



# HERITAGE, HEALTH AND WELLBEING HIGH STREET HERITAGE ACTION ZONE (HS HAZ) KIRKHAM

Feasibility Study  
(March – July 2021)

Final Report v1.01  
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Helen Shearn Associates

supported by



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## Executive Summary

### Introduction

Helen Shearn Associates were commissioned in March 2021 to produce a Feasibility study as the first phase of a 4-year '**Kirkham Heritage Health and Wellbeing**' programme, an element of the High Street Heritage Action Zone initiative in Kirkham (HS HAZ) which in turn is part of a bigger £95m government funded scheme to revitalise local high streets.

Through this initiative, Fylde Borough Council (Lead partner) is working in partnership with Historic England to unlock the potential of Kirkham historic high street, fuelling economic, social, and cultural recovery. The project will transform disused and dilapidated buildings into homes, shops, workplaces and community spaces.

The key objectives of the **Kirkham Heritage, Health and Wellbeing programme** are:

- ✓ To establish a Heritage & Well-being Consortium with key partners and, together, develop and run an exciting, innovative 3-year programme of culture, heritage & well-being activities and interventions
- ✓ To improve & enhance local peoples' health and wellbeing (physical & mental) using social, cultural (including heritage, arts etc.) and community assets in Kirkham
- ✓ To target and connect our community programme to those who need it most
- ✓ To engage more people in heritage themed activities and to increase their understanding & appreciation of the work of Historic England
- ✓ To contribute to the existing evidence base on the effectiveness of heritage & well-being social prescribing interventions through programme evaluation and action learning with an academic partner.

### Main activities undertaken in this Feasibility Study

- 1) Assessment of 'Local Demand', current social prescribing offerings and infrastructure and the 'Historic environment and wellbeing potential' through a combination of desk top research, online meetings with key stakeholders and two physical visits to Kirkham.
- 2) Building a collection of cultural & heritage programme options by mapping current local assets, bringing in experiences from elsewhere and using suggested activities referred to in the tender brief as a base. We have looked at options to further integrate with the wider HS HAZ programme (future Heritage Eco & Skills and Arts & Heritage Centres and the existing Kirkham Futures cultural programme).
- 3) Development of an appropriate social prescribing delivery scheme through the literature review and considering existing assets including the nearby Thriving Communities programme ('Phoenix Rising').

### Key observations and considerations

During our engagements we experienced general support and appetite for the programme as well as a general desire to use the programme as a catalyst and look towards the future to rebuild the community and improve people's confidence and wellbeing post-covid. In particular, the programme (and the wider HS HAZ initiative) was clearly recognized as an opportunity to apply a 'whole town approach' and a 'fertile ground for economic development including skills acquisition' and to 'build more connections and make people more physically active'.

It was our initial intention to engage with selected user groups to test some of our developing ideas to improve community spirit using the historic environment, building on the earlier community engagements (as documented in the Programme Design Document supplied with the tender), and to start constructing a Theory of Change for selected wellbeing outcomes. This unfortunately was not possible due to the pandemic which means that a key success factor for an effective social prescribing scheme, namely '*a clear understanding of shared goals*' is not in place at this stage. This will need to be addressed alongside the activities proposed to take place in the remainder of the 2<sup>nd</sup> year of the programme.

We received information regarding desired outcomes for the programme on Community Perspectives, Historic England (HE) and the NHS including the key NHS Drivers such as the integrated health and care partnership and system (ICS). We undertook a comprehensive review of the Social Prescribing infrastructure/Thriving Communities/Recovery College.

### **Proposed way forward / Recommendations**

We have structured our proposed way forward and recommendations into five areas:

1. Adopt **improving community spirit** as overriding objective. See: <https://www.rsph.org.uk/our-work/programmes/community-spirit-programme.html>
2. **Social prescribing vision for Kirkham:** recommendations are given for the 3 social prescribing process steps: referral, consultation with a link worker, interaction with the VCSE sector.
3. **Programme of activities** for the Years 2,3,4- using four broad heritage themes, sustainable textiles, life stories & memories, health living & food and heritage skills and crafts. Public Health community projects officers and Lancashire County Council Libraries, Museums, Culture and Archives teams to continue to provide support as part of Lancaster County Council's in-kind support to the programme.
  - a. Year 2: Kick starting the programme – including the commissioning of a pilot from Phoenix Rising (a Thriving Communities Lancashire project) which would also support the development of a partnership with the LSCFT Recovery College. Other activities will need to be commissioned and managed separately – either through a new heritage link worker/coordinator or through a consultant in the interim.
  - b. Years 3 & 4 – Mid/long term development (April 2022 – March 2024) with suggestions to build on Year 2's partnership and asset building.
4. **Monitoring and Evaluation**

We suggest to focus on a few selected outcomes:

  - a. Improvement of selected personal wellbeing elements of people referred via social prescribing to activities using heritage-based community assets in and around Kirkham.
  - b. Improvement in community wellbeing using heritage-based community assets in and around Kirkham, as measured by the four elements of community spirit (a sense of belonging to a community, cohesiveness and inclusion, good relationships with other members of the community and collective action for the common good).
  - c. We propose the resources and selection process for an academic partner and possible evaluation tools to be applied.
5. **Organisation – Budget allocation, Year 2 Roadmap and Heritage & Wellbeing Consortium**

We propose the budget allocation and to recommend hiring a Health and Wellbeing link worker/Coordinator to enable effective and smooth commissioning and development of the programme of activities and consultancy to expediate the year 2 programme. We propose further actions to be taken, and with a degree of urgency. We propose members to form the Heritage & Wellbeing Consortium to oversee delivery of the programme.



## 1. Introduction

Helen Shearn Associates were commissioned in March 2021 to produce a Feasibility study as the first phase of a 4-year '**Kirkham Heritage Health and Wellbeing**' programme, hereafter referred to as the 'programme'.

The programme is an element of the High Street Heritage Action Zone initiative in Kirkham (HS HAZ) which in turn is part of a bigger £95m government funded scheme to revitalise local high streets.

Through this initiative, Fylde Borough Council (Lead partner) is working in partnership with Historic England to unlock the potential of Kirkham historic high street, fuelling economic, social, and cultural recovery. The project will transform disused and dilapidated buildings into homes, shops, workplaces and community spaces.<sup>1</sup>

The key objectives of the **Kirkham Heritage, Health and Wellbeing programme** are:

- ✓ To establish a Heritage & Well-being Consortium with key partners and, together, develop and run an exciting, innovative 3-year programme of culture, heritage & well-being activities and interventions
- ✓ To improve & enhance local peoples' health and wellbeing (physical & mental) using social, cultural (including heritage, arts etc.) and community assets in Kirkham
- ✓ To target and connect our community programme to those who need it most
- ✓ To engage more people in heritage themed activities and to increase their understanding & appreciation of the work of Historic England
- ✓ To contribute to the existing evidence base on the effectiveness of heritage & well-being social prescribing interventions through programme evaluation and action learning with an academic partner.

And the programme will be delivered through the following process:



This document reports on the following key deliverables for the Feasibility study:

1. Proposals for how the project can be taken forward in future years, outlining possible delivery models and costings for the work.
2. Articulation of potential transferable learnings so, if appropriate, the study could be continued beyond the life of the HS HAZ and providing a potential model for implementation elsewhere.
3. A roadmap for setting up heritage and well-being programme in Kirkham based on best practice for social prescribing schemes.
4. Identification of partners and proposal for a steering group/project board of local partners including GP Practice, NHS colleagues and community stakeholders.

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<sup>1</sup> For more information: <https://www.kirkhamfutures.org/plans/health-and-wellbeing-programme>

## 2. Approach and Methodology

Our approach was guided by the focus of the overall programme: to improve local peoples' health and wellbeing (physical & mental) using Kirkham's social and cultural assets including re-purposed heritage-based community assets, with a specific desire to deliver this programme through the mechanism of social prescribing (as visualised in Figure 1).

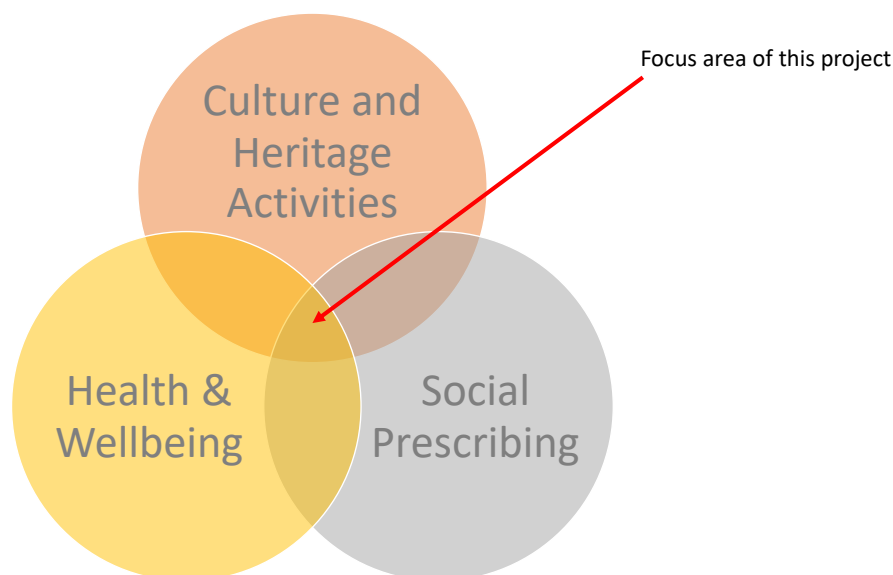


Figure 1: Focus Area of the Kirkham Heritage, Health & Wellbeing Programme

To this effect we undertook the following main activities:

- 1) Assessment of 'Local Demand', current social prescribing offerings and infrastructure and the 'Historic environment and wellbeing potential' through a combination of desk top research, online meetings with key stakeholders and two physical visits to Kirkham.
- 2) Building a collection of cultural & heritage programme options by mapping current local assets, bringing in experiences from elsewhere and using the suggested activities as referred to in the tender brief as a base. We have looked at options to further integrate with the wider HS HAZ programme (future Heritage Eco & Skills and Arts & Heritage Centres and the existing Kirkham Futures cultural programme). As the feasibility study took place at the start of the 2<sup>nd</sup> year of the programme, with no spend in the 1<sup>st</sup> year due to the pandemic, we focused on defining a series of pilot activities for the 2<sup>nd</sup> year. We will elaborate further on this in Chapter 4.
- 3) Development of an appropriate social prescribing delivery scheme through the literature review and considering existing assets including the nearby Thriving Communities programme ('Phoenix Rising')<sup>2</sup>

<sup>2</sup> See: <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-fund/projects/> and <https://greenclose.org/phoenix-rising-free/>

During the feasibility study we used a few key documents as ‘building blocks’:

1) *Wellbeing and the Historic Environment (Reilly et al, 2018).*

A report commissioned by Historic England articulating the possible links between historic environment work and indicators for personal wellbeing (see Figure 2). It identified as a problem to link community wellbeing to heritage (p.49-50). It observes that community wellbeing is less well defined and understood as a concept compared to individual wellbeing, in part because it can be complex and contested. From the report: “In fact, although the UK Government has been assessing wellbeing at the national level (including economic performance, quality of life, the state of the environment, sustainability, and equality) these measures do not necessarily capture ‘community wellbeing’.”

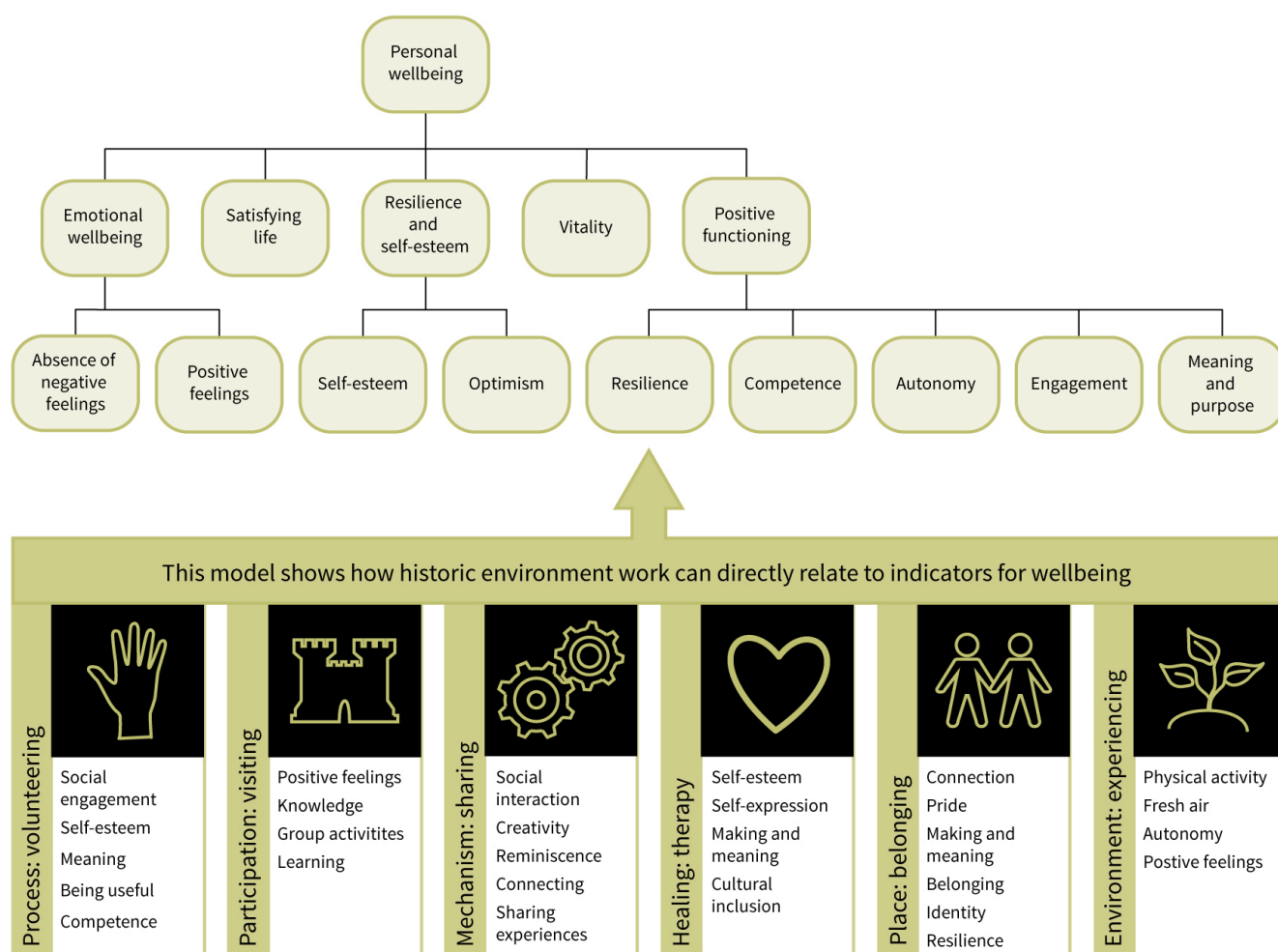


Figure 2: How routes into the historic environment relate to personal wellbeing indicators  
(Source: Reilly et al, 2018, Fig A in Executive Summary)

2) *Social Prescribing and the potential of Historic England’s local delivery (SQW, 2020).*

A report commissioned by Historic England exploring the potential for Historic England to support social prescribing, key opportunities, best practice and models of engagement, and what might be needed for social prescribing approaches to be delivered through its work. The research involved: a systematic review of literature related to best practice in social prescribing and wellbeing in the heritage, arts and culture sectors; interviews with local and national Historic England staff and external stakeholders; and development of four written case studies focusing on existing projects in the heritage sector identified as generating wellbeing outcomes. The SQW report suggested two ways for Historic England to get involved with Social Prescribing:

- a. Leading the development and delivery of a pilot social prescribing project, to test how the approaches and mechanisms can work in practice on a relatively small, defined scale.
- b. Supporting other organisations to develop and deliver social prescribing, either in a defined role on a project led by others, in an informal, advisory capacity, or as a funder through its grant schemes.

It is our understanding that for this project Historic England has adopted the latter approach.

