

Commissioning - demystified Health and wellbeing - decoded Opportunities for culture - uncovered

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East Yorkshire and North Lincolnshire event

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Overview

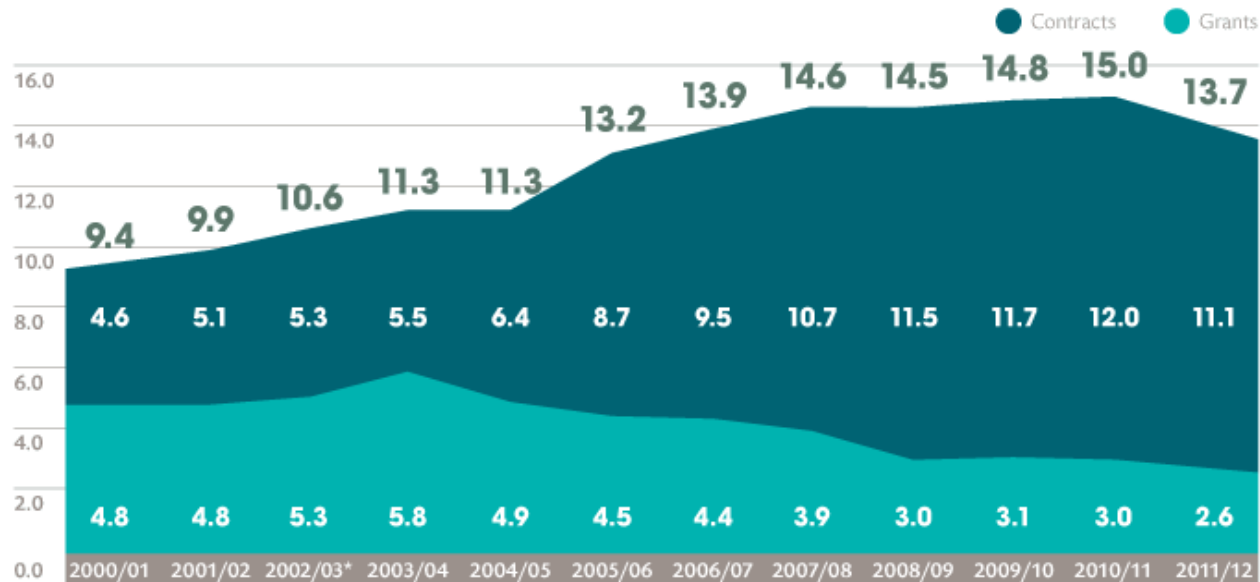
- A changing context . . .
- Commissioning – the process
- Health and wellbeing – the drivers
- What does different mean?
- Implications and opportunities for culture

Culture in the changing context

- **Challenges and changes**
 - less resources
 - increased demand, demographic changes, family care gap
 - lifestyles, social isolation, mental health
 - inequality
- **Old order is unsustainable**
 - need to do things differently

. . . shift from grants to contracts

Voluntary sector income – grants and contracts (billions)



