

Mapping Creative Health in Norfolk and Suffolk

Exploring the challenges and opportunities to improve health outcomes



Suffolk Artlink. Credit: Gillian Allard

Research report prepared for the Norfolk and Suffolk
Culture Board by Creative Lives - March 2024



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Foreword



Louise Jordan-Hall
Chair Norfolk &
Suffolk Culture Board

We are living in times of extraordinary challenge and opportunity for the cultural sector. As local authorities look closely at the demands on their services and their ability to support culture - we see that there is overwhelming evidence of the importance of cultural participation on health and wellbeing and in building resilient communities.

The creative health movement has grown in the last 20 years into a networked, respected and powerful advocate. We are proud that Norfolk and Suffolk's cultural sector has been a significant part of that movement and has developed and delivered outstanding practice in creative health.

Commissioned by the Norfolk and Suffolk Culture Board, this report shows that our region has a vast and diverse creative health sector from nationally significant cultural leaders to a wealth of flourishing grassroots delivery. We recognise that there is an urgent need to work together, embrace diversity, keep quality

at the forefront of all work and grow the sector by building even stronger connections with health colleagues.

By working together we can make creative health more than the sum of its parts; there is clearly an opportunity for pooling evidence and evaluation, learning, scaling, innovative collaborations, sharing resources, simplifying communications and creating one voice in the creative health sector in the region.

This report has 8 compelling recommendations that reflect on the Board's:

- Deep respect for creative practitioners, the need to support their development and their wellbeing;
- Strategic role in convening high level partnerships (local, regional and national) with health partners, Universities and creative health leaders;
- Commitment to data driven development and compelling evaluation;
- Recognition that there is a need for a network of creative health hubs in the region.

We are working strategically to deliver these recommendations and we are excited to see this work grow and build. By working across sectors to do this, we will develop more knowledge, more innovation and stronger outcomes in both preventing poor health and also in enhancing wellbeing for our communities.

We anticipate that after reading this review, you will join that journey with us in recognition of our shared values.

01. Executive Summary

This report highlights how creative interventions from arts, culture and heritage can meet health and wellbeing outcomes in a safe, evidence-based and cost-effective way. Norfolk and Suffolk host a wide range of nationally (and internationally) recognised creative health activity, that delivers innovative health solutions to tackle a range of physical health, mental health and wellbeing issues. This report reveals how the creative health movement in Norfolk and Suffolk has been led by a vibrant cultural sector, which now seeks further strategic partnership and investment from health colleagues to build on this emerging activity that has huge potential to improve health outcomes across the life course for people in the region. This report demonstrates that creative health can provide a complementary approach to medical interventions that has yet to be fully realised across Norfolk and Suffolk.



Mapping the creative health sector summary

The mapping exercise found over 163 creative health opportunities, evenly split across Norfolk and Suffolk. We predict there are many more voluntary and community groups operating at a hyper-local level that are not currently included. Of the 163, the majority are charities and/or arts organisations delivering multi-art-form activity. Our survey showed that 90% want to increase delivery. Creative health activity in Norfolk and Suffolk was found to predominately support older people (65+), younger people (16-25), children (under 16), people with low-level mental health/wellbeing issues, and people at risk of loneliness. There are potential gaps for maternity care, religious groups, gender-specific groups, people at risk of homelessness, and people within, or at risk of being in, the criminal justice system. Rural challenges for delivery and access are ongoing for the region. Most of the creative health activity in Norfolk and Suffolk is categorised as ‘General, without specific health and wellbeing outcomes’ (47% of respondents). The second most cited, at 46%, was work ‘Targeted at specific vulnerable groups’, 23% delivered work ‘Targeted at a specific clinical aim’, and 15% of respondents described their work as ‘Arts Therapy’.



Investment and funding summary

The funding and commissioning landscape is complex and changing at a rapid pace as new Integrated Care Partnerships (ICPs) embed and interplay with evolving Public Health systems and the NHS both locally and nationally. Local Authority and Arts Council Funding is also under increasing pressure, placing further demands on limited resources. We found evidence of significant funding from arts, culture, and heritage supporting health and wellbeing outcomes. This report illustrates that current funding models are unsustainable, as funding for creative health is currently through short-term arts and heritage grants, trusts and foundations, and earned income, rather than long-term investment from health commissioning.



Good practice and training needs summary

Clear training and workforce development needs were identified for both the cultural and health sectors. For the cultural sector these included confidence in working with vulnerable groups; understanding health systems; and business skills including bid writing, partnership-building, and evaluation. The need for pastoral support for artists working in very challenging situations was also raised. For the health sector these included awareness and understanding of national evidence on the impact and role of creative health, and an understanding of the cultural sector's funding.



Evaluation and research summary

We also found evidence of local providers being involved in nationally recognised, high-quality research with statistically significant results on health outcomes. We also found a varied approach to evaluation with most of the creative health activity in Norfolk and Suffolk using 'Internally designed processes' (73%), followed by the 'Warwick Edinburgh Scale' (34%).



DanceEast - Dance from Home

Summary recommendations



1. Build on current excellence

Norfolk and Suffolk should strive to become a national creative health zone with clearly identified creative health hubs.

2. Meet the health needs in Norfolk and Suffolk effectively

The creative, health and social care sectors need to co-design creative health solutions. Where there are gaps in provision, solutions from outside the region should be explored to expand regional expertise.

3. Establish new funding models that recognise investment from the cultural sector

Larger creative health or voluntary sector organisations (or the Culture Board itself) should lead new ambitious creative health consortia or partnerships, so activity can be delivered at scale. Alongside this, there needs to be regular light-touch grant funding available for grassroots providers.

4. Create formal strategic join-up and good practice networks

High-level, formal strategic links and positions need to be further established through existing creative and health structures, and networks in both Norfolk and Suffolk.

5. Invest in training and professional development to improve practice

The Culture Health & Wellbeing Alliance (CHWA) principles need to be adopted throughout. The Culture Board and the health and social care sector should invest in joint training to address gaps.

6. Improve monitoring and evaluation

Where appropriate, creative health delivery should adopt standardised tools to measure impact such as the Warwick Edinburgh Wellbeing scale or the Norfolk & Waveney or Suffolk Mind tools.

7. Build University partnerships to improve practice and build the local evidence base

Creative health delivery needs to link more strategically with universities across Norfolk and Suffolk and specifically the current MA in Medical Health and Humanities at UEA, which presents opportunities for professional development and research.

8. Use data more effectively

The culture and health sectors should build on the mapping resource built by this review, to initiate a 'creative health database', which can be used as both a commissioning and partnership finder tool.

See more detailed version on page 52

03. About this report

Creative Lives was commissioned by the Norfolk and Suffolk Culture Board to map the current creative health provision and explore the role and potential impact of creative health across Norfolk and Suffolk. This is in the context of the Culture Board's Manifesto - [Culture Drives Impact report](#), published in 2022, which identifies 'health and happiness' as a core objective. To learn more about Creative Lives and the members of the Culture Board please see appendix 10.1 and 10.2. Creative Lives brought together a team of experts including Nikki Crane (King's College London) and Llewela Selfridge (museums and heritage researcher, with lived experience of life changing arts therapy and family therapy during cancer treatment). Jess Plant (Creative Lives, England Director) led the project with support from Gareth Coles and Rosa Torr from Creative Lives. Creative Lives also worked with [Data Culture Change](#) to explore postcode and health outcomes data. The team has also collaborated with the East of England Creative Health Associate Olivia Dean from the National Centre for Creative Health (NCCH) to ensure this report has a legacy. This team brings a wealth of unique experience both practical and personal to exploring the role creative health can play in improving health outcomes in Norfolk and Suffolk.

This work has been funded by Arts Council England, Norfolk County Council, Suffolk County Council and Norfolk &

Waveney Mind. The activity has been supported by an active Working Party (appendix 10.3) made up of experts from across the region.

The project explored four questions:

- What is the current activity being delivered in the creative health sector across Norfolk and Suffolk and how is it being funded, reviewed, and sustained?
- What does good practice look like in creative health and how can it be defined, shared, and potentially scaled up?
- What are the workforce and volunteer needs in terms of support and skills development?
- How can we make the case for creative health stronger in the region and what strategic levers can be drawn on to ensure future investment?

Throughout this report, we have featured several case studies, which seek to demonstrate the rich variety, scale, and quality of creative health provision in Norfolk and Suffolk. These case studies demonstrate the potential of creative health in improving health outcomes across the county, which if fully realised could be transformational.

Who is this report for?

This report is for both health colleagues and the cultural sector in Norfolk and Suffolk. This includes the NHS, Health and Social care and Public Health who are responsible for improving health outcomes in Norfolk and Suffolk. It also aims to inform artists, practitioners and creative, heritage cultural organisations and VCSEs with an interest in health and wellbeing outcomes.

Methodology and approach

This project ran from June 2023 to March 2024. Creative Lives adopted a co-production and collaborative approach to this brief, working with the creative health sector in Norfolk and Suffolk. Including speaking to health professionals, consultants and commissioners from across health and social care and public health. Creative Lives' values of self-directed creative activity, equality and pooled knowledge and resources inform all its work. Creative Lives carried out over 38 interviews, five focus groups with 126 participants and conducted a survey with 100 responses. You can learn more about our methodology and data-capturing approach in Appendix 10.4.



Norwich Theatre - Theatre Cares ETO workshop

04. Definitions and Good Practice

It is important to understand what we mean by creative health to map provision and explore its potential. In December 2023 the National Centre for Creative Health (NCCH) and the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW) published the [Creative Health Review: How Policy can Embrace Creative Health](#). This report includes definitions, case studies and a call to action for national cross-departmental working. In September 2023 the Culture Health and Wellbeing Alliance (CHWA) published a [Creative Health Quality Framework](#). Both these leading national networks, who play a pivotal role in driving the creative health agenda, adopt the following definition:

The National Centre for Creative Health defines Creative Health as creative approaches and activities which have benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening; approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Creative health can be applied in homes, communities, cultural institutions and heritage sites, and healthcare settings. Creative health can contribute to the prevention of ill health, promotion of healthy behaviours, management of long term conditions, and treatment and recovery across the life course.

We support the implementation of the above definition as a mechanism to enhance clarity and professionalism across the sector in Norfolk and Suffolk. We recommend that the Norfolk and Suffolk Culture Board drive the adoption of this definition across the culture and health sectors. This approach enables the region to be part of the national dialogue and will foster a more collective understanding across delivery, research, and commissioning processes in Norfolk and Suffolk. We also support the new [NCCH Creative Health Toolkit](#), which was launched in early 2024 in partnership with Integrated Care Systems across the country.



Road to Recovery

CASE STUDY 1



Spotlight on: Community-based early intervention partnerships project

JOY AT THE JOB CENTRE

Joy at the Job Centre is a programme of creative activity developed through collaboration between Colchester and Ipswich Museum Service and Jobcentreplus. The events are conceived, planned and delivered with various creative partners for example DanceEast and New Wolsey Theatre. Targeted Jobcentreplus customers who are experiencing difficulties are invited to come and have fun via creative sessions with the children they care for in a safe and supportive setting. Both adults and children may also have disabilities or additional needs. The creative activities change every day and there are community support organisations available to offer information and support to families at their most difficult and vulnerable times. Originating in Ipswich, the programme is rolling out across centres in Suffolk. The aim is to support families with creative activities, to make the challenging but crucial environment of the Job Centre less

hostile and support the wellbeing of Jobcentreplus customers and families. The Jobcentreplus lead said:

“Working on the creative activity side by side has elicited more information about families in need than 6 months of seeing them across a desk.”

The project boosts confidence, family cohesion and presents a glimmer of joy in sometimes very dark places, reducing stress and anxiety and boosting wellbeing. The project provides an opportunity for health workers to access and signpost help for the people most in need.

“One family included an eight-year-old girl with autism, who was a selective mute and communicated only with her mum. After two days of attending Joy at the Jobcentre, she was so excited about what she made and done, she spoke to her grandmother to tell her about it. Through the power of supporting a young person to express herself creatively her grandmother had heard her granddaughter speak for the first time in three years.”

Philip Carter-Goodyear, JCP UC Service Delivery Team Leader

To learn more:

[Guidelines for Creating Joy at the Job Centre](#)

Funding sources:

Festival Bridge, Suffolk Family Focus, Ipswich Education Partnership, DWP / CIMS and grants and funding bids.



05. Why Creative Health?

Nationally, Creative Health has become a strong, effective, and united force, and through recent major developments in the sector now, more than ever, creative health has the potential to help tackle pressing issues across health, social care and public health priorities. The overriding premise for the work is that creativity is essential to the wellbeing of individuals, communities, and systems. Prevention and early intervention are key areas for health and social care to fully realise the potential of the arts, culture, and heritage. There are opportunities for embedding creative health in person-centred, holistic, place-based approaches to the health agenda, including [Social Prescribing](#) - a major national agenda to improve population health outcomes via communities. If a mutual understanding of the benefits of creativity is to grow, a focus on joint commissioning, training, and skills development that brings health and culture professionals together, is essential.

The [Creative Health Review – How Policy Can Embrace Creative Health](#) report makes recommendations to the Government and Metropolitan Mayors for a dedicated cross-departmental strategy on Creative Health. The review gathered evidence and examples of the benefits of creative health, in relation to major current challenges including Mental Health and Wellbeing across the life course; Health Inequalities; Creativity in the Education System; Social Care;

End of Life Care, and Bereavement and Recovery from COVID-19. The following key messages arise from the review and echo our local findings and recommendations:

- Creative Health is fundamental to a healthy and prosperous society, and its benefits should be available and accessible to all.
- Creative Health should form an integral part of a 21st-century health and social care system – one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for Creative Health to flourish requires a joined-up, whole-system approach, incorporating health systems, local authorities, schools, and the cultural and VCSE sectors.



Dereham Creative Socials, Creative Arts East

Creativity works - here is the evidence

Rigorous evidence that creativity can have a positive impact on health outcomes is comprehensive and growing.