3) *Heritage and Wellbeing (What Works Wellbeing, 2019).*

A scoping review of evidence on the **community wellbeing** impacts of historic places and assets, concluding that these assets, and interventions associated with them, can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities. Limitations and gaps in current evidence were identified, including the need for a greater understanding of wellbeing impacts within community settings and more evidence on how impacts may vary between different population groups.

4) *Heritage Alliance Heritage, Health and Wellbeing Report 2020 (Heritage Alliance, 2020)*

This report aims to demonstrate the immense potential of the heritage sector to make a positive impact on mental health and the pleasure of being together in places that encourage thought and reflection and activity and friendship. It contains a raft of case studies demonstrating 'the transformative power of heritage' with indicators how each case study meets (any or all) of the five Ways to Wellbeing<sup>3</sup>.

5) Various recent studies and reports detailing the evidence of *the role of the arts in improving health and well-being* and their critics (including Fancourt, 2019; CCV, 2020; Clift et al, 2021).

6) Various recent studies and reports detailing good practice in social prescribing.

7) *The Community Spirit Level (RSPH, 2020).*

Recently, the Royal Society for Public Health (RSPH) in partnership with Locality and supported by the Health Foundation developed and tested a framework that helps those interested in developing communities understand the barriers to, and factors which underpin, strong and healthy communities, with a particular focus on community spirit.

On <https://www.rsph.org.uk/our-work/programmes/community-spirit-programme.html> it is explained that:

- a. Communities and social networks have a significant impact on our health and wellbeing. Strong social relationships can even help people survive life-threatening illnesses, while being without them can lead to chronic loneliness, poor mental health, and long-term damage to physiological health.
- b. Strong community spirit can also help address health inequalities.

**Community Spirit** is being defined as '*The feelings of connection and belonging to a community and our ability to come together to improve wellbeing for everybody.*' Community Spirit involves four key elements: a sense of belonging to a community, cohesiveness and inclusion, good relationships with other members of the community and collective action for the common good.

**Community Spirit Level** is a place-based framework for measuring, improving and sustaining 'community spirit' and Figure 3 visualizes how community spirit relates to the wider determinants of health and wellbeing.

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3 As defined by the New Economics Foundation (<https://neweconomics.org/2008/10/five-ways-to-wellbeing>)

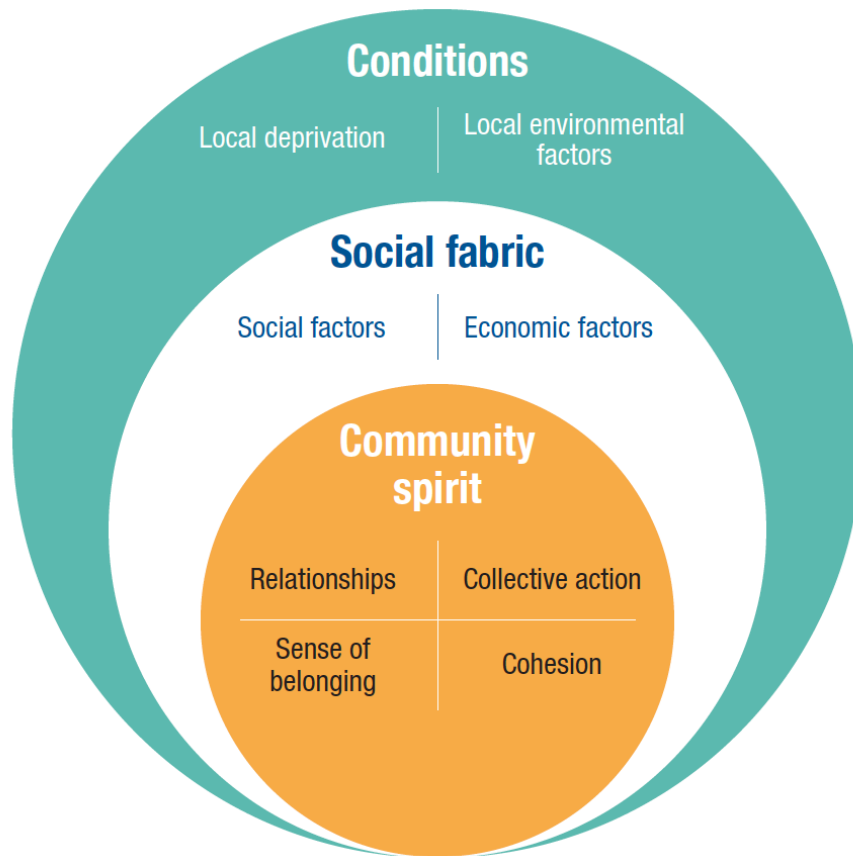


Figure 3: How community spirit relates to the wider determinants of health and wellbeing  
(Source: RSPH, 2020, page 7)

It was our initial intention to engage with selected user groups to test some of our developing ideas to improve community spirit using the historic environment, building on the earlier community engagements (as documented in the Programme Design Document supplied with the tender), and to start constructing a Theory of Change for selected wellbeing outcomes. This unfortunately was not possible due to the pandemic which means that a key success factor for an effective social prescribing scheme, namely '*a clear understanding of shared goals*' is not in place at this stage. This will need to be addressed alongside the activities proposed to take place in the remainder of the 2<sup>nd</sup> year of the programme. However, we were able to liaise with public health colleagues Amanda Spavin and Laura Worden who provided and recommended many examples of tried and tested/ successful community projects which could be transferred/adapted and commissioned. Similarly with the work of the Phoenix Rising and Recovery College programme. There is also potential to dovetail and extend some of the current activities in the Kirkham Treasures cultural programme.

A full list of people and other sources consulted can be found in Appendices B and C.

The remainder of this report will detail our key observations and considerations (Chapter 3) and our proposed way forward and recommendations (Chapters 4 and 5). In Appendix J we will cross-reference the key questions from the brief with the information provided in those two chapters.

### 3. Key observations and considerations

#### a) General impressions

During our engagements we experienced general support and appetite for the programme as well as a general desire to use the programme as a catalyst and look towards the future to rebuild the community and improve people's confidence and wellbeing post-covid.

In particular, and in line with the community spirit framework, the programme (and the wider HS HAZ initiative) was clearly recognized as an opportunity to apply a 'whole town approach' and a 'fertile ground for economic development including skills acquisition' and to 'build more connections and make people more physically active'.

#### b) Needs/Desired Outcomes

We received the following pieces of information regarding desired outcomes for the programme:

##### **Community Perspectives**

We have not been able to fully consult with local community groups to get their perspectives on any specific target groups or needs to be addressed. However Public Health community projects officers Amanda Spavin and Laura Worden undertook a small online survey for us with a range of community groups and received 26 responses. Although capturing views from just a small sample and not representative of the wider community (the majority likely came from the Grow Kirkham group), we thought it useful to include it here, in absence of any other information:

- 61% reported they often felt lonely.
- 53% were currently involved in any activities/groups in Kirkham. Of those who said they weren't involved in activities 42% said they would like to be.
- 46% said they trusted people living in your neighbourhood some of the time and 54% most of the time.
- 34% said they feel they belong in their immediate neighbourhood sometimes and 38% said often, 3% said never and 23% said always.
- Interests expressed for activities in the community, with sustainability, gardening, wellbeing, music, children and nature.

##### **Feasibility Study brief**

The brief for this feasibility study stated the following desired outputs from the programme:

- Improved psychosocial outcomes
- Increased perceptions of quality of life
- Increased confidence, sense of purpose and meaning
- reduced isolation and loneliness
- Improved transferable skills and employment opportunities

##### **Historic England (HE)**

This project is an opportunity for HE to do something which they haven't done before- targeting people that are living with conditions and therefore look at health inequalities. A key programme objective is *'To engage more people in heritage themed activities and to increase their understanding & appreciation of the work of Historic England'* which was clarified during the study by Dr Linda Monckton and Tamsin Cooke of Historic England as it being important to:

- Show how heritage and the historic environment can make a difference to people's lives so we can learn from the work in Kirkham and scale up for other places and which can be replicable elsewhere.
- Look at sustainability and building on relationships that can function after the project finishes.
- Present a way for *heritage to become a bridge between NHS drivers* is powerful and being more integrated with the health care network rather than being on the edges and underused.

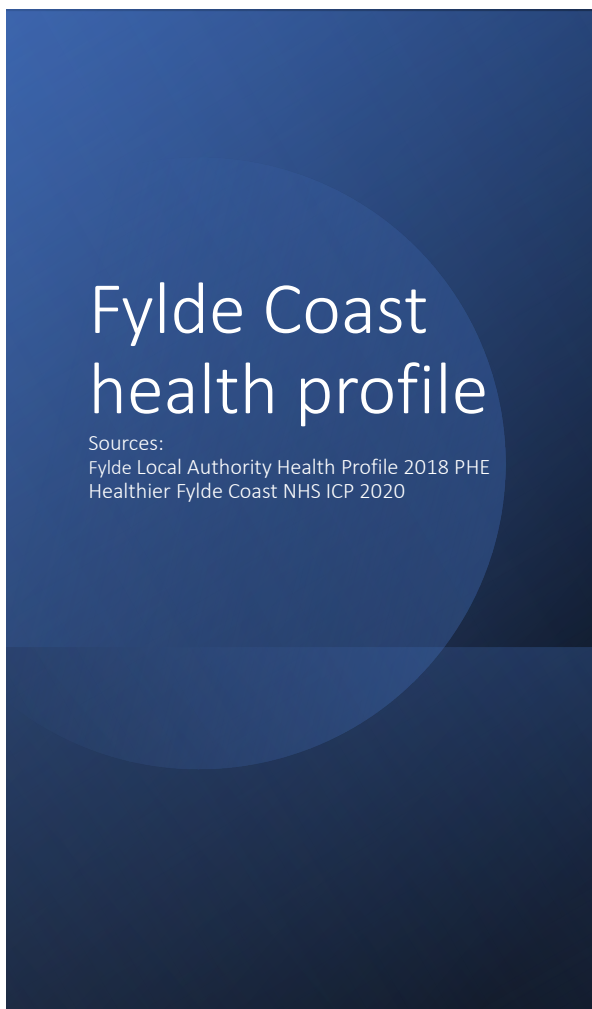
## NHS

Kirkham has two individual GP practices (Ash Tree Surgery and Kirkham Health Centre) and there is a plan to house them together in a new primary care centre in nearby Wesham. The two GP practices form part of the Wyre Rural Extended Neighbourhood primary care network (WREN PCN) which forms part of the Fylde Coast ICP (Integrated Care Partnership). ICP's are made up of several organisations (commissioners and providers- NHS, local councils, voluntary, community and faith sector organisations, public sector and local communities) working together to improve the health and care of the whole population they serve, as set out in the NHS Long Term Plan 2019. There are five local partnerships within the wider Lancashire and South Cumbria Integrated Care System (ICS): Pennine Lancashire, West Lancashire, Morecambe Bay, Central Lancashire and Fylde Coast.

It is at the Fylde Coast ICP level that we have been able to acquire some insights in specific needs for the area, as summarised in Figure 4. More background on the ICP can be found in Appendix D.

We spoke to Dr John Miles, Clinical Director of WREN PCN, Susan Laycock, Practice Manager, Kirkham Health Centre and Dr Jenny Franklin, GP, Ash Tree House Surgery:

1. Dr John Miles spoke about the two broad areas of focus for the WREN PCN:
  - Integration with community services, nursing and mental health services. *Wrapping care around a patient.*
  - Population health – *how a community can become more engaged with their health.*
  - *"From what I've heard so far would mesh really nicely with the medium-term objectives of the PCN so it'd be good to spend some time to do some learning and listening"*
2. Susan Laycock said *"This looks like a very exciting development for Kirkham. At this early stage I would be happy to meet with yourselves and also invite our PCN Business Manager Lynsey Beniston"*.
3. Jenny Franklin said from her perspective the focus of the programme should be on helping those with mental health problems, depression and anxiety.



High levels of disease prevalence particularly for coronary heart disease (CHD), hypertension, cancer, diabetes, and chronic obstructive pulmonary disease (COPD).	Significant levels of deprivation which has an impact on population health, lifestyle and health inequalities
Significant levels of alcohol and illicit drug consumption, and high smoking rates, particularly smoking in pregnancy. The rate of alcohol-related harm hospital stays is 669*. Represents 567 stays per year. (* rate per 100,000 population )	High numbers of people diagnosed with diseases caused by unhealthy lifestyles, including smoking, alcohol consumption and unhealthy eating.  The overall burden of disease is increasing – more than half of premature deaths associated with potentially preventable risk factors.
Significant levels of overweight adults and children, with a gradual worsening trend year on year.  Approximately two thirds of adults are overweight or obese  47% of adults did not take part in any physical activity in a 28-day period	More than 22,000 people with diabetes. 90% have Type 2  c 2,000 managed in hospital, but most of care can be delivered in the community.
Significant levels of depression, severe mental illness, suicide and self-harm.  10.4% of the population report a long term mental health problem  Rate of self-harm hospital stays is 232*, worse than the average for England (156 stays per year).	By 2041, the over 65s will constitute a third (32% ) of the population.  Challenges associated with ageing, managing multiple diseases and treating mental ill health.

16/08/2021

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Figure 4: Fylde Coast Health Profile, summarised from the neighbourhood profiles <sup>4</sup>

<sup>4</sup> <https://www.lancashire.gov.uk/lancashire-insight/area-profiles/clinical-commissioning-groups/nhs-fylde-and-wyre-ccg/>



### c) Social Prescribing infrastructure/Thriving Communities/Recovery College

The philosophy behind social prescribing is not new but has got a big push recently by inclusion into NHS Strategy including central government funding for link workers, the creation of NASP (National Academy for Social Prescribing) and other networks as described in the SQW report (SQW, 2020). The recently created Lancashire and South Cumbria Health and Care Partnership (the local ICS) aims to further expand social prescribing available in communities in line with their stated aim for people to 'take an active role in managing your own health and wellbeing and to support others in your community'.

Our literature review has generated the following key insights:

- Social Prescribing' means different things to different people, there is no universally accepted definition or funding model
- Social Prescribing interventions are complex and diverse, they involve multiple components, varying pathways, varying population groups and diverse programme aims
- Studies/evaluations show that social prescribing can
  - o Empower and transform the wellbeing of individuals as well as communities.
  - o Reduce the need for medical-clinical intervention by providing people access to 'connection, community and culture'.
  - o Address the social determinants of ill health.
  - o Lead to behaviour change – lifestyle and acquisition of new skills.
  - o Build local VCSE capacity
- There are many social prescribing models but they generally consist of three discrete steps:
  - o Referral: where a referrer can be anybody including self and social prescribing should not be just a 'bolt-on' to a GP practice.
  - o Consultation with a 'link worker': this function can have different names
  - o Interaction with VCSE: where VCSE activities can cover the whole spectrum of education, sports, nature, arts and culture, crafts and heritage

The most comprehensive asset-based approach to social prescribing is the one described as Level 4 in Appendix E. From this, and other sources, we derived the key determinants of success for a social prescribing scheme:

- Person-centred service: from 'What's the matter with you' to 'What matters to you'. Offer people a flexible offer of support appropriate to the person.
- Tailored to the local situation considering what's already there (relationships, VCSE, existing activities etc)
- Effective partnerships and strong stakeholder engagement from all relevant sectors
- A clear understanding of shared goals and how to evaluate the programme
- Good communication including to 'hard to reach' communities
- Accessibility – both through GP referral as well as other organisations and self-referral
- Start small and accept organic growth: Allow commissioning to develop over number of years, learn to innovate together
- Funding and use of skilled link workers.
- Funding and capacity building of the local VCSE sector
- Each step in the referral model needs to be designed well for the model to be effective: relationship and trust between a person and link worker can empower person to take action to change circumstances. Similarly for the relationship between link worker and VCSE sector. These relationships take time to develop.

In Kirkham, there is currently limited and new social prescribing provision, with one link worker covering the Fylde area (started in November 2020, just a few months before the pandemic). The

Volunteer Centre and Blackpool CAB team are contracted to cover Blackpool, Wyre and Fylde and receive a broad range of referrals for advice and support with benefits, finances, housing, further health services, family and personal, employment and voluntary work, lifestyle and social engagement. They have been trained up in social prescribing according to the NHS best practice.

