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The Art of Social Prescribing

Informing Policy on Creative Interventions in Mental Health Care

A summary research paper prepared for *The Art of Social Prescribing* conference, part of the Cultural Commissioning Programme's 'Making Connections' series

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Introduction to the project

Since 2012, a team of researchers at the Institute of Cultural Capital (ICC) has been developing a programme of research focused upon the impact and value of creative interventions in mental health care. Most notably this includes key long-term research collaborations with Mersey Care NHS Trust and National Museums Liverpool (NML).

Through the partnership with Mersey Care, a significant two-year study, *Joining the Dots*, has been developed to assess the social and economic value of the trust's commissioned creative programmes and arts partnerships, and opportunities to develop this area of work to include a wider range of cultural assets within the city of Liverpool (for more information please see appendix 1). The ICC is also NML's research partner with reference to the award-winning dementia care training programme *House of Memories*[1].

Within the city of Liverpool, there is already a strong 'culture of cultural commissioning'. Mersey Care NHS Trust has shown leadership in this area, adopting a progressive philosophy towards holistic modes of care, including the direct commissioning of creative interventions from arts organisations including Tate Liverpool, FACT, Royal Liverpool Philharmonic and The Reader Organisation (TRO). The 'Shift Happens' report (Karpusheff, 2011) describes the impact of these partnerships and relevant commissioned activities upon service users and the organisational culture and practices of Mersey Care as a mental health service. Outcomes include transformative effects upon service users' sense of identity; personal safety and comfort in care settings; improved effectiveness of care in planning and practice; improved 'social profitability' and quality of service provision.

NML has received successive grants from the Department of Health to deliver *House of Memories* on a national basis, in collaboration with a range of museums, health and social care services across the North, Midlands and South East of England. The training programme has also been supported by Health Education North West, with plans to deliver *House of Memories* in primary care settings in late 2015. TRO is another high performing Liverpool-based arts organisation in this area, having received funding from the prison service, twelve NHS mental health trusts, and Guy's and St Thomas' NHS Foundation trust amongst other national commissioning bodies.

Successive research studies on the work of TRO illustrate the multi-layered value and impact of shared reading across the mental health spectrum, including outcomes such as emotional identification, meta-cognition and ontological awakening for individual participants (Davis et al, 2014), and significant quality of life benefits for people living with dementia (CRILS, 2014). The TRO's emphasis on the reading aloud of quality literature in group settings puts the cultural and literary experience at the heart of its mission and impact.

Inspired by existing research partnerships and the pioneering work undertaken by arts organisations in the city, *The Art of Social Prescribing*[2] project was designed to provide a developmental stand to this programme of research. Through conversations with research partners, a shared interest was identified in becoming more systemic, accessible and resourceful with regards to the city's cultural assets and service delivery, building upon the high-profile initiatives described. It was acknowledged for example that despite the relative value of Mersey Care's creative programme, this is only available to a limited number of the trust's service users at any one time.

Funded by the Arts and Humanities Research Council (AHRC) 2014-15, the aim of the project was to convene a network of research, policy and practice communities to consider

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[1] For more information please see: http://iccliverpool.ac.uk/?research=house-of-memories
[2] For more information please see: http://iccliverpool.ac.uk/?research=the-art-of-social-prescribing-informing-policy-on-creative-interventions-in-mental-health-care

the efficacy of social prescribing as a fully integrated commissioning model across arts and health services in the city of Liverpool. Key objectives and questions considered throughout the project include identification of the key characteristics and lived experiences of 'successful' social prescribing and arts on prescription schemes; consideration of the ways in which research is undertaken in this area, including relationships between independent studies and commissioned evaluation research, and the role of arts and humanities research; along with discussion on the relationship between research, policy and practice in an 'integrated' commissioning model, and how this affects the way that the value of arts and culture is articulated and understood within and across those professional communities.

