

Black Country Arts Partnership

Framework for the Development of Black Country Arts and Health Commissioning

creativityteam.

Karen Bell & Kate Gant

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1. Introduction

The aim of this report is to present an outline framework for the development of Black Country Arts and Health Commissioning, based on the progress of 'Chewing It Over' – a pilot initiative managed by the Black Country Arts Partnership (BCAP), with *creativityteam*¹ as the facilitating body.

Following an initial consultation and feasibility report, BCAP identified their existing commitment, common purpose and capacity and concluded that a commissioning model was the way forward.

This report consists of details of the achievements made during the pilot phase, a commissioning framework and recommendations for future actions. These will enable BCAP to begin to plan for the next phase of the programme. The pilot phase was completed in June 2007 and a range of evaluative evidence from local projects is also presented, in order to support the rationale for a joint commissioning approach. The findings within this report were also presented to the Black Country Culture Group on 24 May 2007.

2. The Model

'Chewing It Over' has focused on the development of a joint framework for arts and health in the commissioning of healthy eating, nutrition and obesity-related services for children and young people. This commissioning model was tested over a period of eight months and a number of community writing projects took place in Walsall, Wolverhampton, Sandwell and Dudley. The work has culminated in both a series of local celebrations as well as the publication of two magazines with creative work produced by the children and young people involved. These will be distributed across the Black Country.

The local project management groups set themselves targets (including health-based outcomes) and measured these with specific evaluation tools, using a range of supporting evidence which has been jointly agreed by arts, health and community sector representatives. The results of these outcomes have informed the joint commissioning framework, in order to contribute to the new NHS commissioning agenda.

The Department of Health consultation on the joint commissioning framework for health and wellbeing started in early 2007, and there is also new emphasis from Government on collective

¹ *creativityteam* is managed by independent consultants Karen Bell and Kate Gant.

action through local area agreements. Therefore sustainability of the joint commissioning model in the current climate is of paramount importance. The aspiration is therefore to replicate the model over the next three years with a number of Black Country-based PCT, local authority and GP partners.

3. Achievements to Date

3.1 Structure

For this pilot phase, *creativityteam* acted in the role of Black Country Arts and Health Commissioning. A Commissioning Partnership Group was established, with representatives from Walsall Council Creative Development Team, Wolverhampton City Council Arts Team, Walsall PCT, Arts Council England West Midlands and NHS West Midlands (Strategic Health Authority). Meetings were held in October 2006 and January 2007.

The goal of the Partnership is to oversee the joint planning, commissioning and delivery of arts into health work in the Black Country, on an on-going basis. The group used “project cycle management” to manage the project. As part of this process a Logical Framework has been developed and used to track progress against outcomes (See Appendix 1).

A major challenge has been gaining the involvement of health sector representatives at regional / strategic level with this group. An Arts and Health representative from the Strategic Health Authority has been involved in the partnership but the Public Health Teams at both Government Office and the Strategic Health Authority could not contribute to the Partnership. Health representatives were actively involved at a local level and the project has gained the support of a number of Directors of Public Health.

3.2 Aims / Focus

It was imperative for the local authorities within the BCAP group that the profile of arts into health work within the Black Country was raised. They agreed that the commissioning and development of a range of new arts into health ‘product’ which can be toured across the Black Country was one of the best ways to achieve this. They also saw how crucial it would be to work in partnership with the health and community sectors to develop best practice guidelines which can be performance managed. Only by positioning itself to respond to the challenges within the commissioning of health

services and maximising these opportunities will the arts sector improve the quality of arts into health work and raise its profile across a number of agendas.

It was agreed that there would be a focused health theme: ***Eating Well*** and work would be targeted at ***Children and Young People***. This correlates with the Public Service Agreement (PSA) Target within the DCMS' 2006-07 Business Plan to:

*“Halt the year on year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole”.*²

This is also a very high-profile and press-worthy theme at the moment (for example the success of Jamie Oliver's School Dinners initiative).

3.3 Delivery Strategy

The partnership strategy to achieve the aims above began with a series of meetings in November with prominent health sector stakeholders, namely Dr John Middleton (Director of Public Health at Sandwell PCTs); Bev Norton (Head of Practice Based Commissioning at West Midlands Strategic Health Authority); and Richard Young (Commissioner for Sandwell PCTs). All provided an insight into issues and structures within Practice Based Commissioning, contacts for GP clusters in the Black Country and the current NHS / local authority context, with regard to lack of standard procurement models as well as the acceptance of a 'stretched targets' model (a broad spectrum of outcomes).

An Advisory Group was gathered together, to develop a shared approach from partners, direct the commissioning process and maximise capacity and resources in order to support work at local level. The Advisory Group consists of one representative from each of the health, arts and community (children / young people) sectors within each of the four Black Country localities (see list of members at Appendix 2). The group met in November 2006, January and June 2007. The diagram at Appendix 3 shows an outline of the agreed model, stakeholders and communication channels. The Advisory Group were responsible for suggesting groups which may benefit from the project, and the local development workers who would support this process.

² Joint target with DfES and DH

creativityteam supported the Advisory Group to develop a shared, outcome-based performance framework – both of the commissions and the process of developing them. They focused on important outcomes from three different perspectives: Health, Arts and Children/Young people. They then ranked these along a ‘stretched target’ route (ie. those which will be easier to achieve, as opposed to those which will be more difficult). This information was collated and a framework of shared outcomes was developed (see Appendix 4).

3.4 Design and Development

To manage the pilot commissions, a Project Co-ordinator (Claire Carter) was appointed. She was responsible for providing support and information to the Advisory Group, working with and supporting the lead arts organisation (see below) to develop and deliver the commissions, managing the touring and participatory programme and working as part of *creativityteam* to reflect on and review the work.

There was a need to establish the programme reasonably quickly and *creativityteam* took responsibility for involving and commissioning a regional arts agency. Working with an agency with links across the Black Country, a commitment to provide a high quality service (in both product and process), and experience of arts and health work was crucial. Literature had been identified as a priority area for most of the Black Country boroughs within the initial feasibility study. It was decided to work *The Moving Finger* (with Dave Reeves as lead practitioner for the project). Their role was to ensure quality standards, provide artistic direction, find suitable writers to work with the local Project Groups, manage the commissions programme and produce and distribute the final product.

The Project Co-ordinator and Dave Reeves have met with the local Project Groups in each of the four local authority areas during January and February 2007 to generate creative ideas for projects, finalise practical details and consider the stretched targets / outcomes for their particular projects. It was noted that having these planning meetings early had encouraged a range of local partners to commit to the projects. Dave Reeves contracted suitable writers to work with the groups, and held briefing meetings for each locality, involving the writer and the lead arts and health representatives from the Advisory Group. Project work began in the week beginning 19 February. Both the

Commissioning Partnership and Advisory Groups received full details of the project meetings at their own meetings, via a detailed project overview sheet (see Appendix 5).

