Health and Well-Being Board – 15 April 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.

2.   Recommendations

The Health and Well-Being Board is recommended to:

1   To note the progress made regarding the recommendations proposed at the meeting held on 25 February 2013

2   To note the identified health priorities for each Area Partnership

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.

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[1].

This includes the skills, capacity and knowledge of individuals, networks and connections within the community, along with local groups, the resources of the public, private and community and voluntary sector organisations available to support the community, and the physical and economic resources in place that could enhance health and well-being.

The Health and Well-Being Board 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 recognition that although the Area Partnerships were well established and had made links with proactive community groups, direct engagement with the public was comparatively weak, with Area Partnerships being more agency-led than community-driven.

Taking a local approach to tackling health inequalities presents some problems, in terms of being able to tackle some of the long-standing issues in the borough, raising awareness of these issues, communities understanding what this means for them and how we can gain their involvement. By using local data to identify specific issues within the Area, provides the evidence base for bringing together local organisations and communities.

From the previous 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**

Using a range of data provided through the Walsall Intelligence Network (WIN), eg, Public Health Area Profiles and Area Partnership Profiles and other documentation available, eg, Joint Strategic Needs Assessment (JSNA), each Area Partnership has been able to identify specific health priorities for their Area.

Area 1 - Brownhills / Pelsall / Rushall - Shelfield have identified alcoholism as a major issue, particularly for the Brownhills Central and Rushall areas. This data is taken from hospital admissions per 100,000 population

Area 2 - Aldridge and Beacon has a high prevalence of smoking in the Aldridge, Aldridge North and Walsall Wood Wards, which is linked to long-term conditions and pressures on services. Initial activity would be to test the data, as these statistics are from those registered with GPs

Area 3 - North Walsall's priority is to tackle childhood obesity in Year 6   This is an issue across the Area Partnership, with all but one Ward having high levels of obesity. A number of weight management programmes are in place, with a review of these being undertaken and discussed by the health workstream in early May

Area 4 - Walsall South have identified diabetes as its key priority, with all but one Ward being above the national average. An initial meeting has taken place of the working group to look at how this issue may be tackled, led by public

health. Initial challenges are understanding of what we all do and our role in the diabetes pathway; consideration of how we could all link better; sharing of some of the barriers to service provision in Walsall South and identification of what is missing and sharing of good practice that has proved effective in Walsall South around areas such as communication, location, service user engagement

Area 5 - Darlaston and Bentley will be focusing on improving provision and services for young person's health in Darlaston South. In Darlaston North, 'healthy lifestyles for an ageing population' has been identified as a priority. A meeting with public health has taken place to also begin to look at identifying a priority within each of the six 'neighbourhoods', eg, Falliings Park, Rough Hay, Moxley.

Area 6 - Willenhall and Short Heath have two potential issues – young people's access to services and teenage pregnancy in the New Invention and North Willenhall Wards. The young people's access issue was identified from a consultation exercise, led by Integrated Young People's Service. It is anticipated that the priority will be agreed shortly

- **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**

Initial discussions have been undertaken with public health colleagues to discuss how Area Partnerships are seeking to develop local networks to include the voluntary and community sector.

In Brownhills, Pelsall, Rushall - Shelfield, it was recognised that a support network needed to be established within the Rushall area to provide support for older people within the Area. Manor Farm Community Association has successfully established the 'Silver Scheme', which provides breakfast / luncheon clubs, home maintenance, 24 hour helpline and a transport scheme - the aim of the project is to encourage volunteers to support the scheme and give people additional skills.

In the Aldridge and Beacon Area Partnership, a series of networking events are being established per Ward. This has involved identifying a range of voluntary and community sector groups in the Area and bringing them together for regular meetings. This has also increased the number of groups we are in contact with and enables this Area Partnership to increase the number of organisations we are able to share and promote activities with. Another example is where there was recognition for the need to develop support groups around identified health issues in this Area - two have been established: Dementia and Diabetes.

Caldmore Village Hub, in Walsall South, is promoting the 'Time for Real' scheme, which aims to encourage volunteers to provide services by exchanging their skills for time, for example, gardening in exchange for decorating. Adult Social Care are involved with the scheme to identify how we can support and work with vulnerable people within the community.

In Darlaston and Bentley, a local networking event will be held in the near future, inviting local organisations together, with partner agencies in attendance to offer support and guidance and to identify how these organisations would like to see support provided in the future.

In Willenhall, Short Heath and New Invention, working with a local community association, of employing a local co-ordinator to bring local organisations together to identify what support they would like to see in the Area and to develop a network.

Area Partnerships are also working with Walsall Voluntary Action (WVA) to ensure that links are made at a local and borough-wide levels and to ensure that both are able to support capacity building across the borough.

- **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**

Through the WIN, there will be improved integrated data collection, with the ambition of having one JSNA for all data relating to the borough.

The revised Area Partnership Profiles and Public Health Profiles have provided the best insight relating to Area Partnerships and Ward level data and has given some interesting results (see Area Partnership priorities above).

Through the refreshed Sustainable Community Strategy (SCS), with the revised four priorities:

(i) **Economic Development - employment and improving employability** thereby getting people into work and keeping them there.

(ii) **Improving Health** – Supporting longer and healthier lives

(iii) **Creating Safe, Sustainable and Inclusive Communities** – Reducing levels of crime and providing the right environment for people to live in.

(iv) **Improving Life Chances for Children and Young People** – Recognising that a person's early years crucially help determine what kind of future they will have.

Area Partnerships will be able to align their local delivery plans to identify how local action is supporting the delivery of these strategic priorities, but retaining identification of local priorities that our residents can identify with.

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

Through a Borough-wide strategic level and at a local level, through Area Partnerships, it is estimated that over 300 people attended the events, with representation from the local authority, NHS, voluntary and community sector organisations, members of the public and Elected Members.

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