UCLPartners

How Strong is Your Anchor?

A Measurement Toolkit for Health Anchors

Acknowledgements

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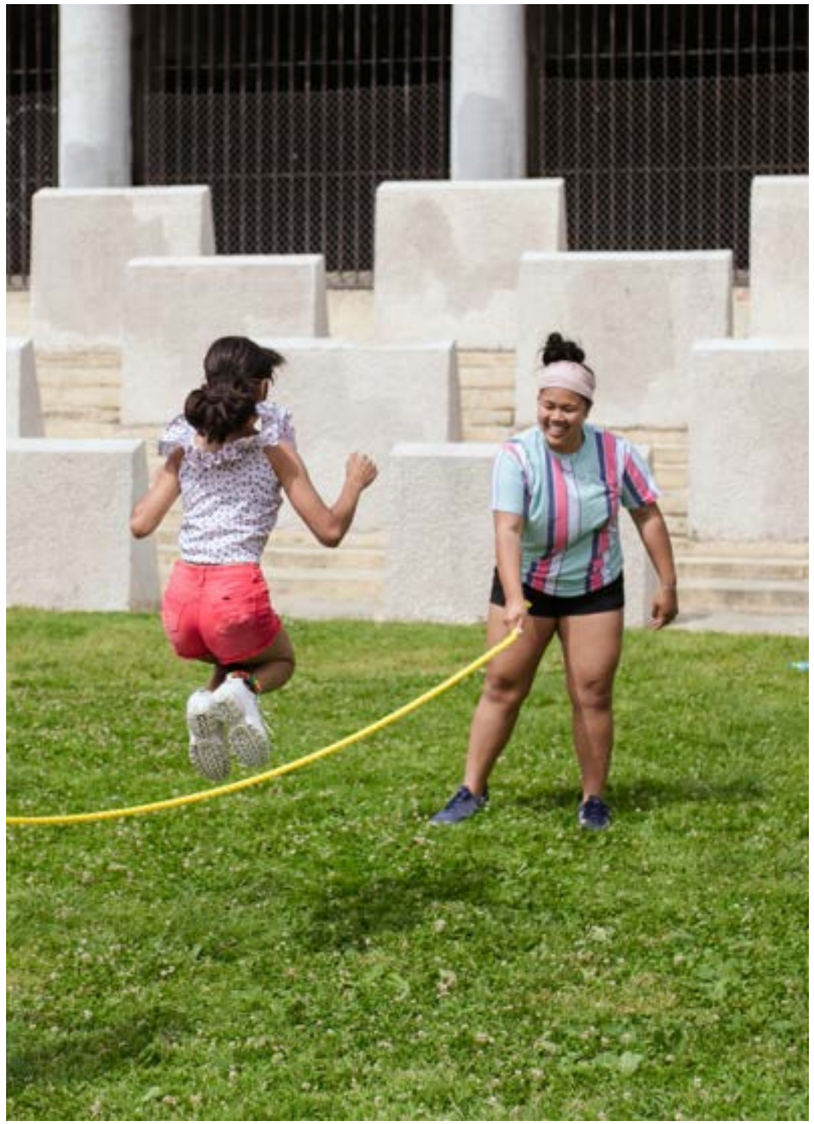
Table of contents



Foreword

Anchor institutions are large, usually public sector organisations rooted in and connected to their local communities. They can impact on health and wellbeing, health inequalities and local social, economic and environmental conditions through the way they employ people, purchase goods and services, use buildings and spaces, enhance positive environmental impacts, and through their leadership approaches and partnership working.

Anchor approaches have rapidly grown in popularity, particularly in health. We have seen many examples of action by health organisations such as NHS trusts, and a growth in support, networks, and partnerships at all levels – local, in Integrated Care Systems (ICSs), regional and national.

It is vital that the impact of this work is measured but it can be challenging to know where to start or how to demonstrate links between activity and impact. We have heard from many health partners that while they recognise the importance of measuring anchor work, they would like further guidance on how to do this well. There is good work already happening, and part of the challenge is to avoid duplication of effort and wasting scarce resources by developing a measurement approach from scratch for every NHS trust, ICS or anchor partnership.

The Health Foundation has supported UCLPartners, a health innovation partnership with expertise in measurement and evaluation and anchor approaches, to develop a Toolkit for anchor measurement.

This Toolkit includes a 'menu' of indicators', categorised by 11 areas of anchor activity. To support the practical application of the indicators we also have given a view of their potential ease of measurement, and their suitability for ongoing collection.

Effective anchor interventions and activities will vary depending on the priorities and needs of local communities, as well as the resources and focus of anchor institutions, so what gets measured will also vary from place to place. This Toolkit is therefore not a mandated approach or performance management system, and nor does it set out the exact measures that should be used. We propose that anchor institutions and partnerships select from the indicator menu based on their own anchor work, what matters most to them and their communities, and what they believe will have most impact in their respective context.

Supporting the indicators is a new logic model which has been developed to demonstrate the relationship between various anchor activities and outcomes in specific anchor categories.

We have also included some examples of anchor measurement in action, and a set of principles for good anchor measurement to aid local organisations and partnership systems as they develop and refine anchor measurement approaches.

In producing this resource, we have worked closely with many stakeholders and consulted widely on our proposed approach to measurement, and are hugely grateful for all their contributions.

Much of this work is an imperfect science and inevitably decisions have been made about what to include and exclude in this Toolkit. However, we hope that these resources will be helpful, and will support health anchors and their partners to better understand their anchor work, demonstrate the value of their activities, and develop their anchor activities and strategies to optimise impact.

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Section 1:

Introduction

Introduction

Anchor institutions

Anchor institutions are large, often public sector bodies that are 'anchored' in place, and therefore unlikely to move, and linked to their local community. Anchors have an opportunity and a responsibility to improve the health, wealth and wellbeing of their local population and reduce inequalities, in the way that they strategically and intentionally manage their resources and operations. By shifting and targeting the way they employ staff, procure goods and services, use their land and buildings, contribute to environmental sustainability, and work in partnership, anchors can have a positive impact on the social determinants of health (SDOH).

While the term 'anchor institutions' is not sector-specific, there has been a particular interest and engagement from healthcare organisations in the UK in recent years. Following the 2019 publication of 'Building healthier communities: the role of the NHS as an anchor institution' by the Health Foundation, the role of NHS organisations as anchors has been included in NHS policies and documents including the 2019 NHS Long Term Plan, the 2021 Integrated Care System (ICS) design framework and the 2023 NHS equality, diversity and inclusion improvement plan.

The 2023/24 NHS England priorities and operational planning guidance states that ICSs will be asked to work as anchor institutions to promote economic activity in local communities, and the NHS Oversight Framework, which provides oversight of Integrated Care Boards (ICBs) and trusts, includes a number of metrics relevant to anchor work.

Anchor action is also closely related to other national policy priorities, particularly the requirement on public sector bodies to consider social value and include this in procurement, and the 'Greener NHS' agenda, which includes statutory obligations on NHS providers. For policy and guidance in the UK devolved nations, see the box to the side.

Recent publications that have also reflected on the opportunity of anchor action include the NHS Confederation report on the NHS's social and economic potential, the NHS England resource on estates 'Building for health', the NHS Providers report showcasing anchor institution case studies, the Association of Ambulance Chief Executives' report on how ambulance services can reduce health inequalities, and The Health Foundation's work on anchor institutions during Covid-19 and their framework for NHS action on the SDOH.

The importance of anchor action in the NHS has also been recognised and described by The Shelford Group, The King's Fund, and the British Medical Association; and anchor action at a local level has been supported by local, system, regional and national networks, including the national Health Anchors Learning Network (HALN), which provides case studies, resources, and events for health anchors and their partners across the UK.

Anchor institution theory and practice also aligns with other agendas, including Community Wealth Building (CWB), social value, and the role of healthcare organisations in tackling poverty and acting on the social determinants of health.

Anchor institution and related policy context in the devolved nations

Since healthcare is devolved, much of the policy context described in this section applies to England only. The policy context in Scotland is explored further in a case study.

In Wales, the 'Wellbeing of Future Generations Act' provides a potentially supportive policy context for anchor action, although the term is not mentioned specifically in the Act. A national social value task force has also developed a social value measurement framework, and the Welsh government is working with CLES and the Wales co-operative Centre to support anchor institutions to develop CWB approaches, focussing on progressive procurement. The Bevan Foundation has also done some work to advocate for 'anchor towns' in Wales.

In Northern Ireland, focus on anchors is limited. However, there has been some work to consider CWB in Belfast led by CLES and in 2022, an Expert Advisory Panel on CWB published an independent report along with 26 recommendations for action.

Measuring anchor institutions

Whilst there is burgeoning anchor activity, there is a lack of robust academic studies on the impact of anchor action and related concepts. However a notable exception – a recent academic paper focussing on CWB in Preston - found that the programme was associated with increases in life satisfaction and wages, and reductions in antidepressant prescription and prevalence of depression.

Local measurement has shown some promising results in terms of anchor impact on the determinants of health (for example, employment outcomes) and some examples are included throughout this report. Other helpful resources are included in the box to the side.

Despite these existing resources and good examples of local action, there is a need for further support and guidance for health anchors currently developing their measurement approaches. A recognised set of indicators could support local measurement and help local leads to consolidate possible measurement approaches.

Measurement of anchor activity matters because it can: help anchors better describe and understand their work; facilitate conversations internally and with partners on what matters most, why, and what particular results may mean; and start to understand and maximise impact.

However, the type of measurement that is relevant and appropriate to anchor action may be different to typical healthcare measurement – it is not focussed on services or clinical pathways, and requires different considerations. For example, action on SDOH is unlikely to lead to health impacts in the short to medium term, and judging the success of an individual anchor institution by population level metrics is unfair and unreliable. Anchor action (and therefore measurement) also varies significantly by institutional priorities, population needs and assets, and previous activity.

