SUMMARY OF THE CULTURAL COMMISSIONING PROGRAMME’S HIGH LEVEL ROUND TABLE
Tuesday 14 October, Southbank Centre

In October 2014, the Cultural Commissioning Programme (CCP) held a round table, chaired by CCP’s chair, Lord Bichard. It drew together senior policy makers and influencers from the fields of social care, health and public health, together with a number of influencers and innovators from the arts and cultural sector. This paper summarises the discussion.

Attendance

- Lord Bichard, Chair, Social Care Institute for Excellence
- Sir Peter Bazalgette, Chair, Arts Council England
- Paul Bristow, Director, Strategic Partnerships, Arts Council England
- Cllr Burbage MBE, Deputy Chair, Culture, Tourism & Sport Board, Local Government Association (LGA)
- Olivia Butterworth, Head of Public Voice, NHS Commissioning
- Rebecca Cotton, Director of Mental Health Policy, NHS Confederation
- Ciara Eastell, President, Society of Chief Librarians
- David Fleming OBE, Director, National Museums Liverpool
- Helen Gilburt, Health Policy Lead (Mental Health), Kings Fund
- Pippa Jones, Director, Create Gloucestershire
- Dominic Lake, Deputy Director - Arts, Libraries & Cultural Property, Department for Culture, Media & Sport
- David Maher, Commissioning Advisor, Sustainable Development Unit, NHS England
- John Nawrockyi, Joint Chair of Association of Directors of Adult Social Services (ADASS) Physical and Sensory Impairment and HIV Policy Network
- Dr Simon Opher, NHS England
- Camilla Sheldon, Deputy Director, Big Society & Community Rights, Department for Communities & Local Government
- Justin Varney, National Lead for Adult Health & Wellbeing / Consultant in Public Health Medicine, Public Health England (PHE)
- Karl Wilding, Director of Public Policy, NCVO

For Cultural Commissioning Programme:
- Jessica Harris, Project Manager, Cultural Commissioning Programme, NCVO
- Leesa Herbert, Head of Infrastructure Development, NCVO
- Sally Bagwell, Senior Consultant, New Philanthropy Capital (NPC)
Presentations to the meeting

Sally Bagwell, NPC: Overview of research by the Cultural Commissioning Programme

• social value of arts and cultural provision
• alignment with outcomes commissioners are looking for

Case Study 1: David Fleming, Director, National Museums Liverpool: ‘House of Memories’
Commissioned by Department of Health, this project developed skills of health & care staff working with people with dementia.

Case study 2: Pippa Jones, Create Gloucestershire: ‘Making Arts Every Day in Gloucestershire – an artist a day keeps the doctor away!’
This collaborative model uses arts activities to deliver outcomes for commissioners, including NHS / Clinical Commissioning Groups, and local authorities.

1. Wider Context

• Funding pressures on the health sector means there is a need to adopt approaches which prevent ill health and promote wellbeing. This means a move away from an over-dominant medical model of both physical and mental health.
• Greater use of social prescribing is one way of doing this, although there are many others.
• Although evidence of impact of interventions is important, different commissioners have different approaches to evidence – for some, evidence of impact on the beneficiary group may be enough; for others, a whole system approach needed.

2. Opportunities

• Research undertaken by the Cultural Commissioning Programme shows that the arts & cultural sector is particularly strong in delivering:
  o Engagement with marginalised people and groups
  o Sustained participation
  o Activities which really connect with people, help prevent the development of chronic ill-health, and support people to be resilient.
  o Activities which are inclusive and which don’t stigmatise people because of differences.
  o Approaches which building on existing community assets
• Integrated commissioning is growing across health and social care. Personalised commissioning is also increasing – this enables individuals to manage their care budgets and make choices about their care and support.
• People do not always present to clinicians – cultural programmes offer different ways of engaging with people.
• New legislation, such as the Care Act, is driving forward many of these changes.
3. Challenges

