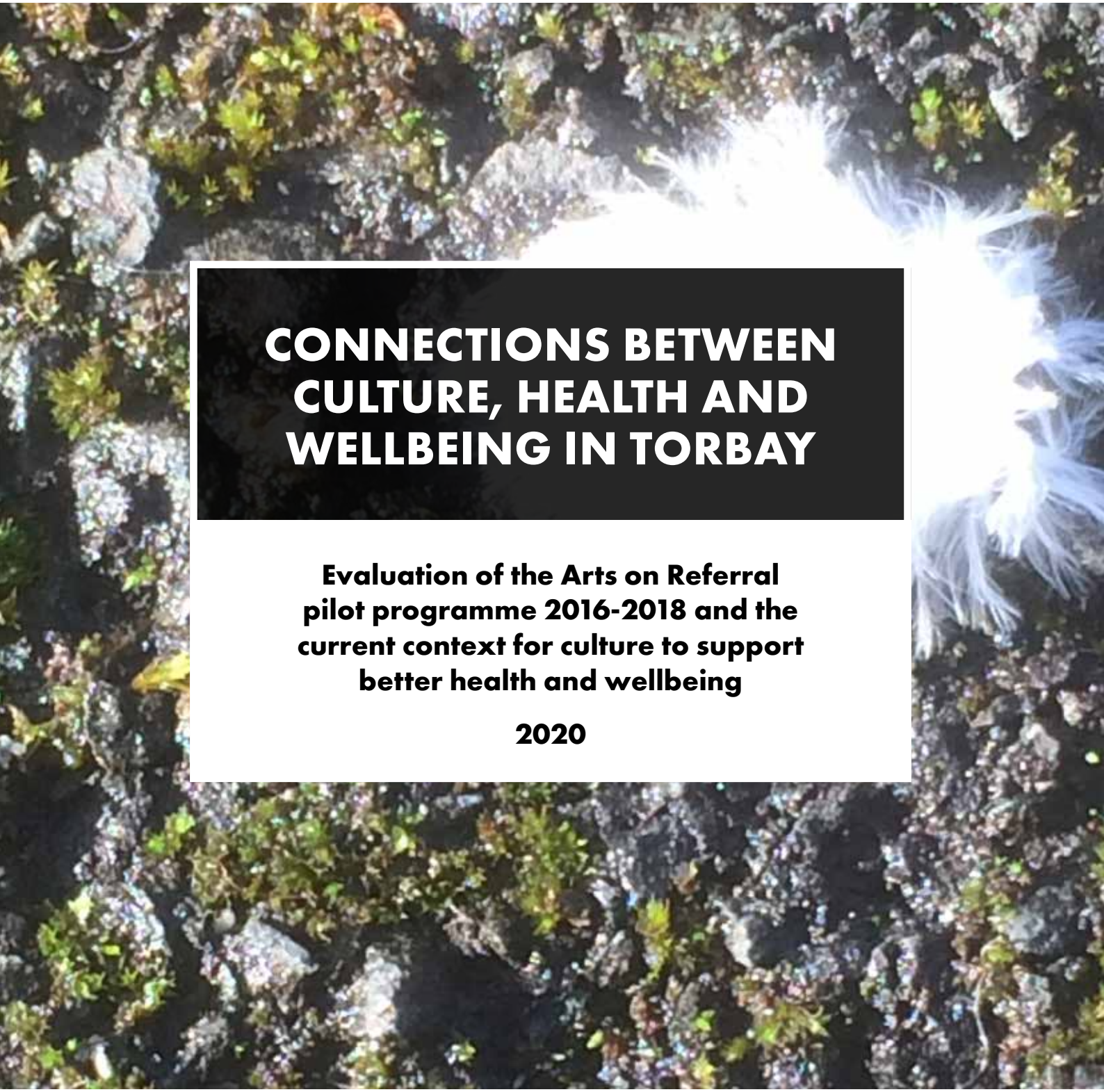


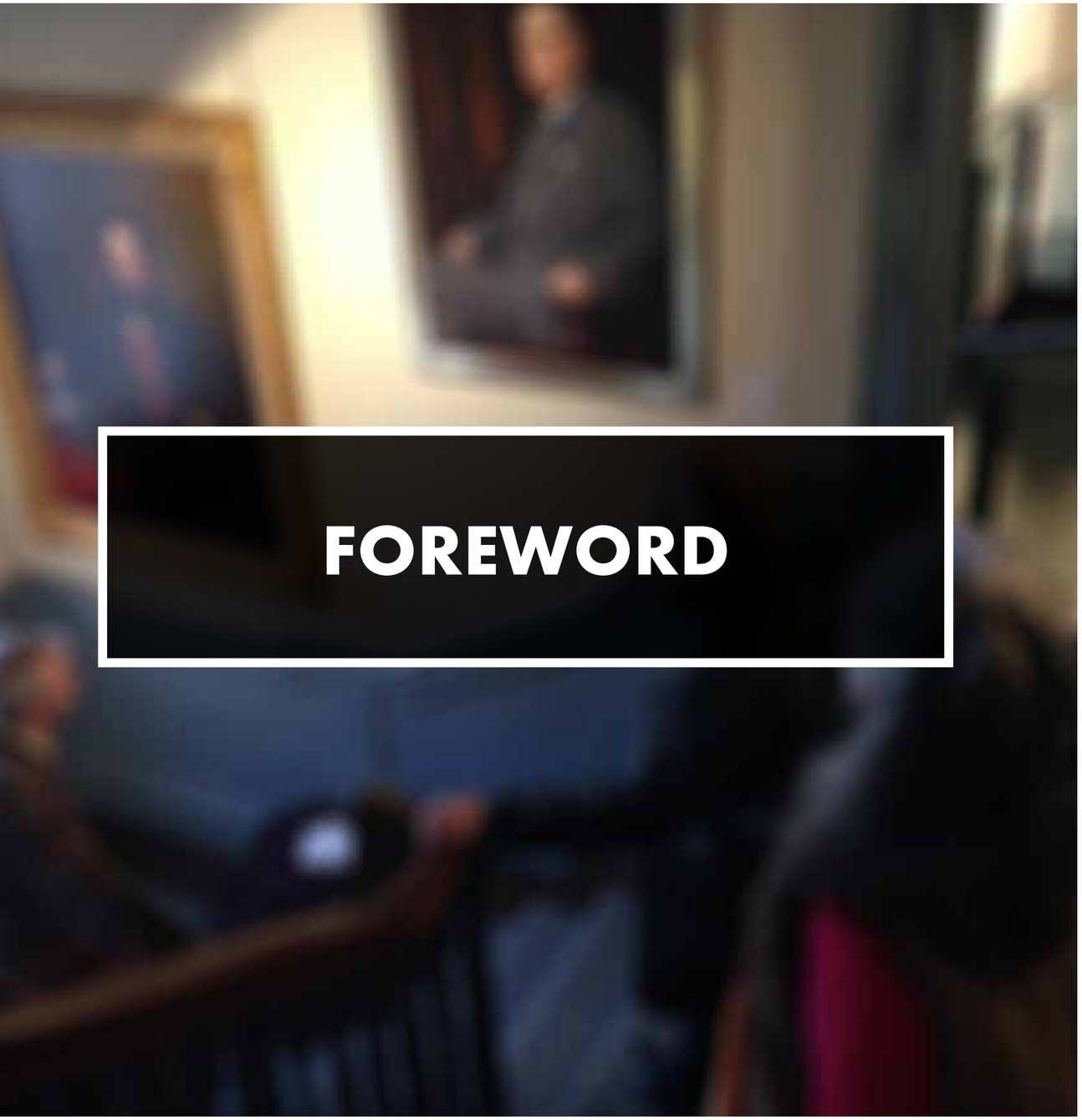
CONNECTIONS BETWEEN CULTURE, HEALTH AND WELLBEING IN TORBAY

Evaluation of the Arts on Referral pilot programme 2016-2018 and the current context for culture to support better health and wellbeing

2020

TORBAY CULTURE

BECAUSE IT MATTERS | EST. 2015



FOREWORD

Torbay Culture is very pleased to publish this report at a time when there is an ever increasing interest in how culture and creativity can support health and wellbeing outcomes.

This document provides an evaluation of the **Arts on Referral pilot programme 2016-2018** and also valuable observations on the changing landscape of policy and funding.

The timing of this report is especially relevant, coming at a time when public health and wellbeing is in our minds every day because of the coronavirus (COVID-19) pandemic. The work referred to in this report took place over an extended time, prior to the pandemic, but the impact and learning remains relevant. The place of culture and creativity in people's lives is now more relevant than ever before.

The strategic context will continue to evolve as we emerge from the pandemic. The establishment of the National Academy for Social Prescribing by the Secretary of State for Health and Social Care was a significant announcement in 2019. How that develops will be especially important in the future.

Since the adoption of the Torbay Cultural Strategy in 2014, Torbay Culture has taken a strategic role in brokering and supporting joint working between the arts and culture and health and care sectors, on a number of levels and in a variety of ways. The **Arts on Referral** pilot programme was one key initiative. This report both describes the programme strands and their impact and also sets the programme in a wider policy context.

Our appreciation goes to everyone who has delivered, supported and participated in the programme.

Thanks in particular to Jules Ford, Senior Programme Manager and Cat Radford, Programme Manager who, with editorial support from Mary Schwarz, have worked on this report. Our hope is that the learning can be shared and that this exciting arts, health and wellbeing practice – which has shown real impact on the lives of Torbay residents – can continue to be developed in the future.

MARTIN THOMAS
Executive Director,
Torbay Culture

KEVIN DIXON
Chair of Healthwatch Torbay
and Board Member of Torbay Culture

The Arts, Health and Wellbeing programme supported by National Lottery funding from Arts Council England, The Health Foundation, Torbay Medical Research Fund and Great Place Scheme, delivered in partnership with Torbay Culture, Torbay Arts and Culture Network (Torbay CAN), South Devon and Torbay Clinical Commissioning Group (CCG), Torbay and South Devon NHS Foundation Trust, Public Health Torbay and Torbay Community Development Trust.

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EXECUTIVE SUMMARY

The **Arts on Referral pilot programme 2016-2018** was run by Torbay Culture, with funding from Arts Council England and the Health Foundation. It was initiated in a national context of change in the health sector and growing attention within the arts sector on a role in social prescribing, as well as a local context of ***Enjoy, talk, do, be – a cultural strategy for Torbay and its communities 2014-2024*** which includes a key objective to *'Harness the health and wellbeing benefits of culture'*.

The programme comprised four strands:

- **Singing and respiratory conditions:** seven *Singing for Wellness* choirs
- **Older people's mental health:** two projects (one radio drama, the other mixed media arts)
- **Dance for falls prevention:** *Best Foot Forward* project for people aged over 55
- **Children and young people's mental health and wellbeing:** four transition intervention projects in primary schools (radio and music production; drama and shadow puppetry; visual arts and music; and radio drama) and two post transition projects in secondary schools (one song writing and making music, the other visual art and storytelling).

The aim of the programme was:

> *To co-produce with health, care, cultural and patient representative partners, a test and learn scheme to explore potential commissioning, delivery and practice models of arts and culture based activities and interventions, in order to contribute to the health and wellbeing of people living in Torbay.*

In total, there were 139 individual participants across the programme with 21 artists delivering activity. The programme was evaluated using a mixed methods approach, with standardised measures and a range of qualitative methods, as appropriate to each specific strand/project. As this was a 'test and learn' programme, the evaluation covered management aspects as well as participant health outcomes, in order to inform the planning, commissioning and delivery of future programmes in Torbay. It focused on the worth and value of arts based interventions; their impact; what system partners need to understand in commissioning arts on referral; what is needed for quality delivery; cost; and how such programmes can align with current and emerging health and care models.

This report describes the programme context with an update on the changing policy landscape; details the outcomes, successes, challenges and opportunities in relation to each strand; explores programme learning; and identifies programme legacy.

In summary, key health and wellbeing outcomes for participants were in line with existing significant research evidencing the positive health impacts of such interventions (e.g. as relevant, an increase in mental wellbeing and/or physical abilities; development of confidence, skills to manage long term conditions and/or emotional resilience; increased social connection etc.). In three strands, the activities offered better cost value compared with conventional interventions and all strands achieved high attendance rates among recruited participants. There was a strong legacy in terms of further projects and positive influence on work in other places, as well as examples of participants continuing an engagement in creative activities after the end of the programme.

Learning from programme management, and also practice from elsewhere, has informed recommendations by Torbay Culture, in its strategic role in brokering and supporting joint working, in four key areas. These are offered as *considerations for action* across and between the arts and culture and health and care/education sectors in taking this work further in the future, with a partnership based approach, and are summarised below:

Shared goals and purposes

- Advocating across sectors for arts and culture on prescription within a social prescribing framework including universal and targeted access
- Aligning the arts and culture offer with strategic health and care/education priority approaches including personalisation, shared decision making, individual and community resilience
- Articulating together as partners from the outset, with a written agreement, a shared vision for specific programmes in terms of scope, strategic priorities, strategic alignment and responsibilities

Operational effectiveness

- Developing bespoke programme commissioning and procurement approaches, drawing on key principles in relation to time and resource allocation; commissioning guidance; knowledge exchange; referral routes; duty of care; and other practical aspects identified through programme learning

Continuous quality improvement

- Developing quality standards principles for arts and cultural practitioners
- Supporting learning and development offers including joint training programmes between health and care/education and arts and cultural practitioners; understanding specific health conditions and needs as well health and wellbeing outcome measures and their implementation; and developing creative evaluation approaches

Evaluation

- Designing programme specific evaluation plans to include appropriate and inclusive methods of capturing the efficiency, effectiveness and impact of arts based social prescriptions, drawing from the broader social prescribing outcomes framework recommended by NHS England; personalised approaches in which participants articulate their own desired outcomes; and legacy planning to improve health and care/education environments
- Dedicating sufficient time and capacity for all partners for shared approaches to data collection, analysis and reporting

1 INTRODUCTION

1.1 Report overview

This report sets out the key findings from the **Arts on Referral** pilot programme 2016-2018 run by Torbay Culture. It covers:

- a brief background and context to arts and health, social prescribing and this particular programme
- how the programme was evaluated
- details about each strand and any constituent projects
- learning and recommendations

1.2 Background and context

The Torbay **Arts on Referral** pilot programme was initiated within a national context of change in the health sector and growing attention within the arts sector on a role in social prescribing, drawing on a long history of arts and health work.

> *Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.*
>
> *Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.*[1]

Following the publication of the ***NHS Five Year Forward View*** [2] in 2014, the health sector has had an increasing focus on developing new models of care, where self-care and prevention are a priority, and on personalised support enabling people to be more involved in self-managing their long term health conditions.

In the arts sector, Arts Council England established the **Cultural Commissioning Programme**[3](CCP) in 2013 to support arts and cultural organisations to come together with public service commissioners and explore ways of working to deliver better outcomes for people and communities. The programme focused on mental health and wellbeing, older people and place-based commissioning. It also connected with national policy makers and influencers to raise awareness of the benefits of using arts and culture to address health and social inequalities.

The **Arts on Referral** pilot programme was also set within a specific local context. The publication and adoption of ***Enjoy, talk, do be – a cultural strategy for Torbay 2014-2024*** [4] in 2014 provided a firm foundation for development in this area. The strategy was developed in consultation with many sectors, including health and education, and includes a key objective to *'Harness the health and wellbeing benefits of culture'*.

It is also important to note that since the **Arts on Referral** pilot programme finished, the policy context has developed further in support of this work, as represented in two key publications.

1 www.kingsfund.org.uk/publications/social-prescribing#what-is-it

2 Five Year Forward View, Department of Health 2014 www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

3 https://www.ncvo.org.uk/practical-support/information/public-services/cultural-commissioning-programme

4 https://static1.squarespace.com/static/5a1c04d08fd4d2029e74206e/t/5a5e9bcbec212dc22c1e8afa/1516149720478/Enjoy-talk-do-be-Strategy-document.pdf

First, the new ***NHS Long Term Plan*** (2019)[5] and associated guidance endorses the concept of social prescribing as a platform both for preventative work and also for supporting people with long term conditions and associated psycho-social needs. In addition, it takes further the commitment to support collaboration between sectors including the voluntary, community and social enterprise (VCSE) sector and non-traditional health and care organisations, in order to create local health and care systems able to commission and deliver joined-up strategy and service delivery for local people.

Second, the Arts Council England (ACE) strategy for 2020 to 2030 ***Let's Create!***[6] highlights the role arts activity has to play in the fields of health and wellbeing. Based on the growing evidence of the connections between creative and cultural activity and improved health and wellbeing, ACE wants to *'develop deeper partnerships with the Department of Health and Social Care, the NHS and others to support further research in this area and learn from international best practice, and to explore the potential of promising new approaches such as social prescribing'*.

In addition, a ***National Academy for Social Prescribing***[7] was established by the Secretary of State for Health and Social Care in October 2019, to:

- standardise the quality and range of social prescribing available to patients across the country
- increase awareness of the benefits of social prescribing by building and promoting the evidence base
- develop and share best practice, as well as looking at new models and sources for funding
- bring together all partners from health, housing and local government with arts, culture and sporting organisations to maximise the role of social prescribing
- focus on developing training and accreditation across sectors.

The sections below outline key elements of policy and practice when **Arts on Referral** was running and these recent developments represent a very positive current context in which to apply the learning from this pilot programme.

1.3 Health and care in Torbay

The ***Proposal Paper*** (May 2016) setting out the context and rationale for the programme noted for the health and care sector locally, that:

> *The vision in Torbay and South Devon is one where people are supported and empowered to live healthy lives and have a strong sense of physical, psychological and social wellbeing. When care is required, this will be centred round robust integrated community provision and networks of support, in order that people are able to retain their independence and social networks for as long as possible.*
>
> *Voluntary and community services will play a fundamental role in supporting people to maintain an active and fulfilling life, while more specialised services will be provided to people at home and in their local communities. The demand for hospital based care for long term conditions will be reduced as a result of this, which will in turn enable urgent and emergency care to be delivered more effectively to those who need it.*

5 https://www.longtermplan.nhs.uk/

6 https://www.artscouncil.org.uk/letscreate

7 http://www.socialprescribingacademy.org.uk/

The then NHS Torbay and South Devon Clinical Commissioning Group (CCG) were pioneers leading the way nationally in joining up health and social care, with partnership initiatives including:

- a Joined Up Prevention Plan, between the NHS, local authorities and voluntary sector
- creation in 2015 of the first Integrated Care Organisation (ICO) in England

  'Our Integrated Care Model describes a system in which our citizens are motivated, activated and engaged in their health and care. Within this strengths-based system, we will work with individuals to identify their goals that will help them achieve what is important to them.'
- National Vanguard programme focused on re-shaping NHS urgent care services
- Sustainable Transformation Plan (STP)

  'We recognise that, without a fundamental shift in the way we interact as a system to meet the needs of our population, we will not create a sustainable, integrated health, housing and care system able to operate within the national and local funding allocations. Our STP ambition describes a system built around motivated, activated and engaged citizens (as reflected in national framing such as the GP Five Year Forward View).

