

Greater
Manchester
Integrated Care
Partnership



**The Greater Manchester
Creative Health Strategy**

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Mr Wilson's Second Liners, Stretford Public Hall. Photo: Phil Hyde.

Executive Summary

Greater Manchester has committed to becoming a creative health city region. This means that GM will be the first city region in the world to realise the power of creativity, culture and heritage in addressing inequities and improving the health and wellbeing of its residents.

Compelling evidence exists that engaging with creativity, culture and heritage helps us to lead longer, healthier, happier lives. Recognition of a relationship between the arts, culture, heritage, health and wellbeing is increasingly referred to as 'creative health'. This takes its name from a parliamentary report that began to consider how engagement with creativity, culture and heritage might improve health and wellbeing while also mitigating the social determinants of health and increasing equity. GM has long recognised that only a small percentage of health is generated via statutory health and care services and that we need to harness all the wider factors that contribute to our health and wellbeing, including access to creativity, culture and heritage.

Consideration of creative health includes both participation in creative activity and engagement with culture and heritage, formally and informally. It is not limited to the visual and performing arts, dance,

film, literature, music and singing but also embraces, for example, crafts, gardening, natural, built and intangible heritage and the culinary and digital arts. Engagement might take place at a concert hall, gallery, library, museum, theatre or park, or it might happen in a health or social care setting, local community space, or at home. Creative health embraces activities that can enhance health and wellbeing in both direct and indirect ways.

This strategy was commissioned by Greater Manchester Integrated Care (NHS GM). It builds on *A Social Glue*, which was commissioned from Dr Clive Parkinson as part of the three-year Great Place programme at Greater Manchester Combined Authority (GMCA). That research-informed polemic examined GM's long history of embracing creative health approaches and made a compelling case for GM to become the world's first creative health city region.

This strategy begins by considering some of the ways in which creative health can deliver against the 2022 Greater Manchester Strategy (GMS), helping GM to become a greener, fairer and more prosperous city region. In the process, it looks at the contribution of creative health to meeting some of the priorities identified for GM by the Institute for Health Equity and by the Independent Inequalities Commission – specifically, enhancing wellbeing and equity; focusing on people and communities; and emphasising preventative approaches.

Crucially, this strategy identifies key points at which creative health can help to mitigate the social determinants of health. It shows how creative health can make a significant contribution to GM becoming a Marmot city region. It also illustrates the alignment of creative health with NHS England’s priorities, including Core20PLUS5, and demonstrates how creative health supports the population-health focus of GM’s new Integrated Care Partnership (GM ICP), spanning the city region, which shares the goals of the GMS.

In sections arranged from birth to old age, this strategy illustrates how creative health approaches can contribute to reducing inequities across the life course. In the early years, creative health has a vital part to play in encouraging social, emotional and cognitive development, in preparing children for school and in reducing the attainment gap. Creative approaches can help us into work, improve our working lives, protect us from illness and assist in managing our long-term conditions. As we age, creative, cultural and heritage activities can keep us healthy, living at home and socially connected.

At all ages, creative health approaches can help to restore and maintain our mental health and wellbeing. We present progress on #BeeWell in GM’s schools and colleges, which encourages creative approaches to mental health and wellbeing among children and young people. We look at the prevalence of anxiety, depression and stress among the working-age population (accounting for half of all sick days taken) and point to the excellent GM-based organisations working to support mental health and wellbeing. We provide persuasive evidence of the contribution of creative health to wellbeing and social connectedness in older adults.

Many of the creative health approaches discussed in this strategy take a population-level perspective; others are aimed at particular health conditions and designed to integrate into specific clinical pathways. So, for example, evidence is presented that links creative and cultural activity with healthy life expectancy and enhanced wellbeing; illustrates the contribution singing can make to overcoming breathlessness and anxiety in people with Long COVID; shows dance helping to reduce falls, and therefore emergency hospital admissions, in older adults; and suggests that engagement with creativity, culture and heritage can help to tackle at least half of the known risk factors for dementia. Viewed as part of a broader prevention and early intervention strategy, creative health approaches can help to save money in health and social care and generate a social return on investment.

Taking account of the most fruitful areas in which creative health can help to realise GM’s strategic vision, areas of focus have been drawn up across the life course as follows.

CHILDREN AND YOUNG PEOPLE

- Early years creative activity in community settings (including nurseries)
- Reading aloud to children in community spaces (including libraries)
- Creative family activities within households experiencing high levels of deprivation
- Participatory arts activities for primary and secondary pupils both within and outside of school
- Promotion of mental health and wellbeing reading lists for children and young people
- Creative, cultural and heritage activities as an integral part of children and young people's mental health services
- Integration of creative health into children and young people's social prescribing services
- Data collection on the engagement of children and young people with creativity, culture and heritage

WORKING-AGE ADULTS

- Volunteering opportunities with the culture and heritage sectors as part of initiatives like GM Works
- Wider population engagement with creative health activities to support health and wellbeing as part of Live Well
- Creative health embedded in clinical pathways using evidence-based approaches, such as singing for Long COVID and dance for Parkinson's disease
- Creative health integrated into While You Wait plans, the While You Wait website and the While You Wait hub
- Creative health integrated into Adult Social Care initiatives that support people to Live Well at Home
- Creative health built into wellbeing initiatives for the health and social care workforce
- Data collection to assess the impact of creative approaches on adult physical and mental health.

OLDER ADULTS

- Creative health approaches for and with older adults in partnership with the GM Ageing Hub
- Localities supported to provide age-friendly cultural and heritage opportunities and participatory arts activities for and with older people
- Dance for falls prevention led by dance artists and organisations
- Creative, cultural and heritage activities promoted as part of brain health campaigns across GM
- Dementia United and dementia leads in each of the 10 localities use commissioning budgets to grow their creative health offer, involving people with dementia in developing activities
- Data collection to illustrate the impact of creative health on older adults.

This strategy provides a road map for the integration of creative health approaches into the daily lives of GM residents. It focuses on GM's assets – from excellent participatory arts organisations to world-class cultural venues and the built, natural and intangible heritage that makes up local communities. It argues for the greatest investment in the areas of greatest need.

Becoming a creative health city region will rely on a combination of targeted and universal approaches. Targeted approaches will involve matching GM's strategic goals and health and social care challenges with appropriate organisations and individuals. Universal approaches will rely on organisations and individuals being given 'permission' and the tools to think and act in creative health ways.



Screen printing, Manchester University NHS Foundation Trust, Lime Art. Photo: Lime Art.

Six immediate areas of work have been identified, through which GM can begin its journey to becoming a creative health city region. These are:

1. LEADERSHIP:

Identify strategic leadership at a GM level and develop leadership in localities, involving local government, health, voluntary, community, faith and social enterprise (VCFSE) and cultural sectors and communities.

2. KNOWLEDGE:

Facilitate access to information about creative health assets, methodologies and practice.

3. EVIDENCE:

Convene a creative health evidence hub that draws on the expertise of GM's academic institutions, data analysts and health experts and creates capacity to monitor the contribution of creative health approaches against the GMS and ICP strategies.

4. COMMISSIONING:

Create the conditions for investment in co-produced creative health programmes and interventions, particularly with and in deprived and marginalised communities, raising external funding where appropriate.

5. WORKFORCE DEVELOPMENT:

Provide networking and professional development and training opportunities for all those engaged with creative health across the health, care, VCFSE and cultural sectors.

6. COMMUNICATION:

Develop and deliver a communications strategy to promote the work taking place in GM under the banner of creative health.

The success of GM as a creative health city region will be measured by the following system outcomes.

- Creative, cultural and heritage opportunities and activities are accessible to GM residents, wherever and wherever they are, playing a part in people's daily lives at all ages and stages
- The demographics of those benefiting from creative health activities have diversified in accordance with a Core20PLUS5 approach
- Place leads, medical directors, directors of public health, general practitioners, link workers, social care and hospital staff are aware of, and regularly advocate for and commission, creative health activities across GM
- Increased and more sustainable funding has been achieved by GM for long-term creative health activities
- Research activity in creative health has increased and diversified
- GM is home to an informed, sustainable and properly remunerated creative health workforce
- GM plays host to an evidence hub that leads the way in evaluating the contribution of creative health approaches to health, wellbeing and equity
- GM is known as a creative health city region, locally, nationally and internationally.

These outcomes will be underpinned by wider population benefits as follows.

- More pre-school children are ready to begin their education
- The attainment gap has been reduced between children at different ends of the socio-economic gradient
- Residents of GM, including children and young people, have greater choice and access to services that can support their mental health and wellbeing in ways that they want
- Creative, cultural and heritage opportunities pave the way for more people to find work
- People are better able to manage their own health conditions
- Referrals to creative social prescribing and other community activities have increased
- Healthy life expectancy has increased across GM.

By adopting the recommendations of this strategy, every locality will be in a better position to offer well-resourced creative health activities across the life course; population health and wellbeing will improve; inequities will be reduced; and the people of GM will be better able to fulfil their potential.



Hula, The Circus House. Photo: Jamie Lowe.



Creative Health: A Social Glue

Music Café, Manchester Camerata. Photo: Duncan Ellis.

There has never been a more exciting time to live and work in Greater Manchester. In 2017, the leaders of the city region articulated a strategy to 'make Greater Manchester one of the best places in the world to grow up, get on and grow old'.¹ This bold vision sought to create the conditions in which everyone living and working in GM could fulfil their potential. In its refreshed version, the Greater Manchester Strategy (GMS) reaffirms this earlier vision and commits to creating a 'greener, fairer, more prosperous GM'.²

This strategy considers some of the ways in which a creative health approach can help GM to realise its vision.

Creative health is a way of thinking and working that recognises the potential of engagement with creativity, culture and heritage to enhance our health and wellbeing. It takes its name from a report by the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW), which was the result of a two-year inquiry that brought together a wealth of evidence to show how the arts can help:

- keep us well, aid our recovery and support longer lives better lived
- meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health
- save money in the health service and social care.³

The role of creativity, culture and heritage in health and wellbeing was one of four central themes of Great Place GM, a three-year programme funded by Arts Council England (ACE) and the National Lottery Heritage Fund (NLHF) to target areas of deprivation and low cultural engagement. As part of this strand of work, Clive Parkinson (honorary chair of creative health and social change at the University of Manchester and founder of the Manchester Institute for Arts, Health and Social Change) was commissioned to provide an assessment of GM's reputation as a world leader in the field of creative health. Dr Parkinson was asked to contextualise local practice within broader debates on the social determinants of health and to make a set of recommendations to GMCA and the former Greater Manchester Health and Social Care Partnership (GMHSCP) that would enable the city region to realise its longstanding commitment to creative health.

The report that arose from this work – *A Social Glue* – anticipated that the following would be needed to turn GM into the world’s first creative health city region:

1. Appropriate leaders identified to take this work forward
2. Creativity embedded across all areas of devolved health policy and strategic health plans
3. Communities coming together to design and deliver local creative health approaches
4. Creativity and culture envisaged as a vital part of a preventative approach, helping to achieve equity
5. Greater Manchester marketed as a UK centre of culture, health and social change
6. Support and training provided to creative practitioners working in health, social care and the community
7. Going beyond social prescribing and focusing on the most deprived and marginalised communities to help everyone to live well
8. Capturing evidence of improved health and social change that could inform local, national and international practice.⁴

The GM ICS Transition Programme Board committed to ‘building on existing GM expertise in Creative Health by actioning recommendations from the GM “A Social Glue” Report’.⁵ The GM Economy, Business Growth and Skills Overview and Scrutiny Committee agreed that part of its ‘strategic budget will also be invested into creative ageing and in arts and health activity, building on the recommendations of A Social Glue’.⁶

This strategy takes as its starting point the eight recommendations outlined in *A Social Glue*, illustrating how GM can fulfil its potential as a creative health city region. Consistent with the spirit and letter of the *Social Glue* recommendations, this strategy looks at various nodes at which creative health should be embedded into the nascent GM ICP strategy, and it considers how creative health approaches can help the city region to meet its priorities more broadly.

A Social Glue was accompanied by many and varied creative health case studies, published as *Parallel Narratives*, which show the range of GM practice already in existence. This strategy refers to a handful of local, national and international examples to illustrate some of the ways in which creative health approaches can aid GM in achieving its goals.

This strategy concludes with six tangible areas of work that will begin GM’s journey to becoming a creative health city region. System leaders and everyone responsible for realising GM’s strategic vision are encouraged to consider how these areas of work can be advanced and how creative health approaches can help to foster a greener, fairer, more prosperous city region.



Cap and Dove, Bury Market. Photo: Richard Tymon.



Creative Health and the City Region

Brighter Sound. Photo: Rachel Bywater.

The GMS identifies as a priority the improvement of mental and physical health and the reduction of health inequalities. This priority is shared with the new GM Integrated Care Partnership (ICP), which will provide system leadership for health and social care across the city region.



As the GM ICP strategy is being drawn up, this strategy makes the case that creative health is vital to fostering a city region in which everyone can live a good life, and it shows how creative health approaches can improve mental and physical health and help to tackle inequities.

In developing the GM ICP strategy, a shared outcome has been identified of striving for 'A Greater Manchester where everyone has 'A fair opportunity to live a good life'.⁷ This translates into four shared commitments as follows.

- A. Ensure our children and young people have a good start in life
- B. Support good work and employment
- C. Enable local environments which support good health for everyone
- D. Play a full part in tackling poverty and long-standing inequalities

This strategy illustrates the ways in which creative health approaches can help the GM ICP to meet these commitments, while contributing to GM's journey to becoming a Marmot city region.

EQUITY AND WELLBEING

Among its population of 2.8m people, GM is witness to some of the lowest life expectancy in England, with differences between the most and least deprived areas of 9.5 years for men and 7.7 years for women.⁸ One of GM's overarching objectives is to overcome inequalities within the city region, and between the city region and the rest of the country. An important aspect of this work will be increasing healthy life expectancy. As *A Social Glue* discussed, an evidence review centred on the Nordic countries suggests that cultural attendance paves the way to longer lives better lived.⁹

Acknowledging that 'access to health care only accounts for around 10% of a population's health, with the rest being shaped by socio-economic factors',¹⁰ the GM ICP will transform population health,¹¹ focusing investment on tackling the wider determinants of health.¹²

In 2020, the Institute of Health Equity (IHE), led by Professor Sir Michael Marmot, published an update on the 2010 *Marmot Review* of health inequalities in England, which included a parallel report dedicated to GM.¹³ The IHE followed this with a detailed analysis of how GM could become a Marmot city region by tackling inequalities across the life course, published as *Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives*.¹⁴ The GM mayor has committed to establishing a Marmot city region, reducing inequalities and signing up to the Build Back Fairer Charter.

