

Creative Health in Communities:

Supporting People to Live Well in West Yorkshire



Introduction

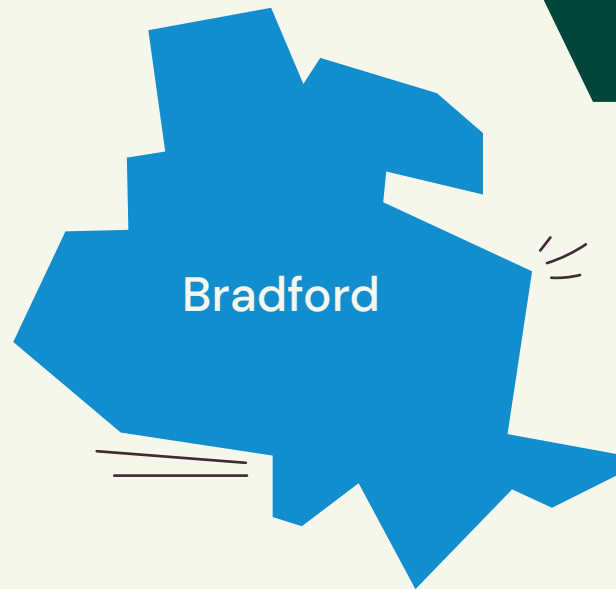
This publication presents the research we have been undertaking across West Yorkshire over 9 months. Our project has investigated how creative health can reach communities and neighbourhoods to address health inequalities in place. Our work began in November 2022 as part of an Arts and Humanities Research Council (AHRC) funded programme called *Mobilising Community Assets to Tackle Health Inequalities*.¹

Researchers from the School of Arts and Humanities, School of Human and Health Sciences and the Business School received AHRC funding for Phase 2 which was a consortium building project, the purpose of which was to facilitate cross-partner collaborations across West Yorkshire. It involved 69 creative and cultural providers and reached out to many different communities and people with lived experience.

We have spoken to local authorities, creative and cultural organisations, representatives from the Voluntary, Community and Social Enterprise Sector (VCSE), social prescribers and community members. This workbook provides some of the findings about the different health needs and conditions facing communities across West Yorkshire and makes the case for creative health community-based working. We have also had conversations with West Yorkshire Combined Authority (WYCA), Arts Council England (ACE) and public health professionals. Our project is working in partnership with South West Yorkshire Partnership Trust (SWYPT).

This builds on the work of a previous commission led by SWYPT on behalf of the West Yorkshire Health and Care Partnership and the National Centre for Creative Health, in which Ministry of Others worked with the 5 West Yorkshire places to consider how creative health approaches could be grown, developed and scaled. The findings of this work proposed the development of a new cross sector infrastructure in the form of a Creative Health Hub, with place based leads and governance representing health, culture and academic worlds, to support a strong creative health ecosystem. In our research we further interrogated and built on this idea, considering who might be involved, how it could help tackle health inequalities in place, what place based arrangements might look like and how the voice of lived experience could thread through this.

Participants in our research believed that the NHS, local authority commissioners and the ICB need to be actively involved, alongside funders of culture, such as Arts Council England, in order to support sustainable development of creative health work. There was an agreement that people need to come together to work on places in a collaborative and focused way.



Our Aim

The overarching aim of this 9-month project was to engage a range of different stakeholders in conversations about creative health provision across West Yorkshire in the places of **Bradford**, **Calderdale**, **Kirklees**, **Leeds** and **Wakefield**. The findings of these discussions have informed the development of some core intentions for a proposed consortium across West Yorkshire.

Our Place-based Approach

5 place-based leads have used an action inquiry approach to uncover thoughts and perceptions about creative health provision in communities. We have spoken to many creative and cultural providers and people with lived experience. We have also held 3 cross-sector workshops bringing all stakeholders together to discuss some of the challenges of creative health provision reaching communities and addressing unmet needs. We have spoken to 76 people with lived experience across West Yorkshire. Our cross-sector workshops had a total number of 123 attendees. We have used co-creative/co-productive consultancy with creative and cultural providers and people to jointly explore how community based creative provision can be integrated and sustained as a way of improving health and wellbeing.

Our methods include photo-elicitation, collaging, idea generation through image-making, scenario building and empathic reasoning, mapping, feeding back and feeding forward techniques. We have also scoped and mapped creative and cultural assets in place and what they offer. We have gathered this information through conversations, interviews, case study development, site visits, workshops and participation in a range of creative health activities.

We have also identified challenges and enablers in the field of creative health in West Yorkshire, and its positioning as part of health and social care provision. Finally, through conversations, interviews and workshops with service providers and service users we have found out how people access creative health, what challenges face them and what they would like to see more of and why. Our action inquiry was guided by two key questions:

1. How can Creative/Cultural/Community resources best meet the needs of communities?
2. How can we build a creative consortium for creative health and make it sustainable?

Co-creation and co-production across West Yorkshire

Voices of experience

'By having a good working relationship with statutory organisations, we have managed to avoid being a predominantly short-term project provider' (*Hoot Creative Arts*)

'Malcolm X – said to understand a man you have to review his whole life from beginning to the present moment. And that is a very important saying because it's telling you that to teach somebody, to even teach, simply teach, you have to understand the way that that person lands, and it's not always the same.' (*Research Participant, Bradford*)

'We work with, and develop projects with, people and communities from across the whole of Calderdale. Many of their participants live in Brighouse, Ovenden & Mixenden (North Halifax) and Park Ward. For example, the women's emotional well-being work is about supporting women across the whole of the borough. Its very purpose is to bring together women from different backgrounds. It is open and inclusive'. (*Verd de Gris, Calderdale*)

'Getting involved in creative activities in communities reduces loneliness, supports physical and mental health and wellbeing, sustains older people and helps to build and strengthen social ties. People everywhere tell us how much they value opportunities to develop and express their creativity, both on their own and with others'.^{vii} (*A Changing City: Population Trends Headlines, Leeds*)

There are many ways to work with co-creation and co-production. According to NHS England:

Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement & consultation.ⁱⁱ

West Yorkshire Health and Care Partnership provide a range of resources and training materials for co-production processes.ⁱⁱⁱ For example Harnessing the Power of Communities Programme works with the voluntary, community and social enterprise sectors (VCSE) to facilitate new opportunities for VCSE organisations to better engage in shaping services and decision making.^{iv} In the field of creative health, co-creation and co-production can take on a variety of different forms and processes, including:

- Person centred approaches: working with individuals to develop their interests and articulate their needs.
- Community of interest centred approaches: providing activities for specific communities of interest e.g., perinatal women, people with dementia, asylum seekers.

- Community-led approaches: providing space for a community to make decisions about provision in their area.
- Place-based approaches: Focusing a creative intervention on a particular community within a geographic area and using the creative assets in that area to enable change in the community.
- Artist-led approaches: Working with communities in place to explore relationships and connections to place through artistic practice.
- Co-produced approaches: Facilitating opportunities for young people to design and lead their own creative programme.

We have made efforts to ensure that the stakeholder groups were able to actively engage in this consortium building process. Our second cross-sector workshop was specifically focused on people with lived experience. The learning from these exchanges have informed our understanding of the benefits of creative health in people's lives and the challenges people face in accessing services/activities as part of their own health and wellbeing journey.