  'We see social prescribing as offering us an opportunity to be the vehicle by which we will bring about a cultural and behavioural shift in our population and workforce, creating a system where citizens are connected with, and contribute to, their local communities recognising their role as leaders of their own wellbeing.'

Nationally, a key policy and practice driver underpinning the ***NHS Long Term Plan*** was (and still is) the Comprehensive Model for Personalised Care, based on six interdependent components:

1. Shared decision making
2. Personalised care and support planning
3. Enabling choice, including legal rights to choice
4. Social prescribing and community-based support
5. Supported self-management
6. Personal health budgets and integrated personal budgets.

1.4 Torbay cultural strategy

Enjoy, talk, do, be...a cultural strategy for Torbay and its communities 2012-2024 sets out three aims, one of which is *'To increase engagement and participation in cultural opportunities in Torbay'*, to be realised through meeting three objectives, including *'Harness the health and wellbeing benefits of culture'* and *'Support creative and cultural learning'*.

Referencing Torbay's significant health inequalities; large older demographic; research evidencing the beneficial clinical and social outcomes from participating in arts and other cultural activities; and pioneering approach to integrated health and social care along with an active VCSE sector, the strategy highlighted there was a *'strong base from which to develop a strategic approach to culture, health and wellbeing'* with a key opportunity to consider social prescribing for cultural activities.

Key projects and developments aligned with this element of the strategy have included:

- Torbay Community Development Trust's major three-year Big Lottery-funded **Ageing Well**[8] project starting in 2015, to reduce isolation amongst Torbay's 50+ generation, working in conjunction with local NHS partners to pilot collaborative approaches

8 https://ageingwelltorbay.com/

- Torbay Community Development Trust receiving support from the ACE Cultural Commissioning Programme and Paul Hamlyn Foundation in 2015 for a locality project supporting mutual understanding between commissioners and arts and cultural providers

- The **Just Ask**[9] project (2016), a collaboration between Torbay Culture and Public Health Torbay designed to change the way that people think about emotional wellbeing and to remove the stigma around depression and suicide

- The Torbay ***Care Charter***[10] (2018) co-commissioned by Torbay Council and Torbay Culture, created by Encounters Arts in consultation with over 180 residents, carers and family members. The Charter is being adopted across the bay with plans for further training and extending the principles to other areas in 2020

- Torbay Culture being awarded investment for the period 2017-20 from the **Great Place Scheme**[11] to maximise the potential of culture and heritage to change lives, engage audiences, shape place and build resilience.

1.5 Arts, health and wellbeing

Arts, health and wellbeing is an ever growing field of specialised practice which builds on decades of national and international work, albeit with the use of arts in health dating back 40,000 years ago, for instance in healing rituals. From a 20th and 21st century perspective, policy and practice in the UK has traditionally focused on the following five key areas:

- Participatory arts and socially engaged practice
- Art psychotherapies
- Arts on prescription
- Medical Humanities
- Arts in healthcare environments[12]

Key events and publications related to the development of the work over the last fifteen years include the following:

- 2004: Arts Council England publish ***Arts in health: a review of the medical literature*** by Dr Rosalia Lelchuk Staricoff[13]

- 2005: Arts & Health South West (AHSW) is established, gaining ACE National Portfolio Organisation (NPO) status from 2015 onwards

- 2006: ***Review of Arts & Health*** commissioned by Department of Health[14]

- 2007: ***Prospectus for Arts & Health*** published jointly by Department of Health & Arts Council England[15]

- 2012: ***A Charter for Arts, Health & Wellbeing*** launched[16]

- 2013: AHSW run the inaugural three-day *Culture, Health and Wellbeing* international conference

- 2013: Royal Society for Public Health publish ***Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go?***[17]

- 2014: All Party Parliamentary Group (APPG) for Arts, Health and Wellbeing established, with secretariat support from AHSW

- 2017: APPG publish ***Creative Health: The arts for health and wellbeing***[19], the result of a national enquiry it led between 2015-17

- 2018: Culture, Health and Wellbeing Alliance[20] established, with initial governance through AHSW

- 2019: World Health Organization publish *Health Evidence Network synthesis report 67* ***What is the evidence on the role of the arts in improving health and well-being? A scoping review*** by Daisy Fancourt and Saoirse Finn[21]

- 2019: The National Lottery Heritage Fund (previously known as the Heritage Lottery Fund) launch its new Strategic Funding Framework for 2019-24. The Fund commits to increasingly focus on wellbeing, as well as innovation and capacity building. Among the framework's new outcomes is 'People will have greater wellbeing'. During 2020-21, the Fund will focus one of its UK-wide heritage campaigns on wellbeing, which will comprise a programme of thought leadership, sharing practice and collaboration to build heritage organisations' capacity and confidence.

- 2020: As the year progressed the international impact of the coronavirus (COVID-19) pandemic unfolded. The world is still learning about the implications of this exceptional period in our history. What we do know is that culture and creativity have played a positive role in the community during this time, and will have a valuable role in ensuring peoples' mental wellbeing in the future.

There is a significant body of research about arts and health – covering a wide range of interventions across the life course, taking place in both formal and informal health settings, for different people and purposes – that explores and evidences the impact of arts engagement and participation. The ***Creative Health*** report (which includes a recommendation for the incorporation of arts on prescription into commissioning plans) demonstrates how *'the arts can make an invaluable contribution to a healthy and health-creating society'* and by way of summarising this contribution, has three key messages:

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

9 https://www.torbayculture.org/just-ask

10 https://www.torbayculture.org/torbay-care-charter

11 The Great Place Scheme is co-sponsored by the National Lottery Heritage Fund, Arts Council England and Historic England and arose from the government Culture White Paper (2016)

12 https://www.artshealthandwellbeing.org.uk/what-is-arts-in-health

13 https://webarchive.nationalarchives.gov.uk/20160204123831/http://www.artscouncil.org.uk/advice-and-guidance/browse-advice-and-guidance/arts-in-health-a-review-of-the-medical-literature

14 https://webarchive.nationalarchives.gov.uk/20130123191815/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073590

15 http://www.artsandhealth.ie/wp-content/uploads/2011/09/A-prospectus-for-Arts-Health-Arts-Council-England.pdf

16 https://www.artshealthandwellbeing.org.uk/what-is-arts-in-health/charter-arts-health-wellbeing

17 https://www.rsph.org.uk/resourceLibrary/arts-health-and-wellbeing-beyond-the-millennium-how-far-have-we-come-and-where-do-we-want-to-go-.html

18 http://www.artshealthandwellbeing.org.uk/appg

19 Creative Health: The Arts for Health and Wellbeing https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

20 https://www.culturehealthandwellbeing.org.uk/

21 http://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review-2019

2 TORBAY ARTS ON REFERRAL PILOT PROGRAMME

2.1 Background, aims and objectives

Following the cultural commissioning locality project (see above), Torbay Culture brought together a group of partners in 2016 to explore approaches to developing arts on referral. The group comprised:

- Torbay Culture
- Torbay Council (Public Health)
- NHS South Devon and Torbay CCG
- Torbay & South Devon Foundation Trust ICO
- Torbay Community Development Trust
- Torbay Culture and Arts Network
- Play Torbay

A scoping report was commissioned which covered the national and local strategic context and set out a proposal for a 'Test and Learn' programme. The initial proposal comprised three strands of activity – young people's mental health, older people's mental health and singing for respiratory conditions – to run over a period of a year, funded through Arts Council England. However, with the active engagement of NHS partners in making a successful bid to the Health Foundation, the programme was expanded and developed into these four strands:

- Singing and respiratory conditions
- Older people's mental health
- Dance for falls prevention
- Children and young people's mental health and wellbeing

The aim of the programme was:

To co-produce with health, care, cultural and patient representative partners, a test and learn scheme to explore potential commissioning, delivery and practice models of arts and culture based activities and interventions, in order to contribute to the health and wellbeing of people living in Torbay.

The objectives were:

To explore whether arts and culture based interventions:

- *Deliver positive outcomes for people with a range of diagnosed or identified physical and mental health needs and specifically whether they are effective, efficient and economical*
- *Have the potential to contribute to whole system transformation of health and care in Torbay*
- *Provide a viable model for commissioning arts and culture providers*

The programme drew from a mapping of arts opportunities and interventions against South Devon and Torbay CCG's model of *'Inform me, Enable me, Support me'*, developed as a response to the NHS desired public culture change whereby individuals become proactive in:

- looking after their own health and wellbeing to avoid becoming unwell (self-care and prevention)
- taking a role in managing any health conditions which they have already developed (self-management)

Using this mapping, socially engaged arts provides activity that is universal and open access under *Inform*; arts on referral schemes provide bespoke interventions under *Enable*; and arts therapy represents specialist *Support*.

2.2 The strands

In summary, the four programme strands comprised:

Singing for respiratory conditions: seven *Singing for Wellness* choirs

Older people's mental health: two projects (one radio drama, the other mixed media arts)

Dance for falls prevention: *Best Foot Forward* project for people aged over 55

Children and young people's mental health and wellbeing: four transition intervention projects in primary schools (radio and music production;

drama and shadow puppetry; visual arts and music; and radio drama) and two post transition projects in secondary schools (one song writing and making music, the other visual art and storytelling).

Each strand and constituent projects is described in more detail below (see sections **3** to **6**) with key outcomes; what worked well; key challenges; and key opportunities.

2.3 Evaluation

An evaluation framework was developed and agreed by all partners at the outset, which comprised a mixed methods approach, with standardised measures and a range of qualitative methods, to be used as appropriate to each specific strand/project. The Framework was based on the *Public Health England Arts & Health Framework* and also drew on learning from *Creative & Credible*, a knowledge exchange project between the University of the West of England and Willis Newson. Given the 'test and learn' nature of the programme, the evaluation covered a range of management aspects as well as participant health outcomes resulting from the arts interventions, in order to inform the planning, commissioning and delivery of future programmes in Torbay. There was a recognition among stakeholders that, for a pilot, participant cohorts might be small and it was very useful to have a focus on implementation in the local context, given significant published research evidence on the positive health impacts of arts interventions.

The framework was superseded to a certain degree by the evaluation framework developed by health partners for the Health Foundation funded project elements, but retained a focus on the following six questions, against which the evaluation findings are set in **7.1** in the **What we learned** section of this report.

1. **From a bio-psycho-social perspective, what is the worth and value of arts based interventions for:**
   - **Participants**
   - **Clinicians/school staff/parents**
   - **Arts practitioners**
   - **Commissioners?**
2. **What is the impact of arts based interventions for the range of health conditions in scope?**
3. **What do system partners need to understand in order to sustainably commission arts on referral schemes?**
4. **What do system partners including the VCSE arts and culture sector need to deliver quality arts on referral schemes?**
5. **What is the cost of arts on referral schemes?**
6. **How do arts on referral schemes align with current and emerging systems and models of health and care?**

The measures and methods used for collecting quantitative and qualitative data are given in **Appendix I**, showing which were used in each strand, with pre- and post-project measures capturing change over time in physical and mental wellbeing as relevant to each intervention. In terms of ethical evaluation practice, the following actions were put in place:

- All participants were informed in writing the sessions that they would be attending were part of a pilot project funded by Arts Council England and led by Torbay Culture and NHS South Devon and Torbay and how data would be shared with whom and for what purpose
- All participants were asked to give written consent to their agreement to participate in sessions and to complete evaluation requirements, on the basis that their responses would be anonymised
- As some of the creative sessions delivered included the use of recordings, participants were asked to give separate consent for their image or voice to be recorded and to indicate consent for how or where those recordings could be shared
- Parental/carer consent was obtained for children participating in the programme.

Two of the seven *Singing for Wellness* choirs were delivered as part of a research study supported with funding from the Torbay Medical Research Board, and as such were subject to approval from a Research Ethics Committee (reference 17/SC/0177).

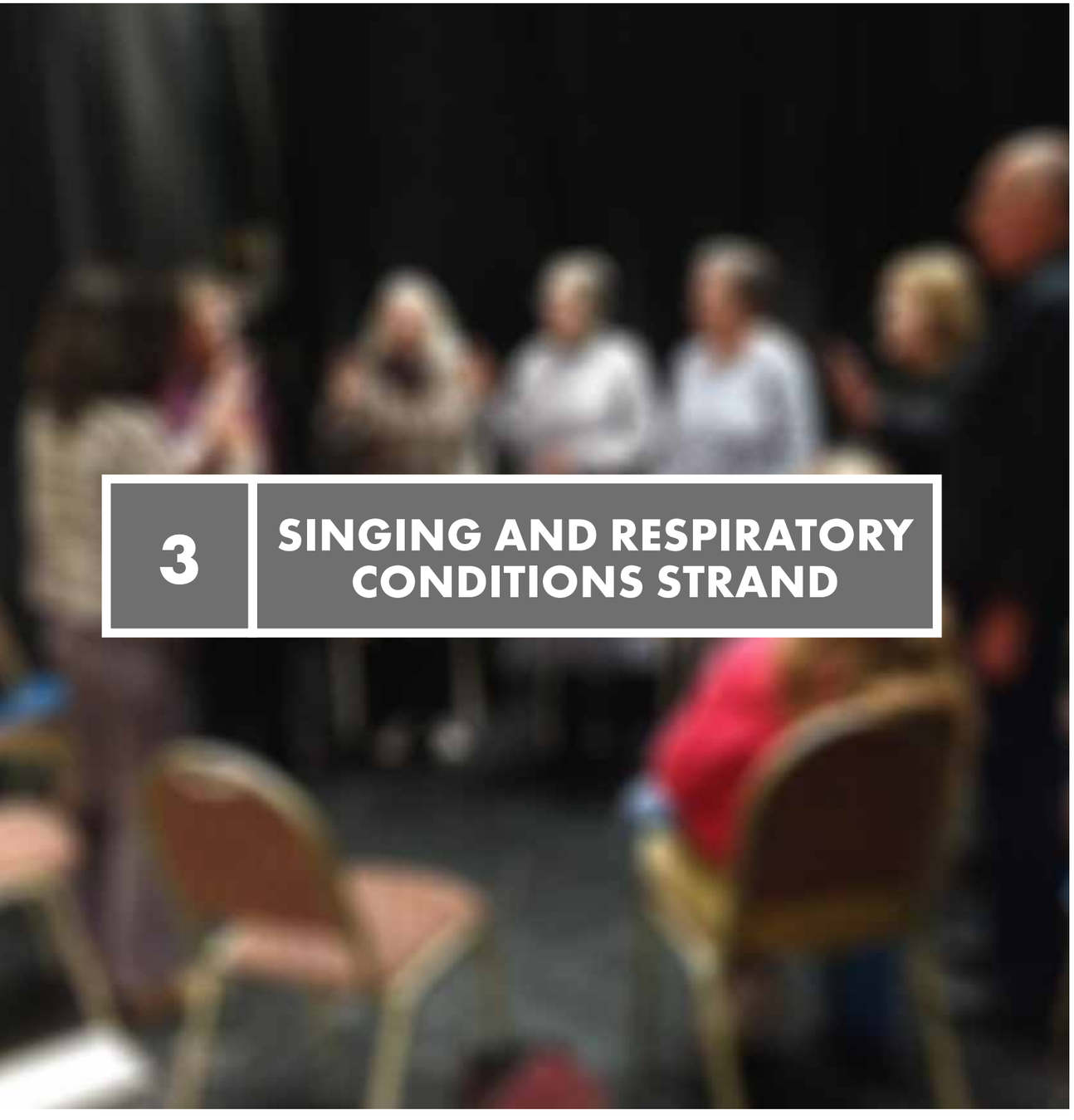
Delivering arts practitioners were provided with an Evaluation Pack for each strand/project and participants received one that was participant-facing. In terms of self-report measures, arts practitioners working on the children and young people's projects were offered guidance beforehand on how to support participants to self-complete the Strengths and Difficulties Questionnaire (at project start, mid-point and end). The extent of completion of self-report measures by adults varied considerably with, for example, respiratory clinicians who referred participants to the *Singing for Wellness* programme suggesting this may have been due to low levels of literacy and comprehension.

Observations and comments on impact were made by clinicians/school staff (as relevant) and arts practitioners through written reports, focus groups and one-to-one interviews, as appropriate. The original intention was for Torbay Culture to co-produce the evaluation in partnership with South Devon and Torbay CCG and Torbay Council, with the aims to:

- Secure independence and objectivity in the absence of a formal independent evaluation
- Draw on skills and information held by the public health and NHS CCG data teams
- Explore a co-produced evaluation process.

However, due to CCG organisational change and limited capacity in both partner organisations this was not possible, so evaluation data analysis was conducted in-house by the Torbay Culture Programme Managers. Other challenges to the evaluation process are outlined in **7.8** below.

Due to the different nature (for example in terms of set up, management, deliverers, level of engagement etc.) of each strand (and any constituent projects) as well as the different art forms used and target participants, certain monitoring and evaluation processes were different across the programme. This means that while consistent headings are used below to report on evaluation findings, the level of detail under these headings for each strand/project varies.



3 SINGING AND RESPIRATORY CONDITIONS STRAND

3.1 Description

Context

Torbay has an ageing demographic and an increasing number of people living with chronic respiratory conditions. In addition, these individuals are often at risk of social isolation and depression. While the majority of people want to learn how to self-manage their condition, exercise based options such as the traditional pulmonary rehabilitation (PR) offer are a barrier to some, with associated high drop-out rates of approximately 50%.[24]

The strand

This was an open opportunity targeted at people diagnosed with chronic obstructive pulmonary disease (COPD) or another chronic respiratory condition who were offered a weekly *Singing for Wellness* intervention over 12 weeks. In total, 66 individuals took part in the strand, with seven groups (choirs) running during the project period and 102 places taken up. Two choirs comprised participants coming through clinician referrals, mostly via Torbay & South Devon Hospital Respiratory Team, and five comprised participants (who did not necessarily have a diagnosis) self-referring from advertisements in GP practices and community venues such as libraries. Each *Singing for Wellness* choir was delivered by local vocal practitioners and musicians: either by Wren Music or a small consortium of independent vocal practitioners from the Torbay Culture and Arts Network. The format included warm-up and breathing exercises, group singing and the opportunity for social connection over refreshments.

Aims

- To explore whether singing is a useful way of supporting people in Torbay to self-manage aspects of their COPD and associated social isolation
- To investigate whether a model of bespoke respiratory community choirs provides a useful service for our community

Specific desired outcomes

- Improved breath control
- Improved activation and self-management of physical and mental health conditions
- Improved confidence to meet new people and explore creative opportunities
- Improved overall sense of wellbeing
- Reduced social isolation and improved social connection

Key features

- Ran as an adjunct to PR
- Bio-psycho-social intervention
- Clinician and self-referral
- Group based, using community venues

24 https://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/current-and-predicted-need/population-overview/
http://www.torbay.gov.uk/DemocraticServices/documents/s50293/JSNA%20Appendix%201.pdf

3.2 Key outcomes

The outcomes reported below need to be set within the specific evaluation context for this strand, as described below.

