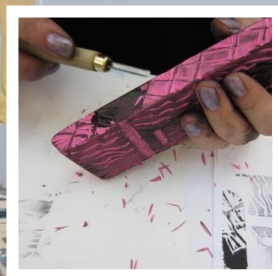
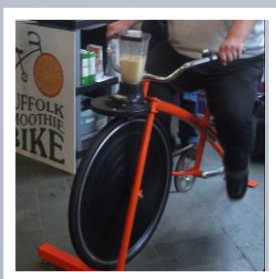


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The role of culture and leisure in improving health and wellbeing





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Cover photograph - *A Dance A Day*, John Dukes



Foreword

There is a vital role for culture and leisure to play in improving the health and wellbeing of local communities. Proactively responding to this agenda provides an opportunity for the sector to position itself as a key part of the solution; helping to tackle unhealthy lifestyles, address the social determinants of health, offer cost effective approaches, bring creative solutions and engage communities, families and individuals in managing their wellbeing.

Such is the recognised impact of our offer that physical activity has been labelled “The best buy in public health”. But there are some serious challenges ahead, not least the fact that each generation is increasingly less active than the preceding. In a series of articles in the Lancet, timed to coincide with the Olympics, researchers from 16 countries set out the scale of the global health burden created by physical inactivity, estimating that about a third of adults are not doing enough, thus causing 5.3m deaths worldwide per year. That equates to about one in 10 deaths from diseases such as heart disease, diabetes and breast and colon cancer. As a result, researchers have suggested this be treated as a pandemic.

Such is the nationally acknowledged magnitude of the problem that an All-Party Commission on Physical Activity has been established to address the ‘physical inactivity epidemic’ and make direct, policy-based recommendations to tackle this crisis. Furthermore, recent local authority excess weight data published by Public Health England confirms that 64% of adults are now overweight or obese. This combined with the growing sedentary lifestyle amongst the population at large, amounts to a health burden which has been estimated as over £944 million per annum. Alongside this health ‘time bomb’, Adult Social Care is facing some major challenges with reducing resources and increasing life expectancy. By 2026 it is anticipated that there will be 1.7 million more adults who need support to help them live with conditions that seriously reduce the quality of their life. So there is a real need to collectively find solutions that contribute towards wellbeing in order to reduce the cost to social care.

Engaging in accessible, affordable cultural activity or contributing as a volunteer can play a major role in supporting independence, providing an opportunity for people to socialise, which is vitally important as loneliness can speed up cognitive decline and memory problems. There are also significant health benefits of tailored exercise and physical activity for older people, leading to improvements in cardiovascular fitness, muscle strength, balance, mood and cognitive function.

Needless to say we are operating within an environment of relentless pressure on local authority budgets, which the LGA have estimated as requiring a further £10billion in savings over the next two years, resulting in further reduction in non-statutory services. So a step change will be needed that increasingly involves communities in service delivery as part of the solution.

Whilst this document is aimed at providers of culture and leisure services and health commissioners, it highlights the importance of collaborating on the health and wellbeing agenda. To achieve this, local authorities will need to work closely with their leisure operators, voluntary groups and organisations to support and enable them to welcome people with the poorest chances of good health outcomes. For some authorities this will mean repositioning their cultural services so that they become more focused and better targeted. From a sport and physical activity perspective this will involve a shift away from supporting universal services towards better enabling the circa 80% of inactive people to become active. Local authorities will also need to work more closely with the health sector to monitor clinical outcomes to establish the interventions and programmes that are the most successful in terms of improving and maintaining health.

Improving health and wellbeing is a global problem, but it has local solutions and we hope this document acts as a mandate for shared action.

Iain Varah
Chair of the Chief Cultural and Leisure Officers Association

Mark Taylor
Chair of the National Culture & Leisure Forum



Why it is important to understand and engage with the health and wellbeing agenda

Purpose of the document

This document is aimed at commissioners and providers of culture and leisure services in England. It is designed to help them to:

- understand and engage more effectively and collaboratively with each other and the health and wellbeing agenda;
- introduce the structures, frameworks and outcomes relating to public health;
- contribute to health and wellbeing in their locality by engaging with the right partnerships and strategic commissioning processes and;
- more convincingly demonstrate the contribution the sector can make.

The document is also intended to:

- highlight to public health commissioners how culture and leisure can help to tackle unhealthy lifestyles, address the social determinants of health, offer cost effective approaches, bring creative solutions and engage communities, families and individuals in managing their wellbeing.

Background

The transfer of public health from the NHS to local government and Public Health England (PHE) is one of the most significant extensions of local government powers and duties in a generation. It represents a unique opportunity to change the focus from treating sickness to actively promoting health and wellbeing.

Local government's involvement in public health dates back to Victorian times and it was only relatively recently, in 1974, that the NHS took over most public health functions. Indeed many of the existing leisure functions, for example parks and swimming pools, originated directly from the need to improve the health of local people.

The Government has now introduced the Health and Social Care Act (2012) which, amongst other things, transferred a number of public health

functions from Primary Care Trusts (PCTs) to local authorities from April 2013.

County and Unitary authorities have a new duty to take appropriate actions to improve the health and wellbeing of their local residents. As part of this a range of public health responsibilities, staff and funding transferred to these authorities.

The Health and Social Care Act requires the key statutory organisations to work in partnership to develop and deliver clear strategies around health and wellbeing based on detailed local needs assessments. As part of this, District Councils also have a contribution to make as key partners with their upper tier authorities, not only in helping develop this strategic approach, but also in the local delivery of many of the services that contribute to healthier outcomes for local people.

Local government's responsibility for improving the health of their population

The return of greater responsibility for public health to local authorities has the potential to enable a real focus on a far wider set of determinants in health. Local authorities cover a wide range of services that can have a beneficial impact on health outcomes. There are those that are obvious, including opportunities for people to access support through social care, environmental health including safe food preparation and the management of hazardous materials, the quality and availability of local housing, and access to local leisure facilities where people can exercise.

There are also the less obvious, such as the amount of open green space available, the quality of local developments that people live amongst and the availability of fulfilling training and employment opportunities. Access to local health provision is of course vital, but also important is the transport infrastructure and the availability of support services locally, particularly for the elderly and those with mobility problems.

The role of the voluntary sector is crucial in understanding local needs and delivering relevant health interventions and it's vital that local authorities work closely with their voluntary sector colleagues.



The domains of public health

Improving and protecting health and wellbeing of all while improving the health of the poorest fastest is central to the new public health role for councils. This requires a focus on: tackling unhealthy lifestyles, tackling the social determinants of health, ensuring equitable and effective health care services; and empowering communities, families and individuals.

Progress on public health will be measured against indicators in the national Public Health Outcomes Framework, the Adult Social Care and NHS Outcomes Frameworks as well as the Children's Health Outcomes Framework.

The following domains are the priority areas for local authorities to deliver against;

- **Health protection** – e.g. ensuring the public is protected from disease and illness through vaccination programmes.
- **Health improvement** - e.g. smoking cessation, reducing obesity levels, encouraging healthy activity, offering services that have been shown to improve mental health and wellbeing.
- **Prevention of ill health** - e.g. reducing the numbers of people living with preventable ill health.
- **Healthy life expectancy** – e.g. preventing people dying prematurely and reducing the life-expectancy gap between communities.
- **Wider determinants of health and inequalities** - This domain provides recognition that there are a great many factors that will determine whether someone is healthy or not, such as housing, education and employment. These have been described as policymaking, social, health services, individual behaviour, and genetic.

In supporting the delivery of the public health agenda it is important for cultural and leisure programmes to demonstrate how they impact upon these domains.

The prevention value of culture and leisure

By acquiring an understanding of a wider range of health determinants, culture and leisure professionals can better articulate the contribution their services make to the prevention of ill-health, the management of health conditions, and how they enable people to remain independently living in their local community.

Key services that can contribute to this preventative agenda include cultural services covering arts, heritage, libraries and archives, sports and recreation, parks and open spaces. Perhaps the most obvious of these is physical activity through recreation and sport. Regular physical activity has the potential to reduce all-cause mortality and improve life expectancy compared to sedentary lifestyles.

Even relatively small increases in physical activity are associated with protection against chronic diseases, improved mental health and an improved quality of life. For example, a brisk walk every day in your local park can reduce the risk of coronary heart disease by up to 50%, strokes by 50%, diabetes by 50%, fracture of the femur by 30%, colon cancer by 30% and Alzheimer's by 25%¹.