It is therefore necessary to develop an approach to measurement that captures what matters to an anchor institution or partnership and their communities, while focussing on those measures they can be held accountable for. The logic model and indicators in this Toolkit aim to provide this approach, proposing a golden thread between targeted and intentional anchor activity and impact in the community, and a choice of indicators to measure progress against anchor aims.

Useful resources for anchor institution measurement

The following national and international resources may be helpful for anchors seeking to measure their anchor work:

- 'Driven by data', a HALN briefing on how to measure anchor work
- The Leeds Progression Framework, a self-assessment tool for anchors to understand their anchor activity and maturity
- The National Themes, Outcomes and Measures (TOMs), produced by the Social Value Portal, provide a set of measures and proxy financial values for social value deliverables
- The Social Value Bank, produced by the Housing Associations' Charitable Trust (HACT), provides a similar set of measures and financial savings
- The United Nations Sustainable Development Goals are a set of 17 high level goals, each of which includes a set of targets and indicators.

The anchor institution concept originated in the United States (US), and there are a range of American anchor measurement approaches, including:

- The West Side United Measurement Framework, a set of metrics for an anchor place-based collaborative in Chicago
- The ProMedica Anchor Dashboard, an alternative set of metrics from a US system covering 13 hospitals
- The national Healthcare Anchors Network has also developed a measurement framework for American Health Anchors.

Background to this Toolkit

Purpose

This Toolkit highlights possible options and supports improvement, rather than adopting a prescriptive approach. It is not a mandatory approach or performance management framework – not only is the use of this resource (and the indicators within it) entirely voluntary, but each institution and partnership may apply it in different ways.

While indicators have been included to enable organisations to begin to assess progress of their anchor work, anchors will need to make judgements to evaluate their progress and draw meaningful conclusions about impact. This framework is intended to help anchors on this journey. The intended audience for this Toolkit is primarily those measuring anchor activity in England in NHS trusts, ICSs, regions, and at a national level.

Scope and focus

The focus of this Toolkit is on health anchors, and the logic model and indicators in Section 2 are primarily focussed on NHS trusts (although engagement included ICS leads throughout). This narrow approach was necessary to provide a focused and manageable scope to select specific activities and indicators that are appropriate and possible to measure.

However, other parts of the report (for example, Section 3 on principles for good anchor measurement may be helpful to other parts of the health system (including other providers, ICSs and ICBs, and regional teams) and non-NHS place-based partners. The logic model and indicators could also readily be adapted for use by other health anchors and their partners.

For similar reasons of specificity, the geographical focus is England. With some translation to national policy, action and measurement context, the report could also be helpful to other UK countries, and this work has been informed by valuable contributions from those leading anchor and CWB approaches in Scotland. A longer case study on anchor work and measurement in Scotland has been included later in this section, as well as some background on policy and action in Wales and Northern Ireland.

Methodology

The logic model and indicators in Section 2 have been developed through an in-depth process of stakeholder engagement and consensus building, alongside desk-based research. This stakeholder engagement has included:

- Regular meetings of a 'core expert group' to guide the work, including representation of anchor leads from NHS England, Scotland, and three English NHS regions
- Three wider stakeholder events that in total were attended by 65 institutional, system and regional anchor leads from across the UK
- Attendance at over 40 other meetings and events to share emerging findings and seek feedback including with NHS England policy leads, trust and ICB anchor leads, and others involved in anchor work.

An initial list of over 150 possible indicators was drawn from nationally collected datasets, a review of existing anchor measurement, and suggestions from anchor leads. This was reduced to a final list based on stakeholder feedback on what was important and possible to measure, an assessment of how easy it would be to collect each indicator, and whether it would be suitable for regular ongoing collection.

Throughout, a co-produced logic model provided a basis for indicator selection by informing whether the indicators were relevant to anchor action, how they were spread across areas of anchor activity, and how to balance indicators measuring activities, outputs, and short-, medium- and long-term outcomes. Further detail on the logic model and indicators is available in Section 2.

An online public survey was completed by over 190 NHS staff and members of the public. It provides an overview of how respondents would prioritise anchor work – for example, being a good employer to those working in the NHS was rated as the highest priority out of the broad anchor areas, and within this area, paying all staff at least the real living wage was the priority action. Further results from the survey are available in the appendices.

Case studies of measurement in practice

Whilst frameworks and toolkits can appear theoretical or conceptual in nature, an important part of this work has also been to seek out examples of measurement being used in practice.

To illustrate how UK health anchors and partnerships have been approaching measurement, we have included short examples of measurement in Section 2 and also worked with local leaders to develop the following four longer case studies - one at each of the geographical levels of institutional, ICS, regional and national.

While these all represent work in progress, they each show how a systematic approach to measurement can help to capture impact and support anchor work. In some cases, they have also started to show positive impacts on the SDOH.

If you have further case studies of anchor action or measurement that you would like to share, HALN are also collecting case studies on their website.

Institution: Mid and South Essex NHS Foundation Trust

The Mid and South Essex NHS Foundation Trust (MSE) anchor programme has placed particular focus on capturing and measuring their work over the last two years, and produces annual impact reports as well as more regular monitoring (for example, an employment dashboard to track workforce demographics and support inclusive employment).

In the trust's anchor impact report for 2022/23, data on anchor activity and impact has been collected across 7 main areas of anchor action – learning, quality work, social value, estates, net zero, collaboration and leadership. These areas of focus, and the measures within them, align closely with the anchor pillars used in this report. For example, they have found that:

- The job skills and wellbeing programme 'Southend Ambition 2050' supported 166 people from the most deprived areas of Southend to enter employment, predominantly in the trust
- MSE anchor sessions bring together 25 partner organisations and 86 individual members
- 61% of respondents to a survey of local anchor partners reported that the programme had enabled significant change to the range of their partnerships
- The net savings to the trust through the anchor programme for the two years from April 2021 to March 2023 totalled over £400,000.

However, MSE also focus on more qualitative data, including stories and quotes from those who have benefitted from the trust's anchor work and from key delivery partners. This helps to capture the narrative of local anchor action, and the impact this has had on the trust and local communities.

In 2022/23, they also produced an anchor impact report focussing on the local ICS and their anchor impact.

ICS: NHS Cheshire and Merseyside

Anchor institutions in Cheshire and Merseyside have been working together to plan, deliver and measure their anchor work, as embodied in six Cheshire and Merseyside Anchor Institution Charter Principles.

The partnership approach has included organisations outside the NHS - the anchor charter has been signed by local authorities, the ICB, and voluntary, community, faith and social enterprise organisations as well as NHS providers.

Progress against the commitments in the charter is being measured by a framework, designed with members of the community. The information will be collected on a dashboard and provide evidence of progression against the commitments.

NHS Cheshire and Merseyside, the local ICS, have included community consultation and co-production throughout this system-level anchor work, including in developing the charter principles.

Recently, this co-production approach has been used to engage with the community to define how to measure anchor work, using an online survey and three focus groups to discuss with local community members:

- The extent to which they agree or disagree with the proposed anchor framework impact measures
- How the measures could be enhanced or if anything is missing
- How often the data should be collected.

The Anchor Assembly which has been convened to monitor and measure anchor institutions in Cheshire and Merseyside against their anchor progress aims to include community representation.

Region: London

In London, there has been a regionally co-ordinated and strategic approach through the London Anchor Institutions' Network (LAIN), convened by the Mayor of London, which includes anchor organisations from health, education, the public sector (including local authorities) and private sector.

Action and measurement are co-ordinated through five working groups, each of which has an agreed set of shared measures. For example, the 'hiring and skills' group has found that in the last financial year, members of the network supported more than 4,000 apprentices, and members of the 'green new deal' group have identified more than 70 decarbonisation projects.[1] Generally, data is aggregated to give an overview of regional action and impact, rather than to compare between organisations.

The NHS in London have also adopted a coordinated approach to measuring and scaling the London Living Wage, working with the 'Making London a Living Wage City' initiative. From May 2022 to March 2023, the proportion of London trusts accredited as living wage employers increased from 8 to 21 out of 35, with a further 7 in active talks with the Living Wage Foundation to become accredited, thus surpassing a collective target to reach 75% by the end of March 2023.[2]

A regional approach has been used to support and measure procurement across London. The NHS London Procurement Partnership (LPP) have been supporting and tracking social value in NHS procurement to meet the requirements of PPN06/20, and have selected a list of 55 measures from the social value portal TOMS, based on regional evidence of health inequalities and alignment with central government's social value model. To date, 73 procurement projects have used the LPP social value tool, representing a total contract value of approximately £290m, and 11 projects are now live, totalling £10.8m of proxy social value.[3]

Finally, NHS London has committed to increase its annual addressable spend with local SME, VCSE and Diverse suppliers to 20%, a target which is being promoted and tracked by LPP. From a baseline position, this increased from 9% in 2021 to 13% in 2022 across London NHS organisations.[4]

Nation: Scotland

In Scotland, anchor institution action and measurement are being supported at a national level, and are closely aligned with the Wellbeing Economy and CWB.

The Wellbeing Economy is a national vision to prioritise economic growth that centralises the wellbeing of people and the planet, and is being tracked using the 'Wellbeing Economy Monitor' – which reports on national progress on 14 key areas. For example, the most recent data release showed that wealth inequality was worsening, young people's participation was staying the same, and active travel was improving.

CWB is an approach being supported at a national level in Scotland to help realise the ambitions of the vision for a Wellbeing Economy, and provides a framework for action for a range of local anchor organisations on the key pillars of spending, workforce, land and property, inclusive ownership, and finance. In 2023, the Scottish Government consulted on plans for CWB legislation that aim to enable partners to take further action on CWB, and propose a new duty to advance CWB.

Scottish Government have developed a national programme of support with Public Health Scotland on the role of Health and Social Care Anchors, which includes the development of a set of anchor metrics.

