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NHSProviders

Being an anchor institution

PARTNERSHIP APPROACHES TO IMPROVING POPULATION HEALTH

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FOREWORD

Tucked away on the last page of NHS Long Term Plan, is a paragraph on the role of the NHS as an anchor institution. The Health Foundation's 2019 report *Building healthier communities: the role of the NHS as an anchor institution* was published around the same time. Since then, we've seen anchor strategies, networks, action, and commitments growing exponentially in the NHS. There is now an abundance of exciting and inspiring work happening at organisation, place, system, regional and national level. Together with partners and communities, anchors are demonstrating how they can maximise their contribution to social, economic and ecological conditions that can shape good health and influence health inequalities.

One of the 'value adds' of an anchor approach is that it provides a clear link between the social determinants of health (which we increasingly recognise in the NHS as a vital and urgent area for action), and the core operational functions of our health institutions. Anchor work should not be viewed as an additional one-off programme or project but how we better use assets to do what we already do – employ people, buy goods and services, manage our land, buildings and the environment, and form partnerships. This is both an opportunity, in that it does not necessarily require large pots of new investment, but also a challenge, as this work requires intentionality and sometimes doing things differently. It can be hard to define where anchor work starts and stops and what success looks like.

This report provides a welcome set of tangible case studies that illustrate how anchor theory has been translated into action, demonstrating how institutions are maximising opportunities and addressing these challenges.

These inspiring case studies have some common positive features. They recognise the essential **importance of tackling inequalities and inequities**. This does not happen automatically through anchor action and must be designed in. There are some great examples such as in Leeds, where they are targeting employment to the most deprived communities, Warrington and Halton health hubs which have been located in areas of poorer health outcomes and greater inequalities, and Imperial College Healthcare NHS Trust together with local anchor partners, focusing on halving the gap in life expectancy.

An area sometimes overlooked in the busyness of anchor activity and projects, is a specific focus on **community engagement**. In this report, it is both a standalone chapter and mentioned throughout. We know anchor work will be less effective if not built in partnership with communities. It needs to result in a shift of power and resource into the hands of those who are best placed to tackle the social determinants of health – our communities and organisations closely connected to them, like the local voluntary, community and social enterprise sector. The case studies featured include East London Foundation Trust co-designing social value principles with service users, Nottingham and Nottinghamshire Healthcare NHS Foundation Trust's green space work sitting with community voluntary services, and Imperial College Healthcare community learning lab.

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Far from standing as islands alone, anchor institutions and anchor approaches benefit from collaboration, with wider partners and other anchor institutions to reduce duplication, work towards common ambitions, share expertise and resource, and maximise impact. **Wider partnership working is essential for tackling complex social determinants of health** where the NHS cannot act alone, like housing. Sussex Partnership NHS Foundation Trust has developed a strategic plan for housing with local government and housing partners, and Warrington and Halton Teaching Hospitals NHS Foundation Trust is working with Liverpool City Council on town centre regeneration.

All this work is to be celebrated but must be in the context of monitoring and evaluating progress, particularly when there are competing pressures for resource and attention. A number of the case studies describe their increasing commitment to **measuring and capturing impact**, like Leeds Beckett University evaluating the Leeds employment pilot, and East London Foundation Trust developing an evaluation framework for social value procurement, and Sheffield Hallam University evaluating Nottinghamshire Healthcare's green space work.

There has never been a more needed time for this work, and the achievements and approaches of these organisations in progressing their anchor mission should be widely shared, spread and adopted.

Dominique Allwood

Director of population health, Imperial College Healthcare NHS Trust
Chief Medical Officer, UCLPartners
Co-chair, Anchor Strategy and Change Network

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CONTEXT

Anchor organisations are rooted in a place, with strong ties to the area in which they operate and large enough to make a significant contribution to the local economy through their purchasing power. They exert a substantial draw on local people for work and training, beyond just the services they provide.

NHS trusts are some of the most significant anchor institutions in the country, and can positively influence the local social, economic and environmental conditions for population health. The anchor agenda has been noted by many trusts as an organising framework for their work to reduce inequity in their services by looking upstream at what drives poorer outcomes.