We consulted with the manager Keith Potter and link worker Shelagh Byrne (who covers Kirkham)<sup>5</sup>:

- The demand in the Fylde area for social prescribing is for community-based activities, local chit chat groups, low impact exercise, walking programmes, arts and crafts clubs and *sitting* groups.
- They are *"in the process of finding out what groups are opening up again as very few are up and running but I think this will change in September when the schools go back."*
- Keith considered that *"currently the local schemes do not 100% meet the NHS vision of what good social prescribing schemes look like due to the pandemic, networking is slow but is improving. There are gaps missing and link workers are looking to collaborate with other service and community groups to increase awareness and activity, for example church halls and community centers."*
- *"Going forward we are looking at groups locally and will approach the council for funding when we have an idea of need. I have spoken to a councillor Linda Nulty, (she runs the Fylde Food Bank in Kirkham) who is very involved in the area and we will be meeting with her and members of the local churches (Wesham area) in September to discuss starting a drop in. I think some history/heritage events would be great and maybe we could be there to ascertain interest in groups in this field."*

They do not have direct access to EMIS so can't update clients' details at the GP practice. Keith considers that case studies could be the most effective way to show the PCNs successful outcomes and he would like to capture more data.

There is also a health-based social prescribing type of service currently available to prevent loneliness provided by the AFC Fylde Community Foundation<sup>6</sup> and they may be opening a hobbies group at the community centre.

### **Thriving Communities / Phoenix Rising**

The Thriving Communities Fund<sup>6</sup> (£1.8 million) supports local voluntary, community, faith and social enterprise projects that bring together place-based partnerships to improve and increase the range and reach of available social prescribing community activities – especially for those people most impacted by COVID-19 and health inequalities. Its long-term goals are:

- to enhance collaboration and networking between local organisations
- to enable link workers to connect people to more creative community activities and services
- increase sustainability, diversity and dynamism of social prescribing

The Fund has been made possible by funding from the National Academy for Social Prescribing, Arts Council England, Natural England and Historic England, with support from NHS England and NHS Improvement, Sport England, the Office for Civil Society, the Money & Pensions Service and NHS Charities Together.

Central and Northern Lancashire along with South Cumbria have benefitted from the Thriving Communities Fund through Phoenix Rising, a new third sector partnership led by Lancashire-based

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<sup>5</sup> <https://volunteercentrebwf.org.uk/author/keith-potter/>

<sup>6</sup> <https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-fund/projects/page/2/#56ae0c0c3c24b1979>

arts and health organisation Green Close<sup>7</sup>. This one-year programme aims to unleash the power of social prescribing and is one of only 35 programmes nationally and one of four projects in the North West. It builds upon the success of the Phoenix project delivered in response to Covid-19, evaluated by researchers from Lancaster University<sup>8</sup>. Since April 2021 Phoenix Rising has been offering a comprehensive programme of art, nature and movement activities and has been working hard to:

- strengthen the range of social prescribing activities offered locally
- enhance collaboration and networking between local organisations
- enable link workers to connect people to more creative community activities and services.

One of the partners in Phoenix Rising is the Recovery College of Lancashire and South Cumbria NHS Foundation Trust (LSCFT)<sup>9</sup>, who work alongside several Lancashire based teams, organisations and charities to help people navigate and get involved in the many opportunities and experiences in Lancashire (such as Harris Museum and Lancashire Adult Learning). Further background on Recovery Colleges is provided in Appendix F.

Sue Flowers of Green Close shared the following early findings:

*“Across Lancashire & South Cumbria we have found that it is not so easy to engage directly with social prescribing link workers as they have a limited capacity to meet with us and understand the range and breadth of what we offer. To combat this, we have been offering bespoke taster sessions for them and working hard at building a comprehensive database of who they are, where they are based and which communities they serve. What we all want is to be able to offer is regular and sustainable person-centred programme that is and built around the needs of a particular community. The geographical spread and limited funding of the project is making this challenging”*

We were introduced to her colleagues in LSCFT: Suzie Smith, Recovery College manager and her line manager Paul Jebb, Associate Director of Nursing Experience & Engagement both of whom visited the Hillside building, which is proposed to become the Heritage and Eco skills Centre. Separately, we held meetings with Heather Frecklington of Focus Consultants who is building the business plan for Hillside and incorporating health and wellbeing into the case.

Paul Jebb is particularly keen in relation to Hillside’s proximity to the Wesham hospital which is currently going through a major rebuild & refurbishment programme<sup>10</sup>.

Suzie Smith said: *“If you can attract a multi-agency approach, we can really look to use the space as a hub of humanity, all working together to find local solutions to local issues. Definitely an exciting thing to be part of.”*

Both are very interested in using a therapeutic, multi-functional environment which offers many opportunities that people would be motivated to travel to. Hillside has the potential to be an emerging ‘mini Bromley-By-Bow centre’ and the business plan can encompass the development of a partnership with the NHS, which would makes it more sustainable.

Historic England is a partner in the Thriving Communities programme and Dr Linda Monckton said *“there as a nice circularity about the potential to build on this with Phoenix Rising where there is a HAZ High Street project.”*

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<sup>7</sup> <https://greenclose.org/phoenix-project-programme/>

<sup>8</sup> <https://greenclose.org/phoenix-project-evaluation/>

<sup>9</sup> <https://www.lscft.nhs.uk/lancashire-recovery-college>

<sup>10</sup> <https://www.lscft.nhs.uk/wesham>

## 4. Proposed way forward / Recommendations

We have structured our proposed way forward and recommendations into five areas:

- a) Adopt improving community spirit as overriding objective
- b) Social prescribing vision for Kirkham
- c) Programme of activities for the Years 2,3,4
- d) Monitoring and Evaluation
- e) Organisation – Budget allocation, Roadmap and Steering Group

### a) Adopt improving Community Spirit as overriding objective of the programme

Our first recommendation is to adopt improving Community Spirit as the overriding objective for the programme. We believe that the four elements of community spirit (sense of belonging to a community, cohesiveness and inclusion, good relationships with other members of the community and collective action for the common good) fit well with:

- The programme objective “To improve & enhance local peoples’ health and wellbeing (physical & mental) using social, cultural (including heritage, arts etc.) and community assets in Kirkham.”
- The general desire to rebuild community and improve people’s confidence and wellbeing post-covid and the suggested ‘Whole town approach’ development opportunity – use the programme as a catalyst and build the future on the back of the past.
- Addressing research gaps identified by What Works Wellbeing and Historic England regarding community wellbeing.
- The aim expressed by the local ICS for people to ‘*take an active role in managing your own health and wellbeing and to support others in your community*’ and the role for social prescribing in realising that aim, without losing the social element as it may otherwise sound like a ‘prescription’ and over medicalise health (according to LCC’s Director of Public Health, Dr Karunanithi).

A focus on improving community spirit would also have the benefit that it would address the wider determinants of health of wellbeing as opposed to specific health outcomes only. Apart from a lack of definition around desired levels of change of any specific health outcome, and any target groups, there are methodological complications with evaluating specific health outcomes. Furthermore, we believe that this will also positively influence the skills development in Kirkham through the sustainable re-inventions of historic industries around textiles, food and crafts, linking the past to the future (see Figure 5) in line with the heritage themes described above. Finally, the Community Level Spirit report (RSPH, 2020) provides easy-to-use evaluation tools, and we also believe that aiming at improving community spirit would benefit more people and hence would be a better justification for spending the available funds.

This recommendation is supported by Amanda Spavin and Laura Worden at Lancashire County Council, and if adopted, would provide a useful framework for community engagement alongside the projects proposed to take place in the remainder of the 2<sup>nd</sup> year of the programme (see below).

### b) Social Prescribing Vision for Kirkham

Our second set of recommendations concern how to best deliver the programme through the mechanism of social prescribing.

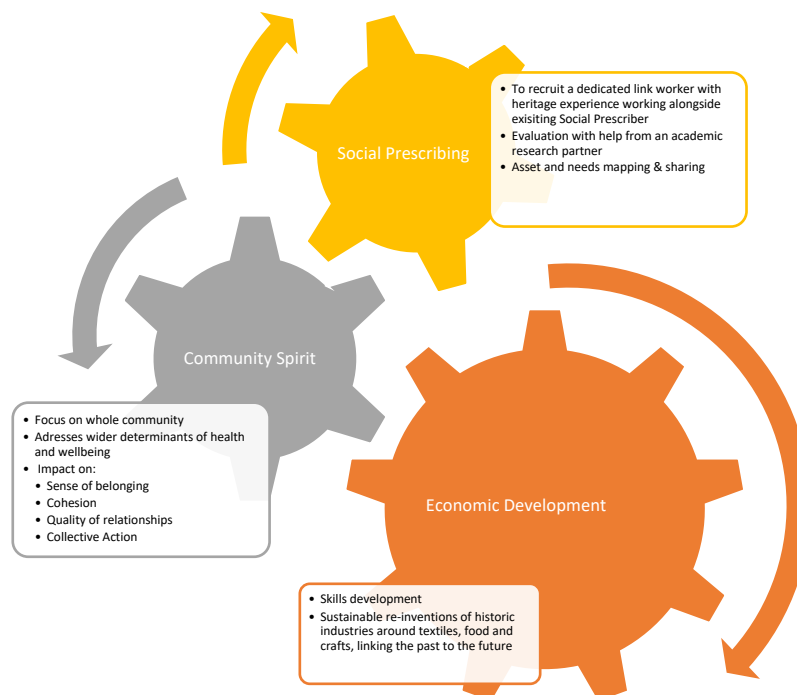


Figure 5: How the programme, through social prescribing, can improve community spirit and contribute to economic development

Given the fact that there is already an existing, albeit fledgling, social prescribing infrastructure in the area, we propose to build on this and use the project to strengthen the range of social prescribing offered locally – with more heritage and cultural themed activities in Kirkham. More specifically – for each of the three discrete process steps we have the following recommendations:

### Step 1: Referral

Accessibility will be one of the key success factors of the programme and, in line with the four community spirit elements, the programme should be made accessible to as many community members as possible. This will involve:

- Referral through 1. GP practices as well as 2. Community organisations and 3. Self-referral
- Inclusive and frequent communications about various programme elements on offer – directed at referral organisations as well as the community at large including to ‘hard to reach’ communities and young people – using a combination of various media such as print, email, social media, billboard posters, leaflets at supermarkets etc.
- Proactively identify mobility, financial or other barriers to participation and make solutions available to overcome these barriers. This will need to include reaching out to the digitally less able or excluded members of the community.

### Step 2: Consultation with ‘link worker’

A skilled and appropriately trained link worker is another key success factor for the programme. Although not everyone will need a formal consultation with a link worker it is important that there is easy access for those who do, possibly by co-locating this person on the high street in a low-access location (such as the library and/or in one of the new HS HAZ funded buildings, once available).

For that reason, but also to kick-start the programme and not to be dependent on the NHS funded link worker provision which is not specific to Kirkham or heritage-based activities, we propose to

fund a dedicated link worker for at least the duration of the programme. We believe this could be made a full-time job if this person would also take on the coordinator role for the programme. This dedicated link worker would collaborate with the existing NHS funded link worker provision in the area and implement best practice coming out of the Phoenix Rising programme. At the end of the programme this role will need to be evaluated and one possible outcome could be to have it subsumed by the then existing local NHS link worker provision infrastructure.

Historic England's Linda Monckton has indicated her support to the idea of a dedicated link worker role to co-ordinate and link heritage opportunities and interventions locally and effectively and making them available to the local social prescriber. From her perspective, this would help to get heritage on the agenda and link in with the emerging regional social prescribing networks (including the likely regional consortia that the National Academy for Social Prescribing are creating).

Amanda Spavin and Laura Worden at Lancashire County Council commented: *"The more partnerships you create the better. From what we have seen in the Lancaster District, all the organisations you mention are key in the SP process, signposting and bridging the gap between health organisations and community activities. We have seen activities completely blocked because they weren't communicated through these channels."*

We refer to Section 5 ('What makes a good link worker') of the University of Westminster's guide on social prescribing (Polley et al, 2017) as well as Annex A of the NHS guide on social prescribing (NHS, 2020) for a generic link worker job description and person specification.

### **Step 3: Interaction with VCSE sector**

It is our expectation that the majority of the programme will be delivered by the VCSE (voluntary, community and social enterprise) sector in Kirkham, and it will be a key role for the programme coordinator to develop the necessary capacity and relationships.

We refer to Section 6 ('Referral to a local VCSE organisation by a link worker') and Section 9 ('Infrastructure and capacity of the local VCSE sector') of the University of Westminster's guide on social prescribing (Polley et al, 2017) as well as the recent NHS commissioned research exploring the perspectives of and experiences of the VCSE sector in relation to the NHS rollout of social prescribing (Voices Over, 2020).

Although broadly supportive of social prescribing schemes, a key concern for the VCSE sector is sustainable funding to deliver activities on a longer-term scale and to be able to deliver on the necessary reporting requirements for evaluation and monitoring purposes (see below), and more broadly to be treated as an equal partner<sup>11</sup>. These aspects will need to be carefully considered when setting up a consortium of local delivery partners for the programme.

We believe therefore that there is a unique opportunity to harness the skills and learning already undertaken within Lancashire through Phoenix Rising and apply it in a really focussed way to the Kirkham context as a pilot for the delivery of a future programme. The programme would welcome an opportunity to engage with and apply heritage learning, especially as Green Close's Director Sue Flowers has vast experience in this, having led the highly successful countywide Lancashire Witches 400 project (2012)<sup>12</sup> and project managed the two-year asylum heritage project Whittingham Lives (2017-19).

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<sup>11</sup> See e.g. a recent call from the Social Prescribing Network to report examples of where the arrangements and commissioning is supporting and valuing the VCSE sector as an equal partner.

<sup>12</sup> <https://www.theguardian.com/uk/the-northerner/2012/aug/15/carol-ann-duffy-poet-laureate-lancashire-witches-pendle>

### c) Proposed programme of activities

Four broad heritage themes (see Figure 6) were derived from a triangulation of research, consultation, and analysis of the literature, and tried and tested examples in Lancashire recommended by Public Health community projects officers (Amanda Spavin and Laura Worden) and the extensive range of skills and activities within the Lancashire County Council Libraries, Museums, Culture and Archives teams led by Heather Davis, who will continue to provide support as part of Lancaster County Council's in-kind support to the programme.

Historic England's Linda Monckton has expressed her support in the four themes as the linkages to the local industry, crafts and skills are key to social determinant of health, and the themes around food and heritage seems to be a good balance *'between local specific need and transferable concepts and provide a good map of opportunity for a variety of interests and ways in'*.

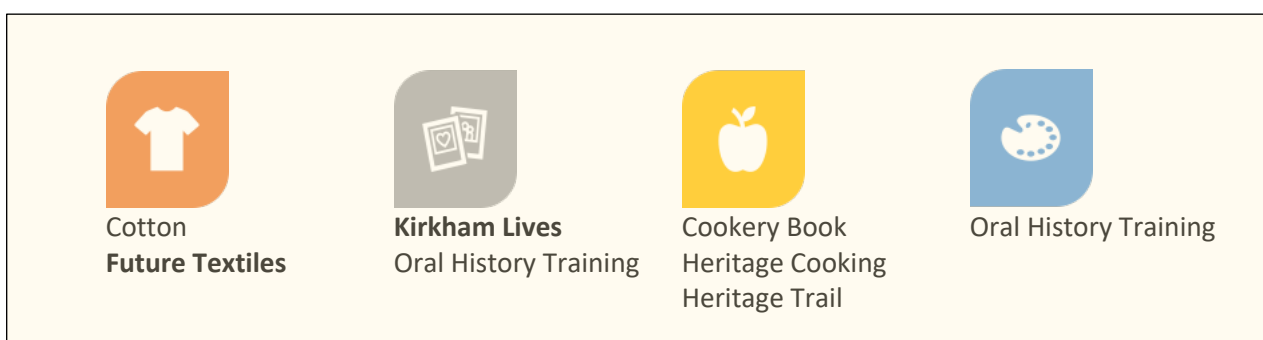


Figure 6: Heritage Themes as proposed for the Kirkham Heritage, Health & Wellbeing programme

Please refer to the table on pages 22-26 and Appendix G to see how the proposed activities link with the 'heritage routes to wellbeing' (Figure 2) and the four elements of Community Spirit (Figure 3).

