



## **CREATIVE HEALTH COMMISSIONING BY HEALTH AND SOCIAL CARE SYSTEMS: FINDINGS FROM THREE INTEGRATED CARE SYSTEMS & TORBAY**

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## REPORT PARTNERS

### Arts Council England (ACE)

ACE commissioned this report to support the delivery of *Let's Create*, ACE's strategy for 2020-2030. In particular, the report aims to support the achievement of one of the strategy's three outcomes (*Cultural Communities*), and the application of one of its four investment principles (*Inclusivity & Relevance*). It also complements ACE's *Thriving Communities* work.

### National Centre for Creative Health (NCCH)

[NCCH](#) was commissioned by ACE to produce this report. We launched in March 2021 as the strategic national centre with the aim to foster the conditions for the spread of creative health throughout the health, social care and wider systems. *Spreading creative health* refers to two objectives:

1. *Increasing creative health commissioning*: increasing the level of commissioning by the health, social care and wider systems of creative health activities, i.e. creative activities delivering positive health and/or wellbeing outcomes
2. *Increasing workforce adoption of creative health approaches*, i.e. ways of working which are co-productive and innovative

This report informs our work towards the first of these objectives. It complements our *Creative Health Hubs Programme* which aims to share know-how about creative health commissioning within Integrated Care Systems (ICS).

We would like to express our thanks to the team of researchers who carried out the research for this report - Elaine Burke, Nikki Crane, Will Nicholson and Cat Radford - and to Jessica Harneyford who collated their findings and prepared the draft of this report. Our thanks to Arts Council England for funding this work.

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## EXECUTIVE SUMMARY

We set out to explore the state of creative health commissioning by the health and social care systems, in the current context of emerging Integrated Care Systems (ICS) and with reference to developments since the ACE/NCVO Cultural Commissioning Programme (CCP).

We selected four areas as our sample:

- One ICS with strong links to the CCP
  - Kent and Medway ICS: Kent County Council was a CCP commissioner pilot
- Two ICS without links to the CCP
  - North East and North Cumbria ICS
  - Our Healthier South East London ICS (which we refer to as South East London ICS)
- For a deep dive: a local authority area with strong links to the CCP
  - Torbay: one of the five Cultural Commissioning Locality Projects

We found that while there is a widespread desire across all four areas to spread creative health and much committed effort to do so by those who champion creative health, the ICS with the CCP legacy – Kent and Medway ICS – was the only one of the three ICS, and indeed the only one of the four areas, where there was evidence of significant levels of creative health commissioning by health and social care. In the other areas, there were relatively few examples of creative health commissioning and these were not sustained.

Across the areas, we identified three fundamental barriers to creative health commissioning by health and social care:

1. Commissioners tend to undervalue creative health activities
2. Providers tend to have great difficulty building relationships with commissioners
3. Contracting structures and process tend to be unworkable for both providers and commissioners

We also identified the enabling factors which – where present – have been shown to mitigate or even overcome the above barriers. In summary:

1. Personal experience (witnessing or participating in a creative health activity) is a key way that those working in health and social care come to appreciate the value of

creative health activities. Joint training, national advocacy and co-production are other ways that this understanding can be transmitted.

2. Funded strategic roles to focus on driving the creative health commissioning agenda are going to be necessary to bring about any significant sustained commissioning of creative health. Social prescribing seems to offer a promising opportunity for arts organisations to connect into health commissioners but current funding levels are inadequate and there is a lack of connectivity at the local level.
3. Longer contracts (of at least three years, preferably five) for providers of creative health activities and bundling of offers from several smaller providers are key enablers of more workable contracting structures

We conclude that if creative health is to become embedded into the health and social care systems, this will take transformational change. The emergence of the new ICS structures could offer the opportunity to invest in such a change programme: if an ICS is committed to embedding creative health into its services, and its approach to work, we would recommend that it launch a creative health transformation programme, involving investment to support change in the areas outlined above.

In NCCH's partnership with NHS England on the *Creative Health Hubs Programme* we see how embedding creative health at a systems level is being pioneered in two places. In Gloucestershire ICS and West Yorkshire and Harrogate ICS, strong leadership over a sustained period has resulted in funded strategic roles and more sustainable commissioning models with support for smaller providers to come together to deliver creative health at scale. Findings from this work will be published in an NHSE / NCCH toolkit in summer 2022.

## **AIMS**

The report aims to provide an impression of the state of creative health commissioning by the health and social care systems, in the current context of emerging Integrated Care Systems (ICS) and with reference to developments since the ACE/NCVO Cultural Commissioning Programme (CCP). Specifically, it aims to give a sense of three aspects of creative health commissioning by the health and social care systems:

### 1. Prevalence

- To what extent are health and social care systems commissioning creative health activities?
- How does the level of commissioning differ between places with a CCP legacy and those without?

### 2. Barriers

- Which factors impede creative health commissioning by health and social care systems?

### 3. Enabling factors

- Which enabling factors have been shown to mitigate the above barriers?

Given the NCCH's mission, our interest is to learn from these findings to support the development of more creative health commissioning by the health and social care systems. We therefore conclude with recommendations.

## FOUR GEOGRAPHIC AREAS

The geographic scope of the research could not extend to all 42 ICS, and we took the approach of selecting four areas for our sample: a snapshot across three contrasting ICSs and a deep dive into another area. For the three ICSs, we wanted to include a place which played a significant role in the ACE/NCVO Cultural Commissioning Programme (CCP), and also places which were not involved with the CCP, to provide a contrast. Please refer to [Appendix 2](#) for an overview of the four areas.

- **Kent and Medway ICS** was selected because Kent County Council was a CCP commissioner pilot<sup>1</sup>

As examples of areas without links to the CCP, we wanted to include both a rural and an urban area:

- **North East and North Cumbria ICS** was selected as the rural area, and because Northumberland County Council had expressed interest in our ICS Creative Health Hubs Programme
- **Our Healthier South East London ICS (which we refer to as South East London ICS)** was selected as our urban area for three reasons: we wanted to represent the capital city; we have an ongoing relationship with King's Health Partners (Academic Health Science Centre) and the SHAPER<sup>2</sup> programme, and because we were able to engage a pair of researchers with deep local expertise – [see Appendix 1](#)

For the deep dive:

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<sup>1</sup> We did not include One Gloucestershire ICS in our sample although the CCG was the other CCP commissioner pilot (and despite the CCG's significant ongoing commitment to funding creative health work within care pathways, and its work to support the development of a consortium of arts organisations and practitioners) because we are currently carrying out two pieces of work which focus on One Gloucestershire. Both pieces are part of our *ICS Creative Health Hubs Programme*; we expect the learnings to be available later in 2022:

1. **One Gloucestershire** is one of four ICS (alongside **Shropshire and Telford and Wrekin, Suffolk and North East Essex**, and **West Yorkshire and Harrogate Health and Care Partnership**) where we are working in partnership with NHS England towards the publication of creative health toolkits for commissioners, link workers, and community organisations.
2. In **One Gloucestershire** and **West Yorkshire and Harrogate Health and Care Partnership**, we are carrying out further research to identify opportunities for spreading and developing current creative health programmes as the ICS structures emerge; the key challenge now is to ensure continuity and further development as the CCGs are merged into the ICSs.

