



# *Arts interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions<sup>409</sup>*

*World Health Organisation (WHO) Regional Office for Europe, 2019*

We have seen the strengthening body of evidence supporting creative health, and the benefits it has had for individuals, communities and systems when applied to address challenging topics in relation to health, social care and inequalities. We must now look at how to spread, scale and support this work, to ensure that it is available equitably across the country, and applied more widely in order to maximise its potential.

There has been increasing interest from policymakers internationally in the role of creativity and culture in supporting health and wellbeing and tackling health inequalities. Following the publication of the WHO scoping review ‘*What is the role of the arts in improving health and wellbeing?*’ in 2019, the WHO’s Regional Office for Europe recognised the potential of the arts to tackle complex health challenges and contribute to the UN’s Sustainable Development Goals. It recommends that governments take an intersectoral approach to realise this potential<sup>410</sup>. Meanwhile, the European Commission-funded Culture for Health programme is a multi-partner project investigating the role of culture and the arts in improving wellbeing, with the aim of influencing EU policy across health, culture and social policy<sup>411</sup>. A recent scoping review of 172 global policy documents looked at how policymakers are exploring the relationship

between arts and health and found that ‘the most promising and concrete commitments are happening when health and arts ministries or agencies work together on policy development<sup>412</sup>’. Existing examples include Australia and USA at federal levels, and nationally in Greece, Finland and Ireland. One of the most concrete commitments to arts and health in policy was found to be in Wales, where a strong partnership has been established between the Welsh NHS Confederation and the Arts Council of Wales.

Leadership at all levels of the system is required to establish a thriving creative health sector. In this section we will explore examples of where this is emerging and consider what more could be done at national level to enable more widespread implementation of creative health.

## **4.1 Cost and Value - The Economics of Creative Health**

To widely implement creative health, we must demonstrate that the approach offers good value. This report makes the case for creative health as a personalised and holistic approach to health and wellbeing, one which can reduce pressures on health and social care systems, help to address health inequalities and contribute to productivity, by keeping people healthier for longer.

In addition to the impact on the individual, we know that poor health and wellbeing are detrimental to economic growth and productivity. Inactivity in the labour market has risen sharply since the pandemic, attributed largely to long term sickness. This, accompanied by an increase in ill health amongst those in work, is considered a risk to fiscal sustainability, simultaneously reducing productivity and economic growth prospects, whilst increasing health and welfare costs<sup>443,444</sup>. With the prevalence of major health conditions expected to rise considerably over the coming years, the situation is unlikely to improve without action<sup>445</sup>.

Up to 40% of the burden on health services is thought to be avoidable through preventing the onset of chronic conditions<sup>446</sup>. Despite this, NHS spend on prevention remains minimal, whilst cuts have been made to funding that addresses the social determinants of health, including to local authorities and, in real terms, the public health grant<sup>447</sup>. A shift in focus from an illness to a wellness model, along with investment in prevention, will help to mitigate the impact on the future economy, and reduce the expected burden on the NHS<sup>448</sup>. Creative health will be an important component of this approach.

In creating the conditions for creative health to thrive, we not only add value through the direct benefits to health. Investment in creativity and culture supports the UK's vital creative industries sector, which generates £108bn annually<sup>449</sup>. Cultural placemaking and investment in the arts in historically underserved areas form part of the levelling up agenda, in which narrowing the gap in health and wellbeing outcomes is considered a key driver to improving the UK's productivity.

Funders and commissioners must also be convinced of the value of creative health to their systems, and the long term benefits of investing their limited budgets for future gain. In systems that have already embraced creative health, value has been added by a switch from project-based to routine commissioning of services, and innovative commissioning models have emerged that combine the strengths of local creative health providers, with benefits to patients and the system.

## Articulating the value of creative health

Creative health operates within complex systems, and a creative health intervention can have multiple outcomes for individuals, often going beyond the direct health impacts to improve quality of life. These outcomes can manifest over the short, medium and long term.

Effective as a specific intervention for a range of clinical conditions, creative health can serve as a complementary or alternative non-clinical practice in management, treatment and recovery. It has an important function in secondary prevention, supporting the increasing number of people living with one or more long term conditions to manage their health, and reduce reliance on both primary care and acute care services. Applied as part of an upstream approach to health, in which creative and cultural opportunities are available to all as part of a flourishing community ecosystem, creative health can prevent the onset of ill health and improve wellbeing. Given this complexity, it can be challenging to measure and articulate the true value of creative health. Nevertheless, a number of economic analyses have been carried out on creative health interventions which indicate that it can be a cost-effective approach, with significant wider social value.