#### Year 2: Kick-starting the programme (now to March 2022)

For each of the identified heritage themes we are proposing a few activities in Year 2:





To expediate the activities programme in Year 2, as there is a short amount of time to deliver, we recommend to commission a social prescribing pilot delivered by Phoenix Rising who could extend their area to cover Kirkham and provide selected heritage and wellbeing activities: Future Textiles and Kirkham Lives. The other activities will need to be commissioned and managed separately – either through the new heritage link worker / coordinator or through a consultant in the interim.

The Phoenix Rising partnership has confirmed they are available to develop and deliver such a pilot programme. They can easily extend their work and locality, and this would provide a taster and support for the Recovery College & NHS partnership development in the mid/long term. Phoenix Rising proposes to deliver a programme of combined activities involving art, nature and movement that will draw on the distinct heritage themes of Kirkham. This approach will embed heritage across the wellbeing pilot and ensure that people who may not have previously had a specific interest in art, history, physical activities or horticulture and the natural environment can learn about the whole programme using their relationship to place and its heritage as a bridge to building wellbeing. They anticipate delivering weekly sessions in Kirkham from October 2021 but would like the opportunity to establish a Steering Group for the Pilot and consult with SP link workers, GP's and community groups before commencing delivery of the programme. The continuation of input from consultants working on the programme who have a wider overview of the needs of the project, would assist in the speedy establishment of the programme ready for delivery.

The rationale for getting Phoenix Rising involved is:

- It would extend the programme and relationships of their current Thriving Communities funded project in the North West, which Tamsin Cooke and Linda Monckton, both from Historic England, are supportive of (*"it sounds pragmatic as it links with existing relationships and means being able to get going more quickly"*).
- They can collaborate with the Kirkham Treasures cultural programme and County Museum and archive colleagues.
- Their programme is unique in that it combines the system of social prescribing being reinforced by the infrastructure of the LSCFT Recovery College (who provide the operational and marketing delivery as part of their wider programme).
- Green Close, the lead partner of Phoenix Rising has an established relationship with the LSCFT Recovery College and Trust. Director Sue Flowers has regular meetings with Paul Jebb (LSCFT Associate Director of Nursing Experience & Engagement) as LENS regional champion (CHWA)<sup>13</sup> and group coordinator of the North Lancashire Rethink Group and she can provide on the ground community engagement and set up the steering group with support from the consultant.
- It could facilitate the partnership development with the LSCFT Recovery College who we are having ongoing discussions with. As Heather Frecklington of Focus Consultants says: *"This may be in the form of a permanent presence in the building or as a user group commissioning activities which could be delivered from Hillside. The exact nature of the potential relationship will continue to be defined and will need to be reflected in updates to the business plan."*
- The area where people who can be referred and can refer themselves from is expanded and therefore makes the project more sustainable.

### **Years 3 & 4 – Mid/long term development (April 2022 – March 2024)**

As the Year 2 programme activities start, in tandem some cross fertilisation and forging of new relationships and opportunities can be developed for the programme design of years 3 & 4. There has been a lot of interest in the programme and examples suggested (many in Lancashire) of successful projects which could be learnt from and adapted. For example, the Professor of film

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<sup>13</sup> <https://www.culturehealthandwellbeing.org.uk/get-involved/lenz>



Owen Evans at Edge Hill University was so inspired to hear about the potential of a community cinema in Kirkham he wrote an editorial in the Studies in European Cinema journal<sup>14</sup>. He and his colleagues at the Leigh Film society (a not-for-profit volunteer community cinema project) would be very happy to be consulted with. Also, there was positive feedback and enthusiasm from the audience where one of us (Helen) spoke about the Kirkham draft proposals at the NASP webinar in June (link on the Kirkham Futures website).

The conversations and partnerships with the different parts of the NHS will take time to be formalised, partly because of the lagging effect of the pandemic and partly because there is a significant system change occurring in the form of the new integrated health care system (ICS). However, it is also a very timely opportunity with the roll out of and priorities of the ICP's (as defined in the NHS long term plan) (and highlighted in Appendix D) which could enable this programme to have a more involved role with productive mutual relationships, and an ambition for heritage to be a bridge between the NHS drivers. It is essential to begin laying the foundation for a sustainable ecosystem with the proposals and the pilot involving the Recovery College and Thriving Communities network. The preferred activities (long list below in table) can be a layered up when the two arts and heritage centres (as part of the HS HAZ) are ready to be used in years 3 & 4.

There are some very interesting sustainable textile and fashion developments in the North West which can be capitalised on with further connection, as highlighted in the table below. North West England Fibreshed, Patrick Grant and the British Textile Biennial i.e. their new project in Blackburn growing flax and woad<sup>15</sup>.

Helen Shearn Associates have experience in the Arts and Health sector where programmes have had a catalyst effect over time, as relationships and networks build, and trust develops between the different bodies and barriers and challenges can be resolved and shared initiatives further developed and capitalised on. For example, with the Journeys of Appreciation Programme with museums for older adult inpatients with mental health problems and dementia and the Recovery College partnerships with the Horniman Museum and gardens and Dulwich Picture Gallery (South London & Maudsley NHS Foundation Trust) (Appendix F)<sup>16</sup>.

Other examples were found in the literature review and through the consultancy (see table).

- Men's Shed's
- Heritage craft skills
- Horticultural therapy/ eco therapy
- Intergenerational activities with residents of care homes and schools i.e. textiles
- Archaeology groups

The link worker/coordinator could also be tasked to explore and develop forms of funding and resources for capacity building through:

- Volunteering/Time banking – The time banking organisation with a contract in Lancashire is *We are tempo*<sup>17</sup> who we consulted with and are positive about opportunities. See below.
- Consortium funding applications i.e. in arts and heritage e.g. National Heritage Lottery Fund
- Industrial and cultural initiatives
  - A Cultural Investment Strategy for Lancashire – *Remade* 2020<sup>18</sup>
  - Lancashire's bid for UK City of Culture 2025

<sup>14</sup> The healing power of cinema <https://www.tandfonline.com/doi/full/10.1080/17411548.2021.1894811>

<sup>15</sup> <https://britishtextilebiennial.co.uk/news/homegrown-homespun/>

<sup>16</sup> <https://maudsleycharity.org/case-studies/journeys-of-appreciation-helps-patients-tell-life-stories/>

<sup>17</sup> <https://wearetempo.org/case-studies/>

<sup>18</sup> <https://www.creativelancashire.org/files/library/Cultural%20Strategy%20-%20Summary-FINAL.pdf>

On Time banking - we refer to Thomson et al (2015):

*Timebanks are mutual volunteering schemes; people deposit time spent helping others and withdraw time when they need help. All time is valued equally, and transactions are recorded by a time broker. The use of time banks within urban renewal recognised that isolation might be a source of poor health, and problems could be social rather than medical in origin. Over 290 UK time banks provided referral to services in parallel with IAPTs, and the DH worked with Timebanking UK to explore practical aspects of rolling out time banks in GP surgeries (National Endowment for Science, Technology and the Arts: NESTA, 2013). Seyfang and Smith (2002) found that timebanks attracted socially excluded groups such as disabled or retired people and compared with traditional volunteers around twice as many time bank volunteers were not in formal employment.*

Theme and activity (Year 2)	References and opportunities to meet indicators and ways to wellbeing and community spirit:
<b>Pilot social prescribing project delivered by Phoenix Rising</b> For GP/SP and Recovery College referrals	<p><b>HE wellbeing indicators</b>  <i>Process: volunteering; Participation: Visiting; Mechanism: Sharing; Healing: therapy; Place: Belonging; Environment: experiencing</i></p> <p><b>5 ways to wellbeing</b>  <i>Connect; Be active; Take notice (or be mindful); Learn; Give back</i></p> <p><b>Community Spirit</b>  <i>Sense of belonging; Collective action; Cohesion; Quality of relationships</i></p>
<b>Kirkham Lives</b> Based on life stories, memories, family & town histories.	<p>Can build on the Kirkham Treasures cultural project  <a href="https://kirkhamtreasures.co.uk/">https://kirkhamtreasures.co.uk/</a>  Examples of heritage, history, engagement and co-production projects with people, City councils and NHS:  <i>Doctor Doctor – Memories of Healthcare in Lostock Hall at Lostock Hall Medical Centre, Preston</i> <a href="https://www.doctordoctormemories.co.uk/">https://www.doctordoctormemories.co.uk/</a>  <i>Worcester life stories</i> <a href="https://worcesterlifestories.wordpress.com/">https://worcesterlifestories.wordpress.com/</a></p>
<b>Healthy living</b>  <b>Heritage trail &amp; App development</b>	<p>Dovetails with the Kirkham Treasures heritage trail. Develop the nature and heritage trail from the Ash tree GP surgery to Wesham.  Example: Norfolk health, heritage and biodiversity walks</p> <p>Using the connection and learning from Fleetwood HAZ heritage trails. Consultation with Sara Ordonez, at Wyre Council who is developing these with the community. <i>This Great Adventure</i> have been selected to lead the digital trails work <a href="https://www.thisgreatadventure.world/">https://www.thisgreatadventure.world/</a></p> <p>Chris Lee spoke about motivating people to be more active and the potential of history/ heritage walks in green spaces, but it can be difficult for people, consideration of incentivisation and/or rewards may help some.</p>

Theme and activity (cont.)	References and opportunities to meet indicators and ways to wellbeing and community spirit
<b>Healthy living</b> <b>Heritage cookery book</b>	A Heritage cookery book from residents – example Skelmersdale <i>Common ground</i> cookery book suggested by Amanda Spavin (PH)
<b>Heritage Cooking Session</b> and other sessions linked to the shops on the high street	A Museum and archive led Heritage Cooking Session and other sessions linked to the shops on the high street  Handing collections to get experience of what it was like to cook in the 1900's. <i>Lancashire Museums could use Mrs Beeton's recipe book, Lancashire Education Cookbook (dated 1931), the 1934 'Open Road to Health: Romany Remedies' (below) and link to good nutrition today. Mrs B had a monthly meal suggestion both for meat eaters but also a vegetarian option. We will examine historical diets and compare them to modern diets, exploring the growing problem of problem eating and obesity.</i> Heather Davis.
<b>Textiles</b> <b>Cotton – a heritage dance piece</b> performed in the market square on one day on a weekend in early October	A ready-made dance piece exploring the heritage of Cotton Mills across Lancashire by About Time Dance Company. It would be run alongside workshops with Carr Hill school via Laura Worden (PH practitioner). Jenny Reeves, About Time Dance Company already works with the Lancashire Simply Schools heritage team and Carr Hill School. Creating memorable experiences for communities with dance, exploring time, place and heritage-showcase for a possible future commission year 3? Several dance clubs run from the community centre in Kirkham.
<b>Textile Heritage talks by LCC</b> <b>County Museum &amp; archives</b>	Talks by Lancashire Museum & archives e.g. <i>the last loom of Kirkham</i> <a href="https://lancashirepast.com/2019/03/03/the-last-loom-kirkham/">https://lancashirepast.com/2019/03/03/the-last-loom-kirkham/</a>
<b>Future Textiles and crafts</b>  Explore opportunities and connections with sustainable textile researchers and practitioners. Offer textile workshops at Hillside and the arts and heritage centres in year 3 and 4 As part of a Recovery college programme.	<i>Stitching Together</i> network led by <a href="#">Dr Emma Shercliff</a> (Arts University Bournemouth) and <a href="#">Dr Amy Twigger Holroyd</a> (Nottingham Trent University) many useful case studies on participatory textiles <a href="https://stitchingtogether.net/">https://stitchingtogether.net/</a> Rose Sinclair (Goldsmiths college) research on historical <i>Dorcas societies</i> as contemporary supportive peer groups with textile making <a href="https://www.gold.ac.uk/news/rose-sinclair---dorcas-societies/">https://www.gold.ac.uk/news/rose-sinclair---dorcas-societies/</a> Mah Rana, researcher, artist & maker, filmmaker, writer and curator based in London. And CHWA LENS champion for London <a href="https://www.itsnicetomake.com/">https://www.itsnicetomake.com/</a> <a href="https://www.craftscouncil.org.uk/stories/how-making-can-empower-the-vulnerable">https://www.craftscouncil.org.uk/stories/how-making-can-empower-the-vulnerable</a> North West England Fibreshed, Patrick Grant and the British Textile Biennial on skills and sustainability i.e. their new project in Blackburn growing flax and woad <a href="https://britishtextilebiennial.co.uk/news/homegrown-homespun/">https://britishtextilebiennial.co.uk/news/homegrown-homespun/</a> Heritage Crafts Association <a href="https://heritagecrafts.org.uk/">https://heritagecrafts.org.uk/</a> Creative Lives <a href="https://www.creative-lives.org/">https://www.creative-lives.org/</a>
<b>Community consultation</b> <b>Age of inspiration events</b>	Invite 100 older people to 2 events and learn about the five ways to wellbeing, find out about project, consult about what they would like. An

Theme and activity (cont.)	References and opportunities to meet indicators and ways to wellbeing and community spirit
<i>Ignite, inspire and connect</i>	<p>afternoon of entertainment, and afternoon tea, to pledge to improve in one area of wellbeing. Age of Inspiration provide a full evaluation of event and follow up with recipients, offer side stalls offering sign up to other activities and health e.g. blood pressure and engagement with the CCG.</p> <p><a href="https://www.westlancashireccg.nhs.uk/2018/05/its-the-age-of-inspiration/">https://www.westlancashireccg.nhs.uk/2018/05/its-the-age-of-inspiration/</a></p> <p>They provide opportunities for participants to unlock passions and interests, networks and connections. They invite representatives from the local community and voluntary associations, the public, private and third sector organisations. Introduction via Amanda Spavin</p> <p><a href="https://vimeo.com/272194429">https://vimeo.com/272194429</a> <a href="https://vimeo.com/322855833">https://vimeo.com/322855833</a></p>
<b>Oral History Training</b>	<p>Train local people, – possible those subject to isolation or those referred by social prescribing – in conversation and interview techniques and then link to care homes and local history groups (Kirkham Local History / U3A is a busy group). Oral Histories to be lodged in the Lancashire Archives reinforcing the idea of Kirkham as a local community within the Lancashire Community. This takes time and needs the input of the Heritage Co-ordinator post but it develops skills and community links. It needs to be advertised and includes a need for equipment. An estimate from previous experience would be in the £8,000 - £12,000k – Using our equipment but the costs would include some training from Lancashire Archives.</p> <p>As part of this we would arrange a tour of the Lancashire Archives for the volunteers to see what is already held there. Costs would also include volunteer costs and printing material</p>
<b>Years 3 &amp; 4 ideas</b>	<b>Note: Years 3 &amp;4 activities are just suggestions and we don't expect or suggest all of them to be executed</b>
<b>Archaeology- a Kirkham Archaeology Club</b>	<p>Initiate a couple of sessions to see level of interest in creating a young archaeologist club. Would link to Council of British Archaeology and the British Museum funded Portable Antiquities Scheme (PAS) LCC host this scheme in the NW – they could undertake a local finds day linked to National Archaeology Week. i.e. Wyre Archaeology (opportunities for projects with unemployed, young people etc.)</p> <p><a href="https://www.wyrearchaeology.org.uk/index.php/events">https://www.wyrearchaeology.org.uk/index.php/events</a></p> <p><b>Example: Operation Nightingale programme</b></p> <p>The results demonstrate improvements in wellbeing among veterans participating in fieldwork in 2018, including a reduction in the occurrence of anxiety, depression and feelings of isolation, and a greater sense of being valued.</p> <p><a href="https://breakinggroundheritage.org.uk/publications.html">https://breakinggroundheritage.org.uk/publications.html</a></p>
<b>Men's Shed's / Shedders at Hillside</b>	<p>The Fleetwood Men's shed project is cited in The Fylde Coast ICP draft Strategy 2020 to improve mental health in the male population.</p> <p>Amanda Spavin wrote a report <i>Finding the Hidden Treasures in our Neighbourhoods – A Fleetwood Example</i></p>