Added value activities and resources were also contributed by the partners to some of the projects. Wolverhampton paid for an artist based at the Art Gallery to undertake a one-off workshop with young people to produce visuals for inclusion in the final publication. Sandwell PCT is funding a film-based evaluation of the project, to be undertaken by a group of young people from Coneygre Arts Centre. Dudley may explore using their work with the writer as the inspiration for a further piece of music or dance with young people. Links were made with a number of existing initiatives in Walsall. Walsall Arts into Health supported the project by involving Women and Theatre in the initial session and strong links have been made with a youth arts project being developed by the Youth Service.

3.5 Monitoring and Evaluation

creativityteam, on behalf of *Black Country Arts and Health Commissioning*, evaluated the impact of 'Chewing It Over' by gathering the most appropriate information in order to respond to the new NHS Commissioning framework, as outlined in the Government's White Paper of January 2006.³ (see section 4) This will contribute not only towards improving practice for those involved, but helping to sustain the work beyond one off projects.

With the support of the Project Co-ordinator, the local project groups were asked to consider the stretched targets / outcomes. Initial work to support these discussions took place with the Advisory Group, where *creativityteam* devised simple 'before and after' tools for collecting baseline data, in order to begin to measure knowledge of healthy eating issues in children/parents and young people. This gave representatives some useful 'tools' to take back to their project groups. The project Co-ordinator was primarily responsible for gathering evidence of a range of outcomes as the projects progressed, and these were monitored regularly on a devised template. Outcomes include all those agreed, any informal / unexpected outcomes plus the collection of baseline, mid and post-project data (see example at Appendix 6).

³ 'Our health, our care, our say: a new direction for community services'.

4. Outcomes

'CHEWING IT OVER' OUTCOMES – CHILDREN

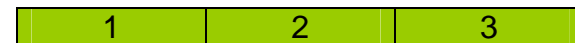
The information contained in this section of the report relates to the three 'Chewing It Over' projects targeted specifically at children aged 3 – 10. These were the two Wolverhampton projects with children from St Luke's Primary School and West Park's 3-5's Unit and the project which took place at Ingestre Hall Residential Arts Centre with children from Ocker Hill Junior School, Sandwell.

The information below is provided as a summary as to what extent the projects collectively met the outcomes they selected for their projects. Support workers who had been present during the project sessions were asked to complete two separate monitoring and evaluation forms; a self-assessment form on how well they thought they had met the outcomes attached to their project/s and a short questionnaire collecting quantitative and qualitative information. In addition the support workers were asked to send in evidence collected during the project to validate the delivery of the outcomes.

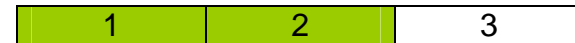
A total of 85 children took part in the project

11 individual workshop sessions were delivered as part of the project

Number of projects that submitted outcomes & evaluation material



Number of projects that submitted evidence to support outcomes



Range of evidence submitted to support outcomes
(1 = poor 5 = satisfactory 10 = excellent)



Headline Project Outcomes

The information below is provided as a summary as to what extent the projects collectively met the outcomes they selected for their projects.

The full list of outcomes for each project can be found in Appendix 4

Not Met **Partly Met** **Fully Met**

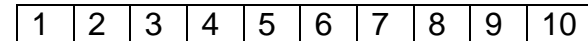
Engaging Participants: Who was involved in the work?



The Creative Process



The Creative Product



The outcomes under this heading relate to the production and distribution of the final publication. As this is not due to be completed until July this outcomes is currently unmet.

Partnership Working



“Partnership working was successful and covered a range of organisations”

Limitations of the model were also raised

Local outcomes were agreed, but these were within the already formulated outcomes of the project

New contacts made

New links at operational and strategic levels made

Learning Together: Developing new ways of working

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

*We worked well together, though more time communication links could be made more robust. Due to the time constraints the focus was on the logistics of delivering the project rather than longer term considerations.
Time was a big issue. We didn't have enough time.*

Cultural Outcomes

No. of projects that had this as an outcome

How far did they meet this outcome?

1	2	3
---	---	---

Not Met	Partly Met	Fully Met
---------	------------	-----------

11 individual workshop sessions were delivered as part of the project and 2 celebratory events were held

Artists who delivered 'Chewing It Over' workshops

Maria Whatton, Story-teller and writer, worked with the children from St Luke's Primary School and West Park's 3-5's Unit
 Dave Reeves, writer, worked with the children from Ocker Hill Junior School at Ingestre Hall Residential Arts Centre.

"...the project allowed the children to express themselves in a fun and inspiring way."

"We loved story dog!"

"Some experiences like letting my feelings go writing them on pieces of paper"

"I have had an amazing day today. I have never been to an Art Gallery before. It's great."



Ode to an Orange

It sits like a tennis ball
 round, bouncing with vitamins.
 Its skin is lumpy, bumpy, rough and dotty.
 Peel off that skin and find another layer
 like a secret,
 white like an egg.
 Bite it
 you shiver at the bitter, sweet
 juice hiding.
 Watch out it might squirt you in the eye.

Now the bits of peel drop off in shapes:
 I can see a hedgehog, the number six, a shark, a bat, a fish.

All that is left is the perfume of orange
 on my fingers and under my nails.

Health and Well Being Outcomes

Level 1

**Opinions gained from Children
(& parents / carers where appropriate)**

No. of projects that had
this as an outcome

How far did they meet
this outcome?

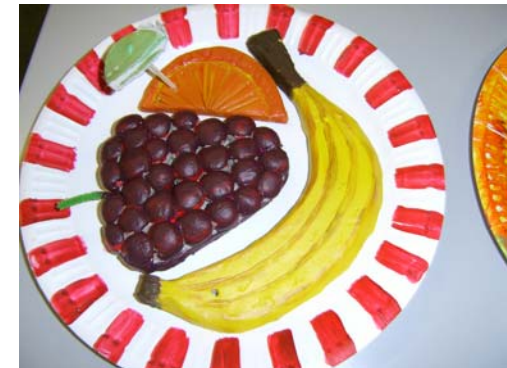
1	2	3
---	---	---

Not Met	Partly Met	Fully Met
---------	------------	-----------

*“Where would you choose to eat on a special occasion?
I’d go to MacDonaldis because you get TOYS, TOYS, TOYS.
I like the chips. I would get hamburgers, chicken nuggets and a happy meal.” - participant
“....all the children have a good knowledge of what is considered healthy / unhealthy.” – support worker*

Our Favourite Food

Fresh green broccoli cooked and warm.
Crunchy, sweet, orange carrots.
Chocolate cake specked with Smarties.
A big burger the size of your head.
Sunday roast meat with hot, salty, brown gravy.
Vanilla ice cream in a cone with a flake sticking out.
Soft, melted, smooth, runny, yummy chocolate.