There is now a large body of research that consistently shows a positive link between better health and wellbeing and time spent taking part in art, nature, exercise, music, creative, expressive, social, or philosophical activities. The Creativity, Health and Wellbeing Alliance (CHWA) has collated the key evidence across the sector on their [Research and evaluation webpage](#). This evidence also shows that these activities can facilitate good health and wellbeing for those with long term physiological or psychological conditions. The National Academy for Social Prescribing has also created [a useful briefing on the use of arts and culture](#) and suggests creative health can have the biggest impact with: mental health service users; migrants; underserved populations; those who live in deprived areas with less access to community resources, or from low socioeconomic backgrounds; as well as people who are lonely, socially isolated and; older adults with cognitive decline (for example problems with memory, reasoning, and language).

The World Health Organisation 2023 report '[What is the evidence on the role of the arts in improving health and well-being? A scoping review](#)' looked at the results from over 3,000

studies and identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan. The UK government's [Evidence summary for policy: The role of arts in improving health and wellbeing](#), found - 'there is strong evidence that arts can support wellbeing in adults'.

National creative health programmes such as [AESOP's Dance to Health](#) for older people and falls prevention, offer the health system an effective and cost-effective means to address the issue of older people's falls, reducing falls by 58%.

Led by King's College London the [SHAPER - Scaling-up Health Arts Programmes: Implementation and Effectiveness Research](#) is demonstrating statistically significant evidence that creative health interventions can impact outcomes in reducing postnatal depression, improving motor function, decreasing pain, and improving non-motor symptoms of Parkinson's and strokes.

Creative Arts East has created an easy-access reading list of the top local and national creative health evidence available (see Appendix 10.7).

CASE STUDY 2



Spotlight on: Scaleable activity in heritage, museums and library services

RESTORATION TRUST WITH NORFOLK RECORD OFFICE: Scaling Up Change Minds (Norfolk)

Change Minds is a heritage-based approach, using community archives to improve mental wellbeing and build social connection. During a Change Minds programme, there are twelve, three-hour long workshops, facilitated by a project coordinator, a creative practitioner, and supported by local mental health staff. These professionals work with groups of 8-16 people to investigate carefully chosen records of people who were mental health patients in the past.

Scaling Up Change Minds is gathering evidence to support a national roll-out of the programme as a social prescription designed to improve the wellbeing of people who live with mental health challenges. The approach and methodology

have been manualised in order to share the way of working and offer broader opportunities for engagement.

Research by Dr Scaife (2017) and Prof. McArdle (2021) shows that Change Minds has positive wellbeing outcomes for people living with serious mental health problems. Longitudinal evidence, while not statistically significant, suggests that impact persists after the intervention ends.

There have been six Change Minds iterations and the development of a 'Hub' of online resources and offline advice to support future iterations and allow the programme to be manualised. The programme uses standardised validated mixed-methods research measures, including the Warwick Edinburgh Mental Wellbeing Scale. This enables the ongoing accumulation of high-quality, statistically robust, quantitative, and qualitative data addressing the research question: Does Change Minds improve the wellbeing and mental health of people living with mental health challenges who take part in the programme in a cost-effective and efficient way?

“Community heritage is a powerful wellbeing tool, promoting wellbeing through forging a link between identity and archives; developing social relationships between participants; facilitating learning; promoting key resilience factors; developing creativity;

developing empowerment and critical energy; promoting a voice for vulnerable people and making that voice heard.”

(McArdle 2021)

“There is a stigma around mental health, but here you are presented with information about someone being admitted and have learned about them as a human being even with that diagnosis.”

(Project participant)

Funding sources:

National Lottery Heritage Fund

[Change Minds Hub](#)

[Link to external evaluation](#)



Suffolk Libraries

Suffolk Libraries is the only known library service in the UK with a dedicated mental health and wellbeing programme, which includes a variety of services such as Open Space, an open drop-in session for people to connect, reduce loneliness and for anyone who wants to better understand and enhance their personal mental health and wellbeing. In 2023, Open Space had over 3,861 participants across 317 sessions in 8 locations in Suffolk. These figures are not inclusive of the additional 887 events in libraries supporting mental health and wellbeing in 2023.

Suffolk Libraries has been working with Suffolk Artlink, the Association for Suffolk Museums and the Integrated Care Board (ICB) to deliver 12-week courses which support people with complex needs, who have been referred to the activity via their GP. Suffolk Libraries works closely with emerging artists to bridge the gap between amateur and professional practice and the libraries established artist development programme led on the first phase of this project to upskill six participatory artists to equip them with the skills to support people with complex needs - training included: Suffolk Needs Met (Suffolk Mind), Mental Health First Aid Training, communication for wellbeing training, Safeguarding training.

This training model has since been used to upskill artists for other areas of the organisation, including the Storyteller in Residence, Environmentalist in Residence and The Blank Page project, a holiday art club for children and young people between the ages of 10–16 years, ensuring the principles of best practice are echoed in all areas of working.

This model has the scope to be scaled-up locally but also recognised as a national model as a creative health hub.

Partners and funders

Norfolk and Suffolk NHS Foundation Trust, Julian Support, Richmond Fellowship and Suffolk Mind.



06. Mapping creative health in Norfolk and Suffolk - the needs and a snapshot of activity

About Norfolk & Suffolk

Norfolk and Suffolk are neighbouring counties in the East of England. They are broadly similar in terms of demographics and health needs, although with independent and specific challenges. The two counties are often perceived as wealthy compared to the rest of England but have distinct social and economic issues relating to the specific geographical location and rurality. In both counties, there is lower than average educational attainment and an ageing population.

Norfolk summary of population

There are currently 916,120 people living in Norfolk according to [Norfolk Insights](#). New data from the 2021 Census shows how the county is changing. The population is getting older – median age has risen from 43 to 45 between 2011 and 2021 (England rose from 39 to 40). In 2021 24% of Norfolk residents were over 65 compared to 18% in England. This also corresponds with being more likely to be retired – up from 27.3% to 28.0% (England increased too, from 21.2% to 21.5%).

Norfolk is also becoming slightly more ethnically diverse – respondents identifying as White falling from 96.5% to 94.7%. In the same period, the figure for England fell from 85.4% to 81.0%. It is also becoming less economically active – down from 59.9% to 56.7% (England also falling from 63.6% to 60.9%). Compared to England as a whole, it has a lower population density and most of Norfolk doesn't fall into the 30% most deprived neighbourhoods in England. Two Districts (Broadland and South Norfolk) have no Lower Super Output Areas that were classified as being in the top three deciles of the Index of Multiple Deprivation (IMD) in 2019. In contrast, King's Lynn and West Norfolk has 27 (of 89), Norwich has 41 (of 83) and Great Yarmouth has 32 (of 61). Kings Lynn and West Norfolk, Breckland, North Norfolk, and Great Yarmouth have all been identified as [government 'levelling up for culture' places](#).

Norfolk Health priorities

The Norfolk and Waveney Integrated Care System, [Core20PLUS5](#) looks at the most deprived 20% of the national population, as identified by the index of multiple deprivation.

The strategy identifies 5 key clinical areas, for adults, this is maternity continuity of care, severe mental illness, respiratory conditions, early cancer diagnosis, and high blood pressure. For Children and Young Adults, the focus is on asthma, diabetes, epilepsy, oral health and mental health.

Health and wellbeing across Norfolk is summarised in the [Joint Strategic Needs Assessment \(JSNA\)](#): ‘In 2019 the under 75 mortality rate for Norfolk was slightly higher than England. The inequality in life expectancy for men and women in Norfolk is lower than England and East of England.

‘In Norfolk it is estimated that alcohol and obesity contribute about 17,000 hospital admissions per year. This equates to 19 admissions per thousand people, in England this rate is on average 17 admissions per thousand people. The smoking prevalence in Norfolk is higher than England and the East of England and the Norfolk district with the highest rate is Great Yarmouth.

‘The percentage of adults classified as overweight or obese has remained stable over the past three years at approximately 60%, very similar to England. The rate of sight loss due to diabetes is similar to that of England.’

Mental health

The Norfolk Joint Strategic Needs Assessment (JSNA) also provides insights into the mental health needs of the region. It draws on the latest ONS research and shows that in Norfolk currently ‘between 5% – 13% of adults will often, or always, be feeling lonely’ and that. ‘Of all the users of adult social care, [49.3% report that they have as much social contact as they would like](#)’.

The JSNA mental health analysis highlights that:

‘According to the Annual Population Survey in 2019/20 Norfolk had a greater percentage of people with high anxiety (24%) and roughly the same percentage of people with high happiness (74%) as England in the same time period.

‘The estimated prevalence of common mental disorders in people over 16 years old in 2017 was approximately 16% compared with 17% in England over the same time period. Estimates predict this to be approximately 98,100 people aged 18 to 64 in Norfolk in 2020 rising to 101,450 in 2040.’

Working with the JSNA data the Norfolk and Wavney Health and Wellbeing Board and Integrated Care Partnership will produce a forward plan in the summer setting out new priorities.

Suffolk summary of population

The 2021 Census reported that Suffolk was home to 760,688 people and that the average age of the population had increased during the previous decade. Compared to England as a whole it has a lower population density and most of Suffolk doesn't fall into the 30% most deprived neighbourhoods in England. Mid Suffolk has five (of 56) Lower Super Output Areas that were classified as being in the top three deciles of the Index of Multiple Deprivation (IMD) in 2019. Babergh has two (of 54). East Suffolk has 30 (of 146) and Ipswich has 39 (of 85). The median age has risen from 42 to 45 between 2011 and 2021 (England rose from 39 to 40). In 2021, 24% of Suffolk residents were over 65 compared to 18% in England. It is also becoming slightly more ethnically diverse – respondents identifying as White falling from 95.2% to 93.1%. In the same period, the figure for England fell from 85.4% to 81.0%. It is also less economically active – down from 62.7% to 58.8% (England also falling from 63.6% to 60.9%) and people in Suffolk are more likely to be retired – up from 25.4% to 27.1% (England increased from 21.2% to 21.5%).

Health priorities in Suffolk summary

[The 'Suffolk +20' report](#) states that Suffolk's ageing population is ageing very fast. The total population of Suffolk is set to

increase by 7% over the next 20 years but the proportion of older people is set to increase by 34%. In 2022, 1 in 4 people were aged 65 and over (5 years ago it was closer to 1 in 5). In 20 years' time, 1 in 3 people are expected to be aged 65 and over. A population that is living longer represents a success story in many ways. However, it does put significant demand on the working population and on health and care provision in the region.

The [Suffolk Joint Strategic Needs Assessment](#) (JSNA) highlights that despite the relative affluence of Suffolk, the County has poorer educational outcomes compared to national averages. There is a need to focus on improving early years support (before the age of 5), as well as attainment in Suffolk. Health conditions become more common as age increases, and older people are likely to experience multiple health conditions (multi-morbidity). It is expected that there will be a higher prevalence of long-term conditions e.g. heart disease, diabetes and hypertension, over the coming years. Loneliness and isolation may also increase. The number of people living with dementia in Suffolk is likely to increase by nearly half (49%) in the next 20 years; and most of these new cases will be in people aged over 85. All these factors will increase demand for health and care services. Multi-morbidity, is a key driver to health care costs and waiting lists. A [Health Foundation report in 2019](#) found that 51% of all costs are attributable to the top

5% most complex patients. However, many long-term conditions are preventable. There is therefore an emphasis on improving the health of the population throughout their lives, with a particular a focus on mid-life prevention.

Mental health

Mental health needs are trending upwards within Suffolk, with an estimated 82,600 people recorded as having depression (aged 18 and over). This does not include the increase in mental ill-health in children and young people. It should be noted that the average age for the onset of mental ill-health is 14. Suffolk's hospital admissions for self-harm are statistically significantly higher than national averages. COVID is thought to have had a negative impact on these figures. There is a disparity between coastal incidence of poor mental health, central and more affluent areas of Suffolk. According to Young Minds (2023)[8]. The average waiting time to be referred to CAMHS (Child and Adolescent Mental Health Service) was 2 years in 2022. Norfolk and Suffolk Mental Health Care Trust was rated 'Inadequate' in 2021 and 'requires improvement' in 2022. There is an on-going enquiry into the number of deaths of mental health patients within the system.

(NB - Maps 2, 3 and 4, examine health census data at super output area level.)

The JSNA data and the [Fingertips Health and Wellbeing Data](#) in both Norfolk and Suffolk is free and available to use to understand local health needs in local areas.

