



Creative Health



APPG Creative Health Briefing Paper

The economic case for creative health

The Government's shifts from hospital to community and from sickness to prevention depend on investment in services that keep people well. Creative health¹ is well placed to support both, but its value has rarely been set out in the comparable, credible terms that the HM Treasury Green Book and NHS commissioning require in their economic appraisal. Professor Helen Chatterjee, Principal Investigator for the [Mobilising Community Assets to Tackle Health Inequalities](#) (MCA) programme, explains that the sector is not data poor, but its data are disconnected and seldom translated into economic evidence.

On 19th October 2026, an All-Party Parliamentary Group (APPG) on Creative Health roundtable launched new economic evaluation guidelines and business cases from the MCA programme. UKRI's investment of over £30 million in MCA was described by Dr Jaideep Gupte, Arts and Humanities Research Council, as important for moving creative health from a set of compelling individual examples towards a system-level proposition; providing a wealth of examples of the kind of community asset mobilisation that commissioners at the roundtable are working to achieve in their own systems.

The programme's key recommendation: a proportionate national minimum dataset and shared data infrastructure

MCA recommends agreeing and implementing a proportionate national minimum dataset for creative health, through a shared data infrastructure with NHS, public health and social care. This minimum dataset would enable data linkage between participation data, population health data, and social outcomes data such as employability stats, school retention and attainment records. Through this, MCA seeks to show that you can directly correlate positive health and social outcomes with community engagement data. Leaders in the programme maintain that this will have significant implications on prevention, equity, service capacity, workforce well-being, and inclusive economic growth.

Four core indicators

The MCA guidelines, developed with renowned economist Dr Daniel Fujiwara, set out four core indicators, each with standard, Green Book-compliant monetary values:

- **Quality of life**, valued as quality-adjusted life years (QALYs), the standard used by the NHS, NICE and DHSC.
- **Life satisfaction**, valued as wellbeing-adjusted life years (WELLBYs), which captures wider benefits such as reduced loneliness.
- **GP visits** and **A&E attendance**, as measures of healthcare use.

At the roundtable, Dr Justin Varney-Bennett, [Creative Health Lead at DHSC](#), noted that creative health spans everything from hospital design to arts therapies, and there is not yet enough comparative economic evidence to show what works best. He welcomed MCA's approach of aligning with measures already used across the voluntary and community sector, rather than creating new ones.

¹ Creative health is defined as *creative activities and approaches that benefit health and wellbeing*. Our mostly delivered through community assets

Proportionality and a focus on what creative health adds

MCA holds that economic evaluation must show the change that would not have happened even in the absence of creative health provision. The guidelines make this proportionate to the size of a programme:

- **Larger, higher-funded programmes** should use Magenta Book methods, comparing participants with a counterfactual or matched group.
- **Smaller programmes** can track the same individuals before and after taking part, with a set adjustment for change that would have happened anyway.

Matched before-and-after measures also guard against relying on immediate feedback. Dr Varney-Bennett observed that participants often say positive things straight after a session, but when asked three months later “they’ve forgotten they’ve done it” – so measuring change over time, rather than satisfaction on the day, is essential.

Shared infrastructure that links the data

Gloucestershire ICB has provided a [great example](#) of what is possible through data linkage. By linking creative health participation data to NHS numbers and postcodes, it has shown reductions in GP visits and A&E attendance. Consequently, creative health is now a routine part its clinical pathways.

A national infrastructure would extend this approach and provide consistency across the field. Dr Jen Gold, Economic and Social Research Council, added that existing national data assets, including ONS-linked administrative data and longitudinal studies such as *Understanding Society* – which was used in MCA’s work – could also support this.

Making it work for providers

Emily Smith, Odd Arts, described their experience in moving from case studies and ad-hoc feedback models to matched before-and-after wellbeing measures using the MCA approach. She explains that there was an initial fear that participants would feel assessed and that practitioners would become assessors rather than relationship-builders. Instead, they found a good balance and retained the flexibility of their work. Their biggest lesson was the need to take staff with them, supported by training. Most small providers lack this evaluation capacity, and face differing requirements from each funder.

“I feel that my life is going the way I wanted it to go.”

– Jeff Potts, Odd Arts participant, who described going from feeling stuck and isolated to being more confident and talkative, and making friends

The role of conveners

Dr Gupte warned that this effort “can’t end as an infrastructure looking for a user”. He proposed that DCMS takes a role in policy ownership and convening – bridging the value of culture with the public service reform agenda, DHSC and the NHS, so that the data serve real decisions. Dr Glenn Wells, Medical Research Council, added that MRC also convenes nationally on health inequalities and can fund both universities and NHS bodies, helping to move interventions through the system.

Turning evidence into investment and bringing the public with us

Health and cultural leaders at the roundtable offered welcomed context for MCA’s work:

Strategic commissioning

Stephen Sandford, NHS Lancashire and South Cumbria ICB, explained that ICBs now commission for the health and wellbeing of their populations, not only NHS services. He described local arts organisations as holding “integrity, credibility, and deeply established relationships with the people they serve”, and held that “creative health should be part of those conversations from the outset rather than something we consider once our traditional healthcare commissioning decisions have already been made”.