Voices of experience

'The kinds of activities that are facilitated is informed by specific areas and their demographics, providing what people actually want and need, rather than what is assumed as needed.' (Community Anchors, Third Sector Leaders, Kirkees)

'[...] all of our work seems to be kind of connected to some kind of trauma. We've also have the history and threat of the floods. We're feeling it, we're going through PTSD. I mean, at the time, we didn't really know what we were going through. We felt displaced, and not safe in our environment, we didn't really understand or comprehend the enormity of what we had all gone through, but it was definitely coming out through our work. So this is why 'Art through Trauma' came about and the artists shared their stories in different ways, I think being around uncertainty in our environment triggered other things and this was brought to the surface.' (Director of Inter-Arts, Calderdale)

'We know that there is a profound connection between wealth and health. We know that there is a 10 year gap in life expectancy depending upon where you live in Calderdale. We believe that it is possible to make a relationship between these two agendas, create roles in our system and invite people from our communities in to undertake those roles. In other words, there is a clear link between the arts and health agenda and the inclusive growth agenda. What is our purpose in this work? I think there are three purposes. We can use the creation of the relationship between arts and health to connect people together through a shared purpose. We can use the creation of the relationship between arts and health to create wellbeing and personal resilience, and we can use the creation of a relationship between arts and health to connect people to economic opportunity. As a fourth purpose, and perhaps almost as a by-product of all of this, somebody, somewhere might create something extraordinary.' *Living a Larger Life: Using Creative Activities to Help People Live Well in Calderdale*, Matt Walsh, Chief Executive of the CCG (between 2012 and 2020). (Calderdale)

'I was born in Hong Kong during the Second World War. I married in Hong Kong in 1957. In 1963 I emigrated to the UK. I was in Liverpool for two years. Then I moved to Leeds and opened a Chinese takeaway shop, which me and my husband ran for 30 years. Now I am retired, and live at Moortown Corner, Leeds. After retirement I felt lost, but with the support of Lychee Red Chinese Senior Project I started making new friends and this led me to joining The Performance Ensemble. I became part of a very creative community of people from many different cultures and backgrounds. I joined in. It made me happy'. (101 Stories Performance Ensemble, Leeds)

As Public Health England explains, the wider determinants of health are understood as place-specific and can impact on a person's ability to manage their health and wellbeing. These social, economic and environmental factors are key to understanding how a person's health is shaped by place-based determinants. As the Marmot Review (2010) indicates, social inequalities and health disparities are interlinked. These domains contain a range of data sets through the Indices of Multiple Deprivation (IMD).^v The IMD datasets are broken down into seven individual domains called Income, Employment, Education, Skills and Training, Health and Disability, Crime, Barriers to Housing and Services, and Living Environment. There are also two supplementary indices for the Income domain of children in families with income deprivation (IDACI) and people aged 60+ with income deprivation (IDAOP). These domains contribute to health disparities in a place.

In July 2022 England was divided into 42 Integrated Care Systems (ICS) with populations of up to 3 million. The development of ICS's has revealed closer engagement with health inequalities and disparities in places. Across the ICSs in South Yorkshire and West Yorkshire there are high levels of deprivation. West Yorkshire is ranked in the top 6 for deprivation indices. According to the NHS West Yorkshire Joint Forward Plan: Delivering our Integrated Care Strategy (June 2023):

We know that around 80% of the things that generate and sustain good health, are things outside of healthcare. As well as individual factors, social determinants have a strong influence on the health of the population. This includes the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.^{vi}

Our research has focused on the wider social inequalities of health and the challenges people face in their daily lives to be well. These challenges include poor housing and living environments, low income and employment/unemployment, lack of access to transport and amenities, limited social and cultural capital, by which we mean exposure to experiences of creativity and culture in our daily lives and to use these experiences to develop our perceptions and understanding of the world around us. There are also issues related to racism, prejudice and community safety in neighbourhoods across West Yorkshire, some of which are linked to increased crime rates and some to lack of transport access for specific vulnerable groups or elderly populations. These are barriers that impact on the health and wellbeing of a person's daily lived experience and can manifest in a range of symptoms and behaviours. This includes increased mental health issues and poor physical health, diminished sense of agency, loneliness and isolation, feelings of trauma, vulnerability, despair and hopelessness, confidence and self-esteem. These symptoms and behaviours can increase with the complexities involved in accessing health and wellbeing support. For example, with complex health conditions people are often undergoing multiple assessments, without receiving support. There are long waiting times for treatment that may not necessarily lead to appropriate health outcomes. The care and support available is driven by service priorities rather than being responsive to the needs of people in communities.

Value of Creative Health for capabilities (work/learning, health/vitality, relationships, community)

Voices of experience

'I felt very proud of our achievement, seeing something through from beginning to end.' (Participant, 'She's So Serene', Spectrum People/Think Crea8tive CIC, Wakefield)

'So people are feeling like they're getting to explore their past experiences from a really safe place and point of view and then when you're on stage and you're performing, that really does feel like letting go. It doesn't feel like anything I've ever felt before. And I've been on stage a few times and nothing will ever compare to that feeling with that group of people with non-professional actors. You know, just doing amazing, amazing things and you feel the weight being lifted. I think that's what it is at the end of the show, you feel everything being lifted...its absolutely phenomenal.' (Research Participant, Bradford)

'We provide access to the kinds of creative arts that might be harder to access casually, particularly for individuals with lower incomes, such as music and music production which would otherwise require a higher amount of 'buy-in' funding, such as purchasing instruments or renting studio time. By allowing people to participate in these kinds of activities, we take away a key barrier for entry – a person has the freedom to try activities without the worry of whether or not they will actually enjoy it, as well as having to purchase the kinds of materials needed to make that decision initially.' (Hoot Creative Arts, Kirklees)

'The relational value of co-production is really in part because through the relationships you get the insights and then you get better working and you get better systems'. (Principal of Recovery College, Matt Ellis, Calderdale and Kirklees)

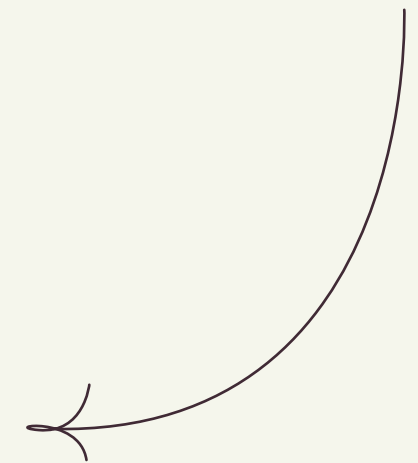
Hilary Cottram's 4 capabilities approach, as outlined in *Radical Help: How Can We Remake the Relationships Between Us and Revolutionise the Welfare State* (2018) has served as a thematic focus for our action inquiry. The value of creative health can:

- Provide escapism and respite from everyday health concerns (health/vitality).
- Open up new ways of seeing and understanding – sparking interest and developing a sense of achievement and fulfilment (learning).
- Combat isolation, builds new friendships and networks and develops social/cultural capital (relationships and community).
- Enable empowerment and personal responsibility for their own health and personal development (health/vitality, work/learning).
- Enable service users to make time for their own self-care as part of their everyday lives in interaction with others in the community (relationships).
- Provide repeated enjoyment – people become volunteers, which in turn can open up opportunities for career development, e.g., running activities (community, work/learning).

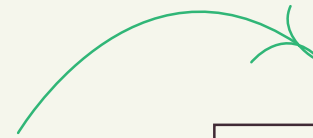


Creative and cultural assets: what works well?

When we refer to 'assets' we mean **people, activities** and **buildings/organisations**. In our first cross-sector workshop we focused on assets with our participants to gain deeper insights into how 'assets' are defined and understood by the communities that deliver them and the people that use them. The table below shows some of the thinking and learning about assets that came out of the workshop:



	What works well?	Success Criteria
Individual Agency and Choice	<ul style="list-style-type: none"> Choice, not medical referral Choice over creative activity Breadth of creative offer Taking personal responsibility Individualised approaches 	<ul style="list-style-type: none"> Gaining cultural capital Ownership and priority of own self care Offer flexibility & choice Obvious benefits, obvious pathways When service users know and feel this is important to them
Inclusive and Sustained Delivery	<ul style="list-style-type: none"> Work with voluntary sector to incentivise people's involvement Space that is accessible to everyone Culturally sensitive spaces Go to communities - don't expect them to come to you Following through Consistent and sustainable offers and support Time to develop relationships 	<ul style="list-style-type: none"> Free to access/ reasonable costs Sustained delivery
Building Social Relationships	<ul style="list-style-type: none"> Bring people together who have something in common Tell stories and listen Making it a social experience but with options for people to take part on their own or online Developing relationships with communities 	<ul style="list-style-type: none"> Activity that builds friendships and networks Being a team Feeling like you belong to a group
Creative Process	<ul style="list-style-type: none"> Draws on the resources within people It ignited something that is already there People reconnecting with themselves Shared vulnerabilities in being creative 	<ul style="list-style-type: none"> Having space and time to express yourself Igniting a re-discovery of joy in creativity or movement Opening up new ways of seeing or understanding The quality of the creative work



