



**PUBLIC ART AND HEALTH BUILDINGS
REVIEW AND GUIDANCE**

MAY 2010

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ACKNOWLEDGEMENTS

IXIA PUBLIC ART THINK TANK

ixia is the think tank for public art practice. Its aim is to provide an independent and objective view of the factors that affect the quality of artists' work in the public realm by undertaking research and enabling debate.

ixia works with artists, policy makers and delivery organisations within the public and private sectors. Its approach is collaborative, ensuring that partners inform its work. ixia is a charity and regularly funded organisation of Arts Council England (ACE). For further information visit: www.ixia-info.com

WILLIS NEWSON

Willis Newson is an independent arts and health development agency. It specialises in bringing together artists and arts organisations with health partners across a variety of settings to improve health and wellbeing.

Willis Newson devises and delivers projects that aim to improve the patient experience and health outcomes, benefit health environments, promote mental wellbeing, tackle key public health priorities and develop staff morale. For further information visit: www.willisnewson.co.uk

THE ADVISORY GROUP

The production of this document was supported by an Advisory Group. Its members were:

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- Peter Ward, Director of Healthcare, JohnLaing Investments.

In addition, ixia and Willis Newson spoke to a number of Trusts, public art expertise and artists with experience of providing public art within health buildings.

ixia and Willis Newson would like to thank all these individuals, who have contributed their valuable time, knowledge, expertise and enthusiasm to the production of this document.

EXECUTIVE SUMMARY

Since the 1960s, the involvement of artists has become commonplace within the health sector.¹ In 2007, the Department of Health (DH) and ACE jointly published *A Prospectus for Arts and Health*. It recognised the historic relationship between the arts and health sectors and provided a platform for the development and implementation of national and local policies. The *Prospectus* states that: '*the arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers, as well as those who work in health and the arts.*'²

The NHS Plan 2000 included a commitment by the government to utilise extra skills, capacity and investment from both the public and private sectors within the provision of the National Health Service (NHS).³ For the planning, financing, development, construction, management and maintenance of health buildings by Trusts, this meant the continued use, and further development, of partnerships with the public and private sectors via the Private Finance Initiative (PFI), Local Investment Finance Trust (LIFT) and ProCure21 (P21) procurement processes. In 2007, the government claimed that two hundred and seventy five health buildings had been newly constructed or refurbished using these procurement processes.⁴

ixia and Willis Newson have written this document in order to equip readers with accurate information about the commissioning of public art within health buildings. It is aimed at all those involved in the provision of health buildings and public art commissioning. It includes a review of current policy and practice, and provides guidance regarding the commissioning of public art within the context of PFI, LIFT and P21. It identifies that:

- there is a growing evidence base that supports the commissioning of public art within health buildings;
- there is support for public art within mandatory and advisory documents relating to the provision of health buildings;
- the impact of public art commissions can be limited by narrow definitions and restrictive practice;
- vision, policy, strategy and expertise (artists, public art managers within Trusts supported by public art champions and steering groups, public art consultants, public art organisations) are key strategic success factors;
- the early and ongoing engagement of public art expertise and artists with the planning, financing, design, construction, management and maintenance of health buildings needs to be facilitated.

ixia and Willis Newson conducted this review in discussion with an Advisory Group (see page 2) and Trusts, LIFT Companies, public art expertise and artists with experience of commissioning public art.

1 *Arts Development in Community Health: A Social Tonic*, Mike White, Radcliffe Publishing Ltd, Oxford, 2009

2 *A Prospectus for Arts and Health*, Department of Health (DH) and Arts Council England (ACE), 20th April 2007, p.4

3 *The NHS Plan: a plan for investment, a plan for reform*, Department of Health, 1st July 2000

4 *Rebuilding the NHS – A new generation of healthcare facilities*, Department of Health (DH), 5th June 2007, p.3

This document acknowledges that the provision of health buildings is subject to review and is being affected by the economic downturn. The use of the term 'government' refers to the Labour Party, which was in power from 1997 until 2010, and the review and guidance are based upon this government's policies regarding the NHS. In May 2010, a general election was held in the United Kingdom. A coalition government was formed by the Conservatives and the Liberal Democrats, and, in this document, the coalition is referred to as the 'new government'. The impact of the policies of the new government on the provision of health buildings is yet to be fully understood.

1. INTRODUCTION

Ten years ago, the government introduced *The NHS Plan 2000*, setting out how it intended to develop the NHS through increased investment in buildings, equipment and staff and changes to the way its delivery was organised.⁵ This included changes to the NHS' relationship with the DH, local authorities and the private sector.

Today, the NHS in England is controlled by the new government through the DH, which has overall responsibility for the service. Ten Strategic Health Authorities (SHAs) work with the DH to manage the NHS at a local level. They are responsible for delivering and developing high quality local health services and ensuring national priorities are integrated into local health service plans. They oversee the work of Trusts, which are directly responsible for delivering primary care and secondary care.⁶ Primary care is managed by a Primary Care Trust (PCT) and is the first point of contact with the NHS for most people. It is delivered by a wide range of health professionals, including General Practitioners (GPs), dentists and pharmacists. Secondary care is known as acute healthcare and can be either elective care or emergency care, usually following a referral from a primary care professional such as a GP. The Trusts responsible for delivering secondary care include: hospital trusts; foundation trusts; mental health trusts; care trusts; and ambulance service trusts.⁷

When the NHS was launched in 1948 it had a budget of £437 million (approximately £9 billion at today's value). In 2008 to 2009 it received over ten times that amount (more than £100 billion),⁸ funding generated directly from taxation. However, as previously mentioned, *The NHS Plan 2000* included a commitment by the government to utilise extra skills, capacity and investment from both the public and the private sector. For the planning, financing, development, construction, management and maintenance of health buildings by Trusts, this has meant the continued use of, and further development of, partnerships with the public and private sectors via the PFI, LIFT and P21 procurement processes.

In *Arts Development in Community Health: A Social Tonic*, Mike White states that since the 1960s, the involvement of artists with the health sector has become commonplace within primary and secondary care settings and across government policy in general.⁹ In 2002, this led the Editor of the *British Medical Journal* to suggest that half of one percent of the government's health budget should be diverted to the arts because: "*if health is about adaption, understanding and acceptance, then the arts may be more potent than anything that medicine has to offer.*"¹⁰ Mike White states that: "*the field is now so diverse that we are starting to see some emerging specialities in different approaches. Some projects may focus on the therapeutic benefits of arts, some on environmental improvements to support health staff in delivering their care services and some on producing more creative kinds of health information.*"¹¹ These views reflect the research

5 *The NHS Plan: a plan for investment, a plan for reform*

6 <http://www.nhs.uk/servicedirectorios/pages/strategiehealthauthoritylisting.aspx>

7 <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/authoritiesandtrusts.aspx#primary>

8 <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>

9 *Arts Development in Community Health*

10 Richard Smith quoted in *Arts Development in Community Health: A Social Tonic*, p.4

11 *Arts Development in Community Health: A Social Tonic*, p.2

that informed *A Prospectus for Arts and Health*, published by the DH and ACE in 2007.¹² It states that: ‘*The term ‘arts’ can include a wide range of activities. As this prospectus shows, the NHS is incorporating the arts in a variety of ways, including as a means to communicate, to improve the environment, to support self-esteem, to distract and empower, as well as to raise the standards of wellbeing, health and healthcare services.*’¹³

ixia and Willis Newson have written this document in order to equip readers with accurate information about the commissioning of public art within health buildings. Section 2 provides a review of current policy and practice. Section 3 provides guidance regarding the commissioning of public art within the context of the PFI, LIFT and P21 procurement processes.

ixia and Willis Newson define public art as the process of artists engaging with the public realm. Within the context of health buildings, this definition includes artists’ involvement in the provision of the built environment and support of the clinical and community activities of health facilities, utilising the public health agenda, Information Management and Technology (IM&T), and the characteristics of the location of a building. The public artworks produced can be object- or process-based and permanent or temporary.

A number of factors have contributed to the need for the production of this document: the promotion of public art commissioning within health buildings by ACE, the DH and other relevant organisations; the absence of recent and detailed guidance regarding the commissioning of public art within health buildings; the application of public art policies and strategies either internally by Trusts and LIFT Companies or externally by local authorities via Local Strategic Partnerships (LSPs)¹⁴, Local Area Agreements (LAAs)¹⁵ and the local planning system;¹⁶ and the review and evaluation of public art initiatives (e.g. PROJECT¹⁷), which has provided up-to-date guidance on good practice for public art.¹⁸

The production of this document included three areas of activity: consideration of the current guidance and thinking on the health sector and public art commissioning given by national and regional organisations and on current practice as shown by recent

12 *A Prospectus for Arts and Health*

13 *A Prospectus for Arts and Health*, p.8

14 An LSP is a partnership which brings together, at a local level, the public, private, business, community and voluntary sectors so that different initiatives and services support each other and work together. It provides a single overarching local co-ordination framework within which other partnerships can operate and is responsible for developing and driving the implementation of Community Strategies and Local Area Agreements (LAAs).

15 An LAA sets out the priorities for a local area agreed between central government, a local area (the local authority and LSP) and other key stakeholders at the local level. They are intended to: simplify central funding; facilitate effective, joined-up public services; and allow greater flexibility for local solutions to local circumstances.

16 For further information, please visit: <http://www.ixia-info.com/qc-advice-2009-public-art-and-the-planning-system/>

17 PROJECT was a public art initiative that ran from 2004 to 2006, supported by the Commission for Architecture and the Built Environment (CABE) and Arts & Business (A&B), managed by Public Art South West and evaluated by Comedia in 2006. Go to www.publicartonline.org.uk for further details. *Artists & Places: Engaging creative minds in regeneration*, Eric Holding (ed), Commission for Architecture and the Built Environment (CABE) and Arts & Business (A&B), 2008, was written to present a reflection on both the process and the outcomes of the PROJECT initiative and in order to introduce its successor, Artists & Places. It is intended to be a starting point for those within the development industry who want to understand and achieve the added value of adopting a cultural approach.

18 *Artists & Places: Engaging creative minds in regeneration* and *PROJECT: Evaluation Report*, Comedia, Public Art South West, 2006

projects and literature in the public art sector; consideration of the documents and national advice and guidance given to the health sector regarding health buildings and their procurement via PFI, LIFT and P21; consultation and discussions with an Advisory Group (see page 2) and Trusts, LIFT Companies, public art expertise and artists.

This document is targeted at all those involved in commissioning public art within health buildings, including: artists; public art expertise; the DH; Community Health Partnerships (CHP);¹⁹ SHAs; Trusts and their charities; LIFT Companies; Private Sector Partners (PSPs); Principal Supply Chain Partners (PSCPs); local health service providers, for example GPs; the Commission for Architecture and the Built Environment (CABE);²⁰ ACE; and local authorities.

Within this document, references to 'art' or 'the arts' generally refer to wider arts programmes in which the commissioning of public art might sit. The use of the term 'government' refers to the Labour Party, which was in power from 1997 until 2010, and the review and guidance are based upon this government's policies regarding the NHS. In May 2010, a general election was held in the United Kingdom. A coalition government was formed by the Conservatives and the Liberal Democrats, and, in this document, the coalition is referred to as the 'new government'. The impact of the policies of the new government on the provision of health buildings is yet to be fully understood.

¹⁹ www.communityhealthpartnerships.co.uk

²⁰ The Commission for Architecture and the Built Environment (CABE) is a government agency set up to promote high quality design and architecture and raise the standard of the built environment. CABE offers free advice to government, local authorities and private clients.

For further information visit: <http://www.cabe.org.uk/>

SUMMARY OF KEY ACRONYMS:

ABC	Appointment Business Case
ACE	Arts Council England
AEDET Evolution	Achieving Excellence Design Evaluation Toolkit Evolution
ASPECT	A Staff and Patient Environment Calibration Tool
BREEAM	Building Research Establishment's Environmental Assessment Method
CABE	Commission for Architecture and the Built Environment
CHP	Community Health Partnerships
DH	Department of Health
FBC	Full Business Case
GMP	Guaranteed Maximum Price
IDEAs	Inspiring Design Excellence and Achievements
IM&T	Information Management and Technology
ITT	Invitation to Tender
ITPD	Invitation to Participate in Dialogue
LIFT	Local Improvement Finance Trust
NHS	National Health Service
OBC	Outline Business Case
OJEU	Official Journal of the European Union
PFI	Private Finance Initiative
P21	ProCure21
PPE	Post-Project Evaluation
PSC	Public Sector Comparator
PSCP	Principal Supply Chain Partner
PSP	Private Sector Partner
SHA	Strategic Health Authority
SOC	Strategic Outline Case
SPA	Strategic Partnering Agreement
SPB	Strategic Partnering Board

2. REVIEW

2.1 REVIEW FINDINGS

This section of the document provides a review of the provision of public art within health buildings. It identifies a growing evidence base supporting public art, but reveals the impact that public art can have is limited by narrow definitions and restrictive practice. The review discerns the importance of a vision, policy and strategy for public art within Trusts and their provision of health buildings and the value of public art expertise, supported by public art 'champions' and public art steering groups, as key success factors.

A number of distinct issues were identified which can be grouped under the following headings: *Evidence and Policy*; *Current Practice*; and *Uncertainty*.

Evidence and Policy

- There is an increasing body of evidence that supports the instrumental value of the work of artists within the health sector.
- There is support and advocacy for the commissioning of artists in mandatory and advisory documents and initiatives relating to the health sector and the provision of health buildings.
- There are a significant number of Trusts and LIFT Companies that have commissioned and are commissioning public art within health buildings.

