



All Party Parliamentary Group on Arts, Health and Wellbeing

Funding for Arts, Health and Wellbeing Round Table Monday March 13th 2017 4.00 – 5.30pm Committee Room 1 House of Lords

Edited Transcript

Lord Howarth of Newport: We're engaged as a parliamentary group on an Inquiry investigating what is happening around the country in regard to the contribution of the arts to health and wellbeing. We're looking at practice and research, and aim to produce some useful recommendations. We hope that our report will stimulate better understanding and appreciation of what the arts can do to help to create a healthy society. There is a very important component that should be in this report which we haven't yet focused on and that is the funding landscape, as it is now and as it might be.

We're certainly not asking for more public expenditure. It would be in rather bad taste in presence of consensus with the pressures on the health service and social care. We believe that the existing legislation and flows of funding are capable, in principle, of providing plenty of support for arts activities within the health service and the social care sector. Not a great deal of public funding is flowing in the direction of the arts for this purpose. But, were the culture to change, were there better recognition of the contribution of the arts and the value for money that they can give, we think that it would be possible for the arts to gain more from existing public funded programmes.

Clearly, there needs to be a mixed economy and probably the balance of that needs to shift towards larger contributions from the philanthropic and private sectors. We'd love to hear your advice on how the arts should present themselves to make themselves more eligible for funding and how you think that the apportionment between the various possible sources of funding should develop.

I should say that this term 'arts' is not a very satisfactory one. It embraces the obvious things such as dance, music, poetry, sculpture and so forth, but it also embraces culture more broadly conceived: libraries, heritage, crafts, gardening. We haven't found a word yet that quite denotes everything that we want to talk about.

You have a paper that Alex has put together and what struck me about it was that it described a very labyrinth-like scene. Arts organisations are trying to piece together packets of funding. There's a bit of funding from here and when that runs out, they grasp for a bit from somewhere else. It's an incoherent system. Part of what we hope we to achieve will be to get more cohesion as a whole. It would be helpful if people would quickly introduce themselves around the table.

Rachel Hillman: I'm Head of Engaging Science at Wellcome Trust and we invest quite a lot into arts, but usually arts as a way to engage people with research. We're starting to think about the role we might play in arts for health.

Bill Boa: I'm the Chief Finance Officer of Cambridge University Hospitals. I am also Trustee and Treasurer of Arts and Health in the South West.

Mary Hutton: I'm from Gloucestershire Clinical Commissioning Group, the STP lead for Gloucestershire, and we have been piloting cultural commissioning for the NHS.

Jon Siddall: I'm Director of Funding, Guy's and St Thomas' Charity. We have a long history of supporting the arts through artwork and this is really essential to our understanding of how we position the work that we do going forward.

Elaine Burke: I'm an Independent Arts and Health Consultant and I set up the Arts and Health service within Hull and East Yorkshire Hospitals and Mental Health services. I now work with businesses and private sector companies to do arts and health programmes in the community.

Daniel Gerring: I'm a Partner at Travers Smith, a City law firm, responsible for a Corporate Social Responsibility programme. As part of that we run an art programme in partnership with the Royal College of Art and [inaudible] Westminster.

Rama Gheerawo: I'm from the Royal College of Art, Director of the Helen Hamlyn Centre for Design. For 25 years we've been looking at design, aging and health.

Rebecca Gordon-Nesbitt: I'm Researcher for the Inquiry.

Molly Meacher: I'm a Crossbench Peer. I've worked in mental health for probably a quarter of a century, and as Board Chair in East London, promoting the use of arts in mental health care.

Gillian Wolfe: I've been fortunate enough to be the recipient of funding from non-government institutions for the last 30 years.

Sally Bacon: I'm Director of the Clore Duffield Foundation. We founded the Cultural Learning Alliance, which has particular interest in children and young people and the arts and culture. And therefore health and wellbeing, as part of that narrative.

Nikki Crane: I'm Jon's Siddall's colleague from Guy's and St Thomas' Charity. We have a very lively and vibrant arts and health programme in Lambeth and Southwark, which is the main object of the charity. We've invested about 12 million pounds in the last three years into those projects.

Liz Ellis: I'm Policy Adviser, Communities and Diversity at Heritage Lottery Fund. My first career was a mental health nurse in an acute mental health trust.

Janet Morrison: I'm Chair of the Baring Foundation. We've been funding arts in older people for about six years to create age-friendly cities. I'm also one of the founders and Chair of the Campaign to End Loneliness and Director of Reconnections, a social finance initiative in Hereford and Worcestershire.

Lady Helen Hamlyn: My husband, Paul Hamlyn, very generously gave me my own foundation for my 50th birthday, which is now 33 years ago. The Paul Hamlyn Foundation, of which I was a Trustee during Paul's lifetime, is a major foundation giving enormous funding to the arts, education, and many other wonderful causes. He gave me my foundation to nurture projects which might find it difficult to get public or private support. We've found if you give the right funding to the right people, extraordinary results can come out of it.

Dr Jane Davis: I'm the Founder and Director of The Reader. The Paul Hamlyn Foundation gave me my first grant many years ago to get shared reading going, a grant of £89,000. We're now a £3.5m national organisation and earn a lot of our money from the NHS and local authority public health budgets.

