An Introduction to Government Decision-Makers

A short guide to what powers different stakeholders have and the roles they can play in your advancement of creative health and/or the health humanities.

Policymaking happens at a number of levels of Government in the UK:

- Central Government (based in Westminster)
- Devolved Governments (Scotland, Wales and Northern Ireland)
- Mayoral and Strategic Authorities
- Local Government

Central Government

Central government is made up of three groups: Parliament, the Government and the Civil Service. Each holds different powers. As the diagram below shows, the groups overlap, and ministers sit in both Parliament and Government.

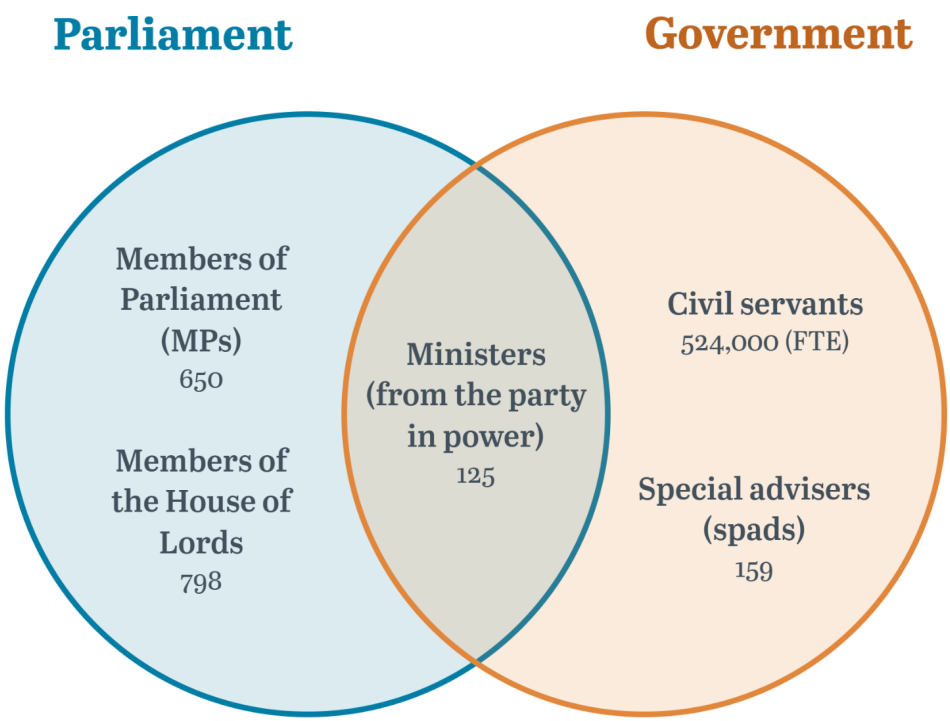


Figure 1: *A Venn diagram illustrating the distinction between Government and Parliament.* ***Designed by:*** *National Centre for Creative Health.* ***Notes on figures:*** *Data are accurate as of October 2026. For more information, data sources are stated in the body of this report.*

Parliament has two Houses. The House of Commons has 650 elected MPs. As of October 2026, the House of Lords had 798 members, though this number changes regularly (UK Parliament, 2026). Most are appointed life peers, and 25 are Church of England bishops. Hereditary peers lost their right to sit in April 2026 (Torrance, 2026). Parliament does not run the country day to day. Its role is to represent voters, debate the issues of the day, pass laws, and scrutinise what the Government does. Much of that scrutiny happens in select committees. These cross-party groups of MPs or peers run inquiries, take written and oral evidence, and publish recommendations that the Government is expected to respond to. For researchers and practitioners, committee inquiries are one of the most open routes into policymaking.

The Government is led by the Prime Minister and is formed by the party that can command a majority in the Commons. Its work is organised into government departments. Each department is an organisation responsible for a particular area of public policy, such as health, culture or education, and is staffed by civil servants. Each department is led by a Secretary of State. This is a senior minister appointed by the Prime Minister to take overall responsibility for that department's policies, spending and performance. Secretaries of State are supported by junior ministers (Ministers of State and Parliamentary Under-Secretaries), who look after specific areas within the department (Devine et al., 2026).

The most senior ministers form the Cabinet, which is chaired by the Prime Minister and is the core of government decision-making. As of October 2026, the Cabinet has 23 members (Cabinet Office, 2026c). 16 are Secretaries of State. It also includes:

- the Chancellor of the Exchequer, who leads HM Treasury
- the Minister for the Cabinet Office
- some senior figures who do not run a department, such as the Leaders of the House of Commons and House of Lords and the Chief Whip

Other ministers may attend Cabinet at the Prime Minister's invitation (Devine et al., 2026). Once the Cabinet agrees a position, all ministers are expected to support it publicly. This is known as collective responsibility.

In total, as of August 2026 there were 125 ministers, drawn from both Houses (Devine et al., 2026). Ministers make policy decisions, exercise legal powers, control how departmental budgets are spent, and decide which new laws the Government will bring forward. They are supported by special advisers (SpAds), of whom there were 159 as of March 2026 (Cabinet Office, 2026a). SpAds are political appointees who give ministers party-political advice and help shape and communicate their priorities (Cabinet Office, 2026a). They often act as gatekeepers to ministers. Both ministers and SpAds are political roles, and their numbers and post-holders change with each government and reshuffle.

The Civil Service employed around 557,000 people (Office for National Statistics, 2026), equivalent to around 524,000 full-time staff (Burrows-Worlidge et al., 2026), as of June 2026. It is politically impartial and serves whichever government is in power. Civil servants develop policy options, advise ministers, and put the Government's decisions into practice. Most civil servants do not work on policy, though. More than half work in operational delivery, running services such as jobcentres, prisons, tax collection and border control (Burrows-Worlidge,

2025). Only around 7% belong to the policy profession (Keenan et al., 2026), roughly 36,000 of 516,000 FTE staff in 2025. These are the officials who draft strategies, consultations and advice to ministers. When you engage with “government officials” on policy, you are usually dealing with this relatively small group.

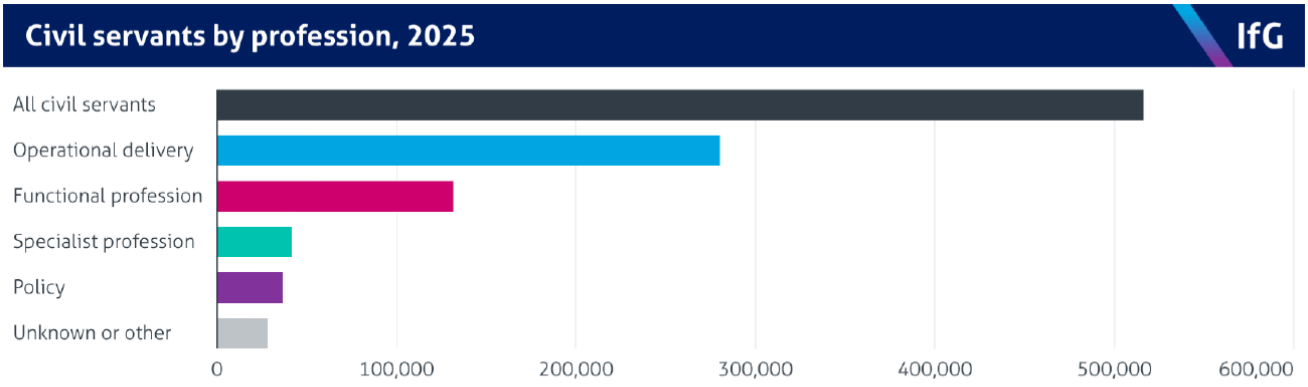


Figure 2: *A graph illustrating the spread of civil servants by profession.* ***Image source:*** *Institute for Government analysis of Cabinet Office, ‘Civil Service Statistics’, 2025 (CC BY-NC).* ***Notes on figures:*** *All figures are in Full time equivalent (FTE). ‘Unknown or other’ category includes the profession ‘Inspector of Education and Training’ which cannot be categorised because the government does not publish this information.*

Civil servants work across government departments. Departments differ in how much they make policy and how much they deliver services directly. Some departments have smaller workforces with a higher share of policy and specialist staff. They often deliver through other organisations, such as the NHS, schools or local councils. Other departments employ large numbers of frontline staff. Of the 54% of civil servants who work in operational delivery, 82% are in just five departments.

For creative health and the health humanities, DHSC and DCMS are often the most relevant departments, with DfE and MHCLG featuring after that. However, creative health has the ability to cut across many departments. Adding to this, departments are reorganised from time to time. In July 2026, for example, the Department for Science, Innovation and Technology was closed, and its responsibilities were split between DCMS and a new Department for Business, Innovation, Science and Trade (Cabinet Office, 2026b). It is worth checking GOV.UK for the current structure if you are considering approaching a department.

England has no national creative health strategy and The Baring Foundation’s director has argued publicly that England should follow Wales’s lead in this regard (Cutler, 2025). That being said, Arts Council England, which is funded through DCMS, describes creative health as ‘a crucial part’ of its ten-year strategy Let’s Create and has a dedicated Creative Health & Wellbeing plan (Arts Council England, 2022). In Parliament, the All-Party Parliamentary Group on Creative Health brings together MPs and peers with an interest in the field. Moreover, much of England’s creative health activity happens regionally, through mayoral authorities, integrated care systems and local government, as the following sections will show.

Devolved Governments

Scotland, Wales and Northern Ireland each have their own elected parliament or assembly and their own government. These make decisions on “devolved” matters, which include health and social care, education and most areas of culture. Other powers, such as defence and foreign affairs, are “reserved” to the UK Parliament and Government at Westminster. Of the 650 MPs at Westminster, 543 represent England, 57 Scotland, 32 Wales and 18 Northern Ireland (Boundary Commission for Scotland, 2023). Within the UK Government, the Scotland Office, Wales Office and Northern Ireland Office work with the devolved governments and represent each nation’s interests in Whitehall.

Department	Scotland	Wales	Northern Ireland
Education	100.0%	100.0%	100.0%
MHCLG: Local Government	100.0%	100.0%	100.0%
Business Rates	100.0%	100.0%	100.0%
Health and Social Care	99.5%	99.5%	99.5%
Environment, Food and Rural Affairs	97.9%	97.9%	97.9%
MHCLG: Communities	82.1%	82.1%	82.1%
Culture, Media and Sport	80.6%	80.6%	82.6%
Transport	95.6%	33.5%	95.6%
Justice	100.0%	0.0%	100.0%
Law Officers’ Departments	98.6%	0.0%	91.3%
Home Office	73.3%	0.5%	74.5%
Work and Pensions	15.0%	0.5%	98.2%
Science, Innovation and Technology	17.3%	17.3%	17.3%
Energy Security and Net Zero	16.9%	16.9%	18.5%
Business and Trade	4.7%	2.6%	14.8%
HM Revenue and Customs	4.6%	4.6%	4.2%
Cabinet Office	0.0%	0.0%	0.0%
HM Treasury	0.0%	0.0%	0.0%

Figure 3: *A table showing the distribution of powers across the devolved governments.* ***Data source:*** *June 2025 HM Treasury Statement of Funding Policy (Annex B).* ***Notes on figures:*** *Department names reflect the structure of government before the July 2026 machinery of government changes, so the Department for Science, Innovation and Technology and the Department for Business and Trade are shown separately, although they have since been reorganised. HM Treasury notes a possible error in the Transport figures, so these should be treated with caution. The Ministry of Defence and the Foreign, Commonwealth and Development Office are not included, as they do not appear in the Treasury’s table.*

The Scottish Parliament has 129 MSPs (Members of the Scottish Parliament). Health and social care sit with the Cabinet Secretary for Health and Care. Culture is combined with education under the Cabinet Secretary for Education, Culture and Gaelic (McKay, 2026). The core Scottish

Government directly employed around 8,560 full-time equivalent staff as of June 2026 (Scottish Government, 2026).

