

# **Creative Health Commissioning:**

**An economic business case for  
improving population health and  
reducing health inequalities**

**MOBILISING  
COMMUNITY ASSETS**



Arts and  
Humanities  
Research Council



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## About this resource

This template business case has been developed as part of the [Mobilising Community Assets to Tackle Health Inequalities](#) research programme to support investment in Creative Health across the UK. It is designed as a practical resource for commissioners to develop local business cases and secure organisational support for Creative Health programmes. The business case should be used alongside the *Guidelines on Economic Evaluation in Creative Health* (August 2026), available at: <https://ncch.org.uk/uploads/Guidelines-on-Economic-Evaluation-in-Creative-Health.pdf>

This resource is primarily intended for NHS Integrated Care Boards (ICBs), place-based commissioners, neighbourhood health teams, local authorities and their partners. It can be used to:

- develop local Creative Health business cases;
- support commissioning decisions;
- inform neighbourhood health and prevention strategies;
- identify opportunities for partnership working across health, social care, culture and the VCSE sector.

The document provides a strategic, economic and implementation framework that can be adapted to local population needs, existing community assets and commissioning priorities.

The resource positions Creative Health not simply as a discrete intervention or referral destination, but as part of neighbourhood and community health infrastructure. By connecting health and care services with cultural, community and voluntary-sector assets, Creative Health can support prevention, engagement, and self-management.

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# Economic Business Case for Investment in Creative Health

Better health, lower demand, stronger communities

## Executive Summary

### THE CHALLENGE

#### Demand continues to outstrip capacity

NHS faces growing pressure from:

- Ageing population
- Rising long-term conditions
- Increasing mental health need
- Persistent health inequalities
- Workforce and financial pressures

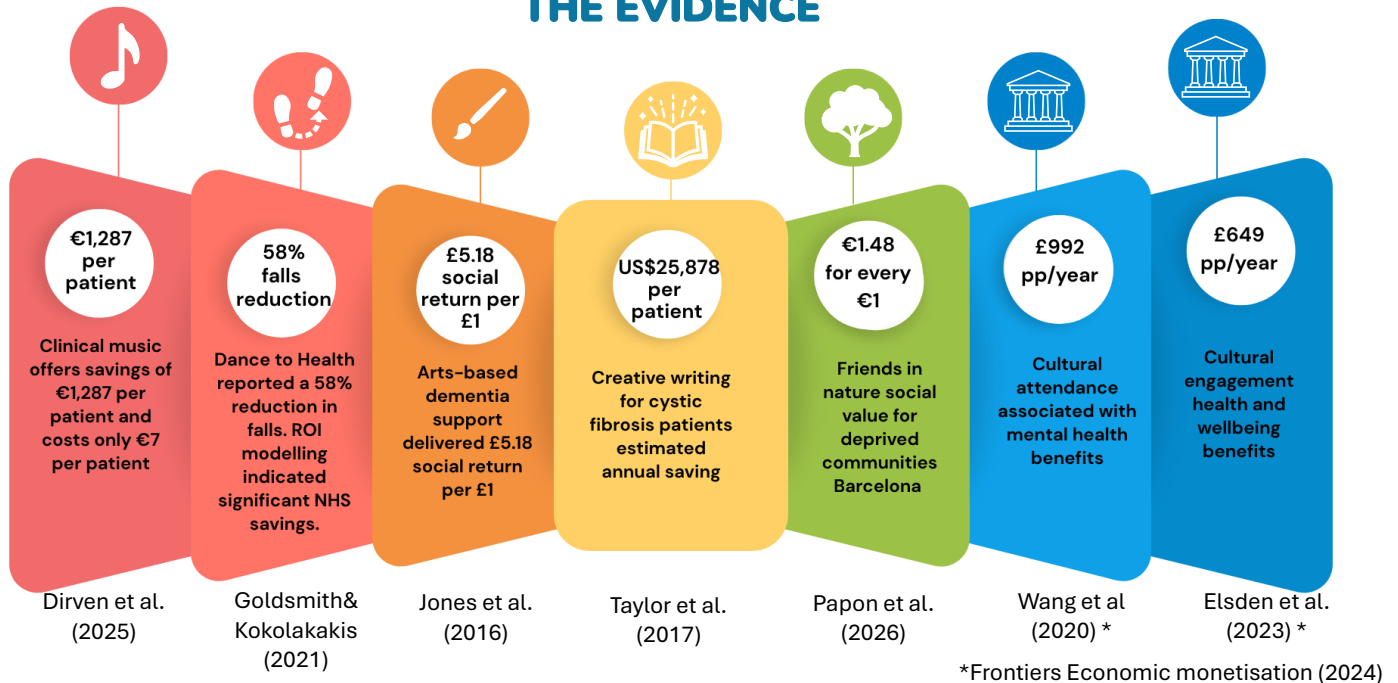
### THE PROPOSAL

#### INVEST IN CREATIVE HEALTH

Engage people in culture, arts, heritage and nature-based activities improving health and wellbeing through:

- Prevention and early intervention
- Supporting self-management of long-term conditions
- Strengthening community and social support networks
- Delivering person-centred neighbourhood health services

### THE EVIDENCE



### RECOMMENDATIONS

Commission Creative Health as part of:

- Neighbourhood Health Services
- Population Health Management
- Core20PLUS5 delivery to address health inequalities

**Start with proven, scalable interventions and expand based on outcomes.**

### VALUE CREATED

| NHS             | Communities              | Economy                     |
|-----------------|--------------------------|-----------------------------|
| Reduced demand  | Reduced loneliness       | Improved productivity       |
| Better outcomes | Stronger social networks | Support for local providers |
| Prevention      | Community resilience     | Social value creation       |

Creative Health offers a practical route to prevention, reducing health inequalities and person-centred care. The strongest evaluations indicate potential health and economic benefits, while local commissioning should include proportionate evaluation to establish outcomes, costs and effects on service use.

## 1. The Strategic Case: The Case for Change

The NHS faces rising demand driven by an ageing population, increasing multimorbidity, poor mental health, widening health inequalities, workforce pressures and constrained public finances. At the same time, national policy is increasingly focused on three shifts: From hospital to community, from analogue to digital, from sickness to prevention. Creative Health supports all three of these priorities.

Many drivers of rising demand stem from social determinants of health, including isolation, poverty and poor social connectedness. Creative Health approaches help address these factors by strengthening social connections, supporting wellbeing and self-management, and building individual and community resilience, with evidence suggesting potential to reduce avoidable healthcare utilisation in some populations and settings.

“The NHS is on is under huge pressure. As the ten-year plan outlines, this is in large part because we continue to focus on responding to ill-health, rather than creating a society of wellbeing. We need to think creatively to address the needs of our populations. Effectively measuring creative health benefits in language commissioners understand is essential to demonstrate value, inform investment decisions and embed prevention within mainstream health and care.”

**Prof Andy Knox MBE, Co-Medical Director NHS Lancashire and South Cumbria Integrated Care Board, GP Partner, Ash Trees Surgery, Carnforth**

The statements and evidence summaries presented in this section draw on the sources listed in Supplementary Materials, including the World Health Organisation’s (WHO) scoping review of arts and health evidence, the National Centre for Creative Health (NCCH) Creative Health Review, NHS England guidance, National Academy for Social Prescribing (NASP) evidence reviews, the Department for Culture, Media and Sport’s (DCMS) Culture and Heritage Capital evidence bank, and relevant peer-reviewed studies.

### The Creative Health Continuum

Creative Health spans a continuum from clinical interventions and targeted health programmes to social prescribing and everyday creative participation, improving health and wellbeing by addressing the social determinants of health through cultural, community, nature-based and creative assets.



The evidence demonstrates how Creative Health contributes to:

**Prevention & Population Health**

Advancing prevention through wellbeing, early intervention and self-management.

**Neighbourhood Health & Community Care**

Supporting neighbourhood health through community-based care and partnerships.

**Health Inequalities & Inclusive Access**

Improving access, engagement and outcomes for underserved communities.

**Digital Transformation & Innovation**

Advancing digital inclusion through co-designed, person-centred approaches.

**Quality, Performance & Productivity**

Reducing demand while cutting costs, improving outcomes and patient/staff experience.

**Integration, Workforce & System Sustainability**

Strengthening partnerships, improving workforce wellbeing and integrated care delivery.

**NHS priorities:**

10 Year Health Plan: Prevention Core20PLUS5 (England), the Population Health Framework (2025-2035) and Health and Social Care Renewal Framework (Scotland), Neighbourhood Health Models, NHS performance & productivity, integration, social value and sustainable growth

**Figure 1. Creative Health meeting NHS priorities**

“The evidence for creative health is growing, and so is the case for investment. Alongside improvements in health and wellbeing and growing evidence of social and economic value, creative health helps us better understand the communities we serve. At a time when strategic commissioning is increasingly focused on population needs, outcomes and prevention, creative health offers both a powerful intervention and a valuable source of insight for better investment decisions.”

