



NCCH Response to the Government's 10-year Health Plan Consultation

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

At the [National Centre for Creative Health](#) (NCCH) we advance good practice and research, inform policy and promote collaboration, helping foster the conditions for creative health to be integral to health and social care and wider systems.

We want to see the benefits of creativity for health and wellbeing recognised, and creative health incorporated in the 10-year plan. Our response sets out how creative health supports a shift towards communities, and from a focus on sickness to prevention, and why it should be a vital component of an NHS fit for the future.

1.1 What is creative health?

We define creative health as creative activities and approaches with benefits for our health and wellbeing. Activities can include visual and performing arts, crafts, film, literature, cooking and creative activities in nature, such as gardening. Approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Evidence shows us that creative health contributes to:

- prevention of ill-health
- promotion of healthy behaviours
- management of long-term conditions
- treatment and recovery across the life course

Creative health can be applied in homes, communities, cultural institutions and heritage sites or healthcare settings. It offers a non-clinical approach to health and wellbeing – one that mobilises creative, cultural and community assets to support people to live well for longer.

Embedding creative health across health and social care systems will bring benefits for individuals, communities and public services, leading to a healthier, happier population and more prosperous society.

We therefore recommend that:

- The Department of Health and Social Care recognises the benefits of creativity for health and wellbeing
- Creative health is incorporated into the 10-Year Health Plan
- A cross-departmental Creative Health Strategy is established to realise the full potential of creative health

1.2 Why should creative health be included in the 10-Year Plan?

- Creative health interventions can reduce pressures on the NHS in the short-term, supporting people to prevent and manage illness.
- As a holistic, person-centred approach to health and care, creative health is a vital element of a prevention-focused system, which supports people to live well for longer and reduces inequalities.
- Creating the conditions for creative health to flourish will support a sustainable NHS and social care system in the long-term.

1.2.1 Creativity for health and wellbeing – Benefits for patients

Creative health supports individual health and wellbeing across the life course. It can be used to prevent, manage and treat a range of health conditions including those which place significant burden on health and social care services.

For example, Dance reduces the risk of cardiovascular disease, and improves strength, mobility and balance, mitigating frailty and reducing falls in older adults, which costs the NHS over £3bn/year. [Dance to Health programmes](#) have reduced falls by 58%, with potential savings to the NHS of £98m. Music and movement are used effectively in rehabilitation from stroke, improving neural pathways and memory, as well as reducing depression and confusion. The performance programme Stroke Odysseys has been scaled-up into clinical care pathways through the [SHAPER research programme](#).

Example - Singing for Lung Health and Long Covid

Singing programmes have shown improved respiratory symptoms and quality of life for people with COPD. [Evaluation of a 12-week British Lung Foundation programme](#) found 45% of participants recorded reduced GP visits, and 18% reported reduced hospital admissions. In an evaluation of [Breathe Arts and Health Research's Sing for Lung Health Programme](#) 100% of participants reported improvements in breathlessness levels and breathing control, as well as improvements in general wellbeing.

Singing techniques have been with people with long covid. A [randomised control trial](#) of English National Opera and Imperial College Healthcare's breathing and wellbeing programme, referred to by long-covid clinics across the county, showed that it improved quality of life and elements of breathlessness for patients.

As the population ages, and more people live with **long-term conditions**, creative health offers a holistic and person-centred approach which can improve quality of life and empower people to manage their health, reducing pressures on health and social care services and supporting people to remain in employment. For example, In line with the NHS action plan to reduce inappropriate prescribing of high-strength painkillers, a [creative programme for people with chronic pain in Gloucestershire](#) has shown an average 16% increase in ability to self-manage pain, and 37% of participants reported a decrease in GP attendance.

Strong evidence supports creative health as an effective non-medical approach to **mental health** across the life course, reducing stress, decreasing depression, improving anxiety and supporting people with severe mental illness. Embedded in care pathways, creative health is an effective and cost-effective way to manage and recover from poor mental health. Creative activities such as art and music in inpatient settings and the co-design of treatment spaces with artists and service users have been shown to improve patient experiences and outcomes.

Example – Hospital Rooms

[Hospital Rooms](#) commissions contemporary artists to make artworks to enhance mental health inpatients across the UK. Examples include working with artists, patients and staff to create artworks for the Hellingly Centre, a forensic mental health unit in Sussex.

