

## Executive Summary

### Key messages

- Creative health is fundamental to a healthy and prosperous society, and its benefits should be available and accessible to all.
- Creative health should form an integral part of a 21st-century health and social care system – one that is holistic, person-centred, and which focuses on reducing inequalities and supporting people to live well for longer.
- Creating the conditions for creative health to flourish requires a joined-up, whole system approach incorporating health systems, local authorities, schools, and the cultural and VCSE sectors.

### Why creative health?

Creativity is fundamental for our health and wellbeing, and supports us to live well for longer. An ever-strengthening body of research tells us that engaging with creativity and culture improves mental health and wellbeing and can be used in the prevention, treatment, management and recovery of physical health conditions. Throughout this report, we provide a plethora of examples of creative health in action across the life course from perinatal care, as part of the school day, in the workplace and into old age and end of life care.

The benefits of creativity can be felt in our everyday lives, whether this be through playing or listening to music in our own homes, as a member of a craft class or singing group or through attendance at cultural events or performances. It is therefore important that the opportunity to engage in these activities is available to all.

The mechanisms through which creativity impacts health and wellbeing are diverse and complex (and set out in more detail in the body of the report). Creative activity can provide meaning and purpose. It can support people to explore, regulate and express emotion, and develop resilience and self-confidence. Creative activities such as dance or gardening have a range of physical health benefits. Some creative activities may offer all these benefits at the same time. Creative health encourages social connection, mitigating the effects of loneliness or isolation that we know can be so detrimental to health and wellbeing. We must therefore be able to link people at risk of loneliness to appropriate creative opportunities.

Creative health is also used effectively as a targeted intervention to support people living with specific health conditions including dementia, chronic obstructive pulmonary disease (COPD), brain injuries, chronic pain and long covid. It forms part of a holistic and person-centred approach, which helps people to achieve the health and wellbeing outcomes most important to them, providing people with a sense of control over their own care and improving quality of life, particularly in relation to long term conditions. Creative health should be embedded into relevant care pathways, and routinely offered to patients as a non-medical option.

Creativity and culture are central to placemaking and regeneration, supporting communities to identify and articulate their strengths and needs and co-design effective solutions. Creative health improves wellbeing at community level, building social capital and social cohesion and through improving the environments in which people live, grow, work and age, interacting with the social determinants of health to address health inequalities. We believe creativity should itself be considered a determinant of health and that place-based approaches that facilitate equitable access to creative and cultural opportunities are essential to maintaining individual and community health and wellbeing.

Where creative health is supported and implemented across a system, the benefits to individuals, communities and the systems themselves are clear. In this report, we show that creativity is not just a nice to have, but central to supporting people to live well, and in the creation of healthier, happier and economically flourishing communities.

### **Integrating creative health into a whole system approach to health and social care**

Creative health is by its nature cross-sectoral. It both requires and facilitates whole system, joined-up approaches to health and wellbeing. Effective and sustainable partnerships must be established between local authorities, healthcare systems and the cultural and VCSE (Voluntary, Community and Social Enterprise) sectors. Co-operation is also required between policymakers, funders, commissioners, and providers in order to create the conditions for creative health to flourish.

Where such collaborative, cross-sectoral approaches have been put into practice, there has been a demonstrable impact on health outcomes and key system targets. This has been achieved nationally in Wales, through a pioneering partnership between Arts Council Wales and the Welsh NHS Confederation, which places an arts and health coordinator in each health board. Evaluation showed positive impacts in relation to prevention, mitigation, treatment and recovery and benefits to patients, the wider population and to the system, at relatively low cost.

In England, forward-thinking Integrated Care Systems (ICSs) such as Creative Health Hubs in West Yorkshire and Gloucestershire have incorporated creative health into their Joint Forward Plans and established supporting infrastructure and funding and commissioning models that facilitate the sustainable development and expansion of community-based creative health initiatives. They have also collated consistent data to demonstrate the long term impact on health outcomes, on the system and on inequalities. In local authorities, there is an increasing recognition of the role for creative health, with strategies emerging from culture and public health departments.