**Stephen Sandford - Strategic Lead for Neighbourhood Health and Chief Allied Health Professions Officer, NHS Lancashire and South Cumbria Integrated Care Board**

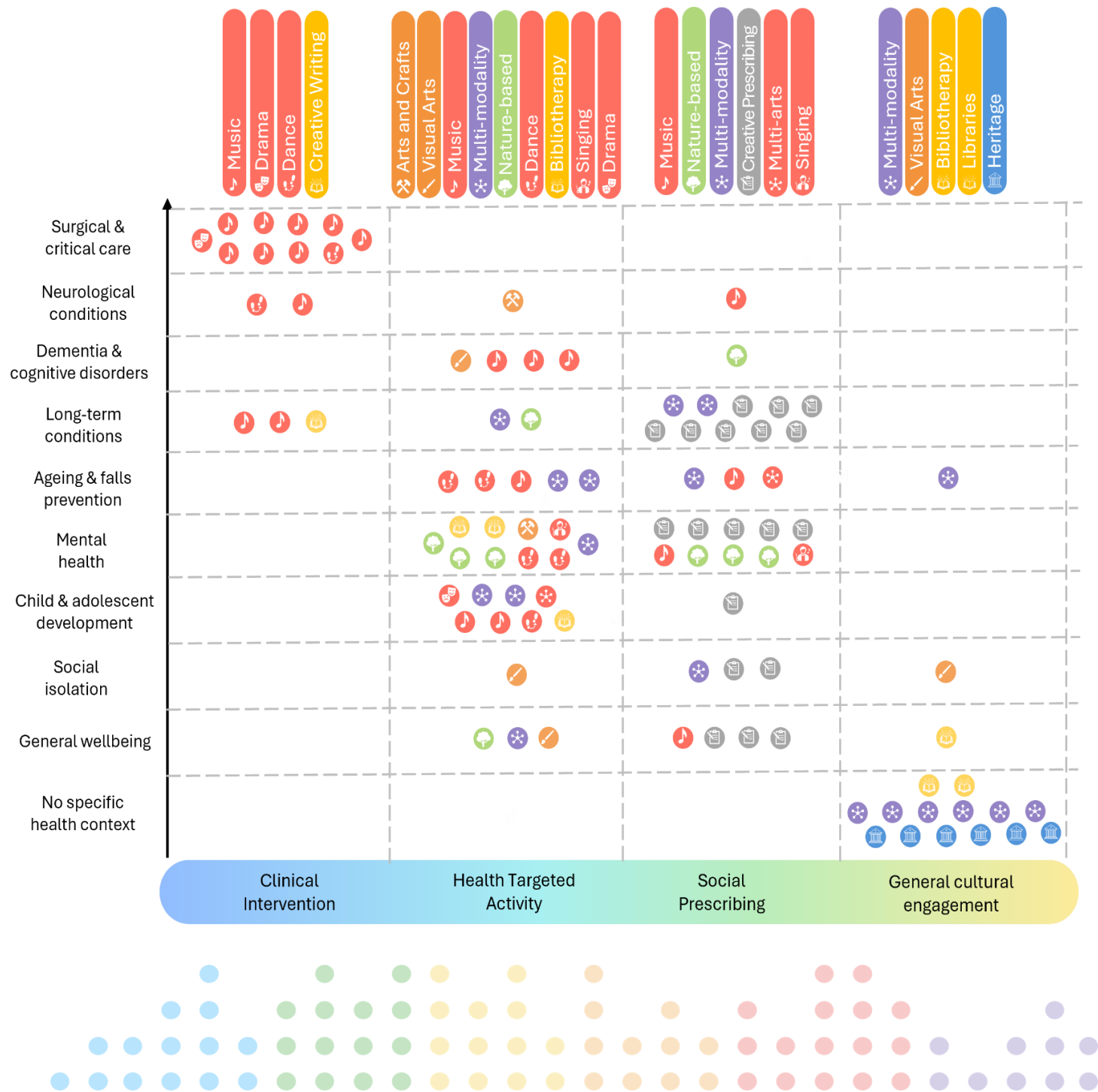


## 2. Creative Health: Evidence and Impact

Although the economic evidence base for creative health is still developing, several studies suggest that arts and creative interventions can generate health improvements at relatively low cost when compared with established NHS thresholds. The Creative Health Economic Evidence Bank compiles economic evaluations from across the creative health continuum. This evidence, informed by the DCMS Culture and Heritage Capital (CHC) approach ([Culture and Heritage Capital portal - GOV.UK](#)), highlights the extensive reach of arts, cultural and nature-based interventions throughout the health system, spanning acute care, rehabilitation, mental health, long-term condition management, ageing, wellbeing, child and adolescent development.

Economic methods and findings vary considerably. Higher-confidence studies indicate that some Creative Health interventions may improve outcomes at a reasonable cost and help to reduce healthcare use. Wider studies also identify substantial wellbeing and social value.

Figure 2. Creative Health Economic Evaluation Evidence Bank scatter chart



### 3. Economic Case: Why creative health represents value for money

The economic evidence demonstrates benefits across four levels of value within the health system and a tiered grading framework was used to assess the confidence of evidence using four domains:

- 1. study design and empirical strength;
- 2. quality of the economic evaluation;
- 3. transparency and robustness of methods and assumptions; and
- 4. relevance to UK Creative Health commissioning.

Scores were combined to provide an overall confidence rating, enabling consistent comparison across diverse Creative Health evaluation methods and settings.

**Low 1 - 5                      Moderate 6 - 11                      High 12 - 16**

Further details of the grading criteria and the grading breakdown can be found in the Creative Health Economic Evidence Bank.

“The evidence base for investing in creative health is growing and increasingly points to value for money with interventions that can ease pressure on stretched services while improving people's health and wellbeing. For commissioners under real financial pressure, that's a compelling case for investment, grounded in evidence rather than good intentions.”

**Ellie Hobart, Deputy Director of Health Equity and Inclusion, NHS North East London ICB**

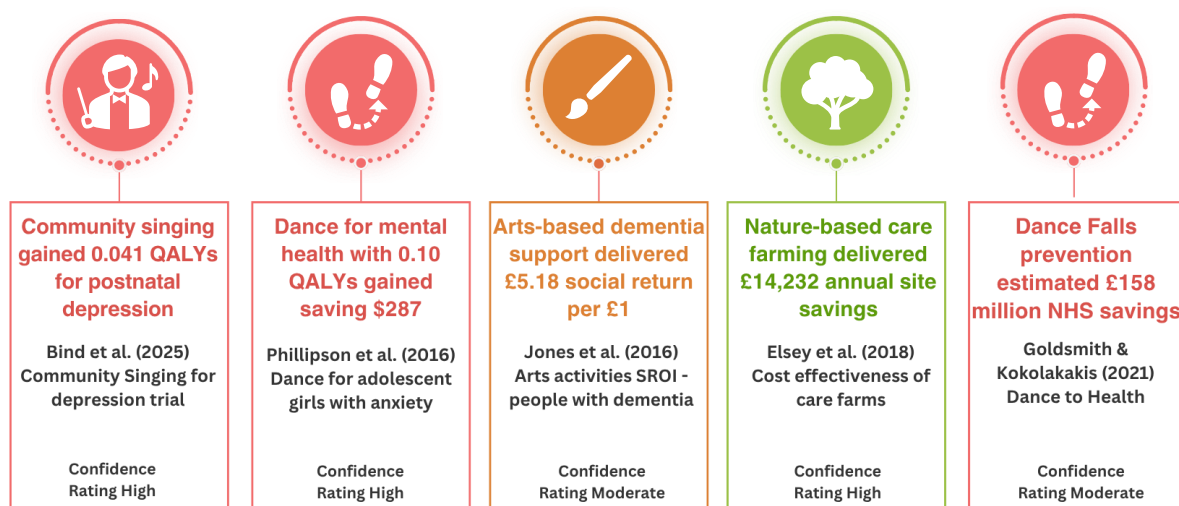
**Clinical Value** – Some creative interventions have been associated with reduced healthcare or medication use, although the strength and transferability of this evidence vary.



Music provides the strongest economic evidence in clinical settings, supporting a reduction in patient-level costs and improved outcomes. The savings arise through shorter hospital stays, reduced service use, and more efficient procedures and recovery. Medical clowning and creative writing show promising savings, but estimates are less certain. The dance study demonstrates positive patient outcomes, although its impact on costs remains uncertain and a larger cost-effectiveness trial is required to confirm the economic benefit.

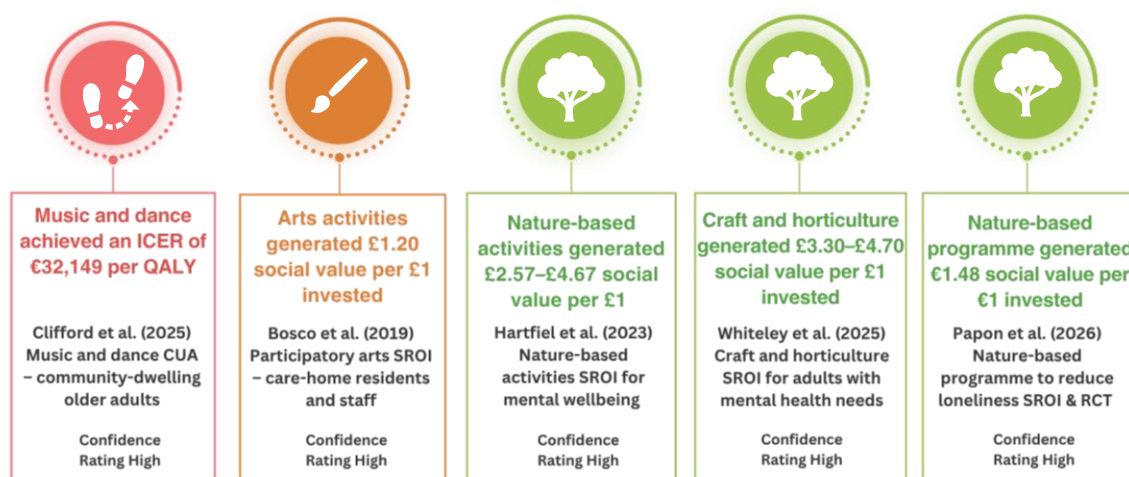


**Prevention and Harm Reduction Value** - Targeted creative health activities help to address major NHS demand drivers before escalation.



