Creative
Health
Review

How Policy Can Embrace Creative Health

We have a huge mix of experience, knowledge, and commitment on this panel, and whilst I do think what we are trying to engage with is challenging, because it is so complex, with this panel, and the already existing evidence we will be able to rise to the challenge.
Baroness Lola Young of Hornsey OBE

When people hear the word health, they often think about health services. Healthcare, while vitally important, only accounts for around 10-20% of health outcomes. Creative health provides an evidence-based approach to prevention at every point on a pathway, at every stage of the life course and in many different settings. The evidence set out in this review is irrefutable and needs to be considered as part of the mainstream approach to health and care. Creative health is in addition to traditional medicine and offers opportunities for improving outcomes as well as reducing costs.
Alice Wiseman

Creative health should be a central part of every strategy for improving the health and wellbeing of the nation. The evidence and the good practice across the country demonstrate the potential impact we could have through creativity. Perhaps now the time is right for us to implement a national strategy, delivered through the infrastructure of integrated care systems, backed by local government and local arts organisations. Here in West Yorkshire we share that ambition and stand ready to deliver jobs in the creative industries, and better outcomes for our citizens.
Rob Webster CBE

The NHS sees millions of people every day that live with complex long term conditions. Whilst modern medicine remains essential for transforming health, we are increasingly seeing the amazing opportunities for the arts and culture, sport and nature to work alongside the health system in delivering improvements in health and wellbeing. As human beings we all need, connection to our communities, purpose and activity in our lives to sustain our health and it is exciting to see the progress that has been made in developing approaches to creative health. Today's report represents a further leap forward in making creative health an integrated part of our lives.
James Sanderson

The role that creative activity can play in the health and wellbeing of the whole population is no longer just an interesting idea. There is growing evidence that it works and there are an increasing number of examples of strong and positive links between health and education practitioners and creative activities. We are, however, a long way from this being a universally available service. This report will be both a valuable guide and a record of good practice at a pivotal time for this area of activity.
Rt Hon. Baroness Estelle Morris of Yardley

Modern medical interventions have achieved so much but they have little or no impact on the social determinants of our health. There is growing scientific evidence that social interventions, in particular ones that draw on the innate creativity of people and their communities, are effective for individuals and can also reduce the financial and workload challenges facing the NHS. This report shines a light on what creative health interventions are currently achieving and on their great potential for the future. I urge all those committed to improving the health of our nation to make the time to read it.
Professor Martin Marshall CBE

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For me it saved my life. Arts gave me that access to see the world differently and for the world to see me differently. When I was living on the streets I had a camera and instead of having a stigma attached to me as a homeless dude, they saw you as a photographer. You were given that up-step. That's what empowers people, that's what picks people up, that's what gives them good wellbeing and resilience.
David Tovey

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To be creative is an existential need; it is important that people can easily access opportunities to be creative in ways that are meaningful to them. Creative health helps to safeguard and stabilise mental health and wellbeing, and co-creativity can strengthen the relational elements of care through mutually beneficial interpersonal connections.
Mah Rana

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Having been in the mental health system for nearly 40 years it took an art class to save then transform my life. Creativity is the cornerstone to many health conditions, but for mental health it is a panacea in ways that traditional medicines/treatments do not always reach. Creativity is a universal language; it has no barriers as to who can use it. What else offers such multiplicity in a country that is so diverse? I wish creativity was the first offer of support (in mental health) before medication, to allow people to find themselves in a more holistic, organic way.
Debs Teale

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I am a young female artist, researcher, mental-health facilitator, and change-maker. After benefitting from using creativity to enhance my own mental wellbeing, I am now passionate and driven to use this lived experience to embed Creative Health within service provision more broadly and for all. Being a part of this advisory function has re-affirmed to me the potential of Creative Health for everyone, independent of their background or life-stage. It has encouraged more than a network for research purposes but rather a community of people able to openly share collective experience and advocate for change.
Gemma O'Brien

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Art is good at sparking the stuff that is causing this joy inducing, pain reducing rush of endorphins. Creativity does something mysterious to the brain, where it helps us reduce the experience of our pain.
Surfing Sofas

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Photography became a hobby when life was starting all over. I soon realised after a day out with a friend how much photography gave me snaps of freedom. Now I'm looking at the world through a different lens, and the world looks back at me differently. I am also a proud member of East Marsh United, Creative Writing Group. Quills of East Marsh. With all my struggles with dyslexia and mental health, I never thought I could be settled. Three years later, it's my safe place. Photography & Creative writing, is my medication.
Kelly McLaughlin

Penpol painting and shock,
ArtsLab Project (FEAST)
©Penpol Primary School,
photographer Steve Tanner

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The All-Party Parliamentary Group on Arts, Health and Wellbeing and the National Centre for Creative Health

Creative Health Review

How Policy Can Embrace Creative Health

Cover Images
Illustrations by David Shrigley

Contents

Foreword

It's a pleasure to write a Foreword to this Review, which has been a labour of love for all concerned – even if it has been hard work for many.

The origin of the project lies in a commitment I made, somewhat impulsively, in the Chamber of the House of Lords in March 2022. We were debating the Health and Care Bill and I had tabled amendments that would have required the new Integrated Care Boards of the NHS to include creative health approaches as they fulfilled their duties. The creative health proposition is simply the expression of the ancient wisdom that the exercise of the creative imagination is beneficial to our health and wellbeing. This can apply to everyone in society. There was support around the House, but when I proposed that the Government should undertake a review of the potential benefits of creative health the Minister declined. I therefore said that the National Centre for Creative Health (NCCH) and the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG) would conduct our own review and make recommendations to Ministers.

Among the recommendations made in the earlier *Creative Health* report of the All-Party Group in 2017 was that Ministers should develop a cross-governmental strategy for creative health. While this was initially welcomed by DCMS, DHSC – no doubt all but overwhelmed by day to day pressures – had been less responsive. The National Academy of Social Prescribing was established, which was extremely welcome and useful, but a fuller vision of creative health was lacking in the Department and was scarcely to be found in other government departments. This was in contrast to the Government of Wales, where the integration of creative health with policies across government has proceeded admirably.

The Chair of the APPG, Tracey Crouch MP, and I therefore invited an expert and very distinguished group of Commissioners to carry out the review. The Commissioners have been advised by a panel of people with lived experience who have spoken with authority and powerfully about how creative health has benefited them, their families and their communities. The Commissioners also learned from the discussions at a series of online roundtables, each devoted to one of the main themes that we identified as essential to the review.
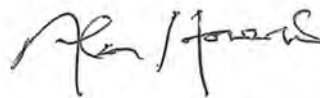
Our recommendations are made to government as a whole, as well as to Metropolitan Mayors who have freedom, in varying degrees, to integrate policy as needed. The recommendations are few, straightforward and commonsensical. Creative health can help people to stay well, recover better and enjoy an improved quality of life throughout the life course. It can help communities, especially where there is disadvantage, to thrive. Our recommendations are not just affordable; if implemented, they will, as we demonstrate, save public expenditure and help us to become a more

Creative health can help people to stay well, recover better and enjoy an improved quality of life throughout the life course. It can help communities, especially where there is disadvantage, to thrive.

productive as well as a healthier and fairer society. Some of what we ask for is already underway. What is needed, to gain the full benefit, is an integrated strategy across government. That is why we commend this review to the Prime Minister as well as to individual Secretaries of State in relevant departments and their agencies. We ask for a coordinated drive across Whitehall.

There should be no differential response by the political parties to the analysis and recommendations in this report. Everyone is agreed that the NHS is in crisis and that far greater emphasis is needed on preventative strategies. Everyone is agreed on the urgent need to tackle the epidemic of mental ill health and the challenge of health inequalities as well as the failure of economic productivity and therefore of growth and improvement of living standards. This report is therefore timely. Creative health, of course, is not a cure-all but it has a significant part to play within a proper twenty-first century system of healthcare and in tackling pressing problems that any government must confront. As the members of the All-Party Group and the thousands of practitioners in the Culture, Health and Wellbeing Alliance have argued for years, it is a dereliction by government to neglect collectively the opportunity provided by creative health. We look forward to the responses of the Government and the opposition parties.

Rt Hon. Lord Howarth of Newport
Chair, National Centre for Creative Health,
and Co-Chair, All-Party Parliamentary Group
on Arts, Health and Wellbeing

Statement on Lived Experience

Lived experience offers the authentic voice of service users, powerfully demonstrating the real-life impact of creative health, and the frustrations and dangers that arise when services and support are unavailable or inaccessible. It is vital that such expertise is central to the development and expansion of the creative health sector, in service design and delivery, in research, in policymaking and in systems change.

Lived experience offers a unique and integral perspective, central to understanding the value and potential solutions of creative health. It demands collaborative and supportive involvement to uncover the realities of this work which cannot be accessed through quantitative data or textbooks, only through trusting relationships.

Ensuring lived experience informs our approach at all levels will result in more effective and sustainable services, representative of the needs of those who will use them. Creative health offers a different way to approach health and social care, to overcome some of the challenges we currently face - for example in mental health, health inequalities, social care, end of life care and education. The incorporation of lived experience expertise is fundamental if we are to fully maximise the potential of creative health.

Hence, it has been essential for voices of lived experience to be fully embedded across this Review. Roundtables have included the stories and perspectives of a diverse range of experiences related to the key themes, and reflected how people have used creative health in their own lives to improve health and wellbeing.

Throughout the Review, a panel of lived experience experts helped to guide the development of recommendations to government. We ask the Government to help us to create the conditions for creative health to flourish - to facilitate the establishment of sustainable partnerships across whole systems, including health, local government, schools, VCSE and creative and cultural providers, and fully incorporating lived experience expertise. This will include challenging hierarchies, and giving lived experience perspectives equal weight and power. We recommend that the Government, too, be guided by lived experience in the development of a cross-departmental Creative Health Strategy. Co-producing guidance in collaboration with lived experience expertise is integral to ensuring the inclusion of lived experience in all policies.

Our Definition of Creative Health

We define creative health as creative approaches and activities which have benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening; approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Creative health can be applied in homes, communities, cultural institutions and heritage sites, and healthcare settings. Creative health can contribute to the prevention of ill health, promotion of healthy behaviours, management of long term conditions, and treatment and recovery across the life course.

Executive Summary

Key messages

- Creative health is fundamental to a healthy and prosperous society, and its benefits should be available and accessible to all.
- Creative health should form an integral part of a 21st-century health and social care system – one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for creative health to flourish requires a joined-up, whole system approach incorporating health systems, local authorities, schools, and the cultural and VCSE sectors.

Why creative health?

Creativity is fundamental for our health and wellbeing, and supports us to live well for longer. An ever-strengthening body of research tells us that engaging with creativity and culture improves mental health and wellbeing and can be used in the prevention, treatment, management and recovery of physical health conditions. Throughout this report, we provide a plethora of examples of creative health in action across the life course from perinatal care, as part of the school day, in the workplace and into old age and end of life care.

The benefits of creativity can be felt in our everyday lives, whether this be through playing or listening to music in our own homes, as a member of a craft class or singing group or through attendance at cultural events or performances. It is therefore important that the opportunity to engage in these activities is available to all.

The mechanisms through which creativity impacts health and wellbeing are diverse and complex (and set out in more detail in the body of the report). Creative activity can provide meaning and purpose. It can support people to explore, regulate and express emotion, and develop resilience and self-confidence. Creative activities such as dance or gardening have a range of physical health benefits. Some creative activities may offer all these benefits at the same time. Creative health encourages social connection, mitigating the effects of loneliness or isolation that we know can be so detrimental to health and wellbeing. We must therefore be able to link people at risk of loneliness to appropriate creative opportunities.

Creative health is also used effectively as a targeted intervention to support people living with specific health conditions including dementia, chronic obstructive pulmonary disease (COPD), brain injuries, chronic pain and long covid. It forms part of a holistic and person-centred approach, which helps people to achieve the health and wellbeing outcomes most important to them, providing people with a sense of control over their own care and improving quality of life, particularly in relation to long term conditions. Creative health should be embedded into relevant care pathways, and routinely offered to patients as a non-medical option.

Creativity and culture are central to placemaking and regeneration, supporting communities to identify and articulate their strengths and needs and co-design effective solutions. Creative health improves wellbeing at community level, building social capital and social cohesion and through improving the environments in which people live, grow, work and age, interacting with the social determinants of health to address health inequalities. We believe creativity should itself be considered a determinant of health and that place-based approaches that facilitate equitable access to creative and cultural opportunities are essential to maintaining individual and community health and wellbeing.

Where creative health is supported and implemented across a system, the benefits to individuals, communities and the systems themselves are clear. In this report, we show that creativity is not just a nice to have, but central to supporting people to live well, and in the creation of healthier, happier and economically flourishing communities.

Embedding creative health into health, social care and wider systems is vital to ensure that its benefits are available equitably. Doing so will also help systems to meet the increasing demands put upon them. Creative health can reduce pressure on health and social care services both by preventing the onset of ill health and by supporting the management of long term conditions, offering patients effective, non-clinical approaches that reduce reliance on healthcare services and result in cost savings, as well as improving quality of life.

Why now?

We are facing a crisis in health and social care. The joint impacts of the pandemic and the cost of living have placed systems under huge pressures, with hospital waiting times at record highs and capacity in social care dangerously low. The population is ageing, and more people are living with multiple long term conditions. These pressures are unlikely to ease, but creative health can assist in addressing them. The prevalence of mental ill health in children and young people is worryingly high, and mental health conditions are causing more adults than ever to be unable to work. Health inequalities are among the worst in Europe and the gap is widening, with life expectancy falling in some of the poorest areas of the country. These issues should be addressed as a matter of social justice, but there are also broader implications for the economy, through increased costs to the health and welfare system and a loss of productivity.

In order to create a healthier, happier and economically flourishing society, a new approach to health and social care is necessary. A health and social care system that is fit for the 21st century should be health-creating, and not just illness-focussed. It should be preventative, addressing the social determinants of health, which account for such a large proportion of ill health, and person-centred, prioritising the holistic needs of people and patients.

Creative health can play a vital role in such an approach. In this report we set out the evidence and examples of best practice, to demonstrate how creative health can be implemented to help tackle the significant challenges we currently face, ultimately supporting government to meet widely shared goals. We have identified key policy areas where creative health can make a real difference.

- Mental health and wellbeing
- Health inequalities
- The education system
- Social care
- End of life care and bereavement

These are not standalone issues, and addressing these challenges will require an integrated approach across government and society. For example, embedding creativity into the school day improves mental health and wellbeing as well as educational outcomes, and can reduce inequalities. In the long term, this will result in a healthy and skilled workforce, with the creative skills to feed back into the creative industries or creative health sectors.

There are common levers across the themes such as the importance of early intervention and acting on the social determinants of health to prevent ill health; ensuring that the benefits of creative health are available to all through equitable access to creative opportunities; and a focus on person-centred approaches which foster a sense of purpose and social connection.

We also make an economic case for creative health. A single creative health intervention can have multiple outcomes, manifesting over the short, medium and long term. Such interventions have been found to result in cost savings through reductions in the use of healthcare services, and where the wider social value is taken into account, creative health interventions consistently offer good value for money. More broadly, creative health will enhance the economy by reducing the avoidable costs to the NHS related to preventable illness, reducing the pressure on health and social care systems by supporting people to self-manage their health conditions, and enabling people with long term conditions to return to or remain in work, contributing to economic productivity. A healthier, happier population will be more productive.

Creative health is intrinsically linked to the creative industries. A thriving creative and cultural sector across all areas of the country will improve health and wellbeing and reduce inequalities, whilst creative health offers new opportunities for employment, skills and training for creatives.

Integrating creative health into a whole system approach to health and social care

Creative health is by its nature cross-sectoral. It both requires and facilitates whole system, joined-up approaches to health and wellbeing. Effective and sustainable partnerships must be established between local authorities, healthcare systems and the cultural and VCSE (Voluntary, Community and Social Enterprise) sectors. Co-operation is also required between policymakers, funders, commissioners, and providers in order to create the conditions for creative health to flourish.

Where such collaborative, cross-sectoral approaches have been put into practice, there has been a demonstrable impact on health outcomes and key system targets. This has been achieved nationally in Wales, through a pioneering partnership between Arts Council Wales and the Welsh NHS Confederation, which places an arts and health coordinator in each health board. Evaluation showed positive impacts in relation to prevention, mitigation, treatment and recovery and benefits to patients, the wider population and to the system, at relatively low cost.

In England, forward-thinking Integrated Care Systems (ICSs) such as Creative Health Hubs in West Yorkshire and Gloucestershire have incorporated creative health into their Joint Forward Plans and established supporting infrastructure and funding and commissioning models that facilitate the sustainable development and expansion of community-based creative health initiatives. They have also collated consistent data to demonstrate the long term impact on health outcomes, on the system and on inequalities. In local authorities, there is an increasing recognition of the role for creative health, with strategies emerging from culture and public health departments.

Devolution offers further opportunities to integrate creative health across a combined authority region, in a way that mobilises existing assets and meets local priorities. Work has already been undertaken in the combined authorities of Greater Manchester and Greater London towards dedicated creative health strategies, which align with local priorities such as health inequalities.

In West Yorkshire, close collaboration between the ICS and the combined authority ensures that the creative health strategies are coherent with regional ambitions in relation to the creative economy. In addition to making recommendations to the Government, we therefore also propose that all current and future Metro Mayors consider how their devolved powers in areas such as skills, employment and transport can support creative health to thrive in their region, in doing so improving both population health and economic prosperity.

These examples demonstrate what can be achieved through a whole system approach to creative health, and present a compelling case for further integration of creative health across all combined authorities, ICSs and local authorities, in a way that best meets local need. These pockets of best practice are not yet the norm, and there is more that can be done at national level to embolden systems to incorporate creative health into their approach.

Our vision for creative health

Our ambition is for creative health to be integral to health, social care and wider systems, including education. Creativity will be recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing across the life course, and its benefits will be accessible to all.

Central to this vision will be the development of person-centred and community-led approaches, informed by lived experience, which will mobilise existing creative, cultural and community assets in order to best meet local need and reduce inequalities.

A sustainable and supportive infrastructure for creative health, including opportunities for training and development, will further the expansion of the creative health workforce, whose skills and expertise can be integrated into health and social care systems to complement existing provision, and reduce pressures on the system.

Creative health will be fundamental to a 21st-century approach to health and social care, contributing to better outcomes for individuals, communities, public services and systems.

Existing policy drivers

Creative health is consistent with the direction of travel in recent policy towards a more integrated and person-centred approach to health and social care. ICSs bring together NHS, local authorities and other partners to deliver health-related services with the aim of improving population health and reducing inequalities. This should provide a framework through which creative health providers could be better integrated as strategic partners. Recent developments in primary care indicate a shift towards greater integration of community and neighbourhood services, as part of a wider focus on personalised care within the NHS. Social prescribing, a pillar of personalised care, recognises the need to address the social determinants of health and respond with non-medical approaches, and is an important route through which people can be connected to creative health. Beyond healthcare, the levelling up agenda includes specific targets in relation to health and wellbeing, whilst the Office for Health Improvement and Disparities (OHID) takes a cross-governmental approach to focus on prevention and reducing health inequalities, through addressing the social determinants of health. The Department of Culture, Media and Sport (DCMS), with Arts Council England (ACE), has taken steps to redistribute funding for the arts and culture to historically underfunded areas and has supported creative health through the work of its arm's length bodies. ACE has embedded creative health into its delivery plan through the Creative Health and Wellbeing plan, and the impact of creativity on health and wellbeing has been further acknowledged in the Creative Industries Sector Vision, which commits to enhancing direct links between the creative industries and the health service.

Despite these positives, there remain barriers to the widespread implementation of creative health. While we recognise the constraints on public expenditure, it remains unfortunately the case that investment in prevention has been limited, and resources for public health have been cut. Public funding for the arts decreased by 21% between 2009/10 and 2019/20, and opportunities for pupils to engage in creativity as part of the school curriculum have been increasingly limited. Sufficient funding

is not available to meet the objectives of the levelling up agenda or proposed reforms in social care. The creative health workforce struggles to operate with the limitations of short term, project-based funding, and life as a creative health practitioner can be economically precarious.

We propose that a strategic and joined-up approach to creative health from national government, which establishes a shared language and outcomes framework across departments, will help to remove these barriers, and, in creating the conditions for creative health to thrive, will maximise its potential to improve population health and productivity.

Our ask to the Government

Creative health has benefits for individuals, communities and public services, and will ultimately support the Government to achieve its targets across key policy areas. These targets may fall under the remit of different government departments. In summarising the evidence and providing examples of best practice throughout this Review, we highlight how each relevant department can harness the advantages of creative health, and we ask that they identify levers through which they can validate and incentivise the implementation of creative health on the ground.

The benefits of creative health are amplified by coherent, cross-sectoral support. The development of a sustainable creative health infrastructure will improve health outcomes, reduce health inequalities and improve productivity in the long term. This is not the responsibility of a single government department, but requires a whole system approach - not only health in all policies, but creative health in all policies. We therefore ask for a cross-departmental approach, facilitating cross-sectoral working at all levels of the system, modelled by national policy.

Drawing on the evidence gathered throughout the Review, and with the valued input of our lived experience panel and commissioners, we have developed a set of recommendations that will support the Government to maximise the potential of creative health, with a dedicated cross-departmental Creative Health Strategy at the centre.

Recommendations

Cross-governmental recommendations

1 – We recommend the development of a cross-departmental Creative Health Strategy

By recognising creative health as a vital component of a preventative and person-centred approach to health and wellbeing, the Government can support the mobilisation of creative, cultural and community assets to improve the health of the population, reduce pressures on the health and social care system, reduce inequalities and support an economically prosperous society.

We recommend the Strategy be affirmed and driven by the Prime Minister, co-ordinated by the Cabinet Office and supported through ministerial commitment to ensure the integration of creative health across all relevant policies. Such an approach will facilitate the establishment of sustainable cross-sectoral partnerships across regions and systems, modelled by national policy.

2 – The long term value of investing in creative health must be recognised and appropriate resource should be allocated by HM Treasury to support the Creative Health Strategy

A strengthening evidence-base demonstrates the economic incentive to invest in creative health as a long term strategy to improve health, wellbeing and productivity. The Treasury has an essential role to play in supporting the cross-departmental Creative Health Strategy by recognising the value of investing in the approach and allocating resource. Whilst much of what we propose in this Review can be achieved by rethinking the way systems work in relation to creative health, without the need for legislative change or a large amount of investment, creative health should be properly resourced. Investment in a sustainable supporting infrastructure, which allows creative health to thrive, will yield significant returns on investment.

In order to capture the full social impact of creative health, HM Treasury could consider a wider range of methodologies and definitions of value in its approach to policy appraisal.

A shared outcomes model is one route that could be used to support the implementation of creative health. This has already been applied effectively in a pilot of Green Social Prescribing.

3 – Lived experience experts should be integral to the development of the Creative Health Strategy.

This is vital to guarantee that the strategy best responds to the needs of those it is intended to benefit. Guidance on the co-creation of policy should be developed alongside lived experience experts to ensure the inclusion of authentic lived experience voices across all policies and programmes.

Departmental levers

There are actions that fall within the remit of specific departments that will support a Creative Health Strategy. There are also areas where a collaborative approach across one or more departments will maximise the benefits. Here we outline how individual departments can support the creative health agenda and set out how doing so can help to meet key ambitions. We point to areas where cross-departmental collaboration should be pursued.

Department of Health and Social Care (DHSC)

can support and encourage Integrated Care Systems to incorporate creative health into their strategies and commissioning processes for health, social care and public health. A dedicated creative health plan will contribute to ICS targets to improve health outcomes and address health inequalities, and will support the development of sustainable partnerships across their system, including with the cultural and VCSE sectors, as part of a joined-up, place-based approach to population health. Strategic support from the ICS will also embolden local authorities and NHS trusts to incorporate creative health into their approaches.

The Office of Health Improvement and Disparities (OHID) can reinforce the role of creative health as a tool for improving the health of the public and reducing health inequalities. Directors of Public Health and ICS colleagues should be expected to include creative health in their local strategies, and incorporate their local creative and cultural assets in their approach to population health.

Creative health supports the health and wellbeing of people who access social care, and enables people to live independently for longer. DHSC and the Department for Levelling Up, Housing and Communities (DLUHC), working with local authorities, can help to embed creative health as a core offer across the social care sector. Recognition of the value of creative activity in Care Quality Commission (CQC) assessment frameworks will encourage its provision across all care settings.

Department for Culture, Media and Sport (DCMS) can build on the commitment to health and wellbeing demonstrated by its arm's length bodies (e.g. Arts Council England's Creative Health and Wellbeing Plan; Historic England's Wellbeing and Heritage Strategy) by supporting the further development of the creative health infrastructure and the link between the creative industries and health and social care. This should include working closely with HM Treasury and DHSC to establish sustainable funding models, and coherent approaches to measuring health outcomes and the wider value of creative health. Health and wellbeing outcomes (including the intangible and long term outcomes that creative health generates) can be incorporated into assessments of the value of culture and heritage.

This review makes clear the link between access to creativity and culture and health and wellbeing, and the potential to reduce health inequalities by ensuring everyone is able to access these opportunities. DCMS should see creative health as a crucial means to improve access to the arts and culture for people for whom that opportunity remains all too limited.

Department for Levelling Up, Housing and Communities (DLUHC) – Creative health should be an integral part of the levelling up agenda. Creative health can help to improve healthy life expectancy, address health inequalities and foster pride in place, leading to an increase in productivity. DLUHC can empower local authorities to encourage and facilitate community and place-based creative health approaches, working closely with DHSC to facilitate integration with health towards this goal. Given the health benefits of engaging in creative and cultural activities evidenced in this

Review, ensuring such opportunities are available and accessible to all is vital to reducing health inequalities. Building on recent changes in funding allocations to prioritise culturally underfunded areas, DLUHC and DCMS should ensure a coherent approach that addresses geographical disparities in investment in arts, culture and heritage, and inequalities in creative opportunities.

There are opportunities to embed equitable access to community, cultural, creative and natural assets into the National Planning Framework and local planning decisions.

Department for Education (DfE) can promote and enable the provision of creative opportunities for all pupils, across the curriculum. This will not only ensure that all children have the opportunity to develop creative skills and the transferable life skills which are associated with a creative education, but also that the UK's creative industry sector continues to flourish. DfE and DCMS can work together to ensure equitable and inclusive opportunities to access creativity for all school pupils. Links between schools and local cultural organisations could be further reinforced, particularly in areas where pupils may face barriers to accessing such opportunities outside of school.

Incorporating creative health into guidance on promoting children and young people's mental health and wellbeing will support whole school approaches to mental health. This will ensure young people are equipped with an understanding of the link between creative activity and health and wellbeing, and can develop the skills to employ this across their life course.

Opportunities to gain skills and qualifications in creative health should be available in higher and further education as part of medical and healthcare training, and creative arts courses. Investment in higher education creative courses will ensure a thriving creative and creative health workforce for the future.

Department for Environment, Food and Rural Affairs (DEFRA) has realised the benefit of cross-departmental coordination through the Green Social Prescribing programme and, with Natural England, can build on this further to support

initiatives that bring together natural, creative and cultural assets and activities, which we show in this Review to be beneficial for health, wellbeing and promoting connection with the environment. There are opportunities to strengthen the cooperation between DEFRA, DCMS and DHSC in relation to social prescribing and creative health.

Department for Work and Pensions (DWP) should recognise creative health activity as part of skills development and preparation for employment. It can remove barriers to the full and meaningful involvement of people with lived experience in decision-making and service co-design by supporting their fair remuneration without impact on benefits.

Ministry of Justice (MoJ) can do more to ensure access to creative health for those in the criminal justice system, as a means to address the high prevalence of poor mental health as well as to support the development of skills, and improve educational and employment outcomes.

The Department for Science, Innovation & Technology (DSIT) via UK Research and Innovation (UKRI) has invested in multi-disciplinary research programmes that have helped to advance the evidence base for creative health. Continued support from UKRI, National Institute for Health and Care Research (NIHR) and other research funders will facilitate the further development of innovative solutions and models of implementation. In particular, attention should be given to the development of methodologies which can adequately measure and articulate the economic value of investing in creative health.

Further opportunities

The above recommendations suggest where government departments may work cooperatively to amplify the potential impact of creative health. This is not exhaustive, and as the Creative Health Strategy is developed we anticipate new opportunities for cross-departmental collaboration may arise. We propose a collaborative output from the Strategy could be:

A cross-departmental campaign to raise public awareness of creative health, and promote equitable access to creative health opportunities. DHSC, OHID and DCMS would

be ideally placed to lead a campaign to raise awareness of the benefits of creative health, targeting healthcare professionals and the general public.

Recommendations for combined authorities

Metro Mayors and combined authorities should embrace creative health, as they use local knowledge, skills and devolved powers to improve health, wellbeing and economic prosperity for their populations.

This Review has recommended support for creative health at national policy level to help improve health outcomes and reduce inequalities. Strong regional, local and community leadership is also necessary for creative health to fulfil its potential.

Devolution provides opportunities for combined authorities to draw on creative health to improve health and wellbeing in their areas, leading to wider benefits in the long term. Creative health can align with combined authority priorities in relation to cultural policy, creative industries, skills development and economic productivity. We recommend that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS leaders in their combined authorities to deliver coherent strategies, and develop sustainable creative health infrastructure at scale, making best use of local assets.

We recommend that Metro Mayors and the Local Government Association should be represented in the development of the national Creative Health Strategy.

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Introduction to Creative Health

Stroke Odysseys, Rosetta Life
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Creativity is not an additional extra, it is essential for being well and staying well

Mah Rana, Co-Director, Lived Experience Network, Leadership and Strategy Roundtable

1.1 What is Creative Health?

We define creative health as creative approaches and activities which have benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening; approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Creative health can be applied in homes, communities, cultural institutions and heritage sites or healthcare settings. It can contribute to prevention of ill health, promotion of healthy behaviours, management of long term conditions, and treatment and recovery across the life course.

We consider health in its holistic sense, as a state of complete physical, mental and social wellbeing. Wellbeing, according to the World Health Organisation (WHO) definition, encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Creative health is proven to have benefits for physical and mental health conditions, as well as improving general wellbeing and reducing loneliness and isolation in individuals. It also acts as a vital component of place and community-based approaches to population health, interacting with the social determinants of health and influencing the environments in which people live, grow, work, and age.

Creative health offers a different approach to health and wellbeing - one that mobilises creative, cultural and community assets to support people to live well for longer. Embedding creative health across health, social care and wider systems has benefits for individuals, communities and public services, ultimately leading to a healthier population and more prosperous society.

Who is creative health for?

Creative health applies across the life course, including during the early years, in schools, to support working-age adults and as an important component of healthy ageing. This review also considers the role of creative health in end of life care and bereavement.

Creative health should be available and accessible to everyone. However, there are disparities in engagement with culture both geographically and across a socioeconomic gradient, and some people and communities face barriers to access. To ensure creative health does not reinforce health inequalities it is vital that these barriers are overcome. This will be explored in more detail in Section 3.2, Health Inequalities. There can be a perception that engagement in arts and culture is an elite activity. The benefits of creative health can be experienced by engaging or participating in a whole range of creative activity, from crafting activities, cooking or gardening in one's own home, to community-based participatory visual or performing arts, or attendance at cultural events or festivals. The most innovative approaches often

Primary Prevention

In communities

Creative health can:

Build social capital, social cohesion and improve wellbeing

Influence and interact with the social determinants of health to improve the conditions in which people live, grow, work and age

Ensure equitable access to creative opportunities for all

Secondary and Tertiary Prevention

In healthcare pathways

Creative health can prevent, manage or treat specific conditions:

- Singing for breathing programmes ease symptoms of COPD, asthma and long-covid
- Dance and movement can prevent falls and support people to recover from stroke and brain injury
- Gardening can modify risk factors for conditions such as cancer, cardiovascular disease and musculoskeletal conditions
- Music-making can slow cognitive decline, and improve wellbeing for people living with dementia

Creative health is a holistic and person-centred approach:

By prioritising what matters most to individuals, creative health can improve the quality of life for people living with complex or long term conditions.

Creative health activities provide a sense of meaning and purpose that can empower people to self-manage their conditions.

For example, creative health activities have been shown to increase the ability to self-manage chronic pain, resulting in improved wellbeing and reductions in the use of high-strength painkillers.

Across the life course

For individuals

Creative health supports individual health and wellbeing across the life course:

Creative health helps to provide every child with the best start in life, promoting parent-child bonding, facilitating engagement with perinatal services and supporting parental mental health.

Creative engagement in schools equips children with life skills such as confidence, resilience and teamwork, improves future outcomes and supports mental health and wellbeing.

Into adulthood, creative health supports mental health and wellbeing. Creative engagement can prevent or relieve symptoms of common mental health conditions such as depression and anxiety. Arts therapies can alleviate symptoms of severe mental illness.

Group-based creative activities increase social connection and reduce loneliness and isolation, with benefits to health and wellbeing.

In care homes, creative engagement improves health and wellbeing of residents and can reduce the need for medication. It can also improve the health and wellbeing of the workforce.

> *There are so many ways we can nurture and grow creative health, it has to be part of our toolkit. The NHS has a role to play in this, working with partner organisations and local communities for the benefit of people as well as health and care services"*

Tracey Bleakley, Chief Executive of NHS Norfolk and Waveney Integrated Care Board, participant in Leadership and Strategy Roundtable

arise from grassroots activity, reflecting the cultural practices of different communities. This can help to instil a sense of ownership of a creative initiative, reduce stigma, improve knowledge and awareness, build social and organisational connections and promote health.

People can experience creative health independently in their homes, schools and communities, but they may also be directed to creative and cultural activities and opportunities as part of a targeted intervention to address a specific health or social issue. This could take place in a healthcare setting, or patients may be directed to a community-based activity via social prescribing. Creative health may also be used as part of community-based or place-based activities linked to placemaking, regeneration or community-building. Many examples will be provided throughout this report. In acute healthcare settings, hospital arts programmes both improve the environments in which patients receive care and provide participatory creative activities. These services are also increasingly broadening their remit to support the health and wellbeing of the NHS workforce through creative health. Cultural and heritage institutions may offer health and wellbeing programmes, ranging from dementia-friendly sessions in museums, heritage and wellbeing sessions, mindfulness workshops in gallery spaces, and social events to combat loneliness and isolation[1,2].

Who benefits from creative health?

Creativity is an important resource for health and wellbeing. It can benefit:

- Individuals - through everyday cultural engagement and creativity, or as part of a targeted intervention to address a specific health issue
- Communities - using creativity, culture and heritage to improve the conditions in which people live and to build social connection
- Healthcare professionals, as an additional component of their professional toolkit
- Health, social care and wider systems to help them meet their targets and provide a better service
- Policymakers, as a means to tackle some of the pressing challenges we currently face

How does creative health work?

