



Making the Economic Case for Creative Health - Speaker briefing

APPG on Creative Health roundtable
Monday 19th October 2026, 3.30-5.30pm
House of Lords Committee Room G

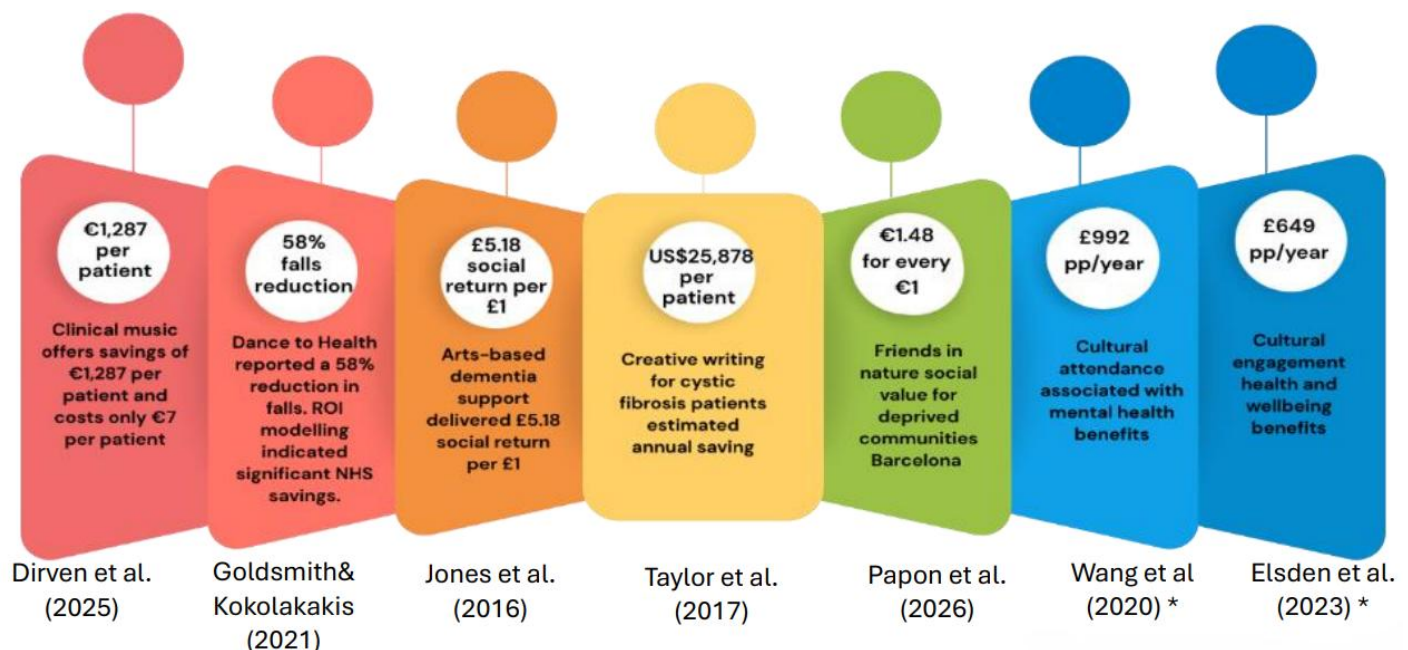


Background

Creative healthⁱ is typically delivered via community assets, aligning it well with the Government's shifts from hospital to community and from sickness to preventionⁱⁱ. Yet, investment from health systems remains limited and largely short-term. Public spending decisions rely on economic appraisalⁱⁱⁱ, during which the value of creative health can often be missed, as much of it lies in wellbeing, social connection and prevention, with costs and benefits falling across different budgets. The value of creative health has rarely been translated into the comparable, credible economic evidence these processes require, and the field has lacked the knowledge of which information is required to inform and improve this credibility.

About the work

Mobilising Community Assets to Tackle Health Inequalities (MCA) is a UK-wide research programme (2021–2027) led by UCL and the National Centre for Creative Health, supported by UKRI. The economics workstream brought together economists, commissioners, policymakers, funders, practitioners and people with lived experience to strengthen the economic evidence base for creative health.



ⁱ Creative approaches and activities which have benefits for our health and wellbeing (see [Creative Health Review 2023](#), pg. 20, for a more detail definition).