All NHS Boards have been asked to develop Anchor Strategic Plans in October 2023 and to provide a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community, as part of the Annual Delivery Plan process. These metrics are being tested in summer 2023 and will be part of Annual Delivery Plan reporting in following years.[5]

1. Personal communication with Souraya Ali, Head of London Anchor Institutions Programme at Greater London Authority, 20/06/2023
2. Personal communication with Lizzie Smith, Joint NHSE London Director of Workforce Training and Education and NHS London Anchor Programme SRO, and David Bradley, Chief Executive at South London and Maudsley NHS FT and London Living Wage Lead, 22/06/23
3. Personal communication with Michelle McCann, Executive Director (Sustainability & Social Value), NHS London Procurement Partnership, 13/06/2023
4. Personal communication with Michelle McCann, Executive Director (Sustainability & Social Value), NHS London Procurement Partnership, 13/06/2023
5. Personal communication with Una Bartley, Team Leader - Place & Wellbeing Programme, Scottish Government; and Lorna Renwick, Interim Service Manager, Economy, Poverty and Environment Service, Public Health Scotland, 21/06/2023

Section 2:

Logic model and indicators

This section of the report provides sections of a larger logic model and corresponding indicators for 11 areas of anchor action. These are accompanied by short examples of anchor measurement in action.

Introduction

A logic model for health anchors

The anchors logic model was developed jointly with partners to describe the scope of health anchor action, the logical links that connect these actions to outputs, outcomes and impacts, and to inform the selection of indicators. The logic model may also be helpful for local anchor institutions and partnerships to use and adapt to describe their own anchor action, and identify potential gaps for future prioritisation.

Icons (an 'I') denote specific items within the logic model where a related indicator is available in this Toolkit. Not every part of the logic model has a corresponding indicator, but the indicators do represent a spread across the 11 areas of action, and across the logical model chain (i.e. some activities, some outputs, and some outcomes).

Indicators

A 'menu' approach

Anchor action is, and should be, based on localised priorities, and so this Toolkit includes a 'menu' of 56 indicators. It would not be advisable for anchors to automatically select and collect all of these - instead, a co-production method of selection involving stakeholders should be used to select indicators that are feasible, relevant and meaningful to anchor Institutions, partnerships and populations.

The Principles in Section 3 provide some general guidance on how to select indicators. We have also provided specific information on:

- Which of the 5 pillars and 11 sub-pillars of anchor action the indicators relate to
- The difficulty of measurement (easy, medium, or hard) – note this does not relate to the difficulty of taking action or doing well on an indicator, simply the difficulty of gathering the data
- Whether the indicator is suitable for regular measurement – some indicators are better suited to a one-off measurement or baselining activity, whereas others work well for a quality improvement approach, where change can be tracked and compared over time
- When the same indicator is used in an existing national measurement framework or dataset in England

Some of this categorisation may depend on local anchor action and measurement capacity – for example, an indicator that is categorised as 'hard' to measure in this Toolkit may be easy for a particular anchor institution if local data collection and analysis processes are already in place; or indicators categorised as suitable for regular measurement may in fact be more appropriate for a one-off collection if they are not a priority for local action.

Beyond identifying the indicators that may be suitable for regular collection, the Toolkit does not specify how often each indicator should be gathered. This will vary depending on local data processes and capacity, as well as the nature of anchor activity. For some indicators that are collected externally (for example, via the NHS staff survey), the timing of data collection and reporting may be predetermined.

Anchor institutions and partnerships are encouraged to add their own indicators to those included in the Toolkit, especially when these are already in use locally (see the 'principle' of building on existing work.)
A workbook that provides all the indicators in one place, and can be downloaded and edited to facilitate local adaptation and use of the indicators, is available as an annexe.

Overall, the indicators are intended to provide a solid starting point to assist in local measurement, rather than the final word.

What does good look like?

The Toolkit does not provide benchmarks, comparators, minimum standards or targets for the indicators. These are more appropriate to be determined by anchor institutions and partnerships, based on their own organisational priorities and local context.

For some indicators, while it may be relevant to track change over time, it might not be appropriate to set a target. For example, while an anchor may aim to reach 100% of their staff being paid a real living wage, they may not have such a clearly defined goal for the proportion of spend going to local suppliers. However, it may still be relevant to measure and report this, particularly if it shows significant change over time as procurement policy and practice changes.

Similarly, some data should be considered in the context of other outcomes. For example, if more local residents are employed by the anchor institution over time, but these staff are not being paid a real living wage, the overall impact on local health, wealth and wellbeing may not be positive.

While a set of institutions may choose to compare themselves to each other under a common measurement system (for example, within an ICS), these comparisons should be interpreted with caution - it may often be the case that differing outcomes reflect differing local populations or opportunities for progress.

When anchor institutions and partnerships focus on measurement, improvement and impact, they may wish to ensure internal scrutiny and oversight are in place. As part of this process, anchors may come to their own understanding of what good looks like for them and their anchor work.

Examples of measurement in action

Each group of indicators includes some examples of measurement in action. Sometimes these are a direct example of an indicator included in the menu, in other cases organisations have measured something slightly different or added a further dimension to a measure – for example, disaggregating by population groups or estimating cost savings.

The examples are intended to be indicative of the types of measurement currently being used by health anchors, and to inspire others to consider similar measurement where appropriate.

Definitions

Social value

The procurement section of the logic model refers to 'social value'. This refers to the NHSE definition of social value that NHS organisations have a duty to consider, and to weight (minimum 10%) in their contracts. This requires consideration of 'fighting climate change', and a selection from the other social value themes of wellbeing, equal opportunity, tackling economic inequality, and COVID-19 recovery.

While many of the social value themes may overlap with other areas of anchor action and measurement, they are defined by their inclusion in procurement, and therefore across the NHS supply chain, rather than as activities undertaken by the trust itself.

Local definitions

To ensure that the indicators and logic model are relevant to local context, we use some generic terms throughout, which will require further work by anchor institutions and partnerships to fully refine.

Target populations

The demographic or other groups of people that trusts particularly want to support should be based on current workforce inequities, and local demographics, needs, assets and priorities.

Target populations might include one or more of the following:

- Long-term unemployed
- People living in most deprived 20% of wards (as prioritised in the Core20Plus5 framework)
- Communities affected by racism and discrimination and/or people from specific ethnic minority groups
- Service users or people with long-term conditions and/or lived experience of mental health diagnoses
- Inclusion health groups
- People with a physical or learning disability and/or autistic people

Target organisations

Anchors may have particular types of organisations they want to support through their anchor activity. These will also vary depending on local economic context, needs, assets and priorities, but could include:

- Small to medium sized enterprises (SMEs) and/or micro-businesses
- Voluntary, community and social enterprises (VCSE)
- Creative and cultural industries
- Businesses owned by women or ethnic minorities
- Organisations that meet a certain 'healthy' or environmental quality standard

Local

Anchors will need to specify what they mean by 'local' to measure their progress against some of the indicators. This may depend on the activity or the context, and in some cases anchors or partnerships may choose to have multiple different categories of 'local' (e.g. immediate area, ICS, and region).

The Government Office for Health Improvement and Disparities (OHID) have provided catchment populations for NHS trusts which include trust catchment maps, alongside key data for these populations.

Employment	Procurement	Land & Buildings	Sustainability	Partnership & Leadership
Building the future workforce	Social value	New developments	Estate, fleet and waste	Partnership
Widening workforce participation	Support to local and target organisations	Existing land and buildings	Staff, patients and community	Leadership
Being a good employer				

Key and explanations

The rest of this section of the Toolkit provides portions of a larger logic model and indicators for 11 areas of anchor action. The following headings and icons are used:

Interactivity

This pdf is interactive, and navigation through the following sections may be easier if using the interactive menu on the left. At the bottom of each logic model and indicator page is a link back to this key.

Logic model

The logic model content answers the following questions:

Inputs	Activities	Outputs	Outcomes	Impacts
What resources do you need?	What specific activities are you planning to do? What are you going to produce, make or distribute?	What is being produced? Who are you reaching? What are the direct products (tangible and countable) of an activity?	What are the results or effects of your activities and outputs, in the short, medium and long term?	What impact do you expect to achieve in the wider population or system?

The logic model should be read left to right, and show a logical chain from inputs through to impacts.

However, in some cases the logical chains overlap – for example, multiple inputs may contribute to single activities, and so on.

Across the 11 areas of anchor action, the inputs and impacts remain the same.

Throughout, the icon i has been used to signify where there is a related indicator available on the following page.

Indicators

Indicator	Difficulty of measurement	Suitable for regular measurement
Specific measures that can be used to capture anchor activities, outputs or outcomes within each area of anchor action. Indicators that follow on from each other are grouped together. The unit of measurement is given in brackets.	A categorisation of how easy it is to collect this data, on a scale of easy, medium and hard: Easy Medium Hard	Indicators that are suitable for regular measurement are signified with a tick icon ✓

In both the logic model and indicator sections, where an item has secondary relevance to a different pillar of anchor activity, this has been signified by including a coloured icon:

E P L&B S P&L

These indicators do not repeat in the alternative pillar - each indicator appears in one place only.

Logic model and indicators 2

Employment
Building the future workforce
Logic Model
Indicators
Widening workforce participation
Being a good employer
Examples
Procurement
Social value
Support to local and target organisations
Examples
Land & Buildings
New developments
Existing land and buildings
Examples
Sustainability
Estate, fleet and waste
Staff, patients and community
Examples
Partnership & Leadership
Partnership
Leadership
Examples

Inputs

- Data (qualitative and quantitative)
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Create pre-work programmes in the trust (e.g. apprenticeships, internships, work placements)
- Conduct outreach and partnership work to increase awareness of healthcare careers and support education, training and skills for young people

Outputs

- Work experience, internships, apprenticeships, and work placements
- Partnerships and programmes to reach young people in schools / colleges / etc.