Mags Patten: I'm Executive Director of Public Policy and Communication at Arts Council England. We invest about six hundred million pounds a year through lottery and grant-in-aid funding in the arts and cultural ecology of the country, some of which goes into health and wellbeing. Our core mission is great art and culture for everyone and there's an incredible opportunity, moving into the future, around health and wellbeing. We want to be part of that conversation.

Alex Coulter: I provide the secretariat for the All Party Parliamentary Group.

[Nikki Crane temporarily takes over from Lord Howarth as Chair of the discussion]

Nikki Crane: There's a fantastic cross-section of people from all walks of life round the table, which is perfect for this discussion. We have a couple of questions for us to focus on, the first being 'What are the current opportunities and challenges in funding arts and health interventions and programmes?'

Bill Boa: From the hospital's perspective, the biggest challenge for me is making the funding flow sustainable. I think it's piecemeal and as a consequence, we don't gather necessarily the evidence that you would want out of that. In health particularly, there is a desire to see specific outcomes. As part of this, we've got a lot of small, very valuable schemes, but no sense of sustainability. An example: recently we put a bid to our STP in Cambridge for social prescribing and it was rejected because it didn't deliver change in one year.

People were asking for reductions in admissions, speeding up delayed transfers of care, and were, I personally think, failing to take a longer-term view. The thing that hurt us most was the absence of solid examples. There just wasn't that body of evidence.

On the counter-side, the opportunities are probably the STP, where you've got a definite move to integrated health and social care commissioning. Once you get the two parties working together, there are opportunities for arts groups to become embedded in that process.

Mary Hutton: Our key message is that arts and culture can deliver health and wellbeing outcomes. [In Gloucestershire], we are not looking just to give grants to arts groups. We want them to co-produce with us, taking a place based approach and also a pathway type approach. In our Cultural Commissioning Programme, we asked people to tell us how they could work on dementia with us, COPD, a singing programme. With chronic pain too, we were thinking about how we could make those interventions more mainstream so that people could see them working. One good example is taking a group of men from our high end chronic pain clinic and getting them to work together with an artist. They came up with solutions that enabled them to own their health and improved their wellbeing significantly.

We've gone for a significant social prescribing programme to join up the system. We're tailoring programmes to particular groups to make pathways clearer. Then we want to evaluate, so people can see the benefit, and we can build a multidisciplinary team.

We've had some issues working with voluntary community sector. Instead of people taking a grant and saying, "*We know what we'll do*", we want them to work with the clinicians and patients and to come up with a plan that is owned and co-produced across the system.

Nikki Crane: We're beginning to work in that way, tailoring projects, shaping them together and co-producing.

Dr Jane Davis: We had our first commission from the NHS in 2007 and it was for £50,000 in one public health budget, in Wirral. Since then, we've built up a huge range of work, but it doesn't stay in one place. What happens is, that commissioner moves on or their budget gets a massive slash, then we manage by picking up something else in another place. Although the volume of commissions has grown, the sustainability of working in a place to produce evidence, which is really what we need, has been challenging. We've recently secured one five-year commission with Royal Liverpool Hospital for chronic pain. The consultant believes that reading hard poetry helps people live with chronic pain. It's a tiny amount of money but the five years seems really important. We've also got a three-year commission from three NHS trusts working together as part of an STP. Again, it's not massive, but the fact that they've committed themselves for three years and there is going to be some evidence gathering, seems important.

Lord Howarth: What are the conditions that you have to satisfy to the funders? How do they form a judgement that what you're going to do is of quality and improve people's lives?

Dr Jane Davis: We have sought out commissioners and directors of medicine who are already interested in offering these services to people. Even with evidence, it's difficult securing support. I've experienced presenting evidence to somebody running a pain clinic and they've said to me, "*That's not evidence. Go away.*" I've had that on a number of occasions.

Bill Boa: The paper captures very well that this is a landscape of small, non-recurrent grants. Fleet of foot does well, and what you find is individuals driving it. Mary's CCG is different in that it is commissioning on a grander scale with the co-production of schemes. That is where you want it to go.

Lord Howarth: I don't know whether Lord Ramsbotham has had an opportunity to introduce himself.

Lord Ramsbotham: I'm a prospect member of the group and was Chief Inspector of Prisons. I formed the Arts Alliance, which also has an adjunct called the Arts Forum, a meeting three times a year between ministries and organisations involved in providing the arts with practitioners who deliver arts in prisons and in probation.

Michael Bichard: I'm a Crossbench Peer, formerly Vice-Chancellor of the University of the Arts, and chaired the Cultural Commissioning Group, which the Arts Council and NCVO set up. I'm also Charing Shakespeare's Globe.

Janet Morrison: I was just talking about the evidence base. When Baring Foundation started on our programme of Arts and Older People, we commissioned the Mental Health Foundation to look at the evidence of the benefits in terms of mental health and social engagement. What they found was patchy across the range of different programmes. I know that in the States, Dr Gene Cohen has done some interesting work looking at the benefits of people accessing participative arts and needing fewer GP appointments and medicine usage.

We published a report with Age UK called Promising Approaches which tried to build evidence on social prescribing, community navigator models and reconnection services. This looked at the evaluation of broader benefits, not as much the direct health measures you're talking about, but broader wellbeing measures.

The reconnections model with the social finance initiative was a preventive health case. It reduced loneliness, the cost downstream on GPs, hospital admissions, use of residential care and home care. And that used a health economics model to calculate what the benefits were. We're still in the process of testing that as the model develops.