Current Practice

- Growth in support does not necessarily ensure innovative approaches.
- Practice varies and can be restrictive.
- A vision, policy and strategy for public art are extremely important.
- Current thinking and recent research projects have shown a consistent set of good practice principles.
- The development and implementation of a vision, policy, strategy and good practice requires the involvement of public art expertise, supported by public art champions and public art steering groups.

Uncertainty

- The provision of health buildings is subject to review and is being affected by the economic downturn.

2.1.1 There is an increasing body of evidence that supports the instrumental value of the work of artists within the health sector. In response to the government's evidence-based approach to policy-making, a significant amount of work has been, and is being done in an attempt to capture the impact of the work of artists on the health sector. Some key examples are:

- ACE commissioned Dr Rosalia Staricoff to review the medical literature on arts and health published between 1990 and 2004. The aim of the study was to strengthen existing anecdotal and qualitative information. It cites three hundred and eighty five references and concludes that there is: *'strong evidence of the influence of the arts and humanities in achieving effective approaches to patient management and to the education and training of health practitioners.'* In addition, the study identifies: *'the relative contribution of different artforms to the final aim of creating a therapeutic healthcare environment'*;²¹
- A study by Professors Roger Ulrich and Craig Zimring found some seven hundred peer-reviewed research studies demonstrating the beneficial impact of the environment on health outcomes. Many demonstrated economic savings in addition to higher satisfaction levels amongst both patients and service users;²²
- CABE²³ commissioned a research team led by PricewaterhouseCoopers LLP (PwC) to undertake a study examining how hospital design impacts on the recruitment, retention and performance of NHS nursing staff in England. The study concludes that design is important to nurses and highlights the following aspects as key concerns: building and unit layout; environmental control; lighting; and the use of colour.²⁴

CABE advocates public art in its key documents. *Creating Excellent Buildings: A Guide for Clients* states the benefits of artists being included in the development and implementation of buildings: *'artists can: create new and original possibilities for a project team; relate to the social and economic context; generate innovative ideas through public participation; think creatively about a whole scheme, not just parts, eg street furniture; contribute to the conceptual process of creating new urban spaces and places; engage the public or special groups in the process of change; [and] increase people's understanding and feeling of ownership'*;²⁵

- A study led by Dr Rosalia Staricoff at Chelsea and Westminster Hospital from 1999 to 2002 compared groups of patients receiving treatment with and without the presence of visual art and/or live music. It found that when they experienced visual arts and/or live music: the length of stay on a trauma and orthopaedic ward was one day shorter; the need for pain relief was

21 *Arts in Health: A Review of the Medical Literature*, Rosalia Lelchuk Staricoff, Arts Council England (ACE), 1st September 2004, pp.9-10

22 *The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity*, Roger Ulrich and Craig Zimring, The Center for Health Design, September 2004

23 <http://www.cabe.org.uk/>

24 *The role of hospital design in the recruitment, retention and performance of NHS nurses in England: Full Report*, Commission for Architecture and the Built Environment (CABE) and PricewaterhouseCoopers LLP (PwC) in association with the University of Sheffield and Queen Margaret University College, Edinburgh, July 2004, p.3

25 *Creating Excellent Buildings: A Guide for Clients*, Commission for Architecture and the Built Environment (CABE), 2003, p.98

significantly less; levels of depression were reduced by a third in patients undergoing chemotherapy; and staff recruitment and retention were improved;²⁶

- The Centre for Arts and Humanities in Health and Medicine (CAHHM), University of Durham, carried out a two-year study across two hospitals in Middlesbrough. The study found that the artworks on display were valued for providing colour, distraction and a sense of calm within the public areas of the James Cook University Hospital. Patients felt that the artworks made it seem: '*less like a hospital.*'²⁷
- The University of the West of England (UWE) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) collaborated on a two-year research study investigating the impact of a three-year public art programme, 'Moving On'. The research identified four ways in which the work of artists can alter perceptions of a health building: by creating a sense of being modern and fit for purpose; by enhancing aspects which are valued by staff and users; by diminishing negative aspects; and by reinforcing the qualities that different rooms and spaces offer.²⁸

Despite the evidence and research detailed above and contained within the documents listed below under section 2.1.2, the DH and the DCMS recognise that there is a need for further research into the benefits of artists' involvement within the health sector. ixia and OPENSspace have created an Evaluation Toolkit for public art which can be used to achieve this.²⁹

2.1.2 There is support and advocacy for the commissioning of artists in mandatory and advisory documents and initiatives relating to the health sector and the provision of health buildings. These can be grouped under the following headings: *Strategic*; *Toolkits*; and *Guidance*.

Strategic

The key strategic documents are:

Report of the Review of Arts and Health Working Group, published by the DH

During 2005, the DH began to review the role it could play with regard to arts and health, with a view to more fully understand the contribution and potential value of the arts to the health sector as a whole. A small working group was set up and

²⁶ *A Study of the Effects of Visual and Performing Arts in Health Care*, Rosalia Lelchuk Staricoff, Jane P. Duncan and Melissa Wright, Chelsea and Westminster Hospital, 2004

²⁷ *Designing for health: architecture, art and design at the James Cook University Hospital, Project Report*, Macnaughton, R. J. and Collins, P. J. and White, M. and Elliott, K. and Soukas, A. and Purves, G. and Kellett, P. and Coleman, S. M. NHS Estates, London, 2007

²⁸ *Building on the Evidence: Qualitative Research on the impact of Arts in Mental Health Care: Final Report*, Norma Daykin, Ellie Byrne, Tony Soteriou and Susan O'Connor, Department of Health, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and University of the West of England, (UWE) Bristol, January 2008

²⁹ ixia's Evaluation Toolkit is designed to assist users to: carry out an appraisal of the feasibility of a public art commission; maximise the potential of a public art commission and identify different goals; identify and agree the outcome measures that are appropriate to assess impact; and agree systems for collecting, storing, analysing and reporting on data gathered. For further information visit: <http://www.ixia-info.com/research/evaluation/>

it considered over three hundred invited submissions from individuals and organisations with an interest in the area.

The *Report* was published during 2006 and its key findings were:

- arts and health are, and should be firmly recognised as being, integral to health, healthcare provision and healthcare environments, including supporting staff;
- arts and health initiatives are delivering real and measurable benefits across a wide range of priority areas for health, and can enable the DH and the NHS to contribute to key wider government initiatives;
- there is a wealth of good practice and a substantial evidence base;
- the DH has an important leadership role to play in creating an environment in which the arts and health can prosper by promoting, developing and supporting the arts and health;
- the DH should make a clear statement on the value of the arts and health, build partnerships and publish a Prospectus for arts in health in collaboration with other key contributors.³⁰

The *Report* concludes: *'the Working Group believes that the messages are clear - that arts and health have a clear contribution to make and offer major opportunities in the delivery of better health, wellbeing and improved experience for patients, service users and staff alike. The Department of Health has an important role to play in promoting and supporting the development of arts in health, working in partnership with others.'*³¹

A Prospectus for Arts and Health, published by the DH and ACE

During 2007, the DH and ACE jointly published *A Prospectus for Arts and Health*, and in doing so, addressed one of the main recommendations made by the *Report of the Review of Arts and Health Working Group*.

The *Prospectus* is aimed at all those who work in and with the healthcare sector to help them understand the contribution the arts can make to every aspect of their work, to highlight best practice and the evidence base, and to show where more information can be found. It states that: *'the arts make a significant contribution to improving the lives, health and wellbeing of patients, service users and carers, as well as those who work in health and the arts.'*³²

The Arts, Health and Wellbeing, published by ACE

Complementing the publication of the *Prospectus* and building on its relationship with the DH, ACE published its national framework for the arts, health and wellbeing during 2007. It sets out ACE's first formal national strategy for arts and health and seeks to demonstrate how the sector and its work dovetails with many of ACE's other strategies and policies, particularly its belief that engagement with the arts can encourage participation in civic life and community engagement.

³⁰ *Report of the Review of Arts and Health Working Group*, Department of Health (DH), 4th April 2007, p.3

³¹ *Report of the Review of Arts and Health Working Group*, p.17

³² *A Prospectus for Arts and Health*, p.4

The framework defines arts and health as: '*arts-based activities that aim to improve individual and community health and healthcare delivery, and which enhance the healthcare environment by providing artwork or performances.*'³³ Its publication had two overall aims:

- to integrate the arts into mainstream health strategy and policy-making, in order to make the case for a role for the arts in healthcare provision across the whole country and for a wider remit for the arts in terms of healthy living and wellbeing;
- to increase, and more effectively deploy, resources for arts and health initiatives, through funding, quality assurance of artists' work and advocacy.³⁴

ACE also sets out five priority areas for arts projects and partnerships in healthcare settings: healthy communities; built environment; children and young people; workforce development; and advocacy and resource development.³⁵ The document does not, however, reference any financial commitment to taking these agendas forward.

Since the publication of these strategic documents, the following progress has been recorded:

- In March 2008, the House of Lords asked the government to explain its ongoing level of commitment to the frameworks and strategies and whether any funding commitments had been put in place since the publication of the *Prospectus* in 2007. Baroness Thornton responded: '*I assure noble Lords that we will continue our work across Government departments and with other agencies to ensure that the arts make a major contribution to people's health and their lives in general.*'³⁶
- In September 2008, Alan Johnson MP spoke of the DH's commitment to the arts and health agenda and confirmed its establishment of an arts and health working group.³⁷ At this time, Professor Louis Appleby and Professor Rob Smith were appointed as the DH's joint leads on arts and health;
- In April 2009, Lord Darzi confirmed the arts and health working group was working: to develop a strategy for delivering the recommendations of the *Report of the Review of Arts in Health Working Group*; to develop further links with other government departments; and to help maintain the profile of arts and health across the NHS and for wider public health.³⁸ During January 2010, a meeting was convened by the DH and the DCMS with representatives of the arts and health sector to further progress the development of the strategy.

33 *The arts, health and wellbeing*, Arts Council England (ACE), April 2007, p.5

34 *The arts, health and wellbeing*, p.8

35 *The arts, health and wellbeing*, p.10

36 *Arts and Healthcare: Lord Howarth of Newport speaking to Her Majesty's Government*, 6th March 2008

37 *Speech by the Rt Hon Alan Johnson MP, Secretary of State for Health, 16 September 2008: Arts and Healthcare Event - "Open to all: mental health, social inclusion, and museums and galleries"*, at the Wallace Collection - September 2008. Alan Johnson was then the Secretary of State for Health.

38 At that time, Lord Darzi was the Parliamentary Under-Secretary of State for the DH. *Department of Health: Arts/Health Group – Questions Asked by Lord Howarth of Newport*, 30th April 2009

Toolkits

The DH promotes the use of a number of Toolkits within its guidance to Trusts, PSPs, LIFT Companies and PSCPs on PFI, LIFT and P21. The Toolkits all promote the involvement of artists within the provision of health buildings:

Achieving Excellence Design Evaluation Toolkit Evolution (AEDET Evolution)

During January 2008, the DH published AEDET Evolution.³⁹ It recognises that the design of health buildings often includes complex concepts which are difficult to measure and evaluate. AEDET Evolution enables assessment to take place by: *'posing a series of clear, non-technical statements, encompassing the key areas of impact, build quality and functionality.'* The DH's guidance on the use of AEDET Evolution recommends, under the heading 'Impact: Character and innovation', that: *'art should be incorporated into the building both internally and externally.'*⁴⁰

A Staff and Patient Environment Calibration Tool (ASPECT)

ASPECT is a tool for evaluating the design quality of staff and patient environments in health buildings. It was published by the DH during January 2008.⁴¹ ASPECT can be used as a stand-alone tool or it can be used to support AEDET Evolution in providing a more comprehensive evaluation of design. When used to support AEDET Evolution it enables the user to score the 'Impact: Staff and Patient Environment' heading of AEDET Evolution in a more detailed way. The ASPECT Toolkit addresses eight key headings: privacy, company and dignity; views; facilities; staff; nature and outdoors; comfort and control; legibility of place; and interior appearance. The DH's guidance on the use of ASPECT recommends, under the heading 'interior appearance', that the: *'interior has provision for art... provision in the design for art to be incorporated is highly desirable. In addition to simply hanging paintings on walls, art should be integrated into the design where possible.'*⁴²

Inspiring Design Excellence and Achievements (IDEAs)

In January 2008, the DH published IDEAs.⁴³ It is a tool designed to help Trusts, PSPs, LIFT Companies and PSCPs develop the brief for a health building. IDEAs differs from AEDET Evolution and ASPECT in that it only provides guidance and not a scoring system.

IDEAs is rooted in the premise that health buildings exist primarily for the people who use them. It therefore considers the design process with people in mind – staff, patients and visitors - and in doing so, responds to the emotional and

39 The DH worked with CABE, the Construction Industry Council (CIC), and the University of Sheffield to develop AEDET Evolution.

40 *Achieving Excellence Design Evaluation Toolkit (AEDET Evolution) instructions, scoring and guidance*, Department of Health (DH), 2008, p.16, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082089

41 ASPECT was originally developed by the University of Sheffield and supported by Balfour Beatty Capital Projects Ltd and Building Design Partnership.

42 *A Staff and Patient Environment Calibration Toolkit (ASPECT)*, Department of Health (DH), 15th January 2008, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082087, p.17

43 IDEAs was conceived and developed by the University of Sheffield.

functional requirements of healthcare delivery. These are categorised as: arrival; bathing; bed rest; circulating; consulting; shopping; sanctuary; socialising; and waiting.

