london plus

The Creative Health Impact Framework

A framework to support voluntary, community and social enterprise, arts, and cultural organisations to plan for, evidence, and communicate impact to health partners in relation to inequalities and health improvement

March 2025

"Across London, VCSE, arts, and cultural organisations deliver activities that transform lives, addressing health inequalities and improving well-being.

The Creative Health Impact Framework helps these organisations better understand, evidence, and communicate their impact. Fostering collaboration with health partners, it aims to unlock greater investment in creative and community-based solutions to tackle inequalities and enhance health outcomes."

Rob Bell, Interim Chief Executive, London Plus

Foreword

This Creative Health Impact Framework was commissioned by London Plus and funded by The Greater London Authority. The Framework was developed by Creative Health Consultant Jane Willis in collaboration with Voluntary, Community and Social Enterprise (VCSE), arts, cultural, and health partners from across South East London.

The Creative Health Impact Framework aims to support arts, cultural and VCSE organisations to understand, evidence and communicate the impact of their work in relation to health outcomes and impacts in a way that aligns with health priorities and makes sense to health partners.

The Framework was developed in response to an identified need to support VCSE, arts, and cultural organisations to better evidence and communicate the value and impact of their work in relation to health inequalities and health improvement. This need was initially identified in relation to the South East London Integrated Care System (ICS), but it's use can be applied across all ICSs.

There is longstanding and increasing recognition that health outcomes are impacted by the wider social determinants of health and are worsening because of increasing inequalities across society[1]. The recent introduction of Integrated Care Systems (ICSs) offers a valuable opportunity for cross-sector approaches to tackling inequalities and improving health outcomes.

VCSE, arts, and cultural organisations play a key role in this, collaborating with health partners to address wider social determinants of health. Creative approaches support people to live well, improve health and wellbeing, and reduce health inequalities. However, for cross-sector collaboration to flourish, partners need to both understand and evidence the ways in which creative and cultural resources impact inequalities and improve health outcomes.

The Creative Health Impact Framework supports VCSE, arts, and cultural organisations in planning work that addresses local needs, in understanding and evidencing the impact of their work, and in communicating this in ways that align with current health priorities and make sense to health partners.

By showing how creative health interventions fit within an integrated model of health improvement, it helps VCSE, arts, and cultural organisations make a stronger case for funding and offers reassurance to health partners when commissioning creative approaches to reducing inequalities and improving health outcomes.

> **"This enables or champions funders to take a leap of faith in relation to supporting innovative work."**
> *(Creative Health Impact Framework workshop participant)*

[1] Fair Society, Healthy Lives (The Marmot Review), 2010, and Health Equity in England: The Marmot Review 10 Years On, 2020.

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"We know that the VCSE, arts, and cultural sectors deliver valuable work tackling health inequalities, improving health outcomes, and transforming lives. Now we have a Framework to help us understand, evidence, and communicate their impact.

I'm excited to see how it will be embedded in South East London and beyond, shining a light on compelling stories of impact that align with health priorities."

**Sir Richard Douglas, Chair,
NHS South East London Integrated Care Board**

Introduction

What is the Creative Health Impact Framework?

The Creative Health Impact Framework is a set of tools to support VCSE, arts, and cultural organisations:

- Plan creative health programmes aligned to identified health needs
- Evidence impact through appropriate and proportional approaches to evaluation
- Communicate compelling stories of impact that encompass short, medium and long-term change

"It's a really practical guide for planning projects and communicating impact."
(Creative Health Impact Framework workshop participant)

The tools within the framework include:

- The Creative Health Logic Model Template designed to help organisations plan and develop a creative health programme to meet identified health and wellbeing needs
- The Priority Health Outcomes and Impacts Guide, including intermediate outcomes, outcomes and impacts that align with NHS priorities
- The Creative Health Evaluation Framework outlining what to evaluate for each element of the logic model (outputs, intermediate outcomes, outcomes, impacts), suggesting suitable evaluation methods and tools
- A Scaled Approach to Creative Health Evaluation recommending appropriate and proportionate approaches to evaluation according to the size and maturity of a project to use with commissioners
- The Creative Health Case Study Template supporting organisations to use their evaluation findings to succinctly communicate the impact of their work

"I think this Framework would be relevant to other VCSE work beyond creative health to be honest."
(ICS Commissioner)

Who is it for?

The Creative Health Impact Framework is aimed at VCSE, arts, and cultural organisations delivering arts, creative and cultural programmes that support health and wellbeing, working with commissioners/funders.

It is intended to be flexible enough to support organisations and programmes of all scales, from those delivering small, short-term projects to those delivering larger, longer-term programmes.

What does it aim to achieve?

