



Public Health  
England

Protecting and improving the nation's health

*“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.”

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

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](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.





# 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	Wakefield	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	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	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	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	76.7	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 <small>New data</small>	2015 - 17	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 <small>New data</small>	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 <small>New data</small>	2015 - 17	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 <small>New data</small>	2015 - 17	134.6	143.5	152.4	162.1	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 <small>New data</small>	2015 - 17	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 <small>New data</small>	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*





Public Health  
England

# PHE knowledge & intelligence response

## 1. Health Asset Profile

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

### Wider Determinants of Health

Indicator keywords

Natural and built environment   Work and the labour market   Vulnerability   Income   Crime   Education   Marmot indicators   Health outcomes   **Health assets**

Overview   Compare indicators   Map   Trends   Compare areas   Area profiles   Inequalities   England   Population   Box Plots   Definitions   Download

Area type: County & UA

Areas grouped by: Region

Benchmark: England

Area: Barnsley

Search for an area

Region: Yorkshire and the Humber

CIPFA nearest neighbours to Barnsley

Filter indicators

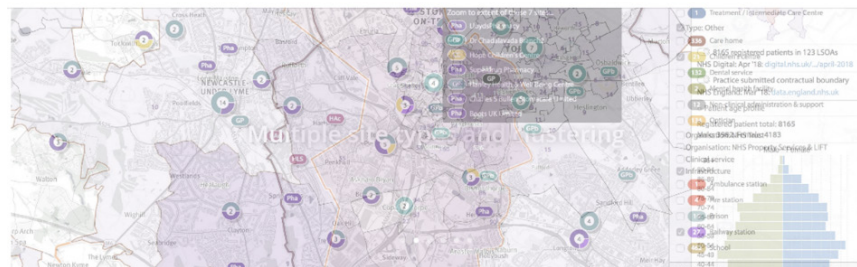
			England	Yorkshire and the Humber region															
Indicator	Period				Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York	
Gender pay equality	2015		70.4	-	73.8	83.0	87.9	80.5	78.5	75.9	83.0	82.7	67.2	71.1	78.7	74.5	87.6	80.9	82.8
Housing affordability ratio	2016		7.2	-	4.4	4.9	4.8	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	78.3	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	18.4	18.6	10.9	25.7	15.6	16.0	20.4	19.0	9.2	18.7	17.3	18.6	8.6
Income deprived older people (60+)	2015		16.2	-	18.6	22.7	18.4	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	-	56.3	48.1	59.0	54.7	62.3	48.2	55.3	54.8	52.2	60.8	60.8	58.1	54.0	57.9	64.0
School readiness: Year 1 pupils achieving the expected level in the phonics screening check	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	70.2	71.3	65.1	68.1	64.8	70.8	72.1	71.6	72.1	68.8	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		83.3	-	58.6	61.8	63.5	59.6	61.9	56.5	61.6	60.3	59.9	59.5	60.8	59.8	60.4	57.4	66.3
Healthy life expectancy at birth (Female)	2014 - 16		83.9	-	59.8	61.1	63.7	61.9	65.5	56.0	59.4	63.0	57.5	63.1	60.8	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		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		73.4	-	69.2	63.5	74.0	71.1	73.1	68.5	71.7	74.2	70.0	70.2	60.8	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		46.0	-	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	43.3	44.5
1.188 - 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	30.7	45.1

## 2. Asset mapping tool in SHAPE

<https://shapeatlas.net>

### SHAPE Strategic Health Asset Planning and Evaluation

Home Place Atlas



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.

SHAPE links national data sets clinical analysis, public health, primary care and demographic data with information on healthcare estates performance and facilities location. The application also includes a fully integrated Geographical Information System mapping tool and supports travel time analysis.