Devolution offers further opportunities to integrate creative health across a combined authority region, in a way that mobilises existing assets and meets local priorities. Work has already been undertaken in the combined authorities of Greater Manchester and Greater London towards dedicated creative health strategies, which align with local priorities such as health inequalities.

In West Yorkshire, close collaboration between the ICS and the combined authority ensures that the creative health strategies are coherent with regional ambitions in relation to the creative economy. In addition to making recommendations to the Government, we therefore also propose that all current and future Metro Mayors consider how their devolved powers in areas such as skills, employment and transport can support creative health to thrive in their region, in doing so improving both population health and economic prosperity.

These examples demonstrate what can be achieved through a whole system approach to creative health, and present a compelling case for further integration of creative health across all combined authorities, ICSs and local authorities, in a way that best meets local need. These pockets of best practice are not yet the norm, and there is more that can be done at national level to embolden systems to incorporate creative health into their approach.

### **Our vision for creative health**

Our ambition is for creative health to be integral to health, social care and wider systems, including education. Creativity will be recognised by the general public, healthcare professionals and policymakers as a resource to support health and wellbeing across the life course, and its benefits will be accessible to all.

Central to this vision will be the development of person-centred and community-led approaches, informed by lived experience, which will mobilise existing creative, cultural and community assets in order to best meet local need and reduce inequalities.

A sustainable and supportive infrastructure for creative health, including opportunities for training and development, will further the expansion of the creative health workforce, whose skills and expertise can be integrated into health and social care systems to complement existing provision, and reduce pressures on the system.

Creative health will be fundamental to a 21st-century approach to health and social care, contributing to better outcomes for individuals, communities, public services and systems.

Embedding creative health into health, social care and wider systems is vital to ensure that its benefits are available equitably. Doing so will also help systems to meet the increasing demands put upon them. Creative health can reduce pressure on health and social care services both by preventing the onset of ill health and by supporting the management of long term conditions, offering patients effective, non-clinical approaches that reduce reliance on healthcare services and result in cost savings, as well as improving quality of life.

### **Why now?**

We are facing a crisis in health and social care. The joint impacts of the pandemic and the cost of living have placed systems under huge pressures, with hospital waiting times at record highs and capacity in social care dangerously low. The population is ageing, and more people are living with multiple long term conditions. These pressures are unlikely to ease, but creative health can assist in addressing them. The prevalence of mental ill health in children and young people is worryingly high, and mental health conditions are causing more adults than ever to be unable to work. Health inequalities are among the worst in Europe and the gap is widening, with life expectancy falling in some of the poorest areas of the country. These issues should be addressed as a matter of social justice, but there are also broader implications for the economy, through increased costs to the health and welfare system and a loss of productivity.

In order to create a healthier, happier and economically flourishing society, a new approach to health and social care is necessary. A health and social care system that is fit for the 21st century should be health-creating, and not just illness-focussed. It should be preventative, addressing the social determinants of health, which account for such a large proportion of ill health, and person-centred, prioritising the holistic needs of people and patients.

Creative health can play a vital role in such an approach. In this report we set out the evidence and examples of best practice, to demonstrate how creative health can be implemented to help tackle the significant challenges we currently face, ultimately supporting government to meet widely

shared goals. We have identified key policy areas where creative health can make a real difference.

- Mental health and wellbeing
- Health inequalities
- The education system
- Social care
- End of life care and bereavement

These are not standalone issues, and addressing these challenges will require an integrated approach across government and society. For example, embedding creativity into the school day improves mental health and wellbeing as well as educational outcomes, and can reduce inequalities. In the long term, this will result in a healthy and skilled workforce, with the creative skills to feed back into the creative industries or creative health sectors.

There are common levers across the themes such as the importance of early intervention and acting on the social determinants of health to prevent ill health; ensuring that the benefits of creative health are available to all through equitable access to creative opportunities; and a focus on person-centred approaches which foster a sense of purpose and social connection.