There are significant benefits from adopting a more physically active lifestyle as highlighted by The Chief Medical Officer².

“The benefits of regular physical activity to health, longevity, well-being and protection from serious illness have long been established. They easily surpass the effectiveness of any drugs or other medical treatment.”

To stay healthy, adults aged between 19-64 should try to be active daily and should do at least 150 minutes of moderate intensity activity (or 75 vigorous) and muscle strengthening activities on at least two days per week³.

In addition to improved physical health, individuals participating in sport are likely to benefit from improved wellbeing or happiness, particularly if the activity takes place outdoors in a natural

¹ Natural Fit - Can Green Space and Biodiversity Increase Levels of Physical Activity, Dr William Bird October 2004

² The Chief Medical Officer's Annual Report, 2009

³ UK physical activity guidelines, Department of Health, July 2011



environment such as a park. Physical activity can also help to reduce stress, boost self-esteem, combat depression and reduce anxiety⁴.

Mental health influences how we think and feel about ourselves and others, affecting our capacity to learn, to communicate, and to form and sustain relationships. It also influences our ability to cope with change and manage our physical health. Hence the importance of initiatives such as Reading Well Books on Prescription, available in libraries throughout England, which brings reading's healing benefits to the 6 million people with anxiety, depression and other mild to moderate mental health illnesses.

Services that encourage an individual's natural creativity can also help build and protect wellbeing and speed up recovery from illness. Creative activity enables achievement, self-confidence and skills development (both physical and cognitive). There is also evidence that creative activity offers some control of negative thoughts and feelings of stress. Creative activity can also help with the management of Dementia symptoms.

The health gains from taking part in creative activities are well documented in publications such as the Foresight Project's *Five Ways to Well-being*. This analysis, by a panel of 400 scientists, concluded that five simple steps incorporated into daily life can fortify mental health and can contribute to a more productive and fulfilling life.

1. **Connect:** Developing relationships enriches life and brings support.
2. **Be active:** Sports and active hobbies make individuals feel good and maintain mobility.
3. **Be curious:** Noting everyday moments helps foster appreciation of what matters.
4. **Learn:** Fixing a bike or learning an instrument gives satisfaction and boosts confidence.
5. **Give:** Helping others links individual happiness to the wider community and is very rewarding.

These key ingredients for health outcomes are now used widely in strategic planning for social care.

In addition to the above benefits, both physical and creative activities promote social interaction. The delivery of good quality cultural and leisure

services promotes a sense of community and common interest that combats social isolation; a key aspect for mental health and wellbeing.

Wider determinants of health and health inequalities

A key priority for public health is tackling the inequalities of health outcomes between those people in affluent and less affluent areas. Inequalities in life expectancy and healthy life expectancy are closely associated with deprivation. Yet even in seemingly affluent areas there can be variations of over 15 years in life expectancy in one area compared to another.

The Marmot Review into health inequalities in England *Fair Society, Healthy Lives*⁵ asserts that the conditions in which people are born, grow, live, work and age can lead to health inequalities. It draws attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health. Premature illness and death affects everyone below the top. Arguing that traditionally government policies have focused resources on some segments of society, the report proposes that to improve health for all and to reduce inequalities in health, action is needed across the social gradient. Although written prior to the transfer of responsibility for public health to local government, the report relates strongly to the core business of local councils as local leaders for health improvement and the reduction of health inequalities.

Local authorities have a vital role to play in addressing the wider determinants of health. They are well placed to work with other agencies and the voluntary sector to target and adapt services to better meet the needs of residents with the poorest chances of good health outcomes, including for example children who are in local authority care. But this will require a step change and for some authorities this will mean repositioning the cultural and leisure services they deliver and commission so that they become more focused and better targeted. Culture and leisure providers will also need to work with the health sector to look at monitoring clinical outcomes to establish which interventions are the most successful in terms of improving and maintaining health.

⁴ Let's Get Physical: The impact of physical activity on wellbeing, Mental Health Foundation 2013

⁵ Fair Society, Healthy Lives, The Marmot Review, February 2010

Better understanding the policy context

Changes to the Public Health Landscape in England

In April 2013 the Health & Social Care Bill came into effect, fundamentally altering the way in which the healthcare system operates. The reform was influenced by the Public Health White Paper Healthy Lives, Healthy People, which set out the government's long-term vision for the future of public health in England.

The Bill was in response to pressures on the NHS; with demand growing as the population ages and long-term conditions become more common. Although more sophisticated and expensive treatment options are becoming available these are expensive and the cost of medicine is increasing by over £600m per year.

As such the new system focuses more on prevention and emphasises the involvement of communities in planning services in response to the local need.

Public Health structure

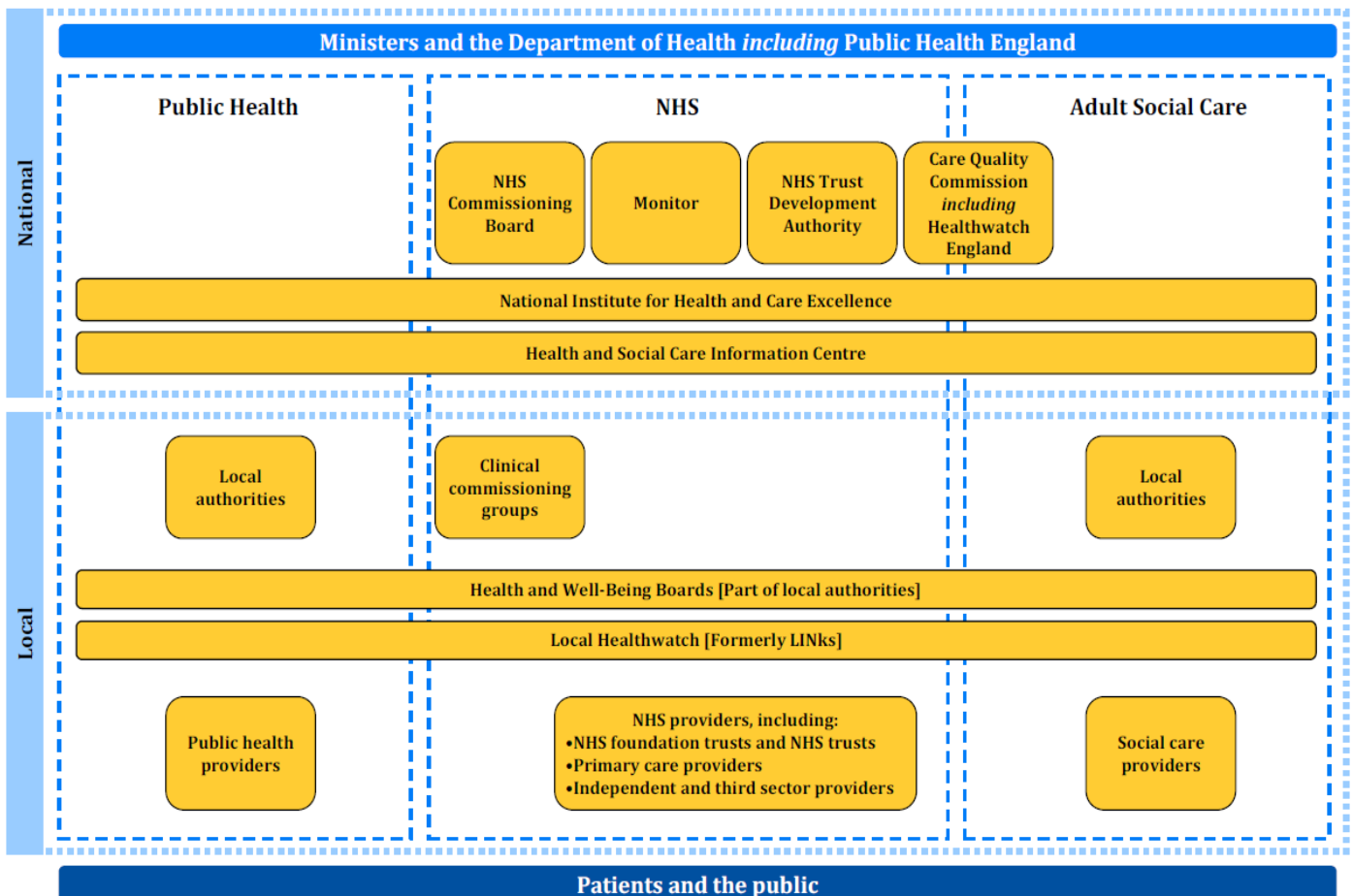
National Responsibility

The Department of Health leads health and care by creating national policies and legislation, setting objectives and allocating budgets in accordance with national priorities. The Secretary of State for Health has ultimate responsibility for ensuring the whole system works.