<sup>2</sup> Scaling-up Health Arts Programmes: Implementation and Effectiveness Research

- **Torbay** (a local authority area within **Together for Devon ICS**) was selected because it was one of the five Cultural Commissioning Locality Projects and because we were able to engage a researcher with deep local expertise – [see Appendix 1](#)



## FINDINGS

### 1. Prevalence

The key questions we investigated are:

- To what extent are health and social care systems commissioning creative health activities?
- How does this differ between places with a CCP legacy and those without?

We found that while there is a widespread desire across all four areas to spread creative health and much committed effort to do so by those who champion creative health, the ICS with the CCP legacy – Kent and Medway ICS – was the only one of the three ICS, and indeed the only one of the four areas, where there was evidence of significant levels of creative health commissioning by health and social care. In the other areas, there were relatively few examples of creative health commissioning and these were not sustained.

#### *A. ICS with CCP legacy: Kent and Medway ICS*

##### A.1 Kent County Council

Kent County Council was one of the CCP commissioner pilots. At the time of the CCP, the Council was shifting towards a county-wide outcomes framework and embedding the Public Services (Social Value) Act. This opened up opportunities for the arts and culture team to engage with a range of departments. For example, work with the council's waste management team led to a project with young people on using waste as a resource for creative practice. Culture Cubed was another outcome, an initiative to support arts organisations to measure social value. Other work included arts and culture being integrated into the mental health and wellbeing offer.

The influence of the CCP is still evident today. Whilst the key role in driving the programme has not yet been replaced since Laura Bailey (Arts and Regeneration Officer at the Council during the CCP) moved to a similar new position in the Ebbsfleet Development Corporation in 2018 (see below), the understanding of how creativity and health can connect is more prevalent across the organisation. Many of the relationships built up during the CCP have been maintained – for example, discussions are currently taking place between the arts and

culture and public health teams about potential future initiatives, including social prescribing.

The arts and culture team are working towards a structured approach to social prescribing with a menu-based system for arts organisations to communicate their offer. Live Well Kent is a community mental health and wellbeing social prescribing contract to offer early intervention for people with a range of mental health issues including severe and enduring. KCC's annual innovation grants (started during the CPP) skill up local arts and cultural providers to be 'commissioning ready'. The strategic partners delivering Live Well Kent recognise the value of including a creative health offer in their contracts, and report that the cultural providers are very well received and represent good value within the contract. This approach is now spreading to other areas of provision such as services for older people. As delivery contracts come up for renewal, the arts and culture team will be involved in re-designing contract requirements to ensure that creative health approaches can be included and expanded if possible.

## A.2 Ebbsfleet Garden City

Ebbsfleet Garden City straddles the boroughs of Dartford and Gravesham. It was one of the ten demonstrator sites in the Healthy New Towns (HNT) Programme, launched in 2015 to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high quality services. The programme took a whole systems approach, responding to local needs to develop ways to support healthy behaviours and lifestyles. The Ebbsfleet Development Corporation (EDC) was set up by the government to speed up delivery of up to 15,000 new homes by 2035, with a population of 33,000 new residents.

Ebbsfleet is also participating in a project funded through the first round of DCMS's Cultural Development Funds, the Creative Estuary programme for North Kent and South Essex, which plans to grow the creative economy and develop a well-connected creative cluster. Co-location of cultural facilities within different types of buildings, rather than a separate Arts Centre for example, supports ACE's investment principle of inclusion and resilience.

### **Funding:**

- While initial funding was from NHS England, the majority of current funding comes from the Department for Levelling Up, Housing and Communities.
- Through the work of Laura Bailey, the Cultural Development Manager for the EDC, over £1.2 million has been secured for culture through partnerships and collaborative working.

The Ebbsfleet process is characterised by deep and broad consultation and engagement with the community, at every stage of developments. Arts organisations collaborate with architects, engineers and designers and creative health services and programmes are planned as part of the health and wellbeing offer alongside clinical services.

Most of the budget is focussed on the capital programme. Learnings from the initial phase are now embedded in Ebbsfleet's placemaking approach. The proposed Health and Wellbeing Hub is central to the programme and provides an opportunity to place creativity at the heart of the wellbeing agenda. Collaborative thinking, co-design and examples such as Bromley-By-Bow have led to the vision of a new model of care with a focus on prevention. The split is 30% clinical and 70% wellbeing services. In another upcoming capital scheme, for a community facility including space for health, social care and a library, they are considering the co-location of cultural and creative organisations.

### **Future financing model**

The future model for sustainability envisages a Garden City Trust and a mixed funding and income generation model. It is hoped that co-location of statutory, business and community services will catalyse relationships between sectors. Mary Rouse, the Health and Wellbeing Hub Project Manager, is leading a new national network for developments which include new health facilities, enabling conversations and sharing ideas about creative health. This learning network may be well placed to influence ICSs across the country.

In the 'Enabling Factors' section, we look at the reasons for this success in Kent and Medway.

#### *B. ICS without CCP legacy*

In the two ICSs without a CCP legacy, the picture is different from in Kent and Medway. In North East and North Cumbria ICS, we found some evidence of one off examples of projects

involving public sector commissioners or financial contributions from the public sector - see [Appendix 3](#) for details. In South East London, there is also a handful of examples of organisations with CCG or local authority funding – see [Appendix 3](#) – but the vast majority of commissioning and funding of creative health activities comes from sources outside of the health and social care systems. A significant amount of support comes from grant funding, especially ACE, National Lottery and local NHS Charitable Trusts such as Guy’s and St Thomas’ Foundation. Funding from both local authority and grant-makers has been badly affected during the pandemic, which will put additional pressure on the sustainability of creative health provision. Our researchers reported that to sustain work in the current commissioning environment, most arts organisations need to diversify their funding, i.e. seek a funding mix including individual donors, grant funding, NHS commissioning, and local authority.