### Healthcare utilisation

Creative health and social prescribing (commonly including creative health activities) can lead to reductions in healthcare usage (e.g. GP appointments, A&E attendance, medication). For example, arts on prescription schemes have been estimated to give a Return on Investment (ROI) of £2.30 for every £1 invested, with savings occurring in health service usage and unnecessary prescriptions<sup>420</sup>. A review of the evidence and cost implications of social prescribing found an average 28% reduction in demand for GP services following referral to social prescribing, and an average 24% fall in attendance at A&E<sup>421</sup>, whilst a more recent controlled study found a 40% decrease in GP appointments at 3-month follow-up<sup>422</sup>. Extrapolating from this study, the National Academy for Social Prescribing (NASP) has estimated an annual decrease of 5m GP appointments due to social prescribing<sup>423</sup>. Similarly, the Open Data Institute has



estimated, based on national datasets, that social prescribing could release up to 8m GP appointments per year<sup>424</sup>. Access to healthcare datasets has facilitated larger, controlled studies. One such study of a social prescribing scheme found a 27% reduction in secondary care costs for those who participated in the scheme compared to a control group, equating to an annual saving of £1.56m<sup>425</sup>. Statistical modelling can also be applied to datasets to predict where cost savings may occur. This approach, using data from an area of high deprivation, indicated a reduction of £77.57 per patient per year for patients most engaged with social prescribing<sup>426</sup>.

### Cost-effectiveness analysis

Cost-effectiveness analysis calculates the costs involved in achieving non-monetised outcomes. In healthcare, this outcome is often a QALY (Quality Adjusted Life Year). A QALY combines a range of health outcomes into an adjusted measure which incorporates both length and quality of life. The National Institute for Health and Care Excellence (NICE), uses a cost-effectiveness threshold of £20K to £30K per QALY to assess whether a new therapy should be recommended. This approach has been used to measure cost-effectiveness in creative health and social prescribing programmes. For example, a randomised controlled trial assessing cost-effectiveness of community singing on quality of life of older people found that the intervention was effective and at a threshold of £20,000 was 60% more likely to be more cost-effective than usual treatment<sup>427</sup>. Evaluations of social prescribing programmes (including creative activities) have also employed this approach. In Doncaster, the estimated cost/QALY gained in a social prescribing programme was £1,963, equating to benefits to the system valued at £1.83m, or £10 per £1 spent<sup>428</sup>.

### Social Return on Investment (SROI)

Incorporating broader social value into economic analyses can be more complicated, but to not do so would undersell the potential of creative health. Social Return on Investment allows for the wider societal benefits of an intervention to be considered in the analysis, and incorporates a range of stakeholders, including participants, in the identification of measurable outcomes. It is therefore a useful measure of value for creative health interventions. An evidence summary

produced for the Department of Culture, Media and Sport (DCMS) on the role of the arts in improving health and wellbeing found that arts-based social prescribing programmes have shown SROIs of between £1.09 and £2.90 for every £1 spent<sup>429</sup>. A recent review of the economic impact of social prescribing for NASP finds that where a broader range of outcomes are considered as part of an SROI the results are consistently favourable. Included studies showed an SROI ranging from £1.09 to £8.56 per £1 invested<sup>430</sup>.

### A range of creative health activities have demonstrated a positive SROI. For example:

- The Dementia and Imagination Study, a 12-week visual arts intervention with older adults with mild-severe dementia in residential care homes in England and Wales found a SROI of £5.18 per £1 invested<sup>431</sup>.
- The House of Memories Family Carers programme, which uses museum objects to supports carers to engage with people living with dementia found an SROI of £18.73 per £1 invested over a 5 year period<sup>432</sup>.
- A 2019 SROI of arts activities for older people in residential care homes found a SROI of £1.20 for every £1 spent<sup>433</sup>. cARTrefu, a programme offering arts activities for older people in residential care was found to deliver a SROI of £6.48 per £1 invested<sup>434</sup>.
- An evaluation of Craft Café, a community-based initiative for older people in areas of multiple deprivation in Scotland reported an SROI of £8.27 per £1 invested<sup>435</sup>.
- A Men's Shed initiative in Scotland estimated a SROI of £10 per £1 invested<sup>436</sup>.
- An economic evaluation of Helium Arts, an Irish organisation providing arts-based workshops for children with lifelong physical health conditions reported an SROI of €1.98 per €1 invested<sup>437</sup>.
- A study of the impact of children's participation in circus-arts training on mental health and wellbeing in the USA calculated a SROI of \$7 per \$1 invested<sup>438</sup>.