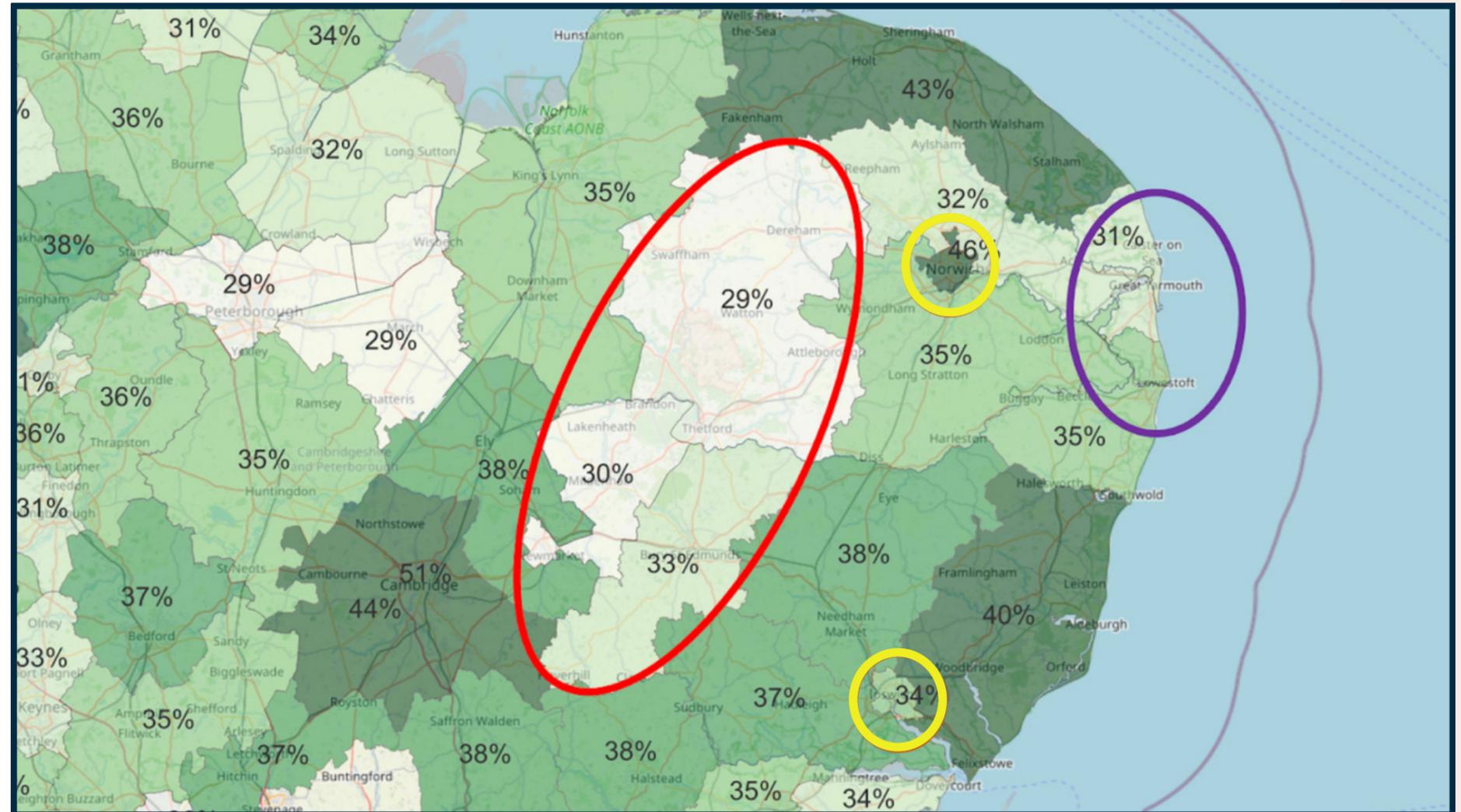
Health structures in Norfolk & Suffolk

The complexity of health and social care provision and commissioning structures plays a large role in how creative health operates across the two counties. The Norfolk and Waveney Integrated Care System (ICS) and the Suffolk and North East Essex Integrated Care System cover different regions to both Public Health and Arts Council England delivery areas. There is a complex, multi-layered ecology of health commissioners across the region with different responsibilities, properties and governing structures. County Councils have the remit for public health and additionally there are county NHS priorities. The [NHS Core 20](#) reflect National priorities, which targets the 20% of the population with the highest needs. There are regional differences in approach and priorities within the commissioning bodies. This complex commissioning structure presents challenges as there are varying audiences with different priorities and geographical boundaries to consider. We have included a diagram (appendix 10.5, which is a work in progress) to help illustrate the complex health structures in Norfolk and Suffolk. Appendix 10.6 includes further definitions and clarification.

Creative health activity in Norfolk & Suffolk

Mapping creative engagement

Working with Data Culture Change, Creative Lives looked at the [Active Lives data](#), which measures the uptake of creative activity per region. This was then compared with census data to look at areas with high deprivation and identified poor health outcomes. Map 1 indicates areas of low creative engagement, compared with the national average of 37%. Three areas of specific need were identified as significant across the two counties. These are outlined below.



Map 1: indicating Active Lives data (participating in creative activity averages)

1. Rural Need (inland)

Circled in red on Map 1

In West Suffolk (previously Forest Heath and St Edmundsbury) and Breckland and other inland rural towns and villages across the two counties, there are low levels of participation, mapped with high levels of deprivation and health needs. It is worth noting the Arts Council England, Creative People and Places project known as Market Place, operates to address low levels of cultural participation in some of these areas.

2. Coastal areas with poor health outcomes: Great Yarmouth & part of Suffolk Coastal (previously Waveney)

Circled in purple on Map 1

In coastal areas there are both high levels of deprivation and low creative engagement figures. We are seeing significant creative and regeneration activity happening in Great Yarmouth and Lowestoft. Capturing the impact of creative health activity taking place in these areas may provide a useful evidence base for the future.

3. Urban Diversity: Ipswich and Norwich

Indicated as yellow on Map 1

While Norwich and Ipswich have high levels of creative engagement this is not universal; both urban areas have some areas of high deprivation. Further granular analysis of Census data is likely to reveal areas with high proportions of new arrivals, single person households, people who identify as LGBTQ+ and single-parent households. Working in a targeted way within these urban regions could help to address gaps within creative health provision.

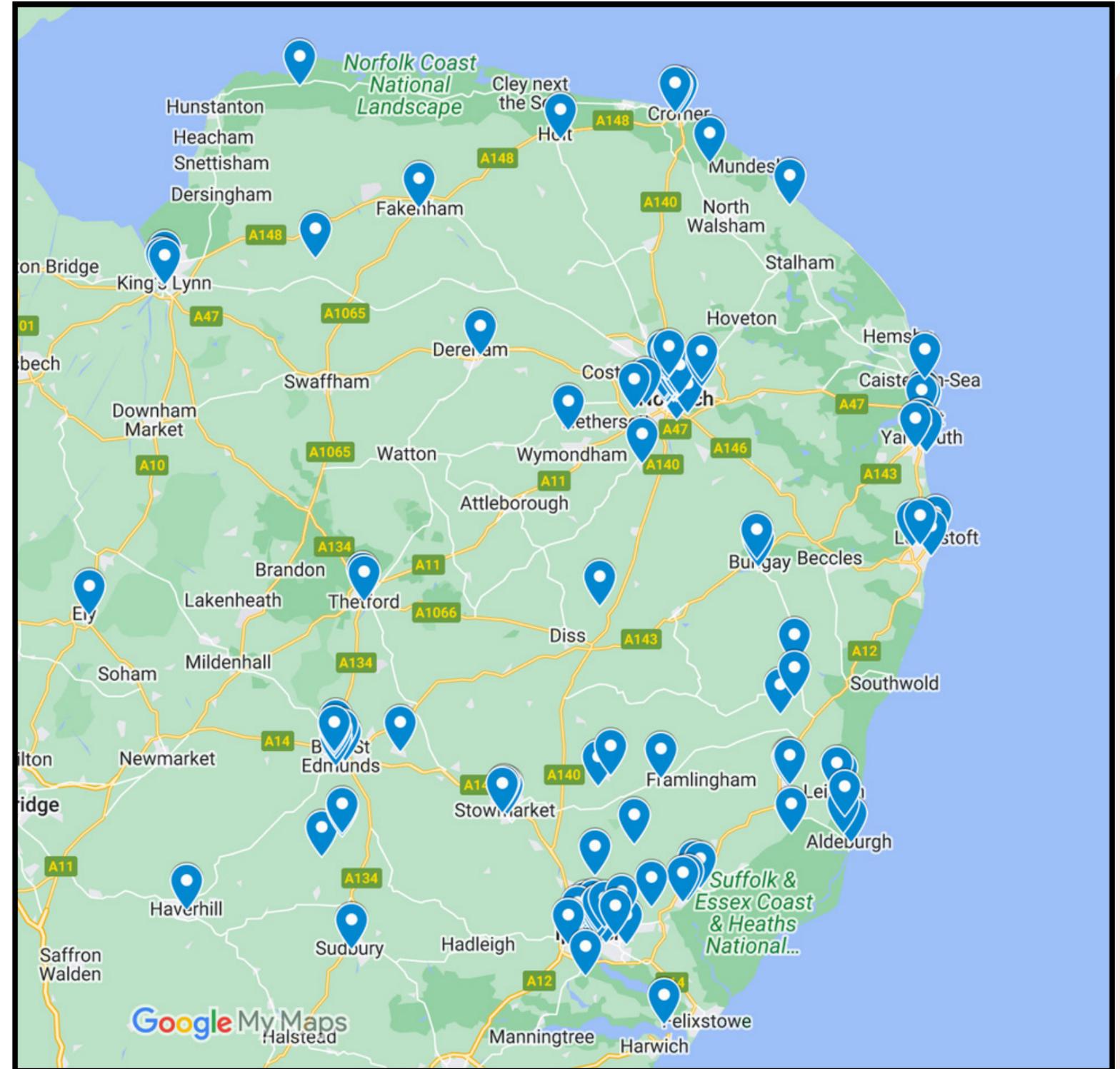


Norwich Theatre - Sing, Dance, Play

Mapping

In the time available the mapping exercise (collated via desk research and field work) of Norfolk and Suffolk revealed 163 creative and cultural organisation, groups, and opportunities to be creative, operating within the creative health definition across the region. [You can view an interactive map here.](#)

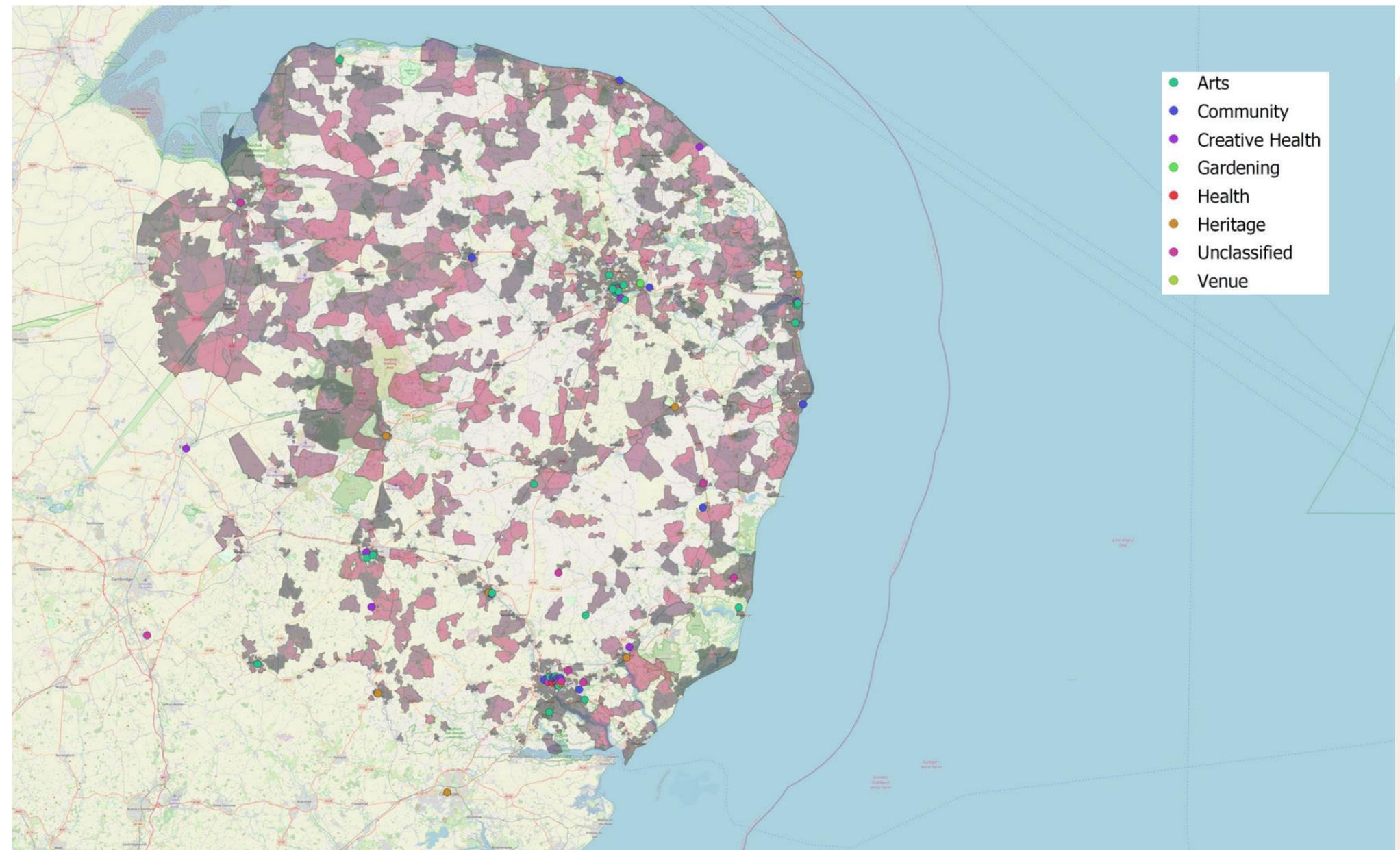
We predict there to be many more community-led creative groups operating at a hyperlocal level.



