Section 4: culture and values

Policy interventions that have directly improved workforce outcomes and patient outcomes

- for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care

The **Creative Health Review** – both the 2017 and the 2023 editions – have led to great developments in the field of Creative Health. Recommendations have led to the creation of the National Centre for Creative Health (NCCH), as well as other achievements such as the creation of a Mayoral/Combined Authorities Network for Creative Health. This leadership has been instrumental to developing creative health infrastructure.

Health in All Policies approaches embedded into Mayoral and Combined Authorities (such as West Midlands Combined Authority) have proved instrumental in creating *culture and health* workstreams that value test-and-learn opportunities, network mapping and convening, development of theories of change, and more, at a regional and governmental level.

The **ICS Statutory Guidance** on Working in partnership with people and communities outlined an expectation to co-produce with the VCSE sector. This strengthened commissioning pathways for creative/arts organisations as workforce allies in prevention and outreach.

Culture And Heritage Capital: monetising the impact of culture and heritage on health and wellbeing has been a pivotal report for strengthening the economic case for arts participation as a health intervention with measurable outcome value. The confidence it fosters in systems leaders to commission this work has led to improved patient experience and outcomes, and more sustainable work practices with lower stress for creative health providers.

Arts Council England Creative Health & Wellbeing Strategy has led to targeted investment and infrastructure development, helping creative health to embed into health systems and identify suitable long-term funding mechanisms.

The **NHS Long Term Workforce Plan** helped to legitimise investment in staff wellbeing – an area that creative health has meaningfully contributed to, using creative/arts-based approaches to reduce burnout and improve retention.

NCCH / **APPG Creative Health** resources & briefings (e.g., on CYP mental health and the 10 Year Plan) synthesise evidence on system outcomes for creative health. They translate research into policy-ready examples that commissioners use to improve patient outcomes.

The **Workforce development framework**: social prescribing link workers, professionalises the connector workforce that often brokers creative health, improving role clarity, supervision and retention.

The **Fuller Stocktake**: Next Steps for Integrating Primary Care led to shifts towards integrated neighbourhood teams and proactive community support. Consequently, it normalises multi-disciplinary teams working with VCSE/creative partners, improving workload spread and job satisfaction.

Personalised Care and **Population Health Management** have been natural homes for creative health approaches (e.g., see here and here), enabling integration into systems and measurable impacts against clinical agendas – often outperforming traditional approaches.

Core20PLUS5 and the **Major Conditions Strategy** have both been great pillars to align creative health evidence against, demonstrating how it can impact priority health conditions and audiences (see our Creative Health at a Glance resource). This has allowed greater integration of clinically proven creative health services, supporting strong patient outcomes.

Development of **Creative Health Strategies** at a systems level has demonstrated leadership within health systems, which has supported better cross-sectoral workforce development and delivery opportunities that benefit patient outcomes. Examples include London, Birmingham, Greater Manchester, West Yorkshire. They provide vital 'permission giving' that is absent from national policies.

Approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery

Creative health offers a wide range of approaches that embed strong core values into everyday leadership, decision-making and service delivery. These approaches prioritise collaboration, dignity, inclusion, creativity and prevention—values that align closely with the ambitions of a modern, sustainable health and care workforce. They demonstrate how diverse ways of knowing, working and leading can strengthen cultures across the system, from clinical practice to community settings, and support the shift toward more person-centred, equitable and preventative care. The following examples illustrate how creative health approaches already cultivate these values in

practice and provide insight into how they can inform the future of workforce development across the next decade.

- **Co-design / Co-production** focuses on shared decision-making about how a service or pathway operates, giving communities genuine power in shaping solutions. It strengthens leadership culture by embedding partnership, transparency, and accountability, and ensures decisions align with lived priorities rather than top-down assumptions.

- **Co-creation** centres on joint creative production (e.g., artworks, narratives, prototypes). This approach instils leadership cultures that value relational creativity, collaborative problem-solving, and deeper connection with communities.

