

Innovating for Improvement

Person Centred Arts & Culture for Wellbeing

South Devon and Torbay CCG



About the project

A small scale test and learn project to explore whether community based participatory arts interventions offer health and wellbeing outcomes for children with emotional wellbeing needs and adults with long term respiratory conditions

Project title:

Person Centred Arts & Culture for Wellbeing

Lead organisation:

South Devon & Torbay Clinical Commissioning Group

Partner organisation(s):

Torbay Culture; Torbay & South Devon NHS Foundation Trust; Torbay Council

Project lead(s):

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Part 1: Abstract

Based on the growing evidence that applied arts and culture based interventions can improve health outcomes for a range of health conditions, our project worked with local partners across health, care and culture to develop two programmes:

1. Singing for Wellness

5 x 12 week singing programmes for 49 adults living with respiratory conditions, delivered by local community vocal practitioners

- **Key findings include high participant satisfaction; marked improvements in mental wellbeing for some participants, and self-reports that some participants were applying breathing techniques and exercises at home.**

2. School based Arts for Mental Wellbeing

6 x 12 week school based early intervention arts programmes for approx. 50 young people presenting with emotional difficulties at time of school transition

- **Key findings include slight reduction in overall stress post intervention, and increased confidence**

Key successes:

- **Confirmation that arts & health interventions offer an enjoyable and useful self-management route for some patients living with health needs**
- **Confirmation that health and wellbeing improved for participants as a result of participation in arts & health interventions**

Key enablers:

- **Strong focus on self-care and prevention and personalisation within South Devon and Torbay health & care system**
- **An established arts & cultural sector keen to contribute to delivering health & wellbeing outcomes in local communities**
- **Open minded commissioners, willing to innovate**
- **Supportive clinicians willing to promote non-medical opportunities to patients**

Key challenges:

- **Logistics regarding referral routes and identification of appropriate participants**
- **Embedding personalisation elements into non-traditional interventions delivered by non-standard providers (VCSE arts & culture practitioners)**
- **Partnership capacity issues due to freelance working (arts sector) and significant organisational and system change (health & care sector)**

Sustainability:

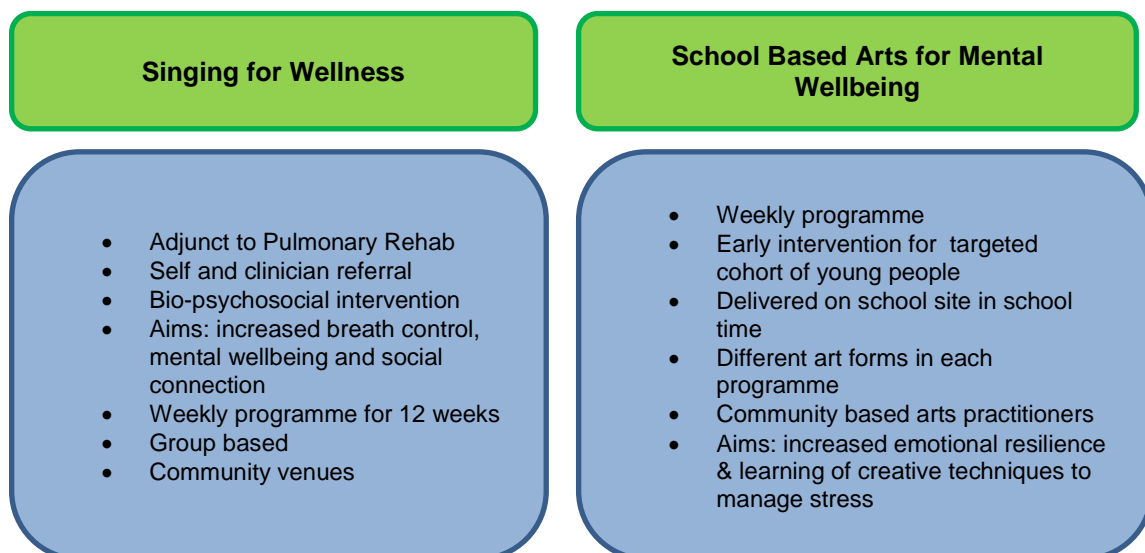
The scheme was designed as a stand-alone pilot, but which had synergy and future alignment potential with local priorities. The learning from the interventions is informing current discussions regarding longer term sustainability

