

## Section 3: productivity gains from wider 10 Year Health Plan implementation

**The top digital initiatives delivered in creative health that have successfully increased workforce productivity or reduced demand**

- in the NHS, other sectors or internationally

### **Social prescribing platforms**

(including creative health referral + case-management):

- Implementation of the **Joy App** in Cambridge and Peterborough ICS – across 17 Primary Care Networks - [led to a 35% reduction in GP appointments](#). In Leicester, Leicestershire and Rutland, they suggest a [20-25% improvement in staff efficiency](#), noting the ability for the app to send notes and SNOMED codes to the GP system.
- Implementation of **Access Elemental** in Cheshire and Mersey ICS – via Care Merseyside – has [reduced admin time for clinicians by 2-hours a day](#).
- [A review](#) by **National Association for Social Prescribing (NASP)** suggests social prescribing contributes to large reductions in clinical demand:
  - In Tameside and Glossop there was [42.2% reduction in GP appointments](#) across their 1,751 person cohort
  - In Kent there was a [15.4-23.6% reduction in A&E attendances](#) across their 5,908 person cohort
  - In Kirklees, for frequent service users, there was [a reduction in GP appointments by 50% and A&E attendances by 66%](#).
  - In Rotherham, for frequent service users, there was a [reduction of A&E attendances by 39-43%](#).
  - In Newcastle, they found [secondary care costs to be 9.4% lower](#) when compared to a matched-control group.
  - In Calderdale, [a £350 reduction in hospital cost per patient per year](#) was reported.

**Examples of digitally delivered creative health:**

- **Starlight VR Distraction Therapy** ([multi-site NHS pilots](#)) reports fewer attempts and less time to complete procedures with children, and in some cases avoided sedation/analgesia, which can free staff time and reduce costs.
- **NHS staff VR training using creative methods** - [Immersive, story-driven VR](#) scenarios co-created from interviews help staff experience/reflect on discrimination, aiming to improve culture and retention. Better working cultures are linked to improved workforce productivity.
- **gameChange VR therapy** helps anxious patients with psychosis and agoraphobia to rehearse everyday situations. It [significantly reduces agoraphobic avoidance and distress at 6 weeks](#). Because delivery is automated and supportable by non-specialist staff, it can scale access to effective therapy and relieve pressure on scarce specialist time.

## **Actions taken to identify and address gaps in training that support delivery of the 3 shifts**

- pre- or post-registration

As the national body for Creative Health, NCCH plays a leading role in strengthening the skills, knowledge and capability required to deliver the three shifts of the 10-Year Plan. We do this both directly - through training, events, knowledge exchange and tools that support practitioners, clinicians and system leaders - and indirectly - by convening national partners, shaping academic and policy discourse, identifying gaps across regions, and amplifying best practice across the health and cultural sectors. Our work ensures that creative health training and development is evidence-led, strategically aligned, and responsive to emerging needs across community, preventative and digital models of care.

Here are some stand out examples of how we impact professional development:

- **Working with clinical and public health leaders to identify training needs**  
We work closely with GP, Pharmacy, Nursing and Public Health Special Interest Groups, alongside wider partners such as King's College London, to map where creative health can strengthen existing training pathways. These collaborations help identify suitable pre- and post-registration opportunities where creative health evidence and practice can support prevention, community-based care, and digital transformation.
- **Mapping the current landscape of creative health education and training**  
We have collated national lists of creative health research centres, university courses, and other academic pathways to help clarify emerging career routes

in the field. Alongside this, our sister organisation – the Culture Health & Wellbeing Alliance (CHWA) - has developed comprehensive CPD lists to support practitioners seeking specialist training in creative health.

- **Sharing national findings on integration of creative health into medical and clinical training**

We hosted a national event (available here:

[https://www.youtube.com/watch?v=q\\_jWWzovAvM](https://www.youtube.com/watch?v=q_jWWzovAvM)) which reported on how creative health is already being integrated into medical education across the UK. This has supported educators and health leaders to identify gaps, opportunities and future training needs.