	What works well?	Success Criteria
Community Co-production	<ul style="list-style-type: none"> Don't be tokenistic People feel part of the process Listen to what people need People-based/person-centred working Community ownership Building relationships- peer provision 	<ul style="list-style-type: none"> Good co-production and not just a tick box exercise Being open & transparent with all involved Co-designed and iterative People feeling valued and heard Informed by need Allow space- create environment & framework and enable to someone to take responsibility Overcoming barriers- practice and emotional Building confidence
Conditions for 'success'	<ul style="list-style-type: none"> Trust and trusted connectors "Accessible" comfortable space Welcoming, warm spaces Empathy, care and compassion Paying attention and holding people in mind Connection 	<ul style="list-style-type: none"> Establishing trust Creating a safe space where people feel heard Being non-judgmental Connection with others
Success criteria	<ul style="list-style-type: none"> Generating a sense of achievement Others recognition of your achievements Setting easily achievable goals Tangible assets- e.g. creative output People enjoy it People take one small step Activities are not always the point 	<ul style="list-style-type: none"> Repeat attendance Enjoyment Participants becoming volunteers People engaging



'Myself being a barrier, you know that believing I'm not important, that's a barrier in itself because that stops people from going into the room' (Research Participant, Bradford)

'When you are yourself that's when you are at your best [...] And that connection and trying to genuinely understand somebody and working with their limitations and what they do, combining that with your techniques. That's what really creates that magic.' (Research Participant, Bradford)

'Engaging men and women from diverse backgrounds – they might not have English...they might not have words...so the creative ways are very important to the engagement and how it makes people feel.' (Research Participant, Bradford)

'There is lots of talk about innovation and risk taking (in the Bradford District and Craven Health and Care Partnership) and how to do it but that's what creative practice is – how can we build that into the health system and the education of the health system. How do we pull out and make visible how to do things differently?' (Research Participant, Bradford)

'But it's not a coincidence to me that the people that we attract to this work are people that speak different languages actually speak different languages because it's because we're opening a space beyond words alone.' (Research Participant, Bradford)

Place-based examples Bradford

Sitting alongside a small number of larger cultural assets in Bradford, are a high proportion of micro business and freelancers. This means that there is practice close to or in the heart of many local communities. Arts activism around identity, belonging, proper representation and cultural democracy are a strength in Bradford. Alongside Bradford Council, Bradford now has three initiatives designed to develop, support and increase engagement in and with the culture sector across the diversity of Bradford's places and communities: The LEAP, BPH (Bradford Producing Hub) and BD25 (Bradford City of Culture 2025).

Bradford 2025 (BD25) is a district wide programme and, in its partnering with the Bradford and Craven District Health and Care Partnership, represents a real opportunity to integrate creative health into culture and communities.

There is an interesting model taking shape in Keighley which is demonstrating the important role that support from a PCN can make to local creative community assets. The PCN Modality created a Community Innovation and Development post and recruited to it from the VCSE sector. This has involved working with local creative and community assets and supporting them to secure funding in a range of ways. Modality works with local creative and community assets and has supported them to secure funding, on the basis that this makes the local ecosystem stronger. Modality work with several other PCNs who are trying to develop different approaches.

Some creative assets already specialise in creative health related work or recognise this within their work. There are good examples of creative health in Bradford working with people experiencing inequalities – people with learning disabilities and differences; neuro divergency; refugees and asylum seekers; people who are homeless; have experienced domestic violence; are experiencing poor mental health; have poor physical health; children and adolescents experiencing mental health issues and generally others in communities experiencing injustice and inequalities of an economic, racial, social, political and health nature. Bradford's culture sector profile means that it is ideally placed for work that creatively tackles inequalities, including health inequalities, if it is both supported and harnessed in the right way.

Bradford: Inspired Neighbourhoods CIC, Public Health (Bradford), Modality (Primary Care Network), Keighly Creative, Keighly Healthy Living, Displace Yourself Theatre, Bradford Producing Hub, Cultural Partnerships Bradford City Council, Bradford District and Craven Health and Care Partnership at NHS, BD25, YOR Local Medical Committee Limited, Bradford & Airedale Branch/GPMplus, Dance United Yorkshire, University of Bradford, Bradford CAMHS, Bradford District Care NHS Foundation Trust.

'People in the Upper and Lower Valleys of Calderdale don't really get any access to arts and culture...like Elland's got an adored older cinema, which is wonderful. And there's the odd dance school, but more like a traditional stage school dance school. So just a different part of arts and culture. And that's it, really. There's not much else. And the same in Rastrick. I think the geography of them and the history of where, where they've been invested in has created these pockets of like no access or very limited access and especially for people who have got things going on in their lives, you know, disabled people who do lots of work with refugees, older people living alone, you know, getting to Halifax or Huddersfield is just not gonna happen. So we've been really focusing on those areas as our kind of home, although we don't have an actual base. We use community venues'. (Director of Curious Motion, Calderdale)



'I first started as a learner with the Recovery college and it was sort of helping me through and seeing me on my recovery and encouraging me to volunteer, helping me actually to realize my value. To me, the value to others you know and what I could give back and how that can help was really important to me. [...] For doing the work that I do, that's so good for my self-confidence and self-esteem. [...] At the moment I'm teaching mindful drawing and I've delivered that a few times. I'm just developing a mandala drawing course, so that's gonna be the next one. [...] I'm claiming the ESA, so I'm doing this through permitted work, but of course that can cause barriers in itself, because I'm only allowed to earn a certain amount of money'. (Paid Employee of Recovery College, Calderdale and Kirklees)

'We work with, and develop projects with, people and communities from across the whole of Calderdale. Many of their participants live in Brighouse, Ovensden & Mixenden (North Halifax) and Park Ward. For example, the women's emotional well-being work is about supporting women across the whole of the borough. Its very purpose is to bring together women from different backgrounds. It is open and inclusive'. (Verd de Gris, Calderdale)

Place-based examples Calderdale

Community panels are an excellent way of coming together as communities to make decisions about resourcing community-led creative health activities in neighbourhoods. Micro-commissioning gives agency and opportunity to people living in a place. Examples in Calderdale include Staying Well and Social Prescribing services. These approaches build self-esteem, confidence, work and learning opportunities, often through co-production. There is evidence from Everybody Arts and Calderdale and Kirklees Recovery College that people with lived experience participate in paid volunteer opportunities. There is also peer-to-peer support through volunteering programmes which are reaching out to different communities to experience culture and engagement activities through access to cultural assets in a place. The Piece Hall, Halifax, is one specific example of this. There is also co-located networked programming in neighbourhoods to reach unmet need with communities in areas of higher deprivation. Community venues are useful for this way of working. Examples include Curious Motion, Verd de Gris, Healthy Minds, Staying Well. Library networks offer creative health activities but also help to mobilise a range of different capabilities, particularly learning, vitality, community and relationships. Local Council and third sector/charity assets and services provide valuable opportunities for creative health activities to be experienced in different places across Calderdale.

Calderdale: The Artworks, Verd de Gris, Calderdale and Kirklees Recovery College, Staying Well, Healthy Minds, Public Health Calderdale, CalderdaleCreates (Calderdale Council), Curious Motion, Inter-Arts, Community Foundation for Calderdale, Halifax Opportunities Trust, The Piece Hall, Healthwatch, South West Yorkshire Partnership Trust.

