



Arts and Community Engagement in LIFT

Contents

- 3 LIFT Innovation Programme
- 4 The chief executive
Ann Pursey
- 6 The clinical champion
Roy Macgregor
- 8 The creative advocate
Cathy Mahmood
- 10 The public sector director
Neil Grice
- 12 The arts specialist
Kathy James
- 14 The property developer
Stephen Oswald

Front cover shows Oak Park
Children's Service Centre in Havant.



Community Health Partnerships

Community Health Partnerships (formally Partnerships for Health) is an independent company, wholly owned by the Department of Health. It enables the development of public-private partnerships and has helped deliver the first coordinated programme of major investment in purpose-built facilities for NHS Primary Health Care and Local Authority community services – the LIFT initiative. CHP is also developing newer models of public-private partnership designed to meet the needs of local communities, such as Community Ventures and Social Enterprises – all with an ongoing commitment to improve and integrate community and health services.

‘The arts can play an important part in primary care plans for physical improvement through LIFT... But they must be about more than physical regeneration, instead influencing the whole system, so as to enrich the health and wellbeing of individuals and their communities.’

**David Colin Thome – National Clinical
Director for Primary Care, Department of Health
(The arts, health and wellbeing – Arts Council England 2007).**

LIFT Innovation Programme

The LIFT Innovation Programme is an 18 month Trial Programme managed by Community Health Partnerships. The policy stakeholders are Department for Business, Enterprise & Regulatory Reform and Department of Health. The purpose of the trial is to establish whether a centrally run programme to support and facilitate the sharing of knowledge, innovation and good practice between LIFT Companies (LIFTCos) can bring benefits to the LIFT community.

Twelve LIFTCos are currently involved in the trial, split into two cluster groups (North and South) and together they identified four themes to work on: Affordability / Value for Money, Improving Service Development / Delivery, Regeneration and New Knowledge. The Programme has already begun to stimulate an exchange of information within the cluster groups and has linked the work to other Government Departments and Industry specialists through meetings, events, workshops and newsletters.



Foreword

Art is such a large part of our everyday lives. It stimulates the senses and creatively communicates with people of all ages and cultures on many different levels; in different forms it is appreciated by all. It is this unique ability that makes art an essential element when planning and designing a new LIFT project.

The Department of Health commissioned a Review of Arts and Health and in 2006 accepted the findings that strongly concluded ‘the arts are, and should be clearly recognised as, integral to health and health services. The evidence to support this is provided by numerous examples and research’ (A prospectus for arts and health – Department of Health and Arts Council England 2007).

The purpose of this brochure is to provide insight into different aspects of art – process and product – in LIFT. It demonstrates how art is being supported at strategic level as well as being used in a variety of innovative and exciting ways by LIFT areas across the country to enhance and transform the perception of the health and social care environments. Furthermore it will

identify good practice and highlight ways in which art impacts on public health and wellbeing.

Art is also effective as an inclusive method of engagement and consultation with individuals and communities – a participatory approach to develop positive relationships and connections with schools, community groups, service users, staff, partners and other local stakeholders all enabling raised awareness of LIFT service development and delivery in the local area.

I hope you will enjoy reading this brochure and find it both useful and inspirational.

Sue O'Connell

Sue O'Connell
Chief Executive – Community Health Partnerships



Being Chief Executive of two major LIFT companies has given Dr Ann Pursey wide experience of differing approaches to engaging local communities in new LIFT schemes. She explains how ‘creative consultation’ overcame a tricky communication problem and subsequently became an essential part of the development process.

The chief executive

Dr Ann Pursey

Dr Ann Pursey has an extensive background in primary healthcare, giving her a useful perspective in her current roles. She is a nurse graduate with a PhD in Public Health. Prior to her appointment as Chief Executive of North Staffordshire LIFT (Prima 200) and Birmingham and Solihull LIFT (BaS Solutions), she held academic posts at Hong Kong University and Warwick University Business School. She has also been a PCT Director of Operations and Nursing.

Have you always been a believer in community engagement?
I've always believed in involving people in decisions that affect them and in my NHS and other healthcare-related roles consultation with patient representatives and other community groups was standard practice. But consultation isn't the same as engagement and it wasn't until I joined Prima 200 that I learned to appreciate the difference that real engagement with communities can make.

What happened to make you appreciate this?
One of the first Prima 200 projects I became responsible for from the outset was the Shelton health centre scheme. Shelton is one of the most deprived areas of Stoke-on-Trent

measured against all the usual indices. It has a big minority ethnic population and a large transient population of students from the university and college. There are two asylum-seeker hostels, a bail hostel, and a massive terraced housing stock. It hadn't had any significant development for around 20 years and we thought the new centre could provide a great focus for regeneration. Shelton has a canal running through it and we worked with British Waterways to create a scheme that was right on the canal side. We were still preparing the planning application when I got a call telling me that the community was going to object to the plans.