The evidence base is piecemeal but that's the fundamental thing, to be able to add to a broader argument. There is a challenge between the metrics that health commissioners expect to see and what perhaps Worcestershire County Council expected to see in terms of broader measures of preventive improvement to health and avoidance of downstream costs.

Lord Howarth: Are there more subjective considerations that perhaps influence funders? What we've noticed is that there is plenty of convincing, indeed compelling, evidence that the arts can be very effective in supporting health service and social care. Nonetheless, because of a certain culture that's deeply imbued in the system, they're not impressed by this evidence. They don't take a lot of notice because that's not the way they do things. So how crucial is evidence to funders?

Janet Morrison: When we started our programme, we wanted to set the scene to make the case that this funding programme was a useful intervention to make. That's why we did this evidence base, to try and see what the argument was for the programme. We wanted to influence other funders. I don't think we're any different to lots of foundations, in the sense that we're asking people to demonstrate the outcomes from our funding. The problem is, that doesn't fit into the evaluation of programmes and broad based interventions. We'll end up with lots of projects that can show their outcomes, but not the broader pulling together of overall interventions and value. That's the missing piece.

Lord Howarth: The funders may not have a lot to do with detailed specific evidence. There's more of a value judgement. This is the sort of thing we want to support.

Janet Morrison: We funded Age of Creativity, a website where people are publishing all of their activities, inviting people to take part in arts and engage. Those people publishing their research about the impacts of their projects are very specific in terms of their outcomes but it's just project by project. It isn't an argument that makes the case for this intervention in terms of the health benefits or indeed the broader wellbeing benefits.

Daniel Gerring: This is coming from a slightly different perspective, thinking about corporate funding rather than foundations, I think most corporates are less sophisticated in terms of how they make funding decisions than many

foundations, perhaps deliberately. So I run a CSR programme at Travers Smith and one of the things that I spend a lot of time thinking about is, why would a corporate do this? Why would they spend significant amounts of money on outreach? I think there are three reasons: you want to engage with your staff; you want to engage your clients, so it's a business development angle; and you think it's the right thing to do.

In a law firm, because it's a partnership and we own bits of the business, we are more able to look at the third one compared to other businesses because we don't have shareholders to worry about. Often, with my organisation, it isn't just money, it's time that we invest in know-how, best practice and so on. So we have different models of funding. The art programme is funded by the partnership directly and it's a significant investment year in, year out. We have a major charity partner, which is a two-year partnership rotating. We select that by deciding on a theme within a committee – the last one was 'local to us' - and then the staff will vote from the choice of three organisations.

Regarding our major charity partner, it had a history of shifting between children and cancer charities. We've introduced the themes so that can't happen anymore. Through that process, we ended up having two homelessness charities and a music charity, Spitalfields Music. In the previous round, we had MIND.

Spitalfields Music came third in the staff vote, I think because people think of the issues that could affect them – children, cancer, homelessness – and they vote for that. So, if the arts can make a case of health and wellbeing, it increases its relevance. We've started to do this by having a big feature wall displaying a series of photos, this year they are LGBT coming out stories, and so when you come into our office, you can see immediately what kind of organisation we are. On a micro level, us supporting this work is good for the wellbeing of people who have an interest in diversity inclusion.

With corporates, we know there are massive issues around mental health, and to the extent you can get shared partnerships that involve benefits for that organisation and people externally with mental health outcomes in particular.

Sally Bacon: At Clore Duffield, which funds all sorts of things but primarily the arts and education, we're more interested in how it moves the dial with Government. The evidence we're interested in is the ten killer stats at you need to make your case, and we've done a lot around cultural learning. For example, the stats that say if you do the arts in school, you're three times more likely to vote or three times more likely to get a degree rather.

What we've been trying to do is join up DCMS and DfE to get systemic change around understanding the benefits of arts education. We're interested in this because of its relation to children's health and wellbeing, particularly mental health at the moment. We doing a briefing paper on the arts and health and wellbeing, particularly for under nineteens. We've looked at Italian data, Nordic data, Scottish data. We didn't get what we needed out of English data. We need those ten points that can prove, "*We've analysed all of that and we know absolutely this*". When people read that, they're going, "*Wow! We really, really get that.*"

Mags Patten: I completely support your point, Sally. You're absolutely right in that high-level advocacy is so important around evidence. I was quite taken aback to find that the Arts Council has quite a high level of investment. We've got three longitudinal studies underway at the moment around the health and wellbeing agenda through our research commissioning. But we don't have a dialogue with the NHS, with NICE, with any of the other research bodies other than the AHRC. If we've got the capacity to do evidence reviews to commission longitudinal studies and to do comparative work at board, then surely if we could come together as a group of people interested in research, there's potential there. We felt that was something for you to recommend.

Lord Howarth: Trying to get systemic change and to work coherently with other players, and here is the Arts Council telling us that they don't have a line to the NHS or to NICE.

Mags Patten: We have relationships with them but not on a research level.

Liz Ellis: First of all, Chapter 7 on Arts, Health and Wellbeing in the AHRC Cultural Value Report from last year would be familiar to lots of people. Thinking about the NHS context of commissioning, one of the points that's really clear in it is about the role of qualitative and quantitative research. We know that taking part in cultural

activity is fantastically important in building social and cultural capital, thinking about what you were saying about workforce.

