

Cultural Commissioning A public health perspective

Debra Lapthorne, Director South West

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Overview

- The common challenge on Non-communicable disease
- Responding to the challenge
- The evidence: Arts, culture and health
- Working with the public health system and commissioners
- Looking ahead



The Shared Challenges



The challenge

- Addressing the health and well-being gap
 - Healthy life expectancies gap
 - Increasing burden of preventable disease
 - Persistent health inequalities
- Addressing the care and quality gap
 - Persistent variations in healthcare
- Addressing the financial gap
 - Opportunity costs of not having a prevention focus

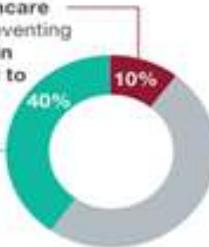
The need for a system wide approach of communities supported by their NHS, local authorities and voluntary sectors.





Why prevention matters

International studies suggest healthcare contributes only about 10% to preventing premature deaths, whilst changes in behavioural patterns is estimated to contribute 40%



Only 4% of the total health care budget is spent on prevention



It is estimated that if the public were fully involved in managing their health and engaged in prevention activities £30 billion could be saved



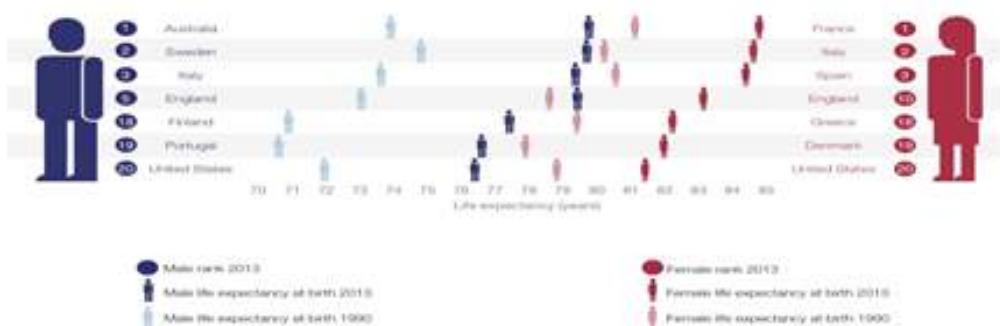
UK women, on average, smoke 3% more than the EU average



In the UK in 2008, 61.1% of males were estimated to be physically inactive and 71.6% of females



The average consumption of alcohol by adults in the UK is 10% higher than the EU average



Between 1990-2013, life expectancy in England saw a 5.4 year increase from 75.9 to 81.3 years (one of the biggest increases in EU15+ countries).

This is mainly due to falls in the death rate from cardiovascular disease, stroke, chronic obstructive pulmonary disease (COPD) and some cancers (with progress partly offset by increased death rates from liver disease).

This slide shows life expectancy at birth by gender in Australia, Sweden, Italy, England, Finland, Portugal and US, and compares LE in 1990 and 2013. Women continue to have a longer LE than men, but overall LE has increased.



Understanding the NCD Challenge

- While life expectancy has increased, this hasn't been matched by improvements in levels of ill-health.
- So, as a population we're **living longer but spending more years in ill-health**. For several conditions, although death rates have declined, the overall health burden is increasing.
- For example, deaths rates from **diabetes** fell by 56%, alongside substantial increases in illness and disability associated with diabetes, up 75%.
- **Sickness and chronic disability** are causing a much greater proportion of the burden of disease as people are living longer with several illnesses.
- **Low back and neck pain** is now the leading cause of overall disease burden. Hearing and vision loss and depression also in the top 10, alongside diseases expected to have high mortality, such as ischaemic heart disease, COPD and lung cancer.

Responding to the challenge



Responding to the challenge

Health system transformation in England

- **Health & Social Care Act 2012**
- Wholesale system change across health and social care:
 - National Health Service reform
 - Refocusing on public health and prevention
 - Localism
 - Focusing on outcomes not targets
- Changes implemented from 1 April 2013



Responding to the challenge

Government

DH responsible to parliament
Cross-government senior officials group to improve health outcomes
CMO to provide independent advice to government

Local authorities

New public health functions, helping to tackle wider determinants of health
Lead on improving health and coordinate protecting health
Promote population health and wellbeing (DPHs)

Public Health England

New, integrated national expert body
Strengthened health protection systems
Supporting whole system with expertise, evidence and intelligence

NHS England

Delivering health care, tackling inequalities
Making every contact count
Specific public health interventions, such as cancer screening

There is a role for all of us in this picture.

