Creative Health Associate Programme report

Executive Summary

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Introduction to the Creative Health Associate programme and the evaluation

The National Centre for Creative Health's (NCCH) Creative Health Associate (CHA) programme supports the NCCH's ambition to foster the conditions for creative health to be integral to health and care and demonstrate the power of culture and creativity to benefit the lives of individuals and communities. The first stage of the programme was delivered from July 2023 to March 2025 by seven CHAs hosted by Integrated Care Boards (ICBs), one in each NHS region in England. They were supported by a Creative Health Programme Manager through peer support and leadership development. It was funded by Arts Council England (ACE).

NCCH commissioned this research study of the CHA programme from independent evaluators to explore three core questions:

- What has been the impact of the CHA role within Integrated Care Boards and Integrated Care Systems?
- What have been the barriers and enablers to CHAs being able to embed creative health within systems? And what does that suggest in terms of how similar roles could be most effective in the future? (Thinking about where posts sit within systems, their scope and focus.)
- What support from NCCH would be valuable for postholders and systems in future?

Linked to these questions, NCCH were also keen to capture and learn from the broader ripple effect of these roles.

Overview of evaluation methodology

The study uses mixed methods framed by systems thinking. It recognises various layers or systems of stakeholders as nested, with the CHA programme team at the core and the ICBs and ICSs around them within the context of the wider systems and society they operate within. Responding to this, it has focused the most in-depth methodology—inductive qualitative interviewing—on the core team and then utilises progressively lighter-touch methodologies on each subsequent concentric layer of stakeholders.

Methods used are as follows:

- inductive qualitative 1:1 interviewing with the core team - the CHA programme team - 7 CHAs, the CHA Programme Manager as well as with two people carrying

out similar roles - one inn South East London funded by the GLA, some of the London boroughs and the ICB and one in South Yorkshire employed by the Culture, Health and Wellbeing Alliance (CHWA)

- online focus group interviews with selected stakeholders - CHA sponsors and other key people within ICBs and ICSs
- online stakeholder survey across a wide range of stakeholders
- two online systems thinking workshops – one with the CHA team and one with strategic stakeholders to collectively make sense of findings and shape recommendations

Two main systems' thinking tools were used to frame, analyse, and write up the research – The Berkana Institute's 'Two Loops' model[1] and the Iceberg model [2] developed initially by Donnella Meadows[3] and adapted by John Kania and colleagues,[4] supported by the concept of nested wholes.

Findings

1. CHAs found themselves working in health systems which were relatively new yet understandably highly focused on achieving NHS objectives. ICBs were shifting significantly throughout the duration of the programme. CHAs took care and time to understand how ICBs worked, and to formally and informally map what was happening in their regions and localities within them. They benefited in their work from having engaged sponsors who were able to help them to understand the system and identify connections and opportunities.

2. 'Naming' creative health has been a substantive activity for CHAs, their sponsors, and NCCH during the programme. This has included raising awareness of the term and applying the label to a range of initiatives locally and regionally that have been identified through the deep mapping of systems, which has been a cornerstone of CHAs' work. This has also involved raising awareness of the evidence of the benefits of creative health on patient outcomes and health priorities and consolidating, building, and promoting this in a way which is accessible to the health sector. Awareness raising is a constant activity and can take time to gain traction. Therefore, despite its critical importance, it can be challenging to see its impact in real-time.

3. The power of the CHA roles and NCCH in identifying and connecting those interested in creative health, has been significant in both discovering opportunities for change within existing systems and in starting to capitalise on those opportunities. Formal and informal networks have become part of an emerging movement for change in localities,

[1] https://www.innovationunit.org/thoughts/the-berkana-institutes-two-loops/
[2] https://about.ecochallenge.org/iceberg-model/
[3] https://donellameadows.org/
[4] The Water of Systems Change - FSG

regions, and nationally which are starting to show clear benefits. Both those interested in creative health and more visible champions actively implementing creative health can act as ambassadors for creative health and incrementally promote, to their own connections, the evidence that CHAs and others have assembled and packaged to support change.

4. The research data suggests that Population Health and/or Public Health are places where promising synergy between systems is already happening and has potential to develop, although this varies from place to place and may change with time, especially as the Labour government develops new policies. Such positioning will also root future systems in addressing health inequalities.