The Creative Health Impact Framework aims to achieve:

Enhanced Collaboration and Co-production

- Co-produced approaches to identifying priorities and evidencing impacts that align with health priorities
- Stronger partnerships and increased collaboration among VCSE, arts, and cultural organisations, health partners, communities, and individuals with Lived Experience

Increased Capacity

- Enhanced skills in evidencing and communicating impact
- Greater understanding of health inequalities, outcomes, and impacts within the VCSE, arts, and cultural sectors

Improved Communication

- Strengthened ability of VCSE, arts, and cultural organisations to convey their impact in relation to community needs, ICS and broader NHS priorities

Increased Investment

- Increased funding for VCSE, arts, and cultural programmes focused on reducing inequalities and improving health outcomes

"This feels clear, practical and adaptable."
(Creative Health Impact Framework workshop participant)

How was the Creative Health Impact Framework Developed?

This Creative Health Impact Framework was commissioned by London Plus and funded and supported by The Greater London Authority (GLA) and guided by a Champions Group including representation from London Plus, the GLA, Southwark Culture, Health and Wellbeing Partnership, South East London ICS, The Culture Health and Wellbeing Alliance, and London Arts and Health.

Creative Health Consultant Jane Willis was appointed to lead its development in collaboration with VCSE, arts, cultural, and health partners from across South East London.

Jane's approach was informed by a deep understanding of the challenges VCSE, arts and cultural organisations face in evidencing their impact. Building on her research[2] into how to robustly and credibly evaluate creative health projects – which resulted in the development of Creative and Credible, a set of online resources[3] – she has spent years supporting improved evaluation across the creative health sector.

[2] Daykin, N. Willis, J. Gray, K. McCree, M. (2016) Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production: Arts & Health 9(2):1-16.

[3] Creative and Credible was a series of Economic and Social Research Council (ESRC) funded academic knowledge-exchange programmes with the University of West of England which led to the development of online tools, resources and training to support creative health organisations to engage with evaluation creatively, improve practice and strengthen the evidence base around the benefits and impacts of creative health projects.

Phase One

Phase one was originally carried out by Civil Society Consulting and consisted of desktop research to understand what outcomes health partners were looking for from the VCSE. Further in-depth desktop research and more than 20 research papers, toolkits and reports were then reviewed by Jane Willis to gain a better understanding of a range of perspectives on the brief to develop a better understanding of the wider context and to carry the work forward, including:

• Health inequalities and the wider determinants of health
• Creating and evidencing social value
• ICS commissioning processes
• Public health evaluation frameworks
• Approaches to evidencing the impact of Social Prescribing
• Shared outcomes frameworks
• Social Return On Investment tools

Interviews were conducted with more than 14 stakeholders from South East London ICS, Southwark Culture, Health and Wellbeing Partnership, Southwark and Lambeth Councils, VCSE, arts and cultural organisations and the National Centre for Creative Health.

The desktop research and interviews emphasised the value VCSE, arts, and cultural organisations bring in co-creating effective, community-based solutions to health inequalities and outcomes.

It also identified barriers to cross-sector collaboration, including a lack of:

• Understanding amongst VCSE, arts and cultural organisations around identifying health priorities and the links between inequalities and health outcomes
• Understanding amongst health partners around how creative and cultural programmes might address health priorities
• Understanding amongst health partners around how to assess VCSE, arts and cultural partners' capacity to deliver safe and effective interventions
• Knowledge sharing between health, cultural and community partners
• Understanding amongst health as well as VCSE, arts and cultural partners around appropriate and proportionate approaches to evaluation
• Evidence, or knowledge around how to access and use existing evidence
• Time and resources for VCSE, arts and cultural organisations to build strong partnerships
• Time and resources for VCSE, arts and cultural organisations to evidence the impact of their work

Alongside this, the desktop research and interviews identified several cross-sector collaboration enablers, including:

• A shared language
• Clarity around commissioning process
• More accessible commissioning processes
• Improved cross-sector understanding
• Trust and reassurance
• Increased evidence
• Improved communication of value and impact

Phase Two

The findings from the initial research were used to inform two 3-hour Creative Health Impact Consensus Workshops in May 2024.

The workshops introduced the findings from the interviews, meetings and desktop research and were designed to explore, test and develop greater consensus around the themes outlined above.

The workshops were attended by 21 people, including 13 from VCSE, arts and culture, six from health, one local authority commissioner and one creative health lead located within South East London ICS.

The workshop findings endorsed and added weight to the desktop research and interviews.

They highlighted specific benefits of creative, community-based approaches to reducing inequalities and improving health outcomes, including:

• Engaging those experiencing the greatest deprivation and inequalities
• Building meaningful connections through engagement informed by Lived Experience
• Co-creating innovative, enjoyable, and engaging solutions that address whole-person needs and support long-term improvements in health and inequalities
• Achieving intermediate outcomes that contribute to reducing inequalities and enhancing health, such as fostering a sense of belonging and local pride, cultivating friendships and social connections, sparking enjoyment, and inspiring hope and agency

The workshops revealed that health partners often don't understand how creative programmes address inequalities and health outcomes, or what evidence to ask for to better understand this.