A scoping review of SROI of mental health-related interventions, including arts-based interventions, found the approach to be a useful tool to inform policy and funding decisions for mental health and wellbeing, incorporating the social, economic and environmental benefits. The arts-based initiatives included in the study reported SROI values between £3.31 and £9.30 for each £1 invested, and included activities such as taiko drumming, community-based arts activities, and circus skills<sup>439</sup>. SROI can also be used to assess the wider impact of a cultural institution. For example, an SROI of the Turner Gallery in Margate evidenced the social impact of the gallery and provided evidence for the use of the arts as part of a regeneration strategy. Over one year, for every £1 invested, the gallery generated £4.09 in wider social value<sup>440</sup>.

### Valuing wellbeing

We have seen evidence of the positive impact of creative health on wellbeing. Although a developing area, value can be attributed to this wellbeing impact and wellbeing evaluation is incorporated into the HM Treasury Green Book guidance on appraisal of projects and programmes. WELLBYs (Wellbeing Adjusted Life Years) offer a single unit through which to make comparisons between programmes or interventions in a similar way to QALYs but incorporating wider social impacts beyond healthcare. Wellbeing measures are collected routinely by the Office for National Statistics (ONS), and therefore national comparisons can also be made.

Work carried out as part of the AHRC Cultural Value Project employed wellbeing valuation techniques to assess the economic value of cultural institutions and estimate the amount of money that would generate the same effect on an individual's wellbeing as cultural engagement. The research found a strong positive association between activities in cultural institutions and wellbeing and calculated a value per visit of £6.89 for the Natural History Museum and £7.13 for Tate Liverpool<sup>441</sup>.

### The value of place-based creative health

Wellbeing can also be a lens through which to consider the value of place-based approaches which incorporate creative health. A recent review by the What Works Centre for Wellbeing



*We need more agreement at a high level between key government departments, policymakers and funders around what economic evidence is required for them to accept that creative health approaches do deserve equal recognition, in many cases, to medical approaches”*

*Dr Marie Polley, Director, Marie Polley Consultancy and Co-lead, International Evidence Collaborative, National Academy of Social Prescribing, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

synthesised the ways in which place-based arts initiatives add social value through improving wellbeing and suggests that a wellbeing lens offers the opportunity to assess the social impact of creative health at individual, community and national levels, including the links between arts and culture, wellbeing and health inequalities<sup>442</sup>. This approach is being incorporated into evaluations of place-based cultural initiatives such as Cities of Culture<sup>443</sup>. Similarly, the Centre for Cultural Value will research the impact of Leeds 2023, a year-long programme of culture, with a focus on happiness and wellbeing<sup>444</sup>.

Investing in culture in place will have wider impacts relating to the social determinants of health. The Local Government Association Commission on Culture and Local Government considered the role of culture in sustainable and inclusive economic recovery as one of its key themes, providing case studies highlighting how culture has been central to the regeneration of high streets and in growing local commercial economies<sup>445</sup>. Initiatives such as Arts Council England's Creative People and Places, and a focus on cultural placemaking as part of the levelling up agenda, also offer opportunities to highlight the direct local economic impacts of creative health. Whilst the main aim of Creative People and Places is engagement with arts and culture, case studies have demonstrated indirect economic impacts through partnerships with local businesses, bringing visitors to the area, use of public space, and development of skills for local people<sup>446</sup>. Historic England have also begun to develop a bank of values to articulate the wider value of





heritage to society, identifying benefits to health and wellbeing, education, social cohesion and local economic development. Part of the approach will include wellbeing valuation, offering further opportunities to demonstrate the value of creative health in economic terms<sup>447</sup>.

### **Making the case to policymakers**

There are a range of approaches that can be employed to demonstrate the cost-effectiveness of creative health and methods that can take into account wider social impacts and articulate the full value of a creative health interventions. This needs to be presented in a way that is useful to policymakers and commissioners. Given the benefits across departmental remits, a cross-departmental strategy on creative health should include a shared outcomes framework, including a consistent approach to measuring the economic impact of creative health.