The DH's guidance on the use of IDEAs includes references to public art and presents its purpose as being wide-ranging: to distract; to aid contemplation; to bring an aesthetic quality and beauty to the environment; to create views, character and interest; to help calm; and to aid with orientation and legibility.⁴⁴

Building Research Establishment Environmental Assessment Method Healthcare (BREEAM Healthcare or B4H)

BREEAM was developed by the built environment research and training organisation, BRE Group.⁴⁵ The government advocates the use of BREEAM for assessing the environmental impact of all types of buildings. BREEAM covers ten categories of sustainability: Management; Health and Wellbeing; Energy; Transport; Water; Materials; Waste; Land Use and Ecology; Pollution; and Innovation. Each category consists of a number of issues. These seek to mitigate the impact of a new or refurbished building on the environment by defining a performance target and assessment criteria that must be met in order to confirm that the target has been achieved. Where a performance target has been achieved the number of available BREEAM credits can be awarded. These credits are then added together to provide an overall score for the building on a scale of: pass; good; very good; excellent; and outstanding.

BREEAM Healthcare is based on BREEAM but specifically tailored to health buildings. During July 2008, the DH began requiring that all new health buildings achieve an 'Excellent' rating and all refurbishments of health buildings achieve a 'Very Good' rating under BREEAM Healthcare.⁴⁶ Under the category 'Health and Wellbeing', a Trust, PSP or PSCP receives one credit: '*To recognise and encourage the installation of artwork that enhances the healthcare environment for patients, staff and visitors.*'⁴⁷ To demonstrate compliance, a Trust, PSP, LIFT Company or PSCP must have either appointed an 'arts co-ordinator' or prepared '*an art policy and an art strategy*'.⁴⁸ For health buildings procured via either PFI or P21, this must be done as part of the completion of the Outline Business Case (OBC). For a health building procured via LIFT this must be done as part of the Business Case Stage 1.⁴⁹

Guidance

***Capital Investment Manual*, published by the DH and NHS Executive**

The *Capital Investment Manual* was published in 1994, but the guidance it contains is still relevant to the provision of health buildings via the PFI procurement process by Trusts today. In the section of the *Manual* entitled *Commissioning a Health Care Facility*, a number of references are made to

44 <http://ideas.dh.gov.uk/>

45 <http://www.bre.co.uk/>

46 <http://www.breeam.org/page.jsp?id=105>

47 *BREEAM Healthcare 2008 Assessor Manual*, BREEAM, BRE Global Ltd 2009, 2008, p.104

48 *BREEAM Healthcare 2008 Assessor Manual*, p.104

49 *BREEAM Healthcare 2008 Assessor Manual*, p.104-105

public art. These include: 'A detailed programme should be agreed with the artist(s) to ensure that the completion of fixed works, such as tileworks and murals, can be built into the contractor's programme.'⁵⁰

Improving the patient experience: The art of good health - A practical handbook, published by the DH and NHS Estates

This document 'aims to offer guidance and advice for those wishing to set up an arts programme in a healthcare setting'.⁵¹ It includes chapters on commissioning artists, project management, PFI, funding, maintenance and evaluation.

Better Health Buildings, published by the DH and NHS Estates

This document sets out a strategy for the achievement of design excellence in health buildings. It states that: 'Healthcare buildings can add value to the community through commissioned artwork. Artists, craftspeople, schools and colleges can help to create a non-institutional atmosphere, providing patients with reminders of their locality and endowing the building with cultural landmarks. Various forms of artistic expression can be incorporated inside or outside the building. Many Trusts have already embraced the arts in both new and existing buildings in various forms. The Department of Health has been encouraging the use of arts in buildings and the need to consider them early on in the design process.'⁵²

Designed with Care, published by CABE

Designed with Care promotes the message that our health is not only reliant on the care we receive but on the environments in which we find ourselves. It supports the involvement of artists within the provision and operation of health buildings and their surroundings.⁵³

Arts and Community Engagement in LIFT, published by CHP⁵⁴

This document provides an insight into the commissioning of artists within LIFT. In particular, it promotes the involvement of artists in raising awareness of health issues and services within local communities.⁵⁵

NHS Design Champions

The DH recommends that all Trusts and LIFT Companies embarking on new developments, whether they are refurbishment or new build projects, should appoint a Design Champion to their Board of Directors. The use of NHS Design Champions is supported by CABE.

50 *Capital Investment Manual Commissioning a Health Care Facility*, NHS Executive and the Department of Health (DH), 1st June 1994, p.14

51 *Improving the patient experience: The art of good health - A practical handbook*, NHS Estates and the Department of Health (DH), 2002, p.7

52 *Better Health Buildings*, Centre for Healthcare Design, NHS Estates and the Department of Health (DH), 1st May 2002, p.7

53 *Designed with care: design and neighbourhood healthcare buildings*, Commission for Architecture and the Built Environment (CABE), 14th February 2006, p.6

54 www.communityhealthpartnerships.co.uk

55 *Arts and Community Engagement in LIFT*, Community Health Partnerships (CHP), 2008

NHS Design Champions are expected to promote and establish the importance of, and procedures for, achieving quality in health buildings procured via PFI, LIFT and P21.⁵⁶ This includes the use of the body of evidence, strategic documents, Toolkits and guidance described in sections 2.1.1 and 2.1.2 of this document. Therefore, NHS Design Champions can support the provision of public art within health buildings.

NHS Design Review Panel

This initiative was established by the DH to provide advice, guidance and support to Trusts, PSPs, LIFT Companies and PSCPs at key stages during the design development process for health buildings procured through PFI, LIFT and P21 with a value over £15 million. The DH manages the process with the support of CABE and the Prince's Foundation.⁵⁷ The Panel informs the work of the NHS Design Champions.

The use of the Panel by Trusts, LIFT Companies, PSPs or PSCPs is voluntary and available to them for free. The Panel consists of a range of professionals, whose areas of expertise include: architecture; urban design; engineering; or project management. Reviews take place at the proposed location for a health building and involve the Panel evaluating the design and offering advice to the Trust, LIFT Company, PSP or PSCP. The Panel's evaluation is informed by the Toolkits described above. Therefore, it can include an assessment of the provision of public art within a health building.

CABE Enabling and Regional Design Review Panels

In addition to its support to NHS Design Champions and the NHS Design Review Panel, CABE also provides two other services: Enabling and Regional Design Review Panels.

Enabling involves design professionals, provided by CABE, working with a small number of Trusts who require assistance on the design development of health buildings prior to the appointment of PSPs or PSCPs.⁵⁸ The service is funded by a service level agreement between the DH and CABE and is free to the Trusts involved.

CABE is affiliated with eight Regional Design Review Panels and works with them to provide consistent and good quality design advice across England.⁵⁹ This is a free service for all types of development (health, housing, retail, office, education, etc). Developers are encouraged to meet with the Panel at an early stage in the design of their developments to receive advice from the Panel's design professionals. These meetings and advice also involve local planning authorities and inform their decisions regarding the granting of planning permissions for developments. For health buildings, Trusts, PSPs, LIFT Companies or PSCPs are involved in meetings with the Panel.

⁵⁶ *NHS Design Champions*, Department of Health (DH), NHS Estates, and the Commission for Architecture and the Built Environment (CABE)), 4th July 2008

⁵⁷ <http://www.cabe.org.uk/design-review> and *NHS Design Review Panel Guidance*, Department of Health (DH): Design & Costing, Estates & Facilities Division, 17th December 2007

⁵⁸ <http://www.cabe.org.uk/health/enabling>

⁵⁹ For further information about the Regional Design Review Panels please see: <http://www.cabe.org.uk/design-review/regional>

As previously mentioned, CABE advocates public art within its key publications, for example, *Creating Excellent Buildings: A Guide for Clients*. As a result, CABE can promote the commissioning of artists within health buildings via its Enabling service and its involvement with the Regional Design Review Panels.

2.1.3 There are a significant number of Trusts that have commissioned and are commissioning public art within health buildings.

- The Royal Alexandra Children's Hospital (RACH) in Brighton opened during 2007. The £36 million health building was procured by the Brighton and Sussex University Hospitals NHS Trust using PFI. During 2003, the Trust selected Kajima as the PSP to finance, design, build, manage and maintain the health building. Whilst preparing their bid, and with the support of the Trust, Kajima appointed a public art consultant to lead on the development and implementation of a public art strategy. The aims of the public art strategy focused on: enhancing the staff and patients' experience of the health building and involving them and other individuals and organisations in public art commissions; the engagement of artists with the design of the facilities; and plans for the commissioning of public art after the opening and over the long-term. A number of public art commissions were unveiled as the health building was completed and an Arts Co-ordinator was appointed to lead on the future development of the public art strategy. Funding for both the public art commissions and the Arts Co-ordinator came from six sources: The Rockinghorse Charity; ACE; Brighton and Hove Arts Commission; Kajima; Building Design Partnership; and the Trust.⁶⁰
- Citycare, the LIFT Company in Hull, works in partnership with NHS Hull PCT to ensure that public art is incorporated into every health building it provides. In March 2009, the Trust reported that: *'LIFT is an innovative project; we aim to bring innovative contemporary art to the project and also to: use art to create a sense of well being, welcome, quality and care; engage and encourage a sense of ownership, pride and inspiration amongst staff and local residents; deliver an innovative high quality arts project. While continuing to strive towards these aims and supporting the role of the arts in challenging perceptions and pushing boundaries, the programme will ensure that artistic interventions within the schemes are accessible to our patients and staff.'*⁶¹ To fund this commitment to public art, Citycare adopted the public art funding mechanism, Percent for Art.⁶² Its implementation means that 1% of the construction budget (up to a maximum of £100,000) for each health building is allocated to public art commissions. In March 2009, the Trust reported that £230,000 had been generated by the application of Percent for Art. The development and implementation of the public art commissions is overseen by a steering group consisting of senior

60 Source: interview undertaken by Willis Newson, 2009

61 Update: *LIFT Arts Programme (Hull Teaching Primary Care Trust Board Agenda Item - REPORT SUMMARY SHEET)*, 26th March 2009, p.4

62 During the 1970s, research into precedents for public art led to the Arts Council of Great Britain promoting Percent for Art. In the USA and Europe public sector organisations implement a mandatory 1% minimum of construction costs to public art commissions within their developments and encourage the private sector to do the same. Although it was not made mandatory in the UK, some local authorities and other public sector organisations adopted Percent for Art, which is applied within their own developments and via the local planning authority on sites developed by the public and private sector developers.

representatives of the Trust and Citycare and is managed by two part-time and freelance co-ordinators.⁶³

- The Cardiac and Surgical Centre at Castle Hill Hospital in Hull opened in February 2009. The £48 million health building was procured by Hull and East Yorkshire Hospitals NHS Trust using P21. The Trust selected Kier Health as the PSCP to plan, design and construct the health building. In response to the experience of, and the advice from, the NHS Hull PCT (see above), the Trust and PSCP agreed to commission public art in order to enhance the architecture of the health building for staff and patients. The Trust allocated £220,000 to public art commissions. An arts organisation was appointed to lead on the selection and management of artists. Three artists were selected to produce public art for the health building. This involved dialogue with: the Trust; the PSCP; staff and patients of the health building; and a range of local organisations.⁶⁴
- Bristol City Council has a Public Art Policy and Strategy,⁶⁵ which was applied to the North Bristol NHS Trust's new *Super-Hospital at Southmead*⁶⁶ by the Council's Senior Public Art Officer via the local planning authority. This, coupled with the Trust's belief in the instrumental benefits of working with artists, led to it appointing a public art consultant to develop a public art strategy for the health building, which included requirements for the provision of public art by the PSPs bidding for the PFI contract. These requirements included the appointment of public art consultants and their development and implementation of public art strategies. At present, the public art consultant working for the selected PSP, Carillion, is progressing a series of public art commissions for the health building with a value of £1.4 million.⁶⁷ In addition, the Trust appointed an Arts Programme Manager who has established Fresh Arts.⁶⁸ This long-term initiative is linked to the public art commissions for the health building and is leading on the commissioning of artists within the Trust's other projects.
- The overall aim of the Guy's and St Thomas' Charity is: *'to invest in improvements to healthcare and well being by setting standards to which others can aspire.'*⁶⁹ The Charity seeks to do this by supporting projects that promote healthcare in Lambeth and Southwark in London, whilst providing wider learning opportunities for the health sector. The Charity's beneficiary organisations are: Guy's and St Thomas' NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; NHS Lambeth; and NHS Southwark. The Charity also awards grants to academic institutions to undertake research, including King's College London and London South Bank University. During 2008 to 2009, it awarded £28.7 million worth of grants to its beneficiaries.⁷⁰ The Charity's Art and Heritage programme has

63 Update: LIFT Arts Programme (Hull Teaching Primary Care Trust Board Agenda Item - REPORT SUMMARY SHEET)

64 Source: interview undertaken by Willis Newson, 2009

65 *The Bristol Public Art Strategy: city centre<legible city>outer neighbourhoods*, Bristol City Council, 2003

66 <http://www.superhospitalforbristol.nhs.uk/>

67 North Bristol NHS Trust's website: <http://www.nbt.nhs.uk/>

68 <http://www.fresharts.co.uk/>

69 *Guy's and St Thomas' Charity: Strategic Direction 2008/2013*, Guy's and St Thomas' Charity, February 2008, p.222

70 <http://www.gsttcharity.org.uk/grants/index.html>

been developed: 'to take into account the need for physical, spiritual and emotional wellbeing to promote healing and improve the hospital experience.'⁷¹ The programme is overseen and managed by an Art and Heritage Committee and a Director of Art and Heritage. For public art, the Charity: 'has agreed a policy of committing 1% of the budget on all capital and refurbishment projects it funds to add an art and design component.'⁷² In addition, the Director of Art and Heritage provides expertise regarding the appointment of artists and the management of the public art commissions.