Dance, singing, visual arts and nature-based activities report benefits for mental health, dementia, rehabilitation, healthy ageing and disease prevention. The strongest economic evaluations use QALYs, comparison groups and sensitivity analyses.

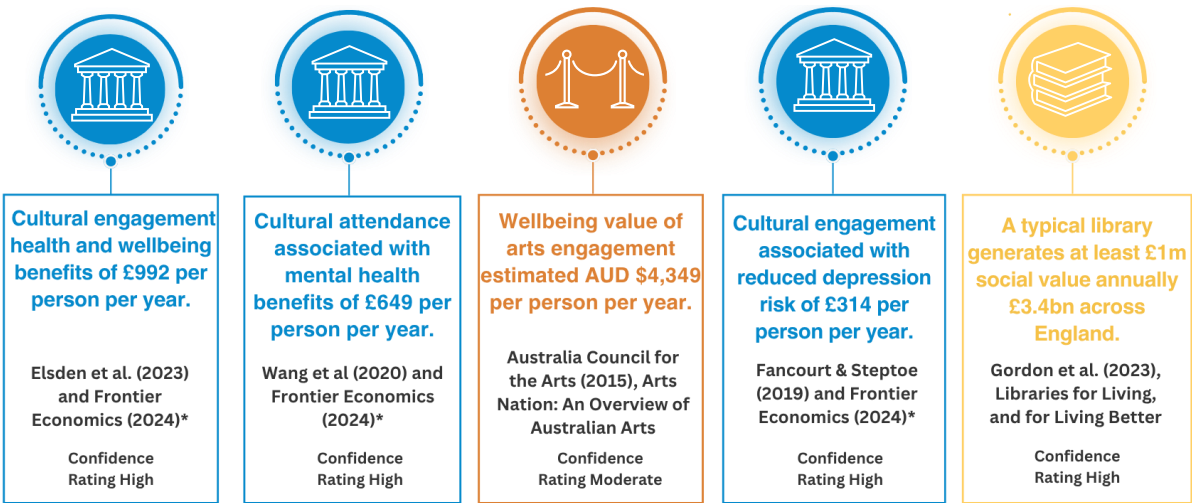
**Social Value** - Creative Health strengthens the economic case for social value and reducing health inequalities.



The evidence for arts-, nature-, music- and movement-based social prescribing suggests improved wellbeing, quality of life, social connection and loneliness outcomes at relatively modest cost. These interventions support prevention and warrant targeted commissioning with ongoing evaluation of both participant outcomes and healthcare utilisation.

**Involve Kent's social prescribing service** delivered excellent value for money, generating health gains at just **£2,548 per QALY across 6,112 patients**, around **three times more cost-effective than comparable interventions** and well below NHS cost-effectiveness thresholds. (Mundra, 2026a)

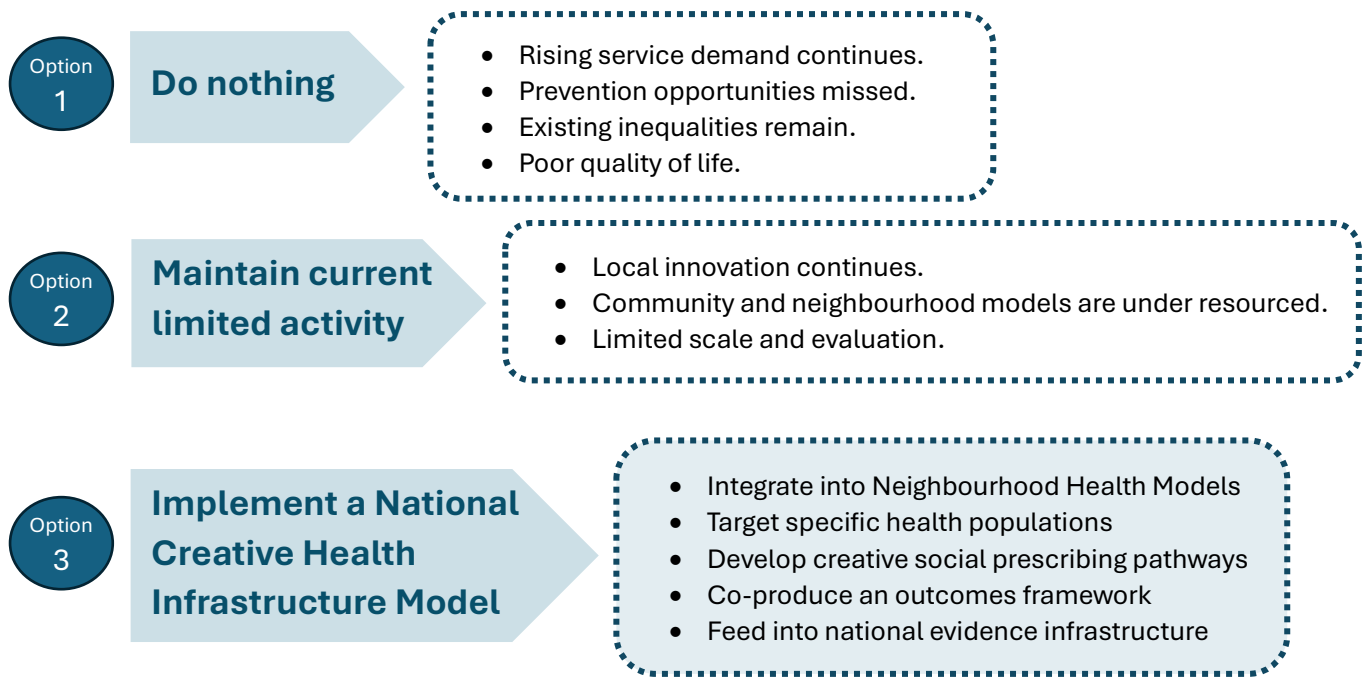
**General Population Wellbeing Value** – Evidence indicates that cultural assets can form part of an integrated health and wellbeing infrastructure.



The DCMS Culture and Heritage Capital (CHC) programme demonstrates that cultural participation can generate measurable health and wellbeing value. Elsden et al. (2023), Wang et al. (2020) and Fancourt & Steptoe (2019), were subsequently monetised by Frontiers Economics using Green Book- and DHSC-recognised methods, supporting their use in Social Cost Benefit Analysis (SCBA) and public-sector decision-making.

**Preferred Economic Option**

A locally commissioned Creative Health approach, delivered through neighbourhood health partnerships, local authorities and community organisations, offers the greatest potential to generate health, social and economic returns.



**\* Option 3 offers the greatest potential to generate health, social and economic returns while supporting national NHS reforms.**



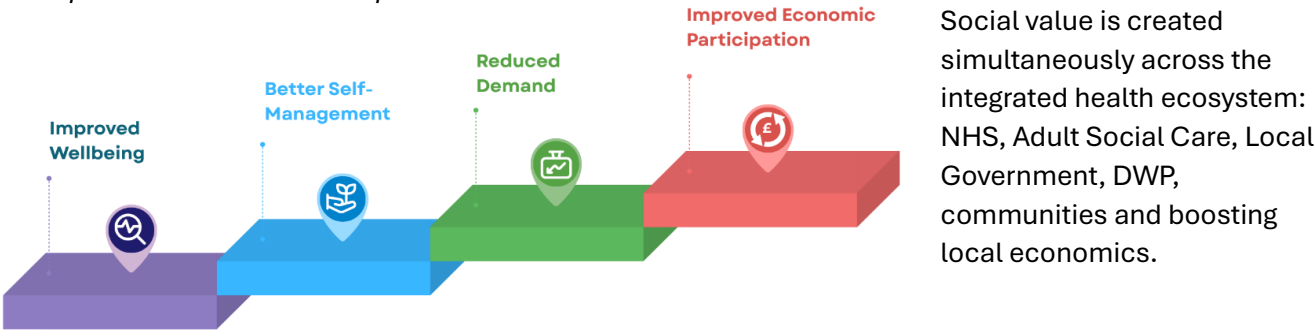
4. Strategic Opportunity

While further research is needed, existing evidence suggests that Creative Health may provide a flexible approach to supporting a range of health, social, and economic priorities. It may also offer practical, evidence-informed ways of contributing to responses to systemic challenges within health and care services.

| System challenge / Impact                                                                     | Creative Health Solution                                                                                                                                  | Evidence                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Rising demand driven by comorbidities and health inequalities</b> (Darzi, 2024)            | Creative health offers person-centred interventions that address wellbeing, self-management, social connection and resilience.                            | Arts on Prescription Gloucestershire has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. (CHWA, 2023)                                                                             |
| <b>Low engagement with services, particularly among high-need groups</b> (Local.gov.uk, 2025) | Community-led hubs and non-clinical spaces along with arts and culture engagement to reach people by embracing culture, identity and community knowledge. | Everton in the Community's BEAT Breathlessness Hub deliver health checks in non-clinical settings reaching over 1,100 residents, identifying undiagnosed COPD, hypertension and heart failure. (Sankaranarayanan, 2025) |
| <b>Growing pressure on services with limited capacity for prevention</b> (Darzi, 2024)        | Creative health supports prevention and improves self-management.                                                                                         | <i>Melodies for Mums</i> singing programme for postnatal depression achieved a 35% reduction in symptoms within six weeks. (Fancourt et al,2018)                                                                        |
| <b>Fragmented services operating in silos</b> (NHS England, 2023)                             | Creative health programmes operate through partnerships.                                                                                                  | A review of 69 UK creative health strategies found that successful programmes bring together health services, cultural organisations, VCSE partners and communities. (ReCITE Blog, NCCH, 2025)                          |

Social value is created for individuals, communities and systems by strengthening the social determinants of health and enabling people to live healthier, more connected and more fulfilling lives. Creative Health can therefore be understood as a system-wide prevention and wellbeing infrastructure, supporting health creation, neighbourhood health, population health improvement and sustainable economic growth.

