# Creative Public Health Evaluation Tool (CPH-ET)

Updated March 2025

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## About the Creative Public Health Evaluation Tool (CPH-ET)

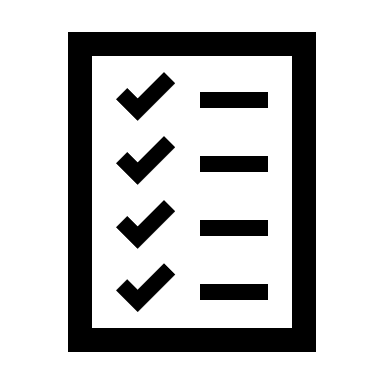
The Creative Public Health Evaluation Tool (CPH-ET) is an evaluation tool which consists of our Innovation, Partnership and Impact (IPI) funds principles, the guiding principles of the Health Equity Assessment Tool (HEAT) by United Kingdom Health Security Agency (UKHSA) and strong considerations to the Creative Health Quality Framework (CHQF).

The CPH-ET consists of a series of questions and prompts which will allow you to conduct evaluation at any stage from Formative, Process, and Outcome which can allow for a holistic process in which we can evaluate Creative Public Health projects and is aimed to help you systematically assess the health impact related to your project and identify what you can do to help reduce inequalities within the context of Creative Public Health and specifically within the confides of our principles for hyper-local funding of Innovation, Partnership and Impact (IPI).

The below diagram identifies the evaluation process of this tool in which it uses the guiding principles of the CHQF which consists of 8 stages, the principles of the Innovation Partnership and Impact Fund, and the 3 stages of the Health Equity Assessment Toolkit

* Person-centred

Prepare

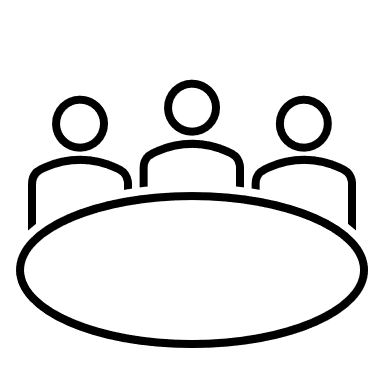


Innovation

* Equitable
* Safe
* Creative

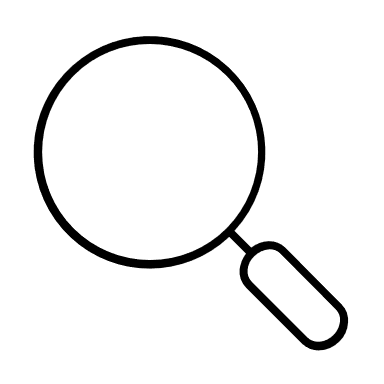
Partnership

Plan



* Collaborative
* Realistic
* Reflective

Assess



Impact

* Sustainable

## Enquiries

If you have any enquiries about Creative Public Health or using the tool, you can contact our programme lead at [Rhys.Boyer@birmingham.gov.uk](mailto:Rhys.Boyer@birmingham.gov.uk).

## Introduction

People, communities, and their livelihoods are at the heart of everything that Birmingham City Council does. Working with our citizens is critical to improvements in public health. The Health and Social Care Act 2022 set out a way for a more joined up, collaborative health system in which we can work together to tackle the big challenges.

To achieve real impact, we need a system that looks beyond those who are typically involved in activities, towards actively building partnerships across traditional boundaries, and working with people, communities and those who represent them to create real and lasting change. With this, it is important to consider the interests of a wider-system and provide common, system-wide processes that need to be achieved through collaboration, drawing upon knowledge and experiacne of wider partners, including the voluntary, community, faith, and social enterprise (VCFSE) sector, alongside their communities when considering best practice.

The insight from people who use or may conduct creative public health work is important for informed decisions about service design, delivery, and improvement. Fortunately, we are not starting from scratch. Within this document we can outline examples of existing evaluation models and best practices towards a comprehensive evidence base for Birmingham.

The landscape of evaluation remains hard to navigate, from limited guidance and support on which approaches and methods to employ, in what circumstances, for whom and in what context. Within the context of creative public health, there has been many arts and health frameworks, toolkits, and measurement tools but a lack of synthesis or mapping upon what exists nor guidance on making choices about when and where each tool is appropriate to use.

