## Positive intelligence

# PHINE Col and Community Asset Based Approaches

## What we will cover

- About the PHINE Col
- Why CABA?
- Introduction to the Health Asset Profile
- Embedding Asset approaches in JSNA
- Community Asset Mapping in Wakefield
- How PHINE can work with you

## **PHINE**

- PHINE is a Community of Improvement for those with an interest in knowledge and intelligence.
- Membership is targeted at all local authority analysts in public health.
- Priorities are to:
  - Provide a forum for information exchange and networking
  - Ensure data access to key data sources
  - Identify common training needs and contribute to continuing professional development in data and intelligence of specialist PHI and wider business teams
  - Agree a shared work programme to identify potential areas for joint work between PHE and LA public health teams in order to maximise efficiency and reduce duplication - Community Asset Based Approaches...

## A focus on assets – why now?

Harnessing the 'renewable energy' of patients and communities is no longer a 'discretionary extra' but is key to the sustainability of health and care services. (5YFV NHSE, 2014)

'In a period of economic restraint, it is vital that local government and the NHS obtain economic and social value from the services they deliver' (NHSE/PHE (2015)

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## A focus on assets in JSNA

With increasing attention on what councils and the NHS cannot do, it is vital to gain clarity on what the organisations and people of each area can do

## **Aligns with**

- Place shaping role of LAs
- Duties and ambitions of the <u>Care Act</u> (2014) and <u>Five</u>
   <u>Year Forward View</u> (2014) reforms, including
  - Personalised, self directed care
  - Patient choice and involvement
  - Place based planning and commissioning health and care
  - New models of integrated care
  - 'Think Local, Act Personal'
- Can inform HIAP and HEA

## A traditional intelligence view of need...

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	Sheffleid	Wakefleki	York
4.01 - Infant mortality	2013 - 15	⊲ ⊳	3.9	4.3	4.0	5.9	3.7	5.2	2.7	4.1	5.1	4.1	3.3	3.7	3.5	4.9	4.7	2.9	2.8
4.02 - Proportion of five year old children free from dental decay	2014/15	<b>●</b>	75.2	71.5	69.8	62.5	70.7	69.0	76.9	62.2	71.1	68.6	70.1	81.9	79.3	71.1	68.6	63.5	83.6
4.03 - Mortality rate from causes considered preventable (Persons)	2013 - 15	<b>●</b>	184.5	200.2	207.0	219.6	211.9	222.3	169.6	272.7	185.0	211.8	234.6	206.1	153.9	211.2	203.5	211.0	169.3
4.03 - Mortality rate from causes considered preventable (Male)	2013 - 15	<b>●</b>	232.5	251.7	250.7	279.5	259.5	280.6	206.4	326.3	230.7	269.6	303.0	263.6	199.8	259.8	258.2	269.1	214.7
4.03 - Mortality rate from causes considered preventable (Female)	2013 - 15	<b>●</b>	139.6	151.6	164.7	163.3	167.4	166.5	135.4	220.5	141.4	158.4	167.3	153.7	111.0	165.8	151.8	156.7	127.2
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2013 - 15	<b>⊲</b> ⊳	74.6	83.5	89.7	102.6	91.2	85.0	73.5	107.8	79.2	86.9	92.5	79.3	63.2	89.2	82.8	90.2	67.8
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2013 - 15	<b>●</b>	104.7	117.6	124.9	142.7	123.4	117.4	101.5	151.3	111.7	125.0	133.0	110.8	88.8	122.3	119.8	128.1	98.3
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2013 - 15	<b>●</b>	46.2	51.2	55.1	64.7	59.9	53.9	47.1	65.6	48.4	51.3	53.7	48.9	39.1	57.0	47.6	53.7	40.4
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	<b>●</b>	48.1	55.3	61.7	64.1	59.3	60.4	50.2	71.2	50.8	59.6	60.7	53.6	41.3	57.5	54.8	58.3	43.0
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2013 - 15	<b>∢</b> ⊳	72.5	83.8	91.1	96.1	86.1	88.5	72.8	103.9	76.8	92.9	97.3	81.4	64.7	85.5	84.9	90.2	67.0
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2013 - 15	<b>●</b>	25.0	28.2	32.8	34.1	33.3	33.3	29.0	39.5	26.2	28.7	25.8	26.7	19.4	30.4	26.3	27.6	21.2
4.05i - Under 75 mortality rate from cancer (Persons)	2013 - 15	<b>●</b>	138.8	148.4	157.6	153.8	145.3	173.5	127.9	189.6	141.3	155.2	170.5	145.0	121.5	153.7	153.0	156.1	130.5