The Health and Care Act 2022 lays the foundations to improve population health outcomes by joining up NHS, social care and public health services at a local level. It strengthens duties on NHS organisations to consider the impact of their decisions on health inequalities. From July 2022, integrated care systems (ICSs) were placed on a statutory footing with four main aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Trusts' role in reducing inequalities in access to, experience of, and outcomes from healthcare services is an important way for them to make an impact. However, the fourth purpose of ICSs – supporting broader social and economic development, offers another dimension in which the NHS can shape the health of local populations through its influence on the availability of quality work, clean air, and investment in the local economy and the places in which people live.

Current economic pressures have exacerbated the stark health inequalities brought to light by the Covid-19 pandemic and reinforced the impact of the building blocks of health, such as quality work, fair pay, housing and education, on the social and economic wellbeing of local places. For example, our survey on the impact of the rising cost of living found 95% of trust leaders said that they had seen a widening of health inequalities in their local area. Recent data also highlights the relationship between the labour market and ill health, and reflects the importance of improving population health to support economic recovery.

Maximising trusts' role as anchor institutions recognises that health is shaped by the circumstances people live in. The NHS can work to reduce health inequalities for the people who live and work in the places they serve not only through the services they provide, but in their role as employers, landowners, and purchasers of goods and services. While it is not new to consider the NHS's contribution to population health, the statutory formation of ICSs provides an opportunity for trusts, and their systems, to look outwards at their local communities' needs and work closely with other local anchors including councils, the education sector and other major employers, to support better health beyond traditional organisational boundaries.
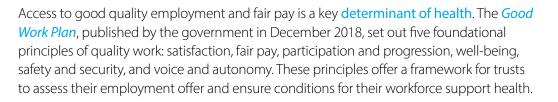
The purpose of this report is to showcase just some of the many innovative approaches taken by trusts as they work to realise the benefits of their role as anchors in local communities. The case studies aim to share learning and practical examples to support other trusts who are looking to progress their work in this area. It focuses on some of the key pillars of anchor working, including:

- widening access to good employment
- using buildings and estates to support local health
- contracting for local benefit and social value
- supporting local housing
- partnerships to support healthy places
- community engagement to support anchor working.

It also looks in more detail at the enabling factors required to make a success of these projects, including what it looks like to embed an 'anchor approach' and deploy initiatives at scale as part of a cultural shift.

Access to good quality employment and fair pay is a key determinant of health. The *Good Work Plan*, published by the government in December 2018, set out five foundational principles of quality work: satisfaction, fair pay, participation and progression, well-being, safety and security, and voice and autonomy. These principles offer a framework for trusts to assess their employment offer and ensure conditions for their workforce support health.

As one of the largest employers in the world, employing over 1.2 million people, and the largest employer of people from ethnic minority backgrounds in England, the NHS can also play an important role in widening access to quality work for communities facing barriers to the labour market and other inequalities in their social and economic wellbeing. They can also reduce the health impacts of insecure and unhealthy work by improving terms and conditions, including working towards living wage accreditation.

There are substantial inequalities in people's experience of work, particularly among ethnic minority communities. Recent data shows the UK unemployment rate was 3.8% in July–September 2022. However this rose to 6.9% for people from ethnic minority backgrounds and there is substantial variation between different ethnic minority groups. The latest NHS workforce race equality standard (WRES) published by NHS England (NHSE) in April 2022, showed only 44.4% of ethnic minority staff believe that their trust provides equal opportunities for career progression or promotion, compared to 58.7% of white staff. Black, Asian and minority ethnic staff also remain less likely to access Continuing Professional Development (CPD) and non-mandatory training.

An important step in addressing these inequalities and improving the NHS's positive contribution to its workforce's health is to understand staff and local communities, and then work to better meet their needs as an employer, tackling discrimination within their organisations and recognising the social and environmental factors which can present as a barrier to good work for some communities.

Leeds Teaching Hospitals NHS Trust is engaging with populations in the community experiencing higher rates of unemployment, and is taking steps to remove barriers to health and care careers for people living in the most deprived areas in Leeds.