Cultural and heritage assets can be undervalued when using existing approaches to measuring public value, as there is no consistent approach to measuring the wider social impacts. The DCMS Cultural and Heritage and Capital Framework will provide a means through which cultural and heritage assets can quantify their economic value in a way that conforms with the Treasury Green Book standards, including value not incorporated in market prices such as health, wellbeing and wider benefits<sup>448</sup>. The framework will be used to inform and justify investment in culture and heritage as well as decisions which impact upon it, and will help to demonstrate the value for money of investment in culture for health and wellbeing outcomes in a consistent way.

The HM Treasury preferred approach to economic valuation is Social Cost Benefit Analysis, which expresses all costs and benefits in monetary terms to establish value for money. Whilst wellbeing measures can be incorporated into this valuation, we would encourage the Treasury, and the Government more widely, to take a broader definition of value, and consider the long term benefits of investing in creative health as a holistic and preventative approach. We know that creative health can make savings for systems through reductions in healthcare utilisation and can

### **Further Research**

The evidence to date indicates that creative health (including creative health as part of a social prescribing pathway) is cost-effective and adds wider social value. Further rigorous economic evaluation is desirable to improve our understanding in this area. Larger scale, long term, controlled studies which analyse the full economic impact of creative health will strengthen the evidence base and help us to understand which populations can benefit most, and where resources should be directed. Economic analysis can be complex and requires specific expertise. Much of the creative health sector is small-scale and may lack the capacity and experience to carry out this analysis. Resource and support for long term economic evaluation should therefore be incorporated into funding and commissioning processes. There is also a role for creative health infrastructure organisations, including NCCH, to work with the sector to develop a consistent economic outcomes framework, and build partnerships with academic partners and policymakers to support the development of methodologies that can accurately assess the long term impact and articulate this in a way that is useful for policymakers.

improve productivity and support local economies. Wellbeing economics, in which national prosperity is considered in terms of the life satisfaction of the population and public policy decisions are guided by the impact on wellbeing of current and future generations, is one way through which the wide-ranging benefits of creative health could be fully recognised in policy decisions<sup>449</sup>. Scotland and Wales are already part of a group of nations aiming to develop wellbeing-focussed economies, along with New Zealand, Iceland, Canada and Finland.

### **Funding and commissioning creative health**

The creative health sector is diverse, incorporating major cultural institutions and healthcare organisations as well as grassroots community groups. A large proportion of those working in creative health are small community-based

organisations or freelance practitioners. The 2023 Creative Health UK State of the Sector survey indicated that the majority of funding for creative health work comes from UK Arts Councils or independent trusts and foundations, along with the National Lottery, with smaller amounts from local authorities and the NHS<sup>450</sup>. Whilst it is estimated that between one-third to half of the creative health workforce work in partnership with the NHS, few receive funding directly from the NHS. The situation is different in Wales where joint investment into creative health capacity building has been very successful and this will be explored in more detail in Section 4.2.

Whilst we have shown that creative health can offer value for money, it should not be considered simply as a cheap alternative to traditional biomedical approaches. Rather, we suggest that investment in this rapidly developing sector is necessary in order to fully realise its potential. This should include investment in the creative health infrastructure, to support the professional development and wellbeing of practitioners in the sector, and the development of sustainable partnerships between community and grassroots organisations and systems.

Creating the conditions for creative health to thrive relies on a wide range of stakeholders, including grassroots providers, philanthropy, private business, local government, the cultural sector and health and social care. Equally, the benefits will be cross-sectoral. Partnerships should be encouraged, and mixed funding streams with shared outcomes may be the most effective approach. This should be modelled by a cross-departmental approach at government level, which reduces the risk of siloed investment. There are positive examples of this sort of approach in practice. The Ways to Wellness programme in Newcastle is a social prescribing programme funded by a social impact bond originally commissioned by the local NHS Clinical Commissioning Group, as well as National Lottery funding and the Cabinet Office's Social Outcomes Fund. This outcomes based funding model provides upfront funding from private enterprise, to be repaid once outcomes are met, meaning that innovative projects can be trialled without risk to public funds. The programme, which aims to improve wellbeing and reduce hospital admissions for people living with a long term



*I want to make the case for trust in the evolving body of evidence that already exists, and investing in the expertise that is already in the sector, and that means the sustained core and infrastructure costs, to build a representative workforce that is able to meet the new demand and help turn that expertise into leadership”*

*Victoria Hume, Director, Culture, Health and Wellbeing Alliance, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*

condition in deprived areas of the city, has reported improvements in wellbeing for 86% of participants over the first six years, with a 27% reduction in secondary care costs per patient<sup>451</sup>. This equates to £4.6m in savings to the NHS over five years, with net savings of £1m after service delivery costs and repayment of the social investment bond. This could therefore be an important route to financing interventions which focus on prevention.