Certainly for Heritage Lottery Fund, we want heritage to be improved but also the outcomes for people in communities. We have a three-year programme in Manchester looking at the impact on volunteers, 86 percent of whom are on benefits. We're focused on the social return on investment. If we can move beyond the crude measures of bed occupancy, for example, if we recognise the parity of mental health with physical health, then these aspects are really important. I had slight concerns at the beginning, Lord Howarth, when you spoke about the role of culture and health. Let's think about these cultural rights as being indivisible so we treat the role of culture as part of health. It is part of how we achieve a healthy society.

Lord Howarth: I think you're all saying that in making your strategic decisions about who to award money to, you systematically take account of evidence. So the message to the sector is while you're not yet very good at presenting your evidence, and indeed obtaining it, you need to raise your game. Is that right, Rachel?

Rachel Hillman: Yeah. It's interesting coming from an organisation that funds research, we don't always have to have the evidence. We have to have a really strong and interesting hypothesis. We find that because kind of health can be defined so broadly, as can the arts, each individual study looks at a specific context. We want to find a way within this territory that we can look at something that has that stayability and transferability to have a major national impact, because it has to compete with all the other applications.

We should be having a broader conversation and joining up with other funders to pool together the evidence that we already have about this impact. We need to work towards a common set of metrics and terminology so that we can all be having the same conversation, and the evidence can build up. Otherwise I think you do end up with these piecemeal pieces of research which show efficacy but within a very particular setting, a particular group of people that may be suffering from a particular condition. To be able to scale that up is the real trick.

Lord Howarth: Michael, you've always impressed upon us the importance of evidence and in our last discussion, the importance of the work of this APPG in leaving a legacy. You talked of possibly creating or recommending the creation of some sort of centre that would continue to drive practice forward. Part of what such a centre might do would be to keep this question of evidence under review, get to more common metrics and terminology, with evidence being shared between different funders and a more cohesive approach. Is that part of what you might be thinking about?

Michael Bichard: I'm someone who believes evidence is important. I just think one needs to be careful about what kind of evidence we're talking about. The health world is very good at sucking you in on evidence and getting you to spend a huge amount of time collecting it only to tell you it wasn't quite what that they were looking for. For a world that is brilliant at ignoring evidence which suggests that many of those things that they've been doing for a long time, don't work, there are paradoxes in this discussion. I like the idea of ten killer facts but we should be careful about how far we get sucked in.

There's a lot of evidence about the arts and the impact on mental health, particularly with kids, or for instance your work at the RCA on design and the older population, which Hamlyn funded, has been going for twenty five years. I say that as a former Vice-Chancellor of the University of Arts, and therefore our relationship was not always, entirely friendly. You've been doing amazing work. And yet, people don't know about it or listen to it. So, it's got to be the right sort of evidence.

The people round this table are a source of great innovation, probably more than the public agencies, in terms of what you fund. And you have funded some really innovative stuff in this area. Now, OK, it's not fully proven, maybe. But people don't just look at you because they want money out of you. They look at you because your voice is important. And I think you, together, could be saying this is an important activity, policy area, which would help the kind of things that the APPG is trying to do.

One of the problems with groups like this is that you produce a great report that becomes a reference point but not a lot really changes as a result. Therefore I would like to see something carrying these ideas forward, producing the right kind of evidence and developing the policy. They have it in Australia. We don't tend to look at what's going

on elsewhere, sufficiently. Why shouldn't the people round this table fund a very small centre which could develop the thinking which has been going into your group?

Lady Helen Hamlyn: I'm afraid I shall be very unpopular but I really do think there's too much talk about research, evidence, etc. There's plenty of evidence around if you care to look for it. There are so many areas where not enough is being done. My foundation is a small one but over fifteen years we've given away nearly forty million. But every single project that we have set our minds to do, whether it's at the Royal College of Art, 25 years, or whether it's with Professor Darzi at Imperial, each one has been successful and has grown. We've got the right people involved. We've made a strategy, we've supported it, and got successful results. I think there's far too much emphasis on, "Let's write more research." If there was such a possibility of getting a few like-minded people together, whether it came under the Arts Council or somebody else, to say, "*Look, these are the problems. How are we going to deal with them?*" There's plenty of money around, from the foundations, from public and private funding. There's too much talk and too little do. It is a problem that the opportunity hasn't been taken.

Lord Howarth: I think one of the great things you do is providing sustained funding. A lot of these different organisations we talked about previously never have financial stability or security at all.

Lady Helen Hamlyn: Well, take Lord Darzi, who began as Minister of Health in the Lords. By the funding I was able to give him to set up his robotic research centre at Imperial, he now brings in millions a year, from Wellcome, from here, from there, all over the world, to develop his projects, including setting up the Institute of Global Health, which he found working on the Government side. Being a medical clinician, he found that the two sides didn't really see eye to eye. He was asked by Tony Blair and then by Gordon Brown to do the National Health programme for the next ten years, first for Greater London and then for the whole country. He was asked again by David Cameron to do the same for London. All of this grew out of finding the right man and providing the right funding.

Lord Howarth: You identified a star early on. There are lots of humbler organisations that may not be able to produce a Lord Darzi, but they also need a bit of security and continuity.

