



The Art of Commissioning

How commissioners can release the potential of the arts and cultural sector



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Contents

Foreword	2
Executive summary	4
1. About the Cultural Commissioning Programme	6
2. Introduction	9
3. Why commission arts and cultural organisations?	14
4. Changing the culture of commissioning	30
4.1 Developing new relationships	31
4.2 Positioning arts and culture	33
4.3 Raising awareness of arts and culture	35
4.4 Developing the skills of commissioners and providers	40
5. Changing the processes of commissioning	45
5.1 Market engagement	45
5.2 Funding and procurement	47
5.3 Monitoring and evaluation	52
6. Conclusion	56
7. Recommendations	57
Appendix 1: The CCP pilot in Gloucestershire	63
Appendix 2: Embedding arts and culture in commissioning across Kent	70
Glossary	78
Endnotes	80

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Foreword

Lord Bichard

*Chair of the Cultural Commissioning Programme Advisory Group.
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More and more people now appreciate that arts and culture can play a valuable part in helping tackle some of the most challenging social and health conditions. Active participation in the visual and performing arts, music and dance can help people facing a lonely old age, depression or mental illness; it can help maintain levels of independence and curiosity and, let's not forget, it can bring great joy and so improve the quality of life for those engaged. Put like that it seems obvious, but for many, not least those working in statutory services, arts and culture continue to be peripheral. They are worthy and nice to have but hardly an essential part of the response to mainstream conditions.

Many are still not convinced that they have a part to play in the most serious illnesses and point to the relative lack of hard evidence. They also find it difficult sometimes to relate to the arts community, which inevitably consists of a vast number of small and diverse organisations.

All of that is why it is so important to learn from local examples of good practice such as in Kent County Council and Gloucestershire Clinical Commissioning Group. They show us that the arts community can organise itself to be accessible to commissioners; they show us how commissioners can look beyond the obvious outcome measures in designing tender specifications and they begin to provide the hard evidence that a largely scientific community, like health, demands. These powerful local examples of course also demonstrate the barriers to be overcome to achieve success.

'Transformation' is an overused word, but I am convinced that the more imaginative use of the arts for social outcomes represents nothing less and, lest we forget, in a time of continuing austerity, very good value for money.

Photo by: Liam McCormick. Royal Exchange Theatre, Age Friendly Manchester Cultural Offer programme.



Duncan Selbie*Chief Executive, Public Health England*

Arts and culture, including music, dance, theatre, visual arts and writing, can play an important role in supporting individuals to be healthier and happier. There are many opportunities for evidence based arts and cultural interventions to form part of the offering to individuals to improve their health and wellbeing, from individual clinical based arts therapies to community arts projects, and from cultural hubs to cultural and heritage venues.

However, across the country, many cultural interventions for health are commissioned through cycles of non-recurrent pilot or grant funding. These providers have yet to gain traction in the mainstream of health and social care commissioning.

Work is underway in the arts and cultural sector to develop its ability to engage with public sector procurement systems and articulate its unique benefit against other models of provision. The sector is primarily a landscape of small and medium enterprises (SMEs). In a number of areas, companies are making it easier for those in public services to connect with them, and understand the offer they make.

At the same time, public sector commissioners need to reflect on how their commissioning and procurement pathways can better support SMEs, of all forms, to engage. Although this is already part of many local authorities' work it may be less developed for Clinical Commissioning Groups and harder to make real in commissioning pathways of care and support.

Two pilots, Kent County Council and NHS Gloucestershire Clinical Commissioning Group, have been supported by the Cultural Commissioning Programme to develop their approaches to commissioning and procurement. This has enabled them to partner with arts and cultural organisations and to draw on their innovative work to deliver health and social outcomes. Their progress is documented in this report, and provides useful learning for others.

The Cultural Commissioning Programme has helped to shine a light on the challenges and opportunities of using the arts and cultural sector within public service commissioning. Through its development programmes there has been significant progress in moving the discussion forward. In the future, local areas will be looking to flex every asset they have to effect change and improve outcomes, and this includes the arts, culture and heritage assets that sit at the heart of many communities.

Executive summary

The arts and culture sector has an important role to play in our public services. Whether it's improving health and well-being through arts activities which engage people physically and emotionally, or using cultural organisations to build stronger communities, innovative new schemes across the UK are paving the way to improved outcomes for people and communities, and better value for money for commissioners.

Local authorities and health services face a challenging combination of budget cuts and mounting demands on public services.

Such challenges can be met through a new model of public services – one that is built on preventing harm and reducing people's need for acute services, without compromising the wellbeing of the individuals and communities who rely on them.

Arts and cultural organisations have much to offer the commissioners of public services. Many are finding new ways of using arts and cultural activities within services for mental and physical health, early intervention, environmental services and support for older people, among other areas.

These activities offer new ways of engaging and supporting people, and are delivering on policy goals that aim to prevent acute needs arising, integrate services around the person, improve individual and community well-being, and ensure public services deliver a wider range of social, environmental and economic outcomes.

However, arts and cultural organisations have long been overlooked by commissioners of public services. This is because commissioning can often be focused on more traditional models of service provision, and procurement documents can be so highly specified that they leave little room for innovation in how organisations meet the outcomes that people and commissioners want.

The Cultural Commissioning Programme (CCP), funded by Arts Council England, seeks to help commissioners of public services understand how they can improve outcomes by integrating arts and cultural activities into a range of services, including mental health and wellbeing, older people and place-based commissioning. It also works with the arts and cultural sector to support knowledge and skills, and to strengthen relationships with policymakers, public service leaders and commissioners. It is delivered by National Council for Voluntary Organisations (NCVO), in partnership with the New Economics Foundation (NEF) and New Philanthropy Capital (NPC).

As part of the CCP, NEF has worked with NHS and local authority partners in Kent and Gloucestershire over an 18 month period. This report brings together experiences and lessons from these two pilot sites, sharing practical examples of how arts and cultural organisations can be engaged to improve the quality and value of public services, and how commissioners can overcome some of the common barriers they face.

In Gloucestershire, the NHS Gloucestershire Clinical Commissioning Group has funded nine projects that are applying arts and culture across a range of clinical pathways including cancer, mental health and diabetes. They are also exploring how arts and cultural activities can be aligned with the county wide social prescribing scheme.

In Kent, the County Council has developed a range of new services that included arts and cultural organisations, alongside traditional public service providers. These including a £4 million community-based mental health service which includes formal arts and cultural organisations, such as local museums and theatres, as well as smaller, informal arts and cultural groups, such as reading groups and dance classes. The early insights from Kent's work show that by changing the commissioning process, innovative and community based solutions can help people access a better range of support in their communities, and that arts and cultural organisations are an important part of this picture.

Kent County Council has also been involving arts and cultural organisations in their early help and preventative service worth around £8 million, and the re-commissioning of Kent's £50 million waste management service.

These pilot sites have highlighted the specific challenges that the arts and culture sector faces when up against traditional service providers. These include:

- an approach to purchasing or procuring services that isn't fit for purpose;
- overly defined service specifications;
- not being included in engagement events;
- 'the burden of proof' that new providers face, which existing organisations often don't have to meet.

Our work with Kent and Gloucestershire has shown that public service commissioners can make important changes to remove these barriers and realise the benefits that the arts and cultural sector can offer. These include:

- Raising awareness about the value of arts and culture within local government and the NHS;
- Building the capacity of arts and cultural organisations to bid for public sector work;
- Building relationships with arts and cultural organisations, and engaging with this sector at a strategic level;
- Changing procurement to better engage arts and cultural organisations;
- Changing monitoring and evaluation approaches to focus more on outcomes

The arts and cultural sector offers huge potential for our public services. Commissioners should use the practical evidence in this report to make the most of such enormous opportunity.

1. About the Cultural Commissioning Programme

The Cultural Commissioning Programme (CCP), funded by Arts Council England, has brought together public services and the arts and cultural sector to deliver better outcomes for people and communities. This report aims to help commissioners of public services understand how they can improve outcomes by embedding arts and cultural activities as a central component.

“There are huge challenges in trying to help people improve their health, and there is a need to think creatively about how we can motivate people to engage in positive lifestyle behaviours and create communities that support and sustain positive lifestyle choices. It’s been exciting working with colleagues in our Arts Team who have helped us to discover a very active arts and culture sector in Kent, and to think about the role they can play in improving health and wellbeing. This could be through participation to improve a specific health outcome such as wellbeing, using arts to improve the everyday environment of individuals and communities, or delivering important health messages in different ways.”

Vicky Tovey, Public Health Manager, Kent County Council

NEF is one of three partners involved in the Cultural Commissioning Programme. Table 1 (below) shows the breadth of the programme, and the partners involved. NEF has been responsible for a series of events entitled ‘Making the Connections,’ which were themed to explore the areas for alignment between different policy priorities and arts and culture, as well as supporting the two commissioning pilot sites (Kent and Gloucester).

What is the Cultural Commissioning Programme?

The Cultural Commissioning Programme (CCP) is a three-year initiative funded by Arts Council England, delivered by the National Council for Voluntary Organisations (NCVO) and in partnership with New Economics Foundation (NEF) and New Philanthropy Capital (NPC).

The CCP has brought together public services and the arts and cultural sector to deliver better outcomes for people and communities. The programme has raised interest at national, regional and local levels in the potential benefits of aligning the arts and public services. It has developed a wide range of resources, networks, examples and connections that have strengthened the relationship between the two sectors. The CCP is underpinned by a research

report written by NPC, which identified particularly promising areas for bringing public services into closer alignment with arts and culture. These are where arts and cultural organisations are advanced in their work with public services, and have begun to develop an evidence base. They include services for older people, mental health and wellbeing, and place based working.

As part of this programme, NEF has worked with two pilot sites that are testing out new ways of commissioning arts and cultural activities and organisations. The pilot sites span county and district authorities, Clinical Commissioning Groups (CCGs) and voluntary sector organisations in two localities: Gloucestershire and Kent. Commissioners in these two pilot sites have been pushing the boundaries of public services by integrating new and creative methods into traditional services in order to tackle a range of challenges.

NEF worked with the pilots for eighteen months, providing a range of support, including:

- Developing a theory of change
- Supporting the pilot sites in their strategic engagement with different groups and departments
- Bringing in external examples and research support to make the case for arts and culture
- Drawing out the learning and writing up this learning report

This report aims to help commissioners of public services understand how they can improve outcomes by embedding arts and cultural activities as a central component. It brings together insights and practical resources from two pioneering localities, which have been testing out new approaches to commissioning arts and cultural interventions and integrating the arts and cultural sector into a range of services, including mental and physical health, early intervention, environmental services and support for older people.

Photo by: Birmingham Royal Ballet



Table 1. The Cultural Commissioning Programme components

		Who we will work with		
		Arts & Culture organisations and networks	Public service commissioners	Policy makers & influencers
What we will deliver	Learning Programme: England-wide programme to support arts & cultural organisations build knowledge and skills to engage with public service commissioners and to demonstrate impact on public service outcomes. Bespoke support for arts & cultural networks and commissioners to help progress shared priorities.	✓	✓	
	Cultural Commissioning Locality Projects: Support for 5 localities to enable relationships to grow between arts and cultural organisations and commissioners.	✓	✓	
	Commissioning Partners: Bespoke support for new approaches to cultural commissioning with two commissioner-led pilots. Learning will be written up as guidance for other commissioners and actively disseminated		✓	
	Making Connections: Support for arts & cultural organisations, commissioners and networks to strengthen relationships and awareness of cultural commissioning at a local and regional level	✓	✓	
	Conferences & Events: Series of national events to promote best practice, encourage enquiry and learning, and raise awareness of cultural commissioning	✓	✓	✓
	High level round tables: Engagement of people at strategic / influential level in discussion on role of arts & culture in delivering public service outcomes	✓	✓	✓
	Input to Policy & Public Affairs Events / Media: Evidence and policy contributions to targeted events and media	✓	✓	✓
	Social Impact Seminars: Programme of seminars for arts & cultural leaders to support embedding of social impact into organisational strategy	✓		
	Phase 2 Programme: Work with national stakeholders to embed support within their programmes and initiatives.	✓	✓	✓
	Case Studies: Library of case studies on cultural commissioning providing practical examples of opportunities and challenges, [and ways of tackling these	✓	✓	✓
	Online resources: collation and signposting of resources covering: information and guidance, evidence of social value of arts & culture, policy context for cultural commissioning	✓	✓	✓

2. Introduction

Commissioners and providers of public services increasingly find themselves in uncharted territory and need radical new solutions. Arts and cultural activities can play a central part in helping to engage communities more widely, to build on their assets, and to shift resources upstream, preventing demand on acute services.

“It is breaking this service driven model of delivery. If we are really thinking about the outcomes that matter to individuals we have to move away from providing services and getting a diverse offer to meet a diversity of needs. Arts and culture can be part of that journey towards providing person centred services.”

Emma Hanson, Head of Strategic Commissioning Community Support, Kent County Council

Much has been written about the unprecedented pressures of funding cuts and changing patterns of demand for services. Responses from local authorities and the NHS have ranged widely – from restricting services to those with the highest levels of need, to sharing functions with other authorities, and from cutting back significantly on non-statutory services, such as youth services, to investing in new approaches to meeting people's needs. Amid this variety of tactics, national policies are coalescing around a core set of ideas. These include: shifting towards preventing harm and promoting wellbeing; encouraging self-help and peer support to manage health conditions; enabling communities to become more 'resilient'; and tapping into the assets that people already have – their time, skills and expertise – to meet needs and aspirations. At the same time, ambitions for devolution across many parts of England have strengthened a place based focus on services, which in turn supports the drive for integrating health and social care.

This is a challenging new agenda. Many local areas have struggled to enact the changes needed to turn ideas into practice. Through the Cultural Commissioning Programme (CCP) we have worked with NHS and local authority partners who are striving to meet the challenge by reaching out to a new source of creativity and innovation – the range of activities that arts and cultural organisations offer. We have been put in touch with an array of innovative approaches that are helping commissioners deliver on their outcomes. One example of this is Core Arts, which offers a fully equipped creative day service that supports its members in Hackney and City of London to participate in art, music, performance, cultural events, exhibitions and sports, and to achieve personal goals. It supports care teams to avoid crisis admissions, communicates directly with GPs to ensure coordinated care, and offers members information, pathways and referrals to other third sector

agencies, wider Core Arts activities and the Core Arts Wellbeing Network. The cost to run the whole service delivery is approximately £707,000 to deliver to 400-plus severe and enduring case clients.¹ This is just one example of many arts and cultural organisations offering innovative activities that have a positive impact on people's outcomes, and provide value for money.

In this report we showcase a range of these examples, which shine a light on a sector that is new to many commissioners. It is a diverse sector, ranging from major cultural assets such as theatres and galleries to small informal reading and knitting groups and participatory arts organisations.

Arts and cultural organisations have much to offer that can deliver value for commissioners. Indeed, many would argue that the arts are an essential part of a new model of public services, one that is built on preventing harm and reducing people's need for acute services. This model is not a luxury, but a necessity. Arts and cultural organisations offer commissioners ways of engaging people who use services, as well as their families, carers and communities. They offer local spaces where people go to connect with each other. Many are innovating in the application of arts and cultural activities to existing services such as mental health, older people's and youth services. All this represents one of the biggest assets that exist in local communities. Yet until now the sector has not been given the chance to fulfil its potential.

About this report

This report aims to help commissioners of public services understand how they can improve outcomes by embedding arts and cultural activities as a central component. It brings together insights from two innovative pilot sites, which have been testing out new approaches to commissioning arts and cultural organisations, and integrating arts and cultural activities into a range of services, including mental and physical health, early intervention, environmental services and support for older people. Here, we set out the learning from these pilots, as well as practical resources and recommendations to inspire others and to help them take the same journey.

The CCP has highlighted some of the specific challenges that arts and cultural organisations face in being commissioned, as well as some of the practical changes commissioners can make to meet these challenges. The most common barriers include: inappropriate procurement approaches; overly defined service specifications; being included in engagement events; and a burden of 'proof' that sits with new providers, but which existing services often don't face. Our work with two pilot sites – Kent and Gloucestershire – has shown how commissioners can make specific changes to remove such barriers and engage with the arts and cultural sector.

The term 'cultural commissioning' has come to be applied in different ways in the pilot sites. It is not a model for one particular type of commissioning. Instead it is a set of ideas and opportunities that commissioners have taken on and woven into their local objectives and activities. Commissioners in Gloucestershire and Kent have worked with arts organisations to create new solutions that tackle intractable challenges. The work has covered a range of areas, from dementia, mental health and wellbeing and environmental services, to personalisation, social prescribing and early intervention. Arts

and cultural organisations have been brought into strategic partnerships, delivery networks and grant programmes. The commissioners have used different procurement mechanisms, including, among others, competitive dialogue (a procurement process that allows for ongoing dialogue between commissioners and providers as they develop their bids), grant funding and competitive tendering.

We use the term 'commissioning' to refer to how commissioners allocate their resources to meet the needs and aspirations of local populations. This could be through external procurement, but it could also be through in-house provision or the use of grants and partnership work across a range of public authorities. The pilots have used a wide variety of funding and contracting models to achieve their ambitions. The lessons from this report are relevant to all such approaches.

About the commissioning pilots

To recruit the pilot sites, the CCP publicised an opportunity to work with NEF on testing out new approaches to cultural commissioning. We received 13 applications from across England, all of which were of a high quality, and showed a genuine aspiration to integrate arts and culture into public services. Through an interview process, two pilot sites were selected: Kent and Gloucestershire. From the summer of 2014, over a period of 18 months to the end of 2015, NEF worked alongside these sites to develop ways of commissioning arts and cultural organisations and to draw out the learning for other local areas.

The Kent pilot

Kent's bid to be a commissioning pilot brought together a partnership of organisations including Public Health, Adult Social Care, the Kent Cultural Transformation Board, and two arts 'Bridge' organisations in the county which connect the cultural and educational sectors to improve young people's access to arts. Kent's first step was to convene an advisory group from across the council, including from the Policy, Adult Social Care, Public Health, Early Intervention, Procurement and Environmental Services Teams. This group became an anchor for the programme, helping to set ambitions, to make connections, to help the Arts and Culture Team influence other departments across the council, and to develop central policy documents, such as the Kent County Council (KCC) outcomes framework, and social value strategy.