At the same time, VCSE, arts and cultural partners highlighted challenges such as limited time and resources for evaluation and insufficient skills to analyse and interpret the data they collect. As a result, even when Creative Health programmes are evaluated, their impact is not always communicated in ways that resonate with health partners.

This disconnect is further exacerbated by differences in culture, values, language, and working methods between health organisations and VCSE, arts, and cultural groups. Consequently, health partners often view creative projects as "untried and untested" or "difficult to quantify," deterring investment.

Phase Three

The first iteration of the Creative Health Impact Framework was developed in response to these findings between May and June 2024. It was tested in two further workshops with VCSE, arts, cultural, and health partners in July 2024.

These workshops were attended by many of those who attended the first set of workshops including nine from VCSE, arts, and cultural organisations and eight from South East London ICS or local authorities, and one person from London Arts and Health.

The Framework was positively received with people concluding that it:

Is Accessible
"It consolidates what's already out there but makes it accessible and shows us how to apply it in practise."

Provides Clarity
"A very clear road map for a way forward."

Supports Planning, Delivery and Evaluation
"It's a really practical guide for planning projects and communicating impact."

Encourages Collaboration and Co-production
"I like the idea that is encourages collaboration and co-production."

Creates Consensus
"It will help ensure that we're all talking the same language."

Is Proportionate
"This enables us to be creative about how we prove the value of small projects without it being an evaluation burden."

Supports the Communication of Impact
"The clear structure will make it easier to tell a story of change."

Supports fundraising
"It will help us write much clearer funding bids."

Supports Innovation
"This enables or champions funders to take a leap of faith in relation to supporting innovative work."

Is widely applicable
"I can see the relevance of this to other work. This framework can be used more widely across public health to standardise and make proportionate what we ask for."

Planning solutions to health needs

This section of the Creative Health Impact Framework describes how to use:

• The Creative Health Logic Model Template
• The Health Outcomes and Impacts Guide

to plan creative health programmes that align with identified health needs.

The Creative Health Logic Model Template

What is the Creative Health Logic Model Template?

The Creative Health Impact Framework centres around a Creative Health Logic Model Template that has been designed to help organisations to map the connections between:

1. The Need: The identified health or wellbeing need that the project seeks to address

2. The Approach: The project delivered in response to that need, including the inputs, resources, and activities needed to meet the identified need

3. Outputs: The quantifiable things that the project did, delivered, or produced

4. Intermediate outcomes: Sometimes called "soft outcomes," these include participants' experiences, such as reported or observed changes that may not be measurable. Identifying these intermediate outcomes is essential to understanding how and why participation in a project leads to specific, measurable results

5. Outcomes: The measurable changes that occur because of the project. In creative health projects, outcomes may be personal (e.g. increased confidence), physiological (e.g. reduced stress hormones), social (e.g. increased connection), or artistic (e.g. learning a skill)

6. Impacts: The broader, long-term changes to which a project may contribute but are often difficult to measure and may not be directly attributable to the project

> **"A Logic Model helps map the resources and the sequence of events that connect the need for a programme with its results."**
> *(Public Health England Arts for Health and Wellbeing Evaluation Framework)*

How to use the Creative Health Logic Model Template

1. Plan effective creative health projects aligned to health needs

The Creative Health Logic Model Template is intended to be used as part of a collaborative planning process to develop a project in response to identified health needs.

It can be used as a structure to guide a process of co-production to ensure that a project is planned around local needs and preferences. This means that outcomes and impacts are identified that matter to local people and meet wider strategic health priorities.

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Ideally, those responsible for project development, delivery, and evaluation work together with health partners, the wider community and people with Lived Experience to agree what is important and relevant to include within each element of the Logic Model.

As part of this process, the Creative Health Logic Model can be used to:
• Facilitate conversations with local people and those with Lived Experience around needs and outcomes that matter to them

• Inform conversations with health partners on how identified needs and outcomes align with ICS, and wider national health priorities

• Ensure logical connections between the identified needs, project inputs, resources, activities, and the intended outcomes and impacts

"Logic model is the right approach and this one looks pretty clear / easy to follow."
(ICS Commissioner)

2. Plan appropriate evaluation approaches

The Creative Health Logic Model also supports the process of planning an appropriate, proportionate and effective evaluation.

It can be used to:
• Clarify monitoring requirements by identifying the project's intended outputs

• Guide qualitative evaluation questions to capture participants' experiences and better understand intermediate outcomes

• Facilitate discussions with health partners around which health outcomes are most relevant to evidence

• Develop a logical hypothesis about how the project may contribute to broader health impacts

3. Create a compelling case for support

The Logic Model helps create a strong case for support by clearly outlining the project's anticipated outcomes and impact through a well-defined theory of change. This can be used to support funding bids.

