

Progressing Creative Health in Barnsley



Workshop outputs
27th November 2025

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About the session

On Monday 25th November, members of the Barnsley Creative Health Partnership convened to progress the Creative Health movement in Barnsley by generating a clearer direction for the future.

This session was independently facilitated by [Holly Dannhauser](#), an experienced strategist and facilitator.

Through structured, guided activities, with a nautical theme, this session helped to:

- gain a shared understanding of the different strands of the existing Plan on a Page
- agree our focus, priority or theme for our work for the next 12 months
- agree milestones or key events over the next 12 months

We began by reconnecting with the vision and 4 objectives of the Creative Health Partnership, imagining this as our island destination (depicted on the right here). The rest of the session was dedicated to determining the focus, approaches, and activities that will help to get there.

Our crew members:

Phil Ainsworth
Claire Barnes
Sue Barton
Helen Boutle
Jon Finch
Paul Higgins

Emma Labedzki
David McQuillan
Lynne Minett
Alec Tinker
Julie Tolhurst
Ian Walker

Our Vision: Living a fuller, healthier life through creativity



Community led approach to culture and creativity focused on addressing inequalities



Establish connections between culture & creative activities and health and wellbeing

Commission sustainable, creative programmes to improve health and wellbeing

Ensure frontline services can access creativity and wellbeing skills training and development

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OUR CONTEXT

Our context

In our first exercise, we imagined the Barnsley Creative Health Partnership as our vessel which will get us to the island destination. People were asked to consider:

The wind in our sails (what's helping / where are the opportunities)

- We already have some successes we can shout about
- Our Plan on a Page
- Evidence of impact
- Multi-organisational interaction and engagement, enthusiasm
- Senior support
- National momentum around prevention, health inequalities, Darzi etc
- Health sector are ready to change
- Mapping of providers and available services
- Good practice and expertise – Creative Health Quality Framework
- Public Health Innovation Fund
- SY Creative Health Group
- NPO priorities and community cohesion agenda support – planning for 2028+

The anchors (what's slowing our progress / critical issues to highlight)

- Conflicting and shifting priorities, including local and national policy
- Narrow minds – lack of awareness of benefits of creativity
- Lack of knowledge and training in teams
- Lack of coordination between partners
- Lack of capacity
- 'Real' senior support – with follow through
- Workforce
- Infrastructure
- Still seen as an 'optional extra'
- Culture of 'too expensive'
- Money and long-term investment of other resources, not just money

Summary

MOMENTUM is helping us, from existing engagement and what we've already begun, especially relating to creative health leadership, partnerships, strategies, and evidence.

Summary

INDIFFERENCE is challenging us, with difficulty getting things to stick or follow through, especially relating to awareness, attitudes, prioritising, and funding of creative health.



[Click here for OUR FOCUS](#)

Our focus

In this exercise, each participant had time to identify the rocks in our path – the population, system, or Barnsley Borough challenges that this Partnership is uniquely placed to help navigate. Here's what we identified as the most important to focus on.



1

Join the dots

Know what is already being delivered, by who, and what the gaps are. Then determine how can these gaps be filled.

2

Boost the infrastructure

Create a social movement with local approaches tailored to diverse communities and scaling the things that are universally helpful, such as joint funding applications, support with bid writing, providing data, collaborative commissioning

3

Make creativity the norm

Connect with the community and make creativity part of everyday life. Help change individual and organisational mindsets.

4

Build meaningful evidence

Gather a range of evidence that demonstrates local impact linked to local priorities and in language that influences decision makers and funders. Understand what's not landing well currently and change it. Involve academic institutions.

5

Target our support

Take account of and act upon health inequalities to target out support, using Proportionate Universalism methodologies and ensuring people with lived experience are challenging and shaping strategic decisions.

It was suggested that 4 and 5 act as underpinning principles, rather than areas of focus on their own right.

[Click here for ALL RESPONSES](#)

[Click here for OUR EFFORTS](#)

Our efforts

Our next exercise invited participants to identify specific actions relating to the agreed areas of focus. A process of refining and voting narrowed these down to a small number of prioritised (3 votes or more) suggestions for where to direct Partnership efforts. The longlisted and backlog of ideas can be found as an appendix.