### *C. Local authority area with CCP legacy: Torbay*

In Torbay, of 39 recent key creative health projects, only nine received funding from public sector organisations – see [Appendix 4](#) for details. (Several more referred to ‘support’ from public sector organisations, meaning support provided in kind, rather than cash funding or commissioning.) Of these nine, only two received funding from the health system and in at least the first of these cases, CCG funding represented only around 5% of total project funding:

- Arts on Referral: Arts, Health and Wellbeing Pilot, 2016-2018, which delivered 16 projects
  - Funders:
    - Health Foundation (c. £75k)
    - Torbay Culture’s funding from Arts Council England (c. £33k)
    - South Devon and Torbay CCG (c. £6,000 contribution)
    - Torbay Medical Research Fund (c. £5,000 contribution)
  
- Creative Transitions: Creative Wellbeing (2021- )
  - Funders:
    - 0-19 Torbay on behalf of Torbay and South Devon NHS Trust
    - External (source undisclosed)

Seven projects or initiatives received funding from Torbay Council:

- Earth Echoes: GeoOpera, 2016, co-funded by ACE, Torbay Council and English Riviera Geopark Organisation, Bournemouth Symphony Orchestra and Torbay Music Hub alongside other smaller funders
- Just Ask: Suicide Prevention Project, 2016-17, co-funded by Torbay Culture and Torbay Council's public health team
- Making Bridges with Music, 2017, primarily funded by Awards for All with the support of BSO, Doorstep Arts, Torbay Council and other co-funders
- Torbay Care Charter, 2017-18, jointly funded by Torbay Council and Torbay Culture through the Great Place Scheme investment from ACE and the National Lottery Heritage Fund
- Leadership Programme for Care Home Managers in Torbay, 2018-19
- Into the Mix, 2019 – multiple other funders including police, ACE and National Lottery Community Fund
- Community Investment Fund, 2021- , funded via the Adult Social Care Council Tax precept increase

When interviewees in Torbay were told about the focus of this research – i.e. sustained commissioning – almost everyone commented that despite significant effort, sustained commissioning of this work to date has remained elusive. One commented: *'Sustained is not the word I'd use to describe them [creative health projects]. It's often about getting stuff into places wherever you can, convince people that it is useful and helpful. Giving people a taste so they then do more themselves. How they can work with artists, how it benefits them, so they would call for it, they would buy it.'*

On reading a chronology of creative health projects in Torbay which was prepared to inform this report, the Executive Director of Torbay Culture commented that it was fantastic to see the range and wealth of work undertaken in Torbay as a candid celebration of the work, but bittersweet to have made this progress but not have been able to consolidate it yet.

Contrasting the current situation in Torbay with that in Kent and Medway ICS, we conclude that CCP investment was not a sufficient factor to enable creative health commissioning to become embedded in Torbay. In the 'Enabling Factors' section, we explore the factors that have underpinned the development of creative health commissioning by health and social

care in Kent and Medway (and, occasionally, enabled some level of commissioning in the other three areas).

## 2. Barriers

Across all four areas, we identified three fundamental factors which tend to significantly impede creative health commissioning by health and social care. Where creative health commissioning *does* happen – in Kent and Medway ICS, for example, as described above – it tends to be the case that these barriers have been overcome through investment in certain key areas. (For details, see the next section: [Enabling factors](#)). It is striking that despite the geographic contrasts in our sample - between a new town in the South East and a coastal town in the South West, between the North East and South East London, with all the concomitant differences in scale, investment and critical mass – there was much that was common across all four areas. This gives us confidence that while this report is necessarily limited in its sampling, the findings may apply more widely throughout the country.

### *1. Barrier #1: Commissioners tend to undervalue creative health activities*

Our researchers found different manifestations of this theme:

- Few champions of creative health in influential roles within the health or care system: where creative health commissioning has happened in health and social care, there is usually at least one ‘champion’ of the work in an influential role within the health or care system. Champions within health bring their awareness of the benefits of creative health into a myriad of health forums, attaching credibility and making vital connections across policies, areas of activity and funding streams. Depending on their roles, they can either directly influence commissioning activity, or through passion and commitment ‘can move mountains’. However, among commissioners, these champions are in the minority: most commissioners do not ‘get it’. For example, creative health can often be misunderstood as an activity that people engage in for pleasure or entertainment.
- Generally, health commissioners tend not to take the idea of creative health seriously if it is proposed by a cultural organisation or by a cultural team within a local authority. They are much more likely to take the idea seriously when it is proposed by someone within health.
- Creative health activities tend to be seen as an ‘add-on’. This view is reinforced by the fact that the majority of funding for these activities currently comes from outside the health system; there is an expectation that they will be funded elsewhere.

2. *Barrier #2: Providers tend to have great difficulty building relationships with commissioners, especially CCGs*

Arts organisations and local authorities consistently reported great difficulties in making initial contacts into NHS organisations and structures – CCGs in particular. Some described CCGs as ‘impenetrable’ or ‘a secret service’. In all the areas, we found that this difficulty making contact is compounded by the fact that the work of building relationships with commissioners usually falls to freelance arts practitioners, who are not paid for the time they spend trying to build relationships in order to be commissioned.

A related theme that appeared consistently across the areas was that the siloed structure of public services hinders joined-up commissioning. Siloed working happens both within NHS structures, and between the NHS and local authorities. Of course there are hopes that new ICS structures will help to break down these silos. Interviewees highlighted a significant hiatus in developing any meaningful connections into these structures at the moment, because they are in so much flux. The view is that, until ICSs are more formed in the coming months, and there is clarity on how they will operate, significant developments in advancing the creative health agenda across those partnership organisations involved is unlikely. However, there are hopes that the emerging ICS structures will eventually alleviate some of the challenges resulting from systems not being joined up, and enable more integrated approaches at strategic and delivery levels.

When an arts organisation *does* manage to be commissioned by the health system, continued commissioning is heavily reliant on individual relationships with supportive commissioners to provide credibility and continuity. This leaves arts organisations ‘*vulnerable to high levels of staff turnover in NHS commissioning*’.

It is easier for arts organisations to develop relationships with local authorities than with the health system. Indeed, where local authorities have cultural development teams, there can be very positive and productive partnership-working with public health colleagues to enable and embed creative health into a range of local authority-led schemes and initiatives. However, capacity issues can compromise the realisation of the full potential of these partnerships.