Creative health contributes to the prevention, treatment, management and recovery of disease. It can directly impact the health and wellbeing outcomes of individuals, and also works as part of community and place-based population health approaches, which address the causes of ill health.

Whether engagement is participatory or as an audience member, access to creativity is important for our health and wellbeing. After public consultation on the topic 'What matters to you?' engagement in the arts and culture has been included in the Office for National Statistics Measure of National Wellbeing, and longitudinal studies using population data have observed the association between creative and cultural engagement and health benefits over time[3,4].

That creativity has a powerful impact on our physical, mental and emotional wellbeing is well understood by the 9.4m people who are thought to participate regularly in 'non-formalised' arts activities, otherwise referred to as 'everyday creativity' which take place in their own homes or in voluntary and amateur groups. A major motivation for their participation is enjoyment and wellbeing, leading to improved mental health[5].

In times of crisis, people turn to creativity as a means to support their health and wellbeing. This was highlighted during the pandemic when people drew on creativity to express their fears and hopes and process feelings of grief.

Research carried out over the lockdown period, using population data, confirmed that people used the arts to cope with emotions[7] and support their mental health[8], and that time spent on creative hobbies was associated with increases in life satisfaction and decreases in symptoms of depression and anxiety[9].

During the pandemic, creative activities were devised and adapted to support the most vulnerable to stay connected and engaged during prolonged periods of isolation. New partnerships were established between health and social care, community organisations and creative practitioners. The model of cross-sectoral partnership working, based on trust, that emerged from this period can be carried forward to maximise the potential of creative health beyond the pandemic[10].

The benefits of creative health are far-reaching, and can not only support people through a health crisis, but can help to mitigate or prevent such a crisis, through improving both individual and community-level health and resilience. Below we outline some of the ways in which creative health operates, and the benefits it can therefore bring to individuals, communities and systems.

Creative health and major health conditions

Whilst we do not claim that creative health is a panacea, we know that creative activities can improve physical symptoms and quality of life for patients affected by some of the most prevalent health conditions. Where creative health has been incorporated into care pathways, we have also seen a reduction in the burden on the NHS, as patients have become empowered to self-manage their conditions, leading to a reduction in GP and A&E attendance and in some cases less reliance on medication.

There are many health conditions for which creative health can have significant benefits. While the examples provided below are not exhaustive, they do demonstrate how creative health can contribute to the conditions affecting a large number of people, and which place a considerable

Culture and the arts, from restriction to enhancement: Protecting mental health in the Liverpool City Region

As part of the **AHRC-funded COVID-19 Care Programme**, researchers at the University of Liverpool examined the mental health impact of restricted access to arts and cultural activities as a result of COVID-19 as well as the successes and challenges of alternative modes of provision. They found that access to arts and culture during the pandemic was a 'crucial lifeline' for those who were isolated and at risk of mental health issues. Those who engaged in arts and culture frequently during lockdown had significantly higher wellbeing scores than those who engaged in arts and culture 'never' or 'rarely'.

The Liverpool arts scene was found to be hugely adaptable in reaching vulnerable people, quickly pivoting to online delivery. At the onset of the pandemic, as statutory services were shutting down, arts providers proactively sought out those whom they knew to be lonely or in need, offering the very basics for survival where usual care was falling short. Several organisations recognised that there was something unique about their 'unofficial' position in the social care structure which enabled them to step in and fill the gap.

The research found that as one of Liverpool's most important economic and social assets, the arts and culture sector can play a major role in improving mental health outcomes across the city region provided it is properly integrated into public health strategy. Cultural organisations were most effective in sustainably reaching vulnerable, isolated and disadvantaged populations when they worked in close collaboration with social and mental health providers[6].

A **policy recommendation** from the programme is therefore that sustainable partnerships between arts and health providers should be supported. Building on successful cross-sectoral cooperation between arts and cultural organisations and regional health and social care providers will facilitate wider provision and maximise the value and reach of these services, as well as producing new opportunities for training care staff to deliver interventions As a first step in this direction, the research team has produced a digital resource, **LivCare**, of best practice and innovation in arts and mental health in the Liverpool City Region for use by regional stakeholders to support local coordination and scale-up.

burden on the NHS, as set out in the Government's interim Major Conditions Strategy[11].

There is good evidence to support the use of singing to improve respiratory conditions such as chronic obstructive pulmonary disease (COPD) through improving lung function and capacity, and the ability to regulate breathing patterns. Singing for Lung Health interventions, consisting of a 12-week singing programme for people with COPD have been shown to reduce healthcare utilisation, including GP visits and hospitalisation, and improve respiratory-related quality of life[12]. Arts on referral schemes such as Mindsong's Breathe In Sing Out programme in Gloucestershire use singing techniques to support people with breathlessness through conditions such as COPD, asthma or anxiety. Their pilot programme saw a statistically significant increase in reported mental wellbeing scores, a 23% decline in A&E admissions and a 21% decline in GP appointments in the six months after referral compared with the six months before, with an estimated return on investment of £1.69[13]. Breathe Arts Health Research has been delivering their Breathe Sing for Lung Health programme with Guy's and St Thomas' respiratory team since 2018. This approach is for patients with a range of respiratory conditions including COPD, interstitial pulmonary fibrosis (IPF), long covid and asthma. Evaluation showed that all participants reported improvements in breathlessness levels, breath control, improved confidence over ability to manage their condition, as well as an impact on general wellbeing and reduced isolation[14].

Singing for lung health is now being explored with long covid patients. The English National Opera has developed a breathing and wellbeing programme with Imperial College Healthcare specifically for people recovering from COVID-19. The programme takes place online, and post-covid clinics across the country are referring patients to the service. A randomised controlled trial of the programme found that it improved quality of life and elements of breathlessness for people recovering from COVID-19, and that patients reported improvements in symptoms[15].

Creative health is used in the prevention, management and rehabilitation of cardiovascular disease (CVD). Systematic reviews show that dance activities for older adults improve aerobic capacity, reducing the risk of CVD, whilst a cohort study based on UK population data from over 48,000 individuals found that medium-intensity dancing reduced the risk of death from CVD. Dancers were found to have a 46% lower risk of cardiovascular death, compared with those who rarely or never danced[16]. Low-impact dancing and singing are used in cardiac rehabilitation. Singing has been shown to improve vascular function, respiratory muscle function and quality of life for people with heart disease[17,18].

Creative health approaches are particularly effective in supporting patients to recover from stroke and brain injury in both hospital and community settings. Stroke affects over 113,000 people every year[19]. The effects of stroke can be devastating, with almost two-thirds of survivors leaving the hospital with a disability and half experiencing depression[20]. In addition to the substantial impact stroke has on those affected and their caregivers, it can also pose a significant financial burden to health and social care services. The societal cost of stroke has been estimated to be £26 billion per year[21]. Music has been shown to have positive effects on recovery from stroke, through improvement in neural pathways and memory, as well as reductions in depression and confusion, whilst participation in arts activities can have physical, cognitive,

Creative health and long covid recovery

Cohere Arts work with East Suffolk & North Essex NHS Trust in the provision of creative health options via their Creative Space programme, which offers a mixture of in-person and online events and resources to support the recovery of patients living with long covid. Artist-led activities including singing, visual arts, creative writing and seated yoga are specially designed to stimulate cognitive function, address respiratory symptoms and reduce anxiety. Participants have reported positive impacts such as improvements in concentration and mobility, a sense of accomplishment from learning new skills, and feeling more connected to others going through similar challenges.

emotional and social benefits for stroke survivors[22]. Programmes which use creative activities to aid rehabilitation from stroke have been developed and delivered through partnerships between arts organisations and healthcare services. For example, Brain Odysseys is a 12-week performance programme for people living with the effects of stroke and brain injury delivered by Rosetta Life in hospital and community settings. It has been evidenced to improve mobility, cognition and self-esteem[23]. The related programme Stroke Odysseys is part of the SHAPER research programme, looking at how effective arts interventions can be scaled up and embedded into clinical pathways[24].

With population-level improvements in life expectancy over recent decades, and improved treatment options, more people are living with conditions associated with older age, such as frailty and dementia. Creative health supports people to live well for longer as they enter older age, with associated benefits for both health and social care systems.

Dance has been shown to improve strength, mobility and balance, and therefore help to mitigate frailty and reduce falls in older adults[25]. Dance can also be an acceptable and enjoyable form of exercise, and sessions can be adapted to be culturally appropriate, thereby engaging a wider target audience. Evaluation of Aesop's Dance to Health programme for older people found that creative dance sessions led to a reduction in falls (58%). Participants were more active (96%), experienced improved mental wellbeing (96%) and made new friends (87%)[26]. The evaluation also identified potential annual savings to the health system of £98m.

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> *Dance to Health delivered participant outcomes that the NHS wants. We were able to show that it is effective and cost-effective...and that it was scalable"*
>
> *Tim Joss, Chief Executive and Founder, Aesop – Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

There is a very strong body of evidence detailing the benefits of creative health for people living with dementia, and in preventing cognitive decline. We explore this in more detail in our section on Social Care (Section 3.4).

In addition to the physiological benefits creative activities can provide, creative health can work

Move Dance Feel - Creative health and cancer

Move Dance Feel is an award winning initiative, offering evidence-based dance experiences to women living with and beyond cancer, as well as to women supporting someone with cancer. The company works closely with cancer support centres and services to integrate dance into their care programmes, and reach those who may not otherwise have access to dance. They exist to fill a gap in cancer care, providing activity that supports the wide-ranging physical, mental and social health challenges associated with cancer diagnosis, treatment and survivorship.

Evaluation findings reveal an extremely positive change in participants' feelings of stress and anxiety - with 86% reporting an alleviating effect. Mood, wellbeing and life satisfaction are also enhanced through dancing.

"It's a psychological game-changer to come here" – Participant

Participants regularly speak of feeling more confident as a result of taking part, and 63% reported an increase in body appreciation – specifically voicing improvements in body image perception. Energy levels are known to increase through participation, and 46% reported a clinically meaningful improvement in fatigue.

Move Dance Feel has honed a methodology specific to working with dance in this context, which places importance on social connection and creative exchange. This is reflected in their findings, as 89% of participants reported that dancing helps them to feel more connected to others. Further, 88% agreed that dancing helps them to better manage their health and wellbeing.

holistically to improve the mental health, wellbeing and quality of life for people with one or more health conditions. For example, whilst we have seen that singing for lung health can improve respiratory function, when carried out in a group setting such as a choir or singing group it can also reduce isolation and loneliness, and improve wellbeing. Creative activities including music and visual art making have been used alongside cancer treatment to relieve the side-effects of chemotherapy, reduce pain, and reduce anxiety, depression and stress[27]. Dance, music therapy and creative writing have been shown to improve mood and help patients to manage the symptoms of cancer and the side-effects of treatment. Creative activities such as painting, dance or writing can be used with both adults and children to facilitate emotional expression, reduce fear and enhance hope, helping people to cope with cancer and reflect on their experiences[28]. Arts on prescription outpatient programmes for people with cancer have demonstrated significant improvements in wellbeing at low cost[29].

Recognising these benefits, hospital arts programmes improve the environments for patients through the arts, and provide creative activities for patients within the cancer centres as part of their holistic care[30]. Performance and interactive activities in hospital wards, including adult and children's cancer wards, have been shown to improve mood, reduce isolation, and reduce stress and anxiety[31].

For other conditions, creative health can offer a non-medical alternative, which may be favourable to the patient. For example, it can be an important and comparatively inexpensive tool in helping people suffering with chronic pain to self-manage their symptoms and reduce the impact on NHS services. The NHS aims to cut down on the over-prescription of high-strength painkillers such as opioids, which can lead to addiction, and recommends a personalised approach, with patients given more control over how they self-manage their long term conditions[32]. Music and art therapies, as well as listening to music, have been shown in studies to be effective complementary treatments for chronic pain and creative approaches have been used to reduce reliance on opioids for pain relief[33,34,35].

There is strong evidence and numerous examples of the use of creative health to support mental health and wellbeing. Given the rising prevalence of mental health conditions, and the significant contribution that creative health can offer, mental health and wellbeing is considered a priority theme explored fully in section 3.1

Creative health as a holistic and person-centred approach

As the population ages, many people are now living with one or more of these long term conditions. It is estimated that more than a quarter of the population in England, and two-thirds of those over 65 are living with two or more chronic conditions[38]. Multimorbidities can be complex to manage and costly for public services, in particular health and social care. People with mental health conditions are more likely to suffer with poor physical health and vice versa; long term conditions negatively impact mental health and wellbeing and quality of life. Multimorbidities affect people's ability to work and to engage socially, which can lead to isolation.

There is a tendency for healthcare services to focus on treating a specific condition. However, people with multimorbidities report a desire for a more holistic and person-centred approach[39], by which we mean an approach that addresses the quality of life as a whole, prioritises the things that are most important to people, and takes into account mental as well as physical wellbeing.

Creative health offers such an approach. Its benefits can be best understood through a bio-psycho-social model whereby in addition to the physical benefits described above, the psychological and social elements of health and wellbeing can be addressed through the same intervention. Furthermore, through focussing on what matters to individuals, and providing meaning and purpose through creativity, people can be empowered to self-manage their conditions[40], ultimately leading to a decreased need for polypharmacy and healthcare appointments. Where people can be supported to manage complex and long term conditions, they may also be able to continue working for longer, and the need for social care may be reduced.

Creative health and the social determinants of health

We have seen that creative health can be used effectively in the management and treatment of health conditions. It also has a vital role to play in preventing the onset of disease and creating the conditions for good health and wellbeing as part of a population health approach.

A focus on population health and prevention will be essential if we are to address the challenges facing the health and social care system, and if we are serious about reducing health inequalities. This will require a whole system approach as we know only a small percentage of our health is directly related to healthcare. In the main, ill health is caused by complex interactions between the social determinants of health (i.e. social and environmental factors such as income, employment, education and housing that influence health), as well as psychosocial factors, health behaviours and genetic predispositions. Integrated Care Systems have been established with the aim of bringing together all stakeholders across the system to contribute to health and wellbeing outcomes. This includes the NHS, local authorities and VCSE partners, who can all play an important role in creating the conditions for good health. Creative health also has much to contribute.

This report will present several examples of the role for creative health in primary prevention. For example, we will see that cultural and creative engagement can prevent the onset of common mental health disorders. Practising a musical instrument can reduce the risk of cognitive decline. Gardening can help to lower blood pressure, and change eating behaviours, influencing the risk factors for cardiovascular disease, while dance provides an opportunity for physical activity, linked to a reduction in obesity. It is therefore important to ensure equitable access to creative opportunities and assets such as museums, galleries, green spaces and community allotments, so that people can benefit from these health-promoting opportunities, without reinforcing health inequalities.

Creative health can also interact with the social determinants of health. This may include the use of creativity in schools to improve educational outcomes (see section 3.3), improving working conditions through creative health initiatives in the workplace, and the use of creativity, culture and heritage in planning and design of the built environment to improve the conditions in which people live.

Implementing creative health in communities and places positively impacts population health and wellbeing. As we will see in section 3.2 (Health Inequalities), asset-based approaches, through

Gloucestershire Creative Health Consortium- Living Well with Chronic Pain

In line with the NHS action plan to reduce inappropriate prescribing of high-strength painkillers, patients in Gloucestershire have been referred to creative activities, such as dance and music.

Ninety-six percent of participants in **Artlift's Living Well with Chronic Pain** creative programme in 2022-23 reported a statistically meaningful improvement in general wellbeing and there was an average 16% increase in ability to self-manage pain. Over two years, 37% reported a decrease in GP attendance[36]. Sessions were co-produced with researchers, pain management specialists, NHS Gloucestershire ICB chronic pain managers and people with lived experience of chronic pain as part of NHS Gloucestershire's Test and Learn Programme. Programmes include activities such as crafting, music, painting, creative writing, dance and puppet making. Patients can self refer or be referred by any professional working with people with chronic pain.

One participant who was referred to the Music Works drop-in session said:

"When I first started to experience pain, getting out of the house became more difficult and I found myself becoming isolated. Discovering the Music Works has really helped with the mental health impact of my pain, it's something that I enjoy, and it is something that I really look forward to."

He has since gone on to volunteer with the organisation[37].

Evidencing Creative Health

Our understanding of the ways in which creativity improves our health and wellbeing is continually expanding. The 2017 APPG on Arts Health and Wellbeing Inquiry report '*Creative Health*', provided a comprehensive overview, including the long history of arts and health research and practice, and provided examples and evidence of the role for creativity in health[41]. In 2019, the World Health Organisation scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' collated results from over 3000 peer-reviewed research studies to outline the role for the arts in prevention, health promotion, and management and treatment of illness across the lifespan[42]. Subsequently, cohort studies drawing on population-level data have demonstrated the association between creative and cultural engagement and health and wellbeing outcomes[43]. The implications of these findings for policy have been summarised in reports for the Department of Culture, Media and Sport and Arts Council England[44,45].

Systematic reviews have brought together the evidence around specific aspects of creative health. Evidence reviews from the What Works Centre for Wellbeing investigate the wellbeing impact of music and singing[46], visual arts[47], heritage[48] and sport and dance[49]. The National Academy for Social Prescribing has also published evidence reviews[50] including on Arts, Heritage and Culture. This body of research is referenced throughout this report.

The mechanisms of creative health are complex. A framework addressing the health impacts of leisure activities including arts engagement identified over 600 mechanisms of action categorised as 'psychological, biological, social, and behavioural processes that operate at individual, group, and societal levels'[51]. Creative health is multi-disciplinary, bringing together methodologies and evidence from diverse fields including physiology, psychology, public health, humanities, community development, occupational therapy and implementation science. In order to articulate the full value of creative health, it is necessary to bring these strands together coherently.

Strengthening our knowledge

We must also identify knowledge gaps and priorities for further work. We welcome further rigorous investigation of the biological, psychological and social mechanisms through which different creative activities can act. The INNATE Framework is one approach to identifying the active ingredients of arts and health that can be used to support research and evaluation[52]. We can also better understand who accesses creative health, and what works for different population groups, to ensure inequalities are not widened. The Centre for Cultural Value makes recommendations for future research including wider representation of cultural and creative activities, further inclusion of lived experience and practitioner perspectives, and better understanding of outcomes for different demographic groups[53]. The need for further work in this area is also recognised within social prescribing[54].

Randomised controlled trials (RCTs) are often considered the 'gold standard' of evidence for a health intervention. RCTs have been carried out on condition-specific creative health interventions, allowing the outcomes to be compared to standard or alternative pathways. For example, this report contains reference to RCTs assessing creative health interventions for long covid, in dementia care, and with mothers at risk of post-natal depression. Advanced statistical methodologies, quasi-experimental and natural experiments can be used to make comparisons to a control group where an RCT is not possible.

However, creative health outcomes can often be broad, holistic and experiential, and alternative research designs may be more helpful in capturing the full impact. Multi-modal, mixed-methods research, bringing together qualitative and quantitative approaches, or research that incorporates innovative creative techniques, can add the nuance required to fully capture the

benefits of creative health. These methodologies can be carried out to a high degree of rigour. Therefore, whilst we encourage the expansion of the creative health evidence base through RCTs and clinical trials where appropriate, we also recommend that policymakers take into account a wider variety of methodologies when considering the benefits of non-medical and holistic approaches. Longitudinal studies can capture the longer-term impacts of creative health, and we recommend encompassing socio-economic as well as health outcomes in order to demonstrate that creative health can be an effective and cost-effective approach for tackling the social determinants of health.

Implementing creative health

This report brings together the evidence for creative health in relation to the key policy themes identified. We highlight where the evidence base is sufficient for implementation, and show how putting creative health into practice has benefited individuals, communities and systems. Building on what we already know works, we want to address how this can be spread and scaled, so that the benefits of creative health can be available to all.

NCCH is partnered with University College London's Culture-Nature-Health Research Group leading a 6-year £26 million investment, **'Mobilising Community Assets to Tackle Health Inequalities'**, funded by UK Research and Innovation (UKRI)[55]. The programme uses an ecological public health approach, integrating the material, biological, social, and cultural aspects of public health as a route to tackling inequalities[56]. The research encapsulates creative health by taking an interdisciplinary approach to funding research that aims to use local, cultural, and natural assets and activities to support improvements in health inequalities in the UK. Twelve projects in Phase 1 began their work in January 2022, looking at how cultural, natural and community assets can be used to improve mental and physical health outcomes in communities affected by inequalities. In Phase 2, 16 projects are developing cross-sectoral consortia incorporating health, community, lived

experience, academic and local authority partners. These consortia will research the development of community asset hubs, with the aim of coordinating large-scale projects for their communities during Phase 3 of the programme. By the end of Phase 3, the research programme will have delivered new scalable models for systems to connect with community assets, contributing to the creation of healthier communities and a reduction in inequalities. Examples from the funded projects can be found throughout this report. Programmes such as this are addressing how we can bring together multi-disciplinary expertise, including that of lived experience and community providers, to establish new models for implementation at system level[57].

Further research

As creative health is applied more widely, we can continue to develop the evidence base. Models of funding and commissioning that incorporate resource for research and evaluation, and the collation of data at scale and over the long term, will help to overcome some of the barriers currently faced by small providers who may lack capacity for this work. This report will recommend that UKRI, the National Institute for Health and Care Research (NIHR) and other research funders should continue to invest in multi-disciplinary, cross-sectoral programmes. This will allow us to:

- Continue to generate robust evidence about the effectiveness and cost-effectiveness of creative health interventions, the active ingredients and mechanisms through which creative health works, and the essential elements of programme design;

- Build a coherent multidisciplinary evidence base, capable of capturing the multifaceted and long term outcomes of creative health, including the relationship with the social determinants of health;

- Ensure the evidence base is fully representative of the population, and that lived experience is incorporated from the earliest stages of research design through to service design and implementation.

which communities are empowered to identify and build solutions to their own health needs are essential to addressing health inequalities. Creative and cultural programmes at place or community level can help foster a sense of social connection and cohesion. They can be used to facilitate conversations with community members about health needs, and to co-produce culturally appropriate solutions. Creativity and culture can be a central tenet of regeneration and placemaking, helping to instil a sense of pride in place.

Creative health, implemented as part of an upstream, preventative approach to health will not only keep individuals healthier for longer, but can contribute to a reduction in health inequalities, and the generation of a healthy and prosperous society in the long term.

1.2 Creative Health in Practice

The creative health sector
A skilled and passionate creative health workforce exists. The Culture, Health and Wellbeing Alliance (CHWA), the membership organisation for creative health in England, has around 6000 members and estimates at least 10,000 people work in the field[58]. Similar membership organisations and networks operate in Northern Ireland, Scotland and Wales.

Although awareness and demand for creative health is increasing, the sector faces challenges in sustainability and resource for the creative health workforce. The funding landscape for practitioners is precarious, and the work is often carried out on a short term, project-by-project basis. Commissioning of creative health through the NHS is limited, although, as we will set out in section 4.1 (Cost and Value), the benefits of investment in the approach are evident when implemented. Embedding creative health into health and care systems is one avenue through which the sector can be supported to expand sustainably.

Embedding creative health in systems
In 2017 the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG) published the landmark report *Creative Health: The Arts for Health and Wellbeing* drawing on a long history of arts and health practice and bringing together an extensive evidence base and over 1000 examples of the way in which the arts can be used to

support health and wellbeing and contribute to a health creating society[59]. The report made several recommendations to realise the potential of the arts in health, many of which have seen significant progress.

The National Centre for Creative Health (NCCH) was established in 2020 as a strategic body to advance good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. In partnership with NHS England and Arts Council England (ACE), targeted work has taken place in Integrated Care System (ICS) Creative Health Hubs to explore models for integrating care at systems level. Based on this work, a toolkit that will support the adoption of creative health in other ICSs has been developed[60]. A UK-wide network of Creative Health Champions, convened by NCCH, shares learning and good practice. The ACE-funded NCCH Creative Health Associates programme places an associate into each NHS region in England, hosted by an Integrated Care Board, to further investigate how creative health can be integrated into health and care systems.

There is a growing awareness among clinicians and healthcare professionals, exemplified by special interest groups in creative health for GPs, supported by the Royal College of General Practitioners, pharmacists and within the Royal Society for Public Health. Creative health is being more widely incorporated into clinical education, nurturing a new generation of clinicians with a focus on person-centred care, and an awareness of the power of creativity to draw on in their practice (see Section 4).

Increasingly, systems are recognising the value of creative health. Dedicated creative health strategies are emerging across combined authorities, ICSs, NHS trusts and local authorities. Systems advanced in creative health have established robust infrastructure, supported by effective partnerships and strong leadership across all levels of the system. How they have achieved this will be addressed in more detail in Section 4.2 (Leadership and Strategy).

Creative health in the NHS
There are various routes through which patients can be directed to creative health through the NHS.

Creative health can support personalised care, a key component of the NHS Long Term Plan described

by NHS England as 'a whole population approach to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes'[61]. Personalised care provides people with choice and control over the care they receive, based on the outcomes that are important to them. It is particularly relevant for people with long term and complex mental or physical health conditions, and those who are traditionally underserved by NHS services, as it allows the person to self-manage their conditions and improve their quality of life through activities that align with their interests and needs.

Given the demonstrable benefits of creative health for people with long term conditions and mental health conditions, creative health can be an important strand of personalised care, widening the options available to patients, and supporting the NHS to meet its targets. It presents an opportunity to establish new equitable and sustainable models of working with the VCSE to ensure consistency in provision, while allowing for innovation.

Social prescribing is an important aspect of personalised care, providing a targeted approach for people who require additional support to access community-based services. Social prescribing recognises that around 20% of GP appointments are for non-medical reasons and people may have their social needs better met in a community setting. The Long Term Plan set a target for 900,000 people to access social prescribing by 2023/24, which has already been exceeded. In support of this target, the Department of Health and Social Care (DHSC) invested an initial £5m to establish the National Academy for Social Prescribing (NASP) to further advance its use, and has since committed additional funds to continue the expansion of the programme[62]. A further £5.77m has been allocated to seven NHS test-and-learn sites aimed at preventing and tackling mental ill health through green social prescribing, linking patients to activities in nature and green spaces[63].

Creative health is one of the four pillars of social prescribing, and this is an important route through which people can be connected to creative activities. There is a large body of evidence to show that taking part in art, exercise, music, creative and expressive activities, including through social prescribing, can lead to benefits in relation to social interaction, decreased stress, adoption of healthy behaviours and improved outcomes in skills and employment[64]. As we will see in section 4.1 (Cost and Value), the evidence for the cost-effectiveness of social prescribing continues to build[65]. Longstanding arts on prescription programmes have shown good social return on investment (SROI), and have led to savings in the NHS through decreases in healthcare utilisation. For example, Artlift, a participatory arts service referred to by GP services in Gloucestershire reported a 37% reduction in consultations, relating to a 27% reduction in overall spending – a total reduction in NHS costs per patient of £576[66]. An evidence summary produced for the Department of Culture, Media and Sport (DCMS) on the role of the arts in improving health and wellbeing found that arts-based social prescribing programmes have shown SROIs of between £1.09 and £2.90 for every £1 spent[67].

The ongoing success of social prescribing as a non-medical approach to patient care relies upon community provision. NASP's Thriving Communities programme provided funding for 36 community projects in areas most likely to need additional support in the aftermath of COVID-19. Forty percent of the activities were linked to arts and culture. The programme was found to improve pathways to community-based support and reached communities experiencing health inequalities and who are less likely to access services[68].

Lived experience and co-production

The involvement of people with lived experience, and co-creation of work that meets people's needs and preferences are important elements of creative health practice, as set out in the Culture, Health and Wellbeing Alliance Creative Health Quality Framework[82]. The Lived Experience Network (LENs) is a network of people who believe in the benefits of creative and cultural engagement to individual and collective wellbeing. The LENs advocates for the value that creative and cultural engagement brings to health and wellbeing and works to ensure that the voices of those with lived experience remain at the heart of the arts, health and wellbeing movement[83].

Creative Health in Hospitals

Creative health has a long history within acute care and hospital settings. This may be in the form of hospital design, creating environments which promote healing and provide a sense of calm, warmth and joy. It can be through the installation of paintings or sculpture to generate a sense of place and character and spark conversations and connections. Participatory activities or live performances that take place in hospital wards have been found to improve wellbeing and health outcomes. The WHO scoping review '*What is the evidence of the role of the arts in improving health and wellbeing?*' summarises evidence for the benefits of the arts in acute care settings, including reductions in anxiety, pain and blood pressure and an increase in mood and compliance with medical procedures in both children and adults[69]. Reviews have found visual arts in paediatric hospitals to be an important resource enhancing the wellbeing of children and families both through improving the hospital environment and stimulating communication[70]. Dance and movement has been used effectively in hospitals to promote physical activity and movement in older adults[71], and aid recovery from brain injury[72].

These benefits are put into practice in hospitals across the country. For example, University College London Hospital's Arts and Heritage Team facilitate dance, music and arts activities across paediatric, cancer and neuro-rehabilitation centres[73]. Over 80 NHS trusts in England have arts programmes. The National Arts in Hospitals Network (NAHN) is a national membership organisation of NHS managers and professional leads who are involved in the delivery of arts, heritage and design services across NHS trusts, established to share best practice and offer peer support for its membership.

In hospital settings creative activities can be carried out by artists in residence or through partnerships with local arts organisations. For example, Liverpool Philharmonic have been working with NHS trusts across Cheshire and Merseyside since 2008, engaging 18,000 people in their Music in Health programme. Participants reported that the programme improved their mood, confidence and self-esteem, supported everyday living, and reduced anxiety[74]. Hospitals may also utilise outdoor space to facilitate meaningful and creative engagement combined with the health and wellbeing benefits of nature for staff and patients. For example, Springbank Pavillion is based in Leazes Park, one of Newcastle upon Tyne's largest central green spaces and on the doorstep of the Royal Victoria Infirmary and Great North Children's Hospital. In 2022 it opened as a centre for creative practice in nature, aiming particularly to engage with NHS trust staff, patients and visitors, but also open to the wider community[75]. Hospital arts programmes can offer links to the wider community and creative activities to support recovery and rehabilitation post-discharge. Fresh Arts on Referral at North Bristol NHS Trust is an example of a social prescribing programme within an acute hospital setting, through which patients with cancer, chronic pain or chronic breathlessness are offered 6-week programmes of creative activities to support them to self-manage long term health conditions[76].

Creative health and workforce wellbeing in the NHS

Creative health within acute settings not only positively impacts patients, but also improves the ward environment for staff, and arts-based activities have been shown to have benefits for staff wellbeing. There is developing evidence for the use of the arts to improve the health and wellbeing of healthcare professionals[77]. The concept of 'mutual recovery' proposes that creative practice in healthcare settings improves the mental health and wellbeing of both carers and the cared for. It suggests that the arts can break down social barriers, provide new ways of expressing and understanding experiences and emotions and can help to rebuild identities and communities, particularly when working with mental health[78].

The COVID-19 pandemic took a significant toll on staff. Hospital arts teams responded by developing new initiatives specifically targeting the workforce. For example, in University Hospitals of Derby and Burton NHS Foundation Trust new staff clubs were set up including craft, singing, photography and drawing, with the aim of providing a positive distraction from working life, to improve wellbeing,

and to boost morale. Clubs are open to all and cut across specialisms and hierarchies providing opportunities for peer support and connection. Clubs have been set up in partnership with the hospital wellbeing team, which both enriches the support available to staff and provides a clear route to additional support and therapy for those who need it, ensuring the arts clubs are a safe space for people to share their experiences. Artworks produced by participants are displayed throughout the trust sites and the staff choir has performed in Lichfield Cathedral in a concert to celebrate the power of music and art to heal.

Such staff wellbeing programmes have been developed across several trusts. For example, in Manchester University NHS Foundation Trust, Lime Arts ran a series of online arts workshops, Create.Connect.Unwind, throughout the pandemic, culminating in a Creativity and Wellbeing Festival at Manchester Royal Infirmary[79]. Workshops continue to be offered to staff returning from long term sick leave or with high levels of stress or anxiety. A study by the Open University with North Tees and Hartlepool NHS Trust introduced a pilot creative writing programme for NHS frontline workers in response to the mental health impact of COVID-19. All participants felt the sessions reduced their stress levels and work is underway to expand the programme[80].

The 2022 NHS staff survey finds that the mental health and wellbeing of staff continues to suffer, with 43% experiencing work-related stress and 34% reporting burnout, partly as a result of staff shortages[81]. This subsequently leads to further challenges in recruitment and retention. In this context hospital arts programmes and creative health activities in hospital settings not only improve outcomes for patients and families but can also provide an important resource for workforce wellbeing, supporting the NHS with staff retention and productivity.

"

We know that we have a major ongoing problem with burnout, and with recruitment and retention in the NHS. But we also know that the pandemic showed that there is a potential for the arts to support recovery and wellbeing, and it has really opened the door for us to support our NHS staff"

Laura Waters, - Head of Arts, Air Arts, University Hospitals of Derby and Burton NHS Foundation Trust, Workforce Development and Wellbeing Roundtable

The importance of co-production, and engaging those with lived experience of services in design and development from an early stage is increasingly recognised by the NHS and forms part of statutory guidance for working in partnership with places and communities[84]. NCCH Huddles are interdisciplinary learning activities for small groups to use co-production and creativity to explore and resolve challenges in healthcare settings. With creativity and lived experience at the heart, the Huddles bring together patients, participants, clinicians, artists and managers[85].

1.3 Towards a Creative Health Strategy

A key recommendation from the 2017 APPG on Arts Health and Wellbeing Inquiry Report '*Creative Health*' was the establishment of a cross-government strategy to support the delivery of health and wellbeing through the arts and culture. Despite significant developments in creative health in recent years, this recommendation has not come to fruition. Now, more than ever, with the demands placed on our health and social care systems, we need to consider a whole system approach to health and wellbeing. This must take into account the social determinants of health and act upstream to keep people living well for longer, whilst providing high-quality person-centred care for people with a health condition. Creative health will be an integral part of such a system.

In this report, we therefore set out how creative health can address some of the challenges we currently face, and how its impact can be amplified by a coordinated, supportive approach across all government departments.

A 21st-century approach to health and wellbeing
Facing the joint impacts of the pandemic and cost of living crisis, our health and social care system is under pressure, with hospital waiting times at record highs and capacity in social care dangerously low. The population is ageing, and more people are living with multiple long term conditions, meaning these pressures are unlikely to ease if action is not taken. We face a crisis in mental health, with rates of mental ill health in children and young people worryingly high. Health inequalities are among the worst in

Europe and the gap is widening, with life expectancy falling in some of the poorest areas of the country.

These issues must be addressed as a matter of social justice but there are also broader implications for the economy, through increased costs to the health and welfare system and a loss in productivity with people unable to work through ill health. There is a need for innovative approaches that can both address these immediate challenges, and create the conditions to build a prosperous society focussed on health and wellbeing in the long term.

