Folkestone & Hythe District Heritage Strategy

Appendix 2: Case Study 5 Heritage & Health

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Folkestone & Hythe District Heritage Strategy: Heritage and Health Case Study

Introduction

The historic environment and its associated remains from past human activity have the potential to make significant contributions to public health. Heritage-led activities are currently making direct contributions to primary health and wellbeing outcomes such as better mental and physical health through the prevention and reduction of illness and various other conditions. Over the last couple of decades, there has been a growing body of evidence that is demonstrating how access to and participation in the arts and cultural activities can dramatically improve health and increase wellbeing. Various bodies are now recognising the significantly positive impacts that heritage as part of culture and the arts is having on public health and that can be used in a number of settings that include within the community, hospitals and other supported living arrangements such as residential and nursing care homes. As the health services face substantial challenges in the coming years, the ways in which the arts and humanities are used to engage with health can significantly change in order to further promote healthy communities and support new integrated, sustainable and person-centred health and social care.

Heritage-led activities are contributing to improved public health in many ways such as reducing social exclusion, reducing health inequalities within society, increasing opportunities for community engagement and increasing physical activity to combat conditions such as obesity and diabetes. However, whilst there is a growing evidence base there is still no clearly established assessment and evaluation framework for heritage in health and so much of the evidence is still unavailable to health professionals and those with commissioning responsibilities. The potential of heritage in public health is underestimated and more needs to be done to properly measure and evaluate the health outcomes from these activities in order to build a robust evidence base and make use of heritage as an effective and financially valuable health resource.

This case study will set out to examine the current provision of heritage-led initiatives within the District and their impact on public health in this locality. The evidence has been gathered as part of the Folkestone & Hythe District Heritage Strategy that this study forms a part of in order to demonstrate the wider benefits and outcomes of heritage activities within the community. This study of heritage and health has been completed using guidance and advice from Public Health and Social Care colleagues as well as from organisations such as Age UK, the Sidney de Haan Research Centre for Arts & Health and the District Council community services. A number of reports and papers from Public Health England, the NHS, South Kent Coast Clinical Commissioning Group (CCG), Social Care and other arts or research bodies have also been used and referenced later. This report will aim to demonstrate the significant benefits of heritage on health and the need for closer links between the arts and health sector.

The aims of this report are:

- To review the national context of Public Health and Social Care in order to establish the current challenges faced by the system and therefore where

heritage will be a valuable health resource in the future commissioning of services.

- To review the current public health indicators in order to track the progress of wider factors that are affecting health and wellbeing.

- To review the Health Profiles for Kent and the Folkestone & Hythe District in order to provide an overview of the health of the local authority and highlight the issues that are affecting the District specifically in comparison to the county as a whole.

- Explore the heritage-led initiatives within the District that are making significant contributions to public health and how they are doing this.

- Highlight the range of activities across the District and the opportunities for formalised evaluation in order to establish a robust evidence base for health professionals and commissioning colleagues regarding the impacts of heritage projects on the health agenda.

- Establish which heritage-led initiatives are suitable for commissioning in health services and where more formalised programmes are needed.

- Inform new strategies and policies within Public Health and Social Care at a time when substantial change is being made to these services in order to respond to increasing pressures that will be identified.

- Make recommendations for developing these heritage-led initiatives into structured programmes for health and social care provision.

It is hoped that the evidence put forward in this study will be applicable to Public Health and Social Care colleagues for use as evidence for heritage as a valuable health resource for future commissioning and service provision. Although this study applies to the district specifically, the report will provide a useful insight into a range of ways that heritage from across Kent, as well as the country can be used to support public health as well as creating exciting opportunities for future services. Definitions for some of the terms that will be used throughout this study have been given later to ensure continuity throughout. The ways in which heritage can be used and explored is incredibly varied, and so the rich heritage within the district has created excellent opportunities for a number of initiatives and activities that not only enhance the rich heritage offering, but also have significant impacts on a range of important health outcomes.

National Context

The relevance of this case study is particularly important as it is well known that the health and social care system nationwide is now facing substantial pressures and is in need of considerable change if it is to be able to continue to meet the demands of modern society over the coming years. New and increasing challenges are demanding a transformation in the way that services are provided, and it is made even more urgent at a time when the NHS is expected to face massive financial

deficits if no action is taken whilst other services also continue to face funding cuts. Now more than ever there is a recognised need for integrated working between not only health care professionals, but also with professionals from alternative fields that are able to produce significant health outcomes that contribute to the reduction of current pressures and health challenges faced by health and social care services. The section below will set out the current national context regarding the state of the current system as well as the forward-thinking strategies that have been produced to initiate transformations in a number of services.

Public Health England and Current Health Challenges

Advances in medicine, technology and public health mean that we are living longer and so we have an increasingly ageing population that is likely to have complex or long-term care needs that will put growing pressure on health and social care. Modern lifestyles are also producing substantial mental and physical health pressures such as obesity, diabetes and depression that result in an increasing number of people requiring more complex care and support. A number of these health problems are preventable and there is a need to focus more strongly on prevention measures rather than curing or fighting an illness once it has already occurred. This is all occurring at a time where dramatic reductions in funding are being seen and the economic climate continues to provide great financial pressure for the provision of services at reduced costs.

Public Health England (PHE) is an executive agency of the Department of Health and was established in 2013 as a result of a reorganisation of the National Health Service (NHS) in England. It exists to protect and improve the nation's health and wellbeing whilst also working to reduce health inequalities. There are three domains of public health; *health improvement* which includes people's lifestyles, health inequalities and wider social factors, *health protection* which covers infectious diseases, environmental hazards and emergency preparedness, and lastly *health services* that includes service planning, efficiency, audit and evaluation. Local Authorities are now responsible for public health where it was previously administered by the NHS.

Public health has made formidable progress in recent years and is the main contributor to longer life expectancies. This has been primarily seen in areas such as improving air and water quality, enhancing nutrition, better health in children and mass immunisation. Deaths relating to infectious diseases now only account for 1 in 50, and due to advances in treatments and technology cancer and cardiac outcomes have continued to improve. With new treatment options emerging, new opportunities to face particular challenges such as mental health and frail older patients are becoming increasingly available. However service pressures are also building quickly and so whilst important advances have been made there is still an urgent need to adapt quickly in order to fully utilise the opportunities arising from progress in health. There are also still a number of health challenges posed by a modern population that are putting substantial pressure on health services and could continue to increase in the future if preventative action is not taken as part of an integrated service with health and social care.

Health inequalities are still a major issue which means that people living in poorer areas will on average die earlier than people living in richer areas. It was identified by

Public Health England in 2010 that those living in poorer areas died on average 7 years earlier than people living in richer areas, and those living in poorer conditions could spend up to 17 years longer living with poor health when compared to those in richer areas. These inequalities still exist today and examples will be given later on in this paper that will illustrate this problem within the district.

The quality of care experienced by those that need support is still variable and a number of preventable illnesses remain widespread. Modern lifestyles are leading to increases in mental and physical health problems such as obesity, depression and substance misuse that are putting substantial pressures on health and social care services. As we move forwards, people's health problems and care needs are becoming more complicated and many of these could be prevented before they reach the stage of needing intervention from health, social care or both.

In 2015 Public Health England reported that 1 in 5 adults smoke and that there were around 90,000 regular smokers aged between 11 and 15 years across the country. Smoking is recorded as causing 17% of all deaths in people aged 35 and over and also continues to be a main contributor to health inequalities. Smoking is increasingly concentrated in more deprived areas and among disadvantaged groups, and currently contributes to a death rate from lung cancer that is double that of those who are from the least deprived groups. People who live in more deprived areas are also more likely to smoke and less likely to quit. Smoking has also been recorded as being twice as common in people with longstanding mental health problems. People take up smoking for a number of reasons that include peer pressure, family members smoking and other behavioural problems. However, smoking itself and therefore the health conditions that result from a person smoking are preventable and Public Health England is aiming for a tobacco-free generation by 2025.

Substance misuse and the associated health problems are also an issue in modern populations and are currently a significant cause of premature mortality within the UK. Between 2015 and 2016 288,884 individuals above the age of 18 years were in contact with drug and alcohol services, a 2% decrease from the previous year. Individuals who presented with a dependency on opiates made up the largest proportion of the total numbers in treatment between 2015 and 2016 (149,807, 52%) though this is a reduction on previous years. Problems with alcohol make up the second largest proportion with 144,908 individuals who are either dependent on alcohol or have problematic drinking and this has also shown a reduction from previous years. However, this still remains a problem in the UK and work is being done to further reduce substance misuse across the country.

Obesity in both adults and children is a major public health challenge in modern society. The range of sugary foods and drinks that are readily available are leading to poor diets and rising numbers of those who are classed as being medically overweight or obese. There is also a need to increase the amount of physical activity individuals are undertaking as many modern lifestyles, particularly in the workplace, are largely sedentary. Public Health England has estimated that two thirds of adults and a quarter of children between the ages of 2 and 10 are either currently overweight or obese. Between 1993 and 2015 there has been an increase from 13.2% of men classed as obese to 26.9%; in women this has increased from 16.4% to 26.8%. In addition to this 9.6% of boys and 9.0% of girls aged 4-5 years and

21.7% of boys and 17.9% of girls aged 10-11 are classified as being obese. It has been projected that by 2050 60% of adult men, 50% of adult women and 25% of children will be obese. Obesity is also associated with a number of health problems that include type 2 diabetes, cardiovascular disease, cancer, musculoskeletal disorders and depression. The resulting cost to the NHS attributed to weight problems is projected to reach £9.7 billion by 2050 with wider costs to society estimated at £49.9 billion per year. With this in mind, obesity is a major challenge for public health but can also be reduced and prevented.

Social exclusion and depression are mental health problems that are further contributing to the pressures on health and social care. Social exclusion is perhaps particularly relevant to older people and can have profound impacts on mental and physical health as well as quality of life. In 2014 Age UK conducted a *Loneliness Evidence Review* in older people and found that over 1 million across the country always or often felt lonely. 49% of older people said that their main form of company was either a pet or the television, and 17% had less than weekly contact with family, friends and neighbours. 11% reported less than monthly contact and 41% said that they felt out of touch with modern life, 12% saying they were cut off from society completely. The implications for health and wellbeing resulting from social isolation can be serious and put people at risk of developing other illnesses or conditions such as depression and Alzheimer's. It has been predicted that people with a high degree of loneliness are twice as likely to develop Alzheimer's or Dementia as compared to people with a low degree of loneliness. It has also been suggested that loneliness can be as harmful to an individual's health as smoking 15 cigarettes a day. Particularly with a growing ageing population, this is a problem that could be set to increase and become a substantial challenge if preventative action is not taken.

Later this case study will provide evidence for the important role that heritage can play in addressing and preventing many of the above health challenges. Heritage-led activities if included in future care services and provisions could continue to produce significant health outcomes and also help to alleviate the pressures now faced by the system. As part of an integrated and person-centred health service, heritage can play an essential role in creating healthier communities and providing unique opportunities in the commissioning of care and support services.

An Ageing Population

The fact that we are living longer and are an increasingly ageing population is perhaps one of the most substantial pressures that are currently facing health and social care. Not only does this mean that more of us will be likely to need some form of support or care in later life as we live longer, but care needs may also continue to increase in their complexity and therefore cost more and become more resource heavy. At a time when funding is being cut and massive financial deficits are projected for UK health services if immediate action is not taken, there is an urgent need to ensure that the system is able to cope and provide for an ageing population moving forwards. The evidence below will illustrate that health and social care are already struggling to meet the care needs of all those older people who require it, and if independence and quality of life in our later years is to be achieved then immediate action must be taken.