Aren't objections just a normal part of the planning process?
There are always concerns about change – that's only natural, especially when it directly affects your own back yard. But what was surprising in this case was the degree and strength of opposition so early on in the process. They even had the posters ready and were going to picket the civic centre when the application was raised. We were convinced that the scheme would be ideal for the area but if we couldn't get the community on board then we had to question whether we were doing the right thing.

So what did you do?
I decided that we had to put a lot more effort into finding out what the community were really worried about and why they were protesting. First we used our contacts in Stoke's Neighbourhood Management Teams – which were set up under the Pathfinder initiative – to identify all the significant community groups. We found over 100! We then started to engage with them – visiting residents' association meetings, attending events, really getting to know people. And once you start talking properly you discover what underlies the objections. For example, there was a 20 year history of proposed redevelopments at Shelton and people had been led to expect new housing and a marina rather than a health centre.

Was the engagement exercise mainly about listening to people?
Listening and learning was a big part of it and much of that is quite intuitive and unstructured – people don't communicate in straight lines and you have to be prepared to go where they

lead you. But we also wanted to get people more positively involved so they could have real input into the new scheme and start to own it. To help us do this we started a creative consultation programme in addition to our continuing dialogue with community groups.

How does 'creative consultation' work?
Creative consultation uses a range of creative techniques to help people express their views and opinions about a particular proposal. In our case we employed a local creative arts organisation which worked with community groups to help them capture and convey what they wanted from the new health centre. With some groups creative writers used storytelling and poetry. With schools we had a folk musician who helped children create songs about the centre. This allowed us to tap into people's thoughts about their own healthcare expectations, how they wanted the interior to make them feel, what the reception area should be like and so on. We then fed this back to the development and design teams.

North Staffordshire
North Staffordshire LIFTCo – Prima 200 Ltd – have been working with local arts organisation Letting in the Light (www.lettinginthelight.org.uk) to engage community groups and give them a voice in the development of new schemes.

As part of the creative consultation for the Lower Milehouse health centre development, Knutton Honey Pots Mothers and Toddlers group agreed to work with Letting in the Light guest artist, Ania Bas, to create a series of posters expressing their hopes for the new facility. These took the form of 'prescriptions' aimed at six groups: ladies, men, children, receptionists, doctors and nurses.

Insightful and delightfully humorous – for example, the Honey Pots' prescription for children included 'child-size chairs, education books, juice and fruit, a cage and gaffer tape' – each poster featured a photo of one of the toddlers. The combination of light-hearted text and portrait was very appealing to the group. Mothers made sure that each child was photographed and then selected fitting facial expressions to suit the message.

The artist's time was made available through a partnership project run by the creativity team and Staffordshire University. This gives artists the opportunity to learn about collaborative possibilities and the role of the arts in healthcare.



Birmingham
To encourage community ownership of the new West Heath Primary Care Centre and strengthen its links with the local area, LIFTCo BaS Solutions supported a creative engagement programme which employed two artists. First, creative writer and storyteller Maria Whatton held workshops with local school and community groups, capturing their feelings and memories about the West Heath area in words.

Artist Emily Campbell then visualised these texts into subtly manipulated photographic images. Displayed on the walls of the centre's waiting area on illuminated panels, they provide 'windows' through which familiar scenes are given a fascinating magical quality drawn from the imaginative contributions of local people.

What was the outcome after all this work?
There's no question that it took a great deal of effort over a period of about 4-6 months leading up to the planning submission but the result was worthwhile. We had more support from the community for the new centre than objections when the submission was made. In fact we didn't have a single objection to the plan in the end. Although the initial incentive was a desire to defuse a potential protest, the benefits that come from taking the trouble to properly engage and enthuse people have been far greater. I believe we've got a much better product at the end of it that will be accepted and embraced by the community. We're using a similar creative engagement approach with another development at Lower Milehouse and this is producing equally good feedback.

Do you ever get sceptics who question whether the engagement effort is worthwhile?
I'm sure there are those who are cynical about it and cannot see the value in spending time and resources on what they regard as a 'soft' issue. It's true that while all schemes depend on good communication and consultation, they don't all demand the same level of effort as we put into Shelton. But as health centre developments get more ambitious and play an increasing role in wider regeneration it's going to be ever more important to ensure they reflect community aspirations. If we're going to make these buildings work they're going to have to be so much more than just a nice place for GPs to work out of and that means engaging people in the development process as positively and openly as we can.



Camden GP Dr Roy Macgregor is a Director of Community Health Partnerships and chairs the LIFT Clinical Champion Core Group. He believes passionately that healthcare environments have a profound influence on people's lives and that the arts can be pivotal in enhancing the experiences of patients and staff.