From the examples above, it is evident that the provision of public art within health buildings is triggered by Trusts and LIFT Companies believing in the instrumental benefits of working with artists, as promoted by the DH and others (see 2.1.1 and 2.1.2); and responding to the requirements of external stakeholders, for example a local planning authority. It is also evident that public art expertise is required to manage the development and implementation of public art strategies and public art commissions by Trusts, PSPs, LIFT Companies and PSCPs. Finally, public art within health buildings is funded via the following routes: from a Trust's own budgets, including investment from the government and charities; as a Trust's requirement on a PSP or a PSCP; and from other sources, for example ACE.

2.1.4 Growth in support does not necessarily ensure innovative approaches. A significant level of support for public art exists within the health sector. This support is primarily based on a growing body of evidence that suggests that the work of artists has a positive impact on people's health and wellbeing (see 2.1.1). This support is beneficial in terms of the provision of opportunities for artists, but can lead to preconceived notions and narrow definitions of artistic practice. For example, ASPECT, one of the DH's design Toolkits for health buildings (see 2.1.2), states that: '*The choice of art is also extremely important. Research suggests that fairly conventional representational art of subjects that are reassuring is most helpful.*'⁷³ This type of statement can be reinforced by local authorities' public art policies and strategies. Limited expectations are often reflected in their public art guidance, which is an issue in all contexts, not just public art within health buildings, and can restrict the roles that artists are able to have. Long-standing definitions tend towards placing permanent objects (e.g. sculptures, metalwork, glass work) above other types of practice (e.g. consideration of the overall qualities of the built environment, temporary installations and events, residencies and the use of IM&T).

2.1.5 Practice varies and can be restrictive. This review has found that ACE and some local authorities' public art policies and strategies advise that public art expertise and artists should be involved at the inception of all types of developments. *Better Health Buildings* states that: '*The Department of Health has been encouraging the use of the arts in buildings and the need to consider them early on in the design process.*'⁷⁴ Where public art expertise and artists are to inform the physical aspects of health buildings, some Trusts attempt to align

71 <http://www.gsttcharity.org.uk/arts/index.html>

72 <http://www.gsttcharity.org.uk/arts/commissions.html>

73 *A Staff and Patient Environment Calibration Toolkit (ASPECT): Instructions, scoring and guidance*, Department of Health (DH), 10th January 2008, p.18

74 *Better Health Buildings*, p.7

their involvement with the key stages of the PFI, LIFT or P21 procurement processes to try to achieve this. However, others do not, and as a consequence this can restrict opportunities for artists.

When artists are involved from a project's inception, Trusts have overall public art policies and strategies that secure the engagement of public art expertise and artists within the development of an individual health building. The advantage of this is that they can work with other stakeholders to fully explore ideas that relate to the provision of a facility before its design and costs are fixed. It can enable the production of an informed plan for public art and can facilitate the inclusion of public art requirements within the physical aspects of a health building, allowing them to be secured within the procurement process's key stages and documentation. As a result, a PSP, LIFT Company or PSCP is clear about what it needs to do in order to satisfy the Trust's requirements for, and evaluation of, the provision of public art, including its appointment of public art expertise and artists.

The review has found that the use of Percent for Art by Trusts and LIFT Companies can be helpful in establishing an initial and indicative level of investment specifically for public art, and that this can be superseded by the detailed work of public art expertise and artists. This is because the timing of their appointment enables them to increase investment by influencing how other budgets are spent, for example budgets for community engagement, buildings and the public realm.

Some Trusts do not provide clear guidance aligning the influence that artists can have on a health building with the stages of the procurement process. Consequently, the process of discussing and commissioning public art does not begin until after the design of a health building has been determined or completed and opportunities for public art are lost. On the side of the Trust, public art expertise and artists do not engage in expansive discussions with stakeholders regarding a plan for public art which could include influencing physical aspects of a health building. On the side of a PSP, Lift Company or PSCP, this means that they are not obliged to appoint public art expertise and artists to respond to any requirements for public art before the stage in the procurement process at which a health building is designed. Public art is subsequently not factored into the overall design, construction, management and maintenance costs and programme for a health building.

For artists, the main implication of late engagement is that they are excluded from the overall process of designing a health building, with public art being viewed as an 'add-on'. This can result in a restrictive commission brief because a Trust, LIFT Company, PSP or PSCP does not want to revisit physical aspects which have already been agreed with stakeholders, including the local planning authority. In addition, this can lead to insufficient levels of funding, because a budget for public art has to be found after the cost of a health building has been established. Furthermore, because public art is viewed as an 'add-on', the opportunity is lost for costs for supporting the design, fabrication, installation and maintenance of public art commissions to be absorbed within other budgets.

Lack of early engagement can also prevent full consideration of whether or not artists should inform the physical aspects of a health building. Public art expertise

and artists working with staff, patients and other stakeholders could instead decide to focus on the delivery of temporary public art projects which support its clinical and community activities and roles. These projects could utilise the public health agenda; IM&T; and the characteristics and location of a health building. In such cases, the production of a plan for public art can specify the management and financial requirements of the public art projects within key procurement documents. It is important to note that the delivery of temporary public art projects should also be considered in relation to the design, management and maintenance aspects of the facilities. For example, during the design process for a health building procured using PFI, public art expertise and artists working with stakeholders secured the provision of an arts room, an external performance space, storage facilities for artworks and professionally designed gallery spaces.⁷⁵

2.1.6 A vision, policy and strategy for public art are extremely important. A vision should be encapsulated within a public art policy and strategy adopted by a Trust. NHS Hull PCT and Citycare;⁷⁶ North Bristol NHS Trust;⁷⁷ Barts and The London NHS Trust and Vital Arts;⁷⁸ and Guy's and St Thomas' Charity and the Trusts it supports⁷⁹ define, establish and trigger their commitments to securing the provision of public art. A plan for the provision of public art within each individual health building can then be developed by public art expertise and artists in response to each building's specific requirements, and implemented within the context of the selected procurement process.

Successful visions create opportunities for artists to engage with the provision of a health building in a meaningful way. They can facilitate the inclusion of artists' ideas within the built environment as well as providing commissions which support clinical and social activities. The scale of investment undertaken by some Trusts enables spending on individual health buildings, but also the possibility for strategic investment across a number of facilities and initiatives.

2.1.7 Current thinking and recent research projects have shown a consistent set of good practice principles. ixia has summarised these as:

- clarity of intention on behalf of the commissioner;
- the appointment of artists at the inception of development projects;
- commitment to the project on behalf of all parties;
- the allocation of adequate rates of pay and contracts for artists;
- the input of public art expertise.⁸⁰

Eric Holding's and Fred Brooke's evaluation of the impact of artists on the development process as part of the PROJECT⁸¹ initiative endorses these

75 Source: interview undertaken by Willis Newson, 2009

76 <http://www.citycare-developments.co.uk/arts.php>

77 *The Bristol Public Art Strategy*

78 <http://www.vitalarts.org.uk/>

79 <http://www.gsttcharity.org.uk/index.html>

80 For further information visit: www.ixia-info.com

principles. The following two findings were the most significant elements of the evaluation:

- Engagement of an artist from an early stage in a building project, in good circumstances, raises the quality and value of a project to achieve a positive effect on the built environment and brings about a positive change of mindset, working practice and discourse amongst others;
- When artists are working on a building project, contributing their professional expertise and creativity, they should be engaged on the same terms as the other professionals involved ensuring parity of esteem.⁸²

2.1.8 The development and implementation of a vision, policy, strategy and good practice requires the involvement of public art expertise, supported by public art champions and public art steering groups. The role of public art expertise (artists, public art officers and managers within public and private sector organisations, public art consultants and public art organisations) is recognised as an important part of the provision of public art: '*Artists in general lack professional support networks, and artists in this unusual situation (collaborative working) all the more so.*' In addition: '*organisations receiving the input of artists also need support, particularly when this is breaking new ground.*'⁸³

Some Trusts and LIFT Companies have arts expertise to deliver ongoing arts policies, strategies and projects and in some cases they lead on the development, adoption and implementation of visions, policies and strategies for public art. Where this is not the case, some appoint public art expertise to establish commitments and procedures for securing the provision of public art within the health buildings they provide.⁸⁴

Where public art expertise is in place there can be key variations in its role. Whilst some public art expertise project manage the development and implementation of public art commissions for specific health buildings, others advise PSPs, LIFT Companies or PSCPs on the appointment of external public art expertise to undertake project management. In the case of the latter, the public art sector provides a number of options for managing public art commissions. These include publicly funded public art organisations, public art consultants and artists.⁸⁵

In most cases, the public art expertise within Trusts and LIFT Companies establish steering groups to support their work and to assist with the overall promotion, implementation and evaluation of public art visions, policies and strategies. In addition, steering groups are set up to support the delivery of public

81 PROJECT was a public art initiative that ran from 2004 to 2006, supported by CABE and A&B, managed by Public Art South West and evaluated by Comedia in 2006. For further information go to www.publicartonline.org.uk

82 *Artists & Places* and *PROJECT: Evaluation Report*

83 *PROJECT: Evaluation Report*, p.42

84 For further information about the work of arts expertise within the health sector see: *Hospital arts co-ordinator: an accidental profession?*, Josie Aston, Wellcome Trust Fellow on the Clore Leadership Programme 2008-9, 30th September 2009, <http://www.josieaston.co.uk/wp-content/uploads/JosieAstonCloreReportFINAL.pdf>

85 For further information go to: www.artscouncil.org.uk, www.architecturecentre.net and www.publicartonline.org.uk.

art commissions for specific health buildings. In either case, it is important to note that public art expertise often refers to the need for 'champions' to ensure the successful provision of public art within health buildings. This echoes the use of design champions within Trusts and LIFT Companies, advocated by the DH.⁸⁶

2.1.9 The provision of health buildings is subject to review and is being affected by the economic downturn. The DH has made Post-Project Evaluation (PPE) a mandatory requirement for Trusts, Lift Companies, PSPs and PSCPs involved in the provision of health buildings.⁸⁷ Consequently, the use of the PFI, LIFT and P21 procurement processes is constantly under review by the DH, leading to frequent changes. For example, P21 is scheduled to be replaced by P21+ during September 2010.⁸⁸ This document looks at the procurement processes as they stand and ixia will produce regular updates in order to keep the advice current.

The provision of health buildings is also being affected by the economic downturn. In April 2009, the government's budget report announced that the DH would be required to make efficiency savings of £2.3 billion during 2010 to 2011. This was in addition to the £8.2 billion of efficiency savings agreed in the government's spending review for 2008 to 2011. The government's forecasts, issued alongside the budget, indicated that health was set to receive low or zero real growth in funding after 2011.⁸⁹ It has also been suggested that the provision of health buildings by Trusts and PSPs via the PFI and LIFT procurement routes has faltered because investment from banks has become more difficult to acquire.⁹⁰

The impact of the policies of the new government⁹¹ on the provision of health buildings is yet to be fully understood. However, in an article published in *Building Design* on the 14th May 2010 the view of George Ferguson, the former President of the Royal Institute of British Architects (RIBA),⁹² was that: "*severe spending cuts are inevitable.*" He stated that: "*new-build health and education projects would be thin on the ground.*"⁹³

86 'NHS design champions are appointed from within each NHS trust to encourage the pursuit of healthcare design quality at board level.' (http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Managingyourorganisation/Estatesandfacilitiesmanagement/Designandcosting/DH_4122758)

87 See 'Policy Requirement':

http://www.dh.gov.uk/en/Aboutus/Procurementandproposals/Publicprivatepartnership/Privatefinanceinitiative/Learninglessonsfrompostprojectevaluation/DH_4016498. Sponsors of capital projects in the NHS are required by the DH, HM Treasury, and the National Audit Office to evaluate and learn from their projects. This is mandatory for projects with a cost in excess of £1 million. For capital projects prioritised by the Capital Prioritisation Advisory Group (with a capital cost over £20 million) and major IM&T projects (whole life cost over £20 million), it is mandatory for the completed PPE report to be submitted to the DH. For schemes below this threshold, the report should be disseminated to the SHA and other key stakeholders within the local health economy.

88 For further information about P21+ visit: <http://www.nhs.procure21.gov.uk/content/p21plus.asp>

89 *The King's Fund 2009 Budget: key points*, The King's Fund, 28th April 2009

90 *How will the global credit crunch impact British PPP/PFI projects?*, PSCA International Ltd., Wednesday 28th January 2009

91 The new coalition government was formed by the Conservatives and the Liberal Democrats on the 12th May 2010.

92 The Royal Institute of British Architects (RIBA) is the UK body for architecture and the architectural profession. For further information visit: <http://www.architecture.com/>

93 George Ferguson quoted in 'Architects braced for major cuts', Will Hurst and David Rogers in *Building Design*, 14th May 2010, p.1

3. GUIDANCE

3.1 INTRODUCTION

The following guidance provides a brief description of the PFI, LIFT and P21 procurement processes and combines their key stages with the involvement of public art expertise and artists. In each case, the provision of public art is based on a number of assumptions and actions informed by the findings of the review. The guidance is also based on ixia and Willis Newson's interpretation of national advice (including documents produced by the DH) and local experiences. However, ixia and Willis Newson are aware that the provision of health buildings via PFI, LIFT and P21 is subject to changes to national policies and guidance as well as to local interpretations and variations.

3.2 PRIVATE FINANCE INITIATIVE (PFI) AND PUBLIC ART

Guidance

Under PFI,⁹⁴ Trusts appoint PSPs to finance, design, construct, manage and maintain health buildings that meet the Trusts' requirements. The health buildings are then leased to the Trusts by the PSPs, typically for thirty years.