Social prescribing was chosen as the developmental focus of the research given its growing momentum in public and mental health fields more broadly, and the increasing propensity of dedicated arts on prescription schemes. In particular, it seemed to complement the asset-based ethos of the *Joining the Dots* research programme and commitment within the city to more holistic modes of mental health care:

> "Social prescribing provides a pathway to refer clients to non-clinical services, linking clients to support from within the community to promote their wellbeing, to encourage social inclusion, to promote self-care where appropriate and to build resilience within the community and for the individual" (Kimberlee, 2013)

Research methods and activities included three dedicated workshops; a review of the literature; research interviews with key stakeholders; and participation in extended network seminars and events led by organisations including Arts and Health South West; Arts & Minds, Cambridgeshire; Bromley by Bow Centre; North West Museums; NHS Liverpool Clinical Commissioning Group and Age Concern Liverpool and Sefton. Researchers are especially grateful to workshop speakers for sharing their insights and experiences of existing social prescribing/arts on prescription schemes including colleagues from Creative Alternatives in Sefton and St Helens; Wellbeing Enterprises in Halton; Stockport NHS Foundation Trust; and Rotherham Social Prescribing Service.

The following paper presents a summary of key discussion points emerging from the *Art of Social Prescribing* project, which may be worthy of further consideration during the *Making Connections* event:

- Policy drivers influencing the strategic development of social prescribing and the opportunities and challenges presented for arts and cultural sectors;
- The key characteristics of social prescribing – and arts on prescription – in practice;
- The collaborative investment required to make social prescribing work;
- How research can fully capture the value of *arts and culture* on prescription;
- The feasibility of an asset-based *cultural prescribing* scheme.

Full findings and recommendations from the project are still being collated, and will include discussions from the *Making Connections* conference. Research outputs will include a policy framework and guidelines on researching arts-based social prescribing, both to be published in October 2015.

Policy drivers and buzzword anxiety in the arts

It was important for network members to frame our discussions within key public policy contexts that are driving the momentum behind social prescribing in arts and culture. One of the key challenges presented throughout our discussions was the need for a 'shared language' and mutually recognisable frames of reference between arts and culture and health commissioners, both in enabling arts and cultural practitioners to understand and articulate policy priorities in relation to their work, and in encouraging and enabling commissioners to understand and appreciate the value and contribution of what they do.

The Marmot Review is a widely cited policy document both within the literature on social prescribing and during network discussions (Marmot et al, 2010). The review presents a direct correlation between health inequalities and social and economic inequalities, influenced by material circumstances; social environment; psychosocial factors and behaviours, each in turn affected by 'the socio-political and cultural and social context in which they sit'. The report recommends the active prioritisation of prevention through integrated primary care, local authority and third sector services, and the development of healthy and sustainable places and communities. As illustrated by Chatterjee and Thomson (2015), the review does not point to social prescribing directly as an appropriate solution, but social prescribing as a model does "practically address many of the points raised in the review regarding the social determinants of health" (pp. 305).

As a commissioning policy, social prescribing is gaining traction within the NHS and is often discussed with reference to the Marmot Review[3]. Despite widespread presentation and recognition of the social determinants of health in general practice – including economic disadvantage through unemployment and debt, isolation through carer responsibilities, social exclusion through lack of education and skills – clinicians are often powerless to address them appropriately. At the same time, it is recognised that local communities often offer a wide range of voluntary and statutory resources that could help, if the connection could be made. Social prescribing therefore potentially facilitates a primary care-led gateway to existing community assets, non-clinical community-based services and resources. During a social prescribing seminar led by the Bromley by Bow Centre[4] in May 2015, the Marmot Review was quoted as providing the ideological starting point for the centre's work, which is wholly responsive to its recommendations.

