



Improving health outcomes through culture, arts and heritage: *Opportunities for the Integrated Care Strategy (ICS)*

A briefing document prepared for
the Directors of Public Health of South Yorkshire
and the South Yorkshire Mayoral Combined Authority
December 2022

Improving health outcomes through interventions in the arts

Opportunities for the Integrated Care Strategy (ICS)



Executive summary

This document is prepared by stakeholders in the culture, arts and health sector. Its purpose is to re-state the benefits of interventions in the arts for the health and social care system, to describe local case studies and their health benefits, and to recommend to the South Yorkshire Integrated Care Partnership (ICP) how it can leverage existing opportunities to help it deliver its 5-year strategy.

The World Health Organisation, the All Party Parliamentary Group on Arts, Health and Wellbeing and the Department of Culture Media and Sport have all described the benefits of the arts to health. Not only is there evidence of both physical and mental health benefits, there is evidence that the arts can help the health and social care sector meet many of the challenges it faces, namely, ageing, long-term conditions, poor mental health and loneliness. Social return on investment as a whole can be up to £7 for every £1 invested with healthcare providers benefiting from reduced non-elective episodes and A&E emergency attendances.

Five case studies are provided from Barnsley, Doncaster (2), Rotherham and Sheffield. Each describe the issue addressed, the intervention created, the healthcare outcomes and the potential Integrated Care Strategy (ICS) opportunities. Issues covered included falls in older women, improving outcomes for inpatients and outpatients, reducing loneliness, working with vulnerable families, and working with people with complex long-term conditions. Interventions included dance, art, music, museums and heritage, and outdoor activities. Outcomes included improvements to physical and mental wellbeing, reduced non-elective inpatient episodes and reduced A&E attendances.

Stakeholders at a recent region-wide Culture and Health Symposium from the regional arts and health sector committed to the creation of a regional body, provisionally called the Arts and Health Stakeholder Group. This would provide leadership supported by new culture, art and health groups in each Local Authority (based on the Doncaster model). These bodies would feed through the Health and Wellbeing Boards and provide a focal point for regional, local and micro-local strategies linking the arts to health improvements.

To realise the opportunities that the arts present to health, the ICS should do the following: (1) carry out a mapping exercise to identify existing assets for signposting to those across the health care system; (2) link to existing interventions in the arts that could support and improve healthcare outcomes with benefit-cost-ratios much higher than those currently seen in general care; and (3) identify internal resource to lead this theme with support from the Directors of Public Health and other partners.

Ultimately, with appropriate leadership, highly cost-effective arts interventions in health and social care settings could lead to improved patient outcomes, reduced hospital attendances and, overall, the improved health and wellbeing of the South Yorkshire population.





7th December 2022

This document was prepared by the following:

Prof Steve Haake: Sheffield Hallam University
(Editor)

Kirstie Hamilton: Sheffield Museums

Karen Harrison: Office of the DPH, Sheffield City
Council

Kim Streets: Sheffield Museums

With support from

Lynn Dunning: Barnsley Museums

Polly Hamilton: Culture, Sport & Tourism,
Rotherham Council

Mir Jansen, Northern General Hospital, STH

Ruth Nutter: Compassionate Sheffield, St Luke's
Hospice

Lucy Robertshaw: darts

Hayley Youell: Culture, Health and Wellbeing
Alliance

© 2022 The authors.