Jon Siddall: I've only been in post for six weeks, so hence the personal reflection, but working at the face of innovation in the health and care system for the last few years, I entirely agree with this point about evidence. So Even the best evidence outside of arts still struggle with adoption. I liked the way a Professor of Public Health I once worked with said that evidence is both a social and scientific construct. If we ignore the social element of it, no matter how good the evidence is, we'll just change the bar and then it won't be adopted anyway. We need to think carefully about how we tackle some of the systemic cultural issues alongside the evidence issues around that. Part of that is in moving outside the clinical model in the way we think about [inaudible]. That goes all the way back to how we train doctors and nurses. That's the bigger picture.

Looking at our organisation's perspective, Guy's and St Thomas' put a huge amount of funding into arts and wellbeing over the last probably ten years. We're moving forward with a slightly different strategy, which is not moving away from arts, it's just thinking about how we frame them in slightly differently. Part of this is trying to tackle the financial barriers that we've talked about today. I don't think it's about the amount of money, it's the way it's structured. There's money in the room to do things in different ways but it's about the appetite for risk for different sources of funding and capital and the period in time at which someone makes a decision about value.

The reason I've joined this organisation a few weeks ago is, we have an opportunity to look beyond the one year cycle at budgeting decisions, and beyond political cycles, and say, "How do we really understand and build evidence, an understanding around how we intervene in a different way?" This idea of how we partner more effectively across sectors, with the foundation section, is a really interesting one. Because we do have an appetite for high level of risk. We do have the ability to make decisions over longer periods of time. But we want to do that in a way that is then sustained once our funding's removed. And I think that's probably the thing we've been guilty of as a sector over many years of funding activity.

Lord Howarth: How confident can trustees feel backing something where there isn't necessarily a very solid body of evidence? When it comes to continuity of funding, is there a problem that besets you that there are all sorts of other worthy good causes that aren't getting a look-in because you've decided to go on funding one particular stream of activity?

Elaine Burke: I find myself on all sides of this, as somebody who has established an evidence-based culture within arts and health in Hull and also having experienced the frustrations of that. There's another thing that goes alongside this, which is awareness. Not everybody requires evidence. I agree with Daniel, corporate partners are not interested in evidence, particularly. But what they don't have is the knowledge and understanding that the arts can turbo boost and animate health. In the public's consciousness, the concept of arts as being health-giving is so low as to be almost non-existent, apart from popular stuff on telly like Gareth and his choirs, which I think has really helped. I think that a growing of champions needs to happen, the sector need to be better at PR and showcasing in a more human and simple way. If evidence is about minds, this is about hearts. In my own experience whilst in the mental health trust that I was working in, I was told clearly that funds would only be allocated to me on the basis of evidence. But I have to say that in one hundred percent of those cases, those funds were not allocated to me on evidence. They were allocated because a champion saw the work we were doing, got it, understood and said, "*I'm passionate about that.*"

Instead of focusing entirely on evidence, we need to look at the heart side of that equation, show the benefits of this and grow champions. Going back to the very first comments about how many small arts organisations are folding under the pressure of not being able to make their case and get sustained funding, when you have a champion at local level, great things can happen.

In Hull, the Hospitals' Trust, is beginning to start an arts and health programme in the most straitened times for the NHS. Something amazing is starting to happen that is led by a champion. He's not interested in evidence in the slightest. He just knows it's a good thing and wants to make it happen. I propose that there are two parts to this. Perhaps a centre could be the public face for this, but I also think there has to be some sort of newsworthy PR-able stories in the public consciousness. The arts and health sector is absolutely rich and overflowing with amazing human interest stories. But what we lack, and have historically lacked, is the skills, capacities and headspace to showcase them in a constructive way.

Lord Howarth: I think we would very much agree with you from our experience and the APPG's roundtables, you can put aside all the stats, the moment when you can hear a pin drop is when a service user is speaking eloquently about their experience. Absolutely transformative. This is subjective, qualitative evidence. Part of what seems to be needed is a way to present evidence of that kind so that decision takers, including funders, are exposed to the same experience as we've had.

Gillian Wolfe: I agree with most of what you said too. I think the gap between small and large organisations looking for money is huge. In this country there are thousands of small arts charities doing beautiful things in their area. Changing people's lives every day. They will never be able to afford research. They are researching in a sense that they have empirical evidence. They can have the evaluation from their participants, and see what a difference it makes, but they can't do more than that. They are mainly funded by local charities, by individuals locally, and that is what makes community. That's what's so great about this country. That civic activity keeps these charities together and keeps them going. But they are so different from the big cultural institutions. It's nice to fund those, but the gap between that one London gallery with twenty-seven people in the fundraising department is huge compared to all of those little charities out there. I would love to see, just like the HLF has small grants, a policy for small grants up to ten thousand, that money made available to arts for health and wellness organisations. It would be seed money for some and they will be able to scale up. Not all of them, but if they don't, it doesn't matter because they're doing wonderful things.

The second point is that I was speaking to the Sackler Foundation and they come across people with wonderful ideas all the time. But the journey between that and actually getting the money is a complex one that most people don't understand. Their words were, "*There is frightful ignorance about the way to apply for money and how to get it.*" They get submissions that are far too long or that are careless with spelling mistakes. They get computer generated applications they just throw in the bin. Fundraisers move from job to job and they forget sometimes what they're doing and applications are all mixed up. So they would like to see an understanding of how you present yourself as a small or mid-size charity to get some money.