Outcomes

Short Term

- Local young people are aware of opportunities to work in healthcare
- Higher level of skills, qualifications and educational attainment in the local population

Medium Term

- More young people entering healthcare education and careers

Long Term

- Reduced unemployment locally / among target populations

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Logic model and indicators 2

Indicator	Difficulty of measurement	Suitable for regular measurement
Participation in pre-work programmes - for example, volunteering, internships or work placements (number)		✓
Proportion of those participating in pre-work programmes who are from target and/or local populations (%)		✓
Proportion of people recruited into employment in the trust out of those participating in pre-work programmes (%)		✓
Proportion of local people and/or those from target populations who are recruited into employment in the trust out of those participating in pre-work programmes (%)		✓
Proportion of the apprenticeship levy spent (%)		✓
Proportion of the apprenticeship levy spent on local and/or target populations (%)		✓
Have a strategy or clear programme in place for community outreach and working with educational organisations to support routes into training and work (yes/no) P&L		
People from local and/or target populations starting training or hired to work in the trust, by band (number)		✓

KEY

Logic model and indicators 2

Employment
- Building the future workforce
- Widening workforce participation
- Logic Model
- Indicators
- Being a good employer
- Examples

Procurement
- Social value
- Support to local and target organisations
- Examples

Land & Buildings
- New developments
- Existing land and buildings
- Examples

Sustainability
- Estate, fleet and waste
- Staff, patients and community
- Examples

Partnership & Leadership
- Partnership
- Leadership
- Examples

Inputs

- Data (qualitative and quantitative)
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Adapt recruitment policies and processes to support access for local / target populations
- Deliver participation programmes (e.g. support with applications) to local / target populations

Outputs

- Recruitment policies, processes and programmes which better enable local / target populations to gain employment in the trust
- Participation programmes and support to local / target populations

Outcomes

Short Term

- Local / target populations are more aware of employment opportunities in the trust, and have support to access these
- Increased applications and acceptances for trust jobs by local / target populations

Medium Term

- NHS workforce is more diverse and more representative of the communities it serves (at all staffing levels)

Long Term

- Reduced unemployment locally / among target populations

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Proportion of staff in each band and/or staffing group who are local (%)		✓
Proportion of staff in each band and/or staffing group from target populations (%) Data on black and minority ethnic staff is reported via the Workforce Race Equality Standard Data on disabled staff is reported via the Workforce Disability Equality Standard Reporting on black and minority ethnic staff and women in senior leadership roles is included in the NHS oversight metric		✓
Relative likelihood of appointment from shortlisting for local and/or target populations (ratio) Data on the comparison between white and black and minority ethnicity applicants is reported via the Workforce Race Equality Standard Data on the comparison between disabled and non-disabled applicants is reported via the Workforce Disability Equality Standard		✓

KEY

Logic model and indicators 2

Employment
- Building the future workforce
- Widening workforce participation
- Being a good employer
- Logic Model
- Indicators
- Examples

Procurement
- Social value
- Support to local and target organisations
- Examples

Land & Buildings
- New developments
- Existing land and buildings
- Examples

Sustainability
- Estate, fleet and waste
- Staff, patients and community
- Examples

Partnership & Leadership
- Partnership
- Leadership
- Examples

Inputs	Activities	Outputs	Outcomes	Impacts
Data (qualitative and quantitative) Internal staff, and their time, skills and knowledge External partners and their understanding, connections and breadth of work Funding for staff time and programme resource	Commit to paying a real living wage and ensuring terms and conditions are good for health Tackle pay gaps by gender, ethnicity, or for other target populations Provide support for staff wider needs (e.g. health and wellbeing support or childcare) - with different / targeted offers for lower paid staff Provide support for career progression, especially for local / target populations	All employees, subcontracted staff, and staff on programmes (e.g. apprenticeships) are paid a real living wage Employment conditions that are designed to maximise health of employees Understanding of current pay gaps and plans to reduce these where needed Partnerships and programmes to support the wider needs of staff Programmes designed to support current employees to progress	**Short Term** Previously low-paid staff have a higher take-home pay Pay gaps between staff from target populations and the rest of the workforce are reduced Staff are supported with a wide range of needs and this support successfully reaches lower paid staff Existing staff have clear opportunities to progress and develop, and these opportunities are designed to reduce inequities including in senior leadership **Medium Term** Workforce feel supported to stay in employment with the trust Trust workforce is diverse and represents local / target populations at all levels **Long Term** Reduced in-work poverty and increased income among those employed by the trust Staff health and wellbeing improves	Improved population health and wellbeing Reduced health inequities Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Proportion of staff paid the real living wage (%) This includes London living wage for London-based organisations. Definitions and methodology are provided by the Living Wage Foundation		✓
Pay gap by target population (£) Data on the gender pay gap is required by the Public Sector Equality Duty, for all public authorities with over 250 employees.		✓
Leaver rate (%) This indicator is included in the NHS Oversight Metrics, and data by organisation is available as part of nationally published NHS workforce statistics		✓
Leaver rate for local and/or target populations employed in the trust (%)		✓
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age (%) This data is gathered as part of the NHS staff survey		✓
Have a process in place for gathering data (quantitative and/or qualitative) on the reasons that people are leaving employment, their onward destinations (e.g. NHS / non-NHS), and whether this varies by local and/or target populations (yes/no)		
Sickness absence rate (%) This indicator is included in the NHS Oversight Metrics, and data is gathered as part of nationally published NHS workforce statistics		✓
Staff health and wellbeing (score out of 12) This refers to the overall rating on Domain 2 of reporting for the Equality Delivery System for the NHS (EDS2)		✓

KEY

Dorset County Hospital NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust measure the proportion of young people that participated in the Kick Start scheme who went on to be employed by the Trust. Recent data showed this to be 80%.[1]

Somerset NHS Foundation Trust

Somerset NHS Foundation Trust gather data for their employment training and support programme 'SWAPs', including demographic data and the retention rate for SWAPs candidates who are employed in the Trust. This is 88% at one year, higher than the retention seen in non-SWAPs employees, resulting in a cost-avoidance of approximately £100,000 a year for the Trust.[2]

Manchester University NHS Foundation Trust

Manchester University NHS Foundation Trust (MFT) measure demographics of those participating in their Widening Participation programmes. In 2022-23, across the 573 participants, there were a higher proportion of people from their target populations (males, black and minority ethnic groups, and those declaring a disability), compared to the averages across the MFT workforce. 66% of the Widening Participation cohort were from a black and minority ethnic groups background, compared to 22% of the MFT workforce and 51% of the local population.[3]

Leeds Teaching Hospitals NHS Trust

Leeds Teaching Hospitals NHS Trust measure the proportion of their employees who live in the 20% most deprived areas nationally. In 2020/21, this was 23.5%.[4]

Barts Health NHS Trust

Barts Health NHS Trust are focussing on supporting their target populations to progress in employment, and have a target of 3% year-on-year growth of the black and minority ethnic groups workforce in senior positions. The proportion of black and minority ethnic groups employees in bands 8a and above has increased 10% over the last five years.[5]

1. Personal communication with Simon Pearson, Head of Charity and Social Value at Dorset County Hospital NHS Foundation Trust, 09/06/2023
2. Personal communication with Oliver Fletcher, Somerset Integrated Care System Workforce Programme Lead, and Sophie Islington, Interim Associate Director of Human Resources, at Somerset ICB, 12/06/2023
3. Personal communication with Jamie Bytheway, Head of Widening Participation at Manchester University NHS Foundation Trust, 13/06/2023
4. Leeds Teaching Hospitals NHS Trust - LTHT as an anchor institution, 30/09/2021
5. Personal communication with Andrew Attfield, Associate Director for Public Health at Barts Health NHS Trust, 14/06/2023

Logic model and indicators 2

Employment
Building the future workforce
Widening workforce participation
Being a good employer
Examples
Procurement
Social Value
Logic Model
Indicators
Support to local and target organisations
Examples
Land & Buildings
New developments
Existing land and buildings
Examples
Sustainability
Estate, fleet and waste
Staff, patients and community
Examples
Partnership & Leadership
Partnership
Leadership
Examples

Inputs

- Data (qualitative and quantitative)
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Ensure social value is given adequate weighting in all procurement
- Work with suppliers to help them understand and maximise their social value in bidding and delivering contracts (i)
- Embed anchor employment and sustainability priorities into social value requirements (i) (E) (S)

Outputs

- Greater weighting for social value in procurement (i)
- Increased awareness among suppliers on how to identify, demonstrate, and deliver social value
- More suppliers in NHS supply chain who contribute to anchor employment and sustainability goals (E) (S)

Outcomes

Short Term

- NHS supply chain creates greater social value

Medium Term

- NHS procurement supports employment of local and target populations throughout the supply chain (E)
- NHS procurement has positive sustainability impacts across the supply chain (S)

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
10% social value weighting in all contracts (yes/no) Note that this is a legal requirement		
Average social value weighting across all contracts in the last year, weighted by value of contract (%)		
Have clear and specific organisational guidance in place for suppliers on social value expectations and priorities (yes/no)		
If organisational social value guidance for suppliers exists, alignment of this with other anchor institution activities - for example, requiring suppliers to pay the real living wage (yes/no)		
Have a process in place for contract managing specific social value commitments using KPIs and as a standard item in contract review meetings (yes/no)		

KEY

Logic model and indicators 2

Employment
- Building the future workforce
- Widening workforce participation
- Being a good employer
- Examples

Procurement
- Social Value
- Support to local and target organisations
  - Logic Model
  - Indicators
  - Examples

Land & Buildings
- New developments
- Existing land and buildings
- Examples

Sustainability
- Estate, fleet and waste
- Staff, patients and community
- Examples

Partnership & Leadership
- Partnership
- Leadership
- Examples

Inputs

- Data (qualitative and quantitative)
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Review and adapt internal procurement policies to increase spend with local / target organisations
- Provide support to local / target organisations to access procurement opportunities