## A national picture

- PHE developed the 'Health Asset Profile'
- 65 suggested indicators only 28 with valid data
- Uses Fingertips platform, so easy to use and can also be directly linked to digital JSNA
- This is a pilot, unfinished and more data and indicators will be added and potential align to the 'Wider Determinants Tool'

### **Public Health Profiles**

Introduction

Technical Guidance

Contact Us

Indicator keywords



#### **Highlighted Profiles**

Child and Maternal Health Mental Health Dementia and Neurology

Health Profiles National General Practice Profiles

Longer Lives Public Health Outcomes Framework

#### National Public Health Profiles

Adult Social Care Longer Lives

AMR local indicators Marmot Indicators

Atlas of Variation Mental Health Dementia and Neurology

Cancer Services National General Practice Profiles

Cardiovascular Disease NCMP Local Authority Profile

Child and Maternal Health NHS Health Check

Diabetes Older People's Health and Wellbeing

Disease and risk factor prevalence Oral Health Profile

End of Life Care Profiles Peer benchmarking tool

Health assets profile Physical Activity

Health Profiles Public Health Outcomes Framework

Health Protection Segment Tool

Inhale - INteractive Health Atlas of Lung Sexual and Reproductive Health

#### **User Guide**



#### Latest News

July 2017:

**New Health Profiles released** 



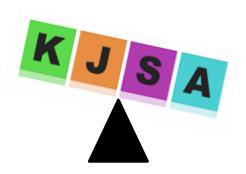


Export table as image

	Benchrs	ark Value	
Lowest	25th Percentile	75th Percentile	Highest

Indicator	Period	East Sussex		Region	England			
indicator	remod	Count	Value	Value	Value	Lowest Ra	ange	Highest
Gender pay equality	2015		78.2%		79.4%	65.0%	O	96.3%
Housing affordability ratio	2016	-	9.3%		7.2%	26.4%		3.4%
Percentage of people aged 16-64 in employment	2015/16	230,600	73.8%	-	73.9%	60.4%	<b>Q</b>	84.3%
Income deprivation	2015	-	13.1%		14.7%	27.6%	0	2.8%
Income deprivation in older people (IDAOPI)	2015	-	13.1%		16.2%	49.7%	0	6.3%
Income deprivation in children (IDACI)	2015	16,010	17.4%	14.5%*	19.9%	39.3%	0	1.3%
GCSEs achieved (5A*-C including English & Maths)	2015/16	2,989	59.1%		57.8%	44.8%	0	74.6%
School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	2015/16	4,526	81.0%		80.5%	74.5%	0	89.1%
School Readiness: the percentage of children achieving a good level of development at the end of reception	2015/16	4,342	75.7%		69.3%	59.7%		78.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	2,359	×		43.2%*	18.0%		76.5%
Healthy life expectancy at birth (Male)	2013 - 15	-	64.1		63.4	54.0		71.1
Healthy life expectancy at birth (Female)	2013 - 15		65.7		64.1	52.4		71.1
People's access to woodland	2015	113,601	20.9%		16.8%	0.1%		61.9%
Proportion of people who use services who feel safe	2015/16	-	70.9%		69.2%	55.1%	0	80.4%
Access to dental services	2015/16	2,158	95.1%		94.7%	83.3%	O C	98.8%
Percentage of people who said they had good experience when making a GP	2015/16	6,218	77.3%	-	73.4%	58.6%		96.7%

