering of data with clear data protection policy in place	2018-19	By July 2018 brand identity and holding webpage for membership sign up is created	During 2018-19 1000 GAMs sign up to be members
Social Media Output	Social Media helps to spread word about membership and raise awareness of PR work	2018-19	Social Media is part of PR strategy which is implemented by September 2018 and reviewed at quarterly meetings.	Members are asked in annual survey to identify where they heard about CHWA and stats collated and reported annually
Monthly newsletter	Newsletter is an effective means of sharing learning and opportunities and makes	2018-22	12 newsletters per annum have a range of information and curated content	Monthly increase in number of CHWA members contributing to newsletters is measured and reported to steering

	members feel connected			group and methods for further engagement discussed and acted upon.
Culture and Wellbeing Week	Culture and Wellbeing week raises the profile of CHWA members work with general public and other stakeholders	2019-22	After a baseline assessment in 2019, each year the number of CHWA members participating in Culture and Wellbeing Week increases annually by 10%	A year on year growth in number of organisations taking part in CHWA PR campaigns generate press coverage of at least one article per region per annum.
NHS 70th anniversary project	Patient participant stories of arts impact on health and wellbeing brought to the attention of the public nationally; project helps forge relationships across the regions with joint work to identify participants	2018-19	70 electronic / actual postcards are published by 5th July in partnership with SAMs, Patient Association and MHFA, Voluntary Arts etc.	Regional support enables us to get references to the postcards in 2 or more regional and national media outlets
Objective 6 Develop online resources and support knowledge exchange				
Existing resources on NAAHW and NAMHW websites are rationalised on new website	Resources are more easily accessed by membership	2018-19	By March 2019 website hosts all resources from NAAHW and NAMHW websites	Annual survey of CHWA members show 30% of respondents have accessed resources via the website in the first year
Partnership work on webinars and podcasts links to existing offers	Work with partners results in identifying relevant subjects for webinars and podcasts and joint programming	2018-19	During 2018-19 discussions with partners (e.g. RSPH SIG) leads to an agreed plan regarding webinars	Consultation with partners and CHWA members is evidenced in plan for webinar programme.
Podcasts and webinars are delivered to compliment existing offers	Plan for 2019-22 is delivered	2019-22	Depending on consultation done in 2018-19 we anticipate 3 podcasts per annum and one partnership webinar delivered	Numbers of CHWA members engaging with podcasts and webinars is collated and reported and can be shown to inform planning and delivery

<p>Mini moocs developed by the NAMHW are made available to CHWA membership and feasibility of ongoing programme explored</p>	<p>Feasibility of mini moocs programme is explored in order to support training and development</p>	<p>2018-22</p>	<p>Pilot mini mooc resource is launched by May 2018. This will sit on the UCL extend blended learning site https://extend.ucl.ac.uk/ . Annual refresh of the site generates information for any further development in partnership with UCL.</p>	<p>Pilot mini mooc resource is promoted to members via CHWA newsletter and a feedback question on mini moocs is gathered via the CHWA annual survey.</p>
<p>Resources developed to support Recommendation 3 in Creative Health</p>	<p>Relevant resources are gathered and disseminated and new resources developed in partnership with strategic partners</p>	<p>2018-21</p>	<p>In 2018-19 relevant existing resources are gathered on CHWA website; in 2019-21 5 new resources are developed in partnership with strategic partners</p>	<p>Feedback from network and annual meeting shows resources are perceived as useful and appropriate by 30% of respondents.</p>

APPENDIX 2

Current SAMs

64 Million Artists;
AD:UK;
Age of Creativity (Age UK);
Age Friendly Museums Network
BAAT (British Association of Art Therapists);
Breathe Arts Health Research;
Creative Dementia Arts Network;
Group for Education in Museums;
Happy Museum;
Lapidus;
Live Music Now;
The Whitworth and Manchester Museums
Museums Association;
Music in Hospitals;
National Criminal Justice Arts Alliance;
Nordoff-Robbins;
Paintings in Hospitals;
People Dancing;
Sport in Museums Network;
The Reader;
Voluntary Arts Network;
Willis Newson;
Yorkshire Sculpture Pa

APPENDIX 3

Culture, Health and Wellbeing Alliance Equality and Diversity Action Plan

It is a mistake to think that the under-representation of Black and minority ethnic individuals, women, and d/Deaf and disabled people and low income groups in the cultural and creative industries is purely a social justice issue. It is also very bad for business, diminishing the breadth and depth of creative perspectives, audiences and consumers.