Evidence suggests that the number of older people receiving the support and care that they need in England is in decline and the current system is in no position to be able to cope with the current numbers of older people needing help, let alone for an older population that is going to continue to grow. A recent study by Age UK, *Briefing: Health and Care of Older People in England 2017*, illustrates the need for change to health and social care services for older people and is particularly relevant at a time when life expectancy is continuing to rise. It has shown that by the time we reach our early 80s only 1 in 7 of us will be free of any diagnosed long-term health condition. By the time we reach the age of 85, 80% of us will be living with at least 2 conditions and 1 in 3 of us will have difficulty undertaking 5 or more tasks as part of daily living unaided. It is no surprise then that significant pressures on health and social care result from the rising ageing population and whilst medical advances and longer life expectancies are very positive outcomes, they produce unique challenges that the system is currently ill-equipped to manage. In the same study it is projected that the number of people aged 85+ in England will double by 2036, and has already risen by almost a third in the last decade which provides clear evidence for the increasing challenges that will be placed on health and social care in the coming years.

In the five years to 2015/2016 there has been a £160 million cut in total spending in real terms on older people's social care. The amount of funding that has been transferred from the NHS to social care for spend on the care of older people has risen from 2% in 2006/2007 to 16% in 2015/2016. In order to manage the demographic increases and cost of care alone, public spending by 2020/2021 on social care for the elderly would need to increase by a minimum of £1.65 billion making a total of £9.99 billion. Age UK have estimated that nearly 1.2 million people aged 65+ don't receive the support that they need for essential daily living activities which represents an increase of 17.9% on last year, and 48% since 2010. An additional £4.8 billion would be needed to ensure that every older person with unmet needs would now receive the support that they needed by 2020/2021.

There is also an urgent need to address the number of carers that are currently providing support for older people that may also themselves have health needs as they themselves are an older person perhaps caring for a spouse or other family member. An analysis by Age UK has shown that by 2015 the number of carers has risen from 8.2 million in 2011 to over 9 million. Over 2 million of these carers are themselves aged 65 and over, 417,000 being over the age of 80. 37% of carers over the age of 80 are providing 20 hours or more a week and 34% over 35 hours per week. However, nearly two thirds of older carers themselves have health conditions or a disability and a rising percentage of these are reporting increasing pain or discomfort resulting from the level of care that they are needed to provide.

As shown above, the number of carers has continued to rise. However, when set alongside the rapid increases in levels of unmet needs as well as other changing factors such as changing family structures, greater geographic dispersal and the rising State Pension age, the provision of informal care largely provided by family members is not able to fill the gap that is left by declining provision of formal social care. Care providers are also finding it increasingly difficult to maintain an appropriate level of service and staffing in the current economic climate as well as in response to the increasing number of older people requiring care. Self-funding is

becoming increasingly difficult with 96% of older people that fund their own care home placement paying more than the Local Authority would have done for the same room. Overall self-funded older people are paying on average 43% extra.

NHS budgets for the care of older people are also facing significant difficulties and there is a growing financial deficit. Funding has continued to rise, for example between 2005/2006 and 2009/2010 budgets rose from £91 billion to £108.3 billion at an average rate of 4.8% increase per year. However, funding fell in 2010/2011 and has been slow to recover. In 2015/2016 NHS funding did increase substantially primarily due to the additional £2 billion pledged in the 2014 Autumn Statement but this has been insufficient to plug the growing NHS financial deficit. It has been estimated that by 2020/2021, if nothing is done the NHS finding gap in Kent and Medway will be £486 million across the whole population. Investment to the NHS has also been uneven, for example between spending on hospitals, GP services and mental health. Sustainability and Transformation Plans (STP) for 44 regions across the country have been produced to address the deficits in the NHS and also to transform health and social care to provide an integrated and person-centred service. Kent and Medway is one of these 44 regions and it is hoped that the financial challenge will be met as a result of the changes laid out in the STP.

The impact of the above on older people has a number of implications. The number of people aged 65+ reporting to have had a positive experience in getting a GP appointment has fallen by around 5% between 2011/2012 and 2015/2016. Over the last 5 years, the number of older people attending accident and emergency (A&E) departments has risen significantly. In 2009/2010 there were 30,831 attendances per 100,000 of the 60+ population and this rose to 37,240 by 2014/2015, an increase of 20.7%. In 2015 people aged over the age of 65 years represented 23% of total A&E attendances and 46% of all admissions to A&E. The overall number of hospital inpatient episodes has also risen significantly and older people generally stay in hospital longer; people aged 75+ staying for an average of 9.1 days per admission compared with an average of 5 days for all other ages. Significant delays in being discharged are also experienced by older people in hospital due to delays in the provision of onward care either at home or in a care home setting. Between 2010 and 2016 the number of days delay in being discharged because of waits for home care has increased by 181.7% and waits for residential care placements has increased by 40%. Delays in waiting for care packages in your own home have more than doubled since the beginning of 2014/2015 and it appears that whilst the number of people is increasing it is the waiting times that are rising faster.

Ultimately, an ageing population is already presenting substantial challenges to health and social care and there is an urgent need for change so that the experience of older people in getting the support and care that they need can be met moving forwards. There are also significant opportunities to focus on the prevention of illnesses, injuries and conditions in the elderly and so enabling people to continue to live independently and remain at home whilst also reducing pressure on the NHS and social care. This case study will provide evidence for the important role that heritage can play in the prevention and reduction of health needs in the elderly, as well as in other age groups, through the provision of heritage-led activities and initiatives within the local community. Substantial challenges relating to the ageing population are set to put significant pressures on services across health and social

care, and it will be shown how heritage can be used as a valuable health resource to help in the reduction of these pressures.

Transformation of Health and Social Care Services

The above are a few examples of the health challenges that are currently faced by health and social care services. It is clear that the current system is not sustainable and dramatic changes are needed in order to cope with health and social care needs in the future. They do however illustrate where many of these health problems are preventable and could be reduced or avoided completely moving forwards to alleviate substantial pressures on services whilst also improving overall quality of life in the UK. A number of strategies and policies have recently been published that set out major changes to health and social care and will transform these services into integrated, sustainable and person-centred provisions. A brief overview of the main documents will be given now to provide context of the current climate of transformation in service provision. This study will then demonstrate how heritage can be utilised as a valuable health resource in future services and can achieve significant health outcomes for substantial health challenges.

NHS Five Year Forward View

The *NHS Five Year Forward View* was published in 2014 and sets out a new shared vision for the future of the NHS based around new models of care. It was developed by partner organisations that deliver and oversee health and care services across the country including the Care Quality Commission (CQC), Public Health England (PHE) and NHS Improvement. Other patient groups, clinicians and independent experts were also consulted in order to produce a collective view of the means by which the health services will change over the next 5 years. It is intended that these changes will enable the NHS to provide quality care to those that need it, close the gaps in health inequalities as well as addressing the large funding deficits that are projected for the future if no action is taken.

The *NHS Five Year Forward View* recognises that the NHS has dramatically improved over the past 15 years, particularly in areas such as cancer and cardiac outcomes, overall patient satisfaction and shorter waiting times. However, it is also the case that the quality of care can still be variable, preventable illness is widespread and health inequalities in some areas remain deep-rooted. With changes in patient needs as well as in the technology and treatment options available to the NHS, new challenges are being faced and service pressure is building. The *Forward View* sets out a clear direction for the NHS, the ways in which it will change and what is will look like in the future. Some of these changes can be brought about by the NHS itself, but many others will require new partnerships with local communities, local authorities, employers and governmental support.

The main argument is for a "**radical upgrade in prevention and public health"**. Derek Wanless' health review that was published in 2002 warned that if the country did not take prevention seriously then the NHS would be faced with a sharply increasing burden of avoidable illness. This is now the case and as this warning was not heeded, the NHS will now back dramatic actions to prevent a range of preventable illnesses. Examples of these illnesses that will be targeted include obesity, smoking, alcohol problems and workplace sickness. In order to achieve this

drive of preventative action, the NHS will advocate for stronger public health powers in local government and elected mayors.

A second major point raised in the *Forward View* is to endow patients with much greater control over their own care when they do require health services. This includes an integrated approach by health and social care with the option of shared budgets that will combine health and social care as part of a person's care provision. There will also be a greater focus on support of unpaid carers whilst also establishing better partnerships with voluntary organisations and local communities. The NHS will further take steps to break down barriers between health care professionals such as family doctors and hospitals, physical and mental health, and health and social care to provide an integrated and decisive approach. An increasing amount of care will also be delivered locally with some specialist centres that are organised to support people with multiple health conditions and not just a single disease.

The population and its care needs across the country are diverse and so a 'one size fits all' approach is impossible. Support will be given by NHS national leadership to different local health communities who will choose from a small number of radical new care options in order to transform existing services and ways of working. New opportunities for health care professionals to combine expertise and services will be sought, such as groups of GPs combining with nurses, community health services, hospitals, mental health practitioners and social care to create an integrated out-of-hospital care that is a Multispecialty Community Provider. A number of hospital services will also be integrated such as primary and acute care services, A&E departments, ambulance services, NHS 111 and GP out-of-hours services. It is hoped that this integrated approach will improve the quality of care whilst also alleviating pressures on the NHS and other health care services.

The foundation of NHS care will remain as list-based primary care, but over the next 5 years there will be more investment in primary care while stabilising core funding for general practice. GP-led Clinical Commissioning Groups (CCGs) will have the ability to gain more control over the wider NHS budget which will enable a shift in investment from acute to primary and community services. More investment will also be given to growing the NHS workforce, undertaking research and innovation, new technologies and new treatments which will ultimately improve a patients experience of the NHS. It is estimated that the mismatch between resources and patient needs will be nearly £30 billion a year by 2020/2021 if no action is taken. The NHS will therefore aim to transform and sustain a high-quality comprehensive service that takes action on demand, efficiency and funding. It is suggested by the *Forward View* that transformational changes resulting in annual efficiencies could – if matched by staged funding increases as the economy allows – close the £30 billion funding gap by 2020/2021. Provided that the NHS in partnership with the government and other local and national partners transforms as set out in this document over the next 5 years, then it will remain a viable and sustainable public service.

Healthy Lives, Healthy People (Public Health White Paper 2010)
In 2010 the government published the White Paper *Healthy Lives, Healthy People: Our strategy for public health in England* which sets out the long-term vision for the

future of public health in England. The paper emphasises a shift that is needed in the health service from one that treats sickness to one that focuses on **prevention**.

The government's broad approach will be to place local communities at the heart of tackling health challenges, and so responsibilities for local health will now be increasingly placed with local authorities as opposed to central government. Local authorities, with the support of central bodies, will be given the freedom, responsibility and funding to develop their own innovative ways of improving public health in their local area catered to the specific health needs of those local communities. The health challenges in one area can vary significantly from another and so in placing more responsibility with local bodies that better understand these local needs, health care professionals will be better able to deliver a tailored service. The White Paper further emphasises the vital contribution that health professionals can make in improving the health of their local populations.

The paper is divided into five sections that deal with an overview of the government's approach to public health, evidence behind the proposals made in the paper, details of specific initiatives that set out to improve health at various stages of life, information on transforming public health and the details about the implementation of these changes. The paper starts by making an examination of some of the key challenges to public health, such as smoking and obesity. Further evidence of a number of health challenges are given in the supporting paper *Our Health and Wellbeing Today* which accompanies the White Paper. Health inequalities are a particular focus of the *Healthy Lives, Healthy People* paper and specific reference is made to the Marmot Review, *Fair Society, Healthy Lives*, which was also published in 2010.

