

Shadow Health and Wellbeing Board – 25 February 2013

An Asset Based Approach to Health and Wellbeing

1. Summary

In 2012 Walsall Council, through the leadership of the Health and Wellbeing Board, decided to bring a whole-system focus to addressing health inequalities and improving health outcomes by placing greater emphasis on co-production and asset based working using its existing Area Partnership structures. This whole-system approach to asset based working is still comparatively unusual - most other approaches have tended to be based around a particular community, service or project.

Walsall has a long history of area based working; six local area partnerships have been established since 2010, which have strong ownership and buy-in from key stakeholders, including elected members; registered social landlords (RSL) and public health, among others.

The Health and Wellbeing Board (HWB) chose to develop a twin track approach balancing a focus on borough-level action with activities that build up from communities through the area partnerships to strengthen relationships with the public, tailor responses to particular neighbourhoods and address the social determinants of health more effectively.

There was a recognition that although the area partnerships were well established and had made links with proactive community groups in the areas direct engagement with the public was comparatively weak, with local area partnerships being more agency-led than community-driven.

The leadership of the council and HWB acknowledged that embedding a whole-system focus would require ownership and buy-in among key stakeholders. A programme of workshops was therefore established to build support to the need for a new approach to address health inequalities; identify existing action being taken and agree the way forward. Workshops were organised with the Health and Wellbeing Board; senior leaders from across the main sectors in the borough and one in each of the six Area Partnership localities.

2. Key Lessons for other Health and Wellbeing Boards

- There is a real potential and appetite among wider stakeholders to work together to improve health and wellbeing by adopting a whole-system approach to asset based working
- Local structures such as Area Partnerships have much to offer and can help develop a more 'bottom up' approach that is sensitised to neighbourhood needs.
- Senior Leadership particularly from politicians is essential to set the tone and mandate action

- More attention needs to be given to improving needs analysis so that it presents a more coherent view of wellbeing
- Asset based approaches require a long term commitment to shared learning between the public, paid staff and local leaders.

3. Background and Context

In 2012 Walsall Metropolitan Borough Council through the Health and Wellbeing Board (HWB) decided to bring a greater focus and coherence to the work being undertaken across the borough to improve health and wellbeing and reduce health inequalities. In part this was a response to the new duty that local authorities have following the Health and Social Care Act 2012 to promote the health of their populations through taking the lead for improving health and coordinating local efforts to protect the public's health and wellbeing. At the same time the Act places a duty on health and wellbeing boards to:

- prepare a joint health and wellbeing strategy (JHWS) based on evidence from the joint strategic needs assessment (JSNA). The JHWS is intended to set out the priorities for improving health and wellbeing in a place
- promote integrated working between health and social care services

Walsall MBC, working through the HWB and in partnership with the Local Government Association (supported by a Department of Health funded development programme) initiated a short development programme which aimed to:

- achieve support for the development of a system level approach to tackling health inequalities and improving health and wellbeing outcomes
- re-balance practice in Walsall to place a stronger emphasis on working in partnership with the public through an asset based approach- alongside borough-level activities

The approach in Walsall aimed to draw on lessons from the Healthy Communities Programme (formerly part of the LGA until December 2011) and which was responsible for bringing a UK perspective to the assets approach developed in the United States, primarily through the publication, "A glass half full". It made a strong case for an assets approach in:

- providing new ways of challenging health inequalities
- valuing resilience
- strengthening community networks
- recognising local expertise

An assets based approach starts with a focus on the strengths within communities not the risks and deficits. It is about getting to know communities and building relationships rather than devising interventions to fix problems¹.

This is not to say that the needs within communities are not important – they are but they need to be defined by those communities along with its positive assets.

¹ Morgan A & Ziglio E, Revitalising the evidence base for public health: an assets model Promotion and Education 2007;14;17

These include the skills, capacity and knowledge of individuals, their passions and interests; the networks and connections within the community along with any local groups; the resources of public, private and third sector organisations that are available to support the community plus the physical and economic resources in place that could enhance health and wellbeing.

An assets-based approach takes time² and may generate different priorities to those identified by professionals through a needs assessment process. But in the long term it has the potential to lead to better community engagement, more effective action to address the priorities that matter to those communities, and lasting impact on health.

4. The challenges and how we tackled them

Walsall's population³ is currently just over 255,000. There are two areas of significant growth within the population. The size of the older population is set to double with the number of people aged 85 or over expected to increase from just over 5,000 in 2008 to more than 10,000 in 2028. Birth rates within Walsall have continued to rise and the population is anticipated to increase by 6% over the same period of time. Walsall has a culturally mixed population with a significant South Asian population in particular.

