

Mapping local assets to support a community-wide approach to improve physical and mental health and wellbeing

Summary

This paper aims to scope the main methodological options for undertaking an asset mapping exercise within Medway in the context of taking an asset based approach to improving community health and wellbeing. This asset based approach is intended to complement Medway's Joint Strategic Needs Assessment and significantly enhance understanding of the strengths and assets, as well as the deficits, which exist within Medway's communities.

The HWB are asked to consider the options presented in this paper and to reach agreement on an appropriate methodology for the asset mapping process.

1. Budget and Policy Framework

Under the Health and Social Care Act 2012, local Health and Wellbeing Boards have statutory responsibility for producing the Joint Strategic Needs Assessment (JSNA). The assets approach is a tool which can help to augment the JSNA and give a richer picture of local potential and capacity as well as deficits.

2. Background

2.1. Introduction to the asset-based approach

The health of individuals and communities is influenced by social determinants of health. The Marmot Review (2010) highlighted the strong link between socio-economic inequities and inequalities in health and recognised that action across the wider determinants of health is required in order to reduce health inequalities. The Review recommended a more systematic approach to engaging communities with effective participation by individuals and communities in defining the issues and developing the solutions.

The traditional "deficit" approach to reducing health inequalities focuses on the needs and deficiencies within a population or community, with subsequent service planning to fill the deficiencies and "fix" the problems. Asset based working recognises that even the most marginalised communities have assets- valuable capacity, skills, knowledge and potential- and that health and wellbeing can be promoted through the building of social capital and community networks and the mobilising of these assets. A health asset has been defined as follows:

"Any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate

at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses”

(Improvement and Development Agency, 2010).

An early stage within the asset based working process is the asset mapping phase. A substantial quantity of assets and resources exist within all communities and can be used to build communities and solve problems/ meet needs. Asset mapping is the process by which the resources, skills and talents of individuals, associations and institutions, including those which may be hidden or potential, are gathered together into a map or inventory. The process also aims to discover the links between the different parts of the community, agencies and organisations in order that relationships, social capital and community networks can be rediscovered and refreshed, leading to community empowerment.

Asset mapping is most effective when undertaken by a group with an agreed aim and starts with volunteers mapping assets of individuals and of the community. Box 1 shows five suggested steps for carrying out a community-led mapping process.

Box 1. Five steps to conducting a community-led asset mapping exercise

Step 1. Meet those people who become the core group that will take the lead.

Step 2. Contact the individuals or groups who are active in your community – both formal and informal networks. This will identify the individuals who can do the mapping.

Step 3. Through face-to-face conversations, door knocking and other approaches such as storytelling, these individuals collate the assets and talents of individuals in the community. The residents who get involved recruit more people to help who, in turn, carry on mapping more individuals.

Step 4. Identify the resources and assets of local associations, clubs and volunteers.

Step 5. Map the assets of the agencies including the services they offer, the physical spaces and funding they could provide, and the staff and networks they have. Depending on the local vision, the maps can be extended to include physical, economic and cultural assets.

Source: Brighter Future Together. <http://www.brighterfuturestogether.co.uk/brighter-futures-together/toolkit/map-assets-in-your-community/>. (Accessed 10/07/13)

2.3. Policy context

2.3.1. UCL Institute of Health Equity, 2010. *Fair Society Healthy Lives (The Marmot Review)*.

Highlights the strong link between socio-economic inequities and inequalities in health and recommended a more systematic approach to engaging communities

with effective participation by individuals and communities in defining the issues and developing the solutions.

2.3.2. Department of Health, 2010. *Healthy Lives Healthy People: our strategy for public health in England (The White Paper)*.

Supports and adopts the recommendations made within The Marmot Review, and transfers many key public health functions from the NHS to Local Authorities, thereby opening new opportunities to tackle the wider determinants of health and shift power to local communities.

2.3.3. National Institute for Health and Clinical Excellence, 2008. *Community engagement to improve health*.

Advises that community engagement may impact positively on a wide range of medium and long term health outcomes and recommends that providers and commissioners should develop and build upon the local community's strengths and assets.

2.3.4. Joint Health and Wellbeing Strategy (JHWS) for Medway 2012-2017

The themes identified in Medway's JSNA are developed in the JHWS by the Health and Wellbeing Board. Priority Action 4- to promote healthy eating and physical activity- relates to Theme 4 of the Strategy. At the recent meeting of The Board on 18 June 2013, the process of mapping local assets to support a community wide approach to promoting healthy eating and physical activity and tackling obesity was considered and supported. Board members requested that a report be brought back to the next meeting setting out details of a potential scope for this asset mapping process.