Fair Society, Healthy Lives, also known as the Marmot Review, was an independent review that set out to propose the most effective evidence-based strategies for reducing health inequalities in England. The review concluded that many people in England are dying prematurely due to health inequalities which result from social inequalities. There is currently a social gradient in health within this country and action is needed across all social determinants of health in order to change this. Whilst reducing health inequalities is a matter of fairness and social justice, it will also have other benefits such as economic growth through reducing illnesses and losses due to these inequalities. Overall, the report concluded that reducing health inequalities would require six policy objectives:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.

The *Healthy Lives, Healthy People* paper goes on to outline the government's proposed approach for tackling health challenges. These include empowering local leadership, encouraging a wider responsibility across society for improving health and wellbeing, adapting the environment to make healthy choices easier, utilising

voluntary approaches and promoting healthy lifestyles and behaviours. Consultation on public health outcome frameworks will be undertaken and accompanying literature has been published on specific health topics such as mental health, sexual health and obesity. Particularly important for this case study, the government encourages all parts of society to take responsibility for health and wellbeing and promotes unique opportunities for local government, the private and voluntary sectors to play an important role in this.

Work will be carried out across multiple departments in government in order to determine the wider determinants of health through a new Sub-Committee on Public Health. Government will also continue to support a number of public health initiatives such as *Reducing Smoking* and *The Healthy Child Programme*. Public Health England (PHE) was established as a result of this White Paper, and as described earlier is now an executive agency of the Department of Health that exists to protect and improve the nation's health and wellbeing whilst also working to reduce health inequalities. The Directors of PHE will work in partnership with the NHS and fulfil roles as the strategic leaders for public health and health inequalities in local communities. They will work across the public, private and voluntary sector and be professionally accountable to the Chief Medical Officer. Greater transparency will also be achieved through the publication and availability of data on health outcomes that will be published nationally and locally. With the transfer of public health to local authorities in 2013, the White Paper confirms that local government will receive new functions to increase local accountability for their own health whilst also supporting the integration and partnership between social care, the NHS and public health.

Your Life, Your Wellbeing

In 2016, Adult Social Care as part of Kent County Council set out their vision and strategy for the next 5 years in response to the current challenges facing health and social care. The strategy *Your Life, Your Wellbeing* sets out the vision to **"help people to improve or maintain their wellbeing and to live as independently as possible"**. The document outlines how adult social care will respond to the changing environment and build on past successes to continue providing high-quality care that can meet modern challenges in the future. Details of specific services are not given but the document will act as a basis on which detailed plans can be structured from.

The primary goals of the strategy are to place the person at the centre of care, helping people to have more control and choice when it comes to their own care whilst also keeping people safe, making sure that there are enough services available and working in partnership with other bodies in order to provide innovative and better resources. The new vision is based on the Care Act 2014 which places responsibilities for the care and support of vulnerable adults and carers on local authorities. The Care Act 2014 also emphasises the need for the better promotion of wellbeing in local communities as well as increasing prevention work in order to prevent illnesses and conditions from arising and also delaying their further development. It is hoped that this will then work towards alleviating pressures on social care as well as health as we face a number of modern health challenges moving forwards.

This document also forms part of a broader strategy for the joining up of health and social care under the *NHS Five Year Forward View* work programme. It has been

recognised that closer working with colleagues within health and the NHS is essential in reducing the pressures on health and social care. This will include the reduction of unnecessary admissions to hospitals, helping patients to leave hospital and return home and then continuing to live independent and fulfilled lives. This strategy also aims to enable people to receive their health and social care from one community place that is linked to their own GP practice. Those people that have more complex needs will have one professional who will lead and co-ordinate their care whilst also building a team of professional support for that individual. One assessment as opposed to a number that was previously conducted by several different professionals will be carried out which will further help in providing person-centred care and an integrated service. Information sharing between the appropriate professionals will also form an important part of this integrated service.

The strategy for adult social care over the next five years can be broken down into three themes that are supported by four building blocks. The three themes are promoting wellbeing, promoting independence and supporting independence. Promoting wellbeing will be delivered primarily through services that aim to prevent, delay and reduce people's need for social care or health support by helping people to maintain their own health and wellbeing. The promotion of independence will involve targeted support that will aim to make the most of what people are able to do and want to do. The wider choices of services and greater control over our own care will be very important in promoting independence as it will allow people to continue living a life that they are happy with and in so doing encourage the prevention, reduction and delay of long-term care needs. The final theme is supporting independence which again involves the delivery of services for people who need ongoing care with the aim of maintaining their independence as far as possible. Helping people to live in their own homes, staying connected to the local community and avoiding unnecessary stays in hospitals and care homes will be of great importance.

In order to deliver these themes, important building blocks must first be in place. These are:

- Commission and provide a range of flexible care and support services.
- Ensuring effective management (with partners) to protect adults at risk of neglect and abuse. Keeping people safe is a central legal obligation that is taken very seriously by social care.
- Developing an effective workforce that is flexible, has the right skills and can work across organisational barriers.
- Integrated commissioning and provision with the NHS.

Ultimately the strategy aims to transform care and support in order to improve people's experiences and to promote their health and wellbeing.

Sustainability and Transformation Plans (STPs)

In 2016 the NHS organised England into 44 geographical areas in order to develop proposals for the transformation and improvement of health and social care services. These proposals are called Sustainability and Transformation Plans (STPs) and are place-based so that they can be built around the needs of the local population. STPs will be supported by the six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England

(HEE), Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE).

Since 1948 the NHS has continued to adapt as health care needs change, and it will need to continue to do so if it is to be able to cope with the rising health challenges now faced by health and social care. Treatments and technology have continued to progress and so we are now better able to treat people and provide better outcomes in areas such as cancer and cardiac diseases. Life expectancies are also continuing to increase and so are ailments experienced by a growing ageing population. More people are now suffering from chronic conditions such as heart failure and arthritis, and preventable health challenges such as smoking and obesity also remain as key indicators on the health agenda.

There are however significant opportunities to improve care and provide a more integrated and person-centred service. These improvements will include faster and more effective care for people with mental ill health, making GP services more accessible and speeding up diagnosis of life-threatening illnesses such as cancer. As a result of these important opportunities, the NHS and local councils have come together in these 44 areas to produce STPs to develop the health and care of their local populations. Each area has now produced a STP which will cover the next few years and primarily aims to integrate services for the best possible chance of continuing to face health challenges from modern populations that place strain on health and social care services. The STP for Kent and Medway will be explored below and then specific reference to the health profile of the district will be examined.

Overall, there is a widespread recognition for the urgent need to change the way that health and social care services are provided in England. Modern health challenges are putting significant strain on the NHS, public health and social care which means that some people are not getting the support that they need and others are developing illnesses and conditions that could be reduced, delayed or prevented altogether. As has been shown above, a number of strategies and documents have been produced that set out how transformations will take place and robust action plans for implementing these changes have been outlined. A move towards a more integrated and person-centred care model is essential if the NHS and social care services are going to be able to continue to provide appropriate and high-quality care to those that need it. Public Health has made significant progress in recent decades and new opportunities are arising from this work, yet a need to now work more closely with colleagues from different professional fields is vital in facing modern challenges and strains. It is within this context that this case study will argue that heritage can play a significant role and can be used as a valuable health resource in future services and commissioning.

Health Delivery in Kent and the Folkestone & Hythe District

Kent and Medway, like other parts of England, are now facing the significant challenge of providing for substantially increasing demand, improving the quality of care and also transforming access to services all within the current financial constraints. Health and social care professionals, with partners, have now come together to develop the Sustainability and Transformation Plan for Kent and Medway in order to change the way that care is delivered and also to focus more on prevention measures.

Currently in Kent and Medway there are a number of health problems that are preventable and whilst most people receive good care most of the time, services can be improved to ensure that more people receive the care that they need and that the care provided is consistently of high-quality. There will be a substantial gap in funding for the county if nothing is done to transform health and care services and so to make services financially viable in the future, action is also essential. It has been calculated that the gap would be £486 million by 2020/2021 if nothing is done for Kent and Medway. The population across the county is projected to grow by a further 90,000 people from the current 1.8 million across the next five years which again places significant pressures on the system. This will continue to rise as Kent is seeing increasing numbers of new houses and communities, particularly the new town in Ebbsfleet that is due for development shortly.

It has been recorded that 4000 people in Kent and Medway die prematurely as a result of diseases such as lung cancer, heart disease and type 2 diabetes which are mostly preventable. 240,000 people over the age of 50 are living with a long-term disability which could potentially have been avoided or at least delayed. These disabilities are largely the result of health conditions that could be avoided if life style changes were adopted such as becoming more active and following a healthy diet. Around 1 in 4 people using hospital beds at any given time could be at home or better cared for elsewhere. This varies between areas around the county but can have a significant impact on the physical and mental wellbeing of the person in hospital, particularly in the elderly where it is estimated that 10 days in hospital leads to the equivalent of 10 years of ageing in the muscles of a person over the age of 80.

Ultimately the aim of the STP for Kent and Medway will be to help people to make the most of their lives by preventing ill health, intervening earlier such as in mental health illness and providing excellent care wherever it is delivered and to whoever needs it. An integrated and innovative approach will be adopted in order to ensure the long-term future of health and social care services.

The main priority of the STP is to work with clinicians and the public to transform **Local Care** through the integration of primary, community, mental health and social care as well as re-orientating elements of traditional acute hospital care into the local community. New models of innovative local care will be developed so that new models of care can be introduced that brings primary care general practices into stronger clusters, multispecialty community provider arrangements can be made and a small number of accountable care organisations that hold capitated budgets can also be established. Local care will enable services to operate at a scale where it will be possible to provide an integrated service that considers the individual holistically and keeps the person at the centre of their own care. Grouping GP practices will also help to further support the communities that they serve whilst also helping in the commissioning and management of high-acuity and other out-of-hospital services.

Transforming health and social care in this way will enable services to meet the rising demand which includes providing better care for the frail elderly, end of life patients and those that live with complex needs. The ability to deliver prevention measures at a local scale will also contribute significantly to improving the health of the local communities whilst also reducing the reliance on health and care services.

It has become increasingly evident that many patients, particularly the elderly frail, who are currently supported by acute hospital care, could be far better cared for in other settings. The provision of a wide range of primary and community care services will reduce the pressures on hospitals and also improve people's wellbeing by enabling them to leave hospital sooner.

The need to focus on preventing ill health and also promoting healthier communities will also be a priority for the Local Care model. The model will be able to deliver population-level outcomes and support individuals in leading healthy lifestyles. This will in turn reduce the demand and cost of clinical interventions and also enable a calculated approach to reducing health inequalities. Acute care will be transformed to improve patient experience and outcomes whilst a more sustainable workforce and use of resources will further release savings and alleviate pressure.

Folkestone & Hythe District Health Profile

The current health profile for the district has been determined using the Public Health England Health Profile paper 2016 and summary reports from the South Kent Coast Clinical Commissioning Group 2015/2016 (CCG). The statistics given relate to a population of 109,000 for the district according to an estimate given in mid-2014 by the Office for National Statistics. Results suggest that the overall health of people within the district is varied compared with the England average.

Health Inequalities

There are wards that exhibit high levels of deprivation within the district though it is not the most deprived area within Kent. Areas that are the most deprived are concentrated around Folkestone and the least deprived being found in the North Downs area such as Elham. Overall, the district has higher levels of deprivation than the average for England and also contains the area with the lowest life expectancy within the South Kent Coast CCG. Between 2015 and 2016 there was a life expectancy range of 13 years between the ward within the South Kent Coast CCG that had the highest life expectancy – River (Dover District) at 86 years – and the lowest in Folkestone Harvey Central at 73 years.