In the centre there is more reason for us to collaborate than ever before, with squeezed budgets and an increasing evidence base on the intertwined nature of all our work.

For local Authorities having new public health functions integrated into their wider role provides an ideal opportunity to holistically tackle wider social and economic determinants of health.

Public Health England will provide the link between these two levels of working.



Public health outcomes framework

To improve & protect the nation's health & wellbeing and improve the health of the poorest, fastest

Outcome 1) Increased healthy life expectancy – taking into account health quality as well as length of life

Outcome 2) Reduced differences in life expectancy between communities (through greater improvements in more disadvantaged communities)

1 Improving the wider determinants of health

19 indicators, including:

- People with mental illness or disability in settled accommodation
- Sickness absence rate
- Statutory homelessness
- % of population affected by noise
- Use of green space
- Social connectedness
- Fuel poverty

2 Health improvement

24 indicators, including:

- Excess weight
- Alcohol-related admissions to hospital
- Proportion of physically active and inactive adults
- Self-reported wellbeing
- Falls and falls injuries in the over 65s

3 Health protection

7 indicators, including:

- Air pollution
- Public sector organisations with Board approved sustainable development management plans

4 Healthcare & public health preventing premature mortality

16 indicators, including:

- Infant mortality
- Mortality from causes considered preventable
- Mortality from cardiovascular disease
- Mortality from respiratory diseases
- Excess winter deaths

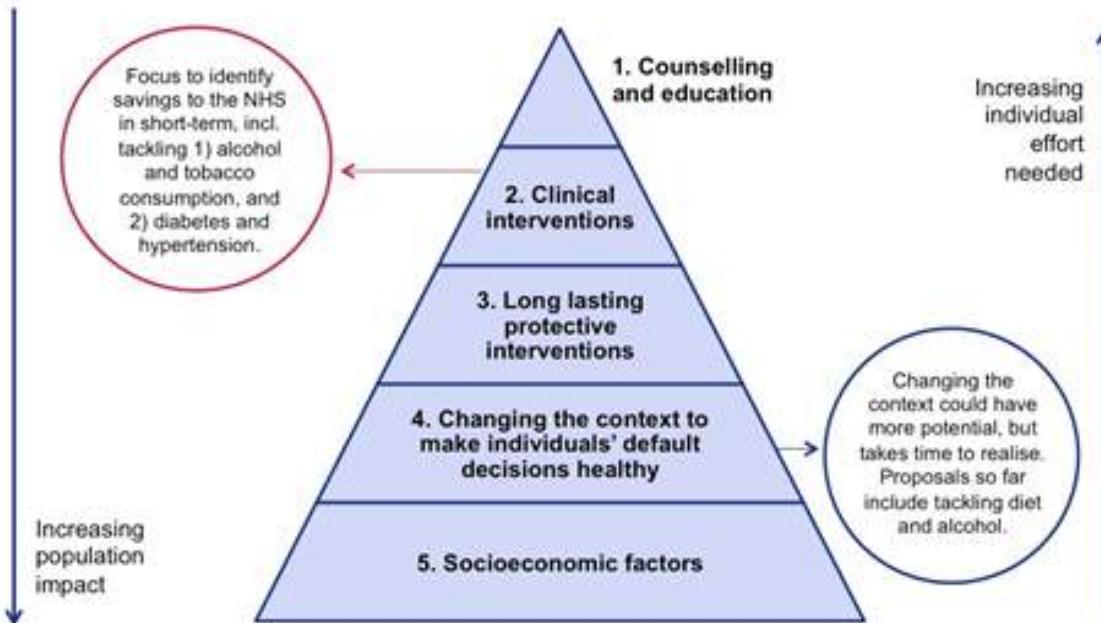
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With the establishment of the new public health system there is also a public health set of outcomes indicators called the PHOF. There are four domains and there are indicators within each of these that are relevant to physical place and health such as utilisation of green spaces, physical activity, air pollution and excess winter deaths.