The solutions are complex and responsibility does not lie with one government department alone. A healthy and economically flourishing society requires an approach to health and wellbeing that is fit for the 21st Century. Creative health offers us a way to think anew – to recognise the role of creativity and culture in upstream, preventative approaches to health and wellbeing, to emphasise the voices of lived experience and communities, and enable co-designed solutions to best meet need. Acknowledging the potential of creative health to improve quality of life and health outcomes and embedding this into systems, will improve the health of the population.

A cross-departmental approach
Informed and positive leadership from government is required to achieve this. A cross-departmental approach to creative health will model the cross-sectoral work required for creative health to flourish and legitimise and enable this way of working at all levels of the system.

There are clear benefits that creative health can bring to the attainment of national ambitions, across health and social care, levelling up, education, criminal justice and employment. Collaboration between the Department for Culture, Media and Sport (DCMS) and the Department for Health and Social Care (DHSC) is key in facilitating creative health, but other government departments have an important role to play in ensuring its success. Only by developing a shared language and goals can we create the conditions for creative health to really thrive, and, in doing so, amplify its benefits.

In addition to proposing a cross-governmental strategy on creative health, coordinated and monitored at the very centre of government and

fully resourced by HM Treasury, we have set out where individual departments can benefit from creative health, and the opportunities and levers within their remit to support and spread creative health across the country.

The issues covered by this report are all complex and require a joined-up approach from government and society. We propose that developing shared target outcomes and accountabilities across government departments as part of a dedicated Creative Health Strategy will identify where policies can be aligned and resources best diverted to ensure the greatest impact. We highlight the importance of whole system approaches, and the establishment of structures which facilitate cooperation and sustainable partnerships. Where this has been put into practice, there has been a demonstrable impact on health outcomes and key system targets. Modelling such an approach at national level will ensure these outcomes are achieved more widely.

Devolution offers further opportunities to integrate creative health across a combined authority region, in a way that mobilises existing assets and meets local priorities. We therefore also propose that all current and future Metro Mayors consider how their devolved powers in areas such as skills, employment and transport can support creative health to thrive in their region, in doing so improving both population health and economic prosperity.

The policy context for creative health

Many policy drivers that can support the greater integration of creative health are already in place. Creative health is consistent with the direction of travel in recent policy towards an integrated and person-centred approach to health and social care, with an emphasis on prevention.

Person-centred care is a key element of many of the themes addressed in this review. Within the NHS, the Comprehensive Model on Personalised Care aims to provide people with greater choice and control over the way their care is planned[86]. Cross-departmental investment in social prescribing indicates a role for non-clinical approaches, and a recognition of the benefits of working with communities to improve health and wellbeing.

Further integration within Primary Care Networks has been recommended, through the development of multi-disciplinary teams that will support people to access the care they need in the community, provide greater patient choice through personalised care and tackle health inequalities[87]. Person-centred approaches are also central to reforms intended to tackle pressing challenges in social care and an important aspect of end of life care[88,89].

Levelling up aims to address inequalities with a focus on productivity, with specific targets linked to healthy life expectancy, wellbeing and pride of place – all areas where creative health can contribute. Culture has an important role to play. Changes have already been made in the way funding for arts and culture is distributed, with additional funding allocated to historically culturally underserved places.

Arts Council England (ACE) has embedded creative health into its Delivery Plan through the Creative Health and Wellbeing plan, which sets out how it will work within health and social care, and promote collaboration between organisations and practitioners in the creative health sector[90]. The plan aims to connect people with communities through creativity, 'particularly in places where culture is limited and health inequalities are present'. Other arm's length bodies including Historic England and Natural England have explored their role in supporting health and wellbeing[91,92]. The impact of creativity on health and wellbeing has been further acknowledged in

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Devolved Nations

This report makes recommendations to the UK Government for a cross-departmental strategy on creative health. With many of the policy areas devolved to the Governments of Wales, Scotland and Northern Ireland, the recommendations have a focus on the current policy context in England. However, we hope the recommendations and the content of the report will be useful and relevant in all four nations. Throughout the Review, we have drawn on best practice examples from across the UK, highlighting where the Government can take inspiration from existing policies and initiatives.

the Creative Industries Sector Vision, which sets an objective for 2030 that creative activities contribute to improved wellbeing, help to strengthen local communities, and promote pride in place[93]. The vision commits to enhancing direct links between the creative industries and the health service.

Schools are an important setting to support the mental health and wellbeing of children and young people. Mental health education in schools is a compulsory part of the curriculum, and Department for Education (DfE) grants are available for state schools to train a mental health lead. The NHS Long Term Plan commits to increased support for children and young people's mental health through collaboration between DHSC, DfE, NHS England and OHID. Its commitments include additional support for children and young people to access mental health support through school or college-based Mental Health Support Teams, which can link to NHS services. We show in this Review how creativity can support these initiatives.

Whilst these cross-sectoral drivers align with creative health, there are also barriers to progress. Resources for public health have been cut in real terms, and recommendations to increase the ICS budget allocated for prevention have not been taken up[94]. Public funding for the arts decreased by 21% between 2009/10 and 2019/20[95]. In education, funding for creative subjects in higher education has been reduced significantly and opportunities for pupils to engage with creativity in schools and higher education courses are increasingly limited. Sufficient funding has not been made available to meet the objectives set out in the levelling up agenda or proposed reforms in social care.

A cross-governmental approach to creative health will help to ensure that policies are aligned to maximise the potential of creative health.

Maximising the potential of creative health
Creative health relies not only on cross-sectoral partnerships, but also on sustainable relationships between stakeholders at different levels of the system, with communities and the voice of lived experience at the centre. Where sufficient infrastructure exists to allow such partnerships to thrive, we see positive outcomes that benefit individuals, communities and systems. Innovative

work is emerging from the grassroots, with communities drawing on the power of creativity to create solutions that meet their health and wellbeing needs, facilitated by local authorities and healthcare systems where needed.

In this report, we show what is possible when the right conditions are in place for creative health to flourish. These examples are the exception rather than the rule. Creative health is not universally available, and successful initiatives are often the result of the longstanding commitment of passionate groups and individuals rather than sustainable structures within systems. We ask policymakers to imagine how much more could be achieved if creative health was supported from the top down. By fully embedding creative health into health, social care and wider systems, we can improve the health of the population and support the Government to meet its targets, across all departments.

1.4 A Vision for Creative Health

Our ambition is for creative health to be integral to health, social care and wider systems, including education. Creativity will be recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing across the life course, and its benefits will be accessible to all.

Central to this vision will be the development of person-centred and community-led approaches, informed by lived experience, which will mobilise existing creative, cultural and community assets in order to best meet local need and reduce inequalities.

A sustainable and supportive infrastructure for creative health, including opportunities for training and development, will further the expansion of the creative health workforce, whose skills and expertise can be integrated into health and social care systems to complement existing provision, and reduce pressures on the system.

Creative health will be fundamental to a 21st-century approach to health and social care, contributing to better outcomes for individuals, communities, public services and systems.

**Oily Cart perform The Lost Feather
at Great Ormond Street Hospital**
© GOSH Arts, photographer Victoria Henstock

02
Methodology

In this report, we focus on how creative health approaches can be implemented to help to tackle pressing challenges in health, social care and more widely. We will present evidence and examples of how this works in practice, and outline what we believe needs to happen in order to maximise the potential of creative health and ensure its benefits are available to everyone. With this work developing rapidly at grassroots level and in pioneering systems, we set out how leadership at national level can support creative health to thrive, and in doing so develop innovative approaches to meeting targets that span a range of ministerial departments.

In the first half of the report we will consider key policy areas where creative health can contribute:

· Mental Health and Wellbeing

· Health Inequalities

· Creativity for Health and Wellbeing in the Education System

· Social Care

· End of Life Care and Bereavement

Since the launch of the Creative Health Review in Autumn 2022 we have convened a series of online roundtables on each of these themes, with an invited panel representing expertise across lived experience, practice, research, commissioning and leadership and policy. We have explored innovative practice and the barriers and challenges to implementation, and discussed what is needed to further embed creative health in each of the key areas.

We also looked at the current creative health infrastructure and what will be needed to sustainably spread and scale creative health. To do this we hosted further roundtables on:

· Cost-effectiveness, Evidencing Value for Money and Funding Models

· Workforce Development and Wellbeing

· Leadership and Strategy

In total, eight public roundtables were held, featuring 85 expert speakers and attended by 1450 audience members. Our audience also contributed to the discussion through the Q&A. These sessions were supplemented by several further knowledge exchange sessions which helped to steer our thinking. Artists with lived experience of creative health were commissioned to make creative responses to the roundtable themes.

An open call for contributions ran throughout the period of the review, which asked people to provide their experiences of creative health, from a public, practitioner or policymaker perspective. Examples drawn from the 65 submissions are included with the evidence presented in the report and more detailed case studies are available on the NCCH website. A summary of the themes raised in the call for contributions can be found as an appendix to this report.

Our panel of expert commissioners met after each session and supported us to develop recommendations based on the findings from the roundtable. Commissioners also received summaries of the latest evidence and policy context based on desk research carried out during the Review.

An advisory panel of lived experience experts met with us throughout the drafting of the Review to help ensure that recommendations for policy were developed with those who have personal experience of the issues addressed, and who represent the population our recommendations are intended to benefit.

In Section 3 we will summarise the findings from each of the key policy areas. In Section 4 we will focus on how we can implement creative health to ensure its potential to tackle these policy challenges is maximised.

Further resources linked to the Review, including roundtable recordings, artist responses and further examples and case studies can be found on the NCCH website.

03
Creative Health and Key Policy Challenges

Art at the Start
© David P Scott

I sat down to take the art class and that's the day my life changed. That's the day something inside me offered hope in a way I'd not felt within the services I'd had before"

Debs Teale, Creative Health Advocate, Mental Health and Wellbeing Roundtable

3.1 Creative Health and Mental Health and Wellbeing

Key Points

Poor mental health already affects the quality of life of millions of people in the UK and the prevalence of mental health conditions is increasing. In addition to the human costs, this increase places pressure on a strained NHS and has a severe impact on productivity and public finances. It is therefore vital that resources are directed to the prevention of mental health conditions, and that people are better supported with management, treatment and recovery.

Creative health offers an alternative, non-medical approach to mental health, which has been shown to improve outcomes for individuals and systems, and reduce inequalities. Creative engagement can improve wellbeing and can prevent the onset of common mental health conditions. Embedded as a care pathway, it can be an acceptable, effective and cost-effective intervention, which offers people a person-centred and holistic way to manage and recover from poor mental health.

Creative and cultural opportunities should be considered vital elements of a mentally healthy society as well as an important part of the toolkit available to manage and treat mental health conditions.

Creative health can be applied in communities, schools, workplaces and healthcare settings to tackle the current crisis in mental health. Embedding it as part of a whole system approach, facilitated by a cross-departmental government strategy will maximise the benefits for individuals, communities and systems.

The challenge of mental ill health

Poor mental health affects the quality of life of millions of adults and children. It is the second largest cause of morbidity in England[96], with one in six over-16s in England experiencing symptoms of a common mental disorder such as anxiety or depression – a rate that is rising[97]. Around 500,000 people are currently diagnosed with severe mental illness such as bipolar disorder or schizophrenia[98]. There were over 6000 suicides in 2021, making suicide the leading cause of death in men under 50[99]. The prevalence of mental health disorders in children and young people has increased significantly in recent years. Around 18% of children aged 7-16 have a probable mental health disorder (rising from 12% in 2017)[100]. Those with special educational needs or disability (SEND) are much more likely to have a mental disorder[101]. We know that poor mental health in childhood can lead to a range of adverse outcomes in adulthood, and that the majority of mental health conditions are established before the age of 14[102]. Early intervention is therefore vital to prevent this crisis from deepening in future years.

Social factors such as employment, poverty and stigma or discrimination influence mental health and wellbeing and there are inequalities in prevalence, access to services and outcomes geographically, and between different ethnic populations. In 2020 to 2021, people living in the most deprived areas of England were twice as likely to be in contact with mental health services than those living in the least deprived areas[103].

The impact of the pandemic and the cost of living crisis is expected to impact mental health still further. Although the percentage of people experiencing symptoms of depression peaked during the pandemic, at 16% it still remains higher than pre-pandemic levels, and there are links between depression rates and cost of living indicators[104]. In 2023, one in five people report feeling anxious all the time. Eighty-six percent of young people (18-24) reported feeling anxious in the previous two weeks. Financial pressures were a commonly cited cause[105].

These trends place already stretched mental health services under greater pressure. In 2022/23, 5.8% of

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>
> *We need other approaches that address the whole picture of mental health, including looking at causes, triggers, and the broader psychological and behavioural symptoms and consequences. And we also need approaches that help to address stigma and shame, demographic and cultural barriers to help-seeking and approaches that give patients choice, autonomy and holistic care. Creative health is interwoven into every single one of these factors"*
>
> *Professor Daisy Fancourt, Head of the Social Biobehavioural Research Group at UCL, Mental Health and Wellbeing Roundtable*

the population were in contact with mental health, learning disability and autism services (1m under 18 years old)[106]. The planned NHS spend on mental health in 2023-24 is £15.5bn[107]. Waiting times for support can be long, particularly in more deprived areas, and many people do not access the services they need. It is estimated that 60% of children and young people who have diagnosable mental health conditions do not currently receive NHS care[108] and that overall the number of people with mental health needs not in contact with NHS mental health services is 8 million[109]. Due to capacity limitations, thresholds to receive NHS care are high, which leads to a risk that untreated mild symptoms may progress to a more serious condition.

In addition to impact on quality of life, and the costs to the healthcare system, poor mental health has an economic impact. It is the most prevalent health condition cited by people unable to work due to long term sickness. In 2022, over 1.35m of those absent from work due to long term sickness reported depression, anxiety or nerves, a rise of 40% since 2019. This is commonly linked to complex comorbidities[110]. Overall, in the UK, the annual costs incurred by mental ill health in children and young people is in the region of £2.35bn[111], and the overall loss to the economy to mental ill health is conservatively estimated to be £118bn annually[112].

It is clear that a new approach to mental health is required. This should be one which emphasises prevention and investment in upstream interventions to help to keep people well, combined with better support for people with mental health conditions. Creative health has much to contribute in both respects.

The role for creative health

Creative health can support the prevention, management, treatment and recovery of mental health conditions. It is a holistic and person-centred approach, providing a sense of meaning, purpose and control, and supporting people to achieve outcomes that are important to their own lives, rather than solely addressing their illness. Its benefits can be felt across all stages of the life course. Whilst for centuries people have tacitly understood the benefits of creativity for mental health and wellbeing and applied these independently, we are now developing a greater understanding of the mechanisms through which creative activity can influence health, and how systems can best embrace creative health to improve outcomes.

Systematic reviews have summarised the diverse ways in which participatory arts can promote mental health and wellbeing. These include improved quality of life, reduced mental distress (including a decrease in symptoms related to depression and Post Traumatic Stress Disorder), improvement in social relationships, and empowerment, enabling people to gain a sense of control over their mental health and, often, subsequently other areas of their lives[113]. Creative health can provide a means of emotional regulation. This could be through distraction or disengagement from worries, or as a vehicle for venting, processing and coming to terms with emotions and developing problem-solving techniques[114]. Creative health is also linked to self-identity, self-esteem and agency[115].

The benefits of specific creative activities have been investigated. For example,

- Visual arts have been found to improve wellbeing, reduce depression and anxiety and increase confidence and self-esteem in people with depression[116].

- Group singing has a plethora of mental health and wellbeing benefits, including improved quality of life, social connection and reductions in loneliness, depression and anxiety[117,118].
- Music - Listening to music can reduce anxiety and improve wellbeing, whilst playing music promotes the maintenance or improvement of wellbeing and health, particularly as part of a group-based activity[119].
- Dance has been shown to improve quality of life and life satisfaction across cultures and age groups[120].
- Gardening can improve both physical and mental health[121,122].

There is also a strengthening evidence base linked to the benefits of engagement with heritage on mental health and wellbeing[123]. Young people's engagement with heritage has been shown to positively influence personal development outcomes such as knowledge, skills and confidence and to build identity and belonging[124]. AMPHORA (Authentic and Meaningful Participation in Heritage or Related Activities) guidelines have been developed to ensure that people are safe and looked after when they take part in heritage activities to support their mental health[125].

Creative health can be effective across the life course and in different target audiences. For example, Breathe Melodies for Mums is a weekly group singing service for new mothers with symptoms or a diagnosis of postnatal depression, developed by Breathe Arts Health Research. The programme is based on a randomised controlled trial (RCT) with 134 mums which found that participation in group singing led to recovery from postnatal depression in 73% of mothers who took part[128], and that symptoms decreased faster than in control groups. A clinical trial of an online version, adapted for the pandemic, also demonstrated a significant reduction in symptoms over a 6-week programme and further benefits for wellbeing and life-satisfaction[129]. Breathe Melodies for Mums is one of three arts health interventions in a £2m research programme with Kings College London and University College London (SHAPER), funded by Wellcome, to assess the effectiveness and implementation of arts and health interventions

at scale, and how they can be embedded into mainstream healthcare pathways.

Early intervention is vital to prevent mental illness in young people, which will have a lasting effect into adulthood. Arts activities have been identified as 'active ingredients' that help young people with anxiety and depression, particularly those with experiences of trauma, with evidence of significant decreases in symptoms in experimental studies[130]. Music and lyrical composition were strongly represented in a review by the Centre for Cultural Value which found that engaging with arts and culture supported young people's mental health[131].

Studies have investigated whether there are specific benefits of creative health as we age, and found that creative health benefits older adults by improving individual mental health and wellbeing, increasing social connection, and reducing isolation and loneliness[132]. Public and intergenerational creative activities can help to transform attitudes to older people, and reduce age-related stigma[133]. Longitudinal studies have shown that long term and frequent engagement with arts activities by older adults is associated with higher levels of happiness, life satisfaction, self-realisation, and autonomy in older adults[134] and reduced odds of loneliness[135].

Creative interventions can be used to reduce depression in older adults[136]. The benefits of singing for both mental and physical health outcome has been well-researched. Studies suggest that singing can improve wellbeing and reduce depression and loneliness in older adults[137]. A pragmatic RCT with over-60s found that participants in a 14-week weekly singing group saw significant improvements in mental health-related quality of life compared to a control group. The study also showed that the programme was cost-effective[138].

How does it work?
A bio-psycho-social approach can help to explain the complex and multifaceted ways in which creativity can influence mental health. Creative engagement can have physical effects on the body, such as influencing the release of neurotransmitters or stress hormones. For example, group drumming can reduce inflammatory cytokines, a mechanism which can

decrease depression and improve anxiety. This has been shown to have positive effects for people with mental health conditions which were maintained for at least 3 months post-intervention[139].

Psychological effects include the opportunity for self-expression or increased confidence. Studies have shown benefits of creative activities through building self-esteem, self-acceptance, confidence and self-worth[140]. A recent analysis commissioned by Arts Council England to investigate the impacts of creativity and culture on the brain found extensive evidence that arts engagement enhances wellbeing, in terms of pleasure, life satisfaction, and finding meaning and purpose in life[141]. When creative activities take place in a group setting there can be benefits in the form of social connectedness and reductions in isolation

Human Henge - Heritage and creative health
Human Henge ran between 2016 and 2018, led by the Restoration Trust in partnership with Richmond Fellowship, English Heritage, the National Trust, and Bournemouth University, and supported by Avon and Wiltshire Mental Health Partnership NHS Trust. It brought together archaeology and creativity through immersive experiences of historic landscapes to enhance mental health and wellbeing[126]. Based at Stonehenge and Avebury, the programmes engaged people living in Wiltshire with mental health conditions in a creative exploration of the ancient landscapes. Over 10 sessions, participants engaged in music, song, poetry, illustration, and working with clay whilst interacting with aspects of the historic landscape. Monitoring progress before, during and after the programmes, 65% of participants reported feeling an improved sense of health and wellbeing upon completion[127]. **Scaling Up Human Henge**, part of the Mobilising Community Assets to Tackle Health Inequalities research programme, ran between 2022 and 2023. Its aim is to run and evaluate a Culture Heritage Therapy Programme based in the historic Stonehenge landscape and to produce a toolbox guide that will help professional and voluntary bodies develop and run similar programmes in other historic landscapes around Britain.

and loneliness. Participatory arts can increase social capital, and improve wellbeing through encouraging connection, fostering feelings of belonging providing coping tools, supporting personal development and promoting greater civic and community awareness[142].

A creative health intervention may act across all these levels. For example, group singing may have biological effects such as decreased levels of cortisol[143], whilst also facilitating emotional regulation and improving social connectedness, reducing loneliness and improving mental health[144]. Where creative activities are linked to cultural heritage, they may also lead to improved levels of empowerment and self-worth[145].

Creative health in mental health care pathways

When used as part of a mental health care pathway, creative health has been found to be an acceptable and often enjoyable alternative or complement to medical treatments, without the associated side effects. Creative health programmes demonstrate good patient outcomes, and can be used to relieve pressure on an oversubscribed system.

Social prescribing is one route through which patients can be directed to creative health activities, and can reduce pressure on services, particularly in primary care, when patients can be effectively supported through activities in their communities. Mild to moderate mental health conditions are the most common reasons for referrals[146]. Arts on prescription programmes have been shown to result in improvements in anxiety, depression and wellbeing, including in patients with multi-morbidities[147], and to be cost-effective[148]. An evidence review by the National Academy for Social Prescribing (NASP) finds that arts on prescription models are beneficial for psychological health, and models are particularly successful where strong partnerships exist with community infrastructure[149].

Outside of social prescribing, creative health can be an important element of mental health pathways. For example, Arts for the Blues is an evidence-based psychological therapy for depression[150]. Originally based in primary mental health care settings in Manchester, as part of the

Mobilising Community Assets to Tackle Health Inequalities research programme, pilot projects with a diverse range of creative, community, NHS and academic partners have been developed to explore models to spread and scale the approach[151].

In Cornwall and the Isles of Scilly, where suicide rates are high and a key priority for the Integrated Care System, the Suicide Prevention Innovation Fund, supported by Public Health Cornwall Council and NHS Kernow, invited voluntary and community groups to suggest innovative community-based projects to reduce the numbers of people self-harming or taking their own lives[152]. The funded projects are putting suicide and self-harm prevention initiatives at the heart of communities and were chosen for their ability to support specific higher-risk groups in Cornwall and the Isles of Scilly, particularly demographics that are least likely to access traditional mental health services, such as men from the rural farming and fishing communities. The funded projects included creative initiatives such as digital photography and music.

The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' summarises the ways in which the arts have been shown to support people with severe mental illness[153]. Creative arts therapies are used to complement pharmacological treatment for severe mental illness (SMI). National Institute for Health and Care Excellence (NICE) guidelines recommend that arts therapies are considered for the alleviation of negative symptoms in psychosis or schizophrenia, with the aim of promoting creative expression, allowing people to experience themselves and relate to others differently, and to help people to process the feelings that arise[154]. A review into the use of participatory arts with people with SMI found that group arts engagement could improve social connectedness, provide an identity beyond a mental illness diagnosis, increase self-belief and generate compassion both for the self and others. Creative activities were found to allow people flexibility to express themselves, and to identify the outcomes that were important to them. Increased confidence, self-worth and wellbeing were common themes[155].

The Horsfall Creative Space and Gallery

The Horsfall is a creative space and gallery, which forms part of **42nd Street**, a mental health charity for young people aged 13-25 in the Greater Manchester area. The 42nd Street team recognises that many young people feel disempowered, that some services are difficult for them to identify with and access and that their mental health and personal difficulties can be made worse by the health, social, cultural and economic inequalities that they might experience. The mission of the Horsfall is to provide an engaging and accessible space for young people to express themselves through arts-based practices.

Through drop-in sessions, work with professional artists and the production of performances and exhibitions, young people are provided with space to explore their creativity and connect with others. The creative process provides the opportunity to reflect on, process and externalise feelings, and to engage different parts of the brain and develop new thought processes. Their artworks can provide a way to communicate their stories and experiences with their peers and to influence decision-makers.

The Horsfall prioritises allowing young people to tell their stories the way they want to tell them, and facilitates a flexible and supportive environment, which can be in contrast to the regulated and clinical spaces young people may otherwise experience in the mental health system.

"The adult world quite often asks children to step into that adult world....One-to-one counselling can put a lot on a young person – that they can express themselves, verbally, in a room, to an adult...it relies on people being able to process as they talk. And I think art offers them that space to reflect and return to work." – Rod Kippen, Clinical Lead, Creativity and Social Action, 42nd Street

"We normally get a referral from the main service, and calling it a referral is probably the most clinical thing that we do. From that point it is always about building up a relationship with the young person...we don't even call the drop-in a mental health intervention, but even just coming along and being a part of a group is good for your mental health. And being in a creative space for some people is disrupting the monotonous places that young people have to be in, or the clinical places that young people find themselves in, where you have to behave or act a certain way." – Georgina Fox, Creative Drop-in Lead, 42nd Street

In our roundtable on Mental Health and Wellbeing, young artists from the Horsfall described the space as 'humanising' and explained how the environment offered them a sense of freedom, control and agency, as well as supporting them to develop skills and connections to develop their creative passions further.

"I got to work with a professional artist and we collaborated together to create art, and then I took over fully and made my own piece, and it got showed around the gallery and on billboards and on Instagram and it was such a big confidence boost for someone to say 'look, we value you, and what you think, and your art so much we've put it on a billboard". – Creative Collective Member, Horsfall Creative Space

"To have that time (for creativity), to be allowed to sit and relax and express myself, I was able to do that in this building, and it became very much a safe space to socialise, and process, and relax...I got to really express myself through the pieces that I created. The pieces that I produced involved both the painting and breaking of plates. In any other circumstances, they would be like, 'no, that's unsafe, don't do that'. But for me it really helped to process a lot of trauma that I had, through the painting on the plate, but it gave me a lot of agency to then break the plates. The sense of agency it gave me, gave me the confidence to pursue my own bigger projects." – Young Artist, Horsfall Creative Space

Creative activities can be introduced in inpatient settings to support mental health outcomes. For example, Quench Arts' Plugin project provides access to music opportunities for young people who are mental health inpatients. The programme uses creative music making to improve emotional literacy, social connectedness and self-esteem[156]. Incorporating the arts into the design of mental health units, and co-producing this work with patients has been found to improve patient experiences and outcomes[157,158]. Hospital Rooms put this into practice in mental health hospitals across the country[159].

Children and young people's mental health

With the rise in children and young people requiring mental health support, and Child and Adolescent Mental Health Services (CAMHS) under pressure to meet waiting time targets, creative health can be an important resource. For example, the ICE Heritage programme is a partnership between Hampshire Cultural Trust and Hampshire CAMHS, which offers arts, heritage and cultural activities to children known to CAMHS services to improve mental health and wellbeing. The programme has observed improvements in wellbeing through confidence and self-esteem, self-expression, social inclusion and peer relationships, focus and concentration and fun and relaxation[160]. The research study 'Wellbeing While Waiting' will investigate the impact of social prescribing pathways for children on waiting lists for mental health treatment, with a view to increasing availability[161].

Creative recovery

Creative health can be used to support people in their recovery from mental ill health. Recovery colleges offer skills courses and educational opportunities with a focus on wellbeing, and creative activities are often central to the approach. For example, during the pandemic, the Phoenix Project offered a series of remote visual arts workshops to support mental wellbeing and resilience in partnership with Lancashire and South Cumbria NHS Foundation Trust as part of a recovery college online initiative. Twenty-three artists delivered a three-month programme across the summer of 2020. Programme evaluation by Lancaster University found increases in participant wellbeing and a 90% approval rating for the programme[162].

Addressing inequalities in mental health

Creative health has a role to play in challenging injustices, prejudice and stigma and representing the voice of lived experience in relation to mental health. Arts and drama are used effectively to improve mental health literacy and reduce stigma in schools and through arts festivals and community initiatives[163].

People from minoritised communities are at a higher risk of mental ill health, including severe mental illness[164]. For example, black people are 4.7 times more likely to be diagnosed with schizophrenia than white counterparts[165]. They are also, less likely to access mental health services, but more likely to enter crisis care, or experience compulsory detention[166]. Creative approaches have been used to address mental health-related stigma within communities, and to address institutional racism and improve relationships between communities facing inequalities and healthcare services, with co-production and the voice of lived experience central to the process[167].

Creative Recovery

Creative Recovery is a grassroot charity based in Barnsley that uses creativity to support mental health and recovery, boost wellbeing, build communities and bring about social change. The organisation works with families and communities with experience of mental health issues. People may self-refer or be referred by a healthcare professional. The organisation emerged from a call from a community of people with lived experience who wanted to create more alternatives for people, and now offers a full weekly therapeutic/creative programme. This includes art studio groups, creative events in green spaces, a choir, evening arts café, reading group and musical jam sessions.

Creative Recovery also lends expertise, co-producing therapeutic provision in other settings, for example working alongside CAMHS within a Young Offenders Institution and with Occupational Therapists on acute Psychiatric Wards.

Creating a mentally healthy society

Given the increasing prevalence of mental health conditions, and associated burdens on the mental health system, a focus on prevention and upstream interventions which address the causes of mental ill health is vital. The role for creative health in improving the environments and conditions in which people live, interacting with the social determinants of health, will be addressed in more detail in the next section on health inequalities.

The evidence indicates that we should also consider the opportunity to engage in creative and cultural activity to be a determinant of good mental health. Cohort studies using population data from both the UK and US find that, after adjusting for factors such as age, sex and socio-economic status, both active participation in the arts and attendance at cultural events have a positive impact on mental health, improving wellbeing and reducing common mental health disorders[169]. The work of the MARCH Network showed that participation in culture and heritage activities improves wellbeing for everyone, but can have an even greater impact on the wellbeing of people living in more deprived areas[170], emphasising the importance of ensuring creative health is available and accessible to all.

Existing community, cultural and creative assets are increasingly recognising the value of their collections and activities for mental health and wellbeing, and making them available to wider audiences. A survey carried out by the Art Fund found that 63% of respondents had visited a museum or gallery to de-stress, although the majority do not visit on a regular basis, making them a relatively 'untapped resource'[171].There are many examples where museums, galleries and gardens have formed relationships with NHS mental health trusts and charities to engage people with a mental health condition, often through participatory arts or heritage activities[172]. Social prescribing can also link people to these community resources. As part of the Mobilising Community Assets to Tackle Health Inequalities research programme, the University of the Highlands and Islands Division of Rural Health and Wellbeing investigated how heritage and cultural assets can be used to support health and wellbeing in rural areas, where social isolation, deprivation and mental health issues can be hidden. New partnerships were developed between the NHS and heritage and museums-based sector and referral pathways were established through which people could be directed to local museums and archive centres[173].

Schools are a vital part of this ecosystem, particularly as we face rising rates of poor mental

The Journey to Racial Equality in Leeds Mental Health Services

Synergi-Leeds is a partnership between the NHS, Public Health, and the local community and voluntary sectors to tackle the long-standing overrepresentation of people from Black, Asian and minority ethnic communities admitted to crisis mental health services or detained under the Mental Health Act. Initially supported through a national partnership ecosystem led by the **Synergi Collaborative Centre** and latterly by **Words of Colour**, the partnership uses the Synergi model of co-produced 'Creative Spaces' events to champion the voices of people with lived experience, challenging institutional racism and galvanising people into meaningful action. There is also an all-age grants programme which financially supports grassroots projects. In the first year of the grants' programme, 800 people directly benefited and over 5,000 people were engaged with projects in various ways, of which, 3,600 were from minority ethnic backgrounds. The programme, including signing up to the Synergi Collaborative Centre's National Pledge to Reduce Ethnic Inequalities in Mental Health Systems, has influenced senior leadership within the NHS and Public Health to make changes within their own organisations, and commit to actions to reduce ethnic inequalities in mental health[168]. As a result, a new citywide initiative between Synergi-Leeds and Words of Colour, covering over 40 years of mental health inequalities and community responses in Leeds, part of a hybrid co-produced programme funded by Leeds and Yorkshire Partnership NHS Foundation Trust, will be announced for 2024.

Hip Hop HEALS – Reducing inequalities through trauma-informed practice

Hip Hop HEALS (Health, Education, Arts & Life Skills) is the UK's first Hip Hop Therapy organisation. They offer therapeutic Hip Hop and Hip Hop Therapy programmes, trauma-informed Hip Hop training and creative mentoring.

Hip Hop HEALS aims to reduce inequalities for marginalised groups, to offer an arts-based alternative to medication for human distress and to bridge the gap between Hip Hop, therapy and therapeutic creative writing. It recognises that Post Traumatic Stress Disorder (PTSD), trauma and grief are difficult to treat, let alone manage, that suicide and self-harm are the biggest killers of young people and men in the UK, and that throughout the pandemic marginalised groups were disproportionately affected by depression, anxiety and worries about unemployment and financial stress.

In response, Hip Hop HEALS aims to explore emotions through creative therapeutic writing with marginalised groups, to empower people and to amplify lived experience stories.

Hip Hop HEALS' trauma-informed Hip Hop training is constructed with lived experience experts. Their person-centred therapeutic approach is based on Creative Writing for Therapeutic Purposes practice, which includes narrative, poetry and music therapy as well as bibliotherapy. Their unique model of Hip Hop Therapy includes UK bass music so that it is culturally-competent and relevant to those they serve.

The programme has been run with offenders in recovery at Warwickshire and West Mercia Community Rehabilitation Company, one of the 21 Community and Rehabilitation Companies (CRCs) across England and Wales.

Whilst evaluating the programme, participants said:

"I was very active mentally during the workshops, learning how to declutter my mind through writing. I found it a good way of grounding myself and relaxing. It wasn't demanding."

"It opened me up to having more confidence and listening to others."

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health in children and young people. The role of schools will be considered in more detail in Section 3.3.

Maximising the potential of creative health

Tackling the current mental health crisis requires a whole system approach. The evidence shows us that creativity and culture have an important role to play in establishing a mentally healthy society, and that creative engagement in communities helps to maintain good mental health and wellbeing. Within healthcare systems, creative health can aid management, treatment and recovery in mental health conditions.

A creative mental health workforce already exists. The Baring Foundation's *Creatively Minded* directory lists 320 organisations working in arts and mental health in the UK[174]. The field is diverse and includes arts in hospitals programmes and wellbeing initiatives based in museums and galleries. Many will be small, community-based

organisations or solo freelance practitioners. These practitioners very often bring their own lived experience and in-depth knowledge of the communities they work in. However, funding and commissioning models can make their practice precarious. The Culture, Health and Wellbeing Alliance has proposed a model for sustainable practice in creativity and mental health and wellbeing, which moves beyond short term project-based funding towards investment in long term, sustainable partnerships between creative health practitioners and healthcare systems[175]. This includes resourcing for the development of a creative health infrastructure and cross-disciplinary networks, recognising the multi-sectoral approach required to address mental health.

A coherent, cross-sectoral approach, modelled at government level will facilitate the development of flourishing creative health ecosystems at place, working towards shared outcomes that will benefit individuals, communities and systems.