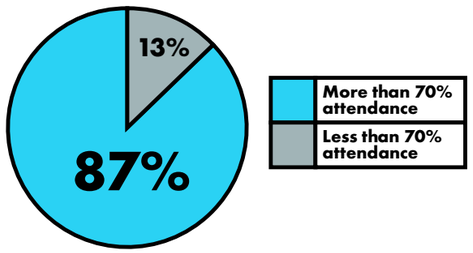
Participants were asked to complete a set of baseline evaluation measures at the beginning of the programme and a set at the end. 80 evaluation sets were collected, of which 62 were complete sets (i.e. both before and after measures were completed). As this figure includes data captured from participants who attended *more* than one 12-week singing group, the data sets were further reduced to 39, the total number of before and after responses from one individual's first engagement with a 12-week intervention. Nine of those 39 participants did not have a chronic lung condition. While research elsewhere shows a benefit of singing for wellbeing, as this strand was specifically looking to the impact on lung conditions, these nine sets were also removed. Datasets from the first two groups were compiled by the Respiratory Team at Torbay Hospital Heart and Lung Unit. It should be noted that these *did not* complete the Patient Activation Measure (PAM) as this was added later. As such, there is an incomplete data picture relating to Patient Activation. As a number of participants attended more than one singing group over the course of the programme, data was compiled for those participants who sang for 24 weeks (n=13) and 36 weeks (n=6) to review impact over time. This data also excludes participants without chronic lung conditions.

Average attendance for this intervention was 84% (n=30 over the initial 12 weeks) and the chart below (Figure 1) shows attendance below and above 70%, the latter reached by 87% of participants. Participants reported a high level of satisfaction with this intervention and over 20 of them repeated their initial 12-week cycle.

Figure 1

Percentage of sessions attended

n=30 over 12 week intervention

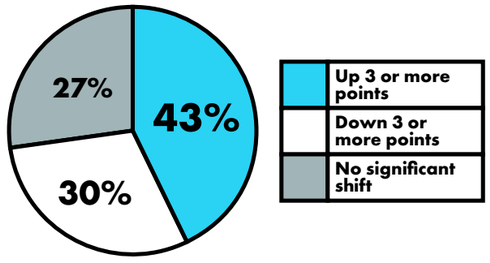


For the 30 participants attending for the initial 12-week cycle for whom there is relevant data, 53.3% showed a positive shift in wellbeing as measured by Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and 43.3% showed a significant shift of three points or more (see Figure 2).

Figure 2

Significant shift in Warwick-Edinburgh Mental Wellbeing Scale

n=30 over 12 week intervention

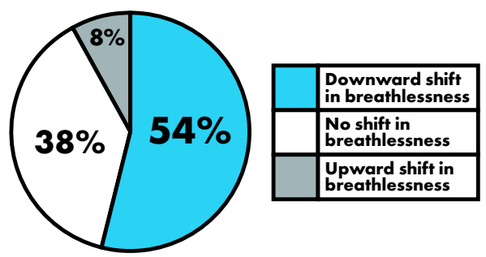


While 10% showed benefit on the MRC Breathlessness Score, clinicians advised that while the data were insufficient to establish a link to the intervention, the focus was on the patient experience (and is represented in the direct participant quotations below). However, in respect of the comparison over time data available for 13 individuals attending two 12-week cycles (i.e. 24 weeks), there was a 53.8% downward shift in breathlessness (i.e. they were less breathless) as measured on the MRC Breathlessness Score (see Figure 3).

Figure 3

Shift in MRC Breathlessness Score

n=13 over 24 week intervention



These results should be seen in the context of the Cochrane Review call for more randomised control trials (RCTs) in this area.

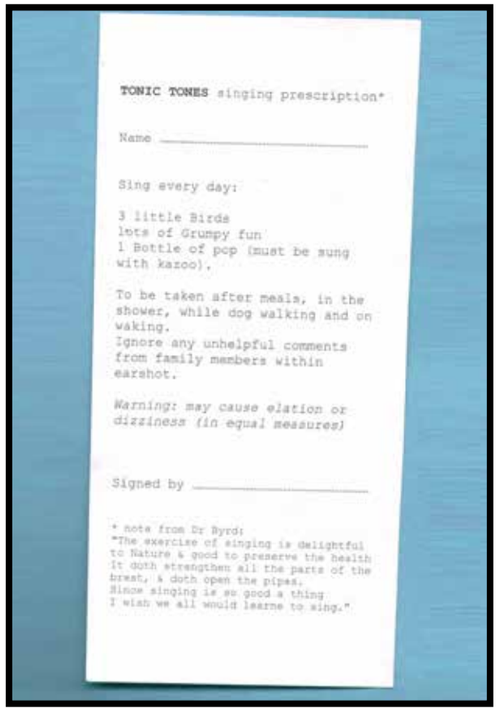
Qualitative evaluation responses from participants showed a wide range of positive outcomes summarised below, with example quotations:

Better physical health:

- *'Breathing Sats have improved. Immediately following singing, Sats values are +2.'*
- *'My lung capacity to exercise is greatly improved as is my stamina. I have developed coping strategies in times of S.O.B. (shortness of breath).'*
- *'My breathing has improved due to the breathing exercises and the singing.'*
- *'I have thirteen stairs and a landing at home, and now I can get up to the top of the stairs – not running up them like you could – but get to the top without having to stop or be in pain. I could only get to the third step before.'*

Increased self-management and agency:

- *'It has helped me take control of my breathing.'*
- *'I have developed coping strategies in times of shortness of breath.'*
- *'It has helped me to be more confident learning to take a deep breath and be able to sing. It has helped me breathe better. You have to help yourself, you can't sit back and expect it to get better.'*


TONIC TONES singing prescription*

Name _____

Sing every day:

3 little Birds
lots of Grumpy fun
1 Bottle of pop (must be sung with kazoo).

To be taken after meals, in the shower, while dog walking and on waking.
Ignore any unhelpful comments from family members within earshot.

Warning: may cause elation or dizziness (in equal measures)

Signed by _____

* note from Dr Byrd:
"The exercise of singing is delightful to Nature & good to preserve the health
It doth strengthen all the parts of the breast, & doth open the pipes.
Since singing is so good a thing
I wish we all would learne to sing."

Better mental wellbeing and increased confidence:

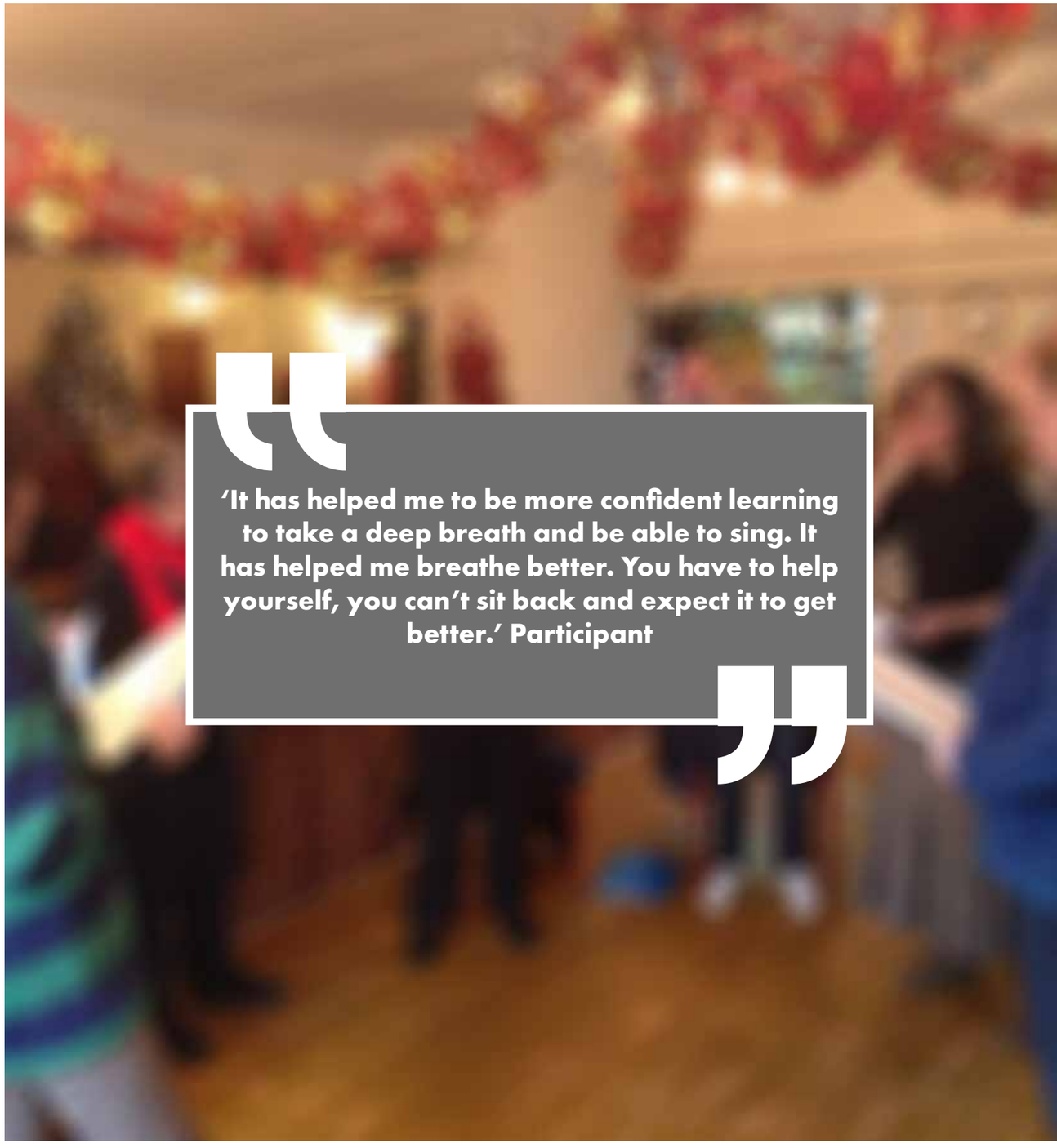
- *'Singing has definitely lifted my spirits! Feeling more cheerful, happy here.'*
- *'It makes me feel lighter.'*
- *'My mental state seems to have improved quite a lot.'*
- *'I'm happier now that I sing everywhere.'*
- *'It gives me a great lift and I look forward to it every week.'*
- *'It's been a plus in my life, brings happiness.'*

Increased social connection and support:

- *'I don't get out of the house much and to go singing is a welcome change.'*
- *'Has given me a reason to get out and about.'*
- *'Really enjoyed meeting new people, making new friends.'*
- *'Getting out of the house, not just sitting in.'*
- *'Encourages peer to peer support.'*
- *'Making music with others always enhances the quality of life.'*

Transference of skills to the home and other (new) environments and activities:

- *'I find myself doing the breathing techniques between sessions.'*
- *'The pulmonary rehab sessions we had were a real help, but it's hard to keep up the motivation to do the exercise at home when you are by yourself so I don't do them. I do sing the songs at home.'*
- *'It has taught me breathing techniques which I apply in everyday life.'*
- *'I have joined walking netball. The breathing techniques I use in singing I can use in netball when I get out of breath.'*
- *'I have now joined 'Rejoice' a choir in Paignton.'*
- *'Better quality of life, have started singing in care homes.'*



3.3 What worked well

A thematic analysis of qualitative data gathered from participants, vocal leaders and clinicians evidenced that each stakeholder group had slightly different perspectives about what 'worked well' in terms of particular strand aspects that led to making the intervention successful, as shown below:

Participants' perspectives on why the intervention was successful:

- Provision of refreshments
- Feeling accepted by other participants
- Accessible venue
- Take-away breathing exercises to do at home
- Creation of a sense of enjoyment
- Creation of a sense of community

Vocal practitioners' perspectives on why the intervention was successful:

- Appropriate and accessible venue
- Opportunity to encourage participants to have choice and agency
- Provision of refreshments
- Development of community spirit
- Sufficient referrals

Clinicians' perspectives on why the intervention was successful:

- Patients were appropriate
- Vocal practitioners had high quality skills, in respect of facilitating singing and relationships
- Activity supported participants to make a significant difference to the self-management of their condition and quality of life, as evidenced by observed engagement, elevated mood and expressed appreciation

In addition, there was an underlying positive *context* and appropriate practical *logistics* in place that supported success, as below:

Context

- Linking with the hospital-based clinicians early in the programme development established a good understanding of the scope of the intervention, which made it easier to refer patients
- Workshop training sessions with the clinicians ensured a good understanding of respiratory conditions and how they may affect participants' physical and emotional ability to sing
- Vocal practitioners were passionate about offering this intervention and 'went the extra mile' in delivering it
- There was a national evidence base and existing models of delivery in other parts of the UK, including work by the British Lung Foundation (BLF), upon which to draw
- Venues had good accessibility and parking

Logistics

- Rooms were the right size, with no disturbances
- Participants arrived on time so that flow was not disrupted
- There was a good ratio of warm ups / breathing exercises to singing
- Exercises from the Torbay clinician and BLF training sessions were incorporated
- A broad repertoire of simple songs was used that also allowed room for progression
- Use of instruments was included e.g. accordion, guitar, kazoo
- Refreshments were provided and participants could take breaks
- Participants were involved in co-producing the sessions e.g. in terms of choice of songs; creative input to lyrics
- Clinicians supported the flow of referrals by encouraging patients to try it

Particular elements of what comprised a positive *participant experience* (gathered from vocal practitioners and clinicians as well as from participants themselves) were:

- Participants' positive views of the vocal leaders
- Enjoyable sessions
- Improved mental wellbeing
- Opportunity for social connections and sense of community
- Opportunity to learn breathing techniques that could be practiced at home
- Improved physical health
- Improved general quality of life
- That the intervention was offered as well as PR and not instead of it. Some participants suggested that doing PR first is good preparation to learn about self-management and then move on to singing.

Further evidence of positive engagement and impact was demonstrated in some participants stating they would be willing to pay a contribution of about £4.00 per session towards costs in order to continue attendance.

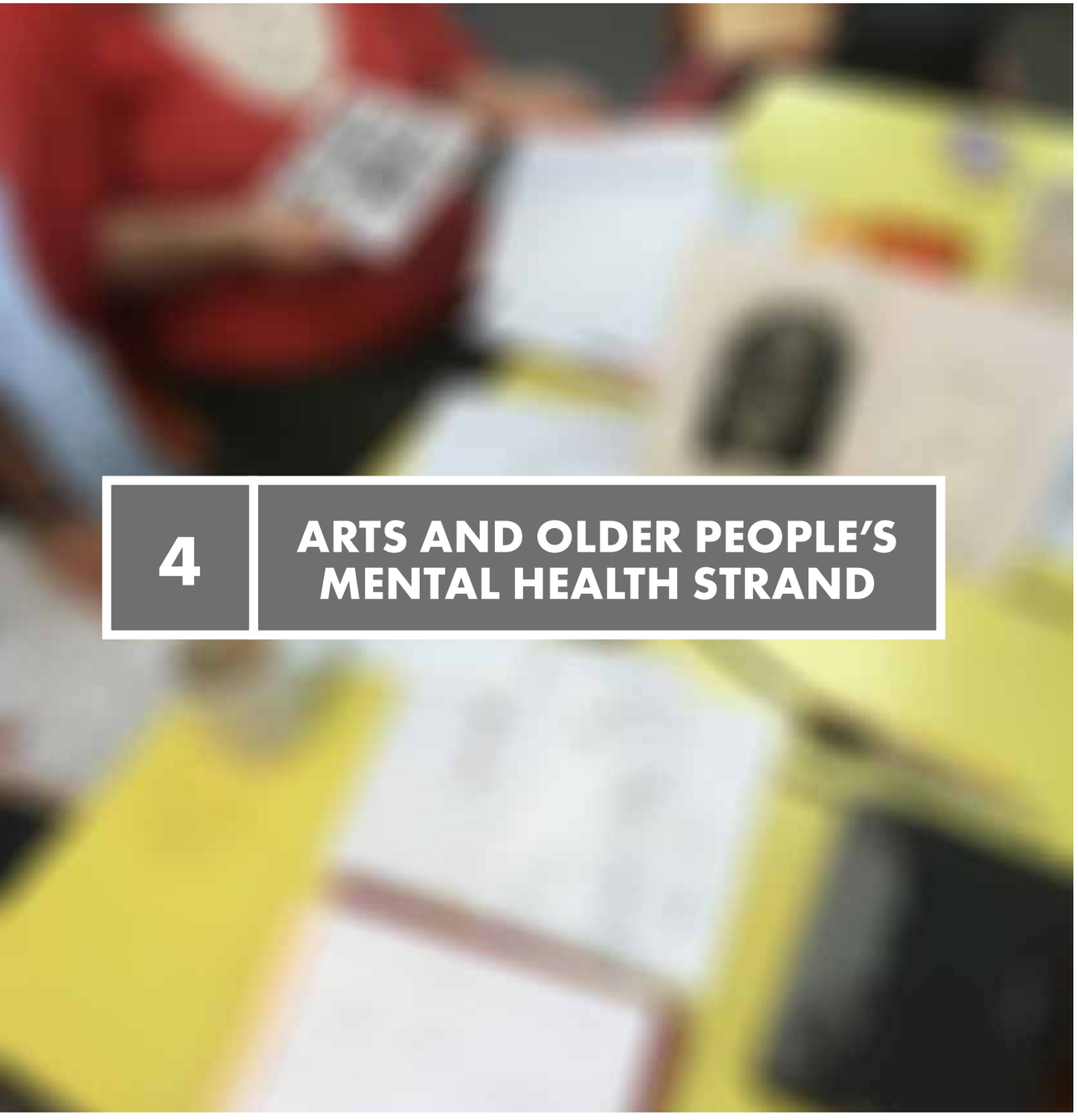
3.4 Key challenges

- Securing sufficient referrals to make groups viable: at least 10-12 participants are needed as a minimum
- Finding accessible venues and parking close by
- A means / model for ongoing sustainability so that participants are not left without access to the intervention (or to another affordable offer) if they want to continue
- The impact on vocal leaders in terms of their work planning, schedule and income if there are issues with system partners that delay delivery.