CASE STUDY
Leeds Teaching Hospitals NHS Trust

Communities in Leeds experience high levels of inequalities, with 26% of the population among the most deprived 10% nationally. Leeds Teaching Hospitals NHS Trust is a member of the Leeds Anchor Network, bringing together some of the city's biggest organisations to drive positive change for their population.

The trust worked with the Joseph Rowntree Foundation (JRF) to understand the impact of poverty on health, and then worked with JRF and other partners to develop the Leeds anchor framework. Following this, the network was established alongside other organisations, including Leeds City Council and Leeds Beckett University.

As part of its contribution to the network and following engagement with staff, Leeds Teaching Hospitals NHS Trust has been working to recruit people from deprived communities. Using the council's Priority Neighbourhoods programme, which supports those who fall into the 1% most deprived communities in the country based on indices of multiple deprivation (IMD), they identified 12 communities across Leeds that fell into this group.

The trust is focusing on understanding the needs and aspirations of those communities and linking them up to opportunities, taking an 'asset based' approach. One of these neighbourhoods is Lincoln Green, an area surrounding one of the trust's main sites, St James' hospital. Lincoln Green is an area of significant diversity and deprivation with a high population of people who have recently migrated to the UK, and an above-average rate of unemployment and people seeking work. In collaboration with the trust's human resources department and Employment and Skills Leeds, the trust and council designed an initial pilot project with the aim of attracting people into good quality health and care careers.

The programme team carried out community outreach to raise awareness of health and care careers and reduce barriers for people trying to access a career in healthcare. They hosted career days in a local community centre where people could find out about a wide range of careers in health, access support for English as a second language (ESL), and enrol in employability courses with a guaranteed interview for people who completed them. In the first phase, 127 people engaged with the pilot, with 60 completing a pre-employment programme and 49 people ultimately being recruited into roles in the trust, from estates and facilities, support roles, as well as assisting those with healthcare qualifications from their country of origin to progress into roles in the NHS.

Leeds Beckett University evaluated the pilot through the health and care academy initiative. The academy is funded by the trust and other partners, bringing together health and care workforce development for the city. It found that the collaborative nature of the programme enabled a system-wide approach to tackling inequalities with much greater reach and impact. The Leeds Health and Care Academy then looked at how they could scale up their approach to increasing employment opportunities for marginalised communities. This resulted in the 'connecting communities with health and care careers' programme. This programme applied the learning from the pilot to a wider range of communities and employment opportunities across the Leeds health and care sector. It aimed to remove barriers to recruitment and employment and provide the support that people needed to succeed, 65 people received conditional offers of employment and 49 people achieving an accredited qualification as a result of the project.

Leeds Teaching Hospitals NHS Trust continues to recognise the importance of system-wide collaboration in widening access to health and care careers and is committed to increasing the benefit to local communities through the Health and Care Academy.

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CONTRACTING FOR LOCAL BENEFIT AND SOCIAL VALUE

3

The vitality of local economies and high streets and people's health and wellbeing are closely linked. The government's levelling up white paper points out the link between regional and local disparities in productivity and economic growth, and health outcomes for people living in the same areas. The NHS can invest in local economies through social value procurement, prioritising local spending, and commitment to ethical practices, such as paying fair prices, ensuring contractors pay the real living wage, reducing environmental impact and spending money with businesses which commit to local employment and equal opportunities.

The Public Services (Social Value) Act (2013) requires those who commission public services to consider how their procurement practices can positively impact the wider social, economic and environmental conditions of their community. In March 2022, NHSE introduced a mandatory 10% weighting for social value in all NHS procurement, in order to meet its net zero carbon targets and achieve its wider social value priorities of reducing health inequalities, better environmental performance and delivering more value from procured products and services.

East London Foundation Trust (ELFT) has embedded social value into their procurement processes, and is working with its suppliers to support them to understand and embed social value into their business practices. practices.

CASE STUDY
East London Foundation Trust

ELFT provides community health, mental health, and primary care services across a wide geographical area, serving over 1.8 million people in some of the most deprived communities in England. The trust has a strategic objective to contribute to improved population health. This has helped it maintain a strong focus on its work to address the wider determinants of health and reduce health inequities.