Shortly after establishing the advisory group, three directors identified opportunities within their service areas to test the application of arts and culture to a forthcoming commissioning round. Throughout 2015, arts and culture were brought into a range of new commissioning opportunities, including a £4 million community based mental health service, early help and preventative services for around £8 million, and the recommissioning of Kent's £50 million Waste Management Service, which includes recycling and bin collection. For commissioners of all of these services, it was the first time arts and cultural organisations had been involved alongside mainstream, traditional providers.

Only one of these tenders – the mental health and wellbeing tender – had been completed by the time this report went into publication. Early indications based on this are very promising, and show a step change in the number of arts and cultural organisations that the programme has engaged. As a result of the mental health and wellbeing tender, twelve arts and cultural organisations are working with existing mental health providers to deliver a range of activities, and an additional eight local reading, singing, writing and dance groups will be engaged in the contract. The contract has been set up to provide the flexibility for new organisations to engage as the service develops, so there is scope for additional organisations to come in at a later point.

The Gloucestershire pilot

The bid from Gloucestershire was a partnership across health, local government, and arts and culture organisations, including NHS Gloucestershire CCG, Create Gloucestershire (an arts and culture membership organisation), Tewkesbury Borough Council, Forest of Dean District Council and Gloucestershire City Council. The county has a history of innovation in arts and cultural activities that has been driven by a range of organisations, particularly in mental health, but wanted to make a step change so that arts and cultural activities were being applied to tackle physical as well as mental health challenges, and were more strategically aligned with the health system.

The CCG funded a project manager to lead the programme, and their work over the past 18 months has led to a further investment of £150k from the CCG in a grant programme to run nine innovation grant projects that are applying arts and culture across a range of clinical pathways, including cancer, mental health and diabetes. They are also exploring how arts and cultural activities can be aligned with the county-wide social prescribing scheme. This programme is being evaluated to raise awareness among commissioners of the value of the arts and cultural sector in meeting their outcomes, and to help build capacity within the Voluntary, Community and Social Enterprise Sector (VCSE). Each pilot within the innovation grant programme is being supported by a co-production working group that brings together clinicians, arts practitioners, patients and others to build learning and begin to embed co-production into the heart of the system.



Photo by: Heart n Soul

How this report is structured

This report brings together analysis, examples, case studies, templates and resources that share the successes of, and challenges faced by, the commissioners in the two pilot sites. It is intended to inspire those working in the public and cultural sectors by highlighting the potential offered by closer integration of arts and culture into public services, and to share learning on the practical implementation of these ideas.

The report is structured to share the learning in the following way:

- 1. Why commission arts and cultural organisations?** This section shows how the potential offered by the arts and cultural sector is aligned with major policy challenges that are confronting commissioners.
- 2. Changing the culture of commissioning.** This sets out how attitudes, behaviours, language and relationships differ between the public and arts and cultural sectors, and how they have changed through this programme.
- 3. Changing commissioning processes.** Here we explain technical changes that were made to specific processes within commissioning, from tendering processes through to monitoring and evaluation.
- 4. Conclusion and recommendations.** This summarises our learning and sets out our recommendations for commissioners who are interested in implementing similar approaches.



Photo by: Ming De Nasty for Birmingham Town Hall & Symphony Hall

3. Why commission arts and cultural organisations?

One of the challenges we have encountered throughout the project has been the relatively poor overview many commissioners have about what the arts and cultural sector consists of and, consequently, how the variety of organisations, individuals and buildings that form the arts and cultural sector can contribute to public services.

“We are changing our approach to promoting wellbeing and prevention ... We are actively trying to work with the arts sector to promote wellbeing, and this also means we are opening up the market and diversifying supply.”

Karen Sharp, Public Health Manager

In this section we explore:

- What is included in the arts and cultural sector
- How arts and culture can help commissioners achieve their objectives
- The outcomes and value for money that arts and cultural organisations are delivering

What are arts and culture?

One of the challenges we have encountered throughout the project has been the relatively limited overview many commissioners have about what the arts and cultural sector consists of and, consequently, how the variety of organisations, individuals and buildings that form the arts and cultural sector can contribute to public services. Many people have personal experience of arts and cultural activities, perhaps through being part of a choir, going to the theatre or using their local library. But the public sector as a whole lacks a clear understanding of the breadth and diversity of the arts and cultural sector, and of its potential to transform local services. One of the most common pieces of feedback in conversations with commissioners was: “What’s the offer from the arts and cultural sector?” Each area has its own rich diversity of local initiatives, major cultural landmarks and expert arts practitioners. Here we have tried to summarise what could be included under the banner of ‘arts and culture’.

One of the ways in which to think about arts and culture is to think about how it is supported by public agencies. Arts Council England is the national development agency for arts and culture and provides investment and support to the following:

- Dance
- Literature
- Theatre
- Visual arts
- Music
- Combined arts – where organisations work across a range of art forms to bring cultural experiences to people
- Touring – bringing live performances to people
- Museums
- Libraries

This list sets out how public support for arts and culture is structured; it does not describe the ways in which people experience arts and culture, or the forms of art and culture that can be applied to a range of activities and integrated into different areas of public service. To this, we could add:

- Design art (fashion, architecture, graphic design)
- Film (including animation, TV and feature films)
- Literature (including poetry, reading, playwriting and fiction)
- Music (e.g. composing, performing, sound art)
- Performing arts (including dancing, theatre and comedy)
- Visual arts (including drawing, 3D sculpture, crafts, textiles, painting and photography)

Many practitioners also combine different art forms and weave them together with, for example, specific health conditions, groups of people and types of services.

Some specific institutions, such as libraries and museums, have also taken on new roles within their local communities, delivering a range of activities and working with other services in health and local authorities. Some local areas are co-locating local services in libraries. There are also several national schemes which are running innovative programmes with libraries, such as Reading Well: Books on Prescription for Dementia; the House of Memories programme, which works with dementia carers; and Museums on Prescription (MoP), which is a three-year research project investigating the value of heritage encounters in social prescribing. The National Alliance for Museums, Health and Wellbeing has recently undertaken a survey of wellbeing programmes delivered by the museums sector and found that there were over 500.

In addition to these activities, arts and cultural organisations represent a range of different spaces and buildings, many of which are widely used by the public. These include:

- Theatres
- Libraries
- Museums
- Art galleries
- Exhibition spaces
- Community centres
- Art studios for individual artists

In a public services context, we have seen these activities and places used in a multitude of ways: from providing drama therapies in care homes and singing to increase lung capacity, to locating musicians in neonatal units and providing dementia care and support in museums. The possibilities seem to be endless. Many arts and cultural organisations are already engaged in delivering social outcomes. In the scoping report published at the start of the CCP, a majority of the 240 arts and cultural organisations surveyed pursued both social and artistic outcomes². What's more, there is continuous innovation in how arts and culture are used to achieve social outcomes, and many ground-breaking projects in public services have come from this sector.

There is a distinction that has emerged in the commissioning sites between arts and cultural organisations that are specialists in one or more art forms and often have deep expertise, and smaller, more informal arts and cultural groups or activities, such as local choirs, reading and writing groups, for example. Both are equally valuable, but there may be a difference in the quality of the arts intervention between the two. Quality of output has been raised throughout the programme. There are some concerns in the sector that quality will be sacrificed in pursuit of non-artistic outcomes. Some of the commissioners we worked with were keen to ensure that they were commissioning high-quality arts practice, and included arts practitioners on assessment panels for grants. Arts Council England has developed a set of quality standards for work with children³, although these could also be seen as a useful starting point for work with other demographic groups. Standards have also been suggested by Françoise Matarasso, whose work explored five stages of participatory arts processes, and how quality can be secured within these stages⁴.

At a national level, there has been significant interest in cultural commissioning. The concept has attracted attention from policy makers, academics, think tanks and others. In health, Public Health England, the Department of Health, the All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing, the Association of Directors of Public Health, the Royal Society for Public Health and the What Works Centre for Wellbeing have all shown an interest in promoting arts and culture within the health sector. Meanwhile, in local government, the Local Government Association (LGA), New Local Government Network, Local Government Information Unit and Commissioning Academy have been strong supporters of the work and the Social Care Institute for Excellence has included case studies on arts and culture in its prevention library. Many of these organisations have partnered with the CCP to deliver events, and will be promoting the work to their members and audiences. The CCP has been invited to present its work through a number of sector conferences, papers and seminars, which indicates a high level of interest in what arts and culture can offer public services.

The interest at a national level has been mirrored by significant interest at a local level. This report is designed to respond to that local interest, and share learning on how the public sector and the arts and cultural sector can work together and improve people's outcomes.

How arts and culture can help commissioners achieve their objectives

‘Arts and culture’ captures a range of activities, innovations and interventions. Integrated into the heart of public services, they have the potential to help meet many of the challenges and objectives facing commissioners. There is a growing evidence base showing the range of outcomes and cost benefits that arts and cultural organisations can deliver⁵. They can contribute to the economic priorities of government, as well as the social outcomes that commissioners want to achieve; they also offer ways of working that encourage active participation.

Many arts and cultural organisations are at the heart of their communities, with places and networks that people visit and use on a daily basis. They can be participative, engaging and responsive to the interests people have. They don’t ‘look’ like traditional services – and this may be the greatest asset they bring to commissioners. They usually comprise enjoyable, engaging activities that can be brought into public services to increase the reach and depth of impact across a range of objectives. Research has shown that arts and cultural activities are particularly valuable when compared with other interventions, as they are more likely to engage participants and ensure continuing participation. And they can reach people without stigmatising them.⁶

Arts and cultural activities can also demonstrate the value they can add to a range of policy imperatives, particularly where policy promotes objectives of wellbeing, prevention and self-management, for example through the Care Act and the NHS Five Year Forward View. The Social Value Act, an important piece of legislation that could be used to strengthen the links between different services and the wider environmental, economic and social conditions of an area, could harness the arts and cultural sector in pursuit of these objectives.

Ensuring that public services deliver value for money

These are challenging times for commissioners. Arts and culture is not a silver bullet; no single intervention or solution can be. And there is no escaping the financial constraints under which public services have to operate. For some commissioners, a cost benefit analysis of every intervention would seem to help with the impossibly difficult decisions of how to spend a shrinking budget. But this type of data is not often available and, even if it were, measurement systems are imperfect when it comes to capturing value and impact, rather than costs. This report doesn’t argue for simplistic trade-offs: cut ‘x’ and invest in ‘y’ and everything will improve. The world of public services and people is much too complex for that.

What we will ask you to consider is a broader debate about value in public services. This is about much more than price. It means getting the best outcomes with the resources available and being honest about where existing services deliver poor outcomes at high cost. With the introduction of the Public Services (Social Value) Act, it also means maximising the social, environmental and economic value delivered from each pound of public money spent.

Arts and cultural organisations have much to offer that can deliver on this broader conception of value. Indeed, many would argue that the arts are an essential part of a new model of public services – one that is built on preventing harm and reducing people's need for acute services. This model is not a luxury, but a necessity. Without it, public funding will shrink back to a skeleton service that pushes people into acute services, with poor outcomes and high cost. As such, the arts and cultural sector is a central part of a new vision for services: a diverse and creative public service that meets people where they are in their lives and communities, and supports them to live a good life.

Applying arts and cultural activities to services can deliver value for money, particularly by placing greater emphasis on prevention, self-management of health, support for integrated care and strengthening of communities. Here are three examples to illustrate the range of ways this can be done.

1. Artlift is an arts and creativity programme which delivers participatory arts sessions in GP surgeries and community spaces across Gloucestershire (a number of groups have recently begun in Wiltshire). The group is funded through grant funding from Gloucestershire CCG of £60k a year. An Artlift session costs £33.48 per patient, but when the reduced visits to the GP, reduced outpatient appointments and reduced hospital admissions that evaluations have demonstrated the programme delivers are taken into account, it is calculated the programme delivers a cost saving of £471 per patient.⁷
2. Age Exchange's Reminiscence Arts and Dementia Impact on Quality of Life (RADIQL) Programme uses a variety of creative art forms and memory exercises to connect people to their present. Independent researchers from Royal Holloway, University of London and Simetrica found the RADIQL Programme delivered measurable increases in wellbeing and quality of life for people diagnosed with dementia. Following a weekly one hour intervention across twenty-four weeks, participants' levels of wellbeing improved by 42%, and "positive behaviour" by 25%. These improvements were thought to lead to savings down the line, for example through preventing unnecessary interventions such as hospital admissions from urinary infections, as a result of people eating and drinking better.⁸
3. Core Arts offers a fully equipped creative day service. Established in 1992, it supports its members in Hackney and City of London to participate in art, music, performance, cultural events, exhibitions and sports, and to achieve personal goals. It provides a leading mental health day care service, which offers further evidence of the financial efficacy of arts and cultural interventions. Core Arts supports care teams to avoid crisis admissions, communicates directly with GPs to ensure coordinated care and offers members information, pathways and referrals to other third sector agencies, wider Core Arts activities and the Core Arts Wellbeing Network. The cost to run the whole service delivery is approximately £707,000 to deliver to 400+ severe and enduring case clients. A six-month performance review found that the service delivered savings to local government of £148k per annum, predicted to rise to £300k, depending on how many sessions a member attends per week.⁹

Improving social outcomes for people using services and the wider population

The arts and cultural sector already promotes a variety of social outcomes. Many people engage with arts and cultural activities to sustain their own wellbeing, and some iconic cultural landmarks have transformed the sense of place, for example in Liverpool and the Turner Contemporary Gallery in Margate. Other towns and cities have also approached regeneration through investing in and developing their arts and culture offer.

In addition, arts and culture are being integrated into publicly funded services, both universal and targeted. Table 2 shows a range of outcomes that existing arts and cultural activities are helping to achieve in the UK. The figure shows that the arts are currently often applied in sectors that work with older people, in mental and physical health, and in education and learning, but they are also present in criminal justice, substance misuse and housing services – as well as other areas.

Developing services that are ‘upstream’ and prevent needs from arising

Commissioners of public services are facing difficult decisions about where to allocate resources. A huge amount of spending currently sits within acute services. Evidence across a range of service areas shows that investment in ‘upstream’ interventions that prevent conditions worsening can help to reduce demand for more acute services and thereby avoid increasing pressure and costs. The NHS Five Year Forward View states that although some of what is needed can be brought about by the NHS itself, new partnerships are required to deliver a radical upgrade in prevention and public health. Such partnerships between health and arts and cultural organisations could simultaneously improve the reach and impact of health interventions, and build the capacity of arts and cultural organisations to become commission ready. A new policy priority for the NHS is to find ways of engaging people in helping themselves and each other to manage health conditions, while local authorities are urgently seeking ways to ensure that older people are supported to live good lives in their own homes.

Three types of prevention are commonly used to describe the types of activities health services can provide: primary, secondary and tertiary. Arts and culture has been shown, through a range of project examples and evaluations, to contribute to primary and secondary prevention, which aim to prevent harm occurring and to reduce the impact of a disease or injury that has already occurred. Gloucestershire’s work with this programme has begun testing the feasibility of arts and cultural activities and organisations supporting people to reduce the impact of chronic illness and to manage complex conditions.

Table 2. Mapping by outcome areas¹⁰

The arts and cultural sector can deliver on a wide range of outcome areas, but is currently showing particular alignment with outcomes linked to mental health and wellbeing, physical health, and education and learning. The darker colours show where there is more activity by arts and cultural organisations.

Outcome	Activity level	Commentary	Example organisations
Education and learning	Most activity	Using cultural resources to supplement school learning. Participatory experiences for cognitive development and academic achievement. Development of soft skills such as collaboration and problem solving. Re-engaging with learning, particularly for adult education.	Sage Gateshead delivers In Harmony – music and orchestra activity for children.
Mental health		Recurring theme that overlaps with wellbeing and physical health. Organisations working to demonstrate relevance of arts and culture in clinical settings.	Jack Drum Arts – ‘Colour your Life’ arts on prescription to support mental health.
Physical health		Dance and physical health; particularly preventing falls among older people. Rehabilitation and building motor skills following physical trauma.	Breathe Magic – magic tricks for rehabilitation following stroke or brain injury.
Wellbeing		Important outcome for almost all interventions and also for many commissioners.	Luton Culture – intergenerational work: wellbeing for older people.
Crime and public safety		Various aspects, including working on wellbeing and personal development for offenders which encourages people to make positive life choices, including not offending.	Safe Ground – prison-based ‘Family Man’ desistance programme.
Employment and training		Mostly in combination with specific beneficiary group: homeless people, offenders, people with mental health problems.	Helix Arts – developing skills towards employment-readiness.
Inclusion/ participation/ community cohesion		Relationship between cultural engagement and civic engagement. An interest of Arts Council England, for example through its Creative People and Places fund.	Multistory – local community works with professional artists to tell their stories.
Regeneration		Strong theme in some areas: Southampton is using arts and culture to drive tourism and job creation. Many developers will invest in an arts and culture strategy under community engagement obligations.	The Brick Box – regeneration of disused areas.
Conservation and environment		Some examples, but not a strong theme in survey or interviews. Arts used as a tool to explain ideas and prompt debate about climate change.	Horniman Museum – education sessions looking at traditionally made objects and manufactured counterparts.
Substance misuse		Relatively little specifically addressing this issue, but may overlap with other outcomes or beneficiary groups, for example offenders.	Action on Addiction, Hope House – support includes art therapy.
Housing	Least activity	Secure and stable housing can underpin the pursuit of a number of other outcomes, and progress in other outcomes may include developing the skills to maintain a tenancy. Housing associations may invest in public art to help build a positive and enjoyable living environment.	Sovereign Housing has commissioned a sculpture for a new housing development in Torquay.

Figure 1. Artlift improving mental health and reducing the demand on high-cost services

Artlift is a charity that delivers participatory “arts on prescription” schemes funded by NHS Gloucestershire CCG; with a pilot currently funded by Public Health in neighbouring Wiltshire.

Artlift offers an eight-week programme of two-hour sessions, facilitated by artists who offer creative activities from painting to poetry. Patients affected by a range of long term physical and mental health conditions are referred by health professionals to the scheme.

Upon completion of Artlift, approximately half of patients go on to set up their own volunteer art group.

By taking part, patients learn new skills, meet other people, and are less likely to develop future health-related problems or see deterioration of existing health conditions. Independent evaluation, published in peer reviewed clinical journals, has shown that Artlift delivers “statistically significant” improvements to patient wellbeing. An in-service audit indicated that participants in Artlift visited their GP some 37% fewer times up to six months after attending the sessions.