3.5 Key opportunities

- A key feature of the ***NHS Long Term Plan*** is the expansion of supported self-management for long term conditions. Self-report evidence shows that participants practiced the breathing techniques outside of singing sessions, so singing on prescription for respiratory conditions could usefully be added to the community respiratory pathway via self or clinician referral
- As an intervention that delivers physical, psychological and social benefits, it may be useful to target individuals who have low activation levels (Patient Activation Measure) and/or low levels of mental wellbeing
- As a cost effective intervention with high participant acceptability, Singing on Prescription could be developed in other clinical pathways in Torbay, in the context it has been applied successfully to a number of other health conditions and needs elsewhere in the UK including dementia, stroke recovery, Parkinson's Disease and depression [25]
- A Singing on Prescription model could easily be scaled in Torbay and wider Devon, given an extensive network of available vocal leaders
- Wren Music is already keen to explore an accreditation and/or quality standard and could provide an organisational lead and infrastructure for freelance vocal leaders to receive training and mentoring. This training would need to include the principles of personalised care, supported self-management and ideally an element of health coaching.

25 https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/sidney-de-haan-research-centre.aspx



4 ARTS AND OLDER PEOPLE'S MENTAL HEALTH STRAND

4.1 Description

Context

Mental health and wellbeing needs have been increasing across the life course in recent years, including in older adults. Lower level needs often do not require specialist treatment, but nevertheless have a significant impact on quality of life. [26]

The strand

Adults of older age with low level depression and/or anxiety needs were referred by Health & Wellbeing (HWB) Co-ordinators from Torbay Community Development Trust [27] to one of two weekly projects running over 12 weeks: *Soundlife* (radio drama) and a mixed media arts project. *Soundlife* was delivered by Sound Communities and involved a small group of people using a wide variety of creative radio storytelling activities in different locations across Torbay, with community transport built into the project design. The mixed media arts project, delivered by Tony Lidington and Hugh Nankivell, included visual arts and writing poems, for which the arts practitioners helped participants write music. This project also offered an opportunity for participants to move outside a standard group intervention format, by going to see a performance at a local theatre.

Aims

- Improved activation and self-management of physical and mental health conditions
- Improved confidence to meet new people and explore creative opportunities
- Improved overall sense of wellbeing
- Reduced social isolation and improved social connection

Key features

- Ran as an adjunct to support from HWB Co-ordinators
- Bio-psychosocial intervention
- Clinician, HWB Co-ordinator and self-referral
- Group based, using community venues

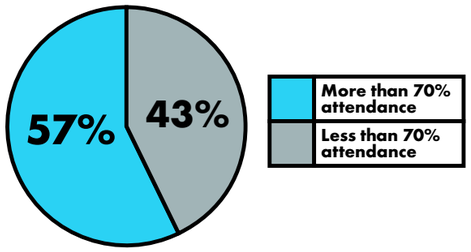
26 https://www.mentalhealth.org.uk/statistics/mental-health-statistics-people-seeking-help https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf

27 https://ageingwelltorbay.com/delivery-partners/wellbeing-coordinators/sites/default/files/fundamental-facts-about-mental-health-2016.pdf

4.2 Key outcomes

Due to difficulties recruiting participants to these two projects, the total participant number of seven regular attendees was very low. However, of those who attended regularly, the percentage of sessions attended was over 40%; for three of the participants it was over 70% and for two it was over 80% despite health and transport issues (see Figure 4). There is an opportunity to compare these positive figures to the standard attendance for low intensity interventions available through IAPT services. [28]

Figure 4
Percentage of sessions attended
n=7 over 12 week intervention



The shift in the WEMWBS score was significant (i.e. greater than a 3-point increase) for 85.7% of participants (n=6). The average increase across the cohort was +9 points, with the greatest increase 14 points (see Figures 5 and 6).

Figure 5
Significant shift in Warwick-Edinburgh Mental Wellbeing Scale
n=7 over 12 week intervention

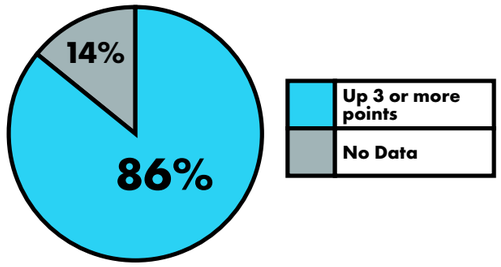
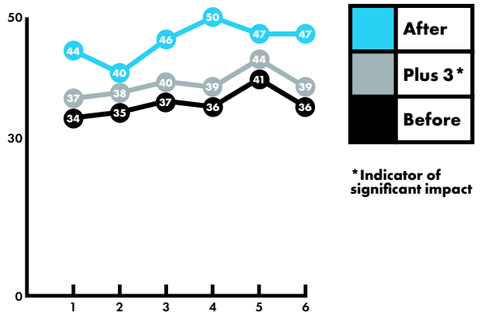


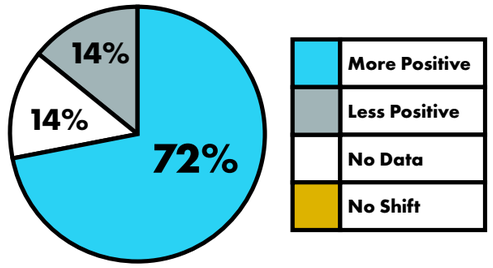
Figure 6
Warwick Edinburgh Mental Wellbeing Score
by participant n=6

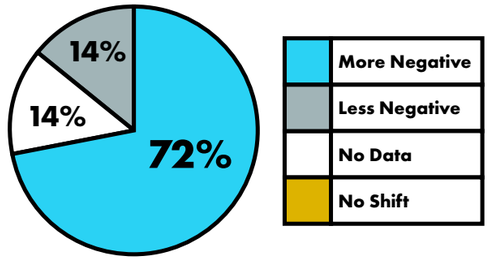


In terms of PANAS (Positive and Negative Affect Schedule), 71.4% of participants (n=5) reported being more positive and less negative following their engagement with the intervention (see Figures 7 and 8).

28 https://www.bacp.co.uk/media/1977/bacp-choice-of-therapies-in-iapt.pdf

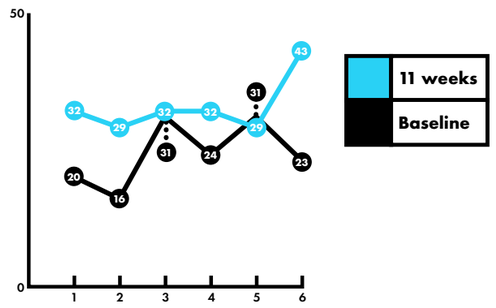
Figure 7 and Figure 8
Positive and Negative Affect Schedule (PANAS) Increases in Positive Affect Score (n=7)





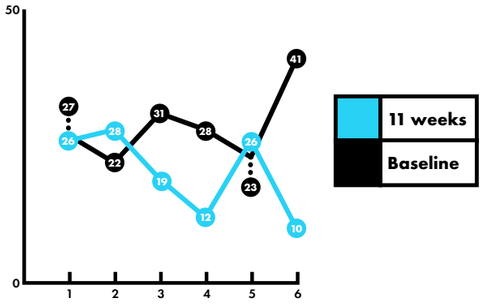
The line graph below shows the shift in positive affect score per participant. There was an average shift of 9 points across the cohort and notably a shift of 20 points for participant six (see Figure 9).

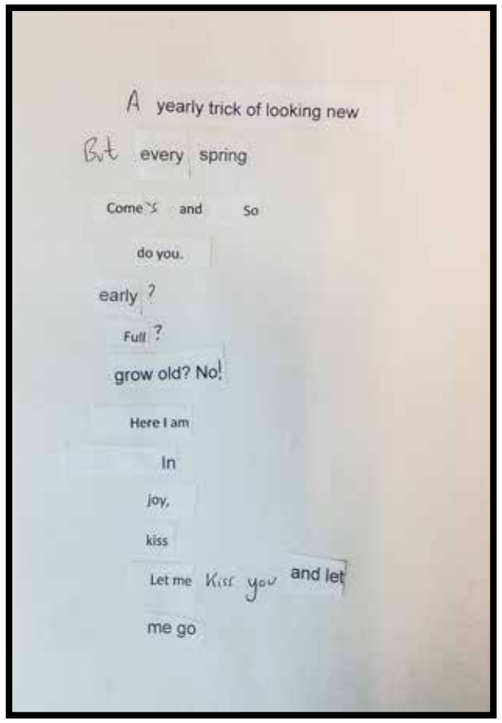
Figure 9
PANAS Positive Affect Score



In terms of the shift in negative affect score per participant, the line graph below shows an average shift in negative effect of -8 across the cohort and notably a shift of -31 points for participant six (see Figure 10).

Figure 10
Negative Affect Score





Participants reported enjoyment of the interventions, improved mood, increased social connection and for one, a profound re-connection to their creativity. The following is an extract from a letter from one of the participants written to the artist facilitators at the strand mid-point:

> *'The immediate effect of the session on me is that I am now feeling happier, more energised, positive and more motivated to go about my daily activities in comparison to my mood before I attended.*
>
> *'I had the same uplifting experience following last week's session.*
>
> *'This is very encouraging as I often have a very low mood, a tendency of depression, have little energy, a negative outlook and become insular, isolating myself for days on end to try to reject the world.*
>
> *'The groups are welcoming, informal, engaging, interesting and effective. I feel my opinions on points of discussion such as the meaning of quality in art or the notion of permanence were valued.*
>
> *'The activities are structured and involve the whole group in opportunity for creative input, thinking, listening and expressing oneself. The flow of enquiry is directed by suggestion and relevant open ended questioning.*
>
> *'I am very much looking forward to further meetings as I have enjoyed myself, engaged with others at a level beyond chatting about the weather, for example, and as I have mentioned, feel valued.*
>
> *'These sessions have had a positive effect on my self-esteem, outlook and mood already.*
>
> *'As a result, I am feeling better in my mental health, which leads to how I am physically as well.'*

Responses gathered from participants at strand end included the following:

> *'For the moment, right here and now I feel good in my health and wellbeing because I am involved and active creatively because, partly of the course. It has made a difference to my self-esteem because it was a joy. I am going to continue to pursue beauty through the joy I have rediscovered in the arts. I know it is key to my wellbeing.'*
>
> *'Feel less depressed – sharing thoughts and feelings. Hopefully the result will be a <u>better</u> quality of life. Definitely interested in furthering those exercises, using them more frequently, mixing more with artistic people, taking them further.'*
>
> *'It's made me happier and taken my mind of (sic) my aches and pains. It's given me something to think about other than my own problems. It's given me a better outlook at there's things I'll do now such as go that bit further on the train. It's helped me get out of my cocoon. I'd definitely be interested in carrying on with a similar activity.'*
>
> *'Just being with people and doing something different than sitting on my backside watching television and brooding over what life I'd lost. Being able to talk was the biggest booster, and talk about your illness. It made me feel a hell of a lot better to get it out.'*

Arts practitioner feedback included the following reflections, which also clearly demonstrate the depth and impact of the strand:

> *'We are squarely discussing the relationship of well-being and mental health both through the practice of creativity and also the metaphor of creative expression as a means by which to break down barriers between people and to help understand (heal?) ourselves.*
>
> *'We are pushing these boundaries further than I have in similar projects. We are not taking any easy options!*
>
> *'It was interesting to make this [attending a concert] a social event...It was interesting to respond to creative practice creatively.*
>
> *'It is clear to me that both participants have been transformed in this brief programme of work. They are both very thankful, but also much more confident individuals who are questioning some of their deep-held beliefs and attitudes to self and others.*
>
> *'I think the process has been very successful for both participants and session leaders. We have all approached the programme as creative practitioners and it has opened-up some profound issues for the participants, as well as potential avenues of creative work for ourselves (arts practitioners).*
>
> *'It has been very good – it remains to be seen whether the programme can have a sustainable effect...there is an obvious need for such programmes to be regularly available and community engagement projects that continue year-round which participants such as these might join for their ongoing creative development.'*

4.3 What worked well

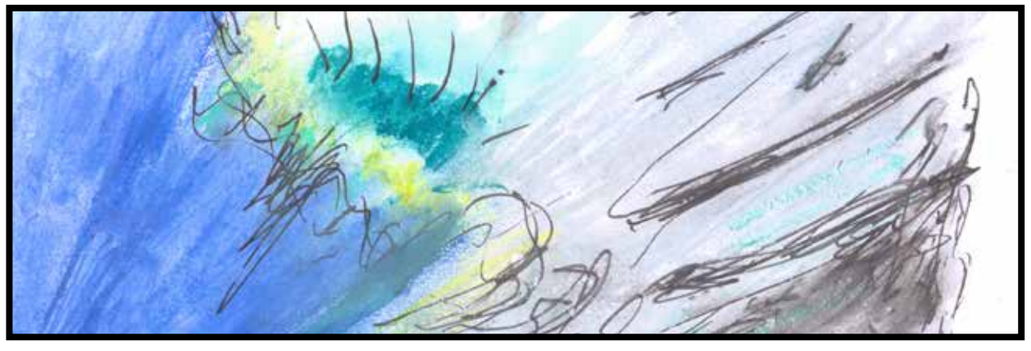
- There was a strong Steering Group (comprising both clinicians and commissioners), well led by the CCG Older People's Mental Health Commissioner, with representation including the care sector as well as Ageing Well Torbay
- There was consistently good engagement with the CCG Commissioner throughout the project and a clear willingness to look at how arts and culture offers may be commissioned to support older people
- Providing door to door transport mitigated some potential participation problems
- The activities were structured to involve the whole group in opportunities for creative input, thinking, listening and expressing themselves.

4.4 Key challenges

- The project was sequenced in line with artist and programme manager capacity, but running two projects concurrently in effect split the available participant cohort
- Launching sessions at Christmas was thought to be helpful for participants given that loneliness and isolation were reasons for referral, but in reality logistics were difficult and it was challenging for HWB Co-ordinators who were recruiting individuals to many different befriending type activities all taking place at that time
- While the Steering Group agreed referrals would come via HWB Co-ordinators rather than direct from GPs (both to manage expectations and benefit from HWB Co-ordinators being ideally placed to identify participants with low level needs that could be met through non-clinical intervention), in the event, they had limited capacity to signpost participants from their caseloads or to liaise with GPs, with the result that only seven people participated
- Potential participants required multiple conversations about the interventions: in part to understand what was on offer and in part to build a sense of trust about arts practitioner delivery. The referral process required time to build a relationship rather than one conversation or leaflet leading to recruitment
- Several of the participants referred presented with complex needs which required discussion with the HWB Co-ordinators, as the arts practitioners have no formal training in mental health. However, although supportive where possible, caseloads meant HWB Co-ordinators had little capacity left to respond to emerging issues for participants in projects
- While stakeholders identified concerns that complexity of need might preclude referral, with agreement reached that if individuals were not receiving specialist mental health support at the time of referral they would be eligible, on reflection this was not adequate, as the absence of specialist service support is not necessarily an indicator of less complex need
- Transport was a considerable barrier for this age group. One group overcame this by applying to the CCG Community Grant for funding to hire transport to see if picking people up door-to-door worked (see above)
- Anxiety around joining groups also appeared to be a barrier for potential participants
- Session descriptors were purposefully broad to enable creative outputs to be participant led, however the concept of 'art' was too broad for some people to understand what sessions would entail and artist session descriptions did not convey what they were clearly enough for non-arts practitioners.

4.5 Key opportunities

- The ***Five Year Forward View for Mental Health*** [29] has a clear ambition to support mental health and wellbeing across the life course. An Age UK survey [30] of 1707 adults aged over 55 revealed almost eight in 10 of them believe they have suffered from symptoms of anxiety (38%) or depression (40%). Subsequently NHS England has issued guidance for GPs to increase awareness of depression, anxiety and a range of other mental health problems (***Mental Health in Older People – A Practice Primer, 2017***)[31]
- With a gap in provision for older adults who may not want to take up talking therapy based approaches, arts on referral schemes delivered by professional arts practitioners are well placed to support people with low level mental health needs
- Locally there is a significant investment in supporting older people through the *Ageing Well Torbay* programme and subject to clarity of referral routes, there are opportunities for arts on referral schemes to complement the service offered through the HWB Co-ordinators
- For any future planned delivery:
    - a longer planning and lead in time would support the referral process and enable arts practitioners to run taster sessions
    - if there is more than one group, running these consecutively, rather than simultaneously, over a 24/30-week period would give more time to generate interest so word of mouth could build and HWB Co-ordinators understand more fully to what they were referring individuals
    - quarterly updates with the Working Group would support project momentum and in initial stages, clarify capacity limitations with HWB Co-ordinators
    - inclusion criteria should either preclude people with complex current needs *or* arts on referral organisations should include arts therapist input in the delivery model
    - additional referral sources could include 'Day Break' and specific colleagues at Devon Partnership Trust
    - if people with complex needs are involved, referral through GP practices rather than HWB Co-ordinators may be more appropriate.



29 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

30 https://www.ageuk.org.uk/latest-press/articles/2017/october/half-of-adults-aged-55-and-over-have-experienced-common-mental-health-problem-says-age-uk/

31 https://www.england.nhs.uk/wp-content/uploads/2017/09/practice-primer.pdf

5 DANCE FOR FALLS PREVENTION STRAND

5.1 Description

Context

Falling over can happen to anyone, but for older people the risk is particularly high and the consequences potentially severe, including distress, pain, injury, loss of confidence, loss of independence and mortality. Falls are a common and serious health issue for older people, with around a third of all people aged 65 and over falling each year, increasing to half of those aged 80 and over. In around 5% of cases a fall leads to fracture and hospitalisation, which is costly for health services and the wider economy. There are around 255,000 falls-related emergency hospital admissions in England among patients aged 65 and over each year, and it is estimated that fragility fractures cost the UK around £4.4 billion, of which 25% is for social care.[32]

The strand

This strand was delivered by Dance in Devon as the *Best Foot Forward* project. Dance in Devon had previously participated in a national pilot programme run by Aesop [33] and had also been delivering a programme in local care homes. The project incorporated the Falls Management Exercise Programme (FaME) protocol and was run as a twice weekly project over 26 weeks (totalling 50 hours). Referrals were invited from Paignton GPs, the Paignton Health and Wellbeing team, Community Builders and Age UK. Inclusion criteria included that people were: aged over 55; had a high risk of falling or fear of falling but no history of recent or recurrent falls; could mobilise independently with stick/crutches or minimal supervision; and were not currently engaged in any other regular exercise based activity. In terms of recruited participants, 50% (n=4) of the group had a higher risk of falls and would otherwise have been referred to a standard Falls Prevention Programme.

Aims

- Increased strength and balance
- Improved confidence to move and maintain independence
- Increased social connection

Key features

- Run as an adjunct or instead of standard Falls Prevention programme
- Self and clinician referral
- Bio-psychosocial intervention
- Group based, using community venues

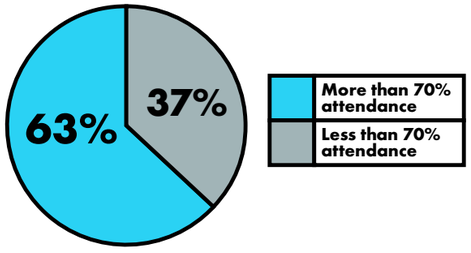
32 https://publichealthmatters.blog.gov.uk/2017/01/25/a-new-focus-on-falls-prevention/

33 https://ae-sop.org/

5.2 Key outcomes

Although it was difficult to recruit to this strand, there was a high average attendance rate of 70%, with the chart below (Figure 11) showing the percentage of participants attending less or more than the average.