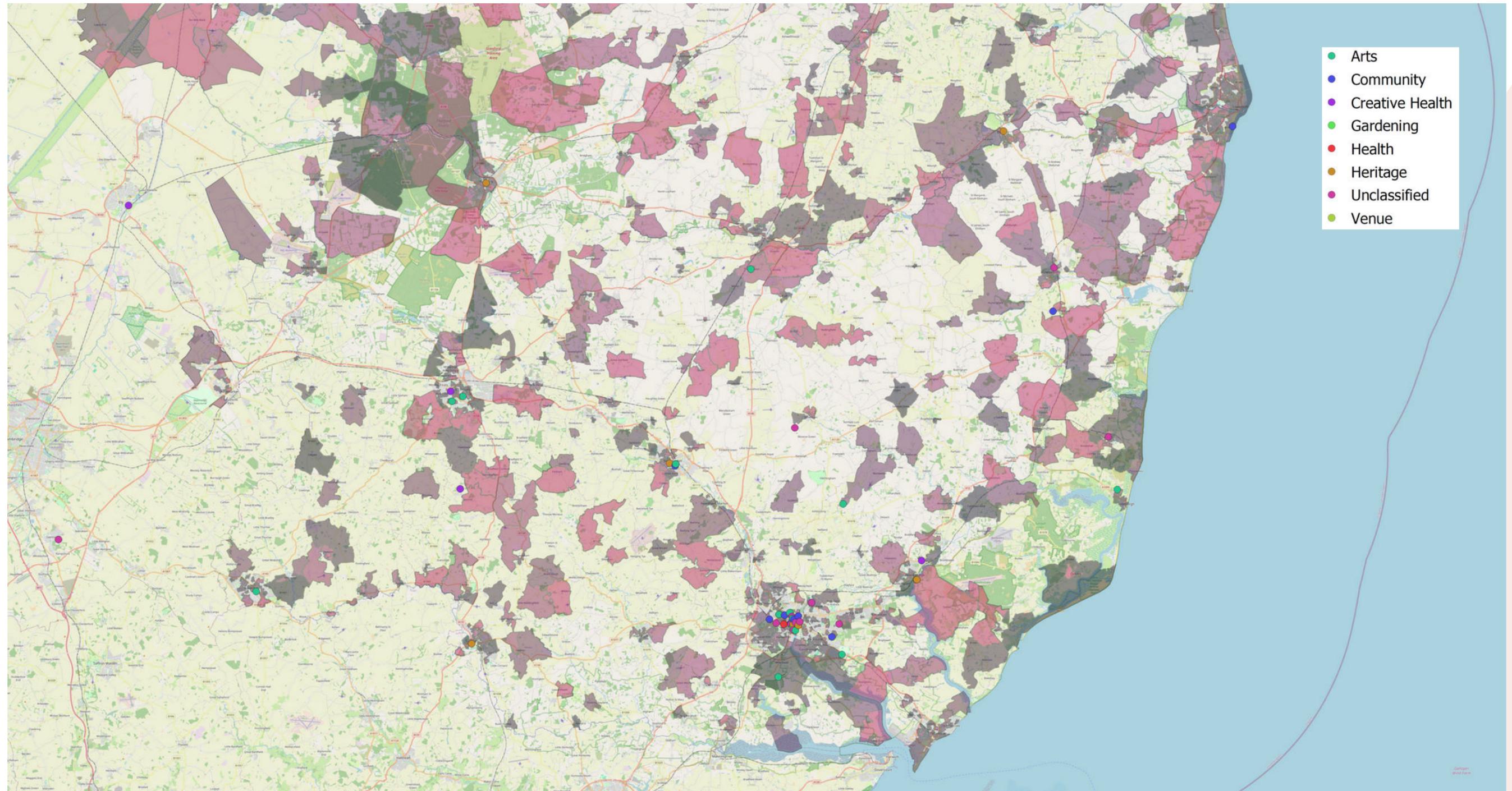
Map 2: The 163 creative health opportunities found

Delivery

The postcodes used for the mapping exercise are limited as they are based on creative health addresses rather than service users engaged, or where delivery took place. However, the maps still indicate that creative health organisations are reaching areas of high need in terms of health outcomes and deprivation, as well as gaps.



Map 3: Mapping creative health delivery against reported health outcomes across Norfolk and Suffolk



Map 4: Mapping creative health delivery against reported health outcomes in Suffolk



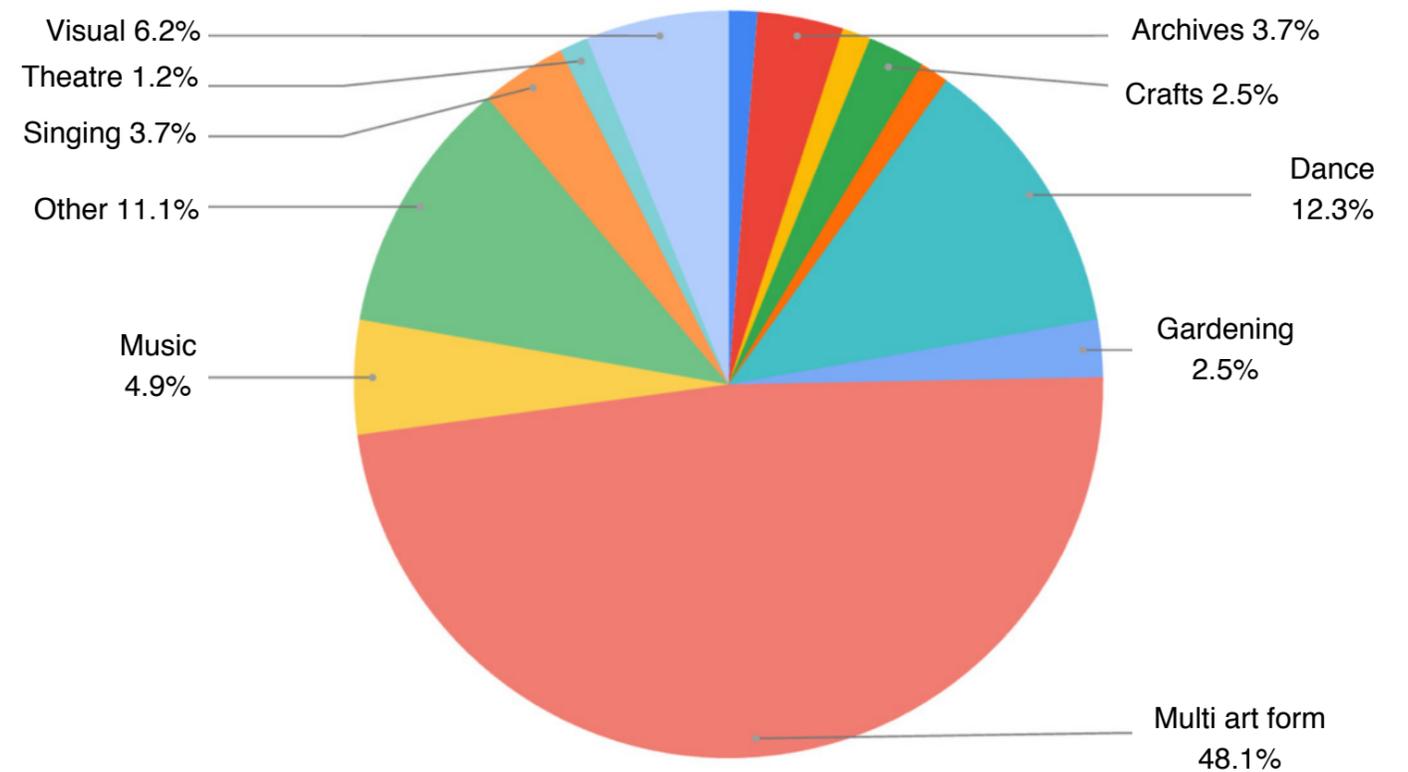
Map 5: Mapping creative health delivery against reported health outcomes in Norfolk

Map information

The creative health organisation/opportunities are indicated by the coloured circles via their primary address. The Legend explains the categories of organisations and their different colours. The levels of self-reported 'poor' or 'very poor' health are indicated by the coloured "heat" shadings. The darker the shading, the higher the proportion of the population that reported their health as poor or very poor. Only 50% of areas in Norfolk and Suffolk with the highest proportion of 'poor' or 'very poor' health are shaded. The data comes from the 2021 Census. The data is reported at the most granular level available (called Output Areas). On average Output Areas are home to around 125 households. Additional research to look at creative health delivery postcodes mapped against health outcomes at a hyper-local level could be beneficial.

Area of operation

Where an organisation or group's base or area of operation is clear, there is an even split across Norfolk and Suffolk, with 46% operating in Norfolk and 45% operating in Suffolk - with the remaining 9% operating across both areas. One example of a national organisation working across both regions is The Reading Agency, who are currently delivering the roll-out of an 'activation programme' linked to its longstanding [Reading Well](#) programme, which comprises lists of books to support health and wellbeing.



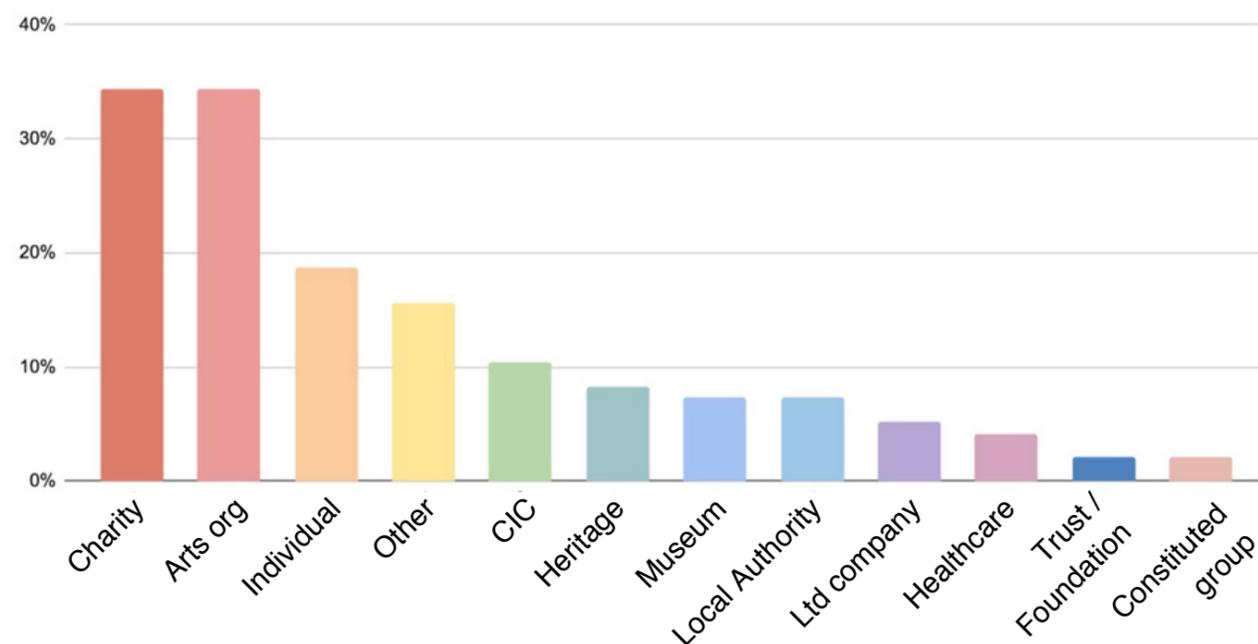
Artforms

Data collected via the mapping exercise revealed creative health interventions work across a diverse range of artforms including theatre, dance and music heritage, and work is being carried out in the broader definition including gardening, nature work and cookery.

The survey data also found that of the creative health organisations who responded, 38% use a mix of art forms. Of those working in a single artform, the most frequently cited were dance, visual arts and music, reflecting the region's track record in these art forms.

Types of creative health providers

The survey found that respondents described their organisations mostly as either charities or arts organisations. CIC's, freelancers and heritage and museum organisations also contribute towards the creative health offer in the region.



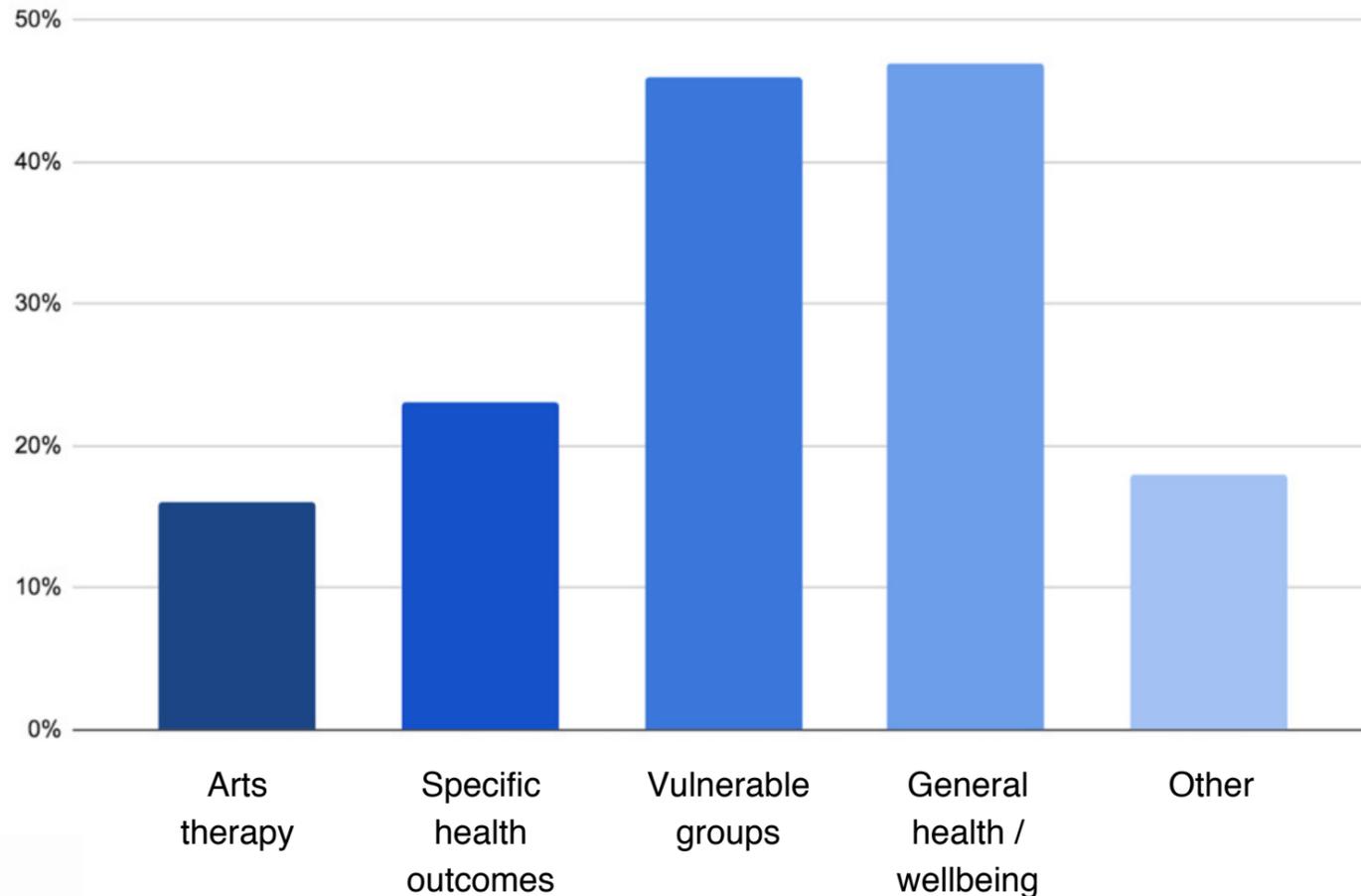
Definitions expanded

The Creative Health definition explained at the front of this report and adopted by NCCH and CHWA is deliberately broad to encompass the rich ecosystem of activity. Within this definition, however there are different categories or 'types' of creative health activity. The table below describes the spectrum of activity within the Creative Health sector built on observations from the Social Biobehavioral Research Group at UCL, which may be useful for practitioners and commissioners. Please note this is not a published tool or model, but was adopted within this report as a useful guide.

