

Creative Health Connector (CHC) evaluation emerging findings: Executive summary - Year 1

Eleanor Holding | February 2025

Introduction: What is the role?

The Creative Health Connector is a three-year post and is part of an interdisciplinary project funded by UK Research and Innovation (UKRI) and Arts and Humanities Research Council (AHRC) through the 'Mobilising Community Assets to Tackle Health Inequalities' programme, developing an innovative model to make arts, culture, and creativity a core part of health and care services across the UK.

The Connector will work alongside the projects main 'community assets,' namely:

- darts – Doncaster's participatory creative arts charity.
- Cast – Doncaster's professional theatre.
- Heritage Doncaster (City of Doncaster Council) – operates Doncaster's heritage venues.

They will also contribute to Doncaster's Creative Health Board's vision that 'everybody in Doncaster can access participatory creative activities, resulting in them feeling happier, healthier and more resilient.'

The role will do this by:

- Supporting the 'community assets,' Creative Health Board and researchers to identify and engage with individuals with lived experience of ill health and support them to play an active part in the programme, either by accessing activity and/or engaging in the research.
- Identify the barriers and enablers to participation and engagement in art, culture and creative activities for those with the highest risk of poor health.

- Improve the profile of Arts & Health programmes so that they are inclusive, widely used and valued by both residents and health professionals.

Community Connector Evaluation – emerging findings

The following emerging findings are based on eight interviews undertaken between August and September 2024 with professionals within the Creative Health/wider social prescribing system in Doncaster. The interviews were undertaken as part of the evaluation of the Creative Health Connector (CHC) role which runs alongside the UKRI wider programme. The overall aim of the evaluation is:



To understand the process of implementation of the Creative Health Connector role, it's potential impact and whether/how it can be embedded across the Creative Health system.

As the role was new at the time of the interviews, initial data collection aimed to gain insights into the Creative Health and Social Prescribing landscape in Doncaster. This included exploring the impact of recent changes and considering how the role could align with existing systems. Interviews also focused on the ambitions for the role, any perceived challenges and how to measure success. These ambitions will be readdressed in Year 2 and 3 to further explore how the role has developed and

establish how change has been achieved as a result of the role.

Here we present a short summary of the key points from the Year 1 findings. For further detail and quotes from participants, please refer to the full-length report.

Social prescribing system

- The social prescribing offer in Doncaster was decommissioned in March 2024.
- Participants provided several possible reasons for this:
 - It was felt there was sufficient resource already in the council delivering similar roles.
 - The challenging economic environment of (LAs) including a lack of clarity for recurrent funding.
 - It is not a statutory obligation for councils to deliver social prescribing activities.
- While it's too early to assess the full impact of recent changes, participants expressed concern about the potential burden on (VCS) organisations, who may be forced to fill gaps in service provision.
- Although there are several existing teams in Doncaster delivering similar roles to social prescribing, there were concerns that these roles could not replace link workers due to having a primarily signposting function which did not support service users to attend activities.



My big worry is that, so one of the things I've heard is people saying we don't really need social prescribing because essentially it's sort of happening already through the community connectors and voluntary and community organisations are kind of doing it themselves, but nobody's paying for that, once again it's the voluntary and community sectors seeing a gap, thinking oh my god we've got to fill that and filling it, but with no recompense, and it's terrifying.

The Creative Health System and the Creative Health Board

- Sustainable funding remains the key challenge to creative health activities.

- Sustainability of creative health activities should be embedded as a key priority of the creative health board.
- To achieve this funding, models need to move from prioritising treatment to prevention, but this is challenging within the current financial climate.
- Strong evidence of the impact of creative health activities alongside buy-in from strategic partners is required to support onward sustainability.
- The creative health board should act as a collective voice to drive change forward. This should involve actors across the system, and not rely on community assets alone.



I'd like to see [sustainability] to be a real focus for the creative health board. The creative health board can't do it on their own, there needs to be some advocacy and connectivity to the health and wellbeing board and higher up around Team Doncaster and how that collectively works together...and the ICB I guess at a regional level to provide some of that sub-regional advocacy around prevention and join up our thinking where we can.

The Creative Health Connector role

- Participants were very positive about the introduction of the role and felt it provided capacity for the creative health board to develop relationships across the system.
- The focus of the role on creative health made the role unique and differentiated it from a social prescriber.
- Participants broadly agreed with the job description but views about its primary area of focus were mixed. Some felt that the role should focus on removing barriers for service users, whilst others felt it should create professional connections across the system.
- Exploring barriers for service users potentially overlaps with the role of the embedded researchers and the creative health assets within the wider UKRI programme.
- The role should be community-led, adaptive and reflexive to the needs of residents and professionals.

- The role should act as a collective voice for the creative health board and an advocate for creative health activities across the system.

“

I'd want them to be almost known as the main contact, if you're interested in arts and health and you want to find out what's going on, particularly if you're a health professional and you want to talk to somebody who really understands the work, not just go and see this, it's brilliant, but really understands the work and the reason behind it and the wider interventions work and where the academic evidence is, you've got somebody there who understands that, even it's not at the tip of his fingers, but something that you can easily get hold of.

Challenges to the role

- Sustainable funding is a key challenge to the role.
- The role should be embedded into the creative health board, and board members should be actively involved in driving change forward.
- The postholder should not rely on NHS services and explore other allied health professionals and Doncaster council teams due to a lack of resource in the health system.

“

I think [sustainability] is the key priority and should be a key priority for the arts and health board. I think there is strength in numbers and I think it can pull together a key narrative of the creative sector to champion a joined up narrative and message to health and care partners to think about broadly arts and health and commission arts and health as a subject matter and not necessarily independent outcomes if that makes sense. So rather than thinking about mental health and

falls prevention and dementia, rather than commissioning health inequalities in isolation, how can we have a joined up approach across those pathways that actually says to prevent all these 10 health outcomes in [name of region] let's pool our resources together and, like you said, think transformationally about health as a broader issue.

Managing success and long-term change

- It was hoped that the UKRI programme would support sustainability by developing evidence on the impact and cost effectiveness of creative health activities.
- Increased numbers of people attending creative health activities and the development of a wider network of creative health organisations were considered key markers of success for the CHC role.
- Long term change could be measured through ripple effecting mapping and the development of a Theory of Change for the Creative Health Board.

“

...it becomes recognised almost as being able to meet those needs, so some people with profound mental health difficulties, instead of working to send them off to counselling, I don't have anything counselling, I am a councillor, I did my training and I appreciate that, but it's everybody's first port of call, everyone in mental health, apart from PFG will, they kind of changed some of their practices sometimes but theirs is very peer support. So instead of thinking counselling, counselling, have you thought about joining this group or what about a night at the theatre, there's this group that'll help you access that or joining a drama group where you can express yourself. It becomes more thought of in a way on a par with counselling, it's not an afterthought.