Further Links

[Creatively Minded and the NHS](#) produced by the Baring Foundation presents case studies of NHS organisations offering creative artist-led participatory arts programmes to people with mental health problems. [Creatively Minded: The Directory](#) lists around 320 UK organisations working in arts and mental health.

Creative health offers meaningful activity and social connection, vital in reducing **isolation and loneliness** and the associated health impacts, particularly in older age. In **social care**, a wealth of evidence shows that creative activities such as music, singing and visual arts can delay cognitive decline and support the health and wellbeing of people living with dementia, reducing anxiety, stress, depression and aggressive behaviours.

Example – Music in Mind

[Music in Mind](#) uses music therapy-based principles to improve the health and wellbeing of people with dementia and their carers. Manchester Camerata Orchestra have delivered the programme in care homes and community settings since 2012, creating a scalable and sustainable model of delivery. Building on this, Greater Manchester is the UK's first [Centre of Excellence for Music and Dementia](#) as part of the Power of Music Fund.

1.2.2 Benefits to the NHS and wider systems

Embedding creative health into health, social care and wider systems supports population health. It will relieve pressures on systems in the short term and help to build an NHS fit for the future over the long term.

- **A cost-effective approach**

Creative health interventions are cost-effective, resulting in savings to systems through reduced healthcare usage and unnecessary prescriptions (see above examples). Where the wider social value is calculated, [evidence reviews](#) estimate a social return on investment

(SROI) of up to £2.90/£1 invested for arts on prescription schemes, while creative programmes in social care settings have identified [SROI of £5.18/£1 invested](#).

In the longer term, creative health will reduce the avoidable costs to the health service of preventable chronic disease, estimated to be 40% of the burden on health services in England. It will help to mitigate the impact of health inequalities, thought to cost the economy around £32bn/year, and support people to remain in the labour market and improve productivity through a healthier and happier workforce.

- **Supporting workforce wellbeing**

The benefits of creative health apply not only to patients but are used increasingly to support workforce wellbeing in the NHS and social care settings. Creative activities improve mental health, resilience and job satisfaction in staff, and are linked to improved retention rates and productivity.

Example: Air Arts - University Hospitals of Derby and Burton NHS Foundation Trust

Covid-19 took a significant toll on NHS staff. Hospital Arts Teams responded by developing new initiatives for their workforce. [Air Arts](#) established staff clubs providing opportunities for craft, singing, photography and drawing. The clubs provided a positive distraction from working life, improved wellbeing and boosted morale. Running in partnership with the hospital wellbeing team, clear routes were available for additional support and therapy where required.

Example – Live Music Now

[Live Music Now](#) provides live music in residential care settings delivered by trained professional musicians to support the wellbeing of residents and staff teams. Their residency programme works with care homes over several months to embed musical activity, building confidence and skills in staff to lead music activities and use music in their day-to-day care toolkit. The programme has long-term benefits for the whole care home, improving health and wellbeing of residents, leading to reductions in medication, and improving wellbeing and job satisfaction among staff.

1.3 Whole system approaches to creative health

Creative health requires a whole system approach. Effective and sustainable partnerships must be established between health, local authorities, VCFSE and cultural sectors. Integrated Care Systems (ICSs) present an ideal opportunity to achieve this.

Systems which have embedded creative health have seen tangible benefits. Creative health strategies are being developed within ICSs, combined and local authorities which align creative health with strategic priorities. For example:

- West Yorkshire Integrated Care Board (ICB) commits to creative health in its [Joint Forward Plan](#), recognising its role in improving population health and 'transforming

the way health and care services look and work for everyone.' The ICB will work closely with the West Yorkshire Mayor's Office to develop a West Yorkshire Creative Health System.

- Greater Manchester has set forward an ambition to become the world's first Creative Health City Region, launching a [Creative Health Strategy in 2022](#), which is now incorporated in the ICB Joint Forward Plan. Creative health is a key pillar of Live Well, a whole system approach to improving personal and community wellbeing, resilience and social connection. It is also integrated into clinical areas such as young people's mental health and dementia care.
- The Greater London Authority (GLA) has co-produced a vision for a [Creative Health Capital City](#) with those who will benefit most from it. As part of the GLA's commitment to make London a healthy place to live for all Londoners, the creative health approach will focus on improving access to arts and culture in primary health care and communities and on the promotion of better mental health, particularly for young people.

An effective partnership between the NHS and Arts Council of Wales has demonstrated the benefits when creative health is strategically embedded into health systems.