"It will help us write much clearer funding bids."
(Creative Health Impact Framework workshop participant)

Tips for Co-Producing a Creative Health Logic Model

1. Promote equity and inclusion

Ensure all voices are heard by involving people with Lived Experience, as well as artists and creative practitioners, project partners, commissioners and funders in discussions.

2. Use the Logic Model Template as a framework for discussion

Identify shared values, build consensus, and establish a common language about the project's purpose.

3. Facilitate meaningful conversations

Before engaging stakeholders and partners consider:
- How to create equitable, inclusive, and safe spaces for discussion?
- Who to facilitate the conversations?
- What creative engagement tools might encourage participation and collaboration?
- How to make sense of what people say?
- How to document and share the findings with those who took part?

4. Ask open questions to explore what matters most to people. For example...

Need
- What is the problem or need we want to address?
- What's most urgent or challenging about this situation?
- Where can we make the greatest impact?

Approach
- What would help?
- What matters most to people?
- How can we ensure inclusivity and accessibility?
- What shared values will guide how we work?

Outputs
- What will we deliver?
- How will these activities address the need?

Intermediate Outcomes
- What do we hope will happen?
- How do people want to feel during the process?
- What will success look like?

Outcomes
- What do we want to be different?
- What changes do we want to see?
- How will we know if we achieve these changes?
- Which of these changes could we measure?

Impact
- What impact might these changes have?
- What longer-term changes could result from this project?

"I like the idea that it encourages collaboration and co-production."
(Creative Health Impact Framework workshop participant)

Download the Creative Health Logic Model

The Creative Health Logic Model Template

Need	Approach	Outputs	Intermediate outcomes	Outcomes	Impacts
Clear identification of need	Description of activities and resources needed to meet the need	Quantifiable evidence of what the project did or delivered	Qualitative description of people's experience of taking part in the project	Measurable change as a result of the project	Evidence or logical hypothesis of how the project might contribute to wider impacts
For example: Why did you develop the project? How does the project relate to the health needs of local people? What identified health and wellbeing needs does the project address? How have you identified these needs? Continued	For example: What will you do in response to this need? What activities will you deliver? What creative input do you need? How many sessions, workshops, activities, etc will you deliver? How long will each session, workshop, activity, event last? Continued	For example: Number of co-production and consultation activities Activity plan or programme Artist briefs Policies and procedures for ensuring safety and managing risk Training and support available to ensure the safety of participants, creative practitioners, volunteers and staff Continued	For example: What intermediate or short-term changes do you expect? What might people experience or feel? E.g. Enjoyment, safety, belonging, connection, expression, confidence, hope etc These intermediate outcomes are sometimes referred to as "soft outcomes" – i.e. changes which are reported or observed but cannot be measured Continued	For example: What measurable changes do you expect your project to lead to? For example, intermediate outcomes including enjoyment, connection and belonging might lead to a measurable reduction in loneliness (ONS 4 Loneliness[4]) Continued	For example: What wider, longer-term changes might your project support? Ideally, these will be impacts that align with the needs of local people, ICS priorities or wider NHS priorities For example, reduced loneliness might lead to reduced isolation, through which someone might be more likely to seek help and less likely to end up in crisis care Continued

[4]www.measure-wellbeing.org/measures-bank/loneliness-ons

The Creative Health Logic Model Template (continued)

Need	Approach	Outputs	Intermediate outcomes	Outcomes	Impacts
Have people with Lived Experience been involved in developing the project? How does the project respond to current research and / or policy priorities? E.g. Core20PLUS5, Vital 5, and the strategic health priorities of SE London ICB etc?	How will you ensure the safety of participants, creative practitioners, volunteers and staff? Who do you want to engage or reach? How many people will you engage or reach? When and where will it take place? What will it cost to deliver? How will you evaluate the project? Etc	Number and duration of sessions, workshops, activities, events etc Number of people reached or engaged Demographics of those engaged Project dates and venues Cost to deliver the project Evaluation Plan Evaluation Report Dissemination activities Etc	Intermediate outcomes play a vital role in helping us to understand how and why taking part in a project might lead to specific measurable outcomes Use the Health Outcomes and Impacts Guide to help you consider which might be relevant to your project	Or, intermediate outcomes including safety, no judgement, increased confidence might lead to a measurable reduction in anxiety (Generalised Anxiety Disorder Assessment (GAD-7)[5]) Use the Health Outcomes and Impacts Guide to help you consider which might be relevant to your project	Identify intended financial impacts by referencing the 'Frontier Economics Health and Wellbeing Report - Culture and Heritage Capital: Monetising the Impact of Culture and Heritage on Health and Wellbeing' for information on the economic impact or monetary value of culture and heritage on health and wellbeing.[6] Use the Health Outcomes and Impacts Guide to help you consider which might be relevant to your project

Note: Logic Model prompts are not exhaustive. You may come up with more or different ones according to the context and scale of your project

[5]https://patient.info/doctor/generalised-anxiety-disorder-assessment-gad-7

[6]www.frontier-economics.com/media/2lbntjpz/monetising-the-impact-of-culture-and-heritage-on-health-and-wellbeing.pdf

The Health Outcomes and Impacts Guide

What is the Health Outcomes and Impacts Guide?