As part of this objective, ELFT is embedding social value into its procurement and contract delivery processes and aims to ensure all suppliers contracted by the trust are supporting local communities served by the trust. In 2020, it asked service users and its council of governors what they would like to see in contracting, and developed five social value principles based on the feedback they received:

- ensuring suppliers pay the real Living Wage
- investment to grow and maintain spending in the local economy
- equal employment and training opportunities for local people, people with protected characteristics, service users, and groups hardest hit by the Covid-19 pandemic
- a commitment to sustainability support for young workers, school leavers and apprenticeship.

In 2022 the trust, supported by The Health Foundation and The Strategy Unit, undertook a learning review of this approach by looking at two of the trust's contracts in detail: its facilities management contract and a smaller individual website design contract.

Evaluation of these contracts showed that by applying these social value principles to its facilities contract, the average wage of cleaning staff contracted to work at the trust has increased by £197 per month. There is a focus on local employment and employing people with lived experience of mental health and veterans. The trust has also awarded over £1 million available to local voluntary and community organisations to tackle inequalities and work with communities facing disadvantage. ELFT has also increased the percentage of companies it contracts with who pay the real Living Wage from 22% in 2019 to 62% in 2022. Building relationships with suppliers has been crucial to the success of this work, and to navigate potential push back from suppliers. The trust is also supporting small and medium-sized enterprises (SMEs) to better understand how they can meet requirements around employing local people, and what this means in practice. ELFT is now refining its metrics for social value, and beginning to review other contracts to apply what it has learned so far.

As part of The Health Foundation review, ELFT is planning to develop a toolkit for social values in procurement, mainly to help smaller businesses. This will help to reduce the risk of inadvertently increasing inequalities given it is often easier for larger businesses to comply with new or changing social value requirements.

ELFT is partnering with the Institute of Health Equity to pilot Michael Marmot's guiding principles on reducing health inequalities – the anchor agenda is intrinsic to building and bolstering this work through addressing the social determinants of health inequity.

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SUPPORTING LOCAL HOUSING

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In November 2021, economic analysis estimated that the cost burden to the NHS caused by hazards arising from poor quality homes in England was £1.4bn. Improving the overall health and wellbeing of local populations, particularly mental health, will therefore need to take a cross-sector approach including housing and welfare.

Our research on the cost of living also identified challenges for the NHS workforce in securing affordable housing, with some trusts reporting that the rising housing prices in the vicinity of their sites is leading to recruitment and retention challenges, as well as higher commuting costs for those who live further from work.

Trusts can play a role as part of ICSs, alongside housing partners such as councils, housing associations and the voluntary sector, to take a more joined up approach to supporting people's health, prevent illness, and facilitate holistic recovery for those in their care. A review of housing and mental health examined the evidence on integrating health and housing services and identified ways in which ICSs can better bring together health, housing and housing-related services alongside their system partners. The review recommended that healthcare providers see housing services as part of each care pathway, and that healthcare providers and commissioners exercise agency in relation to housing for their patients.

Alongside these valuable partnerships, trusts are also increasingly looking at their estates and land use to consider whether they can do more locally to boost the supply of high-quality housing. However, trusts say that it is essential to ensure that any decisions made about housing are in conjunction with the local authority and in consultation with local populations. Capital funding challenges currently present barriers to effectively repurposing land and securing funding to redevelop estates, however, some trusts are building local relationships to ensure existing facilities can be used more fruitfully for social value.

Sussex Partnership NHS Foundation Trust has developed a strategic plan, alongside local government and housing partners, to better coordinate the provision of high-quality housing that meets the needs of mental health patients during their recovery.

CASE STUDY

Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust is working with other health and care organisations as part of Sussex Health and Care (SHC) ICS, to deliver a more joined up approach to housing, including supported housing, for people with mental health needs across Sussex. The provision of support with housing was identified as being essential to recovery and a key determinant of positive physical and mental wellbeing for people using mental health services across the area. In 2020 the trust published a strategic plan for integrating housing and mental health across Sussex. It identified five strategic objectives to form a road map for future mental health services. The objectives were coproduced with local authority partners and a project delivery board oversees progress, with input from housing providers, local authorities, and other partners.