Other public and mental health agendas and policy narratives are informing and influencing social prescribing strategy and practice. Prevention and health promotion have become central tenets of NHS policy and practice, including the promotion of wellness as a form of managing and preventing poor health across populations, in association with local public health services and Health and Wellbeing Boards. At a local level, this has translated into asset-based approaches for improving health and wellbeing. The aim of asset-based practice is to 'promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health' (Hopkins and Rippon, 2015). An important prerequisite is to recognise the assets available to achieve change, including the individual, organisational, associational, economic, cultural and physical resources available to communities.

On a cautious note, certain challenges in aligning arts and cultural practice with broad-stroke public health agendas were identified throughout the research. There is a certain amount of 'buzzword anxiety' where ubiquitous policy narratives are concerned, particularly around rhetoric concerning 'joined-up' services and delivery, co-design and production, and tangential concepts such as resilience and sustainability. Trevor Hopkins, leading consultant in asset-based health policy and research and guest speaker at the third research workshop, remarked that asset-based approaches risk becoming a brand rather than a practice with any real substance as they become common political parlance. On a more provocative note, the political motivations behind such policy agendas were questioned with reference to cuts in public sector spending and services, with the worry that conforming would inadvertently mean supporting austerity as an economic policy.

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[3] See for example http://www.england.nhs.uk/wp-content/uploads/2014/02/pm-fs-2-2.pdf
[4] The Bromley by Bow Centre is a community-based centre of excellence in social prescribing and co-located services: http://www.bbbc.org.uk/

What does this mean for arts and cultural policy and practice?

Another consequence of social prescribing for arts and cultural professionals relates to the risk that their practice starts to be identified as ancillary or adjunct health and social services, posing a threat to arts and cultural professional identities and the value of the sector as an independent area of government policy and spending. Cultural policy at a national level is ambiguous in this context; there has been a growing interest within central government on the health and wellbeing outcomes of arts and cultural participation. A report published by the Department for Culture, Media and Sport (DCMS) in March 2015 for example provides a meta-analysis of the relationship between cultural engagement, creative activities and mental health across a range of studies, suggesting multiple positive outcomes including reductions in feelings of stress, anxiety and depression; increased feelings of empowerment and social inclusion; and positive associations with self-reported physical health and life satisfaction (Fujiwara et al, 2015). This has not yet translated however into the active formation of cultural policy that has an explicit health and wellbeing remit (Oakley et al, 2013).

This may change following the recent DCMS public consultation announcement on a new 'far reaching' cultural strategy[5] via the first government White Paper on the arts in over fifty years. The White Paper will be structured around four key themes including place making; participation and engagement; arts funding and financial resilience; and international marketing and promotion. Enhanced cross-government working has also been identified as a core objective, suggesting that other public policy priorities may become more central to cultural policy development.

The cultural sector is responding to the challenges discussed above, reflecting the opportunities created by current policy frameworks despite any misgivings the sector may have. Arts and heath practice is becoming much more prominent, with higher levels of regional and national visibility through professional networks and leadership initiatives including the recently formed All Party Parliamentary Group (APPG) on Arts and Health[6]. The Cultural Commissioning Programme (CCP) in itself is indicative of this positive momentum, in supporting the sector to develop skills and capacity to engage in cultural commissioning; develop awareness amongst commissioners of the capacity of arts and cultural sectors to deliver public service outcomes; develop relationships between cultural providers and commissioners; and influence policy makers on the value of arts and culture.

However colleagues feel about austerity politics, the work of the CCP is especially pertinent, given the high probability of further reductions in arts funding, and the subsequent need to work 'across policy agendas'. Arts and health in particular is described as 'a crucial area of work for many regional cultural organisations', along with advice that 'research is needed to make the cultural case to those making health-spending decisions' (O'Brien, 2015).