The Welsh Parliament (Senedd) grew to 96 MSs (Members of the Senedd) at the May 2026 election (Cooke and Hayman, 2026). Its ministerial team includes a Cabinet Minister for Health and Care, a Deputy Minister for Public and Preventative Health, and a Cabinet Minister for Culture and Sport (Welsh Government, 2026a). The Welsh Government employed around 5,600 full-time equivalent staff as of March 2025 (Welsh Government, 2026b).

The Northern Ireland Assembly has 90 Members (MLAs). The Northern Ireland Executive is a power-sharing government, led jointly by a First Minister and deputy First Minister, alongside eight departmental ministers (Northern Ireland Executive, 2026). Health and social care sit with the Department of Health. Arts and culture sit with the Department for Communities. The Northern Ireland Civil Service, which staffs all nine Executive departments, employed 24,679 people as of January 2026 (Northern Ireland Statistics and Research Agency, 2026).

Each devolved legislature scrutinises its government through committees, which work much like Westminster's select committees. In the Scottish Parliament, the closest equivalent is subject committees, each linked to a government portfolio (Scottish Parliament, n.d.). In Wales, they are known as Senedd committees. The Northern Ireland Assembly has nine statutory committees, each shadowing a government department, which can run inquiries and call for evidence (Northern Ireland Assembly, n.d.a). The Scottish Parliament and the Senedd also have petitions committees, which members of the public can petition directly.

The level of devolution differs between Scotland, Wales and Northern Ireland. One way to see this is through the share of each UK Government department's spending that covers services delivered by the devolved governments (Figure 3). Health and social care is almost entirely devolved in all three nations (99.5%). This means decisions about the NHS, public health and social care in Scotland, Wales and Northern Ireland are made by their own governments, not by the Department of Health and Social Care. Culture, media and sport is largely devolved; specifically, 80.6% in Scotland and Wales, and 82.6% in Northern Ireland. By contrast, justice is fully devolved in Scotland and Northern Ireland but not at all in Wales (HM Treasury, 2025). Policy, structures and language from England, such as integrated care boards (ICBs), often do not apply elsewhere in the UK, as demonstrated by Rosie Dow:

"With both culture and health delivery devolved to the Welsh Government and Senedd, creative health policy recommendations in Wales must take account of the different ways we do things here. For example, we have a very different way of commissioning and delivering NHS and public health services through Health Boards, so there are no ICBs, no mayoral authorities and no Local Authority public health teams here. We also have a different ministerial team and roles within Welsh Government, and even a different political party governing. We now have a dedicated Deputy Minister for public and preventative health, alongside a Cabinet Minister for Culture. All these things present both challenges and opportunities when it comes to navigating policy in Wales: recommendations for the Westminster government and English health authorities don't usually land or work well here (though the societal issues we face are often similar), but on the flipside our smaller government and Health Boards can be easier to navigate."

– **Rosie Dow**, Head of Arts Health & Wellbeing, Arts Council of Wales (Pennaeth Celfyddydau, Iechyd a Llesiant, Cyngor Celfyddydau Cymru)

Strategic positioning of creative health/ health humanities across the devolved nations

In Scotland, culture and health are linked at strategy level, though the term “creative health” is not used. *A Culture Strategy for Scotland* (Scottish Government, 2020) commits to placing culture at the centre of all policy areas, including health and wellbeing. It also commits to supporting the Arts Culture Health and Wellbeing Scotland network to promote cultural approaches to preventing poor health and tackling health inequality. Its 2023 Action Plan prioritises health in this work and formalised a cross-government Culture and Health working group (Scottish Government, 2023). On the health side, Public Health Scotland’s ten-year strategy commits to supporting social prescribing that links primary and community care with culture and the arts (Public Health Scotland, 2026). Scotland’s Population Health Framework includes plans for a National Social Prescribing Framework (Scottish Government and COSLA, 2025).

Wales has a distinctive legal framework for wellbeing. The Well-being of Future Generations Act requires public bodies to work towards seven well-being goals (Well-being of Future Generations (Wales) Act 2015). These bodies include Welsh Ministers, the seven local health boards and the Arts Council of Wales. Two of the goals are ‘A Healthier Wales’ and ‘A Wales of Vibrant Culture and Thriving Welsh Language’. The Act also sets out five ways of working, one of which is prevention (Welsh Government, 2024). The Welsh Government’s Programme for Government 2026–2030 commits to ‘invest in the preventative role of culture, heritage and sports to promote good health’ (Welsh Government, 2026c). Wales is currently developing a new Culture and Sport Strategy, with a call for evidence open until 18 December 2026. The Welsh Government wants culture and sport ‘to be recognised as a powerful force for individual health and wellbeing, community connection, economic opportunity, international profile and national confidence’ (Welsh Government, 2026d). The Cabinet Minister for Culture and Sport has linked the strategy to ‘moving towards a preventative health agenda’ (Welsh Government, 2026e). Alongside this, Public Health Wales is leading the development of a new creative health plan for Wales – alongside the Future Generations Commissioner for Wales, Wales Arts Health & Well-being Network (WAHWN), Arts Council of Wales and Senedd Cymru colleagues – through the AHRC’s Co-Lab Policy Network Awards-funded project *Cynefin: A Creative Health Review for Wales* (Northumbria University, 2026).

In Northern Ireland, the Arts Council has a long-standing interest in arts and health. Its National Lottery Arts and Older People Programme, run with the Public Health Agency, has funded more than 280 projects to reduce loneliness and support older people’s wellbeing (Arts Council of Northern Ireland, 2026). On the health side, the Department of Health’s neighbourhood health and wellbeing framework commits to developing a regional approach to social prescribing within new Integrated Neighbourhood Teams, with a focus on prevention and health inequalities (Department of Health, 2026). The Executive’s Programme for Government also tracks ‘arts and cultural activities’ as one of the indicators in its Wellbeing Framework (Northern Ireland Executive, 2025). Creative health policy is in an emergent phase. In 2026, AHRC’s Co-Lab Policy Network Awards funded Ulster University to co-create a policy roadmap setting out how creative health could be systematically commissioned, delivered and evaluated in Northern Ireland. Partners include two Health and Social Care Trusts and the NI Creative Health Network (Northumbria University, 2026).

Local Government

Local government is a devolved matter in Scotland, Wales and Northern Ireland (Paun, Wilson and Hall, 2022). In England, it is overseen by the UK Government through the Ministry of Housing, Communities and Local Government (MHCLG) (Ministry of Housing, Communities and Local Government, n.d.). As a result, systems vary between the four nations. They can be **single-tier**, where one authority carries out all local government functions, or **two-tier**, where county councils and district councils share them.

In England, there are 132 single-tier authorities, covering 65% of the population (Institute for Government, n.d.). These are 62 unitary authorities (such as Bristol), 36 metropolitan districts (such as Birmingham), 32 London boroughs, the City of London and the Isles of Scilly. The rest of England has two tiers: 21 county councils, subdivided into 164 district councils (Ministry of Housing, Communities and Local Government, n.d.). Scotland, Wales and Northern Ireland have single-tier local governments across the whole of each nation (Paun, Wilson and Hall, 2022).

Each local authority, usually called a council, is made up of councillors elected by the public in local elections. Councils receive funding from several sources, including government grants, council tax, and fees and charges (Paun, Wilson and Hall, 2022). They can decide what to buy, who to fund, and which partners to bring together. Councillors set the council's priorities and budget, and paid officers deliver its services. In England, Scotland and Wales, councils oversee a wide range of services, including social care, education, housing and infrastructure (Paun, Wilson and Hall, 2022). Northern Ireland's councils have a more limited range of responsibilities, including waste collection, local planning, community planning and leisure, but are not responsible for education or social care (nidirect, n.d.; Northern Ireland Local Government Association, n.d.).

Below these councils sits the smallest tier of local government: parish and town councils in England, and community councils in Wales (Local Government Association, n.d.c). Community councils also exist in Scotland, but they are not considered part of local government – they are instead voluntary bodies with statutory rights. In England and Wales, these councils are funded through a small charge added to council tax (the precept) (Welsh Government, n.d.). They typically look after very local assets, such as allotments, village halls, play areas and open spaces, run community events and give small grants. In Scotland, community councils have a narrower role. They mainly represent local views to their council and are not funded through council tax. Across all three nations, these councils are consulted on planning applications in its area (Local Government Association, n.d.c; Scottish Parliament, 2023). Their powers are otherwise limited[1], but they can matter at grassroots level, as a parish, town or community council may fund a community arts group, offer a hall for a weekly creative session, or support a local festival. For small, place-based creative health activity, it can be an accessible first source of support.

[1] Some eligible councils in England and Wales also hold a "general power of competence", which allows them to do more; see the Localism Act 2011 and the Local Government and Elections (Wales) Act 2021

Public Health and Culture within Local Government

Public Health and Culture are two teams that sit within local government – both of which are well aligned to creative health and, to some extent, health humanities.

Public health: Since 2013, upper-tier and unitary councils in England have been responsible for improving the health of their local populations. Each must appoint a Director of Public Health, a statutory chief officer who advises the council and its partners (Local Government Association, 2026). Public health teams are funded through a ring-fenced grant from the Department of Health and Social Care. In 2026/27, this totals £4.404 billion – the first multi-year settlement in a decade (Department of Health and Social Care, 2026a; Local Government Association, 2026). The grant pays for mandated services, including NHS Health Checks, sexual health services, public health advice to the NHS, health protection and the Healthy Child Programme, as well as ring-fenced drug, alcohol and stop smoking services (Department of Health and Social Care, 2026b; Local Government Association, 2026).

The grant can also fund wider activity, including creative health. This is only where public health is the activity's primary purpose, so creative health proposals to public health teams should be framed around specific health outcomes (Department of Health and Social Care, 2026b). Under the Health and Social Care Act 2012, every upper-tier and unitary local authority in England is statutorily required to establish a Health and Wellbeing Board as a formal committee of the council. Understanding a local council's Joint Health and Wellbeing Strategy will point you towards their specific needs and priorities.Public health is also closely linked to the Government's 10 Year Health Plan, published in July 2025 (Department of Health and Social Care, 2025a) and Neighbourhood Health Framework, published in March 2026 (Department of Health and Social Care, 2026c).