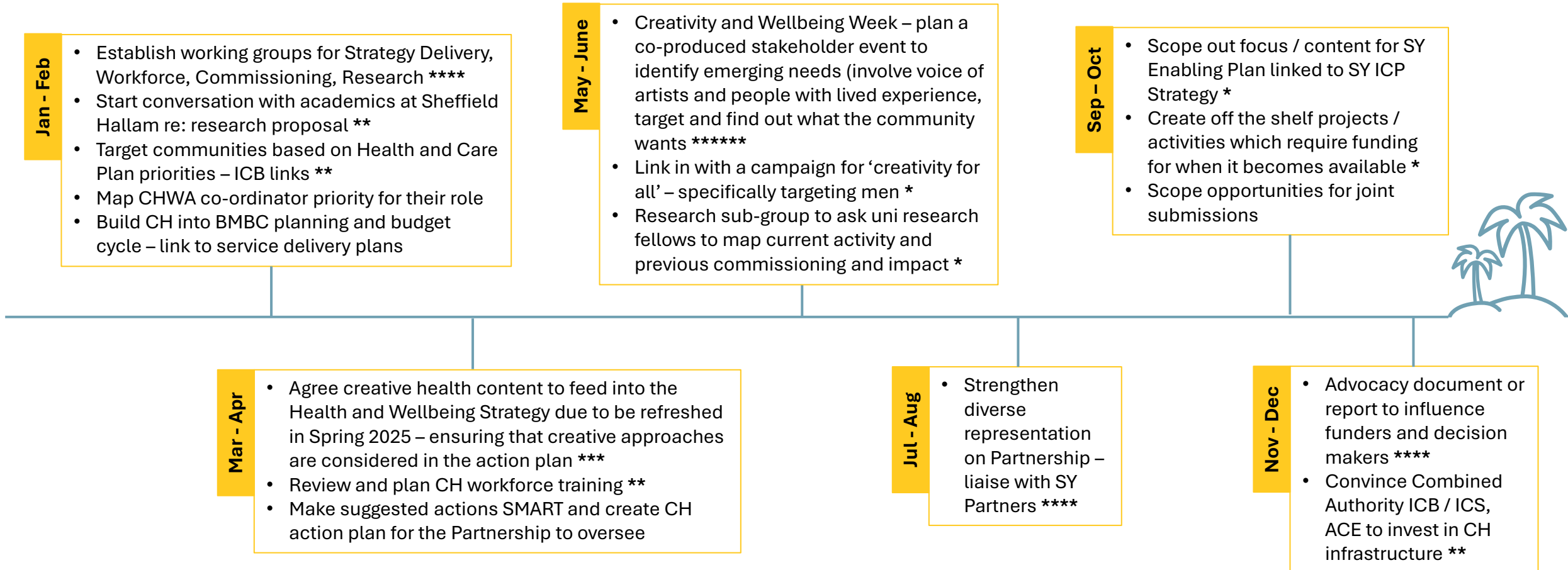
Join the dots	Boost the infrastructure	Make creativity the norm
<p>ENGAGEMENT (12 votes) Identify diverse communities to target wider engagement with people for whom creative activities are not the norm to find out what they want / need</p> <p>MAPPING (7 votes) Use our different networks to map existing activity, undertake gap analysis, and share current work</p>	<p>WORKFORCE DEVELOPMENT (8 votes) Training for local practitioners to inform and retain talent in the Borough</p>	<p>RAISE AWARENESS (5 votes) Mix of arts marketing and a public health campaign to get more people doing more creative activities. Engage wider cultural / creative sector and empower them to take a lead. Question / debate about whether to create a strong, single brand for CH in Barnsley and how this aligns with other initiatives.</p> <p>COMMISSIONING (4 votes) Review the commissioning service specification</p>
Build meaningful evidence		Target our support
<p>LOCAL RESEARCH (7 votes) A funding proposal to support this developed jointly and submitted</p> <p>TRAINING ON DATA (3 votes) Training for people to access and understand population health data – central responsibility for this, JSNA, PHOF, Knowledge Hub</p>		<p>VOICE AND LIVED EXPERIENCE (5 votes) Ensure the voices of artists and people with lived experience are in decisions</p> <p>EVIDENCE BASED (3 votes) Use mapping of engagement to target interventions in future</p>

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ALL RESPONSES

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OUR ACTIVITY

Our activity

Building on the clarity we'd already gained of the Partnership's focus and areas to target efforts, our final exercise asked participants to suggest specific actions the Partnership should complete over the next 12 months to maximise its impact. * denotes votes to prioritise actions.



[Click here for ALL RESPONSES](#)

[Click here for OUR OVERVIEW](#)

Barnsley Creative Health Partnership

Our Vision - Living a fuller, healthier life through creativity

Our Objectives

Community led approach to culture and creativity focused on addressing inequalities

Commission sustainable, creative programmes to improve health and wellbeing

Ensure frontline services can access creativity and wellbeing skills training and development

Establish connections between culture & creative activities and health and wellbeing

Our Priorities – our activities will focus our collective energy to...