The provision of public art within health buildings procured via PFI is of relevance to Trusts and PSPs. Therefore, within this guidance the following factors are assumed:

- a Project Team has been established by the Trust;
- the Trust has a public art policy and strategy;
- the Trust has public art expertise, supported by a public art champion and a public art steering group;
- the Trust's public art expertise will lead on the appointment and management of artists to work with design and other professionals to progress the requirements of its public art policy and strategy. These requirements will be included within the key documents produced by the Trust to procure a PSP for the health building and their production will be funded by the Trust;
- the Trust's public art expertise and artists will define public art as the process of artists engaging with the public realm. Their requirements for public art will include the involvement of artists in the provision of buildings and spaces and in supporting clinical and community activities: utilising the public health agenda; IM&T; and the characteristics of the location of the health building. The public artworks produced will be object- or process-based and permanent or temporary;
- that when preparing their submissions, bidding PSPs will be expected to recruit public art expertise and artists to develop and implement Public Art Plans to respond to the requirements for public art identified by the Trust's public art expertise and artists. The bidding PSPs will each fund the involvement of public art expertise and artists to prepare their Public Art Plans and allocate funds for the further development and implementation of their Public Art Plans if they are selected by the Trust as the preferred bidder. This includes the maintenance of public art integrated within the built environment and the management of temporary public art commissions which happen within the health building.

Summary of the key stages of the PFI procurement process

The key stages are:⁹⁵

STAGE 1 - Strategic Outline Case (SOC)

STAGE 2 - Preparation of the Public Sector Comparator (PSC)

STAGE 3 - Preparation of the Invitation to Participate in Dialogue (ITPD)

STAGE 4 - Outline Business Case (OBC)

⁹⁴ The DH website provides information and guidance on the PFI procurement process:

<http://www.dh.gov.uk/en/Procurementandproposals/Publicprivatepartnership/Privatefinanceinitiative/index.htm>

⁹⁵ The key stages are based on the DH's information and guidance and the interpretation of this guidance by North Bristol NHS Trust.

Invitation to Participate in Competitive Dialogue Volume 1 Project Scope, North Bristol NHS Trust, July 2007, p.16

STAGE 5 - Issue ITPD

STAGE 6 - Competitive Dialogue

STAGE 7 - Appointment Business Case (ABC) and Full Business Case (FBC)

STAGE 8 - Financial Close

STAGE 9 - Construction

STAGE 10 - Occupation and Operation

These stages, and the inclusion of public art, are explained in detail below:

STAGE 1 - Strategic Outline Case (SOC)

The PFI procurement process starts with a Trust developing a SOC for the health building. The purpose of the SOC is to provide the necessary strategic, service, and financial information that will enable either the SHA or the SHA and the DH to assess the need for, and affordability of, the health building.⁹⁶ Their approval of the SOC enables the Trust to develop an Outline Business Case (OBC).

The Trust's public art expertise should ensure that the overall requirements of the Trust's public art policy and strategy are stated within the SOC.

STAGE 2 - Preparation of the Public Sector Comparator (PSC)

A PSC is developed by the Trust as a costed solution for the health building. It serves as a benchmark throughout the PFI procurement process, against which the bids prepared by PSPs are evaluated and progressed. The PSC expresses the design vision and design objectives for the health building, establishes the required design quality and demonstrates the practicality, the achievability and the cost of these requirements. Trusts should appoint design and other professionals to prepare a PSC which is informed by AEDET Evolution and other Toolkits (see 2.1.2). The design information required from them is twofold: a brief describing the requirements for the health building and additional information, for example, details of the site and the policies of the local planning authority; and a solution comprising drawings and explanatory statements. The design brief and design solution form the basis of the output specifications for the health building and its services, and are included in the ITPD. The output specifications state what must be achieved by the bidding PSPs, rather than how they should achieve it.

The DH publishes standard design information and costs for health buildings to inform the preparation of a PSC. This information is published in *Departmental Cost Allowance Guides* (DCAG), *Health Building Notes* (HBN) and *Health Technical Memoranda* (HTM). The DH also provides the NHS Design Review Panel and supports services directly provided by CABE to assist Trusts and, once selected, PSPs with design development.

The Trust's public art expertise should lead on the appointment of artists to work with the design and other professionals to ensure that the requirements of the Trust's public art policy and strategy are included within the PSC. The aim is to embed requirements for public art within the key stages and documents of the PFI procurement process. The requirements for public art should address the following issues:

⁹⁶ The approvals required depend on the value of the health building and the performance of the Trust. *Delegated Limits for Capital Investment*, Department of Health (DH), prepared by the Capital Investment Branch, 28th November 2007

- the vision, aims, objectives and evaluation of public art within the health building;
- the process and financial requirements for public art integrated within the architecture and landscape architecture of the health building;
- the process and financial requirements for temporary and permanent public art commissions which support the clinical and community activities of the health building and are not integrated within its architecture and landscape architecture;
- guidance to the bidding PSPs regarding their appointment of public art expertise and artists to prepare a Public Art Plan in response to the Trust's requirements for public art;
- the management and financial requirements for the maintenance and the ongoing delivery of public art by the selected PSP;
- the roles of both the public art champion and the public art steering group in relation to the health building;
- the involvement of existing arts and public art initiatives in the development and implementation of public art for the health building.

STAGE 3 - Preparation of the Invitation to Participate in Dialogue (ITPD)

At the same time as producing the PSC, the Trust develops an ITPD. This is a descriptive document which specifies what the Trust wants from the health building and what it expects to see from the bidding PSPs. The ITPD should include the following: information about the Trust and an explanation of its need for the health building; the output specifications for the health building and its services as informed by the PSC; information about the evaluation process and criteria for assessing the bids made by the PSPs; and the contract the Trust and the preferred PSP will sign for the financing, final design, construction, management and maintenance of the health building.

The Trust's requirements for public art, identified during the development of the PSC, should form the basis of an output specification for public art within the ITPD. This output specification should ensure that each of the bidding PSPs appoints public art expertise and artists to develop Public Art Plans that explain how they have responded to the Trust's requirements for public art.

STAGE 4 - Outline Business Case (OBC)

The OBC furthers the work done by the Trust for the SOC and is informed by the development of the PSC and the ITPD. The OBC confirms the physical scope, the need for, the cost of, and the affordability of the health building.

Once the OBC is complete, it is submitted to either the SHA or the SHA and the DH for approval.⁹⁷ As the OBC is being prepared, an outline planning application for the health building is submitted to the local planning authority by the Trust. If approved, the outline planning application will be followed by either reserved matters or a full planning application which contains the design and other details of the health building. These planning applications are submitted by the selected PSP in partnership with the Trust.

⁹⁷ The approvals required depend on the value of the health building and the performance of the Trust. *Delegated Limits for Capital Investment*

The Trust's requirements for public art (which were identified during the development of the PSC and included in the ITPD) should be included within the OBC. In addition, planning obligations and/or planning conditions relating to, and securing the development and implementation of, the selected PSP's Public Art Plan should form part of the outline planning permission for the health building. For example, these could fix a sum for temporary public art commissions and request that conceptual and material details of public art integrated within the built environment are submitted to the local planning authority as part of reserved matters or full planning applications.⁹⁸

STAGE 5 - Issue ITPD

Once the OBC has been approved, the Trust can begin the process of procuring a PSP to finance, construct, manage and maintain the health building. This sees the publication of a 'notice' (advertisement) in the Official Journal of the European Union (OJEU). This is the publication in which all European public sector contract tenders over a certain financial threshold must be published.⁹⁹

Following the publication of the OJEU notice, the Trust will evaluate expressions of interest and aim to identify three PSPs based on a Memorandum of Information and a Pre-Qualification Questionnaire. These are prepared by the Trust to provide information about the health building and to establish whether or not the PSPs have the technical capacity and ability, the economic and financial standing and the partnering experience to deliver it. Once selected, the PSPs are invited to enter the Competitive Dialogue stage and are issued with the ITPD.

Within the OJEU notice, Trusts should state the services they require the PSPs to provide. In accordance with the ITPD, the requirement for the PSPs to appoint public art expertise and artists to develop and implement Public Art Plans as part of their bids should be included within the OJEU notice.

STAGE 6 - Competitive Dialogue

The purpose of the Competitive Dialogue stage is to identify which of the three PSPs can best meet the Trust's needs and objectives for the health building. It is important to emphasise that each of the PSPs produce building designs during this stage. The stage consists of the following phases:

- Dialogue Phase 1

The three PSPs are required to submit their initial responses to the ITPD to the Trust in the form of a series of deliverables - documents which the Trust requires in order to decide upon its preferred bidder. These deliverables should include information on: the building's design; the cost and financing of its construction, management and maintenance; and any contractual issues relating to the Trust and the building's construction, management and maintenance.

Following the evaluation of the initial responses, the Trust shortlists two PSPs, who then proceed to the second phase of dialogue.

⁹⁸ For further information regarding public art and the planning system visit ixia's website: <http://www.ixiainfo.com/research/the-planning-system-and-process/>

⁹⁹ For further information visit: <http://www.ojec.com/>

- Dialogue Phase 2

Throughout this second phase, the Trust continues to work with the two PSPs. Their submissions take the form of a series of deliverables which address the Trust's requirements for the health building. A greater level of detail regarding the design, cost, financing, management, maintenance and contractual issues relating to the health building is required.

- Invitation to Submit Final Bids (ISFB)

When the Trust is satisfied that the final submissions from the two PSPs meet its needs and objectives, it declares that the dialogue is concluded. It then issues the ISFB to the PSPs who formally submit their final bids. These are evaluated by the Trust and a preferred PSP is selected. Throughout the Competitive Dialogue stage, the Trust assesses the bids by applying the evaluation criteria it included in the ITPD. The factors which should be considered as part of the evaluation criteria include: design; management and maintenance; affordability; capital costs; risk; value for money; and the terms of the contract between the Trust and the PSP for the financing, construction, management and maintenance of the health building. The evaluation criteria for design should be based on AEDET Evolution and other Toolkits.

At this stage, public art expertise and artists should be working for the PSPs. They should be responding to the Trust's requirements for public art by developing and implementing a Public Art Plan which can be evaluated by the Trust's public art expertise.

In addition, the ITPD should include evaluation criteria for public art. AEDET Evolution, other Toolkits and criteria relating to the development and welfare of patients and staff should be used by the Trust's public art expertise to inform the evaluation of the Public Art Plans submitted by the PSPs.

STAGE 7 - Appointment Business Case (ABC) and Full Business Case (FBC)

Having identified a preferred PSP, the Trust prepares an ABC and presents it to either the SHA or the SHA and the DH.¹⁰⁰ The ABC includes the details of the preferred PSP's bid. If the ABC is approved by all the parties, then the preferred PSP is appointed.

The Trust and the appointed PSP continue to work together to refine all aspects of the building's financing, design, construction, management and maintenance. The Trust then submits a FBC to either the SHA or the SHA and the DH as evidence that the procurement process has delivered the aims and objectives set out in the SOC and the OBC. Furthermore, after a PSP has been appointed and as the FBC is being prepared, reserved matters or a full planning application for the health building are submitted by the appointed PSP and the Trust to the local planning authority for approval.

Once a PSP has been selected, its public art expertise and artists should continue to work with the Trust's public art expertise to develop and implement the Public Art Plan, which should be included in the ABC and FBC. As previously mentioned, details regarding the provision of public art should also be included within the reserved matters or full planning application for the health building. Their delivery should be secured

¹⁰⁰ The approvals required depend on the value of the health building and the performance of the NHS Trust. *Delegated Limits for Capital Investment*

through the use of planning obligations or planning conditions by the local planning authority.¹⁰¹

STAGE 8 - Financial Close

At Financial Close, all financial, design, construction, management and maintenance issues regarding the health building should have been resolved and the contract is signed by the Trust and the appointed PSP.

The Public Art Plan should be finalised by Financial Close. Its development and implementation should form part of the contract between the Trust and the appointed PSP.

STAGE 9 - Construction

The appointed PSP constructs the health building for the Trust in accordance with the details contained within the FBC and the contract, using an approved chain of suppliers.

At this stage, public artworks integrated within the architecture and landscape architecture of the health building are delivered and the implementation of public artworks supporting its clinical and community activities are progressed. The PSP's public art expertise, artists and their sub-contractors should be recognised as part of the supply chain.

STAGE 10 - Occupation and Operation

Once the health building has been built and is in use, it is assessed against the requirements of the SOC, OBC, FBC and any contracts between the Trust and appointed PSP. The purpose of Post-Project Evaluation (PPE) is to improve the planning and provision of health buildings and health services at both a local and a national level. Different evaluation methods can be used including design and other Toolkits, surveys and workshops.

The Trust's and the PSP's public art expertise and artists should be involved in assessing the provision of public art. In addition, the maintenance of public art which has been provided through the construction of the health building and any requirements to support post-occupation and on-going public art projects should be recognised in the management and maintenance programme undertaken by the PSP.

¹⁰¹ For further information regarding public art and the planning system visit ixia's website: <http://www.ixiainfo.com/research/the-planning-system-and-process/>

3.3 LOCAL IMPROVEMENT FINANCE TRUST (LIFT) AND PUBLIC ART

Guidance

Under LIFT,¹⁰² Trusts, PSPs and Community Health Partnerships (CHP), on behalf of the DH, establish LIFT Companies to plan, finance, design, construct, manage and maintain health buildings that meet the requirements of Trusts, local health and other service providers, and local communities. To form LIFT Companies, Trusts appoint PSPs from a list created and managed by the DH. This is the first part of the LIFT procurement process and is known as Express LIFT.¹⁰³ The second part of the LIFT procurement process is the provision of health buildings by LIFT Companies, which they then lease to local health and other service providers. These include GPs and services provided by local authorities and other organisations.