The trust is working with partners to deliver mental health and housing plans for each place in East Sussex, West Sussex and Brighton and Hove. These plans will consider 3 main strands:

- how to develop a specialised housing placement market with the right quantity and quality of specialist supported housing services
- how to coordinate access to specialist housing placement services, making sure patients, staff and carers can access these services when they need them
- culture change and integration, including transforming how mental health and housing services work together.

Under these strategic objectives, the partnership aims to ensure housing expertise is embedded within the new model for community mental health services being developed across the SHC partnership. This includes developing new housing specialist roles that will sit within mental health teams to identify and respond to patients' housing needs. These new roles are being developed in partnership with local housing authorities; this integration of mental health and housing services has been supported by additional training, co-location of services, and staff shadowing each other's teams to understand their ways of working. Staff recruited by the trust to housing specialist roles receive professional supervision from the local housing authorities.

The trust also has a discharge to assess service, which has been successfully piloted in West Sussex and Brighton for the last two years, delivering supported housing services for people who are ready to leave hospital but need ongoing assessment and support, and who might otherwise be unable to enter into a secure housing placement because of their health needs. These services are now moving from pilot to 'business as usual'. The trust has an ambition to create further integrated models of supported housing for people with multiple and complex needs, in order to reduce out of area hospital placements and residential care.

Sussex Partnership NHS Foundation Trust and SHC are committed to ensuring that housing is a cornerstone for delivering positive mental health outcomes for adults across Sussex. They say that working in partnership with the system has allowed better provision of housing options, helping people live better and more fulfilling lives.

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USING GREEN SPACES TO SUPPORT LOCAL HEALTH

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The Covid-19 pandemic drew attention to the value of being outdoors for mental and physical health. It also highlighted the inequality of access to green space for many communities. Access to nature and green space has been shown to lead to increased contact with others, a greater sense of community, as well as improved cognitive function, mental health, physical activity, and sleep.

The NHS is one of the largest public landowners in the UK, and as such has an opportunity to support health and wellbeing through its use of land and estates, particularly for people living in urban or more deprived areas where access to green spaces and nature can be scarce. Research by NHS Property Services revealed how small changes to NHS estates can widen access to community spaces, turning vacant spaces into hubs that could then be used by system partners to support patients being referred for social prescribing.

Nottinghamshire Healthcare NHS Foundation Trust has a wide array of green spaces attached to its multiple sites across the county. Its Green Hub has collated information about how these spaces are being used to help improve access to community gardens for patients and communities to support health and wellbeing.

CASE STUDY
Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare NHS Trust has a large geographical footprint and diverse estate portfolio, and has set out to maximise its use of these resources to develop green spaces appropriate for different clinical groups.

The Green Hub is a resource created by the trust to support patients, staff and the public to spend more time in green space, in recognition of the physical and mental health benefits this brings. The hub brings together information about green spaces across the trust's footprint and maps how they are used. For example, an unused space within hospital grounds was transformed into a community garden that all services on site have access to, for both staff and patient use. These gardens are used for a number of activities including yoga, growing food, and mindfulness.

The Green Hub also aims to connect people to nature-based activities and green groups, projects and schemes in their local community to support health and wellbeing.

Nottingham and Nottinghamshire was also chosen as one of seven government green social prescribing test and learn sites to run a pilot nature-based programme. As part of this, the trust has collaborated with partners across the system to expand access to green spaces for local people. Ownership of the programme sits with Nottinghamshire community voluntary services, with the focus on greater use of resources and to support providers already operating in the community to offer more for people experiencing mental health issues. The pilot is now in its second year.

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Nottinghamshire Healthcare's role is to represent wider mental health services and ensure the trust's health professionals are linked in and engaged with the programme and embedding green social prescribing within clinical pathways.

Researchers from Sheffield Hallam University are evaluating the programme by measuring the impact on someone's wellbeing, mood, experience of, and access to, the outdoors. Early findings on individual outcomes have been positive, and the evaluation is now looking to measure longer-term outcomes, such as how often people are accessing health services.