ⁱⁱ As identified in 2025 in the [10 Year Health Plan for England: fit for the future](#)

ⁱⁱⁱ The HM Treasury Green Book and NHS commissioning requirements.

Figure 1 shows a selection of economic evidence for creative health. Sources: 5-12. Evidence strengths and evaluation methods vary across studies. Those marked * indicate that monetisation came via Frontiers Economics 2024.

Combining evidence reviews, ecosystem mapping, social prescribing analysis, participatory research and pilot evaluations, the programme developed practical tools to support decision-making. Outputs included Green Book-aligned evaluation guidelines², business cases for commissioners³ and providers⁴, and national research report¹. These resources help improve the economic visibility of creative health and support more informed commissioning and policy decisions.

Key findings

- Evidence of economic, health and wellbeing benefits is emerging across multiple creative health settings, although uneven across the sector.
- Strong foundations exist to build a more robust and comparable economic evidence base for creative health.
- Established economic methods can be adapted to better reflect the full range of outcomes that matter to decision makers, participants and communities.
- Partnerships are needed to support small providers who lack evaluation capacity and access to health-service data.
- To improve credibility, we need transparent methods and assumptions, full delivery costs and stated uncertainty; large returns extrapolated from small studies can provoke scepticism.

Case studies

During the project, two MCA partner projects were evaluated using the new Green Book-aligned guidance, to test what data from the sector is currently able to support.

	Flip of the Coin (REALITIES network)	Odd Arts – Wellbeing Your Way
Setting and sample	Creativity, nature and community, in the Scottish Highlands; 33 participants; WEMWBS	Theatre in custodial, community and school settings in Manchester; 61 participants; SWEMWBS
Cost per participant	£756.48 (full economic cost)	£707.30 (lower-bound)
Social value per participant (SVPP)	~£10,120 (upper-bound)	~£9,030 (upper-bound)
Return per £1 invested	~£13.38 (upper-bound)	~£12.77 (upper-bound)

The case study evaluations provided an important proof of concept for applying Green Book principles^{iv} to creative health. Using matched comparisons from the UK's Understanding Society^v dataset, both studies generated estimates of social value associated with improvements in participant wellbeing. Most of the estimated value arose from wellbeing improvements, indicating that creative health may contribute to outcomes aligned with prevention, population health and wider public value objectives. As the evaluations were necessarily constrained by the data available from participating projects, the analysis focused primarily on wellbeing outcomes rather than health-service utilisation or longer-term health outcomes.

^{iv} <https://www.gov.uk/government/publications/the-green-book--2>

^v <https://www.understandingsociety.ac.uk/documentation/access-data/>

This highlighted both the feasibility of economic evaluation in creative health and the importance of more consistent collection of health, service-use and cost data to support future analyses. These lessons have directly informed MCA's recommendations for a UK-wide minimum dataset for creative health.

Creating a minimum dataset for the field

To support better economic evaluation of creative health in the future, MCA recommends the creation of a minimum dataset. The proposed UK-wide minimum dataset would need to meet the needs of several different audiences. To meet Green Book and NHS appraisal requirements, it would include a small set of core measures that can be given a monetary value, including quality of life (EQ-5D or EQ-VAS, valued as QALYs), life satisfaction (ONS question, valued as WELLBYs), and GP and A&E use. To show commissioners what is delivered and at what cost, it would record participation, completion, dose and full delivery costs. To make sure the outcomes that matter most to the field of creative health are captured, it would include reach and equity, participant experience, and measures such as wellbeing, loneliness and social connection, alongside qualitative evidence. To make the dataset usable, the level of evidence expected should match a programme's scale.

Commissioners' recommendations

The MCA programme co-produced a template business case with NHS and local authority commissioners³ to help teams build local cases for investment. It recommends:

- Commission creative health as part of neighbourhood health, population health management and Core20PLUS5, 'using existing community assets and prioritising populations and pathways where evidence and local need are strongest'³.
- Start with the strongest evidence (e.g. dance-based falls prevention, community singing, hospital music, nature-based mental health) and pilot the rest.
- 'Multi-year funding for coordination, workforce development, accessibility, safeguarding and sustainable delivery'³, informed by approaches used in community pharmacy (40% infrastructure, 40% delivery, 10% quality, 10% outcomes).
- Treat reduced service use as 'potential cost avoidance or efficiency gains, not guaranteed cash savings'³.