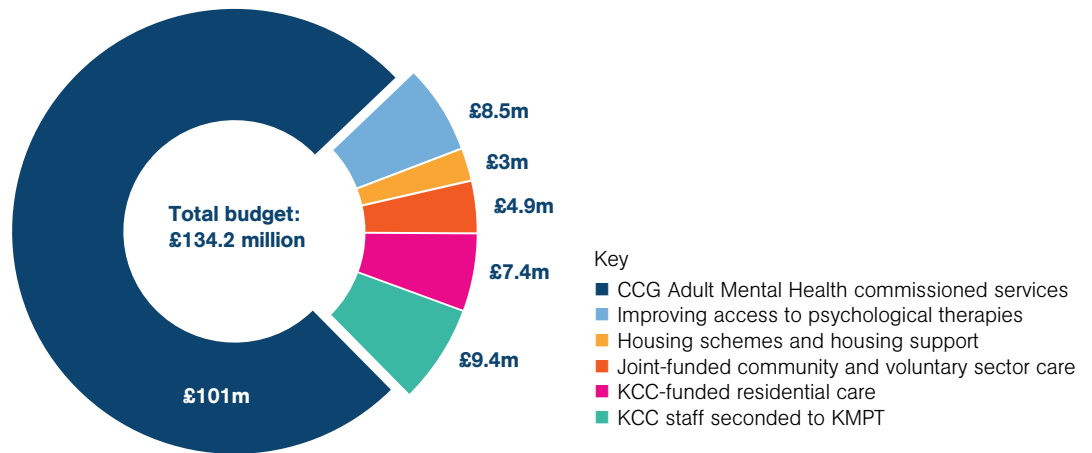
The partnership between Artlift and the NHS has been crucial to developing the scheme, and has enabled artists, patients, clinicians and commissioners to understand which patients most benefit from “arts on prescription” interventions. Artlift’s Arts on Prescription scheme targets patients who require more support than currently offered under social prescribing schemes; but who do not require specialist arts psychotherapy interventions offered by the NHS for people with more complex and enduring mental health needs.

At a time of increasing NHS focus on prevention and self-management, Artlift’s programmes offer patients and the NHS a self- management approach for long term health conditions that widens patient choice and is cost effective, personalised and community-based.

Many of the examples we came across in this programme showed how arts and cultural activities could have an impact on keeping people well, promoting their wellbeing, strengthening their connection to local community groups and preventing the need for more acute services. This is illustrated in Figure 1. by an arts-on-referral service in Gloucestershire.

In Kent, the commissioners of mental health and wellbeing services are designing the tender to expand and strengthen the community based offer. One of their long-term ambitions is to improve outcomes for people by preventing acute needs and supporting people to live a good life outside of services. The scale of this challenge is significant, when the current funding and service model is considered. Diagram 1 shows the amount spent in millions on mental health in Kent. The largest portion of that spend is in secondary, acute services, which account for £101 million of spending, while only £4.9 million is spent with the community and voluntary sector. The ambition of Kent’s mental health and wellbeing tender is to begin to shift the balance so that in the future less is spent on acute services and more on community based activities that help people to live good lives and stay well.

Diagram 1: Kent County Council and CCG mental health spending 2015
Creating a range of services that support people to age well



A key area of alignment between public services and the arts and cultural sector is in support and care for older people. The high cost of elderly care is often accompanied by poor outcomes, and the aging population across the UK has created a focus on alternative models of care and support for people as they grow older. There have been some striking innovations from arts and cultural organisations in supporting people with dementia, with Parkinson's disease and in care homes. Parkinson's UK has a section on creative therapies on their website that highlights the value of dancing and singing groups for people with Parkinson's. The Alzheimer's Association highlights the benefit of music and arts therapies on their website. Some of the arts and

Figure 2. Ladder to the Moon¹²

Ladder to the Moon provides workforce and service development to enable health and care organisations to develop creative care services. Their approach incorporates training, coaching and the arts, and involves staff, people living with long-term conditions and the wider community.

An example of a project led by Ladder to the Moon is the Vibrant Communities Project at Olive House (Hammersmith and Fulham) to tackle challenges that staff encounter in supporting the wellbeing of residents, particularly those with dementia. The two-month project aimed to build community and partnership working, developing staff communication and a culture of enablement, and improve quality of life for isolated individuals, particularly those living with dementia.

The project supported staff and residents to co-produce a creative community event to deepen connections, develop communication and enable everyone to view each other with more dignity and personality.

Staff in projects involved across the borough reported better working relationships, increased effectiveness of joint working, increased ability to reflect on and undertake joint problem solving, and greater mutual support. Quality of life and confidence, particularly for previously isolated residents, was reported to have increased greatly. Staff developed their communication skills, with each other, with staff from other partnering organisations, with residents (particularly those living with dementia) and with residents' families.

cultural projects working with older people are for those who have a specific condition, but there is also a range of activities, from choirs to dancing and theatre, that also keep people healthy and maintain their wellbeing, which is an important part of the picture.

Ladder to the Moon, Figure 2, is one example of a creative intervention being delivered in care homes to improve the quality of services and the skills of the workforce.

Physical health

A range of arts and cultural organisations are now working to improve physical health conditions. Choirs that work with patients to increase their lung capacity and magicians working in hospitals using adapted magic tricks to support physical rehabilitation are just two examples of innovations in this area. Arts and cultural organisations are developing a range of physical activities that can be adapted to varied health objectives, and there is constant innovation. There are five broad areas of arts and culture in health, developed by the National Alliance for Arts, Health and Wellbeing, that illustrate the main distinctions:¹³

- Arts in a healthcare environment: many hospitals and healthcare settings now incorporate art work and some have dedicated arts rooms
- Participatory arts programmes: many GP surgeries, care homes, hospitals and other community spaces use the arts as a method to engage people and improve their wellbeing
- Medical training and medical humanities: the arts are sometimes used to explore ethical issues in medicine and some medical training has an arts aspect to it
- Arts therapy: arts therapies, such as drama, music and visual art, are a registered form of therapy, often used in one-to-one settings
- Arts on prescription: arts on prescription is a type of social prescribing where participants are referred by a healthcare worker to arts and creative activities. These schemes usually support people experiencing social isolation or mental health problems.
- The short examples here show how two such innovations are being applied to improve health outcomes for people with Parkinson's and respiratory problems.

Mental health

The NHS has made parity of esteem for mental health a priority. Many arts and cultural projects have shown a positive impact on mental health, and in ways that are often less stigmatising than more traditional services. Some of these programmes, such as the social prescribing example in Figure 6, have the aim of strengthening the mental health support available in the community, often through voluntary sector organisations or community-run activities. Others, such as the example in Figure 3, are intended to support people who have a more acute condition and those who care for them. There are also examples of arts and cultural activities in acute settings, such as hospitals.

Figure 3. Dance for Parkinson's¹⁴

Dance for Parkinson's is a dance and cultural group run by the English National Ballet (ENB) to support people with Parkinson's.

The programme is currently commissioned by NHS West London CCG to provide services in West London. The contract is worth £40,391 and forms part of the CCG's Older People's Portfolio. It funds a class of 45 people with Parkinson's for three terms of ten sessions, plus two taster sessions for new people from local areas. The cost of additional cultural and social activities involved in the programme is subsidised by ENB.

Dance for Parkinson's commissioned the Centre for Dance Research at the University of Roehampton to evaluate the programme. The findings suggested a variety of positive outcomes, such as: helping people with Parkinson's to stay motivated and maintain an active lifestyle (physically and socially); providing a meaningful and stimulating activity in a supportive environment; enabling participants to feel more capable and certain about the future, despite degenerative symptoms; and reducing the interference of symptoms in daily life.¹⁵

Figure 4. Choirs for people with respiratory problems¹⁶

Royal Brompton and Harefield NHS Foundation Trust runs free weekly singing classes, open to all patients with respiratory problems, to help them relax and learn new breathing techniques. The sessions are organised by the Arts Team at the hospital and are funded by charitable donations.

The group, who call themselves the Breathless Singers, hopes to enhance existing support for respiratory patients with an enjoyable, informal exercise that teaches a better understanding of breath control through the use of the voice.

The singing groups have been part of a controlled trial to assess the impact of singing on lung function, but also on mental and social wellbeing. A survey of 500 patients taking part in the singing workshops at Royal Brompton and Harefield found that 70% felt markedly physically better after the workshops.¹⁷

Similar singing groups for people with breathing difficulties include Better Breathing in Brighton and Hove, which was established in 2007 for people with breathing difficulties, including Chronic Obstructive Pulmonary Disease (COPD), with funding from Brighton and Hove Primary Care Trust (PCT). Participants reported significant improvements to their health and wellbeing, including needing less medication and fewer trips to hospital, sleeping better and feeling less isolated.¹⁸ The group has now expanded across Brighton and Hove, and is funded by Brighton and Hove City Council, the Sussex Community Foundation, the Hangleton and Knoll Project and the Sidney de Haan Research Centre for Arts and Health.

Figure 5. National Museums Liverpool House of Memories¹⁹

National Museums Liverpool's (NML) House of Memories programme uses collections housed in the city's museums to enable people with dementia to explore familiar objects, artefacts and stories from their past, helping them to revisit long-term memories. In doing so, it aims to improve their quality of life.

Funded by the Department of Health, House of Memories doesn't work directly with dementia patients but provides training and education for their carers. Through interactive events, the programme aims to increase understanding of how it feels to live with dementia, helping carers engage with those they care for.

The programme's outcomes are helping to realise the government commitments to major improvements in dementia care, awareness and research set out in the National Dementia Strategy and Prime Minister's Challenge on Dementia. After the training, participants reported increased feelings of empathy for people with dementia and an increased willingness to listen to them as individuals.²⁰

Since the initial project was commissioned in Liverpool in 2011, the Department of Health has commissioned subsequent projects in February and March 2013 in Salford, Bury, Newcastle and Sunderland.

Figure 6. Social prescribing and arts on prescription

Social prescribing is used to direct people with some conditions into community based support in order to reduce demand for acute services, and to help people to have good lives in the community.²¹ Social prescribing explores people's health through a 'social lens', and recognises that social and economic conditions shape a person's quality of life and life expectancy. Arts on prescription is one type of social prescribing that refers people to arts activities and interventions.²² A recent review of three arts-on-prescription projects showed that it:

- increased treatment options available to those experiencing mental wellbeing issues
- reduced reliance on antidepressant or tranquilliser medications
- reduced amount of GP contact time devoted to people experiencing mental wellbeing issues
- increased self-esteem and confidence among participants and improved quality of life
- increased transferable skills for participants, including employability skills
- increased participation in arts and cultural activities²³

Another study showed improvements across a range of social outcomes and wellbeing, including:

- 73% of clients reported improved mood and wellbeing
- 75% of clients reported increased confidence
- 59% of clients reported improved levels of physical activity
- 62% of clients reported improved social engagement²⁴

Wellbeing

Wellbeing is now being measured at national, regional and local levels, and the government has established a new What Works Centre for Wellbeing.²⁵ Wellbeing includes how people feel day to day (their happiness), as well as how well they function, which is driven by a range of factors. There is an emerging evidence base to support the role of the arts and cultural sector in supporting wellbeing. There are links between arts and cultural activities and the Five Ways to Wellbeing (especially the 'learning', 'connect' and 'take notice' Ways to Wellbeing). In Kent and other areas, arts interventions have been specifically commissioned to promote positive wellbeing, and to deliver activities to improve population-level wellbeing. The Arts, Health and Wellbeing APPG has been exploring the links between these areas, and the culture and sport strand of the What Works Centre for Wellbeing will continue to strengthen the evidence base.

Personalisation: the policy of personalisation is continuing to be rolled out across health and social care. Increasing numbers of people are allocated personal budgets and there is a continued focus in health and social care on giving people more choice and control over the support they get. Arts and culture represent a huge opportunity to provide personal budget holders with a wider and more engaging range of activities and support. For example, Tin Arts in Durham engages people with creative arts and dance, particularly those with learning disabilities, many of whom have personal budgets.²⁶ Heart n Soul is another organisation supporting people who have personal budgets, whose work is described in Figure 7.

Figure 7. Heart n Soul (personalisation)²⁷

Since 2011, Allsorts, a project run by Heart n Soul (an arts organisation working with people with learning disabilities in South East London), has been an integral part of Lewisham Council's alternative day provision for adults with learning difficulties.

The Allsorts project offers participants the opportunity to get involved in a range of workshops, from music to circus skills, and involves collaboration with other creative partners to add range and quality to its work.

In terms of outcomes, Lewisham Council is most interested in retaining levels of engagement among individuals and groups. Heart n Soul tracks participants across each season using attendance sheets, and combines quantitative information with qualitative assessments gathered through feedback from participants, artists and volunteers.

The project is part-commissioned by Lewisham Council for its residents. Participants on personal budgets pay £50 per session, while those not on personal budgets make a contribution of £5 per session (£120 to attend all 24 sessions annually). Allsorts is also supported with a mixture of grant funding from the Rayne Foundation, Paul Hamlyn Foundation, the Big Lottery Fund and Lewisham Council.

Co-production and public participation²⁸

Public services often struggle to engage with citizens and people using services in a meaningful way. Their engagement tools can be fairly formal, relying on people to look on a website, for example, or advertising projects or activities in existing services such as in GP waiting rooms or hospitals. Increasingly, commissioners who want to prevent harm are considering how to reach people ‘outside’ services. Arts and cultural organisations offer a wide array of methods to engage people, and are often experts in how to appeal visually to a wide audience. For example, SLAM (South London and Maudsley) Mental Health Trust has used arts and festivals to promote activities and messages about wellbeing to their local population.²⁹

There is an increasing policy focus on co-production – where people and professionals work together to design and deliver public services: for example, by supporting parent/staff childcare co-ops, or working with peer support networks in mental health. Co-production features in the 2014 Care Act and in recent calls for the NHS to build social movements for health. Co-production has become a priority for commissioners as they realise that they can’t deliver outcomes to people, and that it is often the best way to ensure that services are effective. Many of the arts and cultural organisations we worked with through this project had a prominent participative dimension to their work, and some had developed strong models of co-production. The participative nature of the arts and cultural sector lends itself to co-production, and there are examples of good practice that show how participative arts can build co-production into the provision of public services.

The future of commissioning: joined up budgets and shared outcomes

There has recently been much discussion in public innovation circles about place based commissioning, particularly in light of devolution deals being agreed across England. Liverpool’s devolution bid, for example, includes a proposal for a regional cultural partnership. Place based ways of working provide an opportunity to renew debates about how and where public services are being delivered. Some local areas are already looking at how public services might work with museums, libraries and art galleries, blurring the boundaries between the public and arts sectors.

Within Manchester City Council, for example, the culture team has been working closely with both the complex dependency team and commissioners of public services to ensure that arts and culture organisations are part and parcel of a more coordinated approach to public service delivery. Arts and culture are now embedded in health and social care commissioning, with health and social care outcomes included in arts and cultural organisations’ contracts or service level agreements. The complex dependency team works closely with commissioners, and its work will be changing the way that services are commissioned in Manchester.

Figure 8. Meet Me at the Albany³⁰

Meet Me at the Albany (MMatA) is a creative arts club for the over-60s based at the Albany Arts Centre in South East London. MMatA meets every week on a Tuesday, and offers a year-round programme of a diverse range of activities, from poetry to music, sculpture to circus skills.

Launched in autumn 2013, MMatA is supported by Lewisham Council's Community Directorate. The intention is to enable isolated older people to become involved in creative workshops, experience performances from leading artists and provide a social and vibrant atmosphere for participants to enjoy.

Participants have gone on to support the development of performances and projects that go beyond the MMatA group; for example, one group of participants worked alongside older peer mentors to develop a nomadic performance art piece, 'Bed', which explores the role of visibility and loneliness in the lives of older people. 'Bed' has been performed around the streets of Deptford and will be taken to the 2016 Brighton Festival. Another group have begun working with the Community Team at the Southbank Centre, to assist with their work with isolated older people in the area. They used performances of their poems to broaden the Southbank team's understanding of the needs and aspirations of their often marginalised peers.

MMatA has a close relationship with the local authority in Lewisham. It is supported by the council's Communities that Care Investment Fund, which was designed to support voluntary sector organisations to address challenges such as social isolation, increasing frailty, declining mental health and the difficulty of accessing services and programmes faced by many older people. The relationship with the authority has been cultivated over a number of years, and dates back to Lewisham Council's strong emphasis on grant-giving to arts and cultural organisations in the area. This has translated into a diverse arts and culture landscape in the area, with a high concentration of arts council National Portfolio organisations and an enthusiasm for the work of arts and cultural organisations within the authority.

Photo by: Plymouth City Council Arts & Heritage Service -
'Arts & Minds', commissioned by Plymouth Adult Social Care



Figure 9. The Ardwick Project, Manchester

The Ardwick Project took place within an area of high deprivation and worklessness, overseen by the People's History Museum in Manchester.³¹ It focused on bringing together cultural and community organisations to identify opportunities for working together. The project raised awareness of the value that arts and culture can bring to the agendas of tackling worklessness, mental health and wellbeing. It brokered relationships, identified barriers and made recommendations for further developments. It led to a number of lasting relationships – for example, the People's History Museum still works with the Workers' Educational Association (a charity providing adult education), hosting workshops for adult learners, which provides expertise to help with the museum's collections and exhibitions and brings in new visitors. This has now become a mainstream part of the museum's work.

The Council's Culture Team is clear about the benefits that arts and cultural activity can have for those experiencing multiple and complex problems, emphasising that increased skills and confidence can help people who may not have worked for a long time in their journey towards employment.

Hazel Summers, Interim Strategic Director for the Children and Families Directorate in Manchester City Council, says *"Arts and cultural activities provide a good route in to learning the skills you need to move towards employment. The arts can really help with building someone's confidence, helping them believe they can work."* She gives the example of a former rough sleeper who started to attend an arts project while still homeless; he now earns money through selling his paintings.

This has been a rapid review of how arts and cultural activities are being applied in a way that is aligned with a range of policy priorities across local government and the NHS. For each of these areas there are already examples to show how arts and cultural organisations can deliver innovative and engaging activities that represent a new kind of public service. These projects can be delivered in a variety of ways. The rest of this report sets out how commissioners might strategically embed arts and culture into their commissioning arrangements and realise many of their objectives.