Enriching Britain: Culture, Creativity and Growth, The Warwick Commission (As quoted in Arts Council England's Equality Action Guidance)

Equality and Diversity Policy and Action Plan

Context

The Culture, Health and Wellbeing Alliance will work across the whole of England. We aspire to celebrate difference and diversity amongst our members, and those who are accessing creative activities for health and wellbeing. The number of organisations involved in the Alliance makes it difficult to identify the range of opportunities we might access to support greater equality and diversity at this stage, but there is a huge opportunity to learn from each other. We will use the first development year (2018-19) to draw on the expertise and experience of the organisations within the CHWA steering group and, eventually, our wider membership, which includes everything from major museums and cultural institutions to grass-roots organisations, to inform our Equality and Diversity Policy and Action Plan.

1. During 2018-19, we will analyse the context and discuss the scope and range of equality and diversity issues that we should be considering in relation to an organisation that covers all England.
2. We will make sure that our policy and plans are in line with those of Arts Council England.
3. We aim to ensure equality of opportunity in all aspects of our activities, including within our Trustees, employees, volunteers, membership and service users.
4. We wish to make sure that the organisation and its activities reflect diversity within each of the regions where it operates, and that all people feel CHWA welcomes and supports them.

There are some key areas where we can be specific about the actions we will take:

1. Diversity of the Board of AHSW

2. Engaging with people who have participated in arts and health work due to ill-health or disadvantage – ‘service-users’.
3. Diversity of the arts and health workforce
4. Equality of access to conferences, meetings, training and other events organised by the Culture, Health and Wellbeing Alliance
5. Equality of access to digital resources

1. Diversity of the Board of AHSW

The AHSW Board has identified Disability and Race as the two protected characteristics that it would like to focus on in order to diversify the Board. The current make-up of the Board is:

Female: 5

Male: 3

Age: 50% under 50 and 50% over 50

Disability: None identified

Race: 100% White British

The opportunity is there, via AHSW’s membership, to engage people who have participated in arts and health projects, many of whom might have a physical or mental health disability and others who may reflect diversity in terms of race. AHSW Board meetings are held in Bristol and in order for location not to be a barrier, we will work with AHSW’s members in Bristol to advertise for Board members, while also advertising via our whole network. We will take positive action to support diversifying the Board. Information goes out to encourage new Board Members prior to every AGM in November. From November 2017, we will encourage individuals to attend meetings as an observer in 2018 with a view to joining the Board in November 2018.

AHSW’s Board is also keen to engage with young people more meaningfully. To this end we appointed a Board Member with particular skills and experience in working with young people. Discussions about how we might develop our work with younger people are ongoing, including making events accessible to students.

Equality and Diversity Action Planning will be a standing agenda item on the AHSW’s Board agenda

2. Engaging with people who have participated in arts and health work due to ill-health or disadvantage – ‘service-users’.

The ‘service users’ that participate in arts, health and wellbeing programmes and projects may be, due to the nature of their health conditions, excluded from participating in mainstream arts and cultural events and programmes. Those from disadvantaged backgrounds are disproportionately more likely to experience ill-health as well as less likely to engage in arts and culture. The social determinants of health and wellbeing: the conditions in which we are

born, live, work and die; therefore affect both our health and wellbeing and our opportunity for engagement in culture. It is through bringing these two factors to bear on our planning and development that arts and culture can be made more widely available to those people who would most benefit from them.

The Culture, Health and Wellbeing Alliance (CHWA) will encourage participants to bring their stories to a wider public and to support them to take a more active role in advocating for the work, where appropriate. For instance:

- We will work with Mental Health First Aid and CHWA's steering group and network of members to identify individuals who are interested in delivering talks about their experience of the arts for their own health and wellbeing. We are in discussion with MHFA about support that might be offered to engage new speakers in their training programmes. Speakers are paid to contribute to training sessions so it could be a valuable opportunity for helping people back into work and volunteering.
- Our project to present 70 stories of individuals as electronic and/or actual postcards as part of the NHS 70 year celebrations will encourage CHWA's steering group and network of members to identify individuals who would be happy to tell their stories. This project will align well with the way that patient advocacy is used within the NHS and has the potential to be widely disseminated via the media and within health and social care professions.

