

Introduction.

The current commissioning of arts and health programmes is diverse and lacks consistency across the NHS and from region to region in England. Programmes are located at several different 'sites' and each have their own funding ecology. e.g.

- Programmes in hospitals - Foundation and NHS Trusts, draw funding from %art capital NHS funds, NHS Revenue funds, NHS Charitable Funds, local charities, ACE Grants for the arts and local sponsors etc.
- Programmes in primary care draw funding from NHS Primary Care Trusts – PCTs (commissioning and revenue), partnership funding with Local Authorities (social care, children's services), ACE Grants for the arts, BIG Lottery Fund, local charities and sponsors.
- Programmes in public health, health improvement, community regeneration and reducing health inequalities draw funding from PCTs and Strategic Health authorities – SHAs, Regional Development Agencies and linked Government departments, Local Authorities and BIG lottery.

There is no firm national directive or policy guidance, or direct funding from the Department of Health – DH, to NHS Trusts, PCTs, SHAs, on areas where arts and health investment is advised, or on which route funding should be allocated.

There is no national guidance from either DCMS or ACE on funding of arts and health partnerships with NHS Trusts, PCTs, SHAs, Local authorities. ACE has no consistent involvement or approach to regional funding of arts and health.

Case study.

'Sing for Your Life / Silver Song Club'.

These are singing for health programmes with older persons and specialist health groups across SE England in local communities. Their activities are 'supported / verified' by the Sidney de Haan Research Centre in Folkestone.

- Commissioning by local authorities:

Small grants from Kent County Council adult social services, some District councils but never actually 'commissioned'. LA funding has now ceased.

- Commissioning by Health and Wellbeing partnerships:

East Coast Kent PCT, through joint PCT/District Council H&WB partnerships, chaired by Ass.Dirs. Public Health. Small grants offered to local projects which supported local strategic priorities. Successful but have been discontinued for 2009 / 10. Good relationships exist with Hampshire CC Older People's Wellbeing Team.

Overview – it has proved very difficult to persuade Adult Social Service teams to value Arts & Health in SE. This contrasts strongly with other parts of the country where LA Arts Officers strongly support programmes.e.g.

- Bolton's Social Housing Dept., '**Bolton at Home**', employ 4 full-time arts officers with annual budget of £500K.

- **‘Creative Alternatives’**, a mental health arts on prescription programme in Sefton MBC was funded annually at £70K as a research programme 2006-2009 by the Treasury ‘Invest to Save Budget’. Continuing in 2010 -12 under service level agreement with £30K from Sefton MBC’s Arts service + £20K from Sefton PCT Health Improvement Support Service + £20K Sefton PCT Children’s Support Service.

The Future.

The Future is unknown. However there is that which is likely and that which is possible. The former:

Department of Health and NHS 2010 White Paper. The White Paper proposes to significantly restructure the commissioning of health care by 2013 into the following strands:

- Local GP Consortia. These are new organisations responsible from 2013 for commissioning local NHS services from Foundation Trusts / NHS Social Enterprises. They take on this role from PCTs who are to be dissolved.
- NHS Commissioning Board. This is a new independent organisation with a National strategic overview leading on allocating and accounting for NHS resources, lead on quality improvement, patient involvement and choice, to promote equality and tackle inequalities in access to healthcare. They take on this role from SHAs who are dissolved.
- Monitor. The organisation that will set tariffs for healthcare and act as economic regulator.
- Quality Care Commission. The inspectorate across both health and social care.
- Public Health. New directors of Public Health created for each local authority. Responsibility transferred from Health (PCTs) to LAs. New ‘ring-fenced’ budgets to be established – to be set out in further White Paper.
- Social Care. ‘Personal budgets’ implemented by LAs. New interdependence between NHS and LAs to remove barriers and encourage ‘preventative’ actions. New further White Paper on how to be achieved and a ‘Law Commission’ to report within one year on how it is paid for and what individuals have to contribute/pay for. Also link in with Dept., Education on Children’s and family services.
- Create local ‘Health Watch’ so that views of patients and carers are part of local commissioning. ‘Health Watch England’ to advise NHS Commissioning Board and Monitor.
- National Institute for Health Research - NIHR. To continue.
- National Institute for Clinical Excellence – NICE. To continue. To develop for NHS Commissioning Board on establishing National Outcomes Framework which will set standards for all 150 main pathways of care. NICE to advise NIHR.

CONSULTATION: comments to be made by October 5th 2010.

Where does arts and health fit into the new structure and what is possible?

This is unknown territory. Ideally DH and DCMS will assist in advocating arts and health because:

- It helps to create quality environments in which people receive healthcare, recover from illness, staff deliver healthcare – %art on new capital and current healthcare estate.
- It assists in illness prevention and management of long-term health conditions. Reduces healthcare expenditure and improves individuals' quality of life.
- It supports the ethic/principle of person-centred care. Individuals choose the healthcare resources/input they need – arts and health has strong research linking well-being with creativity.
- It assists in the delivery of the public health agenda and tackling health inequalities.
- It contributes to the creation of 'social capital' in both individuals and communities.

Arts and health organisations need a new Arts and Health National Forum to advocate and elucidate these outcomes to the new commissioners as they evolve between 2010 -2013.

- GP consortia. There are examples of GPs familiar with the concept at Bromley-by-Bow, Wythenshawe, Dursley (Glos.). However 99% have little experience or knowledge.
- NHS Commissioning Board + NICE + NIHR. Is this the group the new Arts and Health Forum, DH, DCMS and ACE should collectively be seeking to establish new policy guidance on commissioning of arts and health? This needs to be a 'high level' initiative.
- Public Health. The new Health and Wellbeing Boards will have the opportunity to link up LA arts development officers and arts and health organisations. The opportunities need to be identified and explained with advocacy of local solutions to local issues.
- Health Watch. Arts and health advocates to become elected/appointed members.
- Private Sector. With more social care being placed with private sector contractors arts and health can be a 'USP' e.g. with dementia care.