Part 2: Progress and outcomes

Our interventions

There is a growing evidence base (*Creative Health: The Arts for Health and Wellbeing, 2017*) that shows arts & culture to be an effective option for people with a range of health & wellbeing needs, but commissioning and operationalising this approach within care pathways is still new and innovative. Our project focused on the commissioning, development and implementation of two arts on referral schemes, designed to offer a non- traditional route to self-management and wellbeing. Our first scheme was delivered by community artists in schools to support students identified as being at risk of developing mental health needs. Our second scheme was delivered by vocal practitioners in community venues, and designed to support people living with chronic respiratory conditions, particularly Chronic Obstructive Pulmonary Disease (COPD)

Singing as an effective way has a growing evidence base



Arts and Children & Young People's Mental Health & Wellbeing

Consultation with commissioners and CAMHS participation workers identified an opportunity to support young people at risk of developing mental health difficulties during primary to high school transition. An invitation to local primary schools to participate confirmed that school staff perceived some children to have more needs than can be met by in-house transition programmes. Consultation with secondary school staff was supportive of the proposal, but identified

- Logistical difficulties, including Key Stage 3 timetabling and room availability issues

- An opportunity to support the children who don't settle post-transition, and who continue to have emotional wellbeing needs. School staff perceived these needs to be beyond school PSHE or pastoral provision. but below a CAMHS referral level.

On the basis of these two considerations we therefore adjusted our original model and timescales as described below:

1a) Transition Intervention Programme:

Four primary schools in Torbay were each offered an arts and health programme, designed to support the emotional resilience of young people vulnerable as a result of transition from primary to secondary school. The proposed model was designed to support pupils on a weekly basis during the last 6 weeks at their primary school, and during the first 6 weeks at their new secondary school. **(Please see Appendix A for detail of art forms in each programme)**



1 b) Post Transition Programme:

Two further 12 week projects were offered to secondary schools in the spring term, in order to support pupils identified by school staff as presenting with emotional difficulties post transition, but which were not severe enough to trigger referral to CAMHS. **(Please see Appendix A for detail of art forms in each programme)**



2. Singing and chronic respiratory conditions: Singing for Wellness

Torbay has an aging 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. Whilst the majority of people want to learn how to self-manage their condition, exercise based options such as the traditional pulmonary rehabilitation offer are a barrier to some, with associated high drop-out rates of approx. 50%.

We offered anyone diagnosed with COPD or a chronic respiratory condition a 12 week singing intervention. Delivered as a group intervention by community

vocal practitioners, our project delivered 5 x 12 week group singing programmes across Torbay and South Devon, offering a Singing for Wellness intervention for approximately 49 people in total. The format included warm up and breathing exercises, group singing and the opportunity for social connection over refreshments. Referrals came mostly via Torbay & South Devon Hospital Respiratory Team, but also through self-referral following advertisements in GP practices and community venues such as libraries. Each Singing for Wellness group was delivered by local vocal practitioners and musicians, either through a Devon based music charity, or a small consortium of independent vocal practitioners

Data and quality monitoring approach

Sources of data:

We gathered a range of quantitative and qualitative data at various stages throughout the project including standardised health and wellbeing measures, feedback via focus groups, and interviews with participants/ parents/ partners, teachers, arts practitioners, clinicians and commissioners.

We also asked arts and vocal practitioners to embed an element of creative evaluation through the creative outputs in each project e.g. film, photography, visual art; song writing.

Standardised measures:

We used a range of self-report respiratory measures and wellbeing measures which in both schemes were self-report. Arts practitioners working on the young people's project were offered guidance on how to support children to complete the SDQ questionnaires. Extent of completion of self-report measure by adults varied widely, and respiratory clinicians who referred the participants suggested this may be due to levels of adult literacy and comprehension.