### 3. Barrier #3: Contracting structures and processes tend to be unworkable

Our research found that unworkable contracting structures and processes are hindering sustained creative health commissioning. This unworkability can apply to both providers and commissioners.

#### a. Unworkability for providers

##### Short-term funding

When health and social care is prepared to commission a cultural organisation to deliver a service or activity, commissioning is mainly short term, project- or pilot- based and contracts very rarely extend beyond one year. The phrase 'test and learn' is often used without a commitment to longer-term funding. In at least one of the areas we surveyed –South East London ICS –practitioners have reported that increasingly they are taking advantage of ad hoc opportunities which are emerging in the current landscape, from departmental underspend on a 'use it or lose it' basis. However, without long-term funding, it is challenging for creative health projects to embed in the system and for stakeholders to commit to longer-term cultural and system change.

##### Fragmented funding

When funding is secured, it tends to come from a wide range of sources within the system. In South East London, while there are examples of funding coming directly from the CCG (e.g. SEL Cancer Alliance), other sources include departmental budgets such as Local Maternity Services and organisational development budgets for staff wellbeing activities. This fragmentation makes longer-term commissioning much more difficult to secure.

##### Underfunding

Further, this non-recurrent and fragmented funding tends to be insufficient to enable the organisation to be financially sustainable. In order to secure an initial commission, arts organisations often do not charge the real cost of their activity<sup>3</sup>. It then becomes difficult to increase funding at a later stage. This concern is shared by a number of stakeholders in the system. One GP said *'I feel uncomfortable that artists' time is being used for little or no*

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<sup>3</sup> A clear theme is that cultural organisations are put under significant pressure to provide work that is cost-effective and easy to include in existing system initiatives that cover large numbers of participants. Reach is important as it is seen to represent an efficient use of tight resources.

*remuneration in order to get a foot in the door or prove the activity works and this has to be remedied'.*

*b. Unworkability for commissioners*

Commissioning a small organisation – or indeed a number of smaller organisations, in parallel, in a fragmented way – can represent a disproportionate administrative and therefore financial burden for a commissioner. Commissioners may therefore choose to commission a larger organisation with less specific expertise.

Several commissioners have stated that for creative health organisations to be successful in gaining commissions their activity needs to be packaged up as *'ready to go and as simple as possible to commission'* and *'off the peg and as self-sufficient as possible'*. This implies that commissioners have been presented with some creative health activities that they have judged to be too time-consuming and complex to commission.

Indeed, commissioners and supportive health care professionals doubt that the health system in its current state will be in a position to sustainably fund creative health within the foreseeable future:

*'The challenges in the health system means that everything is currently minutely risk assessed and target driven, unhelpfully funded on a short-term basis and with significant time pressures'.*

*'I'm not optimistic about sustainable commissioning now or in the near future as there is too much turmoil in the system and not enough capacity to commission new approaches'.*

### 3. Enabling factors

As was the case for the barriers, we identified much that was shared in all the areas, regarding the factors that – where present – have been shown to help overcome the barriers to creative health commissioning. In Kent and Medway, strategic investment has tipped the balance in favour of the enabling factors. In the other areas, however, while we found some examples of the presence of some of the enabling factors, in general there has not been sufficiently significant investment in the enabling factors to overcome the barriers.

#### 1. *Factors enabling the valuing of creative health activities*

##### a. Personal experience: witnessing or participating in a creative health activity

This is the key factor which has been shown to spark an appreciation of the value of creative health and cause people to champion the approach. There are many examples of people working within health and social care – including decision-makers and clinicians - who have come to value creative health once they have seen the work and experienced the impact for themselves, rather than merely reading about it. Some of these people go on to become champions of creative health. The effect can sometimes also be achieved by showing films of the work.

For example, in North East and North Cumbria ICS, Dr Charlotte Allan, a Consultant Psychiatrist, was inspired by hearing Equal Arts present at a Northumberland arts and health conference. She approached Equal Arts with the idea of developing a project, and an initial research phase and two short films showing how Equal Arts work helped staff and patients understand and embrace the creative health offer.

##### b. Joint training

In South East London ICS, our researchers found that joint training was seen as key to increasing understanding of creative health. This can include cultural practitioners, link workers, GPs, other healthcare professionals, as well as networks and infrastructure organisations. Performing Medicine’s Culture, Creativity and Health Workforce Development Programme was identified as an example of best practice. Train the trainer and empowering staff have been found to be key to embedding creative health into ‘the system’.

##### c. National advocacy

Our researchers reported that there is a need for national advocacy to ensure creative provision is seen as mainstream and that there is respect for the value that high quality creative health activities can deliver towards essential outcomes for the NHS.

#### d. Co-production

Co-production is highlighted as one of the most significant potential enablers. Embedding co-production across public sector organisations naturally identifies creative health as a key area of work.

## 2. Factors enabling relationship-building with commissioners

### a. Funded strategic posts

As described in the Barriers section, the work of building relationships with commissioners most often currently falls to unpaid freelancers. A funded strategic post is a key factor which has been shown to have a transformative impact in developing relationships and embedding creative health. These postholders have the mandate and capacity to drive forward work at a strategic level, holding the complex web of relationships, champions and advocacy, securing funding and developing partnerships.

- Example 1: Kent & Medway ICS - Cultural Development Manager post at Ebbsfleet Development Corporation

Originally seconded from Kent County Council where she led on the delivery of ACE's Cultural Commissioning Programme, Laura Bailey's post as Cultural Development Manager for the Ebbsfleet Development Corporation is now permanent. (See [Prevalence](#) for details of Ebbsfleet Garden City.) Laura's brief was to embed arts and culture into the development of Ebbsfleet Garden City including transferring the learning from the CCP. Her work, leadership and advocacy have placed the creative health agenda at the core of programmes ranging from capital projects to community development and social engagement.

- Example 2: Creative Health Manager post, bait, South East Northumberland

bait was initiated and continues to be funded by ACE, as part of the Creative People and Places Programme. In addition, the local Public Health team at Northumberland County Council grant-funds a creative health manager post as part of bait. This is unique among CPP programmes. The post was set up 10 years ago and is filled by Lisa Blaney. The significant impact of the role has given the public health team the confidence to consider contributing towards the funding of a more strategic role across the ICS. See [Appendix 3, Section 1.1.1](#).