Level 2

Children received information about the health issue

1	2	3
---	---	---

Not Met	Partly Met	Fully Met
---------	------------	-----------

*“Here is a list of food that is good for you:
Oranges, radishes, onions, apple, lettuce, bananas, water, salad, grapes, plums, peaches, cherries, melon, lemon, pear.” -
participants
“The project will be used to highlight aspects of health in the curriculum”. – support worker*

A Healthy Story

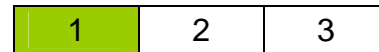
There was once a boy and a girl who lived by themselves. They didn't know how to be healthy so they ate: Chocolate, do nuts, cake, crisps, sweets, ice cream, sausage, chips and chicken nuggets. They did not have healthy bodies because they never did any exercise. One day the girl said, "we have run out of food we will have to walk through the forest to find some." They came across a big stone with a face in it. The stone said: "I am the wise stone. I will help you. What do you need to know?" What would make us healthy?" asked the boy and girl. "Eat broccoli, sweet corn, pears, oranges and carrots. Drink water and milk." Said the stone. "Also you should go to bed early and when you get up in the morning after you've brushed your teeth do some push ups and walk to school." The children went away. From that day on they did healthy things. They felt much better, all thanks to the wise stone.

Level 3
Children have an increased knowledge and understanding about the issue



"Chocolate cake isn't very good for you. It's best on a special occasion. It doesn't have vitamins in it." - participant
"...the project provided the children with the opportunity to develop an understanding of aspects of health issues through a different medium.." – support worker

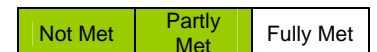
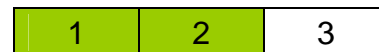
Level 4
Children have increased access to health information and support



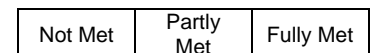
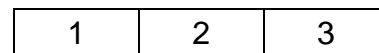
Level 5
Attitudes change - Children's self confidence and self esteem increases and they gain self discipline



Level 6
Motivation to change - Children find a way of communicating issues to adults who control what they eat and become champions



Level 7



*Behaviour change

**None of the groups felt that they would be able to achieve behaviour change within the short timescale of the project.*

Advocacy and support

1	2	3
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Not Met	Partly Met	Fully Met
---------	------------	-----------

Partners were invited to comment on how they might use Chewing it Over as an advocacy tool

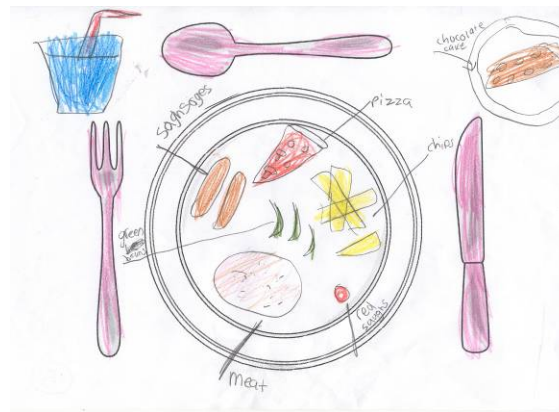
Yes, for developing partnership based projects in the future. The information arising from the project should help inform the delivery of health eating messages to children and young people.

A good example of partnership work to achieve outcomes

The outcomes of the project may help influence other decisions in health promotion services

Unexpected Outcomes

- A number of the projects involved participants tasting food they had never eaten before
- None of the children who visited the Art Gallery as part of the project had been there before. Both St Lukes and West Park are planning to visit the gallery with other groups of children in the near future.
- “I have had an amazing day today. I have never been to an Art Gallery before. It’s great.”
- The development of a new partnership between the PCT and the Art Gallery.
- “We think we have identified another bit of joint art gallery/ health work we can develop, linking a couple of existing projects. Watch this space!”



CHEWING IT OVER OUTCOMES – YOUNG PEOPLE

The information contained in this section of the report relates to the four ‘Chewing It Over’ projects targeted specifically at young people aged 12 – 25. These were the two projects based at Russells Hall Neighbourhood Centre, Dudley, the Asian girls group based at Darlaston Library, Walsall and the project at Coneygre Arts Centre, Sandwell.

The information below is provided as a summary as to what extent the projects collectively met the outcomes they selected for their projects. Support workers who had been present during the project sessions were asked to complete two separate monitoring and evaluation forms; a self-assessment form on how well they thought they had met the outcomes attached to their project/s and a short questionnaire collecting quantitative and qualitative information. In addition the support workers were asked to send in evidence collected during the project to validate the delivery of the outcomes.

A total of 59 young people took part in the project

19 individual workshop sessions were delivered as part of the project

Number of projects that submitted outcomes & evaluation material



Number of projects that submitted evidence to support outcomes



Range of evidence submitted to support outcomes
(1 = poor 5 = satisfactory 10 = excellent)



Headline Project Outcomes

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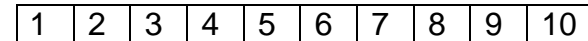
Engaging Participants: Who was involved in the work?



The Creative Process



The Creative Product



The outcomes under this heading relate to the production and distribution of the final publication. As this is not due to be completed until July this outcomes is currently unmet.

Partnership Working



See page 9 and 10

Learning Together: Developing new ways of working



See page 9 and 10

Cultural Outcomes

No. of projects that had this as an outcome

How far did they meet this outcome?

1	2	3	4
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Not Met	Partly Met	Fully Met
---------	------------	-----------

19 individual workshop sessions were delivered as part of the project and 1 celebratory event has been held to date.

Artists who delivered 'Chewing It Over' workshops

Julie Bowden, writer, worked with the girls from Darlaston

Kim Fuller, writer and journalist, worked with the young people at Coneygre Arts Centre

Dave Reeves, writer, and Sakab, editor, worked with young people from Voice 21 based at Coneygre Arts Centre

Roy McFarlen worked with the older mixed group at Russells Hall Neighbourhood Centre

Emma Purshouse worked with the girls group at Russells Hall Neighbourhood Centre

Ruth Swallow, artist, worked with young people from Base 25 based at Wolverhampton Art Gallery

"Young people will talk to an artist in a totally different way to how they would if I went to talk to them as a health professional. They would tell me what they think I'd want to hear".

"The way the sessions were conducted was good and made young people talk in a frank and honest way."

"The quality and quantity of the work they produced was fantastic!"

"The young women built up a good relationship with the artist and support workers and produced a huge amount of creative writing pieces."

I wanna cook up a storm
To break up the norm
Of fish and chips
To aid healthy tips

I wanna cook up rhymes
And season with thyme
To eat more than bake beans
To be healthy and lean

I wanna cook up a real deal
Of a mixed healthy meal
Five times a day
Will keep the doctor away



Health and Well Being Outcomes

Level 1

Opinions gained from Young People (& parents / carers where appropriate)

No. of projects that had this as an outcome

1	2	3	4
---	---	---	---

How far did they meet this outcome?

Not Met	Partly Met	Fully Met
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"I have unhealthy food and drink. Why? Because it's there" - participant

"It was a chance for YP to reflect on their lifestyles and talk about factors that shape/dictate their diet" - support worker

Skin and bony

Zap the bingeing

Ill and 'moany'

End the whingeing

Zero's too thin

Rediscover curves

Eat some packin'!

Or get on my nerves!