We also make an economic case for creative health. A single creative health intervention can have multiple outcomes, manifesting over the short, medium and long term. Such interventions have been found to result in cost savings through reductions in the use of healthcare services, and where the wider social value is taken into account, creative health interventions consistently offer good value for money. More broadly, creative health will enhance the economy by reducing the avoidable costs to the NHS related to preventable illness, reducing the pressure on health and social care systems by supporting people to self-manage their health conditions, and enabling people with long term conditions to return to or remain in work, contributing to economic productivity. A healthier, happier population will be more productive.

Creative health is intrinsically linked to the creative industries. A thriving creative and cultural sector across all areas of the country will improve health and wellbeing and reduce inequalities, whilst creative health offers new opportunities for employment, skills and training for creatives.

## Existing policy drivers

Creative health is consistent with the direction of travel in recent policy towards a more integrated and person-centred approach to health and social care. ICSs bring together NHS, local authorities and other partners to deliver health-related services with the aim of improving population health and reducing inequalities. This should provide a framework through which creative health providers could be better integrated as strategic partners. Recent developments in primary care indicate a shift towards greater integration of community and neighbourhood services, as part of a wider focus on personalised care within the NHS. Social prescribing, a pillar of personalised care, recognises the need to address the social determinants of health and respond with non-medical approaches, and is an important route through which people can be connected to creative health. Beyond healthcare, the levelling up agenda includes specific targets in relation to health and wellbeing, whilst the Office for Health Improvement and Disparities (OHID) takes a cross-governmental approach to focus on prevention and reducing health inequalities, through addressing the social determinants of health. The Department of Culture, Media and Sport (DCMS), with Arts Council England (ACE), has taken steps to redistribute funding for the arts and culture to historically underfunded areas and has supported creative health through the work of its arm's length bodies. ACE has embedded creative health into its delivery plan through the Creative Health and Wellbeing plan, and the impact of creativity on health and wellbeing has been further acknowledged in the Creative Industries Sector Vision, which commits to enhancing direct links between the creative industries and the health service.

Despite these positives, there remain barriers to the widespread implementation of creative health. While we recognise the constraints on public expenditure, it remains unfortunately the case that investment in prevention has been limited, and resources for public health have been cut. Public funding for the arts decreased by 21% between 2009/10 and 2019/20, and opportunities for pupils to engage in creativity as part of the school curriculum have been increasingly limited. Sufficient funding

is not available to meet the objectives of the levelling up agenda or proposed reforms in social care. The creative health workforce struggles to operate with the limitations of short term, project-based funding, and life as a creative health practitioner can be economically precarious.

We propose that a strategic and joined-up approach to creative health from national government, which establishes a shared language and outcomes framework across departments, will help to remove these barriers, and, in creating the conditions for creative health to thrive, will maximise its potential to improve population health and productivity.

## Our ask to the Government

Creative health has benefits for individuals, communities and public services, and will ultimately support the Government to achieve its targets across key policy areas. These targets may fall under the remit of different government departments. In summarising the evidence and providing examples of best practice throughout this Review, we highlight how each relevant department can harness the advantages of creative health, and we ask that they identify levers through which they can validate and incentivise the implementation of creative health on the ground.

The benefits of creative health are amplified by coherent, cross-sectoral support. The development of a sustainable creative health infrastructure will improve health outcomes, reduce health inequalities and improve productivity in the long term. This is not the responsibility of a single government department, but requires a whole system approach - not only health in all policies, but creative health in all policies. We therefore ask for a cross-departmental approach, facilitating cross-sectoral working at all levels of the system, modelled by national policy.

Drawing on the evidence gathered throughout the Review, and with the valued input of our lived experience panel and commissioners, we have developed a set of recommendations that will support the Government to maximise the potential of creative health, with a dedicated cross-departmental Creative Health Strategy at the centre.

## Recommendations

### Cross-governmental recommendations

#### **1 – We recommend the development of a cross-departmental Creative Health Strategy**

By recognising creative health as a vital component of a preventative and person-centred approach to health and wellbeing, the Government can support the mobilisation of creative, cultural and community assets to improve the health of the population, reduce pressures on the health and social care system, reduce inequalities and support an economically prosperous society.