Example: Arts and Health Capacity Building Programme (Wales)

A 2017 MOU between the Welsh NHS Confederation and Arts Council Wales facilitated the appointment of a jointly funded Arts and Health Coordinator (AHC) in each of Wales's seven health boards. Post-holders can align creative programmes to meet strategic priorities and challenges in systems. For example, where discharge has been a challenge, arts-based programmes have been used to support patients to return home. [Independent evaluation of the programme](#) found it to be a successful and relatively low-cost intervention, with positive impacts on prevention, mitigation, treatment and recovery, and with benefits to patients, wider populations and systems.

1.4 A cross-departmental strategy on creative health

The All-Party Parliamentary Group on Arts, Health and Wellbeing and NCCH [Creative Health Review – How Policy Can Embrace Creative Health](#), highlights further evidence and examples of how creative health is helping to tackle policy challenges, including pressures on the NHS, and health inequalities. The report recommends a **cross-departmental government strategy**, in line with the Government's mission-driven approach and sets out three key messages:

- Creative health is fundamental to a healthy and prosperous society. 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 VCFSE sectors.

1.5 Links to further information

NCCH Creative Health Review (2023) – <https://ncch.org.uk/creative-health-review>

All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report (2017) - <https://ncch.org.uk/appg-ahw-inquiry-report>

World Health Organisation 'What is the evidence on the role of the arts in improving health and well-being? A scoping review' - <https://www.who.int/publications/i/item/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review>

WHO Collaborating Centre for Arts and Health - <https://sbbresearch.org/projects/who-collaborating-centre-for-arts-and-health/>

Culture, Health and Wellbeing Alliance - <https://www.culturehealthandwellbeing.org.uk/>

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

The next questions relate to 3 'shifts' – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.

2.1 Defining the shift to community

Communities are key to health and wellbeing. We believe the shift to communities should incorporate not only sites of treatment, screening and therapies but also the wide range of existing community assets (for example, libraries, museums, heritage sites, green and blue spaces, creative and cultural organisations, charities and community groups) that we know have a significant impact on maintaining health and wellbeing.

A skilled and passionate creative health workforce operates largely in neighbourhoods and communities through the VCFSE and creative and cultural sectors. Community-based organisations provide activities that support health and wellbeing, reduce isolation and loneliness and build a sense of belonging.

Strong relationships and a good understanding of local need, mean that these providers can reduce inequalities, particularly in areas of deprivation, or where communities are marginalised and excluded. Initiatives that shift power to communities to define their own health needs and co-produce solutions can be most effective in achieving long-term improvements in population health.

Joining up care across health systems, local authorities and communities leads to better outcomes. Establishing equitable and sustainable models within systems for creative health provision will facilitate the provision of holistic and person-centred creative health in communities and reduce pressure on acute care services.

The role for creative, cultural and community assets in influencing the wider determinants of health and prevention will be considered in Q4. Here we will highlight the vital role for creative health in the neighbourhood NHS approach proposed by Lord Darzi, and the infrastructure required to amplify its benefits for individuals and the health system.

Key points:

- Creative, cultural and community assets are vital in supporting health and wellbeing
- Integrating these assets fully into a neighbourhood NHS will prevent illness, provide choice and control for patients, and reduce pressure on the health system
- Establishing equitable and sustainable partnerships between health systems and creative health providers, with investment in supporting infrastructure, will allow this work to flourish

2.2 Creative health in a neighbourhood NHS

As set out in section 1.2.1, creative health supports and empowers people to manage chronic conditions, including cardiovascular and respiratory disease, chronic pain, dementia and mental health conditions. As well as relieving symptoms, creative health programmes support people to engage in meaningful activity, improving quality of life.

In this way, creative health is an important strand of personalised care, providing people with choice and control over the care they receive, based on the outcomes important to them. This will be increasingly important as the population ages, and the number of people living with multiple long-term conditions increases. Embedding creative health into health and care pathways will widen the options available to patients, and reduce pressures on acute care and the social care system, facilitating care in communities. Often, this reduces the need for medication and healthcare appointments.

2.2.1 Creative health and primary care

Creative health providers should be incorporated into multi-disciplinary teams in neighbourhoods and places. The Fuller Stocktake noted that Primary Care Networks that were *'most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people, communities and local authority colleagues'*.

NCCH hosts a [GP SIG](#), supported by the Royal College of GPs and [Pharmacy SIG](#), where professionals can share knowledge around successful initiatives linking creative health to primary care.

Example: Oxford Terrace and Rawling Road Medical Group, Gateshead.

