

Review of North Kensington Recovery's asset-based approach to healthcare

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Foreword

When the immediate aftermath of a disaster has concluded, it is left to the communities that live in the area disrupted, to drive the process of recovery. In North Kensington, there are a wealth of community and voluntary organisations that responded immediately to the Grenfell Tower fire and provided the support that was needed to the residents. This remarkable work has continued throughout the recovery process and remains in place five years after the fire itself.

The North Kensington Recovery Programme's asset-based approach to healthcare provided a framework for community organisations across North Kensington to work with each other more effectively. Asset-based working is no longer a novel approach, with various models

successfully in operation across the country, however, in responding directly to a disaster, the approach in North Kensington is really the first of its kind. Furthermore, while the Covid-19 crisis undoubtedly tested the efficacy of the asset-based model in North Kensington, local community assets were quick to explain the benefits of having the approach in place to cope with an unprecedented crisis.

Providing support to the already exceptional community assets operating in North Kensington is the primary objective of the programme's asset-based approach and the overwhelming majority of the assets that were interviewed to inform this review recognised this intention. That said, a number of recommendations have been drawn out of this review with the aim of improving the approach both in North Kensington and across the NHS more widely.

Introduction and Methodology

Freshwater, a health engagement consultancy, was commissioned by the North Kensington Recovery Programme to conduct an independent review of its asset-based approach to healthcare.

The Health Partners represent a significant component of an asset-based approach, which seeks to enhance the connections between an already existing and robust community network. The Health Partners have been reviewed independently and are referenced in this report in their capacity as assets that have been aligned towards the recovery effort.

In preparation for the review, Freshwater conducted a series of interviews with 11 members of community organisations. The majority were Health Partners themselves but we did not limit our conversations to merely those that were in the programme directly. For the purposes of confidentiality, the participants that were interviewed will remain anonymous, but we would like to place on record our thanks to all those who were involved for giving up their time and providing the foundation of this report.

1. What is the context and setting of the North Kensington Recovery Project?

The Grenfell Tower fire in June 2017 brought with it a number of unprecedented and diverse challenges for the NHS. In the immediate aftermath, the NHS convened an outreach team to make sure the survivors and the bereaved had the necessary support. It quickly became clear however, that the impact of the fire was far more widespread than first anticipated, exacerbating already existing vulnerabilities within the community.

As the outreach team expanded their work and became more familiar with the community's needs, often discussing health priorities with people in their homes, the team were afforded a unique perspective in assessing the social determinants of health of the community. The social determinants of health relate to the non-medical factors that influence health outcomes, for example, income, education, and housing quality. North Kensington is an area with some of the starkest inequalities anywhere in Europe and, therefore, a significant proportion of the North Kensington population experience very poor social determinants of health.

When conducting the research for this project and through speaking with various people who live and work in the North Kensington area there was a real feeling expressed by multiple people that North Kensington had a uniquely exceptional network of community

and voluntary organisations. As a result, North Kensington is perhaps uniquely positioned to not only implement but thrive with an asset-based approach to healthcare.

The success of an asset-based approach to healthcare is reliant on the strengths and diversity of the community assets of the area it is implemented in. Indeed, the strengths of the community form the basis of how the approach is configured. Therefore, an asset-based approach is highly adaptable which allows it to be implemented in areas with significantly different requirements.

Consequently, the landscape in North Kensington represents a significant opportunity for an asset-based approach to succeed. In addressing the social determinants of health, strengthening already existing community connections, and building on the resilience the community needed in relation to the Grenfell

The social determinants of health relate to the non-medical factors that influence health outcomes, for example, income, education, and housing quality

The North Kensington Health and Wellbeing Strategy to March 2024 says...

Our ambition is to make the community healthier and more resilient by recognising that everyone has the potential to contribute to their community and to work with individuals and the community to make this happen. We refer to this as an asset-based approach to health care.¹

Tower fire, the asset-based approach adopted and implemented by the NHS seems like a shrewd and practical strategy.

- This review begins with a deeper explanation of what an asset-based approach is and how it works, drawing on testimonies from people who have been at the forefront of the programme.
- The following section will specifically address community resilience, which is an exceptionally important aspect of an asset-based approach to healthcare and will assess how the concept is seen by communities and its relevance in the Grenfell Tower fire context.
- In the next section this review will look at lessons from other areas of the UK where an asset-based model has been implemented with a particular focus on areas where North Kensington could learn from.
- The final section will outline some of the recommendations that we have drawn out through the process of conducting this review.