There are significant inequalities within Walsall. In 2010 Walsall was ranked as the 35th most deprived of the 326 local authorities in England. With the borough faring particularly badly in terms of education, income and employment. However, while some parts of the borough are among the most deprived in the country others rank within the least deprived. These wider social determinants of health impact at both ends of the lifecourse.

The 2012 JSNA draws particular attention to:

- the need to bring a proportionate focus to more deprived parts of Walsall
- the impact of poverty in childhood on health outcomes.
- the importance of actions that increase healthy life expectancy

The programme of activities had the following three elements:

- Health and Wellbeing Board workshop - to achieve a shared understanding of the issues and scale of the challenge and to agree on the approach to be taken through a discussion led by Dr Mike Grady, Senior Research Fellow at the Institute for Health Equity and Lorna Shaw, Senior Adviser for the Health and Wellbeing Board Programme at the Local Government Association
- Senior Leaders - a half day workshop involving leaders from all main sectors in the borough designed to gain ownership and buy in to the proposed approach. The workshop covered health inequalities (the Institute of Health Equity) and asset based approaches - with expert input from Professor Mark Gamsu from Leeds Metropolitan University. The session was introduced by the Leader of the council and was attended by over 60 senior leaders.

² Foot J (2012) What makes us healthy? The assets approach in practice, evidence, action, evaluation

³ All information quoted is from Towards a Strategy for Health and Well-being in Walsall - the Walsall Joint Strategic Needs Assessment 2012

- Area Partnerships – Two-hour workshops in each of the boroughs 6 area partnerships the workshops were promoted using existing contact lists for the areas and in some cases slots for already scheduled meetings were used. The workshops started with presentations of the health profile for each partnership area followed by a discussion on asset based approaches and priorities for action.

These area partnership workshops were organised by the Walsall Area Partnership Team with contributions from the Walsall Public Health Team, Leeds Metropolitan University (Health Together) and the Federation of Community Development Learning. Attendance ranged from 40 to 70 participants, with representation from the local authority, NHS, voluntary and community sector organisations and members of the public.

Some of the area workshops were introduced by the elected member who chaired the partnership, the rest were opened by the Area Manager for that locality. The output from the area workshops are summarised in a separate report *“Health is everybody’s business - health and wellbeing in our communities.”*

5. Outcomes and Impact

The Walsall report “Health is everybody’s business” is now being used as the basis for further development work in the borough, it focuses on:

- identifying a key priority as the basis for collaborative effort in each partnership area. For example one area (Walsall South) has decided to focus on diabetes and has started by mapping the assets in the area to understand the provision and take up of services.
- creating a support programme to develop greater competence in asset based working among key stakeholders at neighbourhood level through sharing learning together.

6. Key Learning Points

Energy and commitment

The focus on an assets approach to health inequalities and improving wellbeing generated a tremendous amount of interest across stakeholders and sectors in the borough. Some of the factors that helped include:

- Leadership - the borough wide workshop was opened by the leader of the council and included input from the Chief Executive of the local authority. Other key leaders such as the Director of Adult Services, Director for Neighbourhoods and senior public health managers were also involved in all stages of the programme.
- Analysis - the Institute of Health Equity presented at both the Health and Wellbeing Board and the borough wide meeting. The evidence base gathered by the Marmot Team in key reports such as “Closing the Gap in a generation” and “Fair Society Health Lives” were used to develop a compelling argument underlining the importance of a cross-sectoral approach and one that placed greater importance on

co-production with the public. This was complemented by the evidence and engagement of Leeds Metropolitan University on assets, citizenship and health. This external input and challenge helped broaden the discussion and validate champions for this agenda in Walsall.

Building understanding

While some participants already understood what an asset based approach might involve, for others this idea was new and it was clear that some left the workshops still unclear precisely what such an approach might be and what implications it may have for their practice. If this type of approach is to be successful there is a need for an explicit ongoing programme of training and development support backed up by locally relevant literature and consistent use of the approach in local plans, strategies and other relevant documents.

Participation

There was a very strong interest in this agenda across sectors and communities. All workshops were well attended, although the composition of attendees varied, particularly at the area events. As might be expected there were significantly more members of the public at area workshops that were held in the evening. Those organised during the day were predominantly attended by professionals.