*Recommendation: a strategic approach to seeding such roles throughout the developing ICS infrastructure could yield similarly catalytic and transformative results in embedding creative health as a core approach.*

## b. Membership of multi-agency networks

Developing relationships, frequently through multi-agency steering groups and networks, with colleagues in health can bear fruit over the longer term. CCG personnel and key contacts are often also in attendance at these forums, and they can be useful places to make and develop these connections. Victoria Burnip, Chief Executive Officer of Unforgettable Experiences in Darlington, talks about the importance of creative health organisations being knitted into their local voluntary sector development agency, as well as partnership forums for health and wellbeing. Healing Arts in Cumbria benefitted from Arts Manager Susie Tate's membership of a stroke wellbeing network, as did Equal Arts and the North Tyneside Art Studio from being similarly networked in their areas.

A key challenge for creative health organisations is the investment of time required to take advantage of such networks, which is further evidence of the need for funded strategic posts.

## c. Social prescribing

Social prescribing is a key opportunity for creative organisations to connect with health, however there are two significant challenges, as highlighted by the research from South East London:

1. Funding: there was agreement among stakeholders that current arrangements for paying for provision are woefully inadequate.
2. Lack of connectivity and coordination of creative health activities: Link Workers and other health professionals report that while there is a huge range of cultural activity that could support social prescribing, there is no central portal to access information. Information varies between boroughs: Lambeth and Greenwich have a well populated community directory including creative health offers, whereas Link Workers in Southwark have had to build their own database. Link Workers report that they often resort to 'prescribing activities they are familiar with.'

If these two issues were solved, creative organisations could much better leverage social prescribing to connect with health.

### 3. Factors enabling workable contracting structures and processes

- Improving workability for providers
  - It would vastly improve the situation for providers if commissioners used longer-term contracts, of at least three years and ideally five.
- Improving workability for commissioners
  - To mitigate against provider fragmentation, providers could form consortia and bid together. This becomes much more feasible in densely populated urban areas and may be infeasible in sparsely populated rural areas.

*One commissioner stated: 'It is important that creative organisations partner up with others to make it easier for the commissioners. There is often an overlap with physical activity in creative health activities – so much better if projects could be joined up – sport with dance for example and green/planting projects with other creative projects. The more fragmented the offer the more difficult it is for commissioners.'*

- There may be cases where providers could make it clearer to commissioners how their work supports commissioners' key priorities

## Conclusion: Implications and recommendations

The findings from the four areas confirm the baseline from which the National Centre for Creative Health has developed its mission: while there is plenty of compelling evidence for the health and wellbeing benefits of creative health activities, and while there has been sustained effort by those developing and delivering these activities to try to embed them into the health and care systems, so far, in most areas commissioning of these activities by health or social care is sporadic and not conducive to the financial sustainability of the organisations delivering them.

More positively, our research identified three groups of factors which are key to enabling the development and embedding of more sustained creative health commissioning:

### 1 – Factors enabling the valuing of creative health activities

- Clinicians and commissioners witnessing or experiencing the impact of creative health activities and approaches
- Joint training
- National advocacy
- Embedding co-production

### 2 – Factors enabling relationship-building with commissioners

- Funded strategic posts, which would also raise awareness across an ICS of creative health and afford those developing the relationships the time to join and engage with multi-agency networks
- Social prescribing, though two key areas need improvement: levels of funding for providers, and coordination and connectivity of creative health activities

### 3 – Factors enabling workable contracting structures and processes

- Making contracts more workable for providers (e.g. mainstreaming a three to five year term)
- Making contracts more workable for commissioners (e.g. supporting providers to form consortia where population density allows)



It is clear that it is going to take transformational change and significant strategic investment to support the implementation of these factors. The emergence of the new ICS structures could offer a catalytic opportunity: if an ICS is committed to embedding creative health into its services, and its approach to work, it could launch an ICS-wide creative health transformation programme. We would recommend that such a programme invest not only in the enabling factors summarised above, but also in a leadership programme to support those who will be leading the change.

At the NCCH, our current work programmes align with many of the above enabling factors:

#### 1 – Factors enabling the valuing of creative health activities

- *Our Creative Health Hubs programme, in partnership with NHS England, will raise awareness of the value of creative health activities and support ICSs to develop and implement strategic plans by providing practical tools.*
- *Embedding co-production so that clinicians and commissioners experience and understand the impact of creative health activities and approaches: we convene co-produced experiential learning events – “Huddles” – involving clinicians, artists, patients & academics to transmit a first-hand appreciation of what creative health means*
- *National advocacy: by leveraging our links into key government stakeholders and supporting academic research, we help create the policy conditions to support more creative health commissioning*

#### 2 – Factors enabling relationship-building with commissioners

- *Membership of multi-agency networks: we initiated the Creative Health Champions network<sup>4</sup> which currently has around 50 members from different areas of the country. The aim is to encourage members to identify potential Creative Health Champions in organisations within their own ICS and network with them.*

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<sup>4</sup> Set up in response to the Recommendation 3 of the [Creative Health report](#): *We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.*

### 3 - Factors enabling workable contracting structures and processes

- *Making contracts more workable*: Our Creative Health Hubs Programme, in partnership with NHS England, aims to share know-how about creative health commissioning within Integrated Care Systems (ICS). As part of this programme, we are developing a toolkit, to be published in April 2022, which will include information on contracting structures and commissioning models to support creative health activities.
- Additional work is being funded by the ICSs in two places pioneering the embedding of creative health at a systems level: Gloucestershire ICS and West Yorkshire and Harrogate ICS, which will support further development and transformation. In both these ICSs, strong leadership over a sustained period has resulted in funded strategic roles and more sustainable commissioning models with support for smaller providers to come together to deliver creative health at scale. Findings will be published in April 2022.
- NCCH is a partner in the UKRI research programme on [Mobilising Cultural and Natural Assets to Combat Health Inequalities](#) which will lead to a better understanding of how small scale locally based approaches can inform and support place-based approaches to public health as an established part of health policy. Findings will be published in 2023.

We hope this report will prove a useful resource for those who believe in creativity as a means to individual and community flourishing and who share our ambition to spread creative health approaches more widely, particularly in those areas which experience greatest health disparities. Once again, we would like to thank our researchers - Elaine Burke, Nikki Crane, Will Nicholson and Cat Radford - and Jessica Harneyford who collated their findings and drafted this report. Thank you to Arts Council England for funding this work.

## APPENDICES

### APPENDIX 1 – RESEARCH PROCESS

Each geographic area was assigned to an experienced researcher – or pair of researchers, as described below – from the NCCH network. The researchers interviewed key stakeholders in their assigned area(s), and carried out desk research, each producing a report summarising their findings. This report draws on their three reports. For further information about the researchers' reports, please contact the NCCH.