Including creative cross-sector workforce learning in future programmes would seem to be a priority. In the future, it could be given greater prominence as an aim to create more connectors who are energised to enable wider and deeper translation across systems. A focus on building opportunities for creative co-production approaches that cross systems, centre learning in lived and learnt experience, and, where appropriate, involve patients would seem to have significant potential to enable transformational change, including to hearts and minds.

The extent of pockets of future activity referenced by survey participants as ripple effects of the programme is strong evidence of the impact of CHA-type roles, particularly how their work in the earlier phases of the model - naming and connecting - enables/inspires/strengthens other system actors to take action.

5. CHAs have carefully navigated their roles, in some cases with the invaluable support of sponsors, to find a common language and ensure that their work to promote the benefits of creative health has been positioned in ways that are relevant to current and future system needs and the interests and values of health sector colleagues. This is starting to be seen in the inclusion of creative health in a handful of strategies and policies and was enabled by the flexible approach adopted to the programme's intended outcomes which meant that CHAs could work with the flow of their systems and find new paths when others became closed to them.

Promoting arts and cultural assets has brought greater visibility to the value of this work. It has started to pave the way for place-based creative health initiatives and infrastructure for these sectors to engage more formally with health sectors.

There is scope for national bodies like NCCH and CHWA to play an ongoing central convening role in supporting and bridging from the old to the new approach to creative health.

6. CHAs instinctively and carefully navigated dynamics related to the crises facing health and public health systems as they adapt to major resource reductions, which necessitate significant transformation in and renewal of working practices.

7. There is a deepening of connections between systems – health, local authorities, arts and cultural sectors - and an emerging sense of collaboration and shared purpose. However, there are still substantial obstacles to overcome related to the configuration and structures of systems and because of the lack of resources for arts and cultural organisations to advocate for themselves, develop their workforce, and sustainably deliver strategic programmes.

There are visible leaders for creative health within and across multiple systems, especially at local and increasingly at regional levels. However, the movement is not yet sufficiently developed or supported to have a robust sense of connected national leadership.

New cross-system strategic creative health roles are being created, and new cross-system creative health strategies and structures are emerging out of more informal collaborations and activities. These structures are gaining traction and influence and have the potential to become more formalised. Still, most do not yet have budgets attached to them and are not typically overtly recognised by health systems.

8. Those working in creative health are optimistic about the increased cross-system recognition and support for creative health. However, to enable leaders, in particular, to engage with and drive the next phases of system change, the movement and its infrastructure will need resourcing, including through leadership development support.

There is scope for more focus from leading creative health organisations and public bodies on providing joined up, strategic communication about the importance, potential, evidence base, and emerging new practices and structures for advancing creative health and the benefits for citizens, including the development and dissemination to other actors of communication assets they can use.

9. Given the range of skills, knowledge, and experience involved in doing CHA-type work well, there is value in having a diverse CHA team that can offer each other different perspectives, information, and ways of doing things. There is scope for making greater use of systems mapping to make sense of the complexity of opportunities and barriers to change at regional and local level.

10. CHA-type roles are challenging roles. Wherever these roles sit in the future, they will need substantial support to ensure their well-being and enable the kind of reflection and learning needed to spot patterns and opportunities for change and support from within health systems to make introductions and open doors. Learning from this programme strongly evidences the value of peer and central support for those doing this work. There is scope to consider exploring the role of the current team of CHAs as mentors for future CHA-type roles.

11. Hybrid, flexible place-based roles that cross health, local authority systems, and the creative health sector might be the most effective way to position future CHA-type roles in the system. However, there is no one-size-fits-all model, and the roles will need the

flexibility to respond and adapt to their local contexts and to link with the people and organisations most willing and able to lead and support change.

Two further documents are available:

A summary report which includes:

- more detail about the systems' thinking tools
- the key activity and achievements of the programme
- the key trends in systems dynamics identified during the programme
- key learning points from the programme

A full programme report which in addition provides:

- in-depth analysis, examples, and illustrative quotations of programme activity, achievements, and systems dynamics
- further detail about the CHA role, including how best to support it and in which systems it might best be situated in the future