Gardening, Green Spaces and Creative Health

Gardens, parks and green spaces are important resources for population health, and incorporating gardening and creative use of green space into a whole system approach to health and wellbeing can improve outcomes and reduce demand on health and social care services. The health and wellbeing benefits of green spaces and engaging with nature are well recognised[176,177]. Engaging creatively with nature can amplify these benefits.

The field of planetary health tells us that human health is intrinsically linked to the health of the planet[178]. The effects of climate change will impact our health and wellbeing, and these impacts will affect some populations disproportionately. Anxiety and concerns about climate change can also impact mental health[179]. Creative practices can help to bring an awareness and understanding of climate issues and environmental sustainability, whilst creative activities in nature have been shown to improve our connectedness with nature.

Gardening, health and wellbeing

Gardening offers a multitude of physical and mental health benefits. Studies have shown that gardening can have a positive impact on depression, anxiety, life satisfaction and quality of life[180,181], while randomised controlled trials (RCTs) indicate that community gardening may also modify risk factors for major conditions such as cancer, cardiovascular disease and musculoskeletal conditions through increases in

"

Gardening is a form of creativity. It brings together human creativity and nature's creativity. For some people, it is a more accessible way of being creative. They don't have to summon something from deep inside themselves, but they can look at what they have grown and feel proud of it, and excited, and share it"

Dr Sue Stuart-Smith, Psychiatrist and author of The Well Gardened Mind, Mental Health and Wellbeing Roundtable

physical activity and fruit and vegetable intake, and reductions in stress[182,183]. It can be an effective approach to maintaining health and improving quality of life as people age[184]. The biological processes through which engaging with nature leads to relaxation and a reduction in stress can be experienced through gardening, combined with psychological benefits including a sense of satisfaction and empowerment, an acceptance of cycles of regeneration and renewal, and a sense of hope for the future.

Whilst many people are able to actively engage in their own private spaces, for some, allotments and community gardens offer a route into the benefits of gardening. Gardening in these communal outdoor spaces can lead to further additional benefits such as social connectedness and reductions in loneliness and isolation, and the building of social capital and community cohesion[185]. It has been estimated that every £1 invested in community gardens could return savings of £5 through health benefits[186].

A Kings Fund report summarised the evidence for gardening, finding that there is more that health and social care systems can do to take advantage of the benefits gardening offers both in terms of improved outcomes and reduced demand on services. The report recommends that gardening to support health should be considered as part of place-based population health systems. One route to this is through social prescribing or referral to community gardening schemes[187].

Gardens can also offer safe spaces and sanctuary. Therapeutic gardens have been used effectively to support people with post-traumatic stress disorder (PTSD) and people living with dementia[191], and in hospital, care home and hospice settings to support the mental health and wellbeing of residents[192,193,194]. Public gardens are offering specific wellbeing activities and linking to social prescribing opportunities[195], and museums and galleries are combining their indoor and outdoor spaces to offer wellbeing activities which combine horticulture and interaction with the indoor collections[196].

Gardening, nature and children and young people

School gardening initiatives have been used to improve knowledge and understanding of food, diet and nutrition, and have been found to increase fruit and vegetable intake, with the potential to reduce obesity[197,198]. For example, The Soil Association's Food for Life programme provides resources for teachers on school gardening as part of a wider whole school approach to food culture (also including cooking skills)[199].

Other nature-based activities with children have combined the benefits of creativity and the outdoors[200]. Fostering a sense of connection to nature in the early years not only improves the mental health and wellbeing of children and young people, but can help us to develop ecologically sustainable practices as part of a future thinking health system that will need to address the implications of climate change.

> "
> *Working with the cycle of life in the garden puts us in a direct relationship with how life is generated and sustained, so that deep existential meanings can emerge through gardening. The experience of transience alongside a sense of continuity is particularly important for people suffering from grief or the aftermath of a trauma. Whilst there is no denying that things die in the garden, the practice of gardening is orientated towards the future in a positive way. Fundamentally, gardening is a hopeful act"*
>
> *Dr Sue Stuart-Smith*

Green Social Prescribing

Recognising the benefits of nature for mental health, the Government and NHS have invested £5.77m in a pilot Green Social Prescribing (GSP) scheme in seven Integrated Care Systems. The programme aims to improve mental health outcomes, reduce health inequalities, reduce demand on the health and social care system and develop best practice for green social activities. GSP supports people's health and wellbeing through a combination of interaction with the natural environment, social interaction and meaningful activity, which is often creativity focussed, for example, gardening, craft or engaging with heritage[188].

GSP is being taken forward as part of HM Treasury's £200m Shared Outcomes Fund, intended to pilot innovative ways of working that will improve collaboration on priority policy areas that sit across, and are delivered by, multiple public sector organisations to improve outcomes and deliver better value for citizens. It received cross-departmental support from the Department for Environment and Rural Affairs (DEFRA), the Department of Culture, Media and Sport (DCMS) and the Department for Levelling Up, Housing and Communities (DLUHC).

GSP has shown a positive impact on mental wellbeing and strong engagement in communities experiencing high levels of social inequalities in the interim evaluation[189]. Systems-level changes that could further support successful ongoing delivery have also been identified. These include a move away from short term and competitive funding to a model which supports continuity of provision, investment in system-level work to ensure progress is extended beyond the initial pilot duration, improved knowledge of the approach and its benefits within systems, and collaborative data collection and monitoring[190]. We propose that a similar cross-departmental approach can be applied to creative health, with the suggested system changes taken into account.

Branching Out: Tackling mental health inequalities in schools with Community Artscapers

> *Working with skilled artists and enablers, we focus on how the world just outside our doors can be opened up as a space for curiosity and imagination for everyone, allowing children's ideas to be explored and valued, and giving them a voice. In turn, this gives all young people the confidence to think of themselves as citizens, enabling them to care better for their communities, and the planet"*

Cambridge Curiosity and Imagination

'Artscaping' is an arts-in-nature practice developed by **Cambridge Curiosity and Imagination (CCI)**. It is an evidence-based approach, combining the benefits of both the arts and nature for mental health and wellbeing through outdoor activities co-created by artists and children. Since 2015, over 7700 people have engaged with Artscaping in schools and communities across Cambridgeshire and Peterborough[201]. Children who participate in Artscaping have shown improvements in self-confidence and self-esteem, agency and calmness, alongside a greater appreciation of what CCI calls slowliness. After engaging in the outdoor activities, children feel happier and more optimistic[202]. In addition to these benefits to mental health and wellbeing, Artscaping connects children to nature and helps them to value the natural environment around them, which can help to address eco-anxiety, and environmental sustainability[203,204]. Many of these benefits extend to the adults working alongside too with wider positive impacts reported at a school and community level.

"Providing time and space early on for children to reconnect (or connect for the first time) with nature and art is the actual 'medicine' that's required. Giving children a fresh start, with the adults seeing

them a-new with talents that were previously under the surface, is huge. Think of what could be achieved if more children worked with CCI! And think of the money that would potentially be saved in staff time, paediatrician referrals, expensive therapy..." – Paula Ayliffe, Co-Headteacher, Mayfield Primary School

The research project **'Branching Out'**, funded by the Mobilising Community Assets to Tackle Health Inequalities research programme, investigated how more children can have Artscaping opportunities. Teams of local community artscapers were trained and supported to run art-in-nature/artscaping groups in six primary schools in Cambridgeshire and Peterborough, particularly those in the most deprived areas. The research project developed training resources and models to support schools, all now free to access on the CCI website. Multi-agency level working was necessary and, as a result of the project, new partnerships were developed between schools, local authorities, NHS trusts, the VCSE and researchers. In addition to the benefits to pupils, schools recognised Artscaping as a useful whole school early intervention to support mental health and wellbeing, and the staff and volunteers involved also experienced improvements in their own wellbeing.

> *All primary age children should participate in one session of arts in nature activities per week to support their mental health and wellbeing, connect them with nature and positively impact on their broader engagement with learning in school"*

Professor Nicola Walshe, Pro-Director of Education, Institute of Education, UCL. Principal Investigator, Branching Out, Creativity for Health and Wellbeing in the Education System Roundtable

**The Fantastical Forest,
an on-going public art project
celebrating creativity,
nature and community.**
© Cambridge Curiosity and
Imagination, 2022

3.2 Health Inequalities

Key Points

Health inequalities are not only socially unjust, they place a burden on public services and impact national productivity.

Health inequalities can be related to stigma and discrimination, which results in barriers to access to good quality services. Creative health can be used to support health promotion and prevention, and in the co-design of culturally appropriate services which meet the needs of underserved communities, and encourage new ways of working within systems.

Health inequalities are intrinsically linked to the social determinants of health. Therefore, in order to improve people's health and wellbeing and reduce pressures on systems, we need to address these wider structural factors. Creative health is an integral part of community and place-based approaches to reducing health inequalities. In communities, creative health can interact with the social determinants of health to improve the environments in which people live. Creative activities build social capital and connection, and provide individuals with a sense of agency, meaning and purpose. Through creative health people and communities can be empowered to make positive changes and improve quality of life.

Statutory services can facilitate this way of working, through the development of supportive and sustainable infrastructure and resources. Tackling inequalities requires a whole system approach that addresses the social determinants of health and considers health in all policies.

Access to creative and cultural opportunities, and creative health, must also be equitable. Strategies to ensure accessibility and engage those least likely to engage in creativity should be combined with adequate resource and investment, particularly in underserved areas.

The challenge of health inequalities

Health inequalities are unfair and avoidable differences in health outcomes between different groups or populations. This can relate to life expectancy, healthy life expectancy, or differences in health outcomes for particular conditions. Health inequalities are linked to social, economic and environmental disadvantage. The social determinants of health (the conditions in which people are born, live, grow work and age) are now considered to be the principal drivers of health, estimated by the World Health Organisation (WHO) to account for up to 50% of health outcomes[205]. They include income and economic stability, early years development and education, housing, the built and natural environment, access to services, employment, social support networks and power and discrimination. In order to tackle health inequalities it is therefore essential to look beyond healthcare and adopt a whole system approach to address these wider structural factors.

The Institute for Health Equity has demonstrated an enduring social gradient for health[206]. Over the last decade, health inequalities have widened, and the pandemic has further exacerbated inequalities. People living in most affluent areas of the country can expect to live around 10 years longer than those in most deprived areas, and to spend 18 years longer in good health[207]. There are widespread and longstanding ethnic inequalities in health outcomes, as well as healthcare access and experiences[208]. COVID-19 further highlighted these inequalities[209]. Health inequalities are multifaceted and the ways in which people experience inequalities will be complex and individual. An intersectional lens is therefore necessary when thinking about how we tackle health inequalities.

In addition to the social injustice of health inequalities, and the impact on people's lives, this costs systems money. Prior to COVID-19 health inequalities were estimated to cost the NHS an additional £4.8bn annually, and wider society

around £31bn in lost productivity and up to £32bn a year in lost tax revenue and benefit payments[210].

Complex interactions between the wider environment, psychosocial factors, and individual health behaviours contribute to differences in health outcomes. However, despite this complexity, health inequalities are not inevitable, and creative health has an important role to play in helping to tackle inequalities at individual, community and population level. By its nature cross-sectoral, creative health can be integral to an ecosystem in which communities, VCSE, local government and health systems can come together to address inequalities as a whole system.

Policy context

Recent policy developments have taken steps to address health inequalities, and present opportunities to further incorporate creative health as part of the solution. Tackling health inequalities relies on prevention – keeping people living well for longer, and acting upstream to address social determinants of health.

The levelling up agenda sets health-related targets to improve and narrow the gaps in healthy life expectancy and wellbeing linked to socio-economic factors, and makes links between culture and heritage and regeneration. In alignment with the levelling up agenda there have been changes in the way funding for arts and culture is distributed, with funds allocated to historically underserved areas. Nevertheless, inequalities persist, and austerity and funding cuts have disproportionately impacted some already underserved areas, resulting in 'left-behind neighbourhoods[211]'.

The Health and Care Act (2022) places a duty on Integrated Care Systems (ICSs) to reduce inequalities in access to healthcare services and health outcomes. Combined with the focus on integration, this should provide opportunities for the VCSE and cultural sector to be better integrated as strategic partners, working with healthcare systems to develop person-centred, whole system and place-based approaches which can address local priorities and reduce inequalities. Integrated Care Partnerships (ICPs) bring together local stakeholders to set local

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Creativity is so much more than just doing arts. For some it helps rescue them from their darkest days. For me, it helped me be part of a community, helped me to be heard, helped give me my voice back, and I'm proud to say I'm now a community organiser"

Kelly Mclaughlin, Community Organiser, East Marsh, Health Inequalities Roundtable

priorities and develop a strategy which should also act on the social determinants of health.

An interim report setting out the Government's approach to addressing rising rates of major health conditions acknowledges the impact of the social determinants of health and the importance of primary prevention, with the Office of Health Improvement and Disparities (OHID) focusing on improving population health outcomes and reducing disparities[212].

Within the NHS, the Core20PLUS5 approach, based on the priorities of the Long Term Plan provides a framework to address health inequalities across the 20% most deprived geographical areas, locally defined population groups with poorer health outcomes, often coherent with inclusion health groups, and clinical areas requiring accelerated improvements in inequalities[213].

The role for creative health

Creative health can help to address health inequalities in a number of ways. It can be used to help develop tailored approaches to articulate and address the needs of individuals and communities experiencing inequalities, reimagining services to ensure they are appropriate and accessible. Communities are integral as part of a place-based approach to addressing health inequalities, and enabling communities to design and deliver initiatives that work best for them can be the most effective way to address the root causes of ill health. In areas experiencing high levels of deprivation, initiatives which increase community engagement, social cohesion and social capital can help to mitigate some of the detrimental impacts of the social determinants of health[214]. Creative health

> **"** *For me it saved my life. Arts gave me that access to see the world differently and for the world to see me differently. When I was living on the streets I had a camera and instead of having a stigma attached to me as a homeless dude, they saw you as a photographer. You were given that up-step. That's what empowers people, that's what picks people up, that's what gives them good wellbeing and resilience"*
>
> *David Tovey, Arts and Homelessness International, Health Inequalities Roundtable*

implemented at community or place-level can achieve this. Creative initiatives can provide people with a sense of agency, power and control over their circumstances, which can improve individual and community health and wellbeing. Mobilising existing creative, cultural and community assets through the provision of a supportive infrastructure will lead to stronger, more resilient communities with less reliance on public services in the long term.

We will use the NHS Core20PLUS5 approach as a framework to highlight how we believe creative health can address health inequalities.

Creative health and marginalised groups

Core20PLUS5 targets population groups identified locally as experiencing poorer than average health access, experience and outcomes, and where a tailored approach is required. This may be in relation to protected characteristics such as race, disability or sexual orientation. Groups that are commonly socially excluded, known as inclusion health groups, which may include people with a learning disability, Gypsy, Roma and Traveller communities, sex workers, people experiencing homelessness and those in contact with the criminal justice system commonly experience poor health outcomes. Creative health can be an effective approach to improving health outcomes in these groups. For example, creative health programmes have been shown to improve health outcomes for people experiencing homelessness, those in the criminal justice system, and refugees and asylum seekers.

A literature review of arts and homelessness identified 61 pieces of research evidencing how the arts can produce positive outcomes for people who have experienced homelessness, including improvements in mental, physical and social wellbeing. Agency, resilience and improved knowledge and skills were also key themes[215]. Arts-based programmes in the criminal justice system have demonstrated health and wellbeing outcomes including mental health, social skills, employability and education and learning[216,217]. Creative-arts based interventions can be effective in reducing symptoms of trauma and negative mood in those who have experienced adverse childhood experiences, including refugees[218]. Engagement in community arts programmes can facilitate increased quality of life and sense of belonging in refugees and asylum seekers and can promote integration[219].

Creative health is used effectively to raise awareness and reduce stigma around certain health conditions. The WHO scoping review '*What is the evidence for the role of the arts in improving health and wellbeing?*' finds evidence that when the arts are used as a health communication tool there are improvements in knowledge, attitudes and behaviours, and that arts-based approaches can be used in culturally appropriate ways to engage specific communities[220]. Studies using hip hop, rap, murals, drama, storytelling and song, and cultural festivals are cited.

Birmingham City Council has applied creative health in its approach to tackling the significant health inequalities faced by its diverse communities. The Public Health Communities Team commissioned an array of projects for the Arts, Culture and Health programme. One example was a Jamaican 60th Anniversary Celebration Event which used arts, heritage and culture to engage residents in workshops and activities to address health issues such as pregnancy, mental health, musculoskeletal disease, cardiovascular disease, and diabetes. This included activities such as culturally appropriate cooking workshops, using traditional recipes to provide information about nutrition and the links to diabetes and cardiovascular disease. Dance and Jamaican drumming workshops were conducted with the

aim of uplifting and engaging participants to improve both their mental and physical health through music and dance[221].

Creative approaches have been used to improve cross-cultural understanding between healthcare professionals and patient groups, and re-design services. For example, the BEDLAM Festival is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, The Birmingham Repertory Theatre, Midlands Arts Centre, South Asian arts and culture charity SAMPAD and Red Earth Collective, a Black-led organisation working with artists and communities with lived experience of mental health issues. The festival celebrates arts, mental health and wellbeing, sharing stories of lived experience, challenging stigma and encouraging honest discussions about mental health through film, spoken word, dance and music[222].

Greater Manchester-based Made by Mortals co-produce immersive media to explore and bring to life people's lived experience across a range of health and social care issues. The case studies produced as part of the process are being used in training programmes for NHS and social care staff and volunteers, fostering a deeper understanding and emotional connection with lived experience, and reflective discussion around the provision of care and support. The 'Hidden' project uses an immersive blend of audio and film experiences designed to invite listeners into the lives of fictional characters. These characters, carefully devised in collaboration with the community, encounter moments of crisis and transition. By stepping into the shoes of these characters, listeners are afforded the opportunity to reflect on their own circumstances while developing empathy and understanding[223].

Creative health and clinical priority areas

We have seen in Section 1 how creative health can contribute to the prevention, management and treatment of the most prevalent health conditions. It can also be applied to the clinical priority areas of the Core20PLUS5 to improve health outcomes and reduce inequalities. These include maternity, chronic respiratory conditions, severe mental illness, early cancer detection and hypertension. Creative activities, particularly those using culturally

Our Room Manchester – A creative community for male, trans and non-binary people who sex work

Our Room Manchester is an arts and social care charity, working with people who have multiple and complex needs, specifically supporting male, trans and non-binary sex workers. Creativity is at the heart of the organisation, in the belief it has the power to transform people's lives. Participants have often experienced significant trauma and their experiences of traditional services have not always had positive outcomes. Through playfulness, challenge and creative adventures, ORM offers people a safe and welcoming space in which to try new things and become inspired, as well as a chance to process their experiences through creativity.

ORM works alongside some of the biggest cultural and arts organisations in Greater Manchester to produce and showcase public-facing art events, as part of a long term programme 'Playing with Fire'. One of the projects, 'Consumed' explored relationships that have consumed us for better or for worse, and looked at how we sometimes play with fire in our interactions with others.

'Consumed' offered participants a distraction from their often difficult lives, and an opportunity to learn new skills and improve physical wellbeing through dance. It aimed to empower participants and give them agency in their own lives and, ultimately, to build a supportive community, which improves wellbeing. During the development of 'Consumed,' participants were invited to share their experiences of different types of relationships and given tasks to create their own short pieces of movement. Participants created the final dance by collaborating with one another. This presented challenges, but in overcoming these, a sense of community was developed. Social care support is knitted into projects. A support worker is present in every session but people are not asked a list of questions, which could potentially be re-traumatizing. Rather the process of identifying what support someone needs is truly person-centred.

appropriate art forms can be used to engage people who may otherwise face barriers to accessing services or experience inequalities in relation to these conditions. For example, Live Music Now's Lullaby Project pairs new mothers and families with a musician to write, sing record and perform a personal song for their child. In Toxteth, Liverpool, the programme worked with mothers from the South Sudanese Community in partnership with Cheshire and Merseyside Women's Health and Maternity NHS Network to support mental health and child-parent bonding, and to form new links between participants and family engagement services and build relationships and trust with healthcare services[224].

A specific target of Core20PLUS5 is to reduce inequalities faced by people living with severe mental illness (SMI), ensuring access to annual health checks. South West Yorkshire Partnership NHS Foundation Trust used creative co-production to work with people with SMI to redesign an illustrated invitation to attend the service. In doing so they significantly increased uptake of the service from around 10% to around 60%, and had a positive impact on participants in the codesign process.

One of the participants of the Calderdale design group said:

"The SMI project has been an essential component in my journey, it has a made a significant difference to how I coped and travel on the ongoing journey towards recovery. The end productions of our work are like a trophy. I'm proud of what we have made collectively. Losing my financial security (income) made me feel such a failure. The SMI group/project gave me my voice back."

The social determinants of health and community and place-based approaches to tackling health inequalities

The Core20 of the Core20PLUS5 approach refers to the most deprived 20% of the nation's population, as defined by the Index of Multiple Deprivation. We know that living in an area of deprivation is associated with shorter life expectancy and poorer health outcomes, linked to the social determinants of health. Poverty itself is a social determinant of health, leading to stress and anxiety and impacting health behaviours[225].

Creating healthy and sustainable places and communities, alongside a focus on preventing ill health, is a key policy objective outlined by the Institute for Health Equity for reducing health inequalities[226]. Community engagement, social cohesion and building social capital can go some way to mitigating the detrimental impact of deprivation. For example, work by the APPG on Left-behind Neighbourhoods finds that where civic assets, community groups and opportunities for connection are absent, communities are less resilient and health outcomes are poorer, even within deprived areas[227].

The NHS has a significant role to play in addressing this aspect of health inequalities, as an anchor organisation, adding social value in local communities, and by forming sustainable partnerships at place. However, tackling health inequalities and preventing ill health requires a whole system, population health approach to be effective. A strong evidence base from the fields of population health and community development outlines the importance of whole system and community-based approaches to reducing health inequalities[228,229]. National Institute for Health and Care Excellence (NICE) guidance on community engagement to improve health and wellbeing and reduce health inequalities recommends ensuring 'local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives' as best practice[230].

Creative health should be considered a vital component of this approach. The APPG on Arts Health and Wellbeing Inquiry Report '*Creative Health*' describes creative health as a holistic, asset-based and health-creating approach[231]. Applied outside of healthcare settings in places and communities, creative health influences and interacts with the social determinants of health to improve the environments in which people live and health outcomes.

Building empowered communities

The wellbeing benefits of creative health can be felt at community as well as individual level. Studies show that participatory arts can increase social capital, encourage connection, and promote greater civic and community awareness[232,233,234].

Creative approaches can also be used to facilitate the inclusion of marginalised groups, reducing stigma, improving social cohesion and promoting feelings of belonging[235]. Interventions, including arts-based interventions, that improve a community's sense of agency and control have been found to improve community wellbeing[236]. Heritage programmes can have physical and mental health benefits for individuals, and also bring improved social relations, and a sense of pride and belonging in place[237,238].

Place-based arts interventions such as community festivals and cities of culture as well as participatory arts and place-based culture and heritage interventions, have been shown to add social value through a range of wellbeing measures, and offer the potential to reduce health inequalities through the development of social capital, social interactions and sense of community[239].

Creative activities can also be a stepping-stone to further community action, empowering communities to tackle the issues most important to them, such as crime, anti-social behaviour and housing.

Regeneration and cultural placemaking

Creative health has been used effectively at a local and regional level as part of regeneration and cultural placemaking initiatives, using creativity and culture to improve neighbourhoods, engage residents and generate a sense of ownership and pride of place. A 2022 DCMS Select Committee report '*Reimagining Where We Live – Cultural Placemaking and the Levelling Up Agenda*' reflects

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East Marsh United – Creativity, community power and addressing the social determinants of health

East Marsh United (EMU) is a resident-led community group from the East Marsh of Grimsby, statistically one of England's most deprived wards. All work is designed to improve the lived experience of the residents and to grow community voice and power through partnership work, activity and development planning. EMU delivers projects that create community cohesion, and address inequalities to improve wellbeing and life expectancy.

Community arts and events delivery sit at the heart of all EMU do and they recognise the richness of the arts in engaging the community not just in positive activity but in meaningful dialogue. People come to sessions and as well as being creative they engage in important conversations, seek help and support, learn from each other and form friendships. This builds community cohesion. Working with small groups has brought about big changes for both practitioners and for those participating in the work. There has been a growth in confidence through engagement and of people making lasting commitments to projects. The writing group and choir are examples of creative spaces for safe expression and joyful creative activity.

EMU's work is underpinned by core values of empathy, openness and trust. They believe that standing alongside people, working with them and not 'doing to' them is critical to success. EMU now provides opportunities designed to work towards creating a socially, economically and environmentally sustainable community, delivering work across housing and homes, community outreach, greening the neighbourhood, developing a community pub, and education and wellbeing. They are developing a community plan in partnership with the council and a community wealth building plan to work towards better housing, employment and opportunity for the coming generation.

Until EMU began work in 2017, local people were isolated in a community where violence, crime and fear had forced them behind their front doors. EMU works to create a safer space to live and has engaged and involved hundreds of local residents in activities, working with their many partners to overcome barriers to involvement.

"The arts project has not been an add-on. It has been central to all that we do – informing our practice, and creating opportunity and joy for people in the community who benefit little from local or national cultural spending or investment."
– Josie Moon, East Marsh United, Health Inequalities Roundtable

evidence that the arts can also influence civic participation, social cohesion, diversity and inclusion, public health and wellbeing, reducing isolation, loneliness and exclusion[240].

Historic England manages Heritage Action Zones and High Street Heritage Action Zones, transforming historic environments and high streets to fuel economic, social and cultural recovery. In Kirkham, Lancashire, one of the areas to receive funding through the High Street Heritage Action Zone programme, work is underway to revitalise key buildings, enhance the public realm and improve the appearance of shops and streets[242]. Part of the initiative is a Kirkham Heritage Health and Wellbeing programme to engage more people with heritage and improve health and wellbeing through the provision of culture, heritage and wellbeing activities. This programme linked to a social prescribing initiative which connected people to activities such as gardening and nature, textiles and art, cookery, exercise and heritage walks, all with an emphasis on local heritage. Evaluation found that this built positive partnerships between local organisations and assets, and helped participants to form new relationships, increasing social connectedness and 'community spirit'[243].

Early years and education

In addition to its role in empowering communities, creative health can influence the social

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Heart of Blyth (Northumberland County Council) - Cultural Placemaking to reduce inequalities and improve health outcomes and quality of life

Cultural placemaking and creative health are central to Northumberland County Council's regeneration programme for Blyth. This programme exemplifies what can be achieved through a systems-wide approach incorporating culture and creativity in all aspects of local decision-making, and the benefits of using creative approaches to engage local residents, facilitate co-production and regenerate deprived neighbourhoods. Areas of Blyth have very high levels of income deprivation, impacting quality of life and life chances. These areas also experience health inequalities, high levels of crime and antisocial behaviour, and the town centre is struggling, with many empty shops.

Heart of Blyth is a 4-year project (2022-26), attracting a combined total of £1.8m funding which combines a Shaping Places for Healthier Lives (SPHL) project called the Heart of Blyth with a Culture and Placemaking Programme funded by the council and a Town Deal[241].

A series of creative pilot projects will be used to capture the aspirations, knowledge and stories of local residents through creative activities including artworks, photography, video and animation. Residents will co-design and co-produce the wider regeneration programme, which will support a true sense of ownership of the projects that are developed by, for and with local people. The hope is that people will feel listened to, and empowered to have greater control over their lives and build stronger community connections and reap the positive health benefits from the projects they have helped to create, develop and deliver. Microgrants will be available to help residents to come together, with a common purpose to take more action in their local area. The creative outputs will be exhibited across the town in shop windows, on hoardings, on bus stops and on banners as the programme develops, turning the town into a gallery. A year-round public arts and events programme will be embedded into new, quality public realm as part of a culture-led regeneration of the town centre and will inform the development of a new Culture Centre with wellbeing and creativity at its heart.

This approach combining culture and creativity with health is embedded across Northumberland County Council, through the Cultural Strategy 'Our Creative Landscape'. Health and Culture intersect - the cultural strategy has a health and wellbeing goal, and the 2019 Director of Public Health Annual Report focussed on creative health, including the potential for cultural activities to engage and empower people and communities and ultimately reduce inequalities.

determinants of health to reduce inequalities. For example, early years and education are strongly associated with future health outcomes. Given the impact of the social determinants of health accumulate over the life course, giving every child the best start in life will have the biggest influence on future life opportunities and health outcomes[244]. Music and reading support social and language development in children and we have seen already how creativity can support mothers and babies in the perinatal stage.

Schools have a vital role to play in providing children with access to creativity. In Section 3.3 we will show in detail how creativity as part of the school day improves social, developmental and educational outcomes, but also supports the mental health and wellbeing of the child. Creative activities build skills and confidence that can lead to employment and social mobility, and creative health can be employed in the workplace to support mental health and wellbeing, as we have seen increasingly in the NHS. Conversely, a thriving creative health sector provides employment and professional development opportunities for creatives and creative health practitioners. Aligning strategies on creative industries, culture and health at place, as in the West Yorkshire Combined Authority (Section 4.2) will have cross-sectoral benefits.

Equitable access to culture and creativity

Given the health and wellbeing benefits we have already set out, as well as interacting with the social determinants of health, creativity can be considered a determinant of health in its own right, and therefore access to creativity and culture must be equitable in order to avoid reinforcing inequality. We know there is a social gradient in cultural engagement, and that people from minoritised groups can face barriers to access. A lack of diversity across creative industries and in the creative health workforce has also been noted[246]. The work of the MARCH Network in relation to mental health (explored in Section 3.1) has shown that creativity and culture can have a greater impact on people from areas with higher levels of socio-economic deprivation, but that these people may also be less likely to engage[247].

Galleries, libraries, museums and heritage sites are increasingly engaging with diverse communities as part of health and wellbeing initiatives. Targeted interventions in the communities least likely to access creative and cultural opportunities have shown positive outcomes. Arts Council England's Creative People and Places programme aims to address the gap in arts and cultural engagement in parts of the country where it is significantly below the national average, with an investment of £108m over the first ten years[248]. As part of this scheme, the Bait programme, delivered by Museums Northumberland, aimed to;

"...create a long term increase in levels of arts engagement, driven by the creativity and ambition of people living in South East Northumberland, having a demonstrable effect on the wellbeing of local people and levels of social energy and activism within communities and the means to sustain those changes in the future[249]."

The 10-year programme not only increased participation, but had positive impacts on wellbeing of participants and gave people a wider range of transferrable skills which has allowed them to go on to run their own arts projects[250].

Co-location of activities can help bring people into settings they may not otherwise access, and can provide links to other opportunities or public services. Diverse programming and active outreach into neighbourhoods or communities that are less likely to engage can also be an effective way of improving creative and cultural engagement.

Social prescribing recognises the impact of the social determinants of health, and links patients to community-based activities which can address the non-medical factors that affect their health and wellbeing. This is one way in which people who may be less likely to access cultural and creative opportunities can be made aware of available programmes and encouraged and supported to participate. For social prescribing to address health inequalities, people most at risk of inequalities must be accessing this referral route, and appropriate community provision must be available to link out to. The National Academy for Social Prescribing (NASP) Thriving Community Fund helped to build up this community offer in neighbourhoods most

impacted by COVID-19 and found community programmes an effective way to engage people, and that trusting relationships between community-based organisations can be an important resource for improving health outcomes[251].

Maximising the potential of creative health

Creativity improves wellbeing, builds skills and confidence and develops agency. Engaging with creativity can empower people to make positive changes in their own lives, including health behaviours. When applied in community settings it can spark the relationships, trust, sense of ownership and momentum required to address other issues such as housing and crime, and build the local economy.

Assets-based approaches led by communities are vital to reducing socio-economic inequalities. There is much that communities can do, but support is required from statutory services. Short term, project-based funding and competition for resources is a limitation for many community-based and creative health organisations, and there are actions that can be taken at scale to create the conditions in which community-led approaches can thrive. This is different from the top-down approach of 'doing to' communities, but rather asks what help communities need to implement the changes they would like to see.

Supporting infrastructure and frameworks can be put in place at scale. There is a role for local authorities and health systems here. Where such an approach has been taken, the benefits have been felt by individuals, communities and systems alike. However, this is by no means universal and there is more that ICSs can do to ensure that community and lived experience perspectives are fully represented in decision-making and that community-based organisations that understand the needs of their communities are trusted, supported and resourced to put effective solutions into practice.

Place-based approaches which incorporate creative health have the potential to not only improve health and wellbeing outcomes and reduce inequalities, but also to lead to a flourishing local economy. This link is increasingly recognised in local cultural strategies and across public and population health. The Greater Manchester

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> *We've absolutely got to shift away from a deficit model to an asset-based approach to health...What can communities do for themselves? What can communities do with a little bit of help from us? And what are the things that communities can't do and have to be done by statutory organisations?"*
>
> *Liz Morgan, Former Director of Public Health, Northumberland County Council, Health Inequalities Roundtable*

Creative Health Strategy, for example, takes a specific focus on health inequalities, aligning with the Combined Authority's aims to become a greener, fairer and more prosperous city region[252]. The strategy highlights the role of creative health in addressing inequalities across the life course, and puts forward a framework through which this can be achieved.

Creative health can support Integrated Care Boards to meet their duty to address health inequalities and the NHS to implement the Core20PLUS5 framework through its impact in the most socio-economically deprived areas but also working to address systemic racism and barriers to access for inclusion health groups through initiatives that reduce stigma and discrimination and the co-design of culturally appropriate and accessible health services.

Tackling health inequalities requires a whole system approach, which addresses the social determinants of health, as well as offering targeted approaches in populations experiencing poorer health outcomes. A cross-governmental approach, considering the role of creative health across all policies, will model and facilitate cross-sectoral working across all levels, and establish a coherent approach to reducing health inequalities.

Art at the Start – Embedding arts-based approaches within arts venues as a referral route for peri-natal infant mental health to provide early and equal access to creative health.

Art at the Start, a collaborative project between the University of Dundee and Dundee Contemporary Arts, has been offering a range of arts-based interventions to promote the mental health and wellbeing of parents and 0–3-year-old infants since 2018. These include art therapy sessions, targeted outreach, public messy play sessions, and art boxes for use at home to support vulnerable families during COVID-19 lockdown. The programme focusses on reaching families vulnerable to poor attachment relationships and facing multiple deprivations and mental health difficulties as well as encouraging all families to engage in interactive play through shared art-making.

In the art therapy sessions, the infants were found to be wide open to the process of art making, of receiving help, of feeling connected, and working together in a manner that all the grown-ups involved in the project could see and learn from. It was clear that infants were available for emotional connection when this was offered, and consequently very small changes in behaviour from their important adults that offered more connection potential, had a large impact. The art making process was a perfect vehicle for this increased connection. In a control trial using evaluation measures before and after attending, significant improvements were shown in the parents' wellbeing, as well as a significant improvement in a measure of how they perceived their relationship with their baby, and observable changes in behaviour[245].