The role of Public Health England (PHE) is to protect and improve the nation's health and to address inequalities. PHE is an executive agency of The Department of Health.

In this leadership role PHE are responsible for supporting not only NHS but also local government by sharing information and expertise with local authorities, researching, collecting and analysing data to improve understanding of public health problems, helping local authorities develop public health systems and specialist workforce.

Overview of health and social care structures in the Health and Social Care Act 2012
April 2013





PHE allocate ring-fenced budgets to local authorities for use in commissioning integrated local services. They also have a budget for use in addressing nationwide public health issues with the aim of:

- helping people to live longer, more healthy lives, by reducing preventable deaths and the burden of ill-health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise.
- reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency.
- supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme.
- improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives.
- promoting the development of place-based public health systems.

NHS England has taken on many of the functions of the former PCTs with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health.

The new arrangements comprise of a single operating model for commissioning primary care services, which up until now has been done differently by PCTs and their predecessors. The NHS Commissioning Board provides leadership for the new commissioning system and is nationally accountable for the outcomes achieved by the NHS. It provides the support and direction necessary to improve quality and patient outcomes and safeguard NHS values.

The NHS Commissioning Board has overall responsibility for a budget of £80bn, of which it will allocate £60bn directly to Clinical Commissioning Groups. It directly commissions a range of services including primary care and specialised services and has a key role in improving broader public health outcomes.

The NHS Trust Development Authority (TDA) is responsible for providing leadership and support to the non-Foundation Trust sector of NHS providers.

Healthwatch England is a national independent body for those who use services; they build a national picture of the health and care issues that matter and use this evidence to influence the planning and running of services at a national level. Healthwatch England leads and supports the Healthwatch network, made up of 152 community-focused local Healthwatch organisations. Healthwatch are also invested with the power to refer areas of concern to the Care Quality Commission, the health and social care regulator.

In terms of economic regulation, Monitor exercise a range of powers granted by Parliament to ensure NHS services offer value for money. This framework of rules is implemented in part through licences issued to NHS-funded providers.

The work of national and local health care commissioners and providers is informed by the research and guidance offered by the National Institute for Health and Care Excellence (NICE). NICE fully endorses the importance of physical activity as a means of promoting good health and preventing disease, and also acknowledges that physical activity has a range of benefits beyond direct health outcomes, such as contributing to community cohesion and addressing the needs of vulnerable groups and communities. NICE has developed briefing notes on a range of different public health topics for local authorities and their partner organisations, in particular those involved with health and wellbeing boards. These cover workplace health, physical activity, health inequalities, behaviour change and walking and cycling.

NICE have also published more in-depth guidance including:

- *Physical activity: brief advice for adults in primary care* (PH44)
- *Promoting physical activity for children and young people* (PH17)
- *Four commonly used methods to increase physical activity* (PH2)
- *Physical activity and the environment* (PH8)
- *Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation* (PH41)

- *Promoting physical activity in the workplace* (PH13)
- *Identifying and supporting people most at risk of dying prematurely* (PH15)
- *Obesity: guidance on prevention* (CG43)
- *Prevention of cardiovascular disease* (PH25)
- *Mental wellbeing of older people* (PH16)

The Health and Social Care Information Centre (HSCIC) is England's central, authoritative source for national comparative data; and the statistical information they provide is issued by local decision makers to improve the quality and efficiency of frontline care.

Local Responsibility

Upper tier and unitary authorities have new responsibilities to improve the health of their populations, backed by a share of a three year ring-fenced budget of £5.45bn.

As local leadership for public health is at the heart of the new public health system, upper tier authorities will also need to draw on the existing expertise within district councils. This will help ensure that local solutions to improve health and reduce inequalities are developed using all the combined resources.

Supporting local political leadership in improving health is a specialist public health team, led by the director of public health. Their role is to champion health, promote healthier lifestyles and challenge the NHS and other partners to ensure a preventative approach is embedded in the local system. These statutory chief officers will also contribute to the preparation of the Joint Strategic Needs Assessment (JSNA) and the annual Joint Health and Wellbeing Strategy (JHWS), through which local partners jointly agree a set of priorities upon which to base their commissioning plans.

The level of funding that local authorities receive will be linked to improvements in local health and wellbeing as measured by the Public Health Outcomes Framework, of which physical activity is one of the 66 measurements.

All upper tier and unitary authorities in England work with their local Healthwatch to support patient involvement in commissioning, provision and scrutiny of local services. This helps to ensure citizens and communities are able to influence and

challenge how health and social care services are delivered.

Health and Wellbeing Boards (HWB's) were created by the Health and Social Care Act 2012, and have been given the statutory responsibility of encouraging integrated working between health and social care commissioners, and of preparing a JSNA and a JHWS. The boards have also been given the power to encourage close working between commissioners of health-related services (such as housing) and commissioners of health and social care services.

Common priorities in Health & Wellbeing Strategies that culture and leisure can contribute towards:

- **Carers**
- **Child poverty**
- **Community Safety**
- **Difference in health and life chances**
- **Early intervention and prevention**
- **Educational attainment**
- **Good mental health and emotional wellbeing**
- **Homelessness**
- **Learning disabilities**
- **Obesity**
- **Physical inactivity**
- **Safeguarding children & young people**
- **Safeguarding vulnerable adults**
- **Smoking cessation**
- **Social isolation**
- **Substance misuse**
- **Supporting families with multiple problems**
- **Transition of children into adult services**
- **Unemployment and welfare benefits**
- **Youth unemployment**

Encouraging cross-departmental linkages between leisure, spatial planning, transport and public health is vital in creating an environment where people can actively choose to walk and cycle as part of everyday life. More walking and cycling for travel or recreation purposes not only has the potential to achieve significant beneficial health outcomes, but may also reduce inequalities in health and as such



it is an essential component of a strategic approach to increasing physical activity⁶.

Parks and public gardens are associated with a number of health and wellbeing benefits at community level, including satisfaction with 'place', increased social interaction and they afford opportunities for more active play amongst children. Indeed it has been estimated that increasing access to parks and open spaces could reduce NHS costs of treating obesity by more than £2 billion⁷.

The National Planning Policy Framework (NPPF) requires planners to take public health into account and Section 106 agreements and the Community Infrastructure Levy need to be proactively managed so that health and wellbeing provision can be built into the process as a priority, this involves negotiating with developers over the location of GP facilities and leisure centres and ensuring spatial planning makes ample provision for parks, playing fields, walk and cycle ways to encourage active travel. The Town & Country Planning Association has produced guidance⁸ to help health, planning and culture and leisure practitioners develop more integrated work programmes.

Clinical Commissioning Groups (CCG's) are independent statutory bodies and replace primary care trusts. They are led by GP practices in their area and will include at least two 'lay' members who are not NHS professionals; members may be nurses, hospital doctors and other healthcare professionals such as physiotherapists. Every GP practice in England is part of a CCG. These CCG's now commission the majority of healthcare services and will work closely with HWB's to ensure that services are integrated and deliver the best quality health and care outcomes for the local population.

Although many GP's recognise the contribution our sector can make, through for example exercise on referral schemes, many still focus on the treatment of illness rather than the promotion of health.

⁶ Obesity and the environment briefing: increasing physical activity and active travel, Public Health England, 2013

⁷ Green spaces: what are they worth? Groundwork, 2011

⁸ Improving culture and sport opportunities through planning, 2013 & Planning healthier places, 2013, TCPA

However, the new funding landscape provides an incentive to reduce costs, to minimise hospital admissions and, by implication, to support the prevention agenda.

In each locality there are likely to be variances in approach and the challenges of working in a two tier system will be more evident in some areas. Making connections within this new network of people is of paramount importance for our sector, so it is worth investing some time in finding routes to advocate your offer to the relevant HWB and CCG's and develop relationships with key people in a position of influence.

The cost of inactivity

The reported health costs of treating the five disease categories defined by the World Health Organisation as having some relation to physical inactivity were estimated as £944million in 2009/10⁹.

If just a 1% reduction in the rates of inactivity was made each year for five years, the UK would stand to save an estimated £1.2 billion.