1. Background

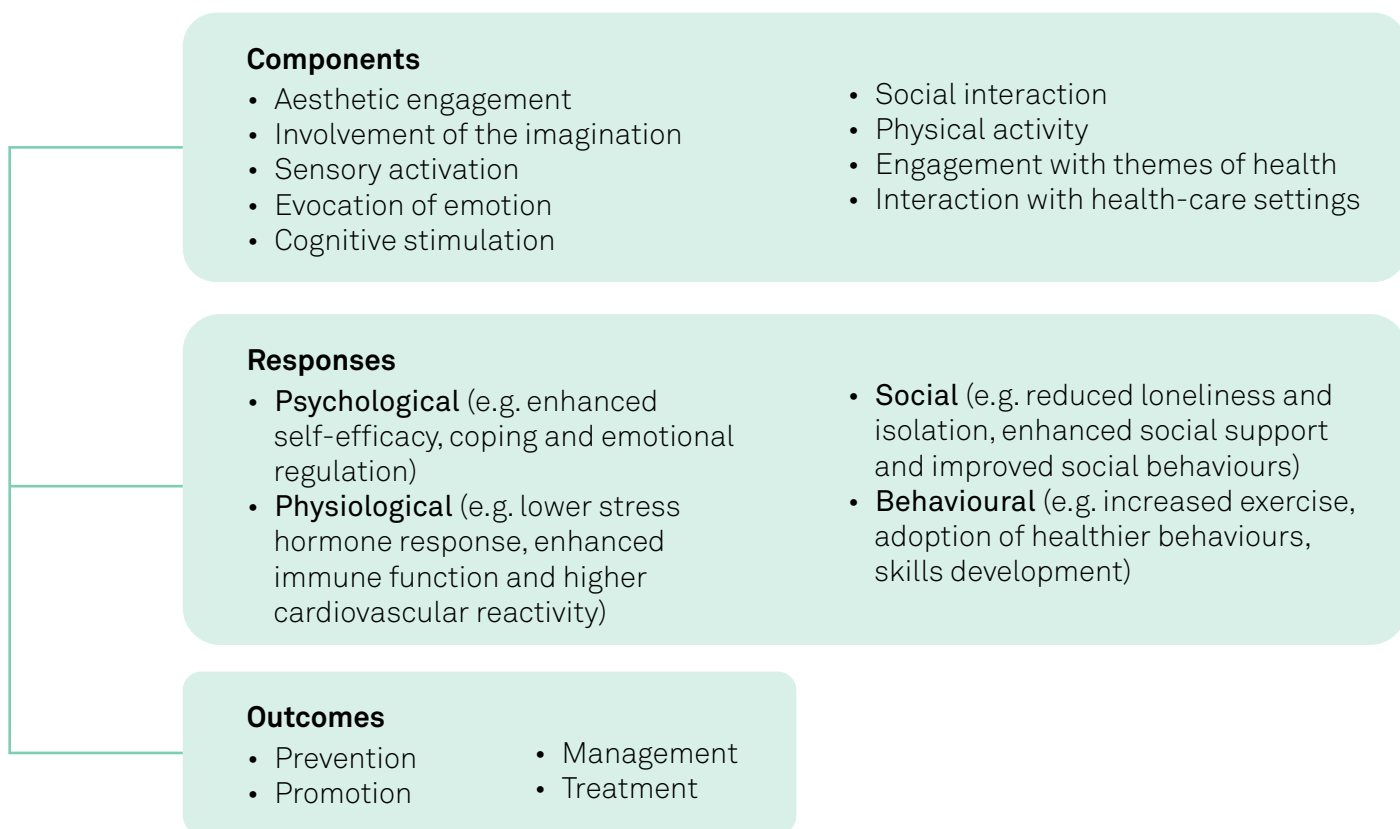


Figure 1. The link between interventions in the arts and health outcomes (Figure by World Health Organisation; Fancourt and Finn, 2019¹).

In 2019, the World Health Organisation (WHO) produced a report titled, ‘What is the evidence on the role of the arts in improving health and wellbeing?’ The report demonstrated that engagement in the arts has a direct, positive impact in the prevention of ill health, the management and treatment of disease and illness, and the promotion of good health (Fancourt and Finn, 2019¹). The logic model demonstrating the link between the arts and positive health outcomes is shown in Figure 1. The responses evidence how arts-related interventions can lead to improvements which are psychological, physiological, social and/or behavioral.

All Party Parliamentary Group on Arts, Health and Wellbeing published the second edition of their report on The Arts for Health and Wellbeing in 2017². They gave a plethora of evidence showing that the arts can help meet many of the challenges facing health and social care, namely, ageing, long-term conditions, poor mental health and loneliness. Specifically, they suggested that each organisation involved in health and social care should have a dedicated individual to leverage the benefits that the arts can bring. This was particularly recommended for those organisations like the ICS responsible for new ways of working and for transformation. The APPG recommended that social prescribing workers be linked to those providing interventions in the arts and ought to work with patients to showcase the benefits to health.

1 Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (Health Evidence Network (HEN) synthesis report 67).



In 2020, an Evidence Summary for Policy Report for the DCMS³ concluded that there was enough evidence to support the following outcomes being used to guide policy:

- The use of music to support infant social development
- The use of book reading to support child social development
- The use of music or reading for speech and language development amongst infants and children
- The use of the arts to support aspects of social cohesion
- The use of the arts to improve wellbeing (i.e. positive psychological factors) in adults
- The use of the arts to reduce physical decline in older age

They also found evidence for the following outcomes can be trusted to guide policy in most situations:

- The use of the arts (other than reading) to support child social development
- The use of the arts to support wellbeing in children and young people
- The use of the arts to support cognition in older age

The benefits from a typical programme are exemplified by the Arts on Referral scheme in Barnsley (Figure 2). The benefits are wide, with approximately £7 being created for every £1 invested, with return on investment shared between the individuals, the health sector and the arts organisations.

3 [Evidence Summary for Policy](#). The role of arts in improving health & wellbeing. Report to the Department for Digital, Culture, Media & Sport April 2020. Dr Daisy Fancourt, Kelsey Warran & Henry Aughterson