Type of creative health activity	Explanation
Arts therapies	Targeted therapies in health care settings delivered by therapists/clinicians. Art therapy delivered by NHS or private providers
Arts, heritage and museums work for health outcomes	Artists/practitioners and clinicians, working towards a defined clinical aim
Arts, heritage and museums learning and outreach programmes	Arts, heritage and museums organisation reaching out to community to specific vulnerable groups
General arts, heritage and museums engagement, which may have the added value of a wellbeing outcome	Arts and cultural experiences without health and wellbeing aims

Categories of creative health activity

The majority of survey respondents categorised their creative health activity as 'General, without specific health and wellbeing outcomes' (47% of respondents). Second most cited, at 46%, was work 'Targeted at specific vulnerable groups'. 23% delivered work 'Targeted at a specific clinical aim', and 15% of respondents described their work as 'Arts Therapy'. This finding presents an opportunity, as health commissioners spoke of wanting targeted approaches addressing discreet named health outcomes. There is therefore work to do to support the creative sector to better describe, name and capture the activity they deliver and the health outcomes it seeks to address.



(NB. The percentages don't add up to 100 as there is some overlap in responses, e.g. some respondents undertaking different creative health activities within different categories.)

Who is currently being supported by Creative Health and where are the gaps?

Via the survey we asked respondents if their health work prioritised any particular characteristics or groups. The top five best served groups were:

- Older people (65 plus)
- Younger People (16-25) *anomaly here with earlier finding
- Children (Under 16)
- People with low level mental health/wellbeing issues
- People at risk of loneliness.

The survey also revealed that the 5 least served groups or characteristics were:

- Pregnancy and Maternity
- Religion or Belief
- Gender
- People (at risk of) criminal justice system
- People (at risk of) homelessness

During focus groups, participants expressed that they thought Travellers/Roma communities were not well served by creative health opportunities. The focus groups also revealed that creative health practitioners felt that people with insecure housing, low income and people who have newly arrived in the counties may have poor access to creative health. Also, during focus groups people indicated that there are barriers to creative health because people often think arts activity 'isn't for them'. There is work to do to tackle the diversity of the workforce and the people who access creative health in Norfolk and Suffolk. Training to work with specific client groups or needs, may support increased diversity of participants and delivery. When asked what success would look like in a focus group, one freelance practitioner said:

'That the Creative Health sector in Norfolk and Suffolk needs to be more diverse in every sense.'

Other barriers to accessing creative health include

Rurality and lack of transport is a huge issue that needs to be considered when designing and commissioning any local creative health programme. Rural areas are challenging to get to, and interventions cost more to deliver in rural areas. Interviews suggested many isolated and rural villages are areas that may need more support. Successful rural projects which were frequently mentioned included the Breckland Arts for Health programme and the Arts Council England Creative People and Places activity in Forest Heath.

It was noted that some groups for creative activities get full immediately, including waiting lists. However, others are struggling to engage participants with extremely small turnouts. Therefore, some joining up is required to plug the gaps. Creative health organisations, freelancers and volunteer-led groups are often neighbours, but sometimes unaware of each other, their offer, and how they can work together. Organisations need support to network effectively and utilise their expertise efficiently.



Portrait work from an Art Cafe at Christchurch Mansion - Cohere Arts

CASE STUDY 3



Spotlight on: Health commissioned activity

The Ipswich and East Suffolk Alliance Personalised Care Programme aims to support people with complex needs. This programme actively supports system-wide personalised care targets set out in the NHS Long Term plan 2019 and the Comprehensive Personalised Care Model. This programme supports people aged 18 or over in Ipswich and East Suffolk living with complex health needs. People are referred to a social prescriber and offered non-medical interventions to support their health and well-being, based on what matters to them. Programmes include opportunities for Creative Health, Green Therapies and Supported Self-Management within the community. There have been 450 people so far who have been supported by this programme. Average increase of 16% in the participants Warwick Edinburgh Wellbeing Scores. There is an uptake rate of 76% of participants referred to taking part in a programme. Delivery partners include Suffolk Artlink, Cohere Arts, Green Light Trust, SPOT wellbeing, New Wolsey Theatre and Ipswich Town Football Club.

Suffolk Artlink

Suffolk Artlink's Curious Minds is a mental health wellbeing project, delivered in partnership with Suffolk Libraries and The Food Museum. Its purpose is to support the Primary Care Personalised Care Programme and participation is by referral through Ipswich and East Suffolk Primary Care. This free programme supports people aged 18 or over in Ipswich and East Suffolk living with complex health needs who are diagnosed with two or more long-term health conditions. It is an arts and heritage programme designed to support wellbeing through creative and mindful activities. Curious Minds offers participants the chance to enjoy exploring a variety of art forms whilst developing creative skills and tools to support mental wellbeing. Every participant who completed the programme showed an increase in wellbeing. Approximately 30% of people completing the programme moved from wellbeing scores equivalent to the lowest quartile of the general population to that equivalent to the mid quartiles.

Funding source:

SCC Public Health and Ipswich and East Suffolk Alliance (SNEE ICB)

THE NEW WOLSEY THEATRE, IPSWICH

Tell Your Story is a photography-based wellbeing programme, produced by the New Wolsey Theatre's Creative Communities department and led by artist and award-winning photographer Gillian Allard. The focus of this programme is on those patients (or people) within primary care in the top 5% complex cases of the population. The main body of the project is made up of 9 weekly sessions where participants are supported to explore photography, editing and other forms of mixed-media to express themselves and their story. These sessions run for 2.5 hours and we currently have two groups running weekly.

In a playful, supportive, and safe environment, participants have been learning to use a simple digital app on a tablet to create beautiful images that reflect their interests and personal journey. Participants have also had the opportunity to explore other mixed-media, such as image transferring and cyanotype. At the end of the programme, we will hold an exhibition of participants' work at the theatre.

The New Wolsey Theatre has a thriving Creative Communities department. Our work seeks to blur the lines between professional and community practice, and we produce activities

that nurture creativity, develop skills, broaden horizons and explore diversity.

"Thank you for a journey towards my creativity. Your course has helped me reveal my inner self; it emphasised another identity, allowed me to see myself in another way. Moreover, it is a wonderful way to calm your mind."

"Coming on this course is reclaiming me. This is my journey towards feeling free, fun and creative instead of trapped and locked in where I have been."

Funding source:

Ipswich and East Suffolk Alliance (SNEE ICB)

OYSTER COMMUNITY PRESS CIC : PRINTMAKING ON PRESCRIPTION AND ROAD TO RECOVERY

In 2021 Oyster Community Press CIC were commissioned by the NHS to develop a Printmaking on Prescription course specifically for people experiencing Long Covid symptoms. After a successful pilot we now deliver this for the Long Covid clinics run by the East Suffolk and North Essex Foundation Trust.

"As the Long Covid Service for Suffolk and Northeast Essex (SNEE) we have commissioned creative health courses (Road to Recovery) from Oyster Community Press for the last two years. People living with Long Covid have particular challenges. Most were working and/or caring prior to Covid infection but have struggled to return to these roles after infection. Anxiety, depression and 'brain fog' have been significant factors. We realised early on that 'Road to Recovery' could play a role in supporting recovery alongside the clinical pathway we were offering. Long Covid services are now in transition to business as usual and with future funding uncertain. We need to find alternative funding streams to protect programmes like this and ensure the population living with Long Covid can continue to

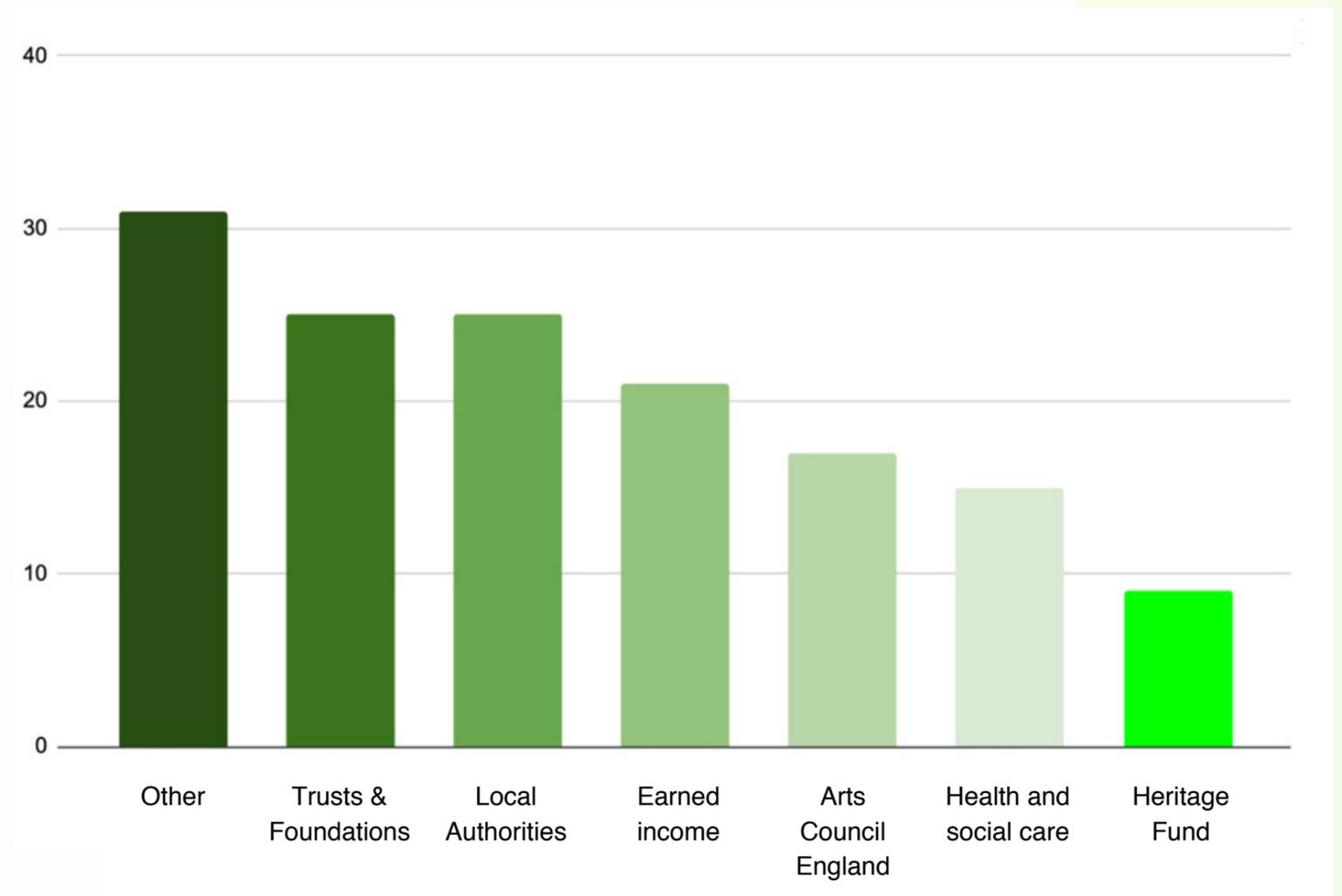
benefit from them. The Road to Recovery is highly valued by both patients and clinicians alike and the positive impacts are well evidenced by the feedback and evaluation."
Clinical Lead for the Suffolk and Essex Long Covid Assessment Service (SNELCAS)



07. Investment in creative health and commissioning

The funding and commissioning landscape is complex, and changing at a rapid pace as new Integrated Care Partnerships embed and interplay with evolving Public Health systems and the NHS both locally and nationally.

Our mapping data revealed that a large proportion of funding for creative health comes from both charitable sources (trusts and foundations) as well as from arts and cultural investment. From the respondents to our survey the majority of funding to deliver creative health projects in Norfolk and Suffolk comes from 'other' sources, which is a combination of local donations, fundraising events, member contributions, and sponsorship, as well as combinations of all types of funding sources. There is evidence of significant funding from trusts and foundations and Local Authorities, Arts Council England as well as contributions from health and social care and public health.



Sources of Creative Health funding by survey respondents

A high proportion of funding is for short-term projects on an annual basis, which creates ongoing problems for providers. Our survey also revealed that over the last five years, 46% of organisations report that their creative health funding had actually increased, whilst 24% of organisations reported that their funding had decreased. It is worth noting that there is a wide diversity of funding sources, including general charitable fundraising, and multiple funding streams may be contributing to specific creative health projects at any one time.

Arts Council England data

In Arts Council England's 2023-2026 National Portfolio Organisations (NPO) investment round (including Investment Principle Support Organisations) there was a total of £13,273,557 invested in Norfolk and Suffolk to 12 organisations who said they were delivering health and wellbeing outcomes as part of their funding agreements. Also, from 2022 until January 2024 there was a total of £1,296,763 invested through National Lottery Project Grants or Developing Your Creative Practice grants to activity with health and wellbeing outcomes to applicants based in Norfolk and Suffolk.

Further analysis of funding

From the organisations who completed the survey:

- 20 organisations received funding for creative health activities from Local Authorities, with contributions ranging from 5% to 90%, with an average contribution of 22%.
- 10 organisations received funding from Health and Social Care, with contributions ranging from 5% to 100%, with an average contribution of 32%.
- 11 organisations received funding from Arts Council England, with contributions ranging from 5% to 80%, with an average contribution of 36%.
- 5 organisations received funding from National Lottery Heritage Fund, with contributions ranging from 10% to 80%, with an average contribution of 46%.
- 17 organisations used earned income, with percentages ranging from 2% to 100%, with an average contribution of 38%.

Scale

90% of respondents to the survey stated that they would like to scale-up their creative health work. However, the main barriers to scaling-up were funding, and lack of organisational capacity. Working in partnership and creating consortia models will also provide opportunities for activity to be delivered at scale without losing key components that work on the ground.

Commissioning freelancers

Of the freelancers who completed the survey, we found that Arts, Heritage and Museums are the biggest commissioners of creative health freelance activity (80% of survey respondents). Most freelancers who responded to the survey receive over 50% of their income from creative health projects. 86% of freelancers would like to undertake more creative health work.