¹NHS West London CCG, *A Health and Wellbeing Strategy for North Kensington*, (2020).



2. What is an asset-based approach to healthcare?

An asset-based approach to healthcare is not easy to clearly define. In the seminal academic study, *Head, hands and heart*, authors Simon Rippon and Trevor Hopkins perhaps best described the approach by explaining that asset-based practitioners ask the question 'what makes us healthy?' rather than 'what makes us ill?'. It is by reframing our approach to healthcare in this distinct and important way that we are able to identify and utilise what makes our community strong rather than trying to endlessly address its deficiencies.

An asset-based approach, therefore, is a valuable method through which we can mitigate the effects of health inequalities, by recognising and harnessing the strength of community value.

In that same vein, an asset-based approach seeks to develop already existing community assets, fortifies the connections between local healthcare providers and focusses primarily on the talent and strength of a particular community. Consequently, an asset-based approach is tailored to a particular area, taking advantage of the best aspects that the community has to offer. In this sense, the asset-based approach in North Kensington may look significantly different to its counterpart in another part of the country, as it is the strengths of that specific community that guide the approach.

North Kensington is home to an incredibly diverse and close-knit community with a vast and robust network of voluntary and community assets

North Kensington is somewhat unique in that its asset-based approach to healthcare is shaped primarily by its response to the Grenfell Tower fire. North Kensington's post-disaster environment renders it substantially different from other areas in the UK that have trialled this approach. This post-disaster context is by no means a barrier to a successful asset-based approach to healthcare, rather we can use the resilience and shared experiences and channel this into a more bespoke and sustainable approach.

North Kensington is home to an incredibly diverse and close-knit community with a vast and robust network of voluntary and community assets. This community has been brought even closer together over the weeks, months and years following the fire. The result of this togetherness was displayed most evidently in response to the Covid-19 crisis where community connections were engaged rapidly and productively against the backdrop of an unprecedented threat. Given that a strong and engaged community is a crucial element in

determining the potential success of an asset-based approach to healthcare, North Kensington is perhaps one of the most exciting areas for such a practice to take place.

An asset-based approach to healthcare is by no means seen as a replacement to traditional public health services. It is a supplementary strategy, that will seamlessly co-exist within the current system by putting the community at the centre, giving much needed agency to people who have for far too long felt that accessing health services has been something done to them rather than done for and with them.

The Health Partners represent a significant component of an asset-based approach to healthcare. There are 21 Health Partners in North Kensington that are incredibly diverse in both the services they offer and the sizes of the organisations. Massages, dance classes, coffee mornings, martial arts, mindfulness, digital competency classes, youth clubs, art therapy and classes designed to help people

with a particular mental illness are amongst countless services that the Partners offer. The health benefits and social value that these services afford the community is unquestionably impressive.

Through delivering these services, the Health Partners aim to address and improve the social determinants of health in North Kensington. This manifests in number of different ways. Providing additional educational support for children and adults, for example, is a productive method for improving the social determinants of health. People who have the capacity to make more informed decisions about their behaviours are likely to make better choices about their health. Additionally, having better access to healthy foods or simply being more integrated within the community, are all areas an asset-based approach to healthcare seeks to improve. These important changes will make a meaningful difference to the social determinants of health.

Head, hands and heart authors Simon Rippon and Trevor Hopkins perhaps best described the approach by explaining that

asset-based practitioners ask:

‘ what makes us healthy? ’

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² Simon Rippon and Trevor Hopkins, *Heads, hands and heart: Asset-based approaches in health care*, The Health Foundation (2015), 3.

3. What are social assets/capital?

A social asset broadly refers to a (tangible or intangible) resource embedded within the community that provides local people with help and guidance to promote health and wellbeing. According to internationally renowned public health experts, Erio Ziglio and Antony Morgan, a health asset can be defined as 'any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and wellbeing and to help to reduce health inequalities'³. For example, thriving and easily accessible social networks are crucial for creating strong 'social capital' within communities. High levels of social capital are widely acknowledged to be intimately connected to health and wellbeing levels within communities. There are various methods for increasing social capital and North Kensington's Health Partners network is one of the tools for achieving this.