ARTS ON REFERRAL IMPACT

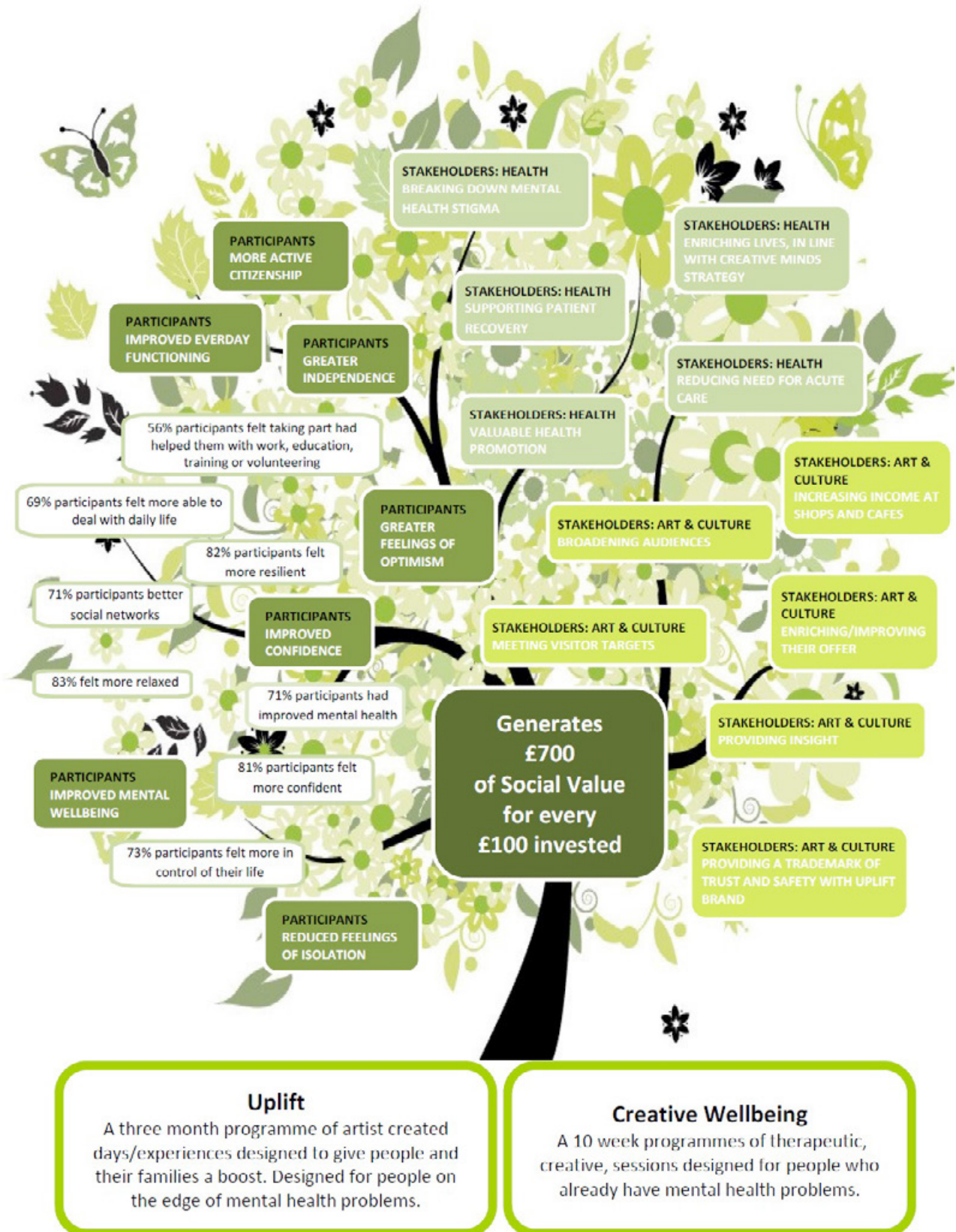


Figure 2. Return on investment for Arts on Referral, Barnsley.⁴

⁴ Arts on Referral: The Creative Approach to Mental Wellbeing. Social Return on Investment Evaluation. Summary Report, November 2014. <https://creativerecovery.co.uk/>

Linking to NICE Guidance and health benefits

Table 1 shows the latest available National Institute for Health & Care Excellence (NICE) guidance that links to health interventions and the arts. NG32 recommends group activities with more than one component to support independence and mental wellbeing for older people. Suggestions for activities include singing programmes, art, crafts and other creative activities and community based schemes. NG96 guidance also suggests group activities and social clubs for those with learning disabilities as they grow older.

PH16 suggests physical activity programmes that might include dance sessions would support mental wellbeing in older adults while NG16 also advocates physical activity as a way to promote health lifestyles to delay or prevent onset of illness in later life. PH9 and PH49 provide guidance on behaviour change that emphasise that programmes should build on communities and relationships: these are the key attributes of interventions in the arts.

Table 1. Latest available NICE guidance relating to health and the arts (use links to see the guidance).

NICE guidance		
Guidance including the arts	Latest publication	
NG32: Older people: independence and mental wellbeing	17th December 2017	Link
NG96: Care and support of people growing older with learning disabilities	11th April 2008	Link
PH16: Mental wellbeing in over 65s: occupational therapy and physical activity interventions	22nd October 2008	Link
General guidance linked to the arts		
NG16: Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset	20th October 2015	Link
PH6: Behaviour change: general approaches	24th October 2007	Link
PH49: Behaviour change: individual approaches	2nd January 2014	Link



With the establishment of the Integrated Care Partnership, there is the opportunity to use the arts to support and improve health care outcomes through the promotion of good health and wellbeing, prevention of illness, and management and treatment of ill health (Figure 3).

There are many case studies available that address specific problems such as physical or mental health (see for example Figure 4). What hasn't been documented is the role of the arts in the prevention of illness and disease at a population level, and the positive impact on society that the arts bring. More studies are needed: a lack of evidence – such as in the NICE guidance – appears to be driven by a lack of studies rather than null findings.

A recent report on the culture, arts and heritage sector for the South Yorkshire Mayoral Combined Authority found that the sector is worth £860m with a value added of £1.35 billion p.a.⁵ This provides a credible sector for the ICP to work with. With ICP leadership and coordination, the arts sector could be better connected into NHS services and clinical pathways and able to make a sustained, positive impact on health outcomes for the South Yorkshire population.