- **Understanding training gaps through engagement with public health and ICB teams**

Working with public health colleagues and ICB strategic leads allows us to identify where training gaps limit the uptake of creative health approaches. These insights shape local workforce plans and highlight areas where further training investment is required.

- **Capturing training successes through the Mobilising Community Assets Programme**

Within the programme, we document successful training initiatives such as Gloucestershire's ICB-provided health training for creative health providers, which has demonstrably improved the quality of practice and strengthened their contributions to co-designing innovative services.

- **Supporting social prescribers to use creative health effectively in their practice**

Through presentations on the Creative Health Communication Framework (CHCF), we help social prescribing teams consider how creative health models can be used to support personalised care and prevent escalation of need.

- **Training artists in health systems, strategy and partnership working**

We have delivered dedicated 2-hour training sessions for artists covering health system structures, strategic alignment, cross-sector partnerships and systems integration. This ensures creative practitioners understand how to work safely and effectively within health and care pathways.

- **Co-developing training with local creative health teams to address inequalities**

Our team co-developed training with health teams in Manchester on health inequalities and creative health's role within this agenda. This work has

supported local planning, deepened understanding of preventative approaches, and facilitated knowledge transfer across sectors.

- **Learning from leaders developing new integrated workforce models**

We maintain regular engagement with sector leaders who are trialling new creative health workforce models - such as Number 11 Arts and their conceptualisation of “creative health link workers,” supported by Birmingham City Council. This helps identify training needs emerging from new models of practice, along with evaluation of which models are the most effective and financially efficient to pursue.

- **Presenting best practice and maintaining a Creative Health Toolkit for system leaders**

We present best practice examples from across the UK and host a Creative Health Toolkit, co-produced with Creative Health Champions from board-level positions in health and social care. This provides systems-facing case studies, models and frameworks that support commissioners, educators and practitioners to identify learning needs.

- **Recommending joint training environments to national policy makers**

Our recent recommendations to DHSC included the development of co-located, interdisciplinary training spaces for creative and clinical practitioners. Such environments would accelerate the shift toward integrated, preventative, community-based care.

- **Developing academic outputs to inform the future of implementation and systems change**

Our academic work - spanning implementation science, systems change, and integrated care - supports national thinking about how training should evolve to deliver the 3 shifts effectively.

- **Co-editing sector journals to expand knowledge exchange and artist understanding of health**

By co-editing two special editions of Perspectives in Public Health Journal (forthcoming) with Arts Council England, we are helping to heighten interest amongst artists in engaging with research literature. The publications translate emerging best practice into accessible knowledge for artists and health practitioners alike, thereby strengthening their understanding of creative health and improving readiness to work within health systems.

- **Capturing learning from the Creative Health Associates Programme**

The forthcoming *Creative Health in Systems* book (Routledge) consolidates learning from our Creative Health Associates Programme, including insight

into system integration, network and strategy alignment, cultural tensions, and mapping methods. This publication serves as a comprehensive “how-to” resource that guides training and development across sectors.

- **Synthesising research through the Creative Health Research Round-Up**  
Our Research Round-Up distils national and international evidence into usable insights, enabling practitioners, educators and policy makers to access up-to-date learning that can guide training priorities.
- **Using APPG events to align best practice with strategic health priorities**  
APPG Creative Health events curate best practice from across the UK and align it with major health priorities. These sessions, livestreamed to artists, clinicians and health leaders, serve as an accessible training platform and help raise awareness of the role of creative health in system transformation.
- **Facilitating knowledge exchange through internal peer learning sessions**  
Within our own team, we host peer learning and knowledge-sharing sessions to ensure emerging evidence and insights are appropriately disseminated and inform our collaborative practice/leadership.
- **Collecting and reviewing digital creative health case studies**  
We are currently gathering and analysing new digital creative health case studies, enabling us to keep pace with technological change and share this learning with the wider field. This ongoing review informs future training needs for workforce digital capability.
- **Leading roundtables on themes central to future workforce development**  
We have convened roundtables on topics such as creative public health, staff wellbeing, cultural compact leadership potential, and EDI. These sessions bring together experts to capture learning and identify where further training is needed.
- **Facilitating creative huddle spaces to model co-production and shared learning**  
Our creative huddle spaces bring together health and cultural professionals to explore issues through artistic facilitation. These sessions strengthen co-production skills, deepen reflective practice, and surface training needs across both sectors.