Level 2

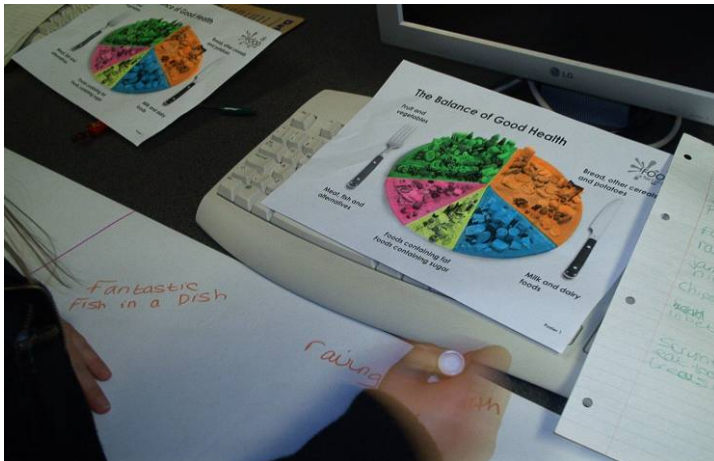
Young People received information about the health issue

1	2	3	4
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Not Met	Partly Met	Fully Met
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"How much fat there was in food, 5 a-day food, have a balanced diet and good health" - participant

"[They] learnt about food and health and the effect of bad diet" – support worker



Level 3

Young People have an increased knowledge and understanding about the issue

1	2	3	4
---	---	---	---

Not Met	Partly Met	Fully Met
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“Don’t eat too much chocolate, always have a balanced diet, eat protein and carbohydrates” - participant
“Young People have increased knowledge around food and healthier lifestyles” – support worker



Level 4

Young People have increased access to health information and support

1	2	3	4
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Not Met	Partly Met	Fully Met
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“There needs to be more awareness of a healthy lifestyle for young people and better access to support and healthy option outlets” – support worker

Level 5

Attitudes change - Young people's self confidence and self esteem increases and they gain self discipline

1	2	3	4
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Not Met	Partly Met	Fully Met
---------	------------	-----------

"..it has made me feel like I understand myself and other people better." – participant

Level 6

Motivation to change - Young People find a way of communicating issues to adults who control what they eat and become champions

1	2	3	4
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Not Met	Partly Met	Fully Met
---------	------------	-----------

"[We] will serve as a platform combined with the support from Chewing it Over for YP to talk about the barriers and pressures they face in their lives." – support worker

Level 7

***Behaviour change**

1	2	3	4
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Not Met	Partly Met	Fully Met
---------	------------	-----------

**None of the groups felt that they would be able to achieve behaviour change within the short timescale of the project.*

Advocacy and support

1	2	3
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Not Met	Partly Met	Fully Met
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Partners were invited to comment on how they might use Chewing it Over as an advocacy tool
See page 14

Unexpected Outcomes

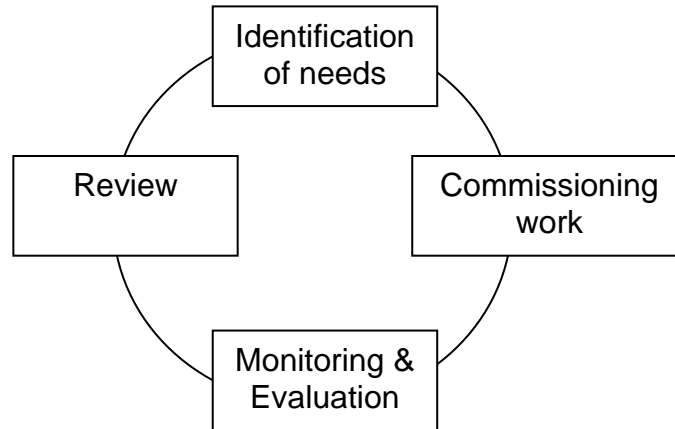
- The development of a new partnership between the youth service, library service, PCT and the Creative Development Team.
- A number of the projects involved participants tasting food they had never eaten before
- "The group learnt how to work as a team and in a team"
- Participants accessing local library services for the first time

- The project helped one group of participants to learn about how they were perceived by others and how they perceived themselves
- “The young people who took part in this project will be linked into the NRF Women in Theatre Healthy Eating project.”
- “We are now working in partnership with people we had never even met before”
- “The positive working relationship established between the library, health, youth service and creative development team has resulted in a very smoothly run, positive and enjoyable project. Through this project partnerships have been built and strengthened”.

5. The Commissioning Framework

The pilot initiative, '*Chewing It Over*' was developed using the stages of a standard commissioning cycle.

Diagram One: The Commissioning Cycle



The learning from this approach therefore forms the basis of a recommended Commissioning Framework for the future:

The Commissioning Framework

Stage One: Agree Membership

Stage Two: Develop the Commission

Stage Three: Implement the Commission

Stage Four: Monitor and Evaluation

Stage Five: Review the Commission

5.1 Stage One: Agree Membership

Membership is agreed at the start of each Commissioning Cycle (ie. each commissioned project). Membership is open to members of the Black Country Arts Partnership and their health and community partners. It is crucial to ensure equal commitment to the project from both the arts and health sectors. If some Arts Development services do not have the capacity to become members it is possible to link into other local authority services to deliver the work (eg. the Youth Service). Ultimately, projects need a strong arts and health lead and excellent communication channels.

At this stage the meeting schedule needs to be agreed. During each commissioning cycle members are expected to meet four times: at the beginning to develop and identify the commission,

during the cycle to monitor the progress of the commissioned work and at the end to review outcomes.

5.2 Stage Two: Develop the Commission

To successfully develop the commission the members need to gain a consensus on the focus and aims of each commissioned project. During the pilot, *creativityteam* used creative, participatory approaches to facilitate this process and members worked together to identify needs, develop and agree the commissioning process.

Members are responsible for meeting local priorities, agreeing local outputs, suggesting local groups which may benefit from the project and identifying local development workers. This ownership at a local level is paramount to the success of the commissions.

creativityteam also recommend that at this stage of the commissioning process the members agree financial commitment and allocate any additional necessary resources. This information then forms the basis of the brief for the commissioned project.

During this stage an Arts provider needs to be commissioned by the members. Successful arts organisations must show how they meet the commission brief, provide evidence of their experience of delivering high quality art work (in both process and product) and their links and networks across the Black Country. In addition the arts provider needs to show how they bring an added value to the programme (for example, within 'Chewing it Over' *The Moving Finger* already publish 'Raw Edge', an established regional writing magazine).

If a rolling cycle of commissions is to take place *creativityteam* recommend an open invitation be made to regional and subregional arts organisations to join a list of potential arts providers. They would need to show how they meet the general selection criteria developed as part of the pilot programme. Arts organisations would then be solicited to make bids as appropriate.

Once the Arts provider has been selected it is important to identify key milestones and develop a realistic commission plan.

5.3 Stage Three: Implement the Commission

Once the Commission has been developed the Project Coordinator supports the Arts Organisation to work with local groups to undertake the arts work. During this stage it is important that local development workers are given the appropriate support to enable them to fully participate in the project work. *creativityteam* recommend that a formal agreement is made between the Project Coordinator and local development workers outlining roles, responsibilities and key tasks. During this stage, stakeholders need to receive regular updates on the practical work, keeping them involved and raising the profile of the local projects.

