

## Brighton Health and Wellbeing Centre

### HERA Evaluation: Mid-Project Report

September 2016



### Healing and Expressive Recovery Arts

*'You offer someone a place in the world when they had none. A place where they are valued, respected and needed. For some this is to be an artist.'*



Supported using public funding by  
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ENGLAND**





*Participants in the Hera Singing Group*

## 1. What are we evaluating?

The Hera arts project at Brighton Health & Wellbeing Centre is a network of programmes using the arts and creative therapies to enhance quality of life, health and wellbeing of our patients, staff and community, and to provide access to high-quality arts activity to people who would otherwise be unable to access them due to health conditions. The project is a UK first in offering a range of different art form activities from a GP/primary care setting, and as such offers creative activity for an extraordinarily broad range of local people, including those who have not tried arts activities since leaving school and those with professional artistic ambitions.

This mid-project report is reviewing progress from 1<sup>st</sup> November 2015 to 31<sup>st</sup> August 2016 on the Hera programme, which in its current form is planned to run until Spring 2017. See section 2.10 for reporting on the project's key objectives. The report is based on the structure of the original evaluation plan.

## 2. Success factors

### 2.1 Funding partnerships achieved to deliver 18-month programme

Contributions from Arts Council England, Brighton and Hove City Council (Public Health Directorate grant and Adult Social Care training budget) and the NHS via Brighton Health and Wellbeing Centre mean the initial funding target was achieved. Additional funding to Black Mustard has enabled delivery of a parallel narrative medicine programme to be offered once a month for clinical and administrative staff.

### 2.2 Artists retained to deliver for the duration of the programme

8 confirmed of 8 who originally signed up

### 2.3 Target numbers of participants achieved for at least 75% of the programme

- Artists 8 – 11 confirmed (3 additional in year one, for the Wellbeing Gallery, referred by Outside In)
- Participants 506 – 970 confirmed at 31/8/16
- Audience (live) 2000 – 9625 estimated, based on number of people passing through the Wellbeing Gallery, and Open House. 1438 people came to exhibition-specific events and the 2015 Open House
- Audience (broadcast, online, in writing) 25,000 – BBC Radio 4, Kate Granger Awards ceremony, national/specialist press, ITV news, narrative website, Finding Your Compass – light touch encounters with the project through the media are hard to estimate but in the millions rather than thousands.

The Hera/FYC film *Navigation* can be viewed here:

[http://findingyourcompass.co.uk/home/?page\\_id=15869](http://findingyourcompass.co.uk/home/?page_id=15869)

### 2.4 At least four different art form activities delivered as planned

Singing, Narrative, Reading, Artist's Film, Dance, Printmaking, Visual Art (painting, printmaking video, 3D modelling, art therapy) confirmed and delivered in phase one. Some adaptations made in planning for phase two in response to learning from the project (see below).

2.5 Final presentations and new products/commissions of work achieved in various media [Whole project targets: 3 new commissions, 142 days of artists' employment, 12 performance/exhibition days, 131 training/participation days]

- So far 2 new commissions (artists' film), 2 visual arts works/series, and 1 in development (literature). 4 exhibitions and a 5<sup>th</sup> planned

- 402 artist days compared to an original target of 142 for the whole project. Some artists need to recalculate their day rate to allow for more planning and administration time
- 10 performance or exhibition days so far (Festival Open House, Finding Your Compass film showing, Sing for Better Health group performance), plus 200+ days of ongoing exhibits running every day in the Wellbeing Gallery
- In addition to the nearly 1000 participant-sessions delivered, artists have taken part in at least 6 formal training sessions of their own (e.g. working with vulnerable people, child safeguarding) with more planned, and have participated in a number of knowledge-sharing networks and events such as an Aesop conference, a Columbia Medical Centre conference and research King's College, London and the University of Brighton.
- 152 training/participation sessions

## 2.6 Positive critical evaluation achieved of artistic work

Simon Stevens, CEO of the NHS, spoke about Hera at the national NHS Innovation Expo in August 2016: 'Singing, dancing, painting, narrative medicine, that's what they do down there in Brighton!'

'Wow! You really are a writer' (staff participant at narrative workshop)

'One participant with learning difficulties was fairly terrified at first at the thought of talking to members of the public and we started off with giving him the job of tallying up the visitor numbers. Coming each weekend, he began to realize that people were genuinely interested in his work and this really boosted his confidence. He read lovely, positive comments about his paintings in the comment book and he saw that people looking and enjoying at his work. So he began to talk to people. At first he would say just hello as visitors entered the gallery but by the end of the exhibition he was happy to answer questions about his work from the many people who loved it.'

'First impressions left me with cool and pleasant overview of this Open House [The Wellbeing Gallery]. After seeing so much art in other 'houses' with little continuity, here was a refreshing, cohesive and meaningful exhibition of art work. If it lacked anything I would be hard pushed to find it. Excellent show.' Charlie Bel James MA Fine Art Wimbledon College

Work is in hand to invite independent artistic review.

## 2.7 Positive evaluation of project from 75% of each of clinicians, participants, artists, partners, independent advisory panel – to include shared learning and development

This has been achieved.