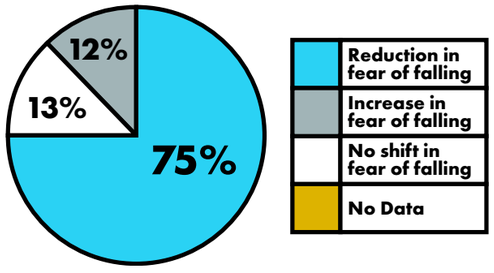
Figure 11
Percentage of sessions attended
n=8 over 25 week intervention



There was a range of positive outcomes evidenced through data from a variety of measures, as below:

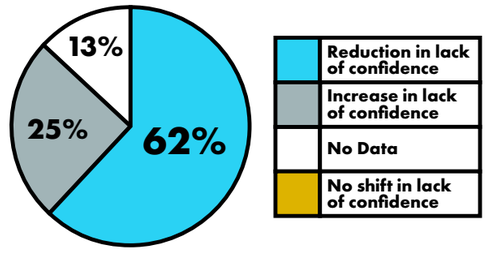
At the end of the intervention, 76% (n=6) reported a reduction in their fear of falling, as scored on the FES-1 (Short) Assessment of Fear of Falling in Older Adults (see Figure 12):

Figure 12
FES - I (Short) Assessment of Fear of Falling in Older Adults: The Falls Efficacy Scale-International (FES-I)



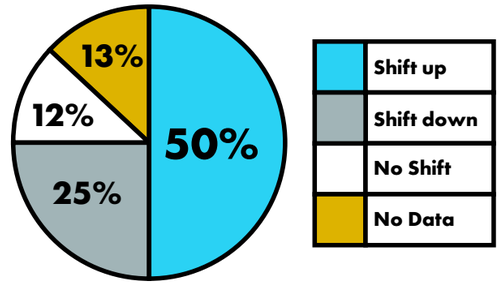
62% of participants (n=5) reported increased confidence in maintaining balance (with the measure scored according to reduction or increase in the lack of confidence) (see Figure 13).

Figure 13
Lack of Confidence in maintaining balance



50% of participants (n=4) reported a positive shift in their mental health and wellbeing, as measured by Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (see Figure 14). The average shift across the cohort was +4.21 and two participants each reported a significant positive shift (more than 3 points). One of the individuals showing a negative shift of more than 3 points in fact was one of the most engaged: they participated in all the extra-curricular activities; performed in the Agatha Christie Festival; and participated in a performance at Dartington with the dance practitioner who led the sessions.

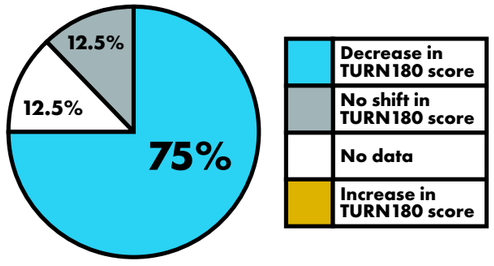
Figure 14
Shift in Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
n=8 over 25 week intervention



An independent chartered physiotherapist was appointed to conduct a movement assessment with participants at intervention beginning, middle and end to assess strength, balance and flexibility. Evaluation measures used were in line with FaME protocols as well as those used by the NHS falls teams to assess functional fitness performance i.e. *'having the physiological capacity to perform everyday activities safely and independently without due fatigue'*.[34] These are reported on as below.

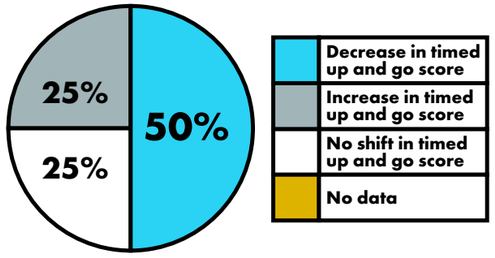
TURN180 assesses dynamic postural stability in frail elderly people. At the end of the intervention, 75% of participants (n=6) showed a reduction in their TURN180 score, therefore reducing their risk of falling (see Figure 15). Four participants were still taking more than four steps to complete a 180° turn, in the context that research indicates that people who take more than four steps to complete such a turn have an increased risk of falling compared with those who take four steps or less. Many of the participants continued their engagement with dance after this strand ended, so it would have been interesting to undertake an assessment six months on to learn if those participants' risk of falls had further reduced.

Figure 15
TURN180 Score
n=8 over 25 week intervention



With the Timed up and go measure assessing dynamic agility and balance, 50% (n=4) of participants saw a reduction in their score (see Figure 16).

Figure 16
Timed up and go score
n=8 over 25 week intervention



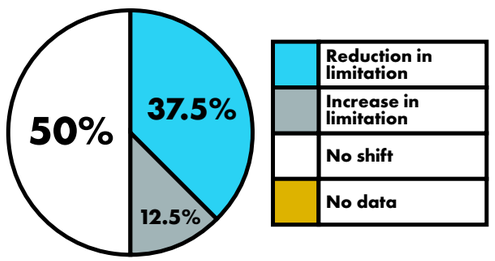
34 Rikli, R & Jones, J, (1999) 'Development and validation of a functional fitness test for community-residing older adults'. Journal of Aging and Physical Activity, 7, 129-161

Shoulder rotation measures were undertaken to assess the increase or reduction of limitation. While not immediately associated with prevention of falls, assessing flexibility and independence in undertaking daily activities (e.g. putting on a seatbelt, brushing hair, dressing etc.) is relevant and 37.5% (n=3) showed reduced limitation (see Figure 17).

Figure 17

Shoulder Rotation

n=8 over 25 week intervention

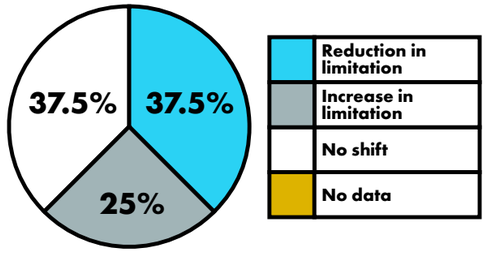


The Hamstring Flexibility measure was used as an indicator of good posture, gait patterns and mobility tasks (e.g. getting in and out of a car or bath), with 37.5% (n=3) showing reduced limitation in hamstring flexibility (see Figure 18).

Figure 18

Hamstring Flexibility

n=8 over 25 week intervention



62.5% of participants (n=5) reported an increase in their PAM score and level at the end of the intervention and many members of the original group continued their engagement with dance (see Figures 19a and 19b).

Figure 19a

Shift in Patient Activity Measure (PAM) score

n=8 over 25 week intervention

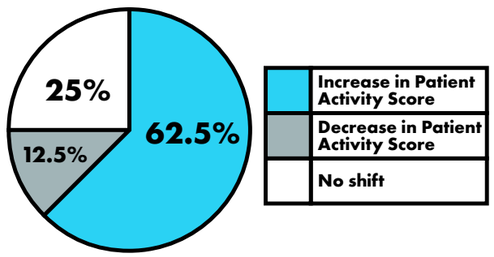
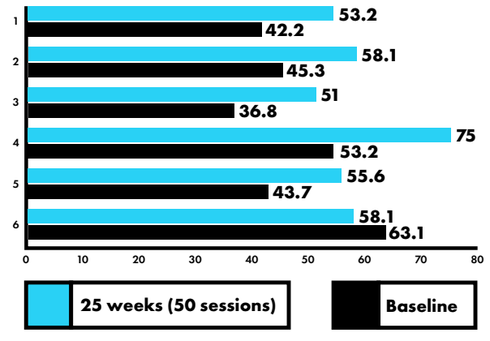


Figure 19b

Shift in PAM score (individual participants)

n=8 over 25 week intervention



Participants enjoyed exploring multiple dance forms and were supported by a regular group of volunteers, an integrated and successful element of the delivery model (see below). Participants reported a wide range of positive physical improvements, including these examples:

> *'Can stand up! More flexibility and coordination.'*

> *'I haven't fallen since we started and I used to fall a lot.'*

> *'I can get off low sofa at home now without rocking.'*

> *'I'm not using my stick much.'*

Being with other people was valued highly, as shown by the following comments about what participants appreciated in terms of social interaction and enjoyment from dancing as a group:

> *'Social element and the friendship – lovely group!'*

> *'In addition to the benefits of physical exercise, I never fail to be amazed at the power of friendship, love and fun to provide healing and therapeutic benefits.'*

> *'This project has been such a good idea. It helps prevent falls by building confidence and coordination through dance. It has also provided opportunity to make new friends. MOST OF ALL IT IS FUN.'*

> *'There is no doubt that I have regained confidence and the sense of self-worth. The friendship and immense kindness of everyone convinced me in this enterprise and has somehow restored my interest in living and hope for more 'happenings' in a rosier future. To continue accepting whatever the future holds with hope and confidence. The 'mojo' I had mislaid earlier this year to become even stronger and more evident.'*

> *'Being in a group gets you out of your four walls to enjoy a different atmosphere. Good for the soul as well as the body!'*

Positive improvements were noted by family members, as in this example:

> *'I would like to feed back however just how very impressed I've been with the dance therapy. My mother had been feeling really quite low, low in confidence, lonely and apprehensive about leaving the house. She is so much happier now, more confident and optimistic and her mobility has definitely improved...I feel the dance therapy has quite literally given her a new lease of life!'*

The dance practitioners kept detailed notes on participants' needs and progress, with the following just two examples of observed 'distance travelled' of which participants took ownership:

> *'[Participant] has regained some strength and is back to being able to do sit to stand more effortlessly. He is very confident getting down and up from the floor and clearly sees the value in maintaining this ability.'*

> *'[Participant] opted to stay on floor for relaxation cool down and she is clearly very comfortable on the floor which is wonderful to see! I met her in the street before class and though she is carrying her stick for confidence she wasn't using it and says she is using it much less now.'*

5.3 What worked well

- The majority of participants came from one GP practice, indicating targeting an engaged practice is effective
- The volunteer model worked very well, enabling one-to-one support not otherwise possible without them. The support offered was enabling and did not foster reliance.

Key points of the volunteer model:

- Volunteers were crucial in increasing capacity and having a sufficient number of people to support participants

- They:
  - 'blended' with the artists to become one team
  - offered positive role modelling
  - were part of the group socially
  - acted as 'an invisible bridge' between dance practitioners and participants

- Dance practitioners were able to support any volunteers who needed guidance about how best to support the participants

- The model provided health and wellbeing opportunities for the volunteers themselves as well as training in practical techniques.

5.4 Key challenges

Context

- Recruitment was a significant challenge, despite the CCG commissioners trying to support the referral process via communications to GP practices

- A much longer lead in time was needed than was planned to ensure sufficient numbers

- It was difficult to finish the intervention programme at the end of 25 weeks when participants still wanted to continue.

Logistics

- Better access to venues, including ramps, was needed

- There were mixed results from having to share the space with other groups

- Bulky floor mats had to be brought in for each session, which could be mitigated by having a storage facility in a regular venue

- Participants often arrived early for sessions and while this demonstrated positive engagement, this had a negative knock-on effect in reducing artists' preparation time. It is difficult for artists simply to hold tighter boundaries around timing with participants when they are working hard to build trust, particularly with participants who may be socially isolated, so additional contracted time is a consideration.

5.5 Key opportunities

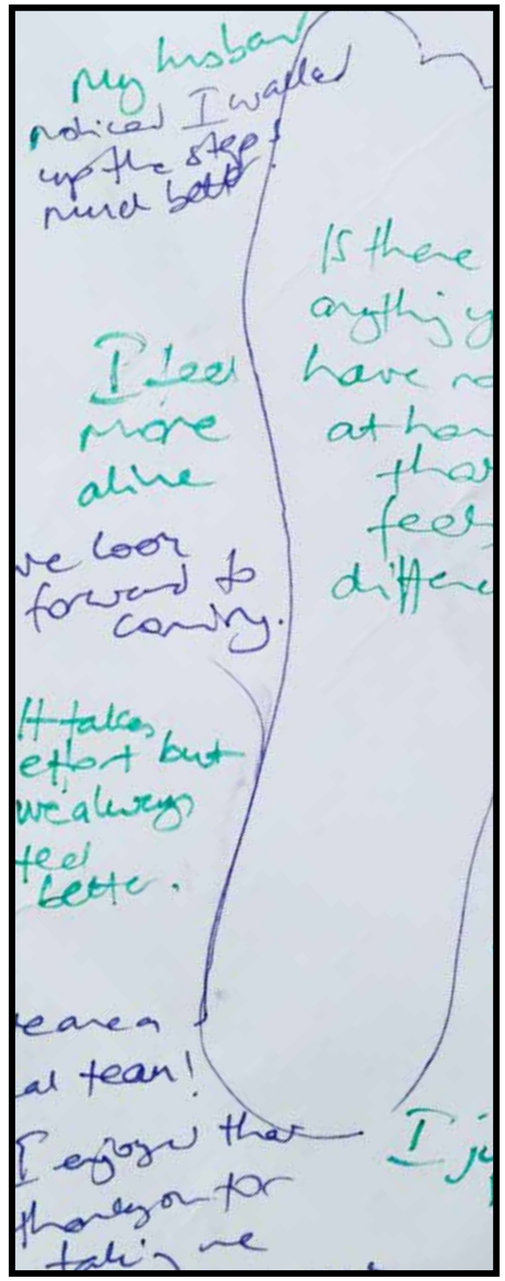
- A core principle in the ***NHS Long Term Plan*** is to support people to age well. Torbay has had a focus on this area of work for several years and is ideally placed to implement the ***NHS Long Term Plan*** aspirations

- The ***NHS Long Term Plan*** describes the intention to extend independence for all the older population and to target people who need personalised support for both physical and mental health needs. It specifically describes how falls prevention and strength and balance programmes can significantly reduce the likelihood of falls and reduce admissions to hospital [35]

- A Dance for Falls Prevention offer could be established within the Falls Care Pathway with a clear approach to identifying target participants and referral routes

- The CCG could consider pseudonymising participant NHS numbers in order to track health and social care utilisation at six and 12 months, post intervention

- Use of regression modelling would enable forecasting of primary and secondary care utilisation.



35 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf

6 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING STRAND

6.1 Description

Context

In line with the pattern across the UK, Torbay is experiencing a sharp increase in the number of children and young people with mental health and wellbeing needs, at an ever younger age.[36] Torbay Culture proposed three 12-week school based projects, to be delivered in either primary or secondary schools by TCAN members experienced in working with children and young people and supporting their emotional needs.

The strand

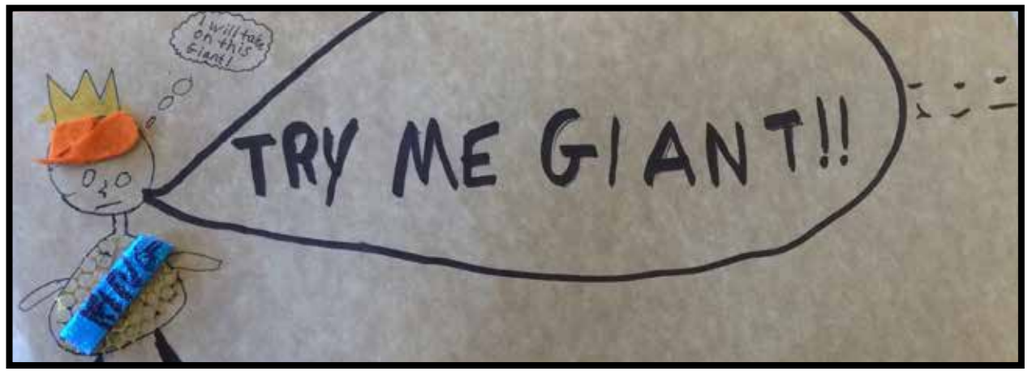
Consultation with commissioners and CAMHS (Children and Adolescent Mental Health Service) participation workers identified a need to support young people at risk of developing mental health difficulties during primary to secondary school transition. There was keen interest in understanding the impact of bespoke support – either side of actual transition – in enabling children to settle more easily.

CCG consultation with schools confirmed that staff perceived some children to have more needs than could be met by in-house transition programmes and that enhanced transition support should be offered to those at greater risk. Secondary school staff were concerned in particular about children who do not settle post-transition and have needs beyond those that can be met by school PHSE (Personal, Health and Social Education) or pastoral provision, but are below the threshold for CAMHS referral. Logistical challenges such as Key Stage 3 timetabling and room availability issues were also identified.

Following this consultation, the original project model and timescales were amended to create two strands:

Strand A *Transition Intervention Programme*: four projects focused on supporting children either side of secondary school transition

Strand B *Post Transition Programme:* two projects focused on supporting Year 7 children in the spring term who had not settled post-transition



36 http://www.torbay.gov.uk/DemocraticServices/documents/s10462/Joint%20Health%20and%20Wellbeing%20Strategy%20-%20Final%20Draft.pdf

The *Transition Intervention Programme* comprised weekly activities for targeted children in four primary schools for the last six weeks of their last year and then weekly activities in the first six weeks of their first year in secondary school, as in the table below:

Project	Practitioner(s)	Outline
Radio and music production	Sound Communities and freelancers	Young people worked with artist facilitators to co-produce two live radio broadcasts, including developing original creative content, editing, presentation and production technicals. They were supported to consider the shaping of a radio show, selecting/responding to a target audience and working in teams to move things from idea to broadcast. They had the opportunity to write their own songs, or start with songs they knew and adapt them to tell their own stories. Sessions integrated the use of traditional instruments, such as guitar and percussion, with digital music making techniques.
Drama and shadow puppetry	Doorstep Arts	Provided creative and playful opportunities for children and young people to create new stories that helped them to explore personal concerns and think about new ways that they can manage new, sometimes strange, situations. The project combined performance techniques with visual arts activity to create puppets informing character development and plot, which were then brought to life through shadow-play, animation and performance. Practitioners replaced the shadow puppetry element of the workshop with animation activities in part due to space limitations and also that working in darkness was not appropriate.
Visual arts and music	Gaby Lovatt and Hugh Nankivell	The emphasis for the project was on creating a safe, playful space, where artists provided materials and experience as a framework for children and young people to be stretched in their learning and creativity and were allowed to be themselves. Each session followed a model of provocation/exploration/sharing and included sharing of food. Artist facilitators worked with the young people to write songs, build sensory models and create artists' books (working in miniature and on a large scale).
'*Step Up*' radio drama	Sound Communities	This project used recording activities, drama games and exercises linked to Forum Theatre to explore approaches to developing resilience. Artist practitioners led activities in which young people played with recording voice and changing pitch and creating 3D radio dramas where the listener was the main character, thinking about tone of voice when communicating effectively and sharing methods of sharing supportive ways of dealing with life's ups and downs. Children also created 'Sound Maps' of the school environment and interviewed school staff to construct a radio broadcast. Two group listening sessions were facilitated. The first took place during the last week at primary school in which recordings were shared with class members through the use of 'silent disco' headphones. A second one-hour show was broadcast live from Paignton Community and Sports College. The audio was shared online and graduates of the project were invited to become members of Ocean Youth Radio, with opportunities to broadcast regular shows.