Barriers to accessing Creative Health funding

The most frequently cited barrier to accessing creative health funding is 'Time and capacity'; closely followed by a concern that there were 'Not enough relevant funding opportunities'. For one third of respondents, 'Complicated processes' are the biggest barriers to accessing funding, which may suggest a training need for commissioners, funders, creative and cultural organisations and freelancers.

Short term project funding

Lack of long-term investment and complex commissioning processes were identified across the research as key barriers to not just sustainability, but quality delivery. Commissioners themselves said there was a lack of sustained funding, leading to an inability to commission bigger and longer-term projects. The

short-term funding cycles impact the workforce and the end users as so much energy is utilised on repeat funding applications.

Many commissioning cycles are determined by external national government timeframes, which is challenging to cope with on the ground. One Public Health commissioner said:

“The reality is we have one-off funding from the government, it's how it works and we can't control that (government/project based funding). We don't know when it will come and [when it does] we push it out to our networks as best as we can.”

Work is being done at a national level to campaign for longer commissioning cycles. We fully support this activity as we know that short term project funding can impact the service user and create burnout and stress within a fragile ecosystem of delivery. One service user said:

“It would be nice to have long-term projects rather than a fixed time like 6-8 weeks for example. For people with challenging lives, mental health and isolation, having something with continuity is important.”

This issue around project funding was very much echoed in the survey, interviews and focus groups and speaks to wider issues around commissioning cycles and sustainability.

Commissioning opportunities within health

As part of this research we spoke to a range of health commissioners in both Norfolk and Suffolk to explore potential commissioning opportunities and current barriers. Opportunities included working strategically with Social Prescribing, finding routes through annual public health budgets such as inequalities and transformation budgets. Lessons can be learnt from the recent [Annual Public Health Reports for Suffolk - Healthy Suffolk](#), which explores the role of culture in supporting health outcomes.

Commissioners talked about how both Personalised and Individual Budgets may present opportunities for creative health projects. The new Integrated Care Systems and Integrated Care Partnerships present opportunities as they evolve. Other routes include neighbourhood alliance teams and community nurses, and building links with health care professionals who can make things happen at a hyper local level. It was clear that commissioners, GPs, hospitals and local councillors all need to be better informed about the potential of creative health. It was also noted that collaborations with the third or voluntary sector were crucial for this work to succeed.

“Arts and culture are currently not included in the VCSE board. ICPs would be a useful place [for creative health providers] to have a voice.”
(Health commissioner)

Health care commissioners recognised that the culture sector brings in funding and opportunities and welcomed this collaboration. If both sectors can work together, they can lever in funding at a local and potentially national level. Health commissioners need creative health programmes to be packaged in a simple way, with appropriate levels of evidence to meet their priorities. It is worth considering developing a commissioning online portal, which showcases the local offer, using the database as a starting point. One health commissioner said:

“We need a comprehensive offer across Suffolk (and Norfolk) for the arts, it's too fragmented.”
(Health commissioner)

“There needs to be a consortium approach to funding - I guess this means several bodies contribute to a community fund which can be used around agreed priorities.”
(Creative health organisation)

Interviews with Suffolk based NHS and Public Health commissioners identified specific areas where creative health can support improved health and wellbeing outcomes. These included:

- **Dementia cognitive impairment**

There is excellent work being provided by creative health programmes in this area, but more could be done to scale up activity and reach more people.

- **Patients in mental health crisis**

Although this area was identified as an area for creative health to grow, evidence from creative practitioners suggest that there is not sufficient confidence to work in this area without appropriate training.

- **Patients with multiple morbidity**

People with multiple morbidity find their lives ‘medicalised’. Mental Health issues, coupled with loneliness and isolation, are common among this group of people.

- **Child and adult autism and ADHD diagnosis**

With a view that creative arts programmes could potentially work collaboratively with the health system to reduce the long waiting lists and provide support for both individuals and families.

“If you have multi morbidity, life becomes medically led. Creative health programmes can add joy and meaning, which is vital.”
(Health commissioner)

Scale of funding

Local community offers might be more appropriate and expeditious for smaller organisations or freelance practitioners, and aligning with community teams and larger VCSE organisations might be more effective than approaching commissioners directly who need to deliver at scale. For example, Feelgood Suffolk or Community Action Suffolk and Norfolk and Waveney Mind can provide local leadership. Other examples such as Community Chests and Recovery Colleges were mentioned as good on-the-ground partnerships that work in other areas.

Meeting local health needs

Health commissioners welcomed approaches from cultural organisations to meet local health needs and want cultural organisations to be part of the solution. Opportunities to tackle suicide prevention for example, might not explicitly mention arts, creativity, heritage or culture, but if organisations think they can meet the outcomes they want to hear from them.

“Outcomes-based commissioning means that creative health providers adaptability is a real strength, they can respond quickly and should.”
(Public Health Commissioner)

Commissioners also said they are happy to receive challenges about tendering parameters. For example, if commissioning processes exclude organisations based on size or geography they welcome conversations. It was identified that the role of internal local creative health advocates such as local authority cultural leads are key, so commissioning opportunities are circulated in a timely way. Creating better partnerships between health and creative leaders will present opportunities to co-produce projects that meet needs. This has happened successfully with Suffolk Artlink and Cohere Arts, as well as other local projects.

“I think commissioners need to genuinely understand that this is a resource that's available to them.”
(Creative health organisation)



CASE STUDY 4



Spotlight on: Grassroots expertise meeting local need

SUFFOLK TAP DANCING CLASSES - MEETING RURAL ISOLATION

We found a wide range of hyper-local community-led creative activity meeting the needs of the local population, delivered through both experienced freelancers and volunteers. For example, Suffolk Tap Dancing Classes, which are delivered in a range of church halls by the retired professional dancer Jill Streatfeild. This programme was set up by Jill who attended a dance class after a bereavement and immediately recognised the benefit it could bring. The request to deliver more classes initially came from the community and was supported by a small grant from Fit Villages. The class proved a vital social link throughout Covid and the classes continued via Zoom, and when possible from people's gardens. The community nominated Jill Streatfeild for an award and she was given a Lockdown Hero award for her

work in reducing loneliness during COVID. Jill continues to deliver multiple classes in village halls across the county and while it is very successful she struggles to meet the demand.

"Thanks for inspiring us to dance every week. I can't imagine life without the Tappers!"
(Group participant)

ZAINAB PROJECT - MEETING THE NEEDS OF NEWCOMERS THROUGH COOKERY AND STORYTELLING

Founded by Rasha Ibrahim and Sarah Wynn, two former educators working in a Norwich school, passionate about supporting refugees in Norfolk from lived experience. They identified that there was a gap in the system once asylum seekers had obtained refugee status, for integration, voluntary experience, healthcare access, social activities and jobseeker support. They started a welcoming cafe, catering projects and creative workshops for asylum seekers and refugees coupled with social and healthcare support. The programme partnered with Norfolk and Waveney Integrated

Care System to deliver men's health groups and also partnered with Future Projects to deliver 'Community Meals'. The participants design the menus, cook dishes from their home country and learn new dishes from other cultures. The cooking and creative activities help to retain aspects of participants' home culture and increase pride in their heritage.

"Beautiful results from our women's 3D collage session yesterday. The theme was our 'happy place'. Many chose their places back home, one participant chose the beach and one chose our women's group as their 'happy place'."

The Zainab Project (Facebook)



08. Good practice and workforce development needs

Creative Health Quality Framework

The Culture Health and Wellbeing Alliance (CHWA) [Creative Health Quality Framework](#) published in September 2023 provides not only a shared language, but a set of Quality Principles which can be adopted and implemented across Norfolk and Suffolk. These help to ensure regional practice is in line with national standards and approaches. The Creative Health Quality Framework consists of a set of downloadable PDF resources based around eight Creative Health Quality Principles. It offers clear guidance on how to use these principles to deliver safe and effective projects. The framework was Funded by Arts Council England and developed by Creative Health consultant Jane Willis in collaboration with over 200 people, including creative practitioners, participants, health commissioners, and researchers. It is designed to help anyone involved in developing and delivering creative approaches to support health and wellbeing.

The Creative Health Quality principles for good creative health projects include:

1. Person-centred: Value lived experience and enable potential
2. Equitable: Works towards a more just and equitable society
3. Safe: Do no harm, ensure safety, and manage risk
4. Creative: Engage, inspire, and ignite change
5. Collaborative: Work with others to develop joined-up approaches
6. Realistic: Be realistic about what you can achieve
7. Reflective: Reflect, evaluate, and learn
8. Sustainable: Work towards a positive, long-term legacy for people and place

Applying the principles locally

The Working Party endorsed these Quality Principles and recommended that the Norfolk and Suffolk Culture Board embrace them as a methodology for defining and delivering good practice across the region. The principles should also give confidence to commissioners about the work being delivered at a local level. Throughout our research and analysis we also found that good practice in creative health in Norfolk and Suffolk may also require specific attention to:

- Being responsive to local health needs
- Ensuring sufficient experience and training is in place for staff and freelancers especially in terms of safety
- Delivered in partnership with health providers and the voluntary sector
- Provision is inclusive, but also differentiated to meet need of specific client groups
- Experienced creative organisations and practitioners are recognised as experts in the field
- A standardised training offer at a local level
- A mechanism for commissioners to understand creative quality

Workforce and development needs

It is clear that there is an able and committed creative health and commissioning workforce in both Norfolk and Suffolk who are engaged and actively seeking to increase and improve practice and delivery. Our survey found that the top three most addressed training topics (i.e. where training had been undertaken) were: Safeguarding, First Aid Training and Equality and Diversity Training. The fact that these are being prioritised is reassuring as it reflects a safe, and person-centred approach to creative health. However, we did identify gaps in training.

The top three most pressing training needs were identified as:

- Working with vulnerable people
- Understanding the benefits of Creative Health
- Co-creation approaches

The three least addressed training topics were:

- Understanding the Health Sector
- Commissioning Creative Health Projects
- Everyday Creativity

It is worth noting 5% of survey respondents received none of the stated training offers.

It was very clear from the focus groups, survey and interviews that creative health staff needed additional support to ensure their wellbeing was being looked after in this burgeoning and complex field of work. This chimes with national evidence that the wellbeing of creative health professionals is under threat. This response below illustrates the potential risk of lack of training and support in this sector.

“What I found with our group was that I created a really great safe space but there was a mixture of needs in the room. Mental health services couldn't support those people and so they were using our group as the stopgap. I was very clear from the beginning with the ground rules that it was not a therapy group. It was not a support group. It was more meant to be like a preventative or an option to try to improve wellbeing and mental health, but not something that was gonna fix if that makes sense. So what I encountered is that a lot of people in our group were in and out of crisis. And I was trying to help direct them and signpost them to services, but they were bouncing back to me because the services were inundated. And they felt let down by the services and they weren't helped or it was a quick fix, like a Band-Aid, so they can help a lot of mild to moderate mental health problems, but when you start going beyond that, there's a group of people that I'm continuously meeting in the community. For everyone's sake, I have now had to reset the group parameters and I now have regular supervision to support my practice.”
(Grassroots provider)

Developing training collaboratively with the cultural and health sector to support mild to more complex mental health challenges could have a positive impact on local provision. ‘Developing your business’ training is also something that could be of benefit to the creative health sector. It was also observed that marketing, communications, bid writing, evaluation and understanding data effectively are all areas in which further support and investment could be of significant benefit.



CASE STUDY 5



Spotlight on: Working with the community and voluntary sector

NORFOLK AND WAVENEY MIND

Norfolk and Waveney Mind work across Norfolk and Waveney to support people with mental health needs. They work collaboratively with a broad range of local cultural partners to deliver a range of creative activity, recognising the benefits it can bring for service users. This includes working with Norwich Theatres, The Restoration Trust, Reflex Theatre, The Garage, Sheringham and St Georges Theatres, Musical Keys and well as delivering their own in-house arts, crafts, films and music workshops.

For example, they run a weekly drop-in arts and crafts group on Sundays at Rest Norwich. The group is facilitated by a Peer Support Worker who works within Rest Norwich. The group aims to provide a space to work on current projects and meet fellow crafters for a chat whilst sharing a passion of art and creativity. This group is aimed at individuals aged 18+.

All resources and equipment are provided by Rest Norwich. The project allows individuals to build on confidence, self-esteem and social connections which helps reduce stress, worry, and anxiety and can promote better health and wellbeing.

They also deliver creative sessions in nature, such as wreath making at a local allotment. Here they ran creative sessions that were designed to bring small groups of people over the age of 18 together, to be creative with a theme and make something to take home. The project sessions at the allotment allow for individuals to spend time outdoors, to increase their connection with nature, and discover the benefits that being outdoors can have on mental health.

“It was a very lovely evening as it was nice to do something for myself and enjoy other people too. I did enjoy it very much.”
Comment from Heacham Participant.

CASE STUDY 6



Spotlight on: Meeting rural needs

BRECKLAND ARTS FOR HEALTH

The Breckland Arts for Health Programme, commissioned by Breckland Council and led by Creative Arts East, uses high-quality arts activities to regularly engage with people aged 50 and over. It aims to improve wellbeing and reduce loneliness in participants, including some of the most vulnerable older people living in the district.

“It was lovely because as a disabled person, I could actually join in and felt like a person.”

The programme, which has been in development since 2013, currently includes monthly participatory workshops, known as ‘Creative Socials’, and bi-monthly afternoon events, held in community venues that reach people near to where they live. The sessions are inclusive for people living with dementia and those with other long-term health conditions and take place

across several different locations. Sessions are led by artistic practitioners, with whom beneficiaries explore a wide range of artforms, developing their own creative skills and producing final artworks. Genres range from African drumming to opera and flamenco dancing to poetry.

Impact

In 2019 it was proven that participation creates a significant and sustained improvement in wellbeing ($p < 0.05$ as measured against the Canterbury Wellbeing Scale), including for those living with dementia, so that people living with this condition continue to show improved wellbeing even when their disease progresses. The average increase in individual wellbeing after 9-12 months of participation was 64%.

“The results of this evaluation provide important evidence that even within a progressive disease, such as any type of dementia is, wellbeing can be enhanced after relatively short-term activities such as offered by Creative Arts East for the participants in this evaluation.”

Further research in 2023 evidenced that acute levels of loneliness in beneficiaries was halved (as measured against ONS scales) and that every positive wellbeing mean score increased.