Data analysis

Our evaluation was conducted in-house by a small programme team representing the key stakeholders. Our evaluation model was based on the Public Health England Arts & Health Framework

<https://www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework>. It also drew on learning from a knowledge exchange project led by University of West England called Creative and Credible www.creativeandcredible.co.uk

Quantitative data was sent by arts practitioners to the programme manager, who collated and anonymised it before sending to the CCG for processing and analysis to ensure independence. A thematic analysis approach was used to evaluate the qualitative data, drawing on key themes to identify an impact logic model

Outcomes

1. Children & Young People Arts & Mental Wellbeing

Approximately 60 young people participated in the six school based interventions resulting in 46 completed pre and post SDQ measures. A score of 14 or more is considered raised and an indicator of unmet mental health needs

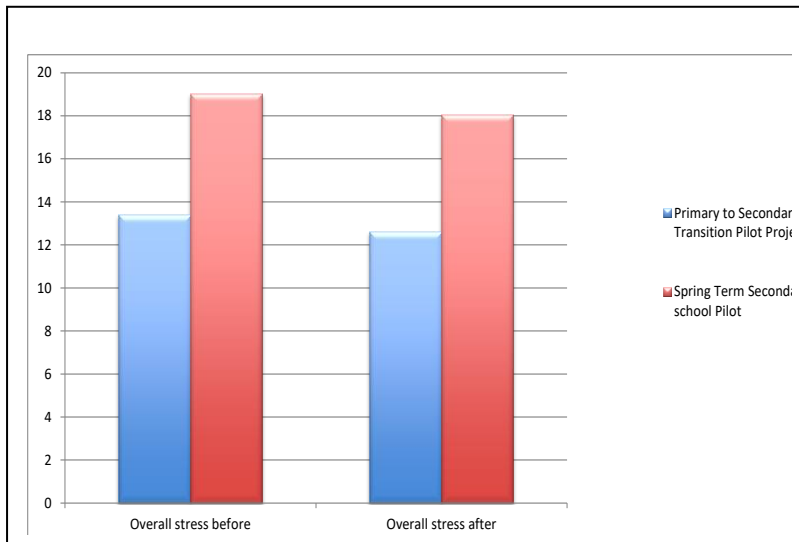


Fig.A

Shows slight decrease in overall stress following the interventions in both cohorts. Measure used Strengths & Difficulties (Goodman, R. 2005)

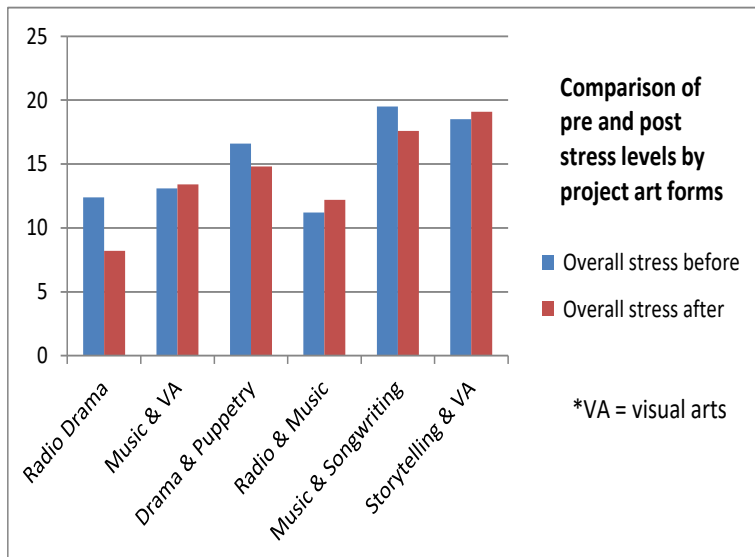


Fig. B

Shows marked difference between projects. Likely to be multiple variables involved, not just the art form. A score of 14 and above is considered raised. Most transition cohorts did not display self-reported raised scores pre or post intervention despite school staff concerns, but post transition cohort were accurately identified

Children reported the projects to be fun and enjoyable, although focus group discussion revealed that not all participants understood that the intended aim was to support with emotional resiliency:

“I enjoyed coming here – it was fun. I just liked it”

Parent/ carers were positive about outcomes for example:

“I’ve noticed a big difference in him, he is more confident.”

*“He is more open with me at home – he would always talk to me but the **way** he talks to me has improved”*

School staff referred to improved confidence such as:

“It helped boost confidence and self-esteem, and gave them a little pocket of time in school where they were happy and felt comfortable and let themselves go”



2. Singing for Wellness

This intervention had very high participant satisfaction, with many of the 49 participants attending several 12 week cycles and requesting continuation of the choirs post-pilot. Some participants stated that they would be willing to pay a contribution towards costs in order to continue attendance.