The Health Outcomes and Impacts Guide includes lists of possible Intermediate Outcomes, Outcomes and Impacts that partners can draw on to support the conceptualisation of a project.

The lists have been drawn from 'South East London Integrated Care Strategic Priorities for 2023 – 28', the South East London Vital Five priorities and wider NHS England priorities including Core20PLUS5 (adults), a model used by health systems to tackle health inequalities.

Local and national health priorities from these sources were analysed to identify the cross-cutting priorities that creative health projects might seek to address. The lists can be used to identify how a creative health project might relate to identified local and national health priorities.

Since the frame of reference for this work is the community served by London Plus, which is adults only, the lists do not include priorities that relate to children and young people such as Core20PLUS5 Children and Young People. If you are working in this area, we suggest looking at the 'Children and Young People' page on the South East London Integrated Care System website.

To identify health priorities outside of South East London, refer to the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy of the ICS. The JSNA outlines the health and wellbeing issues affecting a local population, both current and anticipated. It serves as a foundation for the area's Health and Wellbeing Strategy, which in turn guides commissioning plans for health, social care, public health, and children's services.

How to use the Health Outcomes and Impacts Guide

1. To plan effective creative health programmes

The Health Outcomes and Impacts Guide can be used to identify the priority outcomes and impacts that a project aligns with.

This knowledge can be used to create a Logic Model for the project as follows:
1. Identify the health impacts that best align with identified need for the project

2. Refer to priority outcomes and impacts to inform the approach to meeting the identified need, and to articulate intended outputs
3. Use the lists of intermediate outcomes to inform conversations with stakeholders to identify the desired or expected intermediate outcomes for the project
4. From the identified intermediate outcomes, create a list of measurable outcomes
5. From this list of measurable outcomes, identify the outcomes that most align with the intended impacts identified above

To see how the Health Outcomes and Impacts Guide was used to help shape a Logic Model for 'Act It Out, a drama project supporting people with mental health issues', download the worked example below.

2. To plan an appropriate and proportional approach to evaluation

Using The Health Outcomes and Impacts Guide to populate a Logic Model creates greater clarity around intended outputs, intermediate outcomes, outcomes and impacts for both the organisation and funders. This, in turn, leads to increased clarity around what to evaluate, including relevant monitoring. It also ensures that data captured is useful in terms of its ability to evidence a story of change aligned to health priorities.

> **"It's adaptable, flexible and helps us to articulate outcomes"**
> *(Creative Health Impact Framework workshop participant)*

Download a worked example of The Creative Health Impact Framework

Download the Health Outcomes and Impacts Guide

Evidencing impact

This section of the Creative Health Impact Framework describes how to use:

• A Scaled Approach to Evaluation
• The Creative Health Evaluation Framework

to evidence impact through appropriate and proportional approaches to evaluation.

A Scaled Approach to Creative Health Evaluation

What is a Scaled Approach to Creative Health Evaluation?

A Scaled Approach to Creative Health Evaluation supports VCSE, arts, and cultural organisations and health partners to assess and agree proportionate and appropriate approaches to evaluation.

These recommendations for proportionate and appropriate approaches to evaluation are intended to lessen the burden of evaluation by giving smaller projects the confidence to carry out smaller, simpler and more focused evaluations.

Credible evaluation requires considerable time and resources. The best evaluations are realistic, achievable and focused on clear aims. It is better to do less, well, than attempt to evaluate everything and, in doing so, not come up with clear or credible findings.

"This enables us to be creative about how we prove the value of small projects without it being an evaluation burden."
(Creative Health Impact Framework workshop participant)

How to use a Scaled Approach to Creative Health Evaluation

Project teams should consult the recommendations within a Scaled Approach to Creative Health Evaluation at the earliest stage of planning a project to inform the scope and aims for evaluation, guide evaluation planning and determine the time, resources and budget allocated in the project plan for evaluation.

As part of this process, the recommendations can be used to inform discussions with partners to develop consensus around what is a realistic and proportionate approach to evaluation.

