



Cultural commissioning models

Arts and culture on prescription model



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What is it

Arts on Prescription is a type of social prescribing which provide arts and creative activities for participants, usually for people experiencing mental health problems and social isolation. Social prescribing can support a range of people and are commonly focused on the following:

- vulnerable and at-risk groups;
- people who are lonely, isolated or excluded;
- people with mild to moderate depression and/or anxiety;
- people with long-term and enduring mental health problems; and
- frequent attenders in primary care

The Department of Health has previously proposed the introduction of social prescriptions for those with long-term conditions¹.

1 Department of Health, White paper. Our health, our care, our say: a new direction for community services Crown Copyright; January 2006.

How does it work?

The model involves linking patients in primary care with sources of support within the community. It provides GPs, health professionals and other agencies with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing. Although the schemes are varied in their approaches and settings, the common theme is that there is a referral process. Ideally the scheme should be embedded within clinical/service plans.

There is a body of evidence that supports the notion that active involvement in creative activities can provide a wide range of benefits, including the promotion of well-being, quality of life and health, increased levels of empowerment, positive impacts on mental health in particular anxiety and depression and social inclusion². Schemes can also provide benefits to health services including reducing the number of GP attendances, improving levels of recovery from mental illness and helping people with long-term conditions to manage their own care.

Arts on Prescription schemes rely on advocates and champions amongst GP's and other health care

professionals. GP Practice Managers are important 'gatekeepers' and provide a bridge between providers and GPs. People with severe and enduring mental health needs can also be referred through secondary care by community mental health teams. Some schemes also allow people to self-refer although it is important to consider screening when using this approach to make sure the service/activity is suitable for their level of need.

Activities are delivered by suitably experienced arts practitioners. Some schemes also employ a mental health counsellor in order to support the progression and recovery of the participants. The number of sessions included within schemes can vary although 10-12 sessions are common followed by supported progression into other community based arts and creative activities.

The key elements to include in an Arts of Prescription scheme are:

- training and support for primary care staff, which may include identification of dedicated referral/link worker;
- co-ordination of all potential referrers and referral pathways;
- clear protocols with criteria for referral;
- a mechanism for updating the range of arts activities, facilities and providers to which referrers can signpost clients;
- supported progression for clients at the end of their prescription;
- potential to provide capacity building/support for arts and cultural organisations;
- performance monitoring, referrer feedback and evaluation of outcomes; and
- raising public awareness of the arts on prescription scheme (in particular for family members and carers).

2 Bungay, H and Clift, S. (2010) Arts on Prescription: A review of practice in the UK, Perspectives in Public Health, 130, 6, 277-281.

Who are the commissioners?

Arts on Prescription schemes may be commissioned through a number of routes including through joint-commissioning arrangements. Examples can include:

- Local authority public health teams – **Colour Your Life** and **Creative Alternates**;
- Clinical Commissioning Groups – **Art-lift** and **Start in Salford**;
- Mental Health NHS Foundation Trusts – **City Arts Nottinghamshire**;
- Individual GP or cluster of GP practices (GP consortia); and
- Health and Wellbeing partnership – **Trestle**³

In some instances the commissioner may identify and secure alternative sources of funding (e.g. outside of the organisation) to pilot or fund the Arts on Prescription scheme. The scheme delivered by **Arts and Minds** across Cambridge provides a useful example.

3 <http://www.trestle.org.uk/news/blog/>

How is the service contract organised?

The service contract may vary from scheme to scheme dependent on whether the arts and creative activities are part of a wider social prescribing scheme or form part of a standalone arts on prescription scheme. In both cases the commissioner usually contracts a single lead provider to manage the service. The lead provider then has responsibility for managing a network of organisations that deliver activities aimed at improving the health and wellbeing of participants. Sometimes this network is established as a formal consortium. It is also the lead provider's role to manage the referral process and put in place systems to monitor the delivery and impact of the scheme. Performance targets linked to the service contract are likely to be based on the number of people supported at the sessions and validated evidence of improvements in their health and wellbeing. Delivery organisations can either choose to recruit artists on a permanent basis to deliver the activities or use a network of freelance artists covering a range of art forms.

How is the service evaluated?

Arts on Prescription schemes can vary in their approach to evaluating impact. Most focus on measuring the impact of the sessions on the health and wellbeing of participants. This is usually undertaken using validated tools such as:

- Beck Depression Inventory Second Edition (BDI-II);
- Generalised Anxiety Disorder Assessment (GAD 7);
- Hospital Anxiety and Depression Scale (HADS);
- Mental Health Recovery Star;
- Patient Health Questionnaire (PHQ- 9); and
- Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

Many schemes also use satisfaction questionnaires to ascertain participant's views on the arts and creative activities provided.