The clinical champion

Dr Roy Macgregor

Dr Roy Macgregor joined the Camden-based James Wigg Practice in 1980. One of the capital's most innovative general practices, it has achieved a stream of 'firsts' and awards ranging from gaining NHS Beacon status for its advanced IT through to its groundbreaking initiative to offer patients employment advice. Dr Macgregor's enthusiasm for good design is influenced by practical experience – he is Lead Partner in the development of a new landmark Integrated Care Centre.

How do GPs perceive the use of art in healthcare settings?

I think on the whole they probably start off by just thinking of it as pictures on the wall. But as they get more involved in the design of a building they begin to see that art can play a role in not just making it a pretty place to be but in enhancing the experience of the patient. I believe we should extend the word 'art' to encompass the use of colour, texture, materials, furnishings, even sound – everything that creates an environment which is sympathetic to the patient experience.

What kind of practical effects can art have on patients?

One example might be a patient coming into a centre where you had a 'rotating' art display which is regularly renewed. Rather than dreading his 3 monthly blood test for cancer checks, he will begin to think – 'I wonder what they'll have on display this time?' – so you're helping to reduce anxiety. Alternatively, a patient who has come in for a repeat prescription in a busy lunch hour and finds the local school music quartet playing in the waiting room will regard the visit as a pleasurable interlude rather than a chore. And by capturing interest and encouraging people to stay just a little longer in the centre you can often get a secondary health gain.

Can you give an example of this?

Yes. A young person might have come into the centre to collect their condoms – which are provided free – and because there's some music going on or an interesting art exhibition their interaction with the centre would be prolonged sufficiently for them not to feel embarrassed about picking up a campaign leaflet on chlamydia or taking a self-test pack home with them. In a more directed way you can also engage with people from different cultural backgrounds who may have a poor take-up of health services by introducing art activities and displays that reflect their culture and interests. There are

many possibilities here. You can hold art classes and workshops in painting, sculpture and pottery, organise photographic competitions, and form links with local schools and colleges. This encourages contact with a health facility which can gently persuade people to get their children immunised, attend baby clinics, and understand the importance of breast and cervical screening.

What about the effects on staff? Can art make a tangible difference to them?

There are a number of ways in which it helps the staff. Having a good environment improves morale and pride and makes them feel valued. This will have a positive influence on their interactions with patients. You feel more motivated and are far more likely to go the extra mile to help someone. Invariably you find that attendance at work improves and you also find that recruitment and retention are much easier.

At what stage in a new scheme do you need to think about art?

The earliest stage possible – almost before you start a scheme. You should fully involve staff and engage local schools and community groups to find out what they might like to see in the building and the facilities they would like to have. These could include art rooms or rooms that can double-up in the evenings as music practice rooms – in which case you'll need to think about soundproofing. You may need to incorporate art-hanging rails and ensure walls are suitable for art displays – even the position of a door can make a big difference to exhibition wall space. So thinking about the space with art in mind will have a major influence on how you design your building.

Do you ever encounter resistance to the use of the arts?

Yes – there can be resistance to the costs involved and some people still see it as being on the periphery and superficial and not directly related to patient care. It can be difficult but quite often an arts champion will emerge who is able to influence others and build support – In fact, you will only succeed if you have an arts champion, I would put it as bluntly as that. They may also be able to raise funding from external organisations and charities. The use of the arts in health buildings is mainstream thinking but not yet mainstream in funding terms.

What could be done to make arts funding mainstream within LIFT?

Some LIFTCos already put aside a set percentage of their total scheme costs to cover art and graphics and signage initiatives. So in a £6m project they might allow 1% and I think that is something we should aim towards.

You obviously feel very strongly about design and the arts – what inspired your interest?

I'm just passionate about buildings and architecture and I believe they can genuinely enhance the human life experience. We all live in a pretty stressful world and people coming to

see the doctor are often in a stressful state and I think it's inexcusable in a modern society not to provide an uplifting environment when it's so relatively easy to do that. I would go so far as to say that it's almost amoral to provide services out of a drab block or a depressing portable cabin when you can provide the same services out of what could effectively be considered an art gallery. We spend most of our waking hours in our working environment and if we're doing that and expecting our staff to work with us and our patients to come and see us then we should make it an environment that is enhanced through the arts.

Bradford

Westbourne Green Community Health Care Centre has benefited from a £20,000 art project funded jointly by Accent Foundation – the Care Partnership's private sector partner – and the PCT, each contributing £10,000.

Two tiled murals with designs based around GP signatures were installed in the main public corridors. Printed curtaining was also hung in the double storey atrium at the main entrance to the building. Local Artists worked with three local schools to work up the designs and Kirkgate Studios (www.ksandw.org.uk) managed the project.