"It will give us the confidence to push back against unrealistic demands."
(Creative Health Impact Framework workshop participant)

Download A Scaled Approach to Creative Health Evaluation

A Scaled Approach to Creative Health Evaluation

Micro projects	Small scale projects	Medium scale projects	Large scale pilot projects	Large scale mature projects
Less than £5,000	**£5,000 - £10,000**	**£10,000 - £50,000**	**£50,000 - £150,000**	**£150,000 +**
Clear articulation of identified need + Description of what was delivered to meet that need + Simple monitoring of project outputs to demonstrate accountability	Clear articulation of identified need + Description of what was delivered to meet that need + Monitoring of project outputs + Monitoring of attendance, numbers and demographics to evidence reach	Clear articulation of identified need + Description of what was delivered to meet that need + Monitoring of project outputs + Monitoring of attendance, numbers and demographics to evidence reach + Qualitative evaluation exploring people's experience of taking part **+ (optional)** Process evaluation to inform future delivery	Clear articulation of identified need + Description of what was delivered to meet that need + Monitoring of project outputs + Monitoring of attendance, numbers and demographics to evidence reach + Qualitative evaluation / Process evaluation + Validated outcome measure to evidence the primary change that took place	Clear articulation of identified need + Description of what was delivered to meet that need + Monitoring of project outputs + Monitoring of attendance, numbers and demographics to evidence reach + Qualitative evaluation / Process evaluation + Validated outcome measure to evidence the primary change that took place + Partnership with health / academic partner to access and track longer-term impacts.

The Creative Health Evaluation Framework

What is the Creative Health Evaluation Framework?

The Creative Health Evaluation Framework suggests appropriate approaches to evaluation to test and evidence each element of the Creative Health Logic Model including:

Outputs

What the project did or delivered, usually evidenced through record keeping and monitoring.

Intermediate outcomes

People's experience of taking part and changes that are observed or felt but not measured, usually evidenced through qualitative data gathered from feedback, interviews, and focus groups, as well as through creative approaches to evaluation.

Outcomes

Measurable changes that happen as a result of the project, usually evidenced through before and after questionnaires including validated health questionnaires.

Impacts

Broader or longer-term changes that the project contributes to, usually evidenced through longitudinal evaluation; through access to NHS data in collaboration with health partners; or through health economic evaluation in partnership with academic research partners. If this is not appropriate to the scale and size of the project, impacts may be presented as a logical hypothesis backed up by qualitative data and evidenced outcomes.

It may be possible to identify financial impacts including potential cost savings, by referencing the 'Frontier Economics Health and Wellbeing Report - Culture and Heritage Capital: Monetising the Impact of Culture and Heritage on Health and Wellbeing'[7].

"It provides for proportionality and rigour at the same time as proving value."
(Creative Health Impact Framework workshop participant)

[7]www.frontier-economics.com/media/2lbntjpz/monetising-the-impact-of-culture-and-heritage-on-health-and-wellbeing.pdf

How to use the Creative Health Evaluation Framework

Once the project team has determined a realistic scope for the evaluation of their project, they will know whether it is proportionate and appropriate to gather monitoring data, explore intermediate outcomes, measure outcomes, or evidence impacts.

The Evaluation Framework can then be used to prompt discussion around what data to gather and how best to do this.

Where it is not proportionate or appropriate to measure outcomes (for example, because the number of participants is too small, or the use of health outcomes scales might be overly intrusive), it might be possible to draw on research from elsewhere to support the findings of a project evaluation.

For example, a singing project supporting maternal mental health might gather qualitative data to better understand women's experience of taking part in the project. However, if this is a small pilot project, instead of attempting to measure changes in mental health or mood, it might draw upon existing research to show that, elsewhere, singing with new mothers led to improvements in symptoms for moderate to severe postnatal depression[8].

"I think organisations of all sizes will find this useful to design the projects, and make sure they have factored into their approach, outputs and outcomes."
(ICS Commissioner)

Download the Creative Health Evaluation Framework

[8]Fancourt D, Perkins R. Effect of singing interventions on symptoms of postnatal depression. The British Journal of Psychiatry, Volume 212, Issue 2, February 2018, pp.119 – 121.

The Creative Health Evaluation Framework

Need / approach	Outputs	Intermediate outcomes	Outcomes	Impacts
Activities and resources needed to meet the identified need	**Quantifiable evidence of what the project did or delivered**	**Understanding people's experience of taking part**	**Evidence of a measurable change that has happened as a result of the project**	**Logical hypothesis of how the project contributes to wider impacts**
How will you do this?	How will you do this?	How will you do this?	How will you do this?	How will you do this?
Specific and clear description of the project: Clear description of the need the project aimed to meet How the project was planned and delivered to meet the identified need Partners involved Budget Programme Etc	**Record Keeping and Monitoring e.g.** Number of creative outputs Number of artists appointed Number of sessions Duration of sessions Attendance at sessions Number and demographics of people engaged Record of costs spent against forecast budget Etc	**Qualitative evaluation e.g.** Feedback forms Interviews Focus Groups Participant Case Studies Creative approaches to gathering qualitative data Etc	**Quantitative evaluation e.g.** Before and after questionnaires Outcomes Star[9] MYCaW[10] Validated Outcome Measures such as: – ONS (4) wellbeing[11] – ONS (4) Loneliness[12] – Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)[13] Etc	**Evaluation of Impact e.g.** Longitudinal Evaluation For example, by monitoring changes with NHS partners through access to NHS patient numbers Cost Benefit or Health Economic Evaluation in partnership with academic researchers Etc