Figure 3. Creative Health = Improved Wellbeing → Better Self-Management → Reduced Demand → Improved Economic Participation



“Creative Health's economic contribution reaches further than direct delivery. Across community health programmes in North Central London, participation builds confidence and skills that support progression into volunteering and paid roles. That is the same mechanism through which Creative Health strengthens local employment and connects into the wider social determinants of health.” **Guy Noble Arts Curator, UCLH NHS Foundation Trust and Co-Director, National Arts in Hospitals Network**



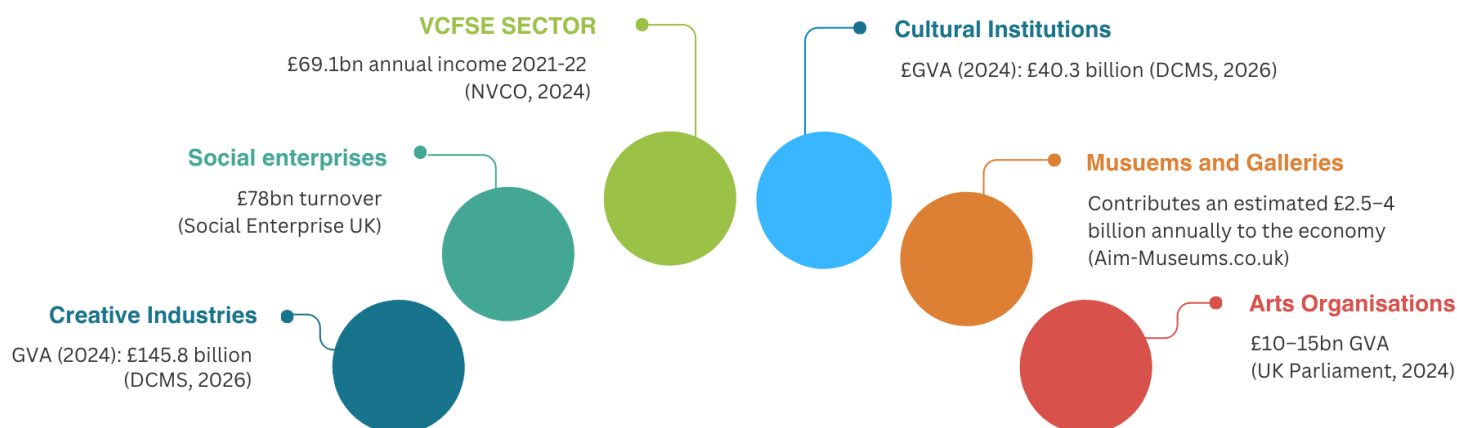
## 5. Commercial Case

### Delivery Model

Creative Health is delivered through a distributed provider ecosystem rather than a single provider organisation. Delivery is typically provided by a diverse range of community, culture and arts organisations, and individual experts.

The cultural sector contributes £40.3 billion in Gross Value Added (GVA) annually and supports around 700,000 jobs, while the wider creative industries contribute £145.8 billion and support 2.4 million jobs across the UK (DCMS, 2026).

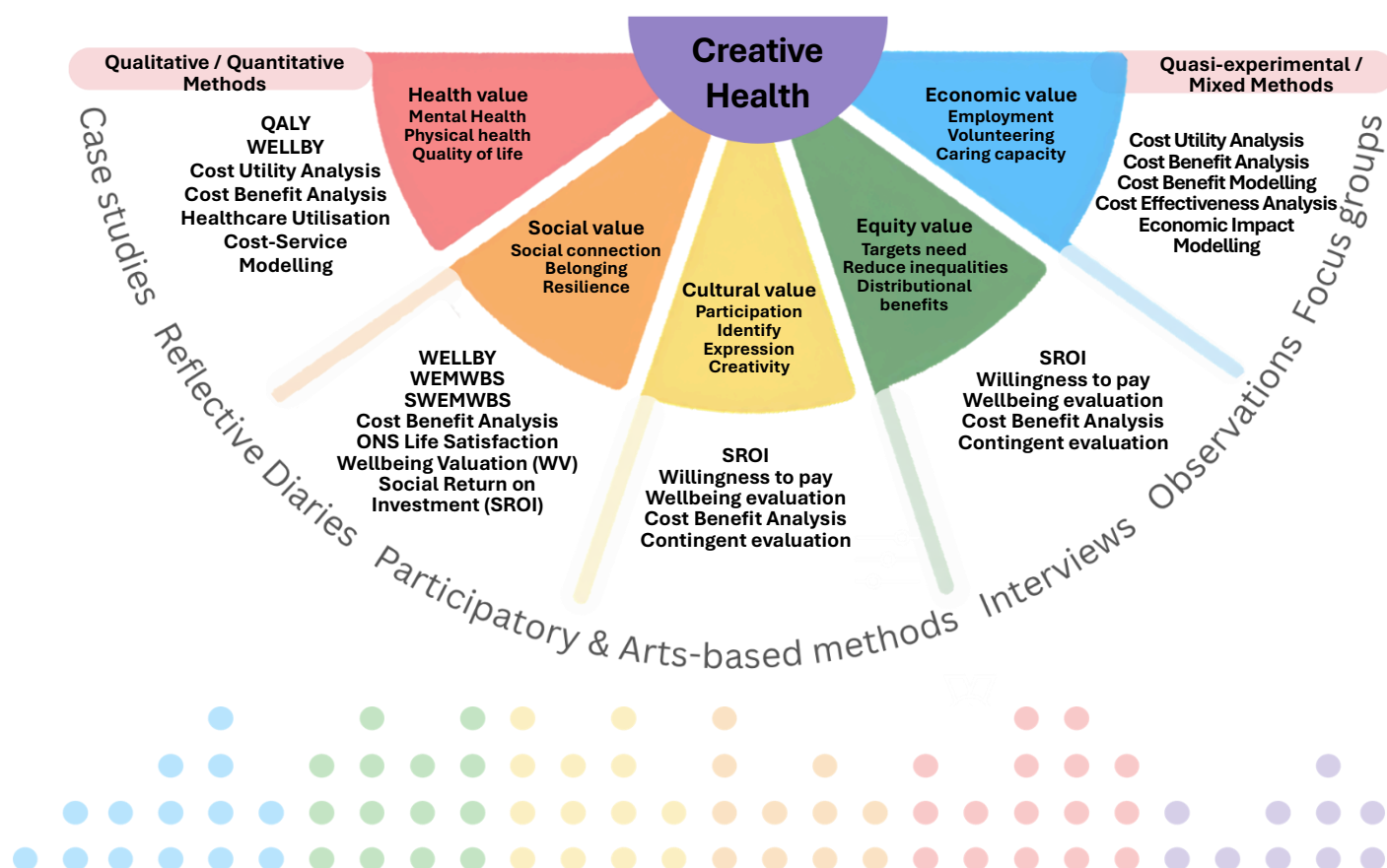
Figure 4. Creative Health Provider Infrastructure



### Multidimensional and interconnected value

Creative health has potential to benefit everyone, everywhere. By improving wellbeing, social connection, and resilience, creative health interventions can help address health inequalities and generate wider social value.

Figure 2: Spectrum of Values and Measures for Creative Health



## Commissioning principles for creative health and community-based services

Creative Health commissioning is most cost effective when delivered via a partnership and ecosystem approach rather than a single-provider procurement model. Similar approaches are already established within Integrated Care System (ICS) partnerships. Commissioning should be designed to:



**Create social value** by delivering wider community benefits alongside health and wellbeing outcomes.

**Promote collaboration** across health, social care, cultural, voluntary and community sectors.

**Strengthen local provider markets** by supporting the sustainability and development of diverse local organisations.

**Enable co-production** by involving communities, service users and delivery partners in the design, delivery and evaluation of services.

**Encourage innovation** by allowing flexibility in service models and supporting new approaches to meeting local needs.

“Most Creative Health activity is community-led and should be commissioned in ways that enable innovation, co-production, and a focus on outcomes that matter to people and communities. Where creative health programmes include clinical interventions or form part of more formal care pathways, commissioners should ensure that appropriate governance, risk management and professional oversight arrangements are agreed with relevant health and care partners. Such arrangements should be proportionate to the nature and level of risk associated with the intervention.”

