

praXis Roundtable Stakeholder Meeting: Quality

2nd November 2010

Birmingham Children's Hospital

Key stakeholders from across the region were invited to attend a round table discussion to consider how praXis should be working with its strategic partners to make sure that arts and health across the region is of the highest possible quality for the communities it serves.

To help define what was meant by quality the discussion was based around two key questions:

Question One

How can we plan to ensure arts and health work is of the highest possible quality?

This session led by Kate Gant, Creative Health CIC Director and Diane McNulty, Public Health Manager from Dudley PCT explored how using the QIPP commissioning framework (Quality, Innovation, Productivity and Prevention) could guide future work. The Framework has been developed for use in clinical settings, primarily to explore how processes can be reviewed and savings made. Diane proposed that the principles underpinning the approach can be used in an arts and well-being setting. The following represents a summary of the key points raised during the discussion.

Using the QIPP Framework

- Stakeholders agreed that the QIPP commissioning framework presented arts and health commissioners with a recognised and tested evaluation framework that is widely used in the health sector and is likely to remain as a constant mechanism for some time to come, in evaluating clinical service improvement.
- Delegates agreed that in this climate of uncertainty and change within the health sector it would be sensible to apply the QIPP framework and explore how it could be used to raise the quality of participatory arts and health work.

Prevention Agenda

- Timescales are an issue given the need to embed any quality framework in order to get GP commissioners to take this on board. It was felt that this needed to happen during the next 12 months or the window of opportunity may be lost. It was also recognised that local authorities will be major players in the commissioning process.

- Work would need to be undertaken to translate and define the language of the framework in order to make it relevant within an arts and health context. The point about the importance of language both in terms of interpretation and definitions ran throughout the course of the discussion and was cited as one of the biggest barriers between arts practitioners and commissioners.
- The application of QIPP offers an opportunity to repackage Arts & Health activity and could be a useful tool for selling arts and health to health professionals.
- Awareness and understanding of QIPP would need to be raised with arts practitioners in order to ensure they understood how they can use it to evaluate arts and health activity.
- We need to remember that within personalised care the 'commissioner' is the client who needs to ensure their care needs are being met.
- Prevention also includes 'soft' or social outcomes (involvement, engagement, confidence, etc)
- It may be a useful exercise to identify what other quality frameworks organisations are using in order to see how QIPP may be integrated or aligned with these.

Productivity: Influencing and securing investment for Arts & Health

- We need to ensure that we know who it is we need to influence, what we need to influence them about, what their agendas are and how to speak their language.
- GPs need to help to take on their wider responsibility of engaging with communities – arts and health work is an ideal vehicle to support this.
- Commissioners need to be able to prove that arts interventions work and deliver tangible health outcomes. Evidence needs to be research based – not only in terms of demonstrating health outcomes but also the potential cost savings of arts and health work. There is an issue here about publication in reputable and recognised journals that needs to be identified, eg. in the BMJ or other more specific journals. This would reach the people that need to be influenced.
- Learning emerging from the application of the framework needs to be captured and shared on a larger scale (across the region). This should ensure that the evidence base supporting investment in arts and health activity is robust and clearly demonstrates health outcomes.
- We need to recognise that people from different sectors have varying perceptions about arts and health and that this needs to be taken into consideration in relation to 'selling' arts and health.

- We need to consider the role of arts and health in health improvement, ie. using the arts to engage with communities and gain insight into motivations and perceptions. There will be an impact on the individuals involved but it will also help commissioners gain a better understanding of a community or group. It feeds into use of arts and health in social marketing and community engagement. This side of the work is important for health commissioners and provides a good selling point for arts and health.
- Once we have identified the key people we will need to be aware that a key principle underpinning QIPP is saving money. We need to show that the arts can be a cost effective way of meeting health outcomes.
- Even a series of small, targeted projects can demonstrate that the work can have a wider, more industrialised knock-on effect.