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

SHAPE place

#### 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 form](#)

#### 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 <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”



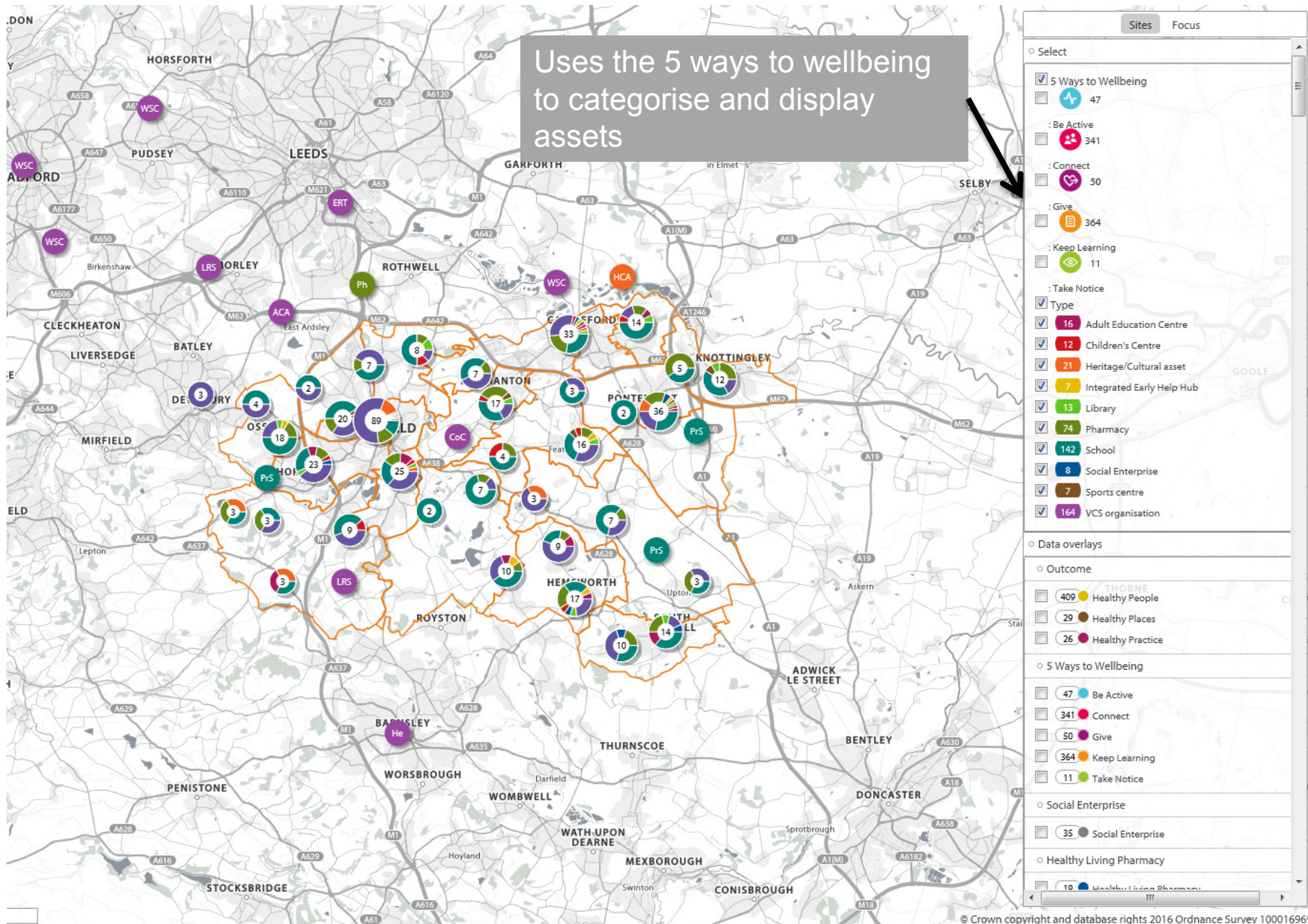
# Digital mapping of assets

## From this...

[illegible]