Case study: Birmingham City Council's Public Health team runs a Creative Public Health programme, through which it has funded a number of grassroots creative health projects, including, but not limited to, those funded through their Innovation, partnership and impact fund (Birmingham City Council, n.d.). Additionally, the team has placed Public Health Research Officers in Residence inside four large creative organisations in the city, to champion the role of creativity in achieving fairer health outcomes (Local Government Association, n.d.a). In June 2026, the city also hosted Healing Arts Birmingham, delivered by a consortium led by the World Health Organization, Birmingham City Council and others. The Mobilising Community Assets to Tackle Health Inequalities programme (UCL and NCCH) has produced three resources on this case study, capturing implementation insights and more:

- Implementing Creative Health: Birmingham's Public Health Research Officers in Residence Model (Hearst et al., 2026a)
- Grassroots Creative and Community Infrastructure in Birmingham: Healing Arts, in Conversation (Hearst et al., 2026b)
- Creative Health Communication and Curation: lessons from Ikon Gallery (McDonald and Hearst, 2026)

Culture: Councils are the largest public funder of culture in England. They spend over £1 billion a year on libraries, museums, galleries, theatres, heritage sites and archives (Local Government Association, n.d.b). Apart from libraries (Public Libraries and Museums Act 1964), these services are discretionary, which leaves them exposed when budgets tighten. Council spending per person on culture, heritage and libraries has more than halved in real terms since 2009-10 (Campaign for the Arts, 2024). Even so, culture teams can be powerful champions of creative health.

Case study: Bradford Council backed the district's 2025 City of Culture bid as part of its ten-year cultural strategy, *Culture is Our Plan* (2021–2031). It committed funding to the year despite receiving Exceptional Financial Support (defined below) (Puffett, 2024). Bradford City of Culture 2025 ran a dedicated Creative Health programme of more than 30 social prescribing projects (Bradford 2025, 2025). It was delivered with partners including Bradford Council and the district's health and care partnership (Bradford 2025, n.d.a). It has been described as the first significant investment in social prescribing by a UK City of Culture (Bradford 2025, n.d.b), and its work continues through the legacy organisation and local partners.

Creative health investment under strain: Councils are under severe financial pressure. Rising demand for adult and children's social care, alongside years of reduced funding, has left many struggling to balance their budgets. When a council's chief finance officer judges that spending is likely to exceed available resources, they must issue a section 114 notice. This is often described as effective bankruptcy, although councils cannot legally go bankrupt. Fourteen councils have issued section 114 notices since 1988, half of which took place between 2020 and 2025 (Carey, 2025a). Many more avoid this step through Exceptional Financial Support, which lets them borrow or sell assets to fund day-to-day services. More than one in ten councils now rely on it, rising to around one in six for upper-tier authorities (Institute for Government, 2026).

With those circumstances in mind, this is a fragile time for local government. Even so, public health and culture teams are often among creative health's strongest supporters. For example, of the teams applying to host an NCCH Creative Health Lead, public health partners were particularly visible.

Additional remits: Other areas that local government have jurisdiction in England, which might apply to Creative Health aims include:

- Adult social care: The Care Act has a wellbeing principle and a duty to prevent or delay needs (Care Act 2014, ss. 1–2). Direct payments and personal budgets can be used for creative activity where this is agreed in the person's care and support plan.
- Children's services: Early help, SEND support and youth provision are all areas where arts-based approaches can be commissioned.
- Leisure, parks and community grants: These are discretionary but under council control. In two-tier areas, these services are mostly run by district councils, so they could be affected by reorganisation (see below).
- Planning, housing and regeneration: Councils shape the built environment through local plans, design and placemaking. Developer contributions secured through planning (Section 106 agreements and the Community Infrastructure Levy) sometimes fund public

art, community facilities or green space. These are tied to specific developments, so they are a route into the built environment rather than a funding source for creative health programmes.

Whatever the route in, councils will judge research against their own pressures, as Jeremy Kimmel explains:

"Too often, creative health research arrives with strong evidence but weak alignment to the realities of local government. Councils are balancing financial pressures, statutory responsibilities, political priorities and competing demands across multiple services. Evidence alone is never enough. Researchers should frame their work in terms that matter to decision-makers: improved outcomes, prevention, demand reduction, value for money, community resilience and contribution to corporate priorities.

Just as importantly, they should understand that timing matters. A compelling piece of research presented at the wrong moment may have less impact than a smaller intervention that aligns with a current priority, budget cycle or political agenda. Don't just explain what works. Explain why it matters, who it helps, what problem it solves and how it supports the wider goals of the organisation. Do your research."

– **Jeremy Kimmel,** Arts, Heritage and Engagement Director
The Amelia Scott, Tunbridge Wells

The Changing Landscape of Local Government

Local government in England is going through its biggest restructure in around fifty years. The English Devolution White Paper (December 2024) set out plans to replace the remaining two-tier areas with single unitary councils (Ministry of Housing, Communities and Local Government, 2024). For example, Surrey's 12 councils will be replaced by two new unitary authorities, East Surrey and West Surrey, by April 2027 (Carey, 2025b). In March 2026, ministers confirmed five unitaries each in Essex and Hampshire, and three each in Norfolk and Suffolk (County Councils Network, 2026). On 16th July 2026, the government confirmed reorganisation for 14 more areas, replacing 134 existing councils with 38 new unitary authorities (Carey, 2026a).

Several councils challenged these decisions. Essex, Portsmouth, Norfolk and Suffolk councils, along with Harlow, launched legal proceedings (Carey, 2026b). On 7th September 2026, following updated and privileged legal advice, the government announced a review. Four decisions were withdrawn and 14 were paused and placed under review. Two areas still awaiting decisions were brought into the review, and only Surrey's reorganisation continues (Ministry of Housing, Communities and Local Government, 2026; O'Brien, 2026). The review will also test whether the proposals fit the priorities of the new Prime Minister and administration. Local elections due in May 2027 will go ahead on existing council boundaries. Some councils are still taking legal steps, because the original decisions seem to stand even though implementation has stopped (O'Brien, 2026).

Reorganisation was promised to improve local services, ease workforce pressures, make councils more clearly accountable to voters and strengthen council finances through savings

(Fright, 2026). The Institute for Government has questioned how well-founded some of this was. It noted that the government did not publish the savings it expected, and reportedly relied on a 2020 estimate from the County Councils Network rather than its own analysis (Institute for Government, 2025). It also reported that evidence from early legal proceedings showed some decisions went against officials' advice (Fright, 2026).

NHS structures are changing at the same time. The government's aim is for integrated care boards (ICBs) to share boundaries with one or more strategic authorities wherever feasible (Department of Health and Social Care, 2025b). ICB mergers and boundary changes take effect in two waves, in April 2026 and April 2027, and it is accepted that some ICBs will cover more than one strategic authority (NHS England, 2025). Some new ICBs were agreed on the understanding that their boundaries may be reviewed later to fit future strategic authorities and new unitary councils (Department of Health and Social Care, 2025b). The pause on local government reorganisation makes further NHS boundary change more likely. One West Midlands ICB cluster, for example, plans to review its geography in 2028/29, once the new councils and their strategic authority arrangements are clearer (NHS Coventry and Warwickshire and NHS Herefordshire and Worcestershire, 2026). The Institute for Government has argued that the previous government did little to align service boundaries (Institute for Government, 2026). In some areas, this meant around six local authorities for every ICB. It has welcomed the new Prime Minister's more strategic approach to aligning footprints, which suggests further boundary changes are likely.

For creative health, this has practical consequences. Many of the services most relevant to creative health in two-tier areas sit with district councils, which reorganisation would abolish. These include leisure, parks, museums and community grants. Under new councils these services would need to be merged, and Health and Wellbeing Boards and their strategies redrawn. Officer capacity is also stretched. In a 2026 survey of 170 senior officers, 37% said they had made trade-offs between reorganisation work and core service delivery (O'Brien, 2026). Respondents also reported putting partnership work and improvement programmes on hold. The IfG adds that leaders in some councils have been delivering major reforms through reorganisation without knowing who their NHS partners would be (Institute for Government, 2026). Before approaching a council, check where it stands in this process. Bear in mind that whilst restructure creates uncertainty, new councils will need new strategies, which may open a policy window.

Because boundaries and responsibilities are changing, the arrangements in your area may differ from those described in this guide. To check which bodies currently hold responsibility for services where you live or work, you can use the House of Commons Library's interactive tool, Who is responsible for public services in my constituency? Select a parliamentary constituency to see which council, NHS body, strategic authority or other public body delivers each service. The Library updates the tool as boundaries change (House of Commons Library, 2026). A separate Library dashboard covers wards and parishes.

Mayoral and Strategic Authorities

While a local authority manages services for a single town or city district, a strategic authority spans a whole region or county grouping – such as Greater Manchester, the Tees Valley, or

West Yorkshire. Strategic authorities are a tier of local government that sits above councils and takes on extra responsibilities for public services and the economy. They work alongside a cabinet or board made up of the leaders of the constituent local councils.

A regional or "metro" mayor is the directly elected leader of a Mayoral Strategic Authority (MSA)[2]; they have a mandate from voters across that whole area. At present, not all strategic authorities have a mayor and this mayor is distinct from a mayor elected to lead a single local council. As the government's Devolution Priority Programme is rolled out, more MSAs will begin to represent the population. As of August 2026, areas with a metro mayor made up around half the national economy in England (Centre for Cities, 2026). The figure below shows the regional mayors elected between 2000 and 2025.

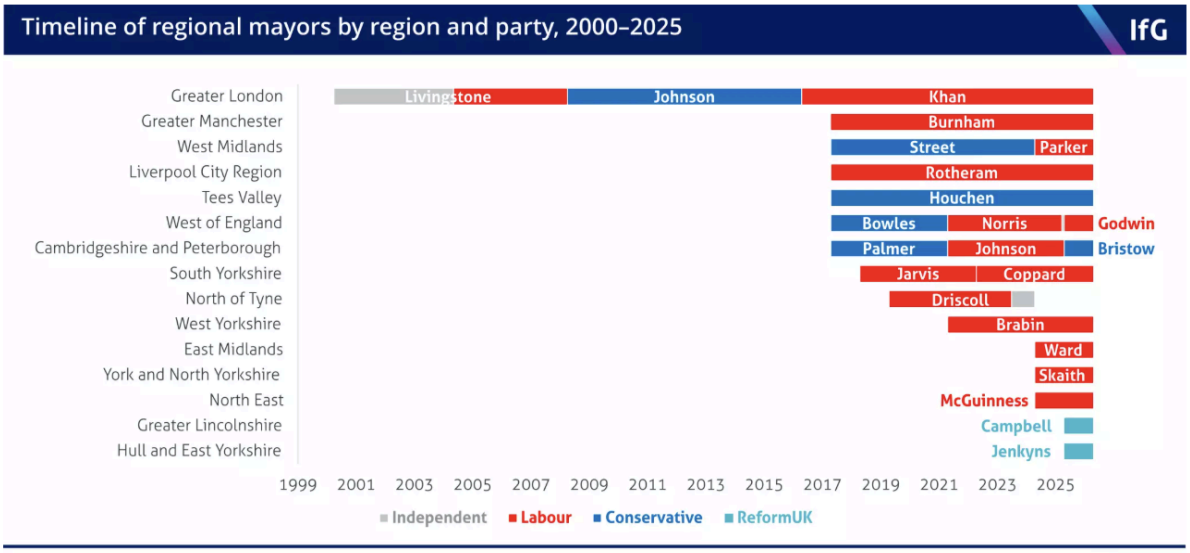


Figure 4: *A timeline of regional mayors by region and party, 2000–2025.* ***Image source:*** *Institute for Government analysis of publicly available sources (CC BY-NC).* ***Notes on figures:*** *Ken Livingstone was elected for his first mayoral term as an independent and his second as Labour party candidate. Jamie Driscoll was elected as a Labour mayor but resigned from the party in July 2023. Dan Norris was elected as a Labour mayor but was suspended from the party in April 2025. Johnson in Greater London refers to Boris Johnson, in Cambridgeshire and Peterborough to Nik Johnson.*

Strategic authorities are gaining powers. Until now, most Mayoral Strategic Authorities have not held statutory health responsibilities. Even so, many already hold devolved powers over areas that shape the wider determinants of health, such as economic growth, housing, regeneration, skills and transport (Bailey, 2026). The English Devolution and Community Empowerment Act 2026 puts this role on a firmer footing. It sets out nine areas of competence (West Midlands Combined Authority, 2026):

1. transport and local infrastructure

[2] Before the English Devolution and Community Empowerment Act 2026, these regional bodies were usually called **combined authorities** or **combined county authorities**, and those led by a mayor were known as **mayoral combined authorities** (MCAs). The Act introduced "strategic authority" as the umbrella term and sorts these bodies into three tiers, foundation, mayoral and established mayoral, according to the powers they hold. Combined authorities have not disappeared. Most strategic authorities still take that legal form, and many keep the name: West Yorkshire Combined Authority, for example, is now an Established Mayoral Strategic Authority. You may therefore still see "combined authority" or "MCA" in local documents, and in some quotes in this guide (English Devolution and Community Empowerment Act 2026; West Yorkshire Combined Authority, 2026).