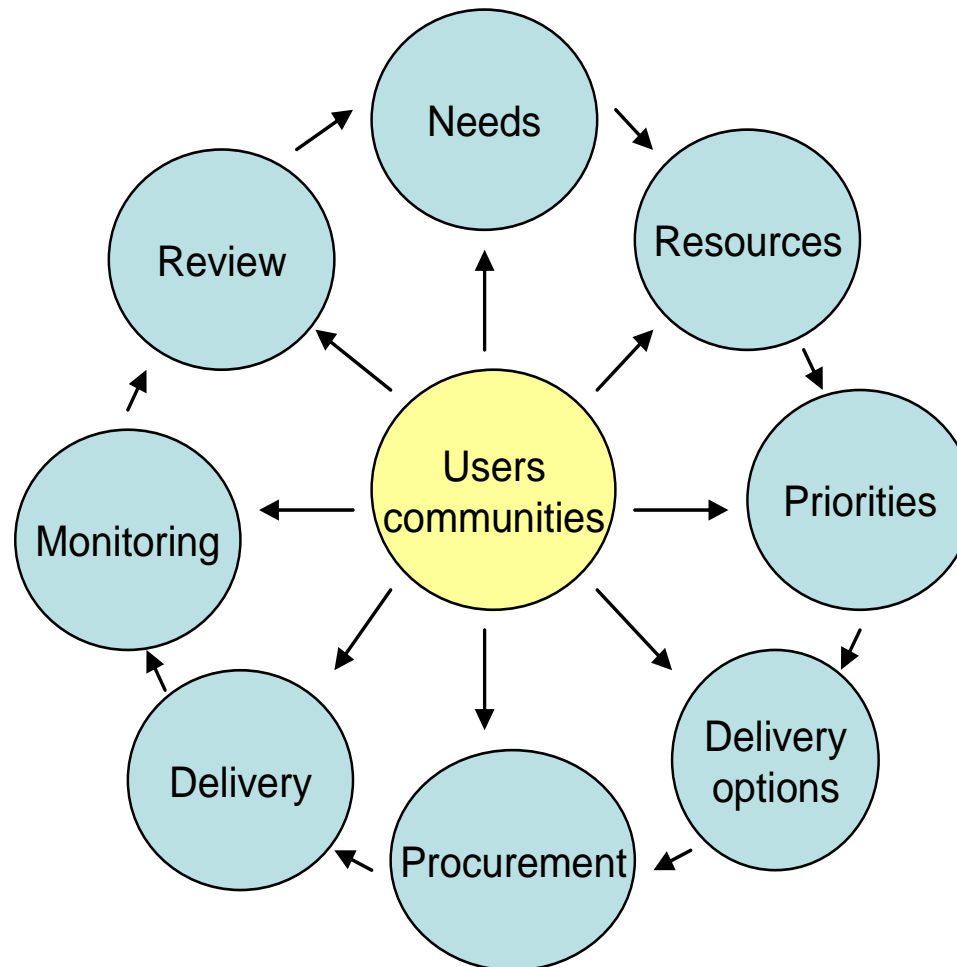
Commissioning is . . .

- A business process that assesses needs and available resources, identifies priority outcomes and works out how to achieve the desired outcomes.
- That may or not be a service

The commissioning cycle

Review

Analyse



Do

Plan

Is all commissioning strategic?

- National
- Regional
- Strategic – community
- Locality
- Individual

Who are commissioners?

- Commissioning directors and service managers, Clinical Commissioning Groups
- Schools and locality based services
- Individuals with personal budgets
- Support functions
- Governance functions

What outcomes?

- Primary prevention
- Secondary prevention
- Keeping people independent
- Personalisation – improved choice and control
- Reducing health inequalities
- Wellbeing - social networks and capital, volunteering
- addressing social determinants of health

What outcomes?

- Raising educational attainment
- Raising aspirations, self-esteem and self-confidence
- Narrowing the gap and children in need
- Think Family – sustainable outcomes
- Improved physical and mental health
- Economic prosperity
- Local identity and sense of pride in place
- Safe and resilient communities
- Social inclusion

Will this lead to more money coming into arts and culture ?

- Possibly and probably – it's business
- Many variations, developments and opportunities
- About sustainable relationships and not short-term transactions
- About better outcomes for communities
- About seeing the world from a commissioners perspective
- About better strategic conversations, profile and positioning

Health and wellbeing – some key drivers and concepts

- Reforms in health and social care
- Tackling inequalities – policy context
- Demographic and lifestyle challenges
- Less public money
- Transformation

Health and Social Care Act 2012

- More focus on **outcomes**
- GPs have major health care commissioning role through creation of **Clinical Commissioning Groups**
- Healthwatch - a stronger **voice** for citizens and communities
- significant changes for **local government** – transfer of Public Health, H&WB Boards and strategies, scrutiny and public engagement

Care Act 2014

- Promoting individual well-being
- Preventing or delaying the need for care
- Reducing needs that already exist
- Person-centred decision-making
- Importance of carers
- Personal plans – for those entitled to care and those not entitled
- Using the totality of local resources