Network discussions centred on a number of strategic imperatives to explicate, evidence and promote the 'uniquely cultural' elements of arts-based social prescribing and arts and health practice more broadly, including their value to cross-sector collaborative relationships, and steering the debate towards the cultural, rather than social, determinants of health and wellbeing. These include:

- *Aesthetic imperative*: As many studies in the arts and health domain "fail to identify arts-specific aspects of the programme" (Coulter, 2001), there is an aesthetic imperative within future research in this area to understand the unique

[5] For more information please see http://dcmsblog.uk/2015/09/share-your-ideas-for-a-new-cultural-programme/

[6] http://www.artshealthandwellbeing.org.uk/APPG

characteristics of the *creative experience* and the relative impact upon participants beyond each programme's social enterprise associations.

- *Professional imperative*: The identification of uniquely creative characteristics and their impact can furthermore help to develop professional practice and identity within the field of arts, health and wellbeing; define the unique contribution of cultural and creative practice to health and wellbeing objectives; leading to scalable interventions and enhanced capacity building across sectors.

- *Political imperative*: At the macro-level, research evidence on the uniquely cultural impact of this type of cultural work can help to justify the public subsidy of arts and health programmes; demonstrate value to health commissioners; encourage greater cross-sector collaborative working; and ultimately improve the policy making process.

Social prescribing in practice

Despite the hesitations and reservations expressed above, it is without doubt that there was an abundant enthusiasm for social prescribing both as an actual and potential commissioning model for arts and culture throughout our research network discussions. This is reiterated throughout existing literature on social prescribing, where it is described as the 'missing link' between individual and community health, extending the boundaries of traditional general practice to bridge the gap between primary health care, voluntary and third sectors (South et al, 2008). Seemingly, social prescribing in practice is the antidote to buzzword fatigue, in authenticating and legitimizing much of the current policy narrative around 'joined-up' working.

This is also clearly evidenced through existing social prescribing and arts on prescription schemes consulted throughout the project – using different models of delivery - and associated mixed-method evaluation research. The Rotherham Social Prescribing pilot, commissioned by NHS Rotherham Clinical Commissioning Group and delivered by Voluntary Action Rotherham 2012-14, was one of the largest of its kind in covering the whole of the administrative area, engaging 29 out of 36 GP practices, with 1,607 patients referred through the scheme to a range of existing services including information and guidance, community activities and befriending. Outcomes[7] include reduced inpatient, outpatient and accident and emergency admissions for patients with long term conditions; positive change in self-reported wellbeing; each resulting in social and economic cost-benefits.

Creative Alternatives is an arts on prescription scheme based in Sefton (since 2006), soon to be extended to St Helens in the North West, funded by both local authority Public Health departments. The programme forms part of Wellbeing Sefton, a local network of social prescribing services, and offers a range of arts activities to adults experiencing mild to moderate stress, depression and anxiety. Participants stay with the programme over a nine month period, attending regularly with the opportunity to experience different arts activities including creative writing, photography, ceramics, painting and drawing via a core programme of creative workshops. Social and economic outcomes include improved diet, reduced smoking and alcohol consumption and a social return on investment[8] (SROI) of £1: £6.95.

In an ideal world, a proposed cultural-asset based model for the city of Liverpool would combine the key characteristics of referral schemes that make inclusive use of established

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[7] For evaluation research undertaken by Sheffield Hallam University, please see http://www.shu.ac.uk/research/cresr/ourexpertise/evaluation-rotherham-social-prescribing-pilot

[8] For Creative Alternatives SROI research please see http://www.creativealternatives.org.uk/files/316694510_CA_economic_analysis_October2012.pdf

local services and creative opportunities, together with the artistic quality and professional standards of a purposefully convened programme of activities. Being presented with a 'multiplicity of options' however can be one of the key challenges for those making referrals (Brandling and House, 2009), whereas referral to a discrete programme of creative activities can enable a more focused investigation of the impact and value of a dedicated arts intervention (Crone et al, 2013).