**Stephen Sandford, Music Therapist and Chief Allied Health Professions Officer, NHS Lancashire and South Cumbria ICB**

### Regional Creative Health Example:

West Yorkshire Combined Authority’s £500,000 investment is building regional networks, workforce and evaluation capacity, referral routes, coordination and future funding pathways, providing infrastructure to support the sustainable development and scaling of Creative Health. (WYCA, 2026)



## 6. Financial Case

### Investment Requirement

With UK healthcare expenditure now exceeding £240 billion annually, marginal reductions in costly acute services could translate into significant savings. Creative Health is therefore attractive because it requires relatively modest investment while offering cost benefits and reduced healthcare utilisation, aligning with NHS priorities to shift care from hospitals into communities and from sickness to prevention.

| Intervention                                      | Cost per participant and NHS cost context                                                                                         | Main outcome or economic finding                                                                                                                                                        |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community singing for older adults                | £18.88 for 14 sessions. Approx. <b>10% of one average outpatient attendance (£181).</b>                                           | RCT found reduced anxiety and depression at 3mths, improved quality of life at 6mths. The intervention was marginally more cost-effective than usual activities.                        |
| Music for diagnostic / clinical procedures        | For paediatric echocardiography, the cost was US\$13.21 <b>producing an estimated saving of US\$74.24 per procedure.</b>          | Music reduced procedure time and staff requirements and released 184 registered-nurse hours.                                                                                            |
| Individualised music for people with dementia     | £2.40 per resident per week, or approximately £125 a year. <b>Annual cost is approx. 69% of one outpatient attendance (£181).</b> | Personalised music was associated with greater discontinuation of antipsychotic and anxiolytic medication and improvement in behavioural symptoms.                                      |
| Dance for adolescent mental health                | US\$670 per participant—approximately £500–£600. <b>Around 46–56% of an average NHS day case (£1,077).</b>                        | RCT reported a 0.10 QALY gain, approx. US\$287 lower healthcare costs and an estimated US\$3,830 per QALY gained, with a high probability of cost-effectiveness.                        |
| Group singing for people with post-stroke aphasia | £344.56–£399.33 per participant (depending on training costs). <b>Approx. 1.0–1.2 Type 1 A&amp;E attendances (£334 each).</b>     | RCT demonstrated that the programme and its evaluation were feasible and acceptable but was not designed to establish clinical or cost-effectiveness.                                   |
| Visual arts participation after stroke            | £245–£657 per participant (depending on location and group capacity). <b>Approx. 1.4–3.6 outpatient attendances (£181 each).</b>  | RCT found that delivery was effective, and recruitment and attendance affected the cost per participant. It did not provide definitive evidence of effectiveness or cost-effectiveness. |
| Nature-based wellbeing programmes                 | £428–£669 per participant. <b>Approx. 1.3–2.0 Type 1 A&amp;E attendances (£334 each)</b>                                          | Improvements reported in wellbeing, physical activity, confidence and social trust. Estimated social value ranged from £2.57 to £4.67 per £1 invested.                                  |



## Long-Term Financial Benefits

The evidence identifies several opportunities to reduce demand across health and care services. These benefits may arise through prevention, earlier intervention, improved self-management and greater engagement with existing pathways. This should be interpreted as potential cost avoidance or efficiency gains, not guaranteed cash savings, until further economic evaluations can provide robust evidence.



### Reduced GP appointments

- Evaluations report reduced healthcare use: Artlift 37% fewer GP consultations and Tameside social prescribing found 42.2% fewer GP appointments. (APPGAHW, 2017, NASP, 2024)



### Reduced A&E attendance

- Social prescribing evaluations reported 15–24% fewer A&E attendances and reductions in A&E costs of up to 39% (NASP, 2024).



### Reduce hospital admissions

- Evaluations associate arts and social prescribing with between 2–27% reductions in hospital admissions (Hou et al., 2026; APPGAHW, 2017).



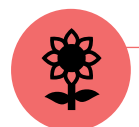
### Reduced falls

- Goldsmith and Kokolakakis (2021) reported 58% fewer falls and modelled an estimated £158 million in NHS savings over two years.



### Delayed social care need

- A systematic review linked sustained cultural engagement to reduced dementia, cognitive decline and frailty risks (Viola et al., 2024).



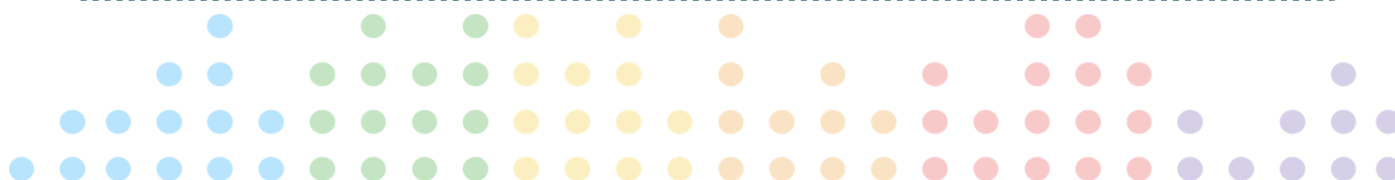
### Improved staff wellbeing and productivity

- Creative activities at Manchester University Hospital Foundation Trust improved staff wellbeing and feeling valued, with evidence of reduced burnout and stress (Polley et al., 2023).

A systematic review of arts-based interventions for healthcare workers found evidence of medium-to-large effects on burnout, work-related stress and common mental health problems (Tjasink et al., 2023).

Not all economic or fiscal benefits are immediately cashable. Creative Health may reduce demand and generate fiscal value without producing equivalent immediate budget savings.

**The Greater Manchester Combined Authority (GMCA) Research Team** (formerly New Economy) pioneered a cost benefit analysis (CBA) methodology to articulate the fiscal, economic and social value of interventions. The GMCA Cashability paper suggests commissioners should distinguish between economic value, fiscal benefit and cashable savings, which may increase when sustained interventions reach scale. The examples given for the NHS distinguish short-term/small-scale from long-term/large-scale cashability, using 20% and 50% respectively to indicate that short-term savings tend to relate to marginal treatment costs, whereas substantial fixed-cost changes require greater scale. (GMCA, 2023)



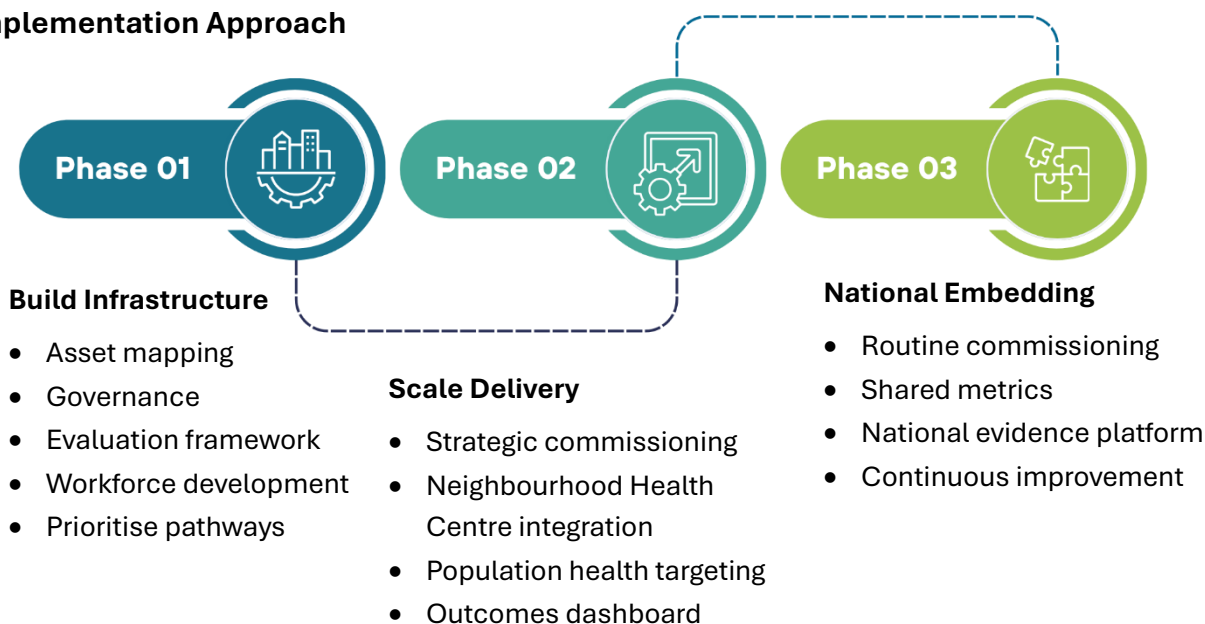
## 7. Management Case

### Deliverability

Creative Health is highly deliverable because cultural and community assets already exist. The challenge is coordination rather than creation.

The Mobilising Community Assets programme demonstrates the potential to mobilise capacity across cultural, natural and community assets, alongside health, social prescribing and community practitioners (Mughal et al., 2024).

### Implementation Approach



### Contracting and Payment Model

A blended payment model, informed by approaches used in community pharmacy, should combine stable funding for service availability with payment for delivery and achievement of agreed quality and outcome measures. An illustrative model is:

- **40% service infrastructure and accessibility**
- **40% delivery and engagement**
- **10% quality and reporting: accessibility, safeguarding, data completeness and participant experience;**
- **10% outcomes: agreed improvement in wellbeing, activation, mobility or another relevant measure.**

The final proportions should be determined locally. Quality and outcome payments should use proportionate, risk-adjusted measures and should not expose smaller providers to unsustainable financial risk.