Research is fast showing that physical inactivity is draining economies globally, both directly in terms of the cost for healthcare, and indirectly with falling productivity and increased workplace absence. Indeed when these indirect costs are also taken into account the estimate for England increases to a total cost of £8.2billion¹⁰.

The introduction of the new 'health enhancing physical activity' (HEPA) EU Recommendation that supports the implementation of physical activity policy across EU governments for the first time, builds upon the existing EU guidelines and will involve close cooperation with the World Health Organisation.

At the heart of this new initiative is a monitoring framework, with 23 indicators, which will help Member States to collate information on HEPA levels and improve their policies. Although it is not statutory, it has been given cross-governmental support and is an indication that the European

⁹ Sport England commissioned data from British Heart Foundation Health Promotion Research Group

¹⁰ Game Plan, DCMS, 2002



Union along with the UK government, is beginning to recognise physical inactivity as a top-tier public health concern in its own right.

Lack of physical activity could cause up to 36,815 premature deaths in England each year. The Health Impact of Physical Inactivity (HIPI) Tool uses local levels of physical activity from the Active People Survey to estimate how many excess deaths and cases of breast cancer, colorectal cancer, diabetes and coronary heart disease could be prevented in each local authority in England if the population (aged 40-79) were engaged in recommended amounts of physical activity.

Given that lack of physical activity causes premature deaths each year, a statistic of great concern is that 28.6% of respondents to the Active People Survey 6 (APS6) stated they were inactive.

On the other side of the equation is the economic value of sport and physical activity and Sport England's *Economic Impact of Sport*¹¹ showed that the annual health benefits generated by sport is £1.7 billion in savings to healthcare cost and £11.2 billion in total economic value to health.

While Sport England has had robust national and regional data for some years, the challenge is to provide compelling local data that can drive decision making and influence commissioning. To assist this, Sport England are developing additional tools and resources to quantify the economic benefits of sport for health and help make the case for further public health investment.

Understanding and using the local data

A good understanding of the data is vital for making the case and tracking improvement overtime. It is a worthwhile investment of time to familiarise yourself with the full range of data sources available to support you in designing and commissioning culture and leisure interventions that are most likely to improve health and wellbeing and affect behaviour change.

In April 2013 local responsibility for the prevention and management of obesity transferred from PCTs to local authorities. The Public Health England Obesity Knowledge and Intelligence team (formerly the National Obesity Observatory) provides information, data and evidence on obesity and its

determinants to support policy makers and practitioners working to tackle obesity.

Public Health England have also now published baseline data for the Public Health Outcomes Framework, which includes two physical activity measures for all local authority areas (i.e. Active People Survey data including wider physical activity measures for 'proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO guidelines on physical activity' and 'percentage of adults classified as 'inactive'). The data is presented as an interactive tool for all local authorities that allows benchmarking against England averages and comparison to other similar local authorities¹².

CASE is the DCMS Culture and Sport evidence programme, which aims to strengthen understanding of how best to deliver culture and sporting opportunities of the highest quality to the widest audience generating the best outcomes for society. Part of the linked research work *Understanding the drivers of, and value and benefits afforded by, engagement in culture and sport*¹³ estimated the impact of doing sport on the likelihood of experiencing chronic heart disease, colon cancer, stroke, and type II diabetes. These effects were then valued in terms of health costs avoided and health-related quality of life gains.

The Taking Part Survey is a continuous national survey of adults aged 16 and over in England and children aged 5 to 15 years old. It provides a reliable evidence source that can be used to analyse cultural and sporting participation and attendance, providing a clear picture of attitudes and factors affecting why people do and do not engage. Data from the Taking Part survey is available at a regional level and by using NETQuest, a simple online tool; you can construct tables and graphs using data from the survey.

There is now a growing evidence base for the effectiveness of arts and cultural interventions in healthcare and in promoting wellbeing. The jointly produced prospectus¹⁴ by the Department of Health and Arts Council England shows that the

¹¹ Economic Impact of Sport, Sport England, July 13

¹² The Public Health Outcomes Framework Data Tool

¹³ Understanding the drivers of, and value and benefits afforded by, engagement in culture and sport CASE, July 2010

¹⁴ A prospectus for arts and health, DoH & ACE, 2007



arts can, and do, make a major contribution to key health and wider community issues. A broad spectrum of evidence is used to show how the arts achieve positive outcomes for patients, for staff, for the patient–staff relationship, for hospitals, in mental health services and in the health of the general population.

An emerging field of epidemiological research is on the health impact of ‘general cultural attendance’ and *The Cultural Attendance and Public Mental Health*¹⁵ provides evidence that cultural attendance provides a distinct stimulus to human beings that has an impact on their wellbeing to such a degree that it prolongs their lives. Indeed simply going to a museum, art gallery, film or concert on a regular basis increases longevity.

The Sport England Local Sport Profile brings together data on sporting participation and provision from a variety of sources including the Active People Survey, Department of Health and the Office of National Statistics. The tool also presents benchmarking opportunities by also providing useful regional, national and ‘nearest neighbour’ comparators.

New features in the local sport profile include

- Once a week (1x30) sport participation data
- Population data for 14 and 15 year olds
- Health costs of physical inactivity

Furthermore, the Active People Survey questions now capture participation in a broader range of activities that will be of interest to Public Health colleagues, including gardening/walking/dancing. These are aligned to new CMO guidelines of 150 mins – 75 mins moderate or very vigorous activity.

LG Inform is another on-line data source that allows comparison at local authority level of relevant issues such as obesity in primary school age children and life expectancy. To further support councils, health and wellbeing boards, public health professionals and voluntary organisations in their assessment of local needs and priorities, improvements are planned to bring together key comparative information on health and wellbeing, and the wider issues that affect it such as employment, crime, community safety, education, transport, planning, housing and including culture and leisure. This will better enable councils to

examine the role of all their services in promoting health and wellbeing.

The Sport and Recreation Alliance’s *Game of Life* report offers a detailed review of the evidence for the benefits of physical activity, including sections on physical and mental health with key facts and figures that can help you make the case for investing in sport and recreation¹⁶.

In order to present a clear, robust and compelling case for the contribution of culture and sport to improving health and wellbeing, you may find it useful to develop a local Outcomes Framework Culture and Sport¹⁷. This will help you measure and evidence the difference your service makes. It will also strengthen the case for investment of public money by illustrating the impact of culture and sport services.

Everything you need to create your own health and wellbeing outcomes framework is on the Local Government Association Knowledge Hub. Tools include: downloadable templates, example outcomes triangles/logic models, validated national and international evidence, suggested performance indicators and a step by step guide to steer you through the process.

Case Study

Merton BC has taken an innovative approach using inverted outcomes triangles, pictorially linked to form ‘bunting’ depicting - levels of engagement, Merton’s people, employability, wellbeing, cultural facilities for community engagement, increasing physical activity and monitoring & measurement.

The Merton approach, developed working with STAR CIC, has been devised to allow users to dip in and out making most use of the templates and information to deliver projects and activities within the framework. The framework will allow Merton to bid for external funding, prioritise and plan local investments and is starting to educate decision makers of how culture & sport can play a part in achieving wider social, health, educational and economic benefits.

¹⁵ Journal of Public Mental Health, vol 9 issue 4, 2010

¹⁶ Game of Life, Sport and Recreation Alliance, September 2012

¹⁷ Outcomes Framework for Culture & Sport, LGA, 2012



How can culture and leisure best engage locally?

Making links with health & wellbeing boards

Your local authority is well positioned to coordinate and establish links with the HWB's and CCG's and it will be important to act as the interface with any operating partners or lead providers if delivering services through a mixed economy.

Your local authority or strategic partners may need to undertake an audit to identify which stakeholders to engage with and in what order.

There may also be a need to offer capacity building support for partners to build their understanding and confidence in communicating directly with Public Health commissioners, ensuring that prior to making an approach the following levels of understanding have been established:

- Understanding key needs, health inequalities and issues as identified by the JSNA.
- Understanding key priority communities and health issues that are being addressed by the HWB.
- Understanding how commissioning works in their locality.

The approach for second tier Authorities will need to differ from that of top tier authorities and district councils are likely to have to invest greater time in establishing links and developing relationships.

It is really important to understand at what stage of development you are at and there is a need to draw together a compelling narrative that cascades across the organisation and is understood by wider teams – with clarity on respective roles and shared values. With your partners, identify which phase your organisation is in by using the self-assessment on our website to shape your approach¹⁸.