Outputs

- Procurement policies that provide good opportunities for local / target organisations
- Support is provided to local / target organisations (e.g. meet the buyer events)

Outcomes

Short Term

- A greater proportion of NHS spend goes to existing local / target organisations

Medium Term

- New local / target organisations enter the local economy

Long Term

- A stronger and more diverse local economy
- Wealth is invested within communities

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Have a process in place for identifying potential new suppliers, particularly local and/or target organisations, and working with them to support them to supply to the NHS (yes/no)		
Proportion of annual addressable spend that is with local and/or target organisations (%)		
Average length of time taken to pay suppliers (days)		

KEY

East London NHS Foundation Trust

East London NHS Foundation Trust measure a range of procurement metrics as part of their anchor work, including the proportion of their suppliers who pay the real living wage. This has increased from 22% in 2020 to 65% in 2023.[1]

Whittington Health NHS Trust

Whittington Health NHS Trust are including a 20% weighting for social value in all new procurement.[2]

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde work with local suppliers to increase diversity within their supply chains, focussing on SMEs and businesses owned by their target populations. They measured participation in engagement (87 Scottish SMEs took part in May - Dec 2022), the type of suppliers participating (64% identified as being owned or led by individuals with protected characteristics) and impact on their views about working with the NHS (86% of respondents were more positive following the engagement).[3]

1. Personal communication with Thomas Morgan, Associate Director - Contracts and Procurement at East London NHS Foundation Trust, 13/06/2023
2. Whittington Health NHS Trust, Population Health, Inequalities and Anchor Institution: Whittington Health's Annual Report, Oct 2021
3. Health Anchors Learning Network, Diversifying NHS Greater Glasgow and Clyde Supply Chain

Logic model and indicators 2

Employment
Building the future workforce
Widening workforce participation
Being a good employer
Examples
Procurement
Social value
Support to local and target organisations
Examples
Land & Buildings
New developments
Logic Model
Indicators
Existing land and buildings
Examples
Sustainability
Estate, fleet and waste
Staff, patients and community
Examples
Partnership & Leadership
Partnership
Leadership
Examples

Inputs

- Data (qualitative and quantitative)
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Embed anchor procurement, employment and sustainability priorities in new developments (i) (S) (E) (P)
- Sell, lease, or develop NHS estate, including vacant/ derelict land, to provide community assets (e.g. green space or affordable housing) (i)
- Work with the local community to design new developments collaboratively (i)
- Design, redesign or co-locate NHS estates to maximise accessibility and contribution to wider regeneration

Outputs

- NHS new development projects that contribute to employment, procurement and sustainability goals (S) (E) (P)
- NHS estates that provide range of community assets and are designed with communities
- NHS estates that are integrated in place, accessible, and part of wider local economic and social environment

Outcomes

Short Term

- NHS is an active partner in investment of the local physical area
- Community see NHS estate as a community asset that they are able to make use of

Medium Term

- Local and/or target populations and organisations are supported through NHS capital development (E) (P)
- Community have greater access to safe and healthy spaces (including green space) (S)
- NHS estates contribute to social and physical connectivity in a place

Long Term

- Increased investment of wealth in local areas through NHS capital development
- NHS estate contributes to the health and wellbeing of staff, patients and visitors

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Have a process in place for embedding anchor procurement, employment and sustainability activities in new development - for example, working with local and/or target organisations or providing local employment opportunities (yes/no)		
Have provision for local community use (for example, accessible green space) included in any organisational strategy for new building and estates development (yes/no)		
Have a process in place for engaging with the local community in planning the design and use of new developments (yes/no) P&L		
If engagement with the local community in planning new developments is taking place, representation in this process of target populations and organisations (yes/no) P&L		✓

KEY

Logic model and indicators 2

Employment
- Building the future workforce
- Widening workforce participation
- Being a good employer
- Examples

Procurement
- Social value
- Support to local and target organisations
- Examples

Land & Buildings
- New developments
- Existing land and buildings
- Logic Model
- Indicators
- Examples

Sustainability
- Estate, fleet and waste
- Staff, patients and community
- Examples

Partnership & Leadership
- Partnership
- Leadership
- Examples

Inputs	Activities	Outputs	Outcomes	Impacts
Data (qualitative and quantitative)	Offer land and buildings to local / target organisations to use (i)	NHS land and buildings are used by local / target organisations (i)	**Short Term** Local / target organisations are supported to survive and thrive in local area	Improved population health and wellbeing
Internal staff, and their time, skills and knowledge	Create an environment that is pleasant to visit and work in, and maximises health opportunities (e.g. green space) (i)	Staff and visitors feel that NHS land and buildings are welcoming and health-promoting	**Long Term** NHS estate contributes to the health and wellbeing of staff, patients and visitors (E)	Reduced health inequities
External partners and their understanding, connections and breadth of work				Local economic and social development
Funding for staff time and programme resource				

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Have a policy or strategy in place for local community use of existing land and buildings (yes/no)		
Utilisation rates for buildings and spaces (%)		✓
Bookings of rooms or space by target organisations and populations (number)		✓
Proportion of land that is green or biodiverse space that can be used by the local community (%) S		✓

KEY

King's College Hospital NHS Foundation Trust

King's College Hospital NHS Foundation Trust are mapping their local area and choosing to locate investments and capital estates projects in the most deprived local areas, to contribute to economic growth and community wealth.[1]

North Manchester General Hospital

The redevelopment of North Manchester General Hospital has been using the North Manchester Social Benefit Framework to drive civic regeneration through investment and innovation in healthcare and housing. £11m of social value has been delivered since 2020, measured using the Social Value Portal TOMs framework.[2]

1. The Shelford Group, Anchors - next steps, Spring 2022
2. Personal communication with Michelle Humphreys, Director of Strategic Projects at Manchester Foundation Trust, 14/06/2023

Logic model and indicators 2

Employment
- Building the future workforce
- Widening workforce participation
- Being a good employer
- Examples

Procurement
- Social value
- Support to local and target organisations
- Examples

Land & Buildings
- New developments
- Existing land and buildings
- Examples

Sustainability
- Estate, fleet and waste
- Logic Model
- Indicators
- Staff, patients and community
- Examples

Partnership & Leadership
- Partnership
- Leadership
- Examples

Inputs	Activities	Outputs
Data (qualitative and quantitative)	Consider climate resilience in new building and retrofitting activities (L&B)	Climate resilience considerations are included in new building and retrofitting (L&B)
Internal staff, and their time, skills and knowledge	Ensure sustainable design and redesign of health care estate (L&B)	Clear plans to increase sustainability within existing and new estate (L&B)
External partners and their understanding, connections and breadth of work	Deliver de-carbonisation, reduced energy use and energy efficiency initiatives	Initiatives, innovations and programmes to reduce energy use and carbon emissions
Funding for staff time and programme resource	Deliver programmes to reduce waste and dispose of waste in environmentally sustainable ways	Programmes to reduce waste and ensure sustainable waste disposal (i)
	Deliver programmes and support to reduce use of carbon emitting vehicles in NHS fleet	Less use of carbon emitting vehicles in NHS fleet (i)

Outcomes

Short Term

- A more climate resilient NHS estate (L&B)
- Trust less reliant on carbon emitting vehicles (i)

Medium Term

- Reduced air pollution as a result of NHS fleet
- Reduced carbon emissions from healthcare (i)
- Reduced waste from healthcare (i)
- Reduced environmental contamination (air, soil, water, etc.)

Long Term

- The negative impact of NHS estate and services on the environment is minimised (L&B)

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Aim to reach Net Zero (date)		
100% renewable electricity purchased by the trust (yes/no) Data is available on the Greener NHS Dashboard, which is accessible to those with an NHS email address via the Future NHS Platform		✓
Total carbon equivalent emissions resulting from building energy use (ktCO2e) Data is available on the Greener NHS Dashboard, which is accessible to those with an NHS email address via the Future NHS Platform L&B		✓
Carbon savings from investment in energy efficient schemes (CO2e tonnes) This data is reported via the Estates Returns Information Collection dataset (ERIC) L&B		✓
Have a waste reuse scheme in place (yes/no) This data is reported via the Estates Returns Information Collection dataset (ERIC) L&B		
If a waste reuse scheme exists, carbon savings from this scheme (CO2e tonnes) This data is reported via the Estates Returns Information Collection dataset (ERIC) L&B		✓
Proportion of fleet vehicles that are LEV (%) This data is available on the Greener NHS Dashboard, which is accessible to those with an NHS email address via the Future NHS Platform		✓

KEY

Logic model and indicators 2

Employment
Building the future workforce
Widening workforce participation
Being a good employer
Examples
Procurement
Social value
Support to local and target organisations
Examples
Land & Buildings
New developments
Existing land and buildings
Examples
Sustainability
Estate, fleet and waste
Staff, patients and community
Logic Model
Indicators
Examples
Partnership & Leadership
Partnership
Leadership
Examples

Inputs

- Data (qualitative and
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Support active and sustainable travel (e.g. providing showers, bike parking, information on travel) — E
- Deliver programmes and support to reduce use of carbon emitting vehicles by staff, patients and the community — i
- Deliver programmes and changes to catering policy to increase sustainability of hospital food

Outputs

- Support for active and sustainable travel is in place — i, E
- Less use of carbon emitting vehicles by staff, patients, and visitors — i
- More sustainable hospital food

Outcomes

Short Term

- Greater use of green / active travel options by staff, patients and the community — i, E

Medium Term

- Staff, patients and the community are more active — E
- Hospital food supply minimises negative impacts on the environment

Long Term

- Reduced poor-air quality related illness among staff, patients and community

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Have interventions available for staff, patients and the community that promote more sustainable travel options - for example, EV charging points, ride share or car pool schemes, showers and bike parking (yes/no)		
Proportion of on-site car parking spaces that are electric vehicle charging stations (%)		✓
Proportion of staff travelling to work using public or active transport, broken down by mode (%) This data is often captured in staff travel surveys (E)		✓
Staff business mileage claims by mode of transport (miles)		✓
Have a strategy and/or programmes in place to increase the sustainability of on-site food (for patients, staff and visitors) (yes/no)		