Examples of participant view regarding mental wellbeing include:

“Singing has definitely lifted my spirits!”

“Makes me feel relaxed”

“Singing with a group was very enjoyable”

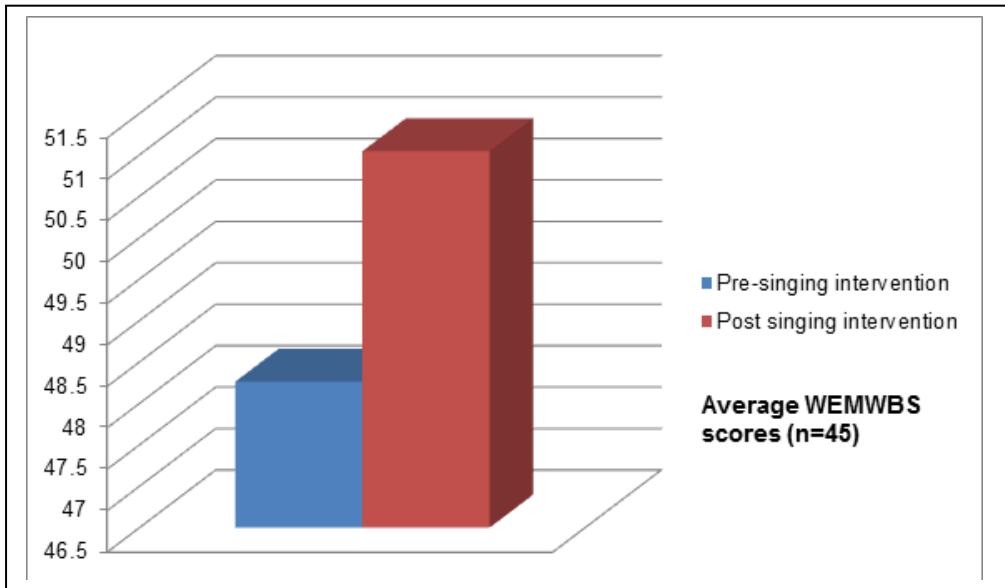


Fig. C
WEMWBS scores increased on average by over 2 points for the whole cohort, but in some individual cases over 10 points

Patient Activation

We used the Patient Activation Measure (PAM) to see whether the intervention changed participant perception of how they could manage their health condition.

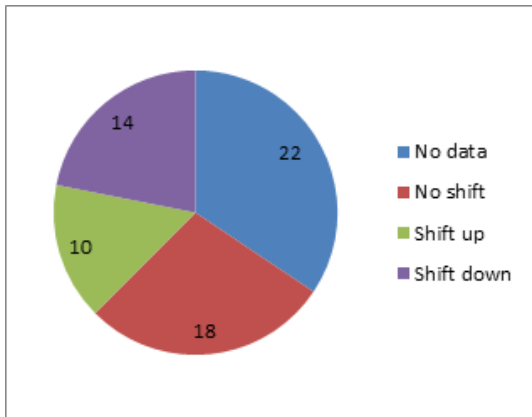


Fig. D
Benefits by score: 23 with no data to do the calculation; 6 showing no shift; 16 showing a positive shift; 19 showing a negative shift.

Participant views reflecting activation include:

“I think it made a difference to my breathing, how to control it”

“It gives me a great lift and I look forward to it each week. Also I have joined walking netball. The breathing techniques I use in singing I can use in netball when I get out 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 to breathe better. You have to help yourself, you can't sit back and expect it to get better"

Please see Appendix A for further examples of participant feedback

Part 3: Cost impact

- Project commissioning and funding

The project was commissioned through a partnership approach, led by South Devon & Torbay CCG and Torbay Culture. Funding was secured using a pooled budget approach, drawing on monies from Arts Council England and The Health Foundation and related interdependent project funding