Assets, networks and collaboration

There are many factors to consider therefore in planning a new social prescribing programme. As with many successful collaborative initiatives, this is not an easy process to replicate. The Rotherham social prescribing programme was developed on the back of a long history of effective partnership working between health and voluntary and community services in the town, the faith in which inspired a £1m investment in the pilot programme between 2012 and 2014, as part of a GP-led Integrated Case Management Pilot. As with Creative Alternatives, the most accomplished referral schemes have developed and established themselves over a long period of time – Halton's Wellbeing Enterprises[9] is now a ten year old, reputable social enterprise. Similarly Stockport Arts on Prescription, a national exemplar of best practice, was originally launched in 1995 and despite its flagship status, continues to renegotiate its status between the local authority public health service and NHS trust.

Important conditions and mechanisms within effective programmes include extensive local knowledge and information, usually held within staff teams. It is essential to have a human resource infrastructure including Project Manager and co-ordinating roles, acting as liaison between health and social services making the referrals, service users and those providing the service or activity that has been 'prescribed'. Meaningful leadership and advocacy are also key characteristics of existing schemes. In the Bromley by Bow Centre (BBBC) example, resident GP Sir Sam Everington is a vocal advocate of the centre's work and social prescribing more generally, regularly writing in the professional press: "The major advantage for GPs of the BBBC model… is the infrastructure of the social prescribing team which refers patients to the right service, rather than requiring the GP to find a service in a directory as with alternative models" (Roberts, 2015). Such leadership qualities and effective, operational infrastructures are not accomplished overnight.

In social prescribing models, when they work and have been established over a period of time, we see an opportunity to overcome some of the conventional pitfalls in arts and health practice and research. Despite a growing body of evidence nationally and internationally, research in the arts and health field is still criticised for being too short-term; focused on specific groups and art forms; dependent on anecdotal opinion; lacking in comparative dimensions; and offering limited analysis of the relationship between arts engagement and population health, amongst other limitations (Davies et al, 2014; Gordon-Nesbitt, 2015). The whole ethos behind social prescribing is that it provides an 'enabling framework' for 'communities to find their own whole system solutions', moving beyond top-down approaches and drifts towards small-scale projects that focus on individual behaviours and lifestyles, a common critique of conventional arts and health practice. The ambition – and it is ambitious - is for scalable, collaborative interventions that overcome such tendencies (White and Salmon, 2010). Once in place they provide an ideal platform for more rigorous, longer-term research.

A question of evidence

The *Art of Social Prescribing* research network has also considered and debated the ways in which social prescribing and arts on prescription schemes are researched and evaluated. In February 2015, the Centre for Reviews and Dissemination at the University of York

[9] http://www.wellbeingenterprises.org.uk/

published a review of the evidence to inform the commissioning of social prescribing[10]. The review was hyper-critical of the existing evidence base, highlighting a proliferation of 'poorly designed' evaluation studies, *"producing a momentum for social prescribing that does not appear to be supported by robust research evidence of effect"*. The report includes a summary of studies incorporating "more formal, validated evaluation methods", but concludes that these still demonstrate: a high risk of bias due to lack of a 'control' study; limitations in use of proxy measures (e.g. SROI); insufficient or incorrect use of 'validated' tools and measures; limitations of small-scale pilot studies versus more preferable larger-scale comparative studies; and that as a result of these limitations, no real trust can be placed in 'causal relationships'.

The review was deemed to be unnecessarily harsh by research network members, who challenged the proposition that the *collective* evidence base on social prescribing and arts on prescription is insufficient and unreliable, although there are acknowledged limitations in individual studies and their methodological approaches. There is a degree of consistency in the research methods commonly used in this area. Standardised, quantitative measures of health and wellbeing outcomes are frequently applied, including the General Health Questionnaire (GHQ-28); Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS); and Global Quality of Life Scale (GQOL). Despite the accepted reliability of such tools, problems include low/diminishing pre/post response rates and incomplete or unusable returns. For some participants, there is also a stigma associated with the explicit mental health and wellbeing terminology used in the surveys, which is seen to negate the 'empowering' principles of social prescribing and affect research participation rates (Brandling, 2011).