Marmot Review of health inequalities

Feb 2010: Fair society, Healthy lives

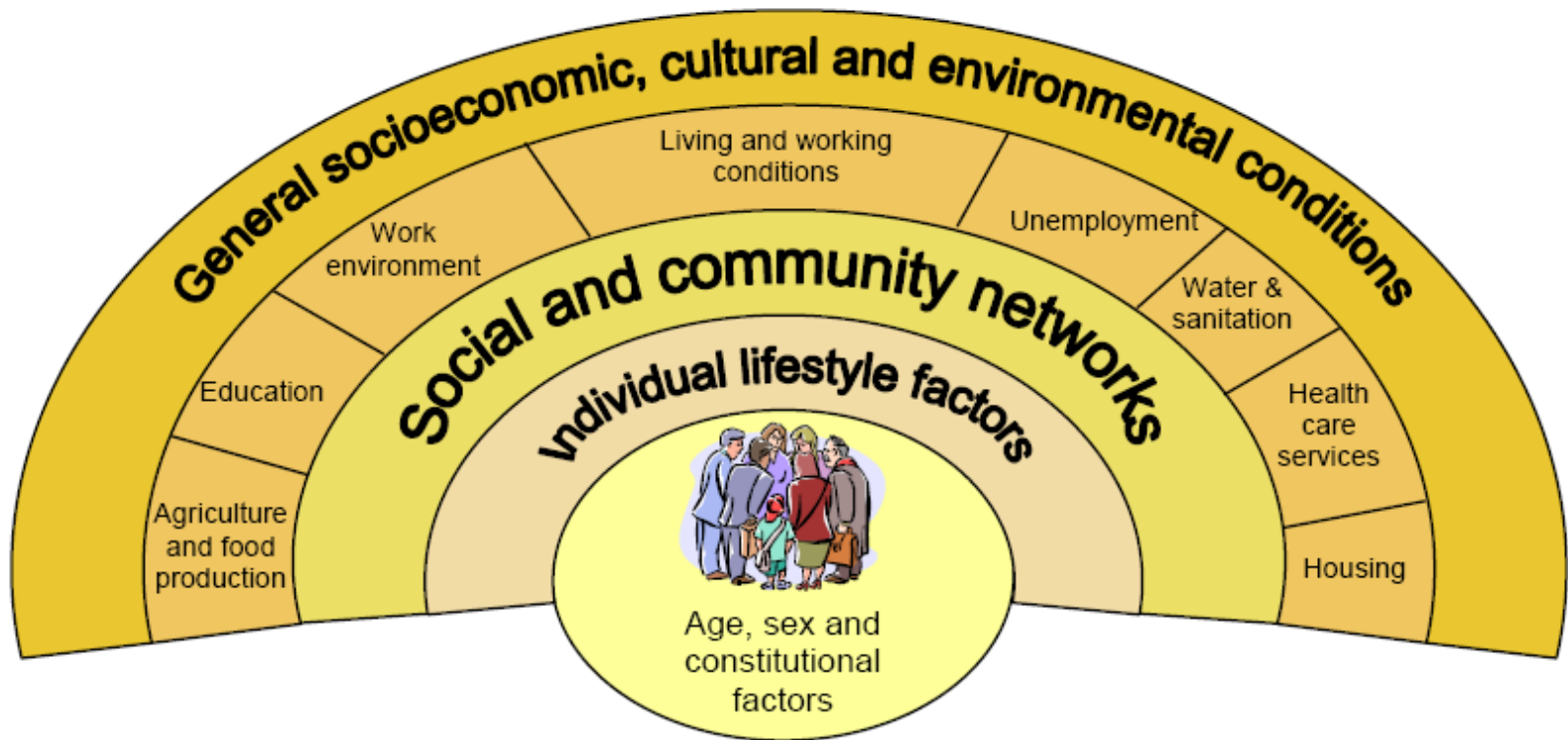
‘People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health.’