The IHE's GM report made passing reference to the arts being part of GM's Ambition for Ageing.¹⁵ Marmot endorsed *Creative Health*, saying that 'The mind is the gateway through which the social determinants impact upon health, and this report is about the life of the mind. It provides a substantial body of evidence showing how the arts, enriching the mind through creative and cultural activity, can mitigate the negative effects of social disadvantage. *Creative Health* should be studied by all those commissioning services'.¹⁶

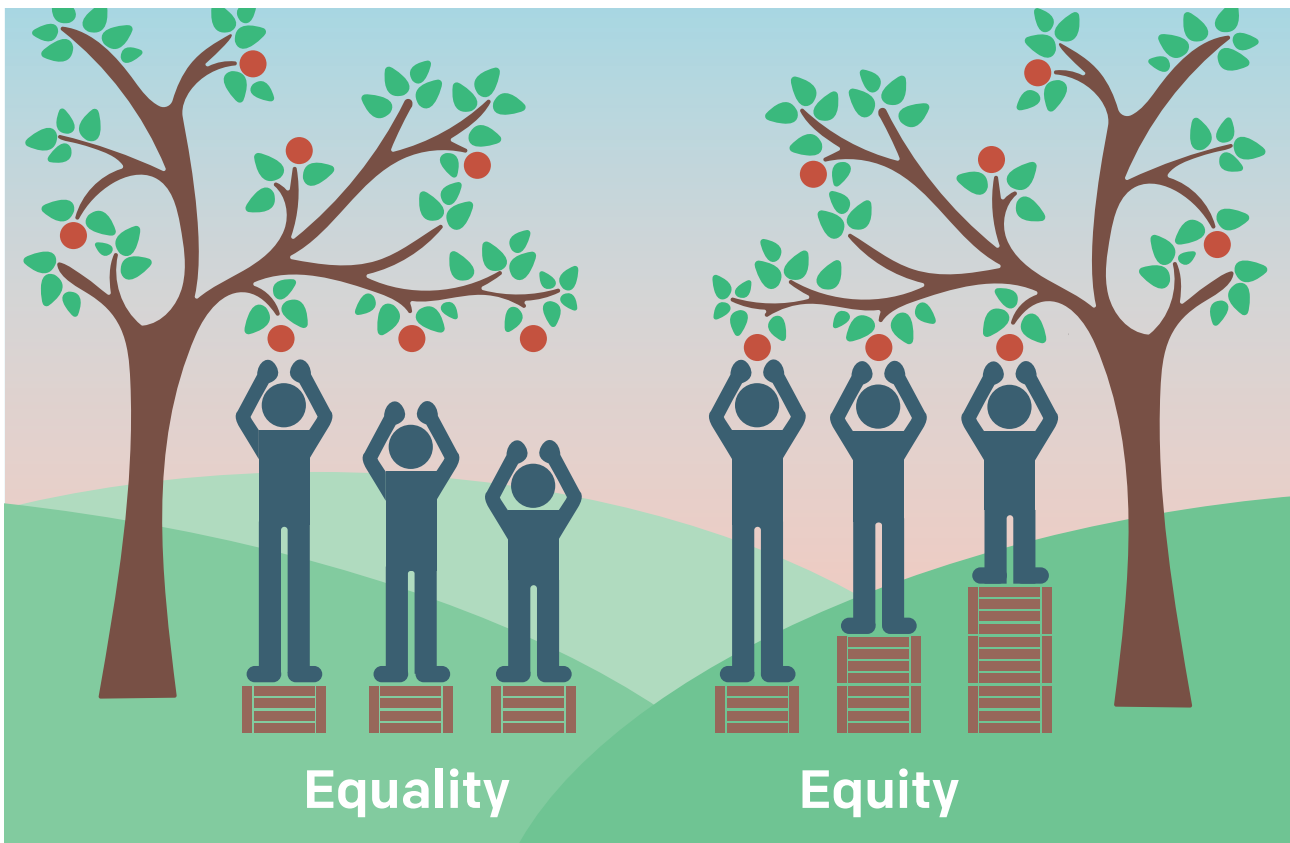
Greater Manchester Independent Inequalities Commission
Model of Interacting Inequalities



Greater Manchester independent Inequalities Commission, Model of Interacting Inequalities, 2021.

The Independent Inequalities Commission (IIC), which reported in 2021, helps us to understand how different inequalities interact.¹⁷ This shows the main socio-economic inequalities to be centred on: housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity; and access to care and support. Creative health has a part to play in all these areas.

A 2019 review of 900 research papers conducted for the World Health Organization (WHO), linking the arts to improved health and wellbeing, found that, amongst other things, creative health could 'affect the social determinants of health'.¹⁸ In dedicated sections spanning the life course, this strategy considers some of the ways in which creative health approaches interact with the social determinants of health to enrich environments, enhance education and employment, increase participation, create connections and contribute to greater equity.



Equality Does Not Mean Equity.

The GMS acknowledges that the ‘inequalities experienced by Greater Manchester’s communities are entrenched, systemic and intergenerational’.¹⁹ In a bid to address these inequalities, the IIC recommended that GM’s NHS organisations, the GMCA and GMHSCP focus their energy and resources on attaining two main goals: equality and wellbeing.

Like the GMS, this strategy makes a distinction between equality and equity, whereby the former assumes a level playing field and the latter acknowledges that greater help will be needed by those with greater challenges to overcome. Rather than just targeting the most deprived, the IHE and others advocated the distribution of resources on a sliding scale across the social gradient, which Marmot calls ‘proportionate universalism’.²⁰

Similarly, Public Health England (PHE, now OHID) recommended that ‘resources should be allocated proportionately to address the levels of need for specific communities or populations to achieve equitable outcomes for all’.²¹ As such, we echo the GMS’s commitment to providing support to the ‘people and places that need it most’.²²

The Taking Part survey of cultural and sporting engagement – carried out by the Department for Digital, Culture, Media and Sport (DCMS) and partners since 2005 – has consistently shown that the majority of people who visit museums and galleries are prosperous, healthy, well-educated professionals in the 55 to 74 age range, who also visited museums and galleries when they were young. When it comes to participating in creative activities, the picture is the same in terms of education,

health and occupation, with the older generation being joined by those aged between 16 and 19 years and both age groups having been encouraged by their parents to be creative. In both attendance and participation, ethnicity is a factor, with museum and gallery visitors unlikely to be black or Asian and arts participants most likely to be white. GM is ethnically diverse while also being witness to higher levels of deprivation and lower levels of cultural engagement.

In direct contrast to the usual demographics of publicly funded arts, people 'prescribed' creative health activities are invariably experiencing poor health. In a reciprocal relationship, the arts provide a route to better health and wellbeing while health provides a route to the arts that can help to overcome persistent inequalities of access. In this way, creative health conforms to the model of proportionate universalism and supports NHS England (NHSE)'s Core20PLUS5 impetus to reach the most deprived 20% of the population.²³

In relation to the five areas of clinical focus identified in Core20PLUS5, creative health has a part to play in both the maternity and post-partum care of women of colour and the treatment of severe mental illness. Of the mothers experiencing postnatal mental distress who took part in the Creative Families participatory arts programme – co-produced by Southwark Council's Parental Mental Health Team and South London Gallery – 72% identified as non-white British. The Alchemy Project – a co-production between South London and Maudsley Hospital's early intervention in psychosis team and Dance United – used dance to alleviate the symptoms, and medicinal side effects, of severe mental ill health in an ethnically diverse population.

Also consistent with Core20PLUS5 objectives, creative health has a part to play in chronic respiratory disease (see the consideration of Long COVID in a later section).

When it comes to wellbeing, which is intrinsically linked to health, the IIC argued persuasively that:

Wellbeing encompasses all the things that enable people to have good lives. It is as much about a good environment, for example having access to parks and green spaces, as it is about optimal health and accessible health and social care services. Wellbeing means having a good standard of living, living in a vibrant community where cultural diversity is respected and cultural expression encouraged. Wellbeing is about the work you do (paid or unpaid) and the places you do it in and being able to balance work and other important things in life, such as time with family and friends. Wellbeing is your physical, psychological, and spiritual health. Wellbeing is about opportunities for participation and self-determination, being governed well and having your voice heard.²⁴

In accepting the recommendations of the IIC, the GM mayor situated the promotion of wellbeing at the heart of work being carried out in the city region, deeming this a priority for all public services. The first shared outcome of the GMS seeks:

- A Greater Manchester where our people have good lives, with better health, better jobs, better homes, culture and leisure opportunities and better transport.
- A Greater Manchester of vibrant and creative communities, a great place to grow up, get on and grow old with inequalities reduced in all aspects of life.²⁵

These goals hint at a role for creativity, culture and heritage in achieving wellbeing. A study conducted within deprived London communities found that, of those people who engaged with the arts, 82% enjoyed greater wellbeing.²⁶ The life-course sections below provide examples of creative health approaches enhancing wellbeing at all ages and stages.²⁷

Delving deeper into the 17 proposals the IIC made to enhance equity and wellbeing, we find a focus on 'activities that build social skills, confidence and resilience'.²⁸ These keywords will be familiar to anyone advocating creative health approaches, from arts on prescription to arts therapies.

Professor Sarah Colvin at the University of Cambridge has described how the collaborative aspect of participatory creative projects builds social skills; develops empathy and trust; encourages mutual support, emotional openness and self-reflection; and enables interpretation of

the thoughts of others.²⁹ Inspiring Minds, run by START in Salford, offers members a range of creative health activities combined with a personalised support and recovery package designed to build confidence, resilience and self-esteem.³⁰

The COVID-19 pandemic illustrates that people at the lower end of the social gradient were less resilient to serious illness. The GMS identifies poverty, social inequity and polluted environments as chronic stressors. Socio-economic disadvantage, and the chronic distress it causes for children and adults, has a negative effect on the body's physiology. A leading Swedish epidemiologist, Professor Lars Olov Bygren, considers arts engagement as a form of environmental enrichment that can mitigate distress and contribute to better health.³¹ By committing to creative health, a post-pandemic GM will reduce chronic stress and bolster the population's ability to overcome extrinsic health threats.

The IIC also drew attention to the two main deficits that underpin inequalities – imbalances in power and resources. Creative health enhances a sense of 'agency or control over the things that matter' while encouraging access to public resources.³² During the course of the APPGAHW's Inquiry, a range of first-hand benefits was attributed to creative health, including increasing control over our life circumstances. Research backs up this anecdotal evidence, with a 2015 review of social prescribing projects finding that improvements in mental health and wellbeing were accompanied by a greater sense of control and empowerment.³³



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Conversation Corner, Art with Heart. Photo: Joe Smith

PEOPLE AND COMMUNITIES

The GMS recognises the power of people and communities in driving change. When considering the creation of excellent public services, the IIC advised that ‘Treating people as whole human beings rather than labelling them (as unemployed, mentally ill etc) [...] must become the norm across the system’.³⁴ Similarly, GM’s clinical champion for personalised care, the Stockport-based GP Dr Jaweeda Ido, argues that ‘We can only begin to respond to people’s needs when we consider them a person who is much more than their illness or condition, removing the organisational boundaries that try to fit them into predefined services and pathways’.³⁵

Such personalisation is consistent across the approaches being proposed for GM, including the Greater Manchester Model for ‘integrating services around people, places and their needs’, which seeks ‘to focus on names not numbers, and people not labels’.³⁶ As *A Social Glue* shows, the field of creative health is replete with strategies for humanising public services and departing from a one-size-fits-all approach.

Build Back Fairer advised that GM’s leaders ‘Further involve communities in the design and delivery of interventions to support their health and wellbeing’.³⁷ Similarly, the IIC recommended ‘involving [residents] in co-designing and delivering services’.³⁸ *A Social Glue* suggests that ‘The best scenario one can imagine is one in which the tools to produce these health-enabling opportunities are in the hands of the communities themselves, informed by slower conversations in constructive dialogue with those employed in the sector, from link workers to artists’.³⁹

A project undertaken as part of Sunderland’s work as a Heritage Action Zone (with funding from Historic England, Sunderland Council and the Great Place programme) focused on food, heritage and creativity in isolated former mining communities and enabled commissioning to become more community-led.⁴⁰ In becoming a creative health city region, GM must work closely with communities to co-design and co-produce initiatives.

The Core20PLUS5 approach targets marginalised (PLUS) groups beyond the most deprived 20%.⁴¹ In the words of the late creative health researcher Mike White, 'good relationships are a major determinant of health'.⁴² By contrast, being marginal in society – through age, disability, class, race, ethnicity, sex, gender, educational or housing status or experience of the criminal justice system – has a negative effect. Marginalised people are at greater risk of developing mental health problems than people with social support.⁴³

Advising a 'specific focus on groups who face particular oppressions or injustices because of their identity', the IIC acknowledged that a 'more supportive, person-centred approach [is] often led by grassroots organisations which are best placed to reach and support marginalised people'.⁴⁴ Person-centred arts engagement – often led by grassroots organisations – is vital to building good relationships, and people from marginalised communities are well represented in creative health activities.

The *Creative Health* report provides details of projects involving minority ethnic communities, refugees and people who have encountered the criminal justice system. The Men's Room, a Manchester-based arts and social support charity, works on a range of creative projects with young (18-30) marginalised men and trans people who have experience of homelessness, sex work and the criminal justice system.⁴⁵ Mark Prest and Clive Parkinson have been undertaking creative work around substance use in GM.⁴⁶

Another example of person-centred creative health is provided by approaches to dying well. A leading creative health advocate in palliative care, Nigel Hartley, has observed that 'The fact that the arts move us physiologically, psychologically and emotionally' makes them 'important tools when dealing with common responses to a terminal illness such as depression, lack of meaning and direction, and fear of the future'.⁴⁷

GM has consistently included the arts in palliative and end-of-life care. GM ICP collaborated with the Whitworth Art Gallery and public awareness group Dying Well to stage *The Art of Dying*, a festival that aimed 'to help people speak more openly about dying, death and bereavement'.⁴⁸ SICK! Festival, staged in Manchester since 2015, presents creative responses to failing health. Death has been a recurring theme, from suicide⁴⁹ to the absorption of bodies into the earth.⁵⁰ In 2017, audiences were invited 'to contemplate death, reflect on life, and share their personal aspirations in public'.⁵¹ In 2019, a week of activities explored the end of life.⁵² Creative health activities have also been offered to people working in palliative and end-of-life care.