KEY

Hull University Teaching Hospitals NHS Trust

Hull University Teaching Hospitals NHS Trust have installed 11,000 solar panels in a field near to one of their main hospital sites, generating 4.2 million kilowatt hours annually. Due to a partnership with a local shepherding family, the field grass is managed by a flock of 51 sheep, costing one sixth of the price of mechanical cutting, and enhancing biodiversity.[1]

Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust are measuring the impact of initiatives to promote active travel among staff, including e-bikes and electric pool cars. E-bikes have been used for 8,000 miles of clinical and business visits by staff, saving approximately 2 tonnes of CO2.[2]

East Suffolk and North Essex NHS Foundation Trust

East Suffolk and North Essex NHS Foundation Trust have an Anchor Dashboard that includes metrics on staff travel. From Feb 2022 to Dec 2022, the average distance from home to work decreased, with the number of employees living within 5 miles of work increasing, and the number living over 100 miles away decreasing.[3]

1. Greener NHS, Harnessing solar power at Hull University Teaching Hospitals NHS Trust
2. Greener NHS, Pedal power for cleaner healthcare delivery
3. East Suffolk and north Essex NHS Foundation Trust, ESNEFT Anchors Dashboard, Jan 2023

Logic model and indicators 2

Employment
Building the future workforce
Widening workforce participation
Being a good employer
Examples
Procurement
Social value
Support to local and target organisations
Examples
Land & Buildings
New developments
Existing land and buildings
Examples
Sustainability
Estate, fleet and waste
Staff, patients and community
Examples
Partnership & Leadership
Partnership
Logic Model
Indicators
Leadership
Examples

Inputs

- Data (qualitative and quantitative)
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Create and develop strong place-based partnerships with other local organisations
- Join partnerships with other health anchors at multiple levels - place, system, region and nationally
- Community co-production in the design, delivery and evaluation of anchor approaches

Outputs

- Structures in place to support partnerships, inform delivery and share learning (e.g. joint anchor charters, MOUs or networks)
- Anchor approaches are co-created with communities

Outcomes

Short Term

- Range of organisations are working for the same anchor goals
- Anchor action is based on best evidence and lesson learned elsewhere
- Anchor action is based on local evidence and priorities and shaped by community

Medium Term

- Power and resource is shifted out of large institutions and into the hands of organisations / communities best placed to tackle the SDOH

Long Term

- Anchor impact is maximised

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Have anchor partnerships or networks in place with local NHS and non-NHS organisations (yes/no) This could include signing up to a collaborative, a charter, partnerships on particular anchor pillars, or other forms of partnership or network.		
If anchor partnerships or networks exist, have agreed common approaches in place for measurement and/or shared indicators (yes/no)		
Have undertaken mapping of current and potential future partners in the local area, by anchor pillar (yes/no)		
External partners involved in joint work on anchor activities including joint bids, proposals and planning, by anchor pillar (number)		✓
Have a process in place (for example, a survey) to understand how partners (including the community) see the trust's role in relation to anchors, and the ease of working with the trust as an anchor partner (yes/no)		
Have a process in place for the community to input into decision making related to anchor strategy and delivery - for example through a programme of community outreach (yes/no)		

KEY

Logic model and indicators 2

Employment
Building the future workforce
Widening workforce participation
Being a good employer
Examples
Procurement
Social value
Support to local and target organisations
Examples
Land & Buildings
New developments
Existing land and buildings
Examples
Sustainability
Estate, fleet and waste
Staff, patients and community
Examples
Partnership & Leadership
Partnership
Leadership
Logic Model
Indicators
Examples

Inputs

- Data (qualitative and
- Internal staff, and their time, skills and knowledge
- External partners and their understanding, connections and breadth of work
- Funding for staff time and programme resource

Activities

- Share anchor work internally and build support (e.g. via a strategy)
- Identify named anchor leads, including at senior levels

Outputs

- An anchor plan, strategy, or similar
- Clear and accountable anchor leadership within the organisation

Outcomes

Short Term

Anchor action is supported and sustained at an organisational level

Long Term

Anchor impact is maximised

Impacts

- Improved population health and wellbeing
- Reduced health inequities
- Local economic and social development

KEY

Indicator	Difficulty of measurement	Suitable for regular measurement
Have an anchors plan or strategy in place that is supported at board level (yes/no)		
If an anchors plan or strategy exists, alignment with the local ICS social and economic development plan or strategy (yes/no)		
Have one or more anchor leads in place within the trust, who are responsible for strategy, linking with internal and external partners, advocating for anchor and overseeing delivery (yes/no)		✓

KEY

Morecambe Bay Anchor Collaborative

Morecambe Bay Anchor Collaborative are developing shared indicators for anchor institutions across the local area, including NHS, local government, and other partners. These are being agreed by all partners as a common ground of measurement that will track shared progress against their anchor charter.[1]

Northern Care Alliance NHS Foundation Trust

The Northern Care Alliance NHS Foundation Trust (NCA) have been working with Oldham council to include a business hub in the redeveloped town shopping centre, where they will provide drop in advice. They will be monitoring the number of small and local businesses who use this service. The NCA is also a member of the Salford Anchor Network as part of the Health Foundation Economies for Healthier Lives Project twhich aims to create social enterprises to contain local anchor spend within the locality.[2]

Suffolk and North East Essex Integrated Care System

Suffolk and North East Essex Integrated Care System are leading a programme of work on anchors at the system level. Their ICS anchor charter includes a set of commitments, including on how to work together for communities. These include a commitment to work within the anchor network and with partners to maximise influence on socio-economic and environmental determinants of health; and to embed the anchor mission into each organisation's vision, values, culture, communications, behaviours, leadership, corporate planning and budgeting.[3]

1. Personal communication with Claire Muir, Population Health Transformation and Change Lead at Lancashire and South Cumbria Integrated Care Board, 24/05/23
2. Personal communication with Donna McLaughlin, Director of Social Value Creation at Northern Care Alliance NHS Foundation Trust, 16/06/2023
3. Suffolk and North East ICS, Anchor Institutions

Section 3:

Principles for good anchor measurement

This section of the Toolkit outlines 8 principles for good anchor measurement. Since the main focus of this report is on the logic model and indicators in Section 2, the discussion of these principles is brief. However, they may be helpful as anchors select indicators, gather data, and interpret results.

1 **Embed equity**

2 **Connect with the community**

3 **Build on existing work**

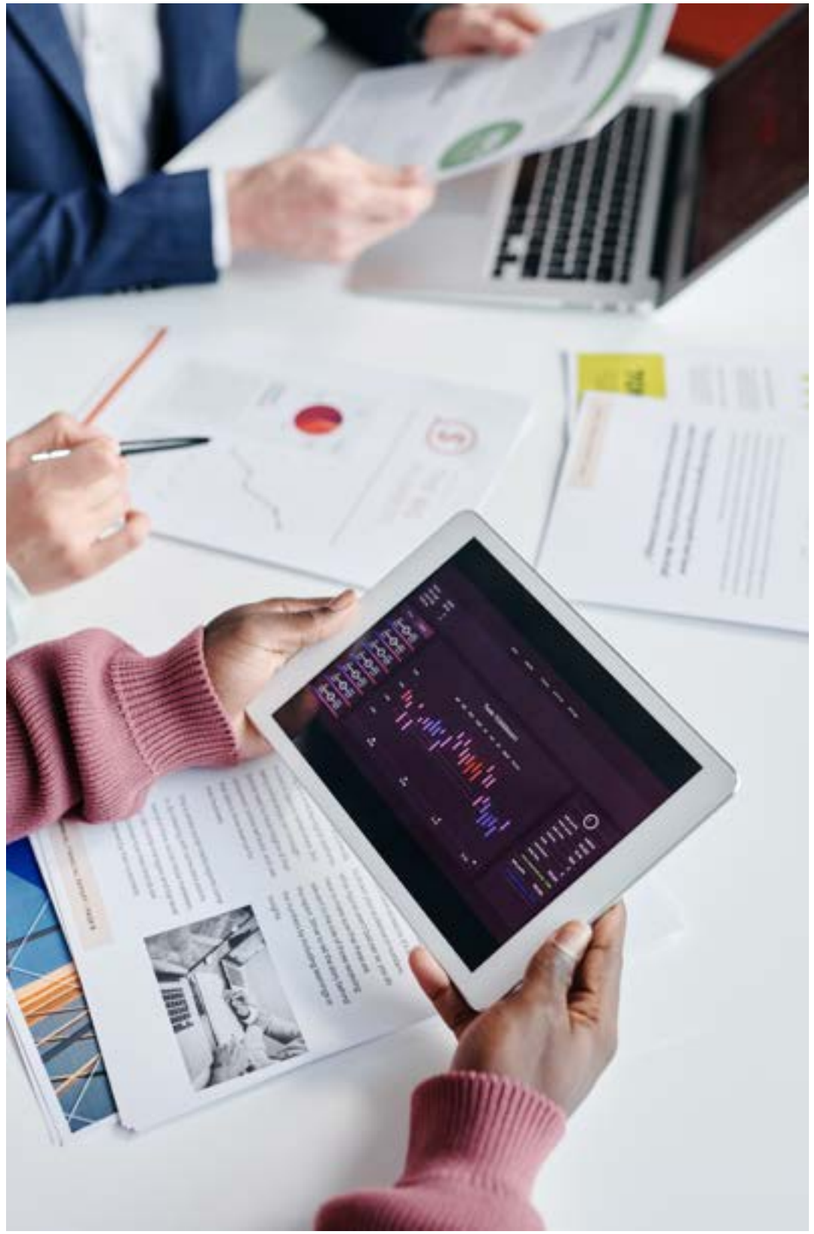
4 **Ensure local flexibility**

5 **Use a balance and range of measures**

6 **Create systems for future measurement**

7 **Measure together with partners**

8 **Locate measurement in context**



1. Embed equity

Equity is a guiding principle for much of anchor work and a key intended impact of anchor activity. However, there is a need for anchors to be intentional and specific about the ways in which they intend to reduce inequities, and how this will be measured. One way of doing this is by disaggregating measures by target population groups, as has been suggested in multiple indicators in Section 2. However, it will also be necessary for trusts to apply an equity lens throughout their anchor work, including the selection, gathering and interpretation of data.