Marmot Review

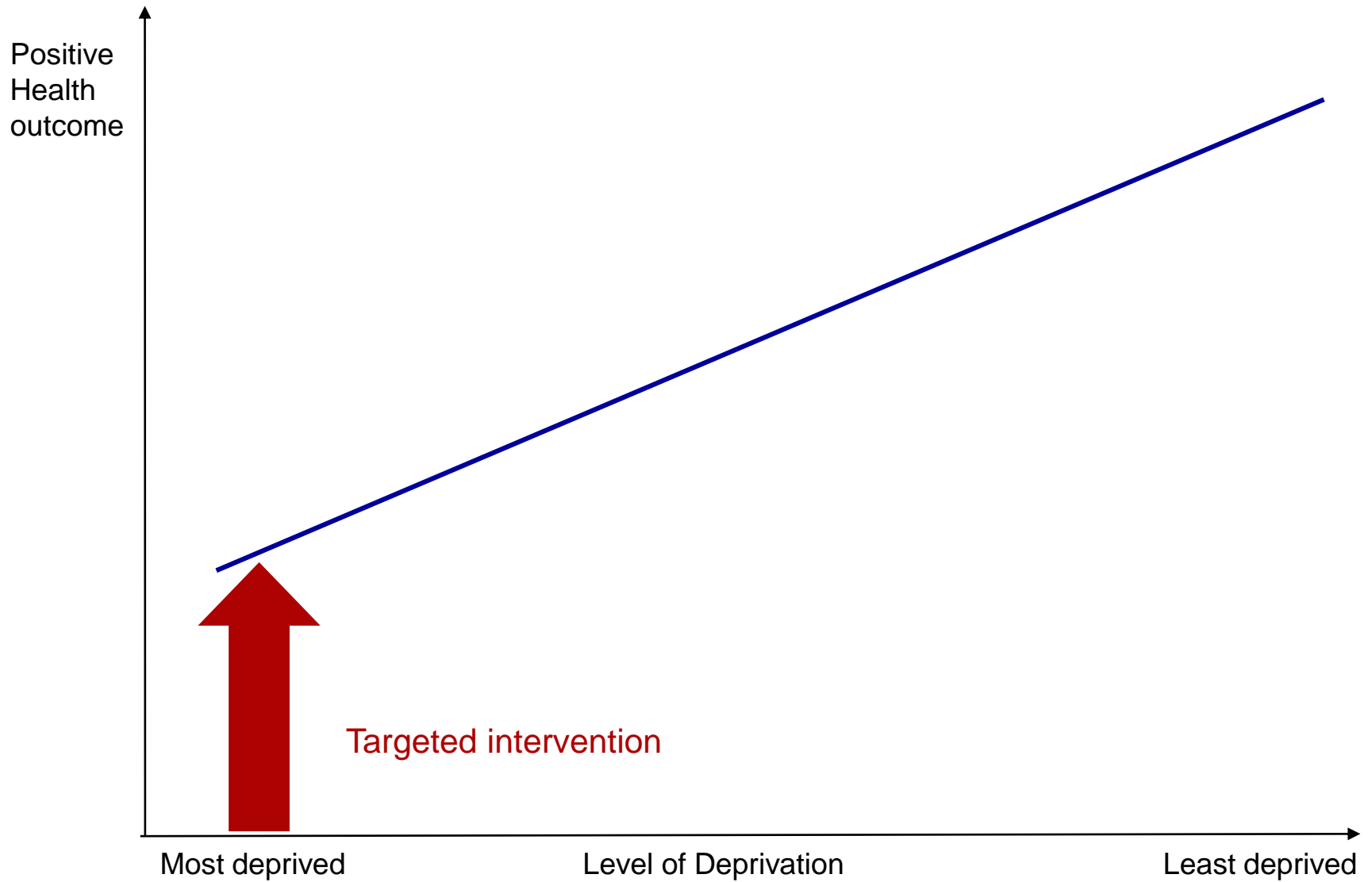
- Health inequalities arise from a complex interaction of many factors, all of which are strongly affected by **economic and social status**
- Action is required across all the **social determinants of health**
- Tackling **medical determinants** is insufficient alone
- Recommends **proportionate universalism**
- Identifies additional inequality in **disability-free life expectancy**
- Recommends **action across lifecourse**