In this group we might also be considering artists who have themselves experienced ill-health or barriers through disability. They can be very powerful advocates for this work and the Culture, Health and Wellbeing Alliance will proactively encourage a stronger voice for artists who wish to be involved in advocacy work on our behalf.

ACTION: CHWA will deliver an event in June 2018 to engage with people who have benefited from cultural engagement and activity for their own health and wellbeing. This will be an Open Space event during Creativity and Wellbeing Week and we hope to initiate a special interest network from it.

3. Diversity of the arts and health workforce

When we recruit members to CHWA as of April 2018 we will gather diversity data as a standard part of our sign up process. This will enable us to have a baseline for the diversity of the membership, many of whom will represent the workforce within arts, health and wellbeing.

CHWA will advocate with our members, and provide resources to support, diversification of the workforce at every level. We will work with our steering group to include this as a subject for discussion and potentially training as part of regional networking meetings and events. We will develop resources to support this advocacy.

CHWA will use the principles of positive action to proactively recruit people who might not otherwise find it easy to access training due to disability or social disadvantage, to take part in our leadership training programme. This programme will be developed during 2018-19 and delivered 2019-22.

ACTION: We will provide 2-4 training sessions to staff and trustees as part of our commitment to diversifying the workforce

4. Equality of access to conferences, meetings, training and other events organised by the Culture, Health and Wellbeing Alliance

CHWA will ensure that all conferences, meetings, trainings and events are accessible. We want to:

- Ensure that our core activities, meetings and materials are always accessible to those with common disabilities, particularly mobility and sensory problems, and mental health issues.
- Make sure that any meetings or events can be reached by older people, those on low incomes, and people living in relative isolation.

To help us better understand the barriers to attendance at conferences, meetings, training and other events, we will include relevant questions in our annual survey to our members. Where possible we will offer subsidised tickets or bursaries for those who would otherwise find it difficult to attend.

5. Equality of access to digital resources

We will make sure that web based activities, resources and information are accessible to people with mobility or sensory problems:

- The new CHWA website will be designed with this in mind. We will follow the principles of Plain English and ensure that we take advice on how best to make the website easily accessed. It will also be designed to work across different platforms.

Activity	Outcome	Time frame	Milestone/SMART objective	Quality Indicators
Increasing diversity of AHSW Board	We will undertake a training needs assessment of trustees to identify skills gaps (including those required to meet our aims around diversity)	2018	All board members will reflect on their skills in relation to diversity and agree actions at the Awayday in June 2018	Opportunities and challenges to diversify the board are identified and inform actions
	Two board members from protected characteristics of race and disability recruited	2018-19	Two new trustees join board in November 2018	Feedback from new trustees shows that approach was inclusive

	Training sessions to staff and trustees as part of our commitment to diversifying the workforce	2018-19	2-4 sessions for all staff	
Engaging with people who have participated in arts and health work due to ill-health or disadvantage – ‘service-users’.	Network of ‘service-users’ is established to help inform the development of CHWA	2018-19	At least 30 people join this group	Feedback from group shows they feel supported
Increasing diversity of the arts and health workforce	Leadership programme increases diversity of workforce	2019-22	Baseline assessment of diversity of membership, plan and fundraising for leadership programme agreed by early 2020 and two cohorts of 20 individuals complete course by 2022	Baseline assessment of diversity of membership completed by 2020. Cohort demographic data collected and is evidence of diversity by 2022.
Equality of access to conferences, meetings, training and other events organised by the Culture, Health and Wellbeing Alliance	Attendance at conferences, meetings, training and other events shows increasing diversity over four year period	2019-22	Diversity data of attendees is collected anonymously on registration and shows an increase over four years from baseline in 2019	Feedback from events participants shows that they found process inclusive and events appropriate to their needs
Equality of access to digital resources	Website is designed to be fully accessible and CHWA staff are responsive to requests for alternative formats and other access needs	2018-20	All existing resources are reviewed for accessibility as part of development of website and any necessary changes made. New resources are planned with accessibility in mind.	Feedback from members shows that digital resources are accessible to people with a wide range of needs