Developing innovative ways of working closely with communities has helped this GP practice in Bensham, Gateshead to improve outcomes for a high number of patients with pressing social needs. The practice redesigned its workforce around population need and used quality improvement methods to track progress. Links were made with the local VCFSE and community sector, including a community allotment. This space has opened up new conversations with patients, not only improving health and wellbeing, but building skills and confidence, with many empowered to volunteer themselves, or enter employment. Improving patient outcomes has also led to a decrease in demand for GP and A&E services.

2.2.2. Social Prescribing

Creative health can be accessed directly in the community or through social prescribing. Social prescribing recognises the role of community assets, including creative, cultural and heritage opportunities, in preventing ill-health, and supporting people with long-term or complex health conditions to manage their health and wellbeing. It has been estimated that social prescribing could free up [8m GP appointments](#) annually. The [Ways to Wellness](#) programme supported adults with long-term conditions in areas of high socio-economic deprivation in Newcastle to access voluntary and community groups, with a 27% reduction in secondary care services, equating to an annual saving of £1.56m.

A [National Academy for Social Prescribing evidence summary on creative health](#) via social prescribing finds that benefits include prevention and treatment of the long-term conditions that create pressure on the healthcare system. It also finds that models are particularly successful where strong partnerships exist with community infrastructure.

Example: Artlift, Gloucestershire

Artlift is a participatory arts service referred to by GPs in Gloucestershire. Reasons for referral include stress, anxiety and depression, chronic pain, to improve social networks or to improve overall wellbeing. Evaluation of the programme found high attendance and completion rates and significant improvements in wellbeing. A [cost-benefit analysis](#) reported a 37% reduction in GP consultations in those prescribed to the service, relating to a 27% reduction in overall spending – a total reduction in NHS costs of £576 per patient.

2.2.3 NHS and Community Partnerships

Beyond social prescribing, models which link NHS providers to community-based creative health through the development of sustainable partnerships have positive outcomes for

participants, help to engage those who face barriers to accessing services, and support the NHS.

Example – Creative Minds, South West Yorkshire Partnership NHS Foundation Trust

[Creative Minds](#) is a charity hosted by SWYPFT which supports the delivery of creative arts, sports, recreation and leisure-based projects for people with ongoing mental and physical health conditions through relationships with over 120 community partners. It works in partnership with individuals and groups in the community to co-produce projects for people to engage in activities that are meaningful and fulfilling for them. These projects complement and enhance the services that people receive from the NHS and support their recovery. They also offer alternative community-based approaches for those who may avoid using services, reject their diagnosis, or disagree with a medical approach. Through the activities people build skills, confidence and resilience, reducing the risk of them needing NHS services. Creative Minds' approach is based on community development principles, empowering local communities to be part of decision-making and development. Creative Minds provides a sustainable infrastructure for community organisations, as equal partners and strong pathways linking patients to innovative creative health and wellbeing projects.

2.2.4 Creative health and waiting lists

Creative and community assets can support health and wellbeing in communities whilst people are on waiting lists for oversubscribed services. With the rise in poor mental health in children and young people, CAMHS services are under pressure and there is a risk that mental health will decline while young people wait for services. The [Wellbeing While Waiting](#) research programme develops social prescribing pathways for children on CAMHS waiting lists and assesses effectiveness, producing a manual for CAMHS staff.

Example – ICE Heritage Programme

The [ICE Heritage Programme](#) is a partnership between Hampshire Cultural Trust and Hampshire CAMHS, offering arts, heritage and cultural activities to children known to CAMHS services. The programme showed improvements in wellbeing through confidence and self-esteem, self-expression, social inclusion and peer relationships, focus and concentration and fun and relaxation.

2.3 Creating the conditions for creative health to flourish – Challenges and Enablers

Much creative health activity is provided by small, grassroots, community organisations or freelance practitioners.

Funding for creative health programmes is limited and often short-term or project-based. Funds cover service provision, but do not provide resource for professional training and development or practitioner support. Despite the benefits to health and wellbeing, primary sources of funding for creative health are arts councils, local authorities and charitable

trusts and foundations rather than health systems. Referrals made via social prescribing are not followed by additional funds for the provider.

Whilst pathways into healthcare systems are opening up, there remains a **lack of recognition** of the value of creative, cultural and community assets for health and wellbeing in the NHS.