Community and Patient involvement and the Arts

- Introducing a new development provides opportunities to engage with your community. Stakeholder consultation at an early stage should include the voluntary and community sector as well as traditional health & LA service providers. Increasingly LIFT buildings are seen as a one-stop shop for a wide range of additional services. This may include the Citizens Advice Bureau, Employment Organisations such as Tomorrow's People, and Finance and Debt advice.
- Patient participation groups can play an essential role in facilitating new aspects of service provision. Some PCTs have funded workshops with professional facilitators to bring together potential centre users and patients. These workshops explore local needs and establish links.
- New projects also lend themselves to opportunities with the Arts. LIFTCos may sponsor local schools for competitions to brighten site hoardings. Artwork may be developed by local colleges and schools for inclusion in the premises.

- Fundraising events can provide for commissioned pieces to enhance internal or external aspects of the building. Both the Arts Council and Local Authorities may be in a position to contribute – particularly if matched funding can be secured.
- In designing the building, art hanging rails and specialist lighting can be included at little extra cost. Restrictions that will apply on building completion, concerning wall hanging and mounting of displays can hinder the inclusion of rotating art displays. Fixed wall mounting rails – which can be recessed 'flush' in the wall to satisfy infection control requirements – are easily installed during construction and avoid the need to retro fit.
- An overall art strategy should be considered. In developing the strategy there is an opportunity to involve all stakeholders. This allows aspirations to be explored and design ideas to be discussed. An awareness of art and design features through the development of the scheme enhances the sense of ownership.

Extract from the LIFT Planning Toolkit for Primary and Social Care 2007 (www.communityhealthpartnerships.co.uk)



Appointed by Nottinghamshire County tPCT and Greater Nottingham LIFTCo as Project Manager: Arts Policy for LIFT, Cathy Mahmood is one of very few people in the country charged with developing and embedding a sustainable arts strategy into a regional LIFT programme. We asked her about the challenges of the role and her hopes for the future.

The creative advocate

Cathy Mahmood

Cathy Mahmood is ideally qualified for the task of winning support for the arts. Before taking up her strategic post with Nottinghamshire County tPCT, she spent six years with the acclaimed touring theatre company New Perspectives Theatre Company, working initially as General Manager then as Marketing and Development Manager. Other arts roles have included running the Old Library Arts Centre in Mansfield and acting as Administrator for Birmingham's year-long Forward Festival.

Your role is quite unusual in a primary care organisation – how did it come to be set up and what does it entail?
Some time ago several farsighted individuals from Gedling Borough Council, the PCT and the LIFTCo got together and submitted a bid to the Arts Council for the funding of two part-time Arts & Health posts. Both of these were finally approved this year. One role is an Arts and Health Development Worker based at one of our LIFT centres. She's responsible for piloting a range of participatory projects targeted at specific health priorities such as teenage sexual health, obesity and so on. The other role, which is mine, is more strategic and is essentially to advocate and promote the use of the arts across all LIFT schemes in Greater Nottingham and to secure funding to support them.

What kinds of art forms are you advocating?
It's not just about pictures on walls – although they have an important part to play – it's about a whole range of arts. Everything from artists and poets in residence through to Arts on Prescription. It's also about trying to find ways in which LIFT centres can be opened up to creative activities and convincing City Council and PCT staff who work in them that they can be places where people can go and have that kind of experience as well as accessing services.

You've recently secured the support of your SPB – why was this important?
To embed the arts within LIFT – which is really the fundamental purpose of my job – it was essential to get the Strategic Partnership Board, as the overseeing body for LIFT in Nottingham, to endorse the vision we've developed. The vision sets out clear principles including the need to secure funding for the arts in each scheme, involve artists at the earliest stages,

ensure arts programmes are ongoing and participative, and to encourage sharing of good practice. The SPB has not only endorsed this vision, it's agreed that the development of an arts policy will be incorporated into the Strategic Service Development Plan due to be published at the end of the year. So I can't say that I haven't got high level support! The challenge now is to find ways to embed the arts at a local level.

So how do you convince people that the arts should be integral to LIFT schemes?
There is now a substantial evidence base that underlines the social and health benefits of engaging in cultural activity – which is brilliant – and I have to work hard to bring that to people's attention. But there are many stakeholders in LIFT and all of them will have a different perspective. For some projects you'll be asking 'How can we capture the interest and commitment of doctors?' or 'How can we reach young people?' – we have to find the right buttons to press and we also need to find arts champions at a local level who can influence their colleagues. A lot of networking and sharing is required.

You plan to use the Mary Potter Centre in Hyson Green as a model?
Yes. Mary Potter is one of our Joint Service Centres which has been allocated £50,000 from the cost plan to fund a comprehensive arts programme – a collaborative project between the public sector Nottingham City Council and Nottingham City PCT, GNLIPTCo, the Neighbourhood Development Company and local arts organisation City Arts. This involves a whole spectrum of artists working with patients, centre staff, local schools and community groups to create artworks of all kinds for the centre. Some of our other centres have had different levels of arts input but this is the first scheme that has had arts funding in place from the outset and we are using our experience there to develop an advocacy document that will set the pattern for all future LIFT schemes.