"Through my work developing **creative health in Gloucestershire**, I have seen first-hand the difference it can make to people's wellbeing, confidence and connection to their communities. What is particularly encouraging about this work is that it shows that we are now building a much stronger evidence base, not only demonstrating impact but also confirming the economic value of investing in creative health. This report provides an important step towards making creative health a mainstream part of how we improve population health, tackle inequalities, and support healthier communities."

**Ellen Rule (Chief Executive, Herefordshire and Worcestershire NHS Foundation Trust)**

## 8. Measurement & Accountability

Measurement, governance and accountability should be proportionate to the nature and level of risk of Creative Health activity, reflecting its broad spectrum from clinically embedded interventions and targeted health activity, through social prescribing, to wider community-based cultural engagement. Community-led approaches should retain flexibility for innovation, co-production and outcomes that matter to communities, while clinical interventions and formal care pathways require appropriate governance, risk management and professional oversight.

All commissioned services should collect a standardised minimum dataset, combining economic measures with supplementary outcomes that capture Creative Health's wider, multidimensional impacts.

| Core Outcomes   | Outcome Measure           | Economic use                                                  |
|-----------------|---------------------------|---------------------------------------------------------------|
| Health utility  | EQ-5D or EQ-VAS           | Estimation of QALYs and cost per QALY                         |
| Wellbeing       | ONS Life Satisfaction     | Estimation of WELLBYs and cost per WELLBY                     |
| GP utilisation  | Number of GP contacts     | Estimation of service effects and potential cost consequences |
| A&E utilisation | Number of A&E attendances | Supporting evidence and understanding of how change occurs    |

### Supplementary measures can include:

- SWEMWBS, Loneliness measures, PHQ-2 / GAD-2
- Self-efficacy, Community participation, Cultural participation

### Evaluation Approach

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Large-Scale Programmes</b> - Where investment is significant, evaluation should provide stronger evidence of causal impact and value for money. <ul style="list-style-type: none"> <li>• Matched control groups</li> <li>• Difference-in-Difference analysis</li> <li>• Propensity Score Matching</li> <li>• Interrupted Time Series approaches</li> </ul> | <b>Smaller Programmes</b> - Where robust control groups are not feasible: <ul style="list-style-type: none"> <li>• Pre/post measurement</li> <li>• Participant attribution questions</li> <li>• Conservative deadweight adjustments</li> <li>• Qualitative evidence</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Reporting requirements

Providers should report:

- ☐ Participation numbers
- ☐ Completion rates
- ☐ Outcome changes
- ☐ Cost per participant
- ☐ Cost per QALY (where possible)
- ☐ Cost per WELLBY (where possible)
- ☐ Healthcare utilisation changes or a self-management scale

**\* An annual commissioner dashboard should be developed to monitor performance against key outcomes and commissioning objectives.**



## 9. Risks & Mitigations

| Risk                                                                               | Potential Impact                                                                                                                                                               | Mitigation                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Over-reliance on weaker evidence</b>                                            | Some creative health interventions are supported primarily by SROI studies, wellbeing valuation or observational evaluations rather than RCTs or QALY-based analyses.          | Prioritise commissioning interventions with the strongest economic evidence base (e.g. Dance to Health, community singing, hospital music interventions, nature-based mental health programmes). Use less mature interventions as pilots or innovation projects. |
| <b>Modelled savings not realised</b>                                               | Economic projections may overestimate actual NHS savings because many studies model future healthcare reductions rather than directly measure them.                            | Present projected savings as potential benefits rather than guaranteed cash savings. Distinguish clearly between observed savings and modelled savings within the business case.                                                                                 |
| <b>Attribution uncertainty</b>                                                     | Improvements in wellbeing or reduced healthcare use may partly result from other services or wider life circumstances rather than the creative health intervention alone.      | Use robust evaluation designs wherever feasible, including matched comparison groups, quasi-experimental methods or control groups. Collect baseline and follow-up data consistently.                                                                            |
| <b>Insufficient local evidence</b>                                                 | National evidence may not fully reflect local populations, pathways or service utilisation patterns.                                                                           | Implement phased roll-out with local evaluation from the outset. Use existing evidence to inform commissioning while building a local evidence base.                                                                                                             |
| <b>Difficulty demonstrating NHS impact due to inconsistent outcome measurement</b> | Benefits may be seen in wellbeing and social outcomes before reductions become visible. Different outcome measures can reduce comparability and limit economic evaluation.     | Measure both health outcomes (QALYs, EQ-5D, EQ-VAS) and wider wellbeing outcomes (WELLBYs, life satisfaction, SWEMWBS), alongside GP and A&E utilisation.                                                                                                        |
| <b>Benefits may not be sustained</b>                                               | Some evaluations have relatively short follow-up periods, creating uncertainty around the duration of benefits.                                                                | Use conservative assumptions regarding benefit duration and undertake longer-term follow-up where possible. Include sensitivity analysis in economic modelling.                                                                                                  |
| <b>Variation in provider quality</b>                                               | Outcomes may differ depending on facilitator skills, delivery model and participant engagement.                                                                                | Develop minimum service specifications, workforce standards and quality assurance requirements for commissioned providers.                                                                                                                                       |
| <b>Low engagement from target populations</b>                                      | Programmes may not reach those most likely to benefit, reducing value for money.                                                                                               | Prioritise referral pathways into high-need populations, including people with long-term conditions, frailty, loneliness, mild-to-moderate mental health needs and communities experiencing health inequalities.                                                 |
| <b>Evidence gaps for some art forms</b>                                            | Limited economic evidence currently for creative writing, crafts, and environmental arts.                                                                                      | Commission these activities within innovation, pilot or research programmes rather than relying on them as the principal economic case for investment.                                                                                                           |
| <b>Governance arrangements that aren't aligned to the intervention</b>             | Unclear accountability, safeguarding, risk management or pathway integration may increase delivery risks, particularly for clinical interventions and higher-need populations. | Ensure governance arrangements are proportionate to the intervention. Where creative health forms part of a clinical pathway, establish appropriate oversight, accountability and risk management while maintaining flexibility and community-led delivery.      |

# 10. Recommendations & Next Steps

## Recommendations

Creative health should be commissioned as part of the neighbourhood health infrastructure, using existing community assets and prioritising populations and pathways where evidence and local need are strongest.



- Establish system leadership** Identify Creative Health Leads and establish a multi-sector Creative Health board
- Identity health needs and map community assets** Assess local health needs and align with existing cultural, community, faith and nature-based assets.
- Commission a defined initial portfolio** Prioritise evidence-supported provision addressing mental health, loneliness, long-term conditions, frailty, falls prevention, rehabilitation and healthy ageing.
- Invest in provider infrastructure** Use multi-year funding for coordination, workforce development, accessibility, safeguarding and sustainable delivery.
- Apply consistent standards** Standardise specifications, quality requirements and datasets measuring outcomes, costs and healthcare use.
- Evaluate, learn and scale** Begin with phased implementation, compare performance against baseline or suitable comparators, and expand provision where outcomes, equity and value for money are demonstrated.

## Next Steps



**Key principle:**  
Move from repeated short-term projects to coordinated, evidence-informed infrastructure that enables Creative Health approaches to reduce health inequalities and contribute consistently to effective prevention and neighbourhood care.



## Supplementary materials

These supplementary materials present a selection of published creative health economic evaluations across a range of modalities, health contexts, populations, and evaluation approaches. They are intended to demonstrate the diversity of evidence currently available.

For a comprehensive repository of published economic evaluations identified through this Creative Health Economics series, please see the full economic evaluation reference list: [Creative Health Economic Evaluations Reference List](#).

| Section   | Description                                                                                                                                                                        | References                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resources | <b>DCMS Culture and Heritage Capital</b> – particularly useful to monetise wellbeing benefits or undertake cost-benefit analysis consistent with HM Treasury Green Book principles | Department for Digital, Culture, Media and Sport (2025) <i>Culture and Heritage Capital Portal</i> . London: DCMS. Available at: <a href="https://www.gov.uk/guidance/culture-and-heritage-capital-portal">https://www.gov.uk/guidance/culture-and-heritage-capital-portal</a><br><br>Department for Culture, Media and Sport (2021) <i>Valuing culture and heritage capital: a framework towards informing decision making</i> . London: DCMS. Available at: <a href="https://www.gov.uk/government/publications/valuing-culture-and-heritage-capital-a-framework-towards-decision-making/valuing-culture-and-heritage-capital-a-framework-towards-informing-decision-making">https://www.gov.uk/government/publications/valuing-culture-and-heritage-capital-a-framework-towards-decision-making/valuing-culture-and-heritage-capital-a-framework-towards-informing-decision-making</a> |
|           | <b>World Health Organisation</b> – international evidence base                                                                                                                     | Fancourt, D. and Finn, S. (2019). <i>What is the evidence on the role of the arts in improving health and well-being? A scoping review</i> . Health Evidence Network Synthesis Report 67. Copenhagen: WHO Regional Office for Europe. Available at: <a href="https://www.who.int/europe/publications/i/item/9789289054553">https://www.who.int/europe/publications/i/item/9789289054553</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|           | <b>National Centre for Creative Health</b> – current UK policy recommendation                                                                                                      | National Centre for Creative Health (NCCH) and All-Party Parliamentary Group on Arts, Health and Wellbeing (2023) <i>Creative health review: how policy can embrace creative health</i> . Oxford: NCCH. Available at: <a href="https://ncch.org.uk/creative-health-review">https://ncch.org.uk/creative-health-review</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|           | <b>National Academy for Social Prescribing</b> – introduces value-for-money and return-on-investment arguments                                                                     | Polley, M., Seers, H., Toye, O., Henkin, T., Waterson, H., Bertotti, M. and Chatterjee, H.J. (2023) <i>Building the economic case for social prescribing</i> . London: National Academy for Social Prescribing. Available at: <a href="https://socialprescribingacademy.org.uk/nasps-evidence-reports/building-the-economic-case-for-social-prescribing/">https://socialprescribingacademy.org.uk/nasps-evidence-reports/building-the-economic-case-for-social-prescribing/</a>                                                                                                                                                                                                                                                                                                                                                                                                           |



