

**Culture, Health and Wellbeing: Creative Commissioning for Better Outcomes**  
**28<sup>th</sup> April 2016**  
**Torbay**

**Round Table Discussion – Facilitated by Katie Venner.**

Following a day of presentations and creative workshops, attendees were formed into groups to discuss the three following questions:

1. What do you see as the main **challenges** for commissioners in local authorities and the health sector in enabling healthier people and stronger communities?
2. What **opportunities** do you see for commissioners in local authorities and the health sector to collaborate with arts and cultural providers to enable healthier people and stronger communities?
3. What **scope** is there for arts and cultural organisations to engage in strategic discussions with local authority and health sector commissioners to take these opportunities forwards?

Attendees were asked to feed back on *'Which question resonated most for you?'*

**Table 1**

They all did and we had a really nice conversation that flowed between all three you'll be delighted to hear, but we decided to present our best foot forward so we're going to do **'opportunities'**.

The **opportunities** around collaboration are:

- **Person centred commissioning;** people commissioning services for themselves. There is something called IPC: 'Integrated Personal Commissioning', via the Health and Social Care budget that we are currently piloting in the bay, so there is an opportunity there.
- **Communication about arts and culture on prescription:** How do people know what they could commission? Via a 'needs menu'? I might be in control of my own personalisation budget but how do I know what is out there? How do I know that there is a singing group two minutes around the corner? How do I know that there is a walking group on a Sunday afternoon? There is an opportunity in making sure that the offer is well communicated and articulated.
- **Share the needs of the community:** In health and social care we have lots of data and lots of information about the actual perceived needs of the community, from the very traditional 'joint strategic needs assessment' to 'individual needs assessments' if you like. Can we share some of that data with the arts and cultural sector so that you are also aware of what the needs of the community are? We also talked about open source data; there is a huge amount of open source data out there, things you don't need protected passwords for and you can go and find this out. In the South Devon area there is one at [www.southdevonandtorbay.info](http://www.southdevonandtorbay.info) and that has the Join Strategic Needs Assessment and various other things on it as a website that is dedicated to the knowledge and intelligence about the population from a health perspective.
- **Commissioners and Providers working together to find solutions:** Changing the mindset of arts providers in seeing themselves as part of the voluntary and community sector and changing the mindset from acute to prevention.

**Table 2**

We were going through the questions and decided that we wanted to throw the questions away because we felt that those sorts of questions were one of the constraints on making things happen. So we came up with another piece of paper about what we are going to do next, which we thought would probably fit under **'scope'** if you wanted to fit it under one of the questions.

- We've had such a creative day, lets carry on being creative.
- Give small providers a voice in opportunity
- We started getting excited about time banks

- Because we've experienced things to day we need to get more of the decision makers to experience things, and that will start to join up some of the dots and open up and start conversations.

### Table 3

We ranged around on all three questions and had a good discussion.

I put my bit of commissioning up as a bit of an Aunt Sally and got a bit bombarded with questions about it! I was trying to give an explanation about:

- commissioning around contracts, which is quite strategic,
- micro-commissioning within health and social care where people have money to define their own solutions individually, and
- Public Health/population based commissioning by outcomes.

The **main challenges** that I've heard today and have been reflected in our discussion are:

- **Evaluation of outcomes** and how do you measure prevention?
- **Cash flow** for small providers and groups when you have to take brave decisions around investment.

We talked about **community defining outcomes**, which fits with the Public Health remit of commissioning for outcomes in populations, but how does the community define **their** outcomes?

And we heard about **co-produced specifications** and, picking up what other people have said today, how do we bring together the different sectors and join them up so that understanding is shared. How do we share the evidence base that we have got to make sure that informs the commissioning?

What we noticed quite strongly was that there is a bit of a disconnect with the primary care providers who are standing in the middle with commissioners and each of us (the arts and cultural providers) standing on either side, with a lack of understanding of how we can all work together.

### Table 4

We'll pick up some points around '**the scope to move forward**'.

We talked about whether the current budget situation of **austerity, might be a opportunity**, in that it is here to stay, it is the new normal, and yet we felt that the cultural sector and cultural interventions could offer some relatively low cost and really transformational activity.

We then went on to have a discussion about how there is a lot of pressure to prove and to make some really insightful comments around economic impact about this kind of activity. We concluded that we really needed a clever health economist on board to help us **evaluate** these sorts of activities so that we can say 'well, if you do this not only will you have some fantastic health outcomes but it will also save you £50 a patient'. We feel we need that kind of evidence but it is quite hard to find.

### Table 5

We had a very wide-ranging discussion. We came up with a huge amount of material. The key thing was that we weren't willing to be constrained by the questions, so we took the questions simply as a trigger for the conversation. We did try to address those different elements from the questions, but one of the things that did come across was how the framing of the questions and the framing of **the challenges for commissioners can be widened**. There is a learning opportunity for them.

- The whole question of cultural commissioning, in a sense, is a contradiction in terms; what a **healthy culture can be needs to come from the people themselves**. There is a question of what does leadership mean in that situation? What kind of facilitation does there need to be?

- There was a conversation around **switching from an old way to a new way**, or from an old paradigm to a new paradigm. How do we all, from whatever sector but if we're looking at commissioners, how do we really get that understanding of the new way, which is around promoting health and prevention, what is that new way? What are the possibilities within that? It's about **changing habits**.
- We talked about some of the **constraints** already, legally, statutory, that can stop more creative, more broader commissioning happening.
- We looked at some of the **opportunities** – sometimes **adversity or a crisis can create a need to do things differently**. Sometimes that calls out for people to work differently and that's an opportunity for arts and cultural sector, who have been doing quite a lot of that, to come into the centre from the edges a bit more. We have a lot to offer at the moment that might be being listened to.
- Going forward, there is often quite limited scope to be involved strategically, it has taken us quite a long time to get to that, but once **we have got to the place where we are having strategic conversations**, it is very rich and there is a willingness to have the conversation. What are the steps to have it [*the conversation*] in order to be able to tell that story?
- We talked about **starting small** so that people can tell the story of something that has been successful. We got into an interesting conversation about **who is telling the story and who's story is it?** If they are already happening anyway, sometimes it is about having multiple people telling the same story so it builds up and that awareness grows.