- Understanding the landscape of different sectors is a challenge for all. It can be difficult to know who to talk to: commissioners can find it difficult to identify arts and cultural providers, whilst arts and cultural organisations can find it difficult to know who commissioners are and what commissions are available.
- It’s important that the arts and cultural sector is recognised for its intrinsic value as well as for delivery of social outcomes.
- Commissioners may see innovation as high risk, even though at political level there seems to be a keenness for innovative solutions which really make a difference.
- Many arts and cultural organisations need support to developing an evidence base – although there may be opportunity to provider better access to evidence resources already developed.
- There is much to be gained from moving from a fragmented position, where interesting work is delivered on ad hoc basis, to a more coherent position.

4. Evidence Base

- Research undertaken by the Cultural Commissioning Programme indicates that there is an evidence base for the impact of arts and cultural interventions on a wide range of outcomes, including those for:
  - Older people – evidence base fairly strong, particularly in practice evaluations, with some peer-reviewed independent research.
  - Mental health & wellbeing – some evidence available, including robust academic literature. However, it can be challenging for the provider community to understand this. Also challenges in securing beneficiaries’ input to evidence.
  - Place and inclusion: more dispersed evidence base because of wide variety of outcomes which providers deliver.
- It is difficult, and not necessarily appropriate, for the cultural sector to run large-scale randomised control trials. Alternative approaches are needed. In fields such as mental health, patient reported outcome measures, such as the Warwick-Edinburgh Mental Wellbeing Scale are used by some arts & cultural providers, and accepted as sound evidence by commissioners.
- PHE has worked with Sport England on producing a standard set of measures and is interested in scope for this approach to be extended to the arts and cultural sector.
- Arts Council has also developed a model, ‘The holistic case for arts and culture’, showing impact across a number of areas. Cultural Commissioning Programme’s research has helped Arts Council have better understanding of evidence needs.
- The language of social outcomes doesn’t sit easily with all arts & cultural providers, although many are becoming more comfortable with this.
- Arts & cultural providers need to be able to identify cost per head of interventions, to help show value for money.
5. Scaleability of cultural interventions

- Moving from ad hoc projects to more strategic, longer-term relationships with commissioners is a challenge for cultural sector, although there are some interesting examples of where this has been achieved:
  - The Society of Chief Librarians has developed a Books on Prescription scheme, a universal public library health offer available in nearly all English library authorities, to improve impact and economies of scale. In its first year, the scheme reached some 275,000 people (0.7% of the adult population of England).
  - In some localities, consortia of arts & cultural organisations are working collaboratively to increase their engagement with commissioners.
  - Programmes which use cultural interventions to support workforce development in the health and social care sector have secured national traction.
  - Arts on prescription schemes have now been developed in a number of localities, and become part of the referral model for GPs and others.

6. Areas of shared interest arising from meeting

- Arts Council is keen to engage more closely with health and public health sectors, including on the issue of evidence.
- Public Health England offers a communication route to directors of public health.
- Local Government sector is keen for advice and guidance including on the issue of evidence.
- LGA is keen for social care and public health budgets to be used for preventative work – the evidence base is important to enable this.
- DCLG and Arts Council are interested in better engagement of arts & cultural sector in initiatives such as ‘Community Right to Challenge’, ‘Delivering Differently’, ‘Our Place’.
- Possible routes for influencing: ADASS, Public Health England, Directors of Public Health, NHS Confederation (offering route to directors of NHS commissioner / provider bodies), Royal College of GPs, LGA.
- Invest to Save budgets could be used.
- Evidence drawn from the USA shows that those more involved in their health have lower health care costs. There is scope for case studies showing how arts & cultural providers engage people in their health.
- NHS’s Five Year Forward View emphasises the importance of preventative work, and of engaging people in their health. Arts and cultural providers’ skills in co-production can support this.
- Most communities are likely to have cultural providers able to deliver social outcomes – this is an asset which commissioners are interested in.