5.4 Stage Four: Monitor and Evaluation

The commission brief (see section 5.2) forms the basis of the monitoring framework by which members oversee the commissioning cycle. Within '*Chewing it Over*' a Logical Framework was developed and used to manage the commission (see Appendix 1). Clear milestones and dates should be set and freedom given to the arts provider to develop appropriate activities that would meet the agreed outputs and contribute to the outcomes. Regular monitoring should take place to ensure the targets are being met. Within the pilot, this process enabled the commission to manage on results rather than activities.

The formal agreement with Local development workers (see section 5.3) needs to outline their responsibilities with regard to the collection of monitoring and evaluation information.

5.5 Stage Five: Review

After the commission is completed members are responsible for reviewing the work and making recommendations for future commissions.

6. Key Lessons Learned and Future Actions

6.1 Key Lessons Learned

Appendix 7 contains a full analysis of the commissioning model used in the pilot stage. The key lessons learned are as follows:

Commissioning Cycle:

One of the key issues raised by members of the Advisory Group was the project timescale. Many members felt the timescale was too short, some felt that this resulted in missed opportunities. The Commissioning Framework includes the key decisions which need to be made by members during the commissioning cycle. Therefore agreeing a realistic commission timetable during the next stage is crucial. The Advisory Group also felt that it was important to agree member roles and responsibilities. It is proposed that this Framework provides the Terms of Reference, a formal guide to future commissions.

Maximising the impact of the pilot programme:

Key health and community partners were responsible for collecting the evaluation material and accompanying evidence. They were given a broad palette of outcomes to measure and evidence to collect, in order to make these appropriate to their individual projects. However, in many cases this was too broad, and this coupled with varying interpretations of evidence as well as a lack of continuity in some project teams resulted in not all outcomes being addressed nor the full range of evidence provided.

Reputation and Profile:

Focusing on one health theme ('Eating Well') with a clear target group (children and young people) enabled the PCTs to respond well to the pilot programme. It linked to their own structures and they were therefore able to each nominate a key contact person who was responsible for delivery and support. This was in spite of the PCTs' own capacity and resource issues.

The pilot programme enabled a variety of work to be developed at a grass-roots level, with a tremendous amount of ownership from the majority of local partners. As a result of this, some health sector partners have raised the profile further afield (eg. at the 'Achieving Excellence in

Public Health' Conference). This has given the work increased credibility as a subregional programme, and could be maximised much further in the future.

The project benefited from a partnership with an arts organisation with an existing subregional profile, bringing with it an infrastructure of contacts, knowledge and connections which a singular artist could not achieve. The pilot also harnessed support from regional arts and health partners (Arts Council England and the Strategic Health Authority), which needs to continue to be strengthened for the future.

6.2 Future Actions

In order to sustain the work BCAP need to consider the following actions:

Use the Commissioning Framework to maximise the impact of the pilot programme and involve new health and community partners

The pilot project has operated as a Black Country Arts Officer Partnership (BCAP) initiative. A BCAP Local Authority would need to continue to 'host the project'. The Commissioning Framework would act as a way of bringing representatives of arts, health and community sectors together to develop a programme of commissions and involve new local health partners in the process, particularly G.P commissioning collectives. It would act as a governing document for each commissioning cycle defining membership, terms of reference and providing an operational plan. Working in this way will help to ensure that local partners are involved in the delivery strategy and quality standards in commissioning arts into health work are achieved. It would also serve as a vehicle for advocating and negotiating at a subregional and regional level.

Develop a reputation for meeting health outcomes

The Pilot Programme focused on one health theme: healthy eating, nutrition and obesity-related services for children and young people. Developing the 'Eating Well' theme in the next commissioning cycle would enable Black Country Arts and Health Commissioning to gain a reputation for delivering an evidence based service which would strengthening the relationship with new and existing arts and health partners. Having a clear focus would also complement the work of Local Authority partners who already deliver or support arts and health work, for example Walsall

Council/ tPCT , Dudley Council /Public Art Unit, and Sandwell Council/ Multistorey In the longer term new areas of work could be developed to respond to local and national health agendas.

Develop an appropriate organisational structure

Black Country Arts and Health Commissioning is dependent on the BCAP partnership and the commitment of the partners, in particular Walsall Council, to arts and health work. The initiative may be seen by health partners as a Local Authority-led approach. This could lead to a conflict of interests as some Local Authorities may be seen as commissioners as well as providers of arts and health services. A Local Authority led agency may also be restricted in funds it can raise.

There is now an opportunity to look to the longer term and develop an independent organisation which can develop partnerships and / or service level agreements with Local Authorities, PCTs and G.P Commissioning Collectives.

Initial research to develop an independent organisation has identified a number of options. An Unincorporated Association or Company Limited by Guarantee are the most common structures used by community and voluntary organisations. A Community Interest Company (CIC) is however the most innovative approach and would build on the entrepreneurial target based approach developed in the pilot stage. The CIC structure is designed specifically for companies with social objectives called social enterprises. They are aimed at agencies that are providing services, which complement organisations delivering core public sector services and are in line with present government thinking to deliver health care services.

Ways of establishing an independent structure which formalises the relationship with key partners, establishes clear roles and responsibilities and is cost effective will need to be explored through a rigorous business planning process.

7. Recommendations

It is recommended that BCAP develop the work and manage the transition between a Local Authority-led project to an independent organisation. In the next stage (year one) they will:

7.1 Continue to develop local health partnerships by using the Commissioning Framework to involve them in a programme of commissioned arts projects on the “Eating Well’ health theme. This work could be contracted out by the BCAP partnership. Evaluating the impact of this work would develop the evidence base collated during the pilot phase.

7.2 Commission a marketing and publicity strategy to support the commissioned projects and profile their success.

7.3 Develop a business case for independence. This would explore structural options and include the development of a Fundraising Strategy.