Social determinants of health

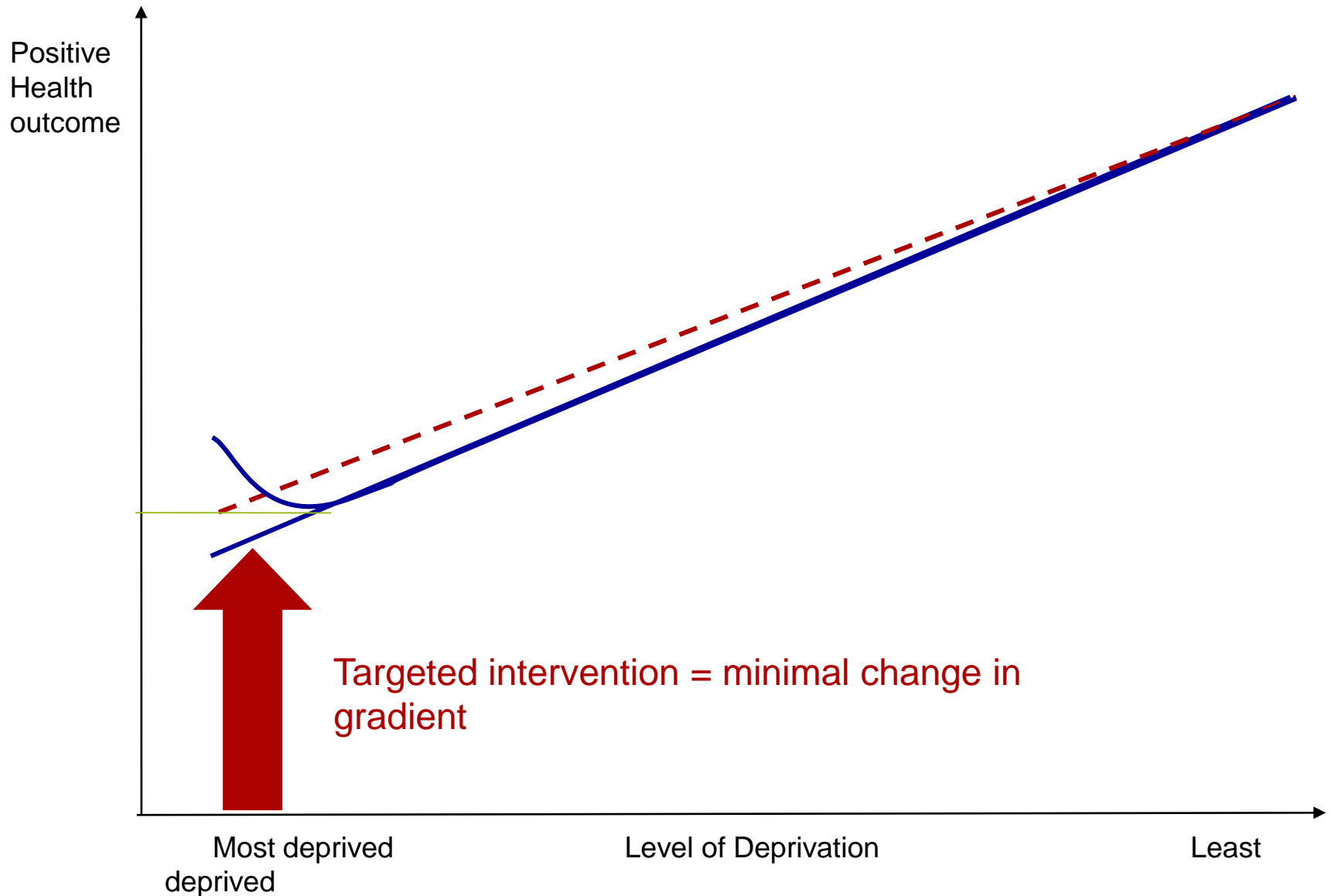


Social Model of Health – Dahlgren & Whitehead

Proportionate universalism



