Health Foundation long read (PDF version)
20 February 2021

Anchors in a storm

Lessons from anchor action during COVID-19

Matilda Allen, Akanksha Mimi Malhotra, Suzanne Wood, Dominique Allwood

The Health Foundation

Contents

Key points 3

1. Introduction 4

2. Anchor action during the pandemic 6

3. Guiding principles for anchor institutions to consider 8

4. Building blocks to ensure a strong foundation for anchor action 12

5. Enablers for delivery of anchor priorities 15

6. Learning through anchor action 21

7. Conclusion 23

Supporting information 24

Key points

- 'Anchor institutions' are large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership.

- The coronavirus (COVID-19) pandemic has galvanised many institutions, including the NHS, into more purposeful anchor action. The Health Foundation hosted and facilitated conversations about anchors and COVID-19 with anchor leaders and partners from eight local areas across the UK. The aim was to better understand the opportunities, challenges and priorities for anchor action within the health care system.

- Here we identify nine key lessons from these conversations to guide and inspire existing and emerging anchor leaders. The first two lessons – purposefully tackling inequalities and co-producing with communities – are guiding principles that should lie at the heart of all anchor action.

- We supplement these insights with case studies and practical examples of anchor action prior to and during the pandemic. Sharing learning and insights especially on measuring impact will be key to progressing this agenda.

- The leaders we spoke to were clear that the NHS has an opportunity and a responsibility to improve health, tackle inequities, and contribute to developing thriving local communities. COVID-19 may have enhanced the need for this work, and accelerated implementation in some areas, but anchor action will be important during COVID-19 recovery and beyond.

- The new Health Anchors Learning Network aims to support NHS anchors develop their capacity and capability to maximise their economic, social and environmental impact.

1. Introduction

COVID-19 continues to send shockwaves through people, places and communities across the UK. While the most immediate and visible effects are morbidity, mortality and the pressure on health services, the pandemic is also adversely impacting the economic and social aspects of our lives. For example, in the UK, the number of people claiming unemployment benefits increased by 1.4 million between March and December 2020. 7.3 million people reported falling behind on household bills, and GDP in November 2020 was 9% lower than it was pre-pandemic. These and other burdens have not been distributed equally and COVID-19 has exposed and increased unjust and avoidable inequalities. This will have unprecedented longer term consequences for the nation's health.

Even before COVID-19, the UK was one of the most geographically unequal countries in the developed world. And there is recognition that the government needs to be much bolder to ensure the rhetoric of 'levelling up' becomes a reality. Widening inequalities and growing pressures on health care services in recent years have also prompted questions about the role and responsibility of large public sector organisations to tackle the wider determinants of health and to act as 'anchor institutions'.