It has also been found that heart disease accounts for much of the life expectancy gap across the South Kent Coast CCG, and there are also pockets of deprivation within the district such as the Folkestone Harbour ward where unemployment exceeds 25%. Life expectancy overall for both men and women is similar to the England average though it is 5.5 years lower for men in the most deprived areas of the district compared to those in the least deprived areas. Around 22% of children across the District live in low income families.

Child Health

19.1% of children in Year 6 were classified as being medically obese in 2016. The levels of GCSE attainment, breastfeeding initiation and smoking at the time of delivery are worse than the England average. A rate of 38.6% per 100,000 of population was also recorded as having alcohol-specific hospital stays when under the age of 18 years; this represents 8 stays per year. Conceptions under the age of 18 are not significantly different from the England average.

Adult Health
The proportion of people aged over 65 years across the South Kent Coast CCG is 21% which is the highest within Kent and Medway. The overall smoking rate is 21.1% and 25.9% of the population are obese. The rate of deaths relating to smoking is 285 per 100,000 of population which represents 214 deaths per year. There is also a higher rate of recorded diabetes than the England average within the district.

The rate of self-harm hospital stays is worse than the England average at 237 per 100,000. This represents 237 stays per year. Rates of violent crime and unemployment are also worse then the England average. The rate of alcohol-related harm hospital stays is 543 per 100,000 of population which is better then the England average. The rates of sexually transmitted infections and statutory homelessness are again better than the England average.

Local Priorities
The health priorities for the district include:

- Increasing physical activity in children and adults.
- Reducing the number of people that smoke and become obese; as a result also preventing and reducing conditions relating to these behaviours.
- Reduce the number of women smoking during pregnancy.
- Prevention of conditions that relate to an ageing population.
- Reducing the number of self-arm hospital stays.

Heritage, Health and Wellbeing
Over the past few decades, a growing body of research and evidence has emerged that demonstrates the significant impact that culture and the arts can have on health and wellbeing. As has already been shown in this case study, the ways in which health and social care services are to be provided moving forwards is now being transformed to focus more on prevention, local care, integrated services and person-centred provisions. There is a great potential for culture and arts programmes to play essential roles in the commissioning and provision of innovative and forward-thinking care for all those that need it. By engaging with heritage-led programmes, medicine and care can be supplemented in order to encourage the improvement and control over mental and physical health problems. Heritage resources are also able to promote the prevention and reduction of illnesses and diseases that would otherwise develop and require later intervention from health, social care or both. Social prescribing can be reinforced and encourage non-clinical services as well as an engagement with the local community. Long-term care needs can also be supported in new ways that give the individual greater choice over their care and also engage them with their local community and heritage. Heritage assets are further valuable in their ability to improve and enrich environments, and as a result can contribute to better quality of life and work towards reducing health inequalities.

The role that the arts can play as a health resource is increasingly becoming more widely recognised. Bodies such as Public Health England, the Department for Culture, Media & Sport (DCMS), Local Government, the Heritage Lottery Fund, the

Arts Council and Museums Association among many others have all identified the beneficial links between arts and health, and valuable studies continue to be conducted on this subject. Various universities, local authorities and other arts bodies are continuing to work on projects that are producing valuable evidence that strongly supports the utilisation of heritage as a significant health resource in health and social care provision.

Heritage assets are often greatly valued by their local communities and play a central role in the local character and distinctiveness of the locality. They also encourage a pride of place as well as enhancing the natural and built environment, and act as integral parts of the local landscapes and shared past. Heritage can be defined in a number of ways, from historic buildings to traditions and memories, and can be widely accessible to all members of a community as well as to visitors from further afield. As such, heritage can be structured into a variety of formal programmes that are able to cater for a range of audiences and address several social and healthcare needs. These programmes can also be planned to fit into a number of settings, such as within the community, hospitals or other care home settings. As evidence from our shared human past, heritage applies to all members of a population and can be utilised in a number of ways that are able to address many health challenges as well as social care needs.

However, whilst the evidence base for this area of work continues to grow and illustrates significantly positive results, there is still a need to establish clear evaluation frameworks that will be able to measure outcomes in a way that is applicable to health professionals, in particular to Public Health and commissioning colleagues. Heritage has received less attention than other sectors for its impacts on health and so has considerably less evidence to illustrate its value as a health resource. Arts activities such as theatre, artwork and singing have been far more extensively explored, as have sport and the natural environment when considering multidisciplinary and integrated working on the health agenda.

Assessments into the health benefits resulting from engagement with heritage have often been able to identify the potential of this sector to deliver health outcomes though still need to go further to measure empirical results. There is a need to establish evaluation frameworks so that these final outcomes can be measured and the significant potential for heritage to act as a valuable health resource can be fully realised. It is hoped that this study will provide a starting point for many initiatives within the district to begin measuring and promoting the ways in which their heritage-led programmes benefit health and wellbeing in a format that is accessible to health colleagues. Whilst there is a need to evaluate and measure outcomes appropriately moving forwards, the significant potential of these initiatives to make substantial contributions to the health agenda will still be demonstrated.

Heritage and Health: Current Research

A number of bodies and organisations have conducted or are currently working on research into the links between heritage and health. It is an area of work that is becoming increasingly recognised as a priority for agendas and projects moving forwards by bodies such as the Museums Association (MA), Arts and Humanities Research Council (AHRC) and the Heritage Lottery Fund (HLF). Funding is being awarded to projects that can demonstrate and measure the substantial impacts that

heritage has on various health challenges such as social exclusion, depression, Alzheimer's and Dementia. This work is also continuing to promote closer working relationships between heritage and health professionals as part of other joint commissioning opportunities such as with the arts and natural environment sectors.

Many past projects have identified the potential of heritage to act as a significant health resource, but current research is now working to measure health outcomes in an empirical and clinical way that is accessible to health professionals. There are some important recent projects that are building robust and empirical evidence bases for health outcomes resulting from engagement with heritage in various settings, and they form an essential part of the evidence that will be made available to colleagues for joint commissioning work. A number of these projects operate on larger scales than those smaller local initiatives, and so there will be a need to provide evaluation frameworks that can be scaled up and down depending on the size and extent of the project. There are several local heritage-led initiatives within the district that will need to measure outcomes for heritage as a health resource and make this evidence accessible to the Local Authority as well as to health and social care professionals so that they are recognised for the role that they can play in the commissioning of health and social care services in the future.

The links between heritage and health and the increasing opportunities for wider commissioning of health and social care services have also begun to be recognised by governmental and health bodies. The *NHS Five Year Forward View*, the Kent and Medway *Sustainability and Transformation Plan*, Public Health England papers and the *Your Life, Your Wellbeing* adult social care strategy all recognise the importance of integrated working between not only health and social care professionals, but also across other disciplines as well as with the community and voluntary sector. The National Institute for Health and Care Excellence (NICE) that has provided guidelines for health challenges such as obesity, mental illnesses and social exclusion also recommends as part of evidence based practice the utilisation of community services and engagement with the voluntary and public sector. Heritage is one of a number of fields that will be able to play an important role in joint working with the health sector and can make significant contributions as part of integrated commissioning to address substantial health challenges.

It should also be noted that Local Authorities recognise the importance of heritage and the historic environment in providing high-quality and rich places in which to live, work and visit. The *Shepway District Core Plan 2013* recognises that "Shepway's natural and built heritage forms a potentially rich inheritance….a varied and often precious human history and natural environment" that is important to a strong sense of place for local communities whilst also ensuring that the localities are rich and attractive places to live. The historic environment and associated heritage assets are integral to the local character and when they are incorporated into regeneration or development works, they can enhance an area and improve quality of life for future and existing residents. Local Authorities set out in their local plans positive strategies for the conservation and enjoyment of the historic environment as an important factor in supporting rich local communities and better quality of life.

The Heritage Lottery Fund (HLF) has identified many ways that a number of heritage activities are having positive impacts on health, particularly mental wellbeing,

through active participation in oral history, archaeology and natural heritage projects. Community-based natural heritage projects have substantial benefits for mental as well as physical health. Lloyd Park Gardeners is a community-based HLF project in Walthamstow, London that brings volunteers together to work on maintaining and enhancing the gardens at Lloyd Park. Participants have identified how being part of a group that is achieving tangible goals has made a huge difference to their mental wellbeing and personal happiness. Some of the volunteers have experienced difficult circumstances such as bereavement, unemployment or social isolation, and this community-based natural heritage project has helped to make significant improvements to their mental and social wellbeing as well as to their ability to cope with personal challenges. One volunteer was quoted as saying “it gave me so much confidence at a low point”.

There are various other HLF supported projects that have had substantial impacts on mental and physical wellbeing. Inclusive archaeology projects such as the “Digability” programme works to change perceptions and attitudes towards getting involved in heritage and has been aimed at adults who use mental health services as well as those with learning disabilities. Participants have taken part in various archaeological projects and also received training and experience in various skills relating to this work such as object handling, finds processing and mapping. These projects have received positive feedback from participants with mental health or learning difficulties who have said that participation in the project and engagement with heritage has improved their mental wellbeing through boosting confidence, providing opportunities for social interaction and enjoyment of participating in group activity.

Many other projects that are supported by the HLF take various other forms and can address a wide range of health challenges. Historic England have also conducted research into this area and published a number of reports such as the *Heritage Counts* paper that again illustrates the strong link between heritage and health. Their work demonstrates that active engagement with the historic environment and other heritage activities has significant impacts on health and wellbeing and can be used to achieve a number of health outcomes.

The *Heritage Counts (2016)* report by Historic England begins by looking at the role that heritage plays in overall quality of life. According to the *Taking Part Survey* that was conducted by the Department of Culture, Media & Culture (DCMS) between 2010 and 2013, on average those that had visited a heritage site within the last 12 months reported happiness scores that were 1.6% greater than those that had not. It was also found that heritage is positively linked with better local quality of life, a finding that was similarly concluded as part of the HLF *20 Years in 12 Places* study in 2015. Of those surveyed, 50% answered 7 or more out of 10 when asked the rate of impact that local heritage sites had on their personal quality of life. Heritage activity within the local community was also found to be a driving factor for improving wellbeing.

Heritage Counts (2016) then goes on to identify the positive impacts that engagement with heritage has on social wellbeing. Using data that has been collected by the DCMS and HLF, it is shown that over 90% of volunteers on HLF heritage projects benefitted from the socialising elements of the group work, and a

further 35% maintained friendships outside of the project. Heritage Open Days (HOD) in 2014 reported that 75% of volunteers agreed that their participation in heritage projects had increased their sense of making a useful contribution and 35% felt an increase in their self-esteem.

Evidence that heritage is important in improving the place that you live, and in so doing improve quality of life is also presented. *Heritage Counts (2016)* states that over 90% of participants in the survey agreed that investment in the historic environment results in a better place to live, work and socialise leading to better quality of life. People who live in an area with heritage assets are also more likely to have a stronger sense of place and increased feelings of local pride. Heritage participation is further becoming an important element of education and also in encouraging younger people to become involved in their historic environment. This again can have positive impacts on socialisation, self-esteem, team building and enjoyment of the place in which you live.

Overall *Heritage Counts (2016)*, the *Taking Part Survey* and *20 Years in 12 Places* study all demonstrate the significant potential that heritage has in positively impacting on physical as well as mental health and wellbeing. Heritage is able to address challenges such as social isolation, low self-esteem, mental health difficulties such as depression and anxiety and physical health challenges including increasing physical activity in children and adults. It is also able to enhance a local community and area whilst encouraging pride in place and an overall better quality of life.

The University College London (UCL) has conducted important studies into the contribution of museum activities to health and wellbeing. The relationship between museums and health has already been established, and museums now play an important wellbeing role within their local communities and to visitors from further afield. Between 2008 and 2011 UCL colleagues led on an innovative research project called *Heritage in Hospitals* that was a ground-breaking collaboration between health and cultural organisations. For the first time, a systematic study was conducted into the therapeutic effects of museum engagement and a clinical assessment of the outcomes was used.