Working with Clinical Commissioning Group's

For those local authorities and their partners who plan to or are engaged with CCG's there is a need

to be 'speaking the right language'. A key starting point for all organisations engaging with CCG's is to be familiar with the JSNA, JHWS and the Marmot Review mentioned earlier in this document.

The more you engage the health sector the more you will be required to have a sound understanding of the evidence for doing the things you do. The emphasis will be on having evidence based interventions that have a track record of success and are 'proven'. Evidence can be generated at the local level and, in circumstances where there is not yet evidence available, you will need to explain how you can demonstrate the desired outcomes will be delivered; this may be by drawing on transferable evidence from elsewhere. Therefore, efficient and effective data and information management and interpretation are crucial.

You may find it useful to nominate a lead individual in your team to take responsibility for engaging regularly with commissioners; in this way they will become fully conversant with public health agenda and working practices of the CCG's and their commissioning teams. Supporting this learning and development could be accelerated through peer learning, work placements and regular contact with commissioning teams.

Working with Leisure Operators

For many local authorities who have externalised the delivery of their sport and cultural services, they will have a role to play in supporting operational partners in embracing the opportunities presented by the health and wellbeing agenda. For some this will already be embedded in the contract and part of the overall outcomes required. However, for many historically based contracts, this opportunity may be seen as an additional requirement and so some investment of time to support the partner in understanding the benefits of engaging with this agenda may be necessary.

The contract renewal process through procurement provides an opportunity to re-align the service towards delivery of more focused health and wellbeing outcomes. Supporting your leisure operator in this business transformation will also have the benefit of increasing their credibility with

¹⁸ The self-assessment can be found under the Health & wellbeing section of www.cloa.org.uk

partners such as CCG's and ultimately make them more commissionable.

Each partnership will require a different approach based on local arrangements. For many multi-site operations/larger operators, there may need to be engagement at a Regional or National level to secure buy in from local contracting teams.

Understanding how the funding is allocated

Commissioning is increasingly a central part of the approach to redesigning services because it offers a means of using resources to focus on improving outcomes for citizens in the most efficient and effective way.

How funding is allocated to address inequalities is a key area for service providers to tap into and understand. The commissioning process at a local level will need to be explored and an understanding of what key individual commissioners for health and wellbeing are seeking to procure should be identified. Potential service providers will need to understand cycles of funding, contract renewal periods and the use of framework agreements – where providers pre-qualify for future opportunities to speed up the procurement process.

The diagram below illustrates the iterative commissioning cycle and its relationship to the procurement process.



Establishing relationships with commissioners will take time, and potential providers will need to consider whether their focus will be on universal provision, for targeted groups/issues or to individuals in receipt of a personal budget. However, it is likely that commissioners will be actively seeking to engage with the supply chain and build its capacity and confidence. So try to set up meetings with lead commissioners for health and wellbeing to explore how culture and leisure might contribute.

For those Heads of Culture and Leisure service who still allocate grant funding based on a historical precedence, you may wish to consider how by adopting a commissioning model, community groups and independent providers could be encouraged to develop cultural and physical activities that better meet the identified health and wellbeing needs of the population in general and/or for target groups. This would better enable local authorities to target limited resources in support of local activities whilst also offering a clear framework for applicants interested in securing funding, helping them to understand how they are contributing towards the council's health and wellbeing priorities.

More detailed information on commissioning is available in *Engaging in Commissioning*¹⁹, a practical resource pack jointly produced by the LGA, CLOA, Sport England and Arts Council England. The resources aim to help the culture and sport sector engage with other public services through commissioning and have been informed by the practical experience of councils and third sector organisations, who took part in a pilot programme, and the lessons learned have been distilled out. There is a self-assessment guide to help you assess where you are and a step by step guide to help you plan your approach.

Cost of interventions

As opportunities arise to bid for contracts to deliver health and wellbeing outcomes, great care will need to be taken to accurately cost for whole service delivery or 'full cost recovery', this will ensure that the proposal is sustainable and can be serviced by the organisation. Ideally costings

¹⁹ Engaging in commissioning – A practical resource pack for the culture and sport sector, Local Government Association, July 2012



should also be provided to individual participant level or cost per unit, as commissioners will want to compare this in terms of value with other available interventions.

Understanding the cost per intervention and the concept of payment by results will assist you in developing effective and efficient services. Regardless of the outcome, bidders should always request feedback to assist their learning in positioning them to bid for future opportunities. For those organisations that are new to bidding for these types of opportunities, use the first few bids as an opportunity to refine and improve the bidding process. Some external support may be needed to assist with capacity building within your team.

Lifestyle and behavioural change - encouraging activity in everyday lives

Local authorities are in the ideal position to lead collaboration across services such as environment, parks and leisure, transport, education, planning to develop and champion a long-term plan for boosting active travel. The NICE guidance²⁰ sets out a number of recommendations for how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes.

Many local authorities are now developing cross-authority sport and physical activity strategies that combine all forms of physical activity and engage with a wider range of stakeholders than previously, taking account of the integration of public health into local government. To optimise the impact, actively involving schools, voluntary groups and local businesses is key to ensure that the strategy has reach at a local level. Developing active travel campaigns, influencing new public infrastructure projects to support walking and cycling all contribute to making a community more active.

Indeed collaboration is key and local authorities have a responsibility to bring key stakeholders together to offer services. In response to this challenge, lifestyle centres are merging health and leisure services, so people can exercise, have health check-ups and participate in community events. This demonstrates that with a key focus on health improvement, councils, leisure providers,

clinical commissioning groups and the community can forge a common plan that can make optimum use of assets to improve the health and wellbeing of its community.

Case Study

Lifestyle Centre's offer convenient access to facilities that can help users lead a healthier lifestyle through programmes to address the main lifestyle risk factors that contribute to disease – smoking, high blood pressure, obesity, physical inactivity and alcohol use.

The Portway Lifestyle Centre, developed in partnership by Sandwell Council and others working with the Clinical Commissioning Group and NHS, is an example of this approach and includes a sports hall, hydrotherapy pool, gym and dance studio, climbing wall, outdoor 3G football pitch, LifeTrail outdoor exercise area, meeting rooms, sensory room, along with a café and a GP surgery.


However, with diminishing resources there is inconsistency in the development of these innovative solutions across England and the challenge remains to ensure that we continue working outside of leisure facilities to get people active at home and in their workplace.

Equipping our workforce

One of the fundamental challenges for local authorities and their partners in embracing the health and wellbeing agenda is in developing new capabilities and capacity amongst the workforce within a mixed economy of providers. In developing a clear strategy to support health and wellbeing, a key element will be equipping the workforce to better meet the needs of targeted individuals and groups in response to local health inequalities.

There is a role for the sector skills councils SkillsActive and Skills for Care to address this skills need within and across the sectors. Public health commissioners are also likely to take an active interest in upskilling the supply chain so that the services offered meet local needs. It is in the commissioners' interests to develop the market

²⁰ Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation, NICE PH41, November 2012



place so that it can respond to contracts to deliver health and wellbeing outcomes and they may have resources to help organisations develop competencies and capacity via their market shaping approaches. Identifying how to unlock this will be challenging, but fruitful in the long term.

The skill sets that are likely to need to be developed will vary, but may feature the following:

- **Motivational interviewing**
- **Every Contact Counts**
- **Brief intervention advice**
- **Identification of community offers**
- **Understanding Public Health drivers**
- **Programme design and development**
- **Monitoring and evaluation**
- **Working with vulnerable adults and children**
- **Working with the elderly**
- **The family offer – especially Troubled Families**
- **Early Years**

When considering upskilling, the following steps are recommended:

1. Identify the key local needs and health inequalities in your local area.
2. Discuss with your local CCG what their priorities are and future investment plans for interventions.
3. Seek to focus any capacity building linked to identified needs and opportunities.
4. Soft market test your proposition with commissioners to assist you in refining your offer.

Naturally, there will be a balance to be struck between investing in training and development for actual live opportunities versus preparing staff to respond positively to future opportunities. Larger organisations are likely to be in a stronger position to invest in more preparatory training and development.

However, the reality is that those organisations that do not start to make the transition will not feature in the plans of commissioners seeking to purchase interventions in the future.