Appendix 1: Logical Framework

Ultimate Goal - Develop a joint commissioning framework for health improvement

PROJECT STATEMENTS	SUCCESS FACTORS	MEANS OF VERIFICATION	EXTERNAL FACTORS
<p><u>PURPOSE:</u> Ultimate objective Develop an arts-based commissioning framework for health improvement</p>	<p>Measures to verify the achievement of the purpose</p> <ul style="list-style-type: none"> • Framework produced – prototype for commissioning embedded in plans • Impact on subregional, regional & national (health and arts) agendas • Profiling of framework and evidence (regionally/nationally) 	<p>Sources of data needed to verify the purpose Generic Learning (or social) Outcomes? (GLOs)</p>	<p>Important external factors necessary for sustaining the objectives long-term Regional DH / SHA support</p>
<p><u>OUTCOME:</u> Effect / impact of the project</p> <ul style="list-style-type: none"> • Demonstrate the added value for partners working together to commission projects • Demonstrating that the arts can contribute to meeting health outcomes 	<p>Measures to verify the achievement of the outcome</p> <ul style="list-style-type: none"> • Cost effectiveness • Recognition of cross-boundary issue, ie. commissioning across boundaries where not done previously • Potential involvement of academic partner (methodology) 	<p>Sources of data needed to verify the outcome Generic Learning (or social) Outcomes? (GLOs)</p>	<p>Important external factors necessary for achieving the purpose Health & arts strategic buy-in</p>
<p><u>OUTPUTS:</u> Agreed deliverables of the project</p> <ul style="list-style-type: none"> • Body of high quality work • Shared outcomes across sectors • Maximising resources • Criteria against which to measure impact • Robust methodology 	<p>Measures to verify the achievement of the outputs</p>	<p>Sources of data needed to verify the outputs Generic Learning (or social) Outcomes? (GLOs)</p>	<p>Important external factors necessary for achieving the outcome Sub-regional health and arts partners contribute</p>
<p><u>ACTIVITIES:</u> Activities to achieve the outputs Arts and health projects with Children and Young People exploring 'Eating Well'</p>	<p><u>INPUTS:</u> Inputs that are required and their expected cost Existing / planned projects: contacts, co-ordinators, target group, resourced, stakeholders</p>	<p>Sources of data needed to verify the activity level</p> <ul style="list-style-type: none"> • Co-ordinator visits • Documentation • Generic Learning (or social) Outcomes? (GLOs) 	<p>Important external factors necessary for achieving the outputs</p> <ul style="list-style-type: none"> • Existing projects/groups available • Buy-in from local partners & Advisory Group • Arts projects need to happen

Appendix 2: Advisory Group Members

Wolverhampton

Sajida Aslam (Outreach Officer)
sajida.Aslam@wolverhamptonart.org.uk

Paul Southon, Public Health Practitioner, PCT
paul.southon@wolvespct.nhs.uk

Sandwell

Mumtaz Shah, Sandwell PCT Arts and Health lead
Mumtaz.Shah@sandwell-pct.nhs.uk

Shaleen Meelu, PCT
Shaleen.meelu@sandwell-pct.nhs.uk

Walsall

Rachel Parker, Creative Development Team
ParkerR@walsall.gov.uk

Sue Grainger, Libraries Manager
GraingerS@walsall.gov.uk

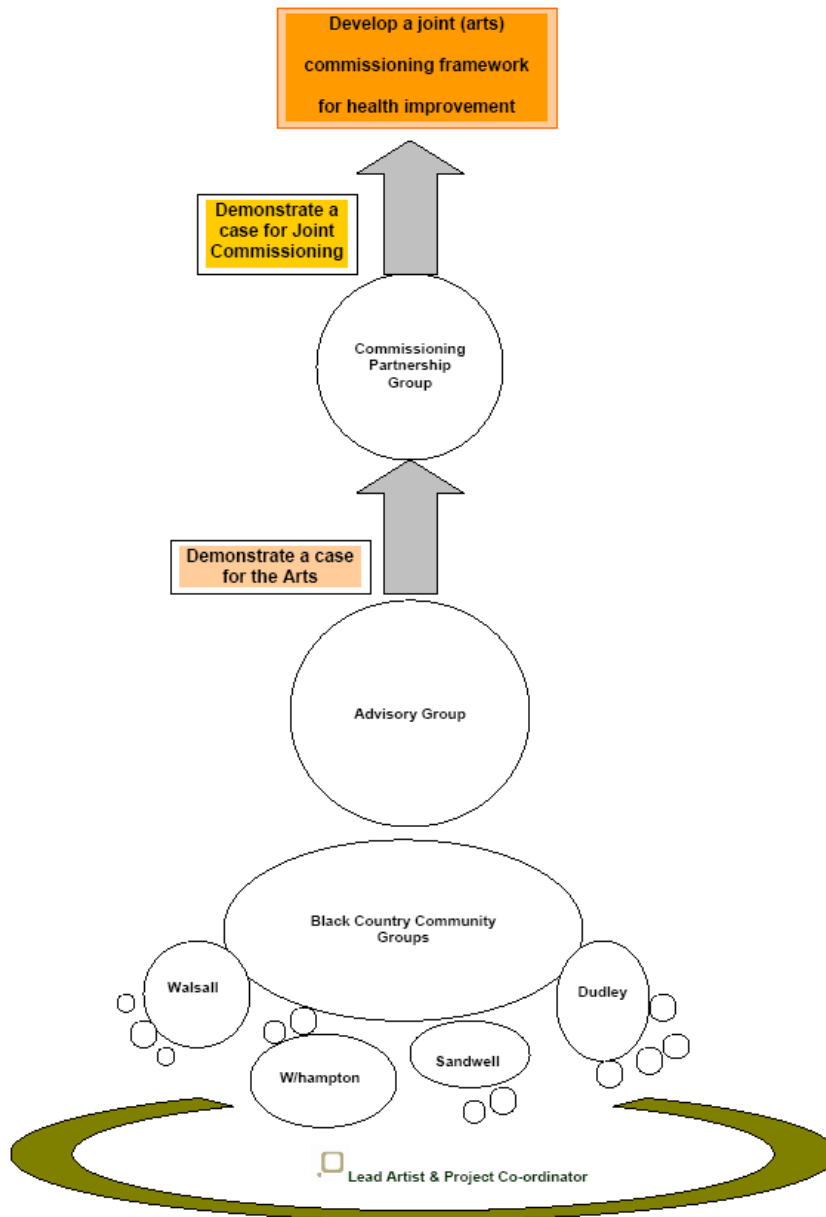
Bal Kaur, tPCT
Bal.Kaur@walsall.nhs.uk

Dudley

Trish Bussell, Nutrition Programme Manager, PCT
Patricia.Bussell@dudley.nhs.uk

Fred Richings, Principal Arts Officer
fred.richings@dudley.gov.uk

Appendix 3: Diagram of model, stakeholders & communication channels



Appendix 4: Framework of shared outcomes

Who was involved in the work?		
	Success Factor	Types of Evidence could include:
<i>Easier</i>	Children and Young People participated	
	Participants were from a range of communities	
<i>Difficult To Achieve</i>	Elements of the project were targeted at particular groups that agencies find difficult to reach	

The Creative Process		
	Success Factor	Types of Evidence could include:
<i>Easier</i>	Fun	
	Children and Young people are involved in the creative process	
	Children and Young people gain new experiences	
	Children and Young people gain new skills	
	Children and young people are involved in running the project	
	Learning was accredited	
<i>Difficult To Achieve</i>	Children and young people produce product for other children and young people (Language used was jargon free)	

The Creative Product		
	Success Factor	Types of Evidence could include:
	Product distributed	
	Was the product quality (fit for purpose)	

Health and Well being outcomes for Children and Young People		
	Success Factor	Types of Evidence could include:
<i>Easier</i>	Opinions gained from Children and Young People (& parents / carers where appropriate)	
	Children and Young People received information about the health issue	
	Children and Young People have an increased knowledge and understanding about the issue	
	Children and Young People have Increased access to health information and support	

	Attitudes change Children and Young people's self confidence and self esteem Increases	
	Children and Young people gain self discipline	
	Motivation to change Children and Young People find a way of communicating issues to adults who control what they eat	
	Children and Young people become champions	
<i>Difficult To Achieve</i>	Behaviour change	

