

# Health and Well-Being Board – 21 October 2013

## An Asset Based Approach to Health and Well-Being - Progress Report

### 1. Purpose of the Report

To provide the Health and Well-Being Board with a progress update, following the Local Government Association's report and recommendations presented to the 25 February 2013 meeting and a progress report, presented to the 15 April 2013 meeting.

### 2. Recommendations

The Health and Well-Being Board is recommended to:

1. To note the progress made regarding developing an assets-based approach to health and well-being

### 3. Report Detail

This report sets out actions undertaken since a previous report was presented to the Health and Well-Being Board on 25 February 2013, which had been prepared by the Local Government Association (LGA), following a series of events centrally and in each of the Area Partnerships and a further progress report on 15 April 2013.

Walsall Council, working through the Health and Well-Being Board and in partnership with the LGA (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 well-being 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-wide activities

The approach in Walsall aimed to draw on lessons from the Healthy Communities Programme (formerly part of the LGA) and which was responsible for bringing a UK perspective to the assets approach, developed in the United States. This made a strong case for an assets approach in:

- Providing new ways of challenging health inequalities
- Valuing resilience
- Strengthening community networks
- Recognising local enterprise

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 problems<sup>1</sup>.

From the LGA report, three recommendations were made:

- 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
- 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

Following the LGA programme of work, each Area Partnership informed by the Health profiles developed by Public Health, identified priority areas of work and developed an action plan to deliver these.

Public Health Walsall has worked closely with Area Partnerships for several years. Following the transition of the Public Health team from the NHS to Walsall Council it is recognised that there are opportunities to strengthen links further and acknowledge the contributions all partners and Council Directorates make to the public health agenda. There is a need to create synergy in the public health work that all partners do in order to deliver improved health outcomes in the Borough in an environment of diminishing resources. The development of asset-based work is a key element of this.

Review meetings have been held between representatives from the Public Health department and each Area Manager to review priorities, consider actions currently underway, and make recommendations regarding future work. The focus of these meetings has been the strengthening of assets-based work to ensure that evidence-based actions are taken forward in a sustainable way.

These meetings have identified that all areas have good examples of engaging with and supporting community groups, voluntary sector and individual residents to deliver projects and programmes of work. These are focused on achieving improvements both in health outcomes and in the wider determinants of health such as education and employment.

In many cases these are currently small scale interventions and as their outcomes are measured and shown to be successful, there are opportunities to roll out and thereby increase their scale and impact. During the review, health profiles, which map data at community level, have been used to identify relatively small geographical areas (which are meaningful to local residents) in order to target and give a greater focus for prioritised activity.

Opportunities have also been identified to link priorities and actions across work streams and to strengthen work with strategic partners such as Walsall Clinical Commissioning Group (CCG).

Key priorities and some examples of assets-based work are detailed below.

## **Brownhills, Pelsall, Rushall - Sheffield –**

Key issues identified include:

- High rates of childhood obesity in some communities
- High rates of alcohol-related hospital admissions in Rushall
- High rates of teenage pregnancy and poor sexual health outcomes in Brownhills Central and Brownhills West

Networks with community groups and the voluntary sector have been developed and there are recognised examples of local asset-based good practice. Work to tackle alcohol-related issues brought a number of key partners and local assets together. Training to recognise signs and offer brief advice has been offered to partners and this has been rolled out to a variety of groups and settings including pubs, labour groups and football clubs. Links are being made with the CCG lead for alcohol.

## **Aldridge and Beacon**

Key issues identified:

- High rates of coronary heart disease (CHD) and stroke in Aldridge and Aldridge North
- Review of data on falls and dementia required

There are well developed networks of community groups and voluntary sector organisations in this area and some innovative ways of engaging with these through linking priorities across work streams. For example, work to reduce antisocial behaviour has resulted in an increase in young people attending local community clubs to increase their fitness through sports such as non-contact boxing.

Work focused on reducing the risk of CHD and stroke in Aldridge and Aldridge North will link with the Aldridge community network, Northgate GP practice Patient Representative Group and the CCG. The aim will be to increase awareness and support residents to reduce their own risk by adopting healthy lifestyle behaviours and, when necessary, signposting to support. Residents in this Area Partnership have identified that they have poor access to physical activity sessions and there are plans to offer training and support to local residents to enable them to set up sessions in the community, thereby increasing opportunities for employment for local people and potential for creation of social enterprises.