Key takeaway points from this section:

- Arts and cultural activities are being used in a range of ways to improve outcomes across a range of areas, including physical and mental health, wellbeing, employability, social inclusion, education, learning and many others. These outcomes are meeting a variety of policy objectives.
- An emerging evidence base for the arts is showing that arts interventions can achieve good value for money: this is being shown in reduced demand for acute services, and good value comparative costs on an intervention-by-intervention basis.
- Arts and cultural activities are being used to meet a range of policy objectives, including personalisation, integrated health and social care, wellbeing, co-production, prevention and social value.

4. Changing the culture of commissioning

Each pilot site has changed the attitudes, relationships and behaviours of commissioners, politicians, and providers so that commissioning arts and cultural organisations has moved from being an idea on the margin of services to a strategic vision embedded in local services.

This section explores how commissioners in the two pilot sites changed the awareness, profile and depth of relationships between commissioners and the arts and cultural sector, and how other commissioners can learn from this experience. It shows how:

- New relationships were developed between commissioners and providers
- Arts and culture were positioned to align with local priorities
- Awareness of, and attitudes to, arts and culture changed
- The pilot sites invested in capacity building for commissioners and providers

Each pilot site changed attitudes, relationships and behaviours of commissioners, politicians and provider organisations so that commissioning arts and cultural organisations moved from being an idea on the margin of services to a strategic vision embedded in local services. The biggest shift in both pilot sites has been the organisational cultural change among commissioners. Within the space of 18 months, references to arts and culture are now common in meetings. Commissioners and directors are familiar with what the local arts and cultural sector can offer and some departments now expect that arts and cultural activities will be a central part of future commissioning activity. How has this change happened in a relatively short space of time? In this section, we unpick the activities that have led to the change in organisational culture that has normalised arts and cultural activity within the pilot sites' public services. We then make recommendations for how other localities might achieve a similar shift.

By 'culture change' we mean the organisational culture change in attitudes, language, relationships and skills that both the public sector and arts and cultural providers have developed through this process. This organisational culture change has led to a change in the processes that make up commissioning and procurement activities for a wide range of tenders. Working with arts and cultural organisations is no longer considered a 'bolt-on' when there is a bit of spare money. It is now perceived as an essential component of service delivery models for many of the commissioners who have been part of this process.

4.1 Developing new relationships and connections with arts and cultural providers

New relationships and connections have been at the heart of much of the exciting work in the CCP. This has come from local one-to-one meetings between providers, commissioners, councillors and others, as well as from formal networking, seminars and new local forums bringing people together around arts and cultural issues. There is a bridge to build between the two sectors and successful cultural change means commissioners themselves need to engage with arts and cultural organisations, just as they would with any other group of providers.

Holding one-to-one meetings and establishing an arts advisory group were two mechanisms for raising awareness of arts and culture in the early stages of the project. As a locality matures in its understanding of the arts, many of these networks became formalised in some way. Some of the commissioners involved in this programme have also encouraged the formation of new networks, with which they can work to engage strategically with the sector.

For example, in Gloucestershire, an arts membership organisation – Create Gloucestershire – had been working with the local authority for a number of years. Since the Cultural Commissioning Programme, a new Arts Forum, jointly convened by the Voluntary Sector Alliance and Create Gloucestershire, has been created. In Kent, the Arts and Culture Team is more integrated into the strategic task groups run by other commissioners, and is involved in a cross-council piece of work on how the Social Value Act is used in Kent.

In Kent, a commissioner has encouraged the establishment of a Dementia Action Alliance Cultural Arm which represents a range of local arts and cultural organisations that want to support better outcomes for people with dementia. This network will initially meet on a bi-monthly basis and will be chaired on a rotating basis. An initial priority is to identify a method to measure impact. The group intends to approach Canterbury Christ Church University, which several members have worked with before, to establish a methodology for measuring the outcomes of the Cultural Arm's work. It is hoped that the network will play a key role in recommissioning older people's services. The creation of the Cultural Arm of the Dementia Action Alliance represents a shift in the mindset of commissioners, towards an assets based approach that considers all of the activities, relationships and spaces that support people in the community, outside of public services. (See Diagram 2 below.)

Key learning for commissioners:

- Identify individuals who can broker relationships with your local arts and cultural sector (more information on how you might do this is in Figure 10, below)
- Explore opportunities for engaging organisations outside your locality that have specialist expertise on particular subjects or conditions, such as Parkinson's or diabetes

- Ascertain whether there is an existing arts network or forum you might work with – either arts specific, or through the voluntary sector
- If there is none, consider how a sector-specific network like the Dementia Action Alliance in Kent might be a useful option for working with the sector in a strategic way, to address a particular objective

Diagram 2. The objectives of the dementia action alliance.

A Dementia Action Alliance Cultural Arm has been established with the purpose of:

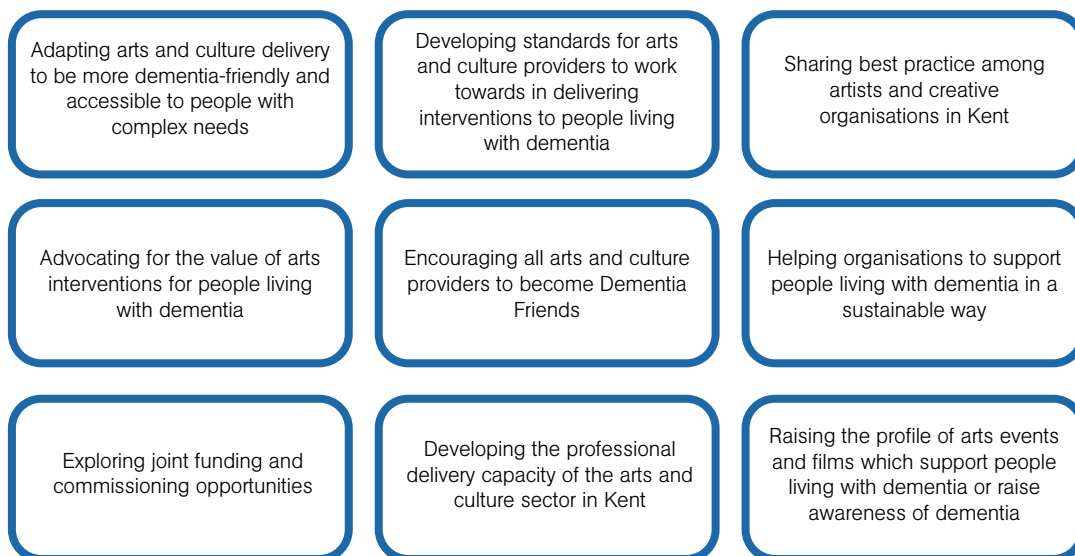


Figure 10. How to engage with the arts and cultural sector at a strategic level

If you are a commissioner new to working with arts and cultural organisations, these are some of the main ways you can find out more about the arts and cultural sector in your area.

Local authority contacts: Some local authorities have in-house expertise on the local arts and cultural sector. Even if there is not a specific arts development team in the council, there is likely to be a team that can broker contacts with the arts and culture sector – an economic regeneration team, or a communities team, for example. These can usually help signpost you to relevant networks, and will know which organisations are working in which areas.

Arts Council England Area offices: The Arts Council offices across the country have expert staff who know about the arts sector in particular localities.³² They can help provide advice and guidance on arts and cultural organisations in a particular locality and advise you about organisations and artists with specific expertise or potential. More information can be found at: www.artscouncil.org.uk/who-we-are/your-arts-council-area/.

Bridge organisations: The Arts Council funds a network of ten Bridge organisations to connect the cultural sector and the education sector, so that children and young people can make the most of arts and cultural opportunities.³³ They work with local schools, arts

Figure 10. How to engage with the arts and cultural sector at a strategic level (cont)

organisations, museums, libraries, music education hubs, local authorities, FE and HE institutions and many other partners to develop a network of cultural provision. They play a brokerage role to connect organisations with children and young people.

Music Education Hubs: Arts Council England funds music education hubs in top tier authorities, where local authorities, schools, arts organisations and other voluntary sector organisations work together to provide creative music education. More information can be found here: www.artscouncil.org.uk/what-we-do/cyp/music-education/music-education-hubs/

Arts and health networks: These networks operate in most, though not all, regions across England. They support alignment between arts organisations and the health sector, raising awareness and brokering new relationships. They include: London Arts in Health Forum³⁴; North West Arts and Health Network³⁵; Greater Manchester Arts and Health Network³⁶; the West Midlands Arts, Health and Wellbeing network³⁷; the Leeds Arts and Mind Network³⁸; and the Arts and Health South West network³⁹.

The Arts Alliance for Criminal Justice: This is a sector-specific network that brings together expertise in the arts and criminal justice sectors.

Professional and cultural sector organisations: Many of these provide opportunities to find good practice and provide professional development. Such organisations include networks such as the Society of Chief Librarians, which developed a universal health offer for England's public libraries⁴⁰, Arts Development UK, The Museums Association and the Independent Theatre Council.

Chief Culture and Leisure Officers Association: This organisation represents senior strategic leaders managing public sector cultural, tourism and sport services. More information can be found at www.cloa.org.uk.

4.2 Positioning arts and culture to align with local priorities

"We have to establish a strong link to the Council's corporate priorities, for example; 'art for public health's sake' or 'art for local economic sake'."

Commissioner for Public Health, Kent County Council

Positioning is central to how firmly new initiatives take root. In our work with the pilot sites, careful attention was paid to how well the arts and cultural sector was aligned with local priorities. Each area has its own set of corporate outcomes, objectives for each service area or directorate, and language which reflects the priorities of that area. Each of the teams carefully considered how to align arts and cultural opportunities with these priorities to make them more acceptable to key influencers who might never have previously considered working with an arts or cultural provider. For arts and cultural organisations who are new to working with the public sector, there is a steep learning curve in understanding the language and practices of different commissioners.

In Kent, for example, engaging with arts and cultural organisations was promoted as a way to provide people with “*a life and not a service*”, aligning with internal priorities on personalisation, preventative community based support and a greater diversity of provision in social care. One commissioner described how she has framed the arts and cultural sector as linked to an agenda of “*diversity of supply*” and “*working with the voluntary sector*”. Another reflected that “*people want a life, not a service: arts and culture is a key part of that*”. By mirroring the language used to describe the priorities of their respective departments, these commissioners were positioning arts and cultural provision as a central part of an existing internal vision, rather than something that was a competing agenda.

The arts and cultural sector's history of contributing to Kent's economic regeneration was also highlighted in a Cabinet presentation, where the cabinet member representing the arts and cultural sector set out its potential to contribute to Kent's strategic objectives.

“We have won the argument as far as regeneration is concerned ... [now] there's lots of work to be done in public health, and how that can be improved by an artistic and cultural offer.”

**Mike Hill OBE, Cabinet Member for Community Services,
Kent County Council**

The Arts and Culture team helped prepare a short paper for the cabinet member to present, which included the following recommendation:

1.1 Cabinet is asked to note the report and consider ways in which collaborative working with the creative and cultural industries can benefit their service areas and to encourage responsible officers to engage with cultural commissioning so that it becomes embedded in our Commissioning Framework.

Getting political support for new initiatives such as this is important, as it gives permission to commissioners and others working in public services to try out new things, and raises awareness of the links between different service silos.

In Gloucestershire, the arts and culture sector was promoted as a new solution to tackling entrenched challenges facing the NHS, as well as providing an opportunity to bring in new methods and to deliver on the NHS Five Year Forward View. The pilot team worked with health commissioners to identify where existing health interventions had unmet need across their clinical pathways: for example, working with a diabetes commissioner to understand how existing activities were failing to ensure that young people took their medication. They also positioned the arts and cultural sector in line with the objectives of self-management and prevention. The pilot team in Gloucestershire knew that the sustainable commissioning of arts and culture depended upon it being embedded in clinical pathways, from primary prevention right through to the treatment and management of more acute conditions.

Linking arts and cultural activities locally to national policy priorities has also been a central part of the advocacy in each pilot site. In Kent, the Care Act, Public Services (Social Value) Act and national focus on prevention have been important drivers to point to and support the rationale for embedding arts and culture in commissioning. Likewise, in Gloucestershire, two major health policy documents, the Five Year Forward View and the NHS Parity of Esteem, have been important national drivers supporting the case for arts and culture.

Key learning for commissioners:

- Work with arts and cultural organisations to identify where their work meets key strategic outcomes for your authority
- Describe how arts and cultural organisations deliver on these outcomes when seeking to influence colleagues
- Support your advocacy with reference to national policies that are supportive of what the arts and cultural sector can contribute

4.3 Raising commissioners' awareness of the arts and cultural sector

One of the first activities of the CCP in both pilot sites was to raise the profile of the arts and cultural sector, and improve key stakeholders' knowledge of and familiarity with the sector. NEF worked with the project teams in each site to develop a range of communications materials which were used to open a conversation about arts and culture with a range of audiences.

The advisory groups in each pilot site had a range of ideas on how best to influence key decision makers. Some of the key audiences we were trying to influence are set out below:

Council influencers	NHS and CCG influencers
Policy and Strategy Team	CCG Governing Body
Cabinet	CCG Senior Directors
Directors and Assistant Directors of different departments	Health and Wellbeing Board
Director of Procurement and individuals who lead the procurement process for different departments	Procurement Team and individuals who advise on procurement

The objective in the first stage of the programme was to engage these groups, get their support for the programme's ambitions, and begin exploring practical opportunities to embed arts and cultural activities in commissioning. The project team in Kent, for example, arranged direct meetings with many of the individuals and groups listed above and used these meeting to raise awareness of what arts and culture could offer their service. In some cases, this was quite an informal meeting, designed to build relationships between the Arts and Culture team and other directorates. For others, it was a formal presentation. At an early stage in the programme, an advisory group was

also formed which included representatives from Policy, Procurement, Public Health, Social Care and other directorates, to make commissioning of the arts and cultural sector a council-wide agenda.

“One of the main successes was the identification of specific pieces of work that we could do differently, particularly on mental health and early help. I don’t think that would have happened without the steering group, as those links wouldn’t have been made in the same way. We need to reflect on the role of that group to the organisation as a whole and see how we can better spot where one service can contribute to the outcomes that another service is aiming towards.”

Kent County Council, Transformation Manager

A presentation was developed which became a widely used communication tool in a range of activities designed to familiarise key audiences with arts and culture. Many people were unclear what exactly came under the heading of ‘arts and culture’, and how they were relevant to areas such as health, wellbeing or early years development. The presentation set out:

- A clear definition of what is meant by arts and culture
- The range of outcomes arts and cultural organisations can achieve
- A number of national and local case studies – highlighting the evidence of impact
- Suggestions on how commissioners, clinicians and officers could take action to promote the arts and culture sector in their own work.

One of the more structured efforts at raising awareness of the opportunities for arts and culture in Kent was the formal presentation to Cabinet by the Member for Culture with the Head of Arts and Culture. This presentation was accompanied by a paper for Cabinet that set out how the arts and cultural sector was promoting a range of outcomes across Kent, a request that Cabinet consider how their individual portfolios might work more closely with the arts and cultural sector, and an appendix that set out some of the key evidence of impact that arts and cultural organisations had made in Kent, and nationally. As a result the Leader of the Council encouraged other cabinet members to engage the arts and cultural sector more thoroughly in their service areas. This signal of permission and encouragement from the top was an important part of their overall influencing strategy. After the first phase of meetings, an advisory group meeting was held at which three senior commissioners set out their intention to embed arts and cultural activities into their commissioning of an upcoming service.

Each area has its own politics, but in Kent it was influencing the Central Policy Team that became the most important first step because it led to a reference to arts and culture being included in the County’s strategic outcomes framework, which was under development at the time.

In Gloucestershire, the pilot team worked closely with a range of stakeholders to align the arts and cultural sector with local health priorities. They used a range of communications methods, including formal presentations, as well as more interactive exercises that involved using clay modelling to illustrate the benefits of arts and culture. Gloucestershire also established an advisory group – an effective mechanism for promoting a new idea or agenda and for convening advocates to work together strategically.

Much of the early work in Gloucestershire was focused on positioning the arts and cultural sector and finding alignment with existing political and health priorities, such as social prescribing, self-management of long-term health conditions and prevention. The idea of cultural commissioning had a senior advocate in the form of the Director of Transformation and Service Redesign, who sponsored the programme at a strategic level; a commissioning manager who positioned and aligned arts and culture within the NHS; and a project manager who did much to weave together the concepts of arts and health and find more specific opportunities. For commissioners who are interested in commissioning arts and culture, identifying individuals who can act as project sponsors and advocates at different levels within the organisation is crucial.

A useful tool developed through another of the local CCP strands of work is a one-page Plan showcasing the arts and cultural sector's 'offer' in a highly visual and engaging way. For many commissioners who haven't worked with arts and cultural organisations as providers, there is a need to raise awareness of what exactly constitutes arts and culture, and what arts and cultural organisations can offer. The 'Plan on a Page' has been developed in five localities through the CCP: Torbay, Derby, Birmingham, York and Manchester. The Plan is a communications and influencing tool showcasing several things:

- Which outcomes arts and cultural organisations are delivering: this was often framed to reflect local political or strategic priorities. So, for example, Torbay Council's public health strategy is set out along the life course, and this is reflected in the arts and cultural sector's Plan on a Page.
- Strategic objectives and themes where arts and cultural organisations can play a role: for example, many Plans aligned their work with themes such as primary prevention and wellbeing, community building, or skills and work.
- The names of local arts and cultural organisations and information about their activities.
- A range of evidence of their impact, including quotes from commissioners, people using services and others; quantitative evidence of impact; and visual evidence, such as photos.

Two of these plans, from Birmingham and Derby, are shown in Figures 11 and 12.

Figure 11. Birmingham Cultural Commissioning Locality Project Plan on a Page⁴¹

Coordinating ‘a Plan on a Page’

What makes the Plan an effective communications tool is that it captures a range of simple messages that represent local priorities, and it speaks across the sector on behalf of a range of organisations – not to one specific method of arts. The Plan can be coordinated in a range of ways. In Derby, a local officer is co-coordinating a group of arts organisations to develop the Plan. In Birmingham, a National Portfolio Organisation is facilitating the process, and in York that role is held by a museum trust and the university.