Survey forms, interviews, group discussion and individual feedback suggest a very high satisfaction rate, e.g. for the Narrative group overall scores were typically 4 or 5 out of 5, with none lower than 3. With the book group scores were all 4 out of 4 except one score of 3. Art therapy scores were almost all 5 or 6 out of 6.

'I noticed this having immediate and tangible benefits with my life at work'

‘Being able to write again, and write with such confidence, is absolutely invaluable. I’ve written 50,000 words since January’

‘The process is very open. After an hour you might have created a piece – that feels like an achievement in itself. You can look at the work and think “I did that”.’

The positive evaluation targets have been comfortably exceeded (see evidence from interviews, feedback and survey sheets, evaluation meetings). Where challenges have existed, these have been discussed openly and where appropriate changes put in place or future recommendations explored (e.g. barriers inherent in the layout of the BHWC building, communications around budget and dedicated management resource).

Artist Jude Hart describes the process of the Wellbeing Gallery for the Open House:

‘For the Artist Open House exhibition, there were group sessions which cover photographing work, writing a biography, pricing if applicable and producing smaller items to sell, the running of the weekends and setting up a workshop. These sessions can be really helpful in the professional development of an artist in seeing the context of their work in a wider world. It can also be very useful for the participants as the others in the group start to offer positive feedback about work and they start to share advice and experiences. This is an important part of the project. It is where participants who may be isolated from other artists can find common ground with others within the framework and safety of organised meetings.

During the same time period of these group sessions, participants may be finishing work and there is an informal structure of mentoring with each participant depending on the level of need. This is also the most stressful time for the participant as the deadline begins to loom near and anxiety grows about showing their work.

The release for all this tension is hanging day, when the exhibition finally goes up. This can be a really wonderful experience for the artist as they see their work professionally hung. It is a proud moment for most. For the Artists Open House there is a private view and the surgery was open to the public over the five weekends in May. This can be the first time they have experienced such a positive celebration of their work and it can be a real boost after all the hard work. The final session is taking down the work at the end of the exhibition and this is the time for closure. It is a time when participants reflect on the experience as a whole and a time for celebrating the successes of the individual.’

The Wishing Wall exhibition had 125 participant contributions, from the playful to the sad, many very moving:





Finding Your Compass participants commented:

‘It is fantastic to go to a well-being project which is rooted in creative expression. And a really important opportunity to experience a supportive community’

‘I enjoyed the chance to explore personal story and emotional experience through movement (using our colour sketches as stimulus)’

‘The project helped me to have something to get up for that involved movement’

‘The project increased my social network and sense of belonging’

2.8 Partnership support (including indications of funding) achieved for continuation of the work

- Arts Council Funding for autumn 2015 to spring 2017 confirmed
- BHCC funding for 2015-16 confirmed
- BHCC training budget for artists confirmed (ongoing)
- Pavilions Substance Misuse Service – venue, training & wraparound clinical support (ongoing)
- Inclusion in Brighton Integrated Care Service tender for city wellbeing contract for 2017-2022 – details pending, Some component of inclusion likely. Decision on successful bidder due late 2016/early 2017
- Invitation to collaborate with Brighton & Sussex University Medical School around manual clinical drawing and doctor-patient interaction using the arts
- Invitations to artists to extend programme to new locations e.g. Recovery College, Preston Park
- Robin Hood Health Foundation charity registered to enable future sustainability.

## 2.9 Raised awareness among clinicians locally, nationally and internationally of the value of arts on referral in health settings

The Hera project was one of three finalists in the 'Organisation' category of the Kate Granger Awards for Innovation in Compassionate Care, and the awards were very widely reported in the health press. National publicity in general and specialist press for programme included <https://www.england.nhs.uk/expo/tag/kate-granger-awards-for-compassionate-care/> and <http://www.wired.gov.net/wg/news.nsf/articles/Shortlist+of+nine+inspirational+nominations+for+Kate+Granger+Awards+17082016151500?open> The awards were also reported on ITV News.

Ongoing communications via local Clinical Commissioning Group to Brighton & Hove GPs and via the City Wellbeing Service/BICS to mental health practitioners

Presentations to NHS South East Commissioners: 'It would be wonderful to showcase the work you are doing to encourage others... It was great to see such an innovative approach [which] I would recommend' – Dr Caroline Jessel, Lead for Clinical Transformation and Outcomes, NHS England South East (April 2016)

Presentation at the 2016 Aesop Conference at the South Bank Centre: 'Integrative Care: A Success Story of the Brighton Health & Wellbeing Centre and Finding Your Compass' (February 2016)

Double spread article on arts and recovery in Brighton Argus featuring a reading group participant, Dan Blomfield (6/8/16). Dan and other attendees at the Pavilions substance misuse service are demonstrating the beginnings of critical mass and a sea-change in thinking about in arts for recovery, for example through their parallel participation in the New Note Orchestra: <http://www.artscouncil.org.uk/news/creativity-and-recovery-go-hand-hand-new-note-orchestra>

Meeting with Prof Brian Hurwitz at King's College London in December 2016 to discuss arts in primary care in the context of medical humanities training for junior doctors and others

Meeting with Sussex NHS Partnerships Trust Patient Services Manager (this is a specialist mental health trust), with a view to future collaboration (August 2016)

Article on Hera in *Arts Professional* March 2016, with links retweeted multiple times