The Health Partners represent a section of the community and facilitate a feeling of belonging and communal spirit; this is what we mean by social capital. The health partners have contact with (depending on the size of the particular asset) between 2,000 and 20,000 members of the local community every year. It is therefore easy to imagine the scale and impact the Partners are having in the local community, improving social capital by building and nurturing relationships across the local area.

'A 'health asset' can be defined as any factor, which enhances the ability of individuals, groups, communities, to maintain and sustain health and wellbeing

2,000 - 20,000

the number of contacts the health partners have with members of the local community every year.

The second tool that North Kensington has employed in its asset-based approach is Social Prescribing. Social Prescribing is where grant funding is provided to local organisations for the provision of non-clinical activities, such as walking and swimming clubs amongst other various activities. Some GPs have the capacity for social prescribing in North Kensington, this is important because the initial referral emerges and is channelled through more traditional health pathways. For some service users, this offers reassurance and adds legitimacy to the benefits of social prescribing.

³ Antony Morgan and Erio Ziglio, *Revitalising the Evidence Base for Public Health: An Assets Model, Promotion & Education 14*, no 2. (2007): 18.

4. Do assets see themselves as assets?

Participants throughout the interview process generally felt comfortable with defining themselves as assets and felt it was important that the term should not solely refer to physical assets but to broader human based (social) assets.

'The NHS has rightly moved away from defining assets as tangible bricks and mortar in favour of a broader, socially relevant conceptualisation of the term assets,' explained one interviewee.

One respondent also explained that,

'North Kensington has a strong record of social prescribing and is well known for its robust community services network.'

Therefore, the NHS should be more trusting of its assets, not only those who are involved in Health Partners but other community organisations as well.

By defining the community organisations as assets, it provides them with a framework and the legitimacy that is needed to productively interact with the more traditional and well-established NHS services. Furthermore, this formalised structure should be the basis from which organisations can attract resources from alternative funding streams. Many of the community organisations in North Kensington have developed long-lasting and trusting

relationships over a number of years with their service users. As a result, they have a level of access to the community that the NHS is simply unable to reach. In this important way, the local organisation in North Kensington are a significant asset to both the community they serve and to the broader health system.

What seems to be missing through the overall analysis of the term asset is how this links into the broader asset-based model and how this conceptualisation advantages those providing the services. Both the Health Partners and social prescribing services will benefit from a clearer understanding (and their roles within) the asset-based model.

Defining the community organisations as assets provides them with a framework and legitimacy needed to productively interact with traditional NHS services

5. How does an asset-based approach contribute to community resilience in the post-disaster context?

In a post-disaster context, no matter what form the disaster takes, immediate thoughts understandably turn to recovery. Addressing the immediate needs of the population impacted is almost always the primary concern, while the longer lasting effects are often neglected. Community resilience, at least in part, seeks to mitigate, these enduring consequences. Daniel Aldrich and Michelle Mayer define social capital and community resilience as reconstructing the social infrastructure of a community, leaving it better equipped to cope with future crises.⁴

Much of the literature concerning asset-based disaster recovery generally has a natural disaster as its reference point. The Grenfell Tower fire is somewhat unique in this regard as the nature of the disaster was both preventable and foreseeable. The emotional context is markedly different in this scenario and therefore there is a much larger sense of injustice and anger which seems likely to shape the community response.

Views ranged drastically on the question of community resilience in North Kensington. On the one hand, the pursuit of improving community resilience put forward by the NHS was overwhelmingly accepted to be a worthwhile endeavour. There was a very real sense presented by various participants throughout the interview process that the North

Kensington community showed remarkable resilience after the fire and then subsequently in trying to mitigate the impacts of the Covid-19 crisis.

On the other hand, in an area where so much of the population do not have their basic needs met and in a community that has faced repeated forms of various disruption, building community resilience relies on a level of economic power that the NHS simply does not have. Furthermore, the metrics for showing community resilience are difficult to represent clearly. It would be useful to construct,

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⁴ Daniel Aldrich and Michelle Meyer, *Social Capital and Community Resilience*, *American Behavioural Scientist* 59 (2015): 254-269.



with local communities, a more basic way to demonstrate community resilience.