2. skills and employment support
3. housing and strategic planning
4. economic development and regeneration
5. environment and climate change
6. health, wellbeing and public service reform
7. public safety
8. culture
9. rural affairs and coastal communities

It also extends the general power of competence to mayors and their authorities.

Of most relevance to creative health is a new duty. When exercising their functions, strategic authorities must have regard to the need to improve health and reduce health inequalities in their regions (English Devolution and Community Empowerment Act 2026). This does not make them responsible for commissioning or delivering health services. Instead, it requires them to consider how their policy, investment and place-shaping decisions affect health.

This duty reinforces the “Health in All Policies” approach used by many MSAs at present (West Midlands Combined Authority, 2026). Health in All Policies means building health and health equity into decisions across every policy area, such as housing, transport, skills and planning, rather than treating health as the job of the NHS alone. The West Midlands Combined Authority is one example. It has worked to embed the approach across its organisation, starting with its housing, property and regeneration directorate (West Midlands Combined Authority, 2024). It also hosts the Mayoral Regions Programme, which has produced a Health in All Policies toolkit for mayoral regions (West Midlands Combined Authority, 2025). Most recently, the Programme published *Getting the foundations right*, a practical guide to delivering the health duty (West Midlands Combined Authority, 2026). It makes clear that the duty is intended to complement, rather than replace, the public health responsibilities of local authorities and the NHS. It also sets out six enablers for action: governance and accountability, strategic intent and priorities, regional collaboration, understanding health need, workforce capability and capacity, and aligning infrastructure and funding. Its maturity matrix helps strategic authorities assess where they stand on each (West Midlands Combined Authority, 2026). For creative health, this approach creates openings beyond health budgets, for example in regeneration, skills or community safety strategies. But, as Laura Bailey argues, realising it ‘requires deliberate system design rather than reliance on individual champions’ (Bailey, 2026).

Devolution is also central to the current government’s agenda. The 2026 Budget (HM Treasury, 2026) said it would aim for full devolution coverage by the end of 2028. Ten new deals are currently being finalised; once they are agreed, over 90% of England’s population will be covered by a devolution agreement. Sector commentators also highlighted the Budget’s fiscal devolution roadmap, which includes a share of business rates for mayors next year and a share of income tax in 2028 (Local Government Lawyer, 2026).

Creative health in strategic authorities

With culture becoming an area of competence and the new health duty being introduced, the English Devolution and Community Empowerment Act 2026 has given creative health a clearer place in regional decision-making. These areas of alignment give important stakeholders, such

as the Mayoral & Strategic Authorities Network for Creative Health, a firmer basis for thinking practically about how to influence change.

With funding from the Health Foundation's Mayoral Regions Programme, the Network is developing the Creative Health Playbook for Mayoral Authorities to help strategic authorities embed creative health across regional policy and delivery (West Midlands Combined Authority, 2026; Mayoral and Strategic Authorities Network for Creative Health, 2026). The Playbook is continually updated as new learning, evidence and examples are added. As it grows, it will become an increasingly valuable practical resource for anyone working with strategic authorities on creative health.

Moreover, several Mayoral Strategic Authorities already take a strategic approach to creative health, including, but not limited to:

- **Greater Manchester:** Greater Manchester was the first Mayoral Strategic Authority area to publish a Creative Health Strategy, launched by NHS Greater Manchester in 2022 while Andy Burnham was mayor. It set an ambition to become the world's first Creative Health City Region (NHS Greater Manchester Integrated Care, 2022). Creative health is embedded within Live Well, Greater Manchester's approach to public service reform, where it is recognised as part of the social infrastructure that supports prevention, social connection and reduced inequalities (Bailey, 2026).
- **West Yorkshire:** In December 2023, Mayor Tracy Brabin and the West Yorkshire Health and Care Partnership announced a Creative Health System for the region. Funded by West Yorkshire Combined Authority, its delivery consortium is led by the University of Huddersfield's National Creative Health Hub, working across Bradford, Calderdale, Kirklees, Leeds and Wakefield (Bailey et al., 2026).
- **South Yorkshire:** South Yorkshire is embedding creative health through a coordinated, place-based approach. A regional Creative Health Board, supported by four local boards, links activity with public health, culture and wider system planning. The South Yorkshire Creative Health Enabling Plan (2025–2028) provides a shared framework, which Barnsley, Doncaster, Rotherham and Sheffield councils are putting into practice through locally tailored programmes, commissioning and cross-sector partnerships (Bailey, 2026).
- **London:** The Greater London Authority co-founded the Mayoral & Strategic Authorities Network for Creative Health with Greater Manchester Combined Authority, and creative health forms part of the Mayor's Health Inequalities Strategy and Health in All Policies approach (University of Manchester, 2026a, 2026b). The Mayor has also co-funded practical work. This includes a Creative Health Lead for South East London's integrated care system, supporting social prescribers to refer people to cultural activity (Greater London Authority, 2024), and a free Creative Health Impact Framework that helps cultural and community organisations evidence their impact to health partners (Greater London Authority, 2025).

The Mayoral & Strategic Authorities Network for Creative Health supports strategic authorities that want to develop their approach. It is also a partner in an AHRC-funded Creative Communities Co-Lab Policy Network. Hosted by the University of Manchester and led by Dr

Hannah Waterson, the Co-Lab is mapping policy alignment and challenges across mayoral areas and developing a first-of-its-kind framework for embedding creative health in devolved strategy (Northumbria University, 2026; University of Manchester, 2026a). A Policy Priority Paper from the Co-Lab programme is due in March 2027 (University of Manchester, 2026a). During a recent Co-Lab session, attendees from strategic authorities discussed the importance of their role as convenors, bringing together councils, the NHS, cultural organisations and communities around shared priorities.

A Move to Prevention

Greater Manchester is the UK's first national Prevention Demonstrator – a formal test site, agreed with central government, for showing whether shifting public services towards prevention works at scale. Its Live Well programme is the main way that Greater Manchester is putting this into practice (Greater Manchester Combined Authority, 2026). The Institute for Government expects Greater Manchester, as the most mature strategic authority, to be treated as a model for other areas, with Live Well and the Prevention Demonstrator likely to shape wider public service reform (Institute for Government, 2026).

The national picture is moving in the same direction. In the 2026 Budget, the Chancellor announced a new ringfenced category of prevention spending, Preventative DEL, to be introduced at the 2027 Spending Review. Details are not yet published. The Institute for Government argued that it could allow prevention budgets to be pooled in local areas, so that services are joined up around people's needs rather than departmental silos (Civil Service World, 2026). For creative health practitioners, this is useful context as approaches tested in Greater Manchester are shaping national policy, and prevention is likely to be the frame in which creative health is judged at regional level.

What this means for researchers: top tips from Julie McCarthy

Mayoral and Combined Authorities are gaining greater powers and responsibilities through devolution, alongside an increasingly important role in improving population health and tackling health inequalities. The Health Duty strengthens this direction, recognising that health and inequalities are shaped by decisions across transport, housing, skills, economic development, culture and communities. It provides an important opportunity to embed health, prevention and the reduction of inequalities more systematically across policy, investment and decision-making.

For creative health researchers, this requires a place-based and inequalities-focused approach. Evidence needs to demonstrate not only whether an approach works, but for who, in what circumstances, and whether it reaches and benefits communities experiencing the poorest health outcomes. Researchers might consider how their evidence can support action on the wider determinants of health, strengthen prevention and contribute to reducing inequalities between communities and places.

Through their strategic leadership and convening role, Mayoral and Combined Authorities are uniquely positioned to align policy and investment and to work differently and at scale, bringing together health, local government, cultural and community partners, embedding creative health within wider strategies, and supporting effective approaches to move from individual projects towards systemic change.

Devolution is moving at pace, and across the country, there is wide variance in the powers, governance and relationships with health systems. Understanding local realities within the wider national policy context is therefore essential. The Mayoral and Strategic Authorities Network for Creative Health provides an important avenue for researchers to work with clusters of MSAs and to contribute to our work to share learning and strengthen the collective case for creative health across devolved areas.

A robust and relevant evidence base is fundamental to effective policy and investment across Mayoral Strategic Authorities. For creative health, this means evidence that responds to the priorities and inequalities of place and demonstrates a clear contribution to improving population health, strengthening prevention and reducing inequalities in health outcomes.

– Julie McCarthy,
Strategic Lead for Creative Health at Greater Manchester Combined Authority and NHS Greater Manchester

Connecting Research and Policy

Many researchers and policymakers are driving towards better outcomes for people, but they work to different rhythms, incentives and expectations (Figure 5). Understanding these differences makes it easier to present your work in a way that policymakers can use, without losing what makes it valuable.

Area	Government	Academia
Objectives	Deliver policy and services	Create and test knowledge
Timescales	Short-term and responsive; priorities can change quickly	Long-term and shaped by funding cycles, allowing time for rigour and detail
Language	Well-defined policy terms, such as prevention, health inequalities and social prescribing	Specialist and contested terms; creative health and the health humanities are still defining themselves
Style	Simple, digestible and persuasive	Detailed, nuanced and carefully caveated
Common outputs	Briefings, memos and reports	Journal articles, monographs and conference papers
Common conclusions	Concrete recommendations	"More research is needed"
Common constraints	Political considerations and departmental remits	Ethics processes, peer review and funding

Figure 5: *A table comparing the norms of Government and Academia.* ***Designed by:*** *National Centre for Creative Health.* ***Adapted from:*** *Lilly and Thorpe, 2026.*

The government focuses on delivering policy and services, often at pace, and its priorities can shift quickly with events or a change of minister. Academia, meanwhile, focuses on creating and testing knowledge over longer timescales, shaped by funding cycles, which allows time for rigour and detail. The government tends to use well-defined policy terms, whereas academic fields, including creative health and the health humanities, often work with specialist or contested language. Moreover, officials typically need simple, persuasive messages and concrete recommendations, through formats such as briefings and memos. Academics, on the other hand, more commonly write detailed, caveated journal articles and monographs, which often conclude that more research is needed. Each also works within its own constraints, with political considerations and departmental remits on one side, and ethics processes, peer review and funding on the other. Neither approach is better than the other. The government can act quickly and at scale, while academic research is widely trusted (Lilly and Thorpe, 2026).