Advanced Narrative Workshop delivered at Columbia University Medical Centre, USA (May 2016)

Work produced in Narrative groups is published on the website 'Tell Someone I'm Here'

Positive online commentary about the project from Dr Caroline Jessel, Clinical Lead for Service Transformation NHS South, Anthony Tiernan, Director of Engagement & Communications NHS Five Year Forward Plan, Sarah Smith, Head of Strategic Communications NHS England

Work to be exhibited as part of Recovery Month at Pavilions Substance Misuse Service, 30<sup>th</sup> September 2016

2.10 Final report presented to key partners and disseminated to a wider audience

Due Spring 2017

2.10 Achievement against evaluation benchmarks and project objectives:

a) to make a range of high quality artistic engagement opportunities available to people who would otherwise be unlikely to access them due to health conditions

Confirmed (see below). Example testimony from the Narrative group:

'I loved it. Thank you so much. It's been wonderfully clarifying and enriching to share with people on this deep level. I feel like I have learned a lot about other people's experiences.'

'Excellent and very encouraging'

'I like the feedback and discovering new poets and writers'

'I've never attended a group like this before [and] it's taken me a while to figure out how to behave... I'm learning to understand how the group is... an organic evolution of creativity from an expression of ideas and learning rather than teaching or guiding'

'We have colourful discussion concerning the literature... which is always invigorating and varied and the leaders of the group are quick to diffuse tension in a caring way'

'I feel I can't go to the library so this is great'

b) to test demand for 'arts on referral' via the local GP network... to establish whether positive outcomes for arts engagement from clinical and academic research can be replicated in a real-world community-wide setting

This has been emphatically confirmed, with some caveats around process and communication – these have been reviewed and incremental improvements are in hand around who attends which meetings, online information sharing and cross-disciplinary communication. The intention to roll out to other GP surgeries has had to be restrained due to the demands of the existing programme, but interest has been expressed by several other practices in the local GP cluster. Target participant numbers (at just past the half way point) are already nearly double the original target for the whole project. This has had project management implications and has necessitated bringing forward some phase two expenditure to phase one, so the project in its current form is likely to end earlier than anticipated, but the case for forward funding based on demand, benefit, value for money and new participation among 'hard to reach' groups is very strong.

c) to make a variety of activities available rather than a single art form to cater for a diversity



of preferences, interests and backgrounds

Confirmed. All participants experience at least one chronic physical or mental health condition, and most have several. Some Hera groups focus on creating access to arts activity for people with specific conditions (e.g. singing for older people with cardio or pulmonary illnesses, or creative reading and writing for people in recovery from substance misuse) and others are open access to any patient (e.g. narrative). This enables people to opt for the group or activity they find most suitable and appealing. The groups run at different times during the week, including during working hours, at weekends and in the early evening, and they create a shared experience, a social network and a community of interest which is often sustained outside of the group and with a lifetime beyond it. There is anecdotal evidence of demand for more of this 'extra-curricular' activity.

The demographic make-up of the groups varies considerably, e.g. the Finding Your Compass movement and film group was 92% female and 75% aged between 40 and 45; the book group has been typically 85% male, ranging in age from 18 to 60; the art therapy is organised into groups of under 12, under 16 and 16-24, and is roughly 50/50 male & female; the singing group ranges from 65 to 88; the Narrative group is 75% female, around 50% over 40 and 2 people over 80. On the Wellbeing Gallery segment 85% of participants experienced mental health issues, 5% were participants with a learning difficulty and 10% experienced mobility issues; they were aged 20-60 and were 50/50 male/female with one non-binary participant. The ethnic make-up across the project reflects the local population at approximately 12% from backgrounds not white British. A high number of participants are in receipt of health or disability-related benefits and/or old age pensions – we do not have exact numbers but estimate on the basis of reported health conditions and personal knowledge of participants that it is well over 50%.

Feedback from participants has covered a very wide range of topics and perspectives, dealing with creativity, confidence, social contact, health improvements, new skills and more besides:

Movement (Finding Your Compass): '67% mentioned they were more sensitive to, and accepting of, differences in others; and 67% expressed that they had healthier relationships with others'.

Singing: 'Our sessions are relaxed, happy – the participants have a lot of fun. They communicate well with each other, are less lonely, and their breathing and postures have improved'.

All artists undertook a mid-project evaluation of their work and that of their participants, using formal feedback sheets, comment books, interviews, photographs and group discussion. In addition, independent feedback was sought from partners, clinicians, patient representatives, partners and other colleagues, through meetings, phone interviews and email contact. The July project meeting discussed evaluation in detail and made some group recommendations (see below), which were reviewed and developed at the August meeting.

## 2.11 Participant experience

Participant feedback has been overwhelmingly positive. A significant number of participants have also been inspired to join new groups either within Hera or elsewhere (see e.g. singing and narrative interviews). A large number have grown in confidence sufficiently to try new activities for the first time, or to return to pleasurable creative activity that they long ago abandoned. There has been occasional confusion around the referral process but steps are being taken to address this.