One participant expressed the importance of individual resilience:

‘As a service we build up individual’s ability to be resilient, as a group of Health Partners we are building community resilience.’

This seems to represent the view of the Health Partners. By working with individuals on resilience this will eventually translate into a stronger sense of community resilience, but individuals need to be prioritised.

Perhaps most pertinently, North Kensington’s community organisations are much better positioned, being embedded within the community, than a large organisation like the NHS could ever hope to be. Communities

engage with service users in a way that is more personal and over a sustained period of time, with a much more acute understanding of cultural idiosyncrasies, which is far more conducive – indeed fundamental - to cultivating community resilience.

Interestingly, a view expressed by various participants during the interview process was that, although Health Partners was born out of the aftermath of the Grenfell Tower fire, it was the Covid-19 crisis, that really emphasised the benefits of North Kensington’s asset-based approach to healthcare. Comparing these two crises, and the responses to them, would likely necessitate an altogether different report but it is certainly something to take forward when thinking about an asset-based approach in a disaster setting.

6. What lessons have been learned in North Kensington and elsewhere?

Asset-based approaches have been trialed and implemented in various places across the UK. Ultimately however, comparisons with North Kensington are limited by the fact that the context (the Grenfell Tower fire) is so markedly different to anywhere else in the country. This led one interviewee to explain that:

'there are really strong community relationships in North Kensington and it seems to be quite unique.'

North Kensington represents an area with significant health inequalities, widespread distrust, and high levels of deep-rooted anger towards local and national leaders who residents hold responsible for the fire itself. While asset-based approaches are similar in that they seek to address, above all else, the social determinants of health, they are rarely employed as a direct response to a particular crisis event. This renders North Kensington's asset-based approach somewhat unique.

However, it is interesting to note but perhaps a topic for a different (more specific) review, that the Covid-19 crisis has fundamentally altered the landscape of approaches to healthcare across the UK (if only temporarily). It is therefore perhaps fair to describe each area of the UK as currently in recovery from a disaster. The details, of course, are discernibly different but understanding how different asset-based approaches have coped throughout the pandemic will certainly invite interest from members of the North Kensington Recovery

programme. What is for certain is if the experience in North Kensington is anything to go by it would certainly appear that an asset-based model is suitably equipped for a disaster as wide in scope as the Covid-19 crisis.

That said, lessons can of course still be learned from other iterations of asset-based approaches. Forever Manchester (FM), for example, is one of various Community Foundations in the UK. FM engages with local people to fortify community connections across the region, helping them to utilise their strengths for community needs. In a similar way to Health Partners, FM has 'reoriented away from office-based grant giving...towards working directly with individuals and groups at neighbourhood level.'⁵ FM uses what they call 'community builders' to help strengthen the community network. This initiative has proved very successful and certainly seems like something that could serve North Kensington's purposes well.

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FM's asset-based approach is by no means focussed on health outcomes and its connections with health services are still very much in their early phases. Indeed, often FM's approach is not to identify its service user's struggles but to focus on their strengths, not deficiencies. The initiative increased both the number of community organisations and fortified the connections between those organisations, giving people more opportunity to feel engaged and exhibit their worth.

In Yorkshire and Humberside, the Altogether Better collaborative programme was able to train 17,000 volunteers who were able to reach over 100,000 members of the community. Given loneliness and social isolation are key determinants for poor health and wellbeing, it is difficult to overstate the positive impact this single initiative has made. Furthermore, the volunteers or 'health champions' were able to encourage exercise, give nutritional advice and discuss potential areas of employment. The social return on investment, while difficult to calculate precisely, is very encouraging.

Leeds City Council (LCC) has also taken an asset-based approach. Their vision:

For everyone in Leeds, including those with care and support needs, to have the opportunity to contribute to, be valued by, and be involved with, where they live and for communities to recognise their assets, forge strong connections with one another and feel able to make the changes they want to see.⁶

LCC recognised that most of the public health funding continues to be directed to more traditional healthcare providers. As a result, LCC decided to work with providers to encourage them to adopt a stronger asset-based model.

In Yorkshire and Humberside, the Altogether Better collaborative programme was able to train 17,000 volunteers who were able to reach over 100,000 members of the community

There have been many positive results. Active Lifestyles, for example, is using community resources to encourage and deliver physical activity.