Key learning for commissioners:

- Ask the arts and cultural sector to develop a communications strategy, and work with them to share this among your colleagues
- Consider brokering opportunities for arts and cultural organisations to meet with influential individuals and groups, to begin strengthening networks across a local area

Figure 12. Derby Cultural Commissioning Locality Project, 'Plan on a Page'⁴²

4.4 Developing the skills of providers and commissioners

Changing commissioning in the way we have set out requires a new set of skills for both providers and commissioners. For arts and culture organisations, the biggest skills gap we have observed is in having the experience and knowledge to engage with the world of public sector commissioning – specifically, in areas such as bidding for work and demonstrating impact. The CCP ran a national learning programme that worked with arts and cultural organisations to address this skills gap, and also ran a series of Social Impact Seminars to deliver more in depth training on evidencing impact.

For many commissioners, the skills gap is in changing their commissioning practice to better engage non-traditional providers, such as arts and cultural organisations. Some of the specific skills this includes are: being outward looking and seeing their role as a facilitator who brings in and connects different sectors and organisations; leadership skills in proactively changing the default operating mode of commissioning systems, such as procurement; and finally, communication skills to persuade others of the benefits of commissioning arts and culture.

Kent and Gloucestershire have explored a variety of approaches to building up skills and capacity. In both areas, this work includes:

- Understanding training and capacity building needs
- Running specific training and support
- Bringing commissioners, users and providers together in co-production groups to oversee a project

Understanding training and capacity building needs

The Gloucestershire pilot ran a survey for providers early on in the programme to understand the training and development needs of the arts and cultural sector. This included a range of questions about:

- Type of organisation or individual
- Geographical area
- Artistic or cultural forms
- Type of activities and practice provided
- Funding sources
- Business model

This provided rich data to help them understand the sector, and identify specific training and capacity building needs that they might need to address. Two particular points of learning for other commissioners are:

1. Over half (55%) of the responses to Gloucestershire's survey were individual artists or arts and cultural practitioners. Though this number will vary across geographies, it suggests that commissioners who are keen to engage with arts and culture should be considering individuals and sole traders, and find ways to engage these individuals in VCSE or arts networks.
2. There were similarities in the training that arts and culture organisations wanted, including:
 - Specific health conditions (e.g. mental health, heart conditions, dementia, Parkinson's)
 - Working with specific groups (e.g. young children)
 - How to work with individuals who show crisis or aggression in workshops
 - Support in collaborating with other individuals and organisations
 - Specific business skills, such as bid writing and evaluation

Likewise, in Kent, the need for training on specific health conditions was highlighted for groups of arts and cultural practitioners working in mental health and with people with dementia. These skills gaps were highlighted by commissioners, arts practitioners and the Arts and Culture Team while going through the commissioning process for specific tenders.

Running specific training and support

Understanding training and development needs is the first stage. The next is to find ways to build skills and capacity. In Kent and Gloucestershire, much of this has been done through partnerships with existing voluntary sector and arts membership networks. In Gloucestershire, Create Gloucestershire supported providers in the run-up to the grant programme.

In Kent, commissioners and the Arts and Culture Team have worked with STAMP (Sector Training and Mentoring Programme), which is funded by Kent County Council, Public Health and the Kent CCGs to support the development of a network of sustainable voluntary, community and social enterprise organisations.

Figure 13. Gloucestershire arts and health programme case study: Teenage diabetes.

This short case study describes the approach the Gloucestershire team took to developing a new arts and health programme across a range of physical and mental health conditions. The principle of co-production underpinned all aspects of the programme, with its ethos of shared and equal decision-making by patients, clinicians, arts practitioners and commissioners. This project was a key part of their skills strategy for commissioners, providers and citizens alike. From the initial writing of advertised project briefs to the VCSE arts sector, through selection of artistic ideas submitted, and then on to co-design, delivery and evaluation of each project, these co-production values have extended the more traditional NHS patient participation model and reframed the commissioner/provider relationship. Emerging learning shows that the Gloucestershire approach is producing something more than a simple integration of arts and health, but rather a brand new approach and a set of unique interventions.

One of the projects is designed to support teenagers with type 1 diabetes. The challenge facing the team was to improve teenagers' control of diabetes, following evidence that young people in Gloucestershire are not always taking up health advice regarding medication and lifestyle, resulting in an increase of serious medical complications.

In response to the NHS call to artists for a new approach to diabetes, an idea was developed by a musician and theatre maker based at Cinderford Artspace (CA) in the Forest of Dean.

The project proposed by CA was to create a theatre piece based on the video game concept of 'refuelling' – the moment in a game when activity pauses and the character stocks up with their fuel, whether that is bullets, gold bullion or money. The metaphor of needing fuel to 'stay in the game' was proposed as a creative and positive approach to support teenagers struggling to maintain good control of their diabetes. It provided a complementary response to support the medical information of the health risks of not taking medication which clinicians provide, and young people are referred to the group directly by their doctor or health practitioner.

The artist proposed a weekly programme of workshops in which teenagers devise material, develop physical theatre skills and finally perform the show to friends and family. The emphasis is on young people as creators and performers in order to reinforce positive messages about their creative and physical strength. The public performance element is also a non-confrontational way of challenging the assumptions of parents who may well have anxieties about the capabilities and limits of their children.

Two patients have had hands on involvement in the project to date. The first is a teenager recently diagnosed with type 1 diabetes, who previously had not had an arts experience or background. This young person has been representing the patient perspective from the inception of the project, including being on the original selection panel to assess arts applications for the project. The second is a teenage creative apprentice employed by CA who has lived with diabetes for several years. Her passion for trapeze, a skill she learnt at CA, was a vital motivator for her to manage her diabetes well.

Figure 13. Gloucestershire arts and health programme case study: Teenage diabetes (cont)

Both young people are committed to remaining involved in the project, dissolving the boundary between patient and expert. And both have appreciated the opportunity to connect with each other and share experiences. Aside from the main project, this sense of spontaneous connection has also opened the way to some very exciting potential to embed an arts and diabetes network of peer-to-peer mentoring and support for young people throughout Gloucestershire.

For Senior Commissioning Manager for Clinical Programmes (Gloucestershire CCG), the involvement of the young patients has been pivotal:

“In the (initial) meeting made up of clinicians, commissioners and representatives from the arts organisations, it was the two young girls living with diabetes (one of whom working as part of those arts organisations) who visibly dismantled and stripped away our preconceptions and assumptions.

Their intervention, based on the sharing of their experiences, changed the whole tone and language of the meeting and inspired us to see things differently, lose the labels and see the potential of how arts and culture can break into a world where previously there might not have been any other solutions, given the limited success of being wedded to a largely clinically-led approach.”

Other partners in the project include a paediatrician, a dietician and a nurse, all of whom welcomed the opportunity to offer something different to young people in their care. The logistical challenges of finding time to work with the group in between busy clinics have been significant, yet the culture change opportunity for health professionals is clear. One of the ideas the Gloucestershire team are exploring is a knowledge exchange model, where the learning from being involved in the arts project can contribute to their continuing personal development (CPD) portfolios.

Required training and capacity building includes:

- **General commissioning training:** Training days, workshops and events that support providers to understand different aspects of the commissioning process. In Kent, arts and cultural organisations which haven't taken part in training offered through CCP or previous programmes have seen those that have reap the benefits, and are keen to emulate this. In Gloucestershire, this involved support sessions to talk through the grant documentation, answer questions and develop Frequently Asked Questions (FAQs) documents, and support organisations to network and form partnerships. Kent has done much work to develop the arts and cultural sector, including running several pilots, and producing an arts and culture commissioning toolkit designed to help arts and cultural organisations engage with commissioning.⁴³ This is a resource that has been designed to be shared widely and reflects the different areas where arts and cultural organisations needed support.
- **Subject-specific training:** This is usually on topics such as monitoring and evaluation, or training for those working with specific health conditions. For example, Kent's 'Mental Health First Aid Training' is undertaken by several arts organisations.

- **Experiential support and learning:** Kent ran a 'Six Ways to Wellbeing' pilot project, engaging several arts and cultural providers new to commissioning, which highlighted the importance of experiential learning. This pilot identified specific development needs for the sector and enabled providers to improve their skills and awareness of how to engage with public sector commissioners. Meanwhile in Gloucestershire, learning is being encouraged through co-production groups, which bring together clinicians, arts organisations, citizen representatives and the project team, providing opportunities for mutual learning and support.

Key takeaway points for commissioners:

- Consider linking arts and cultural organisations to the voluntary sector capacity building programme or training organisation in your locality.
- A short survey of arts and culture organisations might be helpful in highlighting specific training needs.
- Consider bringing together a mixed group of professionals, providers and people using services to learn from any practical projects or initiatives they are developing.
- If you are building capacity within the arts and culture sector to work on a specific area, such as mental health or with older people, consider what specific training they might need. This could include pairing providers with subject 'experts' to encourage them to learn from each other.

In reality, learning and development is a continuous process, and this is as true for commissioners as for providers. Many of the commissioners we worked with in this programme were themselves learning how to work with a new sector for the first time, and were trying out new approaches which didn't always work as well as they had planned. Some were completely new to commissioning arts and culture, and are now advocates for the sector among their peers in health and social care. Their learning – mainly through doing, testing out different approaches and making some mistakes – has been at the heart of the changes made in each locality. Their individual commitment has overcome some challenges in getting the right procurement approach in place.

5. Changing the processes of commissioning

Underlying the change in the culture of commissioning, and often driving it, are the nuts and bolts of the commissioning system: the processes, paperwork and events which structure who engages with commissioning opportunities, and how.

This section explores some of the main processes with which commissioners work:

- Market engagement
- Funding and procurement
- Monitoring and evaluation

We have explored what needs to happen in order to change the culture of commissioning: all the attitudes, behaviours, skills and relationships that entrench 'the way we do things round here'. Underlying this, and often driving it, are the nuts and bolts of the commissioning system: the processes, paperwork and events which structure who engages with commissioning opportunities, and how. We are using the term 'process' to refer to a huge range of activities, including market engagement and pre-procurement activity; needs and assets assessments; procurement strategies and specific tendering documents; contracting; and the monitoring and evaluation that goes on while services are being delivered. All of these activities and processes provide the structure within which innovation can – or cannot – flourish.

In this section we look at how to change these processes to better support arts and cultural organisations to engage in delivering outcomes with public services.

5.1 Market engagement

Market engagement is a large component of a commissioner's role. It involves working with a whole range of organisations that provide activities, support and services, and trying to engage them in an effective way to support the local population. Many commissioners interested in assets based approaches understand that the market extends well beyond established providers. It includes potential strategic partnerships, private and charitable organisations, citizens' groups, user-led organisations and many others. Much market engagement is conducted through events, engagement with provider networks

and collaborative design sessions. As national policy continues to emphasise community 'resilience', prevention and assets based approaches, the 'market' is increasingly seen as encompassing many of the community based organisations and spaces that people use. Commissioners need a broad perspective to engage and work with the full range of organisations, networks and individuals that can contribute to individual and population wellbeing. This is a significant shift from engaging chiefly with established providers.

In both Kent and Gloucestershire, market engagement was a long process with a significant investment of time and resources. The commissioners involved wanted to reach out to new types of organisations, some of whom had little experience of working with the public sector. To do this, some of them needed to establish a working relationship with the local VCSE partnership or infrastructure organisation, and engage a variety of organisations across a wide geographical area.

Finding an effective way to communicate with the arts and cultural sector was a challenge in both Kent and Gloucestershire. In Kent, the formal mechanisms for market engagement, such as the Council procurement portal, did not have many arts and cultural organisations signed up to it. Not many were on the mailing lists or contacts that commissioners had, or were well represented within voluntary sector forums. The Arts and Culture Team held most of the direct relationships with arts and cultural providers. Many providers did not sign up to the portal (KCC's online procurement hub) and missed the first opportunity to sign up to the mental health procurement process. A personalised email from the head of the team (a known contact) prompted a number of organisations to sign up through the procurement portal. This more direct communication to arts and cultural organisations led to significantly increased take-up of the opportunity to attend one of the main market engagement events, and meant that about 20% of the attendees at the event were from arts and cultural organisations. At this engagement event, the Commissioning Team encouraged all attendees to submit a paragraph about their interests and experience, alongside their contact details, to encourage providers to meet up and make connections: this led a number of the potential strategic partners to contact arts providers and begin building new partnerships. The Arts Development Team is now creating a directory of organisations to formalise the contacts that the team has and share this with other commissioners.

In Gloucestershire, Create Gloucester and the Voluntary Community Sector Alliance were critical partners for the NHS in facilitating the engagement of a wide range of arts and cultural organisations. In Gloucestershire, two events for providers were held, alongside a large amount of one-to-one support to help them develop their bids, which Create Gloucestershire provided. In Gloucestershire, communications were managed by Create Gloucestershire and the VCS Alliance, and they advertised the project opportunity as well as FAQs about the process. Create Gloucestershire also provided one-to-one capacity building support to arts and cultural providers. All of this activity has led to a step change in the way the arts and cultural sector operates and is engaged in the mission of the NHS.

Another example of very early market facilitation has come from Kent, where the Social Care Commissioning Team has established an arts and culture dementia alliance. This is a group of over 20 arts and cultural organisations across Kent that have come together to form a cultural arm of the county-wide dementia action alliance (mentioned above). Administrative support is provided for the group by the KCC Dementia Friendly Communities project team and commissioners are hoping to engage this group when they recommission services for older people in 2016–17.

Key takeaway points for commissioners:

- Consider a strategic partnership with a trusted broker or third sector/VCSE network to help you engage with the sector
- Leave enough time to engage with the arts and culture sector: it may take a while to identify and bring in the right organisations
- Challenge the procurement team to consider how accessible their procurement 'portal' or engagement mechanism is for small to medium sized organisations, including those who are new to commissioning
- Invite arts and cultural organisations to sector events and market engagement days so that they are able to develop relationships with existing providers and commissioners
- Talk to your local authority culture team or local arts partnerships or seek the advice of the Arts Council on how to achieve this

5.2 Funding and procurement

Procurement, specifically the tender documentation, is frequently identified as being one of the major barriers to moving away from 'traditional' services and commissioning more innovative activities. This notoriety is not without justification. However, the perception of procurement as a monolithic process that will stifle any attempt to change things is too limited, and can prevent commissioners from trying to shape the process in a more useful way.

Throughout the work with the pilot sites, a range of different funding approaches have been tested, showing that change is possible, and not as challenging as some perceive. In particular, we have found that very narrowly defined service specifications close down the space for innovation. More and more local authorities are shifting to focus on the outcomes that matter to people using services. This shift is essential to tackle the barriers facing many organisations in engaging with public sector commissioning.

Table 3 only shows the procurement approaches used as part of the CCP, and outlines some of the advantages and challenges of them. There are, of course, a range of other approaches that commissioners are using, including personal budgets, competitive tendering, alliance contracting, framework agreements and many others. The range here shows how our experiences in Kent and Gloucestershire have integrated arts and culture in different ways.

Table 3. Analysis of different procurement approaches

Funding/ procurement approach used	Service area	Advantages	Challenges
Grant funding	Gloucestershire grant programme	Provided space for capacity building and innovative ideas to be tested out Supported a learning environment for commissioners and providers	Can be unsustainable in a climate of cuts Does not enable commissioners to hold providers to contractual responsibilities
Competitive dialogue	Kent mental health and wellbeing tender	Supported continuous engagement and dialogue between commissioners and providers Allowed for provider perspective	Very labour intensive Can be costly for providers Can be repetitive for commissioners
Competitive tender	Six Ways to Wellbeing pilot, Kent	Got providers commission-ready and familiar with the procurement process	Providers found it challenging as it was the first time many had been through a competitive process Process was quite time consuming Quality of bids in the first round was not sufficient to run another tender on a three-quote process
Social Value Act question	Kent waste management tender	Helped commissioners make the link between their work and county-wide environmental, economic and social outcomes An opportunity to work with citizens to identify potential social value and impact of a service	Difficult to find the right wording that satisfied commissioners' ambitions and Procurement Team's understanding of the Act Requires events/market engagement activity in addition to wording within the contract
Innovation grant	Allocated to the strategic partner for the Kent Mental Health and Wellbeing service	Provides discretionary, unallocated funding to bring in new providers, or fund a gap at a later point Idea is that innovations which work will be mainstreamed	Very loosely defined, so commissioners have to make sure it is used well
Spot purchases	Option for strategic partner to allocate to the delivery network in Kent mental health & wellbeing tender	Provides commissioner (or lead provider) with flexibility to respond to changing circumstances and demand	Can impact negatively on small/medium sized providers' ability to secure other business and plan their staffing/delivery accurately

What we have learnt from this programme is that it is possible to ensure arts and cultural activities are a feature of all of these procurement approaches.

An important lesson to share with other commissioners is that a range of funding options can be considered when supporting the development of new activities and services. Although many commissioners are moving towards contracting arrangements, allocating grants to fund certain activities is still an option and one that should be considered equally alongside other funding options. Competitive approaches are not the only tool commissioners have at their disposal and in some cases it might make sense to fund one organisation directly – for example, to provide capacity building support or in other ways contribute to an existing programme of work.

Figure 14. Using grants to fund service innovation

When exploring different options for their pilot programme, Gloucestershire realised that the standard CCG procurement documents were designed for large-scale health services commissioning and would have stifled the process for small and medium sized organisations. They used the NHS England draft grant agreements and adapted these to form the basis of their approach.⁴⁴ Both sites we worked with used grants in some form. Gloucestershire chose to opt for grants when deciding how to fund their pilot programme, and within the mental health tender from Kent is a proviso for the strategic partners to allocate grant innovation funds to other organisations.

In Gloucestershire, organisations responding to the grant opportunity were also asked to answer a small number of open text questions on the detail of their proposal, in addition to providing organisational information. They were asked for how their proposed activity would meet the aims of the project; profiles of staff who would be working on the project; and their previous experience of delivering arts and culture projects for health and wellbeing.

Once providers' bids were submitted there was a two-stage process to assess them, with patients, arts representatives, clinicians and the project manager all represented on the assessment panel.

In Kent, the County Council's mental health and early intervention tender was focused on outcomes, and left some flexibility over how the service would be delivered. The desired outcomes were set out in the tender, without specifying what type of activity might achieve them. The outcomes include:

- People have choice and control, and feel empowered
- People connect to their communities and feel less lonely and socially isolated
- People access a wide range of opportunities to support their personal recovery which include (but are not exclusively limited to): lifelong learning, employment and volunteering, social and leisure, healthy living support including local opportunities to get fitter and make better lifestyle choices regarding food, smoking, alcohol and harm minimisation

The text included in the tender specifically mentioned arts and culture, as follows:

What is the Delivery Network?