Do you need to seek external funding too?
Quite a large part of my time is taken up with preparing proposals for funding applications and we apply to a range of trusts and foundations. One initiative that we're currently trying to establish and gain external funding for is Arts on Prescription. This is a programme of creative arts workshops run by artists that patients can be referred to by doctors and other health professionals. They can benefit people with a whole range of mental and physical health problems and there's a training and development strand too. The workshops would be held at LIFT centres and, aside from their direct benefit to patients, would also help staff working at the centres to start seeing them as places where creative activities can happen on a regular basis.

How would you like to see the use of the arts develop in Nottingham?
I hope to see all the infrastructure, contacts and networks we're currently putting in place become self-sustaining so that the arts become totally integrated with the LIFT programme and a fully accepted complement to our health and social care provision. We want to ensure that artists and local people have real input into the design and brief for new centres, have the opportunity to create art works for display before, during and after construction, and have continuing interaction and engagement with centres through the arts. At the same time our health and social care teams will have the support they need to work with the arts in imaginative and innovative ways to promote health and improve outcomes for patients. We still have a very long way to go but we've made a good start!



Nottingham
At Park House Health and Social Care Centre in Carlton, arts involvement began with a poetry project to engage local residents upset about the demolition of the Old Park House building to make way for the new LIFT centre. From this project, collage/poetry plaques were created and displayed in reception, local children created a healthy living tree to brighten the entrance way, and the stained glass windows from the old building were framed and installed as hanging ceiling pieces in the atrium. Exhibitions of work by mental health service users are also arranged by Nottinghamshire NHS Trust. Current and future plans include printing workshops, photography exhibitions, summer sexual health art workshops, Big Draw events and further outreach projects – all contributing to the centre's growing role as a vibrant community hub.

At the Mary Potter Joint Service Centre in Hyson Green, City Arts and the Neighbourhood Development Company are managing the delivery of a range of workshops, bringing artists together with different community groups. Projects have included Artists Seema and Richard Gill running workshops with two local schools to create four large murals and Artist Mat Hand working with older people to create bold and eye-catching portraits for the hoardings, reflecting the diversity of the local community (pictured).

Liverpool
Liverpool and Sefton Health Partnership is working with Liverpool PCT, exploring the therapeutic benefits of sound in the waiting area of its Everton Health Centre. Sound artist Chris Watson has travelled the world, capturing the sounds of birdsong, wild animals and natural landscapes to create unique sonic artworks. Wild Song at Dawn is a work which captures and celebrates the magnificent dawn chorus that rings across the British Isles each spring.

Originally used in Royal Liverpool Children's hospital, the dawn chorus is believed to be a cathartic experience, providing hope

and inspiration. In the waiting area, patients are immersed in this natural soundscape by means of highly directional speakers which deliver gentle 'sound showers'. The aim is to offer some virtual escapism and sound therapy into an environment which patients often associate with stress, anxiety or boredom.

Supported by the Culture Company and project managed through FACT (Foundation for Art and Creative Technology – www.fact.co.uk) this project is being reviewed by the Partnership and FACT to determine how 'sound and wellbeing' could be extended to other LIFT facilities.



A Director of Cheshire and Merseyside based LIFTCo Partners 4 LIFT, Neil Grice represents the interests of three PCT shareholders. He relates how a participative art project focused on the new Tower Hill Health and Community Centre convinced LIFT partners that public art should play a key role in all current and future schemes.

The public sector director Neil Grice

Neil Grice is a senior manager with over 20 years' experience in the NHS. In addition to his role as a Director of the Partners 4 LIFT LIFTCo, he is Project Director for the Halton and St Helens, Knowsley, and Warrington LIFT Project. Before his involvement in LIFT he held a variety of senior posts including Head of Primary Care Development for a major NHS PFI scheme, Chief Executive of an NHS Primary Care Group and General Manager for a number of specialties in a large NHS acute hospital.

How did the art project at Tower Hill come about?

We wanted to achieve two things. Firstly we wanted to make sure that local people and local groups understood what was going on in the centre, what the benefits were and that the building essentially 'belonged' to them. Secondly we wanted to find a way of brightening up what is a fairly large building and making it more interesting for patients and staff. We managed to get some funding from the PCT and the Pears Foundation, who were then the private sector shareholder in our LIFTCo, and the idea took off.

Were there any doubts that an arts-based approach was the right one?