**What Works  
Centre for  
Wellbeing –**  
independent  
evidence reviews  
and synthesis on  
the relationship  
between culture,  
arts, sport and  
wellbeing  
outcomes

What Works Centre for Wellbeing. (2019). *Culture, arts and sport evidence programme*. London: What Works Centre for Wellbeing. Available at:  
<https://whatworkswellbeing.org/category/culture-arts-and-sport/>

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|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive<br/>summary<br/>(page 5)</b> | <b>Music</b>                                                                                                                       | Dirven, T.L., Kappen, P.R., van der Beek, F.T.H. <i>et al.</i> (2025). The effect of music interventions compared to standard-of-care on the prevention of delirium in neurosurgical patients: an analysis of costs and cost-effectiveness based on the MUSYC-trial. <i>Acta Neurochirurgie</i> , 167, 46.<br><a href="https://doi.org/10.1007/s00701-025-06448-0">https://doi.org/10.1007/s00701-025-06448-0</a>                                |
|                                           | <b>Dance</b>                                                                                                                       | Goldsmith, S. and Kokolakis, T. (2021). A cost-effectiveness evaluation of dance to health: a dance-based falls prevention exercise programme in England. <i>Public Health</i> , 198, 17–21.<br><a href="https://doi.org/10.1016/j.puhe.2021.06.020">https://doi.org/10.1016/j.puhe.2021.06.020</a>                                                                                                                                              |
|                                           | <b>Visual arts</b>                                                                                                                 | Jones, C., Windle, G. and Edwards, R.T. (2020). Dementia and imagination: a social return on investment analysis framework for art activities for people living with dementia. <i>Gerontologist</i> , 60(1), 112–123. <a href="https://doi.org/10.1093/geront/gny147">https://doi.org/10.1093/geront/gny147</a>                                                                                                                                  |
|                                           | <b>Creative writing</b>                                                                                                            | Taylor, L.A., Wallander, J. L., Anderson, D., Beasley, P., and Brown, R.T. (2003). Improving health care utilization, improving chronic disease utilization, health status, and adjustment in adolescents and young adults with cystic fibrosis: A preliminary report. <i>Journal of Clinical Psychology in Medical Settings</i> , 10(1), 9–16.<br><a href="https://doi.org/10.1023/A:1022897512137">https://doi.org/10.1023/A:1022897512137</a> |
|                                           | <b>Nature-based<br/>crafts –<br/>improved<br/>wellbeing,<br/>physical activity,<br/>€1.48 social<br/>value per €1<br/>invested</b> | Papon, A., Puntsher, S., Masó-Aguado, M. <i>et al.</i> (2026). Evaluating the social return on investment of nature-based social prescribing to alleviate loneliness: a randomised controlled trial in Barcelona. <i>Frontiers in Public Health: Health Economics</i> , 14. <a href="https://doi.org/10.3389/fpubh.2026.1774155">https://doi.org/10.3389/fpubh.2026.1774155</a>                                                                  |



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| <b>Cultural attendance and mental health –</b><br>Frontier calculates £649 per person per year for adults aged 30–49 attending cultural events once a week or more, using the Green Book                        | Wang, S., Mak, H.W. and Fancourt, D. (2020). Arts, mental distress, mental health functioning and life satisfaction: fixed-effects analyses of a nationally-representative panel study. <i>BMC Public Health</i> , 20(208). <a href="https://doi.org/10.1186/s12889-019-8109-y">https://doi.org/10.1186/s12889-019-8109-y</a> |
| <b>Cultural engagement and depression –</b><br>Frontier monetises the resulting reduction in depression risk at £314 per person per year, comprising quality-of-life, NHS/social-care and productivity benefits | Fancourt, D. and Steptoe, A. (2019). Cultural engagement and mental health: Does socio-economic status explain the association? <i>Social Science &amp; Medicine</i> , 112425(236). <a href="https://doi.org/1016/j.socscimed.2019.112425">https://doi.org/1016/j.socscimed.2019.112425</a>                                   |

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| <b>Clinical value (page 8)</b> | <b>Clowning –</b><br>reduced anxiety, pain and surgical care costs                             | Kocherov, S., Hen, Y., Jaworowski, S. <i>et al.</i> (2016). Medical clowns reduce pre-operative anxiety, post-operative pain and medical costs in children undergoing outpatient penile surgery: a randomised controlled trial. <i>Journal of Paediatric Child Health</i> , 52(9):877–81. <a href="https://doi.org/10.1111/jpc.13242">https://doi.org/10.1111/jpc.13242</a>                                                                                                                       |
|                                | <b>Creative writing –</b><br>reduced health utilisation and self-management of cystic fibrosis | Taylor, L. A., Wallander, J. L., Anderson, D. <i>et al.</i> (2003). Improving health care utilization, improving chronic disease utilization, health status, and adjustment in adolescents and young adults with cystic fibrosis: A preliminary report. <i>Journal of Clinical Psychology in Medical Settings</i> , 10(1), 9–16. <a href="https://doi.org/10.1023/A:1022897512137">https://doi.org/10.1023/A:1022897512137</a>                                                                    |
|                                | <b>Dance –</b> feasible rehabilitation programme improving recovery after brain injury         | Adey-Wakeling, Z., Block, H., Hutchins, S. <i>et al.</i> (2026). Impact of a therapeutic dance program compared with circuit physiotherapy in rehabilitation of older people with recent acquired brain injury: a randomized controlled feasibility trial with embedded qualitative assessment. <i>Arch Archives of Rehabilitation Research and Clinical Translation</i> , 23, 8(2),100587. <a href="https://doi.org/10.1016/j.arrct.2026.100587">https://doi.org/10.1016/j.arrct.2026.100587</a> |
|                                | <b>Music –</b> reduced ICU anxiety and favourable cost-                                        | Chlan, L.L., Heiderscheit, A., Skaar, D.J. <i>et al.</i> (2018). Economic evaluation of a patient-directed music intervention for ICU patients receiving mechanical ventilatory support. <i>Critical</i>                                                                                                                                                                                                                                                                                          |



effectiveness outcomes

Care Medicine, 46(9), 1430–1435.  
<https://doi.org/10.1097/CCM.00000000000003199>

**Music –**  
prevented delirium, improving outcomes and cost-effectiveness

Dirven, T.L., Kappen, P.R., van der Beek, F.T.H. *et al.* (2025). The effect of music interventions compared to standard-of-care on the prevention of delirium in neurosurgical patients: an analysis of costs and cost-effectiveness based on the MUSYC-trial. *Acta Neurochirurgie*, 167, 46  
<https://doi.org/10.1007/s00701-025-06448-0>

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| <b>Prevention and harm reduction value (page 9)</b> | <b>Dance –</b> reduced falls by 58%, generating substantial NHS savings                           | Goldsmith, S. and Kokolakis, T. (2021). A cost-effectiveness evaluation of dance to health: a dance-based falls prevention exercise programme in England. <i>Public Health</i> , 198, 17–21. <a href="https://doi.org/10.1016/j.puhe.2021.06.020">https://doi.org/10.1016/j.puhe.2021.06.020</a>                                                                            |
|                                                     | <b>Dance –</b> dance for mental health with 0.10 QALYs gained saving \$287                        | Philipsson, A., Duberg, A., Möller, M. <i>et al.</i> (2013). Cost-utility analysis of a dance intervention for adolescent girls with internalising problems. <i>Cost Effectiveness and Resource Allocation</i> , 11(1), 4. <a href="https://doi:10.1186/1478-7547-11-4">https://doi:10.1186/1478-7547-11-4</a>                                                              |
|                                                     | <b>Singing –</b> community singing for postnatal depression gained 0.041 QALYs                    | Bind, R.H., Sawyer, K., Hazelgrove, K. <i>et al.</i> (2023). Feasibility, clinical efficacy, and well-being outcomes of an online singing intervention for postnatal depression in the UK: SHAPER-PNDO, a single-arm clinical trial. <i>Pilot Feasibility Studies</i> , 9, 131. <a href="https://doi:10.1186/s40814-023-01346-5">https://doi:10.1186/s40814-023-01346-5</a> |
|                                                     | <b>Nature-based care farming –</b> improved quality of life, costing £14,232 less than comparator | Elsey, H., Bragg, R., Elings, M. <i>et al.</i> Cade JE, Brennan C, Farragher T, <i>et al.</i> Impact and cost-effectiveness of care farms on health and well-being of offenders on probation: a pilot study. <i>Public Health Research</i> . 6(3). Southampton: NIHR Journals Library. <a href="https://doi:10.3310/phr06030">https://doi:10.3310/phr06030</a>              |
|                                                     | <b>Visual arts –</b> arts-based dementia support delivered £5.18 social return per £1             | Jones, C., Windle, G. and Edwards, R.T. (2020). Dementia and imagination: a social return on investment analysis framework for art activities for people living with dementia. <i>Gerontologist</i> , 60(1), 112–123. <a href="https://doi.org/10.1093/geront/gny147">https://doi.org/10.1093/geront/gny147</a>                                                             |