## **North Walsall**

Key issues identified:

- High rates of obesity – children and adults
- High rates of teenage pregnancy/ poor sexual health - Goscote
- Infant mortality/ low rates of breastfeeding – review data

The area has developed a number of assets-based projects to improve health outcomes which link priorities and actions of different work streams. These include support given to local residents who volunteer in the community. An example of this is the support given to a local volunteer to take local young people to swimming lessons following concerns raised about ASB and safety of children living and playing near a local canal.

## **Walsall South**

Key issues identified:

- High prevalence of long term conditions, particularly diabetes in a number of community areas and poor uptake of self care programmes.
- High rates of falls – work will be linked to the CCG Bone Health STaR Group.
- Poor male life expectancy in St Matthews – work will be linked with the newly established Men's Health Forum.

Ongoing work in the area includes specific work on diabetes, particularly Type II. It is recognised that those residents who are particularly at risk need to be more aware of the risks and consequences of diabetes. They also require knowledge of how to reduce their own risk by adopting healthy lifestyle behaviours and when necessary signposting to accessing support via lifestyle services. All frontline staff in the area are being encouraged to promote the Diabetes UK risk measurement score and website and talk to their service users about the condition. For those residents that are already diagnosed with diabetes, the working group is linking with the CCG Diabetes Service Transformation and Redesign (STaR) Group to ensure that all staff engaged in the clinical pathway know about the preventive lifestyle services available for service users. Wider work on the prevention of Long Term Conditions includes training all front line staff in the Making Every Contact Count initiative, including Five Ways to Wellbeing.

## **Darlaston and Bentley**

Key issues identified:

- Very poor health outcomes in the Rough Hay area, particularly child health. Rates of childhood obesity are the highest in Walsall.
- High levels of childhood obesity and poor health outcomes in the Moxley area.

Rough Hay: A range of partners have been brought together including representatives of the local Children's Centre, whg, Darlaston Jet, public health commissioners and service providers, WACC and local residents. The focus has been on developing a programme of work that utilises and develops local assets. This has included training local residents to deliver lifestyle improvement programmes such as smoking cessation and physical activity and improving access to training and employment.

The number of residents in this area accessing specialist Lifestyle services to support them in healthy lifestyle choices has increased significantly since this work started. Several community members have been identified that have an interest in working with partners on the next phase of the project which will be carried out in partnership with the CCG and the C2 Connecting Communities programme.

## **Willenhall, Short Heath and New Invention**

Key issues identified:

- 'Health inequalities' including:
  - High rates of teenage pregnancy and poor sexual health in the New Invention and North Willenhall communities.
  - High rates of obesity in older children in New Invention.

Work to tackle teenage pregnancy and poor sexual health in the New Invention and North Willenhall areas has brought together a number of partners, including the Teenage pregnancy team, the Young People's Sexual Health Outreach Team, IYPSS and local schools. This has led to improved provision in the area, including delivery of SRE teaching in local schools and the establishment of a sexual health drop-in clinic in the area.

To support assets-based working a local directory has been developed which includes information on community and groups, voluntary sector organisations and service provision in the area. This model has now been rolled out in other Area Partnerships. Future assets-based work is planned to tackle childhood obesity in the New Invention area. This will link to activity underway in the Children and Young People's work stream to increase opportunities for children to be physically active.

### **4. Financial**

There is no direct financial impact at this point in time.

### **5. Legal**

There are no legal implications at this point in time.

### **6. Risk Management**

Risks:

- The capacity of the voluntary and community sector at a local level and the level of understanding of what community assets are and how these can be developed
- Continued support from partners at a local and strategic level

### **7. People**

Any activity to improve health conditions will have a positive impact on the residents of Walsall.

## 8. Consultation

It was estimated that over 300 people attended the first round of events, facilitated by the LGA, with representation from the local authority, NHS, voluntary and community sector organisations, members of the public and Elected Members.

Stakeholders continue to be engaged through developing the assets based approach and further assets are identified.

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<sup>1</sup> Morgan A and Ziglio E - Revitalising the evidence base for public health: an assets model - Promotion and Education 2007; 14; 17