The provision of public art within health buildings procured via LIFT is relevant to Trusts, PSPs, LIFT Companies and the local health service providers and other stakeholders which have leases within these facilities. Therefore, this guidance assumes the following factors:

- a Project Team has been established by the Trust;
- the Trust has a public art policy and strategy;
- the Trust has public art expertise, supported by a public art champion and a public art steering group;
- the Trust's public art expertise will lead on the appointment and management of artists to work with local health service providers and other stakeholders to progress the requirements of the Trust's public art policy and strategy. These requirements will be included with the key documents produced by the Trust to procure a PSP to form a LIFT Company and their production will be funded by the Trust;
- the Trust's public art expertise and artists will define public art as the process of artists engaging with the public realm. Their requirements for public art will include the involvement of artists in the provision of buildings and spaces and in supporting clinical and community activities: utilising the public health agenda; IM&T; and the characteristics of the locations of specific health buildings. The public artworks produced will be object- or process-based and permanent or temporary;
- the LIFT Company will appoint public art expertise and artists to further progress the requirements of the Trust's public art policy and strategy within its work. This includes the requirement for the LIFT Company's public art expertise and artists to develop and implement Public Art Plans for health buildings. All the costs associated with the development and implementation of the Public Art Plans will be funded by the LIFT Company. This includes the maintenance of public art integrated within the built environment and the management of temporary public art commissions which happen within the health building.

¹⁰² The DH website provides information and guidance on the LIFT procurement process:

<http://www.dh.gov.uk/en/Procurementandproposals/Publicprivatepartnership/NHSLIFT/index.htm>

¹⁰³ Express LIFT is a partnering framework which establishes agreements (2 years with provisions for extension) between the DH and a number of PSPs. DH is responsible for appointing PSPs to the partnering framework. Trusts may appoint any one of the PSPs to form a LIFT Company.

Summary of the key stages of the LIFT procurement process

The key stages of the LIFT procurement process can be divided into two parts: the Express LIFT procurement process for a LIFT Company; and the provision of a health building by the LIFT Company.¹⁰⁴

Part 1: the Express LIFT procurement process for a LIFT Company

STAGE 1 - Strategic Services Development Plan (SSDP): Outline

STAGE 2 - Invitation to Tender (ITT)

STAGE 3 - Strategic Framework

STAGE 4 - Strategic Services Development Plan (SSDP): Full

Part 2: the provision of a health building by the LIFT Company

STAGE 5 - Business Case Stage 1

STAGE 6 - Business Case Stage 2

STAGE 7 - Financial Close

STAGE 8 - Construction

STAGE 9 - Occupation and Operation

These stages, and the inclusion of public art, are explained in detail below:

PART 1: THE EXPRESS LIFT PROCUREMENT PROCESS FOR A LIFT COMPANY

STAGE 1 - Strategic Services Development Plan (SSDP): Outline

Before beginning the process of selecting a PSP to form a LIFT Company, the Trust is required to demonstrate a plan for improvements to health services and health buildings in the form of an outline SSDP. The Trust submits the outline SSDP to either the SHA or the SHA and the DH for approval.¹⁰⁵

The Trust's public art expertise should lead on the appointment of artists to work with the local health service providers and other stakeholders to ensure that the requirements of the Trust's public art policy and strategy are included within the work of the LIFT Company. The aim is to ensure that the requirements for public art are progressed during, and included within, the key stages and documents of the LIFT procurement process. The requirements for public art should address the following issues:

- the vision, aims, objectives and evaluation of public art across the work of the LIFT Company and within the provision of health buildings;
- guidance to the bidding PSPs regarding the appointment of public art expertise to progress the requirements of the Trust's public art policy and strategy within the work

¹⁰⁴ One or more health buildings can be included in Part 2 of the LIFT procurement process.

¹⁰⁵ The approvals required depend on the value of the health building and the performance of the NHS Trust. *Delegated Limits for Capital Investment*

of the LIFT Company. This includes the requirement for the LIFT Company's public art expertise and artists to develop and implement Public Art Plans for health buildings;

- the roles of both the public art champion and the public art steering group in relation to the work of the LIFT Company;
- the process and financial requirements for public art integrated within the architecture and landscape architecture of the health buildings;
- the process and financial requirements to support temporary and permanent public art commissions which support the clinical and community activities of the health buildings and are not integrated within their architecture and landscape architecture;
- the management and financial requirements for the maintenance and ongoing delivery of public art within health buildings by the LIFT Company;
- the involvement of existing arts and public art initiatives in the development and implementation of public art across the work of the LIFT Company and within the provision of health buildings.

STAGE 2 - Invitation to Tender (ITT)

With the approval of the SHA and the DH, the Trust runs a local competition, inviting the PSPs listed by the DH to tender for the opportunity to become a partner in a LIFT Company. The Trust issues an ITT to the PSPs to which they have to respond.

The ITT describes the health services which the Trust wants a PSP to deliver in accordance with the following success criteria: the provision of high quality patient-centred health services; the provision of health services in accessible locations and health buildings that meet patient requirements; the provision of additional health services in currently under-resourced locations; the provision of health services that are affordable to the Trust and represent value for money; and the integration of the work of existing health service providers into continued health provision.

The outline SSDP is incorporated into the ITT. The tenders submitted by the PSPs are evaluated by the Trust. The PSP that best meets the requirements of the ITT is then selected by the Trust for approval by either the SHA or the SHA and the DH.¹⁰⁶

The Trust's public art expertise should ensure that the requirements for public art are included within the ITT. It should also ensure that the bidding PSPs provide the correct responses to the public art requirements within their tenders.

STAGE 3 - Strategic Framework

The Trust, the selected PSP and CHP sign an SPA and a Shareholders' Agreement and the Strategic Partnering Board (SPB) and the LIFT Company are formed.

A LIFT Company is a jointly-owned company, with a majority shareholding owned by the selected PSP and minority shareholdings held by the Trust, CHP and other stakeholders, for example, a local authority. The Shareholders' Agreement allows the

¹⁰⁶ The approvals required depend on the value of the health building and the performance of the NHS Trust. *Delegated Limits for Capital Investment*

LIFT Company to be managed according to the commercial freedoms which will enable it to provide affordability and value for money.

The SPB includes representatives of the LIFT Company, the Trust, local health service providers and other stakeholders. Its role is to approve the development and implementation of the SSDP. The LIFT Company is required to work with the SPB to develop the SSDP. The LIFT Company presents their proposals for the provision of health buildings and health services to the SPB for approval.

The duration of the SPA is usually twenty years, with an option to extend by a further five years. The SPA grants the LIFT Company a period of exclusivity in which to progress the development and implementation of the SSDP in partnership with the SPB. The SPA includes the partnering services that the LIFT Company will provide in order to develop and implement the SSDP. These services can include: membership of the SPB; health estate planning and management; health service planning; regeneration and community involvement; property development including the provision of new and refurbished health buildings; and funding.

The Trust's public art expertise should ensure that the SPA includes the provision of public art by the LIFT Company in accordance with the outline SSDP and the ITT's requirements. The Trust's public art expertise should work with the PSP and the LIFT Company to appoint public art expertise and artists. Their work is to further the requirements for public art within the context of the full SSDP, which should include the development and implementation of Public Art Plans for specific health buildings by the LIFT Company's public art expertise and artists.

STAGE 4 – Strategic Services Development Plan (SSDP): Full

The SPA includes an obligation for the first full SSDP to be completed and approved by the LIFT Company within six months of the SPA being signed.

The LIFT Company's public art expertise and artists should ensure that the requirements for public art are embedded within the full SSDP.

PART 2: THE PROVISION OF A HEALTH BUILDING BY THE LIFT COMPANY

STAGE 5 - Business Case Stage 1

In accordance with the SSDP, the LIFT Company leads on identifying and developing a Business Case Stage 1 for a health building. This includes details regarding: its relationship with the SSDP; the design brief and the outline design; the maximum price, known as the Affordability Cap, and that this can be afforded by the LIFT Company and the local health service providers and other stakeholders taking a lease within the health building; and the project management and delivery, which should include a timetable.

The DH publishes standard design information and costs for health buildings in *Departmental Cost Allowance Guides (DCAG)*, *Health Building Notes (HBN)* and *Health Technical Memoranda (HTM)*. It also provides the NHS Design Review Panel and supports services directly provided by CABE to assist a LIFT Company with design development. The design brief and the outline design should be informed by the information, costs and advice and by AEDET Evolution and other Toolkits, in particular ASPECT. Based on AEDET Evolution's structure, ASPECT provides prompts which the LIFT Company should use to identify design requirements for the design brief and

design solution for the health building, including the provision of IM&T. The design professionals within the LIFT Company's supply chain should lead on the use of the *Guides, Notes, Memoranda, AEDET Evolution and ASPECT* and the development of the design brief and design solution.

The LIFT Company submits the Business Case Stage 1 to either: the SPB and the Trust; the SPB, the Trust and the SHA; or the SPB, the Trust, the SHA and the DH for approval.¹⁰⁷ Once the Business Case Stage 1 has been approved, its content becomes a set of Approval Criteria which should be met by the LIFT Company when it completes the Business Case Stage 2. At this stage, the LIFT Company submits a full planning application for the health building to the local planning authority for approval.

In accordance with the requirements for public art identified within the full SSDP, the LIFT Company's public art expertise should lead on the appointment of artists and the development and implementation of a Public Art Plan for the health building. Their work should be informed by AEDET Evolution and ASPECT and should be included in the design brief, design solution, Affordability Cap and other elements of the Business Case Stage 1. The development and implementation of a Public Art Plan for the health building should also form part of the Approval Criteria.

The LIFT Company's Public Art Plan should be included in the full planning application for the health building. The local planning authority should secure its delivery through the use of planning obligations and/or planning conditions. For example, these could secure the provision of public art integrated within the built environment and fix a sum for temporary public art.¹⁰⁸

STAGE 6 - Business Case Stage 2

The LIFT Company leads on developing a Business Case Stage 2 for the health building. This should demonstrate how each of the Approval Criteria has been met. It includes the provision of a detailed design, developed in response to the design brief and the outline design solution included in the Business Case Stage 1.

The Business Case Stage 2 is submitted for approval by the LIFT Company to the appropriate set of organisations as described above under Business Stage 1. This process is focused on confirming that the Approval Criteria have been met.

The LIFT Company's public art expertise and artists should continue to develop and implement the Public Art Plan for inclusion within the Business Case Stage 2 and in order to satisfy the Approval Criteria. The LIFT Company's public art expertise should lead on securing approval of the Public Art Plan.

STAGE 7 - Financial Close

At Financial Close all contractual and financial issues should have been addressed in accordance with the SPA and other agreements. These include: the Supply Chain Agreement which relates to the services required to finance, construct, manage and maintain the health building; the Lease Plus Agreement between the LIFT Company and

¹⁰⁷ The approvals required depend on the value of the health building and the performance of the Trust. *Delegated Limits for Capital Investment*

¹⁰⁸ For further information regarding public art and the planning system visit ixia's website: <http://www.ixia-info.com/research/the-planning-system-and-process/>

the local health service providers and other stakeholders that will occupy the health building; and any funding agreements that have been put in place by the LIFT Company to fund the health building.

The Public Art Plan should be finalised by Financial Close. The provision of public art by the LIFT Company should be included within the SPA. The development and implementation of the Public Art Plan for the health building by the LIFT Company's public art expertise and artists should be included within the Supply Chain Agreement, the Lease Plus Agreement and any funding agreements.

STAGE 8 - Construction

The LIFT Company proceeds with the construction of the health building in accordance with the detailed design and the Affordability Cap approved as part of the Business Case Stage 2 and using an agreed chain of suppliers.

At this stage, public artworks integrated within the architecture and landscape architecture of the health building are delivered and the implementation of public artworks supporting its clinical and community activities are progressed. The LIFT Company's public art expertise, artists, and their sub-contractors should be recognised as part of the supply chain.

STAGE 9 - Occupation and Operation

Once the health building has been built and is in use outcomes are assessed against the SSDP, SPA and other agreements. The purpose of Post-Project Evaluation (PPE) is to improve the planning and provision of health buildings and health services at both a local and a national level. Different evaluation methods can be used including design and other Toolkits, surveys and workshops.

The LIFT Company's public art expertise and artists should be involved in assessing the provision of public art. In addition, the maintenance of public art which has been provided through the construction of a health building and any requirements to support post-occupation and ongoing public art projects should be recognised in the management programme undertaken by the LIFT Company and the leases it has with the health service providers and other organisations which occupy the health building.

3.4 PROCURE21 (P21) AND PUBLIC ART

Guidance

Under P21,¹⁰⁹ Trusts can appoint PSCPs to undertake a variety of roles, from assisting with its overall strategies for the provision of health services to the design and construction of a health building. Therefore, PSCPs can begin working with Trusts at any of the following stages: Pre-Strategic Outline Case (SOC); SOC; Outline Business Case (OBC); or Full Business Case (FBC). Trusts appoint PSCPs from a list created and managed by the DH.¹¹⁰

This guidance shows a Trust appointing a PSCP prior to the development of the SOC. The Trust has appointed the PSCP to plan, design and construct the health building. The Trust will fund its planning, construction, management and maintenance. The provision of public art within the health building is relevant to the Trust and the appointed PSCP. Therefore, within this guidance the following factors are assumed:

- the Trust has a public art policy and strategy;
- the Trust has public art expertise, supported by a public art champion and a public art steering group;
- the Trust's public art expertise will lead on embedding the requirements of the Trust's public art policy and strategy within the key stages and documents that must be completed to procure a PSCP for the health building. This will be funded by the Trust;
- the Trust's public art policy and strategy and public art expertise will define public art as the process of artists engaging with the public realm. Their requirements for public art will include the involvement of artists in the provision of buildings and spaces and in supporting clinical and community activities: utilising the public health agenda; IM&T; and the characteristics of the locations of specific health buildings. The public artworks produced will be object- or process-based and permanent or temporary;
- the Trust's preferred PSCP will appoint public art expertise and artists to develop and implement a Public Art Plan for the health building in consultation with the Trust's public art expertise. The development and implementation of the Public Art Plan is to be included within the key stages and documents which the Project Team (which includes representatives of the Trust and the PSCP) must complete. The development and implementation of the Public Art Plan will be funded by the Trust as part of its overall investment in the health building. The maintenance of public art integrated within the built environment and the management of temporary public art commissions that happen within the health building will be undertaken and funded by the Trust.