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| <b>Social value (page 9)</b> | <b>Music and dance –</b> improved social connection, quality of life, cost-effectiveness | Clifford, A.M., Cheung, P.S., O'Malley, N. <i>et al.</i> (2024). Findings from a pragmatic cluster randomised controlled feasibility trial of a music and dance programme for community dwelling older adults. <i>Archives of Gerontology and Geriatrics</i> , 122, 105371. <a href="https://doi.org/10.1016/j.archger.2024.105371">https://doi.org/10.1016/j.archger.2024.105371</a> |
|                              | <b>Nature-based crafts –</b> improved wellbeing,                                         | Hartfiel, N., Gittins, H., Morrison, V. <i>et al.</i> (2023). Social return on investment of nature-based activities for adults with mental wellbeing challenges. <i>Int J Environ Res Public Health</i> , 2, 20(15), 6500. <a href="https://doi:10.3390/ijerph20156500">https://doi:10.3390/ijerph20156500</a>                                                                       |



**Nature-based crafts –**  
improved wellbeing,  
physical activity,  
€1.48 social  
value per €1  
invested

**Visual Arts –**  
improved  
wellbeing and  
cognition, £1.20  
return per £1  
invested.

Whiteley, H., Lynch, M., Hartfiel, N. *et al.* (2025). Health economics-informed social return on investment (SROI) analysis of a nature-based social prescribing craft and horticulture programme for mental health and wellbeing. *International Journal of Environmental Research and Public Health*, 22(8), 1184.  
<https://doi.org/10.3390/ijerph22081184>

Bosco, A., Schneider, J., and Broome, E. (2019). The social value of the arts for care home residents in England: a social return on investment (SROI) analysis of the Imagine Arts programme. *Maturitas*, 124, 15–24.  
<https://doi.org/10.1016/j.maturitas.2019.02.005>

monetised the reduction in depression risk at £314 per person per year, comprising quality-of-life, NHS/social-care and productivity benefits

**Cultural attendance and mental health –**  
Frontier Economics calculated £649 per person per year for adults aged 30–49 attending cultural events once a week or more, using the Green Book valuation.

**General engagement with culture and heritage –**  
Frontier Economics estimated £992 per person per year for adults aged 30–49 engaging every few months or more.

**General engagement with galleries and museums**

**General engagement with libraries**

association? Soc Sci Med, 236, 112425.  
<https://doi.org/10.1016/j.socscimed.2019.112425>

Wang, S., Mak, H.W., Fancourt D. (2020). Arts, mental distress, mental health functioning & life satisfaction: fixed-effects analyses of a nationally-representative panel study. *BMC Public Health*, 11, 20(1), 208. <https://doi.org/10.1186/s12889-019-8109-y>

Elsden, E., Bu, F., Fancourt, D. *et al.* (2022). Frequency of leisure activity engagement and health functioning over a 4-year period: a population-based study amongst middle-aged adults. *BMC Public Health*, 30, 22(1), 1275.  
<https://link.springer.com/article/10.1186/s12889-022-13670-3>

Australia Council for the Arts (2015). *Arts Nation: an overview of Australian arts*. Sydney: Australia Council for the Arts. Available at: <https://creative.gov.au/sites/creative-australia/files/documents/2025-03/arts-nation-october-2015-5638269193891.pdf>

Gordon, J., Blackett, A., Fordham, R. *et al.* (2023). *Libraries for living, and for living better: The value and impact of public libraries in the East of England*. UEA Publishing Project. Available at: <https://ueaeprints.uea.ac.uk/id/eprint/92105/>



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| <b>Strategic opportunity – system challenge impact (page 11)</b> | <b>Rising demand</b><br>– driven by comorbidities, health inequalities, and growing pressure on services with limited capacity for prevention                                                                                                                      | Darzi A. (2024). <i>Independent Investigation of the National Health Service in England</i> . London: Department of Health and Social Care. Available at: <a href="https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england">https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england</a>                                                                                                                                              |
|                                                                  | <b>Low engagement</b> – with services, particularly among high-need groups                                                                                                                                                                                         | Local Government Association. (2025). <i>Place and Health: bridging the gap in health inequalities</i> . London: LGA. Available at: <a href="https://www.local.gov.uk/publications/place-and-health-bridging-gap-health-inequalities">https://www.local.gov.uk/publications/place-and-health-bridging-gap-health-inequalities</a> . [local.gov.uk]                                                                                                                                                         |
|                                                                  |                                                                                                                                                                                                                                                                    | Care Quality Commission. (2025). <i>Addressing Health Inequalities through Engagement with People and Communities</i> . Newcastle upon Tyne: CQC; Available at: <a href="https://www.cqc.org.uk/local-systems/integrated-care-systems/framework-engaging-people-and-communities/health-inequalities-engagement-framework">https://www.cqc.org.uk/local-systems/integrated-care-systems/framework-engaging-people-and-communities/health-inequalities-engagement-framework</a> . [cqc.org.uk], [cqc.org.uk] |
|                                                                  | <b>Fragmented services operating in silos</b>                                                                                                                                                                                                                      | NHS England. <i>Integrated Care Systems: guidance</i> . (2024 - originally published 2021). London: NHS England; Available at: <a href="https://www.england.nhs.uk/publication/integrated-care-systems-guidance/">https://www.england.nhs.uk/publication/integrated-care-systems-guidance/</a>                                                                                                                                                                                                             |
| <b>Strategic opportunity – evidence (page 10)</b>                | <b>Arts on Prescription</b> – CHWA reports that Arts on Prescription, Gloucestershire demonstrated a 37% reduction in GP consultation rates and a 27% reduction in hospital admissions, alongside a social return on investment of £4 to £11 for every £1 invested | Culture, Health & Wellbeing Alliance. <i>Social Prescribing: facts and links</i> . Available at: <a href="https://www.culturehealthandwellbeing.org.uk/key-themes/social-prescribing">https://www.culturehealthandwellbeing.org.uk/key-themes/social-prescribing</a>                                                                                                                                                                                                                                       |



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| <b>Singing for postnatal depression</b> – study underpinned the Melodies for Mums programme, found mothers with moderate to severe postnatal depression experienced approximately 35% reduction in symptoms within six weeks | Fancourt, D., Perkins, R., Ascenso, S. <i>et al.</i> (2028). Effect of group singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial. <i>British Journal of Psychiatry</i> , 212(2), 119–121. doi:10.1192/bjp.2017.29. <a href="https://journals.sagepub.com/doi/abs/10.1177/0305735617742197">https://journals.sagepub.com/doi/abs/10.1177/0305735617742197</a> |
| <b>Community health screening</b> – sport-based health intervention                                                                                                                                                          | Sankaranarayanan, R., Hartshorne-Evans, N., McLean, L. <i>et al.</i> (2025). <i>Early detection of cardiorespiratory diseases at Everton BEAT-Breathlessness Community Hub: how football can help save lives</i> . JACC: Heart Failure. Available at: <a href="https://pubmed.ncbi.nlm.nih.gov/40047766/">https://pubmed.ncbi.nlm.nih.gov/40047766/</a>                                                   |
| <b>ReCITE blog</b> – NCCH                                                                                                                                                                                                    | National Centre for Creative Health. (2025). <i>Four lessons from creative health strategies across the UK</i> . NCCH Blog. Oxford: NCCH. Available at: <a href="https://ncch.org.uk/blog/four-lessons-from-creative-health-strategies-across-the-uk">https://ncch.org.uk/blog/four-lessons-from-creative-health-strategies-across-the-uk</a>                                                             |

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| <b>Commercial case (page 12)</b> | <p>Association of Independent Museums (AIM). (2024). <i>Economic Impact of the Independent Museum Sector: 2024 economic impact key findings report</i>. Association of Independent Museums. Available at: <a href="https://aim-museums.co.uk/resources/economic-impact-of-independent-museum-sector/">https://aim-museums.co.uk/resources/economic-impact-of-independent-museum-sector/</a></p> <p>Department for Culture, Media and Sport (DCMS). (2026). <i>DCMS Sectors Economic Estimates 2024 (provisional): gross value added</i>. London: Department for Culture, Media and Sport. Available at: <a href="https://www.gov.uk/government/statistics/dcms-economic-estimates-gva-2024-provisional">https://www.gov.uk/government/statistics/dcms-economic-estimates-gva-2024-provisional</a></p> <p>National Council for Voluntary Organisations (NCVO). (2024). <i>UK Civil Society Almanac 2024</i>. London: NCVO. Available at: <a href="https://www.ncvo.org.uk/news-and-insights/news-index/uk-civil-society-almanac-2024/">https://www.ncvo.org.uk/news-and-insights/news-index/uk-civil-society-almanac-2024/</a></p> <p>Social Enterprise UK. (2025). <i>State of Social Enterprise 2025: backbone of Britain</i>. London: Social Enterprise UK. Available</p> |
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at: <https://www.socialenterprise.org.uk/seuk-report/backbone-of-britain-state-of-social-enterprise-2025/>

West Yorkshire Combined Authority. (2026). *New programme to boost health and back the NHS through creativity in West Yorkshire*. Available at: <https://www.westyorks-ca.gov.uk/news/new-programme-to-boost-health-and-back-the-nhs-through-creativity-in-west-yorkshire/>

**Long-term  
financial  
benefits (page  
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