'In Kirklees different areas have entirely different demographics and barriers to empowerment – for example, groups that fall under the Huddersfield anchor are less impacted by physical isolation than the Valley Anchor Network that serves more rural areas; conversely, these areas are generally wealthier, and so the potential fiscal barrier is lower than anchors like Huddersfield, Dewsbury or Batley. By considering the specific needs of the areas, anchors provide a more bespoke service than could be achieved by a single, centralised system.' (Community Anchors, Third Sector Leaders, Kirkees)

'Funding for grants is almost always short-term – often a year to three years, meaning that there is no guarantee that a particular activity can continue unless follow-up funding is secured. This patchwork access to funding can mean that it is difficult to provide opportunities or care that extends for a longer period, which is especially important in providing a reliable, consistent support for individuals with mental health difficulties' (Hoot Creative Arts, Kirklees)

'The women accessing these kinds of services ARE women with disadvantaged access to wellbeing. A lot of the women don't have a place that they can 'always go back to' but we are that place.' (Research participant, Kirklees)

'We believe that different barriers for accessing health access that different approaches are needed when approaching communities, and that the best way to address this directly is to work with trusted assets that already exist, supporting the work they do and encouraging a nuanced, place-based approach to community organising' (Community Anchors, Third Sector Leaders, Kirklees)

'Creativity is a process that supports talking and relationship building, it's not an end in itself. We can encourage self-discovery through the creative process and do this alongside case-work / resilience building and other more straightforward mental health approaches'

'Our great outdoors project is an environmental health and wellbeing project but within that we do a vast amount of creative work' (Research participant, Kirklees)

Place-based examples Kirklees

Reaching out and reaching in contributes positively to health inequalities and a wide range of people. Creative health must actively reach out into communities of place, identify and faith. Activities that are successful include advertising everywhere, in particular in community spaces; offering 'lighter touch' taster sessions; and framing activities in a way that avoids stigma. Trusted touch points tap into what matters to people. It is important to start with what people care about – with what they enjoy. Make this the focus of the activity rather than addressing a health need. Activities will be more inviting if they are located within trusted organisations and if trusted people are reaching out and encouraging participation. It is important to recognise that people may be motivated to get involved because of benefits to their family members, rather than themselves. Therefore, offering some family focussed activities is helpful. People like to have choice in terms of what they do and how they get involved so it's good to keep expectations to a minimum and be flexible about how people with lived experience participate. Growth can look like many things – it could be discovery a talent, making new friends or becoming more self-confident. What growth looks like doesn't matter – what matters is that this is recognised and appreciated. There is meaning and a sense of pride in creating something that can be seen, felt, heard or gifted to others. Growth will only happen if people feel safe, and fundamental to this is offering experiences that are respectful of cultural and religious sensitivities. People with lived experience need opportunities to be involved in different ways. Some people may take on roles or responsibilities and often this can be a very informal, emergent process and it very unlikely to be linear.

Kirklees: Creative Minds, Creative Leaders Network, Creative Scene, HOOT Creative Arts, Kirklees Council Public Health, Lawrence Batley Theatre, Meet and Mend, Meltham Quilters, NHS WY Integrated Care Board, Northorpe Hall Child and Family Trust, Serendipity Creative Writing, Support to Recovery, Third Sector Leaders, Womens Centre Calderdale and Kirklees.

'Having Alan Bennett join our 1001 Stories programme is a wonderful affirmation that creativity doesn't stop as you get older; he continues to be an astute, satirical and engaging force, still creating incredible work well into his 80s. 1001 Stories isn't just for older people, it's for all ages to enjoy, to experience and understand the narratives and lives of the older members of our society, who are just as relevant and vocal today as they were in their younger days.'

(Alan Lyddiard, Artistic Director of The Performance Ensemble and Director of Sinfonia, Leeds)

"Art can be safely taken into our darkness – if you don't do it, the darkness will bite you back, creativity can take you there and bring you back safely"
(Research Participant, Leeds)

'People keep asking "why is a theatre company [Slung Low] running a food bank". We live in a city of an opera company, a ballet company, a producing house and so many other great cultural offerings and there are children in our community without crayons. Until everyone has crayons no one should have f***** ballet.'
(Alan Lane, Slung Low, Leeds)

"I can clearly say poetry saved my life, and I didn't need medical assistance because of that. Arts and Health should have its own pot of funding. It should have its own team like the Arts Council funding. Health organisations need to reach out to artists, to start with Arts in the early stages of health issues arising. It's a gentle way to open up, to feel heard, to exercise the mind and the body."
(Sharena Lee Satti, Bradford-based Poet, Leeds/Bradford)

Place-based examples Leeds

Leeds Arts Health and Wellbeing Network (LAHWN) champions, supports and connects people interested in how arts and culture can have benefits for health, care and wellbeing in Leeds. Their work currently focuses on four areas of health and wellbeing development: Place-Based Arts and Health – how arts and health work can benefit people in Leeds and Leeds City Region; Creative Ageing – the benefits of arts and culture in later life; Creativity Wellbeing – the benefits of arts and culture for mental wellbeing; Creativity Workforce Wellbeing – exploring ways to support people working in arts and health in Leeds and what the sectors can offer each other. LAHWN has collaborated with local and national teams from 100% Digital Leeds to Arts in Care Homes Day and events of relevance to Creative Ageing. Every quarter they meet at Leeds Creative Ageing Forum to celebrate and support this field of work connecting people working across sectors. The network has collaborated with local and national organisations from Mindwell Leeds to the Culture Health and Wellbeing Alliance, alongside highlighting news, resources, opportunities and events of relevance to how arts, culture and creativity make a difference to wellbeing. They are in the process of developing regular meetings to celebrate and support this field of work connecting people across sectors. The place-based inquiry for Leeds coincided with a major older people's takeover (24 April until 6 May) of Leeds Playhouse as part of Leeds City of Culture 2023. This programme saw the creation of new work from within Leeds communities, a sold out 'In Conversation' event with Alan Bennett in his home city and the whole venue being used to tell the stories of older people from every background.

Leeds: Leeds Health and Wellbeing Network, Same Skies: Regional Democracy Think-Tank for West Yorkshire, The Performance Ensemble, Leeds Older People's Forum, Living Well, Yorkshire Dance, Swansong.

'Being in and around art [provided] an opportunity for transparent discussion that we would never have enabled within our four walls and our environment. The kinaesthetic blurring of action and doing that enabled them just to open up in discussions also helped us to learn about people and their lived experiences. This helped us to support them effectively and the words just came flowing out. We'd never be able to create that in our normal setting'. (Early Intervention and Prevention Area Co-ordinator, Wakefield)

"We know these creative projects help people to understand what they're going through themselves, process emotions that they can't always process in the medical ways... some people find talking to a therapist or a counsellor very hard but they might find that process much easier in a creative way, and that's why I personally am so invested and I'm so interested in it because there's so many people who have decided just not to go their doctor and to not engage with mental health services because they feel like they've just been totally snubbed by it" (Artist, Wakefield)

'We're so happy, because this helps us. There's music for my baby, I take my baby with me, I'm happy for that.' (Participant in Appletree's Celebration of Culture with the Hopeful Families Project, Wakefield)

'Working again seemed like a distant dream, I thought my mental health would finish me off until Spectrum People helped me to realise that whilst there may be times when it's a struggle, I can ultimately overcome my fear, anger, and anxiety. Tablets can't make me feel this good, only I can do that.' (Social prescribing user, Tieve Tara Medical Centre, Wakefield)

Place-based examples Wakefield

Ongoing work around co-production and public health, through The Big Conversation, is opening communication channels between communities and local authority services. An active Community Anchor network (supported by NOVA) was quickly mobilised during the pandemic and has improved communication between the VCSE and local authority. Opportunities for volunteering across the district not only reduces isolation but builds confidence, experience, skills and employability and people can develop to become peer mentors/ leaders, developing their own peer support mechanisms and peer-led interventions. There is strong support and recognition of the value of artists, arts spaces and the creative industries championed by the work of Creative Wakefield, which facilitates the Creative Wakefield Network, a membership network for cultural and creative practitioners providing a digital platform and free or subsidised training opportunities. Work in the district can build on existing cultural and heritage assets (Yorkshire Sculpture Park, The Hepworth Wakefield, The Art House, The National Coal Mining Museum, Nostell Priory, as well as local authority run museums and heritage sites) and the green and blue space assets of the district. Existing good practice involves working with artists to explore the local environment, getting people outdoors to creatively engage with green and blue spaces in all areas of the district. Examples include collaborations between artist Tony Wade and Spectrum People.

Wakefield: Spectrum People, The Art House, Wakefield Council, Castleford Heritage Trust, Creative Minds, Yorkshire Sculpture Park, NOVA, Creative Wakefield, Live Well Wakefield, Tony Wade-Artist, Yew Tree Youth Theatre, Spark Local Cultural Education Partnership.

Issues and complexities creative assets need to respond to

Inequalities in place, lack of communication, relationship-building, ease of access, sustained activities, attitudes to creativity and culture, workforce wellbeing, depleted resources in an area, diversity and inclusivity, delayed waiting lists, continuous loneliness and isolation, shared trauma, short-termism, patchwork funding, support needs of staff, lack of collaborative partnerships.