The *Post Transition Programme* comprised two 12-week projects in secondary schools in the spring term, as in the table below:

Project	Practitioner(s)	Outline
Song writing and making music	Wren Music	This project combined song writing with learning and playing traditional music from the British Isles. Artist practitioners facilitated the writing of original songs. Lyrics were based on the issues of importance to the young people: bullying, emotional challenges, identity, lack of facilities or resources for young people. The project closed with a performance of the songs at school to an invited audience of children, families and teachers.
'Storyworlds'	Sara Hurley and Gaby Lovatt	This project used the framework of creating and exploring 'story worlds', with the aim of supporting young people to develop strategies to face current challenges in their lives. Using a wide range of visual art media and materials, combined with different storytelling styles and symbolism, the artists encouraged the young people to investigate, share and explore and to make their own personal choices in what they wanted to create. Young people were introduced to sensory creative work, by working with soft, mouldable clays, using heavy and lightweight materials, using objects different to the touch. This work was combined with the listening and creation of stories, generating new ideas for narrative and engaging in individual and group writing.

Aims

- To develop students' confidence facing transition into secondary school
- To help students express their emotions about the challenges they face
- To increase emotional resilience through learning creative techniques to manage stress

Key features

- Early intervention for a targeted cohort of young people referred either at risk of or already with emerging emotional health difficulties
- Delivered on school site, in school time
- Weekly activities
- Community based arts practitioners
- Different art forms and approaches in each programme

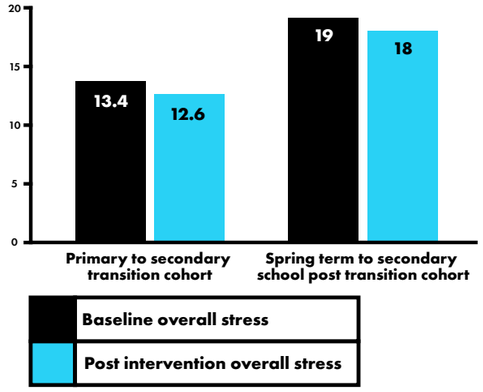
6.2 Key outcomes

Of the 59 young people who participated in the strand, 46 completed pre and post Strength and Difficulties Questionnaire (SDQ)[37] measures (Goodman, Robert 2005). The chart below (Figure 20) shows slight decrease in overall stress following interventions. An SDQ score of 14 or above is considered raised and an indicator of unmet mental health needs. Results show that most primary to secondary transition cohorts did not display self-report raised scores pre or post intervention despite school staff concerns, but the spring term secondary school post transition cohort were accurately identified.

Figure 20

Strengths and Difficulties Questionnaire (SDQ)

Shift in overall stress (n=46)



A significant amount of qualitative data was captured through interviews, focus groups, self-report and observation, from which the following responses have been selected to demonstrate key outcomes:

Confidence development (as noted by participants and school staff)

- *'I can talk to people more.'*
- *'Made me more confident to sign up for stuff, I wouldn't have signed up to be a House ambassador if I didn't.'*
- *'Because [participant] and I did a song and I would never have done that and now I could.'*
- *'Because we got to perform it with our voices, everyone could hear it so I wasn't scared any more'.*
- *[In respect of the participants' performances] 'I didn't recognise it as it being them for a while, and then I realised it was them performing, because it's not how they present; that confidence and that level of ability isn't how they present to children and adults in the school. At all. It has brought it all out – whatever the process you've undertaken with them, it has brought that out in them. They are capable, but we don't get to see that capability. It's a self confidence issue. I'm so proud of them. So proud of them.'*
- *'The selected children have all been made to feel 'special', which has directly impacted on their levels of creativity and confidence in generating ideas. The one boy that got up and perform on his own, I wouldn't have ever imagined him to have done that. That was amazing.'*

Making friends

- *'More open to people and not scared to make friends.'*
- *'Great, we got to know each other much better. Some of us got to be best friends. We were so shy we didn't really talk to each other.'*

Coping with transition and other challenges

- *'I was really worried about going to secondary school, but we had 6 weeks and break and another 6 weeks it reassured me, made me feel alright.'*
- *'It also made me lose my fear of moving to a different school.'*
- *'It helped us, as we thought it was going to be really scary, but it really helped us'.*
- *'I know places I will go If there is something important then I'd have to sort it out and go to someone – I have got a plan.'*

Taking part at school

- *'I think that the group is very good because it was useful to us to not worry about things to do with school. If the project hadn't of (sic) happened then it would have been hard for us.'*
- *'It has affected me in a great way; I can now speak out in the class instead of not putting my hand up.'*
- *'I wouldn't know what to do without this project. If this wasn't on I wouldn't want to come to school because I don't know what people will speak about me, will I make friends. But I was wrong. It has helped us think about life and be braver.'*

Impact outside of school

- *'I go home and are nicer to my brother – I'm not as mean. Having a knock on from family.'*
- *'I used to go home and be horrible and be in a mood.'*
- *'Both having an effect on feelings in school, but also in wider life.'*

A number of children wrote short letters to the CCG Children and Young People's Mental Health Commissioner, from which the following are extracts:

- *'I think that since I have been with Hugh and Gaby doing the music and arts project, I have had a huge boost of confidence and I have been a lot happier.'*
- *'This radio drama has helped me be more confident in classes and I really like it.'*
- *'I think it was an amazing experience I would love to do it again. I think it should be open for more children because they might be unhappy about something and this group changed everything for me in a positive way.'*
- *'It has helped me make new friends and makes me talk in public to improve my confidence. It will also help me in the future. When I need new friends.'*

37 https://www.sdqinfo.com/d0.html

6.3 What worked well

A thematic analysis of qualitative data gathered from participants, arts practitioners and school staff evidenced that each stakeholder group had slightly different perspectives about what 'worked well' in terms of particular strand aspects that led to making the intervention successful, as shown below:

Participants' perspectives on why the intervention was successful:

- Liking the arts practitioners
- Sessions running in school time and on school premises
- Provision of refreshments
- Not missing lessons that they felt 'mattered' and/or enjoyed
- Being with the other participants and not feeling annoyed by them
- Activities which were fun and enjoyable

Arts practitioners' perspectives on why the intervention was successful:

- Suitable, accessible and uninterrupted venue on school premises available
- Appropriate young people referred to the groups
- Feeling valued as arts practitioners by school staff
- Good two-way communication with school staff in terms of the young people and logistics
- Knowledge about participants' emotional and physical needs

School staff perspectives on why the intervention was successful:

- Flexible and resilient arts practitioners
- Manageable amount of co-ordination time requirement
- Subject teachers agreed to release students.

6.4 Key challenges

- There was a lack of sufficient development capacity to increase the scale of the project when it grew from the original three projects proposed by Torbay Culture to the six proposed by the CCG and NHS Foundation Trust, as part of the bid to the Health Foundation

- The changed format from 12 weeks to a six-week split format across either side of the summer holiday for four of the projects presented practitioner availability challenges for arts delivery partners, some of which could not be overcome

- The project coincided with a major NHS re-procurement process which significantly restricted the Children's Mental Health Commissioner's involvement and limited the opportunity to engage with other children and young people's mental health clinicians and commissioners

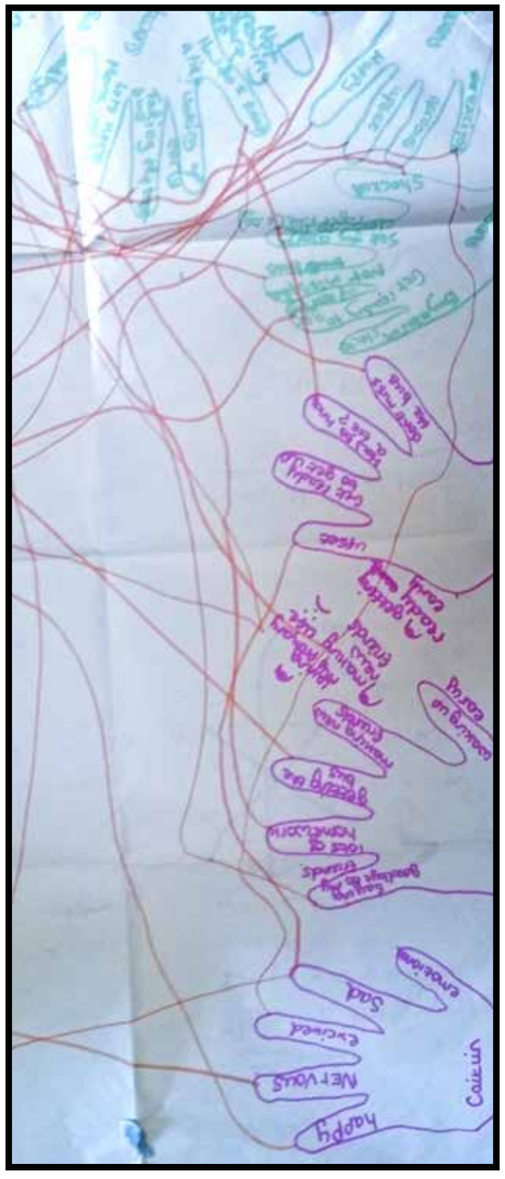
- School timetables and room availability were a challenge for both arts practitioners and school staff, particularly in secondary schools, where securing confidential and sufficiently flexible rooms where desks could be pushed back to create group spaces was difficult and created significant stress for some practitioners

- While the pragmatic introduction of central strand/project coordination due to the complexity of the school delivery model and numbers of arts practitioners wanting to be involved brought some benefits, there was a negative consequence in arts practitioners and school staff not being able to build trusting relationships through pre-delivery development time, leading at times to some tension from both perspectives

- TCAN Co-ordinators' decision to explore delivery cross art form and cross organisation/ practitioner meant some artists worked in new configurations and while some of these collaborations brought a new richness of practice and gave practitioners the opportunity to develop new working relationships with others, there were some costs to quality delivery:
    - Some arts practitioners struggled to integrate art forms and interpersonal collaboration alongside the pressures of working with often challenging behaviour from participants
    - At times the dynamics of being in transition themselves as arts practitioners may have affected the cohesion of project delivery, with a likely mirroring of the transition related issues the participants were experiencing. For example, stress, anxiety and not feeling in emotionally control as usual

- Participants in some of the projects had not understood the key aim was to help them develop their emotional resilience so not all developed a set of creative strategies to support them beyond the lifespan of the programme

- Some arts practitioners thought the practice required was not different from 'traditional or standard' socially engaged practice responding to 'universal' health and wellbeing needs and did not realise the need for a bespoke, intervention based approach to specific mental health needs.



6.5 Key opportunities

- There are opportunities to be involved in the re-design of health services for children and young people as outlined initially in ***Transforming Children and Young People's Mental Health Provision: Next Steps (July 2018)*** [38] and more recently in the ***NHS Long Term Plan (2019)*** [39] with examples including:
    - Support for perinatal women e.g. singing to reduce stress, increase social connection and increase attachment with young babies
    - Improving uptake of childhood immunisation and also health checks for young people with learning disabilities e.g. developing innovative and accessible creativity-based ways of raising awareness and engaging parents and young people
    - Upstream preventative work in schools and the community to increase emotional resilience and reduce the volume of children and young people requiring mental health support e.g. creativity based PSHE activities for whole classes and year groups
    - An arts and culture based social prescribing offer for individual young people, small groups and families to complement the work of new designated School Mental Health Officers and the Mental Health Support Teams that will develop in schools over the coming years
    - Continuation of community based arts provision as a step down/ move on model following more bespoke arts based social prescriptions e.g. youth theatre, youth orchestras, community radio
- The existing relationships between schools and Torbay arts and culture practitioners can be developed further, building in particular from the experience of this pilot programme
- There are opportunities to develop relationships and potential referral pathways with the newly procured NHS consortium Devon Children and Families Alliance [40] which will deliver children's health and wellbeing services from April 2019.

38 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

39 https://www.longtermplan.nhs.uk/

40 Comprising Torbay and South Devon NHS Foundation Trust, Devon Partnership NHS Trust, Royal Devon and Exeter NHS Foundation Trust, University Hospitals Plymouth NHS Trust, Northern Devon Health Care Trust and Livewell Southwest CIC

7 WHAT WE LEARNED

7.1 Test and Learn question findings

Question 1

From a bio-psycho-social perspective, what is the worth and value of arts based interventions?

For participants

Participants in all three adult strands reported similar impacts including:

- Increased mental wellbeing
- Fun and enjoyment
- Learning of new skills to help manage their long term condition

Self-reported value and worth was more difficult to draw out from participants in the young people's strand, but some children reported:

- Improved confidence
- Fun and enjoyment

For clinicians/school staff/parents

Clinician feedback was limited to the Singing for Wellness strand and included:

- Pleasure in observing participant enjoyment and positive changes to mental wellbeing
- Perception this was a helpful option for people who need an alternative or addition to Pulmonary Rehabilitation

Parents and school staff feedback on impact included:

- Increased confidence in children
- Improved relationships between some parents and children
- More willingness of young people to talk about emotions

For arts practitioners

Arts practitioners were positive about:

- Their sense of reward from observing participants' enjoyment, improved confidence and development of new skills
- The opportunity, for some, to work in a different context
- The opportunity to diversify opportunities to be commissioned

For commissioners

There was limited commissioner feedback but this included perceived opportunities to:

- Offer personalised interventions to support self-management of long term conditions
- Offer interventions that deliver physical, mental wellbeing and social outcomes
- Further develop VCSE sector collaboration

Question 2

What is the impact of arts based interventions for a range of health conditions and needs?

High level impact at individual level was captured via self-report measures and feedback:

Long term respiratory conditions in adults

- Increased knowledge of breathing techniques which can be applied and practiced at home
- Improved mental wellbeing
- Increased confidence to be more physically active
- Increased sense of social connection

Falls prevention for older people

- Increased flexibility and movement
- Improved mental wellbeing and optimism
- Increased confidence to be more physically active
- Increased sense of social connection

Mental wellbeing of older people

- Improved mental wellbeing
- Increased confidence to explore creativity-based ways to manage emotional wellbeing
- Improved social connection

Mental wellbeing needs of children in schools

- Improved mental wellbeing for children with higher levels of stress before the intervention
- Improved confidence at school and home
- Improved communication with families

It was out of scope of the project to capture impact on the community and on health and care utilisation, but this is feasible for future schemes subject to data capture and sharing processes being in place.

Question 3

What do system partners need to understand in order to sustainably commission arts on referral schemes?

- Commissioning models should build in requirements and resource for significant development time and capacity of all partners
- Schemes should be aligned with existing health and care referral pathways where possible to ensure sufficient participant numbers
- Small and medium sized independent and VCSE organisations require shorter payment timescales than NHS and local government organisations, and would benefit from defined payment schedules that include an initial payment for development time
- Small and medium sized independent and VCSE organisations have minimal infrastructure support for communications, data analysis and reporting

Question 4

What do system partners including the VCSE arts and culture sector need to deliver quality arts on referral schemes?

- The willingness to be innovative and explore non-standard possibilities
- A shared language which enables effective communication and trust between partners in different sectors
- Clear mutual understanding of the intended outcomes for programmes and participants
- A quality standards framework to ensure delivery of high quality practice
- Community venues which are physically accessible for participants and school based venues which offer a designated uninterrupted space for the duration of a programme
- Access to participant/ patient referral routes and opportunities to engage with potential participants for example, through the provision of taster sessions within NHS programmes

Question 5	
What is the cost of arts on referral schemes?	
• A high level cost analysis indicates that the adult art on referral schemes offer value for money assuming that available places are filled • Further work is required to assess the cost impact of a school based scheme • Overall, costs require further analysis and comparison against the cost of standard NHS interventions and costs avoided within the system e.g. reduced GP appointments	• A full cost recovery model is difficult to implement in a Test and Learn context • All arts providers reported that the budget allocated was not viable beyond Test and Learn with the majority having provided unfunded capacity to ensure project completion • It is unlikely that arts on referral schemes will deliver 'cashable' NHS savings, and that 'invest to save' and 'invest to improve' are more appropriate in terms of financial positioning

Question 6	
How do arts on referral schemes align with current and emerging systems and models of health and care?	
• Personalised care, shared decision making and empowering people to self-manage their health and wellbeing needs are key tenets of the NHS Long Term Plan and of the aspirations of the Torbay and South Devon Health and Care integrated care system	• Social prescribing offers a clear framework for arts and culture activity for wellbeing including primary and secondary prevention though: o universal social prescribing level via signposting to socially engaged arts practice in the community o targeted arts based social prescriptions within clinical pathways as a means of delivering personalised, supported self-management

7.2 Co-production with partners

It was a key programme intention to embed the principles of co-production with the main stakeholders (participants, artists, clinicians and commissioners) from the outset. However, opportunities to build in shared co-design and co-production proved very difficult in all strands. This was in large part due to the demanding logistics of co-ordinating clinician, commissioner and freelance artist diaries and also the difficulty of enabling participants to be involved prior to actual activity delivery.

The *Singing for Wellness* respiratory conditions strand was the most successful in achieving some co-production involving clinicians and arts practitioners. This was mainly due to the enthusiasm of a respiratory consultant at Torbay & South Devon NHS Foundation Trust. In addition, shared knowledge exchange sessions and clinicians making visits to the singing groups resulted in what appeared to be a high level of trust between vocal practitioners and clinicians, throughout the project.

The *Best Foot Forward* dance for falls prevention strand struggled to engage co-production partners, despite a positive start with both commissioner and clinician representation. One of the negative impacts of this was participant recruitment difficulties, although overall negative impacts appeared to be less significant in this strand, possibly due to Dance in Devon being experienced in delivering this type of intervention previously, albeit in a care home context.

Co-production in the school based children and young people's strand proved most difficult, with the following being key challenges:

- The need for central programme management co-ordination due to the complicated logistics arising as a result of the school selection process for proposed projects
- Tight timescales due to school timetables
- Not all schools having senior leadership engagement, resulting in some projects where there was not a sufficient shared vision between arts practitioners and school staff or the most effective working relationships
- A perception by some school staff that some arts practitioners did not have a realistic understanding of the challenges of delivering non-curriculum activity within timetabled curriculum time and limited room options

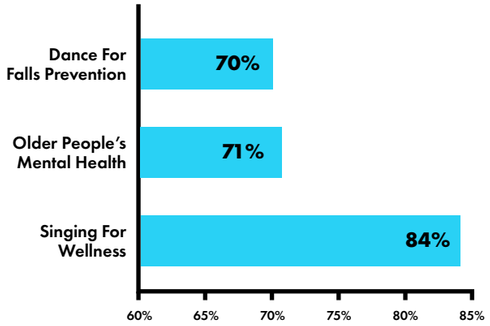
As all the participating students reported they preferred the interventions to be within school time and on site, a consideration of how to develop a more effective co-production approach will be key in future.