Some groups e.g. Narrative, Film and Dance operate around a core group that attend regularly over a period of time. These have a very low drop-out rate of under 5%. Others e.g. singing and reading are more flexible owing to the need for people to sometimes prioritise health or indeed other areas of their life (including criminal justice matters, residential rehab, caring commitments). People may attend, then have a period of absence, then return when things are going better for them, such as with the reading group. The Wellbeing Gallery worked initially with artists experiencing mental health problems, to produce fabric pieces, painting and video, and then moved on to a less intensive and more participatory exhibition to which attendees at the surgery could contribute (such as the very popular Wishing Wall).

‘It lightens my mood completely! It is so heart-warming and life-affirming. I only felt half alive before coming! I’ve made friends – we meet away from the group. I also enjoyed performing – it gives me confidence’ (singing group)

‘Singing has made me more cheerful and confident. I have been discharged from speech therapy!’ (singing group)

‘When I sing, the pain is not so prevalent’ (singing group)

‘I stopped singing as a child as I felt too self-conscious. This lack of confidence affected my daily life. I can speak out now, my speaking voice is much stronger. I spoke at a public meeting the other day, for the first time!’ (singing group)

‘It’s fantastic and I would recommend it to anyone!’ (book group)

‘I am slowly opening up and feeling less shy about writing’ (book group)

‘If I wasn’t here I would be wandering the streets’ (book group)

‘I’ve been thinking about the future much more than I used to’ (narrative group)

‘I am 88... What I’ve come to realise is that what I write can be as meaningful as anybody else’s. I have got a voice and the narrative workshops give me a chance to exercise it’ (narrative group)

‘I was recovering from a period of depression. I was just walking past BHWC and they had loads of art in the windows, so I went in and picked up a leaflet. I’m not a patient there but I

had spoken to my own GP about Narrative Medicine a few days before, strangely enough'.  
(narrative group)

'Loved the whole show! Best open house we've seen.' (gallery)

'Wonderful flow- inspired work' (gallery)

'Very interesting variety of work, provokes much thought' (gallery)

'Brilliant use of the space and very interesting framed artwork. Thank you' (gallery)

'Excellent selection of work. Thanks' (gallery)

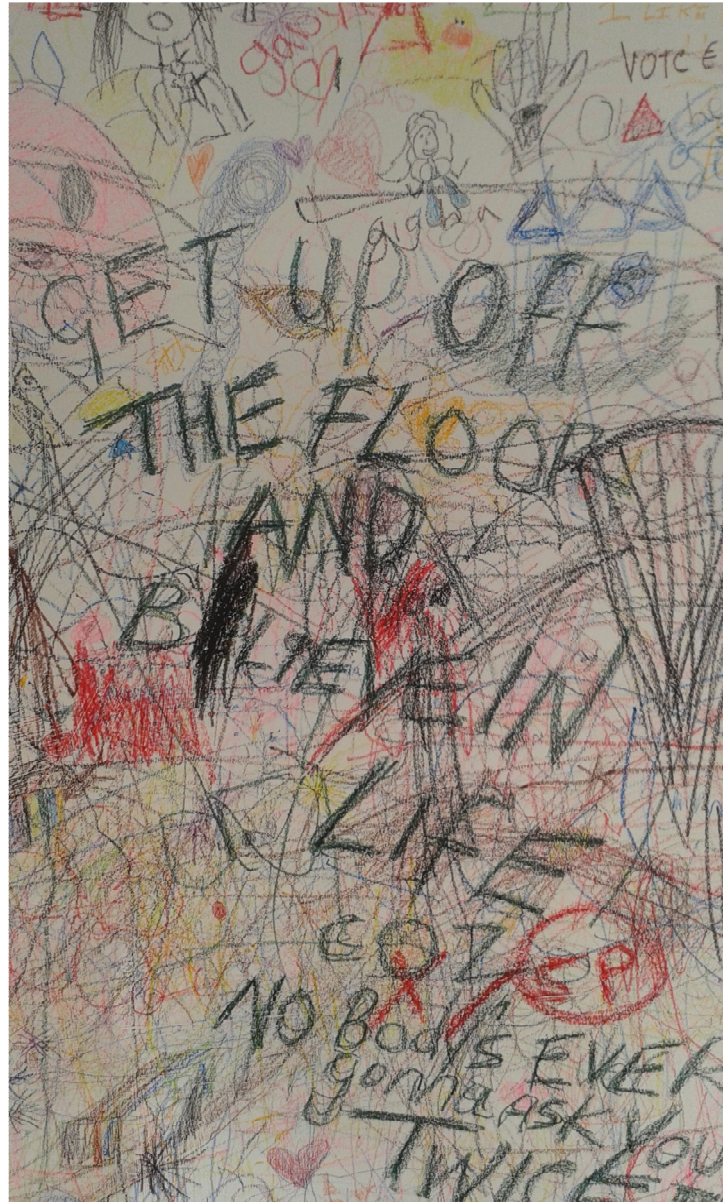
'Awesome to see such striking work. Love the selfie distorted image! Beautiful!' (gallery)

'Thank you so much, it's been amazing experience to be able to be on film and express myself.' (gallery)

Of Finding Your Compass (dance, film, printmaking) participants, 75% considered they could better understand their health, more physical and mentally; 60% stated that they could work more effectively on their personal and /or health problems; 60% mentioned they could better handle their feelings and behaviour.