Lord Howarth: There should be decent training and professional development opportunities available to the sector because it's a shame if they fall at the first fence.

On the question of community and place, which I think is going to be quite big in our report and goes with the grain of a lot of Government thinking, it is part of the justification for funding those small charitable organisations - a strong pride in the community and sense of place.

Liz Ellis: For us, there's a £3–10,000 application process that we've done our research on and it's very successful in terms of getting volunteer-led organisations to apply, a 64 percent success rate. I looked at who's not applying, and found that the lowest application number is by LGBT communities. That's informing what we're doing. They'd be all sorts of things to say about cuts across public and community sectors for that, I would imagine. I think that the role of the development teams, for HLF and many funders, is exactly as Gillian requests. Great place is, absolutely informed by this idea of site and place and it's too early days for us to talk much more.

Lord Ramsbotham: I'm wondering if you are narrowing everything down to the criminal justice system. Because I think it's an example of where I absolutely support Michael for the idea of a centre. The voluntary sector has been the life blood of the arts in the criminal justice system, and there's evidence coming out of its ears of successful programmes. But unfortunately, those successful programmes only function in individual prisons and they're only there for as long as the governor supports it. There's no permanence at all or no direction from the top. Yet there's no doubting the evidence, which was produced originally by Arthur Koestler, that the arts was a means to an end in that it started people on the trail towards rehabilitation, building self-esteem, and so on. If you remember, we got this message across to Charles Clarke, and immediately after, he was sacked.

Lady Helen Hamlyn: We did try again.

Lord Ramsbotham: It's the only time that I've seen the Ministry of Justice wake up, is when the Lankelly Chase Foundation withdrew funding for anything to do with the prison system because so much was being wasted and there was no investment. I believe that every voluntary organisation that's taken on in the criminal justice system should be taken on for a minimum of five years so that they can invest in whatever they're doing and it's continued.

Lord Howarth: We're going to be conferring closely with you, David, on what we say in our recommendation as regards to the criminal justice system. Jane?

Dr Jane Davis: On my way here, I thought about what would I ideally want to happen? I thought of bringing together Wellcome, other funders and perhaps NESTA, the Arts Council, in a room, and saying to them, "*You all fund lots of stuff. Could you all talk to each other?*" I hadn't thought of the centre but that's a brilliant idea, and I really think we need that. It shouldn't just do research, it should also do small grants and how to build from them. It should be investment in the long-term, because if we don't get that, we are just wasting our energies.

The point about comms. I was thinking about the birth of occupational therapy and introducing interesting new stuff to people who were poorly. It was the First World War that made occupational therapy part of the picture. We might think, "*We don't want a war.*" But we've got a problem, a big problem, which is our national mental health problem, and the cost to the NHS. It's not the war, but I think there is an outside pressure that we should be using from a comms point of view. A big part of that centre needs to be a brilliant comms person.

Lord Howarth: We've been talking about cohesion and the suggestion's been made that funders, philanthropic funders, foundations and so forth should get together a bit more to identify priorities and think about long-term strategies. That would be a wonderful thing, if it were to happen. There is also an issue of cohesion between the philanthropic sector and public sources of funding.

Rama Gheerawo: I've been working in the industry for about eighteen years, so I often think Helen is the person that gave me my career. I think our experience is very much like yours. We started off with some seed funding, some core funding, and have grown it to enable us to do other activities. We've worked with a lot of people around the room and would like to work with the rest.

There are a couple of gaps that I've seen over the years, one of which is the D word, design. How should it appear in this report and satisfied within an arts context? It's not just about making things look pretty. It's about innovating, inventing, re-inventing. And it's got this very user-centred point of view, which leads me to my first E word,

experience. Every time we bring a service user, that patient centred or clinician centred approach in, it leads to a more powerful experience. We've had paramedics seconded to our design team to re-design London Ambulance. When you put designers and clinicians in a room, they start to become more like each other and meet in the middle. The other two E words are entrepreneurship and experimentation. How do we support experimentation? I'm personally grateful to Helen and many of the other funders as they've allowed us to experiment.

A lot of what we do is foundational but seven years ago we started to experiment in the world of dementia and autism. What on earth has design got to do with any of that? Five years later I'm giving the key note at the National Autistic Society's conference. I think it's a testament to the ability to experiment. I think the spirit of entrepreneurship needs support from people that are around the room. And I don't mean just the sort of lone inventor, Trevor Baylis type in the shed, but I actually mean the inventors. We were talking about people who are change makers and they're very powerful in helping you find the experiment, do it, and that feeds back into the evidence chain.

Lord Howarth: Thank you Rama. You've been appointed to a Chair today at Wellcome?

Rama Gheerawo: Yes, a professorship.

Janet Morrison: When Baring set out to fund arts and older people, we didn't do it because we thought it was going to have anything to do with health, that it was going to reduce anyone's occupancy of a hospital bed. We did it because we had a broader concept of what quality of life means. For older people, quality of life does not mean medication, being washed and dressed, going to lunch club, or having a worthy friend to visit you. I hesitate to say that because my own organisation does lots of those things. But the reality is, the arts enables people to have purpose, meaning, absorption, joy, fun, passion. It illuminates who they are as individuals. It takes up their time but it creates friendships and community. And it transforms people's lives. I don't see why all the things that I love and have a passion for, I should give up just because I get older. That's why we funded it. We didn't care whether you'll get less prescriptions or whatever else.