Service design

Another key challenge for culture and leisure service providers is service design. The starting point is understanding which segments of the population currently use the service and identifying how the service could be re-designed to better meet the needs of specific targeted individuals and groups. Co-production with local communities is often a central tenant in the commissioning approach, and working to embed cultural and physical activity as part of the everyday fabric of community life is a sound method for improving health and wellbeing.

Sharing best practice amongst peer organisations and working collaboratively within consortia can accelerate an organisation's ability to develop and design services to meet specific needs and become commissionable. Organisations are encouraged to innovate and experiment with new service offerings; key to this will be ongoing data capture to support monitoring and evaluation, which in turn will inform adjustments to the service design.

Building on this, there will be a need to ensure that data collated supports evidence based evaluation in line with NICE guidelines. If there are gaps in the methodology or robustness of data collection and analysis, these will need to be addressed. Many local authorities and their partners are collecting data, but may not be using it effectively.

You may also wish to consider the following methods for evidencing outcomes and effectiveness of interventions:-

- The Outcomes Framework Culture and Sport - health and wellbeing theme.
- The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), which was developed to meet demand for instruments to measure mental wellbeing. It comprises 14 positively phrased such as 'I've been feeling optimistic about the future' 'I've been interested in new things'.
- Outcomes Star - there are 19 versions of the Outcomes Star adapted for different client groups and services, including older people, mental health, families, work and more and this method is widely endorsed.
- Social Return on Investment – the social value of activities through proxy measures such as reduced medication/GP visits.

In order to become a credible supplier of commissioned services, as a minimum, the following data will need to be methodically captured and monitored.

- **Frequency ~ how many & how often**
- **Type of activity ~ does it have an evidence base**
- **Intensity ~ is it Moderate**
- **Adherence ~ over the longer term (> 6mths – ideally 12mths or longer)**
- **Who is inactive ~ how are you engaging/encouraging those who are least active**
- **Population Group ~ ethnicity, age, gender, social groupings**
- **Post Code ~ to the last digit (will help to inform ‘Hot Spot’, Super Output Area and community analysis)**
- **Benchmark ~ against other ‘similar’ organisations**

Improving positioning

Positioning culture and leisure services as being able to play an active role in the health and wellbeing agenda is key.

Senior local government leaders for culture and leisure have a pivotal role to play in championing the role of the sector within their council in positively contributing to health and wellbeing outcomes. Developing a sport and physical activity strategy for a local authority area is recommended to set a direction of travel for all stakeholders and to exert influence within the supply chain – e.g. leisure operators, schools, sports clubs, voluntary groups and workplaces.

Elected Members, particularly those Cabinet leads for culture and leisure have a critical role to play in advocacy. To support them in understanding the new landscape and the future opportunities of working more closely with public health LGA has produced a briefing for councillors entitled *Putting culture and sport at the heart of strategic commissioning*²¹.

Developing a programme of visits, meetings and learning opportunities will also support the

²¹ Putting culture and sport at the heart of strategic commissioning – Councillor briefing note, LGA, August 2012

development of greater understanding of public health and the role culture and leisure can play.

It is recognised that in two tier areas there may still be a disconnect between the work of the HWB/CCG and district/borough councils.

LGA have recently produced a range of case studies²² that illustrate how county councils in two tier areas are developing a range of ways of engaging district councils in the public health agenda.

This includes:

- making grants available to district councils through a bidding process
- delegating some of the public health commissioning functions to district councils
- operating a devolved public health system with public health specialists allocated to district councils, either geographically or organisationally or both
- developing joint work programmes to tackle health inequalities involving key district council functions
- at a governance level, offering places to district councils on health and wellbeing boards and/or setting up county-wide public health committees with district council representatives

Local partnerships will vary, but it is recognised that additional efforts will be needed to position district councils, many of whom already have developed programmes of work to address health issues and tackle health inequalities, in alignment with commissioners.

²² Public health transformation nine months on: bedding in and reaching out, LGA January 2014



Demonstrating the contribution culture and leisure can make – the evidence base

This final section provides a range of case studies and good practice examples that could influence activity in your area.

Where required, further details can be obtained from the relevant Local Authority or organisation.

Further examples of how culture and leisure can help to tackle unhealthy lifestyles, address the social determinants of health, offer cost effective approaches, bring creative solutions and engage communities, families and individuals in managing their wellbeing can be found on our website www.cloa.org.uk

Improving health through sport and physical activity

Active for Life - 60+ Free Leisure Offer London Borough of Barking & Dagenham

Project overview

The number of older people (aged 65 and above) in Barking and Dagenham will increase from 19,500 in 2010 to 21,800 in 2030. Increased life expectancy is impacting particularly on the numbers of very elderly.

Barking and Dagenham is ranked 22nd in the 2010 Index of Multiple Deprivation, and 7th amongst London boroughs. People who live in areas of high deprivation, or who have worse socio-economic status, experience poorer health than those in more affluent areas. As well as access to health care, lifestyle factors such as diet, exercise, smoking, alcohol intake and occupation are important in addressing premature mortality.

In 2010/11 residents aged 60 and over were given the opportunity to access the Borough's leisure centres for free during a year-long Active for Life pilot project. Free access included swimming, the fitness suite, studio classes and racket activities.

A budget was provided by Adult Social Care to pay for the programme. When the project was launched, every eligible Barking and Dagenham resident was sent a letter, to inform them of the

offer. This was an effective way to reach the target group.

Outcome

There are currently 3,245 active members. This means that 17% of residents aged 60 to 74 are members of the scheme and 12% of the over 60s population as a whole are members.

To help evidence that the offer is improving the health and wellbeing of the target group, a survey of members was undertaken. 57% stated they were participating more, with 21% of people participating more than 3 x 30 minutes per week.

As well as improvements to physical health it is apparent that the scheme is making an equally important impact on the wellbeing of members. The members were asked whether they agreed that by attending the free activities that their quality of life has improved:

- 88% have adopted a more active and productive lifestyle.
- 91% have an improved sense of mental health and wellbeing.
- 85% have an increased sense of personal achievement, confidence and self-esteem.
- 75% have an improved knowledge of health and healthy lifestyle issues.

Due to the success and uptake of the programme, from 2013/14 the scheme will be funded by the Public Health grant.

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Physical Activity Champions in Wakefield Wakefield Borough Council

Project Overview

In Wakefield only 25.8% of adults participated in moderate physical activity for 30 minutes or more on three days of the week (APS, 2008). The primary and secondary care costs attributable to



physical inactivity in Wakefield have been calculated to be £9,487,980 for the year 2006/7.

Exercise on Referral (EoR) is a scheme that targets adults who lead a sedentary lifestyle and who have specified health risk factors and/or specific existing medical conditions. It encourages GPs and other health professionals to refer patients to a range of physical activity options that will improve the participants' health and wellbeing.

The EoR scheme is complimented locally by an 'Activator' initiative. The Activators support local communities to engage currently inactive people or people who have low levels of activity. Activators help people by setting up local group opportunities and signposting into mainstream services where applicable. This model currently recruits volunteers called Physical Activity Champions (PAC'S) within local areas to advocate physical activity to new referrals and to encourage inactive people to take on an active healthy lifestyle.

Outcome

Results from 2012/13 show 756 people were referred to EoR with 523 people completing the 12 week intervention.

Health outcomes after the 12 week intervention include;

- Physical activity increased from 1.2 bouts of 30 minutes of physical activity per week to 2.8 bouts of 30 minutes of physical activity per week (self-reported by IPAQ)
- Average weight loss of 2.3kg over 12 weeks
- Wellbeing increased 8.9% recorded measured through EQ-5D-5L
- Increase in exercise capacity of 85 metres on the 6 minutes shuttle walk test
- Long term follow up measured through the Sport and Active Lifestyles leisure management system shows 412 people are engaged in at least 1 session (1 hour) of structured physical activity delivered by SAL.

There were 22 dedicated sessions within leisure centres and in communities provided by Activators including low level aqua aerobics, Pilates, Nordic walking and active lifestyles circuits. 16 of these sessions are currently running at capacity and therefore some activities have been mainstreamed. Where sessions cannot be mainstreamed there are

dedicated pathways for participants to progress. Overall participation in these sessions increased from 312 per week to 925 per week in 2012/13. The Activator scheme identified young mums as a priority and created a network of Zumba style classes in community venues and leisure centres. Through support from small grants and mentoring by the Activators, 2 participants have returned to work and become Zumba instructors.

