



Health Anchors
Learning Network



Measuring Anchor Impact Workshop

Pre reading: Summary of stocktake findings

26th April 2022

National Healthcare Inequalities Improvement Programme
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NHS England and NHS Improvement



About the stocktake

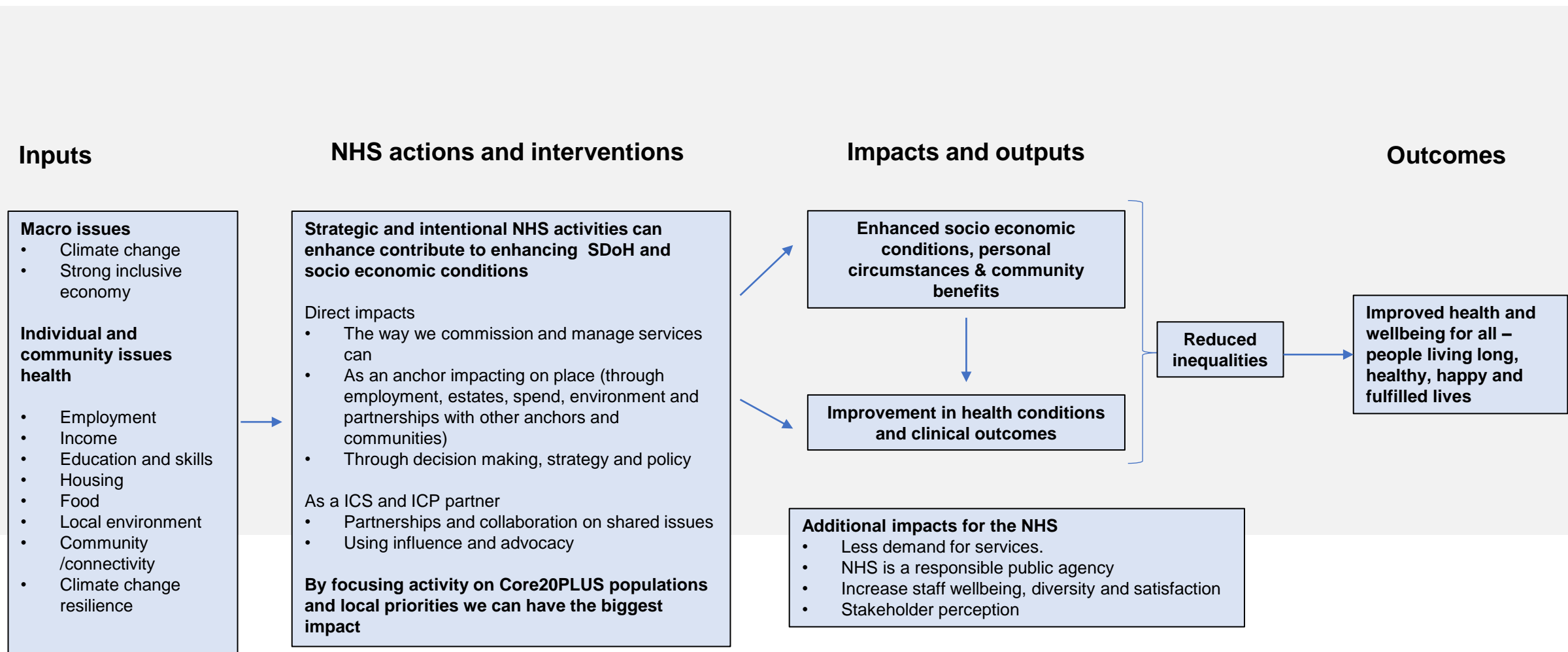
A high level stocktake was completed to provide some understanding of how anchor activity is currently being measured in the NHS. This involved some desk top research and semi-structured interviews with relevant national programme leads, regional anchors/health inequalities leads and some Trusts. It is not intended as an in-depth review.

The following slides provide an overview of findings and include:

- Overall levels of anchor activity
- National measurement
- What does this tell us about impact?
- Looking outside the NHS
- Summary



The theory



Policy Context



Health Inequalities Improvement Programme: Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes.

Core20PLUS5

ICS Design Framework

Four roles

- 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.**

Pg. 29 Trusts and Foundation Trusts...and how they can best contribute to **population health improvement as both service providers and as local 'anchor institutions'**.

Planning and Operational Guidance 2022/23

- 5 priorities restore services inclusively, digital, data, prevention, leadership.
- pg.10 **leverage the role of NHS organisations as anchor institutions/networks to widen participation and create training and employment opportunities, including through expanding apprenticeships as a route into working in health and care**

How will we know if we are making a difference?

How do we know we are making a difference?



There is lots of fantastic work underway on the role of the NHS as an anchor at an organisational, system and regional level.

There is also lots of interest in measurement and questions on how best to do it

Many areas, many levels of the system.. And if going to have an impact it has to address local priorities

- No national measures but some aspects are measured.
- There is a health inequalities dashboard.
- There are some approaches in the NHS but nothing consistent.
- There are many approaches in other sectors.

Why we want to measure?