A Provider will form part of the delivery network and may deliver services to meet the outcomes of this specification. There should be a diverse range of providers in the Delivery Network which may include providers who have not traditionally delivered mental health and wellbeing services. This is likely to include, but not be limited to the following:

- *Organisations who have experience of delivering employment outcomes*
- *Organisations who have experience of delivering time limited interventions including housing related support*
- *Organisations who have experience of supporting individuals to become more empowered and to live independently*
- *Organisations which link people their communities*
- *Organisations offering art and cultural activities*
- *Sports and leisure organisations*
- *Organisations that use the natural environment to improve wellbeing e.g. greencare, nature projects, horticultural therapy, forestry etc.*

The mental health tender refers to KCC's strategic county-wide outcomes, which include, crucially, that:

"Kent residents enjoy a good quality of life, and more people benefit from greater social, cultural and sporting opportunities".

The Kent mental health tender shows how arts and culture can be integrated into a service area as a key component, among others, designed to meet the needs of the local population. Arts and culture is referenced three times in the tender documentation and the message was supported by commissioners using examples of arts and cultural organisations in their presentations at engagement events, and by the presence of arts and cultural organisations at these events.

KCC used a procurement approach called competitive dialogue, which means that commissioners can discuss the bids of potential partners with them as they are being developed, before final bids are submitted. This process has enabled much greater communication and collaboration between commissioners and potential providers, and has been an opportunity for commissioners to continue to promote specific ideas – such as arts and cultural activities – that providers might not pick up on at earlier stages. The mental health tender also contains a discretionary innovation budget that strategic providers can use to give grants to smaller organisations, and the commissioners can push for this to be used to incentivise particular activities or approaches.

Our work with Kent and Gloucestershire has shown that changes to the way organisations are funded, and to specific procurement approaches, are often helpful in enabling innovations to flourish. Existing systems are often not fit for purpose, and will need to be examined to see how they might best support new approaches, such as arts and cultural organisations. In particular, procurement approaches that tend to advantage economies of scale, and larger organisations, will not be suitable for commissioners who want to encourage new organisations, especially when those organisations might be small to medium sized providers.⁴⁵ For example, some framework agreements that are set up to manage large-scale contracts and are not broken down into lots can require a very high upfront investment of time and resources from small organisations. Reducing the administrative burden of bidding by dividing framework agreements into lots or encouraging consortia bids can all be helpful.

Figure 15. A note on decommissioning

None of the pilot sites we worked with are actively decommissioning an entire service. Some are, however, recommissioning services in which all providers – new and old – will have to bid, with a reduced amount of funding available. In this environment of reduced funding, it is more important than ever to find ways to support partnerships of providers to work together; to focus on the outcomes that matter most to people using services; and to build on all the available assets in a local area. Some commissioners are shifting away from grant funding towards a competitive tendering approach, and this has potential implications for arts and cultural providers. Good commissioning means supporting the sector through these transitions and trying to turn change to advantage.

Key takeaway points for commissioners:

- Don't assume that competitive tendering is the best option for funding a new project – consider all options available to you
- Focus on the outcomes you want to achieve, and leave space for providers to suggest different methods or approaches that might be able to deliver these outcomes
- Take advantage of the Social Value Act and use it to encourage providers to engage with local arts and cultural organisations
- Consider encouraging partnerships through your procurement approach. Partnership working is important for smaller organisations, especially when they are new to commissioning
- Ensure that you specifically encourage arts and culture in the tender documentation, as well as talking through this intention at events and meetings with providers

Figure 16. Using the Social Value Act to embed arts and culture

Kent County Council has been particularly creative in its thinking in how to use the Public Services (Social Value) Act to embed a greater focus on arts and culture within one of its major environmental services: waste management. Kent County Council's ambition is use the Act to encourage investment for the arts as part of letting a £50 million waste management contract. Under the terms of the contract, 0.1% of the value will be ring-fenced by the provider to support projects, with strong encouragement to providers as to how they might use arts and culture. The Social Value question, worth 5% of the overall score, which is being used within the tender is as follows:

"We would like to see innovative and engaging ideas for how the Provider will contribute to encouraging the community as a whole ... to participate in activities that may lead to an increased understanding of the impact of waste upon the environment, and which may lead to the development of behaviours that will reduce this impact."

"Experience in many local authority areas has shown that arts and culture can be an effective way of communicating complex messages about waste to diverse groups in an engaging way."

The initial set of bids from providers did not really engage with the idea of using arts and cultural activities as an approach, so the team will explore how they can follow up on their ambitions during the mobilisation phase and early stages of the contract.

An internal social value steering group has now been established which will look at how contracts such as this could use the Social Value Act to promote Kent Country Council's wider social outcomes.

5.3 Monitoring and evaluation

"We always go around this evidence base question, but what is the evidence base for what we do at the moment. We never check the evidence base of stuff we've been doing for years. It's about continually focusing on the outcomes that matter to individuals."

Emma Hanson, Head of Strategic Commissioning Community Support, Kent County Council

The components of monitoring and evaluation, such as monitoring forms, key performance indicators (KPIs) and external evaluations, are a central part of the commissioning process. These processes can be done well, or badly. They can help providers monitor progress against outcomes, learn from their work, and show commissioners the impact that an intervention is having. Or they can encourage contract compliance to a narrow range of outputs and tell us very little about how effective an intervention is. If commissioners are moving towards an outcomes based approach, their indicators will need to change too.

Throughout the CCP we have seen a great deal of evidence about how arts and cultural activities can help to achieve social and economic outcomes. Yet the 'default' modes of local government and NHS systems often fail to capture this value. Instead, they tend to rely on the kind of output measures used by more traditional services: for example, the number of people accessing services, or the number of referrals made. Public service systems are slowly shifting towards more outcomes based indicators, but practice has not yet caught up with rhetoric. At the same time, many providers feel ill-equipped to demonstrate the impact of their work and need support to build their capacity and expertise to use a variety of measurement and evaluation tools.

Confronted with this challenge, both of the pilot sites have gone back to basics when considering how to monitor arts and cultural interventions. Kent's journey started with the Six Ways to Wellbeing programme, which used the WEMWEBS tool to measure the Wellbeing outcomes of young people involved in the programme. An external evaluation of the wellbeing programme made some specific recommendations on evaluation for future commissions, which included the following:

- Include evaluation beyond the life of the project in contracts
- Work (with national partners) on training the arts sector in robust data collection
- Ensure tender budget pro formas include project areas like evaluation and communications
- Ensure monitoring is timely, proportionate, purposeful and clearly communicated
- Explore a weighting system: minimum, expected and stretch targets in a portfolio of risk⁴⁶

Gloucestershire has also been developing its thinking on how to evaluate the nine innovation pilots that will be tested out over 2016. It is still in the process of determining the data collection framework, but has set out six key questions to guide its approach to evaluating the pilots. These are:

1. What's the worth and value to all the stakeholders?
2. Financial cost: what are the fixed and variable costs?
3. What's the learning for commissioners?
4. What's the learning for the arts and culture sector?
5. What's the learning for new ways and models of service delivery?
6. What's the effectiveness?

Each arts and health pilot in Gloucestershire will be collecting a range of data and using this to inform future decisions about where and how arts and cultural activities might support health outcomes. The team is hoping that they will be able to use this data to compare arts and cultural interventions with more standard NHS interventions, which often have a detailed breakdown of costs.

All too often, new approaches to commissioning fail to change the final part of the process – monitoring and evaluation. In order to build up the evidence base behind arts and cultural interventions and activities, we need better indicators and a more rigorous approach to gathering evidence. Kent's pilot programme on the Six Ways to Wellbeing had evaluation as a central component, which enabled them to improve and learn throughout, as well as demonstrating that the project worked and proving it was a good way to spend money.

NPC (New Philanthropy Capital) has run a series of Social Impact Seminars as part of the CCP which has highlighted the benefits of taking a planned approach to impact measurement that supports the needs of projects, not just commissioners; the importance of using opportunities to draw on existing evidence; and the need to take a proportionate approach – including having an open discussion with providers about what is proportionate given their size and capacity.

Commissioners often cite the need for evidence in relation to any attempt to introduce a new programme or innovation. However, it is important to note that the same burden of evidence is seldom applied to existing services. Commissioners should be proportionate in their demands for evidence, and recognise the value of a pre-existing evidence base that may shed light on a type of approach or intervention. It is worth considering different ways of gathering and using evidence:

- Finding out whether an approach has a good evidence base behind it, either at a project level or generically – showing the reason why the approach may be successful. This type of evidence can be used in the design of new services, and to influence colleagues who are nervous about something that doesn't have a history in their locality or service.
- Gathering data the first time an approach or project is trialled, by monitoring process to show how it is working and by evaluating outcomes.
- Using evaluation to determine whether a new approach has achieved its projected outcomes and what impact it has had.

A range of options are available to strengthen and support commissioners' and practitioners' effort to strengthen evaluation. A useful analysis has been published by Norma Daykin⁴⁷.

A recent piece of work has been published by Public Health England that provides guidance on ways of documenting the impacts of arts for health and wellbeing, whether through small-scale project evaluations or large-scale research studies.⁴⁸ It proposes a minimum set of standards for reporting, rather than adopting a 'one size fits all' approach, and is intended for health commissioners, funders, arts organisations and others.

Key takeaway points for commissioners:

- Review existing monitoring and evaluation systems and check if they are right for new types of providers and provision
- Use the existing evidence base for arts and cultural interventions
- Be proportionate in your expectations of how much monitoring activity providers can undertake, and consider whether training and support might be needed
- Consider whether a partnership with a university or evaluation expert might be helpful in building up the local evidence base for arts and culture



Photo by: Green Candle Dance Co, Older Men Moving Project.

6. Conclusion

These CCP pilots in Kent and Gloucester have shown that commissioners and arts and cultural organisations are breaking new ground in the design and delivery of public services. Working alongside arts and cultural providers forms part of a new way of commissioning: one that is assets based and preventative, and that supports a wellbeing agenda.

Historically, the arts and culture sector has shown real promise and innovation in delivering social and economic outcomes. But arts and cultural projects have all too often been operating around the edges of mainstream public services, often grant funded by inspired leaders who want to invest in them, but not always strategically integrated into commissioning. Some of the commissioners we interviewed in this programme suggested they felt that this was important – to maintain the essence of the arts and not dampen it with the bureaucracy of big commissioning processes. This is one, very valid, argument. But other voices suggest that this approach doesn't change the heart of the system – or the nuts and bolts of commissioning, to make it more accessible to arts and cultural organisations on a sustainable and ongoing basis. One commissioner indicated that the discretionary power some commissioners have over grant funding would be substantially reduced after the next round of funding cuts, and that bringing arts and culture into the mainstream was the only way to ensure alignment between these two sectors.

Our work with Kent and Gloucestershire has explored what changing the mainstream system of public services would look like. This report sets out ideas of how to do that in a practical way. Our pilots have shown how innovation can flourish, changing the structure, shape and feel of public services. The baton now passes to other commissioners who can build on, expand and innovate themselves in this exciting area.

We finish with a suite of practical recommendations that other commissioners can take forward and use to support their own efforts.

7. Recommendations

These recommendations are structured to reflect the different sections of this report, as follows:

1. Raising awareness and changing attitudes about the arts and cultural sector
2. Building provider capacity and knowledge
3. Market engagement and relationship building with the arts and cultural sector
4. Improving procurement processes to engage and support the arts and culture sector
5. Improving monitoring and evaluation approaches to support arts and cultural organisations

1. Recommendations for raising awareness and changing attitudes about the arts and cultural sector

This programme has shown that raising awareness and changing attitudes about arts and culture often involves influencing through peers, positioning arts and culture, and having some specific activities that will act as ‘proof of concept’. Some of the specific activities that we have seen to be effective in raising awareness and influencing within the health and local government sector are listed below. Many of them apply equally to commissioners and providers.

- **Identify advocates of arts and cultural activity and organisations in your locality.** Engage them to find out about the local history of funding for arts and cultural organisations, about which commissioners might already be funding arts and cultural projects, and whether there are any existing networks or forums with whom you would be able to work.
- **Get senior sponsorship.** Consider senior leaders who could be effective advocates for the arts and cultural sector, or who are important to influence so that your efforts are not blocked at a later date. Find out if they have an interest in arts and culture. If not, identify a project which could illustrate how their priorities could be met through using arts and culture and try to bring them together.

- **Establish an advisory group.** Bring together a range of advocates and strategic partners to establish a formal advisory group. Members could include senior commissioners or directors in different departments and the NHS; procurement leads; councillors, or members of formal governance groups, such as the local Health and Well-being Board. Work with this group to develop a specific set of objectives about whom to influence and how. Setting specific timescales can help, as well as using the networks of group members to influence others.
- **Develop a range of communications tools.** This could include a short introductory paragraph to send out by email, a brief description of arts and culture, a small selection of case studies, a short film, a summary of some of the most relevant evidence, a presentation and contacts with local practitioners or sites who can be visited. Variety is important, as different types of material will influence different people.
 - If you are able to engage with the arts sector in your area at a strategic level, it could be useful to encourage the sector to develop a Plan on a Page, similar to the ones we have shared in this report. This can be a useful influencing tool when advocating on behalf of the arts and cultural sector.
- **Identify local political priorities and find an alignment the arts and cultural sector.** If wellbeing, prevention or long-term health conditions, for example, are strategically important for your organisation then try to find examples of how arts and cultural activities have been used to meet these priorities.
- **Identify practical projects to act as proof of concept.** Work with senior advocates and your advisory group to identify some specific projects that can be used as pilots for embedding arts and cultural activities. This could be a forthcoming tender or grant programme, or the development of a council-wide outcomes framework or policy working group. Approach the people running these programmes and offer them the opportunity to integrate arts and cultural activities into their process.
- **Focus on applying the learning from pilots to the wider system.** There is a risk of having endless pilots which are left in a vacuum and are not integrated into the heart of a service. Commissioners need to have a clear strategy for deciding on continued funding or integration of pilots into a mainstream service, and what success criteria this would depend on.
- **Working with arts and cultural organisations to co-design services.** Consider working with arts and cultural organisations to help run more creative engagement events, and to contribute to the design of services, as well as their delivery.
- **Look for opportunities to bring together the public and arts sectors.** For example, you might want to invite an organisation that specialises in using arts and cultural activities to improve wellbeing to present at a local conference or meeting with the NHS, or hold public sector events in arts spaces, such as local libraries or theatres. Slowly, these efforts will build a stronger bridge between the two sectors.

2. Recommendations for building provider capacity and knowledge

Whenever commissioners engage new providers there is a need to ensure that their skills and capacity are sufficient to deliver good quality services and activities. In addition to the ongoing capacity building for the VCSE that is often provided through infrastructure organisations, some arts and cultural organisations will need additional training and support so that they can operate on a level playing field with other more established providers. Our work with the commissioning pilots has indicated the following areas where specific training and capacity building could be helpful:

- **Identify training needs.** Consider how best to find out what the specific training needs of the sector are. A survey of practitioners or a smaller focus group that is broadly representative of the local arts and cultural sector are both quick but effective methods.
- **Expand VCSE opportunities to the arts and cultural sector.** Consider how to ensure that VCSE training programmes are accessible to the arts and cultural sector. This could involve asking the VCSE alliance or forum to actively promote their opportunities to arts and cultural organisations, for example.
- **Build knowledge across the public and arts sectors.** Build up specific expertise by facilitating knowledge exchange sessions between arts organisations and other specialists, such as health practitioners, dementia specialists or youth workers.
- **Consider using new learning models.** Both pilot sites have been inventive in their approach to ongoing professional development and learning within the sector. They have used techniques such as mentoring, action learning and co-production groups to share knowledge between arts and health professionals.

3. Recommendations for market engagement and relationship building with the arts and cultural sector

Relationships at a strategic and individual level between the public sector and arts and cultural organisations are a vital area for development. Many arts and cultural organisations miss out on bidding for work because they do not have access to commissioners or commissioning opportunities.⁴⁹ Kent and Gloucestershire went to great lengths to strengthen the mechanisms through which the two sectors could engage. At a strategic level, this might take place through an arts forum like the one established by Create Gloucestershire and the Voluntary Sector Alliance, or through an arts membership organisation. At an individual level, it might be the links between a commissioner for mental health services and the arts organisations that specialise in mental health within the area. We have observed some effective ways of building these relationships, which include:

- **Encourage the VCSE to engage the arts and cultural sector.**
Consider engaging the VCSE sector and asking them to actively expand their membership to include more arts and cultural organisations in their networking events or forums. Consider how individual artists and sole traders can engage with these networks, as many will be working independently.
- **Networking events.** Hold a networking event that brings together arts and cultural organisations with commissioners to find areas of alignment between the two sectors: this was a particularly effective tool when events were themed to speak to particular issues or priorities that commissioners had, such as personalisation, dementia or the Social Value Act.
- **Consider establishing condition- or sector-specific networks.**
Encourage or facilitate specific networks, like the Dementia Alliance in Kent, so that members can support each other and you can work with them strategically.
- **Develop relationships with external organisations.** Many individuals and organisations outside the public sector have expertise on the arts and cultural sector. For example, both pilot sites have formed a relationship with experts in their local universities, and with members of the House of Lords, MPs and local businesses. This can help push the agenda beyond the boundaries of the local authority or the NHS and bring in additional expertise and resources.
- **Build a mechanism for ongoing communication between the sectors.**
For example, Kent County Council is considering building a directory of arts organisations to help other commissioners communicate with the sector, while Gloucestershire has created an Arts Forum which is jointly facilitated by the VCSE Alliance and Create Gloucestershire. This avoids relying upon one person to hold the relationship with different organisations within the sector.
- **Pre-procurement engagement.** Our experiences in both of the pilot sites have shown that engaging with new providers well in advance of any tender or procurement process going live is essential. Once the tender is live, commissioners are much more restricted in whom they can talk to and how, for fear of disadvantaging other providers. Given that many arts and cultural organisations are new to public sector commissioning, early engagement is vital to ensuring they are able to participate in the process.
- **Set high expectations of lead providers and strategic partners.** If you are commissioning a provider to act as a lead provider or strategic partner who will subcontract specific activities to others, you can encourage them to take a role in developing relationships with arts and cultural organisations.
- **Consider strategic partnerships with arts and VCSE infrastructure.**
External partners can be an important way to engage effectively with a new sector and identify and offer the right capacity building support for new providers. Kent and Gloucestershire both worked closely with the VCSE and arts infrastructure organisations to engage providers, build capacity and develop commissioning opportunities.

