Creative Health Leads Programme FAQs

Here are our responses to questions that have been raised in the information webinar and in discussions about the Creative Health Leads programme.

If you need more clarity, please contact jayne@ncch.org.uk

1. **How will these roles be funded in the longer term?**
   After two years, systems should have enough evidence of value to fund the roles themselves. The match funding only lasts for two years.

2. **Can the funding be used to make an existing part-time post full-time?**
   Possibly. We expect systems to invest new money and show ambition to grow creative health. If it is part of a wider plan to expand creative health, it may be acceptable.

3. **Can an existing pilot programme be considered?**
   Maybe. It depends how the pilot was set up, funded, and what it was originally expected to achieve.

4. **Is the role aiming to coordinate existing creative health activity within the ICB area?** Coordination and highlighting existing work to the system is likely to be one aspect of the role.

5. **If each area/role has different outcomes and objectives, how will the scheme overall be evaluated?**
   We will focus on common themes: better understanding of creative health, stronger partnerships, inclusion of creative health in strategies, learning about what helps or blocks progress, and supporting each area to assess impact locally.

6. **Is this for new roles or strengthening existing ones?**
   It is mainly about growing creative health activity overall. Existing temporary or pilot roles could be supported if linked to a clear long-term expansion plan.

7. **Can organisations apply more than once in this rolling programme?**
   Yes.

8. **Can organisations apply for more than one post?**
   Possibly later, but currently we expect only one supported post per organisation.

9. **Can funding be used to increase pay for an existing role?**
   Only if it is part of a clear plan to expand creative health. Simply increasing pay is unlikely to be funded.

10. **Could the role sit in VCFSE organisations if they are part of neighbourhood teams commissioned by health?**
    Yes, although applications where the role sits in the public sector or is a joint post will be considered stronger.

11. **Could the role sit in a Local Authority?**
    Yes – though not in the arts or culture team.

12. **Will there be peer-to-peer learning for the managers of these posts?**
    Yes. Managers will be included in the support and development programme for systems.

13. **What geographical footprint will these roles cover?**

It will vary. Roles may work across neighbourhoods, local authorities, whole ICBs, or larger areas.

14. **Can you have more than one post in a geographical area?**
    Possibly. We want good national spread, but there is no fixed limit per area yet.

15. **Can funding back-fill someone so they can focus on this role?**
    Possibly, if it clearly helps expand creative health. Please discuss with the team first.

16. **Do applications have to come from an ICB?**
    No. Any health or local authority organisation can apply.

17. **If unsuccessful, do we need to fully reapply?**
    If it doesn't meet criteria, you'll get feedback to improve and reapply. If it was strong but out-competed, it may roll into the next round with updates.

18. **Will this create competition for limited Trust and Foundation funding?**
    The aim is to strengthen and support existing provision, helping it become more sustainable.

19. **Will NCCH share Creative Health Lead job adverts?**
    Yes, we will ask systems to share recruitment information so NCCH can publicise opportunities.

20. **If you found an NHS partner who was willing to host you, could you offer the 50% match funding on a voluntary basis?**
    No. We expect to see investment from the system into the role.

21. **Can roles be based in universities or research organisations?**
    Only in special circumstances. These are not research roles and must be embedded in, and accountable to, the wider health and care system.

22. **Can funding support an assistant role in an arts in hospitals charity?**
    Possibly, if it is part of a wider plan to expand creative health beyond the hospital. On its own, an assistant post is unlikely to be competitive.

23. **Is there any extra funding to take into account Inner/outer London weighting costs?**
    Yes – we have allowed for that so the subsidy for London posts will include the weighting costs.

24. **When you say 'systems' do you mean borough based?**
    It could be borough-wide, Integrated Care System-wide, County Council – the footprint is whatever makes sense in terms of a health and care system.

25. **How does the role work across the whole system where they might be varying priorities/ timeframes etc?**
    We would expect partners making an application to come together to agree the priorities and timeframes for the role.

26. **It sounds like the funding is anticipated to cover an ICB footprint, region/sub region, could we focus an application on a specific geography i.e an LA boundary ?**
    Yes. See Q13.

27. **By when would you need to have match funding agreed?**
    This would need to be identified when you make the application.

28. **Could match funding be from a current existing role that links directly with the role/requirements already? How would you view allocating some hours from a substantive post as the match funding?**
    The match funding will be required to support the new role so it is difficult to see how funding that is supporting an existing role could be released to support a new role.

29. **Do you know roughly when the following rounds/application windows will be?**
    The next round of applications closes on 18 September 2026 and we anticipate two more rounds, probably in March and June 2027.

30. **In my borough, the INT is in early stages of development, but it feels like it would be brilliantly placed here. Of course this means timelines are unclear - is there a specific date that NCCH expect to have the CHL in employment?**
    Once we have confirmed an application as successful we would be expecting the applicant to begin the recruitment process as soon as possible, but we recognise that it may take some time to get someone in post. There are no specific dates.

31. **The NAHN regional group I am part of has asked if a consortium application could be submitted from NHS trusts across a region?**
    This is not something we have previously considered – we will need to check with funders and think about it, but do talk to us about your proposal so that we can consider it properly in advance of you making an application.

32. **Can the role be split into 2 part time roles (ie 2 x 2 days a week roles) rather than a 4 day week?**
    If this was on a job-share basis then that could definitely work.

33. **Are we able to see the detail of current successful applications?**
    We have shared a summary of their proposals on our website and will be sharing progress throughout the Programme. Whilst we cannot give you details from individual applications we have shared the types of partnership, employment and funding models that the successful applicants have used. See the slide deck from 16 June webinar for details.

34. **Does the match funding have to be from the NHS or Public Health budgets?**
    Yes.

35. **Does this project extend to Scotland?**
    No - it is for England only as it is part-funded by Arts Council England.

36. **Could the host organisation be a health and social care charity which is currently formally commissioned both by the ICB and Public Health team?**
    Possibly, but see response to Q10.

37. **You mentioned a focus on geographic funding, but would you consider funding a thematic, cross-regional project instead? For example, a national network for palliative care social workers looking to incorporate creative arts into their practice?**
    Possibly - please talk to us early on about your proposal as we may need to check with our funders and discuss with our Advisory Group.