# The Kirklees Joint Strategic Assessment: Shifting the balance from needs to assets



**Helen Bewsher** 

#### http://observatory.kirklees.gov.uk/jsna

## K J S A

### Highlighting assets from the front page onwards....

Home Wider factors Behaviours People and life events Conditions

#### Summaries

KJSA blog

Kirklees overview

Population

Batley and Spen

Dewsbury and Mirfield

Huddersfield

Kirklees Rural

Clinical Commissioning Groups

#### Inequalities

Inequalities overview

### Resources / other information

Resources overview Previous JSNAs

#### Assets

People helping people

#### Kirklees Joint Strategic Assessment



Local authorities and clinical commissioning groups (CCGs) have to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), on behalf of the Health and Wellbeing Board.

Our new KJSA provides a picture of the health and wellbeing of Kirklees people and is used to inform the commissioning strategies and plans of the council, Greater Huddersfield CCG, North Kirklees CCG and the local voluntary and community sector.

It includes information about health needs and assets. Health assets help people and communities to maintain and sustain their health and well-being, such as skills, knowledge, their networks and connections and community spaces, for example parks.

#### How to use this information

The KJSA site is split up into sections. Each section under the four main headings uses a life course approach to explain who is affected and where and outlines what actions commissioners and service planners can consider.

- · Wider factors explores home, community and economic factors.
- · Behaviours explores health behaviours.
- · People and life events explores specific groups and life transitions.
- . Conditions evalures common health conditions and diseases.



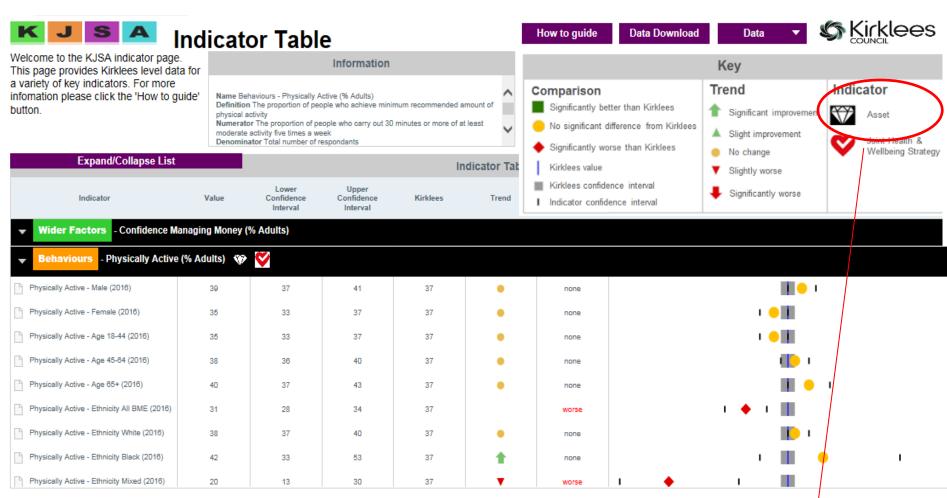
## Consistent approach to updating each KJSA section

expand all / collapse all

Headlines	i.e. Start with what's strong not what's w									
Why is this issue important?	What would an asset-based approach to issue/ condition/ group look like?	this +								
What signficant factors affect	t this issue?	+								
What does the local data tell	us?	+								
Where is this causing greatest concern?										
What are the assets around t		+								
Views of the local people	assets and people helping people'	+								
What could commissioners ar	nd service planners consider?	+								
References		+								
Date this section was last rev	iewed	+								