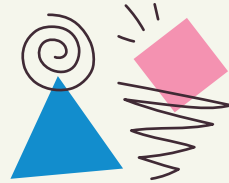
Connecting with local communities, including using local facilities (community assets) such as drop ins with co-located services and outreach to engage hard to reach groups.



Providing clear pathways for recovery, linked to following up and following through.



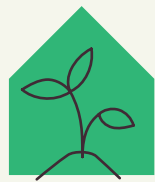
Flexible, agile system co-developing bespoke interventions in communities in response to need and local context, starting with what people are interested in and care about.



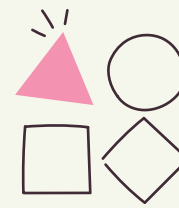
Opportunities for different modes of involvement for community members, including attending sessions, volunteering and peer-to-peer support, buddying and ambassador schemes.



Physical hubs: providing accessible and inclusive localised spaces to bring people together, build relationships and connections and support local initiatives such as community/public arts.



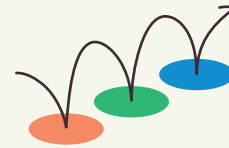
Making access to creative activities a part of everyday life, working with partners who have trusted relationships with communities providing welcoming and safe spaces to support growth, not a 'fix it and move on' approach.



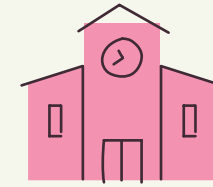
Different modes of engagement giving people choice and opportunities to try out different provision.



(Informal) Spaces for people to think outside of organisational and service parameters to nourish creative initiatives, enable innovation and cross-sector working.



Sustainable and consistent (not funded as one-off projects).



Utilising existing community assets like libraries, places of worship, schools and shops.



Interventions should be asset-based, holistic and trauma-informed.



Effective information, communication, campaigns and outreach to publicise and raise awareness to different communities.



Community hubs or spaces for co-located and collaborative delivery with creative providers in residence to support innovation and cross-sector working and where people can come and find out about services/activities.



Partnerships are critical. Building cooperative relationships and improved communication between cultural/VCSE organisations and the health service.

Conclusions



Our research has focused on how we might conceive of a creative consortium for West Yorkshire and how this might take the form of a living lab. In our research we asked participants who should be part of the consortium network and the majority indicated that the NHS, Council Commissioners and the ICB need to be actively involved in resourcing creative health work. It is key to unpack the roles funders will play. There was agreement that people need to come together to work on plans in a collaborative and focused way and collaborators include groups/cultural assets, local cultural services and public health, the NHS Health and Care System, artists/creatives, people with lived experience, community groups, community anchor organisations and universities/academics. Furthermore, a consortium should clearly provide a programme of action inquiry that can link the consortium portfolio and its projects together. The consortium should focus on how to develop viability, sustainable funding, mentoring and fundraising support, and resource the development of cultural/community and grassroots organisations. In terms of values, the consortium needs to be grounded in shared respect/trust, a relationships network and offer skills and knowledge sharing.

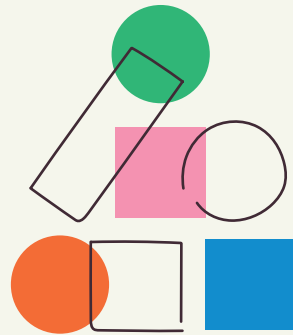
Most participants agreed that a network of partners seems to be the best way to collaborate and that the coordination of a consortium needs roles to help administer, communicate and resource the activities of the network. For example, local creative provision provides a rich and diverse portfolio of creative health approaches and activities, but how they are joined together to form a resource of opportunities, knowledge sharing and access should be part

of the work of the consortium. As one participant suggested: *'It will be important to link local providers into the creative health portfolio and to do that through appropriate and realistic financial resourcing.'* With respect to local priorities and place-based public health initiatives and cultural strategies, participants agreed that social value plays a key role in the ongoing development and understanding of complex networks and relationships in health and social care. It was agreed that a capabilities approach provides one way to generate new co-production processes in a place through collaboration. For example, how might we build capabilities (work/learning, health/vitality, relationships, community) through creative health work with communities and creative/cultural providers? In terms of sustainable funding, participants agreed that collaborative commissioning is a real potential for mobilising action in a place, that funding opportunities for long term embedding are necessary and co-located programming can also enable sustainable delivery. In terms of support needs, the idea of a consortium network across places in West Yorkshire, linked together through shared interest and focus, was embraced. This led to discussions about how to provide support and training for creative health but also joined up funding opportunities so that creative health in a place is appropriately resourced.

Other suggestions for the kinds of activities/streams of work that could be developed out of a consortium include:



Championing Creative Health within communities: There is a need to raise awareness of the benefits of creative health within communities, through promotion through schools, local campaigns that emphasise the benefits, promotional activities in places that people go to frequently such as workplaces, places of worship or supermarkets, GP/providers talking about the benefits and signposting people to sources of information and showcasing events akin to 'open studios' model. Shared endeavours might usefully include developing agreed ways of collecting data across the voluntary and creative sector and integrating that into the health data dashboards across the ICB to demonstrate impact, and developing a public campaign to energise the concept of creativity and health to the public, building some momentum and understanding about the positive health outcomes of engaging with arts, culture and creativity in West Yorkshire.



Building on good practice and sharing expertise: Many organisations in West Yorkshire have a long track record of offering or promoting creative health experiences that are inclusive and welcoming. People working in these organisations have expertise that could be shared with others to: destigmatise the language of creative health, attract volunteers, support volunteers, ensure spaces are 'safe', provide learning around skillful facilitation, offer trauma informed work and governance tool kits.

Mapping providers and identifying community health anchors: Creative health activities are offered across West Yorkshire by multiple providers in multiple settings. However, there is no single point of access to information about what is available. This hampers the ability of service providers to signpost effectively and it makes it difficult for people with lived experience to find their way to an activity that is right for

them. Suggestions for improving on this include: a broad mapping exercise to identify providers, identify 'creative health anchors' to provide support to smaller organisations offering creative opportunities, explore how to make better use of existing link working websites/services.



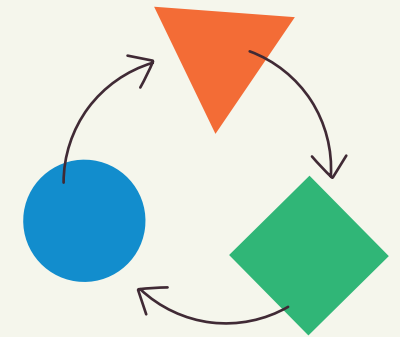
Measuring impact for funders/commissioners: Participants were interested in exploring the potential for establishing a common framework for measuring the impact of creative health. Some key questions were: What do we know already about creative health impacts and how do we know this?; What evidence should organisations be expected to collect and why?; Is there scope to establish a common 'impact framework'; How are commissioners and funders using the information?

Improve Communication: between cultural/ VCSE organisations themselves, between organisations and the health service, between organisations and the public. Facilitating better communication and signposting between organisations working at a neighbourhood level would avoid duplicating or overlapping work. Ensure that communication is equitable and appropriate for diverse communities- utilising different modes of communication- including local radio, social media, community newsletters, WhatsApp groups, physical leaflets/ posters in places. Facilitate better communication between primary care and other sectors- the GP is the person who knows what issues families are facing at a local level. Importance of getting primary care networks involved. Provide a place to go to find information about what is available.