The project took museum objects into hospitals and care homes and provided touch workshops with various museum artefacts. The sessions lasted around 30-40 minutes and used objects on loan from art, archaeology, Egyptology, geology and zoology collections. These objects were selected for their visual, tactile and kinaesthetic properties, for example Egyptian amulets, flint hand tools and fossil specimens. *Heritage in Hospitals* was aimed at hospital patients and older people living in residential care homes and sought to understand the impact that handling and discussing museum objects had on a patient's wellbeing and happiness. It is well known that hospitals and care homes can be regarded as depressing environments and places where people may also find it difficult to come to terms with the reality of their situation. Low mental wellbeing in either setting can contribute to longer stays as well as faster deteriorations and so the engagement with heritage whilst in these settings was offered in order to provide opportunities to reminisce, engage in conversations, reduce stress and improve general wellbeing.

Between 250 and 300 participants consented to take part in the research and for digital audio recordings to be taken. Trials were conducted to determine the most appropriate measures of wellbeing for this type of project and it was found that the Watson, Clark & Tellegen (1988) Positive Affect and Negative Affect Schedule (PANAS) for psychological wellbeing and the EuroQol Group (1990) Visual Analogue Scale (VAS) for subjective wellness were most effective.

The PANAS system uses 10 words associated with positive mood and 10 associated with negative mood which are rated on a five-point scale. The VAS system assesses feelings of wellness and happiness on a vertical scale of 0 to 100. Comparisons of the PANAS and VAS measurements were taken before and after the museum object-handling sessions which were either conducted on a one-to-one basis or as part of a small group. Results of the project identified highly significant improvements in positive emotions, wellbeing and happiness and in patient's perception and feelings about their own health. Improvements in mood, anxiety and self-confidence were among the primary outcomes reported. Positive impacts were also recorded for the relationships between staff, patients and their carers.

During the *Heritage in Hospitals* project, an Artist in Residence was also employed to produce two exhibitions at the University College Hospital and the Touch and Wellbeing interactive website that reflects the patient's experiences of object handling throughout the programme. They are dynamic and innovative displays of patient engagement with museum activities and highlight the positive impacts of the programme and museums on participant health and wellbeing. Other museums across the country are now highlighting the significant impact that engagement with museums and museum-led activities can have on health and wellbeing within a number of settings such as care homes and within the local community. These programmes are important examples of ways in which heritage can be organised into formal programmes that can then be utilised as valuable health resources.

As a result of this project, it had also been agreed by a number of museums across the country that there was a need for a generic measurement of wellbeing that was museum-focused and so the Museum Wellbeing Measures Toolkit was developed over a 12 month period. This toolkit uses adaptations of the PANAS and VAS assessment methods such as PANAS "Wellbeing Umbrellas". Detailed studies using this assessment framework in museums are now able to continue contributing to the evidence for museum interventions which contribute to improved wellbeing and happiness in those that will engage with museum activities.

In 2014, the *Museums on Prescription* project funded by the Arts and Humanities Research Council began its 3 year long programme to investigate the value of heritage encounters in social prescribing. It is a multi-site collaboration involving a range of partner organisations across central London and Kent. Some of the museums that have taken part in the programme include the Maidstone Museum & Bentlif Art Gallery, The Beaney House of Art and Knowledge (Canterbury), Tunbridge Wells Museums & Art Gallery and the UCL Museums & Collections.

Museums on Prescription aims to connect vulnerable older people who are at risk of, or who may already be socially isolated to each other, their local community and to their local museum. The participants in the programme will be referred to a partner

museum through the local NHS and Adult Social Care services. The sessions will provide physical access to galleries and activities that involve learning about parts of the museum's collections whilst also encouraging social interactions within the group, personal development, learning opportunities and networking. This is a significant opportunity for social prescribing and linking people to non-medical sources of support within the local community. The programme will finish in 2017 and reviews of the health outcomes will be completed using the Museum Wellbeing Measures Toolkit that was mentioned above.

The main health outcomes that the programme aims to provide include the reduction in symptoms of anxiety and/or depression, increasing self-esteem and feelings of empowerment, reduction in social isolation and loneliness and reducing the need for primary and secondary care services such as visits to the GP. Whilst it is still ongoing, it is another important example that can demonstrate the significant impacts that heritage-led activities have on health and wellbeing. Engagement with heritage programmes of various forms, in this case within the local museum involving interaction with museum collections, can have substantial benefits for several major health challenges. This project in particular is of great importance at a time when we are living longer and our ageing population is increasing. Health challenges such as social isolation and depression are substantial problems in themselves and can also have other negative impacts on health and wellbeing. They are however preventable, and this is where heritage can play an essential role in the prevention and reduction of health challenges such as these amongst many others.

The Museums Association (MA) also strongly emphasises the substantial social impact that museums have. Museums are adapting to transform their contribution to contemporary life, and the MA has set out its's vision for the increased social impact of museums in the *Museums Change Lives* strategy. The MA asserts that museums "enrich the lives of individuals, contribute to strong and resilient communities, and help to create a fair and just society. Museums in turn are immensely enriched by the skills and creativity of their public". Museums and heritage activities within this setting are able to support significant social changes and contribute to the wellbeing of communities and visitors. Museums and their collections are accessible to all and offer a supportive environment for people to engage with heritage as well as with each other. They can act as forums for debate and present opportunities for learning and active participation in the human past. Museums are also increasingly finding targeted ways to serve people with health needs such as Dementia and social isolation and so play an active role in addressing various health challenges. Museums as part of the heritage sector are important contributors to several positive health outcomes and should be fully utilised as part of social prescribing and joint commissioning with the health and social care services.

The link between heritage and health is increasingly becoming the subject of research and academic journals. For example, the *Journal of Public Mental Health* and *Mental Health and Social Inclusion* have recently published articles that look at the benefits of arts and cultural activities on health and wellbeing. As this section has also shown, there are a growing number of programmes that are looking at and measuring health outcomes resulting from engagement with heritage activities, and these will continue to add to the evidence base for this area of work. However, substantially more evidence and clinical assessment of health outcomes from

heritage programmes is needed to give further weight to heritage as a valuable health resource. The potential of heritage to have substantial impacts on several significant health challenges is evident, but clinical measures of health outcomes are needed in order to make this evidence accessible to health and social care colleagues. The evidence for heritage as an essential health resource put forward in this paper hopes to encourage closer working relationships between heritage and health professionals as well as in the joint commissioning of heritage activities as part of health and social care provisions. Heritage activities and initiatives within the district are continuing to have significant impacts on many health challenges.

Analysis of Folkestone & Hythe District Heritage Initiatives and Health

There are a number of heritage initiatives and activities within the district that are having significantly positive impacts on health and wellbeing. The heritage offering within the District is rich and varied and so presents many opportunities for a range of heritage-led programmes and activities.

The District's communities are passionate about their local heritage and there is a distinctive local character that is in part created by the rich heritage offering here. The district's location along the Kent coast has allowed the area to act as a gateway to new cultures, ideas and peoples from the continent as well as being an important place for international trade and contact with Europe over the centuries. This role as a gateway to the continent has largely shaped much of the heritage throughout the District and can be especially seen in the district's military, religious and archaeological heritage. Much of the heritage is also associated with major historical events, such as the earliest conversions to Christianity following the arrival of Augustine in 597 AD and the military heritage from the two World Wars. As such, there is a significant amount of valuable and distinctive heritage that has given rise to a large number of heritage initiatives and activities throughout the District. Whilst their main purpose is often the conservation, promotion and enhancement of the many heritage assets, they are also having increasingly positive impacts on the health and wellbeing of people who engage with these initiatives and heritage activities.

Engagement with heritage can have a number of impacts on health and wellbeing:

- Reduce social exclusion and isolation
- Reduce health and social inequalities
- Increase satisfaction of living environment and overall quality of life
- Increasing opportunities for social interaction and long-term relationships/social network
- Reduce stress and mental illnesses such as anxiety and depression
- Opportunities for individuals with learning difficulties to engage in new activities
- Increase feelings of self-esteem and self-worth
- Instil a sense of control and empowerment over personal health and wellbeing
- Provide opportunities for self-improvement such as training and volunteering
- Learn new skills and develop new interests
- Encourage pride of place and communal engagement
- Increase opportunities for physical activity

- Provide activity and social engagement as part of rehabilitation
- Provide a wide range of choices for engagement with heritage to supplement health and social care services
- Help to prevent and reduce illnesses and diseases such as diabetes, depression and obesity

The forms that the heritage-led activities take within the district are varied which is a reflection of the rich and diverse heritage that is found throughout the district. Many initiatives meet regularly and include specific activities as part of a structured programme. Some are also facilitated by staff or volunteers and all appeal to wide ranging audiences. The extent to which these initiatives could currently be successfully used as part of commissioning for health and social care provisions is varied, and suggestions will be made later on regarding those that may be more suitable. It is also the case that the vast majority will need to develop formalised measurement frameworks in order to assess health outcomes that can be utilised by health colleagues.

The below table gives details of a selection of the heritage-led initiatives within the district that have significant impacts on health and wellbeing through various heritage activities. Information regarding the health needs that are addressed as a result of the activities, the service users that can engage with the initiative and the activities that are involved are identified. A selection of the programmes that are felt to be particularly suited to commissioning for public health will then be explored.

Provider and Funding	Service Users	Health Needs Targeted	Signposting and Referral	Activities Provided	Evaluation Measures
Green Gym Scheme Funding is received from the District Council. Run by the District's Community Safety Officer, Shepway District Council. Covers Folkestone & Hythe District – projects concentrate on selected areas.	The scheme is open to all individuals who wish to attend over the age of 18 years. Currently around 30 active members with an average of 12 attending each session. Sessions are run once a week.	• Social exclusion • Learning difficulties • Mental illnesses • Substance misuse problems • Weight problems and management • Low physical activity • Low self-esteem	The majority of participants are self-referred but can also be referred through a GP.	• Natural Conservation and Management • Vegetation and scrub clearance • Habitat Management and Access • Planting to improve biodiversity such as wild flower plugs and seeding • Feature construction including footpaths, ponds and steps • Clearing graffiti • Maintaining natural environment and habitats around heritage assets such as the Royal Military Canal to enhance sites	Participant feedback is received but currently no formal or clinical assessments of the health outcomes from this scheme are measured.
Operation Nightingale Co-ordinated by the Defence Archaeology Group (DAG) in collaboration with Wessex Archaeology (WA) and the Canterbury Archaeological Trust (CAT).	The project is a ground-breaking military initiative aimed at service personnel and veterans that have been injured in conflict and may also be struggling to reintegrate into society.	• Rehabilitation of injured soldiers and veterans • Mental health problems such as post-traumatic stress disorder (PTSD), depression and social anxiety/isolation • Substance misuse • Alcohol addiction	Access to the scheme can be found through a number of different routes; recommendations from organisations such as Band of Brothers, Worldwide Volunteers, Blind Veterans and other military	• The scheme utilises the technical and social aspects of field archaeology to aid the recovery and skill development in service personnel and veterans. • Surveying • Geophysics • Site and team management • Mapping and navigation • Archaeological excavation	The health outcomes resulting from participation in the scheme have been evaluated using a biopsychological model with a constructivist grounded theory approach, interviews and

Armed Forces staff volunteers and academics also support the scheme. Operates throughout Kent.		• Violent behaviour and other behavioural problems	bodies. Referrals can also be made by Mental Health Practitioners and University Academics. Self-referrals can also be made.		questionnaires.
Pavement Pounders Community Interest Company Funding has been received from the Heritage Lottery Fund, Roger de Haan Charitable Trust, Up on the Downs Landscape Partnership Scheme and the District Council. Run by Dr Maryanne Traylen and David Lay.	The scheme is open to all who have an interest in the arts, heritage, writing and walking.	• Mental illness • Depression and loneliness • Social exclusion • Low physical activity • Learning difficulties • Physical and sensory impairments • Dementia and Alzheimer's	The scheme does not require a referral and is accessible to all who are interested. Information about the Pavement Pounders CIC and their various projects are available online where a multi-media archive is available. Contact can also be made with the group for further information or to become involved in the projects or group.	• Guided Heritage Walks • Illustrated Heritage Talks and Artwork • "Between the Storms" – spoken memory project. Collecting memories remembering the maritime heritage of Folkestone through photos, spoken interviews and written pieces. • "A Dog on the Downs" – project to encourage countryside walking on the Downs and appreciation of natural heritage/environment. • *Transitions* Journal – collections of pieces written mostly by local people. *Transitions 3* entitled "A Journal of Crossings" was funded by the Mental Fight Club and explores individual struggles with mental illness.	Clinical assessments of health outcomes are not currently carried out but feedback is received from those involved in the various projects and expresses the positive benefits for health and wellbeing.