4. Recommendations for improving procurement processes to engage and support the arts and culture sector

Focus on outcomes. Our work with the pilots has shown that focusing on the outcomes you want to achieve – and not the delivery mechanism or activity – opens up space for providers to innovate and widens the potential pool of providers. Commissioning specific services or outputs often excludes providers that don't use that particular model or activity. Focusing on outcomes can include different types of providers, and encourage innovation.

- **Explicitly write arts and culture into the tender.** This is an important technical change which can back up the message that commissioners convey at events and with providers.
- **Consider the scale of the contracts.** Across the public sector, commissioning seems to be moving towards contracts on an ever-larger scale. This means fewer providers will be able to deliver a single contract alone and smaller providers will be excluded. Consider whether large-scale contracts are helping you achieve your objectives, and whether they are reaching the type of providers you think can provide good quality services. Would encouraging smaller providers to join consortia, or other forms of delivery through partnerships, create a better balance of provision? If you are tendering contracts at a large scale, consider how smaller grants might be used within this to fund specific arts provision: for example, Kent's mental health tender includes a provision for the lead partner to allocate small innovation grants.
- **Consider the full range of funding and procurement options.** There is a range of funding options available to commissioners. Take time to consider which of these might deliver the best outcome, and how it might affect the type of providers you want to encourage to apply. The approach selected can have a significant impact on the range and type of providers that bid.
- **Personal budgets.** Ensure that people who have personal budgets are able to access information about arts and cultural activities in your locality. Consider running training for care coordinators to raise awareness of non-traditional services, such as arts and cultural activities.
- **Engage procurement teams early.** In both pilot sites, procurement teams have been involved from the start, which is essential for embedding the learning and ensuring any changes can be applied to future work.
- **Consider how sustainable your approach is.** Sustainability of funding has been a concern in Gloucestershire and Kent. Given your local context, you may find grant funding will not be secure over the long term, or you may feel consortia based models will be more sustainable. It is important to consider sustainability from the outset, and build it into your plans.

5. Recommendations on improving monitoring and evaluation approaches so that they support arts and cultural organisations

- **Understand the capacity of the sector.** Expertise on monitoring varies and it is important to gain an understanding of how well set up new organisations are to monitor their own impact. Some commissioners we have worked with have run surveys to find out what the sector is already doing and get insight on the tools and methods they are using in order to inform their own approach.
- **Develop a range of indicators.** If you are using an outcomes based commissioning approach, it is likely that you will need to develop new indicators of progress that reflect the outcomes. Some existing indicators that reflect more output based commissioning approaches will not be appropriate.
- **A balance of evidence.** Arts and cultural organisations can provide evidence of impact in a similar way to most other provider organisations – through a mix of qualitative and quantitative measures. They may also be able to provide some of this evidence in a highly creative way, using photography, art or film, for example. Commissioners need to reassure providers that this type and range of evidence is acceptable, and encourage it, to counteract the view of some providers that such forms of visual evidence are less valuable.
- **Draw on expertise from elsewhere.** Universities, national arts programmes and individual organisations are all developing new measurement approaches, conducting evidence reviews and capacity building in the arts and cultural sector. Take advantage of these resources and consider how a partnership with a local university might enhance your ability to monitor and evaluate services effectively.

Photo by: Lydia Meiying. Centre for Chinese Contemporary Art
– mask-making workshop with Lydia Meiying.



Appendix 1: The CCP pilot in Gloucestershire

This case study documents Gloucestershire's efforts to align the arts and cultural sector with health and wellbeing services across Gloucestershire. It sets out:

- Gloucestershire's history and previous work on developing arts and cultural activities for health
- The challenges and opportunities facing commissioners
- How the team made their vision for arts and health a reality
- Their experience of working with arts organisations
- Key learning for other commissioners

Gloucestershire's work on this programme has created a step change in how arts and cultural activities are used to deliver mental and physical health outcomes. A strong partnership was in place to support the programme, which included the CCG, District and County Councils, and Create Gloucestershire, the county arts umbrella organisation. Their long-term goal is to place arts and culture on a similar footing to other services that support the health and wellbeing of Gloucestershire residents.

The vision for cultural commissioning in Gloucestershire

The NHS in Gloucestershire had a history of funding arts projects in health, including annual festivals, artistic projects supporting people with dementia, poetry on prescription and commissioning art in hospitals. Though there were some strong advocates for the arts and cultural sector, these projects weren't strategically aligned with the NHS. The CCP presented an opportunity to make this step change.

One of the most established projects was an existing arts-on-prescription programme supporting people with mental health conditions, which had been funded since 2001. The team wanted to develop the model further. Their vision was to extend arts and cultural provision to physical health, and to align arts and cultural activities with a county-wide social prescribing programme, so that people using voluntary and community based support, as well as primary and secondary care, would be able to access arts and cultural activities.

The team's ambitions were supported by national health policies and priorities. As Jules Ford, the project manager, described:

“We have worked on the principles of NHS England’s Five Year Forward View and Gloucestershire’s 5-year strategy – Joining Up Your Care. We’ve focused on key priorities including moving support closer to where people live, for example place based commissioning in local theatres and art centres ... and integration ...

The other key priority for us has been personalisation and increasing choice, so that people don’t have to fit their needs into an often narrow menu of existing options, but can instead choose what works for their physical or mental health condition from a broader menu of support and interventions. So for example, if people like singing then a bespoke choir might be a good option for management of asthma, and a drama or dance based intervention may be much more appealing to young people with type 1 diabetes to encourage good control of blood glucose, than a more standard NHS intervention such as a clinician led education session.”

With strong links between key health policy areas, such as the Five Year Forward View, personalisation, prevention and self-management, the vision to embed arts and culture into the health system was an opportunity to build a new layer of support that would help people to manage their own conditions.

Making the vision a reality

The team brought together an advisory group for the programme which includes representatives of all the partners, as well as experts from local universities, health commissioners and senior leaders involved in the governance of local health bodies. Additional strategic buy-in was achieved through one-to-one meetings with senior stakeholders across the partner organisations and presentations to key groups such as the CCG Governing Body. This influencing resulted in the inclusion of a clear reference to arts and culture in the CCG Operating Plan, which is the first step towards getting the arts and culture sector recognised as part of the CCG’s future plans.

The team knew that to achieve a step change in aligning arts and culture with the health system, their focus had to be highly strategic:

“We knew we had to embed this within clinical pathways – and that has to happen through CPGs (Clinical Pathway Groups). The CPGs are at the heart of the CCG’s transformational change approach and focus on key disease groups such as diabetes, cancer, respiratory and mental health. We looked at the needs assessments of clinical pathways and started with their key priorities, framing the question to the Clinical Pathway Groups as ‘where do your standard interventions get you?’ ‘Where could non-standard interventions meet need you have?’”

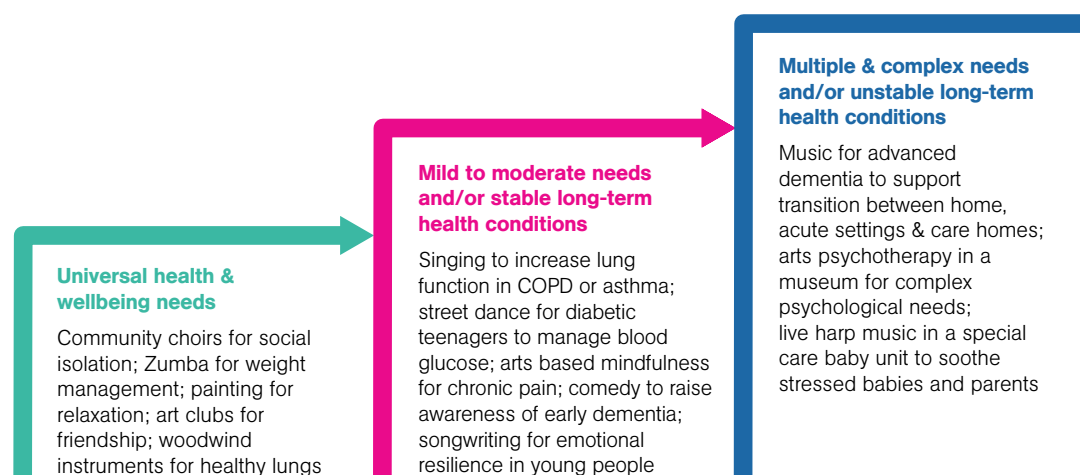
Jules Ford, CCP Programme Manager, Gloucestershire

These conversations with key individuals and groups within the Clinical Commissioning Group led to the design of an innovation grant programme that would offer grants across nine different clinical pathways. The programme was designed to reflect key priorities identified in the clinical programme needs analyses and is a test of concept for a new model of support for patients with long-term health conditions.

The aim was to develop a county-wide self-management model that would enable people to access arts based interventions to meet a range of physical and mental health needs. At a lower level of need (for example, psycho-social needs) the team focused on embedding arts and culture into their county-wide social prescribing programme. For primary and secondary or specialist care, they decided to run a series of feasibility grant projects to test out the potential for commissioning arts for a variety of specific long-term conditions.

Diagram 3, below, shows some examples of what types of arts and cultural activities might support people who have different types of needs. Some arts interventions are already aligned with the green box through the county-wide social prescribing programme. The aim of the project team has been to work with both arts and health practitioners to develop new ways to support people experiencing physical and mental health conditions in the pink and blue boxes, which represent more acute levels of need. In doing so, they will be able to align arts and culture along this spectrum of need, embedding it across the local health system.

Diagram 3. A spectrum of arts and cultural activities in healthcare



The themes that structured the innovation grant programme, along with the successful projects, are outlined below. These themes are testing out new innovations in the pink and blue steps of Diagram 3, above.

Table 4. Gloucestershire Innovation Grants Project Summary

Theme	Project
Early dementia	A comedy and animation project working with the BME (black and minority ethnic) community to raise awareness of early signs of dementia and increase uptake of early support.
Advanced dementia	A music therapy project for people living with dementia and their carers and support staff to improve resilience at transition between home and care homes.
Diabetes (1)	A drama based project with teenagers living with type 1 diabetes to increase confidence and diabetes self-management, including medication compliance. Delivered with a teenage creative arts intern who has type 1 diabetes.
Diabetes (2)	A dance and film based project with teenagers living with type 1 diabetes to increase confidence and diabetes self-management, including medication compliance.
Chronic pain	A mixed media arts project for men of working age living with chronic pain, to learn arts based strategies of managing pain. Co-delivered with an expert pain patient.
Lung conditions	A bespoke choir for people with COPD and asthma referred by specialist respiratory physiotherapists, following discharge from pulmonary rehabilitation programmes. Delivered in conjunction with The British Lung Foundation.
Young people's mental health (1)	A drama based project called "secrets and lies" targeting young people at risk of self-harm, body image and pornography issues to increase emotional resilience.
Young people's mental health (2)	A music and song-writing project working at both universal and targeted level to increase awareness and learn strategies for managing stressful situations.
Adults with complex mental health needs	An art psychotherapy project for 18- to 25-year-olds delivered in two museums, using both the space and artefacts as part of the therapeutic process.
Cancer (project yet to be commissioned)	A project to support people experiencing cancers that can carry more stigma to re-adjust to everyday life and work.
Obesity (project yet to be commissioned)	Reduction of psychological barriers, such as stigma and shame, for people with significant weight issues, in order to increase patients' capacity to engage with clinical specialist weight management programmes.

This range of projects represent a synergy of the strengths that both health and arts partners have brought to the programme. With the exception of the early intervention dementia project, the projects are targeted at patients currently receiving specialist health treatment. Referrals come from either community based specialists or hospitals. There is a strong place making and assets based approach, so all the interventions are delivered in community based venues such as art centres, theatres, museums, men's sheds or schools. This approach is central to building a preventative model of support that draws in all the assets of a local area.

Working with arts organisations

This project has been highly innovative in bringing together the arts and health sectors to pool their knowledge and experience, and create new approaches to solving entrenched challenges. Building the skills, knowledge and awareness of both sectors was key. The team ran a survey of arts and cultural organisations' training needs early on in the programme, which identified some specific support needs for the sector: this informed their approach to capacity building for the grant programme. The CCG provided a small amount of funding for Create Gloucestershire to run capacity building and networking events with interested applicants, including an online FAQs document. This space and support was critical in building stronger local networks between organisations and providing technical support when they applied for grants.

“Developing the VCSE sector is a key element of the national and local NHS plans, so we have worked with our partners Create Gloucestershire and Gloucestershire VCS Alliance to enable the development of the voluntary, community and social enterprise sector (VSCE) to be ‘commissionable’ ... this consortia approach is especially important for small not-for-profit arts organisations, who don't have the financial or geographical scale to get larger commissions on their own in a large rural county, and where many artists are individual freelancers.”

Jules Ford, CCP Programme Manager, Gloucestershire

Bids of up to £15K were invited from arts and cultural organisations, as well as from the wider VCSE. The grant programme received 24 applications from 13 organisations, including some bids which brought together arts and non-arts providers in partnership. The tenders were evaluated using a two-stage selection process involving patients, clinicians, commissioners and arts specialists – which was particularly important in balancing the clinical aspect of the selection panels.

“Commissioners will invariably come at things based on assumptions borne out of our somewhat limited NHS experience and this has resulted in decisions about services being largely developed as a result of viewing the world through the lens of the ‘medical model’. My recent exposure to commissioning based on an alternative context and approach, namely one that is that being informed by the place and relevance of arts and culture, has challenged me down to my commissioning roots! ... In a meeting made up of clinicians, commissioners and representatives from the arts organisations, it was the two young girls living with diabetes (and working as part of those arts organisations) who visibly dismantled and stripped away our preconceptions and assumptions. Their intervention based on the sharing of their experiences alone changed the whole tone and language of the meeting and inspired us to see things differently, lose the labels and see the potential of how arts and culture can break into a world where previously there might not have been any other solutions given the limited success of being wedded to a largely clinically-led approach.”

Duncan Thomas, Senior Commissioning Manager for Clinical Programmes (Gloucestershire CCG)

This was the first time arts and cultural organisations had been encouraged to work with groups experiencing physical health conditions, and the sector's confidence and experience level showed in their bids. There were some pockets of innovation, but many organisations had tried to bolt their existing arts practice onto the health condition. The learning from this has already been integrated into two of the pilot areas, cancer and obesity, which were re-advertised to try to get a better set of ideas in to test out.

The pilot programme has raised some new challenges for the way the NHS commissions. The project team quickly realised that the existing procurement approach and paperwork was designed for much larger contracts, and so they adapted the NHS England draft grant templates and tailored them to their programme. The team also decided on a new approach to market engagement for the second round of project bids, and included health specialists at events, so that arts practitioners could develop their bids with insight and expertise gained from this group.

Looking ahead

Over the course of 2016 the team will be moving their arts and culture work into the Enabling Active Communities Programme, which brings together a much wider group of public bodies in Gloucestershire, including local authorities, the CCG, and the police and crime commissioner. Any recurring funding from the CCG grant programme would go into a pooled budget from all of those organisations. Grant programmes, of which arts and culture would be a component, would be funded from this pool.

Key learning points

The work in Gloucestershire has created rich learning for other sites interested in aligning the arts and health sectors. Key messages include:

- **Strategic leadership is essential.** The CCG took ownership of the vision for greater involvement of the arts and culture sector, and its commitment – championed by a few senior leaders – has led to the unlocking of financial resources, buy-in from clinicians, and a clear focus on integrating arts and cultural organisations in a strategic way.
- **A strong partnership.** A strong relationship was formed between the pilot team, Create Gloucestershire, and the team within the CCG. This partnership brought a range of expertise and contacts to the table, and supported the creation of genuinely new thinking and opportunities. The VCS Alliance and Create Gloucestershire also formed a new Arts and Cultural Forum, which has become a strategic partnership, so that commissioners can engage effectively with a wide range of providers across the sector.
- **Coordination and management.** The CCG funded one part-time post to lead this work, and this resourcing was central to the success of the programme. The project manager role coordinated a wide number of groups and led the grant process, ensuring that a number of internal and external groups were kept involved and informed.

- **Use a practical project to influence thinking.** Because the arts and cultural sector was a new area for many working in the CCG, getting the grant programme underway was crucial so that the pilot team could use practical examples to illustrate the benefits and potential of arts and cultural activities. This helped bring the concept to life, and give people something specific to engage with, since many of the grants were aligned with specific clinical pathways.
- **Strategic alignment with health priorities.** A strategic decision was made early on to align arts and culture opportunities with clinical pathways and the emerging social prescribing scheme being rolled out across Gloucestershire. This built a bridge between the NHS and the world of arts and culture, and made the latter directly relevant to a health audience. This also helped the arts and cultural sector to gain a deeper insight into the language and structure of the NHS.
- **Provide capacity building and support.** Throughout the grant process, applicants for funds were able to access support from Create Gloucestershire, and required quite a large amount of face-to-face and telephone support. In part this reflects the new clinical dimension to the pilot programme, but the experience of commissioners in Kent also showed that investing in capacity building improved the quality of partnerships and bids. An important part of capacity building was to facilitate earlier collaboration between arts and cultural organisations and clinicians to pool the best of their expertise.
- **Extend timescales for bids.** This process was new for both commissioners and providers, and extended timescales were important to allow time for providers to understand the process, form relationships and develop their bids. The final time allowed for providers' bids the second time around was almost three months.
- **Sharing learning throughout the process.** The pilot involved a huge amount of learning both for clinicians and for providers in the arts and cultural sector. While some providers found the shift towards a clinical setting challenging, some of the clinical areas also struggled to move beyond traditional health interventions and understand arts and cultural interventions. The pilot found that involving clinicians in the assessment helped expose them to a variety of ideas, and an opportunity to increase their knowledge and awareness. The co-production groups which have supported the pilot sites have been an effective mechanism for bringing people together and creating an ongoing model for shared learning.