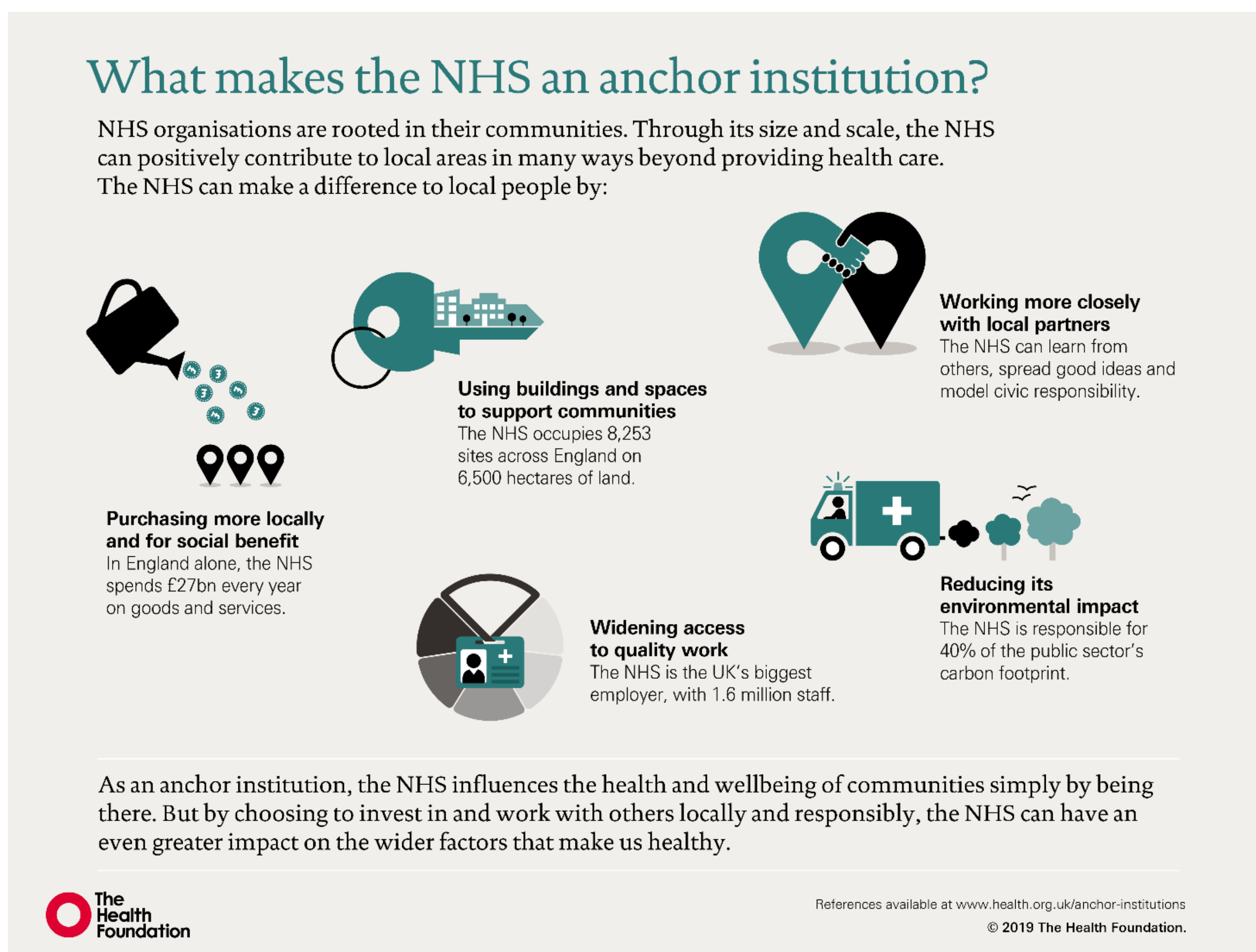
Organisations including hospitals, local authorities and universities are anchor institutions as they are 'anchored' in their surrounding community – they are unlikely to relocate and are rooted in and connected to their local populations. This provides an opportunity to maximise their influence on the wider determinants of health by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership (Figure 1).

Our 2019 anchors report Building healthier communities argued that the NHS could make a far greater contribution to improve health and wellbeing, and reduce inequalities, by acting as anchor institutions.

This long read summarises insights from some local leaders around the UK who are engaged in anchor action to respond to the impact of COVID-19. This action is often part of a wider aim to tackle local health inequalities and improve community health and wellbeing. By sharing insights, lessons, and examples we aim to guide and inspire existing and emerging local anchor leaders.

Reflections from our conversations have also informed the design of the new Health Anchors Learning Network (HALN). Through its activities, the HALN aims to support NHS anchors and local anchor partnerships to develop their capacity and capability, grow evidence of the role and impact of anchor institutions, and scale up anchor action across the UK.

Figure 1: What makes the NHS an anchor institution?



Anchors and COVID-19 conversations

Between August and November 2020, the Health Foundation hosted and facilitated eight virtual conversations about anchors and COVID-19. Our aim was to gain insight from local anchor leaders about the opportunities, challenges and priorities they faced for anchor action in light of COVID-19 and its impact on pre-existing anchor work.

To capture the diversity of anchor approaches, we held conversations in a range of geographical locations and across institutions at varying maturities of anchor action. We focused on NHS organisations, which acted as local convening partners. However, we also wanted to hear from other place-based partners, often more advanced in this area, about their anchor work and how this changed during the pandemic.

153 participants from 87 organisations took part, including the NHS, local government, the Scottish government, the Innovation Unit, higher education, the voluntary and community sector (VCS) and others.

2. Anchor action during the pandemic

From our conversations, it was clear that COVID-19 has created an urgency for more purposeful anchor action and partnership.