The evaluations of the Art-lift programme in Gloucestershire provide a useful bank of resources on the economic and social impact of the arts and prescription scheme⁴.

4 <http://www.artlift.org/evaluations/>

Building sustaining working relations

Regular performance review meetings between the commissioner and the lead provider are important in discussing the delivery of the arts on prescription scheme and identifying areas where remedial action is required. This may include, for example, areas where the commissioner can provide support such as liaising with GP surgeries to increase the flow of referrals or promoting the service amongst clinicians and patient groups.

Maintaining visibility and profile with commissioners is essential to demonstrate the contribution that the scheme is making to achieving local health

and care priorities. Inviting commissioners to attend the sessions with participants can prove powerful in demonstrating first-hand the impact of the scheme. Ensuring that the scheme is clearly referenced within the CCG Strategic Plan and local Health and Wellbeing Strategy can help to build sustainable working relations between commissioners, the lead providers and the network of delivery organisations.

Scalability

The ability to scale up Arts on Prescription schemes may be influenced by a number of factors, including:

- The size/capacity of the lead provider on their ability to expand their delivery (both geographical and by volume);
- The number of GPs agreeing to participate in the scheme and refer patients;
- The availability arts and cultural organisations and/or freelance artists to deliver sessions;
- The number of suitable and affordable venues from which to deliver sessions; and
- The availability of funding to expand the number of sessions and/or patients supported

In some cases where the lead provider is a registered charity their charitable objectives / governing document may restrict their ability to deliver services outside of their target geographical area or client base.

Potential challenges

Often referral or recruitment of participants can prove challenging. The aim may be to target 'hard to reach' individuals but inevitably there are barriers to participants finding out about or accessing such services. Effective partnership working with GPs, health care professionals, service user groups and health charities is key success factor.

Another challenge can be to identify arts and cultural organisations with experience of working with specific client/condition groups such as people with

low to moderate depression. It is important that the arts and cultural activities are high quality and engaging but also appropriately designed for the client/condition group. This may require training and support to ensure that artists delivering the sessions have sufficient skills, knowledge and experience to engage and support participants.

Establishing appropriate progression routes for participants can also be challenging. User groups and forums can be invaluable in helping schemes consider ways of supporting participants at the end of a course. This could be through existing peer support networks or through support for the group to be self-sustaining. It may be equally appropriate to provide signposting to other, non-arts, services and opportunities in particular for schemes with objectives to tackle social isolation. Partnerships with community organisations and adult social care teams can help facilitate this.

Top tips

- Lead organisations need expertise and skills in both health and arts practice, and also require good knowledge of local structures and referral routes for health and wellbeing;
- Project management, co-ordination and liaison with referral agencies, service-users and providers of arts activities are all important roles;
- It is important to ensure that artists and creative practitioners have some experience of working with people with mental health issues and/or be prepared to do some training to ensure quality and appropriateness of delivery;
- Schemes should consider progression routes for participants from the outset to help sustain the health and wellbeing gains achieved through participation;
- You could consider making a small charge for participating wishing to attend sessions beyond their prescription period. This can help sustain their participation and may provide a route for recruiting volunteers to support future participants; and
- Regular liaison with commissioners is important, in particular in designing the scheme, agreeing the key outcomes and the process by which they will be measured

Examples

- **Art-lift, Gloucestershire;** supports participants to attend eight weeks of arts sessions and in some instances a repeat programme of a further eight weeks;
- **Arts and Minds, Cambridgeshire;** delivers positive interventions for people of all ages who live with mental health problems in Cambridgeshire, Peterborough and beyond;
- **City Arts Nottinghamshire;** develops arts opportunities that bring people together, stimulate change and create stronger, healthier communities;
- **Colour your life, County Durham;** provides access to creative and informal learning activities for the improvement of mental health and the development of emotional resilience;
- **Creative Alternates, Sefton;** arts and health service for people experiencing stress, anxiety and depression.
- **Start in Salford, Salford,** exists to nurture talents and bring about a newfound confidence in those who feel isolated or excluded; and
- **Trestle, Hertfordshire,** aims to secure a form of participation which will improve participants' overall health and wellbeing

The Cultural Commissioning Programme, funded by Arts Council England, works with arts and cultural organisations to help them better engage in public sector commissioning, with public service commissioners to help them understand the potential of arts and culture to deliver their outcomes, and also with policy makers and stakeholders nationally. The first phase of the programme (July 13 – June 16) was delivered by the National Council for Voluntary Organisations (NCVO), in partnership with New Philanthropy Capital and New Economics Foundation. A second phase (July 16 – Dec 17) is delivered by NCVO.