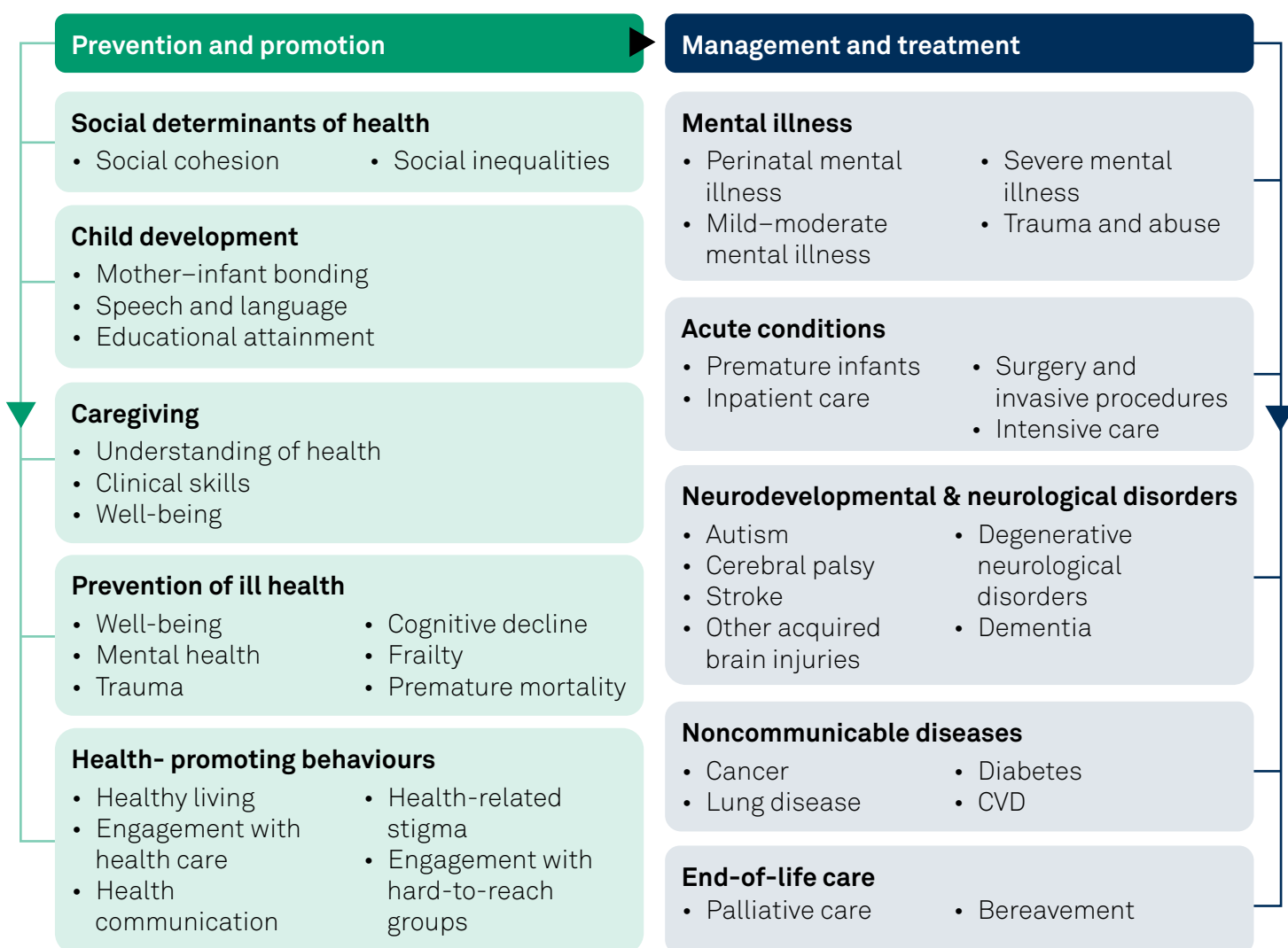


Figure 3. Themes for the influence of the arts on health and wellbeing (Figure by World Health Organisation; Fancourt and Finn, 2019¹).



Figure 4. Art-based social prescribing collaboration between Creative Recovery and Barnsley Metropolitan Borough Council. The project used art to support people at risk of suicide or self harm and demonstrates what can be achieved with small amounts of targeted funding (Cost = £11.5k for 33 people signing up, 24 people engaging and 18 people completing courses).

‘Nina is a student nurse who had experienced a huge brain aneurism while resuscitating somebody in A and E. The patient she was resuscitating later died. Nina was lucky to survive. We met her following invasive surgery when she was struggling with brain damage, fatigue, and other functional disabilities. She was grieving the potential loss of the career she so loved and was struggling to meet the needs of her family. She was also suffering from PTSD, unbearable survivor guilt and processing the fact that she may have to live with chronic symptoms for the rest of her life. The group gave her a chance to talk through and process her trauma. She also took great self-esteem from realising the gift she had for drawing in childhood was still there and she reconnected with her children doing artwork with them at home. She enjoyed the opportunity to sketch as a group at Yorkshire Sculpture Park in particular. During the weeks we saw Nina she began to regain much of the energy and function. She tells us that attending sessions not only helped with stress relief but also helped her brain heal after surgery, by having simple and enjoyable tasks to do at home. When I last spoke to Nina she was talking to college with a view to returning to her placement/studies.’

Across the ICS, there are already schemes that help to connect individuals to arts activities for their health and wellbeing (see for example Figure 4). Social prescribing is one such scheme being used to engage individuals with a range of activities and groups including functional support (e.g. job centres or benefits advice), training (e.g. skills or education to support employment), or community activities (e.g. gardening, exercise, arts and crafts groups, peer support, and shared reading).

A typical model involves a GP referring a patient who could potentially benefit to a link worker (sometimes referred to as a 'community navigator'). The link worker works with the patient to co-produce a personalised, community-based support plan based on what matters to the patient, and then supports the patient to engage with the community group, service, or activity. As part of the Long Term Plan, NHS England has committed to hiring 1,000 Link Workers from 2019-20, one for each Primary Care Network. The ICS now has the opportunity to build on the existing infrastructure.