Proportionate contracting

Ellie Hobart, NHS North East London ICB, highlighted barriers for small organisations, including procurement thresholds, governance requirements and short-term funding. She encouraged

commissioners to use grants and partner-led arrangements, set requirements proportionate to size and risk, fund full delivery costs over several years, and convene local providers with shared safeguarding, referral and evaluation support. This convening role could also become a feature of devolution.

Creative health as a core pathway

Dr Varney-Bennett argued that where randomised controlled trials have shown value, interventions should be funded as core care pathways rather than from short-term inequalities budgets. He adds that cultural funding is also needed to sustain arts organisations and their workforce, so the assets exist when health commissioners are ready to invest.

Health scrutiny

Dr Varney-Bennett adds that local health scrutiny can play an important role, assessing whether creative health is being adequately commissioned – for example within perinatal mental health – and following up where it is not.

Public Support

Rosie Dow, Arts Council of Wales, warned that public support “is not a given”. Wales’s economic evidence², which found £11.08 in benefits for every £1 invested in its multi-year funded arts organisations, helped secure a programme for government commitment to arts and culture as a pillar of prevention. An enabler of this was work to “reconnect with the public in a language they understand”. She recalled “the miners’ penny”, through which mining communities funded their own arts and community assets.

Dr Varney-Bennett added to this by suggesting the field needs to draw upon the creative industries’ marketing expertise to build a public narrative for creative health, as has been done for growth.

Recommendations

1. **Fund a proportionate national minimum dataset and shared data infrastructure for creative health** – built on the four core indicators and linked with NHS, public health and social care data.
2. **Give the infrastructure a policy owner** – DCMS was recommended to lead on policy ownership and convening with DHSC, linked to the public service reform agenda, with UKRI research councils (including MRC) supporting national convening.
3. **Prioritise evaluation capacity and training for providers** – enabling small organisations to collect proportionate, comparable data.
4. **ICBs to commission proportionately and through core pathways** – convening local providers and including creative health from the outset of strategic commissioning.
5. **Sustain the cultural workforce and assets through cultural funding** – enabling provision to remain available as health investment follows.
6. **Bring health scrutiny and the public into the conversation** – building a public narrative for creative health.

² Davies J, Flynn G, Karkou V, Tudor Edwards R. Assessing the Economic Impact of the Arts on Health and Healthcare Services in Wales. Arts Council of Wales: Cardiff; 2026. Available at: <https://arts.wales/about-us/research/assessing-economic-impact-arts-on-health-and-healthcare-service-s-wales>

Appendix

Speakers at the APPG roundtable: Making the Economic Case for Creative Health

- Professor Helen Chatterjee, Professor of Human & Ecological Health, University College London
- Dr Daniel Fujiwara, Behavioural Economist
- Emily Smith, Senior Project Manager Wellbeing and Resettlement, Odd Arts
- Jeff Potts, Lived Experience Participant, Odd Arts
- Ellie Hobart, Deputy Director of Health Equity and Inclusion, NHS North East London ICB
- Stephen Sandford, Strategic Lead for Neighbourhood Health, NHS Lancashire and South Cumbria ICB
- Dr Jen Gold, Executive Director of Research, Economic and Social Research Council
- Dr Jaideep Gupte, Director of Research, Strategy and Innovation, Arts and Humanities Research Council
- Dr Glenn Wells, Deputy Executive Chair, Medical Research Council
- Rosie Dow, Head of Arts, Health and Wellbeing, Arts Council of Wales
- Harman Sagger, Head Economist for Arts, Heritage and Tourism, DCMS
- Dr Justin Varney-Bennett, Director of Public Health, NHS South West; Creative Health Lead, DHSC

Chaired by

- Dr Simon Opher MP, Chair of the APPG on Creative Health

Sponsored by

- Lord Babudu, House of Lords

Witnessed by

- John Slinger, MP for Rugby

Monday 19th October 2026, 3.30–5.30pm, House of Lords Committee Room G

Recording available at: <https://youtu.be/gQKflmh0u9k>

MCA resources launched at the roundtable

1. Summary of findings: [Creative Health Economics: Building the foundations for a commission-ready sector](#)
2. For those undertaking Public Sector evaluation: [Guidelines on Economic Evaluation in Creative Health](#)
3. For those commissioning Creative Health: [Creative Health Commissioning: An economic business case for improving population health and reducing health inequalities](#)
4. For providers of Creative Health: [Delivering Commission-ready Creative Health: The Economic Business Case for Investment](#)

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This briefing has been prepared by Dr Jane Hearst on behalf of the All-Party Parliamentary Group on Creative Health.

*For any enquiries relating to MCA research into the economic case for creative health, contact:
Professor Helen Chatterjee at: h.chatterjee@ucl.ac.uk*

*For enquiries relating to the APPG on Creative Health, contact: Alex Coulter (secretariat):
alexandra@ncch.org.uk*