1. Objective: Improvements against wider factors which affect health and wellbeing and health inequalities.
2. Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.
3. Objective: The population's health is protected from major incidents and other threats, whilst reducing health inequalities.
4. Objective: Reduced numbers of people living with preventable illness and people dying prematurely, whilst reducing the gap between communities

Shown on this slide are those Indicators which have a strong association in part with place and environment. (e.g. Domain 4 – Mortality from CVD – a recent study showed High levels of aircraft noise were associated with increased risks of stroke, coronary heart disease, and cardiovascular disease for both hospital admissions and mortality in areas near Heathrow airport in London. (BMJ 2013;347:f5432 8 Oct 2013)

Multi-level approach to NCDs and their determinants



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Source: Frieden, T. R. (2015); The Future of Public Health; The New England Journal of Medicine; 2015 373:1748-1754

The Evidence: Arts, Culture and Health



Art, Culture & Health

Spectrum of intervention types, methodologies and strength of evidence

- Clinical art therapies
- Individual art interventions
- Group art interventions
- Impact of audience participation/exposure
- Public art experience/exposure



These are **challenging times for commissioners**.

Funding cuts and changing patterns of demand for services. Responses from local authorities and the NHS have ranged widely from **restricting services** to those with the highest levels of need, to **sharing functions with other authorities**, and from cutting back significantly on non-statutory services, such as youth services, to **investing in new approaches** to meeting people's needs.

National policy shift **towards preventing harm and promoting wellbeing; encouraging self-help and peer support** to manage health conditions; enabling communities to become more 'resilient'.

Devolution and a move towards a **place-based focus on services** and drive for integrating between health and social care.

The public sector as a whole **lack of understanding** about the breadth and diversity **of the arts and cultural sector, and of its potential to transform local services**. One of the most common pieces of feedback from commissioners is: 'what's the offer from the arts and cultural sector?'

Arts and culture is **not a silver bullet**. No single intervention or solution can be, and there is no escaping the financial constraints under which public services have to operate. There is a **bridge to build between the two sectors** and successful cultural change means commissioners themselves need to engage with arts and cultural organisations, just as they would with any other group of providers. By 'culture change' we mean the **change in attitudes, language, relationships and skills** that both the **public sector and arts and cultural providers** have developed through this process.

Procurement, specifically the tender documentation, is frequently identified as being one of the major barriers to moving away from ‘traditional’ services and commissioning more innovative activities.

Commissioners of public services are facing difficult decisions about where to allocate resources. The NHS Five Year Forward View states that although some of what is needed can be brought about by the NHS itself, new partnerships are required to deliver a radical upgrade in prevention and public health. A new policy priority for the NHS is to find ways of engaging people in helping themselves and each other to manage health conditions, while local authorities are urgently seeking ways to ensure that older people are supported to live good lives in their own homes.

Evidence

Strong evidence for clinical art therapies

Growing and strengthening evidence base for cost-effective interventions delivered by arts and cultural organisations

Particularly strong for:

- Mental health
- Dementia
- Physical activity
- Well-being

Growing evidence base in relation to physical health, with some good evidence around interventions like singing for lung capacity



Arts & Health
artshealthandwellbeing.org.uk



There is a **growing national and international evidence base** showing the range of outcomes and cost benefit that arts and cultural organisations can deliver.

The **latest research, evaluation and reports** can be found at:

<http://www.artshealthandwellbeing.org.uk/resources/research>

http://www.ahsw.org.uk/the_evidence.aspx

<http://www.kingsfund.org.uk/projects/enhancing-healing-environment>

<http://www.tandfonline.com/toc/rahe20/current>

Research has shown that **arts and cultural activities** are particularly **valuable when compared with other interventions**, as they are more likely to engage participants and ensure continuing participation. They can reach people without stigmatising them.

Arts and cultural activities can also demonstrate the value they can add to a range of policy imperatives, particularly where policy promotes objectives of wellbeing, prevention and self-management, for example through the Care Act and the NHS Five Year Forward View. The Social Value Act, an important piece of legislation that could be used to strengthen the links between different services and the wider environmental, economic and social conditions of an area, could harness the arts and cultural sector in pursuit of these objectives.