2.4. Physical activity and healthy eating: a picture of Medway

Poor diet and lack of physical activity are risk factors for obesity which synthetic modelling predicts affects approximately 30% of adults in Medway.

The prevalence of obesity in Medway is estimated to be higher than the national average and is projected to rise without significant intervention with associated costs to health and social care also rising. Gaps in knowledge exist for Medway around diet, access to affordable, healthy food and regarding the uptake of targeted schemes to promote good nutrition such as Healthy Start vouchers and vitamins. The Health profile for Medway indicates that Medway is worse than the average for England for physical activity amongst adults and children.

Medway's JSNA recommends that whole population approaches are required to tackle these issues.

3. Options

3.1. What will be the breadth of the mapping exercise?

Option	Advantages	Disadvantages
1. List assets for promoting physical activity and healthy eating	<ul style="list-style-type: none">• Specifically related to Medway HWB Strategy Priority Action• Simpler to categorise assets into key headings/ levels• Could be undertaken as a pilot to ascertain the best methodology for a series of future (broader) mapping exercises	<ul style="list-style-type: none">• Healthy eating and physical activity are not the sole drivers of obesity• Not as inclusive as other options
2. List assets for reducing obesity	<ul style="list-style-type: none">• Could help to inform a wider obesity strategy• Could be kept quite specific and manageable within resource constraints	<ul style="list-style-type: none">• Not as inclusive as broader options
3. List assets that promote all healthy lifestyles and wider determinants of health	<ul style="list-style-type: none">• Very inclusive• Opportunity to tackle comprehensive range of social determinants of health	<ul style="list-style-type: none">• May not be feasible within resource constraints• Very challenging to keep the list of assets up to date

3.2. What will be the scale of the mapping?

Option	Advantages	Disadvantages
1. Limit to certain groups/ communities within Medway	<ul style="list-style-type: none"> • Enables prioritisation of communities with disproportionately high inequalities • Can gain a deeper understanding of the community and rethink design of services for that community • Enables comparisons between different communities/ groups 	Small scale and possibly not comprehensive enough to be applicable to Medway as a whole
2. Limit to certain geographical areas within Medway, e.g., wards	<ul style="list-style-type: none"> • Can choose geographical areas with contrasting profiles (e.g., demographic; rural vs urban etc) to allow comparison 	Risk of masking often considerable inequalities within wards
3. Medway-wide	<ul style="list-style-type: none"> • Most inclusive option-covers diverse geographical and demographic profiles • Could use a Medway-wide asset mapping approach to search for and link assets across Medway to deficits identified within Medway's JSNA. 	Resource intensive to cover all levels of assets across the whole of Medway

3.3. How should assets be classified?

Identified assets (actual and potential) require classification into categories, examples of which are given below.

Category of asset	Who/ what are they- examples	What do they have- examples
Individual	Community members Excluded groups Families	<ul style="list-style-type: none"> • Talents • Skills • Experience • Knowledge
Organisational/ Institutional	Public: <ul style="list-style-type: none"> • Local government • NHS • Education • Cultural- libraries, museums Private: <ul style="list-style-type: none"> • Local businesses • Banks • Corporations 	<ul style="list-style-type: none"> • Money • Buildings • Services • Staff • Knowledge and expertise • Sponsorship • Training • Donations • Time/expertise
Physical	Open spaces Unused land Buildings/ structures Transport	<ul style="list-style-type: none"> • Opportunities for leisure, physical activity, social networking and interaction

Community	<ul style="list-style-type: none">• Associations (e.g. faith groups, voluntary orgs, self-help and user groups)• Social capital• Civic participation• Neighbourliness• Cohesion	<ul style="list-style-type: none">• Networks• Membership• Consensus• Shared knowledge• Money• Influence• Buildings
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3.4. How should a full list of assets be collated?

Option	Advantages	Disadvantages	Comments
1. Public Health speaking to partners* and collating a list of assets	<ul style="list-style-type: none"> • Quickest, simplest option 	<ul style="list-style-type: none"> • Top down approach- public health working in isolation • Difficult to engage key partners with the process 	*List of key partners is dependent on the breadth of the asset mapping exercise (see section 3.1)
2. Public Health creates framework to list assets on and partner organisations and individuals* invited to populate the list	<ul style="list-style-type: none"> • Community- led, partnership approach- promotes shared ownership • Can be done fairly rapidly as a desktop or workshop exercise • Publicly accessible tool could be developed to enable regular updating by community members 		Possible approaches: <ul style="list-style-type: none"> • Appreciative Enquiry- consulting the community, drawing out strengths and successes from the past and creating a shared plan for the future. • Participatory Appraisal- local people are trained to research community members. Can include community walks, focus groups etc • World Café- engage large number of people around a set of questions/ Informal approach. Encourages dialogue across many groups/ organisations/ tiers. • Open Space- All stakeholders in same room. No set agenda: open ended agenda and timings. Individuals propose topics or ideas and then organise a discussion by recruiting participants
3. Commissioning alternative organisation to take project on	<ul style="list-style-type: none"> • Impartiality of an independent organisation • Preferable if existing capacity to undertake the work is limited 	<ul style="list-style-type: none"> • Cost of commissioning the work from an external agency • Less opportunity to engage with partners 	