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Exercise after stroke programme - Blackburn with Darwen Borough Council

Project overview

Blackburn and Darwen is rated amongst the most deprived areas in England with 51% of the population in the most deprived national percentile (IMD 2010). Admissions for stroke are higher than the national average; furthermore the admission rate from stroke has increased by 57% since 2004.

The exercise after stroke programme is a secondary prevention project run in partnership with the Stroke Rehabilitation team of Lancashire Care Trust. It aims to improve independence and rehabilitate clients through enhancing balance, leg strength, coordination, and gait pattern. Sessions are offered on a one to one basis at home and also through studio and gym exercise classes.

The community stroke team, the Stroke Association and local Blackburn with Darwen GP practices are all involved in the referral process.

Outcome

The positive impact of the exercise after stroke programme on stroke survivors saw the programme receive over one hundred referrals in the pilot phase in 2009.

In terms of beneficial impact on participating individuals, the data below demonstrates the average improvement from 11 referrals that completed all assessments:

- Pre intervention average walking distance: 196 metres
- Post intervention average walking distance: 269 metres



The sit to stand average, which is the number of times an individual will perform the sit to stand test in a minute, was also used to evaluate progress.

Again the pre and post differences from 11 referrals that completed all assessments, illustrate the progress made:

- Pre intervention Sit to stand average: 14
- Post intervention Sit to stand average: 17

The sessions work well within council leisure centres and community centres with attendances increasing each year. In April 2012 the number of attendances was up to 1491. A business case has been presented to the local Clinical Commissioning Group in the hope they are willing to fund the service moving forwards.

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Push 4 Fitness – Ashfield
Ashfield District Council

Project overview

Ashfield District suffers from a number of health inequalities, related to a reduction in manual employment as the traditional industries have closed down, the impact of former employment in e.g. mining, and an inactive community.

Although the rate of childhood obesity is now slowing as a result of intervention, and participation in physical activity (1 x 30 mins per week) has increased, the district has high levels of drug abuse, smoking, cardio-vascular diseases, deaths from cancer, and increasing adult obesity. Life expectancy for both men and women is lower than regional and national averages.

Ashfield District Council developed an Active Ashfield Strategy, focussed on co-ordinating interventions to increase participation in physical activity. Public consultation identified that family commitments and childcare provision is a key barrier preventing people taking part in sport and physical activity and a further consultation conducted by Sure Start highlighted that Ashfield parents wanted a local buggy fit programme.

Outcome

Push 4 fitness involves a brisk walk suitable for parents with pushchairs lasting 30-45 minutes to gradually improve fitness levels. The walk is then followed by a short 15-20 minutes muscle toning session which takes place within a leisure centre setting.

Parents are encouraged to get babies out of their push chair during the exercise session to improve parent interaction with their children whilst exercising at the same time.

An average of 8 to 10 parents attend each weekly session. And since Push 4 Fitness started, participants have been encouraged to attend walk leader training to enable them to lead the walks if they feel confident to do so.

Delivered by Ashfield District Council, Sure Start and Everyone Active, Push 4 Fitness is a great example of multi-agency working, utilising green spaces and local leisure centres, increasing the number of adults engaging in physical activity whilst overcoming the two major barriers of childcare and cost. Since the sessions have been delivered participants have also engaged in further Sure Start services and some have become members of their local leisure centre, further increasing their activity levels.


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Steps for Life - Exercise Referral for people living with early onset dementia
Kirklees

Project overview

Steps for Life is a pilot exercise referral and recommendation scheme for people resident in Kirklees with a probable diagnosis of early onset dementia plus a need and motivation to become/remain more active.

Steps for Life helps and supports people to decide how to become more active, they may take up an activity they have enjoyed before or try something new. Activities vary with many ways to become more active, e.g. regular walking, dancing, activity



classes, sport, activities at home, e.g. gardening, housework, walking, stretches etc.

Steps for Life supports people to become more active to improve their health and wellbeing, maintains mobility and helps promote independence. The scheme offers:

- One to one consultations with client and carer providing support, motivation and information
- Development of a personalised activity plan to suit individuals needs
- Information and advice on physical activity and active lifestyles
- Opportunities to try a range of suitable activities
- Social opportunity, meeting and supporting others

Outcome

New classes have been developed and introduced for individuals and their carers where the staff are 'dementia aware' and the environments are becoming dementia friendly.

52 individuals, including the carers, took part in the pilot. 50% are currently active and enjoying taking part in physical activity with numerous reported health and wellbeing benefits e.g. reduced anxiety, improved mood.

Measuring outcomes has been a challenge. Through research and working closely with clients and carers, quality of life has been established as the most effective measurement to show health gains e.g. clients appreciate independent living, being in control, improved sleeping patterns which has a significant impact on the carers own health. These observations have been used to develop individual case studies to demonstrate impact and outcomes.

Relationships have been established with a wide range of dementia services and new ways of working have evolved, memory prompts, simplified terminology/literature, identifying carer needs and providing additional needs volunteer support where possible.

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Smoothie Bike Project

Suffolk Libraries and the CSV Suffolk

Project Overview

The link between cognitive impairment by not having the right food stuffs is key in physical and mental health development. Bad diet and food poverty inspired Suffolk Libraries' Mental Health and Wellbeing Information Service to instigate this project to work with hard to reach groups and economically challenged communities.

The aim was not only to improve people's wellbeing through advice and guidance, but to engage people in a fun way. There is a direct link between mental wellbeing and a healthy diet and the bike project carries a large amount of other self-help material to signpost participants to other agencies that can help.

10 x 2 hour Smoothie Bike Health and Wellbeing workshops²³ were delivered; these specialist workshops focussed on Food, Nutrition and Diet and were delivered by qualified nutritionists and health professionals who provided people with information and guidance on the importance of looking after yourself and how beneficial regular physical exercise and activity is as part of a healthy lifestyle and positive mental wellbeing.

Outcome

The project is an example of the way in which Suffolk Libraries can provide a focus for health and wellbeing activities both in the library and by reaching out to local people.

In terms of benefits the project has helped people to change behaviours and embedded the importance of a healthier lifestyle:

- 84% said they will change their diet to a more balanced and nutritious one
- 84% will take up more regular physical exercise and
- 89% understand the effect food and exercise has on good mental health.

Feedback from mental health service users has been particularly positive; 93% found the Smoothie Bike and associated activity useful and inspiring.

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²³ See cover photo



Improving wellbeing through culture

Arts at the HeART of Wellbeing Erewash Borough Council

Project Overview

Arts at the HeART of Wellbeing is a project based in Erewash, Derbyshire; an area with county's fastest growing ageing population. The programme of arts intervention targets older people with or at risk of developing mental health issues, including dementia; and focuses on the need for early intervention and non-clinical treatments of cognitive/memory loss, as opposed to expensive long-term medication.

The programme works to improve and maintain wellbeing by increasing social interaction, meaningful activity, cognitive function, sense of purpose and learning new skills; Professional artists work alongside service users in a number of different settings; residential/nursing homes, day care centres, hospitals, supporting housing settings and alongside people with limited mobility on a 1:1 basis; enabling participants to create a range of visual art work in mediums of their choice.

The project, which started 5 years ago, also includes training & mentoring programmes for staff and volunteers across Adult Health & Social Care, enabling the activity and its benefits to continue beyond the project.

Outcome

Participants are identified due to their isolation and the project therefore focuses on quality of the outcomes rather than quantity of participants. Over an average 15 week annual programme, 3 immobile people, 10 residential home users and 15 day centre/hospital patients; plus 10 staff and volunteers within these settings; take part. Approximately 15 care staff and 10 artists also receive training.

The project is measured using the Warwick-Edinburgh Scale of Mental Wellbeing (NHS approved), within a wider contextual framework, enabling the monitoring of factors outside of the project which may influence the result. The WE scale is not suitable for dementia patients, but since the projects inception in 2007, results with

non-dementia patients indicate consistently across all settings that the project significantly impacts positive wellbeing.

Qualitative data indicates significant improvements in dementia patients' wellbeing also; i.e. non-verbal dementia patients speak again during sessions, greater willingness by participants to socially interact within the sessions than outside of the sessions, noticeable reduction in confusion and anxiety.

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Arts for Health in Blackpool Blackpool Council

Project Overview

Blackpool has disproportionate levels of benefit claimants along with high numbers of people claiming sickness and disability benefits.

Blackpool also has the highest suicide rate in England. There are above average levels of depression requiring treatment in the over 65s (an estimated 34%). Around 3,000 people in Blackpool are receiving Disability Living Allowance because of mental health problems.