- To understand progress of spread of anchors?
- Enablers? I.e. governance? Board lead, charter?
- To understand impact? On what? Who?
- To help direct and refine work?
- Because what's measured counts?
- Making the business case?

What is useful at a national, regional and local level?

Is it overall or by anchor theme?

How do we measure in a way which is practical and useful?

And what expertise, support and resource is needed to progress?

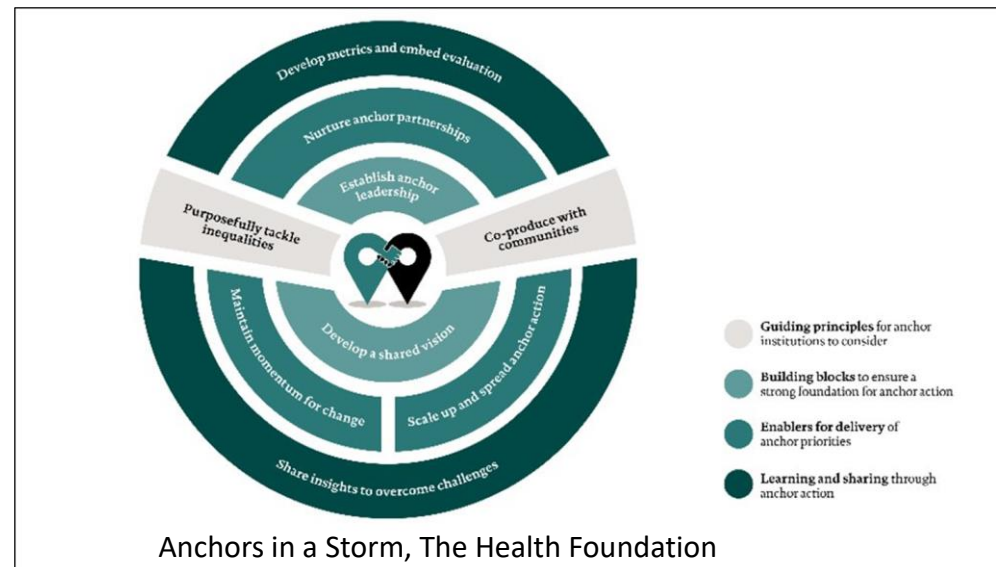
What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

- Purchasing more locally and for social benefit**
In England alone, the NHS spends £27bn every year on goods and services.
- Using buildings and spaces to support communities**
The NHS occupies 8,253 sites across England on 6,500 hectares of land.
- Working more closely with local partners**
The NHS can learn from others, spread good ideas and model civic responsibility.
- Widening access to quality work**
The NHS is the UK's biggest employer, with 1.5 million staff.
- Reducing its environmental impact**
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation
References available at www.health.org.uk/anchor-institutions
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Overall levels of anchor activity

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Information on overall NHS anchor activity



National picture

There is not a national approach to measuring overall NHS anchor activity e.g.

- number of 'anchors';
- type of organisation/ICS;
- where they are;
- Types/focus of activities
- What the enablers are in place e.g. governance, charters, networks

As such we do not have a baseline of anchor activity.

What information can we access?

- We can mine information from ICS plans but this requires reviewing each plan individually
- Regional teams may have some idea of general levels of activity via their work with ICS; Four of the seven regions have networks which will provide some understanding and the Midlands region has completed a survey of ICS.
- We can access some information from analysing who are participants of the Health Anchors Learning Network (HALN). However this may include multiple participants from the same organisation; and it also does not mean participants are 'active' (see following slide)
- We have also undertaken a spot check of activity by interviewing regional colleagues (see following slides) following slides
- Many organisations will be completing individual evaluations and assessments

