

**The Cheshire and Merseyside Women's and Children's Services Partnership
and
Cheshire & Merseyside Health & Care Partnership**

**A Social Prescribing Concordat for Creative Health
05 July 2018**

'Others have seen what is and asked why. I have seen what could be and asked why not.'
Pablo Picasso

We the undersigned believe:

1. Health is much more than the absence of disease. Moreover poverty and health inequality is not a 'footnote to the real concerns with health' (Marmot 2010).

Health inequalities are avoidable and unjust and we should collaborate with those both in and outside of health and care sectors to reduce them. These inequalities do not occur randomly or by chance, nor are they inevitable. These inequalities are socially determined by circumstances largely beyond an individual's control. These 'circumstances' disadvantage people and limit life chances, impacting on both the quality and length of life.

2. The context in which people live their lives is the most important determinant of life expectancy. This requires a 'more than medicine approach': a new perspective (New Ways of seeing) and with this the development of some very different kinds of tools-New Ways of Doing. This is not an 'instead of but as well as' scenario.
3. Crucially the causes of health inequalities and the implications go beyond the limits of any medical model and the NHS. They therefore require a concerted effort to work in partnership with others outside of healthcare in order to work across traditional policy and organisational silos to:
 - Understand and undo fundamental causal factors
 - Recognise and prevent wider environmental influences
 - Reduce and ameliorate the negative impact on individuals and groups.
4. Cross sector dialogue and engagement with a non –health workforce provides a pathway for greater innovation and truly transformative change. Likewise the healthcare sector should seek to capitalise on the substantial evidence base reflecting the value of arts and cultural interventions for both: building wellbeing and driving recovery; as well as supporting illness and disease management.

The arts and cultural sector represent a unique set of assets for primary care hubs and emerging multi-disciplinary teams to engage with to inform NHS and wider healthcare learning, especially in terms of preventing non-communicable disease. Together we can most effectively ask:

- What does best care look like when defined in a wellness not illness context?
 - What can cultural partners (et al) bring to the table in terms of assets especially where there are no current clinical answers?
5. Residents of Cheshire and Merseyside are the key agents in supporting and achieving better health outcomes.
 6. A corporate social responsibility strategy with social value and prevention at its heart will drive community, economic and environmental wellbeing.

We therefore reaffirm:

1. The central role for an asset based approach to health development.
2. The need for a stronger focus on wellness not illness; for a reduction in policy silos and a need to join up policy agendas so we can be clear about the benefits of working together.
3. The importance of personal choice and control in achieving and maintaining wellbeing and in delivering enriched personal pathways.
4. The need to learn from others, to re-imagine future workforce development and training needs with new kinds of bridging and/or hybrid roles which capitalise on a range of professional practice and insight across different and non –health sectors-the whole is truly greater than the sum of its parts.

There is a need to:

1. To prioritise a relentless focus on wellbeing, prevention and early intervention.
2. To offer integrated and dynamic and creative wellbeing focused activity in the community which supports improved emotional resilience and confidence.
3. Embed shared decision making processes to enable choice, so that people are knowledgeable and supported as equal partners in decisions about their care, development and treatment.
4. Systematically refer to sources of non-clinical support through social prescribing and community connecting roles, aligned with wider approaches to community capacity building and stronger partnerships with community and voluntary organisations.
7. Invest in community learning and development which simultaneously provide pathways for personal development and growth, stepping stones for social mobility and an important opportunity to bolster individual and community wellbeing.
8. Have integrated personalised commissioning, including personal health budgets and integrated personal budgets, enabling people who could benefit to take control of resources to meet their health and care needs.

We want to write history by marking out a pathway for a sustainable NHS based on a commitment to health creation and a reduction in health inequalities. We want to start by transforming Women's and Children's Services to ensure a 'best start' for all through a social prescribing commitment and by harnessing a Creative Health agenda which will:

- Improve maternity experiences
- Recognise and respond to perinatal mental health needs
- Increase and impact on safety
- Support Maternity Voices development and increase agency
- Drive up self-care; and ultimately
- Increase care choices.

Signed: Jon Develing



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