# ...to this

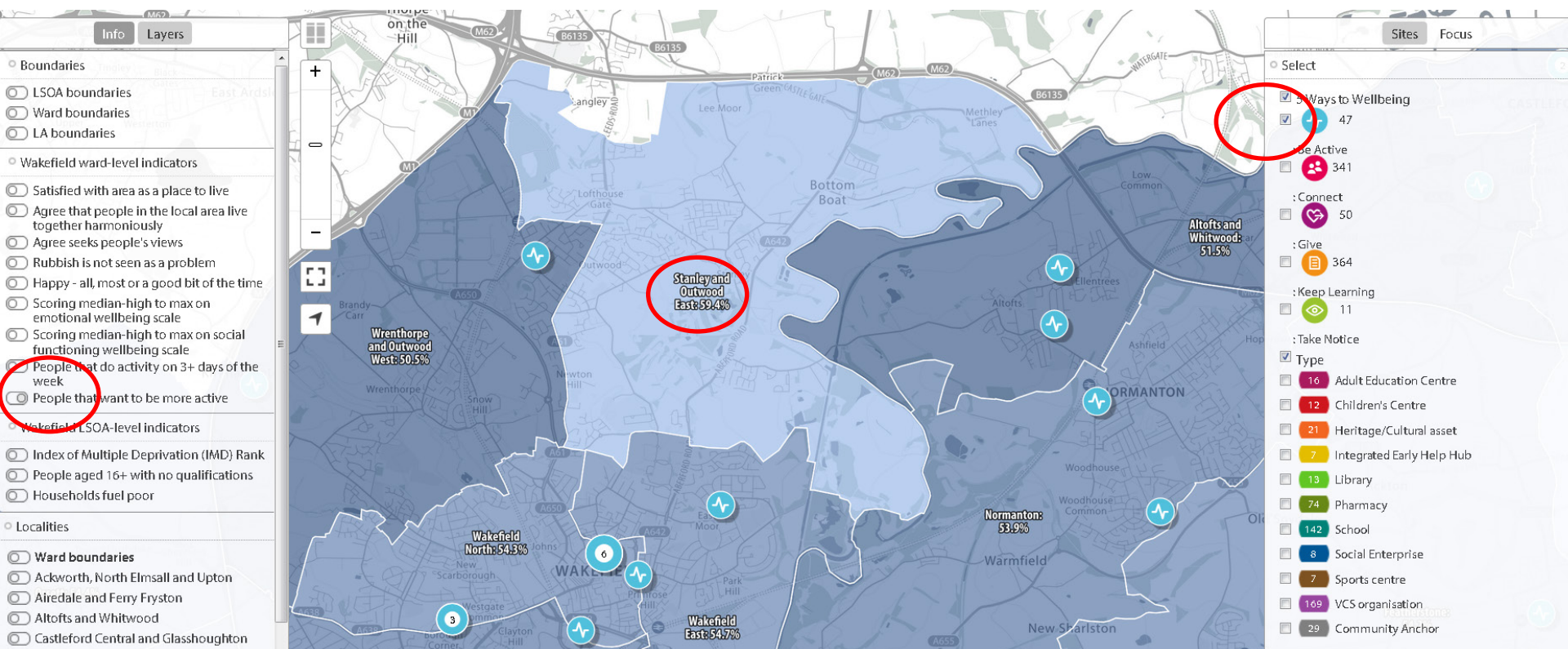
Uses the 5 ways to wellbeing to categorise and display assets







# Public Health England

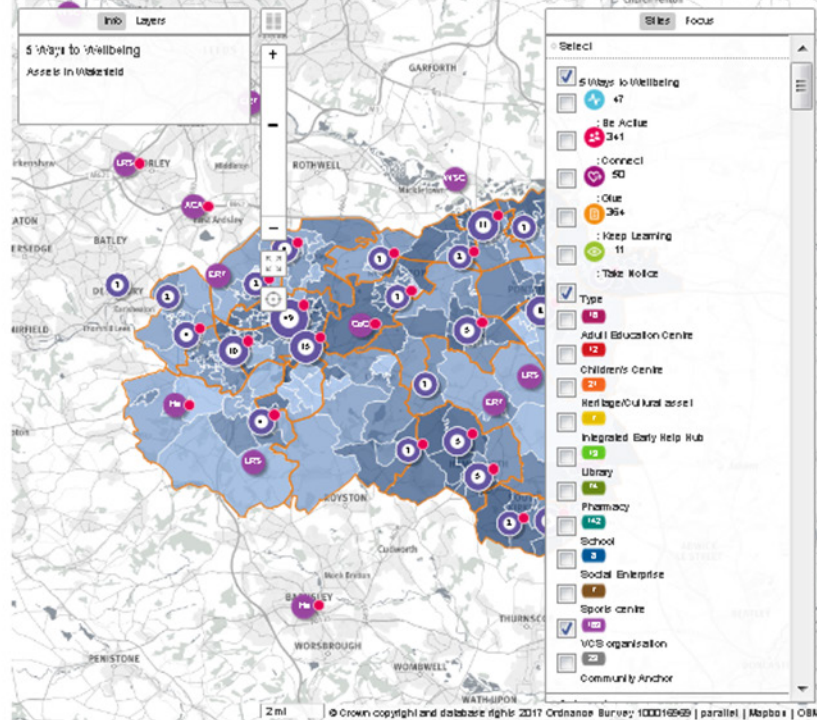


Indicators can be mapped alongside the physical assets to look at needs/demands against services

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'

## COMMUNITY ASSETS

\* Below a map containing community assets that are available to support the elderly around resiliation and falls prevention we be ready shortly.



## PUBLICATIONS

The Case for Falls prevention  
Falls Health Need Assessment.

The interactive map is embedded into their digital JSNA

## OUR PARTNERS

**NHS**  
Wakefield District

## OUR PARTNERS

**wakefieldcouncil**  
working for you

## RECENT NEWS

**PHE WARD PROFILES ADDED**  
Aug 23, 2017

## RECENT UPDATES

> Good Growth at 07-24-2017  
> Structure of the Economy at 07-21-2017



# 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/>
- Community Life Survey <https://www.gov.uk/government/publications/2016-to-2017-community-life-survey-questionnaire>
- 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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