UNLOCKING SOCIAL VALUE

Build Back Fairer noted that 'Embedding social value into commercial and public services operations is an important strategy to reduce health inequalities'⁵³ and recommended that 'Health and social care act as leaders in social value commissioning and work in partnership across local authorities'.⁵⁴ The Centre for Local Economic Strategies (CLES) showed that, if GM's health and social care system adopted a social value approach, this would unlock more than £65m each year to drive wellbeing and equity goals.⁵⁵ Building back fairer will see priority being given to social value in public-sector commissioning, and a Social Value Framework has been devised for GM.⁵⁶

Creative health unlocks the social value of creativity, culture and heritage. DCMS acknowledges 'considerable evidence of the social value of arts and culture, with positive associations being drawn between participation in arts and improved physical and mental health'.⁵⁷ In 2011, South West Yorkshire Partnership NHS Foundation Trust set up Creative Minds to promote creative engagement to improve health and wellbeing.⁵⁸ For every £1 invested in Creative Minds, a social return on investment (SRoI) of £4 has been calculated.⁵⁹ In St Helens, an arts-on-prescription service has demonstrated a SRoI of £11.55 per £1.⁶⁰ As health and social care come together in GM, creativity, culture and heritage will have an intrinsic part to play in improving individual and community mental health and realising social value.

AN EMPHASIS ON PREVENTION

The GMS pledges to 'increase the proportion of our work that focuses on prevention, identifying and responding to root cause issues'.⁶¹ Such a future-orientated approach entails a commitment to 'share expertise and evidence of the success of prevention approaches and continue to build capacity and partnerships to further develop these approaches'.⁶² Similarly, the GM Model emphasised 'focusing on prevention, developing new models of support'.⁶³ This strategy understands creative health activities as public services that are integral to a person-centred, place-based population health system centred on prevention and novel methods.

GMHSCP recognised that establishment of the GM ICP and an emphasis on population health provided an opportunity to shape the way in which clinical services were delivered, reorientating the system 'towards a social-medical approach with prevention at its heart'.⁶⁴ The *Creative Health* report provided a range of examples of the arts that help to prevent health problems from beginning or worsening. In subsequent sections of this strategy, we look at some of the ways in which upstream investment in creative health can help to promote the health and wellbeing of GM's citizens, reducing downstream costs.



There is a Bright Light, Contact Young Company. Photo: Joel Chester Fildes.

EVIDENCE-BASED APPROACHES

The GMS commits to 'Employing robust quantitative and qualitative evidence-based approaches' in setting priorities. As a whole, the creative health evidence base is broad and persuasive; this strategy refers to a small proportion of the available research.

Following the publication of *Creative Health*, the APPGAHW worked with the following specialist bodies to produce briefings that drew together evidence relevant to their respective fields:

- The Association of Directors of Public Health
- The Local Government Association
- The National Council of Voluntary Organisations
- The Social Care Institute for Excellence
- The What Works Centre for Wellbeing

Similar tailored evidence should be provided to decision-makers in GM.

The current gaps in creative health knowledge are centred on two main areas, which GM can lead the way in addressing. Firstly, there are insufficient studies of the contribution of creative health approaches to mitigating inequities. Secondly, we lack detailed insights at a locality level.

The evolution of GM as a creative health city region will permit the gathering of data in priority areas, which will have local, national and international significance. It is anticipated that this endeavour will attract significant funding from the UK's research councils and relevant trusts and foundations.

Let us look now at how creative health approaches can enrich the environments in which the people of GM are born, grow, live, work and age.



Dominoes and Dahlias, Royal Exchange Theatre. Photo: Joel Fildes.



Children and Young People

Little Artists, Cartwheel Arts. Photo: Katie King.



Big Imaginations Festival, Z-Arts. Photo: Lizzie Henshaw.

In 2017–18, approximately 250,000 children in GM were living in poverty after housing costs.⁶⁵ The GMS states an intention to ‘prioritise work with children and young people’.⁶⁶ Let us look at how creative health approaches can help to change the fortunes of GM’s quarter of a million impoverished children.

EARLY YEARS AND SCHOOL READINESS

The early years are crucial to fostering the cognitive and socio-emotional skills that serve children well later in life. The Population Health System of the GM ICP has committed to the Marmot principle of giving children and young people a good start in life, with a specific focus on the early years and school readiness.⁶⁷ As is already evident in GM, creative health can have a central role in aiding early-years development⁶⁸ and school readiness.

Working with the Manchester Health Visiting Team and Sure Start, Manchester Art Gallery delivers creative health and education services for 0 to 5 year-olds.⁶⁹ The Make and Believe programme for toddlers at Z-Arts in Hulme uses arts, crafts, stories and song as a crucial part of early-years development.⁷⁰ A member of the GM Music Hub – Trafford Music Service – offers infant musical provision at a cost of £7 per session plus £30 termly instrument hire.⁷¹

Every child born in Manchester and Salford in January 2023 will be celebrated by a beam of light being cast into the night sky by artist Luke Jerram as part of the five-year First Breath project by Manchester International Festival. Participating families will be given a baby box containing creative materials and access to cultural experiences, 'connecting a new generation through culture and exploring how art can be woven into daily family life from birth'.⁷²

One in three (12,000) of GM's children at the end of early years foundation stage is not ready for school.⁷³ *Build Back Fairer* recommended 'further support for early years settings in more deprived areas, including additional support for parents',⁷⁴ and the mayor has pledged to continue successful work with councils on school readiness. The GMS commits to supporting 'children and young people to be good learners, with any necessary family help, education recovery, wrap-around provision and health and wellbeing needs being met'.⁷⁵

Creative health activities are known to help pre-school children to acquire 'school readiness skills through early learning, music, creative movement, and visual arts classes'.⁷⁶ In 2022, Cartwheel Arts worked with early-years children from refugee and asylum seeking communities and cared-for children to co-create a resource called Little Artists: Big Box of Creativity. This has been distributed free of charge at in-person sessions in Rochdale and Bury.⁷⁷

It has been found that 20,000 fewer words *per day* are addressed to children from deprived backgrounds than their wealthier counterparts, which compromises their linguistic development.⁷⁸ The ability to understand verbal and written materials

is crucial to learning, which, in turn, informs health. A wealth of evidence demonstrates a link between reading aloud to children and greater literacy and comprehension, informing such initiatives as Read On Get On and the Book Trust's guidance on reading aloud.⁷⁹

Funded through the GMCA culture fund and Manchester City Council's Neighbourhood Investment Funds, Manchester Literature Festival's Little Reads project involves reading, creating stories, imaginative thinking, creative play, craftwork, singing and dancing in libraries across GM. Workshops are fully inclusive and aimed at developing important foundation skills, encouraging parents and carers to engage with their children's learning and fostering a love of reading and learning in preparation for starting school.⁸⁰

The IIC identified two priority areas for post-pandemic action in reducing inequities: housing and education. These two priorities are connected, with poor housing acting as an impediment to school readiness and learning.

At the time of the 2011 census, 8.2% of households in GM were overcrowded, compared to an English average of 6.6%.⁸¹ In London, the Creative Homes team provides creative experiences to children under five in households in receipt of income support. Trained artists – including storytellers, dancers and musicians – share with families skills that directly tackle the stresses of daily life. An analysis of Creative Homes showed a 64 percent improvement in the quality of household routines as a prelude to school.⁸² GM would benefit from a similar approach in deprived and overcrowded homes.

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

The mental health of children and young people is deteriorating.⁸³ In 2017, one in nine children aged between six and 16 was identified as having a probable mental disorder; by 2020–21, this had increased to one in six; in the 17-19 age band, rates increased from one in 10 to one in six over the same period.⁸⁴ Between April and June 2021, 80% more children and young people were referred to mental health crisis services than over the same period the previous year.⁸⁵ Disadvantaged children and adolescents are between twice and three times more likely to develop mental health problems than their more affluent peers,⁸⁶ and linguistic inequities have a bearing on the effectiveness of talking therapies.

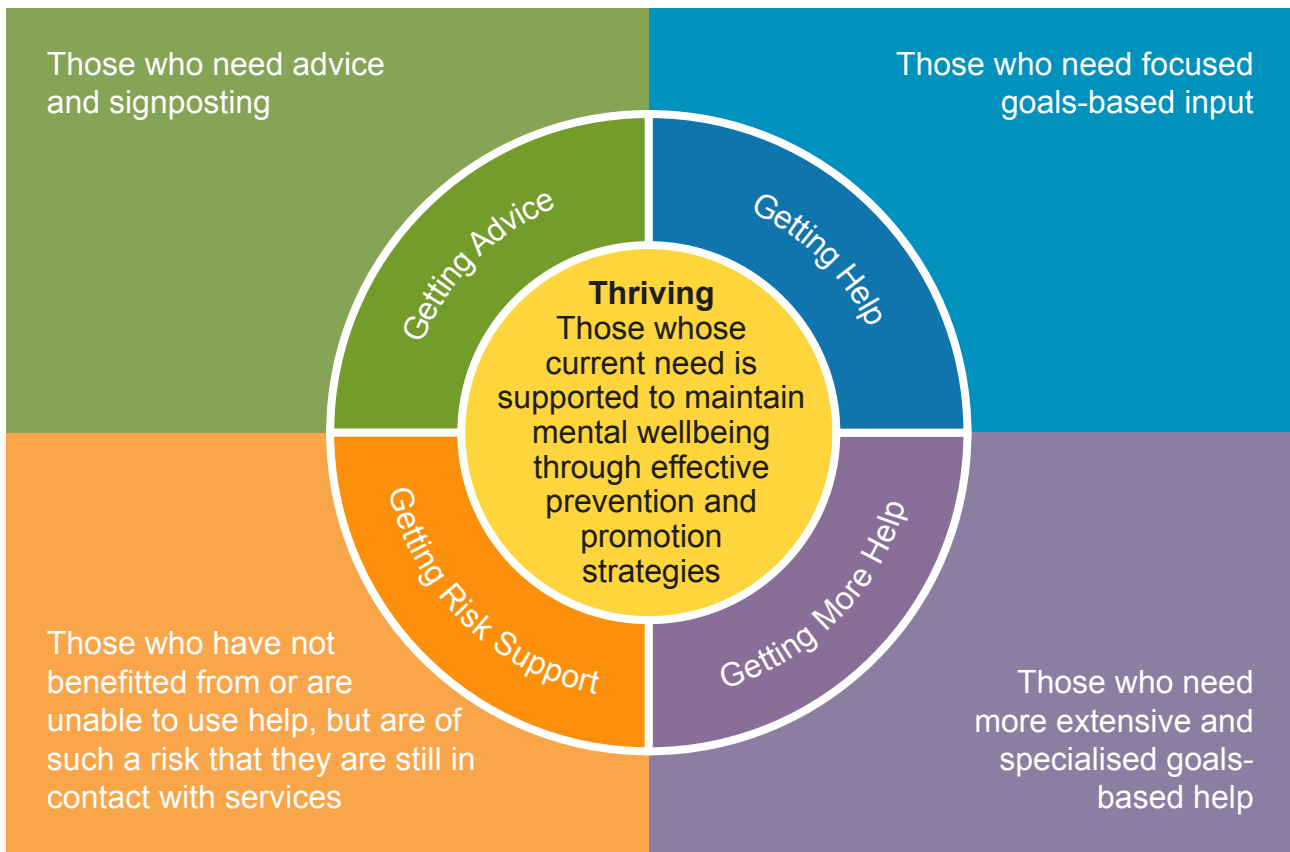
Build Back Fairer discerned that 'A significant acceleration is needed in the provision of mental health services for young people and in programmes to support mental health in schools'.⁸⁷ Before looking at creative health approaches in GM schools, let us consider some of the evidence linking creative and cultural activities in the community with the mental health of children and young people.

In 2021, the Centre for Cultural Value in Leeds reviewed 20 studies looking at the impact on the mental health of young people (aged 11-25) of creative programmes outside school. This review found that 'Overall, the qualitative data paints a very positive picture for the value of arts and culture, specifically music, in supporting the mental health and wellbeing of young people. In particular, the research highlights the role of arts and cultural experiences in helping young people to build their confidence and self-esteem'.⁸⁸

Close analysis showed that:

On a deeper level, young people reported that taking part enabled them to cope with difficult feelings and acted as a distraction from negative thoughts. Music composition and lyric writing in particular, offered young people an outlet without directly relating it to their own personal experiences. The ability to use music composition as a method to cope with challenging circumstances and reflect on trauma was observed, with three studies reporting a reduction in self-harming behaviour. This was particularly linked to hip hop and rap genres.⁸⁹

The Leeds review found that group creative activities built a sense of trust, respect and teamwork and led to feelings of connection within peer groups and with creative practitioners who showed empathy towards the challenges faced by young people. Participation also broadened horizons, and 'post-engagement some young people enrolled within further educational opportunities or engaged better with school, while others aspired to work within creative and cultural industries'.⁹⁰



The THRIVE Framework.

Between January 2017 and January 2021, Hampshire Cultural Trust and Hampshire Child and Adolescent Mental Health Service ran the ICE (inspire–create–exchange) Project, working with professional artists to encourage young people to engage with their mental health through creative and cultural activities. The project was evaluated using a range of methods and found that engagement with the arts contributed to improved wellbeing through increased confidence; self-esteem; social inclusion; focus and concentration; fun and relaxation.⁹¹ Interested readers are directed to a series of short videos made about the ICE Project, which feature young people sharing their experiences of taking part.⁹²

Under the present mental health system, 30% of children and young people make measurable improvement in both symptoms and functioning; 30% have some improvements in either functioning or symptoms; 30% do not improve and one in 10 do not engage.⁹³ In GM, children and young people’s mental health services are being transformed using the national THRIVE Framework for system change.⁹⁴ This is seeing a move away from a traditional tiered model, based on the severity of mental health diagnosis, to a needs-led and whole-system model of accessing advice, help and risk support. The new framework also focuses on maintaining mental wellbeing through effective prevention and promotion strategies.

Implementation of the THRIVE Framework (known as i-THRIVE) encourages greater collaboration between services and a focus on local assets.⁹⁵ It also includes a broadening of definitions around what or who might count as mental health support. This is where creative health comes in, and GM is the only THRIVE location in England to have made the arts and culture integral to its way of working.⁹⁶

As a result of the Great Place scheme, clinical psychologist Dr Katherine Taylor leads an Arts, Culture and Mental Health Programme for GM i-THRIVE,⁹⁷ exploring the feasibility of embedding arts-led provision within existing care pathways, broadening the mental health offer for children and young people and developing the evidence. This has involved brokering partnerships between NHS providers and arts/cultural organisations and setting up three 12-week 'proof-of-concept' projects that brought arts and mental health practitioners together with children and young people on the mental health waiting list to take part in visual/performing arts sessions.

These sensitively executed pilots proved successful, with all three projects leading to commissions on a longer-term basis, while also exposing some of the barriers to participation on the part of health workers and young people. The GMCA culture team has pledged to 'build on [this] work with GM i-THRIVE to develop a creative mental health offer for children and young people which can be delivered in partnership with the cultural sector'.⁹⁸

There is an urgent need for further creative, cultural and heritage initiatives that respond to extended waiting times for mental health services, including those for children and young people, which will continue to be a major challenge in the coming years.