The ICS and the South Yorkshire Mayoral Combined Authority should together work with local authorities, Arts Council England, hospital charities and others such as darts, and local bodies such as Heritage Doncaster and Sheffield Museums. The arts can be accessed and enjoyed by anyone irrespective of age. Having a lifecourse approach to this work will assure inclusivity and realise the benefits that intergenerational interventions achieve. This approach has been used to structure this document and select appropriate case studies.

The purpose of this document

The purpose of this document is to re-state the benefits of interventions in the arts to the health and social care system, to describe case studies and their benefits, and to recommend to the ICS how it can leverage existing opportunities to help it deliver its 5-year plan.



2. Case studies: existing interventions in the arts supporting health outcomes

The following case studies come from a variety of sources and describe the following: the healthcare issue to be addressed, the intervention, the health outcomes and, finally, the opportunity for the ICS. The key for the ICS is that many interventions exist already and could be harnessed by the ICS to the benefit of patients, staff, and the system as a whole.



Case Study One

Dance On

Increasing physical activity in older adults Doncaster



The issue: Falls are common cause of injury in older adults with inactivity a major contributor. Older women (60+) may struggle to find forms of activity amenable to them, particularly those from disadvantaged areas.

The intervention: darts, Yorkshire Dance and One Dance UK worked in partnership to co-create and fund local social dance sessions called 'Dance On' for 60-85 year old women from disadvantaged areas in Doncaster, Leeds and Bradford.

Outcomes: Over 700 people have engaged in research with Dance On (294 in Doncaster)⁶. Results show a statistically significant increase of physical activity of total physical activity by 82 minutes per week⁷.

Evidence for dance to improve health and wellbeing⁸ In relation to physical function in healthy older adults, a meta-analysis of 34 studies found that rhythmic auditory cueing improved gait for older adults (average age 68 years) and young adults (average age 27 years). Further, a review of 7 RCTs found that dance can improve balance, gait and strength for adults aged 60+, while a review of 10 RCTs found that dance can reduce fear of falling.

ICS Opportunity: Share best practice and learning. Adapt to local delivery needs and work with local partners. Transfer knowledge to other clinical pathways.

Relates to NICE guidance NG16 and PH25

YORKSHIRE
DANCE

darts



UNIVERSITY OF LEEDS



6 darts (2021). Dance On Research November 2021. <https://wearedarts.org.uk/wp-content/uploads/2022/02/Dance-On-research-pamphlet.pdf> Accessed 28th November 2022.

7 Astill, S., Nikolova, S., Kaskirbayeva, D., & Britten, L. (2017). Using dance to increase physical activity and modify risk factors for falls in older people: Oral Presentation B9.7. The Health & Fitness Journal of Canada, 14(3). <https://doi.org/10.14288/hfjc.v14i3.549>

8 Laura Britten, Christine Addington and Sarah Astill (2017). Dancing in time: feasibility and acceptability of a contemporary dance programme to modify risk factors for falling in community dwelling older adults, BMC Geriatrics 17:83 [Link](#)

Case Study Two

In & Out of Hospitals

Using art to improve mood to support treatment outcomes
Sheffield



People with hearing impairments composing music with a professional opera singer.

The issue: There are many long-stay inpatients and outpatients who have a life-long medical condition who spend a lot of time in hospital. The extended periods of waiting can affect mood, mental health and engagement with therapies.

The intervention: Funded by Arts Council England and Sheffield Hospitals Charity Trust, In & Out of Hospitals was created to complement the therapy and nursing care that patients receive. The scheme worked with stroke patients, those with spinal cord injuries, hearing impairments, and those in palliative care. Activities included art, craft and music composition.

Outcomes: Almost 800 participants engaged in 160 hours of workshops broken down as follows: 180 with spinal cord injuries; 255 in palliative care; 150 with hearing impairments; and 165 in stroke rehabilitation. In a smaller group of 10 patients with inducible laryngeal obstruction (ILO), after a 10 week programme working with a professional opera singer, speaking confidence rating rose from 2 to 4 (out of 5) while singing confidence rating rose from 1 to 4 (out of 5).

The respiratory physiotherapist and speech and language therapy team are now being trained in techniques utilised in the workshops.

Relates to NICE guidance NG32 and PH16

ICS Opportunity: Carry out evaluation of these interventions on patient outcomes and share successful schemes with similar units across the ICS.

Further reading, (1) Daykin N, Byrne E, Soteriou T et al. (2008) The impact of art, design and environment in mental healthcare: a systematic review of the literature. *The Royal Society for the Promotion of Health*, 128(2):85-94. (2) Daykin N, Mansfield L, Meads C et al. (2018) What works for wellbeing? A systematic review of wellbeing outcomes for music and singing in adults. *Perspectives in Public Health*, 138(1).