Summary of the key stages of the P21 procurement process

The key stages are:

STAGE 1 – Project Team Selection

STAGE 2 - PSCP Selection

¹⁰⁹ P21 is scheduled to be replaced by P21+ during September 2010. The DH website provides information and guidance on the P21 and P21+ procurement processes: <http://www.nhs-procure21.gov.uk/index.asp>

¹¹⁰ P21 is a partnering framework which establishes agreements (5 years with provisions for extension) between the DH and a number of PSCPs. The DH is responsible for appointing PSCPs to the partnering framework. Trusts may appoint any one of the PSCPs to undertake the work that they require.

- STAGE 3 - Scheme Launch
- STAGE 4 - Scheme Development
- STAGE 5 - Construction
- STAGE 6 - Occupation and Operation

These stages, and the inclusion of public art, are explained in detail below:

STAGE 1 - Project Team Selection

P21 is based on collaboration and team-working. Trusts are advised by the DH to establish a Project Team which includes: representatives of the Trust's management, clinical and building staff; representatives of patient user groups; a Project Director; a Project Manager; a Cost Advisor; and a P21 Implementation Advisor. The P21 Implementation Advisor is provided by the DH as a free source of guidance to the Trust. Once a PSCP has been selected, its representatives and representatives of its supply chain join the Project Team.

The Trust's public art expertise and, when appointed, the PSCP's public art expertise, should be part of the Project Team.

STAGE 2 - PSCP Selection

The selection of a PSCP by a Trust consists of a number of stages. These include:

- the registration of the project on the P21 website by the Trust;
- the production of an information pack by the Trust regarding the proposed health building and the role of the PSCP, including the criteria that the Trust will use to create a shortlist of PSCPs;
- the distribution of the information pack via e-mail by the Trust to the DH's list of PSCPs;
- the submission of an Expression of Interest (EoI) by each of the PSCPs;
- the selection of a shortlist of PSCPs by the Trust and an invitation to them all to attend an event to learn more about the role of a PSCP in developing and implementing the proposed health building;
- the invitation from the Trust to the shortlisted PSCPs to attend interviews and the selection of a PSCP by the Trust.

The criteria used by a Trust to select a PSCP are based on their: experience of the type of health building being proposed; skills and capacity; and proposed supply chain.

The Trust's public art expertise should ensure that the requirements of the Trust's public art policy and strategy are included within the information pack for the health building.

The requirements for public art should address the following issues:

- the vision, aims, objectives and evaluation of public art within the health building;
- the process and financial requirements for public art integrated within the architecture and landscape architecture of the health building;

- the process and financial requirements for temporary and permanent public art commissions which support the clinical and community activities of the health building and are not integrated within its architecture and landscape architecture;
- guidance to the bidding PSCPs regarding the appointment of public art expertise and artists to develop and implement a Public Art Plan in response to the Trust's requirements for public art and in consultation with the Trust's public art expertise;
- the management and financial requirements for the maintenance and ongoing delivery of public art within the health building by the Trust;
- the roles of both the public art champion and the public art steering group in relation to the health building;
- the involvement of existing arts and public art initiatives in the development and implementation of public art for the health building.

STAGE 3 - Scheme Launch

The Scheme Launch takes the form of a one-day workshop which brings together the existing Project Team and representatives of the selected PSCP and its supply chain (for example, the PSCP's architect and other design and construction professionals).

The purpose of the workshop is to enable the key stakeholders to start building relationships and developing shared objectives for the health building. The workshop should result in a joint action plan and the finalisation of the structure of the Project Team required to implement it. The joint action plan forms the basis of the contract¹¹¹ which is signed by the Trust and PSCP and which enables the Project Team to complete the next stage of the procurement process.

Both the Trust's and the PSCP's public art expertise should be involved in the Scheme Launch. This should enable the development and implementation of the Public Art Plan to be included in both the joint action plan and the contract for the health building. It should also enable both the Trust's and the PSCP's public art expertise to be properly located in the structure of the Project Team. In addition, this could include the creation of a public art steering group alongside other steering groups for other aspects of the health building.

STAGE 4 - Scheme Development

P21 requires Trusts and PSCPs to produce a series of documents which explain the need for, and the development of, the health building, including its cost and affordability. These documents are the: SOC; OBC; and FBC. When complete, each of these documents is submitted to either the SHA, or the SHA and the DH for approval.¹¹²

111 P21 uses the New Engineering Contract (NEC), Option C (2nd Edition) - Target Contract with Activity Schedule (with amendments). The contracting parties are the Trust and the PSCP. Separate sections of the contract are entered into for each of the Scheme Development documents (Strategic Outline Case (SOC); Outline Business Case (OBC); Full Business Case (FBC)) and Construction. These are referred to as Phases 1 to 4, respectively. *The ProCure21 Guide*, Department of Health (DH), NHS Estates, ProCure21 (P21), January 2007

112 The approvals required depend on the value of the health building and the performance of the Trust. *Delegated Limits for Capital Investment*

- Strategic Outline Case (SOC)

The SOC enables the Trust and the PSCP to make the case for investment in the health building. It identifies the Trust's need for the health building and its ability to make the required financial investment.

- Outline Business Case (OBC)

The OBC furthers the work done by the Trust in the development of the SOC. The OBC refines: the need for; the physical scope; the cost of; and the affordability of the health building.

- Full Business Case (FBC)

The FBC provides full details of the need for; the design; the cost; the affordability; and the construction timetable of the health building. The FBC includes the Guaranteed Maximum Price (GMP). This is the price agreed by the Trust and the PSCP for the construction of the health building. The GMP needs to be validated by the SHA and the DH to ensure that costs are in line with the expected norms as set out by the DH in their *Departmental Cost Allowance Guides (DCAG)* and that they represent value for money.

The DH publishes standard design information in *Health Building Notes (HBN)* and *Health Technical Memoranda (HTM)*. It also provides the NHS Design Review Panel and supports services directly provided by CABE to assist the Project Team with design development. The design of the health building should be developed by the Project Team in accordance with this information and advice and the requirements of the SOC, OBC and FBC. It should also be informed by AEDET Evolution and other Toolkits.

The contract signed by the Trust and the PSCP is written using the SOC, OBC, FBC and Construction as phases. As a condition of entry into each phase of the contract, a detailed list of aims and deliverables are agreed with the PSCP. These are identified in the timetable for the health building, which is continuously monitored by the Project Team.

The Benchmarking Toolkit and Review Workshops are used throughout the P21 procurement process. The Benchmarking Toolkit serves two primary functions: to demonstrate value for money; and to assess the performance of the Project Team. It brings together a number of other Toolkits, including the assessment of Design Quality using AEDET Evolution, and enables a health building to be evaluated according to a broad range of criteria. Review Workshops should take place at key stages and should include the stakeholders involved in the Scheme Launch event. The Workshops should identify the project's successes and areas for improvement.

As the OBC is being prepared, an outline planning application for the health building is submitted to the local planning authority by the Trust and the PSCP. If approved, the outline planning application will be followed by either reserved matters or full planning applications which contain the design and other details of the health building. These planning applications are submitted by the selected PSCP in partnership with the Trust when the FBC is being prepared.

The PSCP's public art expertise should lead on the appointment of artists and the development and implementation of a Public Art Plan for the health building in accordance with the contract between the Trust and the PSCP and in consultation with the Trust's public art expertise. The Public Art Plan should be included in the contract,

SOC, OBC and FBC and should inform the GMP. In addition, the Benchmarking Toolkit and Review Workshops should include the evaluation of public art. AEDET Evolution, other Toolkits and criteria relating to the development and welfare of patients and staff should be used by the Trust's public art expertise and the PSCP's public art expertise to inform the development and implementation of the Public Art Plan.

Both the Trust's and the PSCP's public art expertise should ensure that the Public Art Plan is included in the outline planning application and in the reserved matters or full planning applications for the health building. Planning obligations and planning conditions relating to, and securing the development and implementation of, the Public Art Plan should form part of any planning permissions.¹¹³ For example, these could secure the provision of public art integrated within the built environment and fix a sum for temporary public art commissions.

STAGE 5 - Construction

Once the FBC has been approved, the Trust and the PSCP agree the final phase of the contract, which enables the PSCP to progress with the construction of the health building in accordance with the details contained within the SOC, OBC and FBC and the GMP.

At this stage, public artworks integrated into the health building's architecture and landscape architecture are delivered and the implementation of public artworks supporting its clinical and community activities are progressed. The PSCP's public art expertise, artists and their sub-contractors should be recognised as part of the supply chain.

STAGE 6 - Occupation and Operation

Once the health building has been built and is in use, its development and construction are assessed against the aims and objectives identified within the SOC, OBC and FBC; within the joint action plan and the contracts agreed by the Trust and the PSCP; and in the GMP. The purpose of Post-Project Evaluation (PPE) is to improve the planning and provision of health buildings and health services at both a local and a national level.

For P21, the Benchmarking Toolkit requires that continuous reviews are undertaken throughout the duration of the contract for the health building. Upon occupation and operation, the final outcome of the reviews is to be undertaken and any data updated. A final Review Workshop can also be undertaken by the Project Team to assess 'the process' and 'the product'. Examining 'the process' involves assessing how the Project Team worked together and examining 'the product' enables an analysis of the health building itself, including its design and cost.

Both the Trust's and the PSCP's public art expertise and artists should be involved in assessing the provision of public art. In addition, the maintenance of public art which has been provided through the construction of the health building and any requirements to support post-occupation and ongoing public art projects should be recognised in the management and maintenance programme undertaken by the Trust.

¹¹³ For further information regarding public art and the planning system visit ixia's website: <http://www.ixia-info.com/research/the-planning-system-and-process/>

APPENDIX 1: USEFUL LINKS

This section highlights some key organisations and initiatives which have not been discussed in detail in this document.

A-N: The Artists Information Company

www.a-n.co.uk

A-N's (mainly) subscription website highlights *'the what, where and how of visual arts practice'*. It contains information for both emerging and established professional artists and craftspeople, including payment rates for artists, as well as facts, commentary and analysis of contemporary arts practice.

Arts Council England (ACE)

www.artscouncil.org.uk

ACE is the national development agency for the arts in England. It distributes public money from central government and the National Lottery. The website provides information about funding, news, policies and web links.

Axis

www.axisweb.org

An online database of artists, craftspeople and curators in the UK searchable by art form, material and location. It also features interviews, discussions, arts news and debates from the contemporary arts world.

Architects for Health

www.architectsforhealth.com

An independent membership group formed by architects to bring together individuals and organisations who share an interest in healthcare facility design.

Arts & Health South West

www.artsandhealthsouthwest.org.uk

Arts & Health South West is an information, support and advocacy organisation for people who believe in the value of creativity in enhancing people's health and wellbeing.

Arts for Health Cornwall and the Isles of Scilly

www.artsforhealthcornwall.org.uk/

A countywide arts and health organisation which advocates the role of creativity in improving health and well-being and develops and facilitates specific projects to deliver health improvement.

Arts for Health at Manchester Metropolitan University (MMU)

www.mmu.ac.uk/artsforhealth/

Arts for Health at MMU works in research, advocacy and development with a range of partners to better understand the impact of creativity, culture and the arts on health and wellbeing.

Centre for Medical Humanities, The (CAHHM)

www.dur.ac.uk/cmh

CAHHM investigates and promotes the practical applications and benefits of arts and humanities in healthcare.

Creative Remedies

www.creative-remedies.org.uk

The arts and health website for Staffordshire and the West Midlands. It includes examples of projects, showcases good practice and offers advice and networking opportunities for artists, health professionals and others in arts and health work.

London Arts in Health Forum (LAHF)

www.lahf.org.uk

LAHF works to promote and support arts in health activity across London and nationally. The organisation offers regular events, a monthly newsletter, training sessions and advice and support for artists, architects, clinical staff and anyone with an interest in arts in health.

Open Art

<http://www.open-art.org.uk/>

Open Art brings the skills, knowledge and characteristics of the artist and the creative mind to bear on a range of contemporary challenges broadly concerned with health and wellbeing. It explores and develops new ways of thinking and working through collaborations between artists, creative people, health and community services and the public.

Public Art Online

www.publicartonline.org.uk

A public art resource provided by ACE. The website provides information on how artists and creativity can contribute to the built and natural environment, regeneration initiatives, sustainable development, architecture and urban design. It has resources, case studies and links to other useful websites and projects.

Sydney De Haan Research Centre for Arts and Health

<http://www.canterbury.ac.uk/centres/Sidney-de-haan-research/>

The Sydney De Haan Research Centre for Arts and Health researches the contribution of music and other participative arts activities on health and wellbeing.

South East Arts and Health Partnership (SEAH)

www.seah.org.uk

SEAH brings together people with a strong interest in developing links between arts and health across the southeast in both community, health and social care settings.

The International Academy for Design and Health

<http://www.designandhealth.com/>

The International Academy for Design and Health is a non-profit organisation with an interdisciplinary network dedicated to stimulate research and the application of research concerning the interaction between design, health, science and culture.