'COVID-19 hasn't actually changed any of our priorities or focus... [but it has] accelerated and exacerbated the challenges that we already faced and brought into stark focus some of the issues that were already there.' (Deputy CEO, NHS foundation trust)

The places we spoke to all felt that the impacts of COVID-19 on their communities had increased the need for more purposeful anchor action. The way in which this is pursued will vary by local context, driven in part by the nature and severity of the short-term COVID-19 impact, inequalities faced and needs of the community. Differences may also reflect levels of economic prosperity and resilience prior to the pandemic. We heard examples from across all five 'pillars' of anchor action (Figure 1), however, employment was a central focus for many.

Addressing workforce shortages has been a longstanding issue for the health and social care system. Purposeful anchor action on employment can address recruitment and retention challenges, while also enabling the NHS to play a significant role in local socioeconomic recovery. This is especially relevant in the current context, as NHS organisations provide a more stable source of employment compared with other sectors, including hospitality and retail, that have been more directly impacted by COVID-19. We heard a renewed focus on schemes aimed at helping young people into employment, approaches to target recruitment at more deprived areas, and the development of programmes to upskill and train newly unemployed adults.

Stronger partnership working and embedding social value into procurement were also discussed in all conversations. of COVID-19. Organisations and systems more mature in their anchor work were increasingly finding ways to tackle multiple pillars simultaneously. Reducing environmental impact and using buildings and spaces to benefit the community were less consistently mentioned as a priority during the acute phase or for the recovery phase

At the time of publication, the UK health system is still in the eye of the storm. Despite this, the leaders we spoke to felt we cannot afford to wait until after the pandemic to act on this agenda.

Nine key lessons for anchor institutions

Insights from our conversations led us to identify nine key lessons.

Figure 2: Nine key lessons for anchor institutions

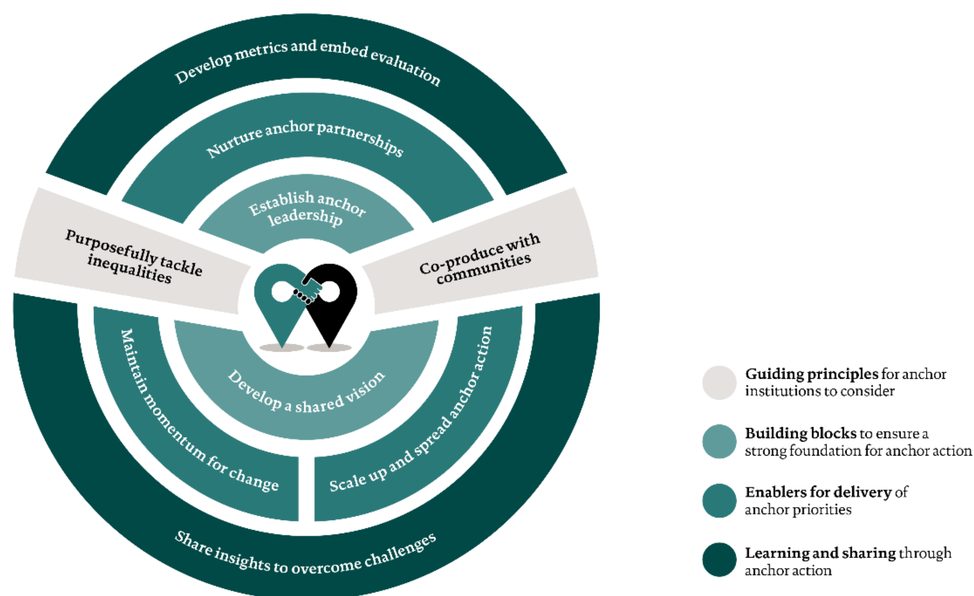


Figure 2 shows these lessons grouped into four main areas, which we also use to structure our findings.

- **Guiding principles for anchor institutions to consider** are important in all stages of anchor work.
- **Building blocks to ensure a strong foundation for anchor action**.
- **Enablers for delivery of anchor priorities** includes key factors to ensure anchor plans translate into sustained action.
- **Learning and sharing through anchor action** includes lessons for anchor institutions seeking to measure their impact or navigate national policy barriers.

These lessons may be familiar to those working in health care and improvement. However, it is important to ensure these lessons are applied intentionally to anchor approaches and addressed coherently and consistently across an area. When applied collectively, they can help anchor institutions and partnerships frame their anchor action to maximise influence and impact.