The idea of using public art was well supported – especially by the PCT. I've been involved with the NHS for some time and certainly in some acute hospitals, such as Alder Hey in Liverpool, you can see how art can transform the environment, liven buildings up and make them more interesting places – especially if you're waiting in them! Often we don't do that in primary care, so what we felt, and the PCT agreed, was that we had a great opportunity to enhance the environment for building users and, at the same time, get people more involved in the centre. We were fortunate in that Knowsley PCT works very closely with Knowsley Council and the Council has a very strong arts team. So we had lots of guidance and practical assistance from Claire Weetman, the Arts Officer. This certainly made the project run more smoothly than it might have done.

What did the project involve?

Tower Hill is a community centre as well as a primary care facility and we wanted to involve both. The project involved four art projects led by experienced artists, three specialising in the visual arts and one in creative writing. They held a series of workshops with local groups including children from

Ravenscroft Primary School, the community centre Play Club and Youth Club, health and community centre staff, and patients attending clinics. The process was very participatory and this was as important as the finished works. These include some really eye-catching images on the health centre frontage, a fascinating range of canvases hung in corridors and waiting areas, and lines of poetry displayed on coloured panels. Claire Weetman carried out an evaluation and found that the artwork and workshops had a positive effect on the environment and the people who use it. She concluded that the involvement of staff and the local community had been key to the acceptance of the project. Given this was a learning experience for us, we couldn't have wished for a better outcome.

You recently submitted an arts proposal for the Manor Farm health centre – how will this differ from Tower Hill?

One of the main differences is that we will be keeping the brief very open-ended. Sometimes when I talk to senior managers about art they just think they'll go to a local art gallery and buy some pictures. This is fine as far as it goes – but it's not engaging. As we found at Tower Hill, you need to give creative people the space to say here's what I think we should do and why. Give them this freedom and their ideas are usually excellent. The other factor we have to keep very much in mind at Manor Farm is that the centre serves a very deprived area with all the sensitivities that brings.



How are you going to fund future projects – will you take the sponsorship route?

The LIFTCo partners themselves have said they're going to help us fund the Manor Farm project as a one-off to keep the momentum going. But we're actively looking at other sources and options. What we may well do is agree with the PCT that something like up to 1% of the construction budget of any LIFT project is set aside for art – which is what they do in hospital builds. Another factor to bear in mind is that you need to think further than one-off projects. We'd like to have enough money so we can keep the arts concept rolling. Take Tower Hill with its see-through pictures on the front windows. They look great now but in a couple of years time they're going to need refreshing with something new – which will give us another opportunity to re-engage.

What more could be done to support arts projects in the LIFT programme?

Something that would really help would be if we had a bit of



Ashton, Leigh and Wigan

The unique floor design of the Frog Lane Renal Dialysis Unit in Wigan resulted from a creative collaboration between an artist and the Renal Dialysis Patients User Group. The Group is now designing a garden area outside the Unit to create a more pleasant environment for all. Local primary school children also got involved, working with an artist to design the 'frog' floor design at the main entrance.

At Claire House, Lower Ince, an atrium provides exhibition space for local artists and can be used by local groups and service users for a wide range of creative activities, including art therapy.

For some schemes arts in health is co-ordinated by a lead in Public Health who engages with community groups to determine the range of work to be undertaken and to commission suitable artists. Commissioned work has featured the area's rich industrial heritage as well as photographs of local landmarks.

assistance in seeking additional funding. I'm thinking of situations where, for example, the PCT has put up £4,000, the LIFTCo has contributed another £4,000 and we're looking for another £4,000 to make up the full amount. It's very difficult to locate potential sponsors who might consider match-funding for a community arts project and we need a better way of reaching them.

Have you any tips for other LIFTCos who are thinking about using the arts?

A couple of things. Firstly, come up with an agreement that will guarantee some ongoing funding for arts projects and work on that before the building is built. Secondly – don't be prescriptive. Set out some broad goals of what you want to achieve but then allow people with experience of doing arts projects to come up with proposals for your building having involved patients, staff and other local groups first. You can be sure that the result will be far more successful.

Hull

When Newington Health Care Centre was planned to be built on the site of the derelict Plane Street Methodist Church, consultations with the community convinced Hull Teaching PCT, Citycare LIFTCo and its Private Sector Partner Sewell, that they should do their best to preserve the memory of the fondly regarded local landmark within the new development.

Artefacts and materials were carefully salvaged from the church during its demolition, including stained glass and mosaic flooring. Local school children designed square glass works for the new centre to incorporate the salvaged glass and these sit in portholes in the waiting room walls.

Frosted glass designs reflecting the church architecture are incorporated into the lower ground floor curtain walling whilst mosaic tiling from the church altar has been built into the wall of the upstairs waiting area.

The Hull NHS LIFT programme now includes 1% for art in all its schemes and has appointed an Arts in Health Coordinator and a lead artist for the programme.





As an Officer specialising in regeneration at Arts Council England's West Midlands regional base, Kathy James has seen a growing interest in applying the arts within development projects. We asked her about the kind of support the Arts Council can offer LIFTCos contemplating the use of the arts in their schemes.