Supported using public funding by
ARTS COUNCIL ENGLAND
LOTTERY FUNDED

Case Study Three

History, health and happiness

Reducing loneliness to improve mental health Doncaster

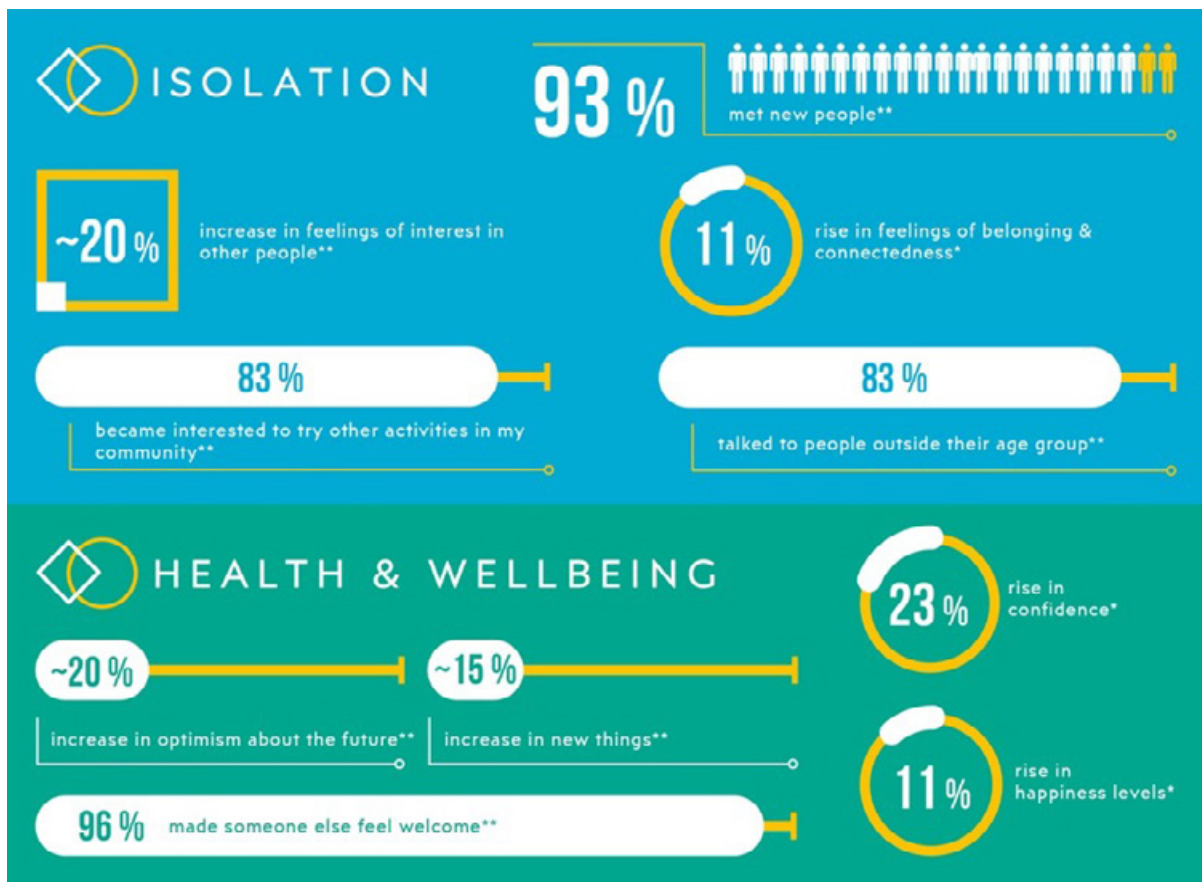
The issue: 55,000 people in Doncaster experience some form of mental health issue⁹. Some of this is caused by isolation and loneliness which can increase the risk of mortality by 26%¹⁰.

The intervention: Heritage Doncaster, funded by the Arts Council, created an outreach programme using its museum collections to help tackle isolation and loneliness. People were referred through social prescribing, third sector organisations or self-referral.

Outcomes: Using validated questions from the Warwick Edinburgh Mental Wellbeing Scale, those engaged in the scheme found a 23% rise in confidence, 20% rise in optimism about the future and 11% rise in happiness. 93% met new people and 83% became interested in trying other activities.

Relates to NICE guidance NG32 and PH16

ICS Opportunity: Share best practice of Heritage Doncaster with other local authorities. Identify key communities and work with organisations such as Heritage Doncaster to create interventions for specific health conditions.



9 Doncaster Health and Wellbeing Board. Annual Report 2012/22.

10 Holt-Lunstad J, Smith TB, Baker M et al. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspective on Psychological Science 10(2):227-237.

Case Study Four

Kindred

Working with at risk families Barnsley

The issue: The programme came at a time of need for vulnerable families who were at higher risk of being adversely affected by Covid-19, when demand for drug misuse and domestic abuse services rose.

The intervention: The Kindred action research programme brought together 21 partners from arts, heritage, education and social services to offer a two-day programme of outdoor activities for families with multiple and complex needs, to build confidence and skills and improve individual and collective wellbeing.

Outcomes: Half of families expressed feeling stressed or unhappy on arrival on the first day. All families showed progression and expressed feeling much happier and joyful at the end of the sessions (see image below) and 70% enquired into careers and volunteering opportunities.

Relates to NICE guidance PH6 and PH49

ICS Opportunity: Vulnerable families can use significant resource in the health and social care system. Interventions in the arts are one of the tools to improve family life, reduce stress and the illnesses that come from it¹¹.



Day 1 Cannon Hall

Cohort Families	Arrival	Afternoon	End of the day
Cohort Families 1	😞😞😞👤👤	😊🌈🌸🌻🌻🌻	😊💖💖🌻💖💖
Cohort Families 2	😞😞😞👍	😊🌈🌸🌻🌻🌻	😊😄😄😄
Cohort Families 4	😞😞😞	😊🌈🌸🌻🌻🌻	👍😊😊😊
Cohort Families 5	😞😞😞	😊😊😊😊😊	😊🌈😊😊😊🌈
Cohort Families 6	😞	😊😊😊	😊😊😊
Cohort Families 8	👍	😊😊😊	😊😊😊

11 Larkin M (2009) *Vulnerable groups in health and social care*. Sage Publications. Page 210

Case Study Five

Rotherham Social Prescribing Pilot

Those with complex long-term conditions
Rotherham



The issue: Those with complex long-term conditions are the most intensive users of primary care resources. The Rotherham Social Prescribing Pilot provided a single gateway to voluntary and community support for GPs and people who use services.