"I felt that we were more bonded, it felt that he liked me and that he was enjoying playing with me." – parent who attended art therapy group

As part of the Mobilising Community Assets to Tackle Health Inequalities research programme, Art at the Start was scaled up to new gallery sites across Scotland, feeding into current governmental and NHS drives to offer diverse and sustainable perinatal and infant mental health provision. Using a participatory action research model, the University of Dundee research team employed and embedded arts therapists within four arts galleries across Scotland (Dundee Contemporary Arts; Tramway, Glasgow; Taigh Chearsabhagh Museum and Arts Centre, North Uist; Dunfermline Carnegie Libraries and Galleries, Fife) to deliver therapeutic and participative opportunities to harness the public health value of increasing access to the arts. The research team also trained and supervised art therapists within two externally funded satellite sites using the same model (NHS Lothian community perinatal team within the Fruitmarket gallery in Edinburgh; CrossReach perinatal support charity within the National Museum of Scotland, Edinburgh). The therapeutic interventions took self-referrals, referrals from health visitors, family nurse teams, educators, third sector teams and NHS perinatal and/or infant mental health teams in their respective areas. The results showed that the approach could be replicated elsewhere, and again showed improvement to wellbeing, perception of the relationship, and an increase in the positive developmental and relational opportunities for the infants.

The project has highlighted how art making can help infants to see their own agency through mark making and can offer them a vehicle for early communication. Art at the Start have been actively involved in the development of the Scottish Government Voice of the Infant Best Practice Guidelines and Infant Pledge. The Voice of the Infant best practice guidelines provide direction on how to take account of infants' views and rights in all encounters. They offer suggestions on how those who work with babies and very young children can notice, facilitate and share the infant's feelings, ideas and preferences that they communicate through their gaze, body language and vocalisations. Art at the Start are proud to be included as a case study of best practice in this documentation, representing their commitment to supporting equity of all voices in parent-infant relationships.

3.3 Creativity for Health and Wellbeing in the Education System

Key Points

As well as producing the creatives of the future, creativity as part of school life provides children with a broad range of transferrable life skills and improves their future outcomes. Creativity supports children's health and wellbeing - particularly relevant as we face a mental health crisis in young people. Schools can offer universal access to creative activity, reducing inequalities in both access to arts and culture and in health outcomes. Given the importance of early intervention in supporting mental health and reducing inequalities, schools are a vital component of the creative health ecosystem. However, opportunities to engage in creative activities at school are increasingly limited, as arts-related subjects are deprioritised and cuts to creative subjects in higher education further disincentivise uptake of the arts in schools.

Creativity should be a key pillar of the education system, accessible to all and prioritised within the curriculum. This will have significant long term benefits for individuals. It will also lead to reduced pressures on the healthcare system, contribute to the levelling up agenda and feed the creative industries workforce. A coherent approach across all sectors will ensure the development of a creative health ecosystem which is self-sustaining in the long term. The Department for Education (DfE) therefore has an important role to play in the development of a cross-departmental strategy on creative health.

Background

We have seen in Section 3.1 that we are facing a crisis in children and young people's mental health. One in six children aged 5-16 have a diagnosable mental health disorder and up to 75% are unable to access support through the NHS[253], with their mental health deteriorating whilst they wait[254]. The pandemic caused children to experience an increase in worry, low mood, grief and feelings of hopelessness, and rates of PTSD, depression and anxiety and self-harming also increased[255,256]. There are inequalities in children and young people's mental health, with those from ethnic minority backgrounds, LGBTQ+ young people, young people with pre-existing health or educational needs and those from poorer backgrounds disproportionally affected[257]. The DfE State of the Nation report on children and young people's wellbeing recognises the central role for schools in COVID-19 recovery and notes the additional national and global pressures influencing children's mental health[258].

The early years strongly influence children's development and health and wellbeing. We know that around half of mental health problems start by the age of 14 and have lasting impacts into adulthood. Early intervention and prevention are therefore vital to improving future outcomes for young people. Providing every child with the best start in life is also integral to reducing health inequalities. Longitudinal studies have shown that there is a social gradient in children's engagement in arts and culture, but that this is only related to extra-curricular activities[259]. However, parents from lower socio-economic backgrounds are statistically less likely to pay for extracurricular activities such as music, dance and drama, or to take children to cultural institutions[260]. Schools can therefore ensure equal access to arts and cultural opportunities for young people, and are a vital component of the creative health ecosystem.

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In a complex, changing world, and in the face of increasing mental health challenges, giving children the space and skills to express themselves, through all art forms, as a way to understand themselves, others and the world around them, is a key aspect of a child's right to a rich education"

Sally Bacon OBE, Co-Chair, Cultural Learning Alliance and co-author, The Arts in Schools: Foundations for the Future, Creativity for Health and Wellbeing in the Education System Roundtable

Creativity as part of school life provides children with a broad range of transferable life skills, supports mental health and wellbeing and improves their future outcomes. Despite this, there has been a decline in the provision of arts education in both primary and secondary schools in recent years, and fewer GCSE and A-level entries for arts-related subjects[261,262,263]. This has been linked to an increased focus on core subjects on which performance measures are based[264]. Reductions in funding mean less money is available for specialist resources, and the number of trained arts teachers has also decreased[265]. A similar pattern has been observed in music education[266]. COVID-19 has significantly impacted arts education, and although the Durham Commission on Creativity and Education highlights the importance of using arts-based subjects as part of recovery to restore wellbeing and happiness to school life[267], many schools have not been able to facilitate this.

Creativity is not limited to arts-based subjects. PISA, the Organisation for Economic Co-operation and Development's (OECD) programme for international student assessment, introduced creative thinking assessment measures in 2022, recognising that such skills will help students adapt to a rapidly changing world, and contribute to the development of society[268]. The Durham Commission on Creativity in Education, which published its first report in 2019, defined creativity as 'the capacity to imagine, conceive, express, or make something that was not there before.' This can be incorporated across all subjects, but the commission notes that arts make an 'invaluable' contribution to the development of creativity in young people, and that the link between creativity and wellbeing is most strongly associated with arts-based activities[269].

A reduction in arts and creativity in the curriculum, compounded by a reduction in funding for arts-based courses in higher education, will deny children the opportunity to progress into careers in creative industries, despite an ambitious Creative Industries Sector Vision which commits to supporting 1m more jobs in the creative industries by 2030[270]. It has also been argued that a focus on performance measures

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> *I've noticed that the skills that our pupils gain from being part of this programme are things like resilience, determination, confidence and self-esteem….these are skills that perhaps as adults we take for granted, but that our children just do not possess and they have to be taught this, and they have to be taught in a school setting, and one of the best ways to do that is through enabling them to be creative"*
>
> *Sarah Williams, Head Teacher, Faith Primary Academy, Creativity for Health and Wellbeing in the Education System Roundtable*

linked to core academic subjects will mean that pupils with lower attainment levels (often linked to social deprivation) will be discouraged from taking arts-related subjects, exacerbating pre-existing inequalities in creative engagement in young people from poorer backgrounds[271].

Given the benefits to young people and wider society of creative and cultural engagement, it is counterintuitive to reduce the opportunities for children and young people to access creativity as part of their school day. Here we will outline what can be achieved by incorporating schools into local creative health ecosystems and instilling a whole school approach to creativity.

The role of creative health

Creative health can be applied in school settings to improve health and wellbeing outcomes as part of whole school approaches or targeted interventions to address needs in individual pupils. This can take place in partnership with local creative practitioners and cultural organisations, which can address inequalities in access to culture and creativity and its associated benefits. There is also good evidence that creative engagement can aid educational development, and equip children with a range of transferrable skills which are attractive to employers and will improve their future life outcomes.

The mechanisms through which creative health influences mental health were explored fully in Section 3.1. Studies with a specific focus on young people have found that participating in creative

activities including listening to or playing music, drawing, painting, making and reading, can have positive effects on behaviour, self-confidence, emotional regulation, relationship building, and a sense of belonging, contributing to resilience and mental wellbeing[272,273,274]. A review by the Centre for Cultural Value found that engaging with the arts helped young people cope with their feelings and distracted from negative thoughts. Creative activities offered a safe space, allowed the opportunity to showcase work, could raise aspiration and facilitated the formation of friendships[275].

The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' collates studies which have shown associations between arts activities and educational attainment and behaviour. It finds that the arts can improve social skills, reduce bullying, support engagement with learning and enhance emotional competence. Studies have found the arts to have benefits for children experiencing social or behavioural difficulties, children with learning disabilities, dyslexia and physical or developmental disabilities[276].

Data gathered from 6000 young people and teachers about the perceived benefits of cultural engagement in educational settings reported that the arts helped children to develop critical thinking and the ability to assess the world around them, to develop a sense of their own identity and place in a community, to build self-belief, confidence, empathy and appreciation and diversity, and encouraged them to express ideas, opinions and stories in complex and nuanced ways. They also felt that arts engagement was a way to release pressure and relieve stress, improving overall health, wellbeing and happiness[277].

Addressing inequalities

Given the recognised social gradient and inequalities in access to cultural engagement, schools can be vital in ensuring these educational and wellbeing outcomes are available to all. Programmes which target areas where children may be less likely to access culture outside of school can help to tackle inequalities.

Evaluation of Big Noise (Sistema Scotland), an immersive music education programme providing orchestral activities for children from low-income backgrounds has explored the impact of school-based arts interventions[278]. Qualitative evaluation found that the programme positively affects children across seven main areas[279];

- Educational (concentration, listening, coordination, language development, school attendance, school outcomes)
- Life Skills (problem-solving, decision-making, creativity, determination, self-discipline, leadership)
- Emotional (happiness, security, pride, self-esteem, emotional intelligence, an emotional outlet, resilience)
- Social (social mixing, social skills, cultural awareness, diverse friendships, strong friendships, support networks)
- Musical (instrument skills, reading music, performance skills, music career options, access to other music organisations)
- Physical (healthy snacks, opportunities for games/exercise, creating healthy habits for adulthood)
- Protection (someone to confide in, calm environment, safe environment, reduced stress).

The evaluation continues to look at health and social outcomes as participants reach school-leaving age, in comparison to children from similar backgrounds who did not take part in the programme. Quantitative analysis of educational outcomes shows that participants in Big Noise were more likely to achieve a positive post-school destination, including employment, and indicated benefits in educational attainment[280].

A systematic review of arts-based interventions for children and young people delivered in nature found that in addition to improvements in wellbeing (including mood, empathy, inner calm, emotional expression and regulation, happiness, resilience, stress, anxiety and interactions with others) activities fostered a sense of connection to nature, which led to an interest in environmental issues[282]. Further work in this area has investigated the mechanisms through which these activities can be made available to all children, including those in the most deprived areas[283].

Creativity and mental health support in schools

Schools are an important setting through which children can develop social and emotional skills, where positive health and wellbeing can be promoted, and where early signs of mental ill health can be identified and addressed[284]. Schools have a duty to provide mental health education, and DfE recommends a whole school approach with a focus on early intervention and prevention. School-based mental health leads, and mental health support teams which link young people experiencing mental health problems to NHS services can provide additional targeted support. Creativity can be used as part of a whole school approach, to equip pupils with a tool for mental self-care they will be able to draw on as required, and into adulthood.

Arts and music therapies can be used with children facing emotional or social difficulties to improve communication and behaviour[285], and improve quality of life, anxiety, attitudes towards school, and emotional and behavioural difficulties[286]. In school settings, a systematic review has found improvements in self-esteem, self-confidence, self-expression, mood, communication, understanding, resilience, learning, and aggressive behaviour, and small changes in the outcomes of depression, anxiety, attention problems, and withdrawn behaviours as a result of arts therapies[287]. A randomised controlled study with children with emotional and behavioural difficulties found that story-making and story-telling, drawing, puppetry, song-writing and empowerment activities in schools had the greatest impact on children's wellbeing, through the facilitation of emotional expression, group bonding, empowerment and

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Creative health, if it is really integrated into the school's existing support systems, can be a tool to spot mental ill health, and for a whole school approach to flourish"

Cara Verkerk, Place2Be, Creativity for Health and Wellbeing in the Education System Roundtable

optimism[288]. In Northern Ireland, Verbal have worked with the Education Authority and Public Health Agency to design and deliver shared reading and storytelling projects in primary schools across the country, improving mental health and wellbeing, helping children to manage emotions and develop resilience and supporting cross-community dialogue in areas of community-conflict, deprivation and marginalisation[289].

In Harmony– Creative Health and the Curriculum

Since 2009, the **Royal Liverpool Philharmonic's In Harmony** programme has provided music education in schools serving some of the most disadvantaged areas in North Liverpool, enhancing life chances through orchestral music making. In Harmony targets children with the greatest need and fewest resources, with over 40% of the children taking part classed as living in poverty. The programme is embedded into the curriculum across four primary schools, and provides free music education for 1750 children and young people every week. Every child in participating schools learns to play an instrument and is given the opportunity to take part in orchestral rehearsals and performances, with a repertoire across musical genres.

In Harmony has demonstrated improvements in a range of outcomes for individual pupils including confidence, resilience and teamwork[281]. Evaluation also finds benefits for the school, and that when children take part in the programme, their families are subsequently more likely to participate in cultural activities, indicating a wider social benefit and the potential to break cycles of lower participation in the arts and culture. The programme principles align with approaches to address the social determinants of health and tackle health inequalities, and through long term commitment at neighbourhood level, In Harmony Liverpool has helped to build stronger communities, generating civic pride, hope and aspiration.

A number of studies have demonstrated the value of using creative approaches with children who may not be able to access mainstream education, or who have additional needs[290]. For example, music has been used in youth justice settings and with refugees, where it has been found to foster wellbeing, a sense of belonging, and enhanced engagement with learning[291,292,293]. Breathe Arts Health Research have delivered their Breathe Magic for Mental Health programme in a Pupil Referral Unit for young people (aged 6-11) excluded from school, showing trends for improvement in eye-contact, confidence and communication skills[294].

Maximising the potential of creative health

The arts and creativity are essential in providing a child with the best start in life. In order that these benefits can be felt by all, creativity should be embedded into the school day as part of an approach to education that focuses on the whole child, prioritising personal development and life skills, and supports mental health and wellbeing. Creative approaches are effective tools to support pupils with additional mental health needs, or who have been excluded from mainstream education,

and can be employed by specialist facilitators and mental health care leads.

Challenges to implementation arise due to assessment pressures, which focus on core academic subjects, and a lack of resourcing to support the wider curriculum. It has been suggested that a fundamental rethink of the curriculum to reassess the purpose of education is necessary in order that the value of the arts and creativity are fully recognised[295]. A template for this could be provided by Wales, which undertook a curriculum redesign in 2022. It identifies the Expressive Arts as integral to achieving key skills including creativity, innovation, critical thinking and problem-solving:

"Experiencing the expressive arts can engage learners physically, socially and emotionally, nurturing their wellbeing, self-esteem and resilience. This can help them become healthy, confident individuals, ready to lead fulfilling lives as valued members of society." – Curriculum for Wales[296]

With the number of arts and music teachers in decline, training in providing a creative education,

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Place2Be – Creativity to support mental health in schools

Place2Be is a children's mental health charity which works with young people, families, teachers, and schools using a range of approaches to support mental health and wellbeing. Their **Art Room** programme uses arts and creativity as a tool to help children thrive. The Art Room delivers creative wellbeing workshops, training, and activity resources aligned to national educational wellbeing curricula for school staff to use as part of a whole school approach. Creative Wellbeing Projects empower school staff to use creative activities to support children's mental health in classrooms.

One example is The Forest Project: Growing Through Change. The creative activity involves each child creating a tree, where they reflect on how they have grown through times of change in the past and what they need to boost their resilience. The class can then exhibit their trees

to create a class or school forest and think about how they can grow together as a community.

Headteachers and school staff have welcomed the approach, recognising the importance of creativity for self-expression, particularly where pupils may struggle to do so in written form. One teacher who implemented this project with primary-age children said it was important to involve the whole school to normalise self-reflection and give all pupils the opportunity to express their feelings – "to stop and think and be in the present". Pupils appreciated the opportunity to share their feelings and have their voices heard. In this school, discussions of mental health improved relationships in the classroom, where children found commonalities in their thoughts and feelings despite any cultural and physical differences, and this has led to a reduction in bullying.

and in the benefits of creativity for health should also be part of teacher training and workforce development.

In addition to ensuring creativity is a pillar of the curriculum, partnerships with local cultural organisations or creative practitioners have been shown to have positive impacts, for pupils, schools and wider communities. They can have particular impacts in the poorest areas where children may have less access to creative and cultural opportunities outside of school. Such initiatives could be scaled up in order to tackle health inequalities.

The long term benefits of a creative education are wide-ranging and cross-sectoral. A systems approach could help to bring together stakeholders to develop more impactful programmes, designed to meet local priorities. Schools should be considered an integral part of the creative health ecosystem and the Department for Education will therefore be a key partner in a cross-departmental strategy on creative health.

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There are exceptional things happening, but we are nowhere near making those exceptional things available to every child and every young person in our country today"

Baroness Estelle Morris of Yardley, Creativity for Health and Wellbeing in the Education System Roundtable

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Kazzum Arts – Trauma-informed approaches with children excluded from mainstream education

Kazzum Arts is a trauma-informed arts charity based in Bethnal Green, with a mission to use creativity to enable marginalised children and young people who have been impacted by trauma to feel seen, heard and valued. They work with young people who have experienced high levels of Adverse Childhood Experiences which have resulted in social, emotional and mental health issues, communication needs, disabilities, exclusion and displacement.

Kazzum Arts works in a range of settings including hospitals, communities and schools. Their work in pupil referral units with children who have been excluded from mainstream education, and who have often experienced trauma, uses creativity to support children to build connections with their peers, to develop a sense of self-expression, to feel safe and to

engage in learning. Weekly sessions are held with artists over the course of an academic year, to provide consistency. Sessions consist of a range of artistic forms, and children are encouraged to choose which art forms they want to engage with. As sessions progress, children form relationships with the artist, which leads to further relationships with teachers and staff.

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We see creativity inside Pupil Referral Units and Alternative Provision as a vital protective factor to support a child or young person through adverse experiences"

Alex Evans, Artistic Director and CEO, Kazzum Arts

South Tees Art Initiative (STAR) - Cross-sectoral approaches to tackling inequalities

The **STAR Programme** is an excellent example of collaborative working across health, culture and education sectors to improve the health and wellbeing of children in some of the lowest-income areas of the North East. The programme is run by the **North East and North Cumbria Child Health and Wellbeing Network**, an ICS-wide initiative which places an emphasis on creative health, with a dedicated Arts and Creativity Lead. The Network was established to respond collaboratively to system priorities, in particular mental health and poverty, and builds on learning from previous creative health work in the region. With some of the highest rates of child poverty in the country, a cross-sectoral approach was developed to address the need:

"We literally got into the room with public health, the creative arts, the CCG commissioners, Northern Ballet and our research partners and said 'what can we do?'." – Heather Corlett, Arts and Creativity Lead, NENC Child Health and Wellbeing Network

Based on evidence that dance can improve the health and wellbeing of children through facilitating self-expression, building self-awareness and identity and improving social and emotional learning skills, the programme consisted of facilitated weekly dance sessions for primary-age pupils in years 1-5. Dance facilitators from local dance organisation TIN Arts worked with the Northern Ballet to align with the themes of local performances, and families were also offered theatre experiences as part of the programme – in many cases the first time children had visited a theatre. Schools were identified using public health data, prioritising underserved areas. Family link workers were incorporated into the programme to ensure that benefits from the programme were taken out of schools and into homes.

The programme was fully evaluated with academic partners, and was found to have benefits for pupils, schools and families.

- Children noted: contributed to our emotional and physical wellbeing: 'Feeling more confident', 'More fit and well' and 'Full of energy'. After participating in the programme children felt creative (74%), fit (73%), well (67%), happier (66%), confidence (64%).
- Teachers noted: children more engaged in class, better listening, less disruptive behaviour, improved creativity, social & literacy skills
- Parents noted: proud to celebrate the achievement of their children
- Artists noted: activity contributes to children's creative, social, cognitive and physical skills, as well as increasing their confidence
- Link worker noted: support enabled improved behaviour in the home, increased social networks for families and families were better able to meet the children's emotional needs.

Although only 30% of the children had taken part in dance before the programme, upon completion 60% felt they would like to continue. In Phase 2 of the programme, the network are developing a more replicable and scalable approach, incorporating digital technologies and shorter dance blocks, to reach more schools, and linking more extensively with existing community assets to ensure that the benefits are sustainable over the long term.

> **"With dance you get a break from reality, and you get to relax, and just let yourself be yourself"**
>
> *STAR Participant*

3.4 Creative Health in Social Care

Key Points

Creative health has benefits that are particularly relevant to social care, and can help to address some of the pressing challenges the sector currently faces. As a person-centred approach, creative health empowers people to engage in activities which are meaningful to them, enriching quality of care and leading to improved health, wellbeing and quality of life. For children and young people in the social care system, creative health improves mental health and wellbeing, facilitates self-expression, fosters a sense of belonging and has a positive impact on future outcomes.

In addition to the benefits to individuals, embedding creative health into social care systems will help to relieve pressures, keeping people healthier and living independently for longer. Where creativity has been embedded into care homes it has also been shown to have a positive impact on the workforce. In the current staffing crisis, creative health can improve job satisfaction and staff retention.

Creative health should be fully embedded across the social care system so that everyone has an equal opportunity to access its benefits. Whilst the sector is diverse, recognition of good practice in the Care Quality Commission (CQC) assessment frameworks would support providers to implement creative health as a core part of their offer, rather than a nice to have.

Creative health and care experienced children and young people

There are currently around 400,000 children linked to the social care system in England, 80,000 of whom are living in care[297]. Young people in the care system have often experienced trauma or adverse childhood experiences such as abuse or neglect, and face particular challenges in relation to mental health. Forty-five percent of care-experienced young people aged 5-15 will develop a mental health disorder, compared to 10% in the same age group in the general population. This rises to 72% for those in residential care[298]. Care-experienced young people face poorer educational outcomes and are disproportionately represented in the criminal justice system. A key mission of a proposed new National Framework for Children's Social Care will be reducing these inequalities in health. Guidance provided jointly by Department for Education (DfE) and The Department of Health and Social Care (DHSC) recommends that social workers ensure that children 'have access to arts, sport and culture, in order to promote their sense of wellbeing'[299].

Sections 3.1 and 3.3 have described the ways in which creative health can positively impact the mental health of children and young people. Studies have also investigated benefits of engagement in the arts as a leisure activity specifically for care-experienced young people, and found that such activities offered the opportunity to be creative and engage in self-expression and were used to manage stress[300]. The arts can open doors for care-experienced young people in relation to education and employment, and have been found to lead to increased participation in educational pathways[301]. Improved psychosocial outcomes such as self-esteem, confidence and emotional literacy, as well as an increase in social capital have been demonstrated in this population[302]. Facilitated participation in culture with care experienced young people can both improve cultural capital and provide opportunities for life story work[303].

Embedding creative programmes into local authority social care pathways ensures that all young people in the system can be offered the opportunity to participate in creative activities.

Challenges in adult social care

There are a number of pressing challenges facing the adult social care sector, all of which have been amplified by the pandemic.

- Demand – with an ageing population and more people living with complex needs there are high levels of demand for social care. Age UK

estimates that 12% of over-50s are living with some form of unmet need[304], whilst according to the Association of Directors of Social Services (ADASS), almost 250,000 people are waiting for a care assessment[305]. This places an additional burden on those who provide unpaid care, who significantly supplement the social care workforce.

- Funding – Real terms local government spending on adult social care has reduced by 29% over the last decade leading to an estimated 12%

drop in spending per person on adult social care services, whilst the cost of providing care is increasing[306]. There are concerns around the financial sustainability of providers, which impacts choice, quality and consistency[307]. The Health Foundation estimate that by 2031 an extra £8.9bn would be necessary to meet demand and improve access to care[308].

- Workforce – As of October 2022, there were a record 165,000 vacancies in adult social care. It is estimated that in the first three months

Plus One – A Cultural Gateway for care-experienced young people

Plus One, delivered by Derby Theatre with QUAD, Deda and Baby People, is a cultural gateway to welcome Derby City's care-experienced young people and their families into creative and cultural opportunities. Plus One is embedded into Derby City Council's approach to supporting care experienced young people both with foster families and in residential care settings. There are several strands to the approach;

- Cultural and creative opportunities – Plus One provides members with free access to creative and cultural opportunities offered by partner arts organisations across the city. Plus One is positioned between creative industry and social care services and this has led to Plus One providing space for social care teams to hold outreach events inside cultural spaces for both service user events and service teams to meet. Plus One creatively produces these events enriching opportunity for engagement through creative mentors, who share their skills and talents.

- Creative mentoring – young people can be referred to a creative mentor who will support them not only to develop creative skills, but with social, emotional and educational development. Creative mentors are also placed in residential care settings where young people can voluntarily interact with the artist on an ad-hoc basis.

- Employability and volunteering – supporting care-experienced young people to access careers in the creative sector.

- Performance projects – this offers young people the opportunity to make work that reflects themselves.

Plus One is now also built into the residential social care offer, providing weekly workshops in city care homes and collaborating towards the council's mission to embed young people's voices throughout their decision-making processes. This includes creative consultancy in relation to documents received by young people when entering residential care and using creative approaches to provide information that not only resonates with young people, but is also creatively influenced by the voices of those in care.

All strands are supported by creative arts therapy providers, who support the safety and wellbeing of young participants and volunteers and staff. Plus One was awarded Digital Project of the Year at the 2023 Stage Award for Odyssey, an immersive VR experience that allows the audience to see the reality of transient lives.

"Odyssey was about telling stories that don't necessarily have to reveal that you are in care or going through some sort of trauma. It is about telling universal stories of home, journey and discovery, with the potential for aspiration at the end of that" – Tom Craig, Plus One, Social Care Roundtable

of 2022, 2.2 million hours of homecare could not be delivered due to insufficient workforce capacity[309].

These challenges in social care have a knock-on effect on the NHS, with delays in discharge a constant concern. In the current context, meeting even basic needs in social care can be a challenge for providers. As a recent House of Lords report by the Select Committee on Adult Social Care, 'A Gloriously Ordinary Life' finds[310];

"Services are effectively considered sufficient if they meet individuals' basic needs. There is little thought given to exploring, acknowledging or meeting a person's ambitions and desires, let alone to helping them find the means to accomplish their goals."

Through holistic and person-centred approaches, creative health moves beyond basic needs, and supports people to engage in creative activity that is meaningful to them. This improves health and wellbeing and can support people to live independently for longer. In doing so it can reduce the demand on social care services and improve the quality of life for people accessing care and those that care for them. There is increasing evidence that creative approaches in care settings can also improve job satisfaction and workforce wellbeing for staff.

Applying creative health in adult social care
The physical and mental health benefits outlined in this report can all apply in social care settings. More generally, creative health helps people to engage in meaningful and purposeful activity, to

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Through participating in Plus One I found an incredibly strong sense of community, and belongingness, and the environment provided by Plus One gave me the confidence ultimately, after two years, to gain a bachelor's degree at the Academy of Contemporary Music – something I had never considered to be a prospect of my future"

Lucy James, Composer and former Plus One member, Social Care Roundtable

express emotions and desires and to connect with others, mitigating loneliness and isolation. It is therefore integral to a person-centred approach to social care.

A recent joint vision on social care from the Local Government Association, ADASS and NHS Confederation calls for long term investment in prevention and early intervention, and a shift in focus away from acute hospitals to keeping people well and living independently for longer, thereby reducing the pressure on social care, whilst working with people to put in place care

Skylark Café at the Southbank Centre
Skylark Café, part of the **Southbank Centre's Arts and Wellbeing Programme**, is a monthly multidisciplinary arts social club for local community members living in Lambeth and Southwark with health conditions that may make it difficult for them to attend other events. The aim of the session is to come together, have fun, share joy and be creative and in doing so tackle isolation and loneliness. Members are supported to travel to and from the venue and are provided with hot food and refreshments. There is also interaction with members between sessions to check in on wellbeing, and members may be encouraged to attend other events at the Southbank Centre.

"We were very keen on being bold and really aiming to create a utopia, and by that we meant a space where everyone is happy and held, and can get everything that they need and want. And at the heart of it...is stories." - Bernadette Russell, Lead Artist, Storyteller and Activist

The café provides a familiar and consistent space, that people can feel confident visiting, but with space for variety and spontaneity in what may happen during the session. The club is described as a 'magical space', inspired by literary salons of the 17th Century, adapted for 'the likes of us'. Activities can include storytelling, singing, dancing, crafts, visual arts, creative writing, poetry, puppetry but sessions often evolve unexpectedly, which is warmly welcomed.

that works for them[311]. However, attitudes towards social care can act as a barrier:

"The stigma and prejudice directed against disabled adults and older people has tangible repercussions in the way that key services in society are designed to meet their needs and ambitions. The underlying narrative and the lower value that is placed on certain individuals, which originates in the assumption that they are a 'burden' on society, entails an assumption that a more restricted kind of life is appropriate for older adults and disabled people, with the expectation that they will accept a different and reduced quality of life compared to the rest of the population" – A Gloriously Ordinary Life

We know there is an important role for creative health in relation to the social determinants of health to improve the conditions in which people live. This can involve creating accessible environments and services which allow everyone to thrive. Initiatives such as Age-Friendly Cities aim to remove barriers to participation in society for older people. Culture can be integral to such an approach, for example in Greater Manchester where Culture Champions aged over 50 co-produce age-friendly cultural and creative activities[312]. The report '*Ageing Well: Creative Ageing and the City*' identified strategic roles for local authorities and partnership working as key elements in supporting older people to engage with cultural life[313]. Social prescribing can make connections to the cultural sector, and research has investigated how programmes could be better tailored to meet the specific needs of older adults[314]. The Creative Ageing Development Agency (CADA) challenges ageism in arts and heritage sectors and ensures older people are fully engaged in the cultural sector[315].

People with disabilities face inequalities in access to creative and cultural opportunities and are underrepresented in the arts and cultural workforce[316]. Programmes that work with disabled artists have demonstrated a positive impact on wellbeing, skills and independence, as well as facilitating pathways into arts and cultural professions. For example, an impact report for Venture Arts, a visual arts company working with learning disabled artists, found that artists reported feeling happier and less anxious, 92% had improved confidence leading to less social

isolation, 62% developed confidence and skills to be more independent and all developed supportive relationships and friendships[317]. The national disability charity, Sense, supports people with complex disabilities to access arts and culture in a meaningful way, and artists to make their work accessible. Sense Arts provides music, visual arts and performance programmes, training and mentoring opportunities and, recognising the importance of lived experience, is working to increase employment opportunities for artists with disabilities within the programme[318].

Creative health and cognitive decline and dementia

There is very strong evidence for the benefits of creative health in delaying the onset of cognitive decline and in mitigating the symptoms of dementia. This will be increasingly important as the number of people diagnosed with dementia in the UK is expected to rise from almost 1m to 1.6m by 2040[319]. The total cost of dementia care in the UK is £34.7bn, of which 45% is social care. The system is already struggling to meet demand, and costs are expected to triple by 2040[320]. Two-thirds of people with dementia live in their own homes, whilst 70% of care home residents live with some form of dementia[321].

Both active engagement in creative activity, such as musicmaking or dance, and cultural participation as an audience member have been linked to slower cognitive decline and a reduced risk of dementia[322]. A report commissioned by Arts Council England on Arts, Culture and the Brain cites large-scale observational studies linking cultural engagement and reduced cognitive decline and finds that arts-related hobbies can reduce cognitive decline and incidence of dementia[323]. Systematic reviews have shown that a range of creative activities, including dance, musical training, creative art and storytelling, as well as cultural engagement can influence global cognition and prevent cognitive decline in older adults[324].

The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' summarises the benefits for people living with dementia of both listening to and making music for cognition, speech, visuospacial skills and memory[325]. Singing, dance and visual arts have also been shown to have positive

effects. The arts have benefits for the social aspects of dementia including social isolation and communication, and music in particular can be beneficial for the mental health of people living with dementia, reducing anxiety, stress and depression, and reducing aggressive behaviours.

Subsequent systematic reviews have shown cognitive, social and psychological benefits from participatory visual arts[326], music-based interventions[327] and music therapy[328]. A scoping review on the benefits of community-based participatory arts activities for people living with dementia has shown evidence in support of using participatory arts for dementia, regardless of art form, with in-the-moment and person-centred approaches particularly impactful[329].

Arts activities for people with dementia have been shown to deliver good value for money. For example, a 12-week visual arts programme across residential care homes, hospital and community venues in England and Wales was found to provide a Social Return on Investment of £5.18 for every £1 invested[330].

Activities which involve people living with dementia and their carers can have positive psychosocial benefits for both parties[331,332]. Relational approaches can be used to allow people with dementia to engage with creativity with their carers, improving wellbeing through instilling a sense of agency[333], and research indicates that the arts can help to change carer attitudes by enabling the caregiver to see the person behind the condition[334].

Creative health can be a conduit to support people with dementia from cultures where dementia may be stigmatised, or where people face barriers to accessing care. There are approximately 25,000 people from black and minority ethnic community backgrounds with dementia, but this number is expected to rise steeply in the coming years[335]. People from ethnic minority backgrounds face inequalities in access to care, through cultural or language barriers, stigma, and culturally inappropriate diagnostic tools[336].

Researching the role of the arts in dementia care in the South Asian diaspora, Arti Prashar, the previous Artistic Director of participatory theatre company Spare Tyre identified a lack

of engagement from the community, related to stigma around dementia and a lack of awareness of care and support available. The research led to the development of a non-verbal multi-sensory embodied performance, co-created with people with dementia and their carers, and drawing on Indian-influenced dance and folk music, and traditional smells and sounds[337].

Grassroots community groups understand community need and working with community

Manchester Camerata – Music in Mind

Manchester Camerata has been delivering its award-winning **Music in Mind** programme for people living with dementia and their carers since 2012, working in residential care homes and community hubs to provide people living with dementia with the opportunity to engage in meaningful activity and explore their creativity.

The programme has been developed with music therapists and specialist musicians from the orchestra, combining music therapy techniques with musical improvisation. In weekly sessions, people living with dementia and their carers are invited to explore different ways of interacting with music and musical instruments.

These sessions have been found to help people to express themselves and communicate with others, and to reduce frustration, and enable new connections to be made. Research carried out by the University of Manchester has explored the benefits of this process for people living with dementia, as an 'in the moment' experience, taking away the pressure to remember, or think about what happens next.

In order to spread and scale the programme, a franchise model has been established through which music champions can be trained to implement it using pre-recorded backing music. This could be care home staff, or volunteers and carers. The music champions are trained and supported by professional musicians and music therapists, with access to a range of online tools and materials to help them sustain their own sessions and groups.

