

Case study

Lancashire County Council: systematic assets approaches through all council activity

“Lancashire’s communities have a wealth of skills, capacity and energy that are already used to keep people healthy. There are already lots of examples of where we are building and using community assets through our services to create healthy communities and increase self-reliance. As a county council we are committed to fairness and have identified the Marmot Review principles as our priorities. We are working with our partners to explore what else we can do to create a climate where the assets of all of our communities can flourish and this is reflected in our Health and Wellbeing Strategy.”

County Councillor Azhar Ali
Cabinet Member for Health and Wellbeing

“We know that strong communities and social relationships are one of the most important determinants of health. Being socially isolated is as damaging to health as smoking 15 cigarettes a day. Strengthening and building the assets of our communities is therefore a major public health priority for us in Lancashire. We now are looking at how we can scale up and spread community assets approaches to as many of our public health and prevention services as possible, by developing an integrated wellness system in the county.”

Sakthi Karunanithi
Director of Public Health

Key messages

- The transfer of public health is enabling community assets approaches to be systematically embedded across all council functions.
- The strong history of joint work between public health and the council has meant good progress in accelerating health and wellbeing improvements.

Context

Lancashire is an upper-tier council with 12 districts, 6 clinical commissioning groups and a population of around 1.2 million. It covers both rural areas and urban conurbations and includes some of the most affluent and most deprived areas of England. Prior to the transfer of public health the council worked with three PCT public health departments, and around 80 public health staff moved across. Public health sits in the newly formed Adult Services, Health and Wellbeing Directorate.

The council had an existing Joint Health Unit and since 2009 has been working with public health to develop community assets approaches to health and wellbeing. With the transfer of public health this is being extended and systematised. A multi-agency community asset network involving Lancashire Council, local district councils, the voluntary and community sectors, and neighbouring councils Blackpool and Blackburn with Darwen collaborates to embed community assets approaches in everyday practice.

Community assets approaches

Community assets approaches identify the capacity, skills, knowledge, connections and potential in a community and enable people to build on these to make the improvements

they themselves have identified as important. The council and the health and wellbeing board have agreed to adopt this way of working as a fundamental shift to how it do business. This is being carried out in two main ways that will, over time, dovetail together:

- within specific initiatives
- through large scale organisational change.

Some examples of initiatives include the following.

Connect4life

In some areas of Lancashire multi-disciplinary case conferences based around GP clusters of around 20,000 people take place. Community connectors from the voluntary and community sector attend these meetings and receive referrals of individuals with medium to high support needs who may benefit from being linked with, and contributing to, their local community.

Healthy streets initiative

This builds on research that suggests that slower traffic can encourage more connected communities. Where 20mph zones are created, community involvement officers from the Environment Directorate work with local communities to map assets and help local people achieve ways of making their lives better, for example tackling dog fouling.

Lancashire time-credits

An initiative run by Spice, the Young Foundation, Lancashire County Council and Chorley Council in which time credits are given in return for voluntary work in local communities. One hour of work earns one time-credit (a locally designed note) which can be spent on local facilities such as leisure services or a theatre visit. The scheme aims to build communities by encouraging people who may not usually get involved in their local area.

Red Rose Recovery/ Lancashire Users Forum

Red Rose Recovery supports people in recovery from addiction and substance misuse by focusing on skills, motivations,

and aspirations and connecting with local resources; it works closely with Lancashire Users Forum which provides a voice for the recovery community and their families.

Many such examples being piloted either across or in different areas of the county. Initiatives are being evaluated and where they prove beneficial and cost effective will be scaled up across the county.

Large-scale change

The council is developing a framework for introducing assets approaches across all its functions; below are the key principles with practical examples of how this would be implemented.

Driver 1 Changing the system

Embedding assets into policy, strategy, and commissioning; for example, clauses in contracts stipulating employment of local people.

Driver 2 Data and intelligence

Incorporating intelligence about local assets into decision making, measuring outcomes and developing an evidence base; for example, consider integrating data and intelligence services across Lancashire into a single hub, responsible for the Joint Strategic Needs Assessment which is developing to use an assets ethos.

Driver 3 Changing the culture

Producing training materials targeting different staff groups, sharing skills, embedding assets into workforce development; for example, job descriptions identify how assets apply to the post.

Driver 4 Enabling communities

Building resilience in communities and trust between communities and institutions to enable sustainable local change; examples include the specific initiatives described above.

Other developments following public health transfer

Health in district councils

As a large council, Lancashire has a range of mechanisms for engaging with elected members at all three levels of local government. Public health consultants are linked to district councils which also have public health staff assigned to work within the district. There are six locality health and wellbeing partnerships in place on clinical commissioning group footprints, which link to the county health and wellbeing board; they have local work programmes relating to the Joint Health and Wellbeing Strategy and including local priorities. Developments taking place since the transfer include:

- major developments in districts are now assessed for their health impact
- housing is a priority, particularly affordable warmth.

For example, each district council delivers affordable warmth measures targeted at people with health problems, and the public health grant is supporting this work.

Alcohol harm

Public health is having a greater role in relation to alcohol harm, through better use of data intelligence and working with the licensing function; for example, a connection was identified between a particular licensed premises and A&E attendances as part of a license review; a number of evidence based measures were implemented by the establishment such as training for bar staff and increasing seating, and hospital attendances linked to the premises reduced.

Implications of the Francis report

Public health is leading on identifying lessons for the council about improving quality standards based on the Francis report on Mid Staffordshire NHS Foundation Trust. Lancashire is also one of the first councils to

join the Advancing Quality Alliance, promoting quality in healthcare.

Future plans

As well as extending community assets approaches system-wide and through every part of the council's business, forthcoming priorities include the following.

- Redesign of public health services to provide a single point of contact model for people who need support to be healthy, covering healthy lifestyle support, and services such as debt. An important element of this will be connecting people who need extra support to be healthy with local community assets.
- Investigate the impact on health and wellbeing of the recession, particularly food and fuel poverty.
- Carry out a programme of work with the Institute of Health Equity (based on the work of the Marmot review) to develop and embed a social determinant approach to health.

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