

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

Protecting and improving the nation's health



Using local data to inform asset based approaches to improving health

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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."

Morgan A and Zigio E, 2007, IUHPE – Promotion & Education supplement 2: Revitalising the evidence base for public health: an assets model, <u>http://ped.sagepub.com/content/14/2\_suppl/17.full.pdf+html</u>

Foot J and Hopkins T, 2010. A glass half-full: how an asset approach can improve community health and wellbeing, London: Improvement and development agency. http://www.local.gov.uk/c/document\_library/get\_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2





## 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.



## Public Health Positive intelligence? The Red Sea

Indicator	Period	∢⊳	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefleid	York
0.1i - Healthy life expectancy at birth (Male)	2014 - 16		63.3	61.3	58.6	61.8	63.5	59.6	61.9	56.5	61.6	60.3	59.9	59.5	66.8	59.8	60.4	57.4	66.3
0.1i - Healthy life expectancy at birth (Female)	2014 - 16	•	63.9	61.5	59.8	61.1	63.7	61.9	65.5	56.0	59.4	63.0	57.5	63.1	66.8	55.7	57.5	60.3	65.9
0.1ii - Life expectancy at birth (Male)	2014 - 16	۵	79.5	78.7	78.2	77.5	78.7	77.8	80.1	76.3	78.8	78.2	77.7	78.9	80.6	77.9	79.0	78.0	80.4
0.1ii - Life expectancy at birth (Female)	2014 - 16	۵	83.1	82.4	81.9	81.5	82.3	81.5	83.5	80.1	82.3	82.2	82.6	82.6	84.2	81.6	82.6	81.9	83.5
0.1ii - Life expectancy at 65 (Male)	2014 - 16	۵	18.8	18.2	18.0	17.6	18.0	17.8	18.8	16.6	18.0	17.9	17.9	18.1	19.2	18.0	18.5	17.7	19.2
0.1ii - Life expectancy at 65 (Female)	2014 - 16	•	21.1	20.6	20.1	20.1	20.7	20.0	21.1	18.9	20.5	20.4	20.7	20.6	21.8	19.9	20.7	20.4	21.4
4.02 - Proportion of five year old children free from dental decay	2016/17	•	78.7	69.6	*	60.2	70.7	*	*	67.2	67.5	68.9	77.1	77.8	78.2	*	*	71.2	84.1
4.03 - Mortality rate from causes considered preventable New data	2015 - 17	<b>∢</b> ⊳	181.5	197.2	203.1	212.2	196.3	216.0	158.7	279.8	185.3	216.7	232.7	190.0	158.1	208.8	193.3	210.9	168.9
4.04i - Under 75 mortality rate from all cardiovascular diseases New data	2015 - 17	•	72.5	82.6	87.0	102.2	96.4	81.7	69.9	107.1	80.2	87.8	89.6	73.5	62.5	85.4	82.9	90.7	64.9
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable New data	2015 - 17	۵	45.9	53.3	54.3	63.5	59.8	57.6	45.4	70.5	49.6	59.4	58.3	44.6	42.8	52.6	51.8	58.2	40.6
4.05i - Under 75 mortality rate from cancer New data	2015 - 17	•	134.6	143.5	152.4	152.1	140.9	164.0	121.5	183.2	140.4	147.6	167.0	146.1	121.2	146.4	144.0	146.1	133.1
4.05ii - Under 75 mortality rate from cancer considered preventable New data	2015 - 17	4۵	78.0	84.7	89.6	88.6	82.0	97.6	69.2	117.2	82.6	90.7	98.3	81.6	69.1	88.9	84.5	87.8	73.6
2.01 - Low birth weight of term babies	2016	€	2.79	2.95	3.07	3.58	3.53	2.84	1.93	2.88	3.58	3.08	3.00	2.30	1.83	2.74	2.89	3.20	2.59
2.02i - Breastfeeding initiation	2016/17	€	74.5	69.3	55.6	71.5	74.7	61.3	*	61.2	74.9	71.1	57.1	66.1	73.6	56.0	78.3	66.6	77.1
2.02ii - Breastfeeding prevalence at 6-8 weeks after birth New data	2017/18	<►	42.7*	*	*	*	*	*	43.1	*	*	47.7	28.0	*	48.5	30.4	51.1	33.2	*
2.03 - Smoking status at time of delivery	2016/17	€	10.7	14.4	15.4	13.8	12.2	13.0	14.5	23.1	12.4	10.2	22.3	19.0	12.9	17.1	12.9	19.5	11.1
2.04 - Under 18 conceptions	2016	€	18.8	22.0	33.8	20.0	19.6	27.6	14.4	30.6	22.6	27.9	33.1	18.8	12.1	24.0	21.2	20.1	14.8
2.04 - Under 18 conceptions: conceptions in those aged under 16	2016	•	3.0	4.0	6.2	3.3	5.2*	5.2	2.7*	4.8*	3.1	5.0	5.0*	1.9*	2.7	4.2*	3.5	4.2	5.1*