Theme and activity (cont.)	References and opportunities to meet indicators and ways to wellbeing and community spirit
	<p><i>Finding ways of improving the health and well-being of older men has historically been a challenge for Public Health. Analysing the savings that can be made when a community self-organises and creates its own intervention to improve its own health and wellbeing much more challenging! The report looks at how important it is to find and support hidden treasures in society. I used participatory appraisal and case studies to show evidence of impact. It goes some way to look at potential saving to statutory services.</i></p>
<p><b><i>Creative Green prescriptions at museums, parks and gardens</i></b></p> <p>Could be applied at Hillside heritage and eco skills centre</p>	<p><i>Creative green prescription programmes, using a combination of arts- and nature-based activities, present distinct synergistic benefits that have the potential to make a significant impact on the psychosocial wellbeing of adult mental health service users. Museums with parks and gardens should consider integrating programmes of outdoor and indoor collections-inspired creative activities permitting combined engagement with nature, art and wellbeing.</i></p> <p>Thomson L, Morse N, Elsdon E, Chatterjee H. Art, nature and mental health: assessing the biopsychosocial effects of a ‘creative green prescription’ museum programme involving horticulture, artmaking and collections. Perspectives in Public Health. 2020;140(5):277-285. Doi:10.1177/1757913920910443</p>
<p><b>Textiles</b></p> <p><b><i>The Sewing Rooms</i></b></p>	<p>A heritage banner could be made by small groups- sewing, designing, learning skills and making up into one or several banners that would be displayed in one of the new buildings over a period of twelve months suggested by PH colleagues.</p> <p><a href="https://www.the-sewing-rooms.co.uk/">https://www.the-sewing-rooms.co.uk/</a> Also connected with Age of Inspiration -social enterprise for wellbeing.</p>
<p><b><i>Kirkham workhouse – dance, heritage and wellbeing project</i></b> by About time Dance</p>	<p>With support from Lancashire County Council’s Heritage Learning Team <i>Simply Schools</i></p> <p><a href="https://kirkhamtreasures.co.uk/brief-history-of-kirkham/the-workhouse/">https://kirkhamtreasures.co.uk/brief-history-of-kirkham/the-workhouse/</a> <a href="http://www.workhouses.org.uk/Fylde/">http://www.workhouses.org.uk/Fylde/</a></p> <p>Gain support from the LCC heritage learning team in terms of delivering historically accurate workshops</p>
<p><b>Community cinema at the arts centre</b></p>	<p>The community have said they would really like a community cinema in the new arts and heritage centre. Examples of community cinema suggested in the feasibility study consultation:</p> <ul style="list-style-type: none"> <li>• <b><i>Metamorphosis, Open Cinema Lancashire</i></b> @opencinemalancs suggested by Chris Lee at Lancashire Public Health Specialist, Behaviour change Health Equity, Welfare and Partnerships, Lancashire County Council</li> <li>• <b><i>Leigh Film Society</i></b> suggested by Professor of Film, Owen Evans, Department of Creative Arts, Edge Hill University who he works with. It’s a not-for-Profit organisation run entirely by volunteers and their development of a community cinema in the Spinner’s Mill heritage</li> </ul>

Theme and activity (cont.)	References and opportunities to meet indicators and ways to wellbeing and community spirit
	<p>complex. Elizabeth Costello, Founder and Charity Director of Leigh Film and Short Film Festival. They would be very happy to be consulted. <a href="http://www.leighfilmsociety.com/index.php">http://www.leighfilmsociety.com/index.php</a></p> <p>Inspired by the potential in Kirkham, Prof Evans wrote this editorial in the Studies in European Cinema journal: <i>The healing power of cinema</i> <a href="https://www.tandfonline.com/doi/full/10.1080/17411548.2021.1894811">https://www.tandfonline.com/doi/full/10.1080/17411548.2021.1894811</a></p> <p><i>Former Film Society of the Year winners the Leigh Film Society, a group of volunteers in Greater Manchester whose passion for cinema is allied to their grass-roots activism and support for various vulnerable groups within the local area, sprang into action with its 'Orange Bags of Cinema Sunshine'</i></p> <p><i>For such groups are founded on the 'collective effervescence' of bringing people together to share a cultural experience, in the manner Emile Durkheim believed fundamental to festivals when originally coining the phrase. At grass-roots screenings, it is often as much about the chats before and after the screening as the film itself: these are truly communal experiences that also intersect with the sense of civic pride and heritage that such gatherings can evoke. As the 'Creative Health' report of the All-Parliamentary Group on Arts, Health and Wellbeing underlines, 'casual social contact at local level is central to building trust. Arts engagement, which often involves casual social contact at a local level, is regularly cited as a forum for building trust' (APPGAHW 2017, 79). Community cinema provides the ideal space for such therapeutic interactions, especially in the wake of the coronavirus pandemic. For that reason, such groups could help rebuild the confidence of people feeling safe to gather in larger numbers again.</i></p>
<b>Lancashire Museum, Archives and Libraries resources</b>	<p>The tender brief provided an extensive list of interventions and resources they could provide including object handling and memory sessions and Kirkham Library has specially curated Memory boxes to loan for reminiscence and life story sessions.</p>



## d) Monitoring and Evaluation

A key programme objective is *'to contribute to the existing evidence base on the effectiveness of heritage & well-being social prescribing interventions through programme evaluation and action learning with an academic partner'*. This objective aligns well with one of the key factors for a successful social prescribing scheme as outlined above: *'A clear understanding of shared goals and how to evaluate the programme.'*

This set of recommendations therefore concern how to approach and implement impact measurement in the programme. We refer to Section 9 ('Evaluation of social prescribing schemes') of the University of Westminster's guide on social prescribing (Polley et al, 2017).

### Evaluation aim

As with any multi-year programme there are different stakeholders who have different ideas what constitutes success (see above under 3b – 'Needs and Desired Outcomes'). We therefore suggest nailing down what specific outcomes the programme should achieve and develop specific logic models or a theory of change for each outcome, building on already available evidence data such as from the What Works Centre for Wellbeing<sup>19</sup>. In line with the identified key factors for a successful social prescribing scheme we propose this to make this a key outcome of the forthcoming community engagements.

We suggest, to keep it manageable and affordable, to only focus on a few selected outcomes:

1. Improvement of selected **personal wellbeing** elements of people referred via social prescribing to activities using heritage-based community assets in and around Kirkham. Ideally, these will need to be selected by the community through consultation.
2. Improvement in **community wellbeing** using heritage-based community assets in and around Kirkham, as measured by the four elements of community spirit (a sense of belonging to a community, cohesiveness and inclusion, good relationships with other members of the community and collective action for the common good).

### Resources and Academic partner selection

We understand that monitoring and evaluation provision will have to be funded from the overall budget for the programme and we refer to Figure 7 for some guidance.

Here are indicative examples of realistic budgets  
and what can be achieved:

**£5000-£10,000** – This is likely to be a single case study or some overall processing of existing data on who has used the social prescribing scheme and why, or basic analysis of outcomes data and a small literature review.

**£30,000-£60,000** – This is a sizable amount of money that will allow an evaluator to visit the site several times, meet stakeholders, advise on setting up data collection procedures, ensure good ethical practices are in place, and then analyse data that has been collected. If the data collection period is longer than three months, the organisations involved in running the social prescribing scheme will need to be involved in data collection as well, to stay within budget.

**£60,000 - £140,000** – For this budget, an external evaluator would be expected to come in and do the majority of the work. In addition to the activities listed under the previous funding bullet point, the evaluators would be collecting the vast majority of data themselves. This would definitely accommodate a mixed-methods approach, where qualitative and quantitative data could be collected, analysed, and reported to provide an in-depth understanding of the impact the social prescribing scheme has, and how and why this is so.

Figure 7: Indicative examples of realistic evaluation budgets  
(Source: Polley et al, 2017)

<sup>19</sup> <https://whatworkswellbeing.org/resources/heritage-and-wellbeing-2/>

We propose to reserve £32,000 (ca 9.4% of overall budget). As per the guidance, this level of budget would also involve the organisations involved in delivering the programme activities in the data collection, and this will need to be considered when budgeting for and tendering out these activities, although some of this could be done by volunteers.

Appendix H lists some potential academic partners in the region, although this is not an exhaustive list and there are many more academic institutions outside the region specialised in evaluating (elements of) social prescribing schemes. To ensure co-production and the involvement of the community in Kirkham, potential evaluation partners would need to be invited to describe in their application how they would work with the local community in Kirkham to break down these outcomes into outcomes which were meaningful and relevant to the community.

### **Evaluation tools**

We propose to adopt the Impact Management Canvas as developed for the Arts Impact Fund (see Appendix I). This engagement and planning tool will lay out what to do to evaluate the impact of the project under consideration and how it will contribute to the evidence base. The canvas will support focusing on key aspects of the evaluation process – identifying key sources of data and appropriate data collection tools, setting metrics and performance targets in line with intended outcomes, and thinking about practical issues such as how evaluation is carried out and by whom. The canvas, if used as an engagement tool, will also help to create the necessary buy-in from stakeholders including the intended beneficiaries.

Although each academic partner will have their own preferred set of mixed evaluation methods, there is ample guidance freely available on how to measure impact:

- *Wellbeing and the Historic Environment (Reilly et al, 2018)* – Chapter 4
- *Social Prescribing and the potential of Historic England's local delivery (SQW, 2020)* – paragraphs 2.37 – 2.41
- *The Community Spirit Level (RSPH, 2020)*
- *What Works Centre for Wellbeing*- an independent collaborating centre that develops and shares robust and accessible wellbeing evidence to improve decision making that is used by governments, businesses and civil society.
  - 'Measures Bank' – a searchable database of metrics and measures that can be used to assess changes in wellbeing in a project evaluation  
<https://measure.whatworkswellbeing.org/measures-bank/>
  - 'Quality in Qual' – A proposed framework to commission, judge and generate good qualitative evaluation in wellbeing impacts  
<https://whatworkswellbeing.org/wp-content/uploads/2021/08/Quality-in-Qual-paper.pdf>
- *Inspiring Impact* - free online resources and peer learning networks to plan, understand, and improve impact
  - <https://www.inspiringimpact.org>
  - <https://www.inspiringimpact.org/learn-to-measure/do/creative-methods/>



## e) Organisation – Budget allocation, Year 2 Roadmap and Steering Group

The overall programme budget is £340,000 of which £15,000 has been spent in the first year of the programme. We understand that the budget for the remaining three years is £105,000 for Year 2 and £90,000 for each of Years 3 and 4, and in addition there is £40,000 in-kind provision by Lancashire County Council which is roughly split evenly over the three years.

Figure 8 shows the proposed budget allocation, which includes:





- An assumed contribution by WREN PCN of 50% of the overall salary costs for the new link worker/coordinator in Years 3 and 4. This has been confirmed by WREN PCN but needs to be formalised.
- Distribution of the proposed £32,000 spend on monitoring & evaluation as follows: £7,000 in Year 2 and £12,500 each in Years 3 and 4.
- £7,000 for community engagement in Year 2 including Age of Inspiration event (who will focus on engaging the older segments of the community).
- £1,000 for Steering Group expenses or compensation for freelancers (Year 2 only, further years to be determined).

### Coordination of the programme

In line with the recommendation made above (under 3b – Social Prescribing Vision for Kirkham) we propose to hire a Health and Wellbeing link worker/Coordinator to enable effective and smooth commissioning and development of the programme of activities. In summary, this person would:

- Deliver and support evaluation of Year2 activities with focus on communications and building partnerships including volunteers.
- Develop Years 3 and 4 activities based on feedback and further insights from community. Might require further fundraising.

## Proposed Budget allocation

Activity	Yr 2 (£ 105k + £ 12k in kind)	Yr 3 (£ 90k + £ 14k in kind)	Yr 4 (£ 90k + £ 14k in kind )	Total	<div>Total budget is £ 340k:</div> <ul style="list-style-type: none"><li>• Yr1 spend: £ 15k (feasibility)</li><li>• Yr2-4: £ 285k monetary spend<ul style="list-style-type: none"><li>• Activities: £ 177k</li><li>• Non-activities: £ 108k</li></ul></li><li>• + £ 40k in-kind (LCC)</li></ul>
Resources incl Community engagement (CE) & Monitoring & Evaluation (M&E)	LW/Coordinator: £ 10k (100%) Consultancy : £ 18k CE: £ 7k ( <b>£ 3.5k Phoenix Rising</b> + £ 3.5k Age of Insp) M&E: £ 7k Steering Group: £ 1k  TOTAL: £43k	LW/Coordinator: £ 20k (50%)  M&E: £ 12.5k Steering Group: tbd  TOTAL: £32.5k	LW/Coordinator: £ 20k (50%)  M&E: £ 12.5k Steering Group: tbd  TOTAL: £32.5k	£ 108k	
	£ 15k (= £ 2.5k Cotton + <b>£ 12.5k Future Textiles</b> )	£ 57.5k to be distributed over the 4 themes	£ 57.5k to be distributed over the 4 themes	£ 177k	
	<b>£ 9k (Kirkham Lives)</b>				
	£ 29k (= £ 25k Heritage Trail – prep work + £ 4k Heritage cooking session)				
	£ 9k Oral history training				

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\*Items in red: Social Prescribing pilot  
proposed to be managed by Phoenix Rising

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\*Items in red: Social Prescribing pilot proposed to be managed by Phoenix Rising

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Figure 8: Proposed budget allocation for the programme

As the recruitment of this person will take a few months to materialise we propose that, in the interim for Year 2, Phoenix Rising is being commissioned to deliver Future Textiles and Kirkham Lives (as per the recommendation under 3c above) and a separate consultant to:

- Liaise with and support Phoenix Rising on the programme

- Coordinate the remaining events including the *Cotton*<sup>20</sup> dance piece provided by about Time dance company in the town centre in October preparation of the Heritage trail development (looking at opportunities to dovetail with the Kirkham Treasures and learn from the Fleetwood HAZ heritage trails).
- Support the development of M & E component including selection of academic partner
- Support the community engagement and consultation activities.
- Support the development of the link worker/coordinator post including continuing the conversations about match funding by the WREN PCN and where to be hosted.
- Liaise with LCC teams and supervision of their in-kind provision to the programme.
- Initial planning for Year 3/4 activities.
- Continue the discussions with the NHS Recovery College and support the business cases for the heritage assets such as Hillside and the arts centre.