[9]www.outcomesstar.org.uk
[10]www.meaningfulmeasures.co.uk/mycaw
[11]www.measure-wellbeing.org/measures-bank/ons4
[12]www.measure-wellbeing.org/measures-bank/loneliness-ons
[13]www.measure-wellbeing.org/measures-bank/wemwbs

Communicating impact

This section of the Creative Health Impact Framework describes how to use:

• The Creative Health Case Study Template

to communicate a compelling story of impact that encompasses short, medium and long-term change.

Using the Logic Model to Communicate Impact

How to use a Logic Model to communicate a compelling story of impact

The sequence of outputs, intermediate outcomes, outcomes, and impacts in the Logic Model forms a clear and logical theory of change to support project planning.

After a project has been evaluated, findings can be used to update the Logic Model to reflect what actually happened in practice.

This refined or validated Logic Model can tell a compelling story of short, medium, and long-term change. It provides an evidence-based narrative that:

• Highlights key inputs, activities, and outcomes as they unfolded

• Shows relationships and suggests causal links between outputs, intermediate outcomes, outcomes, and impacts

"Organisations find it hard to explain their impact. We get lots of information about numbers and activities, a lot of data but no sense being made of that data. Funders want to understand what the outcomes and impacts are, and people struggle to understand the difference between outputs and outcomes."

(Creative Health Impact Framework workshop participant)

The Creative Health Case Study Template

What is the Creative Health Case Study Template?

A project case study tells the story of a single project, using evaluation findings and evidence to highlight its impact.

The Creative Health Case Study Template is designed to help organisations share the story of change outlined in the refined or validated Logic Model, in an accessible and engaging way.

It proposes a narrative approach that is more meaningful and memorable than presenting facts and figures alone.

It supports organisations by:
• Showcasing their impact
• Enhancing understanding of their practice
• Increasing visibility for their work and the wider sector

"The clear structure will make it easier to tell a story of change."
(Creative Health Impact Framework workshop participant)

How to use the Creative Health Project Case Study Template

When writing a project case study, the project team should use evaluation findings to guide each section of the Case Study based on the template.

Before writing in full, it can be helpful to jot down or mind-map the key points for each section. These notes or bullet points can be reviewed with others before turning them into a narrative.

If the evaluation includes anonymised participant quotes (with consent), they can be used to highlight key points and add depth to the case study.

The case study should be succinct. After drafting, it's important to edit for clarity, removing repetition and unnecessary words.

A well-written case study serves multiple purposes and can be a powerful tool for:
• **Demonstrating accountability:** Share it with funders, partners, and participants to showcase the difference your work has made

- **Communicating your work:** Publish it on websites, in annual reports, or in impact statements to highlight your achievements

- **Raising your profile:** Use it on social media, in press releases, at conferences, or through partner websites to increase visibility

- **Winning awards:** Build a compelling, evidence-based award entry using the case study as a foundation

- **Securing future work**: Strengthen funding bids or tenders with credible stories of impact

- **Supporting organisational learning:** Create a library of case studies to preserve knowledge and establish a legacy for your work

To maximize its reach, develop a dissemination plan once the case study is finalised.

To increase impact, consider using creative approaches to communicate the story of your case study, such as:

- A storyboard, graphic novel, or illustrated format
- Anonymised animation featuring real voices
- Recorded voices paired with still images
- Theatre or performance-based storytelling

Download the Creative Health Project Case Study Template

Resources

This section includes:
- **Links to Further Resources**
- **Glossary**

Links to Further Resources

Sector Support Organisations

National Centre for Creative Health
www.ncch.org.uk

Culture Health and Wellbeing Alliance
www.culturehealthandwellbeing.org.uk

London Arts and Health
www.londonartsandhealth.org.uk

London Creative Health City
www.londoncreativehealthcity.org.uk

Southwark Culture, Health and Wellbeing Partnership
www.southwark.gov.uk/southwark-creates/
networking/culture-health-and-wellbeing-
conversation

Impact reports

Frontier Economics Health and Wellbeing report - Culture and Heritage Capital: Monetising the Impact of Culture and Heritage on Health and Wellbeing
www.frontier-economics.com/media/2lbntjpz/
monetising-the-impact-of-culture-and-heritage-
on-health-and-wellbeing.pdf