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SUPPORT HEALTHY PLACES

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The shift from institutionally-focused planning and delivery of services towards a more collaborative approach to population health sets the scene for trusts and their system partners to think differently about how they use their respective skills, assets and resources to drive change for local people. The development of joint strategic plans for how ICSs will contribute to improved health outcomes and more sustainable service delivery is a core part of how systems will drive progress in this arena.

Town centres and high streets are vital social infrastructure, attracting people for work, leisure, social connection and local economic growth and productivity, all of which contribute to health. However many areas, particularly those with higher levels of deprivation, have experienced a decline in the health of their local high streets, and Covid-19 has accelerated this change.

As anchors, trusts can contribute to the health of local places and high streets by investing resources to make them more economically and socially sustainable. At a time when inequalities in access to care is a key priority for trusts looking to improve health outcomes for people who struggle to access services in traditional settings, 'health on the high street' initiatives can bring services closer to people that need them, while also bringing footfall to local town centres and attracting further business investment and regeneration.

This shift in how services are delivered relies on close partnership working with local councils, whose stewardship of high streets can help trusts reshape their services to better meet people's needs while contributing to community wellbeing. Warrington and Halton Teaching Hospitals NHS Foundation trust has worked with Liverpool City Council to develop a series of health hubs which will integrate services and support regeneration.

CASE STUDY
Warrington and Halton
Teaching Hospitals NHS Foundation Trust

Warrington and Halton Teaching Hospitals NHS Foundation Trust is collaborating with health and care organisations, and local government across the region, to develop three health and wellbeing hubs based in local town centres. These hubs will focus on integrating health, wellbeing and education services, bringing care closer to people's homes, and leveraging resources in the health sector for the broader wellbeing of communities.

Communities across Warrington and Halton within Cheshire and Merseyside face a range of health and wellbeing challenges. These include a ten-year life expectancy gap between the most and least deprived within each of the boroughs, and rates of deprivation and child poverty higher than the national average. The development of two of the three hubs is enabled by funding from the government's national Town Deal programme. While the Town Deal programme is designed to support better economic, education and employment outcomes rather than being focused on health, after a conversation with the trust, the councils recognised the links between good health and thriving economies.

The first of the hubs, Halton Health Hub, opened in November 2022 in a redeveloped retail space in Runcorn Shopping City. The shopping centre is essential to the local community in terms of jobs, services and social value, but is in need of investment and regeneration and was at risk of closure due to the cost of the work needed. The hub will provide around 8,000 ophthalmology, audiology and dietetics outpatient appointments per year, and is expected to increase footfall in the shopping centre by at least 150 additional visitors each week, helping to kickstart wider physical regeneration of the town centre.

The clinical and operational benefits will also support local people's health directly with more than 3,000 additional NHS appointments available through the hub, and a reduction of long waits for ophthalmology services by up to eight weeks after one year of being open. It will enable people to have regular appointments closer to where they live, relieving capacity pressures on acute hospital sites, while also reducing barriers to accessing care for people who would have otherwise had to travel further.

The funding for the Halton hub is shared between Liverpool city region town centre fund, bringing £350,000 funding, and Warrington and Halton Teaching Hospitals NHS Foundation Trust providing capital funding of £500,000. There have been challenges to navigate around investment and funding, including the complexities of investing public sector capital funding into assets that are leased, rather than owned, and negotiating funding around capital spending limits. Those working on the programme cited recognition of the trust's role as an anchor institution – a core objective in its strategy – and acknowledgement that prevention will positively impact on the biggest problems facing an acute trust (for example, overcrowding in A&E) as key to getting agreement from the trust to support the project. Commitment and interest from board members was also central to securing investment.

While the additional funding helped to pump-prime the work, these initiatives also demand strong cross-organisation collaboration. Partners have navigated differences in governance in order to bring together these vital services. Those involved in the programme believe the benefits outweigh these challenges, and are expecting this work to bring about improvements in life expectancy, healthy life expectancy, and widened access to education and employment.