Join the dots

We will convene and connect creative health practitioners and champions. We will engage with diverse communities to find out what people need and want. We will use our networks to map existing activity, share what's working, and fill gaps

Boost the Creative Health Infrastructure

We will ensure training is available and accessed by local practitioners and to support workforce understanding and development. We will coordinate collective research, funding, resources, and commissioning to drive at scale support and change

Make creativity the norm

We will use evidence and campaigns to raise awareness creative health to increase uptake amongst the public and commitment amongst strategic partners and practitioners. We will link and influence key strategies and decision making

Our principles – guiding our work

Build meaningful evidence

We will collate and generate evidence that demonstrates the impact of creative health and drives commitment and change

Target our support

We will play our part in tackling health inequalities and ensure the voices of artists and people with lived experience are in decisions

Appendices

These pages capture the input of all participants from the handouts used in the session



Our focus

This appendix captures all responses from each participant to the question:

What are the challenges that this Partnership is uniquely placed to help navigate?

CONVENING AND CONNECTING

- Conduit between grass roots practice and policy → precarious project funding
- Cross sector partnerships – health, culture, research → lack coordination, local evidence, understanding of Creative Health, cost savings and value for money
- Encourage positive discussions in relevant settings
- Cross service interventions – the Partnership enables this
- Lack of co-ordination – the Partnership brings people together
- Dispersed and varying parts of the Borough with different needs / priorities
- Lack of knowledge – as partners are able to ‘spread the word’ within their organisations and networks
- Taking people along – we need a bigger boat – social movement, centralised working, system change in health
- Small but growing community interest
- Networking / collaboration opportunities with partners / external organisations to find / explore alternative solutions – partners are sometimes able to access funding opportunities that we can’t and vice versa so by working together we can utilise resources

RESOURCES, FUNDING, AND TRAINING

- Lack of funds / limited resources – cost savings and value for money
- Training and building infrastructure - opportunities to keep practitioners / talent
- More support for volunteers – grassroots development to increase capacity
- Sharing resources and ideas
- Development of apps to encourage creativity and promote good health in a different way
- Opportunities for more collaborative commissioning across larger footprints
- Funding, joint applications, bidding infrastructure
- Creating opportunities where there would be a lack of otherwise

EVIDENCE, AWARENESS, AND INFLUENCE

- Population ‘culture’ – engaging with creative approaches
- Thinking of health more than illness / promoting health over preventing illness
- Helping people of Barnsley by igniting passions for a fuller life
- Joint voice, needs advocacy, to influence outside of health
- Getting the information and understanding across to the local population
- Using creativity and co-production to affect system change
- Health system moving towards prevention
- Local evidence generation
- Importance of generating evidence locally in places
- Link with key strategies
- Influence politicians and stakeholders
- Health inequalities
- Difficult problems that are difficult to solve by other means

Note:

These broadly themed groups align well with the areas of focus prioritised by the group.

1. **Join the dots** – convening and connecting
2. **Boost the infrastructure** – resources, funding, and training
3. **Make creativity the norm** – evidence, awareness, and influence

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Our efforts

This appendix captures all responses from each participant to the questions:
How might the Creative Health Partnership solve this challenge? What more can we do together than we can ever do alone in this area of focus?

1 Join the dots

- Wider involvement of lived experience – with reimbursement
- Links with other partnerships
- Knowing what's already being delivered
- Sharing / updating
- Mapping, but also a strong brand
- About current provision
- Gap analysis
- An audit with people not doing this sort of thing – how gaps can be filled
- Sharing current work
- Ideas, funding, resources, and training
- Mapping activity is key
- Website
- Meetings to share updates
- Different networks and sphere of influence in the group

2 Boost the infrastructure

- **MENTORING (2 votes)** - experienced CH practitioners to mentor people across services to become CH champions with a mandate to lead change in their organisations.
- **SHARE RESOURCES (2 votes)** - this could be space / knowledge / expertise, personnel
- Evaluate the impact of CHWA role – does this help make a case for more infrastructure roles (SY CH Plan proposes coordinators in each region + delivery budget)
- Training
- Advice / consultancy service
- Scaling things where appropriate
- Engage with providers and stakeholder organisations
- Knowledge hub – central repository of information. JSNA, PHOF
- Build capacity
- Collaborative infrastructure bids

3 Making CH the norm

- Common language
- More activity in key programmes
- Inclusive and diverse engagement (community)
- Embedding in the system and decision making
- Creativity and health champions
- Elected members
- Engagement to understand need
- Comms and storytelling strand of work to showcase C+W week
- Training the workforce across the whole system
- Campaign

4 Build meaningful evidence

- NCCH+CHWA working on universal approach – logic model
- Joint research funding proposals
- Local impact and national evaluation framework
- Joint funding applications or supporting the sector to supply
- Tools to gather and share data
- Identify funds for collective bids

5 Target our support

- **ACCESSIBILITY (2 votes)** - transport infrastructure and ways to access creative activities
- **TOUCH POINTS (1 vote)** - for those who would most benefit from support: foodbanks, DWP, schools
- SY Partnership – diversify Board influence
- Tackle health inequalities
- Financial aspect of access
- Target underrepresented groups in Creativity and Wellbeing Week
- Identify the communities most in need

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Our activity

This appendix captures all responses from each participant to the questions:
What should we do? And when should we do it?