Only one adverse report from a participant has so far been received, from a person recovering from childhood sexual abuse – it was felt that the artist involved had insufficient understanding of working with trauma and it would appear that the individual's needs were of a more clinically serious nature than originally understood at the point of referral. That person is now receiving more appropriate support elsewhere.

The practice has a Patient Participation Group, which has recorded positive feedback especially about singing and art therapy. According to Penny Randall, who chairs it, the presentation of art in the Wellbeing Gallery 'is so much nicer than dreary health posters! It creates a really welcoming environment and definitely helps. Considering the limitations of the premises an enormous amount is offered. [Being there] is not just about being ill. The practice manager is very open to suggestions of all sorts and quick to respond'.



### 2.11 Artist experience

Most Hera artists have developed new skills such as facilitation and working with mental health concerns, both formally through training and informally through serendipitous learning, self-directed learning and knowledge-sharing. Several record a deepening and enriching experience of working with audiences/participants. Significant new pieces of artistic work have been produced including artist's film, tapestry and the 'Wishing Wall, and more are in development, in addition to a large volume of creative work produced by participants. For around half of the artists this was the first time they had worked with vulnerable groups. Some adaptations were made to artistic work with participants as learning accrued, e.g. type of participant and subject matter for the Wellbeing Gallery, and choice of literature for the book group. There were challenges around workload, rooms and working environment (e.g. stairs), which arose largely from the physical limitations of the

building and a large increase in patient workload at BHCW; the latter also led to a transfer of project management tasks to one of the artists. Most of the 8 core artists wish to participate in a future continuation of Hera and all are committed to the current programme. Some concerns have been expressed about the security of funding for the programme, which makes planning artistic work more challenging.

‘I have made a new film, *Coalescence*. This was inspired by the tango music I was researching for *Finding Your Compass*’ – Fiona Geilinger, film-maker

‘Since I started with the Hera project I have become an artistic practitioner with Chrysalis Effect (ME, Fibromyalgia and CFS). The project has also supported my work with dementia and Parkinson’s patients.’ – Rosaria Gracia, choreographer

‘I am working on a new book proposal rooted in my experience of the stories people tell themselves on the Hera project’ – Emma Drew, writer

Some artists urged more to be done to engage non-clinical administrative staff in the project: ‘For example: the comment box I had put in the space for evaluation was taken, emptied and used for something else. A film that was showing was often not switched on when I would pop in unannounced.’ This is a point of learning and it is agreed that further work on integration can be developed.

‘It has been difficult to manage the Hera workload and keep up my studio practice at the same time. The biggest challenge has been to switch off from the needs of the participants and concentrate on my work. In a world of constant communication, it requires discipline not to check emails/texts and be distracted during studio time. The other members of Hera have been most supportive.’

‘I have also noticed that there has been a shift in how I see myself as an artist. I have had the chance to create several participatory arts activities during the project and I have discovered that I really love the relationship between artist and audience in this sort of work. It is an area that I am keen to pursue and develop further.’

## 2.12 Artistic quality

Due to the confidential nature of the groups and vulnerability of participants, it has not been generally appropriate to bring independent reviewers into these settings. The work has often been demanding for participants, e.g. a session on ‘Utopias’ with the book group required participants to read some quite difficult work, and another on ‘noir’ required them to draw on their own experiences of being on the wrong side of the law. Local press coverage has been good, including for the Wellbeing Gallery/Brighton Open House. Recommendations and invitations to partner in the future have come in from NHS South, Brighton Independent Care Service, Pavilions, Aesop arts and health training network, the University of Brighton, Sussex NHS Partnerships Trust, the Royal Opera House, the Charter medical practice and others.

It was agreed at the September project meeting to identify suitable opportunities to which independent artistic reviewers might be invited.



### 2.13 Clinician/BHWC experience

As well as ongoing feedback through meetings, emails and informal conversation, an evaluation discussion was held with BHWC staff (doctors, nurses and administrators) in August 2016. 3 GPs are most actively referring patients to the project, along with 2 nurses and the practice's specialist health coach. A majority of participants are now self-referrals, with word of mouth effect in evidence, and people are also being referred by complementary health practitioners, recovery services and other arts organisations such as Outside In. Patient numbers at the practice have grown from 7000 to over 11,000 in a year so the focus has been on managing demand through existing channels rather than seeking new referral routes. Clinicians have asked for more information as the Hera project evolves, so will be necessary to update and disseminate further simple patient- and doctor-friendly documentation, which in this setting is best done with leaflets and email newsletters, including large print where appropriate.

The senior partner at the practice, Dr Laura Marshall Andrews, has advised that per-patient demand on GP time has been reduced for Hera participants by around 20%. She has been invited by HRH the Prince of Wales to bring BHWC's experience of offering the arts in an integrated primary care setting to contribute to the establishment of a national integrated practice network.