https://fingertips.phe.org.uk

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1. Health Asset Profile

Wider Determinants of Health

https://fingertips.phe.org.uk/profile/wider-determinants

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Indicator Gender pay equality	2015	< </td <td>10 79.4</td> <td>×</td> <td>00 73.8</td> <td>83.0</td> <td>87.9</td> <td><b>م</b> 80.5</td> <td>ш 76.5</td> <td>₹ 75.9</td> <td>83.9</td> <td>82.7</td> <td>ž 67.2</td> <td>ž 71.1</td> <td>ž 78.7</td> <td>74.5</td> <td>が 87.6</td> <td><b>≷</b> 80.9</td> <td><b>≽</b> 82.8</td> <td></td>	10 79.4	×	00 73.8	83.0	87.9	<b>م</b> 80.5	ш 76.5	₹ 75.9	83.9	82.7	ž 67.2	ž 71.1	ž 78.7	74.5	が 87.6	<b>≷</b> 80.9	<b>≽</b> 82.8	
Housing affordability ratio	2016		7.2		4.4	4.9	4.6	5.1	6.4	4.6	5.4	5.8	4.7	5.1	7.5	5.3	5.5	5.3	8.9	
Employment rate (aged 16-64)	2017/18		75.2		70.8	68.1	76.6	72.7	76.3	70.8	69.3	76.8	72.3	74.5	77.8	75.3	70.4	74.1	76.9	
Income deprivation	2015		14.7		18.8	20.5	16.4	18.6	10.9	25.7	15.6	16.0	20.4	15.0	9.2	18.7	17.3	16.6	8.6	
Income deprived older people (60+)	2015	4۵	16.2		18.6	22.7	16.4	18.3	12.6	28.4	17.0	18.0	19.3	15.6	11.1	19.0	20.8	16.9	11.1	
IDACI (Income Depr Children)	2015		19.9	21.6*	24.9	24.9	21.4	24.8	13.1	34.0	19.2	22.5	29.0	20.5	11.4	24.3	23.5	22.4	12.3	
GCSE achieved 5A*-C including English & Maths	2015/16		57.8		58.3	48.1	59.0	54.7	62.3	48.2	58.3	54.8	52.2	60.8	60.8	58.1	54.0	57.9	64.0	
School readiness: Year 1 pupils	2016/17	•	81.1		78.0	79.6	80.4	77.8	81.6	77.4	78.7	77.0	79.0	80.2	80.8	78.8	76.5	77.7	83.7	
School readiness: Good level of development at age 5	2016/17	<►	70.7		68.5	67.6	68.3		71.3	65.1	68.1	64.8	70.8		71.6	72.1	69.8	67.7	74.3	
Breastfeeding prevalence at 6-8 weeks after birth - current method	2017/18		42.7*	-	*	*	*	*	43.1	*	*	47.7	28.0	*	48.5	30.4	51.1	33.2	*	
Healthy life expectancy at birth (Male)	2014 - 16		63.3		58.6	61.8	63.5	59.6	61.9	58.5	61.6	60.3	59.9	59.5	66.8	59.8	60.4	57.4	66.3	
Healthy life expectancy at birth (Female)	2014 - 16	•	63.9		59.8	61.1	63.7	61.9	65.5	58.0	59.4	63.0	57.5	63.1	66.8	55.7	57.5	60.3	65.9	
Access to woodland	2015	<►	16.8	-	11.8	8.2	23.8	20.5	1.6	3.8	9.9	34.7	7.6	5.5	7.9	23.7	45.4	17.5	5.8	
Proportion of people who use services who feel safe	2015/16	<►	69.2	-	73.3	73.2	70.2	73.3	75.3	69.5	69.3	70.9	67.9	76.2	67.9	65.9	62.5	71.5	66.9	
Access to NHS dental services - successfully obtained a dental appointment	2015/16	4۵	94.7		96.8	88.7	93.7	97.3	95.5	96.7	93.9	93.2	94.5	88.4	94.0	97.0	95.8	94.3	92.5	
Percentage of people who said they had good experience when making a GP appointment	2015/16	<b>4</b> Þ	73.4	•	69.2	63.5	74.0	71.1	73.1	68.5	71.7	74.2	70.0	70.2	80.8	69.7	70.6	71.9	76.4	
Social Isolation: adult social care users who have as much social contact as they would like	2017/18	•	48.0	•	44.2	47.4	53.7	49.5	48.5	49.7	47.9	50.8	41.4	54.1	47.1	47.5	42.0	48.3	44.5	
1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like	2016/17	<►	35.5	•	33.5	41.6	35.7	43.4	40.6	32.0	42.6	29.9	40.3	47.3	37.7	37.3	28.9	36.7	45.1	