Bridging the gap

Several routes exist to help bridge these differences:

- **Areas of Research Interest:** many government departments publish these, setting out the questions they want research to answer. DCMS, for example, updated its own in May 2026 (Department for Culture, Media and Sport, 2026). Departments' Areas of Research Interest can be searched in one place through the ARI database (Oliver, 2023). ARIs also exist at the level of strategic authorities.
- **The UK Parliament:** the Parliamentary Office of Science and Technology (POST) links researchers with parliamentarians through its Knowledge Exchange Unit, consults experts for its briefings, and offers fellowships (Parliamentary Office of Science and Technology, n.d.).
- **The devolved legislatures:** each has its own research service: SPICe in Scotland, Senedd Research in Wales and RaISe in Northern Ireland. In Northern Ireland, the Knowledge Exchange Seminar Series brings university research to MLAs and officials (Northern Ireland Assembly, n.d.b).
- **UKRI Policy Fellowships:** these place researchers in government departments, devolved governments and other public bodies through an 18-month programme (ADR UK, 2026).
- **University policy engagement teams:** many universities have them. The Universities Policy Engagement Network has around 130 members across the UK, including two thirds of UK universities, which connects policy professionals with academic expertise (Universities Policy Engagement Network, 2026).

For practitioners, creative health networks and intermediary organisations can offer comparable routes, linking frontline insight with the people shaping policy.

The wider policy ecosystem

Influencing policy isn't always about going directly to government decision makers. These government stakeholders are shaped by the organisations around them. Inspired by the Institute for Government's approach, which groups those involved in policymaking into influencers, decision makers and implementers (Lilly and Thorpe, 2026), Figure 6 maps who they might be in the context of creative health and the health humanities.

Influencers

Creative health networks

National Centre for Creative Health; Culture, Health & Wellbeing Alliance; National Academy for Social Prescribing; Arts Culture Health and Wellbeing Scotland; Wales Arts Health & Well-being Network; NI Creative Health Network; Mayoral Authorities Creative Health Network

Academia and research community

UCL Social Biobehavioural Research Group; Centre for Cultural Value, University of Leeds; Institute for Medical Humanities, Durham University; Health Humanities, University of Nottingham; Creative Health Research Team, Royal Conservatoire of Scotland; Wales School for Social Prescribing Research, University of South Wales; Ulster University; Association for Medical Humanities; research funders such as AHRC, NIHR and Wellcome

Health, care and culture charities and funders

Age UK, Age Scotland, Age Cymru and Age NI; Mind, Mind Cymru and SAMH; Alzheimer's Society and Alzheimer Scotland; Carers UK; Baring Foundation; Paul Hamlyn Foundation

Think tanks

The King's Fund; Nuffield Trust; The Health Foundation; IPPR; Demos; Carnegie UK; Institute of Welsh Affairs; Bevan Foundation; Pivotal

Political parties and legislatures

APPG on Creative Health; Senedd Cross-Party Group on Arts and Health; health and culture committees in each legislature; party health and culture spokespeople

Other government departments and directorates

DHSC, DCMS, MHCLG, DfE and DWP; Scottish and Welsh Government health and culture directorates; NI Department of Health and Department for Communities

Membership and interest groups

NHS Alliance; LGA, COSLA, WLGA and NILGA; ADASS, Social Work Scotland and ADSS Cymru; Association of Directors of Public Health; Royal Society for Public Health; Faculty of Public Health; Royal College of General Practitioners; Campaign for the Arts; Creative UK

Media

Arts Professional; Health Service Journal; Holyrood; Nation.Cymru; Agenda NI; national and regional broadcasters; social media

Decision makers

Central Government

UK Parliament
UK Government

Devolved Governments

Scottish Parliament and Scottish Government

Senedd and Welsh Government

Northern Ireland Assembly and Northern Ireland Executive

Mayoral and Strategic Authorities

Across England

Local Government

Councils across the four nations

Implementers

Voluntary and community organisations

Examples include local Age UKs and Minds; ArtsCare (NI); Live Music Now; Magic Me; Equal Arts; ENO Breathe; Scottish Ballet's Dance for Parkinson's; and the many grassroots creative health providers across the UK

Practitioners

Artists and creative practitioners; arts therapists; social prescribing link workers; GPs, nurses and allied health professionals; care workers

NHS and public health bodies

Integrated care boards and NHS trusts (England); Public Health Scotland and NHS Scotland boards; Public Health Wales and health boards; Public Health Agency and Health and Social Care Trusts (NI)

Arts, culture and sport bodies

Arts Council England; Creative Scotland; Arts Council of Wales; Arts Council of Northern Ireland; Sport England, sportscotland, Sport Wales and Sport NI; National Lottery Heritage Fund

Local authorities

Public health teams; adult social care; library, museum and leisure services

Public and private providers

Care homes; home care providers; GP practices; independent health providers

Business

Creative industries; social enterprises and community interest companies; corporate funders

Individuals

People with lived experience; unpaid carers; volunteers

__Figure 6__: Influencers, decision makers and implementers in creative health and the health humanities. __Created by:__ National Centre for Creative Health.

Research often reaches decision makers through these groups:

- A think tank such as The King's Fund might draw on it in a report.
- A charity such as Age UK might build it into a campaign.
- A network such as the Culture, Health & Wellbeing Alliance might share it with its members.
- A public body such as Arts Council England might use it to shape funding.

Building relationships with powerful influencers and implementers can be as effective as approaching the government directly[3].

Indirect influence of this kind is legitimate, and often more realistic than direct engagement. It can be harder to trace, but direct influence is rarely visible either. Evidence that informs a minister's decision is seldom credited in the policy that follows. Seeing your work as part of a wider ecosystem, rather than a single line into government, opens up many more ways to make a difference.

Adapting your message around different policy audiences and opportunities

Policymaking involves many people, each with different knowledge, pressures and priorities. Academics, practitioners and other creative health/ health humanities advocates are more likely to be heard if they shape their message around who they are speaking to, rather than presenting the same evidence in the same way to everyone. For example, creative health sits across several policy areas, including health, social care, culture, education and local government. So the same piece of work may need to be framed differently depending on which department, team or organisation is listening.

Politicians: MPs, peers and local councillors are rarely experts in creative health or the health humanities, but they often have wide-ranging interests and a strong focus on their constituents and the national debate. They need to be able to show the difference they are making. Messages for politicians work best when they are short, clearly written and easy to scan, with a few recommendations they can act on. Stories and personal testimony carry particular weight. Linking your work to their constituency, such as a local project, local health inequalities or the voluntary organisations they already know, helps them see why it matters to the people they represent. Cross-party groups such as the APPG on Creative Health offer a route to parliamentarians who already have an interest in the field.

Civil servants and local government officers: Officials work to the priorities of the government or council of the day, often to tight deadlines. Many are capable generalists who may be new to their brief and to creative health or the health humanities. Analysts have more specialist expertise, but their advice does not always carry as much weight as that of policy leads. For this audience, you need to be very concise, leading with your findings and backing

[3] Creative health has a firmer footing in policy than the health humanities, which we found no explicit references to in UK or devolved government policy. The health humanities' main institutional support comes from research funders, such as the Arts and Humanities Research Council, which lists medical humanities as an area of investment in partnership with Wellcome (UK Research and Innovation, 2026).

them up with numbers or short quotes. Officials value material they can use directly, such as frameworks, evidence summaries or examples of where something has worked. Authoritative syntheses, such as the World Health Organization's review of evidence on the arts and health (Fancourt and Finn, 2019), can help them judge the strength of the evidence quickly. Because creative health and the health humanities cross departmental boundaries, it is worth being clear about which part of your work is relevant to their remit, and being prepared to work to their timetable rather than your own. Similar principles apply to commissioners in healthcare, who will want to know how creative health supports their existing priorities, such as prevention, health inequalities or reducing pressure on services. For the health humanities, relevant policy areas include the education and wellbeing of the health and care workforce, and communication between clinicians and patients.

Intermediary organisations: Think tanks, charities, membership bodies, professional bodies and sector networks often sit between researchers and decision makers. In creative health, these include organisations such as the National Centre for Creative Health, the Culture, Health and Wellbeing Alliance and the National Academy for Social Prescribing. In the health humanities, they include bodies such as the Association for Medical Humanities. Intermediaries actively look for evidence that fits their remit and often hold strong networks across policy and practice. However, they may also be pursuing a particular agenda. Before approaching them, find out exactly what they do and what they are trying to achieve, then send a brief outline of your work and how it relates to theirs. Remember that academic expertise and credibility can be valuable to them. Equally, intermediaries can offer researchers routes into policy conversations that would be hard to reach alone.

Practitioners: Artists, arts organisations, link workers, clinicians, care staff and others who deliver creative health, as well as the clinicians and educators who bring the health humanities into training and practice, have limited time and are focused on the needs of the people they support. They need to see quickly how research is relevant to their work. Focus on how findings can benefit them and their participants, and give clear explanations and next steps. Involving someone with experience of their role can help make your message credible and practical. Practitioners often value tools they can use straight away, such as checklists, training resources or guidance they can share with colleagues. They also value outputs that focus on celebrating the type of work that they do and motivating them to keep striving for quality delivery under difficult working environments, such as financial insecurity. Because practitioners often bridge communities and services, they can also be powerful advocates with policymakers in their own right.

Constraints on policymakers

Even when a policymaker is interested in creative health or health humanities, what they can do is shaped by pressures that have little to do with the strength of the evidence. Politically, proposals need to fit the government's wider narrative and the Prime Minister's priorities. They also need to make a difference to voters, ideally with results that can be seen within an electoral cycle. A minister's ability to act also depends on their influence relative to other departments. This matters for creative health, which often relies on several departments, such as health, culture and local government, agreeing to work together. Parliament adds further limits as the size of the government's majority shapes what can pass, and time in the legislative programme

is scarce. For this reason, asks that do not need new legislation, such as guidance, commissioning frameworks or a named reference in an existing strategy, are often more achievable than calls for new laws.

Policymakers are also limited by resources and outside pressures. Time, money, administrative capacity and specialist knowledge are all in short supply. Staff turnover means that understanding of creative health or the health humanities built with one official or minister can be lost when they move on. Every new idea also brings an implementation burden that someone has to carry. Financial pressure is particularly acute at present, nationally and in local government, where siloed funding can discourage spending on prevention because the savings are felt elsewhere, by the NHS or the police (Institute for Government, 2026). Beyond government, public opinion, media commentary, interest groups, international developments, the law and unexpected events all shape what is possible. Culture is still sometimes 'dismissed as a distraction, a "nice to have"' (Burnham, 2026). Advocates can help by offering ideas that are low in cost and burden, linked to existing priorities, and easy for a busy official to pick up and use.

Policy windows as a frame for knowing when change is possible

Good evidence and a strong case are rarely enough on their own to change policy. Timing matters as much as content. One of the most widely used explanations of why some issues reach the government agenda while others stall is John Kingdon's multiple streams framework (Kingdon, 1995; Figure 7).