- Financial evaluation

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

School based Arts for Mental Wellbeing

- Comparison with a standard NHS group Cognitive Behaviour Therapy programme which offers 12 x weekly sessions in a group format
- Assuming group CBT costs based on national Future in Mind figures
- Assuming 10 places on school based Arts for Wellbeing programme & all of which taken up each session
- Assuming Singing for Wellness costs based only on assessment of fixed and variable costs including arts practitioner time and materials

	Arts for Wellbeing	Group CBT
Cost per participant per session	£31.30	£19.08
Cost per participant per whole programme (12 sessions)	£376	£229

Singing for Wellness

- A standard Pulmonary Rehabilitation programme in Torbay & South Devon

offers 12 sessions (2 x weekly sessions x 6 weeks)

- Assuming Pulmonary rehabilitation costs are approximately £300 per 12 session intervention programme
- Assuming 24 places on Singing for Wellness & all of which taken up each session
- Assuming Singing for Wellness costs based only on assessment of fixed and variable costs including venue hire, vocal practitioner time and materials

Indicative costs are therefore as follows:

	Singing for Wellness	Pulmonary Rehab	Unplanned Admission
Cost per patient per session	£13.90	£25.00	Approx. £2,200
Cost per patient per whole programme (12 sessions)	£167	£300	

Based on indicative figures, the Singing for Wellness intervention appears to be a cost effective and cost saving intervention. The schools based Arts for Wellbeing intervention however presents a significantly higher cost than a group CBT intervention. Further analysis is required in order to understand this more robustly, including the following:

- Whether the example NHS interventions are valid comparisons for the presenting needs of the cohorts
- Consideration of uptake and attendance of 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 or within the educational system

Part 4: Learning from your project

As the first arts and health partnership programme in our locality, we were very pleased with the initial outcomes and what we achieved with the project. The team acknowledges that the project required significantly more time and delivery support than we had originally anticipated. We learned through all stages of the test and learn process, which has informed our understanding for future work

Key Learning Points for Ourselves and Other Change Makers

Co-production with partners

Whilst there were co-production opportunities in Singing for Wellness project between vocal practitioners and clinicians, the education based project was more difficult. Timescales were tight and not all schools had senior leadership engagement, which in some cases led to arts practitioners working without sufficient shared vision and relationship with school staff. Students all said they preferred the interventions to be within school time and on site, so we will need to consider how to develop a more effective co-production approach in future.

Mechanism of commissioning of arts & culture practitioners

The majority of Torbay Arts & Culture Network arts practitioners are either self-employed or employed by small VCSE organisations. Financial stability is crucial to delivery of the projects and to arts practitioners being able to focus on participants without distraction and worry about funding. Future commissioning will need to include significantly longer project development time; upfront grant funding and some bridging support function to enable relationships to be developed between the two sectors.

Personalisation

The majority of arts and vocal practitioners in our projects stated that pre and post intervention assessment measures and support planning is more appropriate either for health or education staff or for arts producers, than for arts practitioners. We need to further understand this to know whether this is related to confidence and therefore training needs, or whether it is related to concerns about diluting creative practice.

Sustainability of interventions for participants

Multiple participants expressed disappointment at not being able to continue interventions, despite knowing from the outset that they were pilots. Whilst some people joined community choirs and two participants 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. We will need to consider the emotional impact for participants on short term pilot initiatives in future planning.

Credibility through clinician involvement makes a difference to patients

We noticed that Singing For Wellness recruitment 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.

Credibility of national evidence base makes a difference to commissioners

This 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 also helpful in evidencing rationale.

Selection of participants

Most participants enjoyed the interventions, but some that appeared to benefit more than others. A more targeted assessment process in future may help identify participants for whom there is likely to be most benefit.

Measures

Clinicians questioned the reliability of the Singing for Wellness self-report data, stating that they often observe low literacy and cognitive ability when patients are asked to complete measures in a hospital setting. We will need to consider this for future programmes – see also learning on **Personalisation**.

