The role of culture and leisure in improving wellbeing

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Summary

The role of culture and leisure in improving wellbeing was published by the Chief Cultural and Leisure Officers Association (CLOA) in March 2014. The report aims to help providers of culture and leisure services in England:

- acquaint themselves with the new public health structures, frameworks and outcomes
- prepare to engage by entering into the appropriate strategic commissioning processes and funding bids
- better demonstrate how culture and leisure can help tackle unhealthy lifestyles, address the social determinants of health, offer creative, cost-effective approaches, and engage communities, families and individuals in activities conducive to wellbeing.

The eleven case studies bring together evidence of the effectiveness of cultural activities and sport for physical and mental health. They are inspiring examples of best practice, ranging from the irresistible Smoothie Bike Project on good diet and exercise delivered by Suffolk Libraries to the poignant Body Image Dance 123 project for teenagers with eating disorders in Staffordshire.

The CLOA paper will be useful for elected members, senior officers and third sector organisations sharing a remit for health and social care, but it is of particular interest to members and officers in leisure and cultural services in all councils, and people working in the third sector, that may not be as familiar with the health and social care system, but who are involved with culture and leisure and their role in improving wellbeing.

The case studies are recommended for all stakeholders, and particularly for commissioners.
Policy context

Key objectives of the Health and Social Care Act was to respond to pressures on the NHS arising from our ageing population, more sophisticated treatment options and increasing costs for medicine. The new system puts greater emphasis on prevention and on community involvement to develop needs-led services. The public health role for local authorities is to improve and protect health and wellbeing for all, whilst fast-tracking improvement for the poorest. The LGiU January 2012 briefing Updates on the new public health system provided a general picture of many of the elements of the new system.

Public Health England (PHE) is an executive agency of the Department of Health, the department with ultimate responsibility for public health at national level. PHE’s role is to both protect and improve the nation’s health. As outlined in the LGiU’s briefing Public Health England Operating Model, PHE supports local government by sharing information and expertise; helping develop public health systems and train staff.

The National Institute for Health and Care Excellence (NICE) provides guidance and research to both national and local health care commissioners and providers.

Clinical Commissioning Groups (CCGs) are the independent statutory bodies that replaced Primary Care Trusts. CCGs now commission the bulk of healthcare services; they closely collaborate with Health and Wellbeing Boards (HWBs) to generate outcomes tailored to local need. Local people can be involved in commissioning services through their local Healthwatch.

Operating at local government level, Health and Wellbeing Boards have a statutory responsibility to promote integrated working between health and social care commissioners and health-related services - such as housing - and to prepare the Joint Strategic Needs Assessment (JSNA) and the annual Joint Health and Wellbeing Strategy (JHWS) setting jointly agreed priorities for commissioning plans.

A statutory director of public health leads the specialist public health team in each local authority (unless neighbouring authorities decide to jointly appoint their director). The director ensures that health prevention is embedded in the local system. In addition, his/her role is to help prepare the JSNA, and the JHWS.

Priority areas

As outlined in the LGiU’s briefing Public Health Outcomes Framework and Funding the frameworks contain the following domains:

1. Improving the wider determinants affecting health and wellbeing and inequalities, as measured by pupil absence, re-offending or fuel poverty.

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2. Health improvement for healthy lifestyles and reduced inequalities, as measured by smoking cessation, obesity reduction, and some NHS screening.

3. Health protection from major incidents and other threats warranting interventions such as vaccination programmes (with PHE involvement).

4. Prevention of ill health (as measured by mortality from cancer and cardiovascular disease through indicators shared with the NHS Outcomes Framework, and where local authority interventions in the first two domains prevent premature deaths).

These domains generate a set of common priorities in Health and Wellbeing Strategies; these are the ones to which culture and leisure can most effectively contribute:

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

**Funding and outcomes**

The ring-fenced public health grant for local authorities is £5.45bn for 2013-14 and 2014-15.

Public Health England has produced a Public Health Outcomes Framework (PHOF), which is updated quarterly and provides data for available indicators at England and local authority levels against which local authorities should measure their performance. These indicators are grouped into several ‘domains’, including improving the wider determinants of health and health improvement.