These nine lessons are complemented by case studies that highlight examples of anchor action. While many of these initiatives are at an early stage, and some were developed prior to the pandemic, they provide practical insights into the potential opportunities, enablers and barriers for successful implementation during COVID-19 and beyond.

3. Guiding principles for anchor institutions to consider

Lesson 1: Purposefully tackle inequalities

In our conversations there was a clear consensus about the importance of focusing on the inequalities exacerbated by COVID-19. Inequalities in various forms were a major impetus for anchor action. The type of inequality varied, with discussions on inequalities in health outcomes, equitable local economic growth, digital exclusion, and race and ethnicity-related inequalities.

'Struck by events in the United States, Black Lives Matter and the disproportionate impact of COVID-19 on [minority ethnic] groups, we are determined to ensure that as employers, we are actively tackling inequalities and institutional racism.' (Director of Workforce Development, NHS trust)

However, while there was agreement on the importance of tackling inequalities, there was at times a sense of 'magical thinking' that taking anchor action will automatically reduce inequalities. There were relatively few examples of anchor programmes based on local population data, or specifically describing how anchor strategies would tackle inequalities.

It is essential that anchor institutions purposefully identify specific inequalities and understand how their actions can tackle these. Using quantitative and qualitative population data and working closely with communities will deepen this understanding. A nuanced consideration of inequalities and equity should be embedded into the design, delivery and evaluation of anchor action.

'When you're talking about building wealth or community-based approaches or trying to target some groups… I think if we just keep doing the same things all the time, we're just going to further increase the inequalities.' (Health Improvement Manager)

There were exceptions – for example, Barts Health NHS Trust has included inequalities dimensions in its employment measures, including an optional question for new recruits on whether they previously received free school meals. This is part of an organisational focus on inequalities, which also includes changes to recruitment and selection policies, increasing apprenticeships and ringfencing entry-level jobs for local people. The trust is also seeking to recruit locally for its COVID-19 vaccination centre.

Lesson 2: Co-produce with communities

A core defining feature of anchor institutions is that they are both tied to and aim to benefit their local community. It is therefore essential that community co-production is included across all stages of anchor action. Developing a powerful narrative for change based on community experiences, priorities and assets, combined with local quantitative data, can help ensure the positive impact of anchor action – benefitting both communities and anchor institutions.

The centrality of co-production was recognised in our conversations. Some felt that COVID-19 had increased anchor institutions' appetite for co-production, and enhanced existing relationships or created new ones between institutions and communities.

'[The] response to COVID-19 has seen remarkable progress in enabling and empowering communities to lead change. It's all about relationships, understanding and trust – blurring the barriers between us and operating collaboratively and openly.' (Chief Executive, local council)

However, in many conversations, participants recognised that this aspect of anchor action was less well developed, especially within NHS organisations where engagement is typically limited to patients and service users, and rarely extends to local communities. Many participants felt that genuine co-production was often overlooked, not happening, or taking time. Other partners including local authorities demonstrated more experience and learning in engaging the wider population and communities.

'Inclusion of communities is so important but sometimes leads to a degree of "letting go" that anchor organisations struggle with.' (Consultant in Public Health, local government)

Learning from and engaging with VCS as a core partner can also support NHS anchors to deepen their connections with local communities and therefore the ability to co-produce effective initiatives.

Anchor institutions should also consider co-production with their own staff. The NHS employs 1.6 million people across the UK. In many cases, NHS staff are also members of the local community, who could benefit significantly from well-designed anchor action. Case study 1 describes the importance of understanding the local population, including staff, in developing effective anchor action on employment.

Case study 1 – Employment in Mid and South Essex

As part of its anchor work, Mid and South Essex (MSE) NHS Foundation Trust has developed a number of initiatives to work with and understand its community better. These include an employment dashboard to support them in widening access to work and measuring and tackling inequalities. This combines hospital data (including the roles and demography of staff and vacancies mapped to local deprivation), with council data (local demographics and the aspirations of young adults).

Specific programme activities were also developed, including:

- Partnering with Anglia Ruskin University to conduct ethnographic research to inform future recruitment and staff support strategies. This was carried out with staff living locally who are impacted by deprivation or who have informal caring responsibilities.
- Partnering with Essex County Council to commission career workshops, online mentoring and coaching, and hospital work experience for students from schools in Basildon.