Recurring complementary methods include narrative –based, qualitative studies presenting the views of multiple-stakeholders via semi-structured interviews. These approaches are often presented quite 'apologetically' by researchers due to their advocacy associations, including the acknowledgement that self-selecting respondents may give answers that they think researchers want to hear, especially if they think ongoing funding and continuation of the programme is dependent on positive evaluation results. Cost benefit analysis research including SROI (as indicated above) is also popular in the field, with some studies judged to be overly speculative due to the lack of rigorous, longitudinal approaches, especially where savings against the conventional costs of clinical mental health care are inferred.

It was acknowledged that most research approaches are chosen to fulfil the expectations of commissioning bodies, and that an extra layer of complexity is added by the primary-care led 'prescription' model in this respect. Research in most cases needs to balance health and wellbeing outcomes with other social and economic impacts. What is missing however, especially within the context of points raised regarding the 'uniquely cultural' elements of arts-based social prescribing and the cultural rather social determinants of health and wellbeing, is a deeper understanding of the *experiential* value of the *creative* or cultural activity. As Goulding (2014) highlights, arts on prescription schemes have 'difficulty in capturing data that satisfied health criteria, but that also captured the complicated [experiential] processes that participants underwent'.

It was recommended that a greater adoption and adaptation of arts and humanities research approaches – rather than standardised social science methods – would help in this context, including valuable learning from research undertaken on shared reading groups on behalf of TRO, which draws upon techniques used in literary criticism (described in introductory section above). Other recommendations included art-based research methods developed by McNiff (1998), designed to study the creative, therapeutic process; heuristic research approaches designed to capture human experience (Moustakas, 1990; Braud and Anderson,

[10] https://www.york.ac.uk/media/crd/Ev%20briefing_social_prescribing.pdf

1998); and phenomenological research traditions including 'embodied enquiry' (Todres, 2007). To this end, a research model is now being developed that will enable a holistic consideration of the cultural experience of arts-based social prescribing, to include social, economic and intrinsic dimensions. Ultimately, the integrated, collaborative practice of social prescribing requires an integrated, multi-layered evidence-base.

Towards an Asset-based Model of Cultural Prescribing

Next steps in completing the project are to develop a policy framework for an asset-based model of *cultural prescribing* for the city of Liverpool, drawing upon learning from selected case study social prescribing and arts on prescription schemes. Research undertaken as part of the *Joining the Dots* research programme described in appendix 1 will inform the development of the framework, namely a process of cultural asset mapping in the inner-city region. An accompanying research framework will be developed that provides guidelines on assessing the holistic value of cultural prescribing, to include health and wellbeing outcomes, social and economic impact, and heuristic research on the unique value of the creative experience.

In summary, the *Art of Social Prescribing* project highlights the potential value of social prescribing in consolidating collaborative relationships between arts and health services and providing a holistic, strategic framework for understanding the socially-located cultural determinants of wellbeing. The research posits arts-based social prescribing as an authenticating, enabling framework for an integrated cultural wellbeing ecosystem, based on mutually beneficial professional and political imperatives across health and cultural sectors. The efficacy of such an approach however is wholly dependent upon healthy existing networks, collaborative infrastructures and a shared commitment to evidencing and promoting its uniquely *cultural* value.

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Appendix 1 – Joining the Dots: the economic value of creative interventions in mental health care

Under the Social Value and Cultural Assets work stream during 2014-16, the ICC has developed a two-part initiative to: map cultural community assets in inner city Liverpool; and develop a collaborative research partnership with Mersey Care NHS Trust to examine the social and economic value of the service's commissioned creative interventions in mental health care. Led by Gayle Whelan (ICC Research Fellow), the primary aim of this research programme[11] – ***Joining the Dots*** - is to evidence the impact of creative interventions upon mental health and wellbeing, and the actual and potential social and economic value created by joint, asset-based working across cultural and health care sectors.