> **We have been amazed by the creativity of care homes during the pandemic. The arts can make life more meaningful and enjoyable for everyone, provided that people are given opportunities to participate in a variety of ways. Going forward we see the future of care homes as creative communities where the arts are embedded into everyday care provision for the benefit of residents, staff, relatives, volunteers and friends"**

Alison Teader, Programme Director NAPA Arts in Care Homes

members can develop the most effective solutions. If integrated into the social care system these groups could provide an important access route to services and increase the choice available to minoritised communities.

Creative health in care homes

There are around 17,000 care homes in the UK, with over 400,000 residents and 750,000 staff. Just as in the community, creative engagement in care homes is beneficial for health and wellbeing. Participatory arts have been shown to promote social relationships and reduce loneliness in older people in care homes[338], whilst live music performances provide positive social experiences, a sense of achievement and awakened senses of empowerment and identity in residents, contributing to wellbeing[339]. These outcomes translate into further benefits for the whole care home. Care home managers report positive changes in behaviour from residents, including those with dementia, improvements in interactions with staff and carers, and a reduction in the need for medication.

Age Cymru's CARTrefu programme delivers arts residencies in 200 care homes across Wales. Evaluation showed a significant impact on the wellbeing of residents, including those with dementia, and an improvement in staff attitudes towards residents[340]. A Social Return on Investment analysis also found a return of £6.48 for every pound invested over the first two years[341].

The kinds of creative activity taking place in care homes are diverse, ranging from film-making to opera, dance and movement, poetry, exploring museum collections, and circus skills. Further examples can be found via the National Activity Providers Association (NAPA) which champions arts in care homes, and runs the National Day of Arts in Care Homes. This provides a focus in care homes across the UK and motivation for staff teams and residents who have developed an array of arts projects developed around the annual themes[342].

Despite the benefits of creative health in care home settings, in the current climate, with underfunding and high levels of staff turnover, the provision of creative activities is not universal and staff are limited by time, resources and lack of specialist skills and knowledge to deliver creative activities[343]. Research by NAPA suggests that a cultural shift in understanding of the benefits of creativity in care homes along with specialist training and the more widespread partnerships between care homes and community organisations and arts providers could support more widespread availability. The extent of provision is often dependent on the enthusiasm of the care home manager, and while extremely good examples of best practice exist, a system-wide approach including both the arts and social care sectors, with leadership from the Government is required to ensure all care home residents are able to access the benefits[344]. A NAPA Manager's Guide to Arts in Care Homes is available.

Creative health and the social care workforce

It is not only residents that can benefit from creative health in care home settings. Evaluations of creative initiatives have also shown positive impacts in staff wellbeing, and in job satisfaction and retention. For example, evaluation of Wigmore Hall's Music for Life programme for people living with dementia

> **One of the things I think we are going to have to do is think about how we can make this a really great and very rich occupation for people, and I think that creativity can be a real cornerstone of that"**

Professor Martin Green OBE, Chief Executive of Care England, Social Care Roundtable

Live Music Now – Music in Care – Improving health and wellbeing for the whole care home

Live Music Now is a charity working and campaigning nationwide to create inclusive, measurable social impact through music. Programmes take place in community, healthcare, school and social care settings.

Live Music in Care provides live music sessions in residential care settings delivered by trained professional musicians to support the wellbeing of residents and staff teams. The Live Music In Care residency programme works with care homes over several months to embed musical activity into homes, building confidence and skills in staff to be able to lead music activities and to use music in their day-to-day care toolkit. In this way the programme has long term sustainable benefits for the whole care home – residents, staff and management.

"It doesn't take away from the importance of music as an enjoyable creative, entertaining activity but it adds to that. So it becomes something that supports transitions, including settling in; it's a tool to be used around moments of anxiety and distress; something that can support voice, choice and agency; and it can support individual care transactions." – Douglas Noble, Strategic Director Adult Social Care and Health, Live Music Now.

Evaluation has shown clear improvements in mood and engagement for residents. Care home staff have also reported that the activities can change the environment within the care home, and have observed positive changes in behaviours, reductions in levels of anxiety and distress and improved confidence[346], even leading to reduction in the use of medication[347]. Staff working in care homes can use music to support residents who are feeling anxious or worried.

'In the evening, they get very agitated and worried. In their reality many feel they should be going home, making partners' meals, looking after their houses and families. They think they are being held against their will preventing them from doing this…… I can bring the music back into the conversation and it brings back the feeling of peace calm and joy, and gives something in my tool bag and breaks that cycle (perhaps stopping me being hit)' - Activities Coordinator in Care Home

Developing the health and care workforce is integral to the Live Music in Care model. Training, co-planning and reflection time is built into the model of delivery led by the musicians, and standalone training opportunities are also available for professional development. Evaluation of the programme also monitors how staff build confidence and skills to deliver music activities, and how frequently these activities are carried out subsequent to the programme.

looked at how staff in care home settings experienced wellbeing in relation to remote online music sessions. Staff reported that a sense of purpose at work was an important factor of their wellbeing, and that the music sessions were able to provide this through meaningful interaction with residents and other staff members, outside of usual roles. Observing improved wellbeing in residents increased satisfaction and wellbeing in staff. Furthermore, the music sessions provided a positive, calming and relaxing space for the staff, allowing them to slow down[345].

Supporting carers
Although difficult to define precisely, it is estimated that there are 10.6 million unpaid carers in the UK, who provide the great majority of social care, with a value estimated to be £164bn a year[348]. Carers are therefore vital to the health and social care system. However, we know they face challenges financially, in relation to support in the workplace, in accessing benefits, and with their own physical and mental health.

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We did African drumming, and dance with the young people to let them free themselves and not think about the burden. Yes, they are learning a skill, but they are also giving freedom to their soul. Everyone said they enjoyed it…We fail to realise how much the arts can calm our souls when taking care of ourselves as well as others"

Anndeloris Chacon, CEO Bristol Black Carers, Social Care Roundtable

Creative health approaches have been used with carers, independently or with their cared for person, to improve health and wellbeing and facilitate social participation[349,350]. NHS England is working with the Carers Partnership to encourage social prescription as a route to address loneliness and improve health and wellbeing for carers, which could be a new route to creative activity for this group[351].

Maximising the potential of creative health

In the face of huge challenges, we need to rethink the way we approach social care. Recent policy documents and reports from organisations working in the sector have pointed to a shift towards integrated and personalised approaches, addressing the needs of the whole person in the context of the lives they wish to lead. However, in practice, social care services are struggling to meet basic needs. Creative health can play an important role in supporting people to live well, with meaning and purpose as part of a holistic approach to social care, but in order for everyone to feel its benefits we need to put in place structures that ensure it is accessible to all, in communities or in care settings.

A recognition of the value of creative health approaches in Care Quality Commission (CQC) regulatory assessment frameworks could act as a strategic driver for healthcare systems, local authorities and private care providers to prioritise provision within care settings, and create a sustainable and scalable infrastructure to support creative health practitioners working in this area. Doing so will not only improve the health and wellbeing of those accessing care, but also has the potential to positively impact the social care workforce, providing opportunities for professional

development, and could be explored as a route to address challenges in staff retention.

With many examples of good practice, and a strong evidence base to support the use of creative health in social care, we must now take a strategic and systematic approach to embedding creative health across health and social care systems. The *Power of Music* report, which highlights the vital role for music in supporting health and wellbeing, particularly for people living with dementia, proposes a Power of Music Commissioner, who will lead a governmental taskforce and develop a cross-sectoral approach to integrating music into health and social care[352]. In this report we will recommend that a cross-departmental approach is also taken to creative health more broadly, to maximise its potential across all policy areas, with social care a key theme.

Ensuring opportunities to engage in creative and cultural activities are available to all requires a cross-societal approach. The evidence shows engagement in creativity and culture has very significant benefits in particular for older adults, and that continued engagement can lead to improved health and wellbeing, supporting people to live independently for longer. There is a role for local authorities, cultural organisations, private organisations and the VCSE sector in ensuring that these opportunities are available and accessible, and those who will use the opportunities should be fully involved in their planning and co-design. This may include provision of services, supporting infrastructure such as transport, consideration of access to culture in planning decisions and appropriate cultural funding and programming. Such a whole system response can be facilitated by national level infrastructure that removes barriers to cross-sectoral partnership working, with Integrated Care Systems an important facilitator of this approach.

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There's not enough of it, and it's not everywhere. Everyone should have a right to quality creative engagement and that's not happening"

David Cutler, Director, The Baring Foundation and author of 'Every care home a creative home', Social Care Roundtable

Creative Ageing

The benefits of creative health can be felt across the life course but can be particularly relevant as we age. The UK population is ageing and there are currently over 11m people, or 19% of the population who are over 65[353]. However, the number of years spent living in good health is in decline. The number of years we can expect to live disability-free is 62.4 for men or 60.9 for women, with large discrepancies of up to 17 years between the most and least deprived areas of the country[354]. Fifteen million people currently live with a long term condition, most prevalent in older adults - 58% of over-60s have at least one long term condition[355]. It is predicted that the number of people with a major illness could increase by 37% by 2040, affecting mainly older adults[356]. This will have a significant impact on health and social care services.

Creative engagement into older age can prevent, treat and relieve symptoms across a number of physical and mental health conditions, including stroke, cardiovascular disease and respiratory disease, as described in Section 1. In relation to older adults in particular, dance has been shown to have benefits for strength, balance and falls prevention[357,358]. Meta analysis of randomised controlled trials investigating dance interventions for Parkinson's showed positive outcomes in motor function, gait and walking ability, and that dance performed better than other exercise-based interventions in improving balance and quality of life[359]. A trial is currently underway examining the efficacy of embedding English National Ballet's 12-week Dance for Parkinson's programme within NHS clinical pathways[360].

Age UK's Index of Wellbeing in Later Life found that maintaining meaningful engagement with the world around you is vital to wellbeing in later life and that out of 40 factors considered, creativity played the largest role in supporting wellbeing[361]. National Institute for Health and Care Excellence (NICE) guidelines already recommend that a range of activities are provided for older adults at risk of decline in independence and mental wellbeing, including group singing, arts, crafts and other creative activities[362].

Maintaining social connection and reducing loneliness and isolation are vital to quality of life

Breathe Dance for Strength & Balance

Breathe Dance for Strength and Balance is a 10-week dance programme, run by Breathe Arts Health Research, for adults who have had a fall or are at risk of having a fall. This programme is delivered within the Older Person's Assessment Unit (OPAU) at Guy's Hospital, London.

Patients are prescribed strength and balance physiotherapy, and they can choose this dance-based programme or the unit's exercise class. Co-design has been key to embedding this service, and Breathe Arts Health Research work in collaboration with patients, physiotherapists and artists to design and deliver the programme. Initial findings have shown that patients have seen improvements in physical function, confidence levels and independence. Of the pre- and post-assessment data collected, results show:

- 64% of patients reduced their Timed Up and Go Assessment (time taken to stand from a chair, walk 3 metres, turn and walk back to the chair and sit down),
- 74% of patients increased their gait speed (how long it takes to walk 6 metres at usual walking speed),
- 42% of patients reduced their 180 degree turn (how many steps are taken to change direction through 180 degrees),
- 61% of patients reduced their fear of falling.

and wellbeing, particularly as we age. More than 3.6m over-65s live alone and many can go long periods of time without social connection. This can have a detrimental impact on physical health, increasing the risk of heart disease, stroke and impacting immunity and can lead to poor mental health including depression[363,364]. *'Older and Wiser – Creative Ageing in the UK'* identifies social connectedness as one of the key beneficial impacts of engaging with creativity in later life[365].

Cultural engagement is also important. Cultural participation is linked to positive emotional experiences, greater self-esteem and confidence,

and an improved ability to deal with negative life events[366]. A review of 70 peer-reviewed studies into the role of cultural participation in supporting wellbeing and social connection for older people found good qualitative evidence that engaging in culture led to opportunities for social interaction and fostered feelings of belonging and inclusion[367]. A survey of over 55s found that a significant proportion of people recognise the value of cultural engagement for their wellbeing, in particular outdoor historic parks, gardens & heritage (53%), and indoor galleries/museums/ heritage (42%)[368]. However, engagement drops after 75. Cultural institutions and heritage sites can provide evidence-based programmes that can foster wellbeing and social inclusion for older people, and people living with dementia and their carers[369,370,371].

There are inequalities in cultural engagement in older adults in relation to ethnic background, rurality and socioeconomic background. In order to avoid reinforcing health inequalities, opportunities for creative and cultural engagement in older age must be culturally appropriate and available to all. Examples cited in the Baring Foundation report '*On Diversity and Creative Aging*' include multisensory programmes in celebration of Windrush Day, Chinese block printing, and dance activities based on Bollywood, Flamenco and African dance. It cites examples of programmes to meet the needs of those less likely to access creative ageing including men, people with a disability and the LGTBQ+ community[372]. CADA has investigated this in relation to the South Asian diaspora and found that in addition to the physical and mental health benefits, the arts can be used to address stigma and taboo subjects and tell the stories of the diaspora. It finds that programming South Asian arts and culture can attract audiences from all cultural backgrounds and connect older people with a shared history of place, work and community[373].

GemArts – Feel Good Women's group

GemArts, based in Gateshead, is a nationally recognised leader in the South Asian and diversity arts sector. Their Arts, Health and Wellbeing programme, 'Cultural Threads' works with artists across diverse artforms and communities living in Gateshead and Newcastle, using creative engagement to reduce isolation and loneliness. As part of this programme, their Feel Good Women's Group works with older women, particularly those from minority ethnic communities who may face barriers to accessing healthcare, and who may be at greater risk of isolation.

Cultural Threads enables participants to develop new creative skills which are culturally relevant, overcome barriers to talking about issues, celebrate their culture and identity, improve health and wellbeing, and consequently empower them to take control of their lives and plan for a more fulfilling future. The group engage in varied creative activities, facilitated by professional artists, and recently displayed their decorative artwork at the Baltic Centre for Contemporary Art in Gateshead during GemArts Holi Festival celebrations, attracting over 5000 visitors. This further provides a sense of confidence and pride.

 "This project, it means a lot. I feel good when I meet people and hear their stories and get to share my stories. And if you are suffering you feel like you are not alone. You feel more relaxed and like "I am not the only one feeling these things". When you share it here it really helps. You get it out and people are sympathetic. Our group is a very helpful group. Being welcomed makes me feel good. The staff are very good. I always feel like coming to the session each week. I like to draw something or colour something. When you see someone else do it you feel inspired in the group." – Feel Good Group participant

3.5 End of Life Care and Bereavement

Key Points

Creative health supports people at the end of life, providing relief from symptoms and pain, improving quality of life, and providing psychological and spiritual support for the individual and their friends, family and carers. Creative health approaches are used as part of bereavement support and can help to normalise conversations around death, dying and bereavement.

With demand for end of life care increasing, a high level of unmet need, and inequalities in access, policies and frameworks are moving towards a more personalised, integrated and community-based approach. Creative health can be a valuable resource, improving the quality of service and relieving pressure on acute services.

Creative health is also an important component of a public health approach to end of life care and bereavement, fostering community-based and social support.

Challenges in end of life care and bereavement

There are longstanding inequities in access to end of life care and quality of care. It has been estimated over 100,000 people that could benefit from palliative care die each year in the UK without receiving it[374]. Due to an ageing population and an increased number of people living with complex and multiple long term conditions, demand for palliative and end of life care is expected to rise by at least 25% by 2040[375]. The increased cost for hospice services alone could rise to £947m per year over the next ten years[376]. The majority of deaths take place in hospitals, and the majority of end of life care takes place in acute settings, which struggle to provide a 24/7 service[377].

Outside of acute and hospice settings, provision of end of life care can be limited and there are inequalities in access particularly for those from deprived or minoritised communities[378,379]. Persistent inequalities have been observed in hospice care for people aged over 85, ethnic minorities, people with non-cancer illnesses, and people living in rural or socially deprived areas. Barriers include institutional cultures, particular cultural needs, and a lack of public awareness of available services[380]. Although community care at the end of life can be more cost-effective than hospital provision, and many people express a preference to remain in their own homes, adequate infrastructure and workforce capacity is currently lacking[381]. A large proportion of home-based care is provided by unpaid friends and family members.

Policies and frameworks including the National Palliative and End of Life Care Partnership Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026[382] (hereafter National Framework) and the NHS Long Term Plan emphasise the importance of personalised care and empowering patients to improve the quality of end of life care. Creative health has an important role to play in this approach.

The National Framework recognises that good end of life care must incorporate family, friends and carers and include bereavement and pre-bereavement care, and that this should also be personalised to individual needs. The UK Commission on Bereavement identified barriers to accessing formal bereavement support either through lack of knowledge of what support was available or how to access it, or because the required support was not available. This could be due to a lack of funding for statutory bereavement

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>
> *Artists have an important role to play here, because they can offer a different kind of language, a language of metaphor, perhaps a non-verbal language, a visual vocabulary, that can express something of this emotional landscape"*
>
> *Anna Ledgard, End of Life Doula, End of Life Care and Bereavement Roundtable*

> "Creativity is a profoundly important part of what it is to be human. For many of the people we see at Pilgrims their sense of self has been stripped away by illness. They often come to us feeling like they are a diagnosis, a set of symptoms, defined by their treatment, or lack of it. Often they are unable to engage in activities that gave their life meaning and helped form their self-image. So I believe that engaging in creativity can help give them back a sense of themselves as a whole human being, that sense of agency...and hopefully a little joy"

Justine Robinson, Therapies and Wellbeing Manager, Pilgrims Hospice, End of Life Care and Bereavement Roundtable

services, lack of training, lack of data on need and service provision or insufficient coordination between VCSE and statutory services[383].

Creative health at end of life

People nearing the end of life often experience pain, fatigue, anorexia, shortness of breath and anxiety[384]. Palliative care in the form of medical interventions and rehabilitative approaches can reduce symptoms. The WHO scoping review '*What is the evidence on the role of the arts in improving health and wellbeing?*' cites studies that have found music and arts therapies can also help to alleviate physical symptoms and decrease pain, as well as regulating heart rate and assisting with troubled breathing. Arts participation has been linked to lower levels of fatigue[385].

End of life care incorporates elements of social, psychological, and spiritual care. The APPG on Arts Health and Wellbeing inquiry report '*Creative Health*' provides a wealth of evidence and examples of the ways in which creativity has been used as a means of communication, often non-verbal, to facilitate the expression of difficult emotions, to help people come to terms with their own mortality, or that of a loved one, and to find meaning amid suffering, loss and death. Creativity can provide a sense of control and self-determination. It can provide people with the tools with which to reflect

on their lives, and also provide a lasting legacy, which can provide comfort to friends, family and carers[386]. More recently the use of digital technologies for legacy-making has also been explored[387].

According to the WHO scoping review the arts 'provide opportunities for communication and emotional expression and facilitate a cognitive reframing of the illness experience[388]'. Arts engagement can enhance social interactions, fostering a sense of community within care settings and improving relationships between those at the end of life and their family members and carers. In terms of spiritual satisfaction, the arts can provide comfort and meaning. Arts therapies, in particular, have been shown to have mental health benefits for people at the end of life, resulting in lower levels of distress, sadness, anxiety and depression and improved wellbeing[389]. A subsequent systematic review of artist-facilitated arts engagement in palliative care also found beneficial effects including a sense of wellbeing, a newly discovered, or re-framed, sense of self, and connection with others[390].

Arts and music therapies are used widely in end of life care settings, particularly hospices. According to the International Handbook of Art Therapy in Palliative and Bereavement Care, the broad aims of arts therapy in this context are to facilitate the process of adjustment for the patient following diagnosis, to promote the process of rebuilding a new or renewed sense of self, and to provide the patient and those around them with the resources to cope[391].

The benefits of creativity in end of life settings are not limited to patients. A number of studies have shown that the positive impacts can also be felt by families and end of life care staff[392,393].

The '*Creative Health*' report sets out the importance of hospital and hospice architecture and design in relation to end of life care[394]. Providing space for patient-produced artworks to be displayed can also add to a sense of identity and agency. Sensory rooms have been used with people at the end of life and have been shown to improve wellbeing by enabling reflection and reconnection[395], whilst therapeutic gardens and horticultural therapy are important in improving wellbeing in hospices[396].

Advance Care Planning

Advance Care Planning (ACP) allows people to communicate their wishes as part of a personalised and holistic approach to end of life. According to a co-produced set of Universal Principles for Advance Care Planning it is 'a voluntary process of person-centred discussion between an individual and their care providers about their preferences and priorities for their future care, while they have the mental capacity for meaningful conversation about these'[397]. The National Framework emphasises that although participation in advanced care planning must be voluntary, the offer should be universal. There are barriers to ACP including public understanding and awareness, patient engagement, and knowledge and competency of healthcare staff[398].

Creative and arts-based approaches have been used to improve access to advance care planning in populations that face inequalities in end of life care. The No Barriers Here approach, originally developed to improve access to end of life care for people with learning disabilities, uses co-produced creative workshops to guide people through the advance care planning process and conversations about end of life, with less focus on verbal interaction[399]. A community-based action research project is now underway to explore its use with minority ethnic groups[400]. The process also incorporates training for healthcare professionals.

Creative health and bereavement

In addition to creative engagement in end of life, which can support both patients and their loved ones to process a life-limiting diagnosis, arts and music activities for families following bereavement can support coping, support the maintenance of stable mental health, help in the development of support networks, facilitate the continuation of bonds with the deceased, enhance meaning-making and reduce sadness[401]. These activities can also support staff in providing empathetic and compassionate care. Music therapy has been used with people who have experienced bereavement to facilitate the expression of emotions and explore concepts of grief, to provide emotional release, to foster a sense of reconnection with the self or with the lost loved one, to facilitate reminiscence and as an opportunity for social support[402]. Within this, activities such as group singing have been used to

End of Life Care and Bereavement – The Weston-super-Mare Community Network

The **Weston-super-Mare community network project**, led by the Palliative and End of Life Care Research Group at the University of Bristol, and part of the Mobilising Community Assets to Tackle Health Inequalities research programme, harnesses creative and community assets to tackle inequities in end of life care and bereavement support and mitigate social isolation and loneliness. The project, which recognises that those living in the poorest areas of the country are less likely to access end of life care or bereavement support, consists of several workstreams of activity supporting collaboration between the local integrated care system, people with lived experience and people providing community assets, including arts and culture initiatives. Outcomes include generating community knowledge, commitment, capacity and outputs that will help counter these inequities.

Through a series of creative workshops participants have explored techniques to facilitate discussions on death and dying and received training in techniques such as **No Barriers Here**, which uses arts-based methods to facilitate conversations about death, dying and advance care planning, and **Grief Gatherings**, small, free informal discussion groups about grief and loss.

As part of the project, collaborators coproduced events and activities for **Good Grief Weston**, a festival held in May 2023 in partnership with **Super Culture**. The festival draws on the approach of **Good Grief Festival**, founded by project lead Dr Lucy Selman in 2020, which aims to open up compassionate conversations around death and bereavement. In Weston-super-Mare, the event included a range of creative workshops and performances including a 'grief rave', film, music, comedy and theatre, and a large-scale community arts project of more than 800 forget-me-not flowers created by members of the community in tribute to those they have loved and lost.

help people to process grief as part of bereavement support therapy services, and have been shown to improve mood, and provide social connection[403].

The UK Commission on Bereavement report, '*Bereavement is Everybody's Business*' finds that increased awareness of bereavement in society can help people to share their experiences and support each other through loss[404]. Informal networks of support such as death and grief cafes and compassionate community initiatives, as well as awareness-raising initiatives such as the Good Grief Festival help to bring people together[405]. Creative approaches are often a key part of such initiatives.

Public health approaches to death, dying and bereavement

Public health approaches to palliative care place a focus on community-based and social support

Still Parents – Life after baby loss

The Whitworth Art Gallery and Manchester SANDS (Stillbirth and Neonatal Death Society) have partnered on an award-winning project, providing a creative outlet for parents who have suffered the loss of a baby during pregnancy or just after birth. It is estimated that one in four pregnancies end in loss during pregnancy or birth. However, the subject is not often spoken about, and this can lead to stigma and shame for those who experience loss. **Still Parents** aims not only to support parents through their bereavement, but also to open up conversations about baby loss more widely.

Participants come together monthly at the Whitworth Art Gallery in Manchester, drawing on the museum's collections and using creativity to explore and express their feelings in a supportive community. The sessions, led by professional artists in a range of media, focus on making rather than talking, and conversations arise as a result of the art-making.

"There comes a point where you've talked about it so much that you need something else. So having that physical thing to hold onto, to make something once a month, it made a huge difference to me." - Participant in Still Parents, End of Life Care and Bereavement Roundtable

The programme led to a public exhibition '*Still Parents: Life After Baby Loss*' - an honest and powerful portrayal of baby loss told by those who have experienced it first-hand. It displayed artworks produced by participants alongside pieces from the collection, selected by participants, which resonated with their stories. These stories and the participants voices helped to personalise the statistics around baby loss and raise awareness. The exhibition helped break the silence surrounding baby loss and has become a catalyst for open conversations. Visitors have described the space as a positive, healing space, essential for building empathy.

The Whitworth is situated opposite Manchester's largest maternity unit and Tommy's, the largest stillbirth research centre in the UK. Throughout the project there has been regular contact with the bereavement midwives and counsellors at the hospital who advocate for the workshops and regularly refer bereaved families to the Still Parents programme. In 2023 the Whitworth was awarded funding from the Rayne Foundation to develop a new strand of work called Still Care focussing on midwives and other health professionals and their experiences of baby loss.

Still Parents and Still Care model a new, collective and creative approach to bereavement support that expands on and complements traditional, clinical provision. For the partners Manchester Sands, Still Parents has enabled the charity to scale-up their work, to increase public awareness and understanding of the role of arts in health and to embed more creative practice into the support mechanisms they currently use.

for end of life care. Creative health providers and cultural institutions can be integral.

By community, we mean not merely community services or volunteers but members of neighbourhoods, faith groups, workplaces, schools, local government agencies, as well as sporting clubs, and cultural organisations such as galleries and museums. Death, dying, loss, and caregiving are experiences that occur within these kinds of community contexts, each providing love and support, practical care, policies for support, or educational experiences[406]."

The 2022 Lancet Commission on the Value of Death proposes a new vision for death and dying, with greater community involvement alongside health and social care services, and increased bereavement support. The five principles of the vision are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common; and death is recognised as having value[407].

Creativity can be used to raise awareness and spark discussion around death, dying and bereavement. This could be through an exhibition or event, or a participatory intervention. For example, storytelling has been used as an intervention in schools to explore conversations around end of life[408]. Creative approaches can also be used with specific populations facing inequalities, providing culturally appropriate ways to address death, dying and bereavement, thereby beginning to address inequalities.

Maximising the potential of creative health

In shifting towards such an approach, more people will be able to access the care and support they need in the community and will be empowered to make decisions about their end of life care, and how they wish to spend their time. Creative health, as a personalised approach to end of life care and bereavement, will support services to meet the aims of the National Framework, and may reduce the burden on acute care settings.

In order to achieve this, sufficient resource must be available for community and hospice care, and people must be able to access creative opportunities when and where they need it. Currently, with community-based end of life care services experiencing funding cuts, and inequalities in provision, there is a risk that creative activity, though demonstrably important to people at end of life, can become an add-on rather than part of a core offer.

Integrated Care Systems offer the potential to embed creative health into end of life care pathways, bringing together the NHS, local authorities, the VCSE, cultural institutions and creative practitioners as part of a collaborative approach which will allow people to be easily directed to the kind of support they may most benefit from during end of life or bereavement.

"

When you are in this space, it's hard to know which way up you are, let alone what might be beneficial as some sort of activity. Any offer has to be made incredibly easy to access: it needs to be signposted by the places we might already be finding support (e.g. Cruse, Maggie's Centres, Counselling); it needs to be accessible (right across the country); it needs to be funded, and there should be a menu of options - group or individual"

Phillipa Anders, Lived Experience Speaker, End of Life Care and Bereavement Roundtable

04
Implementing Creative Health

**Mindsong Music Therapy,
Gloucestershire Creative
Health Consortium**
© Ruth Davey

Arts interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions[409]"

World Health Organisation (WHO) Regional Office for Europe, 2019

We have seen the strengthening body of evidence supporting creative health, and the benefits it has had for individuals, communities and systems when applied to address challenging topics in relation to health, social care and inequalities. We must now look at how to spread, scale and support this work, to ensure that it is available equitably across the country, and applied more widely in order to maximise its potential.

There has been increasing interest from policymakers internationally in the role of creativity and culture in supporting health and wellbeing and tackling health inequalities. Following the publication of the WHO scoping review 'dlsqWhat is the role of the arts in improving health and wellbeing?' in 2019, the WHO's Regional Office for Europe recognised the potential of the arts to tackle complex health challenges and contribute to the UN's Sustainable Development Goals. It recommends that governments take an intersectoral approach to realise this potential[410]. Meanwhile, the European Commission-funded Culture for Health programme is a multi-partner project investigating the role of culture and the arts in improving wellbeing, with the aim of influencing EU policy across health, culture and social policy[411]. A recent scoping review of 172 global policy documents looked at how policymakers are exploring the relationship

between arts and health and found that 'the most promising and concrete commitments are happening when health and arts ministries or agencies work together on policy development[412]'. Existing examples include Australia and USA at federal levels, and nationally in Greece, Finland and Ireland. One of the most concrete commitments to arts and health in policy was found to be in Wales, where a strong partnership has been established between the Welsh NHS Confederation and the Arts Council of Wales.

Leadership at all levels of the system is required to establish a thriving creative health sector. In this section we will explore examples of where this is emerging and consider what more could be done at national level to enable more widespread implementation of creative health.

4.1 Cost and Value - The Economics of Creative Health

To widely implement creative health, we must demonstrate that the approach offers good value. This report makes the case for creative health as a personalised and holistic approach to health and wellbeing, one which can reduce pressures on health and social care systems, help to address health inequalities and contribute to productivity, by keeping people healthier for longer.

In addition to the impact on the individual, we know that poor health and wellbeing are detrimental to economic growth and productivity. Inactivity in the labour market has risen sharply since the pandemic, attributed largely to long term sickness. This, accompanied by an increase in ill health amongst those in work, is considered a risk to fiscal sustainability, simultaneously reducing productivity and economic growth prospects, whilst increasing health and welfare costs[413,414]. With the prevalence of major health conditions expected to rise considerably over the coming years, the situation is unlikely to improve without action[415].

Up to 40% of the burden on health services is thought to be avoidable through preventing the onset of chronic conditions[416]. Despite this, NHS spend on prevention remains minimal, whilst cuts have been made to funding that addresses the social determinants of health, including to local authorities and, in real terms, the public health grant[417]. A shift in focus from an illness to a wellness model, along with investment in prevention, will help to mitigate the impact on the future economy, and reduce the expected burden on the NHS[418]. Creative health will be an important component of this approach.

In creating the conditions for creative health to thrive, we not only add value through the direct benefits to health. Investment in creativity and culture supports the UK's vital creative industries sector, which generates £108bn annually[419]. Cultural placemaking and investment in the arts in historically underserved areas form part of the levelling up agenda, in which narrowing the gap in health and wellbeing outcomes is considered a key driver to improving the UK's productivity.

Funders and commissioners must also be convinced of the value of creative health to their systems, and the long term benefits of investing their limited budgets for future gain. In systems that have already embraced creative health, value has been added by a switch from project-based to routine commissioning of services, and innovative commissioning models have emerged that combine the strengths of local creative health providers, with benefits to patients and the system.

Articulating the value of creative health

Creative health operates within complex systems, and a creative health intervention can have multiple outcomes for individuals, often going beyond the direct health impacts to improve quality of life. These outcomes can manifest over the short, medium and long term.

Effective as a specific intervention for a range of clinical conditions, creative health can serve as a complementary or alternative non-clinical practice in management, treatment and recovery. It has an important function in secondary prevention, supporting the increasing number of people living with one or more long term conditions to manage their health, and reduce reliance on both primary care and acute care services. Applied as part of an upstream approach to health, in which creative and cultural opportunities are available to all as part of a flourishing community ecosystem, creative health can prevent the onset of ill health and improve wellbeing. Given this complexity, it can be challenging to measure and articulate the true value of creative health. Nevertheless, a number of economic analyses have been carried out on creative health interventions which indicate that it can be a cost-effective approach, with significant wider social value.

Healthcare utilisation

Creative health and social prescribing (commonly including creative health activities) can lead to reductions in healthcare usage (e.g. GP appointments, A&E attendance, medication). For example, arts on prescription schemes have been estimated to give a Return on Investment (ROI) of £2.30 for every £1 invested, with savings occurring in health service usage and unnecessary prescriptions[420]. A review of the evidence and cost implications of social prescribing found an average 28% reduction in demand for GP services following referral to social prescribing, and an average 24% fall in attendance at A&E[421], whilst a more recent controlled study found a 40% decrease in GP appointments at 3-month follow-up[422]. Extrapolating from this study, the National Academy for Social Prescribing (NASP) has estimated an annual decrease of 5m GP appointments due to social prescribing[423]. Similarly, the Open Data Institute has

estimated, based on national datasets, that social prescribing could release up to 8m GP appointments per year[424]. Access to healthcare datasets has facilitated larger, controlled studies. One such study of a social prescribing scheme found a 27% reduction in secondary care costs for those who participated in the scheme compared to a control group, equating to an annual saving of £1.56m[425]. Statistical modelling can also be applied to datasets to predict where cost savings may occur. This approach, using data from an area of high deprivation, indicated a reduction of £77.57 per patient per year for patients most engaged with social prescribing[426].

Cost-effectiveness analysis

Cost-effectiveness analysis calculates the costs involved in achieving non-monetised outcomes. In healthcare, this outcome is often a QALY (Quality Adjusted Life Year). A QALY combines a range of health outcomes into an adjusted measure which incorporates both length and quality of life. The National Institute for Health and Care Excellence (NICE), uses a cost-effectiveness threshold of £20K to £30K per QALY to assess whether a new therapy should be recommended. This approach has been used to measure cost-effectiveness in creative health and social prescribing programmes. For example, a randomised controlled trial assessing cost-effectiveness of community singing on quality of life of older people found that the intervention was effective and at a threshold of £20,000 was 60% more likely to be more cost-effective than usual treatment[427]. Evaluations of social prescribing programmes (including creative activities) have also employed this approach. In Doncaster, the estimated cost/QALY gained in a social prescribing programme was £1,963, equating to benefits to the system valued at £1.83m, or £10 per £1 spent[428].

Social Return on Investment (SROI)

Incorporating broader social value into economic analyses can be more complicated, but to not do so would undersell the potential of creative health. Social Return on Investment allows for the wider societal benefits of an intervention to be considered in the analysis, and incorporates a range of stakeholders, including participants, in the identification of measurable outcomes. It is therefore a useful measure of value for creative health interventions. An evidence summary produced for the Department of Culture, Media and Sport (DCMS) on the role of the arts in improving health and wellbeing found that arts-based social prescribing programmes have shown SROIs of between £1.09 and £2.90 for every £1 spent[429]. A recent review of the economic impact of social prescribing for NASP finds that where a broader range of outcomes are considered as part of an SROI the results are consistently favourable. Included studies showed an SROI ranging from £1.09 to £8.56 per £1 invested[430].