This evaluation framework provides a structured approach to:

* Guide hyper-local organisations in systematically evaluating their creative health projects whilst aligning project outcomes with public health priorities, including health equity and social determinants of health.
* Use Creative Public Health principles to measure and enhance the effectiveness of interventions.

We hope that this guide will enable the reader to be confident and best placed to understand creative public health evaluation, a guide to follow which includes appropriate approaches and how to conduct reflective practice on your evaluation and the context in which it is being delivered.

## The tool

Overview of your project

|  |  |
| --- | --- |
| Project details | Your response (Minimum of 200 words per question) |
| Date evaluation started | Enter your response here |
| Date evaluation completed | Enter your response here |
| Contact person (name, directorate, email, phone) | Enter your response here |
| Name of strategic leader (senior responsible officer) | Enter your response here |
| Lead organisation | Enter your response here |
| Other organisations engaged | Enter your response here |
| Community engagement methods used.  Best practice shows that engaging communities is an effective way of identifying, gaining insight and understanding how health inequalities are experienced by communities. So, consider methods of engagement (for example specific questions, focus groups, surveys, Place Standard) which are inclusive, involving a range of affected communities and stakeholders; and an assessment of whether, how and with what impact community engagement can assists with the programme, project or policy and its implementation. [A guide to community-centered approaches for health and wellbeing](https://assets.publishing.service.gov.uk/media/5c2f65d3e5274a6599225de9/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf) | Enter your response here |
| Agreed submission date | Enter your response here |

### Chapter 1

Within this chapter we will look to explore in detail how your project was prepared, how you focused on being innovative, and how you ensured your project was person-centred, equitable, and safe.