## Year 2 Roadmap and Heritage & Wellbeing Consortium

We propose the following actions to be taken by Fylde Council, with a degree of urgency:

ITEM	DESCRIPTION	Year 2 BUDGET (£105,000)	KEY ACTION
1. <b>Commission Phoenix Rising</b>	<ul style="list-style-type: none"> <li>- Deliver Activities: Future Textiles, Kirkham Lives (as a SP pilot)</li> <li>- Community Engagement (complimentary to Age of Inspiration)</li> </ul>	<b>£25,000</b>	- Contract Phoenix Rising
2. <b>Commission consultant</b>	<p>A) To assist delivery of Year 2 programme until link worker/ coordinator is in place:</p> <ul style="list-style-type: none"> <li>- Support commissioning of and supervise Phoenix Rising (item 1)</li> <li>- Support commissioning and supervise delivery of activities: Cotton, Age of Inspiration, Heritage Trail (prep work), oral history training, heritage cooking session – see items 3-7 below)</li> <li>- Support the community engagement (by Age of Inspiration and Phoenix Rising)</li> <li>- Support the recruitment and onboarding of the link worker/ coordinator post (item 9)</li> <li>- Liaise with LCC teams and supervise their in-kind provision to the programme</li> <li>- Support set up of the Steering Group (item 10)</li> </ul> <p>B) To assist selection and appointment of M&amp;E academic partner (item 8):</p> <ul style="list-style-type: none"> <li>- Support community engagement to arrive at shared understanding of programme outcomes</li> <li>- Write evaluation framework tender brief</li> <li>- Run the tender</li> </ul> <p>C) Initial planning for Year 3/4 activities including:</p> <ul style="list-style-type: none"> <li>- Continue discussions with NHS</li> <li>- Support business case development for the new heritage assets (Hillside, arts centre)</li> </ul>	<b>£18,000 (including visits)</b>	- Extend existing contract with Helen Shearn Associates
3. <b>Commission Activity: Cotton</b>	<ul style="list-style-type: none"> <li>- A public performance dance piece exploring the heritage of Cotton Mills across Lancashire by About Time Dance Company (2 October). This would be run alongside workshops with Carr Hill school via Laura Worden (PH practitioner). Jenny</li> </ul>	<b>£ 2,500</b>	- Contract with About Time Dance Company <a href="https://abouttimedancecompany.co.uk/">https://abouttimedancecompany.co.uk/</a>

<sup>20</sup> Cotton by the About Time Dance Company (ATDC) <https://abouttimedancecompany.co.uk/dance-projects/cotton/>

ITEM	DESCRIPTION	Year 2 BUDGET (£105,000)	KEY ACTION
	Reeves, director, already works with the Lancashire Simply Schools heritage team and Carr Hill School.		
4. <b>Commission Activity: Age of Inspiration</b>	<ul style="list-style-type: none"> <li>- Community consultation (two events): Invite 100 older people and learn about the five ways to wellbeing, find out about the project, consult about what they would like. Age of Inspiration provide a full evaluation of the event and follow up with recipients.</li> </ul>	<b>£ 3,500</b>	- Contract with Age of Inspiration
5. <b>Commission Activity: Heritage Trail</b>	<ul style="list-style-type: none"> <li>- Support selection and supervision of design consultant (tender)</li> <li>- Support Scoping of works</li> <li>- Looking at opportunities to dovetail with the Kirkham Treasures and learn from the Fleetwood HAZ heritage trails</li> </ul>	<b>£25,000</b>	- Tender contract with design consultant
6. <b>Commission Activity: Oral History Training</b>	<ul style="list-style-type: none"> <li>- Train local people in conversation and interview techniques and then link to care homes and local history groups. Oral Histories to be lodged in the Lancashire Archives reinforcing the idea of Kirkham as a local community within the Lancashire Community.</li> <li>- Could include a tour of the Lancashire Archives for volunteers to see what is already held there.</li> </ul>	<b>£ 9,000</b>	- Contract with LCC Libraries, Museums, Culture and Archives
7. <b>Commission Activity: Heritage Cooking session</b>	<ul style="list-style-type: none"> <li>- A Museum and Archives led Heritage Cooking Session linked to the shops on the high street.</li> </ul>	<b>£ 4,000</b>	- Contract with LCC Libraries, Museums, Culture and Archives
8. <b>Contract selected academic partner</b>	<ul style="list-style-type: none"> <li>- Academic partner to deliver M&amp;E activities in Year 2 and prepare for Years 3 and 4.</li> </ul>	<b>£ 7,000</b>	- Contract selected academic partner after tender
9. <b>Recruit dedicated link worker/ coordinator</b>	<ul style="list-style-type: none"> <li>- Development of job description and person specification</li> <li>- Recruitment and onboarding</li> <li>- Aim for this person to be on seat in January 2022</li> </ul>	<b>£10,000</b> (100% of employment costs for Jan-Mar '22)	<ul style="list-style-type: none"> <li>- Formalisation of funding arrangements with WREN PCN</li> <li>- Decide on hiring organisation</li> </ul>
10. <b>Establish Heritage &amp; Wellbeing Consortium</b>	<p>The following representatives are proposed to form the Heritage &amp; Wellbeing Consortium to oversee the delivery of the programme:</p> <ul style="list-style-type: none"> <li>• <b>Local authority:</b> <ul style="list-style-type: none"> <li>- Andrew Chatterjee – HS HAZ Programme Manager (Fylde Borough Council) (CHAIR)</li> <li>- Heather Davis – Museum Service Conservation &amp; Collection Manager (LCC)</li> <li>- Amanda Spavin – Community Projects Officer (LCC)</li> </ul> </li> <li>• <b>NHS:</b> <ul style="list-style-type: none"> <li>- Suzie Smith – Recovery College Manager</li> <li>- local GP practices (to be determined)</li> </ul> </li> <li>• <b>Kirkham Treasures:</b> <ul style="list-style-type: none"> <li>- Helen Juste – Cultural Producer</li> </ul> </li> <li>• <b>Historic England:</b> tbc</li> <li>• <b>Delivery managers:</b> <ul style="list-style-type: none"> <li>Sue Flowers – Artist Director Green Close</li> <li>Link worker/coordinator (to be recruited)</li> </ul> </li> </ul>	<b>£ 1,000</b> (expenses and/or compensation for freelancers)	<ul style="list-style-type: none"> <li>- Define roles &amp; responsibilities</li> <li>- Invite representatives</li> </ul>

## Appendix A: Helen Shearn Associates

Helen Shearn and Ferry van Dijk of FVD Consulting have brought together specialist and complementary knowledge, expertise, skills and experiences to undertake this feasibility study.

Helen has unique interdisciplinary expertise, knowledge and practice working in and across the NHS, arts and culture and academia, navigating and building a wide range of integrated and multi partnership projects over 25 years. She is well recognised for her extensive networks, advocacy, consultation and facilitation of complex and trusting partnerships. She has worked extensively in the arts, museum and heritage sector, co-producing and evaluating many programmes with and for people with lived experience of mental health problems and dementia. She led and implemented the first Trustwide Arts Strategy for South London & Maudsley NHS Trust and studied Arts policy and management at Birkbeck College. She is also a registered Occupational Therapist.

FVD Consulting is based in London and advises cultural organisations on business models/plans, strategies and impact creation. It follows a postgraduate MA degree in Arts and Cultural Enterprise at Central St Martins, UAL (2018) during which Ferry van Dijk explored the role of Theory of Change to enable social impact through cultural activities.

Recent projects of FVD Consulting include:

- Development of the community engagement offer to the London Borough of Newham, for a new musical theatre to be built in the Royal Docks by Dutch developer, which was granted planning consent in February 2020.
- Interim deputy director of Forma Arts to assist the then incoming artistic director in rebuilding the organisation and to develop a new business plan aimed at making the organization more resilient and less dependent on Arts Council England (ACE) funding. This included a successful bid and lease negotiations to operate a new community facing cultural space in Southwark and fundraising for associated capital works (total funds raised ca. £500,000).
- Scenario development for future cultural audiences, as a panel member for DEN, the Knowledge Institute for Culture, Heritage & Digitization based in The Netherlands.

Both Ferry and Helen have been instrumental in the inception and development of the Southwark culture, health and wellbeing partnership (SCHWeP) with Nikki Crane Associates. This partnership is an innovative new programme initiated by Southwark council aiming to enhance the health and wellbeing of its residents. Key priority areas of this local partnership are social prescribing, arts and health in buildings, arts and health in neighbourhoods and health inequalities.

## Appendix B: List of people consulted

NHS Fylde & Wyre CCG Blackpool CCG	Amanda Bate	Community Engagement Manager
	Emma Phillips	Senior Commissioning Manager- Community Pathways
	Laura Arpino	Commissioning Projects Officer
	Dan Clough	Snr Comms and Engagement Officer
	John Miles	Clinical director of WREN PCN
NHS Lancashire & South Cumbria Foundation Trust (LSCFT)	Suzie Smith Paul Jebb	Snr Ops Manager Recovery College Associate Chief Nurse
NHS South London and Maudsley Foundation Trust	Kirsty Giles	Recovery College Manager
Ash Tree House Surgery	Natasha Brandon	Assistant Practice Manager
	Jenny Franklin	GP
Kirkham Health Centre	Susan Laycock	Practice Manager
Blackpool Volunteer Centre	Shelagh Byrne	Social Prescriber
	Keith Potter	Manager Social Prescriber Team
Lancashire County Council	Dr S. Karunanithi	Director of Public Health
	Clare Platt	Head of Health Equity, Welfare & Partnerships
	Julie Bell	Head of Libraries, Museums, Culture and Archives
	Heather Davis	Conservation & Collections Manager, Museum Service
	Chris Lee	Public Health Specialist – Behaviour change
	Amanda Spavin	Public Health Practitioner
	Fiona Cruchley	Community Projects Manager
	Laura Worden	Community Projects Manager
	Amy Niven	Bibliotherapy Officer
Kirkham Town Council	Elaine Silverwood	Councillor and Fylde Mayor
Historic England	Linda Monckton	Head Wellbeing and Inclusion Strategy
	Desi Gradinarova	Snr Policy Adviser
Green Close	Sue Flowers	Director. CHWA LENS champion for NW England and Co-Chair of North by North West consortium of the Contemporary Visual Arts Network (CVAN)
Positive Placemakers	Helen Juste	Consultancy for Kirkham Treasures
Bauman Lyons Associates	Irene Bauman	Consultancy (HS HAZ Masterplan)
Focus Consultants	Heather Frecklington	Consultancy (business plan for Hillside Heritage and Eco Centre)
About Time Dance Company	Jenny Reeves	Lancashire based dance artist
Healthier Fleetwood	David Gore	
Bromley-by-Bow Centre	Dan Hopewell	Director of Knowledge and Innovation
	Catherine Godward	Research and Evaluation Manager
Edge Hill University, Ormskirk	Prof Owen Evans	Professor of Film, Department of Creative Arts
Mutual Gain	Susan Ritchie Andrew Fisher	
We are tempo time credits	Pam Barmby	Programme Manager- Chorley and Lancashire
Rhodes Media	Jon Rhodes	
	Michael Kohn	Website designer of Kirkham Futures
	Toby Williamson	Consultant
Wyre Council	Sara Ordonez	Senior Engagement Officer
	Mah Rana	Researcher, artist & maker, filmmaker, writer and curator & CHWA LENS champion for London
University of Edinburgh	Ruthanne Baxter	Museum Services Manager

## Appendix C: Literature sources consulted

Key sources mentioned in Chapter 2 ('Approach and Methodology') are printed in red.

### Community Spirit Programme

<https://www.rsph.org.uk/our-work/programmes/community-spirit-programme.html>

RSPH, The Community Spirit Level: A framework for measuring , improving and sustaining community spirit, 2020

<https://www.rsph.org.uk/static/da4e88ec-0e05-4117-b6103b471654e5b8/CommunitySpirit-3.pdf>

### Government and NHS policies

Integrated Communities strategy and action plan UK Government 2019

<https://www.gov.uk/government/publications/integrated-communities-action-plan>

Industrial strategy UK Government 2017

<https://www.gov.uk/government/topical-events/the-uks-industrial-strategy>

NHS Community Mental health framework- A new place-based community mental health model

2019 <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf>

Joint Strategic Needs Assessments (JSNA), Lancashire County Council

<https://www.lancashire.gov.uk/lancashire-insight/jsna/jsna-publications/>

Public Health England PHE Fingertips for Fylde <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E07000119.html?area-name=Fylde>

A connected society. A strategy for tackling loneliness – laying the foundations for change, Department for Digital, Culture, Media and Sport, October 2018

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/750909/6.4882\\_DCMS\\_Loneliness\\_Strategy\\_web\\_Update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf)

### Heritage and historic environment and wellbeing

*Heritage, Health and Wellbeing: A Heritage Alliance Report 2020*

[https://www.theheritagealliance.org.uk/wp-content/uploads/2020/10/Heritage-Alliance-AnnualReport\\_2020\\_Online.pdf](https://www.theheritagealliance.org.uk/wp-content/uploads/2020/10/Heritage-Alliance-AnnualReport_2020_Online.pdf)

Reilly, S., Nolan, C. and Monckton, L., 2018. Wellbeing and the Historic Environment. Historic England Report. <https://historicengland.org.uk/images-books/publications/wellbeing-and-the-historic-environment/wellbeing-and-historic-environment/>

SQW, 2020. Social Prescribing and the potential of Historic England's local delivery

<https://historicengland.org.uk/images-books/publications/social-prescribing-potential-historic-england-local-delivery/social-prescribing/>

What Works Wellbeing, Heritage and Wellbeing, 2019  
<https://whatworkswellbeing.org/resources/heritage-and-wellbeing-2/>

Heritage, health and wellbeing Review of recent literature, National Trust, Tate Greenhalgh, March 2018 <https://www.historichouses.org/uploads/assets/uploaded/9d920325-da7c-4b02-add9dcccdf9505b3d.pdf>

Impact in the Heritage Sector, D. Corry and A. Rotheroe (NPC) <https://www.thinknpc.org/resource-hub/impact-in-the-heritage-sector/>

Ander, E. & Thomson, L. & Noble, G. & Lanceley, A. & Menon, U. & Chatterjee, H. (2012)  
Heritage, health and well-being: Assessing the impact of a heritage focused intervention on health and well-being. [https://www.researchgate.net/publication/254314011\\_Heritage\\_health\\_and\\_well-being\\_Assessing\\_the\\_impact\\_of\\_a\\_heritage\\_focused\\_intervention\\_on\\_health\\_and\\_well-being](https://www.researchgate.net/publication/254314011_Heritage_health_and_well-being_Assessing_the_impact_of_a_heritage_focused_intervention_on_health_and_well-being)

### **Arts, Culture and Health - Evidence, resources and alliances**

Repository for arts and health resources RA&HR: <https://www.artshealthresources.org.uk/>

Arts for health and wellbeing: an evaluation framework  
<https://www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework>

Kings College's Culture Case: <https://culturecase.org/>

Creative & Credible <http://creativeandcredible.co.uk/>

The Cultural Learning Evidence Champion's Handbook, RSA  
<https://www.thersa.org/globalassets/pdfs/reports/rsa-cultural-learning-evidence-champions-handbook.pdf>

Culture, Health and wellbeing Alliance CHWA <https://www.culturehealthandwellbeing.org.uk/>

CHWA North West regional reps and LENS representatives  
<https://www.culturehealthandwellbeing.org.uk/your-area/north-west>  
<https://www.culturehealthandwellbeing.org.uk/learning-experience>

Creativity, Culture and Connection: Responses from arts and culture organisations in the COVID-19 crisis. Authors: Caroline Macfarland, Matilda Agace and Chris Hayes the Calouste Gulbenkian Foundation (UK branch) September 2020 [http://covi.org.uk/dev4/wp-content/uploads/2020/09/Creativity-Culture-and-Connection\\_Common-Vision-report\\_September-2020.pdf](http://covi.org.uk/dev4/wp-content/uploads/2020/09/Creativity-Culture-and-Connection_Common-Vision-report_September-2020.pdf)

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## Appendix D: Fylde Coast ICP Strategy (NHS)

### The Fylde Coast ICP – *Healthier Fylde Coast (Strategy 2020-2025)*<sup>21</sup>

The common vision is *improving health and care together*:

- *We will have healthy communities across the whole of the Fylde Coast.*
- *We will have safe high-quality services with better outcomes and experiences for our patients.*
- *We will have health and care services which are fit for the future, delivered by a skilled, motivated and resilient workforce.*

The aims are to join up health and care services, to listen to the priorities of the communities, citizens and patients and to tackle some of the biggest challenges being faced:

- *Significant levels of deprivation in some areas of the Fylde Coast which impacts on population health, lifestyle and health inequalities*
- *A need to improve clinical outcomes and waiting times for our patients when they come into contact with health and care services*
- *Future workforce challenges linked to the age profile of our current workforce and current supply shortages*
- *An ageing population resulting in changes to the types of services that are needed*
  - *a need to focus on encouraging people to stay healthy, and to support people and their families with the challenges associated with ageing, such as managing multiple diseases and treating mental ill health*
- *Increasing demand for health and care services- so important to work with all of our partners to plan and deliver things in a different way that better meets their needs.*
- *Many people have long term physical and mental health conditions- we need to work more quickly to increase the care that is provided in the community instead of in hospital.*

In order to meet these challenges, changes to the way people work are required:

- *By looking at the bigger picture, working better and smarter together to improve quality and reduce duplication working collaboratively, the right professional can provide the right support at the right time*
- *By considering what is best for the whole Fylde Coast population and healthcare system rather than individual parts.*
- *By making the best use of the resources available, including those in the voluntary, community and third sector.*
  - *The Fylde Coast has a vast amount of heritage and local attractions, making this a desirable place to live and to visit.*
  - *Use of the 'Fylde Coast pound' – as there are limited financial resources with which to deliver services.*