'All the feedback I have had from service users and colleagues is fantastic. You are having some great ideas about developing the creative offer. Keep it up!' – Service Manager, Pavilions

'The narrative group is really good – you come out feeling completely different' (staff participant)

'Patients are surprised, pleased and intrigued; we do need to explore what would be right for them' (doctor)

'It's not for everybody. Some patients would not consider it but some surprise us!' (doctor)

'I recommend a lot of patients to the singing, and also the nurses! It's very good for lonely older people. The atmosphere is lovely.' (nurse)

'I love it. Patients say it has made a huge difference. I like that the programme is based on evidence.' (doctor)

'The art is a good extra offer to have. It really meets a gap. For example it has been good for patients who are self-harming. The art therapy project on "fakeness" was very powerful.' (nurse)

'The Wishing Wall in the waiting room has provoked loads of positive responses, and the screen in the previous exhibition also worked well though some people were less keen on one of the films'

'I would like to see us commission some animations for the screen' (doctor)

SWOT summary of Hera by BHCW staff:

#### STRENGTHS

Free to all patients  
Highly accessible  
Unique and different  
Homed within the main practice  
Wide range of activities  
Up and coming area of practice  
Research-based  
Distinctive

#### WEAKNESSES

Need more summary information for clinicians  
Stronger message needed about the benefits  
Some questions around timings and scheduling  
Some doctors not yet committed

#### OPPORTUNITIES

New taster sessions  
Develop further into new art forms and with new artists  
Possible partnerships e.g. with BICS  
Possibility of a permanently established programme for the city  
Action research and training opportunities

#### THREATS

Funding climate  
Potential competition?  
Closed-minded decision-makers  
Training needed for artists in NHS 'significant event reporting'  
Risk of patients confusing artists and clinicians?  
Potential loss of continuity with artist/difficulties of long term planning if future funding not secured

## How art can help

There is something intangible about certain *states of mind*. Our ever-changing moods can be just out of reach of conventional understanding. Even feelings that we are faced with regularly may be hard to recognise and express with words alone. Often we resist exposing our vulnerable inner self to those around us. Yet art can hold up a mirror to our inner worlds and provide a channel to explore these worlds. This recognition within art can help us identify who we are, and how we feel.

Artists work in the world of self-enquiry and sometimes their work is a quest to explore that unknown inner world and make it visible.

Daniel Nicholls is one such artist. He has embarked on a series of work: **Mime/Substitute/Mind** which explores his personal internal dialogue through a way of working which is entitled "connecting with thought process real time".

He films himself making marks that are deeply connected to the way he feels moment to moment. The resulting work offers up a visual explanation of what that unguarded self may look like.

Daniel calls on us to make our own inner world explorations and gently asserts that these can carry us through those difficult times when our thoughts and feelings are lost to us.

### 2.14 Delivery against timescale, human resource allocations and budget

Earlier in the project, there were some stresses and strains while artists and clinicians got to understand each other's working practices, and the skills, staff time and information were developed to support participants effectively. There were also workload management issues for some artists. However, right from the start patients have been reporting inspirational experiences and producing startlingly good work, as have some colleagues both artistic and clinical. Primary care is an extremely challenging environment, quite unlike a 'normal' arts venue or even the traditional arts-in-hospital type of project, where patients are effectively a captive audience. Here is addressing people who are not only unwell, but who may choose to engage or disengage whenever they wish, and who can vote with their feet. In most cases they arrive looking not for art but for medicine, but there is anecdotal evidence that the art

programme itself is attracting new patients to the surgery. Some artists, though not all, found the climate of uncertainty around long-term funding a significant difficulty.

It is with some pride therefore that we can report in terms of participant numbers that the project has already well exceeded its target for the whole project, met all of its success criteria and delivered all of the proposed activities for the first phase except for a formal launch, the need for which was somewhat superseded by events. This is very satisfying for all of the professionals involved, both artists and clinicians. The end of the project may therefore need to be brought forward unless new funding can be secured for forward development and delivery, which takes into account the need for dedicated project direction and financial sustainability. We are working to that end. It is hoped that the establishment of the new charity, the Robin Hood Health Foundation, within BHWC will manage and deliver Hera work permanently, and some strong expressions of interest in future partnership support have been indicated by BICS and others.

## 2.15 Operating environment

Within the timescale of the project, changes to the operating environment have taken place including increased patient numbers, further local authority cuts, industrial action in the NHS and delays to service commissioning arrangements. However, members of the Hera team are making strenuous efforts to maintain dialogue wherever possible in order to keep abreast of developments. Within the context of these pressures, independent support for the artists from Professor Diane Waller of the University of Brighton has been invaluable, as has peer support at team meetings. Colleagues at BHWC have also made substantial efforts to understand and engage with the new and sometimes unfamiliar working culture of the arts, and vice versa. The Community Programme of the University of Brighton (CUPP) has agreed in principle to facilitate an action learning set for artists and clinicians to share the Hera learning journey together.

## 2.16 Engagement

There are several groups engaged in the project, with differing priorities and demands on their time. Feedback on patient engagement has been excellent (see elsewhere in this report). It was felt by some that more needs to be done to engage a broader range of BHWC staff. This challenge will need to be addressed in the context of a difficult and sometimes overwhelming picture of patient demand, as well as ongoing staff shortages across the NHS which manifest here as elsewhere. It is also felt by many of those same staff however that in addition to patient benefits the opportunity for staff to engage in the arts at BHWC is enriching and helpful to personal and professional resilience, and the partners therefore are committed to maintaining the programme. Both adult and child patients have responded enthusiastically to the change in the waiting room environment: barriers have been lowered, in part because the walls themselves have been spaces dedicated to patients' expressive mark making:



## 2.17 Clinical outcomes

Around a 20% reduction in per-person demand on GP time for participants is reported by BHWC data, and interviews report a range of benefits including reduction in use of pain medication and being successfully discharged from secondary services such as speech therapy. Improvements in confidence, the ability to express oneself and self-reported wellbeing are being recorded across the programme, including by parents of young people on the art therapy segment, people in recovery from substance misuse, and singing, where speech and breathing improvements are widely evidenced. The following is a typical observation:

‘One of the participants reported back that being part of the exhibition had made him realise he needed to address the fact that medication for his headaches wasn’t working very well and he went back to the doctors and has been on a new prescription, which is making him feel much better. Since then he has started painting properly again for the first time in years and is planning new work and is very excited about the future’ (artist)

With people in recovery from substance misuse, most participants reported in various formulations that the reading group gave them purposeful and enjoyable activity where otherwise they may have had none – being at a loose end is a big risk for relapse:

‘If I wasn’t here I would be at home, snoozing’

‘Doing nothing else important’

‘I would have been at home alone’

‘I would probably have been smoking spice’

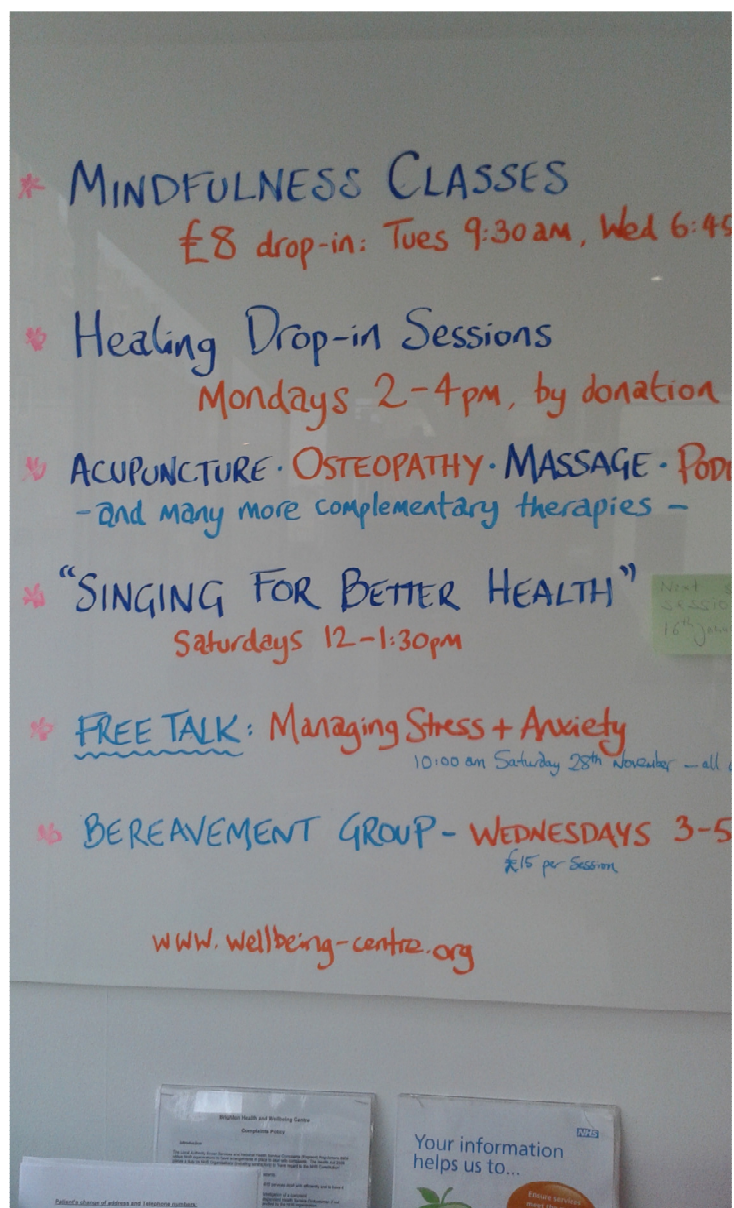


'I would have been hanging around, chatting to people'

'I would have been sitting around, waiting for another recovery group'

'I would have been up to no good!'

The Brighton and Hove population has some distinct public health characteristics, such as high reported levels of mental health problems and the highest levels of heroin overdose in the UK. As elsewhere in the country, these concerns are seriously under-addressed. Furthermore, the city's main hospital has been struggling to cope with demand for some time, especially it's A&E department, and has been put into 'special measures', which is of particular relevance to older people and people at risk of overdose. Future planning for arts activity in health settings in the city will need to ensure a careful response to this picture, in close liaison with other organisations and peer support groups.



## 2.18 Organisational capacity and capability

Additional dedicated Hera management resource is required in order to provide more robust and sustained support to the programme, and the ability to respond quickly to concerns from all sides. This has been agreed by all partners to the project in principle, subject to future funding.

Future artists' professional development needs are to be addressed through in-house training, participation in the Aesop arts and health network, BHCC learning programmes, and the Brighton University-facilitated action learning set. Experience of working in organisational settings varies between the artists and so any future recruitment to the programme will need to monitor the skills, attributes and support required on an ongoing basis.

