

Section 2: modelling assumptions

Specific assumptions we use in workforce modelling

- including how service redesign such as new community services or digital models of care might affect the numbers, deployment and/or skill mix of staff

Creative health offers a scalable and preventative solution within future workforce modelling. Our assumptions recognise that as care shifts from hospital to community and digital environments, the workforce must diversify in the range of skills, disciplines, and leadership roles engaged in health creation. Creative health mobilises underutilised expertise from cultural and voluntary sectors, creating a richer skill mix and strengthening community capacity while reducing costs.

- **Prevention and cost savings:** Preventative savings achieved through creative health free up system budgets to properly invest in creative practitioners while still reducing overall expenditure. Systems such as *Gloucestershire ICB* have already demonstrated that creative health provision can be both cheaper and more effective than clinical counterparts.
- **Digital modelling and impact tracking:** Digital tracking of outcomes and behaviours following creative health engagement enables impact evidence, predictive forecasting, and investment confidence, allowing sustained commissioning without duplicating or inflating existing expenditure.
- **Fair pay and sustainable models:** The current project-based landscape - often involving small wages and frequent unpaid labour - is unsustainable. For creative social prescribing and other neighbourhood models to succeed, both link workers and creative practitioners delivering targeted interventions must be fairly remunerated.
- **Cross-departmental funding and policy alignment:** Future modelling assumes greater co-investment between DCMS, DHSC and MHCLG, potentially through a *Health in All Policies* approach (which has achieved great success within the [Mayoral Combined Authorities Creative Health Network](#)) or ring-fenced co-funding for priorities such as children and young people's mental health and CAMHS waiting list reduction.
- **Digital and analytical infrastructure:** To support robust monitoring, workforce plans should include one dedicated data analyst per Integrated Care Board (ICB), based on evidence from Gloucestershire's effective model.

- **Strategic leadership roles:** The Creative Health Leads Programme (co-funded by ACE, Baring Foundation and ICBs) places one creative health specialist in each ICS, providing essential knowledge brokerage and translation between health, culture and community sectors.
- **Public engagement and behaviour change:** Realising the full benefits of creative health requires investment in public-facing communication – such as creative social media campaigns, creative health information brochures and posters for GP surgeries, pharmacies, libraries and cultural venues promoting creative health behaviours, documentaries capturing real world stories of success and the mechanisms that enable success. Delivery requires communications specialists, media producers, and volunteer coordinators managing trusted community champions.
- **Research capacity:** Researchers and evaluators are vital to evidence the long-term preventative benefits of creative health, feeding insight back into modelling and investment decisions.
- **Integration of existing roles:** Creative health already operates through OTs, nurses, social prescribers/GPs and public health research officers embedding creativity in care; their continued engagement supports smoother transitions as new models evolve.
- **Hospital Specialism:** Creative health practitioners typically work within prevention and holistic care. The outcomes of their work reduce demand for hospital-based care and allows clinical specialists to focus on more complex, higher-acuity patients.
- **Skill mix optimisation:** Integrating creative practitioners, facilitators, and cultural leads into multidisciplinary teams improves skill mix efficiency, freeing clinicians to focus on medical interventions while creative practitioners address psychosocial and preventative needs.
- **Growing practitioner supply:** The rapid development of [creative health qualifications](#) and CPD [training](#) is expected to increase the supply of skilled practitioners available to health systems, supporting sustainable scaling over the 10-year period.
- **Workforce retention and wellbeing:** Embedding creative health within staff wellbeing programmes reduces burnout and improves retention, especially in high-stress clinical roles – an essential component of long-term sustainability.

In summary, our workforce modelling assumes a future where creative health is integrated across community, digital, and clinical systems, supported by sustainable funding, fair pay, data infrastructure, and strategic leadership. Together, these conditions enable creative health to reduce demand pressures, strengthen prevention, and deliver better value for money.

Impact on workforce supply and demand, including career and training pathways

The integration of creative health directly influences workforce supply and demand by diversifying professional expertise, supporting prevention, and establishing new pathways for learning and employment. By drawing on a broader talent pool and embedding creative practice in care training, the system can address shortages, improve patient experience, and sustain wellbeing across the workforce itself.

- **Diversifying workforce supply:** In areas facing shortages of clinical expertise (e.g., district nursing, mental health), [creative health practitioners fill service gaps](#) by supporting wellbeing, reducing waiting lists, and preventing the escalation of conditions, thereby improving workforce balance between supply and demand.
- **Integration through professional training:** [Embedding creative health in training](#) and CPD for doctors, pharmacists, nurses, and allied health professionals promotes whole-person care and supports the shift toward prevention. Examples of this are already starting to emerge in clinical health courses (e.g., [University of Chester's Creative Health Placement](#) within their Nursing course).
- **Targeted training for social prescribers:** Enhanced training in creative and cultural referrals increases confidence and literacy in community offers. This would address bottlenecks where both demand and capacity exist but referrals lag and prevent bias-informed referring behaviours. Tools like the [Creative Health Communication Framework](#) help match compatible creative health services to mental health and wellbeing needs, using language that resonates with both professionals and the public.
- **Education and research pathways:** The UK already hosts a growing ecosystem of [creative health courses](#) and [research centres](#), providing a foundation for future career routes and academic recognition.
- **Joint training environments:** In our recent recommendations to DHSC, we suggested co-located training environments – for creative health practitioners

and clinical health practitioners – to foster network development and interdisciplinary peer learning.

- **Specialist expertise in implementation and evaluation:** Roles in health economics, implementation science and systems change underpin successful embedding of creative health. The [Creative Health Associates evaluation](#) demonstrates this impact in practice.
- **Hospital-based creative roles:** [Over 50 NHS Trusts](#) employ *Arts in Health Managers*. Expanding these roles equitably across the UK will enable hospital-to-community continuity, reinforcing creative participation as part of recovery and rehabilitation pathways (for guidance resources, [visit here](#)).
- **Recognition of specialist skills:** Creative health practitioners possess distinct expertise in facilitation, communication, and person-centred care, which cannot be replicated by volunteers. While volunteers can extend reach, they should operate under the direction and safeguarding oversight of qualified practitioners.
- **Reducing sickness absence and locum costs:** Creative health programmes that support staff wellbeing can lower rates of sickness and burnout, reducing costly reliance on locum and agency cover. This strengthens workforce stability and helps maintain consistent service delivery.
- **Competency frameworks and accreditation routes:** These would provide clearer career pathways for creative health practitioners, ensuring quality standards, and enabling creative health to be recognised within NHS workforce planning structures.
- **Career progression and leadership development:** Creative health is currently non-hierarchical by design. However, to support greater diversity of creative health workforce (e.g., male facilitators), and to enable equity between clinical and creative practitioners, clear progression route could be introduced to offer greater incentivisation.

In summary, Creative health contributes to workforce sustainability by expanding the skill base, formalising new training and career routes, and bridging gaps in supply. It empowers both clinical and non-clinical staff to work more collaboratively, creating a workforce that is creative, preventative, and resilient by design.