Evidence across a range of service areas shows that investment in 'upstream' interventions that prevent conditions worsening can help to reduce demand for more acute services and thereby avoid increasing pressure and costs. The NHS Five Year Forward View states that although some of what is needed can be brought about by the NHS itself, new partnerships are required to deliver a radical upgrade in prevention and public health.

Arts and culture has been shown through a range of project examples and evaluations to

contribute to primary and secondary prevention, which aim to prevent harm occurring, and reduce the impact of a disease or injury that has already occurred.

Older People - One of the main areas of alignment between public services and the arts and cultural sector is with support and care for older people. The high cost of elderly care is often accompanied by poor outcomes, and the aging population across the UK has created a focus on alternative models of care and support for people as they grow older. There have been some striking innovations from arts and cultural organisations in supporting people with dementia, with Parkinson's disease and in care homes. Parkinson's UK has a section on creative therapies on their website that highlights the value of dancing and singing groups for people with Parkinson's. The Alzheimer's Association highlights the benefit of music and arts therapies on their website. Some of the arts and cultural projects working with older people are for those who have a specific condition, but there is also a range of activities, from choirs to dancing and theatre, that also keep people healthy and maintain their wellbeing, which is an important part of the picture.

Mental health - The NHS has made parity of esteem for mental health a priority, in an effort to ensure that mental health is treated equally to physical health. Many arts and cultural projects that have shown a positive impact on mental health, and in ways that are often less stigmatising than more traditional services.

Physical health - A range of arts and cultural programmes are now working to improve physical health conditions. There are choirs that work with patients to increase their lung capacity and magicians working in hospitals using adapted magic tricks to support physical rehabilitation. Arts and culture encompass a range of physical activities that can be adapted to varied health objectives and there is constant innovation. There are five broad areas of arts and culture in health:

Arts in a healthcare environment: many hospitals and healthcare settings now incorporate art work and some have dedicated arts rooms; Participatory arts programmes: many GP surgeries, care homes, hospitals and other community spaces use the arts as a method to engage people and improve their wellbeing.

Wellbeing - is now being measured at national, regional and local levels, and the Government has established a new What Works centre for wellbeing. In Kent and other areas arts interventions have been specifically commissioned to promote positive well-being, and deliver activities to improve population level wellbeing. The Arts, Health and Wellbeing APPG has been exploring the links between these areas, and the culture and sport strand of the What Works Centre for Wellbeing will continue to strengthen the evidence base.

Personalisation - the policy of personalisation is continuing to be rolled out across health and social care. Increasing numbers of people are allocated personal budgets and there is a continued focus in health and social care on giving people more choice and control over the support they get. Arts and culture represent a huge opportunity to provide personal budget holders with a wider and more engaging range of activities and support.



Public Health
England

Working with Public Health and Commissioners





Commissioning Culture

Historically commissioning of the arts has been primarily non-recurrent pilots & grants.

Moving to sustainable provision requires cultural shifts for both commissioners and providers.



Many arts & culture organisations are Small & medium enterprise (SME) and many public sector commissioners provide specific support for SME providers to engage with contracts.



Recognition that providers need to deliver the outcomes commissioners are commissioning for and in a measurable way.

'Arts and culture' captures a range of activities, innovations and interventions. Integrated into the heart of public services, they have the potential to help meet many of the challenges and objectives facing commissioners.

Historically, the arts and culture sector has shown **real promise and innovation in delivering social and economic outcomes**. But arts and cultural projects **have been operating around the edges of mainstream public services**, often grant funded by inspired leaders who want to invest in them, but are not strategically integrated into commissioning.

At a **national level**, there has been **significant interest in cultural commissioning**. The concept has **attracted attention** from policymakers, academics, think tanks and others.

In health, Public Health England, the Department of Health, the All Party Parliamentary Group (APPG) on Arts, Health and Well-being; the Association of Directors of Public Health; the Royal Society for Public Health and the What Works Centre for Wellbeing have all shown an interest in promoting arts and culture within the health sector.

In local government, the LGA, New Local Government Network, Local Government Information Unit and Commissioning Academy have been strong supporters of the work and the Social Care Institute for Excellence has included case studies on arts and culture in its Prevention library.