Some sectors were consistently poorly represented at all the workshops. Two of the most important were education (schools and colleges) and primary care. This is not just an issue for Walsall, both these sectors have traditionally been hard to engage. This could be because these front line services struggle to find the resources to engage directly with wider partnership working.

Existing Assets

At the area workshops a number of organisations and services came forward and shared asset based work that they were already involved in. For example:

- The Locality Charity has appointed two Community Organisers to cover the neighbourhoods of Caldmore and Palfrey to listen to the concerns in the area, develop relationships to enable the community to take action on issues that matter to them. Palfrey has been allocated £1 million through the Big Local and the Community Organisers will be key to helping empower the residents to allocate this money for their area.
- MyNHS Walsall is the pioneering public membership scheme for people who have an interest in health matters. It was set up by Walsall PCT and has evolved into a leading voice on health and social care matters for the community of Walsall. <http://www.mynhswalsall.net/about-us.aspx>
- The Time for Real project has been launched from a community hub "The Village Hub", in Caldmore it is being supported by Caldmore Accord a local Registered Social Landlords, Walsall Council's Social Care & Inclusion and Area Partnerships

Departments. It is a model for people to help others in their community and be rewarded for it - in time. For every hour of time they give helping someone, they receive one time credit.

However, it was also apparent that many of these initiatives were not formally connected with strategies to promote health and wellbeing, there was a lack of a systematic framework to connect them and work with them to build on their potential.

Social Determinants

Discussions in the Area Partnerships quickly moved on to how approaches that focussed on improving the social determinants of health could improve wellbeing.

There were a wide range of local ideas - many focussed on improving resilience and agency (the ability of citizens to take more control of their own lives). For example access to education, training and employment opportunities, better use of green space, and provision of welfare rights services.

This is a challenge - particularly for health services - who will need to consider how they can best respond to a community led view of wellbeing that places a greater emphasis on the social determinants of health.

Intelligence

The Public Health Team in partnership with the local authority had worked hard to produce a set of area profiles, informed by the JSNA. These aimed to describe the health needs in each area to provide a basis for the area partnership discussion.

While the profiles represented a good start at providing neighbourhood specific information, their use also highlighted some of the challenges associated with sharing information with a lay audience.

For example there is comparatively good public health information on physical health characteristics of populations - cancer, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) etc. However, mental health data is much less comprehensive and accessible. Failure to recognise this can lead to local stakeholders drawing the wrong conclusions about actions that need to be taken to improve wellbeing.

Another challenge with data is that a lot of the information that local government and the NHS hold - for example social services data, tends to describe service utilisation rather than need. It is also more likely to capture services provided or commissioned by statutory services rather than those provided by voluntary organisations or more informal community provision. This can give a distorted view of the extent of need and support that is available.

Again, this is not a challenge that is specific to Walsall. If local authorities are going to be in a position to work alongside members of the public, more work needs to be done to ensure that intelligence is presented in a way that connects with people's lived experience rather than a narrow picture of (mainly physical) health conditions and behaviours.

7. Next Steps

The Area Partnership workshops were an important step in the process of developing a whole-system focus to address health inequalities and improve health and wellbeing outcomes in Walsall through an assets approach. They provided a platform for a debate about public health priorities and actions to address these. It is certainly the case that they energised and engaged partnership members. However, each workshop only lasted 2 hours and this did not allow sufficient time to agree clear priorities and actions.

They did provide a real opportunity for public health leaders to test how they used their data and analyses to have a dialogue with community members.

While there was a real interest in asset based approaches - the degree of understanding among participants varied and no clear ideas about how to embed asset based working (aside from producing directories of resources) emerged directly from the workshop. It is crucial to recognise that developing asset based approaches is not a 'quick fix'. They involve a recognition that power imbalances need to be addressed, skills need to be developed, and established ways of working need to be critically reviewed.

None of the above is problematic; there is a clear recognition in Walsall that the Area Partnership workshops are a starting point.

The Walsall Area Partnership Team and the Public Health team are considering next steps. Each Area Partnership is now identifying specific local priorities in order to put appropriate action plans in place that could be addressed through an asset based approach. In addition to this they are considering:-

- establishing peer learning networks which would include partners from across sectors and communities to strengthen capability and bring in local challenge to develop more substantial programmes of asset based working.
- how intelligence systems could be developed to better capture wider sources of quantitative and qualitative data to achieve a more holistic view of the social determinants of health and the contribution of key sectors such as the voluntary and community sector.

8. Further Information

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- Health Together - Professor Mark Gamsu Leeds Metropolitan University.
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