## Forthcoming indicator tables...



Approximately half of all the indicators will be 'asset' indicators

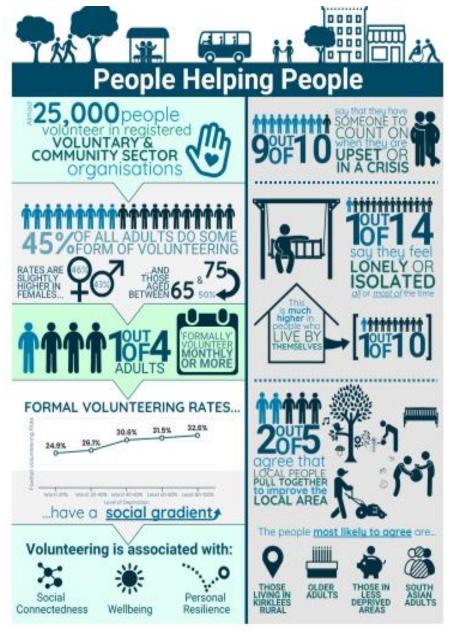
An example of visualising assets alongside





## A dedicated section on community assets and 'people helping people' in Kirklees...





We have included some headlines on local assets in the 'Kirklees' Overview' section (summary of key issues/ challenges for Kirklees). This section is updated annually and approved by the Health and Wellbeing Board...







## Just some of the local assets contributing to our health and economy





Well connected by road and rail



Gold rated University of Huddersfield (winner of 2017 Global Teaching Excellence Award) and other high-performing educational establishments



Town halls and libraries





Shopping centres



Places of worship



World-leading engineering and manufacturing companies



Multiple organisations and partnerships working to



Peak District National Park and other green spaces

## More local assets built on people helping people



Over 100 registered voluntary organisations and 1000+ unregistered voluntary organisations



Sharing community resources: Comoodle Making better use of under-used stuff, space, skills



Support for self-care: MyHealth Tools, Expert Patient Programme, Wellness Hub



Volunteers and social action: Volunteering Kirklees



Asset-based community development (ABCD):
start with what's strong, not what's wrong



Places and spaces: Creative Kirklees



Lifelong learning: Community Learning Trust, Workers' Educational Association, University of the Third Age, College of the Community centres



Arts and culture: galleries, theatres, festivals, designers



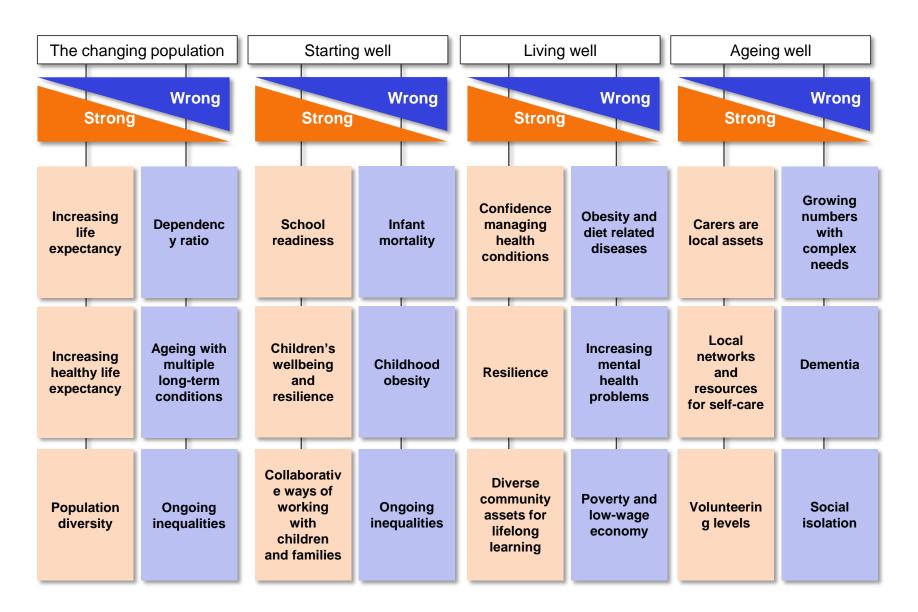
Social prescribing



People: Large numbers of highly motivated individuals across Kirklees

## ... shifting to a 'what's strong/ what's wrong' approach...







What assets are there already? What the KJSA is telling us What else is happening around the What else could we be doing? What is building strength around is a problem and what issue? How could we do it? the issue? might help: What is wrong? What is strong? What is the gap between What potential need What might be helping? What other assets and what we know is happening has the KJSA support are there? and the issue? highlighted? Template used to support discussions about what's strong and what's wrong in local communities (can be place, issue or population group based) What sort of things might work? **Ideas that:** Remember each idea should: - Provide opportunities for people to have a - Build people's skills and knowledge Enable people to interact more with others