The Arts, Culture and Mental Health Programme also entailed devising and implementing an NHS-appropriate GM i-THRIVE Youth Mental Health Arts and Culture Evaluation Kit, for use by the arts sector. The evaluation kit employs a short version of the Warwick-Edinburgh Mental Wellbeing Scale (sWEMWBS) alongside the Outcomes Rating Scale, a routine outcome measure used in the NHS; the evaluation kit is now in use by more than 80 organisations across GM, albeit in an atomised way that does not allow comparison of data.⁹⁹

By way of concluding this consideration of creative mental health and wellbeing in the community, we know that the majority (67%) of young people would prefer to access mental health support without having to see their GP.¹⁰⁰ Reading Well – run by the Reading Agency in partnership with Libraries Connected and ACE – provides reading lists to public libraries across England as part of a wider books-on-prescription scheme. The programme is supported by a range of professional health bodies including NHSE and the Royal College of General Practitioners (RCGP). Two of the lists focus on the mental health and wellbeing of children and young people,¹⁰¹ and DCMS has contributed £3.5m to enable every library in England to purchase the books on the lists.¹⁰² This is a valuable, non-medicalised way of understanding and preserving mental health and wellbeing that needs to be well publicised across GM.



Slime Making, Wigan Steam. Photo: Ryan Connor

CREATIVITY AND EDUCATIONAL ATTAINMENT

Education is one of the determinants of health, but the benefits of education are unevenly distributed across the social gradient.¹⁰³ Children born into families enjoying a high socio-economic position are able to maintain high grades at school or improve their grades over time from a lower starting point, whereas the performance of high-scoring children from poorer backgrounds tends to diminish over time, and their lower-scoring counterparts show little improvement.¹⁰⁴

The IIC noted that 'A great education and access to activities is vital for ensuring every child and young person gets the best start in life but the pandemic has highlighted how unequal this access is'.¹⁰⁵ *Build Back Fairer* advocated a focus on low educational attainment, recommending a preventative approach where possible.

A scoping study conducted by the Third Sector Research Centre – involving three British universities in partnership with Creative Lives, with funding from the Arts and Humanities Research Council (AHRC) – found that participation in creative activities:

- develops learning performance in formal settings with participants demonstrating an increase in literacy, verbal and communication skills
- leads to the development and creation of knowledge and technical skills specific to those activities and also to transferable skills in other fields and potentially employment
- can contribute to understandings of contemporary related but tangential issues to the art form itself that emerge from discussion and debate within their specific field or arts group
- develops an awareness of the international scope of the specific field, leading to the building of international social networks and sometimes to travel abroad, extending participants' experience of other cultures and customs
- develops literacy skills among those who are no longer in formal learning settings
- develops opinions and skills in argument and debate
- develops skills in improvisation and experimentation frequently resulting in new discoveries and innovation.¹⁰⁶

This evidence review is featured on the website of the National Institute for Health and Care Excellence (NICE), which produces guidance for clinicians.¹⁰⁷ CLES has observed that 'students from low income families who take part in arts activities at school are three times more likely to get a degree than children from low income families who do not'.¹⁰⁸

There is governmental recognition of the educational value of the arts, with the 2016 Culture White Paper acknowledging that 'being taught to play a musical instrument, to draw, paint and make things, to dance and to act' is an important part of every child's education.¹⁰⁹ A 2017 report noted that cultural learning had a vital part to play in addressing inequalities in educational attainment and health.¹¹⁰ But, in the decade between 2010 and 2020, the number of young people taking arts subjects for GCSE decreased by 37% (and by 30% at A level).¹¹¹

The GMS commits to ensuring that children and young people have the opportunity to enjoy the benefits of cultural activities. GM initiatives, such as school-based social prescribing, provide opportunities to extend arts participation in schools, and there is potential to work in close cooperation with the GM Music Hub and similar organisations across other art forms.

GM benefits from several dynamic Local Cultural Education Partnerships (LCEPs) – place-based groups of experts working to improve cultural education for children and young people – which are supported in their initial stages by Curious Minds, a North West charity committed to ensuring all children and young people have access to creative and cultural opportunities.¹¹² As one example, Salford LCEP is funded by DCMS to run Stage Directions, offering creative theatre-making sessions to children and young people across the city.¹¹³ Evaluation, undertaken by BOP Consulting with data provided by the Audience Agency, commended the programme for its approach to co-creation.¹¹⁴ GM's LCEPs are well placed to lead on meeting some of the creative health priorities for children and young people identified in this strategy.

CREATIVITY, MENTAL HEALTH AND WELLBEING AT SCHOOL

GM is leading the way in understanding the wellbeing of children and young people.

In the autumn of 2021, as part of a three-year £2m collaboration between GMCA, the University of Manchester and the Anna Freud Centre, #BeeWell surveyed almost 40,000 (60%) year 8 and year 10 pupils (aged 12 to 15) about their wellbeing.

This showed that the average psychological wellbeing score of young people across GM (gathered using sWEMWBS) was 23.1, which is lower than the national average for 11 to 16 year-olds (24.6).¹¹⁵ Wave one of the survey revealed statistically significant differences in wellbeing between those young people who identify as heterosexual and gay/lesbian, bi/pansexual and transgender young people.¹¹⁶

The #BeeWell survey also captures young people's participation in arts, culture and entertainment at a neighbourhood level. Categories include: going to the cinema or theatre; singing in a choir or playing in a band or orchestra; reading for pleasure; drawing, painting or making things; visiting galleries or museums;

and pursuing other creative hobbies.

Published as an interactive dashboard, this provides baseline data for young people's creative health engagement across GM.¹¹⁷ It also allows associations to be drawn between arts/cultural engagement and wellbeing and for comparisons to be drawn with i-THRIVE psychological wellbeing data.

The #BeeWell Champions pilot is a social prescribing partnership between GMCA and GMHSCP, funded by GM Mental Health in Education and BBC Children in Need. Across five GM neighbourhoods, year 9 and 10 pupils are being trained to offer peer support at their schools and act as a source of information about social, cultural and natural resources in their communities. Each neighbourhood is being given £20k to co-commission activity that supports mental health and wellbeing. Champions will also co-design a GM-wide campaign, and the results of the project as a whole will be evaluated according to widely accepted measures.

TRANSITION BETWEEN MENTAL HEALTH SERVICES

The Department of Health and Social Care acknowledges that far too many young people are lost to the system as they make the transition to adult services.¹¹⁸ This 'cliff edge' disproportionately affects vulnerable and disadvantaged young people, whose exposure to stressful life events are a common cause of relapse.¹¹⁹

In GM, 21 further education colleges engage with 80% of all 16 to 18 year-olds. They are in a strong position to support young people, via enrichment programmes and activities with and for young people. Mental health has been identified as a key concern by college staff, by young people and by voluntary sector organisations supporting them.¹²⁰

A GM college social prescribing pilot has brought staff from seven colleges together with primary care networks and voluntary and community-based organisations to support the health and wellbeing of young people. College staff were offered training in mental health awareness, social prescribing and cultural commissioning. Each college had nominated Social Prescribing Champions, who were able to identify when and how to refer young people to link workers or other support services. Colleges received a commissioning pot of £5,000 and support for students to co-commission activity, either on site or in local venues. Two colleges in the pilot have gone on to employ dedicated young person link workers with support from public health teams in their localities.



Escape Room, KIT Theatre. Photo: Richard Tymon.

PRIORITY AREAS OF FOCUS FOR CHILDREN AND YOUNG PEOPLE

- Early years creative activity in community settings (including nurseries)
- Reading aloud to children in community spaces (including libraries)
- Creative family activities within households experiencing high levels of deprivation
- Participatory arts activities for primary and secondary pupils both within and outside of school
- Promotion of mental health and wellbeing reading lists for children and young people
- Creative, cultural and heritage activities as an integral part of children and young people's mental health services
- Integration of creative health into children and young people's social prescribing services
- Data collection on the engagement of children and young people with creativity, culture and heritage (type and effect).



(allowing
~ self ~
expression)

MENTAL
+ HEALTH +
SUPPORT
is a
HUMAN
RIGHT

i am all that remains

The Future Is Ours, The Horsfall. Photo: Audrey Albert.



Working-Age Adults

Indian Dance Workshop, Lime Art and Milap. Photo: Lime Art.

In this section, we consider ways in which creative health approaches can help to meet some of the challenges faced by adults of working age who live and work in GM.

GETTING INTO WORK

Employment is a determinant of health. Almost a quarter of GM's working-age population (24%) is economically inactive, which is well above the national average (21%).¹²¹ The IIC recommended the establishment of GM Works 'to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors'.¹²² The GM mayor has committed to setting up GM Works as a 'single front door for people seeking training, advice, support and funding to get into work or set up a business or not-for-profit enterprise'.¹²³ CLES finds that 'The arts are also uniquely placed – through volunteering opportunities and apprenticeships – to reach, inspire and engage people who may experience barriers to entering the labour market, including disabled people, young people, and the long-term unemployed'.¹²⁴

Between 2013 and 2017, the Heritage Lottery Fund (now NLHF) commissioned Manchester Museum and the Imperial War Museum in Trafford to look at the impact on people from deprived communities of undertaking training and voluntary placements in 10 cultural venues across GM. The focus was on the long-term unemployed and people facing mild mental wellbeing challenges and/or experiencing social isolation. Among 231 participants to the Inspiring Futures programme, 75% reported significant improvements in wellbeing after a year, with 60% sustaining these positive developments over two to three years and 30% finding their way into education or employment. A social return of £3.50 was calculated for every £1 invested in the programme.¹²⁵ A NLHF-funded project with University College London provides a good-practice guide for diversifying volunteering in museums.¹²⁶

LIVING WELL AT HOME

GM Adult Social Care aims to support people to live as independently as possible throughout their adult lives, making sure that the care and support people experience is built on their own strengths.¹²⁷ As part of this approach, the person-centred Living Well at Home programme is introducing bespoke digital social care tools to support people to live at home and reduce hospital admissions, and this includes scope for creative approaches.¹²⁸ Likewise, creative health activities can help people readjust to living at home after a period of time in hospital, in conjunction with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

The main causes of sickness absence from work are anxiety, depression and stress, accounting for 50% of sick days in 2021.¹²⁹ Mental health problems follow the social gradient, being more abundant among people of lower socio-economic status.¹³⁰ As is the case elsewhere in the country, mental health and wellbeing in GM are at an all-time low, and heightened demand for mental health services is being felt across the city region's statutory and voluntary sectors.¹³¹ To mitigate this, investment is being made in increasing the wellbeing, resilience and social connectedness of GM's people and communities, and social prescribing is increasingly recognised as part of a package of ways of responding to psychosocial need in the community.

In the shared outcome pertaining to the role of the GM ICP, the GMS sets as outcome measures:

- % of adults reporting 'high' or 'very high' satisfaction with their life [increased]
- % of adults reporting high levels of anxiety [decreased]
- % of people who are active or fairly active [increased]

As *A Social Glue* identified, the first arts-on-prescription service in the country was established in Stockport in 1994. The focus of this service, supported by the borough council, was on mild to moderate depression, including postnatal depression. A more recent 10-week study of mothers singing with their babies showed faster recovery from postnatal depression, more substantial decreases in stress hormones and greater improvement in mother-infant bonding compared with other forms of social interaction.¹³²

A wealth of community-based organisations in GM offers creative health activities to people experiencing anxiety, depression and/or stress.¹³³ Many of these services are already regarded as a vital part of the social prescribing landscape.

The Alvaney Family Practice in Stockport has been working with the organisation Altogether Better to embed social prescribing into its daily working. A team of 17 practice champions contribute their creative skills to enhance the health of their neighbours, which has resulted in patients with psychosocial needs being seen less often in the surgery.¹³⁴ Dr Ido, a partner at the practice, proposes a 'clinically led, personalised approach to population health and prevention', delivered through primary care networks with people at their heart.¹³⁵ As the Population Health System of the GM ICP incorporates social prescribing into its commitment to person- and community-centred approaches, arts on prescription should be foregrounded.

Creative health activities are a valuable support for people with complex needs, with specialist creative programmes potentially accessible through the use of personal budgets. Around 100 learning-disabled people from Manchester have been exploring their creativity at Venture Arts and achieving recognition for their work. A case study of this pioneering organisation is presented in the *Parallel Narratives* accompanying *A Social Glue*. As part of GM's Living Well at Home priorities, there is great potential to develop creative and social opportunities with and for people with learning differences.

The mayor has committed to building on GM's social prescribing work, creating a Live Well minimum offer across all 10 boroughs. In the coming years, the ten localities across Greater Manchester, communities and the voluntary community faith and social enterprise sector will work together to develop a sustainable Live Well ecosystem. Live Well will enable better access to consistent information, advice and support, with routes into appropriate activities, with the aim of improving personal and community wellbeing, resilience and social connection. Live Well will be designed and delivered with communities, it will be easy to access and will support people with what matters to them. The GM ICP transition board envisages Live Well as a 'whole system rebalancing towards a socio-medical model'.¹³⁶ This will rely on a 'thriving voluntary sector and responsive public services' and 'involve collaborating with partners to build on existing local social prescribing services'.¹³⁷

The long-term aim of Live Well is to take a holistic approach, including an exploration of the role of green spaces, physical activity, creativity, culture and heritage in health and wellbeing. This novel method goes beyond social prescribing and will not be confined to primary care; it envisages that frontline workers, including facilitators in arts organisations, will be capable of understanding the needs and assets of their communities and identifying gaps in provision to inform future commissioning.



Dance workshop, Company Chameleon. Photo: Joel Chester Fildes.

RECOVERY FROM LONG COVID

Long-term health conditions – including obesity and diabetes¹³⁸ – follow the social gradient and have proven to be risk factors for developing COVID-19 and sustaining Long COVID.¹³⁹ An estimated 1.5% of the UK population has Long COVID, which equates to 42,000 people in GM. The WHO identifies the main symptoms of Long COVID as fatigue, shortness of breath and cognitive dysfunction.¹⁴⁰ Breathing might feel more difficult than usual, which can cause physical symptoms like chest pain, as well as mental symptoms like anxiety; NHS England advises breathing control techniques and relaxation.¹⁴¹

The British Lung Foundation (BLF) recommends singing for people experiencing breathlessness in lung issues like chronic obstructive pulmonary disease (COPD). According to the BLF, singing helps with breathlessness in a few different ways:

- It can teach you to breathe more slowly and deeply
- It helps you develop more control over your breathing
- It helps improve your posture¹⁴²

NICE recently partnered with the RCGP and Scottish Intercollegiate Guidelines Network to produce guidance on Long COVID. In 2022, an expert panel 'concluded that there is not enough evidence to give an evidence-based recommendation'.¹⁴³ Instead, the panel made a recommendation by consensus which included breathing re-training.