		<p>ourselves</p> <ul style="list-style-type: none">• Missed opportunity for partners to develop and retain understanding of local assets, which may also impact on ability to mobilise assets.	
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3.5. How should assets be recorded?

Issues requiring consideration with respect to the recording of assets relate to data collection, data storage, data presentation and data refreshing. The options will now be discussed in turn.

3.5.1. Data collection

Possible methods of collection of information on assets include:

- Initial use of internal communication methods to engage with internal colleagues: explain purpose of the asset mapping exercise and ask people to come forward with any relevant information on assets in the areas of interest.
- Collection of initial brainstorming ideas (for example, from a workshop/ other consultation event) on paper then categorisation of assets and transcription into electronic format.
- Use Twitter to start a dialogue around the need for a local group/ activity to meet a particular need in Medway and ask for any information to be fed back. A single member of the PH intelligence team to take responsibility for collating information coming in through Twitter and channels.

3.5.2. Data storage

- Internal filing system initially
- Consideration later could be given to a Wikipedia or google map format to which all members of the community can add information (NB: content would require regular vetting).

3.5.3. Data presentation

Possible methods of presentation of data on assets include the following:

- Incorporate into JSNA and present as part of JSNA with an annual refresh.
- For hard to reach groups: consider publishing in alternative formats e.g. posters/ leaflets for distribution within relevant venues.
- Interactive map for infrastructure/ institutional assets
- Amazon Marketplace style approach where people accessing the site can search for certain services/ resources using key words. Links could be generated to other related resources.

3.5.4. Data refreshing

The resulting asset list/ map will require regular updates. Possible options for updating include:

- Annual update as part of the JSNA update process
- Any new information to come to a dedicated member of the PH Intelligence team who will update the list accordingly.

3.6. What resources will be required for the initial mapping exercise?

Required resources are dependent upon the chosen methodology. Consideration will need to be given to requirements for the following:

- **Staff**
 - Public Health Specialist and Intelligence
 - Administrative,
- **Time**
 - Preparation
 - Undertaking mapping exercise
 - Transcription of responses
 - Creation of tool on which to present data
- **Finance**
 - Mapping exercise/ event

4. Use of asset mapping

Asset mapping is one of the principal methods of asset working and aims to systematically produce knowledge about existing community assets. Asset mapping methods can be used by public services and community groups, for example, to raise awareness, mobilise new resources and as a tool for community development. Assets within an area- individual and community resources as well as the resources held by organisations- are made visible through face-to-face dialogues with community members, thereby enabling people and organisations to realise and appreciate the resources they have and mobilising people to make use of them.

Providing a richer picture of an area than the traditional deficits/needs focused approach can inform service planning and investment in voluntary groups and community activity. On a larger scale, integrating the mapping process with the refresh of an area's JSNA can inform and influence local commissioning.

5. Advice and analysis

Taking into account the information and options within section 3, three possible methodologies have been considered and are outlined below.

Model 1

Breadth: Medway-wide

Scale: Map assets that promote healthy lifestyles and wider determinants of health

Asset categories: All asset categories as described in section 3.4.

Advantages: Most inclusive option; opportunity to tackle comprehensive range of social determinants of health

Disadvantages: Highly resource intensive; high risk of lack of engagement; very challenging to keep asset map/ list up to date

Model 2

Breadth: Medway wide

Scale: Map assets linked to deficits identified within the JSNA that promote physical activity and healthy eating.

Asset categories: List organisational/ institutional assets only

Advantages: Simplest and least resource intensive option; relatively simple to keep asset list up to date; opportunity to embed assets alongside needs within strategic planning processes

Disadvantages: Would not capture community or individual assets (therefore not a truly “bottom up” approach as little community involvement required); does not include all drivers of obesity.

Model 3

Breadth: Limited geographical area(s) or targeted community/ communities of interest.

Scale: Map assets linked to deficits identified within the JSNA that promote physical activity and healthy eating

Asset categories: All asset categories as described in section 3.4.

Advantages: Bottom-up approach involving community; opportunity to embed assets alongside needs within strategic planning processes

Disadvantages: Does not include all drivers of obesity.

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Background papers

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