Facilitate opportunities for co-location and collaborative delivery: Support places where people can come to find out about a variety of

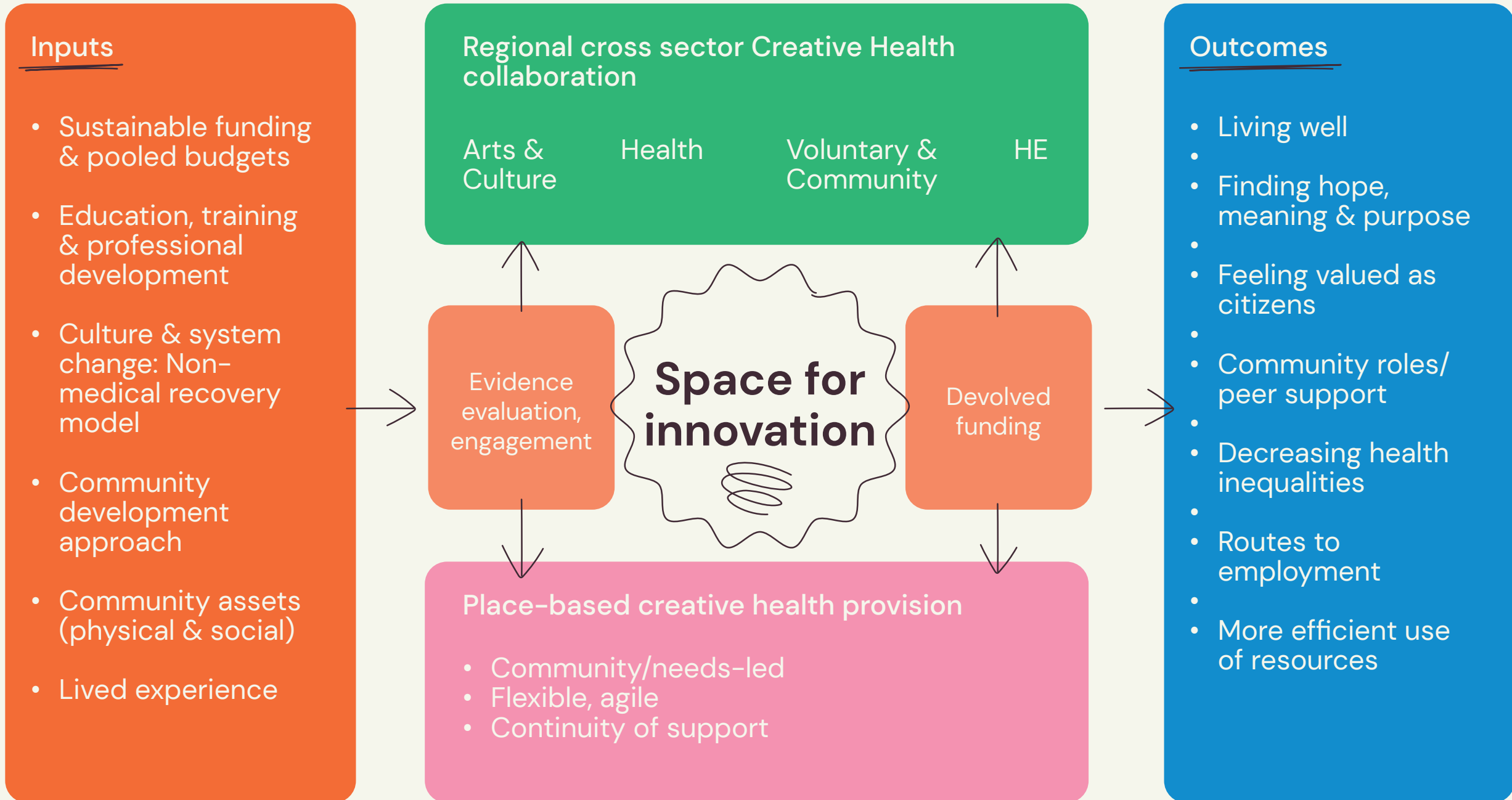
activity/services- people being able to happen upon things. Support opportunities for sharing spaces and helping each other- co-located delivery. Explore where things that are working can be scaled/replicated while taking account of local contexts.

Respond to need: Work with people on waiting lists for NHS services and making sure doctors are aware of things that are available. Collate health inequalities data sources in one place that is streamlined, accessible and meaningful that makes it is easy for organisations to see where there is need.



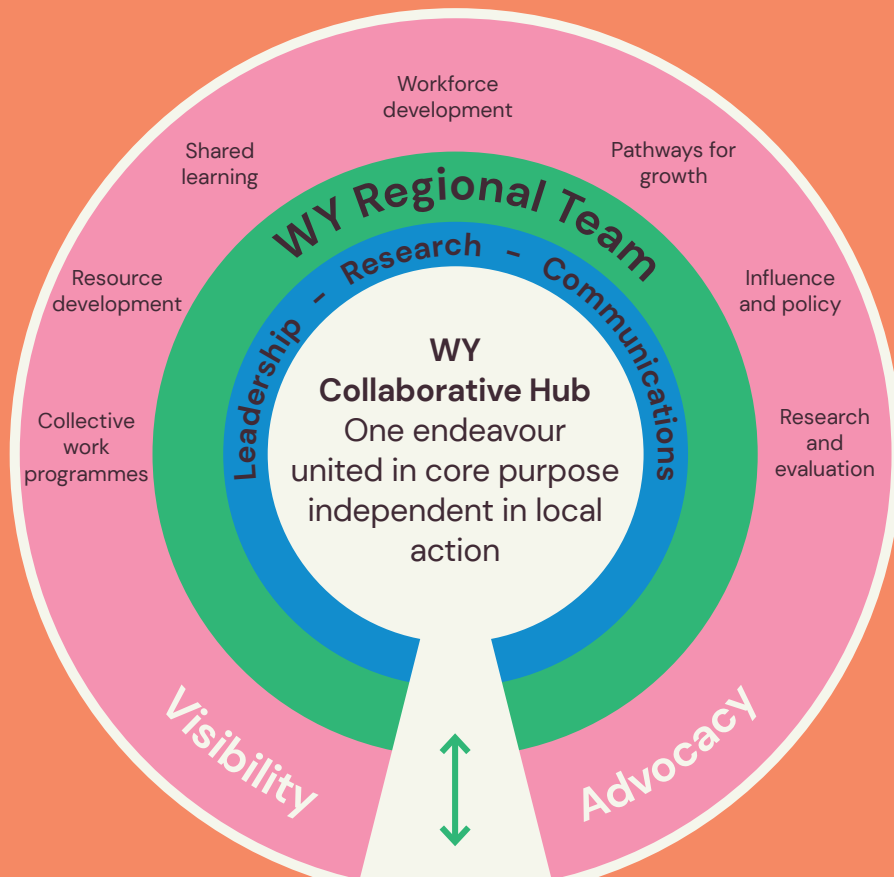
Provide opportunities for cultural experiences and knowledge exchange: Create opportunities for medical professionals and statutory services to experience the benefits of creativity for themselves. Make sure that everyone gets to experience culture and creativity. It's good for everyone whether the artist, community members, health sector workers. Facilitate experience-based knowledge exchange for everyone. Create opportunities for shadowing/ secondments between the arts, culture, VCSE and health sectors.

Provide peer support and mentoring: Develop incubator spaces to support early career practitioners to develop their own peer led initiatives/ creative health practices and support to get other forms of funding e.g., ACE project grants. Develop simple toolkits around current key providers and what they do for people to use to signpost. Develop training toolkits for health sector workers using creative approaches with people with lived experience. Facilitate peer support and mentoring. Ensure that artists and practitioners have appropriate training and supervision for working with people with complex needs.



West Yorkshire Creative Health System^{xvi}

The development of a pioneering infrastructure for Creative Health, the first of its kind in the UK – transforming the way health and care services look and work for all of our people, creating stronger, healthier, and more creative communities.

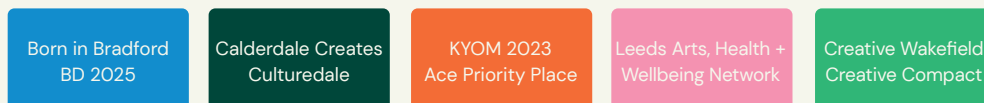


Place Work Programme and Funding

VCSE				Sustained infrastructure
Network, connection and learning	Lived Experience voice and space	Direction and ambition Broad support	Culture sector Health and Care sectors	Academic sector



Key place based opportunities and initiatives, for example...