ICSs offer opportunities to further embed creative health and community assets as strategic partners. [Mobilising Community Assets to Tackle Health Inequalities](#) is a £30m UKRI-funded research programme investigating how community assets can be embedded into health systems.

The programme has explored the barriers and enablers to embedding community assets within health systems. The [interim report](#) finds:

- Cross-sectoral collaboration is key to successful delivery. However, relationship building and developing a shared language between partners takes time and effort. For smaller community groups, capacity and resource for relationship building is necessary. Where these barriers can be overcome, effective and sustainable partnerships are established.
- Flexibility and agility to respond to need is a strength of community-based organisations. This can be stifled by bureaucracy in larger organisations such as health trusts. Contracts and partnerships that build in flexibility lead to more positive outcomes.
- Short-term funding impacts the sustainability and scalability of community-based initiatives, with capacity necessarily diverted from implementation to identifying further sources of income. When further funding is unavailable, ending an effective programme can result in more harm than good for participants and inhibits the collection of evidence of impact over the long-term. Limited project-based funding pots can lead to competition rather than collaboration between smaller community-based organisations.

The programme has led to new networks and relationships across sectors, the establishment of new referral pathways to community assets, creative approaches embedded into care pathways, and new structures to incorporate communities and lived experience into service design.

Example – Prescribe Heritage Highland

The University of the Highlands and Islands Division of Rural Health and Wellbeing investigated how heritage and [cultural assets can be used to support health and wellbeing in rural areas](#), where social isolation, deprivation and mental health issues can be hidden. Activity sessions were developed in local museums and archive centres, and referral pathways established through which people could be directed to them. New partnerships were formed between the NHS and the heritage sector, mental health awareness and training was increased for staff and volunteers in the museums, and new approaches to measuring impact were developed.

Systems that have made a long-term investment in creative health can demonstrate the benefit of this investment, leading to routine commissioning of services. Where the system can provide an infrastructure for providers which facilitates collaboration, these benefits can be further amplified.

Example: Gloucestershire Creative Health Consortium

Gloucestershire ICB has a long history of creative health, both in supporting patients as part of clinical care pathways, but also addressing health behaviours and the wider determinants of health as part of the Enabling Active Communities Partnership. Creative health programmes have been co-produced between patients, artists, clinicians and commissioners. Creative health is commissioned via [Gloucestershire Creative Health Consortium](#) which brings together several long-standing creative health providers. Collaborating in this way means providers can reduce duplication and find efficiencies across programmes, whilst also developing a diverse and coordinated offer to meet the needs of a varied population. The ICB supports the consortium with consistent data collection, and this long-term evidence of impact and benefit to both patients and the system has led to routine commission for several of the consortia's programmes.

2.4 Recommendations

ICs and multidisciplinary teams working at neighbourhood-level provide an excellent opportunity to further integrate creative health providers and creative, cultural and community assets into health and social care systems. This will establish a thriving community health ecosystem, able to meet the needs of its population and reduce inequalities.

Creative health is inexpensive and offers good return on investment. However, short-term, project-based funding arrangements place community-based providers in a precarious financial situation, hampering the sustainability, spread and scale of their work, with detrimental impacts for service users and public services.

We recommend that ICs establish equitable and sustainable models for working with community and creative health providers. Such models should place trust in community-based organisations to make decisions that best meet the needs of service users, allowing them to maintain independence, flexibility and creative approaches. Models should facilitate co-operation and collaboration, rather than competition across providers.

2.5 Further Resources:

- The [CHWA Creative Health Quality Framework](#) sets out principles for policymakers, commissioners and funders of creative health

- The [NCCH Creative Health Toolkit](#), produced with NHS England Personalised Care Team, provides illustrative examples to support systems to embed creative health, across the five domains of Leadership, Strategy & Governance; Planning & Commissioning; Workforce Development; Digital & Technology; and Evidence & Impact.
- Mobilising Community Assets to Tackle Health Inequalities Interim Report - <https://ncch.org.uk/uploads/MCA-Interim-Report.pdf>
- CHWA State of the Sector Survey - https://www.culturehealthandwellbeing.org.uk/sites/default/files/SectorReport_2020_40201.pdf

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Improving how we use technology across health and care could have a big impact on our health and care services in the future. Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

3.1 Consistent, long-term data collection

A joined-up patient record system can help support a person-centred approach to health and care, which recognises the outcomes that are important to individuals, and builds care around their circumstances.