The Public Health Outcomes Framework Data Tool is an interactive tool which now includes two physical activity measures to be used by all local authorities:

1. percentage of ‘inactive’ adults
2. percentage of adults doing 150 minutes of physical activity a week including gardening, walking and dancing, and as defined by the Chief Medical Officer.

The challenge is considerable since the Active People Survey 6 (published in December 2012) found that 28.6% of people aged 16 and over were inactive. With a
To prepare for engagement with CCGs, local government staff in leisure and culture will need to become familiar with the JSNA, the JHWS and the Marmot Review on Inequality (revisited by the LGiU in its briefing Marmot Review Two Years On). A lead
person within the authority could take on the role of regular communication with commissioners; peer learning and work placements would help accelerate learning.

External leisure operators delivering sport and cultural services on behalf of local authorities are key players. On the other hand, for historically based contracts, the health and wellbeing role may be seen as an additional requirement and will need to be addressed through discussion. The contract renewal process will provide an opportunity for a better contractual fit with the new public health agenda.

**Understanding allocation of funding and capacity building**

Service providers need to be clear on how funding is allocated to address inequalities and whether they will focus on universal provision, targeted groups or personal budget holders. The LGA, CLOA, Sport England and Arts Council England produced *Engaging in Commissioning a practical resource pack for culture and sport* (September 2012) drawing on a pilot involving Councils and third sector organisations.

Culture and Leisure Services still granting funding can adopt a commissioning model to encourage community groups and independent providers to develop better targeted activities. Bids for contracts to deliver health and wellbeing outcomes call for accurate costing for the whole service delivery, as well as cost per unit for comparative purposes. Some external assistance to build capacity and understand payment by results may be necessary for those teams without previous experience of bidding.

In the mixed economy of providers, local authority and partner teams must develop new skill sets, such as “Understanding Public Health Drivers”, “Monitoring and Evaluation” and “Working with vulnerable adults and children”. SkillsActive and Skills for Care can meet this need. It is also worth identifying any resources available within the public health commissioners for upskilling.

Improving service design is another key task for cultural and leisure service providers. For example, ‘co-production’ with local communities is useful, as well as methods ensuring effective use of collected local data. These methods include not only the Public Health Outcomes Framework but the Warwick-Edinburgh Mental Health Wellbeing Scale, the Outcomes Star and Social Return on Investment.

Senior local government leaders and elected member Cabinet leads for culture and leisure must champion their capability to deliver the health and well-being agenda. To this end, the LGA has prepared a briefing entitled “Putting culture and sport at the heart of strategic commissioning”.

In January of this year, the LGA also produced case studies in “Public health transformation nine months on: bedding in and reaching out”. The publication suggests ways in which county councils in two-tier areas are engaging district councils in the public health agenda.

**Evidence base**

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‘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’

(CLOA report)

Six case studies provide evidence of health improvement through sport and physical activity. Five further case studies demonstrate the positive impact of culture on mental health, and wellbeing. Each one is presented with clear, measured outcomes, and a contact name and email.

The Smoothie Bike Project on diet and mental health was delivered by Suffolk Libraries’ Mental Health and Wellbeing Information Service to work with hard-to-reach groups and poor communities. 10 two-hour food, nutrition and diet workshops were delivered by nutritionists with information on the benefits of regular exercise. Pedal power on the Smoothie Bike - as photographed on the front cover of the report - generates power to blend a smoothie in the blender perched on the bicycle handlebar. This project outcomes were remarkable, with 84% resolving to change their diet and 84% to take more exercise and 93% of mental health service users finding it inspiring.

Push 4 Fitness delivered by Ashfield District Council, Sure Start and Everyone Active is a multi-agency project which implemented a local buggy-fit programme in this area of traditional industry decline. The programme improves fitness and parental bonding while resolving the problem of childcare and cost.

Active for Life – 60+ Free Leisure Offer in Barking and Dagenham, 2010-11 is a year-long pilot provided free access to swimming, fitness suite, studio classes and racket activities. The budget was covered by Adult Social Care. 17% of residents aged 60-74 joined, with 57% reporting higher participation levels and 91% reporting an improved sense of mental health and well-being. The scheme for 2013-14 is being funded by the Public Health Grant.