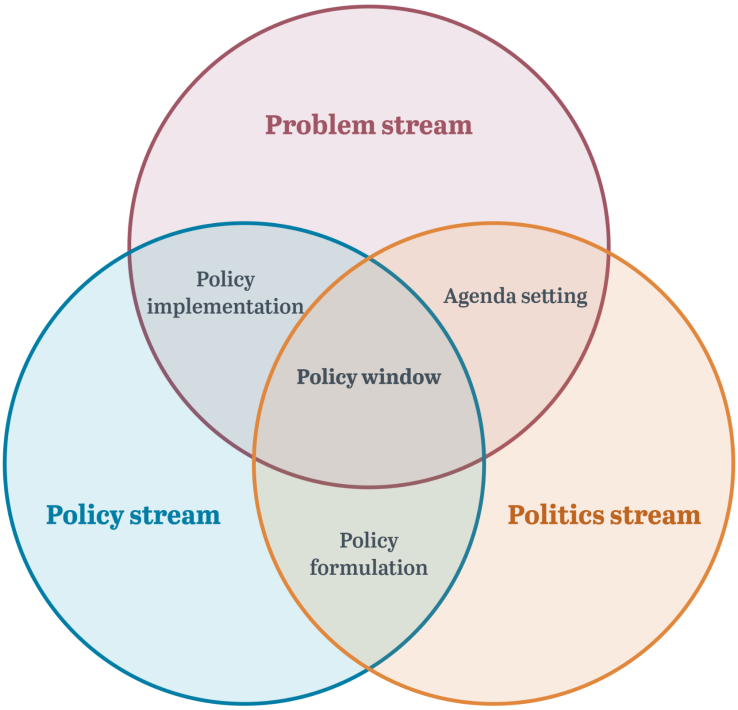


Figure 7: *A Venn diagram illustrating the key concepts within Kingdon's (1995) Multiple Streams Framework.* ***Designed by:*** *National Centre for Creative Health.*

Kingdon describes three largely separate “streams” running through the policy system:

- The problem stream covers the big issues of the day that are seen as problems the government should act on.
- The policy stream covers the ideas and proposals developed by researchers, practitioners, civil servants and advocates.
- The political stream covers the national mood, elections, changes of government or minister, and the positions of organised interests.

A policy window opens when the three streams come together: a recognised problem, a workable solution and the political will to act. Windows are often brief, and they tend to favour people who have prepared their solutions in advance and can link them quickly to the problem and the politics of the moment. Consequently, a useful question to ask before any engagement is: *which stream am I working in, and what would it take for the other two to line up?*

The problem stream: Issues often rise up the agenda after a “focusing event” that makes a problem impossible to ignore. COVID-19 is a clear example for creative health. During lockdown, many people turned to the arts at home. The UCL COVID-19 Social Study found that around one in five adults increased their arts engagement, and that people used arts activities to manage difficult emotions (Mak, Fluharty and Fancourt, 2021). This created a new public awareness of the arts as part of everyday wellbeing. Creative health advocates can also frame their work as a response to problems policymakers already own, such as loneliness, mental health waiting lists and pressure on primary care, rather than asking the government to adopt a new problem.

The policy stream: Ideas need to be ready before a window opens, and they need to be technically workable, affordable and in line with the values of those in power. The Creative Health Review set out cross-government recommendations for embedding creative health in policy (National Centre for Creative Health and All-Party Parliamentary Group on Arts, Health and Wellbeing, 2023) and the 10 Year Health Plan’s shifts from hospital to community and from sickness to prevention give advocates a frame to fit their proposals into (Department of Health and Social Care, 2025a). However, it is important to note that work in this stream is often slow. It involves testing and refining ideas over years so that they are credible when the moment comes.

The political stream: Political support is the stream advocates have least control over, but it can shift quickly. Shortly before becoming Prime Minister, Andy Burnham wrote in *The Big Issue,* ‘we believe deeply in creative health’, describing arts initiatives in Greater Manchester as ‘not about art as a distraction, but as a practical form of support’ (Burnham, 2026). Statements like this help create a political climate in which creative health proposals are more likely to be heard. Greater Manchester’s Live Well approach, which Burnham links to creative health, is also being watched as a possible model for public service reform elsewhere (Institute for Government, 2026). The early priorities of his government, such as £343 million for new community mental health centres and mental health emergency departments (Department of Health and Social Care and Prime Minister’s Office, 2026), also show where creative health could connect with existing commitments. Supportive statements are not the same as policy commitments, though, and advocates should treat them as openings rather than outcomes.

Managing expectations: Most of the time, the three streams are not aligned, and it is important to be realistic about what can be achieved when they are not. The current fiscal context is a good example. Public debt is around 94% of GDP, the room within the government's fiscal rules has narrowed, and many departments are expected to face tight spending settlements, with smaller commitments funded by reprioritising existing budgets (Forrester, 2026). Speaking at an Institute for Government event a week before the government's first Budget, the Nuffield Foundation described 'very little space for spending more' (Institute for Government, 2026). Researchers from the Institute added that devolution has become attractive to governments as 'a way of changing things without spending more money' (Institute for Government, 2026). In this climate, the chances of the government creating new dedicated funds for creative health in England are low. More realistic aims may include embedding creative health within existing programmes, commissioning guidance and strategies, or securing a named reference in policy documents. Work done outside a window still matters. Building evidence, relationships and ready-made proposals means advocates are prepared when the streams do come together.

Final thoughts

As you take in the findings of this resource and consider your own place within the policy ecosystem, Dr Justin Varney-Bennett shares some final thoughts:

"Policy should be driven by evidence but that doesn't always mean that we have the right research or evidence to inform policy. As researchers, understanding the macro system of public health, commissioning and government is really important to shape research intentions and methodologies, so that the hard work can be impactful when it's published.

Although there has been real improvement in the strength of Creative Health research, much of it remains small scale, with limited consideration of how to translate it into full-scale implementation and transferability between different populations, art forms and landscapes. It is key that as researchers we look more into the validated tools we use to evidence impact, linking up with the markers that are informing commissioning intentions and oversight of services impacts.

I really encourage researchers to reach out and connect with local Directors of Public Health and policy leads in the civil service early in the research journey to bounce around ideas and get input into shaping the research approach to try and position effectively for when the findings land."

- Dr Justin Varney-Bennett
Regional Director of Public Health, South West
Creative Health Lead, Department of Health and Social Care

References

ADR UK (2026) *Funding opportunities from UKRI: Policy Fellowships 2026*. 23 June. Available at: https://www.adruk.org/news-publications/news-blogs/article/funding-opportunities-from-ukri-policy-fellowships-2026/ (Accessed: 29 October 2026).

Arts Council England (2022) *Creative health & wellbeing*. Manchester: Arts Council England. Available at: https://www.artscouncil.org.uk/developing-creativity-and-culture/health-and-wellbeing/creative-health-wellbeing (Accessed: 21 October 2026).

Arts Council of Northern Ireland (2026) *Health and wellbeing boost for older people in NI thanks to £171,000 National Lottery arts funding*. 15 January. Available at: https://artscouncil-ni.org/news/arts-funding-boost-health-wellbeing-older-people-ni (Accessed: 21 October 2026).

Bailey, L. (2026) 'Tackling inequalities through Creative Health: the opportunity for Mayoral Strategic Authorities', *Perspectives in Public Health*.

Bailey, R., Durham, S., Michael, S., Coard, F., Clayton, G., McQuillan, D., Brauns, C., Cooper, E., Rogers, J., Towns-Andrews, L., Andrews, E. and Stenberg, N. (2026) 'Creative Health in practice: Hub-and-Spoke consortium working across West Yorkshire', *Perspectives in Public Health*. Available at: https://doi.org/10.1177/17579139261456211 (Accessed: 28 October 2026).

Birmingham City Council (n.d.) *Creative public health*. Birmingham: Birmingham City Council. Available at: https://www.birmingham.gov.uk/info/50313/creative_public_health (Accessed: 28 October 2026).

Boundary Commission for Scotland (2023) *2023 Review of UK Parliament Constituencies*. Available at: https://www.bcomm-scotland.independent.gov.uk/review/2023-review-of-uk-parliament-constituencies/ (Accessed: 21 October 2026).

Bradford 2025 (2025) *Bradford 2025 announces projects to improve health and wellbeing through culture*. 21 February. Available at: https://bradford2025.co.uk/press-and-media/press-releases/bradford-2025-announces-projects-to-improve-health-and-wellbeing-through-culture/ (Accessed: 28 October 2026).

Bradford 2025 (n.d.a) *Creative health projects*. Available at: https://bradford2025.co.uk/about/investing-in-the-future/creative-health-projects/ (Accessed: 28 October 2026).

Bradford 2025 (n.d.b) *The Creative Health Exchange*. Available at: https://bradford2025.co.uk/event/the-creative-health-exchange/ (Accessed: 28 October 2026).

Burnham, A. (2026) 'Andy Burnham: "Making space for people to create is how we build a healthier, more hopeful society"', *The Big Issue*, 19 May. Available at: https://www.bigissue.com/opinion/andy-burnham-creativity-hopeful-britain/ (Accessed: 21 October 2026).

Burrows-Worlidge, J. (2025) *What do civil servants do?* Institute for Government, 24 March. Available at: https://www.instituteforgovernment.org.uk/explainer/what-do-civil-servants-do (Accessed: 21 October 2026).

Burrows-Worlidge, J. et al. (2026) *Civil service staff numbers*. Institute for Government. Last updated 23 September. Available at: https://www.instituteforgovernment.org.uk/explainers/civil-service-staff-numbers (Accessed: 21 October 2026).

Cabinet Office (2026a) *Annual report on special advisers 2026*. London: Cabinet Office. Available at: https://assets.publishing.service.gov.uk/media/6a55fbaba4890e65cce64ea8/2026_Annual_Report_on_Special_Advisers.pdf (Accessed: 21 October 2026).

Cabinet Office (2026b) *Machinery of Government changes: fact sheet*. 22 July. Available at: https://www.gov.uk/government/news/machinery-of-government-changes-fact-sheet (Accessed: 21 October 2026).

Cabinet Office (2026c) *List of ministerial responsibilities*. Last updated 15 October. Available at: https://www.gov.uk/government/publications/government-ministers-and-responsibilities/list-of-ministerial-responsibilities-html (Accessed: 21 October 2026).

Campaign for the Arts (2024) *English councils have more than halved culture spending since 2010, new CFTA analysis finds*. Available at: https://www.campaignforthearts.org/?p=22743 (Accessed: 28 October 2026).

Care Act 2014, c. 23. Available at: https://www.legislation.gov.uk/ukpga/2014/23/contents (Accessed: 28 October 2026).

Carey, A. (2025a) *'Unitary seeks exceptional financial support to avoid Section 114 notice'*, Local Government Lawyer, 27 October. Available at: https://www.localgovernmentlawyer.co.uk/governance/396-governance-news/98866-unitary-seeks-exceptional-financial-support-to-avoid-section-114-notice (Accessed: 28 October 2026).

Carey, A. (2025b) *'Government selects two-unitary proposal for Surrey reorganisation'*, Local Government Lawyer, 28 October. Available at: https://www.localgovernmentlawyer.co.uk/governance/396-governance-news/98874-government-selects-two-unitary-proposal-for-surrey-reorganisation (Accessed: 28 October 2026).