We know that creative health has positive benefits for health and wellbeing, but a lack of joined-up data and tracking when patients have been referred to a creative health activity, for example through social prescribing, means it is difficult to measure the long-term impact on patients and systems, and monitor inequalities in access. A SNOMED referral code for creative health is available but not widely utilised.

We recommend that ICSs establish systems to consistently record outcomes from creative health and community-based programmes, to understand the benefits of such approaches to both patients and systems and support future commissioning decisions. This should align with a universal data platform such as the Federated Data Platform.

Example: One Gloucestershire: Creative Health Dashboard

One Gloucestershire ICS has developed a creative health dataset, requiring all providers to input pseudo-anonymised patient data in a consistent format. Information about healthcare utilisation, outcome measures, attendance, referrals and demographics is collected to demonstrate overall impact to the system, supporting the commissioning process.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

4.1 Shifting to prevention

As Lord Darzi's report states 'everybody knows that prevention is better than cure', and interventions that prevent ill-health are less costly than dealing with the consequences of illness. Given that the number of people living with a major illness is [predicted to rise by 37% by 2040](#), focusing on prevention and early intervention is vital to reduce the impact on the NHS. We know that 80% of health outcomes are a result of non-medical factors – the wider determinants of health. Therefore, in order to tackle the causes of health it is necessary to look beyond the NHS and adopt a whole system approach that supports people to live well for longer. **Creativity and culture are not just a nice to have, but a vital part of this health-creating ecosystem.**

Despite the urgency to shift towards a more preventative model of health, cuts to public health and local authority services that address the wider determinants of health stymie prevention. Cuts in funding for arts and culture severely impact creative health provision, to the detriment of population health and wellbeing.

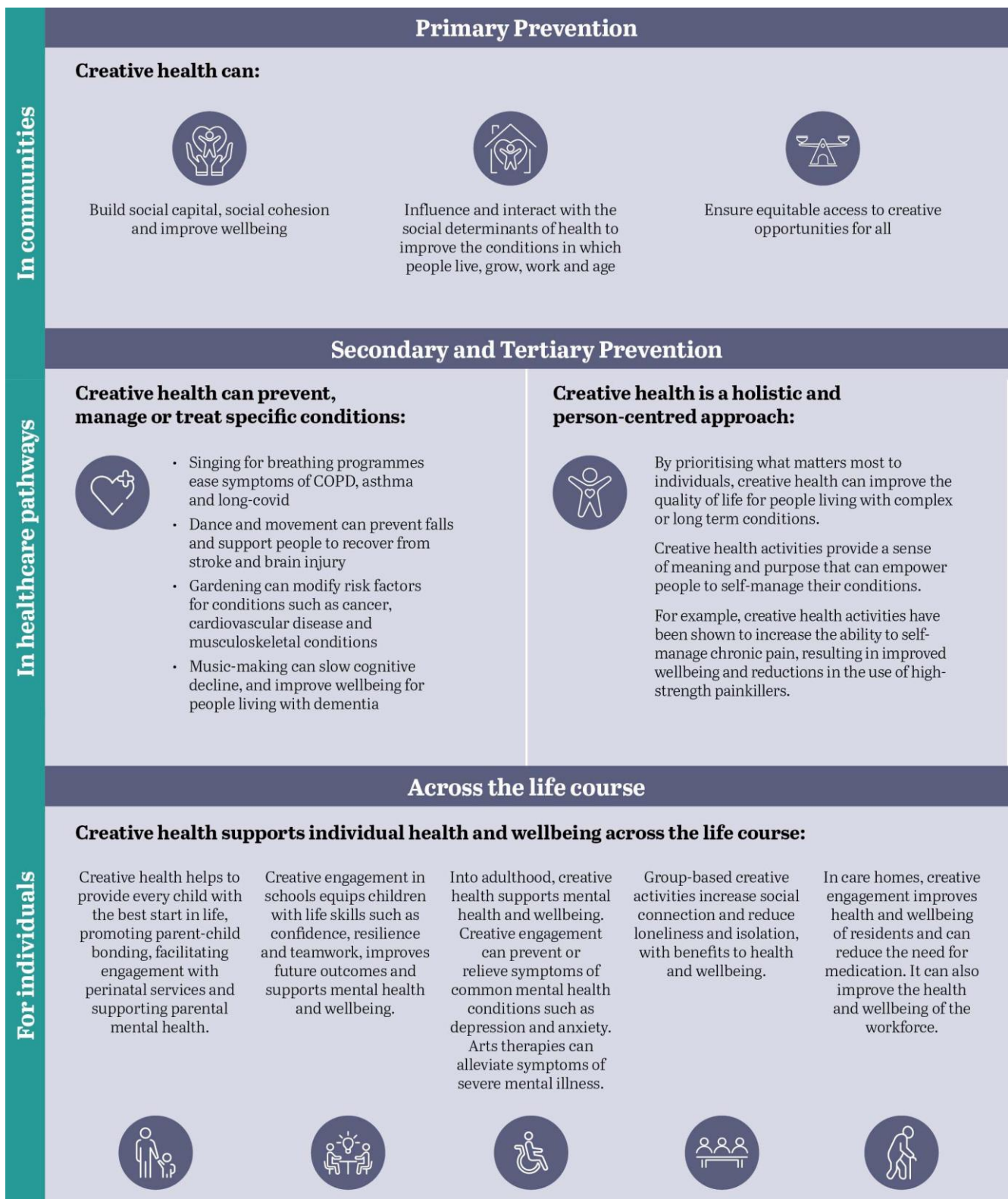
We recommend:

- A Health In All Policies approach at national level, incorporating a cross-departmental strategy on creative health, to facilitate a truly joined-up health system at place.
- Equitable and sustainable integration of the creative, cultural and community sector at ICS level. This will support ICSs to not only improve population health outcomes, but also to meet their duties with respect to addressing health inequalities and supporting broader social and economic development – See also section 2.4

4.2 Creative health in primary, secondary and tertiary prevention

Creative health plays a vital role in prevention and improving population health. Figure 1 shows how creative health supports individuals to live healthier lives for longer, but also acts in place and communities, influencing the wider determinants of health.

Figure 1: Creative health and prevention



4.2.1 Creativity as a health behaviour

Evidence shows creative activities can reduce the risk factors for common diseases in individuals across the life course. For example, gardening can lower blood pressure and reduce the risk of cardiovascular disease. Dance provides an opportunity for physical activity, linked to a reduction in obesity. Practising a musical instrument can reduce the risk of cognitive decline in older age. [Longitudinal studies](#) using population data show that participation in arts and culture has a positive impact on mental health and reduces common mental health disorders.

Example – Singing groups for postnatal depression

[Breathe Melodies for Mums](#) is a group singing and music-making programme that has been clinically proven to reduce symptoms of moderate to severe postnatal depression in new mothers and improve mother and baby bonding. An RCT found that mothers who took part experienced a 41% decrease in symptoms, and 73% recovered from moderate-severe symptoms. In addition to the health benefits for mothers, this will also mitigate the risk of adverse future outcomes for the child. The programme works in partnership with children and family centres and is referred to via a network of healthcare professionals. The [SHAPER](#) research programme investigates how it can be scaled-up in mainstream healthcare pathways.

4.2.2 Creative health and access to health services

There are stark inequalities in health, linked to deprivation (as exemplified by the 18-year disparity in healthy life expectancy between the most and least affluent neighbourhoods) and experienced by population groups. Inequalities can relate to health outcomes or access to and experiences of services.

Creative approaches used with communities impacted by inequalities are effective in:

- raising awareness of health issues
- tackling stigma
- establishing shared understandings between service users and providers
- co-designing better services

Such approaches help to identify disease or risk factors early, aiding prevention and early intervention. NCCH's [Creative Health Huddles](#) programme brings together patients, clinicians, artists and managers within healthcare settings to use culture and creativity to explore and resolve challenges in mental health services.

Example – Birmingham City Council: Creative Public Health

[Birmingham City Council](#) has applied creative health in its approach to tackling the significant health inequalities faced by its diverse communities, working in partnership with the arts, cultural and heritage sectors to engage residents in workshops around health issues such as pregnancy, mental health, musculoskeletal disease, cardiovascular disease, and diabetes. This included activities such as culturally appropriate cooking workshops, using traditional recipes to provide information about nutrition and the links to diabetes and cardiovascular disease. The programme demonstrated improvements in health literacy, mental health and wellbeing and confidence to discuss health at home.

Example: ReCITE (Liverpool School of Tropical Medicine)

[The ReCITE project](#) explores how storytelling can be used in community and health systems to address gaps in care and promote health equity. Working in Primary Care Networks in areas of high deprivation, the project addressed low uptake and engagement with breast cancer screening services by co-developing poems, videos, photos and artwork for use in a roadshow that engaged women, family and friends in community settings. The project combined GP practice data with data from community-based research and creative workshops. ReCITE raised awareness and uptake of breast screening services, and developed a toolkit and training resources related to the approach.