Additionally, NHS organisations in Leeds are looking at asset-based approaches to influence community healthcare services and 'there is increasing support for the approach from GP practices within the emerging Local Care Partnerships.'⁷ While there remains lots of work to be done, the LCC has made good progress with encouraging asset-based work within various organisations. It is clearly important that the NHS is involved (as is the case in North Kensington) given the standing the NHS has in communities. The NHS can play a vital role by supporting asset-based models across the country.

⁵ Rippon and Hopkins, *Heads, hands and heart*, 36.

⁶ Lisa Keenan, *Asset-based approaches in local authorities: the Leeds experience*, Local Government Association, www.local.gov.uk/asset-based-approaches-local-authorities-leeds-experience

⁷ Keenan, *Asset-based approaches in local authorities*.

7. What are the recommendations for the final phase of the programme?

A common theme that appears when assessing asset-based models across the country concerns the level of awareness of asset-based practitioners. More often than not, community organisers work in way that resembles an asset-based approach without doing so deliberately. It would be helpful for the overall outcome of the programme if the local organisations in North Kensington had a more profound understanding of asset-based working and could therefore understand how the services they provide fit into the broader ambition. This would go some way to resolving concerns about funding as there would be a clear understanding that an asset-based approach is not primarily a means for receiving resources.

It would be helpful if the local organisations in North Kensington had a more profound understanding of asset-based working

In terms of leadership, most of the interviewees valued the direct lines of communication to NHS professionals and strongly believed that the NHS being associated to their own organisations meant they were more attractive to their service users. 'It is important that the NHS remains involved in some capacity. The NHS provides our organisation with more credibility and GPs



take us more seriously as a direct result of us being affiliated with the NHS. Furthermore, we afford the NHS a more nuanced look into our communities,' explained one interviewee.

The NHS, therefore, needs to be very careful with how it plans to distance itself from the programme as the asset-based approach has clearly benefited from its own involvement.

Finally, several of the interviewees we interviewed explained that it would be helpful if the social prescribing services available in North Kensington were better advertised in the community. The services that can be accessed are incredibly valuable and the community should be aware of all the ways an asset-based approach to healthcare can benefit them.

In summary:

- The NHS needs to take extra steps in order to make clear how social prescribing and the Health Partners fit in to the broader asset-based model
- Working with community groups, the NHS, in partnership with other stakeholders, should further consider how community assets could be made sustainable over time to enable them to continue supporting local residents
- Funding conversations need to be had more explicitly to defend against claims that the programme is exclusionary
- The various social prescribing services need to be better advertised to people living in the area
- To continue to persuade GPs (and the wider NHS) about the value of an asset-based approach to healthcare
- The implementation of an asset-based model in a disaster setting is unique. It would be helpful for the NHS to explain why this form of recovery was the most appropriate response and clearly outline the benefits
- Leeds City Council has adopted an asset-based model. Strong partnerships between the local authority and local public health services are essential for the sustainability of an asset-based model. It would therefore be valuable, in North Kensington, to persuade the local authority of the benefits of an asset-based approach to healthcare
- There should be an NHS point of contact that remains accessible to the assets as the programme moves to its next phase
- To capture the lessons learnt from the asset-based approach in North Kensington so the wider NHS can consider its potential utility

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Professor Lucy Easthope, *Working with Communities in Disaster* (May 2022).

Appendix

North Kensington Recovery Programme Interview questions

- Q1. In broad terms, how well do you think the NHS has responded to the Grenfell Tower fire?
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- Q2. To what extent has the Health Partners Programme helped in the recovery? Strengths/Weaknesses
-
- Q3. To what extent do you see your organisation as an asset?
-
- Q4. Is the NHS giving enough support to the Health Partners Programme?
-
- Q5. Are the Health Partners doing enough to support other (newer) organisations in the programme?
-
- Q6. Does the Health Partners Programme facilitate an increasing sense of community resilience?
-
- Q7. To what extent has the pandemic prevented the Health Partners from delivering their services?
-
- Q8. How have the NHS and the Health Partners worked together throughout the pandemic?
-
- Q9. Have you heard of an asset-based approach in operation anywhere else in the UK?
-
- Q10. Do you feel the Health Partners Programme is sustainable without NHS involvement? If not, what tools would be needed to increase its longevity?