|  |  |
| --- | --- |
| Questions and steps to take | Your response – remember to consider multiple dimensions of inequalities, including protected characteristics and socio-economic differences (Minimum of 200 words per question) |
| Describe your project.  Things you may want to consider include:   * what are the main aims of your project? * what is the justification, reason or driver for this project? * how did you expect your project to impact (*positively or negatively*) on health inequalities? | Enter your response here |
| What data did you need to gain a greater understanding of need and assess the impact of this project?  You should consider relevant data, evidence, indicators and intelligence you are aware of, for example:   * nationally available data such as: * [Fingertips health profiles,](https://fingertips.phe.org.uk/) * [Public](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework) Health Outcomes Framework * [Office for National S](https://www.ons.gov.uk/)tatistics * local data such as that available in Joint Strategic Needs Assessment, contract performance data, school attainment and qualitative data from local research, voluntary, community and social enterprise (VCSE) intelligence and community voice. * [Joint Health and Wellbeing Board Strategy](https://www.birmingham.gov.uk/info/50119/health_and_wellbeing_board/1300/health_and_wellbeing_strategy) * [Community Health Profiles](https://www.birmingham.gov.uk/info/50305/community_health_profiles) * [Black African and Caribbean Health Inequalities](https://www.birmingham.gov.uk/info/50266/other_public_health_projects/2309/birmingham_and_lewisham_african_and_caribbean_health_inequalities_review_blachir) * [Healthy Faith Setting Toolkits](https://www.birmingham.gov.uk/info/50265/supporting_healthier_communities/2436/faith_and_religious_communities/4) * [Women’s Health Needs Assessment](https://www.birmingham.gov.uk/info/50342/public_health_reports/2946/gender_health_inequalities) * [Learning Disabilities Deep Dive](https://www.birmingham.gov.uk/downloads/download/6656/deep_dives_-_learning_disabilities_2024) * [End of Life Deep Dive](https://www.birmingham.gov.uk/downloads/file/22978/end_of_life_in_birmingham) * [Health and Wellbeing of Veterans Deep Dive](https://www.birmingham.gov.uk/downloads/file/20486/health_and_wellbeing_of_veterans_in_birmingham) * [Local Area Health Profiles](https://www.birmingham.gov.uk/info/50268/joint_strategic_needs_assessment_jsna/1332/local_area_health_profiles) * [Joint Strategic Needs Assessment](https://cityobservatory.birmingham.gov.uk/pages/jsna/) * [Director of Public Health Annual Reports](https://www.birmingham.gov.uk/info/50120/public_health/2420/director_of_public_health_annual_report) * [Homelessness](https://www.birmingham.gov.uk/info/50265/supporting_healthier_communities/2435/homeless_populations/4) * [Suicide Support](https://www.birmingham.gov.uk/info/50281/suicide_prevention_support) * [Physical Activity](https://www.birmingham.gov.uk/homepage/471/our_plan_for_an_active_birmingham_2024-2034) * insights gained form community voices with lived experiences in relation to discrimination, racism, access and multiple disadvantage and displacement | Enter your response here |
| Did you consider the interplay of multiple contributors to inequalities influencing personal experiences? | Enter your response here |
| Please outline how your proposed project or initiative has delivered against the core and life course themes from our Health and Wellbeing Board Strategy 2022-2030?  Core themes:   * Healthy and Affordable Food * Mental Wellness and Balance * Active at Every Age and Ability * Green and Sustainable Future * Protect and Detect   Life course:   * Getting the Best Start in Life * Living, Working, and Learning Well * Ageing and Dying Well | Enter your response here |
| Please outline how have reached the objectives of the Creative Health Innovation, Partnership and Impact fund?  Our Creative Public Health I.P.I Fund is structured around the three key points outlined within the LGA Commission on Culture. Please demonstrate how you have reached these objectives.  Innovation:   * Levelling up the capacity for engagement with arts, culture, heritage and health interventions and services within Birmingham, and specific wards to target health inequalities that enable co-produced delivery of meaningful place-led interventions on creative health.   Partnership:   * Identity how you will be a leading organisation that places value in a place-led approach to reducing health inequalities using creative health approaches for diverse communities * A coherent and transparent approach to funding creative health, supporting the delivery of place-led strategies, where collaborating with other organisations to maximise impact.   Impact:   * A coordinated approach to developing an effective evidence base for creative health approaches to reducing health inequalities, which identify the impact of a project/service with specifics to monitoring, evaluating, and learning. | Enter your response here |
| Please outline how you have reached the aims of the Creative Health Innovation, Partnership and Impact fund?  Our Creative Health Innovation Fund looked to be flexible and responsive to the needs of our local Arts, Cultural, Heritage and Health sector and to communities’ needs. We structured our fund with the following aims. Please demonstrate how you have achieved these aims.  Evidence and Impact:   * Can you identify the value of Arts, Culture and Heritage on Public Health, furthering our local evidence base and value of interventions to reduce health inequalities.   Cross-sector Collaboration:   * Have you built strong relationships in and across your target community of identity, place and/or experience.   Skills and Development:   * Can you identify improvements in the place and space in which your project or service is conducted.   Diversity, Inclusion, and Inequalities:   * Can you evidence that interventions conducted have reached the most vulnerable at the earliest stages and has championed principles of prevention, management, and treatment.   We looked to prioritise collaborative bids from community organisations and providers such as linked projects between organisations and groups. In addition, we will considered requests for a particular activity or support for on-going initiative to help build capacity and infrastructure of our local creative health sector. Please indicate if applicable how you met this objective? | Enter your response here |
| Please explain what the artistic output and health output was for your project? Combined together these will form your ‘Creative Public Health’ output.   * Why did you choose this style of output and how did it fit with the theme? – for example, a singing project with mother and baby group to promote infant bonding and lower/ prevent postpartum depression. * Please explain how you showcased/shared your artistic output/s and why you have chosen this format? | Enter your response here |

### Chapter 2

Within this chapter we will look to explore in detail how your project was planned, how you focused on working in partnership, and how you ensured your project was creative, collaborative, and realistic.