A study called SingStrong: Strong Lungs Through Song has been piloted at the University of Limerick, using singing as an intervention for people suffering from Long COVID.¹⁴⁴ A 10-week programme of bi-weekly classes offered breathing retraining, vocal exercises and singing, delivered by a trained voice coach and choir leader. Participants showed significant improvement in all breathlessness symptoms, communication, cognition and wellbeing.¹⁴⁵

In 2013, Scottish Opera pioneered Breath Cycle singing sessions for people with cystic fibrosis. At the end of 2021, a team of musicians, supported by NHS consultants and physiotherapists, began offering online singing classes for people suffering from lung conditions including Long COVID.¹⁴⁶ Participants reported better breathing and posture as well as reductions in anxiety and loneliness.¹⁴⁷

To help patients recovering from COVID-19, English National Opera (ENO) partnered with clinicians at Imperial College Healthcare Trust to pilot the Breathe programme, which encourages breathing re-training through the singing of lullabies.¹⁴⁸ The result was overwhelmingly positive, with 90% of participants experiencing either a 'positive' or 'strong positive' impact on their breathlessness and 91% stating that the programme had a 'positive' or 'strong positive' impact on their anxiety levels.¹⁴⁹ Following the initial six-week pilot, Breathe was made available to up to 1,000 patients experiencing breathlessness and anxiety as a result of COVID-19. In January 2021, ENO announced the national rollout of the Breathe programme with NHS England, and it is currently available to those diagnosed with Long COVID in GM.¹⁵⁰

WHILE YOU WAIT

Just before the outbreak of COVID-19, the GMHSCP published a prospectus that committed to reducing waiting times for planned care over the following five years.¹⁵¹ The pandemic thwarted this ambition, with GM being one of the hardest-hit areas in the country, causing severe delays to planned care,¹⁵² which has serious implications for both physical and mental health.¹⁵³

Evidence shows that people from deprived and marginalised communities tend to disengage from the system and miss appointments. GM is on the brink of conducting a sizeable while-you-wait analysis, stratifying those most at risk of deterioration while waiting for treatment.

The GM ICS Transition Board has identified a need to 'work with colleagues on the waiting well ambitions around those experiencing delays to care'.¹⁵⁴ Plans are being developed to set up an elective hub that will hopefully include assertive outreach to deprived and marginalised communities. Overseen by care coordinators, this hub could be usefully dovetailed with Live Well and have creative health work at its heart.

GM has developed an online portal known as While You Wait. The website offers tips for fortifying physical health, such as smoking cessation, weight loss, nutrition and increased activity, including signposts to GM Active and GM Walking. A section of the website on preserving mental health links to NHS resources on stress, anxiety and low mood as well as links to digital apps. This is a prime location for directing people to creative health activities from joyful exercise (such as dancing and green gyms) to creative pursuits for mental health (such as visual art, crafts, singing groups and gardening).

HEALTH AND SOCIAL CARE WORKFORCE WELLBEING

In GM, the health and care workforce is distributed across not only hospital trusts, GP surgeries and care homes but also organisations and anchor institutions working in tandem with community organisations to tackle inequities.

Monthly sickness absence from GM's provider trusts reached a high of 7% in January 2022.¹⁵⁵ This is likely to be much higher in less well-resourced parts of the network. Healthcare organisations which value staff health and wellbeing have better outcomes, higher levels of patient satisfaction, better staff retention and lower sickness absence.¹⁵⁶

Since June 2020, Lime Arts at Manchester University NHS Foundation Trust has hosted a creative staff wellbeing programme which encourages the hospital workforce to engage in creative activities to preserve their mental health and wellbeing. Initially online, face-to-face workshops were offered after the first lockdown, with more than 800 staff taking part to May 2022. Marking creativity + wellbeing week, a three-day Create Connect Unwind festival celebrated the success of the programme by hosting live arts events for staff, patients and members of the public on a purpose-built stage. Around 5,000 people participated in events, including Indian dance workshops, embroidery and printmaking drop-ins, live concerts, an evening of spoken word and poetry and a symposium. The festival also launched two hospital-based exhibitions of artworks created during the programme. The total NHS audience reach for the programme, including the workshops, festival and exhibitions, is estimated at 17,000. Evaluation of the online workshops showed that 93% of

participants considered their wellbeing had been improved by engaging in creative activities.¹⁵⁷

NHS GM is developing a wellbeing manifesto for its workforce. This considers the three domains of wellbeing – psychological, practical and physical – and how staff can be supported to maintain their wellbeing in each of these domains. Creative health has a central part to play in this endeavour.

A social prescribing model for NHS GM staff, including opportunities for engagement with creative health activities both on- and off-site, would provide a valuable testbed, a model of good practice for the wider sector and an inspiration to the private sector. Mirroring social prescribing services available to the general public across GM, an on-site link worker with a small commissioning budget would enable the provision of rapid tailored advice, support and orientation for staff, who could be involved in the commissioning of activity. The pilot would also raise the profile of creative health.

GM's adult social care sector aims to 'Attract and retain a resilient and highly skilled workforce'.¹⁵⁸ Creative health has a significant part to play in supporting workforce wellbeing, reducing staff absence and supporting the return to work after sick leave.

The process of drawing up a strategy for the adult social care workforce revealed wellbeing as the top priority for staff.¹⁵⁹ A subsequent task-and-finish group acknowledged a role for creative health in supporting workforce wellbeing. Creative, cultural and heritage activities are integral to wellbeing and should be made accessible to social care staff

within work to support wellbeing. Staff wellbeing champions and ambassadors should be supported to develop awareness of creative health activities in their local area and communicate these to their colleagues.

A significant – and often overlooked – element of the social care landscape is unpaid carers. GM aims to identify,

support and empower unpaid carers through a dedicated programme that reaches out to diverse communities. Creative health activities provide mutual enjoyment for carers and their loved ones as well as respite and a wellbeing boost for carers. As part of the GMCA culture portfolio (mentioned below), the charity MancSpirit has been offering creative wellbeing sessions for unpaid carers.

A poem written by a participant eloquently describes the benefits of such an approach:

*We have travelled a journey from life as a carer [...]
To search our minds and thoughts
To bring us hope for our future lives
We have laughed and given each other support
We have shared our thoughts and fears
We have taken part in improvisation
Drawn pictures and written poetry too
Over ten sessions in the evening or lunchtime
We have had time to go into another world
To recharge our batteries
To face the challenges and trials of daily life.¹⁶⁰*

PRIORITY AREAS OF FOCUS FOR WORKING-AGE ADULTS

- Volunteering opportunities with the culture and heritage sectors as part of initiatives like GM Works
- Wider population engagement with creative health activities to support health and wellbeing as part of Live Well
- Creative health embedded in clinical pathways using evidence-based approaches, such as singing for Long COVID and dance for Parkinson's disease
- Creative health integrated into While You Wait plans, the While You Wait website and the While You Wait hub
- Creative health integrated into Adult Social Care initiatives that support people to Live Well at Home
- Creative health built into wellbeing initiatives for the health and social care workforce
- Data collection to assess the impact of creative approaches on adult physical and mental health.



These Lancashire Women are Witches in Politics, The Turnpike. Photo: The Turnpike.



Older Adults

Compared to national averages, GM is home to higher numbers of older people.¹⁶¹ The GMS notes that the city region's population is ageing, with a 50% increase in over-65s and a 100% increase in over-85s predicted by 2040.¹⁶² Responding to this, the city region's strategy seeks to enhance healthy life expectancy while acknowledging that this is a greater challenge in deprived areas. In the process, healthy ageing is recognised as vital to engendering a prosperous city region.



Armchair Adventures, Made by Mortals. Photo: AGENT.

HEALTHY AGEING

GM's work on becoming an age-friendly city region is already well underway. This is underpinned by the mayor's electoral commitment to 'support the plan to create more age-friendly communities across our 10 districts'.¹⁶³ This work is centred on the GM Ageing Hub – a partnership between GMCA and the Centre for Ageing Better – which is funded to April 2024.¹⁶⁴

A crucial component of healthy older age is wellbeing. The Wilderness project – which saw a garden being restored at a Methodist Homes Association care home as part of the Great Place Scheme – found that 'older people's wellbeing can be improved by actively restoring and engaging with natural heritage'.¹⁶⁵ This is consistent with GM's goal of becoming a greener city region. Such projects meet some of the objectives outlined in the 25-year plan of the Department for Environment, Food and Rural Affairs, particularly 'making sure that there are high quality, accessible, natural spaces close to where people live and work, particularly in urban areas, and encouraging more people to spend time in them to benefit their health and wellbeing'.¹⁶⁶

Peer-reviewed studies on the impact of creative activity on older people led the Mental Health Foundation to conclude that 'it is evident that engaging with participatory art can improve the wellbeing of older people and mediate against the negative effects of becoming older'.¹⁶⁷ In February 2017, Age UK published work on wellbeing in later life, which found that engagement in creative and

cultural activities made the highest contribution to overall wellbeing in older adults.¹⁶⁸ The Age UK analysis found that, of those older people experiencing the lowest wellbeing, 80% lacked a GCSE qualification, emphasising the significance of educational level as a determinant of health and wellbeing.

Two of the main challenges in creative health work with older adults are engaging the over 75s, including people with long-term health conditions, and reaching marginalised communities. Celebrating Age (a four-year £3m creative collaboration between ACE and the Baring Foundation) facilitated the engagement of a significant number of people in the 75 to 85 age group, around half of whom were experiencing disability, while Heydays at Leeds Playhouse seeks to increase diversity through ongoing outreach.¹⁶⁹

GM is home to the national Creative Ageing Development Agency (CADA) – supported by the Baring Foundation, in association with GMCA and Manchester Institute for Collaborative Research on Ageing – which is 'leading a fundamental rethink and reflection on ageing and creativity'.¹⁷⁰ This includes an effort to reach older people who are typically under-represented in creative and cultural activities. GM is also home to the Ahmed Iqbal Ullah Race Relations Resource Centre and Education Trust, which holds oral histories of GM's communities of colour and lends itself to creative health projects centred on intangible heritage.¹⁷¹

SOCIAL CONNECTEDNESS

Social isolation and loneliness particularly affect people over 80, on a low income, living alone in deprived urban (or isolated rural) communities. People diagnosed with depression and those who experienced poverty in childhood are more likely to experience loneliness in later life.¹⁷² Social care users aged 65+ typically have less social contact than they would like, with half of GM's boroughs falling below the national average (43.4%) and Stockport at only 37.4%.¹⁷³

Isolation and loneliness are strongly associated with poor physical and mental health, particularly high blood pressure, dementia and depression, with people experiencing loneliness tending to need earlier entry into residential care than their less-lonely peers.¹⁷⁴ By contrast, the *Marmot Review* found that social participation increased healthy life expectancy, being considered even more beneficial for health in older age than giving up smoking.¹⁷⁵ Creative health activities almost inevitably include a social dimension.

A team at the Centre for Performance Science found that 'frequent engagement with certain receptive arts activities and venues, particularly museums, galleries and exhibitions, may be a protective factor against loneliness in older adults'.¹⁷⁶ DCMS's 2018 strategy for overcoming loneliness in England recognised that 'Engagement with the arts, museums and creative practice can help people become more connected'.¹⁷⁷

A Social Glue highlights the role of the 'large-scale cultural activism and leadership scheme for people aged 50+' that is Culture Champions.¹⁷⁸ Delivered in partnership with housing providers, arts organisations and VCFSE organisations, the programme has sought to reach older people at risk of social isolation and to put older people at the centre of the life of cultural venues.

When it comes to creative participation (rather than cultural attendance), the What Works Centre for Wellbeing has collated studies showing that the social contacts of older people are improved through participatory arts activities.¹⁷⁹ A quality standard published by NICE advocates the provision of group or one-to-one creative activities for older people on the basis that they build or maintain social participation.¹⁸⁰

As an example, learning music in older adulthood can enhance social interactions both within and beyond sessions, not only providing opportunities to meet and socialise with new people but also enabling new forms of interaction with family members and friends.¹⁸¹ The Silver Programme at Sage Gateshead is exemplary in this regard, offering classes for older people to learn the saxophone, steel drums, mandolin and ukulele alongside singing and opera.¹⁸²

FALLS PREVENTION

Falls are the most common cause of emergency hospital admission and a major factor in older people moving from their own homes into long-term care, at a significant cost to health and care systems. Once again, health inequalities come into play, with people in deprived areas more likely to undergo falls and be injured as a result.¹⁸³ In the shared outcome pertaining to the role of the GM ICP, the GMS sets as an outcome measure 'No. of emergency hospital admissions due to falls per 10,000 adults aged 65 and over [decreased]'.¹⁸³

In a bid to prevent falls, the NHS prescribes training with a Postural Stability Instructor (PSI), but people often drop out of this programme before they see any improvements. A team led by Professor Chris Todd at the University of Manchester has been researching ways in which structured exercise can lead to a reduction in falls,¹⁸⁴ and the university has been involved in developing an evidence-based Falls Management Exercise (FaME) programme which includes strength training and balance exercises.¹⁸⁵

The national charity Dance to Health has developed a specialist dance programme that incorporates elements of PSI training (based on the FaME programme) into the lives of those at risk of falls (aged 60 to 95). Trained dance artists embed these exercises in regular, fun, sociable and creative dance. The programme is aimed both at those who are at high risk of experiencing their first fall and those who have already had a fall. An initial evaluation of Dance to Health has produced the claim that the programme has the potential to 'reduce falls by 58%. If an older person visits A&E because of a fall, the likelihood of their becoming an in-patient is 35%. If a Dance to Health participant visits A&E because of a fall, the percentage reduced to 13%.¹⁸⁶ While more robust evidence is needed to explore the efficacy of this specifically adapted programme, PSI-trained dance artists could provide classes via GM's excellent dance initiatives, such as Company Chameleon, Born and Bred Dance, Dance Syndrome, Global Groves and Kinetic Dance Wellbeing.

Through the Living Well at Home programme, GM adult social care is aligning its falls prevention and response activity with the Falls Collaborative, to reduce the number of falls that result in people visiting hospital.¹⁸⁷ Creative approaches – including dance – should be offered as part of the care home programme and in people's homes. This will require collaboration with, and the training of, the adult social care workforce.



Source: Livingston et al. A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission

www.alzint.org



Alzheimer's Disease International, 12 dementia risk factors.