Questions to consider

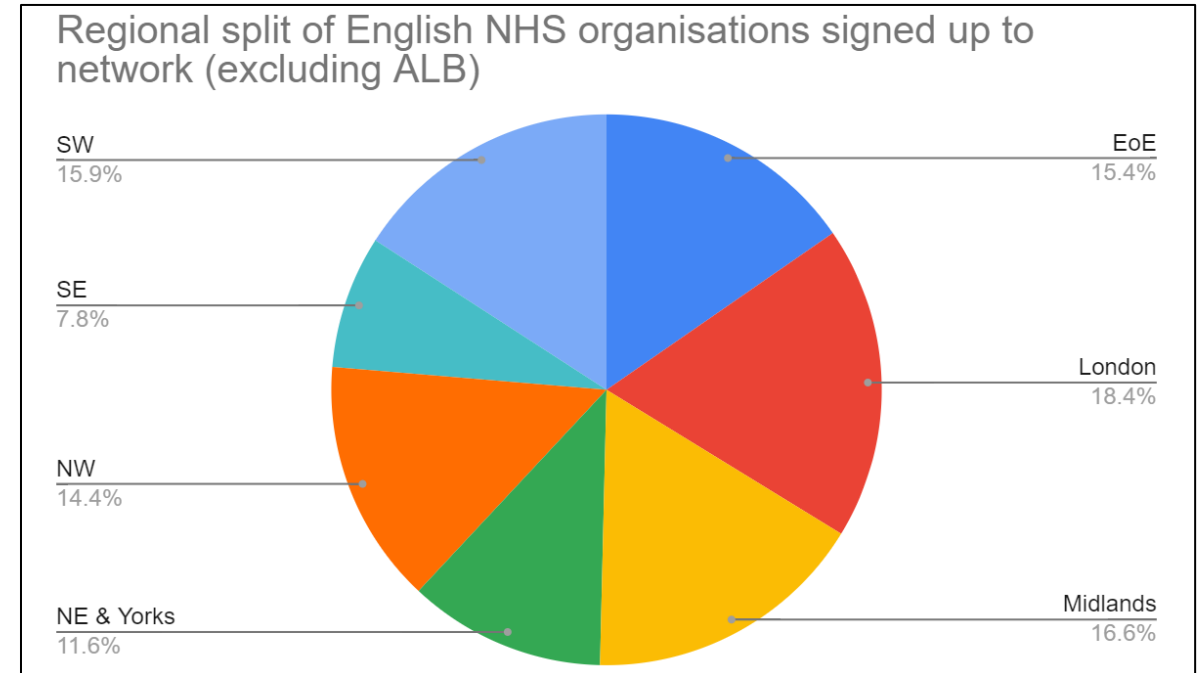
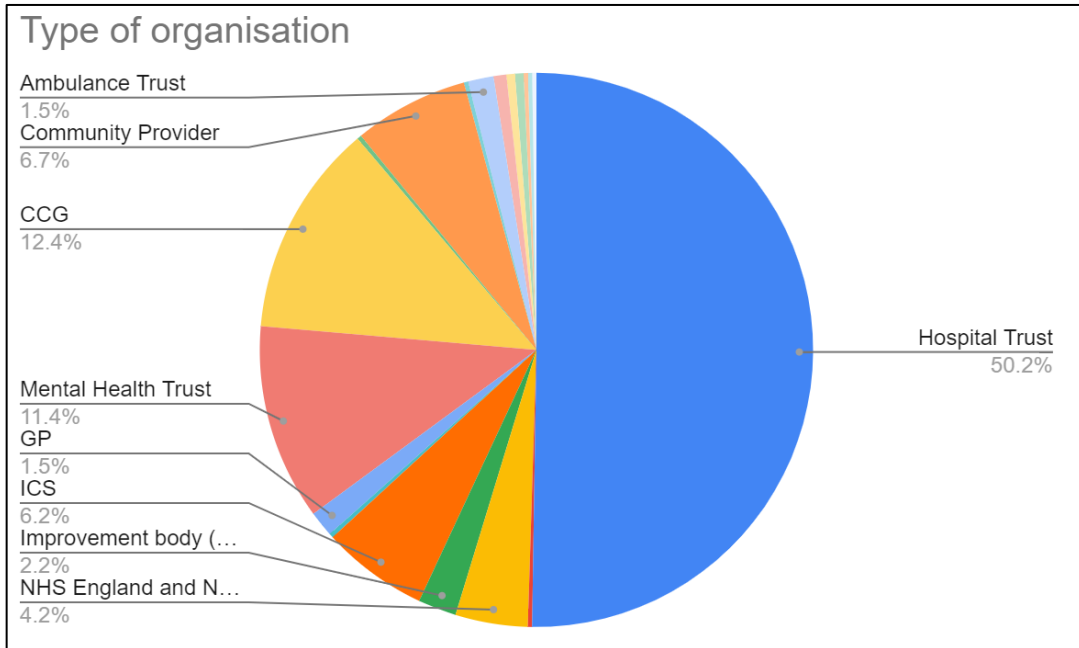
- Would it be helpful to have a baseline of activity? Why?
- If yes, How could this information be easily collated Is there a role for ICS or regional teams?

Points to consider:

- Are we clear what we mean by makes something an anchor?
- We know there is a lot of activity which is called anchor activity and is not impactful; and there is a lot of good activity which is not recognised as anchor activity.
- Therefore how could we measure levels of activity in a meaningful way?
- Potential for issues around accessing data, information governance and Caldicott Guardian regulations

We do know there is huge amount of amazing work particularly at Trust level which is not reflected in this information

HALN participants April 2022



Levels of regional activity April 2022



From meetings with regional leads, the following insights around their anchor activity has been identified

All seven regions have an anchors lead (either within Systems Transformation, Health Inequalities or OHID)

Four regions have an existing anchor network, community of practice

Significant activity around in Procurement, Employment and Green Initiatives

No measures set regionally but significant interest from leads in developing indicators

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Levels of activity by ICS as identified by regional leads

East of England	
Bedfordshire, Luton and Milton Keynes	Interest in developing dashboard
Cambridgeshire and Peterborough	
Hertfordshire and West Essex	
Mid and South Essex	Workforce dashboard and substantial anchor activity
Norfolk and Waveney	Deprived communities into workforce project
Suffolk and North East Essex	Dashboard, qualitative and quantitative data around 5 anchor pillars
London	
North Central London	
North East London	Anchor charter and evaluating social value in procurement project
North West London	
South East London	Activity around procurement
South West London	