Carey, A. (2026a) *'Secretary of State announces next raft of local government reorganisation decisions'*, Local Government Lawyer, 16 July. Available at: https://localgovernmentlawyer.co.uk/governance/396-governance-news/101103-secretary-of-state-announces-next-raft-of-local-government-reorganisation-decisions (Accessed: 28 October 2026).

Carey, A. (2026b) *'Government hit with fresh legal challenge over reorganisation in Essex'*, Local Government Lawyer, 22 July. Available at: https://localgovernmentlawyer.co.uk/governance/396-governance-news/101196-government-hit-with-fresh-legal-challenge-over-reorganisation-in-essex (Accessed: 28 October 2026).

Centre for Cities (2026) *Everything you need to know about metro mayors: an FAQ*. Last updated 17 August. Available at: https://www.centreforcities.org/publication/everything-need-know-metro-mayors/ (Accessed: 28 October 2026).

Civil Service World (2026) 'Budget 2026: government to ringfence prevention spending at SR27', *Civil Service World*, 28 October. Available at: https://www.civilserviceworld.com/news/article/budget-2026-government-to-introduce-prevention-spending-at-sr27 (Accessed: 28 October 2026).

Cooke, A. and Hayman, J. (2026) *The results are in – what happens now?* Senedd Research, 11 May. Available at: https://research.senedd.wales/research-articles/the-results-are-in-what-happens-now/ (Accessed: 21 October 2026).

County Councils Network (2026) *Local government reorganisation decisions: CCN responds*. 25 March. Available at: https://www.countycouncilsnetwork.org.uk/news/local-government-reorganisation-decisions-ccn-responds (Accessed: 28 October 2026).

Cutler, D. (2025) *England needs to be more like Wales and put creative health at the top table*. Baring Foundation, 14 July. Available at: https://baringfoundation.org.uk/blog-post/england-needs-to-be-more-like-wales-and-put-creative-health-at-the-top-table/ (Accessed: 21 October 2026).

Department for Culture, Media and Sport (2026) *DCMS areas of research interest*. Last updated 26 May. Available at: https://www.gov.uk/government/publications/dcms-areas-of-research-interest (Accessed: 29 October 2026).

Department of Health (2026) *A vision for neighbourhood health and wellbeing in Northern Ireland: policy framework*. March. Available at: https://www.health-ni.gov.uk/sites/default/files/2026-03/Neighbourhood%20Model%20of%20Health%20and%20Wellbeing%20in%20Northern%20Ireland%20-%20Policy%20Framework%20-%20March%202026%20-%20FINAL%20PDF.PDF (Accessed: 21 October 2026).

Department of Health and Social Care (2025a) *Fit for the future: 10 Year Health Plan for England*. London: DHSC. Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (Accessed: 21 October 2026).

Department of Health and Social Care (2025b) *Reductions to the running costs of integrated care boards and progress towards aligning the boundaries of integrated care boards and strategic authorities*. Written statement HLWS914, 9 September. Available at: https://questions-statements.parliament.uk/written-statements/1833372 (Accessed: 28 October 2026).

Department of Health and Social Care (2026a) *Public health grants to local authorities: 2026 to 2027*. Available at: https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2026-to-2027 (Accessed: 28 October 2026).

Department of Health and Social Care (2026b) *Use of the ring-fenced public health grant to local authorities*. 2 October. Available at: https://www.gov.uk/government/publications/ring-fenced-public-health-grant-to-local-authorities/use-of-the-ring-fenced-public-health-grant-to-local-authorities--2 (Accessed: 28 October 2026).

Department of Health and Social Care (2026c) *Neighbourhood health framework*. 17 March. Available at: https://www.gov.uk/government/publications/neighbourhood-health-framework/neighbourhood-health-framework (Accessed: 28 October 2026).

Department of Health and Social Care and Prime Minister's Office, 10 Downing Street (2026) *Major expansion of community mental health support across England*. 5 August. Available at: https://www.gov.uk/government/news/major-expansion-of-community-mental-health-support-across-england (Accessed: 21 October 2026).

Devine, D. et al. (2026) *Government ministers*. Institute for Government. Last updated 12 August. Available at: https://www.instituteforgovernment.org.uk/explainers/government-ministers (Accessed: 21 October 2026).

English Devolution and Community Empowerment Act 2026, c. 23. Available at: https://www.legislation.gov.uk/ukpga/2026/23/contents (Accessed: 28 October 2026).

Fancourt, D. and Finn, S. (2019) *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. Health Evidence Network synthesis report 67. Copenhagen: WHO Regional Office for Europe. Available at: https://www.who.int/publications/i/item/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review (Accessed: 21 October 2026).

Forrester, J. (2026) *UK fiscal outlook: September 2026*. House of Lords Library, 3 September. Available at: https://lordslibrary.parliament.uk/uk-fiscal-outlook/ (Accessed: 21 October 2026).

Fright, M. (2026) *Local government reorganisation credibility is on the line*. Institute for Government, 10 September. Available at: https://www.instituteforgovernment.org.uk/comment/local-government-reorganisation-credibility (Accessed: 28 October 2026).

Greater London Authority (2024) *The power of cultural social prescribing for health*. City Hall blog, 7 March. Available at: https://www.london.gov.uk/who-we-are/city-hall-blog/power-cultural-social-prescribing-health (Accessed: 29 October 2026).

Greater London Authority (2025) *Measuring the impact of creativity on our wellbeing*. City Hall blog, 19 May. Available at: https://www.london.gov.uk/who-we-are/city-hall-blog/measuring-impact-creativity-our-wellbeing (Accessed: 29 October 2026).

Greater Manchester Combined Authority (2026) *Prevention Demonstrator – moving to delivery*. Report to the Greater Manchester Combined Authority, 26 June. Available at: https://democracy.greatermanchester-ca.gov.uk/documents/s43948/14A%20Mobilising%20the%20Prevention%20Demonstrator%20for%20GMCA%20v2.pdf (Accessed: 28 October 2026).

Health and Social Care Act 2012, c. 7. Available at: https://www.legislation.gov.uk/ukpga/2012/7/contents (Accessed: 28 October 2026).

Hearst, J., McDonald, R., Beckett, S., Wright, K., Grehan, T., Stauvers, L., Bonnell, A., Robinson, A., Varney, J., Burns, S., Harrison, H., Boyer, R., al-Azawie, J. and Chatterjee, H.J. (2026a) *Implementing creative health: Birmingham's Public Health Research Officers in Residence model*. London: University College London. Available at: https://ncch.org.uk/uploads/Implementing-Creative-Health_-Birminghams-PHROiR-Model.pdf (Accessed: 28 October 2026).

Hearst, J., Chatterjee, H.J. et al. (2026b) *Grassroots creative and community infrastructure in Birmingham: Healing Arts, in conversation*. London: University College London. Available at: https://ncch.org.uk/uploads/Grassroots-Creative-and-Community-Infrastructure-in-Birmingham_Healing-Arts-in-Conversation.pdf (Accessed: 28 October 2026).

HM Treasury (2025) *Statement of funding policy*. June. London: HM Treasury. Available at: https://assets.publishing.service.gov.uk/media/684859e3d0ca5d7801e4e6f6/Statement_of_Funding_Policy.pdf (Accessed: 21 October 2026).

HM Treasury (2026) *Budget 2026 fact sheet: delivering for every region*. 28 October. Available at: https://www.gov.uk/government/news/budget-2026-fact-sheet-delivering-for-every-region (Accessed: 28 October 2026).

House of Commons Library (2026) *Who is responsible for public services in my constituency?* 5 June. Available at: https://commonslibrary.parliament.uk/?p=66143 (Accessed: 28 October 2026).

Institute for Government (2025) *Performance Tracker 2025: local government*. London: Institute for Government. Available at: https://www.instituteforgovernment.org.uk/publication/performance-tracker-2025/local-services/overview (Accessed: 28 October 2026).

Institute for Government (2026) *How can Andy Burnham deliver on Labour's promise to improve public services?* 21 October. Available at: https://www.youtube.com/watch?v=BDGFEgHucyQ (Accessed: 21 October 2026).

Institute for Government (n.d.) *Local government unitarisation*. London: Institute for Government. Available at: https://instituteforgovernment.org.uk/explainer/local-government-unitarisation (Accessed: 28 October 2026).

Keenan, H. et al. (2026) *Whitehall Monitor 2026*. London: Institute for Government. Available at: https://www.instituteforgovernment.org.uk/publication/whitehall-monitor-2026 (Accessed: 21 October 2026).

Kingdon, J.W. (1995) *Agendas, alternatives, and public policies*. 2nd edn. New York: HarperCollins.

Lilly, A and Thorpe, K (2026) *Engaging with Government,* in-person course and unpublished materials. London: Institute for Government.

Local Government and Elections (Wales) Act 2021, asc 1. Available at: https://www.legislation.gov.uk/asc/2021/1/contents (Accessed: 28 October 2026).

Local Government Association (2026) *Councillors' guide to local authority public health responsibilities*. London: LGA. Available at: https://www.local.gov.uk/publications/councillors-guide-local-authority-public-health-responsibilities-0 (Accessed: 28 October 2026).

Local Government Association (n.d.a) *Creative health at Birmingham City Council Public Health: Public Health Researchers in Residence*. London: LGA. Available at: https://www.local.gov.uk/case-studies/creative-health-birmingham-city-council-public-health-public-health-researchers (Accessed: 28 October 2026).

Local Government Association (n.d.b) *Cultural funding: challenges and opportunities*. London: LGA. Available at: https://www.local.gov.uk/node/8274549 (Accessed: 28 October 2026).

Local Government Association (n.d.c) *How is local government organised?* London: LGA. Available at: https://www.local.gov.uk/our-support/councillor-and-officer-development/councillor-hub/introduction-local-government/how (Accessed: 28 October 2026).

Local Government Lawyer (2026) *Autumn Budget 2026: reaction from the sector*. 28 October. Available at: https://www.localgovernmentlawyer.co.uk/governance/396-governance-news/102086-autumn-budget-2026-reaction-from-the-sector (Accessed: 28 October 2026).

Localism Act 2011, c. 20. Available at: https://www.legislation.gov.uk/ukpga/2011/20/contents (Accessed: 28 October 2026).

Mak, H.W., Fluharty, M. and Fancourt, D. (2021) 'Predictors and impact of arts engagement during the COVID-19 pandemic: analyses of data from 19,384 adults in the COVID-19 Social Study', *Frontiers in Psychology*, 12, 626263. Available at: https://doi.org/10.3389/fpsyg.2021.626263.

Mayoral and Strategic Authorities Network for Creative Health (2026) *Creative Health Playbook for Mayoral Authorities*. Available at: https://creativehealthplaybook.org.uk/ (Accessed: 28 October 2026).

McDonald, R. and Hearst, J. (2026) *Creative health communication and curation: lessons from Ikon Gallery*. Oxford: National Centre for Creative Health. Available at: https://ncch.org.uk/uploads/Creative-Health-Communication-and-Curation_lessons-from-Ikon-Gallery.pdf (Accessed: 28 October 2026).

McKay, S. (2026) *The new Scottish Government*. SPICe Spotlight, 20 May. Available at: https://spice-spotlight.scot/2026/05/20/the-new-scottish-government-2/ (Accessed: 21 October 2026).

Ministry of Housing, Communities and Local Government (2024) *English Devolution White Paper: power and partnership – foundations for growth*. London: MHCLG. Available at: https://www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth (Accessed: 28 October 2026).