DEMENTIA PREVENTION AND CARE

Between July 2019 and February 2021, GM saw a 13% fall in dementia diagnosis rates. This has been attributed to lockdown, and Alzheimer's Society estimates that there are tens of thousands of people living in the UK with an undiagnosed dementia.¹⁸⁸ This is particularly concerning as COVID-19 has the potential to progress or worsen pre-existing dementia.¹⁸⁹

In 2020, Trafford Age UK had more than 2,000 people with mild cognitive impairment or dementia on its database. Since then, this figure has been climbing, with more than 70 new referrals per month (almost exclusively self-identifying as

white British in Q3 2021).¹⁹⁰ NHS Digital estimates that Wigan had 3,809 people with dementia as of March 2022. Using population data from the ONS and a simple calculation to assess dementia prevalence at different ages, it is estimated that this will rise to 6,101 in 2028 and 7,621 in 2034.¹⁹¹

As our population ages and diagnosis rates increase, demand for pre- and post-diagnostic support rise. Creative health has a role in meeting increased demand, enabling people with a dementia diagnosis to live better and more independently for longer and tackling the stigma a dementia diagnosis might carry.

1. PROMOTING BRAIN HEALTH

Ground-breaking new research suggests that 40% of dementia cases can be prevented or delayed through changes in the ways we live our lives.¹⁹² A priority in ensuring healthy ageing is to improve brain health across GM.

Dementia United is GM's flagship programme for dementia. It works across the 10 districts alongside clinicians, charities, people with dementia, families, friends and care partners to make GM the best place to live if you have, or are caring for someone with, dementia. One of the priorities being drawn up by Dementia United is promoting brain health to help prevent the onset of dementia.

Twelve dementia risk factors have been identified, as shown in the above infographic by Alzheimer's Disease International, and they are more pronounced in deprived communities. Creative health approaches interact positively with at least half of these risk factors.

Physical inactivity

Creative health encourages physical activity, from getting out of the house to visit cultural venues or heritage sites to engaging in joyous forms of exercise like dance. The aforementioned study conducted within deprived London communities found that, of those people who engaged with the arts, 77% undertook more physical activity.¹⁹³ Walks in nature that inspire awe in older adults have been found to have the side effect of boosting wellbeing by increasing positive emotions and decreasing distress.¹⁹⁴

Obesity

Also in the London study, 79% of people engaging with the arts ate more healthily. The Mediterranean, DASH and MIND diets have been shown to reduce the risk of cognitive decline and dementia later in life from anywhere between 20% and 50%.¹⁹⁵ This includes plenty of fruit, vegetables, oily fish, whole grains, nuts, olive oil, probiotic and prebiotic foods and a moderate amount of red wine, dark chocolate, tea and coffee, while cutting back on red meat, white rice, bread, sugars, full fat dairy and salt. Dementia United recently collaborated with a local chef to create four brain-healthy recipes, based on a Mediterranean diet.¹⁹⁶ The GM mayor commended this project as a good example of work to make the city region a place where anyone with dementia can live a good life.¹⁹⁷

Infrequent social contact

We have already seen that creative health activities almost invariably involve social contact. The Campaign to End Loneliness (a coalition of organisations including Manchester City Council) worked with the Baring Foundation to produce a report on the role of the arts in alleviating loneliness. This argued that engagement with the arts can ‘break down barriers and inspire, they can encourage people to try, sometimes for the first time in their lives, new activities. [...] Through the arts older people can build and grow their confidence and feel valued. There can be enormous social benefits – creating a “look forward to” moment in the week, bringing people together and fostering new friendships’.¹⁹⁸

Data analysis shows that, among older adults who never visited museums, as many as 10 in 1,000 went on to develop dementia; for those who visited cultural venues every few months or more, this figure dropped to three in 1,000. Cultural engagement – and not just the social interaction involved with it – was partly responsible for this impact. This led the researchers to conclude that ‘Visiting museums may be a promising psychosocial activity to support the prevention of dementia’.¹⁹⁹

Less education

We have also seen that creative health approaches aid educational development. Training the brain contributes to a ‘cognitive reserve’ of thinking abilities, which helps to protect against the losses of ageing and disease.²⁰⁰ The cognitive stimulation that comes with creative activity can help to stave off dementia.

Arts4Dementia’s *ARTS for Brain Health* report suggests that ‘Learning music, poetry or drama, exploring works of art, discovering the artist’s intention, challenges the brain to create new neural connections and pathways that can compensate for reduced activity in other regions’.²⁰¹

Depression

In earlier sections, we saw that creative health approaches can help combat depression. The What Works Centre for Wellbeing reviewed literature analysing the relationship between music, singing and wellbeing in healthy adults. This found that ‘Regular group singing can enhance morale and mental health-related quality of life and reduce loneliness, anxiety and depression in older people compared with usual activities’.²⁰²

Hearing impairment

A research team led by Professor Nina Kraus, Director of the Auditory Neuroscience Laboratory at Northwestern University in Illinois, has found that lifelong engagement with music improves the ability of older people to differentiate speech from background noise, which is a common difficulty caused by the slowing of neural activity in the midbrain.²⁰³ The team also found that, even in non-musical older adults, short-term training increased the plasticity of the brain, aiding speech recognition in noisy environments.²⁰⁴

2. CREATIVE INTERVENTIONS

When it comes to dementia, early intervention is vital. If mild cognitive impairment can be identified, it provides a window of opportunity in which to slow, or avert, the onset of dementia, with creative health approaches having a part to play. Once dementia has been diagnosed, creative health approaches come to the fore in slowing its progression and improving quality of life.

GM's approach to mild cognitive impairment encourages early diagnosis and practical support, including 'Advice regarding peer support, "social activity" sessions, "memory strategies" and "brain training" to promote a healthy brain'.²⁰⁵ We have already seen that creative health involves both social activity and brain training.

Each of the 10 districts in GM has a dementia lead and a memory assessment service, with local commissioning arrangements varying across locations. Trafford Council has partnered with the local clinical commissioning group to commission a service (£116,000 p.a. 2019–24) that enables Trafford's GPs and memory assessment team to work closely with Age UK. This ensures that everyone referred for a dementia diagnosis in Trafford is signed up for support on an opt-out basis.²⁰⁶ The service is focused on practical help such as navigating health and benefits systems. Links to social prescribing are being made, extended to include signposting to creative health activities.

There is ample evidence of engagement with creativity, culture and heritage helping to maintain cognitive functioning in, and enhance the quality of life of, people with dementia.²⁰⁷ Dementia United has pledged to 'Support Greater Manchester's brilliant work on the arts and dementia, working across the GM localities and with national initiatives'.²⁰⁸ This is based on the rationale that:

A growing evidence-base suggests that participation in high-quality arts and cultural activities can have a beneficial impact on a range of chronic conditions, including dementia. Indeed, the social and creative elements of arts-based programmes may even reduce an individual's risk of developing dementia, or slowing the progression of existing conditions. Greater Manchester is a global leader in research and practice in the field of arts for health and wellbeing.

Dementia, in all its forms, carries a significant human and financial cost. For every person with dementia living at home instead of residential care, savings of £941 per month (£11,296 per year) are made.²⁰⁹ Dementia is often accompanied by agitation that is traditionally treated with psychotropic medication. Health and social care spending ranges from £7,000 per three months for every person with dementia without significant signs of agitation to £15,000 for people experiencing the most severe agitation.²¹⁰ Contrast this with the cost of providing music therapy, which significantly reduces agitation (£13-27).²¹¹ Arts therapies also confer significant benefits on the caregivers of people with dementia.²¹² Analysis of a visual art programme for people with dementia has shown a social return of £5.18 for every £1 invested.²¹³

The *Parallel Narratives* accompanying *A Social Glue* include two examples of practice in GM: Music in Mind – run by Manchester Camerata, which offers music therapy to people with dementia and their carers – and the Storybox Project – run by Small Things in Bury, which sees artists leading workshops and residencies, using music, props and costumes to stimulate the imagination.

Dementia United is developing an online Dementia Care Pathway, which allows users (members of the public, commissioners and clinical professionals) to find care and support for people living with dementia across the city region. This includes creative health approaches and will help to identify localities where greater provision is needed, enabling a consistent offer across GM.²¹⁴

Greater Moments is a mobile phone app, developed for people with dementia and their carers by the Manchester-based social marketing agency Social Sense. The aim of the app is to bring the 'very best of all activities, services and events together in one place, creating more opportunities to connect and record meaningful moments to demonstrably boost your wellbeing'.²¹⁵ GM's creative health leaders should work with initiatives like Greater Moments to enable them to include creative opportunities. This might form part of an audit of existing programmes with an eye on ways in which opportunities for creative health can be enhanced.

PRIORITY AREAS OF FOCUS FOR OLDER ADULTS

- Creative health approaches for and with older adults in partnership with the GM Ageing Hub
- Localities supported to provide age-friendly cultural and heritage opportunities and participatory arts activities for and with older people
- Dance for falls prevention led by dance artists and organisations
- Creative, cultural and heritage activities promoted as part of brain health campaigns across GM
- Dementia United and dementia leads in each of the 10 localities use commissioning budgets to grow their creative health offer, involving people with dementia in developing activities
- Data collection to illustrate the impact of creative health on older adults.



Drama workshop, Chorlton Good Neighbours. Photo: Richard Tymon.



Becoming a Creative Health City Region

Women's Footprints, Live Well Make Art. Photo: Lydia Entwistle.

THE ROLE OF THE CULTURE SECTOR IN GM

We have seen that the first shared outcome of the GMS pertains to wellbeing and relies on greater access to cultural opportunities. Progress on this outcome is intended to be measured through the 'number of engagements by GM residents with cultural organisations supported by the GM Cultural Fund'.²¹⁶ This is only one of a number of measures that should be used for evaluating the success of GM as a creative health city region.

As seen in the next section and *A Social Glue*, a range of organisations and individuals across the cultural sector in GM are vital to fostering creative health. A way must be found to capture engagement with creative health activities across GM and in partnership with localities. Evaluation should be centred on the contribution of creative health to enhancing wellbeing and equity.

As part of the GM Culture Recovery Plan, the 35 organisations in GM's culture portfolio were asked to prioritise, among other things, 'providing cultural activity for GM residents, especially in relation to mental health, education, physical health

and reducing inequality'.²¹⁷ This entailed a commitment to 'develop and secure strategic partnerships and activity to support and improve the health and wellbeing of our residents through creative engagement'.²¹⁸ This work will provide foundations for the development of future creative health practice including 'social prescribing and other creative health opportunities across the life course and across both the health and care sectors'.²¹⁹ Outlined here is some of the creative health work that has recently been undertaken by GM cultural organisations, funded by GM between 2018 and 2023.²²⁰



Bolton Octagon audience. Photo: Nathan Chandle

Art with Heart paired five artists with 25 digitally excluded older adults, facilitating more than 150 hours of creative conversations that resulted in a portfolio of co-created films and poems.

Arts for Recovery in the Community (Arc) works with people in Stockport and beyond experiencing mental ill health, including those facing serious challenges. During the pandemic, Arc supported vulnerable children, teenagers, families and isolated older people through a programme called Culture Buddies.

Brighter Sound ran online music sessions for young people aged between 13 and 19, encouraging them to explore new ways to make music. We have already seen the role of music in supporting the mental health and wellbeing of young people.

Cartwheel Arts supported isolated residents through Draw The Day – a 10-week creative programme which delivered postcards and art materials to participants, follow-along creative videos and an online gallery of work.

Company Chameleon Dance Theatre facilitated hundreds of online dance sessions, keeping GM moving, inspired and entertained throughout the lockdowns.

Contact Theatre works with vulnerable young people, running a dedicated youth company and undertaking music activity with Pupil Referral Units. The organisation has developed relationships with, and gives a voice to, marginalised groups across GM.

Global Grooves in Tameside delivered a 12-week 'Creative Wellbeing' course in visual arts skills and seasonal crafts. The organisation has worked with Tameside Arts Ltd to design and transform their community space into an accessible theatre, dance and music studio at the Create Centre in Denton, which is used as a base for activities with Creative Wellbeing Tameside.

The Hallé expanded its community singing work during the pandemic, coordinating nine workplace choirs (including one for NHS workers). In an earlier section, we saw the value of singing for breathing in relation to Long COVID.

MancSpirit has a strategic focus on young and adult carers, jointly designing and delivering creative sessions for unpaid carers in Trafford.

Manchester Camerata has maintained a programme of activities in schools and care homes, switching to online working during the pandemic. We have already seen that the Music in Mind programme offers music therapy to people with dementia and their carers.

Manchester Histories has been leading history and photography walks, in partnership with an arm of GM Mental Health Trust, as part of a weekly walking club that has a role to play in Live Well.

Manchester International Festival has supported a creative young carers scheme in partnership with Bolton Lads and Girls Club and Wigan and Leigh Young Carers Group. In addition to this, the organisation has responded to rising levels of youth unemployment by offering creative training for employers and people in kickstart roles and by preparing young people for entry-level roles in the creative sector.

Manchester Literature Festival expanded its Little Reads project for children aged between two and six. As we have seen, this has a valuable part to play in enhancing the literacy of children, contributing to greater equity.

Music Action International and Sheba Arts have been working creatively with refugees and asylum seekers, who continue to be among the most marginalised people in our communities.

Octagon, Bolton piloted a virtual summer school for young people and an online theatre club for over 55s. These activities have the potential to be extended into face-to-face encounters for these target groups.

Old Courts, Wigan has been taking live performance into parts of the district with low levels of cultural engagement. This has generated knowledge that can be applied in other locations.

Oldham Coliseum collaborated with HOME in Manchester on a project founded by playwright and performer Hafsah Aneela Bashir to offer a Poetry Health Service – a free creative platform that prescribes contemporary poems by multiple writers as a tool for connection and healing.

Royal Exchange Theatre has, since 2015, run an Elders Company that offers regular workshops to older adults and is widely regarded as exemplary in the field of creative ageing. This finds its parallel in the Young Company, which holds the potential for young people to engage with the performing arts beyond the theatre.

