



## Commissioning creative health in specific health pathways

Creative health approaches are proven to offer cost-effective non-clinical interventions that have positive health outcomes in specific health challenges.

This case study on the Suffolk and North East Essex Long COVID Service (SNEELCS) gives an insight into commissioning creative health in a specific health pathway.

### **About the Suffolk and North East Essex Long COVID Service**

SNEELCS is run by the East Suffolk and North Essex NHS Foundation Trust, a large acute trust serving more than one million people across East Anglia.

People who have had Long COVID symptoms for more than 12 weeks can be referred to the service by their GP.

After an assessment, a treatment plan is developed with the service user. Clinical and non-clinical interventions are available, with creative health options including creative writing, visual art, and gentle movement and singing. There are online activities available, as well as in-person workshops that run over a period of six to ten weeks.

The team includes doctors, nurses, physiotherapists, breathing therapists, mental health specialists and social prescribers, supported by voluntary community and social enterprise (VCSE) providers.

### **The beginnings of SNEELCS**

SNEELCS began in 2020 when the Government allocated six months of funding to Integrated Care Boards (ICBs) to provide support to people with Long COVID. Funding was subsequently extended and is now allocated on an annual basis.

Because Long COVID was a new condition in 2020, there was more openness to using different, non-clinical approaches to treatment and management, which is how the concept of using creative health as part of the programme first arose. The newness of the condition meant the trust needed to find treatment options rapidly and was able to secure budget for creative health interventions.

Some creative health interventions were piloted using funding from the Colchester and Ipswich Hospitals Charity. The success of the pilot enabled longer-term funding to be allocated from the Long COVID budget.



## **Building a creative health consensus**

It was important that clinicians should feel confident in referring service users to creative health interventions. However, there was some initial scepticism about the value of creative health. This was overcome by running workshops for clinicians led by creative health providers to build relationships and demonstrate the value of creative health.

## **Commissioning creative health providers**

Multiple independent creative health providers are commissioned to provide six-week blocks of programmes.

It is challenging to manage a programme with so many moving parts, but it is the most appropriate option. Partnering with independent suppliers enabled the programme to start quickly, even when long-term funding was uncertain, and also provides flexibility in terms of scalability and the activities offered.

## **Setting outcomes and measuring progress**

Programme outcomes are measured using the EQ-5D-5L system, a patient-reported outcomes (PRO) measurement that can assess patients' quality of life, irrespective of the disease. Information is collected at the first assessment and then at every appointment and follow-up. Individual health pathways collect data specific to their interventions too. Demographic, referral and discharge data is also monitored.

This information is regularly fed into a dashboard, giving the team an ongoing snapshot of effectiveness.

There are also regular general evaluation surveys to collect qualitative evidence on lived experiences.

Themes that emerged from qualitative evidence collected on the creative health programme between January 2022 and March 2024 included improvements in mental health, quality of life and also physical health.

## **Managing risk**

The clinical team meets weekly to discuss any patient issues. Discussions cover medical and social topics such as a service user's test results or how to best support someone wanting to return to work.



## Using a person-centred approach to develop the programme

The team gathers a wealth of person-centred feedback via both formal and informal channels.

At an individual service user level, the team works with people to support them to develop a toolbox of interventions that help.

There is a peer support group, which enables service users to share what has worked and what hasn't.

This all helps the team to constantly evolve the programme and the interventions it offers.

*"I've done singing and music workshops, art and creative writing. The instructors have been empathic and there's no pressure to participate if you're unsure about joining in or feel exhausted. The sessions have given me a positive focus that isn't long COVID focused, and a lot of the ideas are new to me. It's also great socially and helped with my mental health." - Karen Ghosh, service user*

## Where next?

The NCCH has worked in partnership with NHS England to develop a [Creative Health Toolkit >>](#)

## The National Centre for Creative Health

NCCH supports health and care sector professionals in organisations and systems to achieve the benefits of creative health approaches for patients and service users.

We publish a monthly newsletter especially created for professionals working across health and care. Please do [subscribe here](#) and/or share with colleagues working across Primary Care, Provider Trusts, ICBs, Public Health, Social Care and across the NHS, so they can access the latest news for creative health!

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