Partnership Working		
	Success Factor	Types of Evidence could include:
<i>Easier</i>	Partners agree local outcomes	
	Partners work together to deliver the project	
	Cross agency networks identified	
	Cross cutting themes are identified	
	Commissioners see the benefit of the arts as a tool to support their work	
	Work with partners to develop other projects on cross cutting themes	
<i>Difficult To Achieve</i>	Impact of the work sustained	

Learning together: Developing new ways of working		
	Success Factor	Types of Evidence could include:
<i>Easier</i>	Partners involved share information	
	Work is used as an advocacy tool	
	Local voices are heard by commissioners/ policy makers	
	Solutions developed	
	Children and Young people see impact of the project	
	The arts and health project has an impact on how future services are developed	
<i>Difficult To Achieve</i>	Impact of the work sustained	

Appendix 5: Project overview sheet

BLACK COUNTRY ARTS INTO HEALTH PROJECT OVERVIEW

	Location of project	Participants	Project details	Project dates	Artist/s	Added Value Activity
Wolverhampton	Whitmore Reans Children's Centre & Wolverhampton Museum & Art Gallery	Young children aged between 4-5 from West Park 3-5's Unit	The storyteller will be working with 2 groups of twelve 4/5 year olds using works of art exhibited at WM&AG as the catalyst for the project. The first and final sessions will take place at WM&AG	The project will start on Monday 26/02 and will run over 5 consecutive weeks.	Maria Whatton	Ruth Swallow (WM&AG) will undertake a one-off workshop with members from Base 25 (young people) to produce visuals for inclusion in the final publication
Wolverhampton	Wolverhampton Museum and Art Gallery (WM&AG)	Year 2 pupils aged 6-7 from St Lukes C of E Primary School Infant site	The writer will be working with a group of 12 children using works of art exhibited at WM&AG as the catalyst for the project.	The project will start on Monday 26/02 and will run over 5 consecutive weeks.	Maria Whatton + Ruth Swallow (WM&AG) will support the production of any visual artwork	
Walsall	Darlaston Library	Asian girls aged 13 - 19	The writer will be working with a new group of Asian girls looking at healthy eating from a cultural perspective. The project proposes to involve the younger siblings of the participants in the project in order to get a perspective on healthy eating from a younger age group (tbc)	There will be an introductory session on 08/02 and the project will officially start on Monday 19/02 and will run 2 sessions a week (Mondays and Thursday) over 4 consecutive weeks .	Julie Bowden	
Sandwell	Ingestre Hall Residential Arts Centre	Year 6 pupils aged 10 - 11 from Ocker Hill Junior School	The writer will be working with four groups of children (dance, drama, music and visual art). The writer will be undertaking one session with each of the 4 groups over 2 days The work undertaken by the writer will be used as a catalyst to produce performance pieces or artworks during the latter half of the week.	The project will be run over two consecutive days 27/02 and 28/02	Dave Reeves	

Sandwell	Coneygre Arts Centre	Young people 13+	The writer will be taking up residency at Coneygre Arts Centre and will be discussing issues and attitudes towards healthy eating with young people who visit the centre. (TBC)	The project will start on tbc and will run over 3 consecutive weeks.	Maeve Clarke (tbc)	The production of a film-based evaluation of the project undertaken by a group of young people from Coneygre Arts Centre. £5,000 has been secured through the pct to fund this additional evaluation activity
Dudley	Russell's Hall Youth Centre	Young people 13 - 19	The writer will work with an established group between 6.30-8.30pm. This work would be undertaken in a much more informal drop-in way.	The project will start on Thursday 08/03/2007 and will run over 3 consecutive weeks.	TBC	The group may explore using the work with the writer as the inspiration for a piece of music or dance
Dudley	Russell's Hall Youth Centre	Girls 12 + 13	The writer will work with an established group between 7-8pm to enable the group to undertake other activities (primarily dance) that they are already committed to during the first half of the session.	The project will start on Monday 05/03/2007 and will run over 3 consecutive weeks.	TBC	The group may explore using the work with the writer as the inspiration for a piece of music or dance
Dudley	Russell's Hall Primary School	TBC	2 additional session may be run with a group of children from Russell's Hall Primary School	TBC	TBC	

Appendix 6: Example of evidence of a range of outcomes

Black Country Arts Partnership Piloting an Arts into Health Commissioning Framework Outcomes Report: w/e March 02				
Key Task	Dudley	Sandwell	Walsall	Wolverhampton
Agreeing specific and suitable targets / outcomes for all projects and how evidence will be collected.	<p>All outcomes + collection of evidence agreed at meeting on 120307.</p> <p>Outcomes template sent to all support workers to assist data collection. For return 02/04</p>	<p>All outcomes + collection of evidence agreed at meeting on 010207.</p> <p>Outcomes template sent to all support workers to assist data collection. For return 02/04</p>	<p>All outcomes + collection of evidence agreed at meeting on 220207.</p> <p>Outcomes template sent to all support workers to assist data collection. For return 02/04</p>	<p>All outcomes + collection of evidence agreed following mtg with Vicky Walters at West Park 20/02/07 and telephone conversations / email correspondence with other partners</p> <p>Outcomes template sent to all support workers to assist data collection. For return 02/04</p>
Additional outcomes agreed for projects (outside of those on the 'menu')	Barriers to what prevents young people from eating healthily identified.	Children and Young people produce an evaluation video at Coneygre Arts Centre	Young People access library + facilities	Young People access art gallery – none of the children participating in either of the groups had ever visited the gallery before and many of the children asked if they could come back. West Park has committed to visit the gallery again in the near future.
Baseline data collected	No baseline data to be collected for Dudley projects as all participants have already undertaken a considerable amount of work around healthy meeting.	No baseline data collected for Ingestre project. Café exercise will be used to measure changes in behaviour. This will start at the first session.	Baseline data collected at the first session on Monday 190207. CC has been sent the first lot of this data (attached).	Baseline data collected for West Park 3-5 Unit through shopping trip exercise. Baseline data for St Lukes collected through plates exercise. CC is awaiting receipt of both sets of data.