Acknowledgements and thanks for participation

Creative Minds, Creative Leaders Network, Creative Scene, HOOT Creative Arts, Kirklees Council Public Health, Lawrence Batley Theatre, Meet and Mend, Meltham Quilters, NHS WY Integrated Care Board, Northorpe Hall Child and Family Trust, Serendipity Creative Writing, Support to Recovery, Third Sector Leaders, Womens Centre Calderdale and Kirklees. Leeds Health and Wellbeing Network, Same Skies: Regional Democracy Think-Tank for West Yorkshire, The Performance Ensemble, Leeds Older People's Forum, Living Well, Yorkshire Dance, Swansong, Inspired Neighbourhoods CIC, Public Health (Bradford), Modality (Primary Care Network), Keighly Creative, Keighly Healthy Living, Displace Yourself Theatre, Bradford Producing Hub, Cultural Partnerships Bradford City Council, Bradford District and Craven Health and Care Partnership at NHS, BD25, YOR Local Medical Committee Limited, Bradford & Airedale Branch/GPMplus, Dance United Yorkshire, University of Bradford, Bradford CAMHS, Bradford District Care NHS Foundation Trust. Spectrum People, The Art House, Wakefield Council- Cultural Development, Wakefield Council- Libraries Service, Wakefield Council- Public Health, Castleford Heritage Trust, Creative Minds, Yorkshire Sculpture Park, Wakefield Council Early Help Team, NOVA, Creative Wakefield, Live Well Wakefield, Tony Wade- Artist, Yew Tree Youth Theatre/ Spark LCEP. The Artworks, Verd de Gris, Calderdale and Kirklees Recovery College, Staying Well, Healthy Minds, Public Health Calderdale, CalderdaleCreates (Calderdale Council), Curious Motion, Inter-Arts, Community Foundation for Calderdale, Halifax Opportunities Trust, The Piece Hall, Healthwatch, South West Yorkshire Partnership Trust. Our warmest thanks to all the people with lived experience who participated in this project.

Appendix



Bradford

Bradford District is the 5th largest local authority in England by population. It is home to 542,100 people, 175 languages and 2,287 listed buildings. The central urban focus is Bradford city with 368,485 residents. Bradford's 140 square miles includes the city of Bradford, the towns of Keighley, Shipley, Bingley and Ilkley, as well as villages in both urban and rural settings including Haworth, Thornton and Saltaire. 70% of the district is green space with rolling hills, moors, rivers, canals and parks forming a green corridor connecting the South Pennines Park, the Peak District and the Yorkshire Dales. Bradford is built on generations of immigration from across the globe. By 2025 more than half the population will have South Asian, Eastern European, African, Caribbean or Arab heritage amongst many others. Today, 64% identify as White British and 26.8% identify as Asian/British Asian. 25% identify as Muslim. Most people living in the district (56%) are working-class. The low wage, low skill economy makes it the 5th most income deprived district in England and the 6th most employment-deprived. 16.6% of households are workless, compared to 13.5% nationally. 37.6% of children live in relative low income families (UK 19.1%) and 32.3% live in absolute low income families (UK 15.5%). 26.3% of the population is under 18 making Bradford the most youthful city in the UK. Bradford District is one of the most deprived local authorities in England and ranks 13th out of 317 Local Authority Districts (its position has worsened by six places since IMD 2015). More than one-third (34%) of Bradford's 310 neighbourhoods fall within the 10% most deprived in England (an additional three neighbourhoods since 2015). Deprivation varies greatly across the district, with wards generally around central Bradford, Keighly and in outlying Bradford housing estates being most deprived – particularly Holme Wood, Ravenscliffe, Buttershaw and Allerton and in Keighley. It is the second most deprived in Yorkshire and Humber, behind the City of Hull. Alongside having some of the highest levels of deprivation, Bradford also has some of the highest levels of ethnic diversity, high levels of morbidity and mortality across the lifespan compared to England averages.^x



Calderdale

Calderdale is 10% of population of West Yorkshire. It is a metropolitan borough district. It was formed in 1974, with the merger of six local government districts (East to West Brighouse, Elland, Halifax, Sowerby Bridge, Todmodern, Hebden-Royd (Hebden Bridge and Mytholmroyd)). There are currently 17 Wards in Calderdale. Calderdale Primary Care Trust, South West Yorkshire NHS Foundation Trust and Calderdale & Huddersfield NHS Foundation Trust make up the healthcare system. The borough has two hospitals and one hospice. Calderdale's history of flooding has brought communities together. Culture and flood resilience are part of the district's path to wellbeing. Calderdale has a population of approximately 200,000 people. Census 2021 took place during the coronavirus (COVID-19) pandemic.^{xi} Calderdale saw Yorkshire and The Humber's second-largest percentage-point rise in the proportion of lone-parent households (from 10.5% in 2011 to 11.9% in 2021). 13.9% of Calderdale residents confirmed their ethnicity as Black, Asian, Mixed or Minority Ethnic in Census 2021. It was 23.4% for West Yorkshire and 19.0% for England in Census 2021, and 10.3% for Calderdale in Census 2011. The three largest minority ethnic groups in Calderdale are "Pakistani or British Pakistani" (8.5% of residents), "Indian or British Indian" (0.9%), and "White: Irish" (0.8%). 18.3% of Calderdale residents (37,860), were disabled as defined by the Equality Act. It was 17.6% for West Yorkshire and 17.3% for England. The top five industries for employment in Census 2021 were Wholesale and retail (15%), Human health and social work (15%), Education (11%), Manufacturing (10%) and Construction (10%). Calderdale has the second-largest percentage-point rise in the proportion of lone-parent households (10.5% in 2011 to 11.9% in 2021). Calderdale was also joint second-largest percentage-point rise (alongside Kingston upon Hull) in the proportion of people who were economically inactive because they were looking after their family or home (from 3.6% in 2011 to 4.8% in 2021). The 2021 Census (ONS) revealed that 10% of the most income deprived areas in Calderdale are in: Calder, Greetland and Stainland, Hipperholme and Lightcliffe, Luddenfoot, Northowram and Shelf, Rastrich, Skircoat, Sowerby Bridge and Todmorden. Across the Calderdale portfolio, the percentage of people claiming Job Seekers Allowance or Universal Credit is 3.7% compared to 2.8% in England. The percentage of households in Calderdale that are claiming Council tax benefits is 13.04% and those claiming housing benefit is 7.69%. Of the 10% most income deprived areas, this data is higher. The Public Health Outcomes Framework contains a range of health inequalities data, including overarching indicators relating to place. For Calderdale, the wider determinants of health (from new April 2023 data) reveal some areas below the

threshold in England and Yorkshire and the Humber: 2012/2022: B01b: Children in Absolute low-income families: England (15.3%), Calderdale (22.2%), Yorkshire and Humber (17.7%), 2018-19/2020-21: B12a: Violent Crime (hospital admissions for violence, including sexual violence): England (48.1%-23.4%), Calderdale (49.9 per 1000), Yorkshire and Humber (47.3 per 1000), 2021/2022: 1.01i: Children in Low Income Families (under the age of 20): England (19.6%), Calderdale (19.4%), Yorkshire and Humber (22.6%), 2021/2022: B08a: Percentage of the population with a mental or physical long-term health condition (16-64): England (65.7%), Calderdale (65.7%), Yorkshire and Humber (64.2%).^{xii}



Kirklees

Kirklees is one of the largest local authority districts within England and Wales, ranking 12th in population out of a total of 309 districts – historically the Kirklees district developed out of the mill towns scattered throughout the Colne, Holme, Calder and Spen Valleys and was established as a metropolitan borough with the largest town, Huddersfield, forming its administrative centre. Kirklees is also notable in that 12.6% of the population are Asian British of Pakistani heritage, this figure is much higher than the average across England & Wales which is only 2.7% – we also see higher proportions of Asian British Indian individuals (5.2% in Kirklees, 2.7% in England and Wales) and marginally more residents who identify as mixed heritage whether White and Asian (0.9% compared to 0.8% across England and Wales) or White and Black Caribbean (1.5% compared to 0.9%). It is crucial, whenever writing about place, to be mindful of the kinds of people who live and use the spaces that exist and the ways in which these spaces should reflect the necessities of the citizens who live in them. Ethnicity and race have been identified as one of the factors affecting disparate access to healthcare. As has been the case since the 2015 Index of Mass Deprivation was conducted, and again in the most recent report available from 2019, Kirklees is identified as one of the most deprived districts in England for both the Income and Employment summary measures; this measure is a summary count of absolute numbers of people who are income or employment deprived in the area. Statistically, Kirklees falls behind the rest of England and Wales in multiple areas relating to health and wellbeing: life expectancy in Kirklees is, on average, approximately four years shorter than the rest of England; individuals have a higher chance of dying of cancer; the mortality rate for individuals under the age of 75 is higher than average, not only compared against Kirklees' previous performance, but also

in the much wider gap compared to England in general, which lowered its mortality rate during the same period. The suicide rate in Kirklees is also higher than average despite having a slightly below average score during the 2015-2017 collation of data, having increased in recent years, despite the English average remaining the same. Within Kirklees itself, we see large-scale differences in socioeconomic indicators; deprivation is concentrated primarily within Kirklees' more urban areas, particularly those within the larger town centres (Huddersfield, Dewsbury and Batley) and the communities immediately surrounding them, whilst more rural or commuter communities closer to the M62 or smaller railway stations typically have higher incomes.