IMOS Foundation In 2012 the IMOS Foundation was granted charitable status. The Foundation is run by a Creative Director and Trustees. Operates in the Romney Marsh to provide national and international attractions as well as a forum for artistic ambition.	The IMOS Foundation looks to involve all social groups in the arts. It works with undiscovered artists and has also developed relationships with people from abroad, particularly within Europe.	• Mental illness • Depression • Social exclusion • Low self-esteem	The scheme does not require a referral and is accessible to all who are interested. Information about the IMOS Foundation and the work that they do is available online. Contact can be made with members of the group for further information on how to become involved and regarding current projects.	• The IMOS Foundation sets up and co-ordinates artwork projects to encourage expressions of human experience through cultural interaction. They also aim to improve the human and living environment through these projects in the Romney Marsh. • Tapestry of Romney Marsh – a community project in development. The project will create a tapestry that encapsulates the unique history and heritage of the Romney Marsh. It is 1000 years since the Bayeux Tapestry was commissioned and it is believed that some of the women and materials used were from the Romney Marsh. It is hoped that the completed tapestry as part of a community project will reflect this important history of the area and will be displayed in the local churches. • Heritage Park and Memorial Garden at Hope All Saints Church Ruins – The IMOS Foundation now	The Foundation does not currently measure the health outcomes that result from its projects. Feedback is received from those involved as well as from the local community and visitors who express positive benefits for health and wellbeing.

				owns the ruins of Hope All Saints Church and some of the surrounding land. The ruins are a Scheduled Monument and an important heritage asset to the area and local community. It is hoped that a Heritage Park and Memorial Garden can be created for the benefit of the community. Work involved would include conservation and restoration actions and the placement of relevant items within and around the ruins to enhance and illustrate the historic character of the church and surrounding agricultural land. The project would need the support and involvement of a number of bodies as well as volunteers.	
Romney Marsh Visitor Centre Located in the Romney Warren Country Park which was established as part of the Romney Warren Project.	The park and centre are open and accessible to the public. Projects, activities and events are aimed at children, individuals with disabilities, local unemployed adults and adults from the local care	• Social exclusion and loneliness • Depression • Physical and mental disabilities • Learning difficulties • Low physical activity	The park and centre are accessible and open to all members of the public. Specific activities are aimed at individuals with	• Wildlife conservation and park maintenance • Support the running of the visitor centre • Training in landscaping and horticulture • Employment opportunities • Regular family and children orientated events such as pond dipping and nature	The Visitor Centre does not currently measure the health outcomes that result from its projects. Feedback is received from those involved as

The park is co-ordinated by Romney Warren Charitable Trust, Folkestone & Hythe District Council, Nelson Park Gardens (local care home), Shepway Volunteers Centre, Romney Marsh Countryside Project and Kent Wildlife Trust. The visitor centre was leased to Kent Wildlife Trust in 2004.	homes.		disabilities, local unemployed adults and adults from the local care homes. Recommendation to attend the centre may be made by health care professionals such as care home staff and support workers. Self-referrals are also received.	trails.	well as from the local community and visitors who express positive benefits for health and wellbeing.
Folkestone Research and Archaeology Group (FRAG) FRAG was formed following excavation work in Folkestone and is made up of people that are interested in the archaeology and heritage of Folkestone. The membership is	The group is open to all who share an interest in the archaeology and heritage of Folkestone and the local area. Members do not have to have previous experience with archaeology.	• Low physical activity • Low physical fitness • Social exclusion and loneliness	The scheme does not require a referral and is accessible to all who are interested.	• Undertake excavations in and around Folkestone. • Education and training in archaeology and related skills such as field work, surveying and research methods. • Field-walking and surveying of potential archaeological sites. • Identification, documentation, recording, protection and promotion of the archaeological heritage of Folkestone.	FRAG does not currently measure the health outcomes that result from its projects. Feedback from members, visitors and members of the public can identify the benefits of community archaeology on health and

made up of amateur and professional archaeologists. FRAG is a non-profit group. Membership fees and donations are received.				• Organise talks, events, outings and site visits. • Foster relationships with other groups in the area to share information and interest in the local archaeology and heritage.	wellbeing.
"Finding Eanswythe: The life and afterlife of an Anglo-Saxon Saint" Community heritage project that is led by Canterbury Christ Church University and based in Folkestone. The project is also supported by Folkestone People's History Centre, the Diocese of Canterbury and Canterbury Archaeological Trust.	The project is open to a range of professionals, interested individuals, schools, colleges, local and regional authorities and members of the local community.	• Confidence building and community engagement in both adults and children. • Social exclusion and loneliness • Low self-esteem • Mental illness such as anxiety • Reduce social inequalities • Low physical activity	The scheme does not require a referral and is accessible to all who are interested. The programme is a participatory project in all aspects and is aimed at all members of the community both specialist and volunteer.	• Archaeological and historical investigation of the early Anglo-Saxon settlement and lost monastic site. • Archaeological fieldwork, surveying and post-excavation work. • Archaeological and historical investigation into Eanswythe. • Investigation of the human remains believed to be the relics of Eanswythe. • Tracing and identifying the lost route of Eanswythe's watercourse. • Making accessible information and reports relating to Eanswythe and Anglo-Saxon Folkestone. • Creating and populating a project website for widely disseminating findings.	Clinical assessments of health outcomes are not currently carried out, but feedback is received from those involved in the various projects and expresses the positive benefits for health and wellbeing.

Bid for HLF funding. Successful grant application to HLF for £95,100 and match funding from Kent County Council, the Roger De Haan Charitable Trust, and Canterbury Christ Church University, bringing the total up to £122,000.				• Recording built heritage and architectural features that relate to the heritage of Eanswythe. • Collating and re-examining some of the archives and early texts that relate to Eanswythe and her life in Anglo-Saxon Folkestone. • Exploring and recording ancient landscape features relating to Anglo-Saxon Folkestone. • Create an online GIS digital reconstruction of the early landscape and significant archaeological sites. • Community activities such as free events, talks and learning workshops. • Exploring and representing Folkestone's past creatively and accessibly, including creating a film project and exhibition. • Create a film project and exhibition. • Explore new ways to interpret Eanswythe and Anglo-Saxon Folkestone. • Training and education opportunities. • Social events inclusive of all ages/backgrounds including an Anglo-Saxon	

				fair, a music evening and guided walks.	
People Before Us: Exploring Folkestone's Past **Part of the "Finding Eanswythe: The life and afterlife of an Anglo-Saxon Saint" project.** Community heritage project that is led by Canterbury Christ Church University and based in Folkestone. Match funding received from the Canterbury Christ Church University.	The project is participatory and open to a range of groups that includes archaeology/history/heritage professionals, interested individuals, local schools and colleges, members of *Operation Nightingale Heritage*, local historians and other heritage initiatives, members of the local community and other volunteers.	• Confidence building and community engagement in both adults and children. • Social exclusion and loneliness • Low self-esteem • Anger-management issues • Mental illness such as social anxiety and depression • PTSD • Reduce social inequalities • Low physical activity	The scheme does not require a referral and is accessible to all who are interested. The programme is a participatory project in all aspects and is aimed at all members of the community both specialist and volunteer.	• Graveyard Survey at St Mary and St Eanswythe Church, Folkestone. • Archaeological finds sessions. • Archaeological bone sessions held within the graveyard. • Photography drawing and mapping of the churchyard. • Free public talks regarding the archaeology and history of the St Mary and St Eanswythe church & graveyard. Talks will also cover the wider history of Anglo-Saxon Kent. • Public meeting to discuss the results of the programme and to provide a forum for debate and engagement with the work done as well as future project aspirations. • Tours of the graveyard and medieval church. • Opportunities to engage with archaeologists, historians and heritage professionals conducting the survey and wider project.	Clinical assessments of health outcomes are not currently carried out, but feedback is received from those involved in the various projects and expresses the positive benefits for health and wellbeing.

				• Opportunities for members of the community to share their own knowledge, experiences, ideas and interpretations on the ancient church and churchyard as well as more generally on the history of Folkestone.	
Friends of the Old Folkestone Cemetery The 'Friends' are a group of volunteers who work in partnership with other organisations such as Folkestone & Hythe District Council, the Shorncliffe Trust, Folkestone Town Council, Folkestone History Society and Folkestone & District Family History Society. The group was formerly constituted in July 2016.	The group and their work are open to all who share an interest in protecting, preserving and promoting interest in the Old Folkestone Cemetery.	• Mental illness • Social exclusion and loneliness • Depression • Low self-esteem • Low physical activity • Weight problems and management	The scheme does not require a referral and is accessible to all who are interested. More information about the group and their current projects can be found online. Contact details are also given to enquire about becoming involved in current activities.	• Survey, clean and restore Commonwealth Graves • Survey, record and restore significant memorials • Define and mark unmarked graves for children • Identify headstones that contribute to the Folkestone narrative – create educational materials that highlight the history of Folkestone and that is represented in the people laid to rest in the cemetery. Foster strong sense of pride and place. • Clear pathways and uncover headstones obscured by overgrown vegetation • Ensure regular grass-cutting, tree work and general maintenance is completed by the District Council • Habitat and wildlife	The Friends of the Old Folkestone Cemetery do not currently measure the health outcomes that result from its projects. Feedback from members and participants can identify the positive impacts of these heritage-led projects on health and wellbeing.