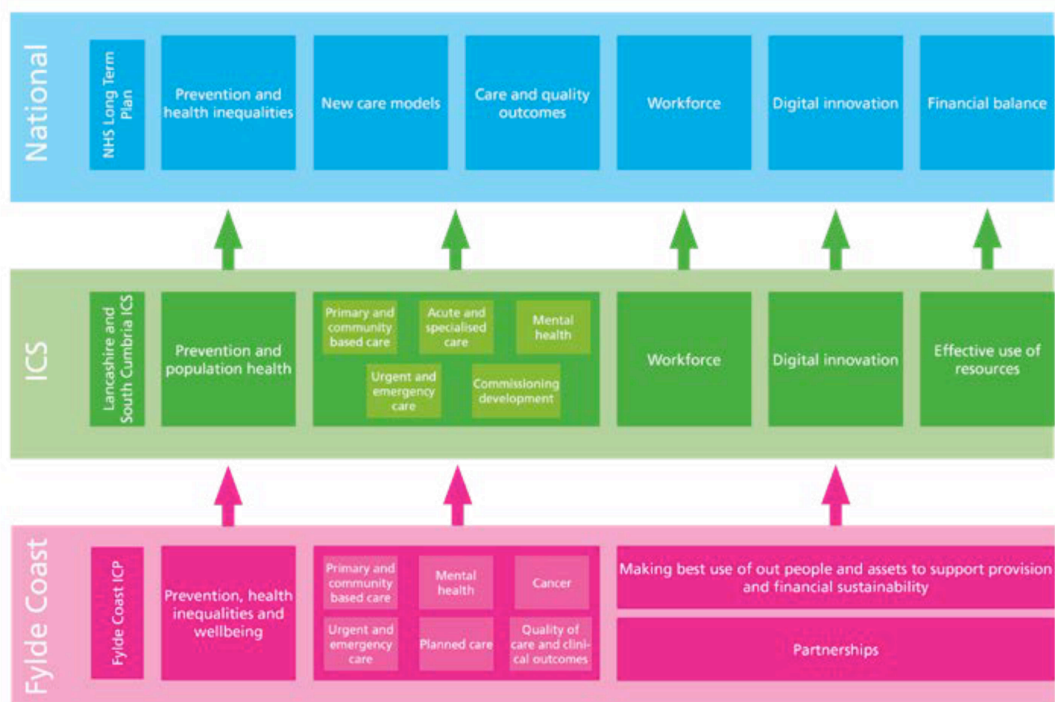
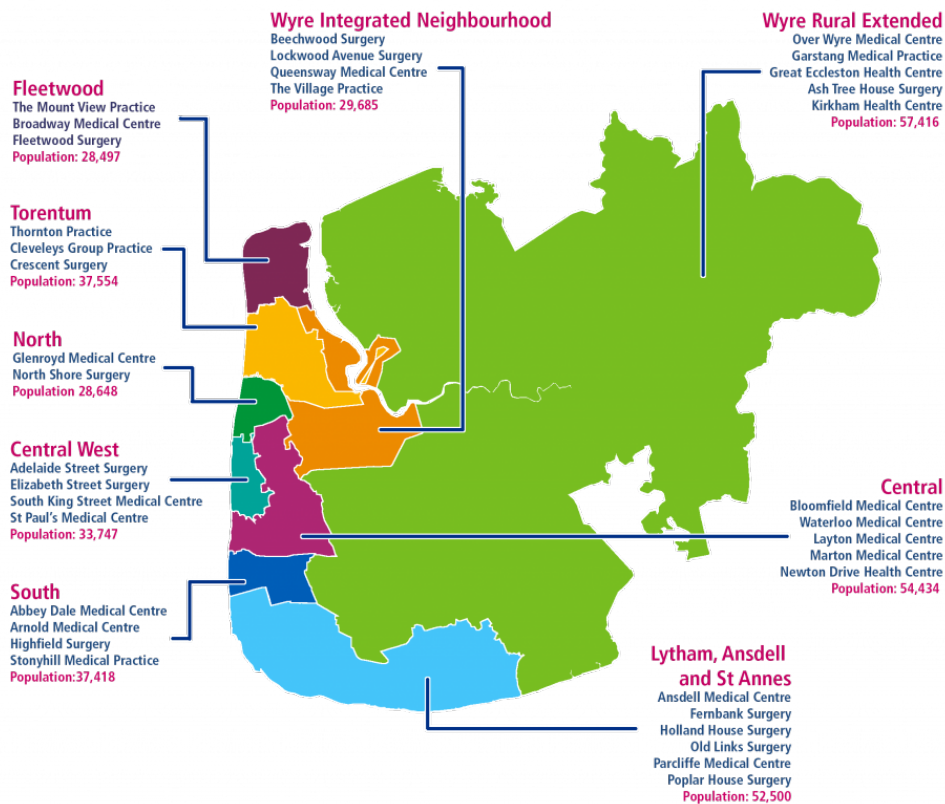
## Our key areas of focus

Thinking about the NHS Long Term Plan, the local challenges we are facing and what you have told us is important, has helped us shape our key areas of focus over the next five years.



### We will do all of this through

<sup>21</sup> <https://healthierfyldecoast.nhs.uk/our-strategy-2020-2025/about>





## Appendix E: Typology of social prescribing models using an asset-based approach

### Towards a typology of asset based approaches

The following table is an asset-based typology

	Level 1	Level 2	Level 3	Level 4
Social prescribing approach	Social prescriber /link worker introduced with no clear role and relationship to GP practice and local community, short term funding	Awareness of social prescribing /link worker but no investment in role and business as usual culture	Social prescribing /link worker has strong links into primary care network  Increase number of community referrals  Database of referral organisations which is updated and quality checked	Community Centred primary care service fully integrated into existing community.  Shared referral and networked approach to meeting local needs
Context (geography, deprivation etc.)	Social prescribing covers defined area, funding context is not clear	Social prescribing restricted to particular vulnerable clients	No target group – general referral to wider network	Social prescribing falls across different areas, geographies, is place based in local communities and known to be making an impact.
Community-centred orientation vs. other allegiances	No real focus on community and a tendency to let private interests drive orientations	Professional or organisational interests drive orientations	Moving towards community orientation	Community-collaboration orientated
Volunteer	No role for volunteers	Volunteers are invited in with little capacity to train and support  Roles are restricted and micro managed	Increase in size, staffing, funding, recruitment and retention strategies	Volunteers integrated into non clinical aspects of service delivery and feel strong sense of purpose

	Level 1	Level 2	Level 3	Level 4
Organisational skills and culture (innovation and continuous learning)	Maintain status quo  No inward investment in skills and cultural development  Lack of trust  Sporadic, fragmented expertise	Hidden agendas get in the way of progress and business as usual culture  Sporadic, fragmented expertise	Investment in trust relationships  Open and honest dialogue across stakeholders  Examples of inclusion, diversity of thought and practice  Trust is conditional, is taking shape.	Collaborative – coproduction and partnership working  Common and shared change agenda  Grounded trust  Expertise fosters introduction of non medical approaches to health and care using collaboration and innovation
Shared goals	Conflicting goals or absence of shared goals	Some shared ad hoc goals		Consensual, comprehensive goals
Leadership	Dominant leadership approach in place is hierarchical, silo, hero, non-consensual, monopolistic leadership	Unfocused, fragmented leadership that has little impact	Collective (mix of informal, shared responsibility and followership mindset and behaviours)  Willing to test new forms of leading change	Shared, consensual leadership and followership in key aspects of change taking place.
Evaluation and continuous learning	Quantitative outcomes are measurable against cost efficiencies	Incomplete information-exchange that does not meet needs and/or is used/interpreted inappropriately	Introduce soft measures  Willingness to test new ideas and practices	Common infrastructure for collecting and exchanging information  Social return on investment achieve a mix between qualitative and quantitative measures and outcomes

Table 1: Typology of different models of social prescribing using an asset based approach – a list of key social prescribing models and approaches that are leading the way on asset based community development (D'Amour et al. 2008)



## Appendix F: Recovery Colleges

### Recovery

Definition of Recovery by the World Health Organisation (WHO) in the Mental Health Action Plan (2013-20) <sup>22</sup>:

*From the perspective of the individual, recovery means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self. Recovery is not synonymous with cure.... The core service requirements include: listening and responding to individuals' understanding of their condition and what helps them to recover; working with people as equal partners in their care; offering choice of treatment and therapies, and in terms of who provides care; and the use of peer workers and supports, who provide each other with encouragement and a sense of belonging, in addition to their expertise.*

Personal recovery has been defined as 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles . . . a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness'<sup>23</sup>.

ImRoc ('Implementing Recovery through Organisational Change') who publish briefings on Recovery and Recovery colleges, references the CHIME framework in their Recovery business case<sup>24</sup> identifying the processes of personal recovery, to be supported in mental health services<sup>25</sup> :

#### CHIME

1. Connectedness (social support/integration)
2. Hope (optimism for the future)
3. Identity (beyond that of a 'patient')
4. Meaning (in one's life)
5. Empowerment (achieving some control over one's mental state and adjustment)

### Recovery Colleges

*The aim of a Recovery College is to provide learning opportunities for people who experience any kind of health and social challenges, their family members, staff who support them and members of the public with an interest or involvement in mental health and wellbeing.* <sup>26</sup>

Recovery Colleges in the UK form a mutual collaborative learning network which includes the Recovery College of Lancashire and South Cumbria NHS Foundation Trust (LSCFT)<sup>27</sup>.

<sup>22</sup> <https://www.who.int/publications/i/item/9789241506021>

<sup>23</sup> Anthony WA. Recovery from mental illness: the guiding vision of the mental health system in the 1990s. Innovations and Research 1993; 2: 17–24

<sup>24</sup> [https://imroc.org/wp-content/uploads/2017/10/ImROC-Recovery-Business-Case-Paper\\_final-5.pdf](https://imroc.org/wp-content/uploads/2017/10/ImROC-Recovery-Business-Case-Paper_final-5.pdf)

<sup>25</sup> Leamy M, Bird V, Le Boutillier C, et al. A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. Br J Psychiatry 2011;199:445-52.

<sup>26</sup> Recovery College briefings by Implementing Recovery through Organisational Change (ImRoc)

<https://imroc.org/wp-content/uploads/2019/09/ImROC-Recovery-College-Brochure-Final-Version.pdf>

<https://imroc.org/wp-content/uploads/2016/09/1.Recovery-Colleges.pdf>

<sup>27</sup> <https://www.lscft.nhs.uk/lancashire-recovery-college>

The Cultural Commissioning Programme (CCP)<sup>28</sup> published a document to recommend the model of the Recovery College as an opportunity for cultural commissioning and founded on principles of partnership working and co-design. It used the example of the South London & Maudsley NHS Foundation Trust (SLaM) Recovery College<sup>29</sup>. One of us (Helen Shearn) facilitated the partnerships with Horniman Museum and Gardens and Dulwich Picture Gallery via her collaboration with the manager Kirsty Giles.

**The Lancashire and South Cumbria NHS Foundation Trust (LSCFT) Recovery College aims to:**

- *provide something fun and different for the people of Lancashire, improving health and wellbeing through learning and opportunity.*
- *to offer people the skills and tools to empower them to take control of their health and wellbeing.*
- *build resilient Lancashire communities with well supported, informed and proactive citizens.*
- *to share skills, make friends and connect with your community to become part of something bigger where you live*
- *provide free to access for anyone over the age of 18 living or working in Lancashire & South Cumbria - people don't need to be accessing Lancashire Care services or have an existing health condition to enrol and it is for everyone who wants to improve their health and wellbeing through meaningful opportunities.*

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<sup>28</sup> Cultural Commissioning Programme (CCP 2013-17) CCP worked with the arts and cultural sector, commissioners and policy makers to strengthen commissioning of arts and culture, and deliver better outcomes for people and communities and focussed on mental health and wellbeing, older people, and place-based commissioning (with the knowledge gained being transferable to other public service areas). Resources on the NCVO website <https://www.ncvo.org.uk/practical-support/information/public-services/cultural-commissioning-programme>

<sup>29</sup> <https://www.slamrecoverycollege.co.uk/>

## Appendix G: Overview of suggested activities per heritage theme

**Performances and talks to promote and interpret the historic industry and heritage of textile production in Lancashire**

**Cotton** - a heritage dance performance on the cotton mills of Lancashire with students from Carr Hill school for the people of Kirkham in October 2021 by the About Time dance company (pictured)  
<https://abouttimedancecompany.co.uk/>



**Heritage talks provided by LCC County Museum**  
 e.g. *the last loom of Kirkham*  
<https://lancashirepast.com/2019/03/03/the-last-loom-kirkham/>




The Textile Mills of Lancashire report by Historic England (Picture)  
<https://historiceotland.org.uk/images-books/publications/textile-mills-lancashire-legacy/>  
 Poulton street (photo)  
<https://www.kirkhamfutures.org/>

22/09/2021

### Sustainable Textiles



**Research, practice and networks - examples for inspiration and exploration**

Stitching Together network <https://stitchingtogether.net/>

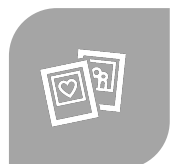
Rose Sinclair, lecturer at Goldsmiths college and her research on historical textile clubs *Dorcas societies*  
<https://www.gold.ac.uk/news/rose-sinclair---dorcas-societies/>

North West England Fibreshed, Patrick Grant and the British Textile Biennial i.e. new project in Blackburn growing flax and woad  
<https://britishtextilebiennial.co.uk/news/homegrown-homespun/>

Age of Inspiration and Sewing rooms <https://www.the-sewing-rooms.co.uk/>

1




## Life stories & memories



**Kirkham lives** - Using stories, collections and interpretations in a social prescribed creative project, with an exhibition and in collaboration with the GP practices.

Also build on the collaborations and learning with:  
**Sue Flowers at Green Close Arts Organisation**  
<https://greenclose.org/>

The **Kirkham Treasures** cultural programme led by Helen Juste (also funded by Historic England)  
<https://kirkhamtreasures.co.uk/>

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**Examples for inspiration**

**Doctor Doctor** - Memories of Healthcare in Lostock Hall at Lostock Hall Medical Centre in Preston  
<https://www.doctordoctormemories.co.uk/>

**Worcester life stories**  
<https://worcesterialifestories.wordpress.com/>

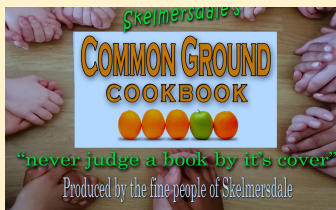
Heritage, Health and Wellbeing by the Heritage Alliance Report 2020  
[https://www.theheritagealliance.org.uk/wp-content/uploads/2020/10/Heritage-Alliance-AnnualReport\\_2020\\_Online.pdf](https://www.theheritagealliance.org.uk/wp-content/uploads/2020/10/Heritage-Alliance-AnnualReport_2020_Online.pdf)



2

## Healthy eating, cooking project linking heritage and sustainability

- A museum and archive led Heritage Cooking Session and other sessions linked to the shops on the high street
- Heritage cookery book from residents -example the Skelmersdale *Common ground* cookery book (Year 3)



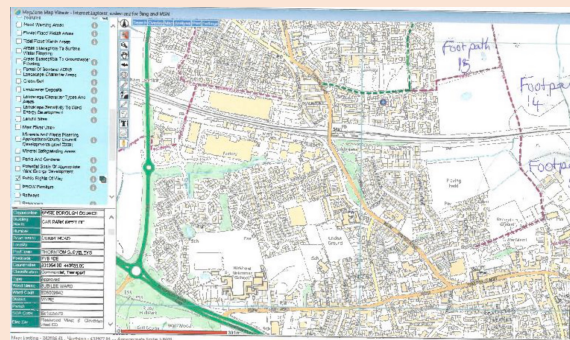
22/09/2021

## Healthy living & food



### Heritage trail & App development

- Develop the nature and heritage trail from the Ash Tree GP surgery to Wesham
- Build on the Kirkham Treasures heritage trail <https://kirkhamtreasures.co.uk/>
- Cross referencing the Fleetwood Heritage Action Zone heritage trails development which also has a digital component.



### 2.3 HERITAGE & ECO SKILLS CENTRE AT HILLSIDE

There is heritage and eco construction skills shortage and there are no training facilities for these in North West. The proposal is to set up a regional skills centre in Hillside.

Old and new skills are needed to restore heritage buildings, retrofit all buildings for better energy efficiency and to build new places that meet the net carbon government targets by 2050. We are proposing establishing regional Heritage and Eco Skills training centre of excellence in the listed building of Hillside.