When we funded things in care homes, we did so because they're part of our community. You wouldn't know it, they're shut off and the walls make the people who live there invisible. But the arts could enliven and engage people there. It enables staff to see who those people really are and see their person and passion. It transforms relations. It creates relationships with family and staff that they didn't imagine, and it makes the walls disappear. The community can come in and be part of it.

The arts are not like prescription in that they are not something that is done to you. The arts enable you to participate, engage and be yourself. The medical model frightens me. Sometimes I meet artists who would say, "*I want to come in because they live with stupid care workers who don't understand who they are.*" And I said, "*Stop for a minute. Until you have the commitment to go, wash and dress and work with older people yourself, don't put down care workers. Also understand, care workers work with a person centred care approach, which is about individuals who have assets and experience.*"

Mary Hutton: Absolutely, absolutely agree with that. On Jane's point as well, I think we're entering a period of significant opportunity. I'm the STP lead and we're talking about whole scale transformation of health and social care. We're recognising that we need to treat people each in an individual way. We're rolling out integrated personal commission across the whole of the system. And people recognise they cannot continue to put medical needs over here and care needs over here. This is a new way of working.

In our culture commissioning pilot, we felt that we hadn't clearly enough defined outcomes that we could all agree across a system. So we got clinicians together with public members and tried to work through what should you achieve for dementia. What should you achieve for a [inaudible]? What should you achieve for chronic pain? Then you try to have a story you can tell people. And very quickly you'll find the clinicians will begin to think, that is what I want for that person, rather than what I'm currently giving them. I think there is something here about trying to define the outcomes and then everybody recognising these. If this happens, we could then begin to say, integrated personal commissioning is rolling out, why can't we begin to add those outcomes together with the pathways we already have available to us?

I think place is important, pathways are important, but we've got to try and have some solutions for building that capacity, and some models we can work with, with the voluntary community sector. I think we shouldn't miss the opportunity and that it's just about grants. It's about the route through to defining something that the statutory sector thinks is worthwhile getting involved in. We're hoping to stick with that in our area and try it out for the next couple of years.

Lord Howarth: How many of your fellow STP leads see the point as you do?

Mary Hutton: Well, I think people do recognise this wholesale transformation is required. But it's the short-term versus the long-term we're facing actually. [Inaudible].

Gillian Wolfe: It's a country's business that makes the world go round. I think Dan is the only person here representing a corporate, and I was wondering, how do you think we could get every business to find it a natural part of what they do to fund what we're talking about today?

Daniel Gerring: It's a very good question. Lawyers are good at working together on these kind of things. My firm is by no means alone in having these kind of outreach programmes. There is a strong message from having a report like this. You could try engaging with business organisations to develop best practice. The Law Society is very strong about it as is the SRA. It's not prescribed, but it's out there as an expectation. It comes back to communications and relevance. Some business people do it because they have plenty of money while others will be struggling, or just less socially minded. They will need convincing, why is this relevant to me? If their people are at work more and there's lower levels of absence, they're more engaged, their family members are not worried about them, you will improve productivity.

Lord Howarth: Have you any thoughts on social impact bonds? Have they crossed your path?

Daniel Gerring: They have.

Janet Morrison: I'm a Director of Reconnections, which is the social impact bond in Hereford and Worcestershire, for reducing loneliness. It's not specifically about the arts but social investors put in money on the back of a contract from Worcestershire County Council and other commissioning groups and the scheme identifies lonely older people, reconnecting them to community-based activities across the counties. Their loneliness is measured when they come in, and then it is measured at six months and at eighteen months. For every point of loneliness that they have reduced, the commissioners pay a set fee, on the basis of the health economics that say those people, if they're less lonely, will be less likely to go to GPs, hospital appointments, need home care or residential care.

Lord Howarth: Do you think it's a good model?

Janet Morrison: It's a payment by results. The reconnections can be to anything so it could be arts and creativity. One of the most challenging ones was that someone wanted to do clock making. It works as a service that improves wellbeing. It is harder to shift loneliness, because loneliness can be chronic and long-term. And people who are chronically lonely are less likely to say, "*Oh, yeah. I'll go and join the bridge club.*" They need more support and confidence because they've got barriers. It works at mobilising the assets of the individual and of lots of community organisations. Does it work as a form of social investment? I think the investors have been brave and taken a risk. I'm not sure they're going to get a lot of their money back. But we don't mind, because we're testing an approach and a model which recognises the outcomes for individuals, based on their own scores. We're likely to look at replicating it. But I don't know that there'll be lots of people charging in to invest large amounts of money.

Michael Bichard: I got quite involved in [inaudible] at the beginning and got quite excited, but the results have not been as amazing as we'd hoped. The Lords Select Committee on Charities is going to be reporting in a couple of weeks' time to make some comments about social investment and social impact bonds, suggesting that the claims have sometimes been overstated. One of the problems is that they're quite resource intensive, and for smaller organisations, extremely difficult to get a return on the amount of effort they have to put in. I think we need to be a bit careful about social impact bonds.