## The Kirklees Joint Strategic Assessment: Shifting the balance from needs to assets



## In a nutshell...

- © Getting approval from the Health & Wellbeing Board
- Acknowledging that JSNA is both a process and a product
- © Pro-active and supportive steering group
- Working out what is meant by assets and asset-based JSNA
- MPH dissertation review of JSNAs what does an asset-based JSNA actually look like?!
- Putting theory into practice it's not easy! Testing out some tools, templates and approaches.
- Lack of coherent and coordinated approach to updating, 'mapping' and sharing information about local assets
  - Asset-based JSNA needs to be part of system-wide shift to
     asset-based/ strength –based approaches

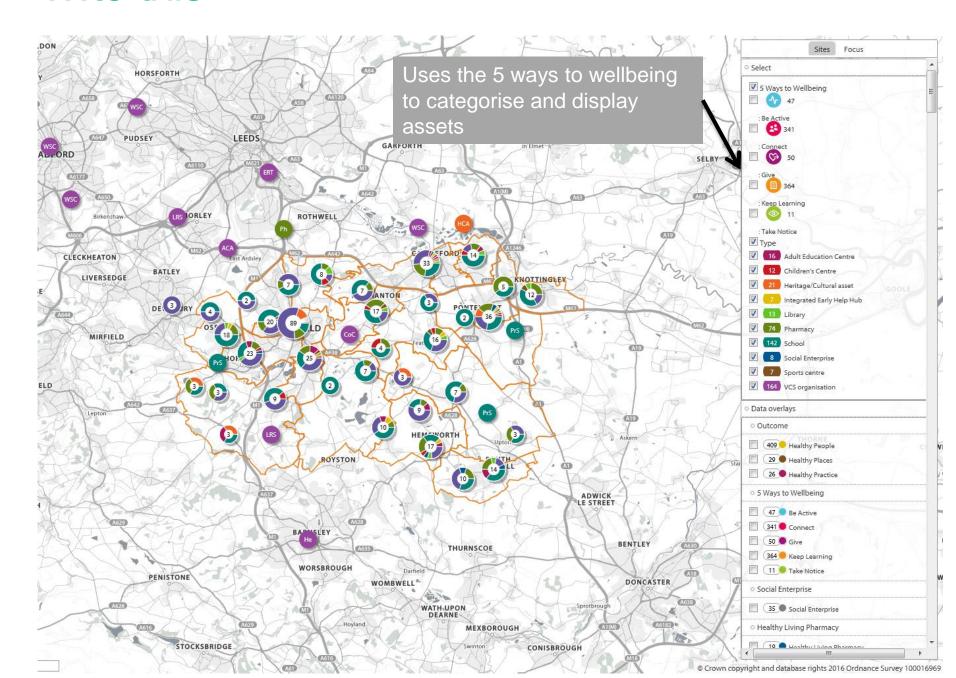
# Community Asset Mapping in Wakefield using SHAPE Shane Mullen