Partners and funders

2013-2022: Spirit of 2012, Breckland Council, Arts Council England, Norfolk County Council, Independent Age, Mercer's Company.

2022-2024: Breckland Council, Arts Council England, individual donations.



Creative Arts East

09. Evidence and evaluation

We found examples of high quality evidenced-based programmes being utilised across both counties, with many local programmes feeding into national evidence and robust data collection methods. However, within our survey we found a varied approach to evaluation with the majority of creative health activity in Norfolk and Suffolk using ‘Internally designed processes’ (73%), followed by the ‘Warwick Edinburgh Scale’ (34%). Most people (just under 60%) find their evaluation processes ‘somewhat useful’. This shows a demand for a more coherent approach to evaluation, which is fit for purpose and meet the needs of the health commissioners and creative health providers, so more high-quality activity can be commissioned. Creative health providers and commissioners recognised the need for simple and proportionate evaluation that doesn’t distract from good project delivery.

“Evaluation must be proportionate. The issue might be that we have worlds colliding, but we still need to convince people of efficacy.”

(Focus group participant)

“Lots of smaller organisations struggle with collecting data. We need to provide them with what they need - i.e., external evaluators.”

(Focus group participant)

Health commissioners frequently asked about evidence and measurable outcomes around creative health interventions, so whilst there is a growing body of robust evidence, there is more to do to ensure commissioners are informed about the current and developing evidence base. However, one senior commissioner noted that personal testimony and finding out what works for people on the ground is very powerful and needs to be used alongside statistical data.

“Different audiences need different kinds of research and evaluation. The health system will need hard evidence. However it’s important to bring forward high quality qualitative evaluation to accompany the quantitative data – we need a mixed methods approach.”

(Focus group participant)

There was a strong desire for evidence to be improved and used more effectively from both the health and cultural sectors. We also found a strong interest and commitment from local universities to lead partnership approaches to building local evidence and improving practice.

Case studies

With reference to the Creative Health Quality principles, the project team selected a variety of case studies that would reflect the ethos of the principles and demonstrate good practice and potential in the region that can model value and commissioning potential. The case studies represent diversity in terms of geography and demographics of the region, but also demonstrate different organisational size, structure and funding models. There were many more examples that could have been included, but we have presented snapshots to showcase the diversity of provision in the region.



Norwich Theatre - Dance Lab

CASE STUDY 7



Spotlight on: Singing for lung health

Playing for Cake (PFC) is a registered charity based in North Norfolk. It is managed by volunteers; Trustees and a Management Committee that oversees day-to-day activities. Members include Singing for Health Practitioners, musicians and members of the local community working together to provide singing and music-making sessions for the benefit of health and wellbeing.

‘Singing for Breathing’ (S4B) sessions help people improve health and quality of life by learning to breathe better. Sessions are aimed at those living with diagnosed lung conditions and anyone experiencing breathing difficulties due to other mental/physical health issues. S4B is based on the national Singing for Lung Health programme developed by Phoebe Cave (The Musical Breath) and respiratory teams at the Royal Brompton Hospital, in association with Asthma+Lung UK.

“Spirits always lifted! Found new ways of breathing during exercise/stress. It's a joy to come!”

83% of the respondents felt more confident managing their breathlessness.

75% reported less reliance on GPs/health professionals.

PFC’s S4B services developed in conjunction with other partners such as Active Norfolk (Sports England), Pulmonary Rehabilitation Team (Kelling Hospital), North Norfolk Breathe Easy Support Group and Healthy Ageing Programme. It is linked into social prescribers, GP referral schemes and local medical centres.

You can learn more on [the Playing for Cake website](#).



09. Summary findings and recommendations

1. Build on current excellence

Finding



There is a wide variety of vibrant, highly effective, committed creative health activity operating across Norfolk and Suffolk. Established arts, culture and heritage organisations, along with grassroots groups, freelancers and practitioners all play different but important roles in delivering specialist creative health opportunities for people in the region. There is however a need for greater coordination of activity so that the impact of this work is optimised.

Recommendation



Norfolk and Suffolk Culture Board should consider the region becoming a national creative health zone (similar to the [Greater Manchester Creative Health Strategy](#) approach), with named creative health hubs in the region that can provide high-level expertise on specific art forms and health outcomes. Sufficiently resourced, and working in partnership with local councils, these organisations could provide place-based coordination, training, support and leadership. There are a range of skilful and well placed organisations that could take on such roles including Britten Pears Arts and Creative Arts East.

2. Meet the health needs in Norfolk and Suffolk effectively

Finding



The creative health sector is meeting the needs of vulnerable populations, that the health and social care sector can find hard to reach. The region is specifically leading on working with older people with chronic health conditions and those at risk of isolation, as well as delivering preventative health and wellbeing interventions across the broader population. However they are doing this with limited resources, which means the offer will be compromised and cannot always be consistent or equitable, leading to gaps in provision and missed opportunities.

Recommendation



Creative health providers and health and social care providers should co-design projects together - this would make for the most effective way of working to achieve long-term commissions and ensure a joined-up approach to delivery and measuring outcomes.

Recommendation



To meet identified health gaps such as postnatal care, health commissioners may want to consider harnessing the support of established, national evidence-based creative health programmes (e.g. [SHAPER](#), [Clod Ensemble](#)) to build on local expertise.

3. Establish new funding models that recognise investment from the cultural sector

Finding



We found evidence of significant financial investment into creative health from the arts, culture, heritage and philanthropy sectors which is contributing towards improved health outcomes for people in Norfolk and Suffolk. While there is a reported increase in funding that is targeting creative health work, funding is predominantly short term, project-grant funding. It is clear that if both sectors work together, they can lever in more funding at a local and potentially national level.

Recommendation



To fully utilise the investment from the cultural, creative and voluntary sectors, the health sector needs to work with the creative health partners to build more effective funding models. Building more formal creative health consortia or partnerships could enable larger investment opportunities, which can deliver at scale with embedded research. These could be led by key regional organisations (hubs) or large voluntary sector partners who have capacity and resources to lead large bids.

Recommendation



There should also be easy-access, regular project funding available to enable grassroots creative health opportunities to be sustained. Active Lives Suffolk provides a good model for flexible small scale funding.

4. Creative formal strategic join-up, and good practice networks

Finding



There is a need to join up the creative sector (arts, culture, heritage), the health sector (primary and secondary care, hospital provision, social care and public health) and the community and voluntary sectors. There is drive and expertise from creative health providers to scale-up provision and to do more to meet the health needs of the Norfolk and Suffolk population. To capitalise on this, greater coordination and exchange of expertise and resources is needed.

Recommendation



High level creative health representatives to sit on the VCFSE Assembly that links to the Health and Wellbeing Boards in both Norfolk and Suffolk ICBs, building on the SNEE model. A health leader should also be invited to sit on the Culture Board in line with current Terms of Reference.

Recommendation



Formal strategic and good practice networks need to be established and maintained in both Norfolk and Suffolk. This could be led by the work of NCCH and CHWA or local council leads including links with the hospital arts network. Implementing the [Southwark Culture Health and Wellbeing Partnership \(SCHWeP\) model](#), could provide a useful framework. Universities are also well placed to lead effective networks including exploring the possibility of reviving the UEA network on creative health.

5. Invest in training and professional development

Finding



We identified a clear need for training for creative health providers and practitioners in two main areas: working with a range of vulnerable groups, this goes beyond safeguarding to a broader understanding of working with specific issues such as mental health and dealing with challenging behaviour, boundaries and effective facilitation and signposting. The second area is understanding the operational detail of health and social care provision and commissioning. At the same time, there is a need to work with health commissioners to increase awareness of the benefits of creative health provision. Lack of suitable training and support can lead to burn out and loss of sector expertise.

Recommendation



Adopting and promoting the CHWA Quality Framework across Norfolk and Suffolk will help to embed the most effective ways of working at a regional level. Furthermore investment should be made in training, utilising models such as the CLOD Ensemble's Performing Medicine programme and Daniel Regan's training in Mental Health. Linking with Universities across the two counties would also foster learning and development opportunities.

Recommendation



Where possible, training should be set up jointly with health sector staff to ensure effective knowledge exchange and shared learning about the health benefits of creative activity.

6. Improve monitoring and evaluation

Finding



Monitoring and evaluation of creative health activity varied in approach, quality and scope, depending on the size and scale of the organisation. It was found that most organisations use internal rather than externally validated processes and that cultural organisations didn't always see the value in external evaluation. However leading organisations were carrying out rigorous evaluation, contributing towards the national evidence base, whilst simultaneously growing expertise within the region.

A joined-up approach to evaluation is required, paying attention to both quantitative and qualitative methods to improve practice and grow the evidence base. This would improve clarity about how creative practice can address specific health outcomes; it would also improve practice and provide a larger evidence base which could have regional and national impact. Strategic health partnerships could embed creative approaches through joint training, consortium funding bids, advocacy roles and shared evaluation methods.

Recommendation



Increasing the standard and scale of evaluation across the sector could prove invaluable for future commissioning by growing the local evidence base. By working together with universities on shared research endeavours to develop a shared approach such as adopting the Warwick Edinburgh Wellbeing Scale or the Norfolk and Waveney Mind methodology or the Suffolk MIND tool. This might not be appropriate for all sizes or type of organisations or intervention.

7. Build university partnerships to improve practice and the evidence base

Finding



The region has academic and research potential with the University of East Anglia hosting a pioneering MA in Arts and Health as well as Norwich University of the Arts and the University of Suffolk (including the Integrated Care Academy) which have a growing research field in health and wellbeing.

Recommendation



The need to link with universities across Norfolk and Suffolk, and specifically the current MA in Medical Health and Humanities at UEA, presents opportunities for professional development and research.

8. Use creative health data more effectively

Finding



There is no one place for health commissioners to find out about creative health activity. Health commissioners need creative health programmes to be packaged in a way that speaks directly to their needs (local health priorities), with appropriate levels of evidence to meet their priorities.

Recommendation



Create an online portal which showcases the local offer, using the mapping database as a starting point. Utilising shared data about activity and impact could improve the local evidence base.

CASE STUDY 8



Spotlight on: Dance to support older people

Across Norfolk and Suffolk we found examples of high-quality dance provision supporting health outcomes, including leaders in the field such as DanceEast, and community provision meeting rural needs in church halls. There is a growing body of evidence on the role dance can play in both the physical and mental health of older people. We also saw evidence of the national organisation AESOP delivering high-quality falls-prevention dance activity in Norfolk. This range of providers meets a growing need in the county.

Dance for Parkinson's, run by DanceEast is an example of a regular dance class for people living with Parkinson's Disease and their carers/families, delivered in partnership with English National Ballet. The classes help to alleviate the physical symptoms of Parkinson's by improving balance, strength, and fluidity of movement, whilst improving participant wellbeing and strengthening their support networks. The programme is delivered on a weekly basis during term time, with 10 sessions per term, across three terms per year.

"The classes are fun and attending them regularly has helped me manage my symptoms better. I have developed friendships with others living with Parkinson's and maintain a better quality of life."

Dance for Parkinson's participant.

Regular, weekly, ongoing provision is more sustainable and cost-effective than time-limited, intensive interventions. We know from participant feedback that Dance for Parkinson's keeps participants happy and healthy in the community for longer.

"It was the Dance for Parkinson's class that allowed me to become an independent person again. Without the dance class, which I attend weekly with approximately 30 other people, each one of us would require more attention from the multiple agencies that we all agree are so stretched. At the moment I don't need assistance of the kind I needed before I started going to the class. For example, I don't need carers coming in every day, occupational therapy, speech and language therapy, physiotherapy, assistance from the social prescriber, I don't need to see my GP so often, or my neurologist or the Parkinson's Nurse. I don't fall over so often so I'm less likely to trouble A&E."

Emerging research suggests the potential for dance to induce neuroplastic changes in people with Parkinson's, i.e., the ability of neural networks in the brain to change, such as creating new neural pathways. This is in regions associated with motor planning and learning, auditory processing, rhythm, emotion, and multisensory integration. DanceEast participants are involved in the broader national research programme, [Scaling-up Health Arts Programmes: Implementation and Effectiveness Research \(SHAPER\)](#). Engagement in research supports not only crucial evidence and learning, but professional development opportunities for artists.

Funders:

English National Ballet, Suffolk County Council, Tezmae Trust and Scarfe Charitable Trust



DanceEast Dance for Parkinson's

10. Appendices

10.1 About Creative Lives

Creative Lives is a registered charity that was established in 1991. We champion community and volunteer-led creative activity, and work to improve opportunities for everyone to be creative. In particular, we celebrate and promote people expressing themselves creatively with others, recognising the benefits this can bring. We know that creative expression in all its forms is a fundamental part of being human, but that individuals and communities need opportunities and support for creativity to flourish. We also know that people coming together to create, have fun, share experiences and support each other can have a positive impact on both their physical and emotional wellbeing.

To that end, Creative Lives works with communities, organisations, policy-makers, funders and creative individuals as a voice for positive change, to improve and expand the landscape in which creative participation can take place. We work to address inequalities in access to creative participation, promote inclusivity, connect people and communities, and seek to increase awareness of the links between creativity and wellbeing. We have teams based across the UK and Ireland, and are funded by Arts Council England, the Arts Council of

Ireland and Creative Scotland.

We do this on a local and national level through advocacy, development and celebrating the activities of creative people, groups and places through the [Creative Lives Awards](#), [Creative Lives On Air](#) our [Creative Networks](#) and [Creative Learning](#) sessions and a diverse range of creative projects. This report is part of [Creative Citizens](#), our tailored package of consultancy support for public bodies and arts organisations.

About the team

Creative Lives put together an expert consultancy team specifically to deliver this exciting and important brief. Creative Lives England Director, Jess Plant project managed expert consultants Nikki Crane and Llewela Selfridge.

Nikki Crane is a leading arts, health & wellbeing consultant. Currently, she is King's College London's lead for arts, health and wellbeing developing this field of work across the university including supporting the development and delivery of 'SHAPER' (Scaling-up Health-Arts Programmes: Implementation and Effectiveness Research), the world's largest study into the impact of arts on physical and mental health, supported by a £2.5m award from the Wellcome Trust. She is an advisor for the National Centre for Creative Health and is working with Southwark Council to develop the UK's first borough-wide arts, health & wellbeing network linked to

the Integrated Care System.