2. Connect with the community

The over-arching intended impacts of anchor work all require a focus on the wider local community, rather than just patients. Trust staff are also an important population group within anchor action (and often are also members of the local community). However, systematic and sustained focus on the long-term goals of anchor requires a population approach focussing on the wider community as well. Working with the community should therefore take place across anchor measurement - to shape anchor work, select appropriate indicators, gather and understand data, and make change to anchor activity (for example, the approach taken in Cheshire and Merseyside.

While the Toolkit includes some specific indicators that relate to community engagement, many of these are yes/no questions, and will not capture how to undertake effective community engagement. Careful consideration needs to be given to how to design and deliver engagement so that it is proportionate, relevant to the process, and meaningful for the community and for the anchor. A potential aim is to build community accountability – accountability to the community, for the outcomes that matter to them – but this is a longer term goal that may require more investment of time and resource.

3. Build on existing work

Many anchors will find that they are already capturing some measures that are relevant to their anchor work. This may include metrics in Section 2 which are reported nationally (such as via ERIC or the WRES), or local data within existing systems at an institutional or partnership level (for example, using the Social Value Portal TOMs). Starting with collating these existing measures can help to capture activity and impact without requiring significant additional data gathering and analysis, and provide an indication of baseline anchor activity.

However, the logic of building on existing work should be balanced with the need to critically assess gaps and opportunities – it may be necessary to measure new things in new ways, particularly where this may better reflect inequities (Principle 1) or respond to local community priorities (Principle 2).

4. Ensure local flexibility

Anchor measurement will vary depending on anchor action, which depends on local context. This includes local population need, assets and priorities; organisational strengths, strategies and partnerships; and the history of anchor work locally.

Focussing on what matters to the anchor institution or partnership can help to keep the focus of anchor work on a shared narrative, and provide a guiding rationale for devoting time, energy and commitment to this agenda.

However, anchors should also aim to have a rationale for why they are focussing on some areas, actions and measures rather than others, what the process was for making this selection, and what the impact is that they're hoping to achieve. This means considering not only 'what matters to us as an Anchor organisation?' but also 'why do these things matter most?'

5. Use a balance and range of measures

The Toolkit deliberately includes different types of measures. Some are more focussed on process and activities, while others are better suited to capturing outcomes.

As anchors select measures and design their own measurement approaches, a balance of types of measures can be helpful. Two guiding questions could be considered – in five years time, how will we know if we've succeeded? And in 6 months time, how will we know if we're on track? Outcome measures help to answer the first question, process measures help with the latter.

Using improvement thinking and methods such as trend data and run charts over time can aid in data interpretation, capture progress, and help ensure data is linked to activity and impact.

6. Create systems for future measurement

Many anchor measures become significantly easier to gather if data systems are adapted to capture these as standard, rather than requiring retrospective data analysis.

For example, if HR data systems are adapted to track which employees took part in pre-employment programmes, it becomes easier to track comparative outcomes such as sick leave or retention rate for this group. Similarly, information about suppliers (such as whether they pay the real living wage, or whether they are based locally) can be included as a question in bids, to gather information for all new suppliers prospectively.

7. Measure together with partners

A number of the indicators in Section 2 specifically focus on partnership, but working in partnership can be used as an approach across anchor measurement in general. One approach to ensuring consistent measurement between partners is to design a national measurement framework for anchors, as is currently taking place in Scotland.

Many areas have also developed a formalised anchor partnership at an ICS or regional level, and this can include agreement on shared measures to capture impact across the area – for example, the approach taken in London.

Even in the absence of a formalised partnership, anchors could consider partners' measures when selecting indicators – not only to aggregate impact over an area, but to help understand each other's work and build a shared narrative or 'movement' for anchor.

8. Locate measurement in context

The measures included in this Toolkit won't capture everything that is good, important, or impactful about an anchor's work. They are focussed primarily on quantitative measures that can be used and understood widely. However, there is significant value in capturing qualitative data such as stories, case studies, and feedback from partners - for example, the approach taken by Mid and South Essex. This type of measurement can not only help to engage partners, build a narrative and make the case for anchor, but also is in itself a vital and valuable form of data.

As well as locating the measures in this Toolkit in the context of wider measurement, they should also be interpreted and understood within the local context. Specific outcomes will mean something very different to different organisations – for example, the proportion of employees using public transport to get to work will be very different for a trust in a large urban centre than for rural trusts.

Conclusion

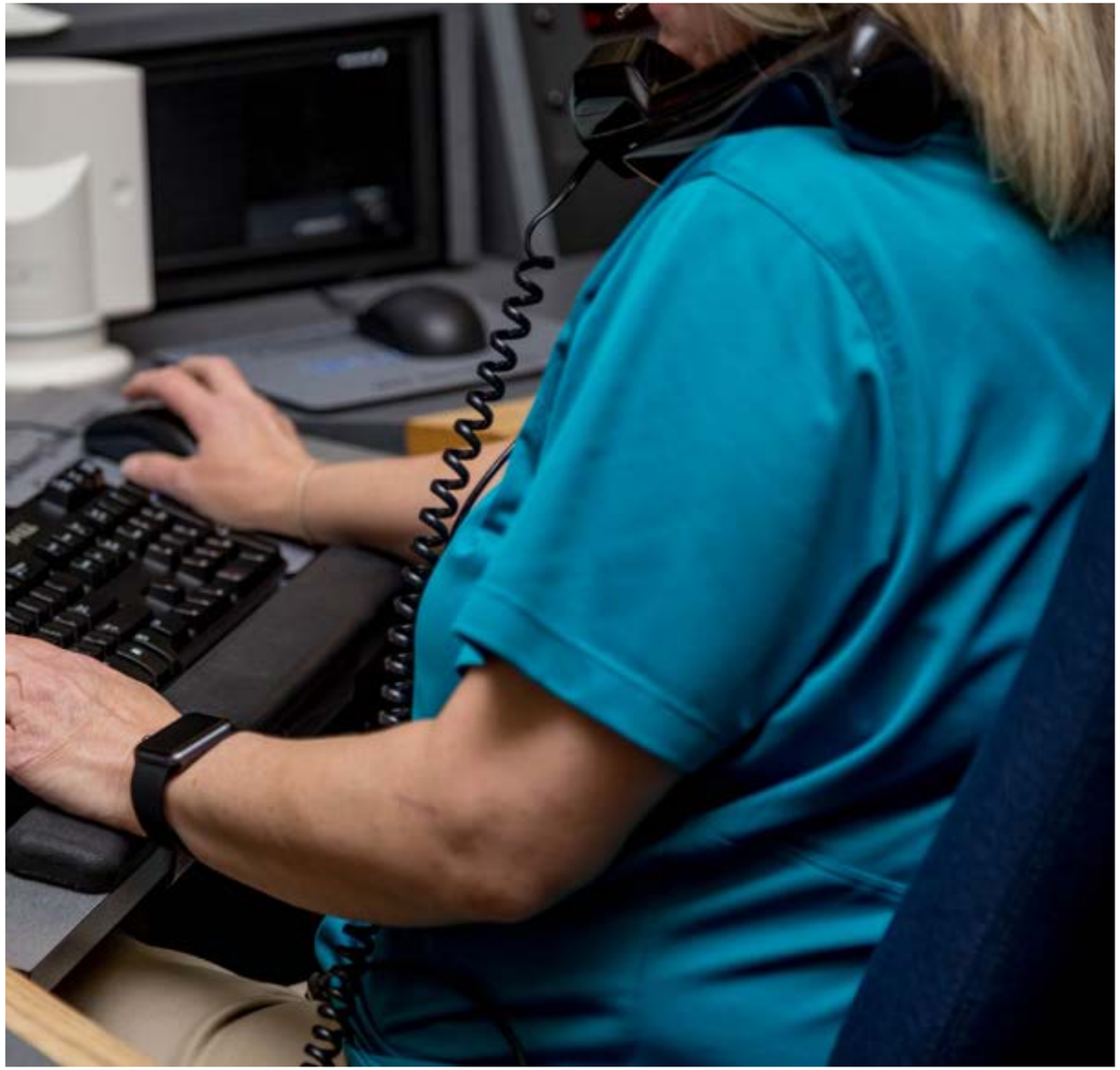
The toolkit has been designed to help anchor institutions and their partners develop their approach to measuring their anchor work in order to help understand their impact, and create a golden thread from intentional anchor activities into local outcomes and impacts. Whilst the measures in the toolkit mostly focus on NHS trusts in England, it is hoped this work will be more widely useful.

Alongside a menu of 56 potential anchor indicators, the Toolkit includes a logic model, examples of measurement in practice, and principles for good anchor measurement. These aim to help local anchors navigate this work, and offer a method of achieving a more consolidated and consistent approach to anchor measurement.

The importance of co-production with partners and the public and targeting anchor interventions (and therefore measurement) to the needs of specific places and populations are key strands of this work.

The Toolkit is not mandatory, and is not designed for performance management, but should be seen as an aid and guide to organisational development in anchor work. The hope is that by measuring their anchor work, local anchors are better able to shape their activities to ensure impact, as well as understand their local priorities and demonstrate the value of their anchor work.

We extend our thanks to all partners and stakeholders who have contributed to these products.



