"Focusing on what’s strong, not what’s wrong"

Using local data to inform asset based approaches to improving health

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Content

1. Overview of why we are interested in asset based approaches

2. Examples of local asset mapping and introduction to the SHAPE tool

3. Reflections
Why focus on assets?

- Traditionally taken a ‘deficit’ approach in public health, which focusses on the problems, needs and deficiencies.
- We then design services to fill the gaps or fix the problems.
- Over-emphasis on illness rather than wellness, treat individuals as ‘burden’
- Growing evidence base on improving health and reducing inequalities through community-centred and asset based approaches (CABA)
- The shift from using a deficit- based approach requires a change in attitudes and values.
“A health asset can be defined as any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and wellbeing and to help reduce inequalities.”

“Assets have been further described as strengths, skills, capacities, passions, interest, networks, and connections.”


Asset challenge for data & intelligence

Use metrics and indicators as way of giving meaning to data but:

• Traditionally focussed on the deficits

• Use benchmarks as an indication of improvement

• Effort is placed on the ‘gap’ rather than the starting point

• Usually produced at large geographical areas (eg LA) which reflect the decision-making entity but mask variation at local level.
## Positive intelligence? The Red Sea

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>England</th>
<th>Yorkshire and the Humber region</th>
<th>London</th>
<th>South East</th>
<th>North East</th>
<th>West Midlands</th>
<th>North West</th>
<th>Wales</th>
<th>Scotland</th>
<th>East of England</th>
<th>South West</th>
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### 4.02 - Proportion of five year old children free from dental decay
- 2016/17: 76.7
- 2015/16: 78.7

### 4.03 - Mortality rate from causes considered preventable
- 2015/16: 41.6

### 4.04i - Under 75 mortality rate from all cardiovascular diseases
- 2015/16: 21.5

### 4.04i - Under 75 mortality rate from cardiovascular diseases considered preventable
- 2015/16: 21.4

### 4.05i - Under 75 mortality rate from cancer
- 2015/16: 21.3

### 4.05i - Under 75 mortality rate from cancer considered preventable
- 2015/16: 21.2

### 2.01 - Low birth weight of term babies
- 2016: 2.7%

### 2.02i - Breastfeeding initiation
- 2016: 74.5%

### 2.02ii - Breastfeeding prevalence at 6-8 weeks after delivery
- 2017/18: 42.7%

### 2.03 - Smoking status at time of delivery
- 2016/17: 10.7%

### 2.04 - Under 18 conceptions
- 2016: 18.8

### 2.04 - Under 18 conceptions: conceptions in those aged under 16
- 2016: 3.0

[https://fingertips.phe.org.uk](https://fingertips.phe.org.uk)
1. Health Asset Profile
https://fingertips.phe.org.uk/profile/wider-determinants

2. Asset mapping tool in SHAPE
https://shapeatlas.net
About SHAPE and asset mapping

- **SHAPE** is a national web-enabled, evidence based toolkit, designed to inform and support the strategic planning of services and assets across a whole health economy [https://shapeatlas.net/](https://shapeatlas.net/)

- The SHAPE tool has been adapted and can be applied locally to map community assets. Examples include:
  - Birmingham drug and alcohol recovery service
  - Local Authorities including Wakefield, Kent, Leeds
  - South Tees Macmillan service
  - Social prescribing services and catchments across North East region
  - Dementia assets and services in two regions
Asset mapping case study:

Wakefield Local Authority projects aims:

- Highlight the assets that exist that support the creation of a Healthy Wakefield District
- Develop a District wide asset map that will be part of the Joint Strategic Needs Assessment
- Inform future strategic planning, commissioning and delivery around health and wellbeing
- Promote a culture change within the organisation
- Used the “5 ways to wellbeing framework”

Image credit: New Economics Foundation
Digital mapping of assets

From this...
Uses the 5 ways to wellbeing to categorise and display assets
Allows services to also be categorised by type
Indicators can be mapped alongside the physical assets to look at needs/demands against services

In this slide, 60% of residents in the ward highlighted wanted to be more active. The map shows the location of sites that were classified as supporting ‘Being Active’
The interactive map is embedded into their digital JSNA.
Reflections

• Data is routinely captured on deficits so it was difficult to find asset focussed intelligence so had to go to the communities

• Assets need to be defined by the communities themselves - how do we manage conflicting ‘assets’

• No ‘one size fits all’ answer but useful to have a framework

• The values and principles of asset working are clearly replicable but leadership and knowledge transfer are key to embedding these ideas in the mainstream of public services*

• Interactive, visual tool like SHAPE helped with the culture change

• Combining data direct from communities with routinely available data we were able to affect how local decision-makers delivered community empowerment
Further information

Key resources:

• Health Asset Profile https://fingertips.phe.org.uk/profile/wider-determinants

• SHAPE https://shapeatlas.net/

• PHE’s collection of community-centred practice examples, which showcase existing practice in this area and highlight shared learning from work that has been undertaken across the sector https://phelibrary.koha-ptfs.co.uk/practice-examples/caba/


• Foot J. and Hopkins T. (2010) A glass half-full: how an asset approach can improve community health and well-being, Improvement and Development Agency (IDeA)

• Wakefield Council (2011) Developing a rich and vibrant JSNA: Capturing community asset growth within the JSNA

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