APPENDIX 4

Environmental Policy

For the Culture, Health and Wellbeing Alliance

Introduction

Arts & Health South West (AHSW) is an information, support and advocacy organisation for people who believe in the value of creativity in enhancing people's health and wellbeing. AHSW wishes to ensure that the environmental impact of its activities will be considered when planning our activities and that they are minimised wherever possible.

Context

AHSW is the 'host' for the Culture, Health and Wellbeing Alliance (CHWA). We will apply the same principles and values in our Environmental Policy for CHWA as we do with AHSW. We will measure environmental impacts and put in place environmental action plans, in line with ACE's commitments to Resilience and Sustainability. We will work with our CHWA Steering Group members, partners and wider membership to ensure that we take into consideration other organisations' Environmental Policies and work together to maximize our environmental efficiencies across all events and other projects including those delivered in partnership with others.

Policy

We recognise that climate change and environmental protection are the most urgent themes of our time and this Environmental Policy is a statement of our commitment to help reduce the impact of our activities on the environment.

Policy Aims

We aim to reduce the impact of our activities on the environment and to encourage everyone associated with the organisation (staff, Board of Trustees, members) to do the same.

Monitoring, review and responsibility

The Board of Trustees will be responsible for ensuring the implementation of the Environmental Action Plan and that the Environmental Policy is reviewed annually.

Background

Office arrangements

AHSW's office-based activities are currently divided between the Director's home office, and the Co-ordinator's office. Both work from rooms inside their own homes. The newly appointed CHWA Director and Events Manager are likely to be based in the North of England. This is a commitment to support the development of a country wide infrastructure and to ensure more equity in support of the sector.

It is anticipated that the Director of CHWA and the Events Manager will be based near to each other and be able to meet regularly. There is also a possibility that the CHWA Director will be based in the Thackray Museum in Leeds. If this happens AHSW will liaise with the host organisation to establish an agreed environmental policy.

AHSW's Director lives in Oxford and it is anticipated that the majority of meetings with the CHWA Director will be conducted via Skype or in a midway point such as Birmingham.

Power

AHSW's Director's office has central heating and double glazing. The 'office' or workspace used by the Director for AHSW is approximately 10% of the total space of her home. It is lit using energy-saving bulbs. The Director uses an iMac computer which is very energy efficient (Power Consumption: Idle 40W, CPU Max 119W; Thermal Output: Idle 136 BTU/h, CPU Max – 406 BTU/h.)

Water

Water usage for AHSW is minimal.

Office equipment

There is the usual complement of office equipment including:

Travel

Commutes to meetings are made by train and bus, driving only when absolutely necessary, e.g. when taking lots of equipment to set up for events.

Trustees meetings

These take place quarterly in Bristol which has good rail links across the region.

Trustees are encouraged to only print off the documents they need to bring with them, and view documents on tablets or other devices where possible. Any documents printed by the Coordinator are printed on recycled paper and printed double-sided or with multiple pages per sheet, to save paper.

CHWA Steering Group meetings

Steering group members come from every region of the country. The intention is that meetings will alternate between London and Birmingham. Steering group members will be encouraged to travel by train to meetings.

Regional events and meetings

Meetings will be held in various locations across the regions, usually in partnership with museums or others who can provide in-kind support. Host organisations will be asked to provide their environmental policy and ensure that events are planned with environmental concerns in mind.

Those attending meetings will be encouraged to use public transport or car sharing.

Consumables

In this context this means conference/meeting papers. We encourage participants to print only what they need to bring with them. Only a few additional copies are supplied, and these will be printed on recycled paper.

Catering

The catering in most venues is generous and usually there is some wastage which can be compounded if delegates are unable to attend and fail to let us know in time.

The type of food produced is not generally under our control but where it is, we choose smaller, artisan caterers over the corporate caterers.

Reporting to ACE

We will report to ACE on Travel: business and Festival/Events: e.g. energy, travel and waste.