The arts specialist

Kathy James

Kathy James has long been fascinated by the way that culture impacts society – physically, economically, socially and personally – and by the powerful links between cultural activity and regeneration. She studied for her masters degree – which covered arts and culture in regeneration – in Northern Europe where she lived in Finland, Holland and Belgium. Before joining the Arts Council she was a regeneration consultant in the private sector.

What support does the Arts Council offer to LIFTCos?

Essentially we can offer them two things: expert advice and our open access grant scheme Grants for the Arts. Advice and guidance is provided by officers based at our regional centres. We have specialist officers for different art forms and sectors of interest, including the visual arts, literature, new media, craft, theatre and so on. I'm the officer for regeneration and I have a colleague who specialises in health – so these have particular relevance to LIFT.

Where grants are involved, some people think you only support large scale projects – is that a fair perception?

Not really, although because we're a national organisation, close to the Department for Culture, Media and Sport, you can see how people might get that impression. We split Grants for the Arts applicants into individuals and organisations. An average grant to an individual is just over £5,000 and to an organisation about £21,000. We have a cap of £100,000 and a minimum grant of £200 – so they're not huge sums of money. Separately from the grant scheme we provide ongoing funding for many arts organisations around the country. These are our RFOs – Regularly Funded Organisations – and we often put LIFT teams in contact with these.

What criteria do you use to assess grant applications?

There's one grant form and all applicants are assessed against the same criteria. The areas we assess against include artistic quality – which makes us distinct from many other funding bodies – management, financial viability, and public benefit – that's important too as the money is from the lottery. We also assess projects as to whether they meet Arts Council strategic aims, and also where they will be located – areas of deprivation would get priority for example. All these criteria would usually be to the advantage of LIFT projects.

Would you like to see more applications from LIFTCos?

Yes – with the caveat that Grants for the Arts is a very

competitive funding stream and it's even more so now there are reductions to all lottery streams. But we're keen to encourage high quality applications, and where we can work with organisations and programmes such as LIFT which, as well as achieving their own goals can help us to deliver the Arts Council's strategic aims, then that's excellent. There are certainly a great many opportunities for the arts within LIFT programmes, whether it's supporting regeneration, helping with community engagement or enhancing the built environment.

Can people approach you for advice before submitting an application?

If people are applying to us for a grant then we would strongly advise that they look at our website first, which is packed with useful information and has the latest publications on art and health. Then talk to us about the application rather than submit one that is inappropriate. We can help them explore different possibilities and as a result they're usually able to refine their application. Sometimes we may refer people to one of our RFOs or to their local authority arts team who will have more local knowledge than us.

Do you ever recommend specific artists or particular art forms?

We provide advice and open people's minds to different approaches but avoid giving out lists of appropriate artists which could limit opportunities for some very competent and creative individuals. It's better not to start the process with preconceived ideas about what form the work should take – that can be very limiting, so we advise that people work with an artist to do this.

But doesn't there have to be an end product – a finished work of art for example?

People often assume that art requires an end product and so that's what the Arts Council is looking for. In fact that's not the case. I think the creative process – the part that goes before anything is permanently made – can be the most fruitful part of a project and is often what actually brings people together. In a workshop situation, for example, the artist may be working with a group of people who aren't professional artists. The material they make may not be of a particularly interesting artistic quality in its self but the fact that they're engaged and involved in a creative activity is worthwhile in itself.

Useful websites

Public Art – www.publicartonline.org.uk
ixia – Public Art Think Tank – www.ixia-info.com
Art Council England – www.artscouncil.org.uk

Lambeth, Southwark and Lewisham

The Guy's & St Thomas' Charity has provided £85,000 to fund an arts scheme for one of the LIFT's first centres. This represents 1% of the capital cost of the centre. Both the architect and the construction company have been involved, and a deed of variation was taken out to incorporate the works of art. The building is located close to Camberwell School of Arts who decorated the construction site hoardings. These were ceremoniously 'opened' by the local MP.





Developer Stephen Oswald is a Director of Guildhouse, the property company selected to partner Norfolk LIFT and, provisionally, South East Midlands LIFT. Rejecting the building-centred developer stereotype, he views LIFT as a holistic vehicle for developing healthier communities and art as a powerful means of supporting this process.

The property developer Stephen Oswald

Stephen Oswald's career in property development spans 15 years. In addition to his role as a Director of Guildhouse, the London-based property company, he is Development Director for the Norfolk LIFT (Norlife) and Shadow Development Director for the South East Midlands LIFT (Assemble). Along with untrammelled enthusiasm, he brings a wealth of life experience to his development work. His previous jobs have included trout farmer, gym instructor and three years as a residential care worker.

Your consortium has made a commitment about funding art for LIFT projects – what does it involve?