The centre will provide apprenticeships, qualifications, short courses for students, building firms wishing to upskill, do it yourself enthusiasts and self-builders. All students will be learning their skills on the regeneration projects planned for the High Street including a Repair Project on Hillside itself. It is hoped that this will generate a new economic offer for the town.



Existing elevation of Hillside, 2020



Location plan of Heritage & Eco Skills Centre at Hillside



Visual Stage 3 of proposed construction with addition of second floor

24 Kirkham High Street Masterplan | Our Historic Market Town  
22/09/2021

### Examples of connections and opportunities at Hillside Heritage and Eco skills Centre

#### Develop links with specialist and strategic associations and networks:

- The Heritage Crafts Association <https://heritagecrafts.org.uk/>
- Local Archaeology groups

#### Explore apprenticeships, training and educational opportunities:

- Oral History training by LCC museums service on conversation and interview techniques and then links to care homes and local history groups. These oral histories can be lodged in the Lancashire Archives and linked with Kirkham Treasures talking walls installation <https://kirkhamtreasures.co.uk/talking-walls-installation/>
- Lancashire Recovery College (L&SCFT NHS) and the *Phoenix Rising* project funded by a NASP Thriving communities grant.
- Mens Sheds / Shedders - Fleetwood has one which Amanda Spavin evaluated

#### Ideas on additional resourcing for sustainability

- Time credits with *We are tempo*
- Volunteering

#### Additional references

Crafts Council- <https://www.craftscouncil.org.uk/>

Voluntary Arts network- <https://www.voluntaryarts.org/>

Culture, Health & Wellbeing Alliance (CHWA) <https://www.culturehealthandwellbeing.org.uk/>



## Heritage and craft skills

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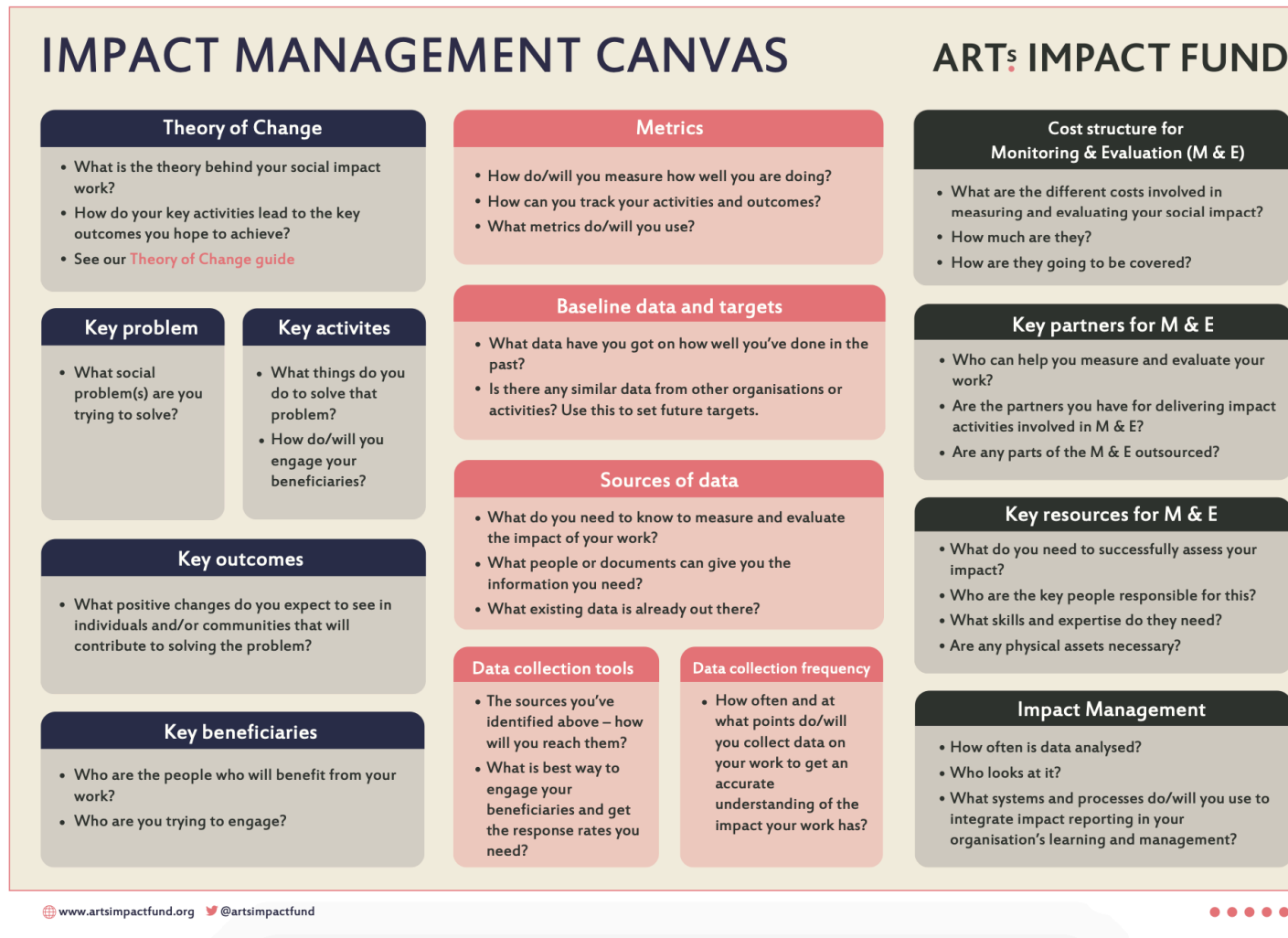
## Appendix H: Possible local academic partners

University and connection	Websites	Projects and research
<p><b>Professor Mick McKeown</b>  <b>Professor of Democratic Mental Health</b>            University of Central Lancashire            UCLAN</p> <p><b>Via the Green Close connection</b></p>	<p><a href="https://greenclose.org/">https://greenclose.org/</a>  <a href="https://greenclose.org/whittingham-lives-2017-2019/">https://greenclose.org/whittingham-lives-2017-2019/</a>  <a href="https://greenclose.org/phoenix-project-evaluation/">https://greenclose.org/phoenix-project-evaluation/</a>  <a href="http://www.cvan.art/">http://www.cvan.art/</a>  <a href="https://www.lscft.nhs.uk/rec">https://www.lscft.nhs.uk/rec</a>  <a href="https://www.lscft.nhs.uk/rec">overly-college-project-phoenix</a>  <a href="https://www.culturehealthandwellbeing.org.uk/get-involved/lens">https://www.culturehealthandwellbeing.org.uk/get-involved/lens</a>  <a href="https://www.uclan.ac.uk/academics/professor-mick-mckeown">https://www.uclan.ac.uk/academics/professor-mick-mckeown</a></p>	<p><b>Whittingham Lives</b> project exploring the history of the Whittingham Asylum and its role in informing the future of mental healthcare today, working with University of Central Lancashire - Mick McKeown (Professor of Mental Health Democracy) and Lancashire Archives - Jacqui Crosby (Head of Service). They worked on a Heritage Lottery and Arts Council funded community arts and heritage project framed by the Archive of Whittingham Asylum. Mick supports public engagement in North West Coastal ARC mental health activities.</p> <p>As Regional Manager of CVAN NW Sue Flowers has worked with Elaine Speight (from School of Art &amp; Design, In Certain Places, UCLAN) and has strong links with Dr Carole Hunt (School of Art &amp; Design) who leads a research programme there (and who also worked on Whittingham Lives project).</p>
<p><b>UCLAN</b>  <b>David Morris</b></p>	<p><b>Centre for Citizenship and Community</b>  <a href="https://www.uclan.ac.uk/research/activity/citizenship-and-community">https://www.uclan.ac.uk/research/activity/citizenship-and-community</a>  <b>Prof David Morris - Director</b> Eden Building, Room ER309, University of Central Lancashire, Preston PR1 2HE            01772 895461</p>	<p>Toby Williamson spoke with David Morris from the CCC at UCLAN and he is interested in potential evaluation / community wellbeing work.</p>
<p><b>Lancaster University and Sue Flowers and Green Close</b>            Dr Kirsti Ashworth Dr Barbara Mezes, and PhD student Hattie Roberts MSc Support: Dr Peter Weeks  <b>Lancaster environment centre</b></p>	<p><a href="https://www.lancaster.ac.uk/lec/about-us/people/kirsti-ashworth#projects">https://www.lancaster.ac.uk/lec/about-us/people/kirsti-ashworth#projects</a></p>	<p>The <b>Phoenix Project</b> visual art and mental health programme received the Thriving Communities grant.</p> <p>Dr Kirsti Ashworth Dr Barbara Mezes, and PhD student Hattie Roberts MSc Support: Dr Peter Weeks wrote previous report 2020</p>

University and connection	Websites	Projects and research
<b>Lancaster University Equitable Place Based Health and Care Theme (EPHC).</b>	<b>Evidencing the Impacts of Social prescribing in the North West Coast</b>  <a href="https://www.research.lancaster.ac.uk/portal/en/upmprojects/nihr-applied-research-collaboration-north-west-coast(f4275899-59e7-44e5-a1c7-0b0a6215b4dc).html">https://www.research.lancaster.ac.uk/portal/en/upmprojects/nihr-applied-research-collaboration-north-west-coast(f4275899-59e7-44e5-a1c7-0b0a6215b4dc).html</a>	The Equitable Place-based Health and Care (EPHC) with the National Institute for Health Research (NIHR).  Key elements include co-production and building collaborations between local stakeholders, researchers and members of the public.
<b>Jocelyn Cunningham</b> , Director Lancaster arts, Lancaster University	<a href="https://www.lancasterarts.org/get-in-touch/contact-us/">https://www.lancasterarts.org/get-in-touch/contact-us/</a>	Helen Shearn knows Jocelyn from her previous role as Director of Arts & Society at Royal Society for the Arts (RSA).
<b>Prof Owen Evans</b> BA (Hons), PhD (Wales), FRSA, FHEA, AMRSPH Department of Creative Arts Edge Hill University St Helens Road Ormskirk L39 4QP	<a href="https://research.edgehill.ac.uk/en/persons/owen-evans">https://research.edgehill.ac.uk/en/persons/owen-evans</a> <a href="http://www.leighfilmsociety.com/index.php">http://www.leighfilmsociety.com/index.php</a> <a href="https://www.leighfilmsociety.com/media.php#cfaob">https://www.leighfilmsociety.com/media.php#cfaob</a>	Connections with the Leigh Film society, and their development of a community cinema in the Spinner's Mill heritage complex Also they looked at community festivals as spaces to help create of connections in: T. Brownnett & O. Evans, ' <a href="#">Finding Common Ground: The Conception of Community Arts Festivals as Spaces for Placemaking</a> ', <i>Health and Place</i> , published online Nov. 2019; in volume 61, Jan. 2020



## Appendix I: Impact Management Canvas





## Appendix J: Cross-reference with key questions from the brief

6 Key areas of investigation	Responses within this HSA Feasibility study
<p><b>1) Local Demand</b></p> <p><i><b>TASK 1</b> – Outline and map the current need, unserved need and resources by considering the following questions:</i></p>	<p><b>Chapter 3 a, b and c</b> pages 10 – 12</p> <p>In Kirkham, there is currently limited and new social prescribing provision with one link worker covering the Fylde area The Volunteer Centre and Blackpool CAB team are contracted to cover Blackpool, Wyre and Fylde.</p> <p>The Thriving Communities Fund: eg Phoenix Rising across Central and Northern Lancashire and Recovery College of Lancashire and South Cumbria NHS Foundation Trust (LSCFT) is one of the partners.</p> <p>b) Needs/Desired Outcomes. Figure 4: summary for the Fylde Coast health profile needs.</p> <p>Aligning with the NHS driver of Integrated health care partnership (NHS Long term plan)</p> <p>Appendix D Key areas of focus in the Fylde Coast ICP – <i>Healthier Fylde Coast (Strategy 2020-2025)</i></p> <p>WREN PCN 2 broad areas: Population health and primary and community care. Plus, mental health, depression and anxiety.</p>
<p><b>2) Historic environment and wellbeing potential</b></p> <p><i><b>TASK 2</b> – Assess the options available for utilising the historic environment and place-based tools to meet the local demand as identified above</i></p>	<p>Mapping current local assets, bringing in experiences from elsewhere and using the suggested activities as referred to in the tender brief as a base. Further integrate with the wider HS HAZ programme (future Heritage Eco &amp; Skills and Arts &amp; Heritage Centres and the existing Kirkham Futures cultural programme). Key documents as ‘building blocks’</p> <p><b>Chapter 4 Proposed way forward/ recommendations a) Proposed programme of activities.</b> Four broad heritage themes see figure 6 <i>What sorts of changes would be required in order to deliver them?</i> These would be new partnerships to deliver activities and alignment with the ICP.</p>
<p><b>3) Interventions</b></p> <p><i><b>TASK 3</b> - to recommend a series of interventions that fit with the assessments of local need and historic environment potential through the HSHAZ programme.</i></p>	<p><b>Chapter 4 Proposed way forward/ recommendations</b></p> <p><b>a) Adopt improving Community Spirit as overriding objective of the programme</b></p> <p><b>b) Social Prescribing Vision for Kirkham.</b></p> <p><i>The main players and stakeholders:</i> the LSCFT Trust and Recovery College, the WREN PCN, PH officers, community representatives etc</p> <p><i>What steps and resources are needed this happen?</i> Further conversations to develop a partnership agreement with the NHS, pilot. Pilot to kick off and consultancy to support activities in year 2. Heritage and eco skills and arts centres to be ready. Coordinator in post and steering group.</p> <p><i>What is the potential to keep some health &amp; well-being presence on the high street perhaps in the form of a well-being centre from which a social prescribing service and activities might run?</i> Look at</p>

	a wellbeing/ SP shop on high street and Heritage and eco skills centre to be a hub with Recovery College potentially.
<b>4) Practicality</b>  <b>TASK 4 – Assess recommended methods and approaches for the demand-led groups within the constraints of resources, time and commitment within the HSHAZ.</b>	<b>Chapter 4 Proposed way forward/ recommendations.</b> <b>Resources</b> The link worker/coordinator in post. Pilot to lay the groundwork. Steering group and in kind support from PH and Lancashire museums and archives. <i>What impact will the time-limited nature of the HSHAZ have on what success looks like?</i> Investment in the groundwork putting new partnerships in place, building on existing relationships and extending the investment and best and related practice? <i>What partnerships need to be developed and how in order to create a successful environment?</i> Partnership development with the Recovery college and Thriving communities with a Pilot provided by Phoenix Rising. Partnerships with WREN PCN/ ICP and 2 GP practices. Cultural programme collaboration.
<b>5) Integration</b>  <b>TASK 5: Assess what resources, time and commitment would be required post the end of the HSHAZ to continue the programme. What level of system change would be required to continue such delivery? What changes within the workings of the local health, government and heritage landscape of organisations would enable a sustainable project or set of approaches?</b>	<b>Chapter 4 Proposed way forward/ recommendations</b> The conversations and partnerships with the different parts of the NHS will take time to be formalised, partly because of the lagging effect of the pandemic and partly because there is a significant system change occurring in the form of the new integrated health care system (ICS). <ul style="list-style-type: none"> <li>- Laying the foundation for a sustainable ecosystem with the proposals and the pilot involving the Recovery College and Thriving Communities network.</li> <li>- Layered up when the two arts and heritage centres when ready in years 3 &amp; 4.</li> <li>- Facilitated by Heritage wellbeing link worker / coordinator post and SP pilot and partnership development with Recovery College and the NHS Trust.</li> <li>- Supported by other capacity building assets such as Time banking/ volunteering and pathways to recovery</li> </ul>
<b>6) Methods</b>  <b>TASK 6: Articulate the methods needed to create a successful environment for the recommended practices to flourish</b>	<i>How can practitioners and community members be involved in meaningful ways in conceptualizing and designing the interventions?</i> See previous tasks, plus community engagement, heritage events, pilot and future partnerships and steering group. <i>How will the historic environment and health professionals function through multi-partner involvement?</i> Coordination of the programme- Health and Wellbeing link worker/Coordinator and consultancy and steering group. <b>Chapter 4 Proposed way forward/ recommendations</b> d) Monitoring and evaluation: Evaluation aim and Resources and Academic partner selection e) Organisation–Budget allocation, Road map and Steering Group