Midlands	
Birmingham and Solihull	Has an active network
Coventry and Warwickshire	Leadership and coordination work
Derbyshire	
Herefordshire and Worcestershire	
Leicester, Leicestershire and Rutland	Interest in developing measures
Lincolnshire	
Northamptonshire	
Nottinghamshire	Work on PCNs and anchors
Shropshire, Telford and Wrekin	
Staffordshire and Stoke on Trent	
The Black Country	Interest in funding for anchor leadership role

North East and Yorkshire	
Humber, Coast and Vale	Work around employment and estates
North East and North Cumbria	Newcastle hospital
South Yorkshire and Bassetlaw	Barnsley hospital, Foundation School of Health Model
West Yorkshire and Harrogate	Work around employment
North West	
Cheshire and Merseyside	Has a charter and awards, work with Marmot and working on developing indicators
Greater Manchester	NCA indicators on social value of procurement and employment
Lancashire and South Cumbria	Fleetwood and interest in developing a charter



Levels of activity by ICS as identified by regional leads cont.



South East	
Buckinghamshire, Oxfordshire and Berkshire West	
Frimley Health and Care	
Hampshire and the Isle of Wight	Interest in work, application for funding
Kent and Medway	
Surrey Heartlands Health and Care Partnership	Expressed interest in anchor work
Sussex and East Surrey	
South West	
Bath and North East Somerset, Swindon and Wiltshire	Starting to engage in activity, place-based arrangements with partnership approaches
Bristol, North Somerset and South Gloucestershire	HI leads involved in networks
Cornwall and the Isles of Scilly	
Devon	
Dorset	
Gloucestershire	
Somerset	

Summary

- The level of information obtained was limited.
- Only a few systems were measuring activity including Suffolk and North East Essex which have an ICS dashboard
- Some Trusts had measurement tools e.g. Mid and South East Essex and Northern Care Alliance.
- However it is known there is varying level of activity across the systems, and more intelligence is needed to fill in the blanks. Some systems are very mature in regards to their anchor activity, with permanent leads, anchor charters and frameworks, funded projects and governance groups. Others are less mature in actual activity but have expressed interest in developing activity.



Examples of measurement – these will be showcased at the workshop



Suffolk & North East Essex Integrated Care System

MSE have created a **Workforce Dashboard** as part of their Anchor Programme.

- The dashboard **uses data from ESR and is cut by deprivation.**
- They are able to see which staff live in most deprived areas and the level they are at in their role, as well as mitigate transport issues by supporting those who live far from the hospital.
- The stats **track and supports progression** with staff from ethnic minority groups.

SNEE have developed a dashboard using **equalities data from HEE** and are looking into getting data from HR.

Sections:

- **Procurement**-not able to fully populate at the moment, **ESNET have started to develop their own dashboard**
- Environment-some **data from Greener NHS dashboard, overlap with estates**, fleet vehicle use
- **Estates-ERIC returns**, surveys, working with LA's, garden cities
- Role within communities-**looking to measure volunteering hours** for local community projects

Question

Could these provide models that could be piloted elsewhere?