COVID-19 has delayed some implementation, but it has also created stronger local partnerships and increased the willingness to act on inequalities. Recruitment for a new COVID-19 vaccination hub has targeted local unemployed people. Since August 2020, 45 students from Basildon have joined the online support platform. Baseline data have been collected for the workforce dashboard and progress is due to be reported in March 2021.

MSE also reflected that:

- Partners engaged more when they saw activities happening rather than being discussed.
- Starting small projects shows what can be achieved before engaging partners in an executive-level conversation.
- Using local data is key to identifying areas of opportunity and potential impacts for the programme.
- Health sector programmes can benefit from support, knowledge, and resource from outside the system.
- Relationship building takes time but is quicker where trust already exists.

For further information please contact Preeti Sud (Head of Strategy Unit) and Charlotte Williams (Director of Strategy).

Advice to others

'Get hold of your in-house and council data and discuss it with local staff and leaders to identify pain points and opportunities for impact. Enhance current data rather than gathering more data and use data which people recognise and can help visualise a problem differently – for example, the geospatial mapping really engaged local nurses.'

Across our conversations, many participants acknowledged the substantial impact COVID-19 is having on staff health and wellbeing. This includes increased levels of burnout and sickness absence rates, as well as concern over the risk of 'moral injury' and sustained longer term repercussions.

Supporting and protecting staff both physically and psychologically was recognised as a key priority in the third phase of the NHS response to COVID-19. Before the pandemic, the Royal Free Hospital found that co-designing health and wellbeing initiatives with facilities staff led to a significantly lower rate of sickness absence. This is likely to be equally relevant during both the response and recovery phases of COVID-19. Participatory approaches can contribute to an increased sense of value, belonging and empowerment among staff.

4. Building blocks to ensure a strong foundation for anchor action

Lesson 3: Establish anchor leadership

Clear and visible local leadership is needed to drive and unite anchor action. Our anchors report highlighted the need for senior executive and board-level support within organisations to ensure anchor action is resourced and prioritised. As anchors are increasingly working with others, many in our conversations also noted a need for visible place-based anchor leadership across new anchor partnerships.

To mobilise anchor action, leadership needs to be both strategic and action orientated to facilitate effective partnerships and ensure accountability and oversight for anchor work.

'[This is not about] only bringing your mentality, but your personnel, budget, resources, and your ability to deliver on the ground' (Chair of Board of Management, higher education)

One way of demonstrating this, is by proactively agreeing ambitious commitments. The Glasgow City Deal was developed by eight participating member authorities and local partner organisations to maximise opportunities for inclusive growth. As part of this, the region jointly committed to use an 'outcome selection menu' for public sector procurement. The menu requires suppliers to identify additional community benefits, such as job creation, work experience and supply chain development. While there was pre-existing support for community benefits, approaches to identify and quantify outcomes varied. Committed leadership has led to significant improvements in performance across key performance indicators, including an increase in contracts awarded to local businesses, the value of community benefits in contracts and performance on key equality outcomes.

Lesson 4: Develop a shared vision

Developing a shared anchor vision and narrative can help make the case for coordinated place-based anchor action. It can help identify and unite disjointed anchor work across anchor institutions and partnerships, while providing flexibility for individual organisations to progress their anchor action at different rates.

'We have buy-in from partners, but what does that mean and how do we make it "real"? How do we create a mutual sense of direction and accountability?' (Director of Public Health)

Agreeing a shared language for anchor action is also important. While the concept of anchor institutions is increasingly recognised in the UK, it is not always used consistently and related concepts such as social value and community wealth building are more common in some areas and sectors.

Many leaders also commented that anchor visions benefit from being situated within existing strategic priorities – a reflection that echoes our 2019 report.

NHS organisations can increase their influence as anchor institutions by working with businesses and local enterprise partnerships (LEPs) to build shared system-wide programmes of work. NHS organisations in 'left behind' areas may particularly benefit from linking their anchor action to wider local regeneration efforts in order to maximise their influence and impact.

Case study 2 describes uniting partners from the NHS and other sectors around a common vision for a large-scale redevelopment project in Humber, Coast and Vale.

Case study 2 – Buildings and spaces in the Humber, Coast and Vale

The Building Better Places programme has used capital investment in new hospital buildings as a catalyst for wide-ranging economic and social revitalisation for communities across the Humber region.