Many of these organisations have partnered with the **Cultural Commissioning programme** (CCP), funded by Arts Council England, to deliver events, and will be promoting the work to their members and audiences. The CCP has been invited to present its work through a number of sector **conferences, papers and seminars**, which indicates a high level of interest in what arts and culture can offer public services.

Many **arts and cultural organisations** are at the hub of their communities, with places and networks that people visit and use on a daily basis. They can be **participative, engaging and responsive to the interests people have**. They don't 'look' like traditional services – and this may be the greatest asset they bring to commissioners. They usually comprise enjoyable, engaging activities that can be brought into public services to **increase the reach and depth of impact across a range of objectives**.

The Art of Commissioning

Outcome based commissioning

- Doing X = Y in Z timescale

Specific evidence base

- Theoretical or practice based evidence
- Quantitative vs. qualitative

Involving communities and participants

Developing partnership propositions to speak together and with one voice



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Arts and cultural organisations have **much to offer**.

The sector is a **central part of a new vision for services**: a diverse and creative public service that supports people to live a good, healthy, active and fulfilling lives.

Arts and culture activities are **uniquely engaging: they are diverse, participative and active**. They offer something many traditional forms of service delivery cannot achieve.

Involving arts and culture in services can **deliver value for money** by placing greater emphasis on **prevention, self-management of health, support for integrated care and strengthening of communities**.

Some of the challenges for working with public sector commissioners are **demonstrating specific impact in a measurable way**, drawing on the evidence base and evidence based practice so we **don't reinvent the wheel each time**, involving communities and community voices in developing proposals and opportunities.

Perhaps most significant is working across different art and culture organisations to draw together a partnership proposals, some of the examples from the cultural commissioning project really demonstrate how **working as a network makes a big difference** and there is learning to draw on from the sports and physical activity county sports partnerships here.



Conflicts, Barriers and Opportunities

- Ethical conflicts
- Sponsorship conflicts
- Shared barriers for SME
- Learning from other SME
- Learning from physical activity sector on mobilising together
- Learning with public sector on ethical sponsorship



Just to note a word of caution, the public sector is often wary of conflicts of interest, being sponsored by a tobacco company or major sugar manufacturer doesn't sit well with providing health services.

Similarly if you are providing publicly funded services then it is important to consider the food environment so that the intervention's whole impact is good and positive and not undermined by lots of sweets, alcohol or cake.

Local authorities already consider how to support Small and medium enterprise to bid for contracts. So learn from other sectors and link with Chamber of Commerce for common learning.

The physical activity sector have organised well and there may be learning from them that can be drawn across, especially from the County Sport Partnership network.

Be open about conflicts and talk them through, some can be worked with, others are road blocks but better to be open at the start.

Looking ahead





The Challenge continues

- Ageing population, living longer but with poor health
- Reality of time pressures on people with increasingly digital networks and communities
- Reducing public sector capacity and resource driving innovation and partnership
- Some areas culture and arts organisations can deliver real change, but focus and be specific



Making the vision a reality

- Position arts and culture activities to align with local priorities; **meet commissioners where they are now.**
- Raise awareness and changing attitudes about arts and culture; **use the evidence that's there.**
- Build capacity and knowledge within the sector; **share the learning with each other**
- Market engagement and relationship building in the arts and cultural sector; **think of the market as developing**
- Review procurement processes to engage and support arts and culture; **alongside other SME sectors**

The next steps

Practical recommendations for commissioners and providers to use to support their own efforts. These recommendations are as follows:

- **Position arts and culture activities to align with local priorities**
- **Raise awareness** and changing attitudes about arts and culture;
- **Build capacity and knowledge**
- **Market engagement and relationship building in the arts and cultural sector**
- **Review your procurement processes** to engage and support arts and culture

Recently PHE published an **evaluation and development framework** to provide guidance on ways of documenting the impact of arts for health and wellbeing activities, whether through small scale project evaluations or large scale research studies. It proposes a minimum set of standards for reporting, rather than adopting a 'one size fits all' approach, and is intended for health commissioners, funders, arts organisations and others.

Cultural Commissioning

A public health perspective



debra.lapthome@phe.gov.uk



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