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National measurement

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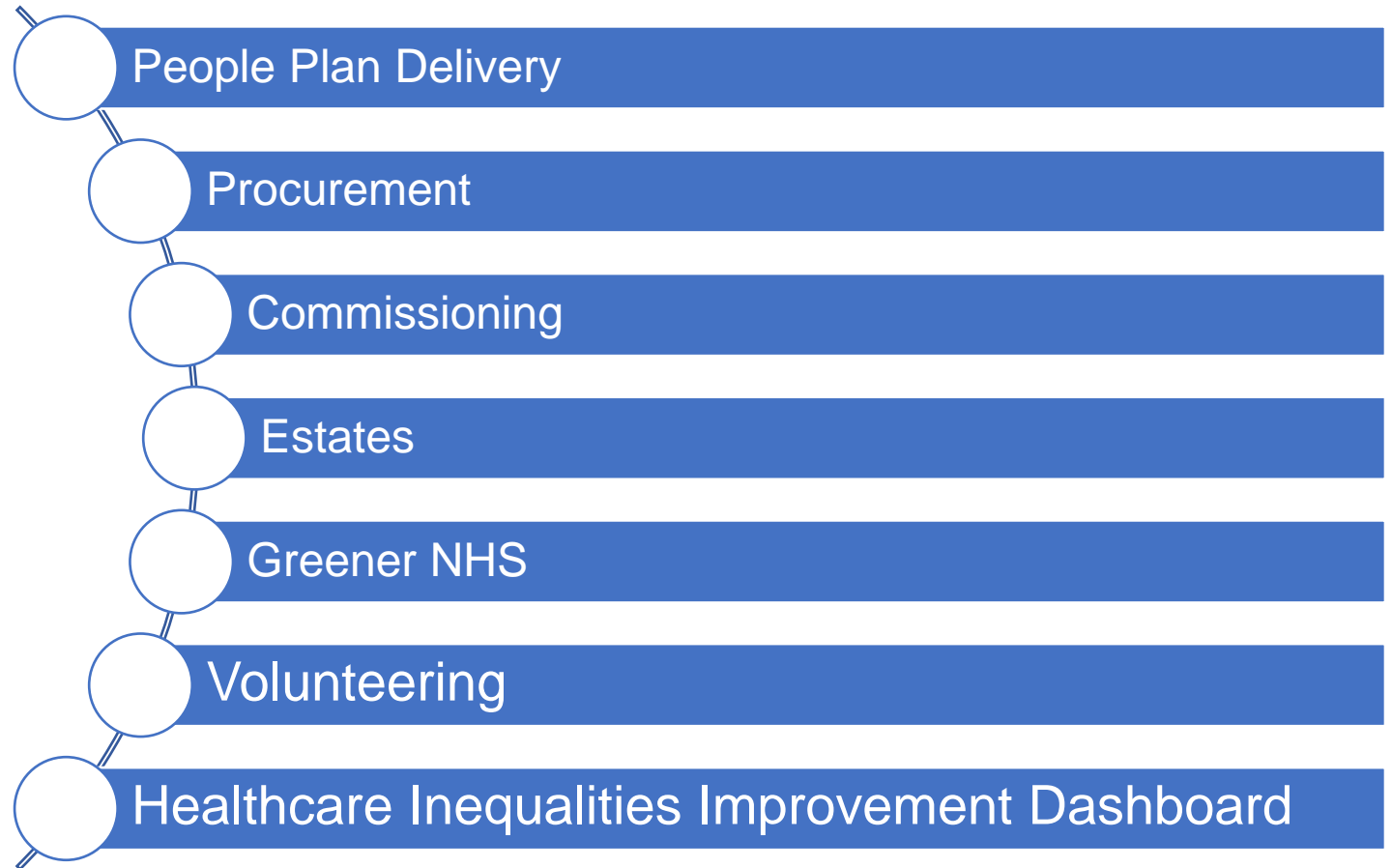


What are we measuring in NHSEI?



Anchor activity touches on many different programme areas.

Some national programmes collect data that could be used to count anchor activity e.g. workforce data. These could be used to understand levels of activity and act as indicators for impact.



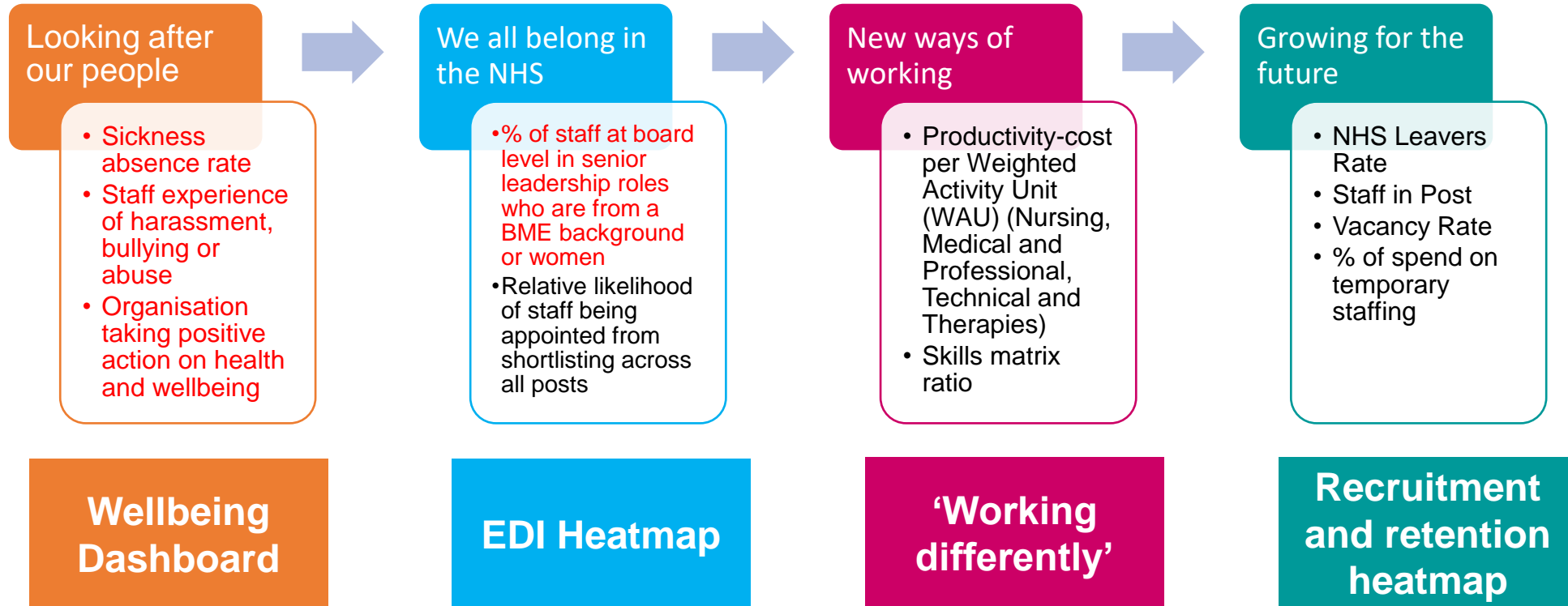
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What is being measured: People Plan Delivery