#### A - The three ICS

- **Kent and Medway ICS** and **North East and North Cumbria ICS** were assigned to **Elaine Burke**.
  - Elaine is a specialist health and arts consultant with a clinical background as an art psychotherapist in the NHS (child, adolescent and family mental health specialism), and in establishing and leading a unique arts and health service in NHS health promotion and public health across Hull and East Yorkshire. She now works with a wide range of clients regionally, nationally and internationally, providing specialist arts and health consultancy and training to the NHS, local authorities, education sector, commercial companies (CSR focus), arts and health organisations and the culture sector.
  - She interviewed 12 key contacts from across both ICS, as well as 2 key contacts from the **Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS**.
  
- **Our Healthier South East London ICS** was assigned to Nikki Crane and Will Nicholson.
  - Nikki and Will are both leaders of the Southwark Culture Health and Wellbeing Partnership (SCHWeP), a Southwark Council Public Health and Culture Team initiative, one of the first borough-wide partnerships for culture, health and wellbeing, established in 2019. This role gives them a strong grounding in local knowledge.
  - They carried out interviews with 20 key contacts from across the ICS, including creative health organisations and champions in local authorities and health and social care.

#### B - The local authority area

- **Torbay** (within **Together for Devon ICS**) was assigned to Cat Radford
  - Cat has been working in Torbay since 2014. She was part of the Cultural Strategy Development Team - which developed the ten year cultural strategy for Torbay and resulted in the establishment of Torbay Culture - before supporting the delivery of eight Torbay Culture Forum events. Cat then supported the Paul Hamlyn-funded ArtsWork CPD programme for Torbay participatory creative practitioners who were looking to become commission-ready. She managed the Arts on Referral programme for Torbay Culture between 2016-18, and then became Creative Commissioning Lead as part of Torbay's Great Place Scheme. Cat is now supporting 0-19 Torbay to develop and deliver a project to test a creative strand in addition to the service's current delivery for expectant mothers, children, and their families.
  - She carried out interviews with 14 representatives of organisations working in Torbay on Creative Health initiatives, mostly from the VCSE sector.

## **APPENDIX 2 – OVERVIEW OF THE THREE ICS AND TORBAY**

### **A. The three ICS**

#### **1. Kent and Medway ICS**

Kent and Medway ICS serves a population of 1.85 million people from coastal areas including Margate, Dover and Folkstone to inland Tunbridge Wells, and Dartford. The ICS combines eight healthcare providers (including hospitals, community, mental health and emergency services), eight CCGs and two local authorities.

#### **2. North East and North Cumbria ICS**

The largest of all ICSs, North East and North Cumbria serves a population of over three million people. It combines 11 healthcare providers, 12 CCGs and 15 local authorities.

#### **3. Our Healthier South East London ICS**

Our Healthier South East London ICS is one of five ICSs in London and comprises six London boroughs: Bexley, Bromley, Greenwich, Lewisham and Southwark, with a population of around 1.8 million. The inner city boroughs of Lambeth, Southwark and Lewisham are more socio-economically, ethnically and culturally diverse than the suburban areas of Greenwich, Bromley and Bexley, which have an older population with the associated differences in healthcare needs. The ICS comprises seven NHS Foundation Trusts, six local authority areas and 212 GP practices across 35 Primary Care Networks.

### **B. The local authority area: Torbay (within Together for Devon ICS)**

Torbay is a local unitary authority council in Devon. Made up of the three main coastal towns of Torquay, Paignton and Brixham, it is also known as the English Riviera, due to its warm microclimate, 22 miles of coastline and palm trees lining its sandy seaside resorts.

Torbay has an estimated population of 134,500. Residents aged 65 or over account for 26.5% of the population, compared to 18.1% across England. It has areas of relative affluence but pockets of severe deprivation. According to the Institute of Fiscal Studies, it is

one of two areas in the UK most at risk from impacts of Covid-19 across all ages and sectors of the community, particularly by those already experiencing disadvantage.

In 2015 Torbay Council and the Torbay and South Devon NHS Foundation Trust became the first Integrated Care Organisation in the country, pioneering an approach to provide local people with a more joined-up service. A new commitment was announced in October 2020 to integrate Adult Social Care with local health services for a further three years.

## **APPENDIX 3 – EXAMPLES OF CREATIVE HEALTH WORK IN NORTH EAST AND NORTH CUMBRIA ICS & SOUTH EAST LONDON ICS**

### **1. *North East and North Cumbria ICS***

#### 1.1 Projects involving public sector commissioning or financial contribution

##### 1.1.1 bait (South East Northumberland)

bait is a programme of arts and cultural activity across South East Northumberland, delivered by a consortium of organisations led by Museums Northumberland. bait works in partnership to support people in South East Northumberland to create and take part in inspiring and high quality arts experiences.

#### **Funding**

bait was initiated and continues to be funded by ACE, as part of the Creative People and Places Programme. In addition, the local Public Health team (at Northumberland County Council) grant-funds a creative health manager post as part of bait. This is unique among CPP programmes – see ‘Enabling Factor’ below for more context. The post was set up 10 years ago and is filled by Lisa Blaney. The significant impact of the role has given the public health team the confidence to consider contributing towards the funding of a more strategic role across the ICS.

#### **Enabling Factor for Public Health’s Role in Funding: Creative Health Champion leading Northumberland County Council Public Health**

Northumberland’s Director of Public Health, Elizabeth Morgan is a prime example of a creative health champion: she has a strong view that the arts, in the widest sense, can have a very positive impact on people’s health and wellbeing, and has worked over many years to support creative health programmes, alongside Senior Public Health Manager, Liz Robinson, and Cultural Development Manager, Wendy Scott. Her commitment to creative health is so strong

that her 2019 Public Health Annual Report<sup>5</sup> focused on the topic. Titled '*Creative Health. Improving health and wellbeing through the arts*', the report includes Elizabeth Morgan's comment that:

*'Absence of evidence is not the same as evidence of absence and if we waited for several randomised controlled trials before introducing any new approach we wouldn't be forging ahead with things like social prescribing. We do have an advantage; we have a flourishing arts and cultural scene and strong links into local universities so one of the key recommendations is to develop a creative health hub for arts, health and wellbeing research. Sometimes though, we just need to take a leap of faith.'*

As a result of conversations to inform this report, they are now scoping out a creative health post in Northumberland.