Next steps

The roundtable discussion will consider what is needed to build, test and embed a stronger economic evidence base for creative health. Informed by the recommendations of our summative report¹, the three key themes for discussion are:

- **Shared evidence infrastructure:** establishing a proportionate minimum dataset and developing connected data systems.
- **Collaborative testing and research:** funding place-based partnerships to test the guidance and strengthen economic evidence.
- **Policy and implementation:** aligning research with government priorities, commissioning requirements and changing health-system structures.

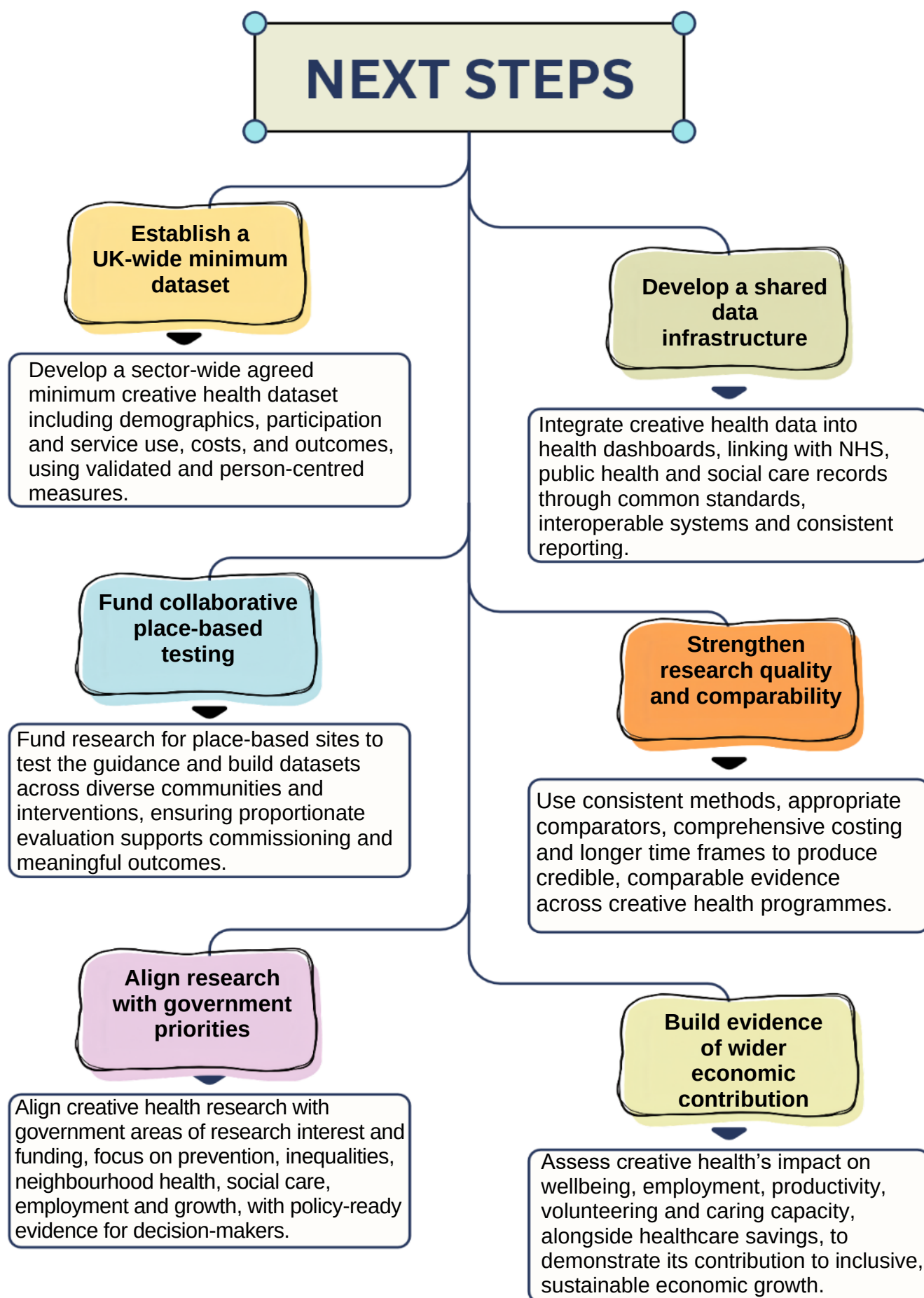
The programme's resources:

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](#)

Evidence highlighted in Figure 1:

5. Dirven, T.L., Kappen, P.R., van der Beek, F.T.H. et al. (2025). The effect of music interventions compared to standard-of-care on the prevention of delirium in neurosurgical patients: an analysis of costs and cost-effectiveness based on the MUSYC-trial. *Acta Neurochirurgie*, 167, 46.
6. Goldsmith, S. and Kokolakis, T. (2021). A cost-effectiveness evaluation of Dance to Health: a dance-based falls prevention exercise programme in England. *Public Health*, 198, 17-21.
7. Taylor, L.A., Wallander, J.L., Anderson, D., Beasley, P. and Brown, R.T. (2003). Improving Health Care Utilization, Health Status, and Adjustment in Adolescents and Young Adults With Cystic Fibrosis: A Preliminary Report. *Journal of Clinical Psychology in Medical Settings*, 10(1), 9-16.
8. Jones, C., Windle, G. and Edwards, R.T. (2020). Dementia and Imagination: a social return on investment analysis framework for art activities for people living with dementia. *The Gerontologist*, 60(1), 112-123.
9. Papon, A., Puntsher, S., Masó-Aguado, M. et al. (2026). Evaluating the social return on investment of nature-based social prescribing to alleviate loneliness: a randomised controlled trial in Barcelona. *Frontiers in Public Health: Health Economics*, 14.
10. Wang, S., Mak, H.W. and Fancourt, D. (2020). Arts, mental distress, mental health functioning and life satisfaction: fixed-effects analyses of a nationally representative panel study. *BMC Public Health*, 20, 208. Health and wellbeing benefits subsequently monetised using Green Book-aligned methods by Frontier Economics (2024).
11. Elsdon, E., Bu, F., Fancourt, D. et al. (2022). Frequency of leisure activity engagement and health functioning over a four-year period: a population-based study amongst middle-aged adults. *BMC Public Health*, 22, 1275. Health and wellbeing benefits subsequently monetised using Green Book-aligned methods by Frontier Economics (2024).
12. Frontier Economics (2024). Culture and Heritage Capital: monetising the impact of culture and heritage on health and wellbeing. London: Department for Culture, Media and Sport (DCMS).

Appendices 1. Next Steps and Recommendations, as outlined in the Summary of Findings Report



Appendices 2. Economic Evaluation Guidance (Green Book aligned)

Developing economic evaluation guidelines for creative health interventions which are aligned with established principles of public-sector appraisal, particularly the HM Treasury Green Book (2026), is important to help evaluators produce evidence that is proportionate, credible and useful for decision-making.

Creative health interventions can generate multiple forms of value, including improvements in health, subjective wellbeing, and broader social value. Some of these forms of value are easily measurable and valued, while others are not, highlighting the need for specific guidelines which address creative health's characteristics rather than relying on clinical health-oriented guidelines.

Key features of the guidance include:

- Cost-Benefit Analysis (CBA) and Cost-Effectiveness Analysis are recommended based on Green Book endorsement;
- Diverse outcome measures should be used to capture creative health's value, including:
 - Primary benefits – outcomes directly experienced by individuals as a result of participating in the intervention;
 - Secondary benefits – spillover outcomes from primary impacts, such as changes in service use;
 - Valuated outcome measures – outcome measures for which a monetary price can be associated, such as the EQ-5D, EQ-VAS, and ONS Life Satisfaction;
 - Supplementary outcome measures – outcome measures which are not linked with monetary values, but which are often more health condition-specific;
- Evaluation standards should be proportional to the scale and resources of an intervention;
- For larger interventions, distributional analysis may be used to identify who benefits most from public spending and whether public spending is reaching groups with the greatest need and where social value-creation prospects may be highest.

Fujiwara, D., Dolan, P., Muelas, A., Segarra, E., Ruiz, C., Newton, U., McNeill, E., de Andrade, M., Fancourt, D., Mundra, J. and Chatterjee, H.J. (2026). *Guidelines on Economic Evaluation in Creative Health*. London: University College London. Available from: <https://ncch.org.uk/uploads/Guidelines-on-Economic-Evaluation-in-Creative-Health.pdf>