Improving Quality

- We need to recognise the potential tensions between increasing productivity e.g. rolling out participatory arts and health work on a larger scale, and the bespoke nature of many arts and health projects and the impact this may have on reducing the quality of the activity.
- Quality could also be improved through supporting commissioners to improve the quality of the commissioning process i.e. writing briefs and contracts – this relationship between arts practitioners and commissioners could be brokered by the CIC and could be supported by the production of standardised but appropriate contract formats.

Innovation

- The innovation aspect of the QIPP framework could offer opportunities to test out and pilot new ways of working.
- Some stakeholders felt that key to a successful arts and health project was the opportunity for people to take risks, using the arts, to explore things from a range of perspectives.

Question Two

Can having optimal psychological experiences when participating in the arts be equated with performing artistically at the finest level?

This session was led by Tim Harris (Cultural Consortium), Robin Wade and Karen Jones (Escape Arts) and Glenn Williams (Nottingham Trent University). Glenn presented a summary of existing evidence used to consider the quality of the psychological experience. He made links with this work and ways of assessing the quality of artistic activity, and the artistic work produced.

The following represents a summary of the key points raised during the discussion.

People felt that it was difficult to make quality judgments based on the subjective nature of people's responses to art. ie just because something makes you feel good it is not necessarily a quality piece of work. People also felt they were not qualified to make such judgements.

- There was a view that arts and health projects which are described as 'good practice' have a strong narrative or story underpinning them. Some practitioners in the room felt more confident judging this aspect of a project. Stakeholders generally agreed that making a judgement on the quality of the final product was largely influenced by an individual's *relationship* to the project and proximity to it (perceptions, knowledge, understanding).
- Glenn suggested that this context, along with emotional feelings, plus the technical skill in the production of the final work are important aspects of any framework used to assess quality
- The health commissioners present placed greater weight on the quality of the process and its ability to deliver health and well-being outcomes rather than the final artistic product.
- Responding to this challenge is key to artists and health practitioners. Arts and health work should challenge participants and encourage them to extend themselves both in terms of learning new creative skills, having new experiences, reflecting and responding to health issues and striving to produce quality artwork.
- There is an identified link between the recognition and acknowledgement from an audience and increasing levels of pride and confidence for the creator of the artwork.
- The role of art therapy needed to be considered in researching the link between the psychological experience of participating in artistic activity and the quality of the artistic work produced
- We need to recognise that there are health, social and creative outcomes from arts and health projects.

Evaluation Feedback

What other issues do you think praxis needs to consider when working with its strategic partners, to make sure arts and health work across the region is of the highest possible quality?

- The need to benchmark at the very start of any project especially around drug / medicine reduction
- Encourage artists to collect evidence of 'soft outcomes' as a part of their reflective practice
- Arts organisations need support frameworks to promote their work and regional networks can only help this process for commissioners, arts organisations and individuals
- Produce a toolkit for NHS personnel to use when commissioning artists including a guide incorporating the QIPP evaluation framework. If QIPP is going to be used artists will also need a guide / toolkit.
- That there are different types of arts and health work – e.g. small scale groups projects, work with individuals, social marketing activity, etc.
- How this feeds into greater learning outcomes and social learning outcomes
- The need to celebrate arts and health work and get it into public spaces
- The need to gather together existing evaluations / research into the benefits of arts and health in order to provide a stronger evidence base to support our case.
- Need to remember that health agenda needs to also include issues around learning disabilities
- How to use enthusiastic GP Practice Managers as champions for arts and health
- The need to encourage closer networks and sharing across the sub-region including opportunities to celebrate or explore methods of collaborative/partnership working.
- Meetings would benefit from having at least 2 representatives from each sub-region (including someone who you would want to advocate/pitch arts & health to, or, bringing together 2 sub-regional deliverers who have not worked together).

Suggestions for other round table discussions:

- Does quality matter in arts and health?
- Arts and health speaking the same language
- Developing conversations between arts and health practitioners relating to different agendas
- Training on evaluation techniques especially related to an integrated model and different skill levels
- Does evidence really matter – is any evidence enough?
- Mental health v Public health
- Targeted events for specific professions
- What is the evidence base for arts and health?
- Engaging service users in the quality debate
- Roll out of personal plans / SDS as that happens.

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