Some funding has been received from Folkestone & Hythe District Council.				management • Create history walks using a narrative created by the memorials and headstones • Create links with other groups to create joint heritage packages such as the Shorncliffe Trust and Step Short. • Create a "Garden of Remembrance" for victims of the Gotha Bombing in 1917.	
St Peter's Church, Folkestone – "St Peter's Heritage Mosaic" Funding was received from HLF.	The Parish community and beyond were invited via press release submit designs for the mosaic. A number of ideas were submitted from the local community, St Peter's School and visitors to the church.	• Social exclusion and loneliness • Depression • Low self-esteem	The scheme does not require a referral and is accessible to all who are interested. This was a community engagement project and was accessible to all with an interest in the heritage of St Peter and Folkestone fishing heritage.	• Submit design ideas for the inclusion in the final mosaic design. Mosaic to reflect the churches heritage and engagement with the fisheries of Folkestone. • Community Mosaic Day held February 2017 – people invited to fix tiles onto the final mosaic enforcing community involvement.	The health outcomes for this project were not measured but feedback from the community and visitors have been positive and identified the important of community projects to health and wellbeing.
Green Pilgrimage Network – District Churches Project would be	The Green Pilgrimage Network will be open to all, in particular those who have an interest in pilgrimage, churches, the natural	• Depression • Mental illness such as anxiety and stress • Low physical	The scheme does not require a referral and is accessible to all who are	• Pilgrimage networks would be provided that link the churches across the district. These route ways can be used as part of	It is likely that there will be no formal assessment of the health

led by the Diocese of Canterbury. Due to start later this year 2017.	environment and walking.	activity and fitness • Weight problems and management	interested.	pilgrimages, walks or religious heritage trails. • The network will highlight the significant religious heritage within the district. • Volunteers may be needed to provide access and security to churches along the network. • Training opportunities for local volunteers to manage the network.	outcomes resulting from participation in the pilgrimage network. Feedback is likely to focus more on the economic benefits of pilgrimage tourism.
"Up on the Downs" Landscape Partnership Scheme Working with partners and communities to promote and conserve the landscape and heritage in Dover and Folkestone. Primary funder is HLF (68%). Other partners include Dover and Folkestone & Hythe District Council, Kent Downs AONB Unit,	"Up on the Downs" is open to different groups and communities to help a wide range of people to better understand, enjoy and care for the natural and built heritage of their local area. No previous experience is needed and so the programme is inclusive and accessible to all members of the community with an interest in the natural and built heritage of Dover and Folkestone.	• Social exclusion and loneliness • Depression and anxiety • Reducing social inequalities • Low physical activity and fitness • Mental illness such as anxiety and stress	The scheme does not require a referral and is accessible to all who are interested. Information about the scheme as well as contact details for programme leads is available online.	• Conserve and restore built and natural heritage features that create the historic landscape character. <u>Heritage Projects:</u> • "Let Them Speak For Themselves" - map, survey and restore local 20th century military heritage in partnership with the Canterbury Archaeological Trust. • "Going for Bronze" – clear scrub from scheduled monuments and return area to grazing. Benefits for biodiversity and restoration of the monuments. • "To the Lighthouse" – assess and monitor the South Foreland Lighthouse	"Up on the Downs" does not currently assess the health outcomes from its projects. Feedback from participants and the local community can identify the positive impacts on physical and mental wellbeing.

Kent Wildlife Trust, National Trust, White Cliffs Countryside Partnership, Canterbury Archaeological Trust, Eurotunnel, Natural England and the National Farmers Union.				building with a view to producing a Conservation Management Plan. • Building an education centre at Samphire Hoe • Apprenticeships in Environmental Conservation. • Education events and activities. • Workshops to support teaching staff and engagement with schools.	

Below are a few examples of the feedback received from participants in some of the above heritage initiatives.

The Green Gym Scheme

In 2011 the district council set up the “Green Gym Scheme” to help with the management of The Warren in Folkestone. The Warren is a nationally important wildlife site and Site of Special Scientific Interest (SSSI) that is also protected as a Local Nature Reserve. It is recognised as one of Britain’s most important sites for wildlife and is rich in rare fauna and flora. Conservation management is needed to maintain a good balance of natural habitats and open areas for wildlife and to also keep the site accessible to visitors.

The scheme started work on The Warren but now covers other areas throughout the District such as Hythe and the Royal Military Canal. It inspires people to improve their own health as well as that of the environment by working on a range of practical projects. The scheme focuses on environmental conservation and activities include:

- Vegetation and scrub clearance
- Habitat management and access
- Planting to improve biodiversity such as wild flower plugs and seeding
- Feature construction including footpaths, ponds and steps
- Clearing graffiti
- Maintaining natural environment and habitats around heritage assets such as the Royal Military Canal to enhance sites
- Litter picks

The Green Gym Scheme has also joined other groups such as the Friends of the Old Folkestone Cemetery and carried our work in support of these programmes. The Green Gym Scheme has helped the Friends of the Old Folkestone Cemetery in their work on clearing pathways, vegetation and headstones at the cemetery. The scheme is now currently working on clearing areas along the Royal Military Canal in Hythe in order to improve access to and appreciation of the canal as a heritage asset. Whilst habitat management is often the priority of the scheme, reclaiming “lines of sight” and preserving unique features of heritage assets has also become a focus. As the Royal Military Canal is a Scheduled Monument, this work will help in its preservation and appreciation. In the future the scheme has discussed working on new locations such as improving footpaths and access near Martello Towers 7&8 above Sandgate.

The Green Gym Scheme is inclusive of all individuals who wish to attend over the age of 18 years. It offers support for retired people, those suffering from mental health issues or learning difficulties, individuals with substance misuse problems and those who wish to lose weight and become more physically active. It is also a valuable opportunity for those looking to socialise and those who are at risk of social exclusion.

There are currently 30 active members with an average of 12 attending each session which runs once a week. The majority of those attending are retired professionals who are looking to remain active and also to socialise. Other members have learning difficulties, substance misuse problems and mental health problems. Participants range in age and have reported that they enjoy working together as a team with the

older members occasionally taking on a mentoring role to the younger members. Some members have also experienced reduced medication due to participation in the scheme, for example one participant is no longer medicated for diabetes and high blood pressure.

Funding for the scheme, tools and fuel is received from the district council and equates to roughly £3500 per year. The scheme previously had 5 trainers, 3 of which were from the district council, but now has 1 (Community Safety Officer) who leads the programme. Training opportunities are available in areas such as hedge laying, and 6 unemployed participants have gone on to find employment as a result of engagement in the scheme.

GPs are aware of the scheme and have been asked to recommend attendance to the Green Gym as a non-medical intervention. However, the vast majority of people who join the scheme are self-referred and either finds information about the Green Gym online or by word of mouth. Clinical assessments of the health outcomes from the scheme are not currently taken but participant feedback does demonstrate the significant health benefits resulting from taking part in the Green Gym. The projects aim to preserve wellbeing and to reduce health problems such as social exclusion, mental illness, substance misuse problems and weight problems. They have also been reported to encourage interest in the historic environment, instil a sense of ownership and also enhance experiences of the sites that are maintained which include important heritage assets.

"I really enjoy the sessions, I feel it is time for myself, it gives me a bit of structure and a sense of achievement"

"I love being outside and doing something physical, it makes me feel better about myself and I have learnt some new skills and more about the local environment"

"It's great to do something to give a bit back to the community and I have enjoyed meeting new people"

In the future, the Green Gym Scheme aims to cover new areas and continue to form partnerships with other groups in the conservation and management of various heritage assets and natural environments. There is currently little capacity to grow without further funding and staff and so funding would be needed to train volunteer leaders and to progress the scheme's programme. With increased funding, additional training opportunities could also be provided and capacity for more members improved. This scheme could be a valuable health resource and is suggested as being suitable for the commissioning of health and social care provisions.

People Before Us: Exploring Folkestone's Past

(part of the "Finding Eanswythe" programme)

Feedback:

"I have been feeling so blue lately, that this is wonderful – you can really lose yourself in it" (local artist recording and sketching gravestones).

“It’s very empowering” (military veteran)
He went on to tell us that the project is very successful as everyone can work at their own pace, can take part in the elements they feel comfortable with, and the environment is relaxed. You all feel like you are able to contribute something.

Military veteran with social anxiety found it to be a very positive and confidence-building week – he said that there were not too many people (and if it got busy you could go to another part of the site and work alone), and it was very relaxed and friendly.

“I wish we could do this every day – we would all be better then” (military veteran with OCD, social isolation, attachment disorder, effects of domestic violence, and low social skills). He wrote after the project to say ‘thank you for a wonderful time it has been great’, expressed his desire to be involved again, and suggested we expand the project.

Direct feedback from the military veterans to the coordinator of Operation Nightingale Heritage – keywords included ‘created new friendships, social inclusion, re-establishing purpose, rebuilding self-esteem”.

Providers of the heritage initiatives
The majority of the providers of heritage initiatives within the district are community groups, groups with the support of the public sector and voluntary groups. Several have received funding from the Heritage Lottery Fund and other sources that include the Folkestone & Hythe District Council, the Roger de Haan Charitable Trust, membership subscription fees and other partner organisations. A large number of the programmes were initiated by members of the local community as a result of interest and passion for the local heritage within the District. Examples of these include the Folkestone Research and Archaeology Group, the Friends of the Old Folkestone Cemetery and the Pavement Pounders. Other initiatives work in partnership with various larger bodies such as Operation Nightingale and the Romney Marsh Visitor Centre community projects. Others also receive support from Folkestone & Hythe District Council such as the Green Gym Scheme.

Overall there are a large number of heritage initiatives within the district and all are passionate about the heritage that they engage with. Several of these programmes are also having significant impacts on health challenges such as social exclusion, mental illness and obesity through their various programmes and activities and offer a number of valuable opportunities for volunteering and training. There are several opportunities to build skills in areas such as conservation management, habitat management, archaeological fieldwork and post excavation work. This study suggests that a number of these heritage-led initiatives are valuable health resources and if appropriate measures of the various health outcomes could be obtained then they have great potential to make substantial contributions to health and social care services.

Referral pathways and raising awareness
As has been shown in the above table, there are currently no established referral pathways to these heritage initiatives by health professionals with perhaps two

exceptions. GPs within the district are aware of the Green Gym scheme and can recommend it to patients whilst Armed Forces personnel and veterans can also be recommended for Operation Nightingale on various health grounds. However the vast majority of 'referrals' to programmes are done independently through personal interest. If health outcomes could be properly assessed in a way that is accessible to health professionals, perhaps referral pathways to suitable heritage-led programmes could be established as part of future health and social care provisions to meet various health challenges.

There are a large number of heritage initiatives within the district and there is a need to raise awareness of their many activities. More co-ordination between initiatives could be achieved in order to create meaningful working partnerships between groups who work to achieve similar goals with certain categories of heritage assets. For example, there are a number of military heritage groups that work to preserve, promote and enhance various defence heritage assets throughout the district. These assets are better understood as a collection and so more joint working will enhance the heritage offering and the programmes that the initiatives are able to offer. This may also enhance the health benefits that initiatives are able to provide and also support the longevity of programmes to continue making contributions to better health and wellbeing of the local communities.

Who do the projects cater for?

The heritage-led initiatives within the district appeal to wide audiences and are largely wholly inclusive programmes. Heritage covers a wide range of areas of interest and can be structured into a variety of programmes. The programmes that have been identified within this study are largely open to all who express an interest in the heritage that the particular group engages with. Some may have age restrictions such as the Green Gym Scheme, but the programme is still open to wide ranging audiences beyond that. Some of the programmes are also structured to meet more specific health needs such as Operation Nightingale that caters for military personnel and veterans, but the vast majority serve their local communities as a whole and address a wide range of health challenges.

Many of the programmes aim to bring different generations together and also appeal to ranges of social groups, and so participation is socially inclusive and can help to reduce social inequalities that contribute to health inequalities. Programmes such as "Finding Eanswythe", "Up on the Downs" and the community projects held at the Romney Marsh Visitor Centre are accessible to all members of the community from children to adults, the elderly and members of the community with mental and physical illness. Some projects also illustrate the various settings that heritage is able to operate within such as the community schemes at the Romney Marsh Visitor Centre that are aimed at adults from local care homes. Heritage allows for the engagement with evidence of our shared human past, and that is something that belongs to everyone and so is open to anyone who wishes to participate in one form or another.

Heritage can continue to engage wide audiences and covers several areas of interest that people are able to choose from. Many of the schemes are able to address mental health illnesses such as social exclusion and depression and also work to build people's confidence and self-esteem through engagement with the

community as well as with heritage. Heritage activities can also be very physical such as archaeological excavation and other fieldwork activities and so caters for people who have weight problems or low fitness and low physical activity. The opportunities to engage with heritage within the natural environment is a further important factor in improving health and wellbeing as much evidence strongly suggests direct links between being outdoors and improved health.