The intervention: The Rotherham Social Prescribing Service is commissioned by NHS Rotherham Clinical Commissioning Group (CCG) as part of a wider approach to GP-led integrated case management. The Rotherham Social Prescribing Service is delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations.

Outcomes: Non-elective inpatient episodes reduced by 19% for those less than 80 years old and by 7% when those 80 and over were included¹². Accident & emergency attendances reduced by 23% (17% when over 80s included). After three to four months, 82% those with long-term conditions using the service had experienced positive change in at least one wellbeing outcome area.

Relates to NICE guidance PNG32 and PH16

ICS Opportunity: The use of hospital resources by socially prescribed patients reduced by up to a fifth in the 12 months following their referral. This translates into potential positive financial returns to commissioners within two years following the initial referral and a return of up to £3.38 for every £1 invested if sustained for 5 years. Evaluation showed that working with Voluntary Action Rotherham was a clear part of the project's success. In conclusion, the report said that this pilot "provides a model for future 'micro-commissioning' of community-level services across a wide range of public service areas".

12 N Bashir, C Dayson. The social and economic impact of the Rotherham Social Prescribing Pilot: *Main Evaluation Report*. 2014. Sheffield: CRESR, Sheffield Hallam University; from citation in 4 below.

3. Insight and opportunities for the ICS

The insight gleaned from the case studies shown here (and elsewhere) show that South Yorkshire is already home to world-class cultural and heritage assets, significant creative and cultural expertise and a breadth of high quality initiatives in the arts. The evidence presented here demonstrates that engagement in the arts enriches the lives of local people, making our communities happier, healthier, and more cohesive. The key issue is that the role of the arts in improving health and wellbeing is not fully recognised or harnessed and as a result the arts and health projects are often poorly and sporadically funded. In short, the opportunity to use the arts for the prevention of ill health is lost (Fancourt and Finn, 2019¹³).

Robert Webster, part of the APPG on Health and Wellbeing puts it as follows:

“The therapeutic value of art is an asset we must use. A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both. Through our Creative Minds programmes in Yorkshire, I also know these partnerships can both save lives and make lives.”¹⁴



The South Yorkshire Mayoral Combined Authority, in its 2022 OPUS report on The Value of Culture, Arts and Heritage clearly identified that there are many skills and assets in the region ready to be exploited for the benefit of health and wellbeing if leadership can be created. Importantly, productivity in the region is held back by poor public health, precisely the thing that the arts could help improve. OPUS suggested that SYMCA should invest around £15 million in the sector: we suggest that improving health ought to be one of the key measureable outcomes of such an investment.

As this report demonstrates, many groups and organisations are already working in the arts and health – large and small – that can help support the ICS. What is currently missing is strategic leadership and better coordination across the system. If the ICS were to coordinate this activity and provide leadership, then the following could be achieved within its 5-year plan:

1. Sharing of best practice and learning across the ICS
2. Clearly identified assets for signposting by both primary and secondary care, and link workers
3. Re-direction of those in treatment pathways to external delivery partners
4. Large benefit cost ratios to health and social care system.

The outcomes for the ICS would be:

1. Improved patient outcomes
2. Reduction in non-elective episodes and A&E attendance.

13 Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe; 2019 (Health Evidence Network (HEN) synthesis report 67).

14 Robert Webster, Chief Executive South West Yorkshire Partnership NHS Foundation Trust; Lead Chief Executive, West Yorkshire and Harrogate Sustainability and Transformation Partnership (All-Party Parliamentary Group on Arts, Health and Wellbeing, Inquiry Report).

4. What we can do to help

Sheffield Museums and Sheffield City Council organised the launch of the **Culture and Health Symposium** on 10th November 2022. The intended audience was primarily people working in Sheffield and South Yorkshire's cultural and health sectors, but was also of interest to politicians, policy makers, and business networks from across South Yorkshire and North Derbyshire.

The key issues raised mirror those found in the OPUS report:

1. A lack of leadership
2. A lack of understanding of the benefits of the arts to health and wellbeing
3. Poor connectivity and coordination.

We propose that each local authority creates a Culture, Art and Health Group (similar to an existing one in Doncaster) that feeds into each LA's Health and Wellbeing Board. The members of each Group will form a South Yorkshire-wide Arts and Health Stakeholder Group that can act as a focal point for regional, local and micro-local strategies, emphasising place in their development.

The purpose of the Arts and Health Stakeholder Group will be to do the following:

1. Create an asset map of arts and health interventions in the region
2. Identify short term gains and long term priorities
3. Identify clear processes for connecting health practitioners and link workers with stakeholders in the arts
4. Co-create a cross-sector plan that achieves improved health and wellbeing outcomes for South Yorkshire
5. Work with Arts Council England and the Culture, Health and Wellbeing Alliance to develop a local Creative Health Quality Framework
6. To collate robust evidence for what works with art interventions in health and social care settings
7. Work with SYMCA and the ICS to create a funding strategy that supports the arts to deliver the outcomes needed by the region.