> **A range of creative health activities have demonstrated a positive SROI. For example:**
> - The Dementia and Imagination Study, a 12-week visual arts intervention with older adults with mild-severe dementia in residential care homes in England and Wales found a SROI of £5.18 per £1 invested[431].
> - The House of Memories Family Carers programme, which uses museum objects to supports carers to engage with people living with dementia found an SROI of £18.73 per £1 invested over a 5 year period[432].
> - A 2019 SROI of arts activities for older people in residential care homes found a SROI of £1.20 for every £1 spent[433]. cARTrefu, a programme offering arts activities for older people in residential care was found to deliver a SROI of £6.48 per £1 invested[434].
> - An evaluation of Craft Café, a community-based initiative for older people in areas of multiple deprivation in Scotland reported an SROI of £8.27 per £1 invested[435].
> - A Men's Shed initiative in Scotland estimated a SROI of £10 per £1 invested[436].
> - An economic evaluation of Helium Arts, an Irish organisation providing arts-based workshops for children with lifelong physical health conditions reported an SROI of €1.98 per €1 invested[437].
> - A study of the impact of children's participation in circus-arts training on mental health and wellbeing in the USA calculated a SROI of $7 per $1 invested[438]

A scoping review of SROI of mental health-related interventions, including arts-based interventions, found the approach to be a useful tool to inform policy and funding decisions for mental health and wellbeing, incorporating the social, economic and environmental benefits. The arts-based initiatives included in the study reported SROI values between £3.31 and £9.30 for each £1 invested, and included activities such as taiko drumming, community-based arts activities, and circus skills[439]. SROI can also be used to assess the wider impact of a cultural institution. For example, an SROI of the Turner Gallery in Margate evidenced the social impact of the gallery and provided evidence for the use of the arts as part of a regeneration strategy. Over one year, for every £1 invested, the gallery generated £4.09 in wider social value[440].

Valuing wellbeing

We have seen evidence of the positive impact of creative health on wellbeing. Although a developing area, value can be attributed to this wellbeing impact and wellbeing evaluation is incorporated into the HM Treasury Green Book guidance on appraisal of projects and programmes. WELLBYs (Wellbeing Adjusted Life Years) offer a single unit through which to make comparisons between programmes or interventions in a similar way to QALYs but incorporating wider social impacts beyond healthcare. Wellbeing measures are collected routinely by the Office for National Statistics (ONS), and therefore national comparisons can also be made.

Work carried out as part of the AHRC Cultural Value Project employed wellbeing valuation techniques to assess the economic value of cultural institutions and estimate the amount of money that would generate the same effect on an individual's wellbeing as cultural engagement. The research found a strong positive association between activities in cultural institutions and wellbeing and calculated a value per visit of £6.89 for the Natural History Museum and £7.13 for Tate Liverpool[441].

The value of place-based creative health

Wellbeing can also be a lens through which to consider the value of place-based approaches which incorporate creative health. A recent review by the What Works Centre for Wellbeing

> ❝
> *We need more agreement at a high level between key government departments, policymakers and funders around what economic evidence is required for them to accept that creative health approaches do deserve equal recognition, in many cases, to medical approaches*❞

Dr Marie Polley, Director, Marie Polley Consultancy and Co-lead, International Evidence Collaborative, National Academy of Social Prescribing, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable

synthesised the ways in which place-based arts initiatives add social value through improving wellbeing and suggests that a wellbeing lens offers the opportunity to assess the social impact of creative health at individual, community and national levels, including the links between arts and culture, wellbeing and health inequalities[442]. This approach is being incorporated into evaluations of place-based cultural initiatives such as Cities of Culture[443]. Similarly, the Centre for Cultural Value will research the impact of Leeds 2023, a year-long programme of culture, with a focus on happiness and wellbeing[444].

Investing in culture in place will have wider impacts relating to the social determinants of health. The Local Government Association Commission on Culture and Local Government considered the role of culture in sustainable and inclusive economic recovery as one of its key themes, providing case studies highlighting how culture has been central to the regeneration of high streets and in growing local commercial economies[445]. Initiatives such as Arts Council England's Creative People and Places, and a focus on cultural placemaking as part of the levelling up agenda, also offer opportunities to highlight the direct local economic impacts of creative health. Whilst the main aim of Creative People and Places is engagement with arts and culture, case studies have demonstrated indirect economic impacts through partnerships with local businesses, bringing visitors to the area, use of public space, and development of skills for local people[446]. Historic England have also begun to develop a bank of values to articulate the wider value of

heritage to society, identifying benefits to health and wellbeing, education, social cohesion and local economic development. Part of the approach will include wellbeing valuation, offering further opportunities to demonstrate the value of creative health in economic terms[447].

Making the case to policymakers

There are a range of approaches that can be employed to demonstrate the cost-effectiveness of creative health and methods that can take into account wider social impacts and articulate the full value of creative health interventions. This needs to be presented in a way that is useful to policymakers and commissioners. Given the benefits across departmental remits, a cross-departmental strategy on creative health should include a shared outcomes framework, including a consistent approach to measuring the economic impact of creative health.

Cultural and heritage assets can be undervalued when using existing approaches to measuring public value, as there is no consistent approach to measuring the wider social impacts. The DCMS Cultural and Heritage and Capital Framework will provide a means through which cultural and heritage assets can quantify their economic value in a way that conforms with the Treasury Green Book standards, including value not incorporated in market prices such as health, wellbeing and wider benefits[448]. The framework will be used to inform and justify investment in culture and heritage as well as decisions which impact upon it, and will help to demonstrate the value for money of investment in culture for health and wellbeing outcomes in a consistent way.

The HM Treasury preferred approach to economic valuation is Social Cost Benefit Analysis, which expresses all costs and benefits in monetary terms to establish value for money. Whilst wellbeing measures can be incorporated into this valuation, we would encourage the Treasury, and the Government more widely, to take a broader definition of value, and consider the long term benefits of investing in creative health as a holistic and preventative approach. We know that creative health can make savings for systems through reductions in healthcare utilisation and can

Further Research

The evidence to date indicates that creative health (including creative health as part of a social prescribing pathway) is cost-effective and adds wider social value. Further rigorous economic evaluation is desirable to improve our understanding in this area. Larger scale, long term, controlled studies which analyse the full economic impact of creative health will strengthen the evidence base and help us to understand which populations can benefit most, and where resources should be directed. Economic analysis can be complex and requires specific expertise. Much of the creative health sector is small-scale and may lack the capacity and experience to carry out this analysis. Resource and support for long term economic evaluation should therefore be incorporated into funding and commissioning processes. There is also a role for creative health infrastructure organisations, including NCCH, to work with the sector to develop a consistent economic outcomes framework, and build partnerships with academic partners and policymakers to support the development of methodologies that can accurately assess the long term impact and articulate this in a way that is useful for policymakers.

improve productivity and support local economies. Wellbeing economics, in which national prosperity is considered in terms of the life satisfaction of the population and public policy decisions are guided by the impact on wellbeing of current and future generations, is one way through which the wide-ranging benefits of creative health could be fully recognised in policy decisions[449]. Scotland and Wales are already part of a group of nations aiming to develop wellbeing-focussed economies, along with New Zealand, Iceland, Canada and Finland.

Funding and commissioning creative health

The creative health sector is diverse, incorporating major cultural institutions and healthcare organisations as well as grassroots community groups. A large proportion of those working in creative health are small community-based

organisations or freelance practitioners. The 2023 Creative Health UK State of the Sector survey indicated that the majority of funding for creative health work comes from UK Arts Councils or independent trusts and foundations, along with the National Lottery, with smaller amounts from local authorities and the NHS[450]. Whilst it is estimated that between one-third to half of the creative health workforce work in partnership with the NHS, few receive funding directly from the NHS. The situation is different in Wales where joint investment into creative health capacity building has been very successful and this will be explored in more detail in Section 4.2.

Whilst we have shown that creative health can offer value for money, it should not be considered simply as a cheap alternative to traditional biomedical approaches. Rather, we suggest that investment in this rapidly developing sector is necessary in order to fully realise its potential. This should include investment in the creative health infrastructure, to support the professional development and wellbeing of practitioners in the sector, and the development of sustainable partnerships between community and grassroots organisations and systems.

Creating the conditions for creative health to thrive relies on a wide range of stakeholders, including grassroots providers, philanthropy, private business, local government, the cultural sector and health and social care. Equally, the benefits will be cross-sectoral. Partnerships should be encouraged, and mixed funding streams with shared outcomes may be the most effective approach. This should be modelled by a cross-departmental approach at government level, which reduces the risk of siloed investment. There are positive examples of this sort of approach in practice. The Ways to Wellness programme in Newcastle is a social prescribing programme funded by a social impact bond originally commissioned by the local NHS Clinical Commissioning Group, as well as National Lottery funding and the Cabinet Office's Social Outcomes Fund. This outcomes based funding model provides upfront funding from private enterprise, to be repaid once outcomes are met, meaning that innovative projects can be trialled without risk to public funds. The programme, which aims to improve wellbeing and reduce hospital admissions for people living with a long term

> **"**
>
> *I want to make the case for trust in the evolving body of evidence that already exists, and investing in the expertise that is already in the sector, and that means the sustained core and infrastructure costs, to build a representative workforce that is able to meet the new demand and help turn that expertise into leadership"*
>
> *Victoria Hume, Director, Culture, Health and Wellbeing Alliance, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

condition in deprived areas of the city, has reported improvements in wellbeing for 86% of participants over the first six years, with a 27% reduction in secondary care costs per patient[451]. This equates to £4.6m in savings to the NHS over five years, with net savings of £1m after service delivery costs and repayment of the social investment bond. This could therefore be an important route to financing interventions which focus on prevention.

The Green Social Prescribing programme, a £5.77m investment aiming to improve mental health through activities in green space is a joint initiative between, The Department for Environment, Food and Rural Affairs (DEFRA), the Department of Health and Social Care (DHSC), Natural England, NHS England, the Department for Levelling Up, Housing and Communities (DLUHC) and supported by Sport England and the National Academy for Social Prescribing (NASP). The seven test and learn sites are funded through HM Treasury's Shared Outcomes Fund, which facilitates collaboration on priority policy areas that require a cross-sectoral approach.

Where creative health programmes form part of specific care pathways, it is more common that providers are commissioned by NHS trusts or local authorities. In this context, funding is often short term and project-based, covering delivery costs but failing to recognise the core costs of the provider. This kind of funding model precludes the opportunity for evaluation, iterative service design and the scale and spread of successful initiatives. These barriers to integration into healthcare systems are recognised by the VCSE sector

Commissioning creative health – One Gloucestershire's approach

Gloucestershire has a long history of supporting creative health initiatives. Building on the work of some early clinical champions of arts in health, and a strong local arts sector, the former Clinical Commissioning Group (CCG) was able to explore and expand creative health commissioning through the Arts Council England Cultural Commissioning Programme and has since embedded cultural commissioning more fully into its approach. Gloucestershire is one of four NCCH Creative Health Hubs, which have explored how best to create the conditions for creative health to thrive at ICS level.

How and why has creative health been embedded into Gloucestershire ICS?

Creative Health in **Gloucestershire ICS** falls under the Enabling Active Communities programme, and is conceived of as 'a continuum of intervention to meet a continuum of need'. This recognises the role of the ICS in not only tackling clinical conditions for which the NHS is directly responsible, but also addressing health behaviours and the psycho-social and wider determinants of health which account for a large proportion of ill health. Gloucestershire recognises a role for the ICS as an anchor organisation to address health and wellbeing across this spectrum, with creative health having a role to play across all domains.

Cultural commissioning in Gloucestershire is sometimes considered 'social prescribing plus', with the population able to access creative health not only through arts on prescription, which connects people to community initiatives to address a non-medical need, but also part of a universal health and wellbeing offer to the population and as part of care pathways providing a non-medical intervention to address a clinical need.

A range of creative health activities have been co-produced with patients, artists, clinicians and commissioners to address specific needs, and have shown positive impacts for both patients and the system. For example, visual arts, circus skills and music making have been used with children and young people with long term mental health conditions to improve adherence to medication but also to improve psychological wellbeing, self-esteem, confidence and social connection. This programme, delivered by **Art Shape**, **Artspace Cinderford** and **The Music Works**, reduced anxiety for participants, and led to significant reductions in healthcare utilisation post-intervention. **Mindsong's** Singing for Breathing programme, in addition to the physiological benefits to lung health, has improved life satisfaction and happiness for adult participants and reduced emergency admissions by 100% at 3 months post-intervention and 78% at 6 months. The need for out-of-hours services for this group has been reduced due to people having more confidence to self-manage their conditions.

The creative health offer is targeted at the most deprived communities in Gloucestershire, therefore also helping to address health inequalities.

Demonstrating impact

Realising a need to legitimise the approach and demonstrate impact, Gloucestershire has been gathering positive patient experiences and pseudo-anonymised patient data over the long term. They have established what they believe to be the world's largest dataset of creative health interventions by requiring all providers to input data, and supporting them to do so by building the administration costs into the commissioning process.

Whilst data collected from each intervention may be a small sample size, outcomes are generated in a consistent way across the programme, also allowing for comparison with other clinical interventions. Information about healthcare utilisation, outcome measures, attendance, referrals and demographics is collected to demonstrate overall impact to the system.

Personal stories, and the opportunity to experience the creative activities has also been vital in generating buy-in from clinicians and senior managers.

"What has been key to me, as a senior leader within my system, to build commitment to the programme, has been about building evidence at scale and over time... the key has been about building confidence in a sustained way, influencing through the dataset but also the testimonies and stories...and then building confidence around their place in the clinical intervention and the health benefits we can demonstrate." – Ellen Rule, Deputy CEO/Director of Strategy and Transformation, Gloucestershire ICB, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable

Commissioning creative health

Initially, short term pump-prime funding was available to pilot innovative approaches and build confidence in creative health. Recognising the challenges such a model can present to small providers, the CCG (Now the Integrated Care Board (ICB)) began to mainstream funding for arts on prescription programmes. The ICB is now moving towards further routine commissioning of creative health, so that programmes such as **Artlift's** Living Well with Chronic Pain are also an established part of the offer to patients and commissioned on a recurrent basis. The integrated care model has also allowed for the development of a commissioning framework for the VCSE sector to help foster more sustainable partnerships.

The long term approach to evidencing the impact of creative health has made it easier to assess the return on investment, and make the case for diverting resources upstream with a focus on prevention.

Gloucestershire Creative Health Consortium

Support from ICS leadership and commissioners in Gloucestershire has created the conditions for creative health to be effectively embedded into the system. Innovative approaches on the provider side have also helped to make creative health easier to commission, and led to an improved offer for patients as well as opportunities to increase scale and capacity.

Gloucestershire Creative Health Consortium brings together several long-standing creative health providers (Artspace Cinderford, Art Shape, Mindsong, Artlift and the MusicWorks) offering a range of creative health programmes for diverse target populations. This way of working has advantages for consortium members. Members have been able to partner on pilot projects, cooperate to reduce duplication and wastage in the system, share expertise, and find efficiencies across systems and procedures. Acting as a consortium, they can provide a coordinated offer to external partners such as the NHS and local universities. The consortium model also allows the organisations to look at progression pathways across the programmes offered – for example, someone who has benefited from Artlift's mental health programme can be more easily referred to an employment and skills service offered by Art Shape. Working collaboratively increases access to different funding sources, and initiatives can be more easily scaled up.

The NHS has invested in the establishment and running of the consortium, and benefits from the simplification of commissioning creative health.

more broadly[452]. Integrated Care Systems offer an opportunity to move towards more strategic partnerships between healthcare systems and grassroots providers.

In NCCH ICS Creative Health Hubs, where creative health has been embedded at system level, commissioning of creative health has shifted from project-based to routine provision, to the benefit of patients, providers and the system.

The collation of data demonstrating the impact of creative health over the long term has been important in making the case for continued investment in creative health. A Social Prescribing Information Standard has been introduced to support consistent data collection[455]. Within this, signposting to creative activity can be specifically recorded. This will help us to understand the extent of activity through this pathway, and identify populations which may not be accessing creative health.

As the example of the Gloucestershire Creative Health Consortium shows, alternative commissioning models such as alliance commissioning and provider collaboratives are being explored which can lead to more successful and sustainable relationships between systems and smaller providers[456]. In models such as alliance commissioning, risks and responsibilities are shared and efficiencies can be made. Providers are able to operate in collaboration rather than in competition. This could be a useful approach for creative health, whereby small organisations or freelance providers could pool their offers, enabling a wider variety of choice for service users and continuity of provision as people's needs change. It can be particularly effective as part of personalised approaches to care, where the desired outcomes of a programme can be co-produced with the end user, and programmes designed to support patients to realise outcomes that are most important to them as individuals.

Within these approaches, it is important that the creative health ecosystem is considered in the round, with resources directed to grassroots providers as well as the healthcare infrastructure that directs people to them to ensure long term sustainability.

Achieving this level of integration requires strong leadership across all levels of the system. In the next section we will explore examples of how this can be achieved, and the support required from national government to ensure that it can be replicated across the country.

"

Quite often we try to commission for outcome, but we get those outcomes wrong. We don't necessarily start with the people with lived experience, we follow what the system is telling us, and quite often those outcomes are not actually what matters to people"

Helen Sharp, Director, Ideas Alliance, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable

Workforce Training and Development

Supporting the creative health workforce

With the NHS and social care under extreme pressures, creative health practitioners can complement the health and social care workforce to reduce some of the burden. As we have seen throughout this report, a skilled creative health workforce is already maintaining people's health and wellbeing across communities and in health and social care settings. In order to realise its full potential, the creative health sector must be supported to develop sustainably, with wellbeing, training and professional development of practitioners central to this.

Creative health practitioners often come to the field as a result of their own lived experiences or creative practices. This results in a socioeconomically diverse sector, but brings risks that impact the wellbeing of practitioners, and sustainability, breadth and quality of practice[457]. Training resources such as online toolkits, short term specialist-training and one-off Continuing Professional Development courses are available. However, the Creative Health UK State of the Sector Survey reveals a desire for further development opportunities, and that resource for this be incorporated into delivery contracts. Targeted support for global majority and Disabled practitioners is also crucial[458]. Creative health practice can be complex and emotionally demanding. Professional development pathways and the identification of core competencies that could support practitioners to mitigate some of these challenges should also be built into delivery to support workforce wellbeing and resilience[459]. Equitable funding and commissioning models such as those explored in Section 4.1 could help bring this to fruition.

The Culture, Health and Wellbeing Alliance (CHWA) Creative Health Quality Framework is a new tool, developed in collaboration with over 200 artists, participants, health commissioners and researchers which identifies the key quality principles that underpin good creative health practice and provides guidance on how to use these principles in delivery[460]. As well as supporting practitioners to develop best practice, the framework can be used to underpin training

and development opportunities and guide policymakers and commissioners to ensure they support the development of the creative health workforce through funding opportunities that are equitable, inclusive and sustainable, and which build in adequate budget for practitioner support, supervision, training and evaluation.

Creating the conditions for a creative health workforce to thrive will also provide an additional, complementary source of support for healthcare providers. The NHS Long Term Workforce Plan recognises the need to shift care from acute settings into primary care and communities and sets out expansions in roles related to personalised care approaches with an increased breadth of skills in multidisciplinary teams[461]. This indicates opportunities in the near future for creative health to be more closely linked to the NHS workforce, as part of a system which prioritises prevention and person-centred care.

Training a new generation of creative health practitioners

A recommendation of the 2017 APPG on Arts, Health and Wellbeing Inquiry Report '*Creative Health*' was that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes.

Opportunities to develop skills and qualifications in creative health are increasing. This can be as an element of clinical training, as part of creative education or as a standalone qualification. University College London's Masters in Arts and Sciences (Creative Health), for example, offers students from diverse backgrounds and disciplines the opportunity to develop an in-depth understanding of creative health and learn skills in practice, policy and research to contribute to the sector.

Within clinical training, arts have been used in medical education for some time, to help students foster an understanding of patient experience, and to improve communication skills[465]. Visual arts approaches have been used to develop observational and diagnostic skills, empathy,

resilience and cultural sensitivity[466]. A forthcoming interdisciplinary scoping review investigating creativity in clinical health education has identified an important role for a range of art forms, including the use of poetry in reflective practice, theatre to build cultural competency, film to reduce stigma, particularly in relation to mental illness, and dance to support movement workshops. The review also highlights an absence of literature focussing on patient-centred outcomes, indicating that there may still be a gap in clinical education around the evidence-base for creative health and in teaching students how creativity can be used to improve health and wellbeing. Creativity also forms an important part of the training of some Allied Health Professionals, in particular Art Therapy and Occupational Therapy.

Creative approaches have been used in medical education to humanise the patient in support of students developing person-centred approaches[467].

"As we humanise the patient, we also humanise the medical student as well" – Dr Louise Younie, GP and Clinical Reader in Medical Education at Queen Mary University of London, Workforce Development and Wellbeing Roundtable.

In addition to the development of clinical skills, engaging with creativity as part of clinical training can support students to maintain their own wellbeing. Work on the concept of 'flourishing' in medical education draws on creative enquiry to enable students to express their lived experience, explore their emotions and vulnerabilities and connect with peers. In a time when many clinicians are experiencing loneliness, burnout or anxiety, it offers an alternative to the concept of resilience and bouncing back. Flourishing invites growth, meaning and purpose, connecting with rather than discarding that which might be painful or difficult, thereby supporting wellbeing[468]. Clod Ensemble's Performing Medicine Programme delivers arts-based training to medical students and healthcare professionals which focuses staff wellbeing, including stress management and building confidence, as well as the development of skills in compassionate care and effective communication[469].

Social prescribing is increasingly covered as part of a clinical education. The UK National Social

Diversifying Creative Health

Whilst creative health can be used to improve health and wellbeing of individuals from marginalised communities and to overcome barriers to accessing services, we are mindful there are also inequalities in access to creative health and that the creative health workforce is not as representative as it could be. CHWA's data suggests an urgent need to address representation in relation to a diversity of heritage in the workforce.

The Baring Foundation report '*Creatively Minded and Ethnically Diverse - Increasing creative opportunities for people with mental health problems from ethnically diverse backgrounds*' investigates the barriers to participation in arts and mental health initiatives for people from ethnically diverse backgrounds both as practitioners and service users[462]. It identifies themes of best practice, including co-production and participant-led programmes, understanding cultural sensitivities, consideration of locality, incorporating lived experience, provision of safe spaces, and challenging hierarchies.

A number of initiatives are arising to diversify the creative health workforce. For example:

- The Artists' Represent Recovery Network is a joint initiative between London Arts and Health, Raw Material and Arts & Health Hub. It is a professional development programme for London-based, freelance, ethnically diverse artists who identify as black, brown, people of colour who have faced systemic racism, and who are working in arts and health in a participatory or community setting[463].
- The '*Queering Creative Health Report*' produced by QUEERCIRCLE, a space where culture and the arts intersect with social action, investigates how specific marginalised communities, including LGTBQ+ communities, and the forms of discrimination they face, can be addressed through creative health policy or practice, and makes several recommendations to further this work[464].

Prescribing Student Champions scheme was established to enable medical and healthcare students to promote social prescribing among colleagues in healthcare and to provide evidence supporting its introduction into the undergraduate and postgraduate medical and Allied Health Professional school curriculums[470].

Many of these developments have been built from grassroots approaches led by passionate individuals, but there is an increasing demand from institutions to embed these concepts more formally into clinical curricula. Incorporating creative health and social prescribing into the curriculum in this way not only aids the development of specific skills and supports student wellbeing, it provides students with an experiential understanding of the value of creative health, and holistic, person-centred approaches, which they will carry forward into their future practice.

As explored in Section 3.3 (Creativity for Health and Wellbeing in the Education System), opportunities for a creative education are important to maintain a thriving creative industries sector. Incorporating knowledge and understanding of the ways in which creativity can support health and wellbeing and creative health practitioner skills training into creative arts courses and arts education institutions will open up new career avenues for creatives and support the creative health sector to grow.

University of Chester Creative Health Placement

In 2022, the Faculty of Health, Medicine, and Society at the University of Chester in partnership with the **Philip Barker Centre for Creative Learning**, trailed a creative placement for undergraduate student nurses. Sixty Year 1 Bachelor of Nursing undergraduate students were allocated a creative health placement as part of their practice learning experience.

Students worked with four experienced artists using dance, music, and visual arts to explore creative health practices through experiential process. Students also experienced creative health activities as participants and visited social prescribing offers in the area. Each week the students had time for reflection and action learning, and to meet their practice supervisor.

Through the placement students came to appreciate the benefits of creative health both for their practice and for their own health and wellbeing. Students reported increased confidence, and self-awareness, greater ability to network and the ability to communicate more effectively and were more reflective. They saw the value of holistic care and the importance of a non-medicalised approach as well as how this experience would impact on their future practice. They also had a greater appreciation of the community benefits of social prescribing.

In the academic year 2022-2023, all Year 1 Bachelor of Nursing students have undertaken this placement – a total of 450 students. In response to feedback from the pilot, a wider range of artists have been used, and connections made to themes such as mother and baby and dementia. Links to social prescribing providers have been formalised and local organisations have been invited to participate in a creative health cafe. The placement has received national recognition by winning the Student Nursing Times Awards 2023 for Student Placement of the Year: Community.

Significant groundwork was necessary for this placement. In addition to recruitment of artists, partners and practice assessors, a programme aim linked to creative health was written and approved at validation in 2020. The learning and teaching philosophy of the programme acknowledged the integration of arts and humanities and provided direction on how this could be implemented, such as experiential learning and assessment. An asset map of all social prescribing in the area was completed and a mapping exercise was conducted to ensure that students undertaking this placement would be able to achieve practice assessment requirements.

Reference to creative health in the Nursing and Midwifery Council Future Nurse Standards would help facilitate more widespread creative health education.

4.2 Leadership and Strategy

Creative health requires creative leadership. This may involve new ways of working, and a distinct form of leadership, described as 'collaborative and distributed' in our roundtable on leadership and strategy. As an interdisciplinary and cross-sectoral approach, creative health thrives on strong partnerships between different parts of society, professions and sectors. Research has shown that in order to provide more coordinated care across health, social care and community services, leaders must play a critical role in modelling collaborative behaviours[471]. Building this collaborative approach requires the development of safe, inclusive and trusting environments in which everyone can contribute, establishing and maintaining healthy relationships and setting out a shared purpose and decision-making process[472].

Partnerships develop in response to local need, and will vary depending on local assets, relationships and priorities. However, there are actions that can be taken at all levels of the system to create the conditions in which innovative creative health solutions can emerge, develop and flourish. National policy choices strongly influence local health-related partnerships[473]. National level strategy and adequate investment in the public services involved in the partnership can support place-based collaboratives to meet their objectives. In this section we highlight examples where cross-sectoral approaches to creative health have been established at different levels in the system, resulting in improved health outcomes.

National level leadership for creative health

At national level, policymakers have the power to legitimise investment in creative health approaches and remove barriers to cross-sectoral working. A very successful example of this is found in Wales, where a combination of forward-thinking legislation in the form of the Wellbeing of Future Generations (Wales) Act 2015 and the development of effective and sustainable partnerships between the Arts Council of Wales and the Welsh NHS Confederation has led to the establishment of an Arts and Health Coordinator post in every health board, with demonstrable positive impacts for both patients and the healthcare system.

Creative health in combined authorities

Combined authorities are collaborations of two or more local authorities, often led by a directly elected Metro Mayor. There are currently ten combined authorities within England, covering 40% of the population. Devolution deals transfer decision making powers across a range of policy areas from the centre to the combined authority. These powers are different in each combined authority but they commonly include a focus on local economic growth and cover areas such as skills, transport, planning and housing. Combined authorities are well placed to strategically address cross-cutting issues such as health inequalities and the social determinants of health, by recognising local priorities and coordinating a joined-up approach between local cross-sectoral partners.

Many of the issues intersecting with creative health are devolved to combined authorities, and this provides an opportunity for Metro Mayors to draw on their local powers to integrate creative health into their strategies to improve population health. Responses will be bespoke in each region, but combined authorities are already aligning creative health with regional strategies to meet locally identified priorities.

The Greater London Authority, has recognised the value of creative health, and is developing a strategy for a 'Creative Health Capital City'[475]. The vision for the Creative Health Capital City has been co-produced with those who will most benefit from it. As part of the GLA's commitment to make London a healthy place to live for all Londoners, the creative health approach will focus on

> " *The strength of creative health is that it operates in the space between, so our leadership and responsibility for the strategy should also be about that space in between and come from all the different sectors involved*"

Carol Massey, Ministry of Others, Leadership and Strategy Roundtable

Wales – Enabling arts and health capacity building at national level

The **Arts and Health Capacity Building Programme** is a strategic initiative designed to grow arts and health practice in Wales and raise awareness of the health and wellbeing benefits of the arts within the NHS. In 2017, a Memorandum of Understanding was formed between the Welsh NHS Confederation and Arts Council Wales (ACW) which facilitated the appointment of an Arts and Health Coordinator (AHC) in each of Wales's seven integrated health boards, jointly funded by the health boards and ACW. These posts, which embed a specific creative health post within the health board, allow coordinators to understand the challenges facing the healthcare system and align with strategic priorities, providing effective support to meet the needs of individuals, staff and the system. They also provide an infrastructure to support the creative health ecosystem and form a national network that can work together on key priorities such as the **Arts & Minds** programme (co-funded by the Baring Foundation and ACW) which aims to embed creative activities within NHS mental health services in Wales.

"The MOU is much more than a written agreement on a shelf. It's really enabled us to take action together in partnership, and has led to a lot of practical and tangible things over the last six years to respond to the current and previous pressures that the healthcare sector, and the arts sector, have faced" – Nesta Lloyd-Jones, Assistant Director, Welsh NHS Confederation, Leadership and Strategy Roundtable

An independent evaluation of the programme found it to be a 'successful and relatively low-cost intervention in stimulating and supporting the role of the arts in achieving positive health and wellbeing outcomes'[474]. The partnerships have resulted in the establishment of substantive, permanent posts in most health boards, and the conversation is now turning to how to translate the benefits into long term strategies.

The evaluation also finds positive impacts on health and wellbeing in relation to prevention, mitigation, treatment, and recovery, benefiting patients, the wider population and systems. Greatest impact has been seen where AHC have been able to align with the priorities and strategic aims of the host health board. For example, where discharge has been a particular challenge, arts and health coordinators have been able to think about how to use the arts to support people to return home.

Over the last six years Nesta Lloyd-Jones describes:

"...a shift from a push from the arts to a pull from the NHS, because the NHS can really see the health need and how creative solutions can respond to current healthcare challenges."

The programme has benefited from ministerial-level commitment, and long term strategic partnerships established between the Welsh NHS Confederation and ACW. Furthermore, legislation such as the Wellbeing for Future Generations Act (2015), which requires public bodies to work towards long term wellbeing targets, including a healthier Wales and a Wales of vibrant, thriving culture, has also opened opportunities for arts and health providers to think differently and work together. The Act provides a framework for partnership working between cultural and health sectors, with an obligation to improve social, cultural, environmental and economic wellbeing.

Moving forward, the programme is looking to further embed the model into mainstream commitment in the NHS long term strategic plan.

"The ambition has shifted from a single individual for arts and health, to talking about an arts and health service within health boards". – Nesta Lloyd-Jones

Greater Manchester – Towards a Creative Health City Region

Building on a long history of arts and health work, Greater Manchester (GM) has set forward its ambition to become the world's first Creative Health City Region. In 2022, GM launched its **Creative Health Strategy**, taking a population health approach and outlining how culture and creativity can help to address health inequalities in the city region by building on recommendations developed with the Institute of Health Equity as part of the Build Back Fairer in Greater Manchester Framework[476].

The strategy aligns creative health with the priorities of the Combined Authority's Greater Manchester Strategy, positioning creative health as a key part of GM's mission to become a greener, fairer and more prosperous city region where everyone can live a good life; grow up, get on and grow old.

Leadership is one of six key pillars of the strategy, which recommends a strategic lead for creative health at combined authority level to connect the creative health ecosystem, with further development of cross-sectoral leadership across local government, health, VCSE, cultural and community sectors.

To facilitate the alignment and delivery of health and local government strategies, staff often work across both organisations and in close partnership with locality colleagues and this is true of the GM Creative Health lead, meaning that creative health can be integrated into locality, public service reform and health strategy and delivery.

The Creative Health Strategy is now incorporated into the **GM Joint Forward Plan for 2023-2028**, which sets out how health and care will be delivered across the region. In Greater Manchester Integrated Care Partnership, creative health is a key pillar of Live Well, a whole system approach to improving personal and community wellbeing, resilience, and social connection. It has also been integrated into clinical areas such as young people's mental health and dementia care and has demonstrated good results.

"As the first city region to publish its own Creative Health Strategy, Greater Manchester Combined Authority is leading the way in realising the potential of creative health to improve the health and wellbeing of our residents."

Creative Health is part of Greater Manchester's wider commitment to addressing health inequities through community led health and wellbeing and as part of that approach, we will be working to develop a sustainable creative health infrastructure including training and support for practitioners and support for communities to develop and explore their own creative health practice.

"In Greater Manchester we are proud of our cultural richness and creativity and we know that this is core to us becoming a healthier city region". - Paul Dennet, Salford City Mayor, Deputy Mayor for Greater Manchester and portfolio holder for Healthy Lives and Homelessness.

Alongside this strategic implementation of creative health, the Mobilising Community Assets to Tackle Health Inequalities funded research programme **'Organisations of Hope'**, led by the University of Manchester, brings together multidisciplinary and cross-sectoral stakeholders into a creative health coalition. The research is mapping existing creative health assets across GM and working to understand how these might be better used to improve health and wellbeing and increase equity.

cultural social prescribing and improving access to arts and culture in primary health care and communities, on ensuring London is a dementia and age friendly city and the promotion of better mental health, particularly for young people.

In Greater Manchester the combined authority holds devolved powers on health and social care. The Greater Manchester Creative Health Strategy is therefore integrated into the Integrated Care Partnership Joint Forward Plan, and has a specific focus on addressing health inequalities.

Where health has not been devolved, combined authorities can both benefit from and support creative health through a focus on the local creative economy, skills development and the role for creativity and culture in addressing the social determinants of health. Aligning with the ICS around these issues can create the conditions for creative health to thrive.

In West Yorkshire, where the Integrated Care System (ICS) has a longstanding commitment to creative health, there is synergy with the combined authority's creative industries strategy, which prioritises the role of culture in boosting the local economy and increasing skills. The region is currently hosting several place-based 'years of culture'. These initiatives will contribute to levelling up, and improving the health and wellbeing of the population, and can also support the further development of the creative health sector.