Key Task	Dudley	Sandwell	Walsall	Wolverhampton
End of project data collected	To be collected w/b 02/04/07	To be collected w/b 02/04/07	To be collected w/b 02/04/07. Parent / carer evaluation data collected post the celebratory event.	To be collected w/b 02/04/07
Liaising with artists and Raw Edge to gather informal or unexpected outcomes	All artists are keeping diaries to record unexpected outcomes. CC to provide all artists with an evaluation sheet post completion of projects. (no artist time budgeted for post-project de-briefing)	All artists are keeping diaries to record unexpected outcomes. CC to provide all artists with an evaluation sheet post completion of projects. (no artist time budgeted for post-project de-briefing)	All artists are keeping diaries to record unexpected outcomes. CC to provide all artists with an evaluation sheet post completion of projects. (no artist time budgeted for post-project de-briefing).	All artists are keeping diaries to record unexpected outcomes. CC to provide all artists with an evaluation sheet post completion of projects. (no artist time budgeted for post-project de-briefing). Ruth Swallow made fruit sculptures with her Base 25 group she used this as an opportunity to encourage the participants to try fruits they had never eaten before.
Liaison with support workers to gather informal or unexpected outcomes	To be collected w/b 19/03/07. CC to attend session this week.	Coneygre data to be collected w/b 19/03/07. CC to attend session this week No mid-point data collected for Ingestre due to condensed timescale of project.	Mid-project planning group meeting held on 13/03/07. Some of the exercises devised by the artist and used in the sessions may be incorporated into a resource that Walsall youth service are producing to inform young people about health related issues.	CC attended both the Wolverhampton sessions on 12/03/07
Review the work and provide regular written updates to <i>creativityteam</i> on the outcomes being met (so supporting the production of the final Commissioning Framework)	Report + supporting info sent on 19/03/07	Report + supporting info sent on 19/03/07	Report + supporting info sent on 19/03/07	Report + supporting info sent on 19/03/07

Appendix 7: Analysis of the Commissioning Model

SWOT Analysis

Table one summarises the strengths and the weaknesses of work undertaken as part of the pilot programme to date, to develop a joint framework for arts and health commissioning.

Table One

Strengths of Pilot work	Weaknesses of Pilot work
<p>Structure Project Work helped to secure the support of Arts and Health partners at a local level</p> <p>Aims/ Focus Each Locality agreed to work on the same health issue.</p> <p>Delivery Strategy Clear link with the Commissioning Cycle: focus on Health Needs Assessment.</p> <p>Profile of arts into health work has been raised by encouraging a joint commissioning approach.</p> <p>Management by outcomes at all levels: BCAP -Creativityteam- Raw Edge/ Project Manager. Monitoring system linked to outcomes/ outputs freeing each organisation to develop appropriate activities.</p> <p>New local links between arts and health agencies developed.</p>	<p>Structure Role and responsibility of the Strategic Group unclear.</p> <p>Pilot developed, managed and implemented by freelancers. Danger of no one taking longer-term responsibility for a joint commissioning organisation.</p> <p>Limited resources to establish an identity. No marketing strategy.</p> <p>Aims/ Focus The focus of the practical work was children and young people. This included a wide age range and diversity. Two publications will be produced to reflect the diversity.</p> <p>Delivery Strategy Focus on Health Needs Assessment may be limiting in the future.</p> <p>At times unclear who the target audience is. If the delivery strategy is linked to Health Needs Assessment then the target audience of the end product is health providers. If the focus of the work is changing behaviour then the target audience is young people and their carers.</p>

Strengths of Pilot work	Weaknesses of Pilot work
<p>Delivery Strategy resulted in local projects achieving and interdependent relationship with each other. Each local project had a stand-alone focus/ local celebration. Added value was gained by working together on a joint publication.</p> <p>Design and Development Advisory Group Action/ Task focus. Activities happened relatively quickly.</p> <p>Strong project management.</p> <p>Local projects have resulted in local buy in at strategic and operational levels.</p> <p>A body of new arts into health 'product' developed.</p> <p>Quality standards in commissioning arts into health work (both product and process) achieved.</p> <p>Each project has been developed to meet local needs.</p> <p>Health / Cultural agendas of all Local Authority and pct partners met .</p> <p>Links to existing local priorities secured additional funding.</p> <p>Strong Relationship with Arts Agency: Agency brought specialist skills in art form, regional links and network, worked to strengths.</p> <p>Local Project Groups are tasked focused.</p> <p>Monitoring and Evaluation Stretch targets: Local advisory group developed menu of stretch targets. Targets combined aspiration with pragmatism.</p>	<p>Design and Development Timescales met but was a challenge for some partners.</p> <p>Not enough resources allocated to profile projects properly.</p> <p>Due to limited timescale local arts and health workers could not be included in the commissioning process for the lead arts organisation delivering the work.</p> <p>Only a limited number of commissions possible in any one year. This could create a hierarchy of project work - projects not included in the commissioning process may be seen as less important.</p> <p>Monitoring and Evaluation Projects small so data gained from evaluation may be limited.</p> <p>Limited opportunities for local partners to learn from each other and share good practice and experiences.</p>

Strengths of Pilot work	Weaknesses of Pilot work
<p>Each local project group could then identify which targets their project would meet.</p> <p>Work with health partners to develop creative ways of generating base line information.</p> <p>Opportunity to cross check and triangulate the results of local projects - maximising resources to evaluate work.</p>	<p>The model is based on the assumption that work is more likely to be mainstreamed if there is a good evidence base.</p>

The Commissioning Partnership group are committed to building on the above strengths, supporting a joint arts and health commissioning process which brings partners together to agree outcomes and outputs. These targets underpin the joint commissioning of arts work which would be performance managed in the future, enabling a strong evidence base to be collated. The range of evidence and local evaluations from the pilot programme will be available once it is complete (June 2007).

Table Two summaries the future opportunities and challenges.

Table Two

Future Opportunities	Future Challenges
<p>Structure Develop an independent organisation with its own profile and identity.</p> <p>Independence brings opportunities for fundraising.</p> <p>Black Country Arts and Health Commissioning will have a Board. Developing a Board will give clear roles to regional and local partners.</p>	<p>Structure Success is dependent on ongoing financial support for a Joint Commissioning organisation, as core costs need to be met. Increased management costs may be at the expense of arts and health activities.</p> <p>Success is dependent on the project management and arts into health expertise of the people involved in Black Country Arts and Health Commissioning.</p> <p>Time taken to develop an independent organisation may means that the impact of the work loses momentum.</p>

Future Opportunities	Future Challenges
<p>Aims/ Focus Opportunity to focus on one key health theme.</p> <p>Opportunity to direct fundraising and partnerships accordingly.</p> <p>Delivery Strategy A range of public sector organisations can commission work through an organisation - PCTs, G.P commissioning collectives, Local Authorities, etc.</p> <p>Opportunity to link to other regional arts and health Initiatives e.g. proposed ACE Arts & Health Regional Learning Network initiative. This may reduce core costs.</p> <p>Design and Development Quality standards in commissioning arts into health work are developed and used to pilot a regional commissioning ‘hub’ for arts into health.</p> <p>Monitoring and Evaluation Opportunity to build on project work and develop an evidence base for the work which can be shared across the Black Country and beyond.</p> <p>Performance manage arts into health work.</p> <p>Developing a model of arts into health work which links directly to Practice Based Commissioning.</p>	<p>Aims/ Focus Health agenda keeps changing</p> <p>Model is constrained by following broad national health agendas, as there is slim chance of agreement on common health agendas/targets across PCTs in the four Black Country areas.</p> <p>Delivery Strategy Organisation needs to be able to negotiate at local, regional and national levels.</p> <p>Design and Development Lot of work needed to develop solid and ongoing relationships with a range of commissioners.</p> <p>Monitoring and Evaluation Opportunity to build on project work and develop an evidence base for the work.</p> <p>Enough funding may not be identified to ensure the research and evaluation is rigorous.</p>