**Policies or initiatives that have enabled the NHS to play a bigger role in local communities**

- for example, widening access, creating opportunities or supporting underserved groups

A range of national and regional policies have enabled the NHS to strengthen its role within local communities by creating the conditions for deeper partnership with cultural, voluntary and creative organisations. These initiatives provide the structural permission, investment, and strategic alignment needed for community-based, preventative and person-centred approaches to flourish. Collectively, they have widened access to creative and non-clinical support, improved engagement with underserved groups, and positioned the NHS as an active collaborator in the social, cultural and economic life of local places.

The **ICS Statutory Guidance** on [Working in partnership with people and communities](#) strengthened commissioning pathways between the NHS and the VCSE sector, enabling creative and community organisations to play a more active role in prevention, outreach, and widening access to underserved groups.

**Health in All Policies** approaches embedded into Mayoral and Combined Authorities (such as [West Midlands Combined Authority](#)) have enabled stronger *culture and health* workstreams. These approaches have effectively supported local co-production, test-and-learn initiatives, and broader community participation in shaping health interventions.

Development of **Creative Health Strategies** at a systems level (e.g., [London](#), [Birmingham](#), [Greater Manchester](#), [West Yorkshire](#)) have provided clear leadership and permission for the NHS to work closely with cultural and community partners. These strategies have broadened access and created more inclusive, community-centred approaches to health.

The **Creative Health Review** – both the [2017](#) and the [2023](#) editions – catalysed national infrastructure, including the establishment of NCCH, which in turn has supported NHS bodies to develop partnerships with local assets, expand access routes, and embed creative health as part of local community development.

The **Fuller Stocktake**: [Next Steps for Integrating Primary Care](#) and the shift to Integrated Neighbourhood Teams has normalised collaboration between NHS staff and VCSE/creative partners. This has facilitated more joined-up and proactive community engagement.

**Arts Council England's Creative Health & Wellbeing Strategy** – including targeted investment - has enabled creative health organisations to work with NHS partners more effectively, enabling the capacity to strengthen NHS reach into

communities, improve access to creative health opportunities and support engagement with groups who are traditionally underserved.

**Personalised Care** and **Population Health Management** frameworks have provided natural homes for creative health, enabling NHS teams to work more directly with community-based organisations and to deliver more personalised support for those with high unmet need.

**Culture And Heritage Capital:** [monetising the impact of culture and heritage on health and wellbeing](#) has given NHS leaders stronger economic justification for investing in community-based creative engagement, thereby supporting more equitable access.

**NCCH and APPG Creative Health briefings** – these [evidence syntheses and policy briefings](#) have equipped commissioners with practical examples of community collaboration, enabling systems to embed creative health into place-based approaches.

**Where we have managed changing expectations and increased patient participation in their care through digital tools and adjusted workforce planning to reflect this**

- for example, increased training to deliver new approaches to diabetes management to reflect new digital tools

This is not our area of expertise. Our responses to Section One of this inquiry point to other creative health leaders in the field who have more experience in this area.

We have noted, at a national level, that there is the absence of organisations whose role is to focus on creative health promotion directly to the public. To enable a cultural change – both for creative health and community health cultures more widely – public knowledge, buy-in and shared decision-making will be vital.