Ministry of Housing, Communities and Local Government (2026) *Local government reorganisation: programme review and decisions withdrawal letter to council leaders*. 7 September. Available at: https://www.gov.uk/government/publications/local-government-reorganisation-programme-review-and-decisions-withdrawal-letter-to-council-leaders (Accessed: 28 October 2026).

Ministry of Housing, Communities and Local Government (n.d.) *Local government structure and elections*. Available at: https://www.gov.uk/guidance/local-government-structure-and-elections (Accessed: 28 October 2026).

National Centre for Creative Health and All-Party Parliamentary Group on Arts, Health and Wellbeing (2023) *Creative Health Review: how policy can embrace creative health*. London: NCCH. Available at: https://ncch.org.uk/creative-health-review (Accessed: 21 October 2026).

NHS Coventry and Warwickshire and NHS Herefordshire and Worcestershire (2026) *Response to merger letter*. 3 July. Available at: https://www.healthwatchworcestershire.co.uk/sites/healthwatchworcestershire.co.uk/files/Enc%209%20CWHW%20ICB%20Response%20to%20Merger%20Letter%20030726%20v3.pdf (Accessed: 28 October 2026).

NHS England (2025) *Implementing integrated care board mergers and boundary changes to take effect in April 2026 and 2027*. Available at: https://www.england.nhs.uk/long-read/implementing-integrated-care-board-mergers-and-boundary-changes-to-take-effect-in-april-2026-and-2027/ (Accessed: 28 October 2026).

NHS Greater Manchester Integrated Care (2022) *The Greater Manchester Creative Health Strategy*. Manchester: NHS Greater Manchester. Available at: https://gmintegratedcare.org.uk/wp-content/uploads/2025/08/the-greater-manchester-creative-health-strategy-compressed-1.pdf (Accessed: 28 October 2026).

nidirect (n.d.) *Local councils*. Available at: https://www.nidirect.gov.uk/articles/local-councils (Accessed: 28 October 2026).

Northern Ireland Assembly (n.d.a) *Committees*. Northern Ireland Assembly Education Service. Available at: https://education.niassembly.gov.uk/post-16/work-assembly/scrutinising-executive-committee/committees (Accessed: 21 October 2026).

Northern Ireland Assembly (n.d.b) *Knowledge Exchange Seminar Series (KESS)*. Research and Information Service (RaISe). Available at: https://www.niassembly.gov.uk/assembly-business/research-and-information-service-raise/knowledge-exchange/knowledge-exchange-seminars-series-5/ (Accessed: 29 October 2026).

Northern Ireland Executive (2025) *Our plan: doing what matters most. Programme for Government 2024–2027*. Belfast: Northern Ireland Executive. Available at: https://www.northernireland.gov.uk/publications/programme-government-2024-2027-our-plan-doing-what-matters-most-documents (Accessed: 21 October 2026).

Northern Ireland Executive (2026) *Your Executive*. Available at: https://www.northernireland.gov.uk/topics/your-executive (Accessed: 21 October 2026).

Northern Ireland Local Government Association (n.d.) *Councils in Northern Ireland*. Available at: https://nilga.org/about/councils-in-northern-ireland (Accessed: 28 October 2026).

Northern Ireland Statistics and Research Agency (2026) *Northern Ireland Civil Service workforce continues to age*. 31 March. Available at: https://www.nisra.gov.uk/news/northern-ireland-civil-service-workforce-continues-age (Accessed: 21 October 2026).

Northumbria University (2026) *New funding to catalyse devolved cultural policy making*. 20 January. Available at: https://www.northumbria.ac.uk/about-us/news-events/news/new-funding-to-catalyse-devolved-cultural-policy-making/ (Accessed: 21 October 2026).

Office for National Statistics (2026) *Public sector employment, UK: June 2026*. 15 September. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/publicsectorpersonnel/bulletins/publicsectoremployment/june2026 (Accessed: 21 October 2026).

O'Brien, L. (2026) *'Local Government Reorganisation paused: the implications for local authorities'*, Local Government Lawyer, 16 October. Available at: https://localgovernmentlawyer.co.uk/governance/314-governance-a-risk-articles/101983-local-government-reorganisation-paused-the-implications-for-local-authorities (Accessed: 28 October 2026).

Oliver, K. (2023) *A new resource for policy relevant research – introducing the Areas of Research Interest database*. LSE Impact Blog, 4 October. Available at: https://blogs.lse.ac.uk/impactofsocialsciences/2023/10/04/a-new-resource-for-policy-relevant-research-introducing-the-areas-of-research-interest-database (Accessed: 29 October 2026).

Parliamentary Office of Science and Technology (n.d.) *What we do*. UK Parliament. Available at: https://post.parliament.uk/about/ (Accessed: 29 October 2026).

Paun, A., Wilson, J. and Hall, D. (2022) *Local government*. Institute for Government. Last updated 9 August. Available at: https://www.instituteforgovernment.org.uk/explainer/local-government (Accessed: 28 October 2026).

Public Health Scotland (2026) *Together we can: our 10-year strategy to 2035*. Edinburgh: Public Health Scotland. Available at: https://publichealthscotland.scot/publications/together-we-can-our-10-year-strategy-to-2035/ (Accessed: 21 October 2026).

Public Libraries and Museums Act 1964, c. 75. Available at: https://www.legislation.gov.uk/ukpga/1964/75/contents (Accessed: 28 October 2026).

Puffett, N. (2024) 'City of Culture: Bradford nears £42m funding target', *Arts Professional*, 4 April. Available at: https://www.artsprofessional.co.uk/news/city-culture-bradford-nears-ps42m-funding-target (Accessed: 28 October 2026).

Scottish Government (2020) *A culture strategy for Scotland*. Edinburgh: Scottish Government. Available at: https://www.gov.scot/publications/culture-strategy-scotland/ (Accessed: 21 October 2026).

Scottish Government (2023) *A culture strategy for Scotland: action plan*. Edinburgh: Scottish Government. Available at: https://www.gov.scot/publications/culture-strategy-scotland-action-plan/ (Accessed: 21 October 2026).

Scottish Government (2026) *Scottish Government workforce statistics June 2026*. 15 September. Available at: https://www.gov.scot/news/scottish-government-workforce-statistics-june-2026/ (Accessed: 21 October 2026).

Scottish Government and COSLA (2025) *Scotland's population health framework 2025–2035*. Edinburgh: Scottish Government. Available at: https://www.gov.scot/publications/scotlands-population-health-framework/ (Accessed: 21 October 2026).

Scottish Parliament (2023) *Local Government, Housing and Planning Committee: community councils*. Paper LGHP/S6/23/15/1. Available at: https://www.parliament.scot/~/media/committ/5904 (Accessed: 28 October 2026).

Scottish Parliament (n.d.) *Standing Orders, Chapter 6: Committees*. Available at: https://www.parliament.scot/about/how-parliament-works/parliament-rules-and-guidance/standing-orders/chapter-6-committees (Accessed: 21 October 2026).

Torrance, D. (2026) *Peerages and membership of the House of Lords*. House of Commons Library Research Briefing CBP-10635. Available at: https://commonslibrary.parliament.uk/research-briefings/cbp-10635/ (Accessed: 21 October 2026).

UK Parliament (2026) *Lords membership*. Available at: https://members.parliament.uk/parties/lords (Accessed: 21 October 2026).

UK Research and Innovation (2026) *Health and wellbeing research – medical humanities*. Last updated 7 May. Available at: https://www.ukri.org/what-we-do/browse-our-areas-of-investment-and-support/health-and-wellbeing-research-medical-humanities/ (Accessed: 21 October 2026).

Universities Policy Engagement Network (2026) *About us*. Available at: https://upen.ac.uk/about/about_us (Accessed: 29 October 2026).

University of Manchester (2026a) *New funding to catalyse devolved cultural policy making: the Mayoral Authorities Creative Health Network*. 20 January. Available at: https://www.manchester.ac.uk/about/news/new-funding-to-catalyse-devolved-cultural-policy-making-the-mayoral-authorities-creative-health-network/ (Accessed: 28 October 2026).

University of Manchester (2026b) *Creative health in devolved policymaking: exploring the role of Mayoral Strategic Authorities in supporting creative health*. 6 May. Available at: https://www.manchester.ac.uk/about/news/creative-health-in-devolved-policymaking-exploring-the-role-of-mayoral-strategic-authorities-in-supporting-creative-health/ (Accessed: 28 October 2026).

Well-being of Future Generations (Wales) Act 2015, anaw 2. Available at: https://www.legislation.gov.uk/anaw/2015/2/contents (Accessed: 21 October 2026).

Welsh Government (2024) *Well-being of Future Generations (Wales) Act 2015: the essentials*. Cardiff: Welsh Government. Available at: https://www.gov.wales/sites/default/files/publications/2024-04/well-being-future-generations-wales-act-2015-the-essentials-2024.pdf (Accessed: 21 October 2026).

Welsh Government (2026a) *First Minister Rhun ap Iorwerth appoints his Ministerial team*. 13 May. Available at: https://www.gov.wales/node/76462 (Accessed: 21 October 2026).

Welsh Government (2026b) *Welsh Government pay policy statement 2025*. Cardiff: Welsh Government. Available at: https://www.gov.wales/sites/default/files/publications/2026-05/pay-policy-statement-2025.pdf (Accessed: 21 October 2026).

Welsh Government (2026c) *Programme for government 2026 to 2030*. Cardiff: Welsh Government. Available at: https://www.gov.wales/sites/default/files/publications/2026-09/programme-for-government-2026-to-2030.pdf (Accessed: 21 October 2026).

Welsh Government (2026d) *A vision for culture and sport in Wales*. 5 August. Available at: https://www.gov.wales/cultureandsportstrategy (Accessed: 21 October 2026).

Welsh Government (2026e) *2 months to go – have your say on culture and sport in Wales*. 19 October. Available at: https://media.service.gov.wales/news/2-months-to-go-have-your-say-on-culture-and-sport-in-wales (Accessed: 21 October 2026).

Welsh Government (n.d.) *Community councils*. Law Wales. Available at: https://law.gov.wales/community-councils (Accessed: 28 October 2026).

West Midlands Combined Authority (2024) *Implementing Health in All Policies and joint reporting*. Wellbeing Board paper. Available at: https://governance.wmca.org.uk/documents/s15243/Implementing%20Health%20in%20all%20Policies%20and%20Joint%20Reporting.pdf (Accessed: 28 October 2026).

West Midlands Combined Authority (2025) *Health in All Policies: A toolkit for mayoral regional authorities* Available at: https://www.wmca.org.uk/media/4xxbwxsd/mrp-hiap-toolkit-executive-summary-final.pdf (Accessed: 29 October 2026).

West Midlands Combined Authority (2026) *Getting the foundations right: a practical guide for Strategic Authorities to take action on health inequalities*. Mayoral Regions Programme. Available at: https://www.wmca.org.uk/media/fnzjbbwp/mrp_master-document_hdr.pdf (Accessed: 28 October 2026).

West Yorkshire Combined Authority (2026) *Item 18: Devolution integrated settlement update*. Leeds: West Yorkshire Combined Authority. Available at: https://westyorkshire.moderngov.co.uk/documents/s44697/Item%2018%20-%20Devolution%20Integrated%20Settlement%20Update.pdf (Accessed: 28 October 2026).

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MOBILISING COMMUNITY ASSETS

Loughborough University