#### 1.1.2 The Heart of Blyth (Blyth)

The Heart of Blyth – Shaping Places for Healthier Lives Programme is at an early stage of development. Based in Blyth in the South East of Northumberland, it uses systems thinking and design thinking to understand the wider determinants of health, involving a broad base of partners and collaboratives and different perspectives. Co-production with Blyth residents is central to the process to move away from previous experiences of being 'done to'. Emerging priorities include opportunities to come together and have a shared purpose, with stories and events to celebrate local culture.

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<sup>5</sup> The report identifies key messages from the national *Creative Health* report and makes links with Northumberland's cultural strategy on goals including placemaking, education, health and wellbeing, the economy and partnership working. It outlines the evidence for how creativity can support Northumberland's public health priorities: early years and the best start in life, mental health and ageing well, and engaging and empowering communities. It recommends that the arts should be promoted as a key element in providing personalised care for improved health, that professional development be provided for the health, care and culture sectors to support better collaboration and joint working, and that Northumberland develop a Northeast Creative Health Hub.



## **Funding**

Health Foundation and the Local Government Association

## **Local authority involvement**

Public Health and Culture within Northumberland County Council are involved and are seeking to ensure that opportunities for creative health approaches are included.

### 1.1.3 North Tyneside Arts Studio (North Shields)

#### **Overview**

North Tyneside Arts Studio (NTAS) was established in 1991 and provides an ongoing art studio experience and creative activities for anyone living in North Tyneside experiencing mental health difficulties. Referrals come from GPs and other healthcare professionals. Up to 200 people regularly attend, some over a period of months and others for many years, according to their individual needs. NTAS now offers a more structured programme, *Engage, Enable, Empower*, to encourage members to use their creative knowledge and skillset when away from the Studio and increase their resilience.

Since 2019, NTAS has been delivering NTAS II, a contract with North Tyneside CCG to engage the public in using creativity for wellbeing, raise awareness of mental health issues and signpost to other services and referrals. The programme was originally based at Wallsend's The Forum shopping centre in order to be accessible; it went online in early 2021.

#### **Funding**

NTAS was originally formed as a joint healthcare and local council project. Health funding eventually ceased but it is still part-funded on a recurring basis by North Tyneside Council. As above, the CCG commissions the more recent outreach programme NTAS II.

### 1.2 Other key examples of creative health work

#### 1.2.1 Healing Arts, North Cumbria Integrated Care NHS Foundation Trust

#### **Overview**

Healing Arts is the name given to a project funded by North Cumbria Hospitals Charitable Funds.

## **Funding**

- At the time of the research (mid 2021), North Cumbria Hospitals Charitable Funds was funding a part-time Manager post (Susie Tate)
- Healing Arts has submitted 2 bids to CCGs, and is awaiting the outcomes:
  - To deliver Breathe Art's *Melodies for Mums* programme
  - To develop a stroke dance group to complement the new Speech after Stroke group in West Cumbria.

### **1.2.2 Equal Arts (Newcastle)**

Equal Arts is a creative ageing charity based in Newcastle. Although none of their recent or current programmes is funded directly by health, local authority or other public sector organisations, two projects have the potential to develop in partnership with the health sector:

#### **- Dementia Champions Training (Gateshead)**

## **Overview**

Dementia Champions Training is a programme delivered by Equal Arts in partnership with The Learning and Skills Service (LSS), a skills broker which supports workforce development in the independent care sector in the North East.

## **Funding**

*Local CCG:* the CCG commissioned LSS to deliver specialist training to carers. Equal Arts worked in partnership with LSS to respond to the commission.

Equal Arts worked with the psychology team at Queen Elizabeth Hospital in Gateshead to develop projects for a range of NHS staff and care professionals. Open to 36 care settings, it focused on hands-on experiences of creative activities to enable carers to understand the benefits for their residents and patients. Equal Arts also ran a care home choir and a creative ageing network for activity coordinators in care homes. Ten care homes per year could apply

for some legacy funding to pay for artists or facilitators to offer simple, modular activities with a specific focus of need e.g. engaging men in care homes. Funding for the choir continues from mixed grants but the other elements were time-limited.

### **- Creative Dementia (Newcastle)**

#### **Overview**

Creative Dementia is a social prescribing initiative offering creative sessions for dementia patients and staff at the Newcastle Memory Assessment and Management Service. For the patients, the sessions are a form of dementia care, and for the staff, the sessions can support their own wellbeing, and open up new ways to engage with patients.

The project includes regular training sessions for clinicians, focused on dementia and imagination training, to develop their own creativity and learn creative techniques. The sessions include different artforms and are designed to be easy, with quick results. As Covid took hold, sessions moved online and the benefits in building team togetherness and staff resilience became apparent. Clinicians reported that they now have a better understanding of each other, as well as their own and their patients' needs.

#### **Funding**

Health Foundation: £70,000 (12-18 months)

There is strong support for continuing the programme but accessing NHS core funds has proved difficult so far. Equal Arts are working with staff to see if the NHS Trust's charitable funds could be a source for ongoing funding.

## 2. South East London ICS

### **Context:**

There is a rich variety of creative health activity in the South East London ICS including work across many primary care networks, and growing optimism at a grassroots level. There are a number of strong creative health referral pathways and partnerships in place, particularly in Lewisham with the emergence of a local community hubs model.

Facilitated by SCHWeP, South East London-based organisations provided activities to incorporate into a programme of creative wellbeing activities for ICS staff, coordinated by a member of staff within the ICS, during Creative Wellbeing week in May 2021.

There is a rich diversity of creative organisations across the six boroughs including nationally significant institutions such as Tate Modern and the Globe along with a range of NPOs such as Southbank Centre, Theatre Peckham, Young Vic, Heart n Soul, Albany Theatre, Peckham Platform and many medium and smaller creative organisations and freelance practitioners. 52 NPOs are in Lambeth, Lewisham and Southwark, with only four based in Greenwich, one in Bromley and none in Bexley. The NPOs receive £55 million ACE grants annually of which £35 million goes to The National Theatre and the Southbank Centre. Only one organisation in the ICS is receiving Thriving Communities funding. The Her Centre in Greenwich was awarded £50k for social prescribing centred around creativity, for young people experiencing domestic violence in vulnerable communities.

Other stakeholders with a significant role are local authorities, universities and Business Improvement Districts. King's College London has a commitment to building research capacity, curriculum development and funds an Arts, Health and Wellbeing post, and Southwark Council's Public Health and Culture Teams have initiated one of the first borough-wide partnerships for culture and wellbeing (Southwark Culture Health and Wellbeing Partnership: SCHWeP). Team London Bridge Business Improvement District are developing a Medi-Culture Zone to celebrate the long-standing history of medicine, science and arts in Southwark, connecting with King's and SCHWeP to support young people's mental health and wellbeing.