Leeds

Leeds is a city governed by a metropolitan borough named after the city, which is the third most populous city in the United Kingdom. It is built around the River Aire and is in the eastern foothills of the Pennines. There are 33 Wards in Leeds. The population of Leeds increased by 8.0%, from around 751,500 in 2011 to around 812,000 in 2021. In 2021, 5.6% of Leeds residents identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category, up from 3.4% in 2011. The 2.1 percentage-point change was the largest increase among high-level ethnic groups in this area. Across Yorkshire and The Humber, the percentage of people from the "Black, Black British, Black Welsh, Caribbean or African" ethnic group increased from 1.5% to 2.1%, while across England the percentage increased from 3.5% to 4.2%. In 2021, 79.0% of people in Leeds identified their ethnic group within the "White" category (compared with 85.1% in 2011), while 9.7% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 7.8% the previous decade). Roughly 60,000 students are enrolled at the local universities. Add to that the students in further education and you end up at more than 200,000 – one of the largest student populations in the UK. In Leeds, 14.3% of the population was income-deprived in 2019. Of the 316 local authorities in England (excluding the Isles of Scilly), Leeds is ranked 86th most income-deprived.



Wakefield

The 2019 Indices of Multiple Deprivation rank Wakefield as the 54th most deprived district in England out of 317 districts. The IMD is a relative measure of deprivation. 34% of the district's neighbourhoods are in the top-20% most deprived in England.^{xiii} Airedale and Ferry Fryston (66%), South Elmsall and South Kirkby (65%), Hemsworth (65%), Wakefield East (64%), Wakefield West (63%), Pontefract South (57%), Wakefield North (56%) and Knottingley (53%) wards all have more than 50% of their population living in neighbourhoods among the top-20% most deprived nationally.^{xiv} The proportion of the population from an ethnic minority background has increased in Wakefield from 3.3% in the 2001 census to 11.8% in the 2021 Census. This is still less than national figures where 82% of people in England and Wales are white, and 18% belong to a black, Asian, mixed or other ethnic group (2021 Census data). The largest minority ethnic group is 'Other White' (15,637), the largest sub-group of which is 'White-Polish' (7,428). The second largest minority ethnic group is Asian/Asian British, the largest sub-group of which is Pakistani/British Pakistani (7,101). As in many other areas of the current the population of Wakefield has been ageing of the last decade and will continue to do so, with increases in the 60-79 ranges and in the 80+ age ranges. This has implications for health and well-being services, including increased demand, a reduced contribution to the economy and lower incomes, and increased human resources for care services (both paid and unpaid carers). According to the Wakefield JSNA District Annual Report for 2023, life expectancy is higher for females than for males. However, healthy life expectancy for males is 58.0, for females it is 56.7. This is unusual compared to the regional and national picture. This means that males on average are expected to live in poorer health for 19.4 years and females for 24.7 years. The JSNA identified a number of vulnerable groups in the Wakefield district that may need particular support, including unpaid carers (1 in 10 people), households in temporary accommodation where duty is owed (2 per 1000 households, this is above the regional average), number of people who are disabled under the Equality Act (20.1% of Wakefield's population, higher than the UK average of 17.8%) and traveller communities. It identifies an increase in the number of traveller caravans in the district from 109 caravans in Jan 2020 to 166 in July 2021. The Wakefield District Population Health Survey asked residents how

they would describe their overall health. 59% of surveyed residents said their health was either good or very good, this significantly below the national response to the 2021 census where 82% of the population described their health as good or very good. The survey analysis finds a strong correlation with deprivation, where 47% of those in the most deprived areas described their health as good overall, compared to 72% in the least deprived areas.^{xv} South Elmsall and South Kirkby and Airedale and Ferry Fryston, areas that recorded the highest levels of deprivation in the strict in the 2019 national IMD, recorded the lowest proportion of residents who felt their health is very good or good. Similarly, poorer mental health was also correlated with a higher level of deprivation. 26% of those in the most deprived areas reported poor mental health (through SWEMWBS), compared to 12% in the least deprived areas.

Footnotes

i The AHRC are working in partnership with the National Centre for Creative Health (NCCH) and supported by other research councils, including Biotechnology and Biological Sciences Research Council (BBSRC), Economic and Social Research Council (ESRC), Natural Environment Research Council (NERC), Medical Research Council (MRC). See: AHRC, (2023), 'Area of Investment and Support: Mobilising Community Assets to Tackle Health Inequalities. Available at: [Mobilising community assets to tackle health inequalities – UKRI](#) (Accessed: 17 Oct 2023).

ii NHS England (2023) Co-production. Available at: [NHS England » Co-production](#) (Accessed 17 Oct 2023).

iii West Yorkshire Health & Care Partnership (2023), Co-production. Available at: Co-production :: [West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#) (Accessed: 18 Oct 2023).

iv The ambition of this programme is to 'establish the VCSE sector as an equal health & care partner in co-creating and shaping strategies, plans and services and delivering improved health and wellbeing for our populations enabled by long term joined up investment to deliver consistent, sustainable solutions to reducing health inequalities. See: [Co-production :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#)

v Office for Health Improvement & Disparities. 'Wider Determinants of Health' (2023). Available at: <https://fingertips.phe.org.uk/profile/wider-determinants> (Accessed: 18 Oct 2023).

vi [Final Joint Forward Plan PDF.pdf \(wypartnership.co.uk\)](#)

vii See: Let's Create 2020-2030 Strategy Arts Council England [Let's Create | Arts Council England](#).

viii The current Chair of the Health and Wellbeing Board (Calderdale) and Chair of West Yorkshire Health and Care Partnership is Tim Swift. See: NHS. 'Living a Larger Life: Using creative activities to help people live well in Calderdale'. (n.d.) Available at: https://www.calderdale.gov.uk/nweb/COUNCIL_minutes_pkg.view_doc?p_Type=AR&p_ID=69687

ix See Curious Motion: <https://www.curiousmotion.org.uk/>

x See Born in Bradford inequalities research unit <https://borninbradford.nhs.uk/what-we-do/our-programmes/bradford-inequalities-research-unit/>

xi See: <https://www.ons.gov.uk/visualisations/censusareachanges/E08000033/>

xii For further details of Health Inequalities Data for Calderdale see: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000033.html?area-name=Calderdale>

xiii Wakefield analysis of IMD 2019 p.2. [Microsoft Word – Wakefield analysis of IMD 2019.docx \(wakefieldjsna.co.uk\)](#)

xiv Wakefield analysis of IMD 2019 p.8. [Microsoft Word – Wakefield analysis of IMD 2019.docx \(wakefieldjsna.co.uk\)](#)

xv Wakefield District Health and Wellbeing Strategy, p.5. [Wakefield District Health and Wellbeing Strategy 2022-2025 pdf – Wakefield District Health & Care Partnership \(wakefelddistricthcp.co.uk\)](#)

xvi Developed from Massey/Munt model produced during initial WYICB/NCCH commissioned stakeholder development

Creating Change involves using a collaborative action inquiry approach working with stakeholder organisations and people with lived experience to explore how to evolve effective and meaningful creative health approaches across West Yorkshire. Rooted in stories from people with lived experience of community-based creative health approaches and the challenges encountered in practice by partner organisations, the project has co-generated in-depth learning about challenges and potential of sustaining creative health provision.

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Contact Creating Change for further information:

<https://research.hud.ac.uk/institutes-centres/cacs/projects/creatingchange/>