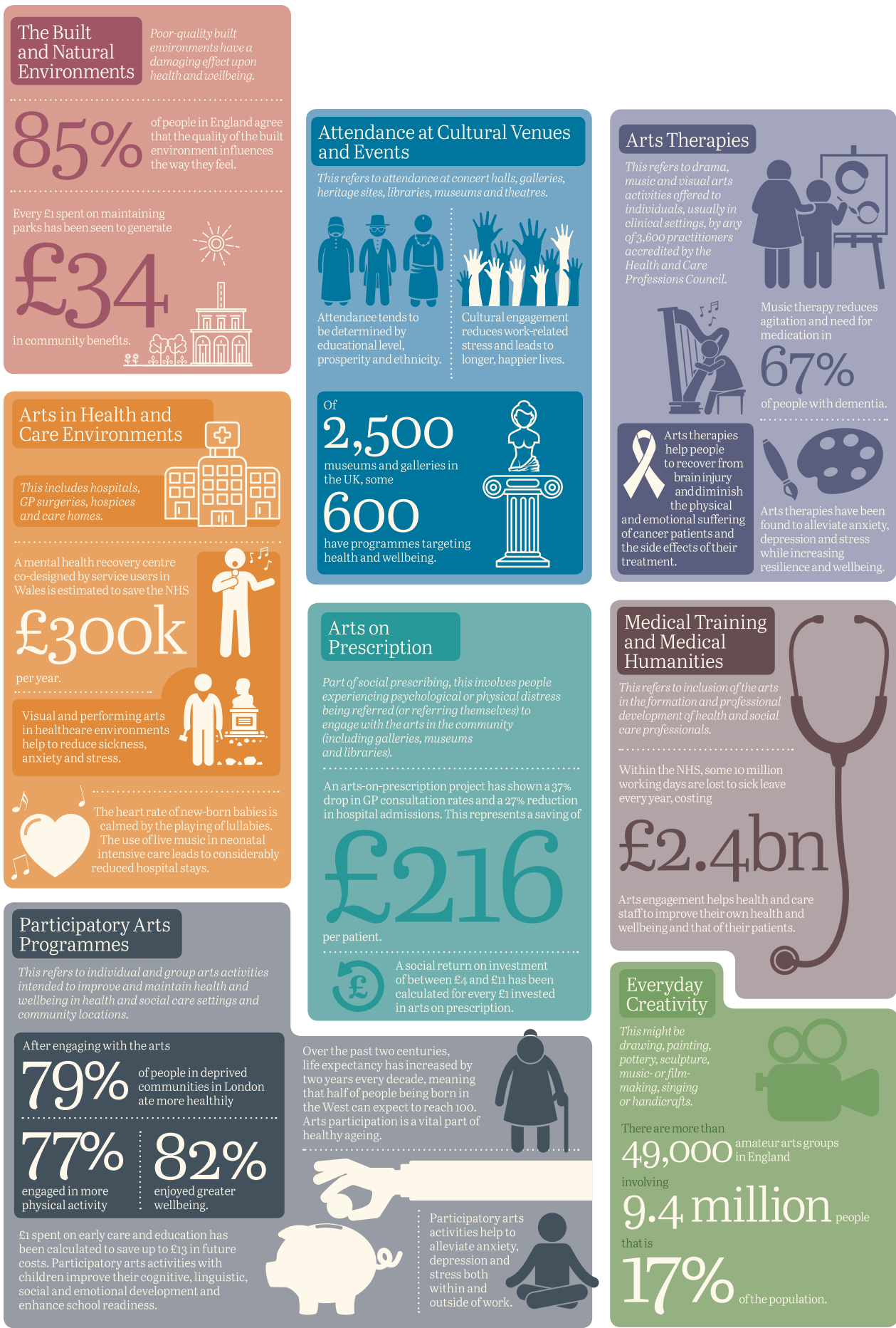


Figure 4. The value of the arts for health and wellbeing¹⁵.



5. Making it happen: recommendations

The following are recommendations for the ICS to realise the opportunities described in this document:

1. Make interventions in the arts part of the ICB's strategic plan
2. Create dedicated NHS resource to lead on promoting and sharing arts activities to prescribers and link workers across the ICPs
3. Work with SYMCA to invest in the arts for health
4. Support the commissioning of (1) a mapping of regional resources and best practice, (2) a rapid review of evidence related to local health care needs, and (3) a review of existing ICS best practice and learning
5. Create a strategy for health-enhancing interventions in the arts within the ICS, targeted on NHS needs
6. Develop even stronger connections with the voluntary sector
7. Identify quick wins and provide funding in partnership with other organisations to implement and create best practice and learning across the ICS.

15th December 2022

For further information please contact

Professor Steve Haake OBE
Director of Engagement AWRC
S.J.Haake@shu.ac.uk
The AWRC, Sheffield Hallam University
Olympic Legacy Park
2 Old Hall Road
Sheffield, S9 3TU

Karen Harrison
Health Improvement Principal,
Office of the Director of Public Health
karen.harrison5@nhs.net
NHS Sheffield/Sheffield City Council
722 Prince of Wales Road
Sheffield
S9 4EU

Kirstie Hamilton
Director of Programmes, Sheffield Museums
kirstie.hamilton@sheffieldmuseums.org.uk
Leader House
Surrey Street
Sheffield
S1 2LH

Kim Streets
Chief Executive, Sheffield Museums
kim.streets@sheffieldmuseums.org.uk
Leader House
Surrey Street
Sheffield
S1 2LH