- The People Plan priorities for 2021/22 (as below) build on the 2020/21 People Plan and are aligned with the Long Term Plan outcomes and metrics.
- ESR Data can be cut by ethnicity and age. We are exploring if it can be cut by area of deprivation



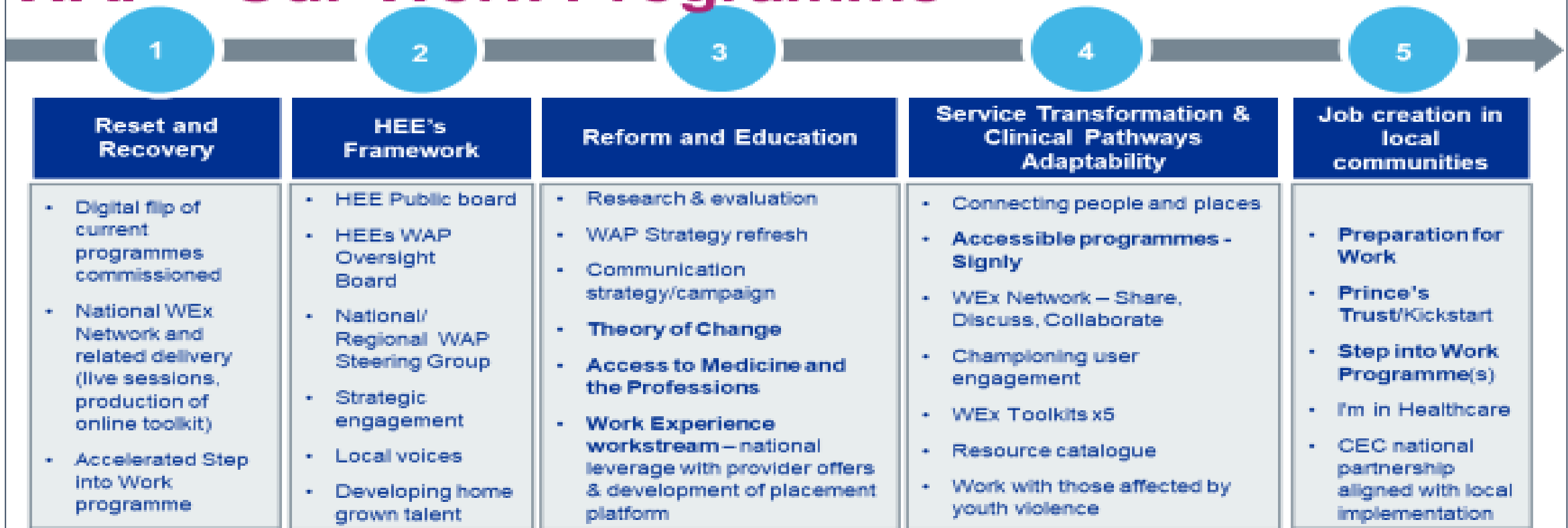
LTP indicators shown in red

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HEE Widening Participation Programme

WAP - Our Work Programme



What is being measured: Greener NHS



Trusts and ICSs submit Green Plans to support carbon reduction. The [Greener NHS Data Collection](#) was launched in April 2021 to provide a baseline from which progress can be understood.

Volunteering

There is not yet a national dataset, however there are ambitions to develop this. Work is being undertaken to consider what is counted as NHS volunteer is i.e. Trust volunteer, community volunteer? number of hours? and what impact is being measured e.g. on NHS, on patient experience on volunteer?

Commissioning

Changes to legislation will ask for social value to be considered but in commissioning but there will not be national measures on this. ICS may develop measures.

Estates

The process and standards for measuring social value in estates and infrastructure is set out in [HM Treasury's Green Book](#). Measurement takes place in the economic section of a business case and is called Net Present Social Value (NPSV). The current NHS required modelling to follow when measuring NPSV in business cases has been developed by DHSC who have applied the principles into a [Comprehensive Investment Appraisal \(CIA\)](#) model.

Procurement

The NHS is mandating 10% social value through procurement. The Sustainable Procurement Team is working with Social Value Portal to develop the second version of the NHS Social Value Calculator. The Calculator provides themes, outcomes and measurements (via financial proxies), similar to TOMs but is being developed to a model that is unique to the NHS. It is unclear what will be measured nationally