The Levelling Up the UK white paper considered devolution as key to its aim to level up the UK, including a reduction in health inequalities[477]. It committed to the negotiation of a devolution deal for all geographical areas, and a strengthening of local power in existing combined authorities. With some negotiations already underway, the number of devolved authorities can therefore be expected to increase in the near future. It will be important to understand the value that can be added by combined authority involvement in a creative health strategy, and the levers that each combined authority can use to support it. Establishing routes for peer learning and exchange between combined authorities will also help to spread and scale creative health more widely.

Integrated Care Systems

ICSs are partnerships of organisations that come together to plan and deliver joined-up health and care services. They are made up of Integrated Care Partnerships (ICP), an alliance of partners concerned with improving the care, health and wellbeing of the population, responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population, and Integrated Care Boards (ICB), responsible for managing the NHS budget and arranging provision of health services in the area. ICSs therefore hold the convening power to bring together stakeholders and provide a framework through which creative health providers can be better integrated as strategic partners.

In partnership with NHS England, NCCH has worked with Integrated Care Systems in Gloucestershire; West Yorkshire; Shropshire, Telford and Wrekin; and Suffolk and North East Essex to explore models for integrating creative health at a systems level. Based on this work, a Creative Health Toolkit has been developed which will support ICSs across the country to embed creative health[478].

In systems such as West Yorkshire and Gloucestershire, the value of creative health in helping the ICS to improve healthcare and population health outcomes, tackle inequalities, enhance productivity and value for money and support broader social and economic development is well recognised. Other systems are at varying stages of maturity in respect to embedding creative health. A national level Creative Health Strategy would support system leaders to explore the benefits of creative health and help to ensure that it is available and accessible to patients and communities across all 42 ICSs.

Local authority and place-based creative health

Many of the components that contribute to a healthy society fall under the remit of local authorities. Creative health initiatives also commonly operate at place or community level. Supportive leadership within local authorities and communities is therefore vital. Strategies are emerging within local authorities which recognise the wider health benefits of creativity and culture. Health outcomes are being incorporated into cultural strategies, and creative health has featured in a number of

Creative health in East Sussex County Council

East Sussex Public Health now consider arts and creativity as a key component of their prevention approach, improving quality of life and reducing the gap in healthy life expectancy for the population of East Sussex. This thinking is articulated in the **Arts in Public Health Position paper - Creating Healthier Lives, 2023**, which sights three key strategic priorities:

1. Creative Health and the Individual (micro) - Utilising creative health approaches to improve people's health and wellbeing.

2. Creative Health and Community (meso) - In collaboration with partners in the culture, arts, heritage, health, and social care systems, to build and support creative health across East Sussex localities and communities.

3. Creative Health, Systems, Networks and Partnerships (macro) - Work with the ICS and wider cross sector partners to embed and champion creative health across a wide range of service offers and settings, backed up with robust approaches to research and evaluation.

A Creative Health Delivery Action Plan is currently being developed, which sets out a range of key actions and activities that seek to establish, embed and support a sustainable and impactful creative health programme across the East Sussex system linking into the key statutory and voluntary and community systems, partnerships, networks and frameworks.

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reports by Directors of Public Health, also informing Joint Strategic Needs Assessments and Health and Wellbeing Plans, which will feed into ICS strategies.

In Torbay, for example, harnessing the health and wellbeing benefits of culture is a key aim of the Cultural Strategy[479]. Torbay Culture has worked with health sector partners to develop pilot projects including singing for wellness choirs for COPD, dance for falls prevention, and mental health and wellbeing projects for both children and young people and older adults. In other councils, the impetus has come from Public Health. South Tees Public Health have been developing their creative health programme, and the Creative Health Strategy will form an integral part of their wider Health & Well Being Strategy, which will be published in March 2024. Birmingham City Council Public Health Division have formulated a three-year programme, 'Creative Public Health' which is dedicated to assessing the landscape, gathering data and identifying the current initiatives and delivery, as well as opportunities for development and growth.

The Local Government Association Commission on Culture and Local Government recommended that 'local government, regional bodies, cultural arms-length bodies and national government work together with cultural organisations and communities to take immediate action to safeguard the future of local cultural infrastructure in the context of rising costs'. This should be followed by a longer-term action plan to include 'a strategic approach to health and wellbeing in place that recognises the preventative and health benefits of culture in supporting our national recovery'[480].

Supporting community leadership

Community-based initiatives, with strong local knowledge, existing connections and established relationships, are often best placed to identify priorities and design appropriate solutions. Throughout this report, we have highlighted instances of innovative, creative solutions developed by communities based on their own assets and needs, and we have emphasised how these initiatives can be supported by systems, whilst maintaining their independent and creative spirit. National and local level networking and infrastructure organisations such as the Culture, Health and Wellbeing Alliance's regional champions[481], and regional sector support organisations, such as Arts and Health South West[482] and London Arts and Health[483], can help community providers and artists to make links with health systems and local authorities and they are an important part of the creative health ecosystem.

Within the healthcare system, Primary Care Networks (PCNs) can be a vital facilitator of

Redesigning GP services to meet community need in Bensham, Gateshead

Developing innovative ways of working closely with communities has helped a GP practice in Bensham, Gateshead, to overcome the challenge of a high number of patients with pressing social needs, exacerbated in recent years by COVID-19 and the cost of living crisis.

To achieve this it was necessary to meet patients in the 'liminal space' between systems and communities, working together to develop personalised approaches to care. The GP practice supported this work, redesigning its workforce around population need and using quality improvement methods to learn on the go. Care navigators (now known as link workers and established in GP practices across the country) were introduced to support people with their specific social needs, and links were made to the VCSE sector and community assets which could help people to improve their health and wellbeing, for example through a community allotment, or through the provision of community clubs. These spaces have proved important to opening up different kinds of conversations with patients. As the work developed, patients became volunteers,

> " *In my practice, we have turned a burning platform into a burning ambition to engage with creativity to meet the crisis…. By being creative in this way, we are managing demand, we are growing, we are surviving, and we are thriving, and what we are doing is actually working with communities in a very different way"*
>
> *Sheinaz Stansfield, Managing Partner, Oxford Terrace and Rawling Road Medical Group, Leadership and Strategy Roundtable*

building their own skillsets and eventually taking control of the running of a community centre, providing support for their peers. New activities such as insect spotting walks and creating bee-friendly areas are emerging from the allotments, linking patients with nature and the local environment.

Working in this way has not only benefited patients, but there has been a decrease in demand for both A&E and GP services, and the practice now has improved links to carers.

creative health. For many people, a GP practice will be their first point of contact with the healthcare system. 3500 social prescribing link workers are already in place in GP practices and are able to identify where a social activity might benefit a patient, and direct them to an appropriate community resource. There is a focus on personalisation and integration in primary care, as elsewhere in the NHS, and multidisciplinary teams, working at neighbourhood level, will be increasingly important in joining-up care for patients, and supporting PCNs to work more closely with their communities.

"Throughout the stocktake, we heard that the PCNs that were most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people and communities and local authority colleagues. This

partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare". - Fuller Stocktake Next Steps for Integrating Primary Care[484]

Many PCNs are already taking a proactive approach to recognising community assets and working with their communities to build these into their offer to patients, as part of a holistic understanding of health and wellbeing.

The introduction of ICSs indicates a switch to a collaborative approach between healthcare system and the VCSE sector, people and communities. Since their introduction, cross-sector partnerships have progressed, and some funding has been made available for partnership building[485]. Nevertheless,

West Yorkshire – Strategic system level support for place-based creative health

West Yorkshire has a long history of creative health, with roots in co-produced, creative approaches to mental health, led by organisations such as **Creative Minds**, which co-funds and co-delivers projects with communities. With supportive leadership across local and regional authorities and healthcare systems, the approach has been taken forward within the ICS, which is committed to creative health, and the combined authority, where creative health is aligned with regional priorities.

The successes to date have led to the inclusion of 'Creativity and Health' in the NHS West Yorkshire ICB's **Joint Forward Plan**, which, alongside the ICP's Integrated Care Strategy, sets out how the system will support its population over the next five years. The plan sets out West Yorkshire's commitment to an active, vibrant, creative health sector and states:

"As a national leader in creativity and health, we already have good examples of where we have made a real difference through using a creativity and health approach, for example our Calderdale Creativity and Health Programme working with South West Yorkshire Partnership Foundation Trust and Creative Minds. We know that expanding this learning could help us create stronger, healthier, more resilient communities through working at a population health level. We know that it will support us in delivering targeted interventions addressing the greatest health disparities and importantly, be part of a transformation in the way health and care services look and work for everyone."

West Yorkshire ICS will work closely with the West Yorkshire Mayor's Office to develop a sustainable creative health infrastructure, aligning with the combined authorities' aims to stimulate the local economy and boost skills through the creative and cultural industries. The combined authority can also support creative health in areas such as transport and social infrastructure, ensuring everyone is able to access creative opportunities.

This cross-sectoral approach extends to academic, health and cultural sectors.

The creative health ecosystem in West Yorkshire is made up of five distinct local authority 'places' each with a strong local identity, and a network of health providers and cultural organisations. There is support from the five local authorities. West Yorkshire is investigating the development of a Creative Health Collaborative, with a Creative Health Hub at ICS level responsible to ensuring a coherent approach to strategy, communications and research, and a Creative Health Lead in each place to enable the place-based ecosystem to develop in response to local need. This will ensure bottom-up, grassroots approaches are supported strategically from the top-down.

A Mobilising Community Assets to Tackle Health Inequalities research project led by the University of Huddersfield, in partnership with Creative Minds, South West Yorkshire Partnership Foundation Trust and regional creative partners, is building the evidence-base and infrastructure for integrating creative health, looking in particular at how this work can reach those who need it most, and support the ICS to meet its targets in relation to health inequalities. A Creative Health Living Lab is planned at the University of Huddersfield to support learning and innovation to bring about the systems changes needed, underpinned with education, training and skills development to ensure a pipeline for the creative health workforce.

A series of cultural events over the coming years (Kirklees Year of Music 2023, LEEDS 2023, CultureDale - Calderdale's Year of Culture 2024, Our Year – Wakefield District 2024 and Bradford UK City of Culture 2025), as well as ongoing work in communities and within healthcare settings, will cement West Yorkshire's reputation as a pioneer of creative health and will provide important learning as to how this work can be spread and scaled in other systems.

there is still work to be done to establish an infrastructure across all health systems which provides long term support for capacity building within communities, with funding models which allow resources to reach grassroots initiatives in a sustainable way.

Key Messages

Wales shows us that a coherent approach at national level has facilitated partnerships across every part of the system, which has in turn enabled the development of creative health initiatives, in partnership with communities, to meet local need. This has had a positive impact on population health and has helped health systems to meet their key targets.

In England, creative health initiatives are proliferating from the bottom up, and, in forward-thinking systems, this process has been aided by supportive cross-sectional leadership. Creative health strategies are emerging which align creative health with local and regional strategic goals and set out clear ambitions and targets for this work. However, there is still work to do to embed creative health across all 42 ICS in England and ensure that the benefits can be felt by all.

Cross-departmental leadership from the Government will legitimise and support creative health. A dedicated national Creative Health Strategy will convene governmental stakeholders to develop a shared language and outcomes framework for creative health. It will provide the architecture through which all government departments can recognise the levers through which they can contribute to creative health, and the ways in which this will help them to meet their specific targets, while maximising the impact on population health and its related economic advantages. Removing barriers to integration and cross-sectoral working will create the conditions locally for innovative, grassroots work to thrive and for the learning from this work to be shared and built on across the country in response to local priorities.

Many of the components for such a model are already in place. Creative and cultural assets are already working well within communities, and place-based and regional strategies to support creative health are emerging. Nationally, we have seen a shift towards greater integration of services, and a focus on person-centred care, with a recognition of the link to health inequalities. We propose that bringing together these developments as part of a formalised Creative Health Strategy will have a significant impact on population health and wellbeing.

O5
Conclusion

The benefits of creative health

Creativity can support us to live well for longer. In this report, we have presented evidence and examples that show that engaging with creativity and culture improves mental health and wellbeing and can be used across the life course in the prevention, treatment, management and recovery of physical health conditions, including those that place a significant burden on the NHS.

The report describes the diverse mechanisms through which creativity can influence health and wellbeing. It can be applied as part of a targeted intervention or care pathway for a specific health condition or as part of a holistic and person-centred approach, helping people to achieve the health and wellbeing outcomes most important to them, providing a sense of control over their own care, and improving quality of life, particularly in relation to long term conditions. Creative health encourages social connection, and can help to mitigate the effects of loneliness and isolation that we know can be so detrimental to health and wellbeing.

Creative health improves wellbeing at community level, building social capital and cohesion, and it interacts with the social determinants of health, improving the conditions in which people live, grow, work and age to prevent the onset of ill health and reduce health inequalities.

Applying creative health to challenges in health, social care and wider systems

With our health and social care systems under increasing pressure, we have set out how creative health can be applied to help tackle some of our most pressing challenges. With an increasing prevalence of mental health conditions affecting our children and young people and keeping adults out of work, we have shown how creative health can be a vital tool in creating mentally healthy societies, and in the treatment, management and recovery of mental health conditions.

We have highlighted how creative health can be effective in the co-design of services to better meet the needs of underserved communities, thereby reducing inequalities, and we highlight its role in community and place-based approaches to health inequalities, empowering communities to tackle the issues most important to them.

In the education system, access to creativity as part of the school day not only equips children with a broad range of transferrable life skills that will improve their future outcomes, it is also an important element of a whole school approach to mental health and wellbeing – vital in the face of a crisis in young people's mental health. Schools are an important part of a creative health ecosystem, and by linking up with local creative and cultural providers, as well as health and social care services, they can help to reduce inequalities.

The social care sector faces challenges in increasing demand, funding and workforce capacity. Access to creative and cultural opportunities in the community can support people with social care needs to maintain their health and wellbeing and live independently, in a way that allows them to meet their goals and ambitions. In social care settings such as care homes, creative health not only improves the wellbeing of residents, but has been shown to have a positive impact on the workforce, with the potential to improve job satisfaction and retention.

Creative activities have long supported people at the end of life, and their families and carers. We have shown how further integration of creative health into end of life care pathways could help to make sure its important physiological and psychological benefits are available and accessible to all.

Integrating creative health

It is clear that creative health has an important role to play in tackling some of the challenges we currently face. Applying creative health in this way has benefits for individuals and communities, but also for the systems themselves, and will ultimately support government to meet its ambitions.

Creative health is not just a nice to have, but fundamental to a healthy and prosperous society. Our vision is for creative health to be integral to health, social care and wider systems, with creativity recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing. Embedding creative health into health, social care and wider systems is vital to ensure that its

benefits are available equitably. Doing so will also help systems to meet the increasing demands put upon them.

We have set out the economic case for creative health, demonstrating that interventions can offer cost savings through a reduction in the use of healthcare services. Where the wider social value is taken into account, creative health consistently offers good value for money. More broadly, creative health will enhance the economy by reducing the avoidable costs of preventable illness, reducing pressures on healthcare services by supporting people to self-manage their conditions, and enabling people with a long term condition to remain in work.

Creative health both requires and facilitates a whole system approach. Effective and sustainable partnerships must be established between healthcare, local authorities, VCSE and cultural sectors. Cooperation is required between policymakers, funders, commissioners and providers in order to create the conditions for creative health to flourish. Integrated Care Systems present a good opportunity to facilitate this.

We have highlighted examples of systems that have embraced creative health and reaped the benefits of sustained support and investment in the approach. However, this is not happening everywhere, and often not in the areas it is most needed. There is more that we can do to ensure the benefits of creative health are available universally.

Our ask to the Government – A cross-departmental Creative Health Strategy

Leadership at government level will legitimise and support creative health. By recognising creative health as a vital component of a preventative and person-centred approach to health and wellbeing, the Government can support the mobilisation of creative, cultural and community assets to improve the health of the population, reduce pressures on the health and social care system, reduce inequalities and support an economically prosperous society. This is not the responsibility of a single government department, but requires a whole system approach - not only health in all policies, but creative health in all policies. We therefore ask for a cross-departmental approach,

facilitating cross-sectoral working at all levels of the system, modelled by national policy.

Throughout the report we have outlined where government departments can benefit from creative health, and the policy levers which can support a dedicated Creative Health Strategy. The benefits of creative health will be amplified by coherent, cross-departmental support. A national strategy will convene governmental stakeholders to develop a shared language and outcomes framework for creative health.

Our recommendations indicate where individual departments can support the creative health agenda and point to areas where cross-departmental collaboration should be pursued. The resulting Creative Health Strategy should be endorsed by the Prime Minister, co-ordinated by the Cabinet Office and supported through ministerial commitment to ensure the integration of creative health across all relevant policies. The Treasury has an integral role to play in supporting the Strategy by recognising the value of investing in the approach and allocating resource. Whilst much of what we propose in this report can be achieved by rethinking the way systems work in relation to creative health, without the need for legislative change or a large amount of investment, creative health should be properly resourced. Investment in a sustainable supporting infrastructure, which allows creative health to thrive, will yield significant returns on investment. We also recommend that the Government be guided by lived experience expertise in the development of the Strategy.

Strong regional leadership is also necessary for creative health to fulfil its potential. Devolution provides opportunities for combined authorities to draw on creative health to improve health and wellbeing in their areas, leading to wider benefits in the long term. Creative health can align with combined authority priorities in relation to cultural policy, creative industries, skills development and economic productivity. We recommend that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS leaders to deliver coherent strategies and develop

sustainable creative health infrastructure at scale, making best use of local assets.

In order to create a healthier, happier and economically flourishing society, a new approach to health and social care is necessary. A health and social care system that is fit for the 21st century should be health-creating and not just illness-focused. It should be preventative, addressing the social determinants of health, and person-centred, prioritising the holistic needs of people and patients. Such a shift will require a joined-up approach across society and within government. Creative health should be integral.

Key messages
- Creative health is fundamental to a healthy and prosperous society. Its benefits should be available and accessible to all.
- Creative health should form an integral part of a 21st-century health and social care system – one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for creative health to flourish requires a joined-up, whole system approach incorporating health systems, local authorities, schools, and the cultural and VCSE sectors.

Bringing Joy to the Streets, East Marsh United
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Appendices

Appendix 1 – Roundtable Overview

Creative Health Review Online Launch
Thursday 13th October 2022, 3 – 4pm
Registered attendees: 450
Chaired by Lord Alan Howarth, NCCH Chair, and Co-Chair of the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW)

Speakers included: Tracy Brabin, Mayor of West Yorkshire; Madeleine Bunting, Author of Labours of Love, The Crisis of Care; Tracey Crouch CBE, MP; Dame Caroline Dinenage DBE, MP ; Monty Don OBE, Writer, Gardener and Broadcaster; Dr Darren Henley CBE, CEO of Arts Council England; Professor Martin Marshall CBE, Chair of the Royal College of General Practitioners and GP; James Sanderson, Director of Community Health and Personalised Care, NHS England; Debs Teale, Lead Peer Support Development Coordinator at the South West Yorkshire Partnership NHS Foundation Trust and NCCH Trustee; Rob Webster CBE, Chief Executive of the NHS West Yorkshire Integrated Care Board; Baroness Lola Young of Hornsey OBE, Crossbench member of the House of Lords, Co-Chair of the Foundation for Future London, and Chancellor of the University of Nottingham.

Mental Health and Wellbeing across the Life Course

Thursday October 27th 2022 10am – 12 noon
Registered attendees: 154
Chaired by Baroness Molly Meacher, Vice Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW).

Speakers included: Staff and young people from 42nd Street; Professor Dame Sue Bailey, Chair, Centre for Mental Health; David Cutler, Director, The Baring Foundation; Dr Daisy Fancourt, Associate Professor of Psychobiology & Epidemiology and Director, World Health Organisation Collaborating Centre for Arts & Health, UCL; Anne Longfield CBE, Chair, Commission on Young Lives; Kiz Manley, Hip Hop Heals Founder, Tutor, Counsellor; Sue Stuart-Smith, psychiatrist, psychotherapist and author of The Well Gardened Mind; Debs Teale, NCCH Trustee and advocate for creative health; Salma Yasmeen, Deputy Chief Executive and Executive Director

of Strategy and Change, South West Yorkshire Partnership NHS Foundation Trust

Health Inequalities

Thursday December 1st 2022 – 10am – 12 noon
Registered attendees: 202
Chaired by Professor. Helen Chatterjee MBE, NCCH Trustee, and Professor of Human and Ecological Health, UCL Biosciences, and UCL Arts & Sciences and Research Programme Director for Health Inequalities, UKRI AHRC.

Speakers included: Dr Ruth Bromley, GP and Clinical Lead for Homeless Health, Greater Manchester Integrated Care, Lead for Ethics & Law, Manchester Medical School; Liz Morgan FFPH, Interim Executive Director for Public Health and Community Services, Northumberland County Council; David Tovey, Artist, educator and activist. Co-Director of Arts and Homelessness International; Rose Sergent, Health and Science Producer, Contact Theatre, Manchester; Josie Moon and Kelly McLaughlin, East Marsh United. Unfortunately, speaker Sandra Griffiths, Founder and Director, Red Earth Collective and Health and Wellbeing Consultant, was due to speak but was unable to join on the day.

Social Care

Thursday January 26th 2023 – 10am – 12 noon
Registered attendees:264
Chaired by Professor Martin Green OBE, NCCH Trustee, and Chief Executive of Care England.

Speakers included: Tom Craig, Community and Learning Producer, with Plus One Composer Lucy James, Plus One, Derby Theatre; Lucinda Jarrett, Rosetta Life, and Anndeloris Chacon, Bristol Black Carers; Douglas Noble, Strategic Director of Adult Social Care and Healthcare, Live Music Now, with Shona Bradbury, Manager, and Tracey Judd, Lead Lifestyle Coordinator at Appleby House Care Home; Arti Prashar, Artist and Consultant; The Southbank Centre Arts & Wellbeing Team - Jessica Santer, Head of Creative Learning with Bernadette Russell, storyteller and author, lead artist on the Skylark Cafe project; Karen Culshaw, Policy Manager, Adult Social Care, Care Quality Commission (CQC); David Cutler, Director, The Baring Foundation; Grace Meadows, Campaign Director, Music for Dementia; Liz Jones, Policy Director, National Care Forum; Edna Petzen,

Specialist Marketing and Communication Consultant to the Adult Social Care sector.

End of Life Care and Bereavement

Tuesday February 7th 2023 10am – 12 noon
Registered attendees: 204
Chaired by Dr Guddi Singh, NCCH Trustee, and Consultant Paediatrician, TV broadcaster.

Speakers included: Anna Ledgard, End of Life Doula, Teacher, Producer and Project Manager; Justine Robinson, Therapies and Wellbeing Manager, Pilgrims Hospice; Dr Lucy Selman, Associate Professor in Palliative and End of Life Care, University of Bristol; Lucy Turner, Producer, Civic Engagement & Education Team, The Whitworth Art Gallery, Manchester – with Laura Gallagher, participant – 'Still Parents', a programme using art to support parents who have experienced the loss of a baby in pregnancy or just after birth; Imogen Thomas, Hospice UK, with Myra Appannah and Simon Wilkinson from BRiGHTBLACK productions and Meg O'Malley and Ruth Milne from Single Homeless Project – The Dying Matters Community Grants Fund; Phillipa Anders - Lived experience speaker; Tim Straughan, Director of Personalised Care NHS @ Home.

Education and Training

This theme includes two roundtables on Tuesday March 21st 2023
Registered attendees:151
10 – 11.30am (Session 1): Creativity for health and wellbeing in the education system
Chaired by The Rt Hon. Baroness Estelle Morris of Yardley.

Speakers included: Sally Bacon, Founder member and Co-Chair, Cultural Learning Alliance; Zoë Armfield, Head of Learning, Royal Liverpool Philharmonic; Sarah Williams, Head Teacher, Faith Primary Academy; Professor Nicola Walshe, Pro-Director of Education, Institute of Education, UCL; Yogesh Dattani, Head of Ealing Music Hub; Alex Evans, Artistic Director and CEO, Kazzum Arts; Martin Wilson MBE, Executive Director at TinArts; Heather Corlett, Programme Lead, North East and North Cumbria Child Health and Wellbeing Network; Cara Verkerk, Art Room Project Leader, Place2Be.

2 – 3.30pm (Session 2): Creative Health – Workforce development and wellbeing
Registered attendees: 132
Chaired by Nancy Hey, NCCH Trustee, and Executive Director of the What Works Centre for Wellbeing.

Speakers included: Victoria Hume, Director of the Culture, Health & Wellbeing Alliance; Nick Ponsillo, Director of Philip Barker Centre for Creative Learning at The University of Chester; Prof Vicky Ridgway, Associate Dean, Faculty of Health, Medicine and Society, University of Chester; Dr Ranjita Dhital- Pharmacist, Sculptor and Lecturer in Interdisciplinary Health Studies, Arts and Sciences Department, UCL; Dr Claire Howlin, Research Fellow in Creative Health, UCL; Dr Louise Younie, GP and Clinical Reader in Medical Education at Queen Mary University of London; Sivakami Sibi, Medical Student; Hamaad Khan, Development Support, Global Social Prescribing Alliance; Laura Waters - Head of Arts, Air Arts, University Hospitals of Derby and Burton NHS Foundation Trust; Claire Cordeaux, Chief Executive Officer, British Association for Performing Arts Medicine; Dr Gail Allsopp - Executive Medical Director, British Association for Performing Arts Medicine; Hannah Sercombe, London Arts and Health and MASc in Creative Health Alumni; Dr. Julia Puebla Fortier, London School of Hygiene and Tropical Medicine, and Research Associate, Arts & Health South West.

Cost-effectiveness, Evidencing Value for Money and Funding Models

Thursday April 27th 2023 – 10am – 12 noon
Registered attendees: 129
Chaired by Professor. Helen Chatterjee MBE, NCCH Trustee, and Professor of Human and Ecological Health, UCL Biosciences, and UCL Arts & Sciences and Research Programme Director for Health Inequalities, UKRI AHRC.

Speakers included: Victoria Hume, Director, Culture, Health and Wellbeing Alliance; Ellen Rule, Deputy CEO/Director of Strategy and Transformation at Gloucestershire Integrated Care Board; Cath Wilkins and Xanthe Wood, Gloucestershire Creative Health Consortium; Helen Sharp, Director, Ideas Alliance; Tim Joss, Chief Executive & Founder of Aesop; Dr Andy Healey, Senior Health Economist, King's College London; Dr Marie Polley, Director, Marie Polley

Consultancy; Co-Founder, Social Prescribing Network and Co-lead, International Evidence Collaborative, National Academy of Social Prescribing; Dr Daniel Fujiwara, CEO, Simetrica-Jacobs & Department of Psychological and Behavioural Science, London School of Economics.

Leadership and Strategy - Embedding Creative Health in Integrated Care Systems

Tuesday May 16th 2023 - 10am - 12 noon
Registered attendees: 218
Chaired by David Clayton-Smith, NCCH Trustee, and Chair of Kent Surrey & Sussex AHSN, and Joint Chair of Dorset County Hospital NHS FT and Dorset HealthCare NHS FT.

Speakers included: Tracey Bleakley, Chief Executive of NHS Norfolk and Waveney Integrated Care Board; Dr Jane Povey, Clinical Lead for Personalised Care, Shropshire, Telford and Wrekin ICB; Deborah Munt and Carol Massey, Ministry of Others - Integrating Creative Health into West Yorkshire ICS; Nesta Lloyd-Jones, Assistant Director, Welsh NHS Confederation; Sheinaz Stansfield, Managing Partner, Oxford Terrace and Rawling Road Medical Group; Mah Rana, Co-Director, Lived Experience Network; Matthew Couper, Co-Director, London Arts and Health.

Appendix 2 – Call for Contributions

Our Call for Contributions welcomed submissions from those involved with creative health or who have experienced its benefits. We received 65 submissions covering a diverse range of topics, which demonstrated the breadth and depth of activity across the sector and highlighted exciting new developments. All submissions informed our thinking throughout the process, and we are grateful to those who took the time to contribute.

Submissions were received from researchers, policymakers, local authorities, creative health organisations and practitioners, arts and cultural organisations engaging with health and wellbeing, and educators. We were privileged to read testimony about the benefits of creative health from those with lived experience, many of whom described how they had converted this personal experience into creative health practice.

We were presented with evidence of the benefits of creative health in communities, in rural and coastal areas, hospitals, hospices, care homes, the criminal justice system, galleries and museums, in schools and in further and adult education settings. Activities included visual arts, reading, gardening, cookery, dance, singing, music-making, creative writing, virtual reality and immersive technologies and heritage-based activities. Evidence and examples were provided of the use of creative health in diverse populations and across a range of health conditions. It is also being used to reduce stigma and discrimination, to raise awareness of climate injustice and address eco-anxiety, and applied in communities to provide opportunities for social connection, to improve community spirit and to address health inequalities. Creative research methods are employed with different groups of people to better understand need, and design principles are supporting the co-design of services.

In response to the question 'what do you think is needed to support the widespread use of creative health activities and approaches and/or the integration of creative health into health and social care systems?' some clear themes arose:

- The importance of sustainable funding for creative health practice. Short term, project-based funding was cited as a barrier to creative health provision. Funding models which support not only delivery but also the core costs of the organisation or practitioner, research and evaluation and professional development opportunities were considered necessary. This would help to ensure long term support for participants, with pathways for progression to other programmes and activities.

- A need for joined-up approaches between health and social care and the VCSE sector. This should include clearer referral routes and funding models that consider the creative health ecosystem in the round, with investment flowing from health to community and creative interventions.

- Training opportunities, including education and training in creative health for healthcare professionals

- A greater awareness of the benefits of creative health amongst policymakers, healthcare professionals and the general public

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I am 'Lived Experience and Programme Coordinator' for the 'Mobilising Community Assets to Tackle Health Inequalities Programme', based at UCL. I harness the power of lived experience to promote people-powered change. I am the UK's first Hip Hop Therapist. My MSc in Creative Writing for Therapeutic Purposes thesis explored the lived experiences of rappers and the therapeutic potential of Hip Hop. I founded Hip Hop HEALS to spread knowledge about Trauma-Informed Hip Hop. I host and produce 'Glowitheflow' podcast on therapeutic Hip Hop, offering radical solutions to homelessness and mental ill health.

Kiz Manley

I am a theatre composer, sound designer, producer, multi-instrumentalist and facilitator based in Greater London. As a queer, care experienced and working class creative practitioner from the Midlands, I take pride in using my lived experience of participating with Plus One to champion underrepresented narratives through my artistic endeavours, including Stage Award winning Plus one VR production 'Odyssey'. I also facilitate many community projects as part of my ongoing inquiry into the relationship between creativity and wellbeing. In 2023, I completed my Songwriting MA at ICMP London where I now work as a lecturer.

Lucy James

After a career in music, education and creative health, I find myself offering a very different perspective: in December 2020 my husband died. Ever since I've been going through a process of reprioritising ... instead of spending my time enabling others to do creative things, I now find great comfort in also exploring my own creativity. More needs to be done to guarantee an equitable offer for anyone that needs it. Bereavement is a very lonely space – we need to support people better at this incredibly vulnerable time and creativity has a vitally important role to play in this.

Phillipa Anders

Bertrand Russell was quoted as saying: 'the idea that the poor should have leisure has always been shocking to the rich'. Evidence shows that cultural and creative activities are good for mental and physical health. To reduce health inequalities, then, we need to create the conditions for the benefits of cultural and creative activities to spread to all members of society. It should form a key part of breaking the link between relative poverty and poor health.

Professor Sir Michael Marmot

When human beings live well, they get the chance both to explore their own creativity and to connect with artists, arts organisations, museums and libraries. So, this review is both timely and vital. Its recommendations build on our increasing investment over the past five years and the growing recognition of the benefits of creative health. When creative professionals and health professionals work together, we can make real change happen, helping more people, in more places, lead more fulfilled, healthier, happier lives. And surely there can be no greater reason for investing public money than that?

Dr Darren Henley CBE

Creative health makes compelling sense at two levels. We all know the exercise of personal creativity is good for our wellbeing. The evidence also demonstrates that it is good for our health. We also know that the NHS alone cannot preserve the health of the nation. Creative health practices can help significantly to prevent ill health and should be seen as one of the social determinants of health. Policymakers should heed the case made here by the commissioners as well as the testimony of many people who have benefited profoundly from creative health.

Rt Hon. Lord Alan Howarth of Newport CBE

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Our emotional health is deeply influenced by our surroundings, our ability to find fulfilment and a sense of belonging. An intrinsic part of knowing ourselves comes from our creativity, fostered by our environment and the actions of those around us. Loneliness is a killer – we all need to have a role and be able to find ways to express our inner emotions. This important comprehensive report is a compendium for a more holistic approach to people being able to live well, particularly in the face of difficulties in life. It is a major contribution to the recognition of creative health interventions.

Professor Ilora Finlay, Baroness Finlay of Llandaff

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I have advocated the need for a more co-ordinated strategy to improve wellbeing for some time now. The Creative Health Review is another excellent piece of research that proves why and how we can do more to prevent ill health by investing in more than just pharmaceutical products. Every MP will have a brilliant organisation in their constituency doing something creative to support the wellbeing of others and with just a small amount of additional support could be transformational for our local health services.

Tracey Crouch CBE MP

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Our western approach to health is dominated by sickness with the assumption that health is the absence of ill-health, not needing attention or resources. But health is always a combination of physical, mental, social and spiritual wellbeing, all of which should be nurtured and encouraged. There is overwhelming evidence that engagement with creative activity can do much to heal mental illnesses such as depression and anxiety, as well as countering loneliness. A government that embraces this is itself being creative as well as contributing responsible, practical measures to reduce the impossible costs of ill-health.

Monty Don OBE

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Creative Health is fundamental to human flourishing and essential to tackling the dis-eases of 21st century Britain, in particular that of mental health and of health inequality. It is not optional but vital to bring confidence and vitality to marginalised communities and individuals. And it is cost effective, by reducing costs of medical intervention and by ensuring the wellbeing which is central to the economy.

Madeleine Bunting

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In many ways the Creative Health Review doesn't tell us anything we don't already know, but brings a range of evidence together in a way that, hopefully, policy makers can no longer ignore. Taking a creative, holistic, approach can improve health, tackle ill health, and drive meaningfully better quality of life .... and death. These do not solely benefit the individuals concerned, but the wider community, health and care system - and our economy. I am proud to have played a part in this project, and I hope those in the driving seat see the power and potential within its pages.

Dame Caroline Dinenage DBE MP

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Working with the Integrated Care Board and other partners, we're pioneering West Yorkshire as a region of creative health, boosting inward investment, world-class research and good, well-paid jobs. Our Years of Culture in Calderdale and Wakefield throughout next year, building to Bradford UK City of Culture 2025, will highlight how our thriving creative industries are supporting health and wellbeing across the region. I'm confident that our focus on creative health will deliver healthier, happier communities within a stronger, brighter West Yorkshire.

Tracy Brabin

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Designed by Steers McGillan Eves