The Green Social Prescribing programme, a £5.77m investment aiming to improve mental health through activities in green space is a joint initiative between, The Department for Environment, Food and Rural Affairs (DEFRA), the Department of Health and Social Care (DHSC), Natural England, NHS England, the Department for Levelling Up, Housing and Communities (DLUHC) and supported by Sport England and the National Academy for Social Prescribing (NASP). The seven test and learn sites are funded through HM Treasury's Shared Outcomes Fund, which facilitates collaboration on priority policy areas that require a cross-sectoral approach.

Where creative health programmes form part of specific care pathways, it is more common that providers are commissioned by NHS trusts or local authorities. In this context, funding is often short term and project-based, covering delivery costs but failing to recognise the core costs of the provider. This kind of funding model precludes the opportunity for evaluation, iterative service design and the scale and spread of successful initiatives. These barriers to integration into healthcare systems are recognised by the VCSE sector

## Commissioning creative health – One Gloucestershire’s approach

Gloucestershire has a long history of supporting creative health initiatives. Building on the work of some early clinical champions of arts in health, and a strong local arts sector, the former Clinical Commissioning Group (CCG) was able to explore and expand creative health commissioning through the Arts Council England Cultural Commissioning Programme and has since embedded cultural commissioning more fully into its approach. Gloucestershire is one of four NCCH Creative Health Hubs, which have explored how best to create the conditions for creative health to thrive at ICS level.

### How and why has creative health been embedded into Gloucestershire ICS?

Creative Health in [Gloucestershire ICS](#) falls under the Enabling Active Communities programme, and is conceived of as ‘a continuum of intervention to meet a continuum of need’. This recognises the role of the ICS in not only tackling clinical conditions for which the NHS is directly responsible, but also addressing health behaviours and the psycho-social and wider determinants of health which account for a large proportion of ill health. Gloucestershire recognises a role for the ICS as an anchor organisation to address health and wellbeing across this spectrum, with creative health having a role to play across all domains.

Cultural commissioning in Gloucestershire is sometimes considered ‘social prescribing plus’, with the population able to access creative health not only through arts on prescription, which connects people to community initiatives to address a non-medical need, but also part of a universal health and wellbeing offer to the population and as part of care pathways providing a non-medical intervention to address a clinical need.

A range of creative health activities have been co-produced with patients, artists, clinicians and commissioners to address specific needs, and have shown positive impacts for both patients

and the system. For example, visual arts, circus skills and music making have been used with children and young people with long term mental health conditions to improve adherence to medication but also to improve psychological wellbeing, self-esteem, confidence and social connection. This programme, delivered by [Art Shape](#), [Artspace Cinderford](#) and [The Music Works](#), reduced anxiety for participants, and led to significant reductions in healthcare utilisation post-intervention. [Mindsong’s](#) Singing for Breathing programme, in addition to the physiological benefits to lung health, has improved life satisfaction and happiness for adult participants and reduced emergency admissions by 100% at 3 months post-intervention and 78% at 6 months. The need for out-of-hours services for this group has been reduced due to people having more confidence to self-manage their conditions.

The creative health offer is targeted at the most deprived communities in Gloucestershire, therefore also helping to address health inequalities.

### Demonstrating impact

Realising a need to legitimise the approach and demonstrate impact, Gloucestershire has been gathering positive patient experiences and pseudo-anonymised patient data over the long term. They have established what they believe to be the world’s largest dataset of creative health interventions by requiring all providers to input data, and supporting them to do so by building the administration costs into the commissioning process.

Whilst data collected from each intervention may be a small sample size, outcomes are generated in a consistent way across the programme, also allowing for comparison with other clinical interventions. Information about healthcare utilisation, outcome measures, attendance, referrals and demographics is collected to demonstrate overall impact to the system.



Personal stories, and the opportunity to experience the creative activities has also been vital in generating buy-in from clinicians and senior managers.

*“What has been key to me, as a senior leader within my system, to build commitment to the programme, has been about building evidence at scale and over time... the key has been about building confidence in a sustained way, influencing through the dataset but also the testimonies and stories...and then building confidence around their place in the clinical intervention and the health benefits we can demonstrate.”* – Ellen Rule, Deputy CEO/Director of Strategy and Transformation, Gloucestershire ICB, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable

### **Commissioning creative health**

Initially, short term pump-prime funding was available to pilot innovative approaches and build confidence in creative health. Recognising the challenges such a model can present to small providers, the CCG (Now the Integrated Care Board (ICB)) began to mainstream funding for arts on prescription programmes. The ICB is now moving towards further routine commissioning of creative health, so that programmes such as [Airlift's](#) Living Well with Chronic Pain are also an established part of the offer to patients and commissioned on a recurrent basis. The integrated care model has also allowed for the development of a commissioning framework for the VCSE sector to help foster more sustainable partnerships.