We recommend the Strategy be affirmed and driven by the Prime Minister, co-ordinated by the Cabinet Office and supported through ministerial commitment to ensure the integration of creative health across all relevant policies. Such an approach will facilitate the establishment of sustainable cross-sectoral partnerships across regions and systems, modelled by national policy.

#### **2 – The long term value of investing in creative health must be recognised and appropriate resource should be allocated by HM Treasury to support the Creative Health Strategy**

A strengthening evidence-base demonstrates the economic incentive to invest in creative health as a long term strategy to improve health, wellbeing and productivity. The Treasury has an essential role to play in supporting the cross-departmental Creative Health Strategy by recognising the value of investing in the approach and allocating resource. Whilst much of what we propose in this Review can be achieved by rethinking the way systems work in relation to creative health, without the need for legislative change or a large amount of investment, creative health should be properly resourced. Investment in a sustainable supporting infrastructure, which allows creative health to thrive, will yield significant returns on investment.

In order to capture the full social impact of creative health, HM Treasury could consider a wider range of methodologies and definitions of value in its approach to policy appraisal.

A shared outcomes model is one route that could be used to support the implementation of creative

health. This has already been applied effectively in a pilot of Green Social Prescribing.

#### **3 – Lived experience experts should be integral to the development of the Creative Health Strategy.**

This is vital to guarantee that the strategy best responds to the needs of those it is intended to benefit. Guidance on the co-creation of policy should be developed alongside lived experience experts to ensure the inclusion of authentic lived experience voices across all policies and programmes.

### Departmental levers

There are actions that fall within the remit of specific departments that will support a Creative Health Strategy. There are also areas where a collaborative approach across one or more departments will maximise the benefits. Here we outline how individual departments can support the creative health agenda and set out how doing so can help to meet key ambitions. We point to areas where cross-departmental collaboration should be pursued.

#### **Department of Health and Social Care (DHSC)**

can support and encourage Integrated Care Systems to incorporate creative health into their strategies and commissioning processes for health, social care and public health. A dedicated creative health plan will contribute to ICS targets to improve health outcomes and address health inequalities, and will support the development of sustainable partnerships across their system, including with the cultural and VCSE sectors, as part of a joined-up, place-based approach to population health. Strategic support from the ICS will also embolden local authorities and NHS trusts to incorporate creative health into their approaches.

The Office of Health Improvement and Disparities (OHID) can reinforce the role of creative health as a tool for improving the health of the public and reducing health inequalities. Directors of Public Health and ICS colleagues should be expected to include creative health in their local strategies, and incorporate their local creative and cultural assets in their approach to population health.

Creative health supports the health and wellbeing of people who access social care, and enables people to live independently for longer. DHSC and the Department for Levelling Up, Housing and Communities (DLUHC), working with local authorities, can help to embed creative health as a core offer across the social care sector. Recognition of the value of creative activity in Care Quality Commission (CQC) assessment frameworks will encourage its provision across all care settings.

**Department for Culture, Media and Sport (DCMS)** can build on the commitment to health and wellbeing demonstrated by its arm's length bodies (e.g. Arts Council England's Creative Health and Wellbeing Plan; Historic England's Wellbeing and Heritage Strategy) by supporting the further development of the creative health infrastructure and the link between the creative industries and health and social care. This should include working closely with HM Treasury and DHSC to establish sustainable funding models, and coherent approaches to measuring health outcomes and the wider value of creative health. Health and wellbeing outcomes (including the intangible and long term outcomes that creative health generates) can be incorporated into assessments of the value of culture and heritage.

This review makes clear the link between access to creativity and culture and health and wellbeing, and the potential to reduce health inequalities by ensuring everyone is able to access these opportunities. DCMS should see creative health as a crucial means to improve access to the arts and culture for people for whom that opportunity remains all too limited.

**Department for Levelling Up, Housing and Communities (DLUHC)** – Creative health should be an integral part of the levelling up agenda. Creative health can help to improve healthy life expectancy, address health inequalities and foster pride in place, leading to an increase in productivity. DLUHC can empower local authorities to encourage and facilitate community and place-based creative health approaches, working closely with DHSC to facilitate integration with health towards this goal. Given the health benefits of engaging in creative and cultural activities evidenced in this

Review, ensuring such opportunities are available and accessible to all is vital to reducing health inequalities. Building on recent changes in funding allocations to prioritise culturally underfunded areas, DLUHC and DCMS should ensure a coherent approach that addresses geographical disparities in investment in arts, culture and heritage, and inequalities in creative opportunities.