In South East London ICS, organisations which have been funded by the local authority or by the health system include:

- Breathe Arts Health Research: *Breathe Melodies for Mums* has been funded by the CCG to provide singing sessions for Mums with post-natal depression and *Breathe Magic* has benefitted from CCG funding from across the UK
- Tessa Jowell Health Centre (East Dulwich): Dulwich Picture Gallery was appointed to create an arts strategy for this new health centre. The CCG is funding a creative health programme through capital project funds. City of London Sinfonia and Breathe have been commissioned to undertake some of the work. DPG is both delivering and commissioning.
- Clod Ensemble has received funding from the GLA to provide CPD in Creative Health for social prescribers and healthcare professionals

**APPENDIX 4– EXAMPLES OF CREATIVE HEALTH WORK IN TORBAY (WITHIN TOGETHER FOR DEVON ICS)**

*Projects with funding from the public sector*

**Summary by Commissioner Type**

	<b><u>Project</u></b>	<b><u>Funders</u></b>	<b><u>Includes Council funding?</u></b>	<b><u>Includes Health system funding?</u></b>
1.	Earth Echoes (GeoOpera), 2016	<ul style="list-style-type: none"> <li>▪ ACE</li> <li>▪ Torbay Council and English Riviera Geopark Organisation</li> <li>▪ Bournemouth Symphony Orchestra (BSO)</li> <li>▪ Torbay Music Hub</li> </ul>	Yes	No
2.	Just Ask: Suicide Prevention Project, 2016-17	<ul style="list-style-type: none"> <li>▪ Torbay Culture</li> <li>▪ Torbay Council's Public Health team</li> </ul>	Yes	No
3.	Arts on Referral: Arts, Health and Wellbeing Pilot, 2016-2018 – 16 projects	<ul style="list-style-type: none"> <li>▪ Health Foundation (c. £75k)</li> <li>▪ Torbay Culture's funding from Arts Council England (c. £33k)</li> <li>▪ South Devon and Torbay CCG (c. £6000 contribution)</li> <li>▪ Torbay Medical Research Fund (c. £5000 contribution)</li> </ul>	No	Yes
4.	Making Bridges with Music, 2017	<ul style="list-style-type: none"> <li>▪ Awards for All</li> <li>▪ BSO</li> <li>▪ Doorstep Arts</li> <li>▪ Torbay Council</li> <li>▪ Barton &amp; St Mary Church Childminders Group</li> <li>▪ Devon Community Foundation</li> <li>▪ Torbay Culture Board Great Place Scheme</li> <li>▪ The Torbay Mayor's Fund</li> <li>▪ Anonymous donations</li> </ul>	Yes	No

5.	Torbay Care Charter, 2017-18	<ul style="list-style-type: none"> <li>▪ Torbay Council</li> <li>▪ Torbay Culture through the Great Place Scheme investment from ACE and the National Heritage Lottery Fund</li> </ul>	Yes	No
6.	Leadership Programme for Care Home Managers in Torbay, 2018-19	<ul style="list-style-type: none"> <li>▪ Torbay Council</li> </ul>	Yes	No
7.	Into the Mix, 2019	<ul style="list-style-type: none"> <li>▪ Office of the Police and Crime Commissioner for Devon and Cornwall</li> <li>▪ Devon and Cornwall Police Diverse Communities team</li> <li>▪ Arts Council England</li> <li>▪ The National Lottery Community Fund (Awards for All)</li> <li>▪ Plymouth and Devon Racial Equalities Council</li> <li>▪ Imagine (Torbay's Multicultural Group)</li> <li>▪ Torbay Council</li> <li>▪ Willmott Dixon Construction Ltd.</li> </ul>	Yes	No
8.	Community Investment Fund, 2021 -	<ul style="list-style-type: none"> <li>▪ Torbay Council via Adult Social Care Council Tax precept increase</li> </ul>	Yes	No
9.	Creative Transitions: Creative Wellbeing, 2021 -	<ul style="list-style-type: none"> <li>▪ 0-19 Torbay on behalf of Torbay and South Devon NHS Trust</li> <li>▪ External funding source: undisclosed</li> </ul>	No	Yes
		Total	7	2

### **Key current examples of creative health work**

In 2018 the Torbay Community Development Trust was elected by a new partnership of 30 VCSE organisations as a non-delivery partner to lead *'Imagine This...'* to improve the health and wellbeing of children and young people in Torbay by being engagement-led and involving children, young people and families in all aspects of partnership work. One development to highlight as a particular success towards more sustained commissioning is the relationship between Sound Communities and the Youth Trust. Sound Communities practitioners captured thoughts and opinions of children in care, to share with the Corporate Parenting

Board, Ofsted and commissioners. The Youth Trust values the relationship with Sound Communities, as the format of music production, DJing and podcast production is really powerful with the service's age range. Sound Communities will be an ongoing creative partner within the Youth Trust's three-year commission with Children's Services.

*Creative Transitions* was a Torbay Culture programme delivered in partnership with *Imagine This...* and Public Health Torbay in 2020/21. Its aims were to support vulnerable young people with particular challenges in their transition to adulthood, through creative activity. The project followed the process of developing a proforma logform/logic model together with co-commissioners to structure project delivery, expectations for evaluation and monitoring of outcomes and higher-level goals. Engaging all partners and representatives of target groups in project co-design was valued and contributed to the commissioners to repeat this approach on a second project, *Creative Transitions: Creative Wellbeing* funded by a grant obtained by a member of the public health team, thus financial management will be managed by 0-19 Torbay and Torbay and South Devon NHS Foundation Trust.

During the COVID-19 pandemic Torbay's VCSE sector responded to the crisis by re-working projects to retain contact with community groups throughout periods of isolation. For example, Play Torbay delivered *Play Packs* in 2020 and again in 2021 with a growing list of partners, including 0-19 Torbay. The Torbay Community Development Trust established the *Torbay Community Helpline*, which is now a 'one call, that's all' entry point to triage to a range of services across the bay. Following the learning from the response to the pandemic, Torbay Council Adult Social Care made a ground breaking decision to use part of the Adult Social Care Council Tax precept increase to establish a Community Investment Fund for one-off funding grants to VCSE groups across Torbay who want to work in partnership with Torbay Council to improve the health and wellbeing of local residents. There is interest in how this partnership between the Council, ICO and the VCSE sector will evolve and its potential for a greater amount of commissioning directly with the VCSE sector.