Blackpool Arts for Health is funded by Blackpool Council and Blackpool Public Health. Arts for Health uses creativity as a way to target adults at risk of developing or who have mental health difficulties and to support them through creative groups by:

- Increasing confidence and self-esteem
- Building new friendships and support networks
- Boosting motivation and energy levels
- Enabling people to move on to further education, volunteering, employment
- Decreasing social isolation and developing social skills
- Part of a meaningful day, giving a purpose
- It can prevent hospital admissions

Arts for Health offers a 20 week pathway and then further opportunities for group members to set up their own creative group or move on to college courses.



Outcome

Between April 2012 and April 2013 143 two hour creative sessions were made available through the Arts for Health programme. On average each participant engaged for 20 weeks and the total number of engagements was 1,034.

During this time 98% of clients showed a significant increase in their wellbeing. Using the Warwick/Edinburgh Scale, on average participants wellbeing increased by 15 points after 10 weeks of Arts for Health and continued to increase after a further 10 weeks.

Participants have offered powerful testimony to support the evaluation of this initiative.

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Arts create a welcoming sanctuary within a hospital

Zoofish Arts - Poole

Project Overview

In 2013 Zoofish Arts CIC was funded to run a 10 week series of art workshops at St. Ann's (psychiatric) Hospital, Poole. There was ongoing building works at the hospital, which unsettled the service users, and the workshops provided a calm, 'refuge' where they could relax, have fun and be creative.

At each session Zoofish artists offer hands-on art workshops using a range of media with service-users across all wards in the hospital. The project worked on enabling service users to engage with the natural environment of the hospital, using collage, photography, watercolours, poetry, mosaic and ceramics. Two mosaic seats have been installed in the newly re-designed hospital grounds.

Outcome

Participants have produced work depicting something personal and important to them. They entered into the project in a spirit of experimentation and exploration, resulting in a strong sense of achievement and satisfaction. A formal exhibition at the hospital in December 2013 attracted previous participants and staff, as well as current service users who expressed an interest in any new art project.

Over the course of the project 36 patients and 19 staff took part, with 13 returning for at least one more session. This is against the background of fluctuating health each week, and a largely transient population of mainly short stay patients, including elderly and wheelchair users.

Service-users and staff alike have spoken of their appreciation of the project – its availability and easy access across the day, the enabling and welcoming nature of the artists' leadership, and the deep sense of satisfaction in producing a piece of art. The social and supportive nature of the group has been of great worth in developing relationships and confidence in service-users.

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Improving positive body image & reducing eating disorders amongst children and young people

Body Image dance - Staffordshire

Project Overview

1.6 m people in the UK are affected by eating disorders. A typical general practitioner list of 2000 patients could expect to have 20 patients with an ED, many of whom will be adolescent females. 11% are now young men.

A UCL report in April 2011 indicates a rise in cases among young people. 92% of children surveyed said they couldn't talk about it. Conditions become entrenched before they do. Music and dance are known to be helpful forms of therapy to improve self-esteem.

Dance 123 is a project run by Body Image Dance (BID) in Staffordshire. It aims to improve positive body image and to reduce the numbers of children and young people developing eating disorders and other destructive coping strategies, by enabling them to express their feelings and emotions in a creative and safe manner through music and dance.

Outcome

A collaboration between BID and Staffordshire and Derby Universities led to a pilot study in February 2012, which looked at The Impact of a Dance



Movement Therapy Intervention on Young People’s Body Image.²⁴

A mixed group of 17 year old pupils took part in a dance session based on a therapeutic intervention informed by dance movement psychotherapy. After the session, they gave accounts of the experience in focus groups and interviews. Their accounts were analysed using an inductive thematic analysis.

Three themes were identified: Connectedness, Lack of Self-consciousness, and Body Acceptance. The session impacted positively on the participant’s body image leading them to feel more connected to their bodies, freer, less self-conscious, and more accepting of their bodies after the session.

Results suggest that this is a promising procedure for use with both young men and women in this age group and BID is currently seeking the best way to develop their work.

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Mental Wellbeing Impact Assessment North Norfolk District Council

Project Overview

Whilst officers are aware of the many potential benefits the arts bring to the resident population, until now this has been largely anecdotal and not possible to robustly demonstrate. To help evidence the wider impact the service, or elements of it, has on the communities’ health and wellbeing Norfolk District Council (NNDC) applied to be a pilot authority on the Local Government Group Mental Well-being Impact Assessment (MWIA).

MWIA seeks to identify and evidence (through community profiling, literature review and stakeholders views) the key impacts that a service or project has on wellbeing, and ensure relevant population groups are being targeted. Wider

²⁴ Dance and body image: young people’s experiences of a dance movement psychotherapy session, Qualitative Research in Sport, Exercise and Health, May 2013

determinants of health and protective factors for health are used as the basis for the assessment.

An initial screening exercise identified the Sheringham Little Theatre (SLT) Youth Outreach Programme as an appropriate area of the service on which to focus the MWIA.

Outcome

SLT is having many positive impacts on the health and wellbeing of participating young people as well as their parents and carers. It is achieving this through:

- Enabling Skills Development - participation creates opportunities for individuals to develop skills. Skill development builds a sense of control and resilience, promoting self-esteem and belief.
- Offering Opportunities to Volunteer – enables the development of knowledge, experience and skills and is also a pathway into paid employment.
- Offering Young People Alternative Activities – providing positive activities in a rural area where there are potential problems of isolation and inactivity leading to negative behaviour.
- Offering Opportunities to Network – evidence suggests participants benefit from their participation at SLT by building relationships with peers from other communities. This has been especially beneficial to young people during their transition to high school.
- Building Communication Skills, Confidence, Self-esteem and Emotional Well-being – helps develop resilience to bullying and builds aspirations for future learning and development.
- Providing a Safe and Trusted Environment - much importance was placed on trust and safety particularly by the parents.
- Providing Affordable Activities - young people are able to be engaged with meaningful activities as SLT sessions are affordable for most parents.

There is a growing evidence base about the positive impacts of arts, creativity and fun on mental wellbeing. SLT offers this experience for young people who may not be receiving this in formal education.

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Taking Action

This document outlines the key role that culture and leisure already play in improving health and wellbeing.

This contribution is set to become more important with the new duty placed on county and unitary authorities to take appropriate actions to improve the health and wellbeing of their local residents.

Culture and leisure activities are recognised as part of the solution in many areas, however tackling the growing burden of ill-health will require a long term approach to developing more comprehensive, joined up packages of support across a multiplicity of partners. This will necessitate developing strong local partnerships between organisations, sectors and tiers of local authority.

The role of HWB's and CCG's in driving this agenda forward will be central, and so investing time in finding routes to advocate your offer and to develop relationships with key people in a position of influence is worthwhile.

It will be important to clearly demonstrate how culture and leisure interventions not only impact upon the domains of public health, but also offer value for money in comparison to other preventative measures and services.

We hope you have found this document informative and that the featured case studies inspire you to take further action in your local area.

If you would like to submit an example that demonstrates the role of culture and leisure in creating healthier and happier communities in your own locality please contact us at info@cloa.org.uk.

Things you can do to improve the contribution of culture and leisure to health and wellbeing:

- 1. Read this document and other signposted resources to better understand the context.**
- 2. Familiarise yourself with the JSNA and JHWS in order to gain a better understanding of the priorities in your locality.**
- 3. Discuss the content of this guidance with your team, identify existing contributions to local health and wellbeing priorities and re-shape the offer to maximise impact.**
- 4. Develop an outcomes framework for health and wellbeing. This will help you measure and evidence the difference your service makes. It will also strengthen the case for investment of public money.**
- 5. Undertake research to fully understand local opportunities for addressing health inequalities.**
- 6. Use the process of leisure contract renewal as an opportunity to re-align services towards delivery of more focused health and wellbeing outcomes.**
- 7. Identify and engage with commissioners for health and wellbeing, work with them to further improve outcomes of existing provision and develop new initiatives.**
- 8. Consult public health colleagues on how to best use social marketing tools to engage with your target markets and promote the right health and wellbeing messages.**
- 9. Equip Councillors with the evidence to make the case for culture and leisure to those responsible for public health.**
- 10. Get involved in the refresh of your health & wellbeing strategy at the planning stage.**
- 11. Share best practice examples within your own networks and with °CLOA.**



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