Physical activity champions, in Wakefield Borough Council 2012-13 offered a 12-week project combining an “Activator Initiative” with Exercise on Referral prescribed by GPs for at-risk patients. Volunteers acting as physical activity champions encourage new referrals or inactive people to take on an active lifestyle. Using local leisure centres, Activators provided sessions with aqua aerobics, Pilates and Nordic walking. Zumba style classes targeted young mothers. Participation in classes trebled over the year. Health outcomes, including weight loss, were very encouraging. In 2008, the Active People’s Survey in the borough had found that only 25.8% took part in moderate physical activity for 30 minutes three days a week.
The Exercise after stroke programme in Blackburn and Darwen was run in partnership with the Stroke Rehabilitation Team of the Lancashire Care Trust. The sessions in leisure centres and community centres work well and attendance goes up every year. An application has been made to the local Clinical Commissioning Group to fund the service.

Steps for Life, an Exercise Referral pilot for people living with early onset dementia has been run by Kirklees Council. Activities included regular walking, dancing, sport, activity classes, gardening, housework and stretches. Outcomes included new classes for clients and their carers. It has been difficult to measure other outcomes. Quality of life, however, has improved tangibly because clients appreciate independent living and the sense of being in control while sleeping better.

Art at the HeART of Wellbeing has been run for five years by Erewash Borough Council and Adult Health and Social Care in Derbyshire. The 15-week programme targets isolated older people with or at risk of developing mental health issues and focuses on early intervention to prevent cognitive or memory loss in settings ranging from care homes to homes on a one-to-one basis. The outcomes measured using the Warwick/Edinburgh Scale of Mental Wellbeing showed significant improvements in patients’ well-being. Training for staff and volunteers favours continuation beyond the project.

Blackpool Arts for Health was funded by Blackpool Council and Blackpool Public Health. With an estimated 34% of over 65s requiring treatment for depression in the area, Arts for Health’s 20-week pathway was targeting adults at risk of developing or suffering from mental health problems. Using the same scale for measurement as the Erewash team, there was an increase in wellbeing for 98% of the participants.

Mental Wellbeing Impact Assessment was initiated by North Norfolk District Council to be a pilot authority on the Local Government Group Mental Wellbeing Impact Assessment. Sheringham Little Theatre Youth Outreach Programme was chosen for the Assessment. Outcomes provide evidence of the positive impact of arts, creativity and fun on mental well-being.

Body Image Dance (BID) in Staffordshire aims to improve positive body image and reduce eating disorders among young people. BID ran the Dance 123 pilot project to enable the 17-year old participants to express their feelings in a safe and creative way. Staffordshire and Derby Universities were involved in the 2012 pilot and produced a piece of qualitative research, “The Impact of Dance Movement Therapy Intervention on Young People’s Body Image” published in May 2013 in Sport, Exercise and Health. Following promising outcomes, BID is looking for the best way to pursue its work.

Comment
The positive link between physical activities and health and wellbeing has been conclusively established. In addition, the establishment of the National Alliance for Arts Health and Wellbeing in 2012 and the creation of the All Party Parliamentary Group for Arts, Health and Wellbeing this year are helping further demonstrate the effects of cultural activities on health. The new APPG’s terms of reference include:

• “To enable backbench parliamentarians, of all parties and in both Houses, to be informed about significant practice and developments in the field of the arts, health and wellbeing
• To encourage the evaluation of arts and health work and the dissemination of evidence.
• To support the sharing of knowledge and information about good practice and facilitate access to arts and health provision for the general public.”

CLOA has rightly identified the new health and wellbeing duty as an opportunity:

‘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’.

The LGA has reported that some local authorities are currently drawing on a portion of the Public Health Grant to maintain services supporting public health outcomes while offsetting budget cuts. Blackburn with Darwen Borough Council exemplifies engagement with the social determinants of health. It has established an investment framework for the Public Health Grant to bring about what the LGA identifies as a shift from a medical model to a social model.

The report recognises that in the current climate of cuts faced by councils and the NHS, securing funding will be an arduous task. It is clearly crucial, as the report emphasises, that those involved in leisure and cultural services demonstrate that culture and leisure interventions not only impact positively on the domains of public health, but that they can offer value for money when compared to other preventative measures and services.

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