BIBLIOGRAPHY

A Prospectus for Arts and Health, Department of Health (DH) and Arts Council England (ACE), 20th April 2007, http://www.artscouncil.org.uk/publication_archive/a-prospectus-for-arts-and-health/

A Staff and Patient Environment Calibration Toolkit (ASPECT): Instructions, scoring and guidance, Department of Health (DH), 10th January 2008, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082087

A Study of the Effects of Visual and Performing Arts in Health Care, Rosalia Lelchuk Staricoff, Jane P. Duncan and Melissa Wright, Chelsea and Westminster Hospital, 2004, http://www.chelwestcharity.org.uk/binary_data/263_study_visual_performing_arts.pdf

Achieving Excellence Design Evaluation Toolkit (AEDET Evolution), Department of Health (DH), 2001, revised 2008, http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_082089

Advice to Trusts on the main components of the design brief for healthcare buildings, Design Brief Working Group, NHS Estates, Department of Health (DH), 1st July 2002, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122634

'Architects braced for major cuts', Will Hurst and David Rogers in *Building Design*, 14th May 2010, <http://www.bdonline.co.uk/news/uk/architects-braced-for-major-cuts/5000080.article>

Artists & Places: Engaging creative minds in regeneration, Eric Holding (ed), Commission for Architecture and the Built Environment (CABE) and Arts & Business (A&B), 2008

Arts and Community Engagement in LIFT, Community Health Partnerships (CHP), 2008, <http://www.communityhealthpartnerships.co.uk/index.php?ob=1&id=63>

Arts and Healthcare: Lord Howarth of Newport speaking to Her Majesty's Government, 6th March 2008, http://www.publications.parliament.uk/cgi-bin/newhtml_hl?DB=semukparl&STEMMER=en&WORDS=howarth&ALL=&ANY=&PHRASE=&CATEGORIES=&SIMPLE=&SPEAKER=Howarth&COLOUR=red&STYLE=s&ANCHOR=80306-gc0005.htm_spnew7&URL=/pa/ld200708/ldhansrd/text/80306-gc0005.htm#80306-gc0005.htm_spnew7

Arts Development in Community Health: A Social Tonic, Mike White, Radcliffe Publishing Ltd, Oxford, 2009

Arts in Health: A Review of the Medical Literature, Rosalia Lelchuk Staricoff, Arts Council England (ACE), 1st September 2004, http://www.artscouncil.org.uk/publication_archive/arts-in-health-a-review-of-the-medical-literature/

'Arts in healthcare' in *Guy's and St Thomas' Charity Annual Report 2008/09*, Guy's and St Thomas' Charity, p.16-18, <http://www.gsttcharity.org.uk/pdfs/ar0809.pdf>

Assessing Design Quality in LIFT primary care buildings: Briefing, Commission for Architecture and the Built Environment (CABE), 2008, <http://www.cabe.org.uk/files/assessing-design-quality-in-lift-summary.pdf>

Assessing Design Quality in LIFT primary care buildings: Survey Report, Commission for Architecture and the Built Environment (CABE), 2008, <http://www.cabe.org.uk/files/assessing-design-quality-in-life-full-report.pdf>

Better Health Buildings, Centre for Healthcare Design, NHS Estates and the Department of Health (DH), 1st May 2002, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122633

Better Public Building, Department for Culture Media and Sport (DCMS), 12th December 2006, published for HM Government by the Commission for Architecture and the Built Environment (CABE) and the Department for Culture, Media and Sport (DCMS), <http://www.cabe.org.uk/publications/better-public-building>

BREEAM Healthcare 2008 Assessor Manual, BREEAM, BRE Global Ltd 2009, 2008, http://www.breeam.org/filelibrary/BES5053-3_0_BREEAM_Healthcare1_2008.pdf

Building on the Evidence: Qualitative Research on the impact of Arts in Mental Health Care: Final Report, Norma Daykin, Ellie Byrne, Tony Soteriou and Susan O'Connor, Department of Health, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and University of the West of England, (UWE) Bristol, January 2008, <http://hsc.uwe.ac.uk/net/research/Data/Sites/1/MovingOnEval%20Jan08.pdf>

Building partnerships, creating solutions: Local Improvement Finance Trust (LIFT) Innovation Programme Review, Community Health Partnerships (CHP), Department of Health (DH) and Department for Business, Enterprise & Regulatory Reform (BERR), 2008, www.communityhealthpartnerships.co.uk/?ob=3&id=513

Business Case Approval Guidance for Primary Care Trusts with existing Local Improvement Finance Trusts, Department of Health (DH), 7th May 2009, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100618

Capital Investment Manual: Commissioning a Health Care Facility, Department of Health (DH), 1st June 1994, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4119904.pdf

Capital Investment Manual: Overview, Department of Health (DH), 1st June 1994, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4119899.pdf

Creating Excellent Buildings: A Guide for Clients, Commission for Architecture and the Built Environment (CABE), 2003, <http://www.cabe.org.uk/publications/creating-excellent-buildings>

Delegated Limits for Capital Investment, Department of Health (DH), prepared by the Capital Investment Branch, 28th November 2007, http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4127849

Department of Health: Arts/Health Group – Questions Asked by Lord Howarth of Newport, 30th April 2009,
<http://www.publications.parliament.uk/pa/ld200809/ldhansrd/text/90430w0003.htm#09043035001618>

Design Development Protocol for PFI schemes, Department of Health (DH), September 2007,
<http://www.dh.gov.uk/en/Aboutus/Procurementandproposals/Publicprivatepartnership/Privatefinanceinitiative/DesigndevelopmentprotocolforPFIschemes/index.htm>

Designed with care: design and neighbourhood healthcare buildings, Commission for Architecture and the Built Environment (CABE), 14th February 2006,
<http://www.cabe.org.uk/publications/created-with-care>

Designing for health: architecture, art and design at the James Cook University Hospital, Project Report, Macnaughton, R. J. and Collins, P. J. and White, M. and Elliott, K. and Soukas, A. and Purves, G. and Kellett, P. and Coleman, S. M. NHS Estates, London, 2007, <http://dro.dur.ac.uk/5280/>

Express LIFT: Memorandum of Information for PCTs, Department of Health (DH), 7th April 2009,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097615

Express LIFT Programme, (Presentation), Community Health Partnerships (CHP),
<http://www.communityhealthpartnerships.co.uk/index.php?ob=1&id=400>

Future-proofing Care Outside Hospital: A LIFT Toolkit for professionals, PCTs and Local Authorities, Community Health Partnerships (CHP), 2008,
<http://www.communityhealthpartnerships.co.uk/?id=62&ob=2>

Good Practice Guide: Learning Lessons From Post-Project Evaluation, Department of Health (DH), January 2002,
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4021059.pdf

Guys and St Thomas' Charity: Strategic Direction 2008/2013, Guys and St Thomas' Charity, February 2008, <http://www.gsttcharity.org.uk/pdfs/finalstrategy.pdf>

'Healing Arts - Nutrition for the Soul', Roger Ulrich and Laura Gilpin in *Putting Patients First: Designing and Practicing Patient-Centered Care: 1st Edition*, Susan Frampton, Laura Gilpin, Patrick Charmel (eds), Jossey-Bass, April 2003, p.117-146

Health Building Notes (HBNs) and Health Technical Memoranda (HTMs), Department of Health (DH), 22nd September 2005,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4119663

Hospital arts co-ordinator: an accidental profession?, Josie Aston, Wellcome Trust Fellow on the Clore Leadership Programme 2008-9, 30th September 2009,
<http://www.josieaston.co.uk/wp-content/uploads/JosieAstonCloreReportFINAL.pdf>

How will the global credit crunch impact British PPP/PFI projects?, PSCA International Ltd., Wednesday 28th January 2009,
http://www.publicservice.co.uk/feature_story.asp?id=11184

Improving the patient experience: The art of good health - A practical handbook, NHS Estates and the Department of Health (DH), 2002

Inspiring Design Excellence and Achievements (IDEAs), Department of Health (DH), 2008,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082065 and <http://ideas.dh.gov.uk/>

Invest to Save: Arts in Health Evaluation – Exploring the Impact of Creativity, Culture and the Arts on Health and Well being, Arts for Health at Manchester Metropolitan University (Arts for Health MMU), 2007,
<http://www.mirriad.mmu.ac.uk/investtosave/reports/>

Invitation to Participate in Competitive Dialogue Volume 1 Project Scope, North Bristol NHS Trust, July 2007,
http://www.nbt.nhs.uk/services/capitalprojects/80502%20%20Volume%201%20v9-WC%20DP%20RJ_%20Clean_%20DOC_2903209_.pdf

Kentish Town Health Centre: Information Brochure, Allford Hall Monaghan Morris (AHMM), 2008,
http://www.ahmm.co.uk/projects/done/done_kentish_town_care_centre.php

LIFT and Community Hospital Knowledge Transfer Programme – The Way Forward, Helen Fentimen and Graham Spence, Community Health Partnerships (CHP), 2007,
<http://www.communityhealthpartnerships.co.uk/?ob=1&id=285>

LIFT and the Arts: Newington Health Centre, Hull, Community Health Partnerships (CHP), 2008, <http://www.communityhealthpartnerships.co.uk/index.php?ob=1&id=63>

LIFT in Partnership: Wythenshawe Health Centre, Manchester, Community Health Partnerships (CHP), 2008,
<http://www.communityhealthpartnerships.co.uk/index.php?ob=1&id=75>

NHS design champions, Department of Health (DH), NHS Estates, and the Commission for Architecture and the Built Environment (CABE), 4th July 2008,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122848

NHS Design Review Panel Guidance, Department of Health (DH): Design & Costing, Estates & Facilities Division, 17th December 2007,
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078439.pdf

NHS Local Improvement Finance Trust (LIFT) Business Case Approval Process: Establishing a LIFT Company, Department of Health (DH), 22nd September 2005,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4119748

NHS LIFT guidance, Department of Health (DH),
<http://www.dh.gov.uk/en/Aboutus/Procurementandproposals/Publicprivatepartnership/NHSLIFT/NHSLIFTguidance/index.htm>

PCT Procurement Framework: Equitable Access to Primary Medical Care Local Procurements of GP Practices and Health Centres, Department of Health (DH),
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pp/documents/digitalasset/dh_081222.pdf

PROJECT: Evaluation Report, Comedia, Public Art South West, 2006,
http://www.publicartonline.org.uk/pasw/project/evaluation/documents/PROJECT_evaluation_report_final_black.pdf

Public Private Partnerships in the National Health Service: The Private Finance Initiative. Good Practice. Section 1: The Selection and Preparation of Schemes, NHS Executive, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4108142.pdf

Public Private Partnerships in the National Health Service: The Private Finance Initiative. Good Practice. Section 2: The PFI Procurement Process, NHS Executive, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4108143.pdf

Public Private Partnerships in the NHS: Modernising Primary Care in the NHS - NHS Local Improvement Finance Trust (NHS LIFT) Prospectus, Department of Health (DH) and Partnerships UK, 5th July 2001, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010358

Radical improvements in hospital design: healthy hospitals campaign report, Commission for Architecture and the Built Environment (CABE)/ICM Research, 1st November 2003, <http://www.cabe.org.uk/files/radical-improvements-in-hospital-design.pdf>

Rebuilding the NHS – A new generation of healthcare facilities, Department of Health (DH), 5th June 2007, http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_075176

Report of the Review of Arts and Health Working Group, Department of Health (DH), 4th April 2007, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073590

Speech by the Rt Hon Alan Johnson MP, Secretary of State for Health, 16 September 2008: Arts and Healthcare Event - "Open to all: mental health, social inclusion, and museums and galleries", September 2008, www.dh.gov.uk/en/News/Speeches/DH_088160

The arts, health and wellbeing, Arts Council England (ACE), April 2007, <http://www.artscouncil.org.uk/media/uploads/phpC1AcLv.pdf>

The Bristol Public Art Strategy: city centre<legible city>outer neighbourhoods, Bristol City Council, 2003, http://www.bristol.gov.uk/ccm/cms-service/stream/asset/?asset_id=24603011

The design brief framework for PFI public sector comparators at OBC stage, Department of Health (DOH), NHS Estates, October 2004, http://www.dh.gov.uk/en/Aboutus/Procurementandproposals/Publicprivatepartnership/Privatefinanceinitiative/InvestmentGuidanceRouteMap/DH_4132892

The King's Fund 2009 Budget: key points, The King's Fund, 28th April 2009, http://www.kingsfund.org.uk/topics/2009_budget.html

The NHS Plan: A plan for investment, A plan for reform, Department of Health (DOH), 1st July 2000, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4055783.pdf

The ProCure21 Guide, Department of Health (DH), NHS Estates, ProCure21 (P21), January 2007, http://www.nhs-procure21.gov.uk/content/p21_guide.asp

The role of hospital design in the recruitment, retention and performance of NHS nurses in England: Full Report, Commission for Architecture and the Built Environment (CABE) and PricewaterhouseCoopers LLP (PwC) in association with the University of Sheffield and Queen Margaret University College, Edinburgh, July 2004, <http://www.cabe.org.uk/files/the-role-of-hospital-design.pdf>

The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity, Roger Ulrich and Craig Zimring, The Center for Health Design, September 2004, <http://www.rwjf.org/files/publications/other/RoleofthePhysicalEnvironment.pdf>

Tomorrow's Hospitals: NHS design review programme, NHS Estates / Department of Health (DH), 1st January 2004, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122630

Update: LIFT Arts Programme (Hull Teaching Primary Care Trust Board Agenda Item - REPORT SUMMARY SHEET), 26th March 2009, <http://www.hullpct.nhs.uk/upload/Hull%20PCTs/About%20the%20PCT/Our%20Board/26%20March%202009/Item%2030%20Arts%20and%20Health%20in%20%20LIFT.pdf>

'Using arts to enhance mental healthcare environments', Norma Daykin, Ellie Byrne, Tony Soteriou, Susan O'Connor in *Arts & Health*, Volume 2, Issue 1 March 2010, p.33-46, <http://lancashirecare.wordpress.com/2010/04/11/using-arts-to-enhance-mental-healthcare-environments-findings-from-qualitative-research/>