In the coming years, two further hubs will open in Warrington and Runcorn, bringing together health, wellbeing, education and support services. Each of the three hubs is tailored to the health and wellbeing inequalities faced by the communities they will serve, with a focus on areas of health where outcomes are poorer, or where access inequalities are more prevalent and have greatest impact. Trust leaders say the commitment from senior leadership across the place has enabled greater innovation, a better understanding of the communities they serve from all perspectives, and a shared vision for better health and wellbeing across the region.

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Anchor working provides system partners with an opportunity to come together around shared ambitions for a healthier, more prosperous local population, and work together to engage with communities to shape the response to health and wellbeing challenges. National policy thinking around anchors is shifting away from 'anchor organisations' towards 'anchor systems', recognising the importance of wider determinants of health and wellbeing such as skills, income, infrastructure and housing, and the diversity of the organisations locally which contribute to such aims.

However, setting priorities, and more importantly, measuring their impact, cannot be achieved by the NHS on its own. Understanding how people articulate what they want from the place where they live is critical to designing an approach which achieves these aims.

NHS England's guidance on working in partnership with people and communities sets out a series of principles for ensuring that systems meet their legal duties for public engagement, and that communities have a meaningful stake in decision-making for their local area. Imperial College Healthcare NHS Foundation Trust undertook a programme of community engagement, in collaboration with Westminster Council, to develop an approach to halving the gap in life expectancy across the borough of Westminster by 2035.

CASE STUDY

Imperial College Healthcare NHS Trust

Imperial College Healthcare NHS Trust (Imperial) has committed to working with local cross-sector partners and communities to improve the health, wealth and wellbeing of the people who live around its hospital sites. Westminster has stark health inequalities, for example, a baby boy born in the north of the borough has an average life expectancy of 78, while a baby boy born in Knightsbridge and Belgravia has a life expectancy of almost 92.

The trust took inspiration from international examples of 'place-based' anchor working, for example the work of Rush University Medical Center in Chicago, to develop their '#2035 collaborative'.

Working with partners across the borough, such as Westminster City Council and the voluntary and community sector, this collaboration was launched with the shared aim of halving the gap in life expectancy across the borough of Westminster by 2035. Partners asked members of the community about the things that really matter to them, giving them a better understanding of what local residents see as their unmet needs and the things that would best help them and their families to thrive. These included the topics of:

1   housing and homelessness

2   money, local economy, jobs and training

3   communities and connections

4   neighbourhood and environment

5   crime and safety

6   health, wellbeing and healthcare

7   tackling racism, discrimination and digital inclusion.

To meet these needs of the community, the #2035 collaborative has agreed four founding principles:

- focusing on health inequalities through systems thinking, levelling-up to create a fairer Westminster
- putting residents at the centre and working together on the challenges they prioritise
- creating proper partnerships in place, working with residents and across agencies to solve problems and adapt solutions to local conditions
- mobilising a movement for change where "we all teach one another, and all learn from one another".

To achieve this the partners will work together to apply #2035 tools to listen more effectively, connect initiatives proactively, amplify what works, and accelerate improvement for specific localities. Alongside the #2035 collaboration, Imperial aims to apply the same principles to their wider anchors work. Through the Paddington Life Sciences (PLS) development for example, the trust is working with Westminster council, life sciences organisations, and NHS partners to explore how to widen access to quality work within the life sciences sector, as well as address emerging issues such as the cost-of-living for those living in the vicinity of the development. A dedicated social purpose workstream across all PLS partners is focused on a collective effort to develop local education, training, skills and employment opportunities, ensure digital inclusion and understand and mitigate against fuel poverty in the Paddington area around St Mary's Hospital.

As part of this, Imperial are establishing a 'community learning lab' which will allow them and Paddington Life Sciences Partners to effectively engage and build trust, co-create and test solutions to problems in a community setting.

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The case studies in this report set out the diverse ways trusts are using their anchor status to improve population health and wellbeing beyond the healthcare services they provide. Local circumstances differ widely, meaning that how trusts and systems respond to this opportunity is being tailored to the needs of local people and places. However, all of the trusts included in this report describe factors which have enabled them to gain momentum as an effective anchor.