- **Participatory arts** centre the individual experience of taking part, with an artist/ facilitator leading participants through creative activity. They emphasise engagement, agency, and personal expression. It supports leadership cultures that prioritise dignity, confidence and human connection.

- **Asset-based approaches** shift the leadership mindsets from deficit to capabilities, recognising strengths that already exist within communities and teams. It helps cultivate positive workplace cultures, boosts staff morale, and leads to services that amplify, rather than overwrite, community capacity.

- **Lived experience leadership** embeds authenticity and moral authority into decision-making by ensuring lived experience directly shapes priorities. It challenges hierarchical cultures by placing value on experiential knowledge, resulting in fairer, more compassionate services.

- **Moving beyond the medical model** views health as shaped not just by biology, but also by feelings, relationships, and context. This approach broadens the scope of decision-making beyond clinical symptoms to understand people's lives and environments. It drives more empathetic leadership and fosters services that address root causes, not just clinical presentations.

- **Holistic / whole-person care** considers multiple aspects of a person's experience, integrating physical, emotional, social and cultural needs. It encourages systems leadership that transcends silos, resulting in more joined-up care pathways and reduced fragmentation.

- **Not pathologising** supports health and wellbeing without labelling people as "ill" or "patients". This values people's identities beyond diagnosis, reducing

stigma and creating psychologically safe services. Leaders using this approach help build cultures that respect personhood and promote equitable access to care.

- **Celebrating polymaths / multiple ways of knowing** values insights from art, science, and lived experience equally, moving beyond that which can be communicated by words alone. Recognising diverse knowledge systems encourages innovation and deeper insight into complex problems. It counters rigid professional hierarchies and supports leadership cultures that are creative, curious, and open to interdisciplinary answers.

- **Trauma-informed practice** ensures emotional safety and sensitivity to past trauma. It shapes cultures where safety, trust and empowerment are prioritised. It equips leaders and teams to avoid re-traumatisation, reduces burnout, and fosters compassionate environments where staff and communities feel secure.

- **Cultural humility and equity** recognise inequalities and adapt practice for inclusivity. This approach embeds continuous self-reflection and openness to learning about others' experiences. It challenges structural inequities within systems, supporting leadership that centres fairness and cultural responsiveness.

- **Healthcare innovation** encourages leaders to test new approaches and iterate quickly. Creative health models show how innovation can reduce siloed thinking, energise staff, and embed cultures of experimentation and improvement.

- **Service redesign / pathway innovation** supports the embedding of creative health into clinical or care systems. This approach aligns creative methods with formal care pathways, enabling integrated care. It shapes leadership culture toward flexibility and systems thinking, improving flow, continuity and workforce collaboration.

- **Social prescribing integration** embeds community-based, non-clinical support into the health system. It demonstrates leadership that values prevention, personalised care and partnerships beyond organisational boundaries.

- **Community chest commissioning** – small, flexible local funds for community-led creative projects – decentralise power by giving communities direct control over resources. It models leadership that trusts local capability and creates agile funding ecosystems where grassroots innovation can thrive.

- **Prevention and early intervention** – using creativity to support health before crises emerge – offers low-intensity, upstream support that prevents deterioration and reduces pressure on services. Embedding this approach signals leadership commitment to long-term outcomes, not just crisis management.

- **Digital innovation**, including apps, online platforms, or VR/AR for health and wellbeing, expands reach, flexibility and personalisation. Its integration models leadership that embraces hybrid care, data-driven improvement and new modes of engagement, meeting both workforce and patient needs.

- **Sustainable cultural investment** – i.e., innovations in achieving long-term, stable funding for creativity in health systems - embeds values of continuity, fairness and strategic foresight into resource decisions. Strong leadership in this area helps avoid short-termism, ensuring creative health becomes core infrastructure rather than temporary projects

- **Community-led practice** – i.e., grassroots, self-organised creative health activities – demonstrate distributed leadership, where power and agency sit locally. It strengthens culture by valuing local knowledge, increasing trust, and reducing dependency on overstretched formal services.