1st QUARTER

- Target communities based on Health and Care priorities – approach ICB developing the plan → Now
- Input into BMBC business planning to ensure activity is aligned with budgets and service delivery plan → Dec '24 – March '25
- Widen representation in the Partnership to include people with lived experience e.g., stakeholder group → early 2025
- Mapping and addressing the gaps - involving voice of the artist and people with lived experience
- Make actions SMART → New Year, with a plan to do some kind of launch for Creativity and Wellbeing Week
- Create some off the shelf projects / actions which require funding for when it becomes available → New Year
- Mapping - map current provision / gap analysis → Jan / Feb
- Start a conversation with academics at Sheffield Hallam University re: research → Jan / Feb
- Training → Feb

2nd QUARTER

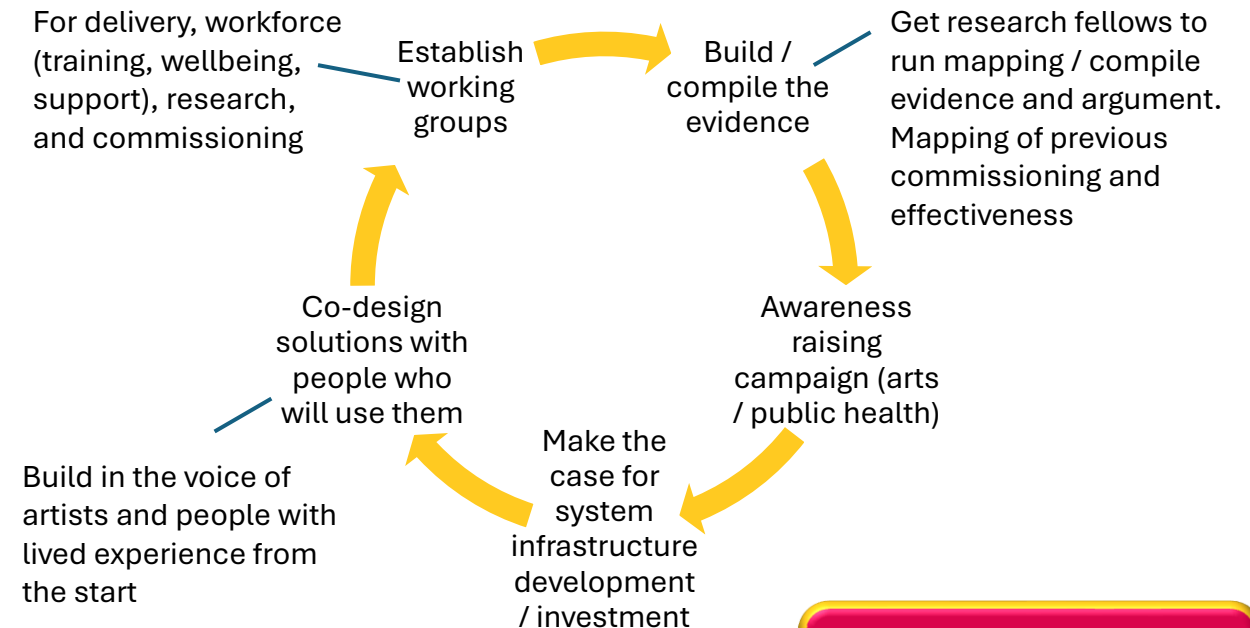
- Diversify membership of the Partnership → Q2
- Health and Wellbeing Strategy refresh – thinking about creative approaches across the life course → Spring 2025
- Approach the Joint Commissioning Board to consider how to embed creativity in commissioning → Spring 2025
- SY ICP Strategy – CH Enabling Plan → April 2025
- Campaign targeting men – creativity might be for you
- Raise awareness of CH through Creativity and Wellbeing Week and through a stakeholder event → May 2025

3rd QUARTER

- Community engagement / coproduction → Summer 2025
- Engage with local advisory groups
- Research partnerships → Q3

NEXT 12 MONTHS

One participant sketched out a potential plan for the Partnership, to include:



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