Focusing on the assets available within communities provides a vehicle to strengthen resilience and reduce inequalities, particularly surrounding mental health. An asset-based approach highlights the assets that are already within the community, including community associations and networks such as gardening groups, arts groups, physical activity groups and churches; institutions such as libraries, schools and hospitals; and the people living within communities. Community assets potentially have the power to improve social capital, connect people within communities, provide support and advice, as well as enable collective action.

Following on from a 2005 study undertaken in the planning stages of Liverpool 08, the current mapping of cultural assets in Liverpool aims to understand what has changed since the first study. This work profiles grassroots assets that thrive in the inner city Liverpool area, understanding how these have developed in the decade since the baseline study. The project methodology is adapted from an earlier asset mapping project in Wirral (Whelan and Timpson, 2014), using a snowballing technique to map cultural assets, starting with known contacts and online databases. Assets are placed on an Access database and assigned categories according to the nature of their work and sector type.

The first stage of the cultural mapping involved analysing the original 2005 database and updating details of assets which have ceased to run, changed names or serve a different function to the original aims and objectives. Mapping is continuing until it is felt that all cultural grassroots organisations are included. There are a range of methods that have been adopted to identify assets, including interviewing contacts, linking-in with existing directories of services (e.g. Liverpool Health Watch's Live Well directory[12]), and the innovative, collaborative and fun Twitter Chase[13]. This event involved teams of staff from local services and university students, actively exploring four different Liverpool neighbourhoods, identifying geographically located services and meeting with individual community members. Throughout the exercise, teams spread the word about the Live Well directory, while Tweeting about location, the services available and benefits of their work. The event resulted in 22 people walking a total 51,640 steps, visiting more than 80 services. Further Twitter Chases are planned to identify and engage with more assets in other Liverpool communities. Once the Joining the Dots database is completed, a follow-up questionnaire will be distributed to all assets aiming to understand more about grassroots culture in Liverpool and the impact of Liverpool 08 on their work.

The cultural asset mapping work will inform the second part of the Joining the Dots research programme, by identifying additional cultural interventions and initiatives in the community which can support Mersey Care NHS Trust's creative programme, alongside the service's

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[11] See project website for more information: www.joiningdotsresearch.net
[12] For more information please see https://www.livewellliverpool.info/
[13] Storify summary of Twitter Chase: https://storify.com/LiveWellLpool/livewell-liverpool-twitter-chase?utm_campaign=&utm_content=storify-pingback&utm_source=direct-sfy.co&awesm=sfy.co_e0MOx&utm_medium=sfy.co-twitter

existing partnerships with cultural organisations including Tate Liverpool, Royal Liverpool Philharmonic, FACT, National Museums Liverpool and Everton in the Community. It is hoped that by linking these assets together, they will align with Mersey Care's aim to provide flexible, responsive and proactive community-based integrated services which may prevent unnecessary hospitalisation and facilitate more rapid discharge from acute care settings. The research will assess the extent to which individuals and communities as a whole can support each other to prevent reliance on primary health care services and promote positive mental health. This evidence will subsequently inform cultural planning and enable community-based cultural services to more readily connect with health services across Merseyside.

Building upon previous social return on investment (SROI) research undertaken at the ICC, this approach will be applied within the Joining the Dots study, with the aim of enabling Mersey Care NHS Trust to provide evidence of the impact of engagement with culture and creativity upon improvements in mental health and wellbeing, the social and economic value created and to develop and sustain links with additional cultural assets and services. A cross-section of existing Mersey Care creative partnerships and other identified cultural assets will be selected for further economic evaluation and SROI analysis.

This evidence base will also support recommendations made within the 'Art of Social Prescribing' study relating to the feasibility of a city-wide arts-based social prescribing model.

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