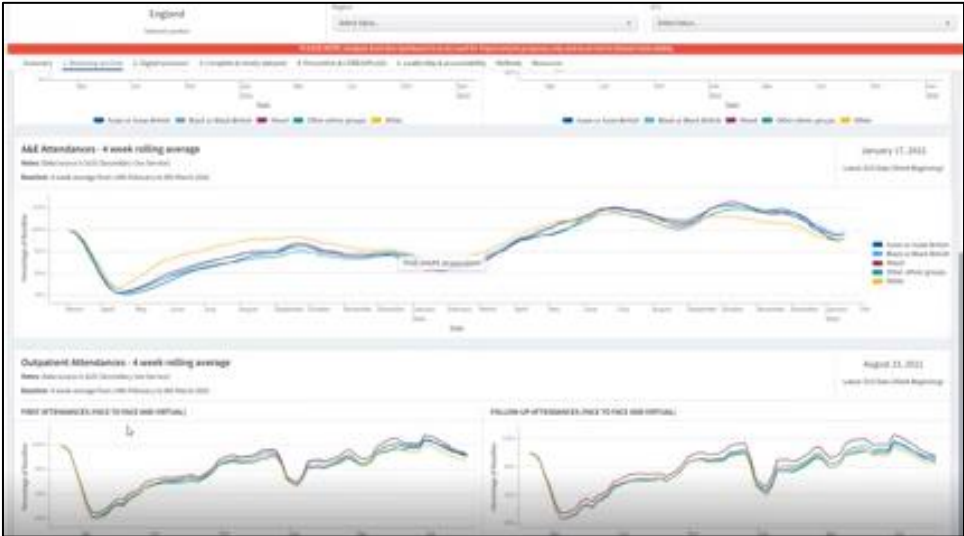


Healthcare Inequalities Improvement Dashboard



Five key priorities

- 1. Restoring NHS services inclusively
- 2. Mitigating against 'digital exclusion'
- 3. Ensuring datasets are complete and timely
- 4. Accelerating preventative programmes
- 5. Strengthening leadership and accountability



Access to Dashboard – there are over 1000 users

[HIID Health Inequalities Improvement Dashboard - Equality and Health Inequalities Network - FutureNHS Collaboration Platform](#)

Accessibility-everyone who needs the data can access the dashboard and use it

Functionality-to host data on the five healthcare inequalities strategic priorities and Core20PLUS5

Usability-used across the NHS and wider systems

Question:

Could the dashboard be useful as a platform to collate anchors data too? e.g. existing data around employment, procurement etc

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Other national data that could be utilised

- NHSEI are developing an **Integration Index** which will consider how ICS are performing. One of the key roles of NHS within an ICS is to support social and economic development.
- The Integration White Paper sets out that **'shared outcomes'** should be established for the health and care system. It commits to introducing a framework with a focused set of national priorities and an approach for determining shared outcomes at a local level.
- **Fingertips** is a large public health data collection. Data is organised into themed profiles.
- Health Education England hold data on **apprenticeships, other training programmes and data on widening participation.**

Question

What opportunities do these provide?

1.55 “A new ICS accountability and performance framework will consolidate the current amalgam of local accountability arrangements and provide a consistent and comparable set of performance measures. **It will include a new ‘integration index’ developed jointly with patients groups and the voluntary sector which will measure from patient's, carer's and the public's point of view, the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care.**”

What does any of this tell us about impact?

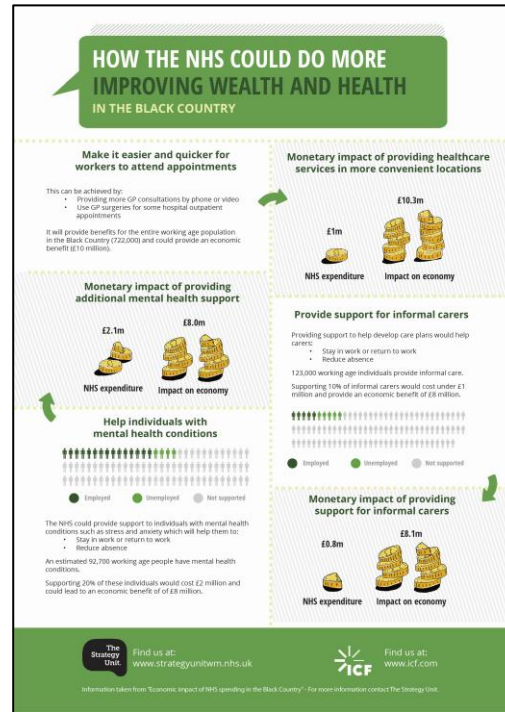
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To add real value impact needs to address local priorities



- Most of the national information we have is 'counting'. We could use this against survey data to assess outcomes; or we could use the data to model impacts or we could undertake quantitative and qualitative evaluations.
- Locally there is a mix of counting and also impact evaluation but there is no standard process.
- To add real value impact needs to address local priorities.



<https://www.strategyunitwm.nhs.uk/publications/economic-impact-nhs-spending-black-country-full-version>



<https://www.kingsfund.org.uk/publications/economic-influence-nhs-local-level>

The application of social value in health and care across Greater Manchester
CLES
 Key Messages

Questions:

- Do we need to understand impact better?
- How could this be achieved at a local or national level?