7.3 Patient/participant acceptability

A strong feature across all the adult strands was the high attendance figures (see Figure 21 below for average attendances) and level of enjoyment, evidencing significant patient/participant acceptability. Multiple participants expressed disappointment at not being able to continue interventions – despite knowing from the outset that they were pilots. While some participants joined community choirs and two people set up their own singing programme to take to care homes, some participants did not feel confident to progress to a more generic singing group. A consideration of the emotional impact of short term pilot initiatives on participants will need to be taken into account in future planning.

Figure 21

Average Session Percentage Attendance of Adult Participants in Arts & Health Programmes



Participants and family members consistently reported in their feedback on the following aspects which were appreciated and contributed to positive acceptability:

- Interventions were fun and enjoyable, built confidence and led to an increased sense of mental wellbeing
- Meeting with other people in similar circumstances was helpful
- The opportunities to learn new techniques and skills, whether creative or related to physical conditions (e.g. breathing exercises) were valued.

7.4 Commissioning, contracts, budgets and workforce

The programme budget for this Test and Learn pilot was based on what was outlined in the Proposal Paper (May 2016) with some adjustments including an additional financial allocation within each strand for project management (in particular liaison with the Programme Manager and host organisations) undertaken by the arts practitioners.

The Programme Manager was costed at approximately £1,500 per 12-week commissioned project to ensure artists were supported in their delivery; any risks and issues were identified and escalated as appropriate; and that evaluation was properly completed, compiled and submitted. There was also a Programme Manager allocation of £400 per project to support referral routes and an allocation for their mentoring.

All the commissioned projects were offered at the same 'fixed price' to include artists' fees at £240 per day and a maximum figure for costs such as venue hire, materials and refreshments. Contractual obligations covered the number and format of sessions with participants, as well as payment arrangements for mentoring/training. Within this framework, one of the projects in the *Arts and older people's mental health* strand successfully requested a reallocation of the combined resource for venue hire, refreshments and materials to cover the hire of a minibus to take participants on visits to local places of interest. In addition, Dance in Devon in delivering the *Dance for falls prevention* strand negotiated their commission budget to include all project management and allocation of costs as they decided most effective, given their training in FaME and the OTAGO Exercise Programme and prior experience in delivering a similar project.

Where a project was a collaboration of two organisations or artists, one was contract lead and subcontracted the other. Each contract had a three-phase payment schedule comprising an initial upfront payment and subsequent payments following delivery and submission of evaluation materials at project mid- and end-points.

Larger organisations commented that this 'day fee' budget model, which was based on contracting self-employed artists, meant they could not recoup any of their core/overhead costs. Some individual artists taking a 'lead artist' role felt uncomfortable subcontracting other artists. This was in part due to them not having experience in the appropriate accounting procedures and also them having to take personal responsibility for another person being paid. One individual artist noted they would have preferred Torbay Culture to have taken a 'lead organisation' role and contracted artists individually.

For all the strands apart from the one delivered by Dance in Devon, which had a different contract basis (see above), evidence of expenditure was required with invoices to release payment. As well as being needed for audit purposes, this level of budgetary scrutiny was set first, within the Test and Learn context, to evaluate the true commission costs against the recommended budget outlined in the *Proposal Paper* and second, to reallocate any underspend to meet a deficit elsewhere in the programme budget, given the lack of anticipated match funding resulting in the need to make 24% savings.

Overall, the following savings and reallocations were made:

- The majority of evaluation methods were participant self-reported, so the budget allocated for specialist support in capturing data (e.g. spirometry) was not spent
- Practitioners working in performing arts (drama, music, storytelling) tended to underspend on their allocated materials budget and for the *Singing for Wellness* choirs, materials underspend was reallocated to travel and parking costs
- Community venues hired for sessions were often 50% cheaper than budgeted
- Working with health sector partners on referral routes meant that planned advertising activities were not needed
- Funding originally for three projects within the *Arts and older people's mental health strand* was reconfigured to deliver two projects, with greater resources for planning, reflection and travel.

However, this level of financial monitoring led to increased administration for all concerned and likely contributed to greater involvement in individual strand project management by the Programme Managers than was anticipated or sustainable. Artists commented that submitting receipts for checking was a level of micro-management they found time consuming and unnecessary, suggesting there should be trust in their delivery. Some were also not happy with the need to submit weekly reflection logs, whilst others appreciated this as a means to raise issues with, and receive support from, Programme Managers.

Artists also commented that although they only earned a half day fee for delivering a two-hour workshop (and often due to session timing could not take on other work that day), a full day's work was required to accommodate the amount of preparation and reflection involved in such highly person-centred, complex and challenging work, and ensure the highest quality engagement. Programme Managers were keen to encourage greater depth of reflective practice and increased the fee available to include a paid hour per week for reflection, although not common on other arts on referral schemes, which also often pay a lower fee.

Despite this, artists felt the time required for preparation, reflection and reporting was not *'in balance with the fee available'*. While some artists were very experienced in delivering this type of 'applied arts' work and already had a toolkit of approaches to use, others were not so experienced in this particular context. Although there was financial support for these artists to develop relevant skills as part of this emerging practice, this may not have been enough to mitigate the amount of time they needed to invest for quality delivery.

The under-resourcing of time was not limited to artists, as the Programme Managers also exceeded their contracted hours. This was mainly due to there being less partnership engagement than anticipated, in particular in relation to referrals and evaluation work; managing complexities in delivering the children and young people's mental health strand model; and aspects of project management that were expected to have been delivered within arts practitioner and organisation contracts.

While contracts set out clear procedures and schedules for invoices, artists experienced later

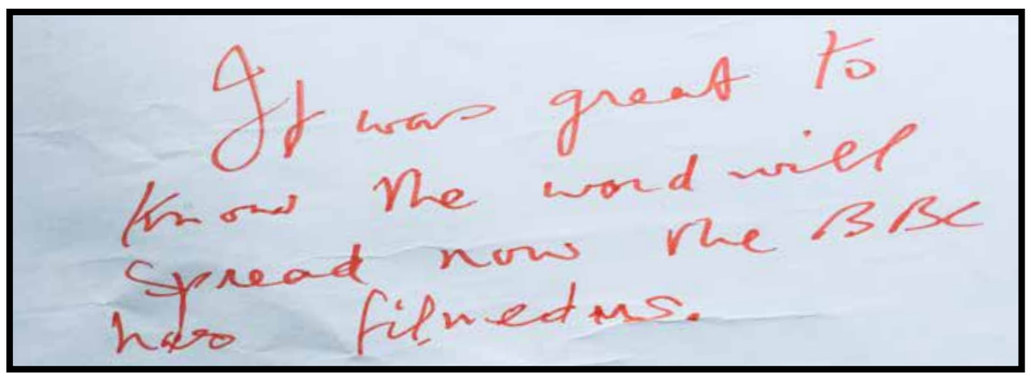
payments than anticipated due to internal checking processes. Programme Managers noted that some local authorities and public sector organisations have in place procedures to fast-track payments to sole traders and micro businesses, such as the individuals and organisations contracted for this programme.

Further challenges were experienced in managing delays to project launches and agreed delivery timetables, due to low referral numbers. In most cases, artist practitioners were able to offer flexibility. However, there were cases of artists turning down other work to deliver on this programme with sessions subsequently delayed and one instance of an artist having to sub-contract other committed work in order to be available for delayed delivery on this programme. A cancellation clause was drafted for inclusion in artist contracts so artists could be paid a percentage of the final fee depending on the date on which a 12-week intervention was cancelled although fortunately, it was not necessary to apply this. Overall, agreeing delivery dates with busy independent artists – working nationally and sometimes internationally, as well as on other programmes and projects locally – and stakeholders was challenging, reinforcing the need for sufficient lead in time, not least to support co-design and production as well as work security for artists.

In terms of challenges in the work itself, artists were surprised at how quickly and readily participants shared very personal information, disclosing issues around their health and wellbeing and at times, sense of hopelessness and struggles with suicidal thoughts. Artists were made aware of support available for themselves, such as relevant training courses, and either contacted the relevant HWB Co-ordinator with a participant concern, or went through the Programme Managers who then brokered contact with them. The appropriateness of personal 'content' being shared publically (for instance, through radio) was discussed on a case by case basis.

7.5 Cost Effectiveness

With small pilot projects delivered by VCSE partners, it was not possible to do a full financial evaluation for this report, although the intention going forward is to develop a full cost recovery model for the interventions. In order to give interim indicative costs and comparison to standard NHS interventions, the costs per participant and per programme based on fixed and variable delivery costs were as follows:



Strand	Available places	Actual places taken	Cost of programme per participant assuming all places taken	Actual cost of programme per participant place taken	Estimated cost of NHS intervention programme
Singing and respiratory conditions: Singing for Wellness	120	76 (taken up by 53 individuals)	£167	£264	£300 (pulmonary rehabilitation)
Arts and older people's mental health	16	7	£668	£1526	£1200 (low intensity IAPT)
Dance for falls prevention: Best Foot Forward	20	10	£474	£948	£2080
Children and young people's mental health and wellbeing: schools based projects	60	59	£379	£386	£229 (group CBT)

Singing and respiratory conditions: *Singing for Wellness*

- Assumes a standard PR programme in Torbay and South Devon offering 12 sessions (2 x weekly sessions x 6 weeks)
- Assumes PR costs are approximately £300 per 12 session intervention programme
- Assumes 24 places on *Singing for Wellness* with all taken up each session
- Assumes *Singing for Wellness* costs based only on assessment of fixed and variable costs including venue hire, vocal practitioner time and materials

Children and young people's mental health and wellbeing: *school based projects*

- Compared with a standard NHS group Cognitive Behaviour Therapy programme which offers 12 x weekly sessions in a group format
- Assumes group CBT costs based on national Future in Mind figures
- Assumes 10 places on school based project with all taken up each session

Based on these indicative figures, the *Singing for Wellness* and dance for falls prevention interventions appear to be a cost effective and cost saving. However, the schools based children and young people's mental health and wellbeing strand and the arts and older people's mental health strand presents a significantly higher cost than a group CBT for children and low intensity IAPT interventions for adults respectively. Further analysis is required in order to understand this more robustly, to include consideration of the following:

- Whether the example NHS interventions are valid comparisons for the presenting needs of the cohorts
- Uptake of and attendance at the arts based interventions versus that of standard NHS interventions
- Whether patients are likely to engage with the arts based interventions instead of or as well as the standard NHS interventions
- How many cycles of intervention programmes may be required to achieve comparable outcomes
- Cost impact across other aspects of the system e.g. unplanned respiratory related admissions.

7.6 Credibility

Two particular factors assisted with the credibility of the programme.

First, clinician involvement was shown to make a difference to patients. Recruitment for *Singing for Wellness* was greatly facilitated by the hospital respiratory consultant and team who encouraged patients to attend sessions. This sent a strong message to participants that the singing groups were credible and could be useful to them.

Second, having an independent evidence base made a difference to commissioners. Arts on referral as a non-traditional approach is still new to commissioners, so being able to cite the national policy work being developed through the All Party Parliamentary Group on Arts, Health & Wellbeing was useful. The publication of the national inquiry ***Creative health: Arts for health & Wellbeing*** *(2017)* was a significant benefit in this respect.

7.7 Referral routes

Selection of participants

Selection of participants and their appropriateness varied considerably between the strands. Generally, when identified by clinicians, participants were appropriate and this ensured a good 'fit' between participant need and what the intervention was designed to offer. This applied to both the *Singing for Wellness* and *Dance for falls prevention* strands.

Where children and young people participants were identified by school staff, this was much more variable. This was not unexpected, given the complexity of identifying mental wellbeing needs in children and young people. The referral approach would need revising if the strand were to run in future and a joint discussion between school pastoral staff and designated primary mental health workers, or via the new school based Mental Health Support Teams which are due to be developed as part of the NHS Long Term Plan, may be more appropriate.

The referral selection to the arts and older people's mental health strand resulted in some participants having acute needs beyond the level of support the projects were designed to offer. However, discussions between the referring HWB Co-ordinators and arts practitioners provided some reassurance and resolution for the latter.

Recruitment of participants

Despite support from the CCG and other health partners, recruitment to the adult programmes was challenging. It is highly likely that the delays were part and parcel of developing innovation, given that referral pathways and processes were new for commissioners, clinicians, arts practitioners and for patient participants themselves. Commissioning organisations do not have direct patient contact and are unable to influence patient referral, which is therefore usually reliant on either self-referral or on referral by health and care practitioners. Both routes require people to have sufficient knowledge and confidence in the interventions on offer.

Given the small sale of the projects for the older people's mental health and falls prevention strands, places were limited and recruitment targeted. It was expected that the 20 places for the older people's mental health project would easily be filled by referrals from the HWB Co-ordinators, so the project was not opened to GP referrals. However, given that only seven places were taken up following HWB Co-ordinator referral, it seems likely that a broader referral source would have resulted in more individuals taking up places. The *Dance for falls prevention* strand also struggled to find sufficient referrals, although Dance in Devon subsequently found a degree of success by targeting the GP practice close to the venue where the intervention was running.

Elements for future consideration include:

- Allowing sufficient time to advertise strands and interventions to target health practitioners
- Offering taster sessions to relevant health, care and education practitioners so that they can better explain the opportunity to service users/ potential participants
- Using NHS or Council communication routes e.g. CCG bulletins to GP practices; intra-departmental news update; clinical team meetings; school cluster meetings
- Learning from other NHS commissioned services which experience slow uptake
- Working with VCSE partners active in the locality to spread understanding
- Engaging with service user representative groups such as Healthwatch Torbay and Patient Participatory Groups (PPGs) aligned to GP practices
- Consulting with GP clinical leads in the CCG and locality GP leads
- Targeting specific place-based referral sources and GP practices.

7.8 Measuring impact and evaluation

While it is common to employ outcome measures used in the health and care system in arts and health programmes to support intervention type comparison, with self-report measures administered by those delivering the intervention, not all arts practitioners in this programme saw this as appropriate to their role. Further exploration would be needed to understand whether these views arose due to a lack of confidence – which could be met through training – or from an ideological concern.

In the singing and respiratory conditions strand, clinicians questioned the reliability of data from self-report measures, stating that they often observe low literacy and cognitive ability when patients are asked to complete measures in a hospital setting. With the opportunity to develop social prescriptions as targeted interventions, literacy issues could be accommodated better in future programmes though a more embedded focus on personalisation e.g. having one to one sessions at incremental stages throughout a programme.

Completion of measures in school settings posed particular challenges in terms of the time required and group context, with arts practitioners requesting specific additional training for this in the future.

Overall, the collection, collation and interpretation of evaluation data was challenging for VCSE arts partners which indicates a different infrastructure and training provision to support the required knowledge and skills would be needed in the future.

The delay to programme implementation impacted on the timing of the evaluation phase which compounded capacity and timescale constraints, both for the CCG and for Torbay Culture programme management capacity. Analysing and evaluating the impact of the strands was also affected by the planned co-production approach with Public Health and the CCG not being possible (see above p 19) resulting in Torbay Culture alone having evaluation capacity, although this also became limited because of changing staff resource.

7.9 Legacy

The arts and cultural practitioners continue actively to engage with health and wellbeing practice in Torbay following this pilot programme, with projects undertaken as noted below being just *some* examples that demonstrate a keen interest among all stakeholders to develop this work, reaching more people and achieving even greater impact.

It is also important to locate this local work in a wider context, as practitioners are also continuing in 'bringing in' experience from other places and also 'taking out' what they do in Torbay for the benefit of other places.

In terms of the 'bringing in', the learning and impact from the practitioners' projects elsewhere informs and supports Torbay Culture in opening doors to working with more clinicians, education and social care providers. Projects in development at the time of writing include working with patients living with dementia at Brixham Community Hospital; a new *Singing for Wellness* choir; and working from a public health perspective with young people (including young carers, young parents and young people who have experienced homelessness or social isolation) on *Creative Transition* projects to improve the wider determinants of health and address potential health and wellbeing inequalities.

In terms of practitioners 'taking out' experience from Torbay to other places, this represents another aspect of legacy through influencing work elsewhere.

Examples of legacy work

Dance for falls prevention

- The lead practitioner secured small-scale funding to support a dance for falls prevention group called *Step in Time*. This was supported by the School for Social Entrepreneurs start up programme and Transform Ageing/Unltd, with the aim to establish a social enterprise to build and test a locally sustainable model for dance for falls prevention. *Step in Time* has an ongoing core team of two dance artists, a guest physiotherapist, and three volunteer peer support dancers. A six-month programme running from December 2019 to May 2020 has 12 participants aged 70 to 95. Impact measures and testimonials are being collected for this cohort and will be reviewed in summer 2020. Based on attendance levels in February 2020, programme retention is expected to be approximately 90%

- A voluntary Code of Practice for the delivery of this work was initiated by the lead practitioner and created in collaboration with Dance in Devon and a community of dance artists working with dance and falls prevention. This Code of Practice has been adopted by colleagues in Plymouth

- A visiting physiotherapist from Singapore has asked the practitioner to provide mentoring support for a new dance for falls prevention programme to take place in a community hospital in Singapore. It is noteworthy that commissions have gone directly to commissioning dance for falls prevention based on developments in international practice and the growing evidence base in the UK, rather than commissioning exercise programmes for strength and balance.

Mental health and wellbeing

- Doorstep Arts went on to work with a secondary school in Torbay on a theatre project for mental wellbeing and resilience, called *Theatre of the Mind*. Doorstep had been working in schools at a 'universal level' with a theme of mental wellbeing and emotional resilience for several years prior to the pilot programme and reported that the learning from their transition project with a more targeted cohort of young people was integral to shaping their practice and the next phase of their work. They note it is still a challenge how best, and in which environment, to ensure a more meaningful and less rushed approach to working with young people creatively, particularly when addressing issues of mental wellbeing

- Sound Communities have continued to use digital radio and music production to 'connect, engage and inspire' communities and have been working with partners such as Torbay Community Development Trust, the Youth Trust, the Youth Justice team and an adolescent mental health psychologist to establish several live creative projects with vulnerable children young people who are at risk or facing challenges in their lives

- Participate Arts has continued to develop wellbeing projects, including delivery of an intergenerational project for Torbay focused on dialogue, art and stories around kindness and wellbeing and a regular creative wellbeing offer for young parents and their children in nearby Buckfastleigh. The lead artist has worked alongside a mental health practitioner on a print making project for vulnerable young people in a secure unit and has delivered an international exchange project between Malawi and the UK focused on sustainable development and mental health.