- **Therapeutic arts practice.** These evidence-based modalities integrate creativity directly into clinical pathways. Their presence promotes a leadership culture that acknowledges emotional processing, embodiment and relational healing as core components of care.

- **Place-based approaches** build services that reflect the distinct character, assets and needs of different places. It shifts leadership culture toward localism and contextualised care, improving relevance and uptake.

- **Interdisciplinary practice**, where artists work with clinicians, educators, or social care staff, models team cultures that are flexible, curious and open to learning. It breaks down professional silos and supports joined-up decision-making across sectors.

- **Arts-based evaluation and research** use creative activities as tools to evidence impacts. This makes evaluation more accessible, meaningful and engaging for participants. It strengthens cultures of learning by expanding what counts as valid data and encouraging more reflective leadership.

- **Data innovation** – i.e., new ways of collecting/ analysing/ visualising scientific data to better fit artistic practice, improve insights, reduce participant fatigue, or present more creatively. This supports cultures that value qualitative depth, inclusive participation, and creative data communication.

- **Practice-based research** – where practitioners systematically reflect on and document their own practice to generate new knowledge – embeds continuous improvement and reflective learning within the workforce. It strengthens leadership cultures that elevate frontline insight and support ongoing professional development.

- **Knowledge exchange** fosters cultures of openness, collaboration and mutual learning. It supports leadership behaviours that bridge sectors, break down silos, and strengthen integrated care.

- **Different epistemologies** draw on narrative, visual, and embodied ways of knowing or applies insights through a pragmatist model. Using different epistemologies broadens what counts as evidence or insight within decision-making. It shapes leadership that values complexity, subjectivity and context – not just technical or numerical measures.

- **Ecological and systems approaches** recognise that health is linked to environment, culture, and economy. This approach supports systems leadership by highlighting interdependencies and long-term impacts. It encourages decisions that are preventative, sustainable and aligned across sectors.

- **Care ethics approaches**, which focus on relationships, reciprocity, and care values, centres relational responsibility and mutual respect in decision-making. It cultivates leadership cultures defined by compassion, attentiveness and stewardship.

Systems or practices that ensure leaders at all levels actively listen to staff feedback and act on it

- particularly from underrepresented groups

Creatively facilitated spaces – such as the NCCH co-production 'Huddles' – have received feedback from NHS staff who comment on the lack of hierarchy that appears within these spaces, despite NHS otherwise being a highly hierarchy-led organisation. It means they more comfortably express concerns and swap ideas for change. The creative facilitation enables gentler exploration of difficult topics – like moral injury – thereby gathering deeper insights that can inform cultural changes in

the workplace. Moreover, the creation of art has a positive effect on staff wellbeing, helping them to secure more positive associations with the workplace and their colleagues, and sharing experiences builds relationships and trust.

Lived-experience leadership panels embedded in governance (including racialised, disabled, LGBTQ+, neurodivergent and working-class staff), are important in capturing divergent voices rather than always prioritising the majority. They celebrate diversity of thought in the decision-making processes, enabling innovation to be shaped by real experiences rather than theoretical applications. These panels can be a particularly powerful space to utilise creative enquiry within, as they help staff express perspectives in non-formal ways and mandate that leaders must respond to via published action logs.

Whole-system creative learning sets that use ‘theatre of the oppressed’, role-play, or creative scenario planning to rehearse solutions to staff-raised problems, offer a great example of how staff at all levels can co-develop solutions to staff feedback. This is yet another example of how practical implications of feedback can be collectively understood and commented on. It helps the ‘done to’ understand limitations to development and play apart in deciding the best trade-offs. This transparency helps to foster acceptance when progress cannot be made and hopefulness when leadership breaks down barriers to progression.

Staff-led exhibitions or showcases such as Our National Health Stories, led by the National Arts in Hospitals Network, enable low-risk engagement and expression, capturing a collective and creative voice that informs institutional change. Staff enjoyed the process and felt it had wellbeing benefits, finding it a cathartic and bonding experience that they would benefit from engaging in again in the future.