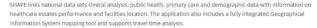
### 2. Asset mapping tool in SHAPE <u>https://shapeatlas.net</u>

#### SHAPE Strategic Health Asset Planning and Evaluation

Home Place Atlas Q



Strategic Health Asset Planning and Evaluation (SHAPE) is a web enabled, evidence based application that informs and supports the strategic planning of services and assets across a whole health economy. Its analytical and presentation features can help service commissioners to determine the service configuration that provides the best affordable access to care.



Access to the SHAPE Place Atlas is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care. Access to the application is by formal registration and licence agreement.

The primary aim of the application is to facilitate scenario planning and option appraisal in support of STPs. Specifically, the SHAPE Place Atlas helps organisations consider the following:

- · evaluation of the impact of service configuration on populations
- assess the optimum location of services



#### Register for access

Access to the SHAPE Place Atlas is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care. Access to the application is by formal registration and licence agreement.

Complete the user registration for

#### Access the SHAPE Place Atlas Access is only available to registered SHAPE users.

Sign into the SHAPE Place Atlas



## 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 <u>https://shapeatlas.net/</u>
- 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





## Public Health 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 ٠ 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" •



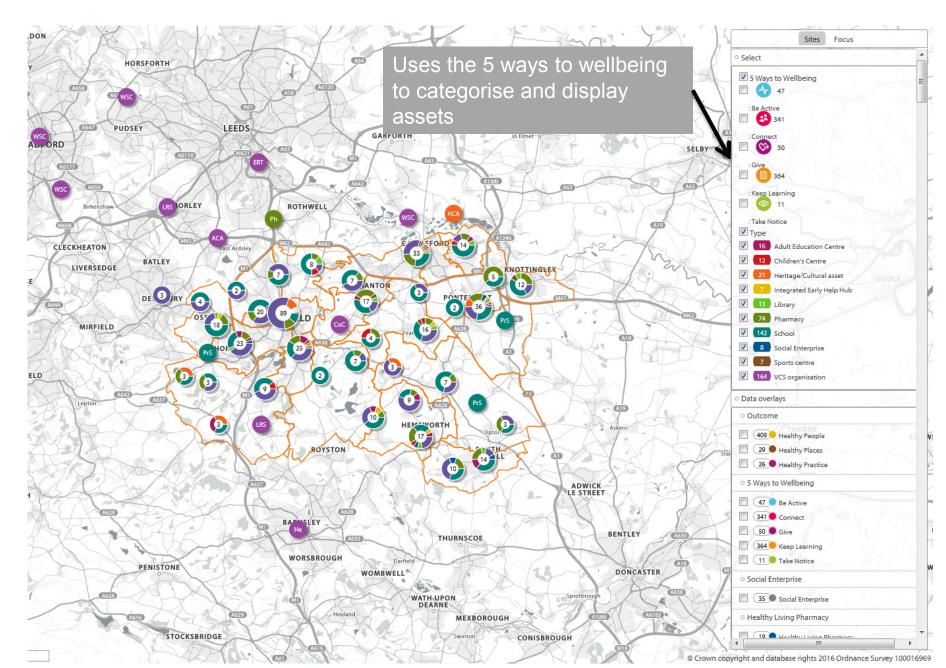


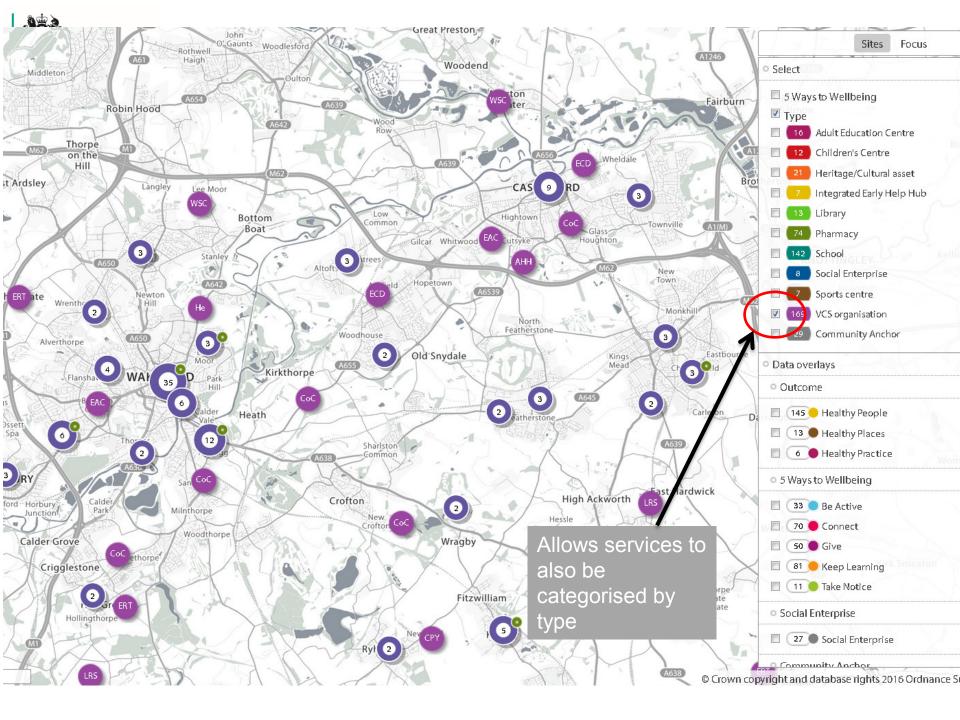
### Public Health England

### Digital mapping of assets From this...

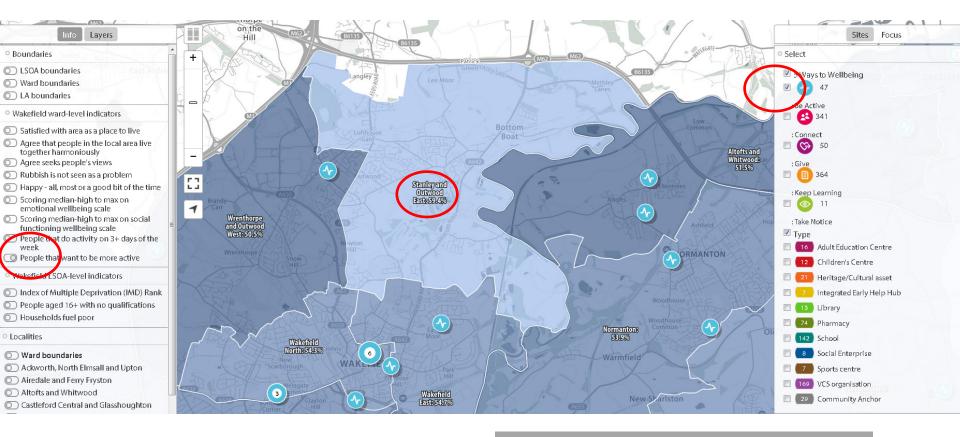
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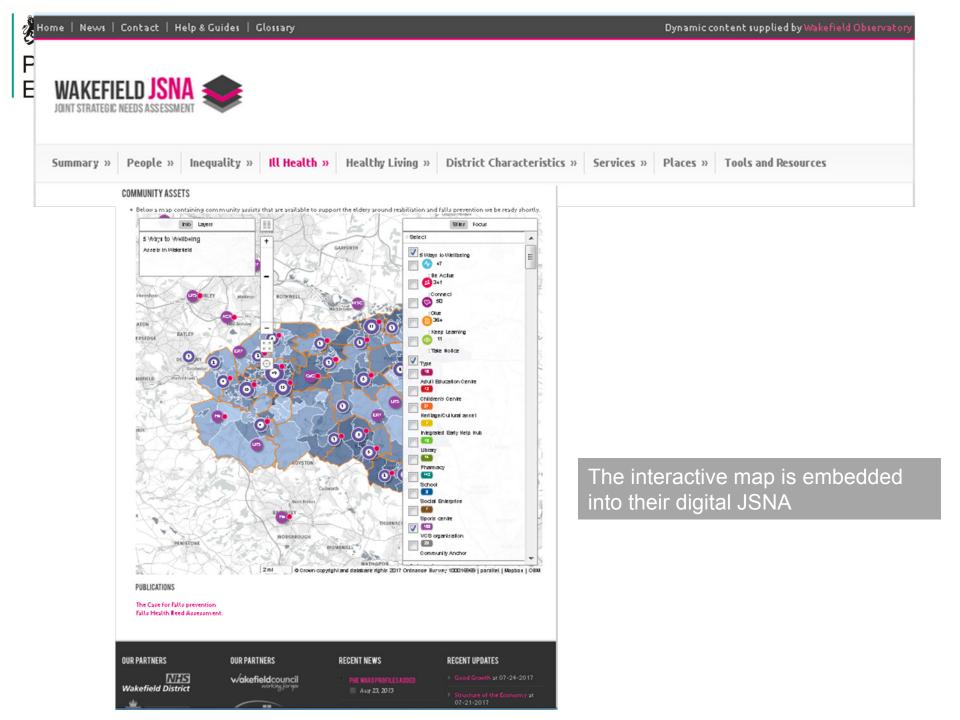








Indicators can be mapped alongside the physical assets to look at needs/demands against services In this slide, 60% of residents in the ward highlighted wanted to be more active. The map shows the location of sites that were classified as supporting 'Being Active'





- 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





#### Key resources:

- Health Asset Profile <a href="https://fingertips.phe.org.uk/profile/wider-determinants">https://fingertips.phe.org.uk/profile/wider-determinants</a>
- SHAPE <u>https://shapeatlas.net/</u>
- 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 <a href="https://phelibrary.koha-ptfs.co.uk/practice-examples/caba/">https://phelibrary.koha-ptfs.co.uk/practice-examples/caba/</a>
- Community Life Survey <u>https://www.gov.uk/government/publications/2016-to-2017-</u> <u>community-life-survey-questionnaire</u>
- 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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