The new charity will allow independent fundraising and operational independence, while working in close partnership with the partners at BHCW to deliver a fully integrated experience for participants, and also it is hoped arts activities for clinical colleagues that will support personal resilience and pleasure in cultural activity for a very hard-pressed workforce. A key to the success of the strategy will be to establish a sensible funding pipeline.

The charity registration of the Robin Hood Health Foundation was confirmed by the Charity Commission in September and planning is now underway for future sustainability.

Challenges around workspace are being addressed by the allocation of a new, bigger meeting room at BHCW and the exploration of additional space in the locality. A local pharmacy has good-quality meeting space available that is suitable for filming, dance and other activities, and is already renting office space to BHCW so there is an established partnership.

## 2.19 Learning

- Explore improvements to rooms/workspace where possible
- Consider improvements to access issues e.g. can more use be made of the fully accessible waiting room/gallery space outside normal hours
- Forward resourcing to include a dedicated project director and greater budget contingency
- Ensure artists are clear about roles and responsibilities, and provide induction to working in primary care for any new arts professionals involved
- Engagement from administrative staff helps promote access to the programme for participants and facilitates communication between professionals
- Seek funding to allow for a longer planning horizon now that the benefits and successes of the project have been demonstrated, to include planning time for artists
- Produce new leaflets and newsletter information for clinicians and patients
- Ensure stronger message around project identity and benefits

- Ensure future evolutions of the project include dedicated clinical supervision for artists as now
- Explore further improvements to communications so that processes are transparent to all professionals involved
- Make a clear distinction between immersive, intensive activities like Finding Your Compass and other strands that are more suited to the most vulnerable patients: 'clarification of the commitment and team responsibility required is important'
- Plan for wider and deeper progression routes for participants, as well as additional signposting, in conjunction with partners across the city
- Establish a strategic commitment and shared goals for future development across all partners
- Finalise the strategic plan for the Robin Hood Health Foundation
- Plan for work in the shared theme of 'Shadows' across all art form groups for presentation at the 2017 Brighton Festival Open Houses programme
- Celebrate our successes

Artist comment:

'I think offering opportunities for participants to meet, discuss work, learn new skills outside of the exhibition schedule would be really beneficial to them. It would help to combat the isolation I am seeing.

I am also going to link up with Artspace, which is a lovely local project offering people with mental health issues the opportunity to make work in supported studios in East Brighton.

**What else have you learned if anything about how to provide a high-quality creative experience for participants?**

Set the bar high!'

## 2.20 Sustainability/Exit

It is widely considered that the project is a success, though of course not without its challenges. In terms of future sustainability, dedicated management/administration, and the ability to fundraise independently, are important. Options include partial funding by subcontracting with public sector providers, where the programme meets the objectives of those commissioners in a context of severe budget cuts, and arts funding through other sources, to make sure that the artistic integrity and quality of the programme is maintained. The case for some types of NHS funding will be hard to make until and unless NICE guidelines are updated to take into account the evidence base for arts and health work (as opposed to straight arts therapy). This was discussed with NICE representatives at the NHS Innovation Expo and some helpful pointers do exist in some areas of mental health guidance. Local NHS funding through Public Health and/or the Clinical Commissioning arrangements cannot be ruled out, but looks likely to be minimal. In addition, a modest amount of partnership funding is likely to come to the charity through a small percentage of the complementary health programme income at the practice, which patients normally pay for themselves.

In the event that these approaches are unsuccessful, which at this stage seems unlikely, then a final presentation of both work and findings will take place at BHWC in May 2016. Participants will be given advance notice and wherever possible signposting to alternatives (although in some cases this may not always be appropriate). Learning from the programme will be widely shared.

The registration of the Robin Hood Health Foundation has now been formally confirmed, so planning for next steps begins now.

### 3. Who has been involved in this mid-project evaluation?

Artists ✓  
Participants ✓  
Clinicians ✓  
Independent advisory group ✓  
Referring organisations [Ongoing](#)  
Funders and other partner organisations [Not yet complete](#)  
Formal/informal artistic assessors [Ongoing – more to do](#)  
BHWC staff – non-clinical ✓  
BHWC – managing partners ✓

### 4. Timescale & milestones of evaluation

4.1 Project kick-off - Initial evaluation meeting: finalise and agree evaluation plan inc. roles and responsibilities, comparators, benchmarks (participants, artists, peer organisations)

[All completed except some benchmarking measures from other projects. Some changes implemented to roles due to NHS work pressures and staff availability](#)

4.2 Benchmark data collection [To complete for final report](#)

4.3 Commence rolling data collection [In progress](#)

4.4 Mid project review and analysis [This report](#)

4.4.1 Liaise and consult with current and potential future funders [Ongoing](#)

4.5 Implement any revisions to project agreed as a result of mid project review [Agreed e.g. BHCC training in working with vulnerable adults, new work schedule, increased liaison between clinical, complementary and Hera programmes](#)

4.5.1 Implement any revisions to evaluation process agreed [Reports back to artists from clinicians](#)

4.6 Continue rolling data collection [Ongoing](#)

4.7 Case studies [To complete for final report](#)

4.8 External/independent evaluation reporting [Agreed with Brighton University, to begin October 2016](#)

4.9 Collation of existing data [Mid-project report and End of project of report](#)

4.10 Identify and address gaps in data [Reviewed w/c 5/9/16](#)