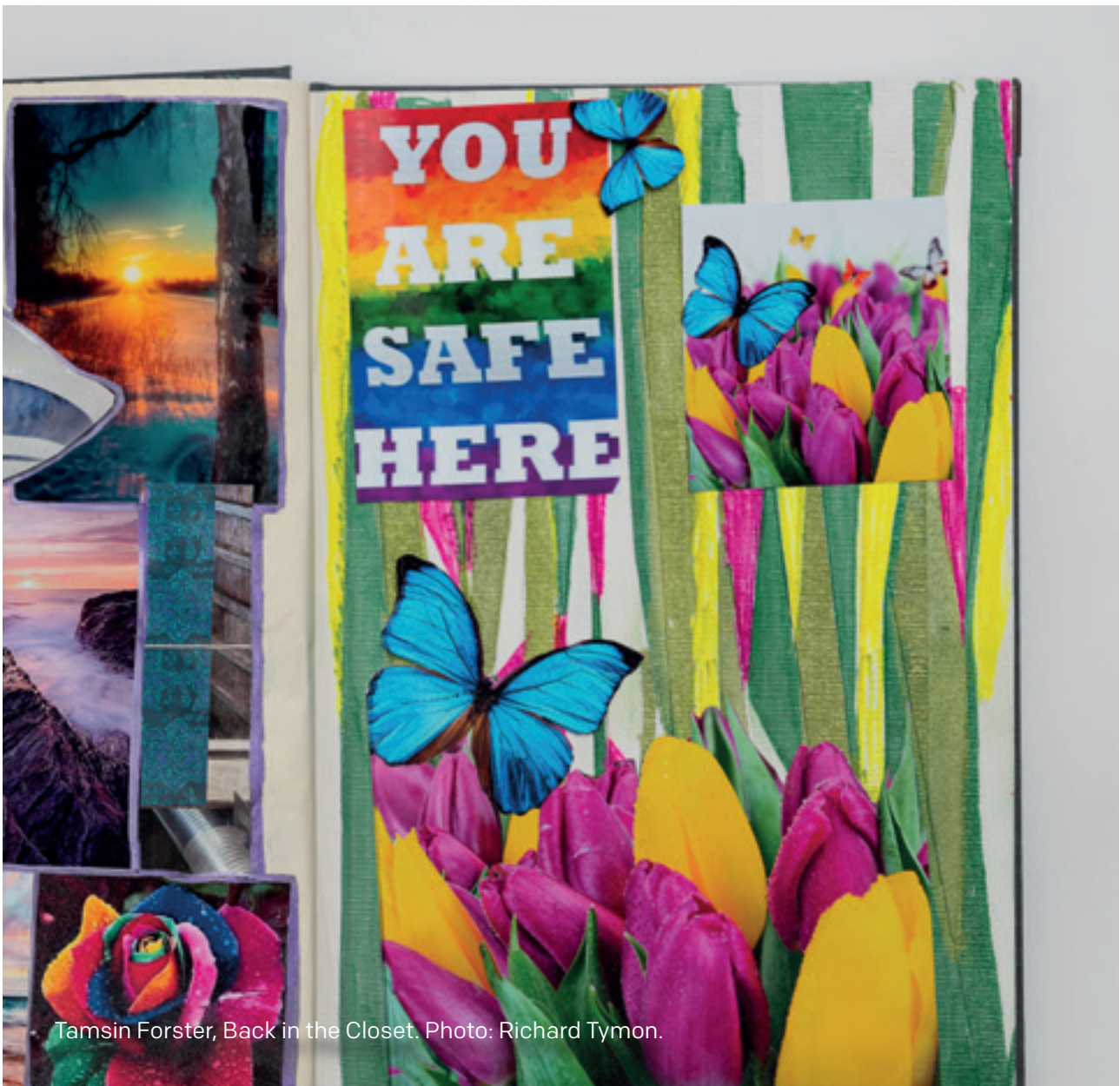
The Turnpike has been deploying artists in schools and, in its Leigh space, offering a cultural education programme of artist-led workshops to school pupils entering year seven.

Wigan STEAM runs fortnightly Young Makers sessions which play an important part in maintaining the mental health and wellbeing of young participants. In January 2021, this initiative doubled in capacity through the establishment of a digital arts group.

Z-Arts offers musical outreach and storytelling activities to children across GM, particularly in areas of low engagement. We have seen the value of this work to early-years development.

GREATER MANCHESTER AS THE CRUCIBLE OF CREATIVE HEALTH

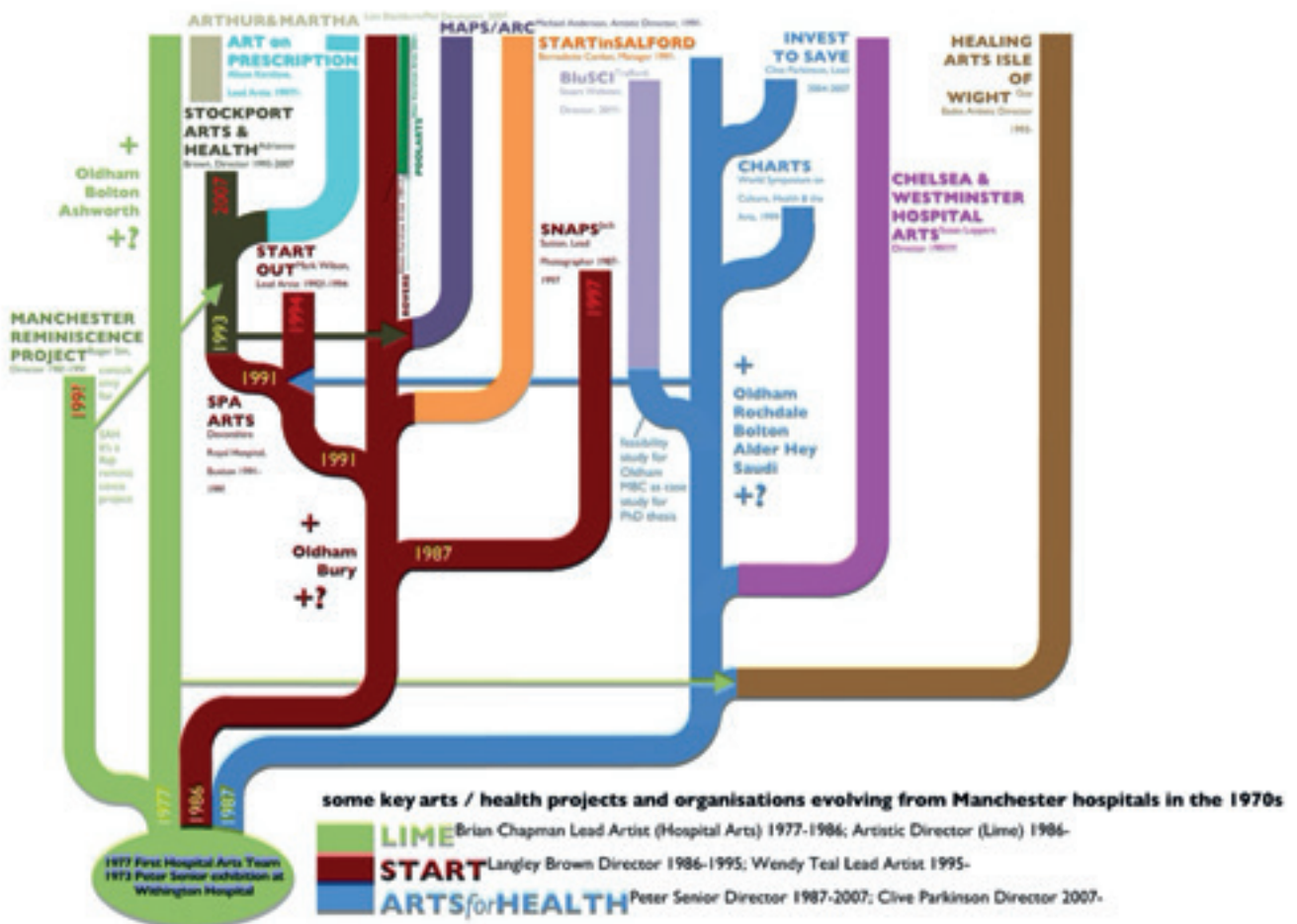
Just as there are inequities in society, there are inequities in the cultural and creative fields. As with ACE's national portfolio, membership of the GM culture portfolio provides not only economic support but also a mark of recognition that enables organisations to secure further funding. This can disadvantage grassroots organisations that are intrinsic to the creative health ecosystem. In establishing GM as a creative health city region, attention must be paid to organisations and individuals working beyond the culture portfolio, many of which have laboured for years to offer creative health activities.



Tamsin Forster, Back in the Closet. Photo: Richard Tymon.

The *Creative Health* report identified GM as the ‘wellspring’ of the arts and health movement.²²¹ A report on creative ageing, written by the author of this strategy, described GM as the ‘crucible’ of creative health.²²² These terms hint at the embeddedness, and inventiveness, of creative health in the city region. As outlined in *A Social Glue* and the diagram below, the roots of creative health in GM can be traced to 1973.

GM’s arts and health movement has tended to offer hands-on creative activities, mainly aimed at restoring and maintaining mental health and wellbeing. This becomes clear when studying the *Parallel Narratives*, in which organisations and individuals are arranged according to their contribution to the New Economics Foundation’s Five Ways to Wellbeing.



Langley Brown, *The Arts for Health Archive 1973–2007* at Manchester Metropolitan University, 2011.

During the pandemic, many people have enriched and appreciated their environments, engaging in everyday creativity and exploring nearby green and blue spaces. In GM, a programme of Creative Care Kits was developed that brought together more than 50 cultural organisations, all 10 local authorities and their community response hubs. More than 300 volunteers developed and delivered more than 50,000 packs of creative activities, ideas and materials to digitally excluded residents, including school children, young adults and older residents who were isolated, had health issues or caring responsibilities.²²³ This demonstrates the feasibility of cooperation across the creative health sector.

The GMS pays tribute to the crucial role played by 'local centres, culture and leisure spaces and facilities' in the 'mutual aid response to the pandemic'.²²⁴ The city region should take stock of the creative health sector in its entirety, being particularly mindful to engage with, and value the work of, neighbourhood-based organisations.

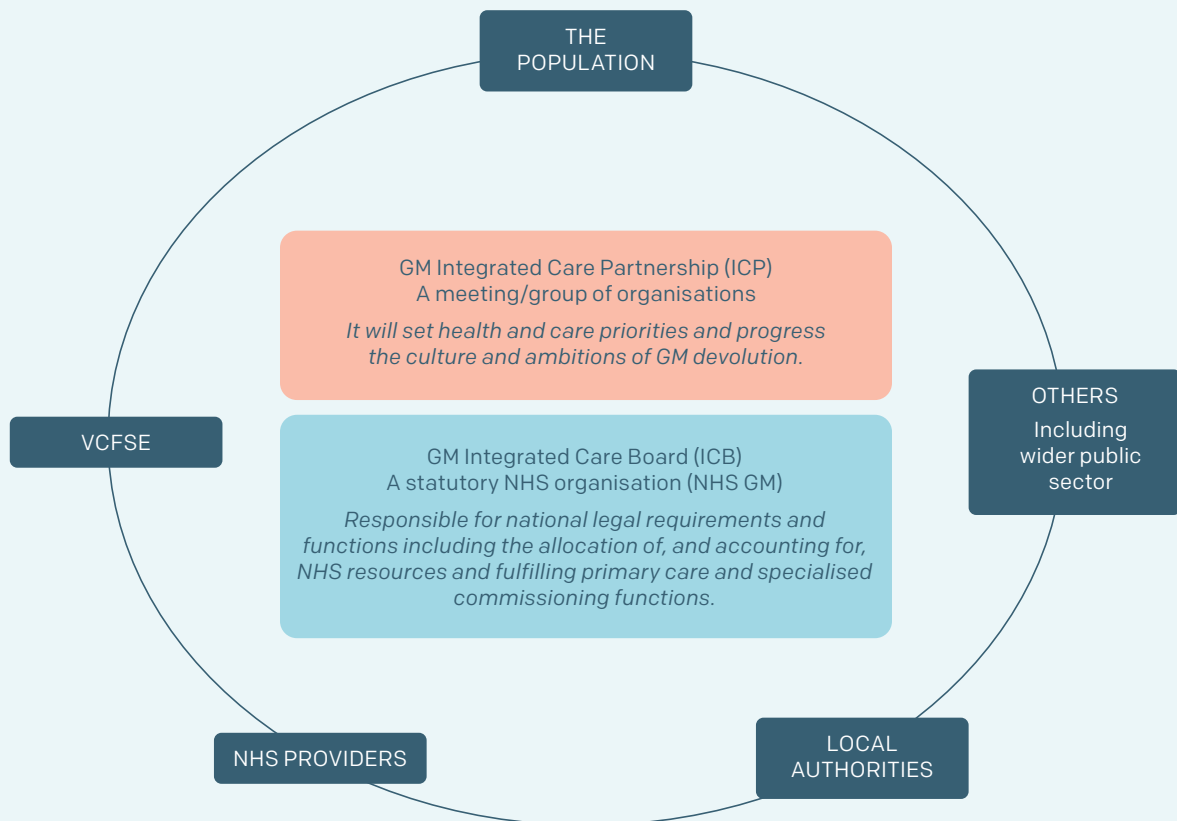
Attention must also be paid to individual practitioners. GMCA/NHS GM has commissioned Cartwheel Arts to convene the Live Well Make Art network of practitioners, to advance a creative health agenda through joined-up working. This will be central to capturing details of activity and helps to form the basis of the necessary next steps.

BECOMING A CREATIVE HEALTH CITY REGION

The GM ICS comprises an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). The ICP will focus on the health and wellbeing of GM's population at neighbourhood and local levels. This work will go beyond NHS organisations and services, extending into all of those factors that influence an individual's health and wellbeing.

GM Integrated Care System (ICS)

An Integrated Care System is a partnership and collaboration between different organisations which support people's health and care in a defined geographical area. It is not a single entity, and it cannot be an employer.



NHS ICS Guidance/Legislation.

NHS England's guidance on ICS formation includes the VCFSE sector and other public-sector organisations. The IHE case study of GM recognises the vitality of the VCFSE sector as a community asset helping to build social connectedness.²²⁵

GM is committed to involving the VCFSE sector in improving health and tackling inequities as part of a locally led whole-system approach. The GMS refers to more than 17,000 VCFSE organisations across the city region, and GM has a five-year accord in place, which sets out the governance, funding and decision-making structures necessary for the VCFSE sector to be involved in delivering the GMS.²²⁶ Under this accord, the VCFSE sector is also represented in discussions about the development of the GM ICP strategy.

The first of eight shared commitments in the accord is: 'We will work together to achieve a permanent reduction in inequalities and inequity within Greater Manchester, addressing the social, environmental and economic determinants of health and wellbeing'.²²⁷ By now, the contribution of creative health approaches to the reduction of inequalities and inequity is clear.

Creative, cultural and heritage organisations are a crucial – if distinct – part of the VCFSE landscape. At the time of writing, creative health organisations are under-represented in the formal VCFSE compact, partly because these organisations often do not identify as part of the VCFSE sector. This needs to be addressed if GM's ambition to become a creative health city region is to be achieved. In the meantime, creative health organisations should be supported to play a part in their local Council for Voluntary Service (CVS).