This valuable opportunity for physical activity as well as engaging audiences from a range of age groups addresses some of the primary health challenges for the district. As was identified earlier in this study, the South Kent Coast CCG has the highest proportion of people aged over 65 years in Kent and so the prevention and reduction of health problems relating so an ageing population such as social exclusion and mental illnesses like Dementia is a priority for this area. The heritage initiatives can address these challenges by engaging the older population in a number of community and heritage activities. Another health priority for the district is increasing physical activity in adults and children and so this can also be addressed in the physical aspects of heritage such as archaeological excavation and fieldwork.

Types of activities

An advantage of heritage is that is can be extremely varied and programmes that engage with heritage can also take many forms. Heritage assets can range from archaeological remains to memories or traditions and also span a vast amount of time and so providing several areas of interest. A number of different programmes emerge when engaging with heritage and so provide a range of choices when catering support and care to a person's particular needs and interests. The new integrated and person-centred models of care primarily aim to enable people to continue living a life that they are happy with, whether this means remaining independent for longer or maintaining particular hobbies or areas of interest. Heritage is able to offer a range of choices and so can appeal to many people in different ways. It is also nostalgic and can bring people together in shared memory and experience.

Initiatives may concentrate on archaeological excavation, a particular time period or assets from a specific locality. They are also able to operate within a range of settings such as hospitals and care homes and so reach many audiences. The range of activities undertaken by the heritage initiatives within the district includes:

- Archaeological excavation and fieldwork
- Archaeological and historical research
- Object handling and processing
- Post-excavation work
- Maintenance, promotion and enhancement of heritage sites/assets
- Artistic activities relating to heritage assets
- Conservation and habitat management
- Heritage trails and pilgrimage networks
- Communal projects
- Environmental conservation
- Talks, workshops and events
- Apprenticeships, training and volunteering
- Archaeological and historical education

- Restoration, surveying and monitoring of heritage assets such as listed buildings.
- Identification, documentation, recording, protection and promotion of heritage
- Multimedia projects such as film, audio recordings, photography, writing and spoken memories
- Creating databases and temporary exhibitions for public use and display
- Working with members of the community and other organisations/groups
- Open days

Health benefits and needs addressed

The heritage-led activities within the district address a number of health challenges and demonstrate several health benefits. The various heritage activities and engagement with heritage can have benefits for both mental and physical health. Several programmes include physical activity as part of archaeological excavation, fieldwork and environmental conservation and management. These opportunities for physical activity and engagement with the natural environment address health challenges such as obesity and low physical activity or fitness. In addressing these challenges, other conditions that result from weight problems can also be managed and reduced such as diabetes, cardiovascular and musculoskeletal problems. It may also help with the mental disorders that can result from weight problems such as depression and anxiety. Increasing physical activity in children and adults is identified as a health priority by the Public Health England Health Profile paper 2016 for the district. In this way, heritage is able to contribute to addressing and reducing this health challenge.

Further physical benefits of heritage have been demonstrated by Operation Nightingale that uses archaeological fieldwork to rehabilitate military personnel and veterans who have been injured during conflict and may also be suffering from mental illness as a result of service. The physical exercise that archaeological excavation offers has helped to rehabilitate injured soldiers and veterans. It also has important mental health benefits and can help to reduce conditions such as Post Traumatic Stress Disorder (PTSD), depression and problems with social integration.

The heritage activities also have important benefits for mental health and work towards reducing social inequalities. Heritage applies to all members of the population as evidence of our shared human past and therefore heritage-led activities can be largely inclusive and cater to a range of social groups. The vast majority of heritage programmes are communal and so provide opportunities for community and social engagement, group working, training and education. These community heritage projects address mental health needs such as social exclusion, depression, anxiety, mental illnesses, low self-esteem and learning difficulties.

These heritage activities are also accessible to an older population and can help to address health challenges that arise from an increasingly ageing population. As the South Kent Coast CCG has the highest proportion of older people than any other area within Kent, this is a priority for the district. A number of the initiatives reduce and can prevent social exclusion, depression and loneliness through group activity and community engagement. Some activities can also work with older people with mental health illnesses such as Alzheimer's and Dementia. Examples of this include the "Between the Storms" project conducted by the Pavement Pounders that records

memories of Folkestone's maritime heritage. The nostalgic element and collective experience of heritage can help people with Alzheimer's or Dementia and also help to prevent them from becoming socially isolated and depressed.

Main challenges

The main challenges currently facing heritage initiatives within the district are a lack of funding and a lack of general awareness. A number of the programmes identified in this study have received funding from the Heritage Lottery Fund (HLF) or other organisations such as the Roger de Haan Charitable Trust and the District Council. However, for some initiatives increased funding would enable an extension of the programmes to other areas within the District, longer and more extensive projects as well as the ability to provide more training to participants and additional members of staff. Raising awareness of the heritage offering within the District and the many active heritage groups would further benefit these programmes and the audiences that they are able to reach.

The primary challenge for these heritage initiatives in becoming involved in health and social care commissioning is the recognition that they are able to make significant differences to various health challenges. As has already been mentioned, these initiatives have great potential to benefit health but they need to evaluate and measure the health outcomes in a formal and clinical way so that the evidence is accessible to health professionals. Participant feedback makes clear the impact that these programmes have, but a robust evidence base that includes empirical data is needed. Heritage has been less extensively explored for its health benefits than other areas of culture such as arts activities, sport and the natural environment. Funding to support the continuation or formalisation of a selection of the heritage initiatives within the district and then the implementation of assessment frameworks would provide the evidence needed to demonstrate the value of heritage as a health resource.

Conclusion and Recommendations

The transformations to health and social care services present new opportunities to explore alternative ways to address health and social care needs. The substantial pressures that are currently placed on the NHS, Public Health and Social Care can be alleviated by new integrated ways of working and a focus on preventive measures. Engagement with heritage activities offers a number of significant opportunities to reduce and prevent several substantial health challenges such as social exclusion, mental illness and weight problems. Activities such as archaeological excavation, community heritage projects and conservation management can be valuable health resources in future health and social care provisions.

This study has set out to show how the heritage initiatives of the district are having positive impacts on the health and wellbeing of its local communities. Heritage offers a range of programmes and projects that utilise the historic environment and local heritage to support healthy lifestyles. These projects appeal to a cross-section of society and attract people of all ages and abilities. Many are also low in cost and primarily use volunteers and so would not be resource heavy. A number of these projects would be effective as part of care and support provisions as part of health and social care commissioning.

Heritage is a wider determinant of health as part of our cultural environment and plays an important role in how communities feel about the places that they live, work and visit. It can foster a sense of pride as well as personal identity and feelings of ownership and communal wellbeing. Heritage projects are effective in reducing social isolation among other mental illnesses, increasing physical activity and supporting communal cohesion. There are often many opportunities for learning, volunteering and training to acquire new skills. This further supports wider health determinants such as gaining employment and personal empowerment.

This study is limited to the district and so there will be many other heritage initiatives throughout the county that make significant improvements to health and wellbeing. There is an urgent need for health and social care professionals to work more closely with other professionals from fields in order to utilise new and valuable opportunities for effective and financially viable health resources. A more robust evidence base of the links between heritage and health is now needed to demonstrate to health colleagues the significant value heritage has as a health resource and as part of future health and social care commissioning.

Recommendations relating to Folkestone & Hythe District

1. Conduct detailed surveys of heritage initiatives within the district to establish where and how health challenges are being targeted in addition to who the current service users are.
2. Identify which programmes will be suitable for health and social care commissioning.
3. Offer advice to heritage programmes on the health agenda, joint working with health colleagues and the health benefits that projects can have on various health challenges.
4. Establish assessment frameworks to collect data on health outcomes that will be appropriate for health professionals across heritage activities within the District.
5. Create a central database of heritage-based health projects for use by health and social care professionals.
6. Consider funding for providers of heritage activities that are actively benefitting health and wellbeing.
7. Raise awareness of the links between heritage and health with health professionals.
8. Raise awareness of heritage activities in social prescribing.
9. Encourage closer working relationships between heritage and health colleagues.
10. Establish heritage programmes as part of referral pathways for health and social care provision. Signposting of heritage activities as non-medical interventions and as parts of health and social care provisions.

Glossary of Terms

Care Quality Commission (CQC): The Care Quality Commission (CQC) is an independent regulator of health and social care in England. The CQC ensures that health and social care services are provided in a safe, effective, compassionate and high-quality way to people so as to encourage them to improve.

Clinical Commissioning Group (CCG): Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies that are responsible for the planning and commissioning of health care services within their local area. There are now 209 CCGs in England and 8 cover Kent; Ashford, Canterbury, Dartford Gravesham & Swanley, Medway, South Kent Coast, Swale, Thanet and West Kent.

Frailty: In clinical terms it is characterised by a loss of biological reserves across multiple organ systems making an individual increasingly vulnerable to physiological decompensation after a stressor event. Frailty generally means the loss of resilience that means that a frail individual will not bounce back as quickly from a mental or physical illness, accident or stressful event as a person who is not frail.

Health and Social Care Commissioning: The process of assessing the needs of an individual or wider population and implementing services that meet those needs. Once implemented, commissioned services will improve the user's quality of life.

Health Indicator: Health indicators are quantifiable characteristics of a population which researchers will use as evidence when assessing the overall health of a population. They are required to measure the health and status of people and communities. These may include mortality indicators such as life expectancy and infant mortality, nutritional indicators such as proportion of overweight individuals and health determinants such as smoking and physical exercise behaviours.

Health Inequalities: The avoidable differences in health status between individuals and communities depending on life circumstances. Health inequalities are measured through health statistics such as life expectancy and morality rates and can also be more specific for disease mortality such as cancers, cardiovascular and respiratory disease rates. The population will also be divided into segments based on social, environment and health characteristics such as deprivation to provide a more in-depth understanding of the true nature of health inequalities in Kent.

Heritage: Something that belonged to a past society or person and is inherited or remains historically important in the present. This can include things such as objects, traditions, languages or buildings.

Heritage asset: A building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions because of its heritage interest. Heritage asset includes designated heritage assets and assets identified by the local planning authority, including local listing (National Planning Policy Framework 2012).

Historic Environment: All aspects of the environment resulting from the interaction between people and places through time, including all surviving physical remains of

past human activity, whether visible, buried or submerged, and landscaped and planted or managed flora (National Planning Policy Framework 2012).

The King's Fund: The King's Fund was founded in 1897 to help London's voluntary hospitals. It is an independent charity that has evolved over time with the creation of the NHS and other modern challenges and now works to improve health and care in England. In 2013 The King's Fund established the *Commission on the Future of Health and Social Care in England* to explore a health and social care system that can meet modern demands.

Older Person: For the purposes of this paper, someone over the age of 65 is considered to be an older person. However, it is very difficult to define as people can biologically age at different rates. 'Frailty' has a more significant impact on the likelihood that a person will require care and support.

Public Health England (PHE): Public Health England is an executive agency of the Department of Health that was established on the 1st April 2013 as the result of a reorganisation of the National Health Service (NHS) in England as outlined in the Health and Social Care Act 2012. It has brought together health care professionals and exists to protect and improve the nation's health and wellbeing whilst also reducing health inequalities. Local Authorities are now responsible for public health where it was previously part of the NHS.

Social Prescribing: Social prescribing, also referred to as community referral, is a way of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Central to social prescribing is the recognition that a person's health is determined primarily by a range of social, economic and environmental factors and so social prescribing seeks to address a person's needs in a holistic way. It encourages people to take more control over their own health and the activities are often provided by voluntary or community organisations.

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