Proportionate universalism



Proportionate universalism

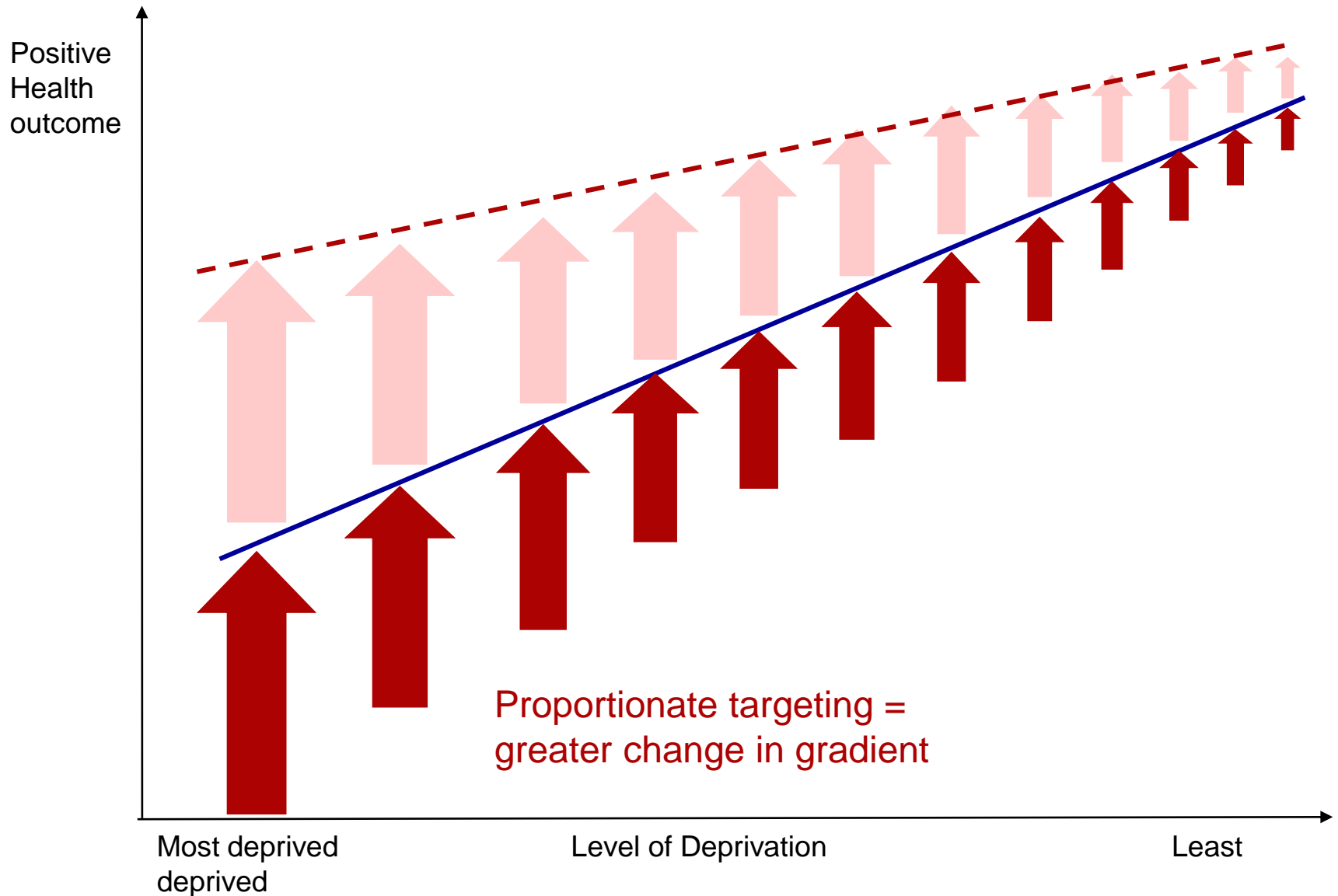
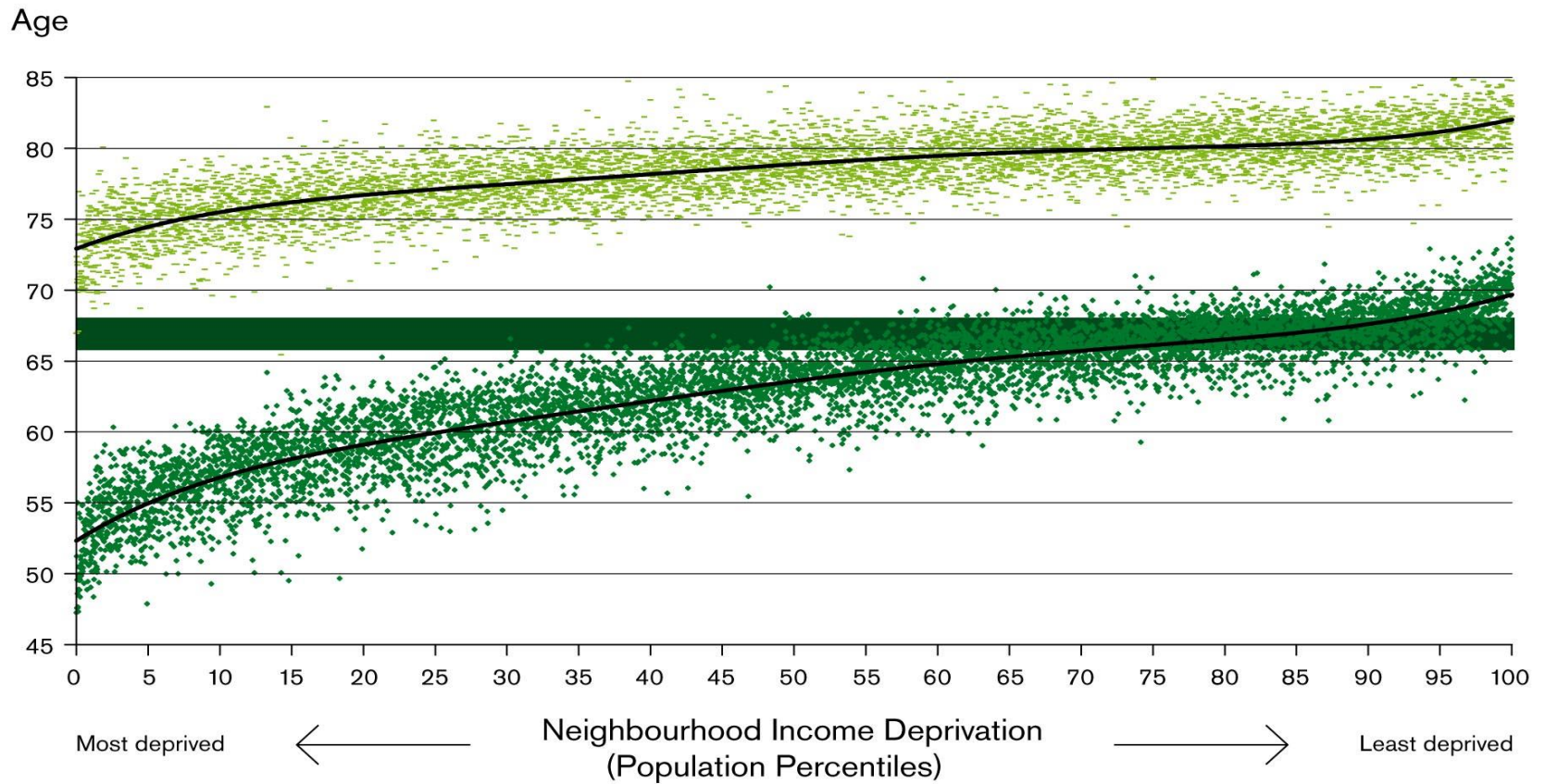