Llewela Selfridge has a 30-year background of public programming and learning in Heritage, Arts and Culture. She has local, national and international experience of developing and delivering creative learning programmes and of evaluating their impact. She has a special interest in the impact of culture on health and has just completed an MSc in Mental Health and Well-being. Llewela specialises in working with vulnerable and hard to reach communities. Currently she is working on the evaluation Scaling up Change Minds, a social prescribing programme exploring the impact of archival work with people with Mental Health Challenges, delivered by the Restoration Trust and Norfolk Records Office. She has good knowledge of regional cultural offers in Suffolk and Norfolk as she has been the project manager for the Holiday Activity and Food Programme for Suffolk Museums and also evaluated Suffolk's Cultural Consortium's youth opportunities Kickstart programme.

10.2 About the Culture Board

Since its establishment in 2012, the Norfolk and Suffolk Culture Board has worked with partners across the cultural sector and with partners in other sectors to support culture-led growth. The Culture Board is made up of up to 19 members. It has a Chair, a Vice Chair and an Executive Group. It is

co-ordinated by the Arts leads from Norfolk and Suffolk County Councils. See Annexe 1 for the Board's Terms of reference and membership. The [Board's manifesto 'Culture Drives Impact'](#) was launched in May 2022. The manifesto commits to the continued development of the Norfolk & Suffolk Culture Board, which includes enhanced engagement across the whole cultural ecology. The Board is committed to facilitating exchange and building fresh partnerships where impact can be most felt and is most urgent.

Norfolk & Suffolk Culture Board Membership: March 2024

1. Louise Jordan-Hall, Chair (also Chair of Norfolk & Waveney Mind)
2. Daniel Brine, Festival Director, Norfolk and Norwich Festival
3. Brendan Keaney, Artistic Director and Chief Executive, DanceEast
4. Peggy Hughes, Chief Executive, National Centre for Writing
5. Joe Mackintosh, Chief Executive/Artistic Director, Outhere Arts
6. Owen Calvert Lyons, Director, Theatre Royal Bury St Edmunds
7. Jenny Cousins, Director, The Food Museum
8. Clare Hubery, Culture Manager, Norwich City Council

9. Sue Simpson, Regional Director, National Trust East of England
10. Roger Wright, Chief Executive, Britten Pears Arts
11. Doug Rintoul, Chief Executive, New Wolsey Theatre
12. Stephen Crocker, Chief Executive, Norwich Theatres
13. Steve Miller, Lead Director, Communities & Environment, Director of Culture & Heritage
14. Julia Devonshire, Original Projects – Freelance
15. Kath Cockshaw, Freelance
16. Natalie Jode, Director Creative Arts East
17. Megan Vaughan, Executive Director Spill
18. Genevieve Christie, Director First Light Festival
19. Elma Glasgow, Founder Aspire Black Suffolk – freelance

Current Observers

1. Davina Christmas, Senior Relationship Manager, Arts Council of England

Specialist Advisors

1. Sarah Barrow, Higher Education, Pro-Vice-Chancellor for Arts and Humanities, UEA
2. Michael J Sauter, Higher Education, Head of Humanities UoS
3. Sarah Steed, Director of Innovation and Engagement Norwich University

4. Tim Robinson, Tech East – Digital
5. Pete Waters, Executive Director, Visit East of England

Coordinators

1. Jayne Knight, Arts Lead, Suffolk County Council
2. Nikki Braithwaite, Arts Development Manager Norfolk County Council

10.3 About the working party

The Culture Drives Impact: Health and Wellbeing – Working Party was brought together by the Norfolk & Suffolk Culture Board. The group represents a range of practices and approaches to creative health, it includes colleagues from outside the Board, from rural and urban environments, freelancers, Chief Executives and project managers, micro organisations and large NPOs. The group was created to:

- Support the successful delivery of the Creative Lives contract.
- Share networks and knowledge and to support Creative Lives to embed equality, diversity and inclusion in this work.
- Be a critical friend, supporting development and learning.

The group has met monthly, has been generous, thoughtful and ambitious for the work. We would therefore like to say a huge thanks to:

- Sam Dawson: Head of Creative Engagement at Norwich Theatre
- Professor Sally Hardy: Director of NICHE Anchor Institute for Norfolk and Waveney ICS, Faculty of Medicine and Health Sciences, University of East Anglia
- Lucy Bayliss: Head of Creative Programmes, DanceEast
- Claire Atherton: Freelance Community Arts & Health Producer
- Anita Staff: Artist and Creative Health Facilitator
- Angie Lee-Foster: Producer for Creative Health at Britten Pears Arts
- Alison Smyth: Director of Oyster Community Press CIC
- Alex Casey: Co-Director Suffolk Artlink
- Natalie Jode: Executive Director, Creative Arts East
- Ashley Bunn: Director of Strategy and Business Development, Norfolk and Waveney Mind
- Claudia West: Senior Relationship Manager, Arts Council England
- Jayne Knight: Arts Lead, Suffolk County Council
- Melissa Matthews: Head of Audience Engagement, Suffolk Libraries
- Leanne Goodrum: Arts Business Support Officer, Norfolk County Council (administrative support)

10.4 Methodology continued

Data capturing

The findings in this report are generated from pre-existing nationally available data from a range of sources including the census, local council information, Arts Council England (Active Lives) and Creative Health Research. We have also collected local data through a range of both qualitative and quantitative approaches. This has included:

Developing a mapping database with over 163 entries from desk research over an eight month period. The database captures art form, type of organisation, location, funding source and evidence and research. This tool will be available via password-protected spreadsheet.

Delivering five focus groups, that included 126 participants in open discussions that spanned the five research topics. Three of these were held online and one was held at Suffolk Library and another in Norfolk. Participants were recruited through an online open call and direct invitation to ensure a diverse range of voices were present. £75 was made available as a fee for 13 individuals/freelancers to attend.

We also conducted over 38 interviews with stakeholders and participants. This included those who had specific expertise and perspectives on Creative Health in Norfolk and Suffolk. They included interviews with commissioners from NHS, Public Health and Social Care, individual interviews with the Working Group and the Culture Board as well as Service Users who attend free Creative Health projects in the region.

We also designed and published a survey, which was completed by 100 stakeholders. The survey was directed at arts and heritage organisations and groups, freelancers as well as funders and commissioners.

Case Studies

Throughout this report we shine a light on exemplary Creative Health projects in the region as well as highlighting learning and development opportunities for both the Creative Health sector and the commissioners in Norfolk and Suffolk.

Demographic information from attendees at the Focus Groups

From the 29 responses, the demographic breakdown of the people we spoke to was as follows:

- Gender: 86% female, 14% male
- Disability: 21% disabled
- Ethnicity: 97% White and 3% Dual / mixed heritage
- Sexuality: 72% Heterosexual / straight, 14% Prefer not to say, 3% Prefer to self-describe, 3% Bisexual and 8% Homosexual
- Age range: 18-25: 3%, 26-35: 28%, 36-45: 17%, 46-60: 38% and 61-75: 14%

Diversity

We are delighted to have engaged with a high percentage of disabled people and broad range of sexualities. The low ethnic minority engagement and low youth representation presents a challenge for the Creative Health sector.

A Memorandum of Understanding was signed off by Creative Lives and National Centre for Creative Health that outlined the parameters of the collaboration which was predominantly focused on the 'Mapping' and 'Good Practice' elements of the research. This was to ensure a joined-up approach and build legacy into the activity, as the post will continue beyond this research and report phase. We also adopted a co-production approach with the creative health sector in Norfolk and Suffolk. This happened via the Working Party who have fed back on the report via monthly meetings, and through our approach to all interviews and focus groups.

10.5 Information on commissioning structures

Commissioning

During focus group sessions people asked for clarity about [what commissioning is](#), [who commissions NHS services](#), and for help with some of the NHS acronyms and terms. The move away from transactional models, towards greater partnership working means the commissioning landscape is complex. Relationships are changing, here is a very simplified overview as at January 2024:

NHS England

- leads the NHS in England to deliver high-quality services for all
- supports programme teams and seven regional teams
- corporate functions e.g governance and legal, HR, estates, corporate IT and internal strategy
- may directly commission programmes and specialised services

NHS England — East of England

- the NHS regional team for the geographic area Norfolk and Suffolk sits within.
- responsible for the quality, financial and operational performance of all NHS organisations in their region.
- supports the identity and development of integrated care systems.
- directly commissions armed forces, Health & Justice, Public Health screening programmes and specialised services. Some of these responsibilities will be delegated to ICBs over the next 12-24 months.

Integrated Care System (ICS)

Each Integrated Care System comprises of two elements:

Integrated Care Board (ICB)

- Plans and commissions NHS services, including ambulances, primary care, mental healthcare, hospital (acute), community and specialist care.
- Decision making linked to and informed by the wider Integrated Care Partnership.

Integrated Care Partnership (ICP)

- a statutory committee of partner organisations who all have a role in improving local health, care and wellbeing.
- Includes Local Authorities, third sector, care providers and other key partners.
- broader focus, covering public health, social care and wider issues impacting the health and wellbeing of local populations.

Two distinct ICSs are active in the areas of Norfolk and Suffolk: NHS Norfolk and Waveney and NHS Suffolk and North East Essex (SNEE). Each ICP operates its own voluntary sector assembly as a mechanism for the third sector to align priorities to bring to the ICP. For NHS Suffolk and North East Essex, the ICP is supported by a small independent team known as the [ICP Secretariat](#).

Health and Wellbeing Board (HWB)

A Health and Wellbeing Board is the forum for system leaders across the wider local health and care system. It operates at county* level and is part of the Integrated Care System. It's responsible for delivery of the county's Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. In some parts of the East region, the functions of the Health and Wellbeing Board have been merged with those of the Integrated Care Board and they now meet as one committee. This is not the case in Norfolk and Suffolk; our Health and Wellbeing Boards continue as their own entities and contribute to the Integrated Care System. See Table 1 for further details.

Healthwatch

- Healthwatch is the UK's independent consumer champion for health and social care.
- Operates at National and local level to listen to views and experiences.
- Aims to ensure that voices of people who use health and social care services are heard. Healthwatch gathers feedback from the public, investigates concerns, and works to improve the quality of health and social care services by influencing policy and practice.
- Funded in part by government (Department for Health and Social Care), Healthwatch also pitches for work commissioned by others.

- Healthwatch may occasionally commission experts and partners.
- Each local Healthwatch is part of the local Integrated Care System.

Primary Care Networks

- GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in local areas.
- [PCN Direct Enhanced Services Network Contract](#) for specifics

10.6 Health Structure Diagram (prepared by NCCH)

Population	Level	Structure
1.1 million people	SYSTEM	NHS Norfolk and Waveney Integrated Care System (ICS) NHS Norfolk and Waveney Integrated Care Board (ICB) NHS Norfolk and Waveney Integrated Care Partnership (ICP) VCSE Assembly for Norfolk and Waveney
		NHS Suffolk and North East Essex ICS NHS Suffolk and North East Essex ICB NHS Suffolk and North East Essex ICP ICS Voluntary Community, Faith and Social Enterprise (VCFSE)
250,000-500,000 people	Higher tier Local Authority (county level)	Health and Wellbeing Board Norfolk Healthwatch Healthwatch Norfolk Healthwatch Suffolk Healthwatch Essex
	Place	Place Board WEST* NORWICH NORTH* SOUTH* EAST*
30,000-50,000 people	Neighbourhood	Health and Wellbeing Partnership King's Lynn & West Norwich North Norfolk Broadland Breckland South Norfolk Great Yarmouth Waveney
		Primary Care Networks 4 West Norfolk PCNs 4 Norwich PCNs 4 North Norfolk PCNs 4 South Norfolk PCNs 4 Great Yarmouth & Waverney PCNs
		Integrated Neighbourhood Teams (INTs) Integrated Neighbourhood Teams (INTs) are in the process of being established in Norfolk and Waveney ICS.
1.1 million people	1 million people	Place Based Alliance West Suffolk Ipswich and East Suffolk North East Essex
		District West Suffolk Mid Suffolk Ipswich Babergh Colchester Tendring
		Primary Care Networks (PCN) 6 West Suffolk PCNs 9 Ipswich and East Suffolk PCNs 10 North East Essex PCNs
		Integrated Neighbourhood Teams (INTs) The 8 Suffolk & North East Essex Intergrated Neighbourhood Teams are all at different levels of maturity and they are not as yet all geographically aligned with the evolving PCNs.



* Click the "Place board" link above for a map as Place in Norfolk & Waveney does not exactly align to the Health and Wellbeing Partnership areas as neatly as the table suggests

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Further reading...

There is mounting evidence nationally and locally about the role of arts for health and wellbeing improvement. Read on to find out more and do not hesitate to contact a member of the Norfolk and Suffolk Culture Board to find out how you can **bring arts into your practice...**

Helpful Websites & Resources

Culture, Health, and Wellbeing Alliance



The Social Biobehavioural Research Group

the **social**
biobehavioural
research group



Dance to Health



Norfolk & Suffolk Culture Board – Culture Drives Impact



National/Local Evidence & Reports

**Creative Arts East Our Day Out
2016 – 2022 - Impact Report**



**Creative Health: The Arts for
Health and Wellbeing**



**The Impact of Arts and Cultural
Engagement on Population Health**



Training & CPD Opportunities

**Culture, Health and Wellbeing:
An online training course**



**Arts, Culture and Heritage:
Understanding their complex
effects on our health**

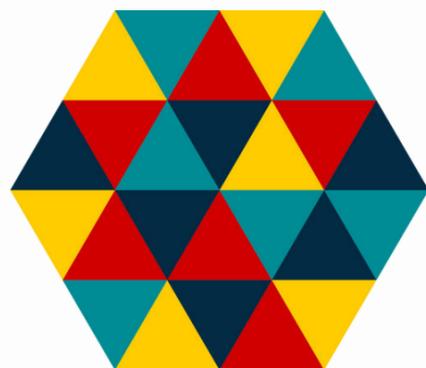




Norfolk
County Council



Suffolk
County Council



**Creative
Lives**

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