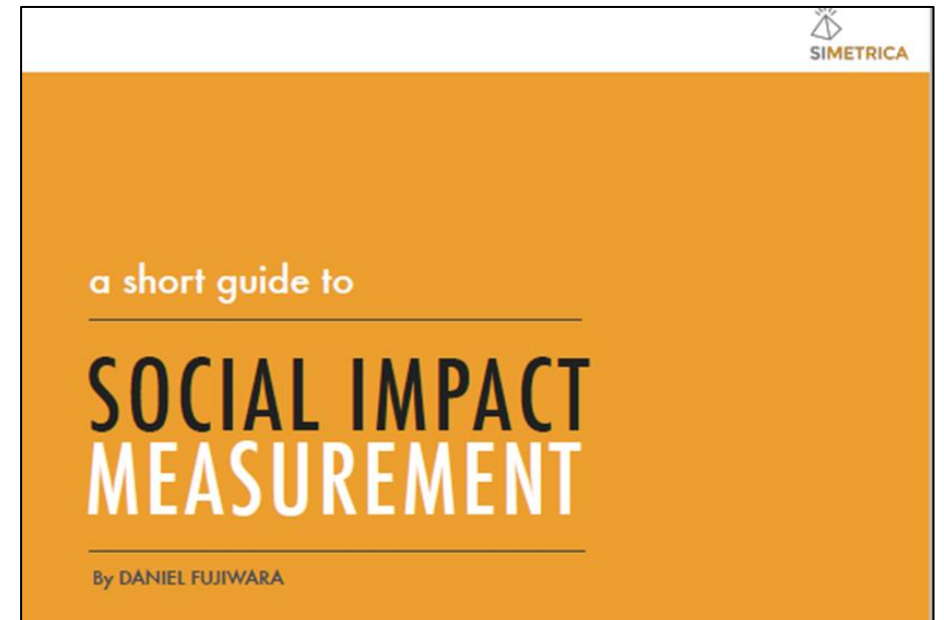
The "size of the prize" for GM

If the kinds of examples illustrated in the case studies highlighted in our report were adopted as common practice across the city region the estimated financial impact would be **£759,188,635 per annum**. This is an estimate, however and a more precise figure would require a full cost benefit analysis. Also, not all of the impact can be quantified as a financial

Looking outside the NHS

There are many examples of approaches to measuring impact e.g. Social Return on Investment, Social Impact Measurement.

This section highlights some of the tools and approaches arounds



Outside the NHS



<p>Uses the UK Social Value Bank includes over 100 different outcomes with values derived from the analysis of large scale surveys.</p> <ul style="list-style-type: none">• Questions in surveys are used to isolate different outcomes, for example getting a job• An updated version is in production and will include:<ul style="list-style-type: none">• Wellbeing Value• Wellbeing Health Top-up Value• Exchequer Value• Exchequer Health Top-up Value	<p>National TOMs (Themes, Outcomes, Measures) framework to support the Social Value Act. There are 5 themes and 48 outcomes around:</p> <ul style="list-style-type: none">• Jobs• Growth• Social• Environment• Innovation	<p>TRUUD aim to prioritise health in urban planning decisions in order to tackle the environmental factors that impact Non-Communicable Diseases (NDCs). They are developing an Economic Valuation (WP2) tool to improve how cost is assigned to health outcomes that are linked with environmental factors.</p>	<p>SHAPE is a web based tool that helps healthcare commissioners to determine the service configuration that provides the best affordable access to care.</p> <ul style="list-style-type: none">• Uses national data sets, clinical analysis, public health, primary care and demographic data with information on healthcare estates and facilities location• Includes a Geographical Information system mapping tool to support travel time analysis• Many NHS organisations use this
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Outside the NHS



<p>There are many examples from business and through CSR and ESG.</p> <p>Example: Novartis use science and technology to address healthcare issues and drive solutions for patients. They measure their impact by valuing different Social, Environmental and Economic (SEE) impacts. As well as valuing, they also count their impact in different domains, such as patients reached, net sales, treatments supplied and score of employee engagement.</p> <p>There are also many CSR and ESG indexes</p>	<p>The Equalities, Diversity and Inclusion Measures are a dataset created to support the London Mayor's equality, diversity and inclusion strategy. They cover:</p> <ul style="list-style-type: none">• Children and young people• Housing• Work• Transport• Crime, health and participation	<p>Greater Manchester Combined Authority have developed a cost benefit analysis (CBA) to articulate the fiscal, economic and social value of interventions. It is used to examine the wider 'economic case' or public value, quantifying social benefits in terms of improved individual health and wellbeing.</p>	<p>The EIIIP exists to ensure that social impact investing is more fully harnessed to advance SDG 10 – reducing inequality – in the UK and beyond. We are doing this by bringing together the fields of social impact investing with equality and human rights to build a new one: Equality Impact Investing.</p>
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Summary

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Points to consider



- There is not a clear understanding of what we want to measure and there is not a consistent approach to measurement. There are many examples of how to measure.
- There is a lot of interest getting a better understanding of levels of activity and impact

What do we need to measure and why?

How do we shift from counting to measuring impact?

Can we utilise or scale any existing approaches?

Can you see any potential barriers and if so what are they?

What is the role of national, regional, ICS and individual organisations?

What support, skills and resource do we need?

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