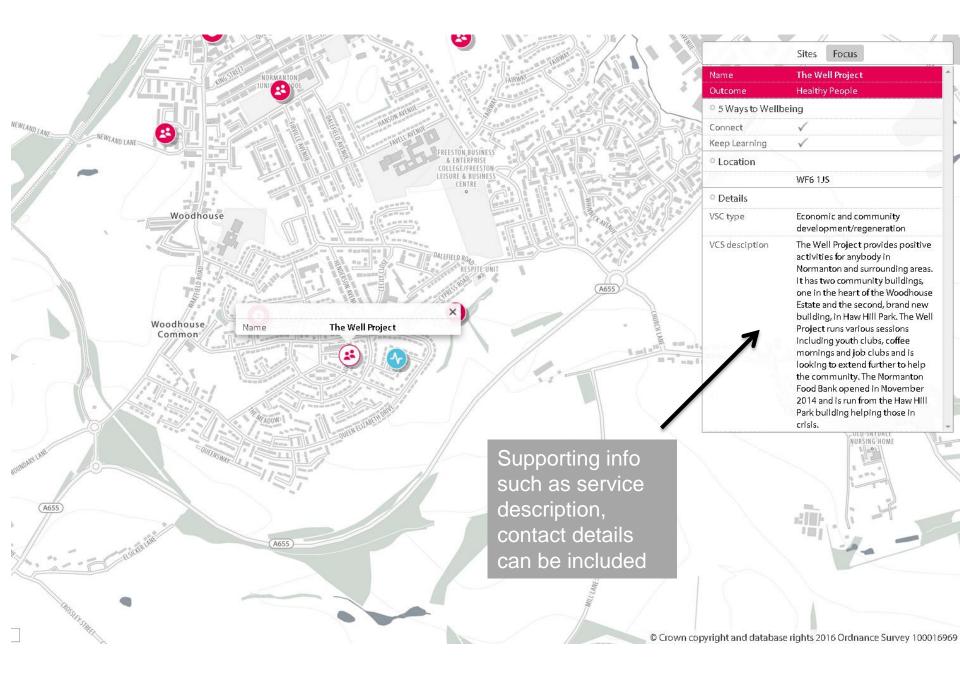
- SHAPE is a national web-enabled, evidence based toolkit, designed to inform and support the strategic planning of services and assets across a whole health economy.
- The SHAPE tool can be adapted and applied locally to map community assets in the form of localised dashboards. The use of SHAPE was piloted in 3 areas:
  - Birmingham substance misuse recovery service
  - Wakefield LA
  - South Tees Macmillan service

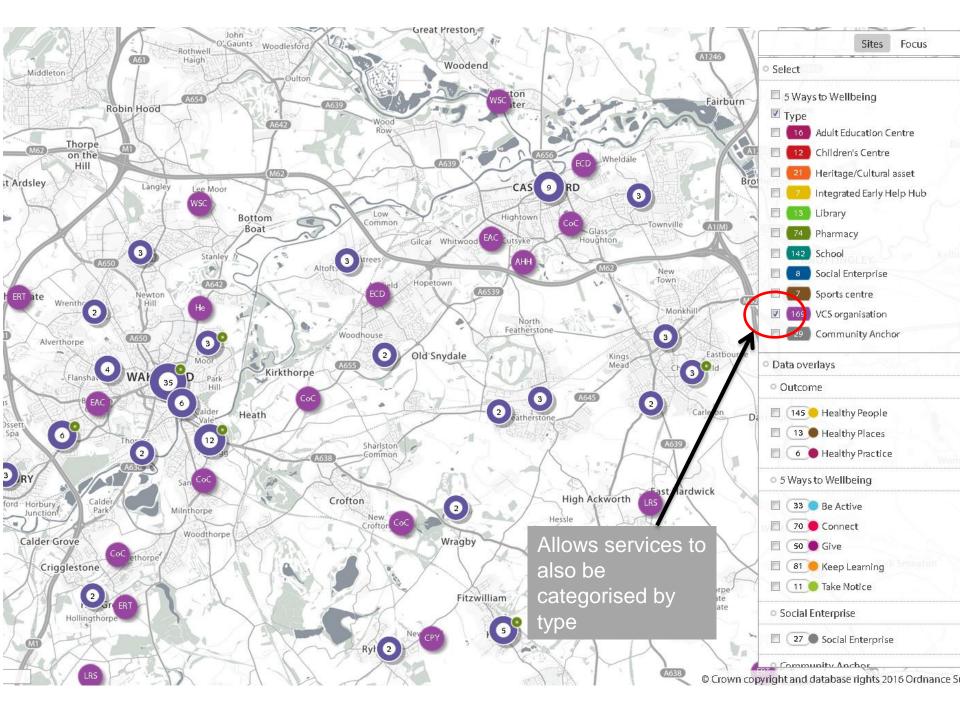
# Digital mapping of assets From this...