|  |  |
| --- | --- |
| Questions | Your response (Minimum of 200 words per question) |
| Based on evidence collected in Chapter 1, what was your populational group of choosing and what is the biggest health  health inequality they face for your topic or service area?  Think about the 4 health inequality domains (*socio-economic deprived population; geographic deprivation; inclusion health and vulnerable groups; protected characteristics*). | Enter your response here |
| Please consider your project against the socio-economic status domain.  How does it interact with the domain, and what is the potential impact that has or may have had on your project? | Enter your response here |
| Consider your project against the geographic deprivation domain.  How does it interacts with the domain, and what is the potential impact that has or may have had on your project? | Enter your response here |
| Consider your project against the [inclusion health and vulnerable groups domain](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/) and how it interacts with the domain, and the impact that has or may have had on your project? | Enter your response here |
| Consider your project against experience related to [protected characteristics domain](https://www.gov.uk/guidance/equality-act-2010-guidance) and how it interacts with the domain, and the impact that has/may have had on your project? | Enter your response here |
| Recognising that there are inequalities experienced by the population groups identified, considering the data and evidence, what are the [wider determinants](https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health#Main%20Messages) and structural discriminatory drivers your project has addressed?  Consider the diverse range of social economic factors which influence people’s health and wellbeing. | Enter your response here |
| What does the data and evidence that you have collated tell you are the potential drivers for these inequalities? It may be helpful to consider the following questions:   * which wider determinants were most influential, for example, income, education, employment, housing, community life, racism and discrimination, cultural, environmental? * were there any factors which indicated structural discrimination or racism which impacted upon your project, for example mandatory use of digital access to health advice preventing access for less IT literate individuals and communities? * which health behaviours did you feel played an important role? * do you feel service quality, access and take up increased the chance of decreasing health inequalities in your work area? * based on the above, which do you feel you can directly control? * which can you influence? * which are out of your control? | Enter your response here |
| How did you identify and engage key partners for your project, and what strategies did you use to ensure meaningful collaboration across different sectors? | Enter your response here |
| How did you measure the effectiveness of partnership working within your project, and what indicators did you use to assess its success? | Enter your response here |

### Chapter 3

**Within this chapter we will look to explore in detail how to best assess your project, how you to best determine impact, and how you ensured your project was reflective and sustainable.**

|  |  |
| --- | --- |
| Questions and steps to take | Your response (Minimum of 200 words per question) |
| Considering the above from chapter 2, summarise how you feel your project likely to reduce health inequalities? | Enter your response here |
| Did your project have the potential unintended consequence of widening inequalities by, for example:   * requiring self-directed action which is more likely to be done by affluent groups? * not tackling the wider and full spectrum of causes? * not being designed with communities? * relying on professional-led interventions? * not tackling the root causes of health inequalities? * relying upon digital access? * relying upon high level of literacy? | Enter your response here |
| What aspects of mental wellbeing were affected within your project? Consider risk and protective factors. | Enter your response here |
| What aspects of physical wellbeing were affected within your project? Consider risk and protective factors | Enter your response here |
| What specific actions did you take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities? Provide a list of actions and targets. | Enter your response here |
| How did you act on the specific causes of inequalities identified above? | Enter your response here |
| What activities did you put in place which adapted and enhanced your project in relation to cultural competencies? For example, consideration of cultures, languages, formats, images, digital, written, spoken, translation services. | Enter your response here |
| What specific steps and action/s did you take to address the identified structural racism and discrimination? | Enter your response here |
| How did you mitigate against the negative impact of when multiple harmful factors interact and result in compounding poor health outcomes for effected communities? | Enter your response here |
| Which populations face the biggest inequalities for your targeted action? | Enter your response here |
| Did you design the project with communities who face the biggest health inequalities to maximise the chance of it working for them? What will you need to enable this? | Enter your response here |
| Did you seek to increase people’s control over their health and lives (if appropriate)? What would this look like? | Enter your response here |
| Which community groups and consultation methods did you engage to tackle the problem, to maximise the chance of reaching large populations at scale (see [Community-centred public health: taking a whole system approach](https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach)). | Enter your response here |
| Who else helped on your project? | Enter your response here |
| How did you quantitatively or qualitatively monitor and evaluate the impact of your project on different population groups at risk of health inequalities? Consider what output or process measures you could use. | Enter your response here |
| Which evaluation approach aligns best with your projects objectives and aims? Formative, process, or outcome evaluation. (See [Evaluation Tools](https://nhsevaluationtoolkit.net/resources/quick-guide-to-evaluation-approaches/)) | Enter your response here |
| How did you integrate both quantitative and qualitative methods in your project to comprehensively capture the impact? (See [Qualitative and Quantitative](https://www.local.gov.uk/our-support/guidance-and-resources/comms-hub-communications-support/place-branding/nine-steps-2)) | Enter your response here |
| How have the insights gained from completing the CPH-ET influenced your understanding of the impact of your project? | Enter your response here |
| What unexpected challenges or successes emerged during your completion of the CPH-ET? and how might they shape future project design and implementation? | Enter your response here |
| How will you use the findings from completing the CPH-ET inform policy, practice, or future funding opportunities for your organisation? | Enter your response here |