The long term approach to evidencing the impact of creative health has made it easier to assess the return on investment, and make the case for diverting resources upstream with a focus on prevention.

### **Gloucestershire Creative Health Consortium**

Support from ICS leadership and commissioners in Gloucestershire has created the conditions for creative health to be effectively embedded into the system. Innovative approaches on the provider side have also helped to make creative health easier to commission, and led to an improved offer for patients as well as opportunities to increase scale and capacity.

### **Gloucestershire Creative Health Consortium**

brings together several long-standing creative health providers (Artspace Cinderford, Art Shape, Mindsong, Artlift and the MusicWorks) offering a range of creative health programmes for diverse target populations. This way of working has advantages for consortium members. Members have been able to partner on pilot projects, cooperate to reduce duplication and wastage in the system, share expertise, and find efficiencies across systems and procedures. Acting as a consortium, they can provide a coordinated offer to external partners such as the NHS and local universities. The consortium model also allows the organisations to look at progression pathways across the programmes offered – for example, someone who has benefited from Artlift's mental health programme can be more easily referred to an employment and skills service offered by Art Shape. Working collaboratively increases access to different funding sources, and initiatives can be more easily scaled up.

The NHS has invested in the establishment and running of the consortium, and benefits from the simplification of commissioning creative health.





### **The NHS as an anchor organisation**

*“By choosing to invest and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy”<sup>453</sup>*

*The Health Foundation*

The NHS can influence health and wellbeing through its position as an anchor organisation. It can maximise its contribution to the social determinants of health through sustainable working with local partners, and the purchase of local goods and services. There are various ways the NHS could support a thriving creative health ecosystem. For example, NHS land has been reimagined to develop gardens and outdoor spaces for service users, staff and the local community<sup>454</sup>. Existing legislation, such as the Social Value Act (2013) which requires public services to consider social and environmental wellbeing in their procurement and commissioning process in order to maximise value from public funding, could be used as a lever through which the NHS and local authorities can help to create the conditions in which local creative, cultural and community providers can flourish, whilst at the same time commissioning effective non-medical programmes.

more broadly<sup>452</sup>. Integrated Care Systems offer an opportunity to move towards more strategic partnerships between healthcare systems and grassroots providers.

In NCCH ICS Creative Health Hubs, where creative health has been embedded at system level, commissioning of creative health has shifted from project-based to routine provision, to the benefit of patients, providers and the system.

The collation of data demonstrating the impact of creative health over the long term has been important in making the case for continued investment in creative health. A Social Prescribing Information Standard has been introduced to support consistent data collection<sup>455</sup>. Within this, signposting to creative activity can be specifically recorded. This will help us to understand the extent of activity through this pathway, and

identify populations which may not be accessing creative health.

As the example of the Gloucestershire Creative Health Consortium shows, alternative commissioning models such as alliance commissioning and provider collaboratives are being explored which can lead to more successful and sustainable relationships between systems and smaller providers<sup>456</sup>. In models such as alliance commissioning, risks and responsibilities are shared and efficiencies can be made. Providers are able to operate in collaboration rather than in competition. This could be a useful approach for creative health, whereby small organisations or freelance providers could pool their offers, enabling a wider variety of choice for service users and continuity of provision as people’s needs change. It can be particularly effective as part of personalised approaches to care, where the desired outcomes of a programme can be co-produced with the end user, and programmes designed to support patients to realise outcomes that are most important to them as individuals.

Within these approaches, it is important that the creative health ecosystem is considered in the round, with resources directed to grassroots providers as well as the healthcare infrastructure that directs people to them to ensure long term sustainability.

Achieving this level of integration requires strong leadership across all levels of the system. In the next section we will explore examples of how this can be achieved, and the support required from national government to ensure that it can be replicated across the country.



***Quite often we try to commission for outcome, but we get those outcomes wrong. We don’t necessarily start with the people with lived experience, we follow what the system is telling us, and quite often those outcomes are not actually what matters to people”***

*Helen Sharp, Director, Ideas Alliance, Cost-effectiveness, Evidencing Value for Money and Funding Models Roundtable*