Some of us have spent our lives producing reports and we sustain ourselves by believing - I'm sorry if this is depressing - that reports change the world. But actually there are very few reports that have done so. Change tends to happen because there's momentum and a movement which develops. That's what happened in Gloucestershire. The Baring example is a good one because you wouldn't know perhaps how encouraging it has been for those within the care sector who believe that there is something important here. Baring takes this seriously.

It's true of most of the organisations round this table. My point is, yes, we can produce a report and, yes, that can be part of developing a movement. But actually, you could be a more productive part of developing that movement if you just said to the world, "*There's something really important here.*" In this country, it's not getting the hearing that it deserves. We're not being innovative enough, and we should take it more seriously. Then there'd be more Gloucestershires. Because actually, some of the people who won't listen at the moment, take you seriously.

Lord Howarth: Absolutely. Nikki, you began by taking command of these proceedings. You can have the last word and I will then highlight one or two of the principal themes that have emerged.

Nikki Crane: I just wanted to say, I think the idea of an arts and health centre is a wonderful one. But as one who wants to get off on something tangible, there's so much that foundations like ours and others round the room can get off the ground. I have this frustration that we put too much onus on the arts organisations who are being thrown about in a hurricane and a storm out there, trying to find a foothold. They're doing incredible work, being unbelievably versatile, resilient and adaptable. It has always frustrated me that we've taken this arm's length view. It's absolutely our responsibility to get in there, into the mix and to try to help this happen. We have convening and brokering power, which we've talked a lot about in these sessions. There's money to be had. I'm such an admirer of what's going on in Gloucestershire, because there's an example of where you can really work the statutory system.

From the beginning we commissioned a small report, the Arts Strategy Sustainability Project, where a researcher went out to talk to local decision makers and commissioners. They came back to us and said, "*Well, what's your problem? You haven't been to speak to us about how to co-design these projects together.*"

We think we're being very innovative. We throw these projects out there, sometimes very well-funded, but it's our job to make those links. We can encourage the co-design of these projects so that they're tailor made to what's needed. That doesn't mean compromising the integrity of the project or not doing things that are high quality. It means working in partnership. There was a wonderful example recently where a senior person in a psychosis clinical academic group said, "*If only I had a chance to do this again, I would be at the table in the beginning to help shape these projects so that they don't end up missing the slot at the end.*"

We talk about co-production with service users. Let's co-design and shape the project at the beginning with the statutory system. Foundations like ours can be pivotal in that. Bring other foundations and funders around the table. We're well fixed at the moment for looking at grants and different forms of investment. Each of us can do something really tangible, walk away from this room and start modelling something. Because we have the potential to scale things up if we really get the mechanism right all the way down the line. We can hand those models on to other people to reinterpret in their own context, in a smaller way, if necessary.

Lord Howarth: I should say on behalf of the APPG to those of our funders who are in the room, Wellcome. Paul Hamlyn Foundation have jointly funded our Inquiry, and Guy's and St Thomas' Trust have been terrific supporters too. We are profoundly grateful to you, not least for the cash, but because you have asked us very good questions, maintained a dialogue with us, and given us extremely good advice as we've gone along.

There's been a whole theme in this discussion about dialogue. More people need to talk to each other more regularly and systematically. Together, the funders can play a creative part and the sum of their collective efforts could be greater than the wonderful work that they're responsible for individually. I think we will pursue this idea that's emerged out of this discussion, that there does need to be a round table of funders. I don't know the extent to which the public sector funders could be at that round table. It would be terrific if they could because we need cohesion and leverage from the charitable sector, the philanthropic sector, using its influence to bring people together and achieve a much bigger stimulus to creative thinking, and to help people overcome the barriers put in different practices and organisations. We certainly need a far stronger partnership.

The point has been made that if the philanthropic funders lead and state their appreciation of the value of the arts - including design and everything else - in working to promote and sustain the health of individuals and communities, better places, the health of the whole nation, then that will have an impact on public policy and public practice. So you are in a very strong position to lead better public practice. Perhaps you are not surprised, because you knew it. You sow seeds. You create centres at Imperial College, or wherever it is, out of which new practice across the big publicly funded system emerges.

We've had quite a lot of discussion about evidence. There was a strong feeling that decent quality evidence is needed. But also it's an unrealistic imposition on small organisations to expect them to produce high-grade statistical evidence. In any case, quantitative evidence is only a limited part of the story, and that it is actually about experience, testimonies, witnesses, inspiration, compelling examples and that we need champions. I agree with that. Jon, you quoted what had been said to you, that it's both the social and scientific construct that we have to be thinking about. Elaine, you said it's about hearts as well as minds, and that's right. And Gillian, you said it's about place and community. In the end, it's about how this results in better lives for everybody.

People were very bold in talking about the need for wholesale transformation. If the STPs are really going to recommend wholesale transformation, and if they agree that the medical model is insufficient, it's going to be very interesting to see how the medical professions respond to that. It's a very big ask. We must be very careful not to appear to denigrate the extraordinary achievements in medical science. It's just that medical science only takes you so far. Anyway, the health service knows that far stronger preventative strategies are needed and that is about enabling a health creating society, as the manifesto that Nigel Crisp and other colleagues here have been responsible for, says.

Thank you very much. It's been a really fruitful, very rich discussion. I think we now know much more clearly the themes and arguments that we ought to include in this very important section of our report. If we can continue to pick your brains and encourage you to keep working together in a better coordinated way, so much the better.