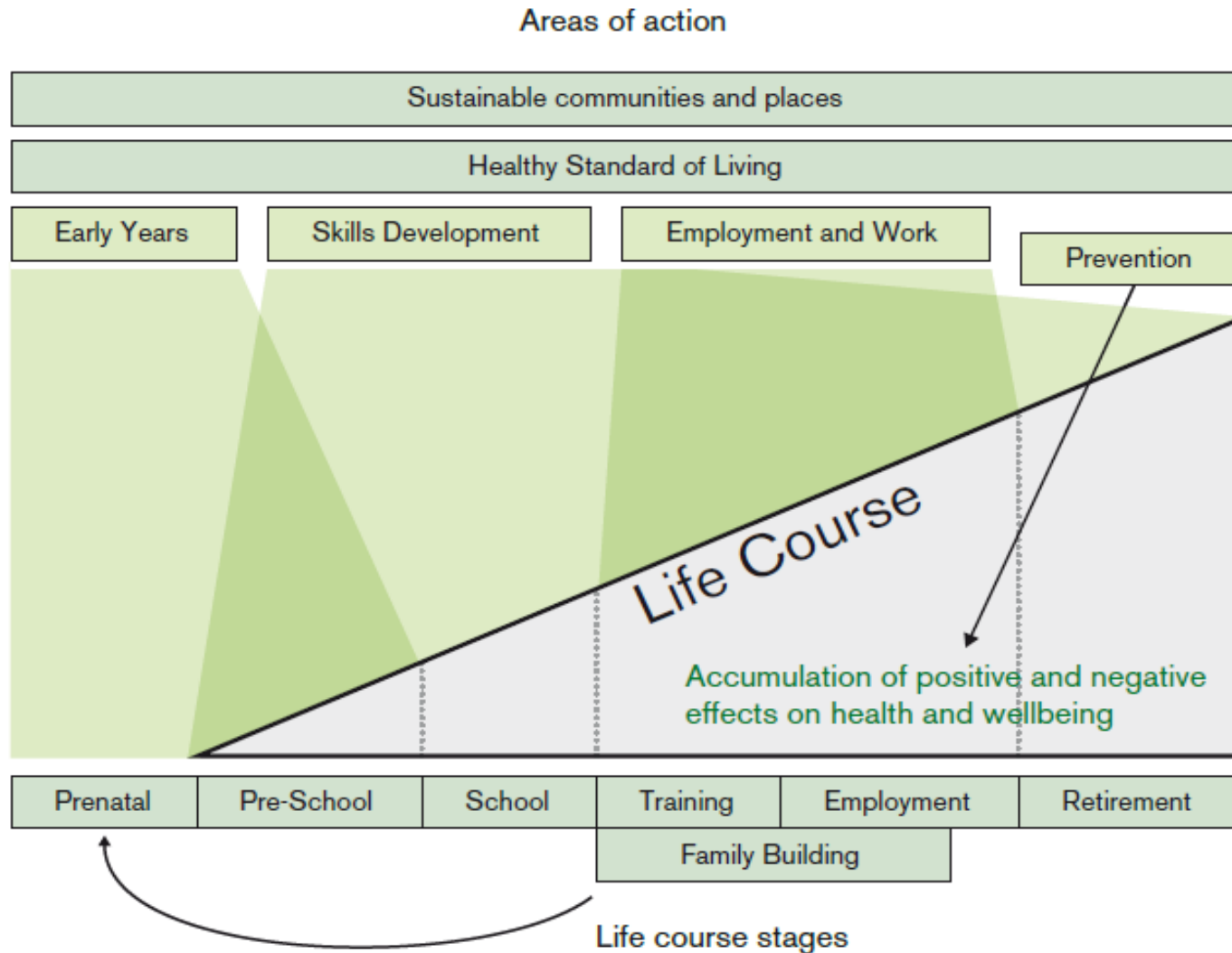
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics⁵