The City of Salford's motto, *Salus populi suprema lex* [Let the welfare of the people be the highest law], provides the name for a shared strategy for culture, creativity and the arts – *Suprema Lex* – an asset-based manifesto that foregrounds people and place.²²⁸ Salford CVS, one of the nine partners of *Suprema Lex*, leads the VCFSE-led social prescribing ecosystem in the city. Similar initiatives should flourish across GM.



CREATIVE CARE KITS

KEEP WELL WITH CREATIVITY



Vital Steps to Becoming a Creative Health City Region

SPACE 3, Art with Heart. Photo: Sam Riley.

In order to maximise the potential of creative health, six distinct areas of work have been identified that will begin GM's journey to becoming a creative health city region. Following these steps will ensure that creative health is recognised for its role in meeting GM's priorities and embedded in strategic thinking and action.

1. LEADERSHIP: IDENTIFY STRATEGIC LEADERSHIP AT A GM LEVEL AND DEVELOP LEADERSHIP IN LOCALITIES, INVOLVING LOCAL GOVERNMENT, HEALTH, VCFSE AND CULTURAL SECTORS AND COMMUNITIES

At a locality level, creative health leads should be identified within locality boards and place-based provider collaboratives. Their role will include raising the profile of neighbourhood- and locality-initiated creative health good practice and helping to open up partnership and commissioning opportunities.

A GM strategic lead for creative health should coordinate and support this work, matching GM's strategic priorities to local and national creative health approaches, supporting localities and advocating for creative health approaches with commissioners and strategic leads across GM.

This will lead to a stronger and better networked creative health ecosystem across GM.

2. KNOWLEDGE: FACILITATE ACCESS TO INFORMATION ABOUT CREATIVE HEALTH ASSETS, METHODOLOGIES AND PRACTICE

The GMS acknowledges the ‘significant benefits’ to health and wellbeing conferred by access to ‘high quality culture, outdoor and leisure opportunities’, observing that such community-rooted initiatives are ‘critical for building levels of community activity that can make, for example, social prescribing and preventative activity viable’.²²⁹

Creative health is exemplary of the asset-based approach advocated in the GM Model, relying as it does on:

- social assets based on relationships and connections with friends, family and neighbours
- community assets, including voluntary sector organisations working to improve health and wellbeing, and less formal groups such as book clubs
- physical assets, such as parks, libraries, and leisure centres
- personal assets, including the knowledge, skills, interests, talents, and aspirations of individuals.²³⁰

In August 2021, Salford City Council – which is part of the Suprema Lex cultural and creative partnership – launched an online survey about cultural and leisure services across the city, including libraries. This established that ‘current services are vital for the health and wellbeing of Salford residents, in addition to being important assets for education and training and acting as key community hubs’.²³¹

GM should work with colleagues in localities to collate mapping of its creative health assets – including arts and cultural organisations; natural, built and community heritage; libraries; schools, colleges, workplaces; and older people’s programmes – and ensure that this knowledge is available to social prescribing and other healthcare providers.

3. EVIDENCE: CONVENE A CREATIVE HEALTH EVIDENCE HUB THAT DRAWS ON THE EXPERTISE OF GM'S ACADEMIC INSTITUTIONS, DATA ANALYSTS AND HEALTH EXPERTS AND CREATES CAPACITY TO MONITOR THE CONTRIBUTION OF CREATIVE HEALTH APPROACHES AGAINST THE GMS AND GM NHS STRATEGIES

A substantial body of creative health research already exists but is not available to, or formatted appropriately for, those who need it. The easier it is to access evidence, the more likely it is to lead to connections for people within person-centred care services. To ensure systematic and sustained use of creative health approaches, steps need to be taken to ensure that clinicians, commissioners and other colleagues have access to evidence of what works; can be confident in their choice of local providers; and can be inspired by, and replicate success from, other localities and regions.

A one-stop shop of evidence should be created. Qualified practitioners can be reached through evidence-based material in multiple formats, including briefings on priority health conditions and clinical pathways, podcasts and workshops.

Whilst the creative health evidence base is considerable, this strategy identifies two main areas where research is warranted and would have local, national and international significance. These are the contribution of creative health approaches to mitigating inequities and the gathering of insights at a locality level. Delivering research in these areas would remove barriers to commissioning by generating clinical evidence, stimulating innovation, shining a light on practice in GM and reinforcing the city region's reputation as a world leader in creative health.

Each research area highlighted will require a substantial longitudinal programme, and partnerships should be explored to resource this, including with UK Research and

Innovation. Specialists in particular areas of work, including people with lived experience of specific conditions, should be involved in the design and delivery of these research programmes.

In order to evidence the contribution of creative health to the delivery of the GMS and ICP strategies, systems and processes will need to be implemented to collect data against measures of success. Creative health organisations would benefit from the skills and knowledge necessary to collect these data (which could be conferred via the learning hub).

In order to evidence the impact of creative health approaches within clinical pathways, a more targeted approach will be needed alongside collaborations with academic and clinical partners. For example, to measure outcomes around children and young people's mental health, it is recommended that data points are added to the GM health dashboard to record whether children and young people have engaged with creative activity as part of a mental health intervention and, if so, how and to what effect. There is potential for the i-THRIVE evaluation kit, which facilitates the measurement of outcomes for creative mental health interventions, to be adapted for wider use across the life course.

The creative health evidence hub should be led in partnership with an appropriate institution such as a GM-based university. The AHRC is aware of the excellent work being undertaken in the city region and should be approached about a long-term partnership.

4. COMMISSIONING: CREATE THE CONDITIONS FOR INVESTMENT IN CO-PRODUCED CREATIVE HEALTH PROGRAMMES AND INTERVENTIONS, PARTICULARLY WITH AND IN DEPRIVED AND MARGINALISED COMMUNITIES, RAISING EXTERNAL FUNDING WHERE APPROPRIATE

Locality boards should feel able to commission creative health programmes and services, responding to gaps in provision, meeting population needs and targeting those affected by inequities. To enable this, a way needs to be found for organisations working in the field to be considered among suppliers to local authorities, commissioners and health and care bodies. Creative health organisations need access to environments in which collaboration and joint commissioning bids can be developed, and this should be facilitated at both a GM and locality level.

Live Well has already begun to highlight ways in which participation in community-based activity can impact on health and wellbeing. Creative health should be integral to this work.

Where commissioning straddles local boundaries including specific clinical pathways, enablers for commissioning creative health approaches need to be developed.

Opportunities for the scaling up of existing work or development of new approaches should include clinicians, frontline staff and local communities in their co-production. Examples of where this approach would be particularly effective are a GM-wide creative brain health campaign with Dementia United and targeted programmes as part of GM's response to Core20PLUS5.

This work will inevitably include organisations within the GM culture portfolio, and GMCA should evaluate creative health outcomes with recipients of the next Culture Fund round. But this work must not be limited to the culture portfolio. The cultural ecosystem of GM includes many organisations which do not receive GMCA funding, ranging from large-scale venues to grassroots organisations, and it is essential that the city region draws on and builds their skills and expertise.

There is scope for securing external funding for work across the city region, particularly from charitable trusts and foundations and sector development agencies including ACE and NHLF, both of which have set strategic priorities for health and wellbeing over the next two to five years.



Families Creating Together, Arc. Photo: Arc.

5. WORKFORCE DEVELOPMENT: PROVIDE NETWORKING AND PROFESSIONAL DEVELOPMENT AND TRAINING OPPORTUNITIES FOR ALL THOSE ENGAGED WITH CREATIVE HEALTH ACROSS THE HEALTH, CARE , VCFSE AND CULTURAL SECTORS

The benefits of creative health approaches should be instilled in GM's medical school training for clinicians, psychologists, midwives, practice nurses and allied health professionals. GMCA/NHS GM should broker relationships between academic and training institutions and practitioners to enable the sharing of knowledge and practice with students through lectures, workshops and placement opportunities. Creative methods can also be used to enhance reflective processes inherent in clinical training courses.

GM should create a learning hub in which training and professional development can be offered. The hub will ensure that the creative health workforce (in the health, social care and cultural sectors) has the skills and knowledge to work with specific population groups and conditions.

The hub will disseminate existing learning opportunities; collaborate with, among others, the voluntary sector (particularly the 10 GM CVS organisations); and partner with the National Centre for Creative Health and higher education institutions.

The hub will also function as a collaborative space in which practitioners and experts from different disciplines can develop new ideas and partnerships and access commissioning opportunities.

The hub will be open to health and social care professionals seeking to expand their knowledge, and it is recommended that training enables staff to accrue continuing professional development credits, for example through a partnership with an NHS training provider. The hub should work in partnership with the social care academy being developed for GM.

The hub will also house a practitioner network (Live Well Make Art), organising semi-regular events and creating and maintaining channels for communication.

An approach that has been successfully trialled in GM has been that of training professional artists to disseminate their skills to others. So, for example, Brighter Sound provides training, including safeguarding, to enable musicians to become practitioner teachers,²³² which has the dual benefits of extending creative opportunities and generating income for local artists. A similar approach has been adopted by Company Chameleon in the field of dance.²³³ While these experiments have largely benefited young and emerging artists, they could be extended into the health and care workforce. Such an initiative might be coordinated as part of NHSE's occupational health and wellbeing initiative, with creative activity funded by ACE and/or by trusts and foundations.

6. COMMUNICATION: DEVELOP AND DELIVER A COMMUNICATIONS STRATEGY TO PROMOTE THE WORK TAKING PLACE IN GM UNDER THE BANNER OF CREATIVE HEALTH

Culture and creativity feature significantly in a number of social prescribing services across the city region. However, there is more to do to ensure that health and social care professionals and GM residents recognise the health and wider benefits of engaging in such activities.

When it comes to the involvement of GM's residents in creative health activities, PHE insisted that 'interventions that solely rely on individual behaviour change are likely to widen inequalities given the complex causal pathway impacting on capability, opportunity and motivation to change'; this means that, 'while action on behaviours and conditions is a necessary part of [any] solution to reduce health inequalities, these need to be addressed within the context of their root causes in the wider determinants of health'.²³⁴ A GM-wide communications strategy will be needed to create a clamour for creative health activities.

GM is the first area to take a systemic and systematic approach to addressing health inequalities and broader inequities through a creative health approach. An effective communications strategy will ensure that details of the city region's successes are accessible to policymakers, funders, clinicians, practitioners and commissioners in GM and beyond.

External communications will stimulate the development of national and international research partnerships and, in turn, a deeper pool of research and evaluation will become available.

Disseminating progress against GM's ambition to become the world's first creative health city region will encourage innovation, reinforce the city region's reputation and attract further investment.

The success of GM as a creative health city region will be measured by the following system outcomes.

- Creative, cultural and heritage opportunities and activities are accessible to GM residents, whoever and wherever they are, playing a part in people's daily lives at all ages and stages
- The demographics of those benefiting from creative health activities have diversified in accordance with a Core20PLUS5 approach
- Place leads, medical directors, directors of public health, general practitioners, link workers, social care and hospital staff are aware of, and regularly advocate for and commission, creative health activities across GM
- Increased and sustainable funding has been achieved by GM for long-term creative health activities
- Research activity in creative health has increased and diversified
- GM is home to an informed, sustainable and properly remunerated creative health workforce
- GM plays host to an evidence hub that leads the way in evaluating the contribution of creative health approaches to health, wellbeing and equity
- GM is known as a creative health city region, locally, nationally and internationally.

The above outcomes will be underpinned by wider population benefits as follows.

- More pre-school children are ready to begin their education
- The attainment gap has been reduced between children at different ends of the socio-economic gradient
- Residents of GM, including children and young people, have greater choice and access to services that can support their mental health and wellbeing in ways that they want
- Creative, cultural and heritage opportunities pave the way for more people to find work
- People are better able to manage their own health conditions
- Referrals to creative social prescribing and other community activities have increased
- Healthy life expectancy has increased across GM.

By adopting the recommendations of this strategy, every locality will be in a better position to offer well-resourced creative health activities across the life course; population health and wellbeing will improve; inequities will be reduced; and the people of GM will be better able to fulfil their potential.



Box on the Docks, MediaCity at Salford Quays. Photo: Box on the Docks.

Acronyms

ACE	Arts Council England
AHRC	Arts and Humanities Research Council
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing
Arc	Arts for Recovery in the Community
BLF	British Lung Foundation
CADA	Creative Ageing Development Agency
CLES	Centre for Local Economic Strategies
COPD	Chronic Obstructive Pulmonary Disease
CVS	Council for Voluntary Service
DCMS	Department for Digital, Culture, Media and Sport
ELSA	English Longitudinal Study of Ageing
ENO	English National Opera
FACT	Foundation for Art and Creative Technology
GMCA	Greater Manchester Combined Authority
GMHSCP	Greater Manchester Health and Social Care Partnership
GM ICP	Greater Manchester Integrated Care Partnership
NHS GM	Greater Manchester NHS Integrated Care
GMS	Greater Manchester Strategy
GM ICB	Greater Manchester Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IHE	Institute of Health Equity
IIC	Independent Inequalities Commission
LCEPs	Local Cultural Education Partnerships
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NLHF	National Lottery Heritage Fund
OHID	The Office for Health Improvement and Disparities
PHE	Public Health England
PSI	Postural Stability Instructor
RCGP	Royal College of General Practitioners
SRoI	Social Return on Investment
VCFSE	Voluntary, Community, Faith and Social Enterprise
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organization

About the author

Dr Rebecca Gordon-Nesbitt is a Research Fellow at King's College London. As researcher to the All-Party Parliamentary Group on Arts, Health and Wellbeing, she drafted *Creative Health: The Arts for Health and Wellbeing*, which included a case study of Greater Manchester and consideration of the social determinants of health.

Rebecca conducted an early mapping of Greater Manchester's creative health organisations at Arts for Health (Manchester Metropolitan University) and secured funding from the AHRC to review evidence suggesting a long-term association between cultural attendance and healthy life expectancy. She compiled a report on creative ageing for the Baring Foundation, in which she referred to GM as the 'crucible of the arts and health movement'.

Rebecca has written about creative health in book chapters and journal articles, and she recently worked with colleagues at the AHRC and University College London to review evidence exploring the role of cultural, community and natural assets in addressing inequalities. She sits on the advisory group of the National Centre for Creative Health, which came to life in response to the first recommendation of the *Creative Health* report.

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If you would like to find out more about Greater Manchester's commitment to becoming a Creative Health City Region, or to discuss potential opportunities, collaborations and challenges, please email ghmscp.pcca@nhs.net.

The work to realise the power of creativity, culture and heritage in increasing equity, health and wellbeing is driven by the Person and Community Centred Approaches team at the Greater Manchester Integrated Care Partnership. You can follow us on Twitter here: @GMPandC

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