



## ***Policy drivers, social prescribing and the cultural determinants of wellbeing***

Art of Social Prescribing Research Workshop  
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# Today's discussion

- **Key objectives of the AHRC-funded Art of Social Prescribing project:**
  - Define the key **public policy drivers** behind arts interventions in mental health care;
  - Debate the **efficacy of arts-based social prescribing** as a responsive framework for cultural commissioning;
  - Consider the **relationship between policy, practice and research** and relevant professional communities, alongside the role of **service users**;
  - Understand how each of these relationships may affect the way that the **value** of arts-based social prescribing is **articulated and understood**.

<http://iccliverpool.ac.uk/?research=the-art-of-social-prescribing-informing-policy-on-creative-interventions-in-mental-health-care>

# Arts, health and wellbeing

- Reputable examples of creative interventions in mental health care in Liverpool, **grounded in local/regional policy agendas** including Liverpool 08, Decade of Health & Wellbeing and progressive approaches from health agencies.
- Reflective of **national momentum**, accentuated by development of regional 'arts and health' consortia and formation of all party parliamentary group (APPG) in central government.
- Research & **evidence base developing in parallel** with such strategic initiatives, including work commissioned by Arts Council England (ACE) and Department for Culture Media and Sport (DCMS).

# The wellbeing agenda and *cultural policy*

- The DCMS Culture and Sport Evidence programme (CASE, 2010) highlighted **wellbeing as an important outcome** of arts and cultural engagement.
- Following New Labour-led focus on [social and economic] instrumental impact and value, felt most strongly by arts sectors in seeking to **legitimise their publicly subsidised status**. Sector gradually acclimatised to ‘measurement’ of social outcomes.
- From 2010 onwards, wellbeing a **dominant ‘state of the nation’ political narrative**, but hasn’t moved beyond debates of how to measure wellbeing to actually inform/develop interventionist policies (What Works centres may change this?)
- DCMS particularly **limited in its ability to make wellbeing-inspired cultural policy** and arts funding decisions, especially regarding what types of cultural activity should be supported and for whom.
- Oakley, K., O’Brien, D. and Lee, D. (2013) Happy Now? Wellbeing and Cultural Policy. *Philosophy & Public Policy Quarterly*, 31 (2), 18-26.

# Policy drivers behind social prescribing

- Wellbeing rhetoric providing ideological context for more pragmatic health objectives in wider public policy realm:
  - Marmot Review (2010) 'Fair Society, Healthy Lives' prioritised the **social determinants of health**, via correlation between health inequalities and social and economic inequalities;
  - Focus on **prevention and health promotion** as a form of 'managing' rather than treating poor health;
  - Encouraging **asset-based approaches** to improving health and wellbeing, utilising a community's individual, organisational, cultural and physical resources;
  - Other 'people-powered' tenets of public policy discourse include **co-production** (service users and professionals jointly design and deliver public services) and **citizen participation and volunteering** in public sector.

# The value of social prescribing

- Social prescribing has gained **considerable traction within the NHS** in response to Marmot Review, in facilitating a primary care-led gateway to existing community assets, non-clinical services and resources.
- Seen to provide an **'enabling framework'** for scalable, collaborative, community-based 'whole system solutions' (White and Salamon, 2010).
- **Referral process** potentially provides a means of authenticating the health benefits of non-clinical interventions, although 'prescribing' terminology can defeat the object of 'people-powered' ambitions - still implies decision-making of 'expert' professionals.

# Public policy and cultural commissioning

- Despite active limitations of cultural policy in response to wellbeing agendas, **shift towards direct commissioning** of arts and cultural programmes from statutory health and social services:
  - Guidance from **Local Government Association** (LGA, 2012) includes practical advice on the business process of commissioning and a who's who of local commissioning structures;
  - The **Cultural Commissioning Programme** 2013-16 (funded by ACE, delivered by NCVS) aims to help arts and cultural sectors 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.

# Implications to consider

- Risk that cultural interventions in mental health care become solely identified as **adjunct offers** to statutory health and social services, with arts organisations as ancillary partners;
- Loss of professional identity, artistic integrity and **'uniquely cultural' value** when presented as suite of 'social' interventions;
- Diminishing **role of cultural policy**, locally and nationally;
- Implications for [cultural policy] research practice relating to expectations of health commissioners, and **'evidence-based policy' versus 'policy-based evidence'** conundrum;
- Do dedicated *arts-based* social prescribing schemes therefore create leadership opportunities for **cultural sector to 'reclaim' wellbeing** agendas?

# Creating an integrated community of practice

- **Considerations for a pilot arts-based social prescribing scheme for city of Liverpool:**
  - Despite growing evidence base, critics still tend to focus on limitations of short-term, summative evaluation projects in arts & health field – need a **collaborative, embedded action research** approach?
  - Opportunity to develop ethnographically-orientated researcher-practitioners and practitioner-researchers, encouraging a **more purposeful ‘application’ of research?**
  - Service users still the ‘recipients’ of services in standard social prescribing schemes – how can we move to a more **democratic, co-produced model** that is underpinned by a stable infrastructure?
  - How can we create and sustain a more **integrated cultural wellbeing ecology** with full range of anchor arts organisations and **cultural assets?**
  - How can we enable a refocus on the **cultural determinants** of health & wellbeing, and the [formative] value of the experience of arts and culture?

# Our guest speakers

*Navigating the different stakeholder groups of social prescribing*

Mark Swift, Chief Executive, Wellbeing Enterprises

*Asset-based approaches to health care and cultural commissioning*

Trevor Hopkins, Asset Based Consulting