4.2.3 The wider determinants of health

Applied in places and communities, creative health initiatives improve community wellbeing, reduce inequalities and add social value.

Creative health influences and interacts with the wider determinants of health to improve the conditions in which people live, grow, work and age and address the causes of ill-health. It can be applied in the early years and education, housing, employment and in the built and natural environment to support a health-creating society. Creative health can increase social capital, encourage connection and sense of belonging and promote greater civic awareness - all linked to improved wellbeing. Creative health has been used effectively in regeneration and placemaking, engaging residents and instilling a sense of ownership of community assets and pride in place.

Given the health benefits of creativity, it is vital that creative and cultural opportunities are available and accessible to all. [Research has shown](#) that participation in arts and culture can have an even greater impact on the mental wellbeing of people from the most deprived areas. Place-based approaches that ensure access to creativity can therefore be an important avenue to reducing inequalities.

Creating healthy and sustainable places and communities is a key policy objective outlined by the [Institute for Health Equity](#), alongside strengthening the role of prevention. Although many of the causes of ill-health are non-medical, the NHS has a significant role in supporting a preventative, community-based approach, which addresses inequalities. This can be through its role as an anchor organisation adding social value in local communities, and by forming equitable and sustainable partnerships with community-based organisations.

An effective shift to prevention will require a whole system, joined-up approach which considers health in all policies. The ICS structure facilitates this, but as yet full integration of community-based organisations has not been achieved and focus remains on acute care services. We recommend that creative, cultural and community assets are fully embedded into the health system, through the ICS, as set out in section 2.4

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long-term change, that will take more than 5 years**

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- Ideas about how the NHS could change to deliver high-quality care more effectively.
- Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
- Ideas about how individuals and communities could do things differently in the future to improve people's health.

5.1 Short-term change

(System Level)

- ICSs should be tasked with developing a Creative Health Strategy, recognising the benefits that creative health can have for patients and the system. Doing so will support the ICS to meet its duties with respect to population health, inequalities, productivity and value for money, and broader social and economic development.
- Directors of Public Health, with local authority and ICS colleagues, should develop place-based creative health strategies, and incorporate creative and cultural assets in their approach to population health.

- Creative health providers should be adequately resourced to provide health and wellbeing support to help tackle immediate pressures to the health and social care system.
- Creative approaches such as creative co-production can be used to improve services, and increase access and early intervention, particularly in communities that face inequalities, to keep people healthier for longer.
- Lived experience and community voices should be integral to the development of place-based health and wellbeing strategies and programming. Systems should act as enablers for community-based decision-making, responding to local priorities and helping to address health inequalities. Creative approaches are effective in facilitating authentic community involvement and engagement.

5.2 Mid-term change

(National level)

- A cross-departmental approach to health should be established at national government level. This should incorporate a dedicated Creative Health Strategy, recognising creative health as a vital component of a preventative and person-centred approach to health and wellbeing. The Strategy should 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. This approach will facilitate the establishment of sustainable cross-sectoral partnerships across regions and systems, modelled by national policy.
- HM Treasury should acknowledge the long-term value of investing in creative health. Appropriate resource should be allocated to support the Creative Health Strategy. Investing in a sustainable supporting infrastructure, which allows creative health to thrive, will yield significant returns on investment.

(System level)

- ICSs should establish equitable and sustainable funding and commissioning models for community-based creative health providers. Systems to capture the long-term impact of creative health programmes should be developed, supporting a move from short-term, project-based funding to routine commissioning.
- Combined authorities should use their devolved powers to support creative health in their region, and work with ICSs to deliver coherent strategies and develop sustainable creative health infrastructure at scale, utilising local assets.

- Creative health should be incorporated into clinical education, providing future healthcare professionals with an understanding of its value as part of a holistic and person-centred approach.

5.3 Long-term vision

Our ambition is for creative health to be integral to health, social care and wider systems. Creativity will be recognised as an important resource to support health and wellbeing across the life course, and its benefits will be accessible to all. Creative health, as a fundamental part of a 21st-century approach to healthcare, will contribute to better outcomes for individuals, communities and systems.

Central to this will be community-led approaches, informed by lived experience, which will mobilise existing creative, cultural and community assets to meet local need and reduce inequalities.

Sustainable and supportive infrastructure for creative health within ICSs, including opportunities for training and workforce development, will reduce pressures on the NHS, and help maintain a healthier population.

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