Visible leadership and gaining board buy-in

Gaining board buy-in was key to the success of many of these projects. It is important to identify and articulate how being an anchor institution fits within the organisation's strategic objectives, and why it matters to the board from commercial, recruitment, financial and clinical perspectives.

Gaining recognition for the opportunities presented by taking a population health approach is helpful: according to one trust leader, framing work to prevent ill health as a means to reduce overcrowding in A&E, despite being a longer-term solution, helped to articulate the business case for working in new ways in the short-term.

Individuals leading the work we have showcased in this report also said that the visibility and commitment of senior leaders in their organisations helped to increase momentum and enthusiasm across a broader range of networks.

Making anchor working part of 'business as usual'

For some trusts, embedding 'anchor' objectives as part of their organisational strategy ensured a strategic focus and enabled them to scale initiatives more widely. In the context of new ICS strategic plans and the legal status of the four core purposes of ICSs, there is an increased impetus for many trusts' boards to cement their role as key players in local health and wellbeing.

For others, the clinical and ethical benefits of the initiative were the primary motivation to act, rather than planning the work explicitly under an 'anchor institutions' banner. However, most agreed that having a practical means to help people understand how 'anchor' principles apply to their discipline, tapping into the core motivation of health and care staff to improve people's health, was key to making progress. For example, speaking to a property manager about the health benefits of providing community groups with access to trust-owned space to run activities helped one trust to use its estates in a more community-focused way.

Having a list of tangible things trusts can do to be a better 'anchor' and continuing to expose people across a trust to the objective of keeping communities healthy and helping people out of the poverty cycle, have proven to be important elements to embedding anchor working as a central aim.

Building relationships

The interrelated nature of the wider determinants of health means that being an effective anchor demands strong cross-organisation collaboration. The NHS has embarked on its journey to navigate the differences in culture, governance and processes across systems in order to bring together vital services. Developing shared objectives and outcomes for the projects helps many trust leaders to ensure that the benefits outweigh these challenges and make it worthwhile to persevere. Having a framework giving a common language and guide for practical action has been a useful tool in navigating different ways of working.

Trusts that contributed to this report said collaboration with system partners has allowed them to tap into resources and infrastructure they otherwise would not have had access to, as well as maximising their reach into communities to understand their needs. Having a collaborative forum or network that brings together other health and care partners can help systems spread the knowledge and expertise of the different organisations involved.

One trust emphasised the importance of building relationships with the local community and holding a good physical presence. Its aims to achieve this through 'walkarounds' of the local areas so partners can learn about the community and the place they live, ensuring people's experience remains central in shaping their anchor approach.

Empowering staff to innovate

While good leadership can help get trusts' anchor strategies off the ground, staff across clinical teams, estates, procurement and people and organisational development functions all play a pivotal role in putting anchor principles into practice in their day-to-day roles.

Recognising the influence of the front line on the overall success of anchor working, many trusts appreciate the importance of enabling staff to innovate by identifying common goals and offering a forum for them to come together and share enthusiasm and ideas. One trust is empowering its staff to take action locally by establishing a 'green champions network' of likeminded staff across the trust. The principles of anchor working resonate with many people, and many staff are residents of the local areas that anchor programmes benefit. Promoting staff involvement can therefore help to increase trusts' insight into the needs of local people and harness staff energy and commitment.

CONCLUSION

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POPULATION HEALTH

The anchor agenda puts into practice the notion that, as the UK's biggest employer, rooted in local communities, with a stake in people's wellbeing, the NHS can do more to improve population health than just provide high quality healthcare. As anchor institutions, trusts can improve the social, economic and environmental conditions for their local communities, in turn improving population health and reducing health inequalities. System working provides an even greater opportunity for trusts to deliver on these ambitions. If ICSs are to deliver on their fourth purpose and help the NHS support broader social and economic development, then renewing the focus on the wider determinants of health, and coming together to act on them, will be essential to their long-term success.

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For more information

Please contact:
Olivia O'Brien, policy officer (health inequalities and regulation)
olivia.o'brien@nhsproviders.org

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