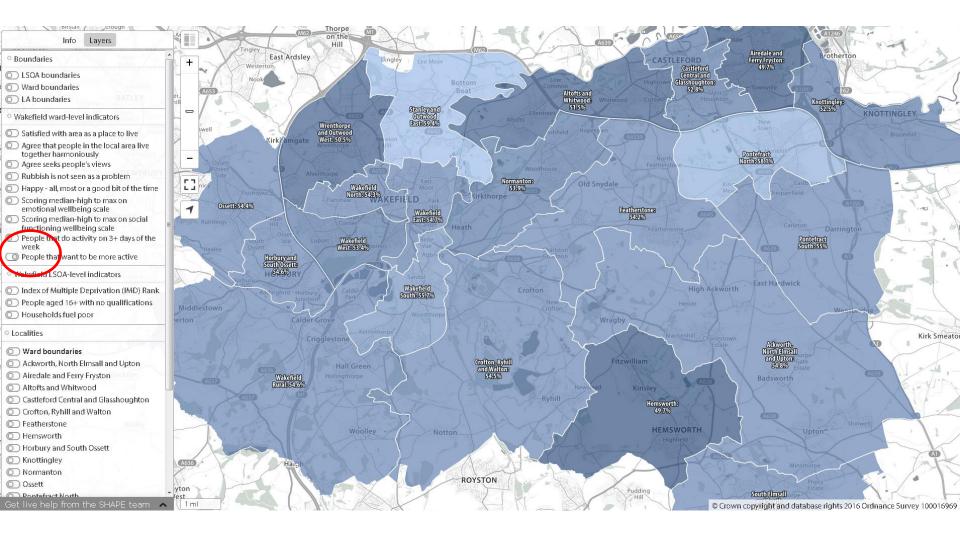
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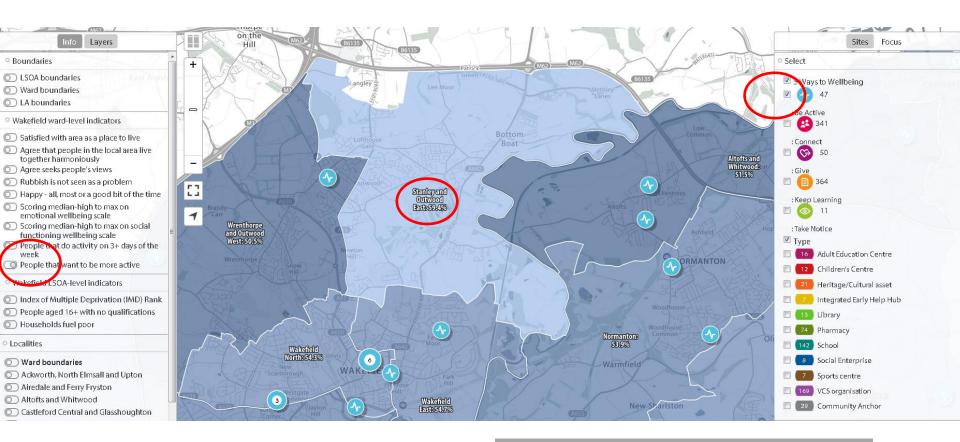