Sector Support Resources

Creative Health Toolkit
www.creativehealthtoolkit.org.uk

Creative Health Quality Framework
www.culturehealthandwellbeing.org.uk/
resources/creative-health-quality-framework

Evaluation Resources

Centre for Cultural Value Evaluation Principles
www.culturalvalue.org.uk/our-work/evaluation/
evaluation-principles

Arts for health and wellbeing: an evaluation framework
www.gov.uk/government/publications/arts-for-
health-and-wellbeing-an-evaluation-framework

Evaluation methods: evaluation in health and wellbeing
www.gov.uk/guidance/evaluation-in-health-and-
wellbeing-methods

Creative & Credible: How to Evaluate arts and health projects
www.creativeandcredible.co.uk

Glossary

Co-production is a way of working whereby local communities and decision makers, or people who use services, family, carers and service providers participate equally to create a service, event or project which works for them all.

Creative Health is defined as creative approaches and activities which have benefits for our health and wellbeing. Activities may include visual and performing arts, crafts, film, literature as well as creative activities in nature. Approaches may involve creative and innovative ways to approach health and care services, co-production, education and workforce development. Creative health can contribute to prevention of ill-health; promotion of healthy behaviours; management of long-term conditions; treatment and recovery across the life course.

A Creative Practitioner is an inclusive term for someone working in the arts and cultural sector who often also has an experimental, open and collaborative approach. The term encompasses practitioners from different creative and cultural disciplines (from fine art, dance, music, to radio, architecture etc) who use creativity, arts and cultural practices in their work.

A Commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers and ensures that services are available.

Commissioning is the process by which the needs of the local population are identified, priorities set and appropriate services purchased and evaluated.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health and social care is a term used to refer to formal health and care services provided by or funded by the government via the NHS, Public Health teams in local councils, or care providers such as care homes and domiciliary care services.

Impacts are longer-term or wider changes which your project might contribute to, but which is often hard to measure, and which you might not be able to attribute directly and wholly to your activity.

An Integrated Care Board (ICB) is a statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area.

An Integrated Care System (ICS or 'System') is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. 42 geographic ICSs were established across England on a statutory basis on 1 July 2022. London has five ICS'. A 'system' has a population of approximately 1 million to 3 million people. Within an ICS decisions are made at three geographic levels. At system level (ICS) the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale. Decisions are also made at 'place' level (population c.250,000 – 500,000). In London 'place' equals 'Borough' and 'neighbourhood' level (population c.30,000-50,000) equals 'Primary Care Network'.

An Integrated Care Partnership (ICP) is a statutory committee that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

Lived Experience is used in this context to refer to people's own, personal experience of health or wellbeing concerns, or of situations that might impact our health and wellbeing.

A Logic Model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your programme, the activities you plan, and the changes or results you hope to achieve. A Logic Model describes the relationship between an intervention's inputs, activities, outputs, outcomes, and impacts.

Longitudinal evaluation means evaluating the impact of a project beyond the end the project over a longer period of time which may include months, years, or decades.

Monitoring involves collecting and reporting on existing information about a project. Such information might include the numbers of workshops delivered, artworks produced, performances created or number of participants engaged. It might also include information about who is involved, including for example age, heritage, marital status, gender, pregnancy, sexuality, disability, caring responsibilities or socio-economic status.

Neighbourhood is a term used when talking about how health and care services are planned and managed. A 'neighbourhood' is an area with a population of approximately 30,000 – 50,000 people

that is the third and smallest geographic level of an integrated care system. A neighbourhood is served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.

Outcomes are measurable changes that you can attribute directly to your activity. Outcomes are usually described in terms of an increase or decrease in something, for example, enjoyment, confidence, anxiety, or wellbeing. It is necessary to gather evaluation data before and after an activity to show whether there has been a change.

Outputs are things that might be made or produced during a project, for example, a piece of music, or an exhibition. Not every project has clear outputs.

Place – when talking about ICS structures the term 'place' is used to refer to the geographical level below an Integrated Care System at which most of the work to join up budgets, planning and service delivery for routine health and care services (particularly community-based services) will happen. Places have a population of approximately 250,000 to 500,000 people and they are served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations. In London, 'Place' equates to 'Borough'.

A Social Enterprise is a non-profit business that is set up to improve a community in some way. Any profits the business makes go back into improving the community.

Stakeholders are people who have an interest or involvement in a project, programme of work, or organisation.

VCSE describes an organisation that exists to help other people and communities, and operates as a voluntary organisation, charity or social enterprise. It does not make a profit. The letters stand for 'voluntary, community and social enterprise'. Terms such as VSC, The Third Sector, or Civil Society are also used.

For further information on terminology associated with creative health and health, see the Creative Health Toolkit Glossary:

www.creativehealthtoolkit.org.uk/glossary

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