Evaluation & Analysis of Data

Collection, collation of interpretation of measures and feedback was challenging to VCSE arts partners. Likely that training opportunities and infrastructure are required for the sector

Key enablers that helped project delivery included:

For commissioners:

- Existing models of similar work in other parts of the region
- The funding resource from Health Foundation and Arts Council England to pump prime the learning, which would not otherwise have been possible in the current local financial climate

- The strong focus on self-care and prevention and personalisation within South Devon and Torbay, which gave a meaningful context to the non-traditional arts and health based project
- An established arts & cultural sector keen to contribute to delivering health & wellbeing outcomes in local communities

For arts partners:

- A strong and well established local network of arts & culture practitioners
- Pre-existing strong links and engagement with the local community
- Experience of delivering inclusive participatory arts projects
- Strategic infrastructure and support through Torbay Culture Board
- Previous involvement in Arts Council England's Cultural Commissioning Programme
- Open minded commissioners, willing to innovate

Key challenges

For commissioners:

- Significant organisational change impacted capacity of the CCG and Public Health to be as involved
- Difficulties accessing local health usage data

For arts partners:

- Maintaining strategic partnerships with commissioners at a time of local change
- Understanding and accessing health and care referral routes to order to invite participants
- Getting a balance of offering participants a personalised arts for health & wellbeing opportunity, without losing focus or diluting the creativity based element of the interventions
- Developing a 'commission ready' consortium model that relies on

collaboration with other small providers, at a time when small organisations are struggling to survive financially

Key elements we would do differently

1. As a complex cross-sector innovation, we would build in longer timescales for each stage of the process.
2. Run 'market engagement' events so that arts & cultural practitioners and organisations could have more contextual information in preparation e.g. Self-care and prevention; personalisation; co-production
3. Develop a knowledge exchange opportunity between clinicians and arts/ vocal practitioners very early in the programme, to foster relationships between clinicians/ education staff and arts practitioners. Also so that arts practitioners have maximum understanding of participant need, which would inform intervention design and appropriate choice of creative format
4. Ensure at least one member of the senior leadership team in each participating school is involved in planning from the beginning, and can support/ oversee school pastoral staff during implementation
5. Ensure sufficient time and capacity of all partners is secured for data collection and analysis. Consider collection of NHS numbers to track health usage if viable. The NHS often uses a pseudonymisation process to track activity whilst maintaining patient confidentiality, but which may not be viable for low numbers

Fig. E
Stakeholder Logic Models
for school based arts &
wellbeing intervention





Fig. F
Stakeholder Logic Models for Singing for Wellness intervention



Part 5: Sustainability and spread

Sustainability

Art for health and wellbeing is a new area of work for South Devon and Torbay system partners. It presented both an opportunity for innovation, and the potential to contribute to the integrated care model through a community asset based non-medical approach. Working with partners across health, care, education, culture and the VCSE sector in Torbay and South Devon, we designed arts on referral schemes that could be tested as stand-alone pilots, but which had synergy and alignment potential with future local development priorities and system pathways including:

- A strengths based personalised approach
- Enabling people to take active responsibility for self- management of long term conditions
- Co-production with people who use, deliver and commission services
- Broadening patient choice within care pathways
- Maximising community assets of people and place

Due to significant organisational change, it is unclear whether the interventions will be sustained beyond the test and learn funding period, and if so under what umbrella. Other STPs are developing an arts and health offer within interdependent portfolios including:

- Social prescribing frameworks
- Integrated Personal Commissioning (IPC) frameworks
- Peer led self-management programmes

The foundation of the integrated care model in South Devon & Torbay is a strength based approach in which our population is empowered, motivated and can access the right support to be in charge of their health, wellbeing and wellness. Therefore this innovative area of work is a good fit for the culture and approach of the of the South Devon and Torbay health and care system

Interest and recognition

- The project has been discussed locally at the Self-Care & Prevention Board, regionally with Arts & Health South West and has contributed to the round table events of the All Party Parliamentary Group for Arts, Health & Wellbeing
- We have had significant media interest the BBC who recently filmed a Singing for Wellness session
- As a time limited test and learn project we have not deliberately targeted networks and communities for spread as we have been mindful not to create expectation beyond the funding period. However, there has been a significant word of mouth spread within the respiratory patient population and clinical teams, which is continuing to generate requests for the intervention to continue even though the test and learn period is over
- The test and learn programme has generated positive interest in other areas of the health and care system, including the commission of a creative consultation and a creative charter for care homes
- The project has helped local visibility with Arts Council England (ACE), and generated opportunities to explore what might be needed to support Torbay Culture and local arts practitioners to embed the learning from the project. This will be vital in order for the arts & culture sector to be able to deliver a quality arts & health offer. ACE are working closely with the All Party Parliamentary Group for Arts, Health & Wellbeing