Marmot's action across the lifecycle



Policy priorities and action across the life course

A: Give every child the best start in life

B: Enable all children, young people and adults to maximise their capabilities and have control over their lives

C: Create fair employment and good work for all

D: Ensure a healthy standard of living for all

E: Create and develop healthy and sustainable places and communities

F: Strengthen the role and impact of ill-health prevention

A word on wellbeing

‘how people experience their lives and flourish’

5 ways of Wellbeing (Foresight evidence):

- Connect
- Be active
- Take notice
- Keep learning
- Give

Sixth way: ‘Care’ for the planet (SLAM)

What does different mean?

- **Transformation**

- a different lens

- different questions

- × ‘What do we need for a long life?’

- ✓ ‘What do we need for a good life?’

- × ‘What’s the matter with me?’

- ✓ ‘What matters to me?’

What does different mean?

- **Integration**

- joining up and aligning what we do
- using the totality of resources
- collective efforts

- **Relational change**

- between state, individuals and communities
- prevention, early intervention, self-management, personal & community resilience

Opportunities for culture?

1. To translate what we do into outcome terms

- Commissioners ask: *‘what’s the cultural offer, what’s the evidence and how do we contact you?’*
- What is our narrative?
- CCP3 examples

Opportunities for culture?

2. Primary prevention

- Demonstrating the **impact** of culture on health and wellbeing
- Being engaged **strategically** in the wellbeing strategy
- Being engaged **locally** with integrated teams
- Engaging with other **workforces**

Opportunities for culture?

3. Secondary prevention

- **Non medical** interventions in care pathways
- Means of supporting **self-management**
- Creative **communication** of information on long term conditions
- **Targeted** interventions with specialist **partners**

Opportunities for culture?

4. Personalisation

- **Identify** through social workers, care coordinators, user forums
- **Explore** interests and practicalities
- **Develop** a sustainable business model

Opportunities for culture?

5. Endless opportunities to use creativity

- Mental health and older people get most mentions
- Community building and placemaking
- Patient and public voice

Engaging . . .

- **Organising** ourselves
- **Self assessment**
- Stay in more - **research** needs and priorities
- Get out more - **explore** new agendas
- **Build relationships** as a creative partner with something to offer to the collective effort
- Requires a **mindset** of mutual exploration



Thank you

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More information at:

CULTURAL COMMISSIONING PROGRAMME

www.ncvo.org/CCProg