There are opportunities to embed equitable access to community, cultural, creative and natural assets into the National Planning Framework and local planning decisions.

**Department for Education (DfE)** can promote and enable the provision of creative opportunities for all pupils, across the curriculum. This will not only ensure that all children have the opportunity to develop creative skills and the transferable life skills which are associated with a creative education, but also that the UK's creative industry sector continues to flourish. DfE and DCMS can work together to ensure equitable and inclusive opportunities to access creativity for all school pupils. Links between schools and local cultural organisations could be further reinforced, particularly in areas where pupils may face barriers to accessing such opportunities outside of school.

Incorporating creative health into guidance on promoting children and young people's mental health and wellbeing will support whole school approaches to mental health. This will ensure young people are equipped with an understanding of the link between creative activity and health and wellbeing, and can develop the skills to employ this across their life course.

Opportunities to gain skills and qualifications in creative health should be available in higher and further education as part of medical and healthcare training, and creative arts courses. Investment in higher education creative courses will ensure a thriving creative and creative health workforce for the future.

**Department for Environment, Food and Rural Affairs (DEFRA)** has realised the benefit of cross-departmental coordination through the Green Social Prescribing programme and, with Natural England, can build on this further to support

initiatives that bring together natural, creative and cultural assets and activities, which we show in this Review to be beneficial for health, wellbeing and promoting connection with the environment. There are opportunities to strengthen the cooperation between DEFRA, DCMS and DHSC in relation to social prescribing and creative health.

**Department for Work and Pensions (DWP)**

should recognise creative health activity as part of skills development and preparation for employment. It can remove barriers to the full and meaningful involvement of people with lived experience in decision-making and service co-design by supporting their fair remuneration without impact on benefits.

**Ministry of Justice (MoJ)** can do more to ensure access to creative health for those in the criminal justice system, as a means to address the high prevalence of poor mental health as well as to support the development of skills, and improve educational and employment outcomes.

**The Department for Science, Innovation & Technology (DSIT)** via UK Research and Innovation (UKRI) has invested in multi-disciplinary research programmes that have helped to advance the evidence base for creative health. Continued support from UKRI, National Institute for Health and Care Research (NIHR) and other research funders will facilitate the further development of innovative solutions and models of implementation. In particular, attention should be given to the development of methodologies which can adequately measure and articulate the economic value of investing in creative health.

**Further opportunities**

The above recommendations suggest where government departments may work cooperatively to amplify the potential impact of creative health. This is not exhaustive, and as the Creative Health Strategy is developed we anticipate new opportunities for cross-departmental collaboration may arise. We propose a collaborative output from the Strategy could be:

**A cross-departmental campaign to raise public awareness of creative health, and promote equitable access to creative health opportunities.** DHSC, OHID and DCMS would

be ideally placed to lead a campaign to raise awareness of the benefits of creative health, targeting healthcare professionals and the general public.

**Recommendations for combined authorities**  
**Metro Mayors and combined authorities should embrace creative health, as they use local knowledge, skills and devolved powers to improve health, wellbeing and economic prosperity for their populations.**

This Review has recommended support for creative health at national policy level to help improve health outcomes and reduce inequalities. Strong regional, local and community leadership is also necessary for creative health to fulfil its potential.

Devolution provides opportunities for combined authorities to draw on creative health to improve health and wellbeing in their areas, leading to wider benefits in the long term. Creative health can align with combined authority priorities in relation to cultural policy, creative industries, skills development and economic productivity. We recommend that Metro Mayors consider how their devolved powers can support creative health in their region and work in partnership with ICS leaders in their combined authorities to deliver coherent strategies, and develop sustainable creative health infrastructure at scale, making best use of local assets.

We recommend that Metro Mayors and the Local Government Association should be represented in the development of the national Creative Health Strategy.