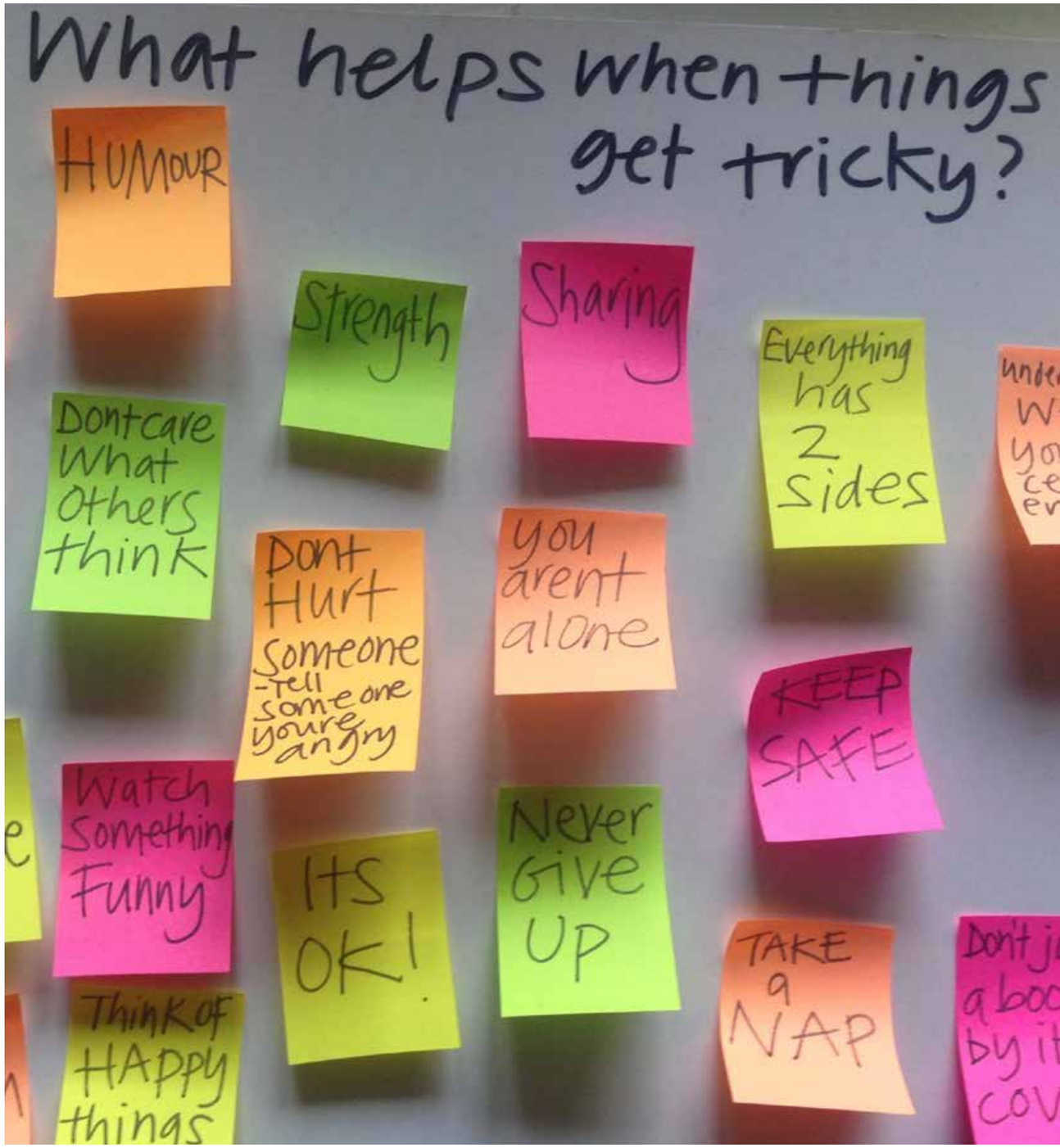
Singing for Wellness

- As a direct result of the pilot programme, Wren Music has concentrated efforts on maintaining a thriving Singing for Wellness group and has secured other funding to guarantee the group's continuation. The group provides social, physical and musical benefits for those attending and acts as a hub through weekly sessions, performances and special projects. It also provides a signposting function for singers who wish to progress through the group to other arts initiatives, or are referred via GP surgeries

- As part of its wider programme, Wren Music is running two European projects with a health and arts brief: *Inclusive Community Choirs* and *For the Record*. These are fully funded, run for the next 18 months and link both health care professionals and music leaders over six European countries

- One of Wren's lead practitioners has given presentations in Latvia and Italy about providing inclusive singing activities

- In his role as Bournemouth Symphony Orchestra (BSO) Associate Musician, one of the *Singing for Wellness* lead practitioners has developed his arts, health and wellbeing practice in music engagement with dementia and stroke patients. This includes a 15-month long research project in two dementia wards at Royal Devon and Exeter Hospital and stroke recovery units in Yeovil, Taunton and South Petherton Hospitals. His work with dementia patients has led to delivering training workshops in Japan for professional musicians dedicated to developing creative work with older residents and especially those with dementia, funded by Tokyo 2020 Olympics. He has also been part of a ground-breaking intergenerational project in partnership with the Childminder Support Worker in Torbay which has led to the only purpose-built childminders' room in a care home setting in the whole country. With Dance in Devon he leads intergenerational projects in schools and care homes and runs regular music sessions in care homes in Torbay, Ashburton and Buckfastleigh. He has collaborated with a local film maker in the creation of a performance piece *Dementialand* which is being developed as a touring performance piece.



8 RECOMMENDATIONS

As explained earlier (p 18), alongside assessing specific health and wellbeing outcomes for participants on this **Arts on Referral** pilot programme, the evaluation focused on learning about implementation in the local context, given significant published research evidencing the positive health impacts of arts interventions.

The following recommendations are therefore offered by Torbay Culture, in its strategic role in brokering and supporting joint working, as *considerations for action* across and between the arts and culture and health and care/education sectors in taking this work further in the future. They take account of both learning from strand implementation and also practice from elsewhere, as gathered during the programme duration, to support mutual understanding and effective delivery, in the context of all parties being 'commission ready'.

As such, these considerations for action aim to draw on 'what worked well', address 'key challenges' and harness 'key opportunities'. While recognising the particular roles of commissioner, client and contractor/deliverer, it is a partnership based approach to shared goals and purposes; operational effectiveness; continuous quality improvement; and evaluation that will maximise the best outcomes for participants.

A Shared goals and purposes

Considerations for action:

(i) Advocating across sectors for arts and culture on prescription within a social prescribing framework at two levels:

- *Universal access* to arts and culture for wellbeing activity via signposting by social prescribing link workers, roles to which arts and cultural practitioners could be recruited in offering a strengths based, personalised creative conversation
- *Targeted access* for people with diagnosed long term conditions, via clinician or self-referral as an alternative and/or adjunct to standard NHS interventions, particularly where the psycho-social element of arts on prescription interventions may be appealing to people

(ii) Aligning the arts and culture offer with strategic health and care/education priority approaches including personalisation, shared decision making, individual and community resilience

(iii) Articulating together as partners from the outset, with a written agreement, a shared vision for specific programmes covering the following aspects:

- *Scope* i.e. volume and focus
- *Strategic priorities* i.e. invest to save or invest to improve
- *Strategic alignment* with e.g. Great Place Scheme; *NHS Long Term Plan*
- *Responsibilities* i.e. financial contributions and in kind resources.

B Operational effectiveness

Considerations for action:

(i) Developing bespoke programme commissioning and procurement approaches, drawing on the following principles:

- Allocating sufficient time for all the staged processes in partnership based cross sector interventions
- Providing market engagement events and commissioning guidance accessible to non-standard providers, so arts and cultural practitioners are well informed and prepared
- Resourcing longer term programmes wherever possible, appropriately costed and contracted in terms of practitioner time (to cover liaison, planning, mentoring/supervision and evaluation in addition to direct delivery)
- Supporting knowledge exchange between clinicians/school staff and arts and cultural practitioners for joint contribution to intervention design and creative formats
- Identifying referral routes and clarifying partner responsibilities in the referral chain
- Ensuring a duty of care for participants in terms of emotional impact if invited to participate in short term pilot initiatives where there is no continuation or progression options, while planning in signposting to other opportunities as a minimum whenever possible
- Addressing practical challenges noted from the pilot programme evaluation (e.g. payment arrangements; specific project managements aspects).

C Continuous quality improvement

Considerations for action:

(i) Developing quality standards principles for arts and cultural practitioners covering:

- Excellence in arts practice
- Excellence in relational practice
- Supervision/mentoring mechanisms
- Knowledge of and relevant skills relating to specific health conditions
- Knowledge of personalised care and skills in supporting self-management
- Reflective practice and evaluation

(ii) Supporting learning and development offers such as:

- Joint training programmes between health and care/education and arts and cultural practitioners
- Understanding specific health conditions and needs, for arts and cultural practitioners
- Understanding health and wellbeing outcome measures and their implementation, for arts and cultural practitioners
- Developing creative evaluation approaches.

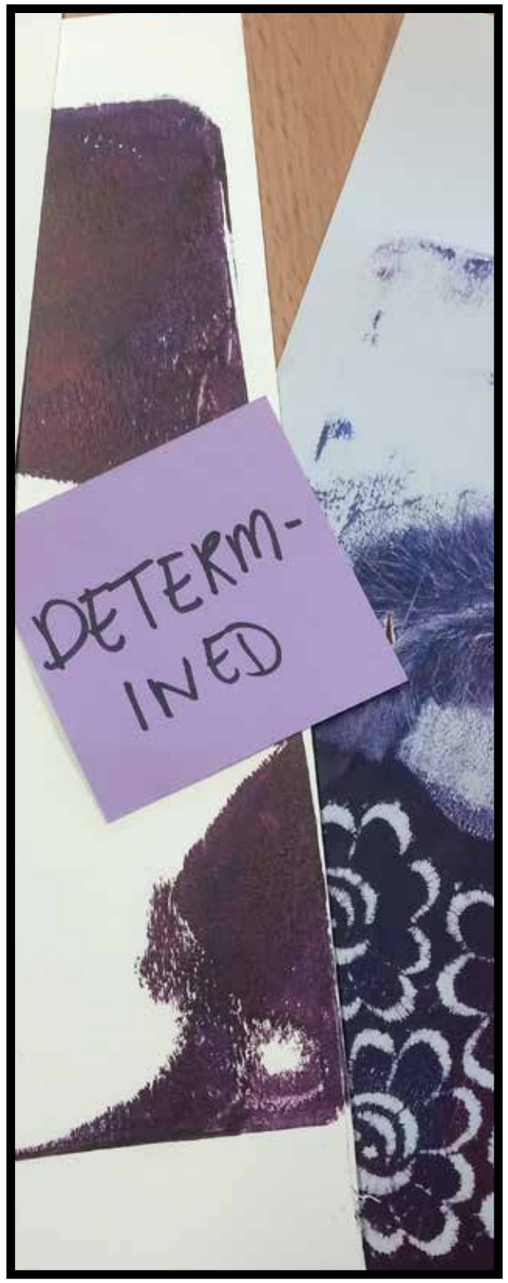
D Evaluation

Considerations for action:

(i) Designing programme specific evaluation plans to include appropriate and inclusive methods of capturing the efficiency, effectiveness and impact of arts based social prescriptions, drawing from:

- the broader social prescribing outcomes framework recommended by NHS England, that includes:
  - *impact on the individual* e.g. ONS wellbeing measures; WEMWBS mental wellbeing measure and PAM score
  - *impact on the community* e.g. numbers of places taken up; numbers of community groups connected to; numbers of volunteers
  - *impact on health and care utilisation* e.g. using pseudonymised data track changes to numbers of GP appointments; attendances in A & E; numbers of social care packages; emergency admissions; medication usage; numbers of calls to ambulance services
- personalised approaches in which participants articulate their own desired outcomes
- legacy planning to improve health and care/education environments

(ii) Dedicating sufficient time and capacity for all partners for shared approaches to data collection, analysis and reporting.



APPENDICES

Appendix I

Summary of evaluation measures/tools and types of data gathered

	TOTAL	CYP Total	SFW Total	BFF Total	OP Total
Artist contracts	36	15	15	2	4
Artists providing emergency cover	10	5	3	1	1
Number of sessions provided	218	65	82	50	21
Number of participants (attending 3 sessions or more) - allowing double counting	171	59	95	10	7
Number of individual participants involved	139				
Number of individual artists involved	21				
Qualitative data					
Participant Focus Groups	9	6	3	0	0
Participant 'thoughts views and comments' from evaluation questionnaires	86	0	80	0	6
Artist led participant evaluation	24	4	0	20	0
Reflections from family	6	4	0	2	0
Programme Manager observations of end of project sharing	4	2	2	0	0
Interview with stakeholders (hosts and clinicians)	6	4	2	0	0
Artist reflection logs (sessional)	315	109	122	44	40
Lead artist end of project reflection	4	1	2	1	0
Volunteer reflections/observations	4	0	0	4	0
Artist focus group	1	0	0	0	0
Quantitative data					
Attendance Registers	16	6	7	1	2

	TOTAL	CYP Total	SFW Total	BFF Total	OP Total
Strength and Difficulties Questionnaire	46	46	0	0	0
Referral Source	1	0	0	1	0
General Health	85	0	75	10	0
Patient Activation Measure (PAM)	131	0	99	20	12
Confidence in Maintaining Balance	30	0	0	30	0
Falls Self Efficacy Scale (FES)	30	0	0	30	0
Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)	30	0	0	30	0
Falls Risk Assessment Tool	10	0	0	10	0
Black's Measure	10	0	0	10	0
Movement Assessment	30	0	0	30	0
Spirometry	16	0	16	0	0
MRC Breathlessness Score	117	0	117	0	0
Frailty Index	116	0	116	0	0
Warwick Edinburgh Mental Wellbeing Scale (WEB-WBS)	127	0	115	0	12
Chronic Respiratory Questionnaire - Self Reported (CRQ-SF)	102	0	102	0	0
Positive and Negative Affect Schedule (PANAS)	12	0	0	0	12
Creative outputs					0
Animation	2	2	0	0	0
Radio/audio pieces	11	9	0	0	2
Audio recordings of songs/music	18	1	15	0	2
Written lyrics/new songs	16	11	5	0	0

	TOTAL	CYP Total	SFW Total	BFF Total	OP Total
Photographs of visual art/writing	26	19	0	0	7
Photographs of participants in session	73	13	2	48	10
Creative writing	60	0	22	37	1
Filmed material	7	1	3	2	1
CD	1	0	1	0	0

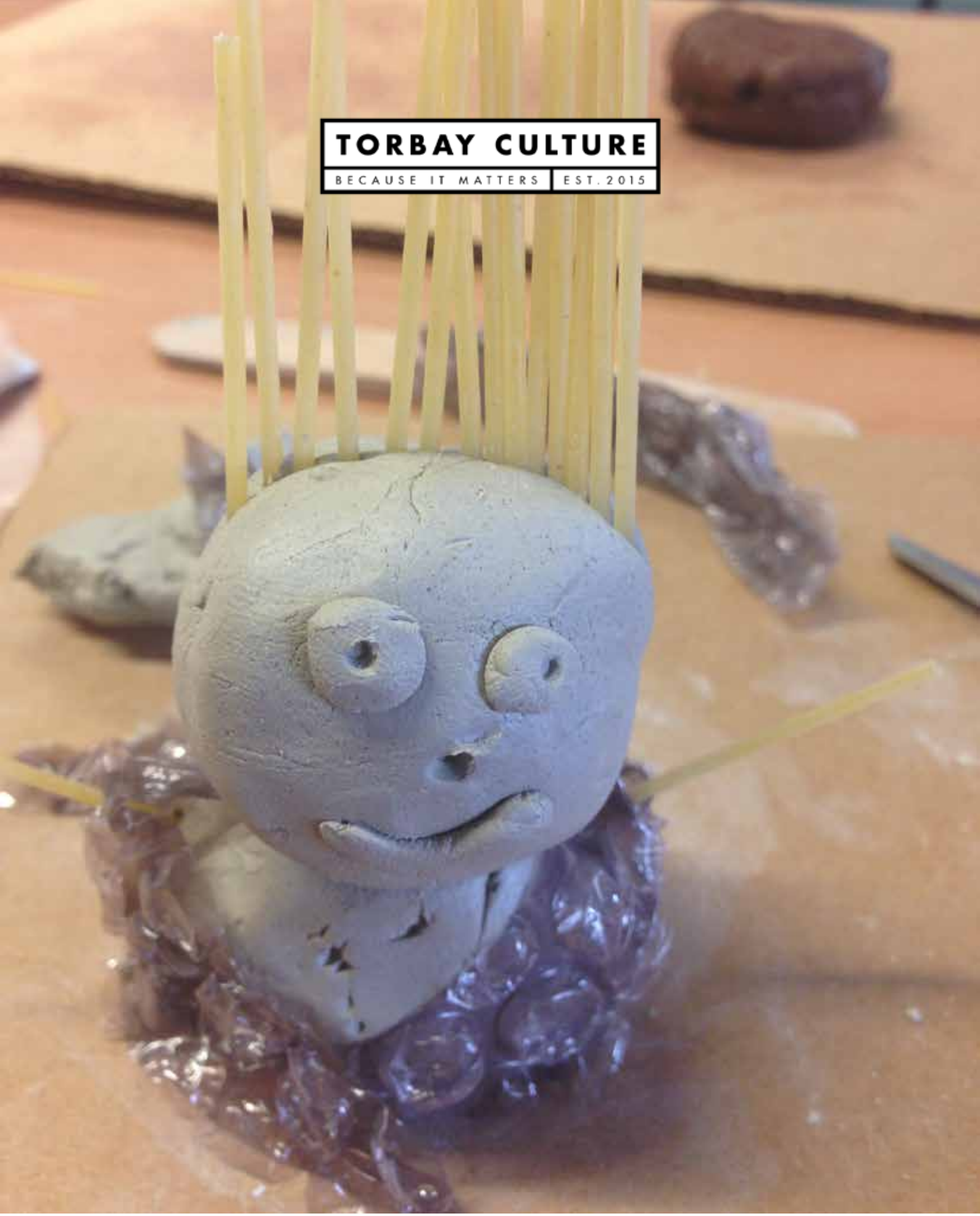
Appendix II

List of commissioned arts deliverers

NB Organisations used their own staff and/or contracted freelance practitioners

Dance in Devon	www.danceindevon.org.uk
Daisi	www.daisi.org.uk
Doorstep Arts	www.doorsteparts.co.uk
Sara Hurley	www.creativetorbay.com/sara-hurley
Tony Lidington	www.prom-prom.com/tony-lidington
Hugh Nankivell *(with Billie Harbottle and Emma Welton)*	www.trioofmen.org
Participate Arts	www.participatearts.org.uk
Sound Communities	www.soundcommunities.co.uk
Wren Music	www.wrenmusic.co.uk

Images that illustrate this document were provided by contracted creative practitioners and arts organisations listed above. Some artworks appear as fragments of larger works.



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