Appendices

Appendix 1: Acronyms

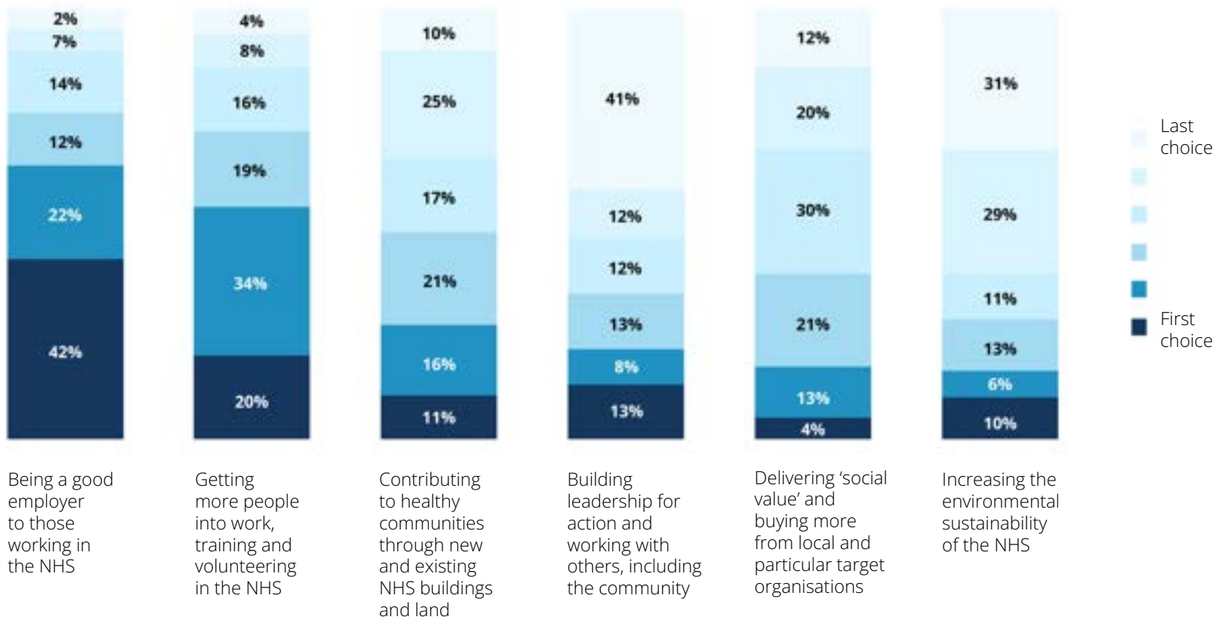
CO2e – Carbon Dioxide Equivalent
CWB – Community Wealth-Building
ERIC – Estates Returns Information Collection
EV – Electric Vehicle
HACT - Housing Associations' Charitable Trust
HALN – Health Anchors Learning Network
ICB – Integrated Care Board
ICS – Integrated Care System
KPI – Key Performance Indicator
ktCO2e – Kilotonnes of Carbon Dioxide Equivalent
LAIN – London Anchor Institutions' Network
LEV – Low Emission Vehicle
LPP – London Procurement Partnership
MFT – Manchester University NHS Foundation Trust
MOU – Memorandum of Understanding
MSE – Mid and South Essex NHS Foundation Trust
NCA – Northern Care Alliance NHS Foundation Trust
NHS – National Health Service
OHID – Office for Health Improvement and Disparities
SDOH – Social Determinants of Health
SME – Small and Medium-sized Enterprise
SWAPs – Sector-based Work Academy Programme
TOMS – Themes, Outcomes and Measures
UCL – University College London
UK – United Kingdom
US – United States
VCSE – Voluntary, Community and Social Enterprises
WDES – Workforce Disability Equality Standard
WRES – Workforce Race Equality Standard

Appendix 2: Anchor measurement survey summary

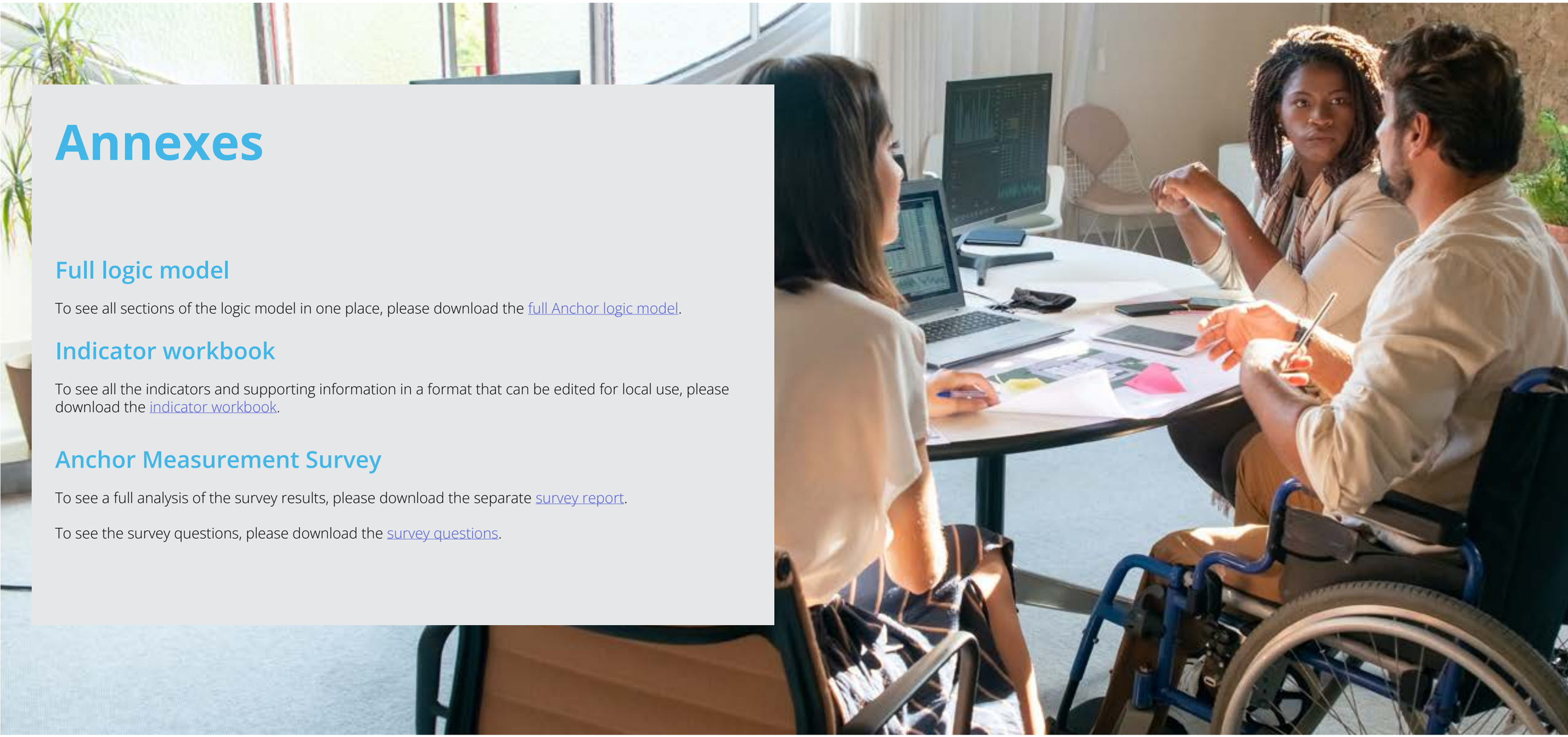
To inform this work, an online survey was conducted, to ask respondents what matters most to them out of common anchor activities. While the survey results are not representative of the general views of the public, it can provide a helpful example of how a tool like a survey can inform and shape local anchor work and measurement. To see a full analysis of the survey results, please download the separate survey report. The following provides a summary.

186 respondents agreed to take part in the survey, of which just under half worked in the NHS, and the other half were either a member of the public (14%), a representative of a partner organisation that worked with the NHS (34%), or preferred not to answer (2%). 91% of respondents were from England (7% Scotland, 2% Wales or Northern Ireland) and the English region with the highest responses was the North West (34%) followed by London (19%).

Responses to 'thinking about the work of NHS anchor hospitals in your local area, which of these are the most important to you?'



- Out of 178 responses, 62% rated one of the two employment areas – being a good employer to those working in the NHS, and getting more people into work, training and volunteering in the NHS – as the most important. 82% rated one of these as either their first or second choice.
- Within the broad topic of 'being a good employer to those working in the NHS', paying all staff at least the real living wage was overwhelmingly rated the number 1 action – 76% of respondents rated this as their first or second choice.
- Within the broad topic of 'getting more people into work, training and volunteering in the NHS', the action rated highest was providing support for local or particular groups of people by providing training, other support, or changing employment and recruitment policies - 49% rated this as most important.
- Within the broad topic of 'delivering social value and buying more from local and target organisations', two actions were rated similarly as priorities – working with local and target organisations to help them access opportunities to supply to the NHS (36% rated this as their first choice), and including social value requirements as a greater part of selection providers and managing contracts (32% rated this as their first choice).
- Within the broad topic of 'contributing to healthy communities through new and existing NHS buildings and land', the action rated highest was creating community facilities using NHS land and redesigning and managing NHS buildings with health and wellbeing in mind. 43% of respondents rated this as their first choice.
- Within the broad topic of 'increasing the environmental sustainability of the NHS', the action rated highest was to use environmentally sustainable design, reduce energy use and increase energy efficiency for new and redesigned NHS buildings - 48% of respondents rated this as their first choice.
- Within the broad topic of 'building leadership for action and working with others, including the community', the action rated highest was to create and develop strong partnerships with other local organisations. 29% rated this as their first choice.



Annexes

Full logic model

To see all sections of the logic model in one place, please download the full Anchor logic model.

Indicator workbook

To see all the indicators and supporting information in a format that can be edited for local use, please download the indicator workbook.

Anchor Measurement Survey

To see a full analysis of the survey results, please download the separate survey report.

To see the survey questions, please download the survey questions.