### Summary

The Creative Public Health Assessment Tool (CPH-ET) is designed to provide a structured approach to evaluating Creative Public Health initiatives. It integrates principles from the Innovation, Partnership, and Impact (IPI) Fund, the Health Equity Assessment Tool (HEAT) by the UK Health Security Agency (UKHSA), and the Creative Health Quality Framework (CHQF). By offering a holistic method for evaluation, CPH-ET ensures that creative public health projects are systematically assessed in terms of their effectiveness, impact, and contribution to reducing health inequalities. We view this document more than just an evaluation tool, the CPH-ET is a mechanism for organisations to better understand and evidence the direct impact of their creative public health interventions on participants. By fostering a culture of reflective practice, it encourages organisations to continually refine their approaches, ensuring that their projects remain responsive to the needs of communities facing the greatest health inequalities. In doing so, it provides a practical way to align with the public health policy at a local level, which emphasise the importance of addressing social determinants of health, reducing health disparities, and improving the conditions in which people live, work, and play.

The CPH-ET is designed to be accessible and beneficial for both those new to creative public health and those with extensive experience in this field. For newcomers, it provides a clear structure to navigate evaluation processes, ensuring that they can measure impact effectively and align their projects with wider public health ambitions. For experienced practitioners, it offers a standardized yet flexible approach to refining and enhancing their existing evaluation methods, enabling deeper insights and more impactful interventions. Whether an organization is rooted in community arts, cultural heritage, or direct healthcare interventions, the CPH-ET ensures that their contributions to public health are recognized, measurable, and sustainable.

We understand that creative organisations face increasing challenge to show outcomes specific to health and wellbeing of their work and there was the need to develop an appropriate evaluation process. This document isn’t intended to be the only answer towards better evaluation within this field but to be a step-to-change towards genuine opportunities for the development of innovative creative public health work that can address needs and improve services. Through a structured yet flexible approach, we hope this tool enables organisations to refine their initiatives, maximise their impact, and contribute to a more equitable public health system. By embedding a structured evaluation process into creative health work, this tool ensures that the sector is not only recognised but actively supported to thrive. This approach contributes to a broader movement toward an integrated, system-wide response to public health challenges, reinforcing the role of creativity as a key driver in improving public health and reducing health inequalities. By equipping organisations with the means to measure and demonstrate impact, the CPH-ET plays a crucial role in ensuring that creative public health initiatives remain a sustainable, integral part of Birmingham’s public health strategic work.

The Birmingham City Council Public Health Creative Public Health team is available to provide support, advice, and guidance to those interested in using the tool. Organisations are encouraged to reach out to Rhys Boyer, at [Rhys.Boyer@birmingham.gov.uk](mailto:Rhys.Boyer@birmingham.gov.uk) for further information, assistance with implementation, and discussions on how to maximise the tool’s potential for their projects.

### Appendices

**Appendices 1:** The Creative Health Quality Framework

* Link: [The Creative Health Quality Framework](https://www.culturehealthandwellbeing.org.uk/resources/creative-health-quality-framework)
* Banner:



**Appendices 2**: United Kingdoms Health Security Agency Health Equity Assessment Toolkit

* Link: [United Kingdoms Health Security Agency Health Equity Assessment Toolkit](https://www.gov.uk/government/publications/health-equity-assessment-tool-heat)

**Appendices 3**: Innovation, Partnership and Impact (IPI) Fund

* Link: [Innovation, Partnership and Impact (IPI) Fund](https://www.birmingham.gov.uk/info/50313/creative_public_health/2836/creative_public_health_-_innovation_partnership_impact_fund)