Appendix 2: Embedding arts and culture in commissioning across Kent

This case study documents Kent's work on embedding arts and cultural activities within several departments of the local authority. It looks in detail at the experience of recommissioning one tender in particular – the mental health and wellbeing tender for Kent's community based services – and the outcomes this achieved. The case study covers:

1. Kent's journey towards integrating arts and cultural organisations and activities into the local authority
2. Building the foundations for cultural commissioning
3. The vision for the mental health and wellbeing offer
4. Creating the conditions for new relationships and partnerships
5. How the expectation to include arts and cultural organisations was embedded in procurement
6. Challenges faced
7. Ambitions for the tender
8. Lessons learnt for other commissioners

1. Kent's journey towards integrating the arts and cultural sector across local government services

Kent's journey on the Cultural Commissioning Programme has resulted in a step change in the way the local authority engages with arts and cultural organisations. Kent, like Gloucestershire, had already funded a few projects that tested the viability of arts and cultural activities in areas such as public health and youth services. But it had not yet strategically aligned the arts and cultural sector with the core operating system of the council. As Kent shifted towards adopting a county-wide outcomes framework, there was a need to exert influence beyond the Arts and Culture Team to ensure it became a central part of Kent's future work.

The Arts and Culture Service brought together a steering group with members from across several council departments. It proactively approached a range of departments to engage in their current commissioning intentions, and put arts and culture on their agenda. This resulted in the arts and regeneration officer being included in a number of task and finish groups, a presence which improved their understanding of the arts and cultural sector's offer.

Engaging with policy colleagues ensured that the arts and cultural sector was recognised as a central feature of Kent's outcomes framework, and also ensured the Arts Team's involvement in a social value steering group.

The Arts and Culture Team has worked with a range of services to demonstrate the relevance of arts and cultural organisations, and to find new ways to engage arts and cultural providers in the provision of a range of services, including waste management, early help, mental health and wellbeing, and older people's services.

As Laura Bailey, the arts and regeneration officer, said: *"as a result (of this work) our service is now much more visible, understood and valued"*.

Here, we focus in depth on one element of Kent's journey: a mental health and wellbeing tender which ran from Spring 2014 to January 2016 and was the first tender in Kent to engage arts and cultural organisations alongside established providers – in this case a mental health organisation. The tender brought together commissioners from health, social care and the CCGs across Kent. Their vision was to support people in Kent to access mental health and wellbeing support through a range of local and community based organisations and interests, including arts and culture, green spaces and social enterprise.

As Emma Hanson, one of the commissioners involved, has said: *"this is about people having a life not a service"*. Arts and cultural activities are one of a number of approaches that will be integrated into the mental health and wellbeing offer, and is seen as an essential part of making mental health support accessible, non-stigmatising and engaging for local people.

The team chose to use competitive dialogue as a procurement approach, as it would enable them to work much more closely with providers in communicating their expectations and developing a common vision for the service. They also chose to establish a new structure for the service, which would be led by up to four strategic partners who would create and manage delivery networks of organisations providing mental health and wellbeing support. This is an innovative procurement approach, which has enabled commissioners to work closely with potential providers and have a consistent dialogue about the design and delivery of the service.

2. Building the foundations for cultural commissioning

Kent County Council built solid foundations with the VCSE and arts sectors, which underpinned their ambitions for the mental health and wellbeing tender. In 2013 the Public Health Team co-funded a Six Ways to Wellbeing pilot, with Artswork and the Royal Opera House Bridge. The pilot projects worked with young people, mainly through summer schools or workshops, to help them explore the Six Ways to Wellbeing in creative and innovative ways, and integrate these wellbeing behaviours into their daily lives. The pilot achieved a number of wellbeing outcomes, at both individual and community levels. These included general measures of wellbeing such as improved confidence and self-esteem, resilience and emotional literacy.

The pilot helped to develop stronger relationships between providers and commissioners and improved commissioners' awareness of how strong the arts and cultural sector was, and how the sector could add value to achieving commissioners' priorities.

It raised the profile of arts and cultural organisations in Kent, helped the formation of partnerships and also led to the development of a toolkit⁵⁰ on commissioning that has had an important role in helping the arts and culture sector to understand the procurement process. It enabled a number of arts and cultural organisations to see how they might deliver services that they would not traditionally bid for through outcome based commissioning.

KCC has also run a voluntary sector capacity building programme called STAMP (Sector Training and Mentoring Programme)⁵¹. Members of the Arts and Culture Team gave a presentation on the council's emerging thinking about arts and culture to a range of providers. This proved to be a crucial way of raising awareness of the potential for working with arts and cultural providers.

3. The vision for the mental health and wellbeing offer

The team commissioning the mental health and wellbeing service brings together social care, public health and the CCG. They are ambitious about the potential impact this tender could have. They want to build the strength of community based support offered by local organisations, gradually shifting resources towards community based provision and away from more acute services.

To this end, they are engaging a much wider range of potential providers than they have previously, and arts and cultural organisations are a central part of the vision. One of their aspirations is that every person who interacts with the service will have access to an arts and cultural activity as something that can help improve their health and wellbeing.

The commissioners are using a competitive dialogue process. This means that they can go through several rounds of discussion with potential providers, working with them to shape the final vision for the service and spending much more time communicating and negotiating some of the details. The specific model KCC is using involves appointing one or two strategic partners who will manage a delivery network of organisations providing mental health and wellbeing support across Kent. The contract is for five years and is worth over £4 million each year.

4. Creating the conditions for new relationships and partnerships

At the heart of this commissioning process have been a number of events across Kent. These have served to engage a diverse range of people and groups, including those using services, established providers, new providers, user-led organisations and many others. These events helped set a common vision for the future of mental health and wellbeing in Kent and have enabled new relationships to develop.

The first direct involvement of arts and culture organisations was at a major engagement event in June 2015, which was held for all interested providers, with special efforts made to attract arts and cultural organisations. Around 100 attended, with 20% from the arts and cultural sector. This event was a chance for organisations to find out more about the tendering opportunity and meet others with whom they might form partnerships. All interested organisations were asked to submit a paragraph profiling themselves and what outcomes they could deliver. These submissions were put up on the wall to allow people to see who else was in the room, and also shared with all potential bidders electronically. The information was regularly refreshed and updated during the process to allow new organisations the opportunity to be part of a network. Later in the process, some of the strategic partners offered to lead additional networking events with potential providers.

5. How arts and culture were embedded in procurement

Embedding the expectation of bids from the arts and culture sector in the procurement documentation was another key part of showing the commissioners' commitment. Within the tender the following text was included to indicate the commissioners' desire to see arts and culture represented within the delivery network:

Activities to support wellbeing or encouraging engagement with environmental initiatives, this could include investing in creative art interventions or community exercise space and green spaces. The link below focuses on children but is relevant to all age groups. <http://www.artswork.org.uk/programmes/south-east-bridge/what-are-the-quality-principles/>)

A provider will form part of the delivery network and may deliver services to meet the outcomes of this specification. There should be a diverse range of providers in the delivery network which may include providers who have not traditionally delivered mental health and wellbeing services. This is likely to include, but not be limited to the following:

- Organisations who have experience of delivering employment outcomes
- Organisations who have experience of delivering time limited interventions including housing related support
- Organisations who have experience of supporting individuals to become more empowered and to live independently
- Organisations which link people their communities
- Organisations offering art and cultural activities
- Sports and leisure organisations
- Organisations that use the natural environment to improve wellbeing e.g. greencare, nature projects, horticultural therapy, forestry etc.

Arts and culture was also included in a key performance indicator for the contract, with the following text.

KPI: Number of people supported to access arts or cultural groups/activities.

Having arts and cultural activities explicit in the procurement paperwork was an essential part of the process, and means that commissioners can hold strategic partners to account for ensuring that this aspiration is realised. Perhaps even more influential was the continuous messaging from commissioners at engagement events and to the strategic partners, that arts and cultural activities were an important part of the overall mental health and wellbeing offer.

6. Challenges faced

While there haven't been many major hurdles during the commissioning process, some small and very specific concerns about procurement have meant that engaging with non-traditional providers has been challenging. For example, some of the providers interested in the strategic partner role approached the KCC arts and regeneration officer to access the names and emails of potential arts and cultural partners: the Procurement Team felt this would come too close to formally endorsing some providers over others. A potential solution is to promote a database of all the providers that have expressed an interest in that tender, to include art and cultural organisations; another is for the Arts and Culture Team to publicly list a database of arts and cultural organisations working in Kent, which is something they're working on at the moment. A broader point to be made is that a close working relationship with procurement colleagues can help turn challenges like this into opportunities to develop solutions, rather than becoming outright barriers.

7. Ambitions for the tender

The commissioners' ambitions are to secure a high-quality and varied mental health and wellbeing offer. To this end, every person who interacts with mental health services should have some choice in the support they get. This would be tailored to their individual needs and interests, and would include an offer of arts and cultural activities on the grounds that these could help to make the process of improving health and wellbeing both enjoyable and sustainable. Commissioners also hope that:

“Strategic partners become advocates for the arts and the role of arts and culture in mental health provision.”

Emma Hanson, Head of Strategic Commissioning Community Support, Kent County Council

This tender has pushed commissioners and providers into new territory, developed a great number of new relationships, and built capacity in a number of new organisations in the process. Informal feedback from providers has indicated that partnerships are likely to emerge between arts and cultural organisations and mental health organisations regardless of whether or not their bids are successful, which will strengthen links between the sectors in the future and possibly lead to more joint working. The networks being established by delivery partners aren't fixed, either, so there will be continuing opportunities to develop partnerships over the lifetime of the contract, through mechanisms such as the innovation grant.

The successful bidders for the strategic partner roles were the Shaw Trust and Porchlight, who will now set up and run the delivery network. Their bids contained a range of arts and cultural partners, including twelve arts and cultural organisations and nine groups running informal activities, such as reading and writing groups and community choirs.

The commissioners intend to use a similar commissioning model when commissioning services for older people, homelessness and addiction, all to be commissioned next year. Early work in building the capacity of the arts and cultural sector has already started, with the formation of a dementia arm of the Kent Cultural Alliance, with which the Social Care Team is working.

The successful providers have arranged a list of delivery partners, including those from the arts and cultural sector. They have committed to continuing pilot work with the sector to build the evidence base and ensure diversity in their offer of support. This is made possible via the use of the innovation grant, spot purchasing and lower-level contracting arrangements, which have been built into the model.

8. Lessons learnt for other commissioners

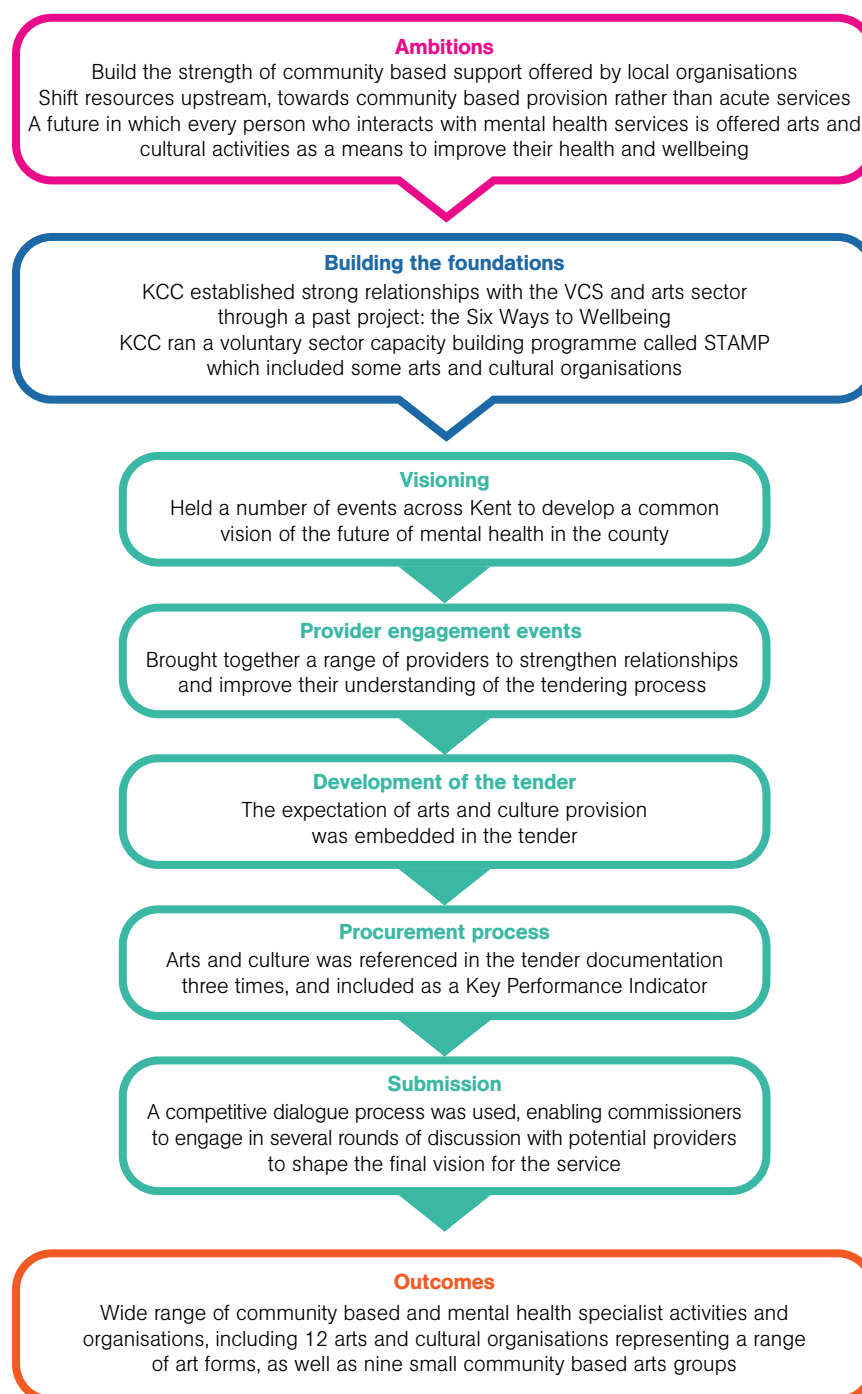
This commissioning tender has involved a number of innovations, and there is rich learning on how to improve and expand the efforts made through this process. Key learning points are as follows:

- **More targeted engagement and invitations.** Events were found to be a very effective mechanism for engagement, but hopes that some providers would engage weren't realised until they were targeted by personal contacts. This was partly due to the language used, and ensuring the sector could see how the event or opportunity was relevant to them.
- **Involve all potential providers early.** It's easy to start engagement first with the providers that you're most used to working with, but to effectively

engage new types of providers, a long lead-in time is needed, as well as targeted invitations. Earlier involvement of arts and culture organisations would have provided more time for relationship building and perhaps led to a greater number of organisations engaging and partnering with other, more traditional arts organisations.

- **Directly engage representatives of the arts and cultural sector in formal advisory, steering or task-and-finish groups.** When trying to commission new types of providers it can be helpful to have direct representation of that sector on the strategic group overseeing the commissioning process: for example, from the council's arts and culture team, or an external specialist who has knowledge of how the sector works and can be used most effectively.
- **Explicitly reference arts and cultural organisations within tendering documentation.** The inclusion of references to arts and culture in the tender is an important signal to providers that commissioners are expecting to see this within the final bids. This vision should also be consistently reiterated at engagement events.
- **Make communications with arts and culture organisations tailored and personal.** Providers who are new to commissioning respond best to targeted communication from personal (rather than generic, e.g. arts@gov) email accounts.
- **Develop a directory of contacts for the sector.** Creating an easily accessible and publicly available directory of arts and cultural organisations working in Kent would enable commissioners and providers to make contact and communicate with each other. This is something the Arts and Culture Team in KCC is currently working on.
- **Make it clear that the VCSE is expected to engage proactively with arts and cultural organisations.** In this tender, the responsibility to engage with arts organisations wasn't just held by the commissioners, but by strategic partners too, many of whom are also providers of varying sizes. This shares the responsibility of developing new relationships and partnerships, and strengthens bridges between the sectors.
- **Additional training.** This has been vital in supporting new providers to enter the commissioning process. For example, commissioners provided Mental Health First Aid Training which helps people recognise the signs and symptoms of mental health issues, which proved useful for participating organisations.
- **Realistic expectations.** Some of the commissioners from Kent noted that it was important to have realistic expectations of what potential providers could achieve, to use language that speaks to the sector, and to help providers present their case in a way that enables commissioners to see their value.

Diagram 4. Kent County Council Mental Health and Wellbeing Service procurement process



Glossary

Commissioning: This involves using all available resources to achieve outcomes for people, building on their needs, assets and aspirations. It also involves reviewing the outcomes of commissioned activities, and learning from this data. It encompasses – but is distinct from – procurement. Commissioning does not have to be focused on outsourcing or external provision of services, and can also be applied to grant-funded activities and in-house services.

Procurement: The process of seeking bids and acquiring goods or services from an external source, such as a community organisation, charity, social enterprise or business. It is one part of the commissioning cycle, when a good or service is put out to tender, contracts are drawn up and the good or service is 'purchased'.

Personalisation: Providing services in ways that give the people who use them a choice of options and control over how and when they are delivered.⁵² This reflects a way of thinking about care and support services that puts the service user at the centre of the process of working out what their needs are, choosing what support will meet these needs, and having control over their own life.

Personal budget: Money that is allocated to a service user to pay for care or support to meet their needs. Service users can take their personal budget as a direct payment, or choose to leave the council or NHS to arrange services (sometimes known as a managed budget) – or a combination of the two.

Social Value Act: The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

Social prescribing: A way of improving a service user's health and wellbeing other than through medicine. A professional writes a 'prescription' for the service user to take part in one or more activities in their community, to improve their health and wellbeing.

Competitive dialogue: A procurement process that allows for ongoing dialogue between commissioners and providers as they develop their bids. Competitive dialogue allows for tenderers to develop and shape their proposals in response to feedback from commissioners. Once bids have been subject to this dialogue, tenderers may be invited to submit competitive bids.

Co-production: A relationship where professionals and citizens share power to design, plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.

Wellbeing: Wellbeing includes how people feel day to day (their happiness), as well as how well they function, which is driven by a range of factors.

Prevention: This entails using public resources to prevent harm rather than coping with acute needs and problems that could have been avoided. There are three levels of prevention: 'Downstream' measures try to cope with the consequences of harm and focus on specific cases; 'midstream' measures aim to mitigate the effects of harm that has already happened and focus on people considered at risk or vulnerable; and 'upstream' measures aim to prevent harm before it occurs and usually focus on whole populations and systems.



Photo by: In-residence artist Jeni McConnell and In-Situ artists Kerry Morrison exploring use of recycled library books.

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