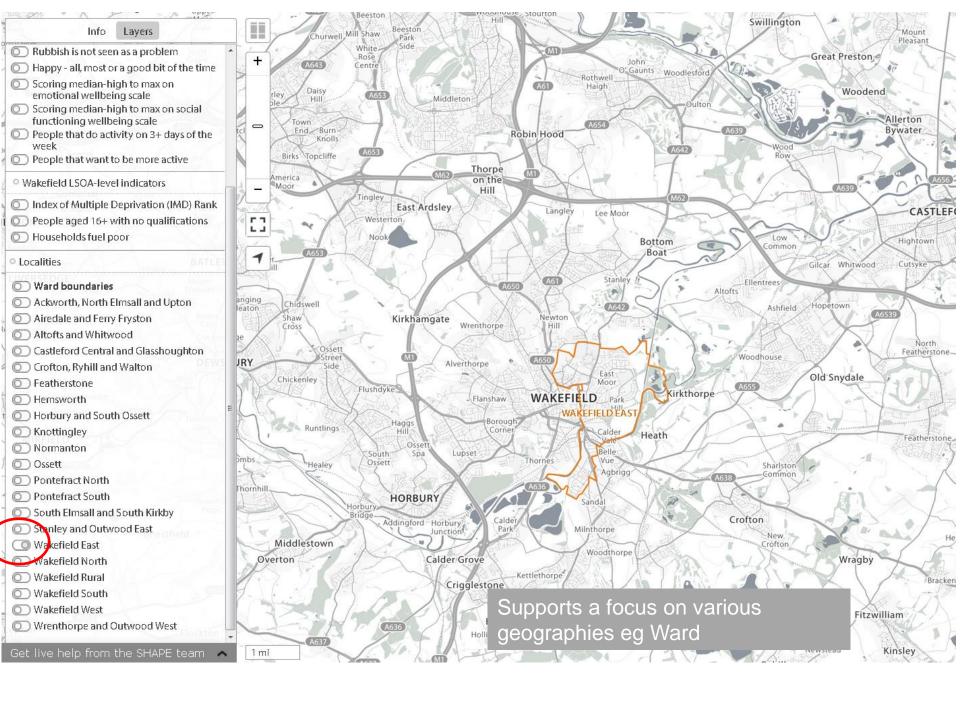




Maps indicators eg survey findings or IMD



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'

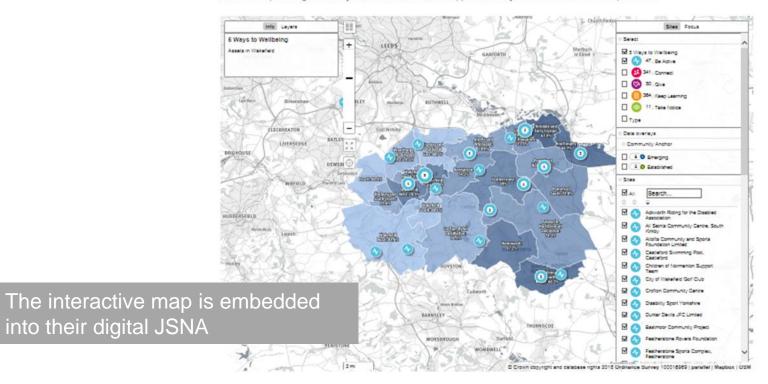




Introduction v Population v Children v Adults v District Characteristics v What shapes health & wellbeing v
Tools and Resources v

#### **Community Assets**

Below is a map showing community assets that are available to support the eldery around reabiliation and falls prevention.



#### **Publications**

The Case for Falls prevention Falls Health Need Assessment

## Over to you...

- 1. Come up and stand where you think your organisation is on the spectrum of being needs or asset focussed?
- 2. Those who standing mostly on the needs side, please discuss what are the barriers to taking a asset approach.
- 3. Those who are standing more on the asset side please discuss what has been the enabler
- 4. For those in the middle please discuss how you could work with PHINE to support your move towards an asset based approach

## **Contacts**

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- Shane Mullen, Wakefield Council smullen@wakefield.gov.uk
- Louise Garnett, North Lincolnshire Louise.Garnett@northlincs.gov.uk