We made a promise that for any new LIFT scheme we develop we will sponsor a piece of locally produced art. What form the art takes is entirely up to the local community or building users to decide. To date most people have asked for gardens, especially sensory gardens, which some wouldn't consider to be art. But it's an element that wasn't included in the original brief from the PCT and which is aesthetically pleasing for people, and we're very happy to act as sponsor.

It's been suggested that every LIFT scheme should have 1% of its capital cost reserved for art. Do you think that's realistic? I think it's a reasonable aspiration. One of the buildings I really admire is the Evalina Children's Hospital which is a brilliant place - full of light and colour and fun. The project got 1% of its construction budget formally reserved for art from the outset and you can see the tangible benefits of that. It's a great example, and anything we can do to move arts funding away from the almost charitable status it often has and back into mainstream project costs has got to be the right way to go.

Why do you think art is so important to the LIFT programme?

Art was always intended to be an important part of LIFT. Years ago, when I first read about the LIFT ethos, I went to see the Bromley by Bow initiative in east London which has pioneered new models of health promotion, community development and regeneration. They created a 'sustainable social hub' long before those terms became fashionable. It's an inspirational place that uses the creative arts as a means to involve people, transform their lives and improve their health. The Reverend Andrew Mawson – now Lord Mawson – who led its development also helped to shape the principles underpinning the LIFT initiative and I thought at the time

that if this is what LIFT is about I want to get involved. When we started bidding for LIFT projects and absorbed all the legal packs, we noticed that the art element wasn't there and we thought it was really important to include it in our work, which is why we made our commitment.

How do you respond to sceptics who say developers are never genuinely committed to the arts - all they really care about is the bottom line?

I don't see any conflict between making health buildings with inspiring and involving environments – which is what art can help to achieve – and running a commercially sustainable LIFTCo. In fact, I believe that development companies who settle for producing creatively sterile new buildings will find that in 5 years' time from a commercial point of view they probably won't be working in LIFT. The commercial reality is that if you want these buildings to be a success they've got to engage and involve the community.

As a company you often employ art at a very early stage in the development process – how does this work?

We use art to interact and consult with different community groups at the concept stage of a proposal. One of the most successful examples was actually for a primary schools renewal programme. We employed a local artist who already worked regularly with the schools concerned to ask the children to design things they would like to see in their new school. We joined in with the architect and our construction people and spent a day drawing and sticking stuff together and talking to the children. It was fun, the children enjoyed it and the teachers were really supportive. But it also produced brilliant ideas. For example, the children wanted a movable classroom for the head teacher so she could be 'parked' by a different class each day – something that was actually quite feasible. One little boy designed a library train that moved around the school on tracks. All these ideas were then incorporated into our initial design proposals.



You're currently working on a LIFT scheme which combines a health and social care facility with an arts centre on one site – is this a viable concept?

We think so. The proposed scheme comprises a major new health centre – the new build element - which we want to link with an adjacent listed building that would be converted into an arts centre and café. The listed building is derelict and would be refurbished. The link between the two buildings would be a glass atrium housing an art gallery. We're very keen to take this forward because it embodies the idea of art and health and opens up a whole range of collaborative possibilities for improving wellbeing and creating jobs. In developing the proposal we worked with a dynamic local organisation called Bedford Creative Arts who have strong community links. They

gave groups of local people cameras and sent them out to take pictures of what they considered important in their lives. We then fed the images back to our architects who incorporated the ideas into their thinking.

How would you like to see the use of the arts developing within LIFT?

I think there still needs to be a cultural shift away from regarding art as a bolt-on afterthought which is very nice to have but not essential. I believe it is essential. All the evidence about its ability to improve clinical outcomes is out there now and we really need to start capitalising on the benefits and building art into every scheme from the outset.



Oxford

The Oxford Infracare LIFT Board has developed an Arts Strategy to incorporate Public Art into the design and construction of all its buildings. It underpins a wide range of aspirations focusing on improved environment, local engagement, arts & health, and high quality arts delivery.

Engaging with local communities is a vital part of the LIFT remit, and Oxford Infracare believed that the arts would be an excellent vehicle for supporting this. A capital budget was identified to fund the creation of permanent artworks at two first wave health centres in Blackbird Leys and Manzill Way in Cowley. This was extended by an Arts Council England grant.

Participatory projects carried out with Impact Art (www.impactart.co.uk) engaged local groups in debates around the meaning of 'healthy living'. In Manzill Way this developed further into the theme of 'healing around the world'. The ideas generated then provided a basis for the commissioning of permanent artworks.





Community Health Partnerships

New Kings Beam House
11th Floor
22 Upper Ground
LONDON
SE1 9BW

Tel: +44 (0) 207 633 4113
Fax: +44 (0) 207 633 4151

www.communityhealthpartnerships.co.uk



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