Next Steps for Development

The next stage for our cross sector collaboration is the dissemination and discussion across sectors of the learning. We deliberately designed our interventions based on regional and national evidence and as such therefore have a replicable, scalable model, but we need time to see how this model can be embedded locally. It is a time of significant change in South Devon and Torbay, and this presents an opportunity to align and embed this approach strategically within the health and care system

Upcoming milestones / activities/ outputs

- Production of a series of films to demonstrate the test & learn arts on referral interventions
- Development, release & consultation of a detailed local report with a series of recommendations for strategic partners in the local health and care system

and wider Devon Sustainability and Transformation Partnership

- A review by commissioners, clinicians, arts practitioners and service users to discuss the project findings
- Development of a local commissioning model for arts, health and wellbeing

Appendix 1: Resources and appendices

Description of Arts & Health School Based Projects		Creative Format
1	<p>Radio and music production</p> <p>Young people worked with artist facilitators to co-produce two live radio broadcasts. This included the development of original creative content, editing, and presentation, and the technical aspects of production. In making radio, they were supported to consider the shaping of a radio show, selecting/responding to a target audience; working in teams to move things from idea to broadcast.</p> <p>In addition, young people had the opportunity to write their own songs, or start with songs that they know 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.</p>	Radio
2	<p>Drama and shadow puppetry</p> <p>This project provided creative and playful opportunities for children and young people to create new stories that help them to explore personal concerns and think about new ways that they can manage new, sometimes strange, situations.</p> <p>This project combined performance techniques with visual arts activity, to create puppets informing character-development and plot, then brought to life through shadow-play, animation and performance.</p> <p>Practitioners replaced the shadow puppetry element of the workshop with animation activities. This was in part due to the limitations of the space available but also that working in darkness was not appropriate.</p>	Drama Puppetry

3	<p>Visual Arts and Music</p> <p>The emphasis for the project was on creating a safe, playful space, where artists provide materials and experience as a framework for children and young people to be stretched in their learning and creativity, and being allowed to be themselves. Each session followed a model of provocation/exploration/ sharing and included sharing of food.</p> <p>Artists facilitators worked with the young people to write songs, build sensory models in a matchbox and the creation of artist's books (working in miniature and large scale).</p>	<p>Visual Arts</p> <p>Music</p>
4	<p>Radio drama project</p> <p>This radio drama project used recording activities, drama games and exercises linked to Forum Theatre to explore approaches to developing resilience.</p> <p>Artist practitioners lead 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.</p> <p>Children also created 'Sound Maps' of the school environment and interviewed school staff to construct radio broadcast.</p> <p>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.</p> <p>A second 1 hour show was broadcast live from Paignton Community and Sports College.</p> <p>The audio will be shared online and graduates of the course will be invited to become members of Ocean Youth Radio, with opportunities to broadcast regular shows.</p>	<p>Radio</p> <p>Drama</p>
5	<p>Songwriting and Making Music</p>	

	<p>This project combined songwriting with learning and playing of traditional music from the British Isles.</p> <p>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.</p> <p>The project closed with a performance of the songs to an invited family audience and staff.</p>	<p>Music</p> <p>Songwriting</p>
6	<p>Storyworlds: Visual Art and Storytelling</p> <p>The framework of creating and exploring ‘story worlds’ the aim of the project was to support young people develop strategies to face current challenges in their lives.</p> <p>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.</p> <p>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.</p> <p>This work was combined with the listening and creation of stories, generating new ideas for narrative and engaging in individual and group writing.</p>	<p>Visual Arts</p> <p>Storytelling</p>

Examples of Singing for Wellness Participant Feedback (grouped by themes):

Increased Mental Wellbeing

- *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*

Increased social connection

- *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*

Peer support

- *I enjoyed meeting people with the same problem as me*
- *Encourages peer to peer support*

Transference of skills to home environment

- *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*

Self- report improvement in breathing

- *It has helped me take control of my breathing*
- *I think I have been healthier since this started*
- *I have developed coping strategies in times of shortness of breath*
- *My husband thinks I don't cough as much*