The programme brings together partner anchor organisations (including the NHS, local authorities, LEPs, universities and major employers) to develop an investment proposition spanning the area's economy, health care services, buildings, workforce, digital infrastructure, sustainability, research and development, and long-term prosperity.

Different partners have led on different aspects of the work – for example, one local authority partner led on the production of an economic and social impact study, while two universities are developing a research and development collaborative.

The Humber Coast Vale Partnership reflected that:

- Demonstrating impact was challenging – any built assets may not be evident for another 10+ years; and the wide-ranging community benefits, not for many years after that.
- The partnership has improved and continues to develop – drawing together public and private organisations from different sectors, with COVID-19 acting as a catalyst.
- It was important to find commonality across the broad range of visions and ambitions from individual organisations.
- Building relationships with key stakeholders in a wide range of sectors was a good starting point and helped to more easily 'sell' the vision.

Advice to others

- *'Hard work, dedication, cooperation and – most fundamentally – a clear shared vision to aim towards are key. Take the time to develop relationships and figure out who you need to have around your virtual table. Working with good humour, at a time when traditional ways of working have been turned on their head has also been pretty important.'*

For further information please contact Humber, Coast and Vale Health and Care Partnership.

In many places, the urgency of responding to COVID-19 is providing a strategic lens through which to further develop a shared anchor vision and narrative. Priority areas highlighted in our discussions included workforce recruitment and retention, expansion of inclusive digital services and investment in research and innovation.

5. Enablers for delivery of anchor priorities

Lesson 5: Nurture anchor partnerships

The importance of collaborating to maximise impact and reduce duplication was a consistent theme of our conversations, which is reflected across these nine lessons. There were, however, clear differences in the intention and scope of anchor partnerships depending on local contexts and structures.

Some places have a broad agenda through formal 'integration' – for example, via integrated care systems (ICSs) in England, health boards in Wales and community planning partnerships (CPPs) in Scotland. Others have built their partnerships with a specific focus on anchors. Partnerships provide good platforms to drive anchor action across organisations, although NHS organisations are at varying stages of maturity within these different partnerships.

Several places have formalised partnership working using anchor charters or shared commitments. These can help build collective focus and action. Lancashire and South Cumbria, for example, have developed an anchor charter to define and measure progress against anchor activities among local partners in the ICS. Some have established explicit anchor partnerships in their region, while others are driving anchor action within wider partnership structures. Case study 3 provides an example of an integrated partnership working to support COVID-19 response and recovery.

Case study 3 – Partnerships in Newcastle

Collaborative Newcastle is a partnership aiming to improve the health, wealth and wellbeing of everyone in the city. Partners include the local council, NHS clinical commissioning groups (CCGs), NHS foundation trusts, primary care networks (PCNs), GP services, and the voluntary sector.

The region and partnership managed to secure funds to develop the Integrated COVID Hub North East (ICHNE), which aims to transform COVID-19 test and trace capabilities in Newcastle, while creating 1,100 new local public sector jobs. Local leads reflected that this was achieved through mutual trust, cooperation and open communication between the collaborative partners.

There has been a strong focus on targeting areas of deprivation and ensuring inclusive and local recruitment. Jobs are advertised with flexible working times, and no previous training or qualifications are required. Applicants from ethnic minority backgrounds were encouraged to apply, as well as those living with disabilities, those who lost employment during the pandemic or beforehand, and students including those on sandwich years. The hub provides education, training and career progression to support employees.

Of 700 staff appointed by January 2021, 18% came from minority ethnic backgrounds, 12% LGBTQI+ and 8% of those employed said they were living with a disability (all significantly exceeding comparable statistics for the hospital trust).

Advice to others

'Think big and don't be constrained by normal thinking or fear of failure. We could have chosen equipment for the labs that would have required fewer staff and provided fewer employment opportunities. We had no track record in recruiting at this scale and speed, but we were determined to stick with our ambitious targets for job creation. It was the right call; the scale of the opportunity really motivated everyone involved to make it happen and the recruitment process has been a great success, despite the challenging timescales and COVID-19 restrictions.'

For further information please visit:
www.collaborativenewcastle.org or
www.careers.nuth.nhs.uk/your-career/integrated-covid-hub-north-east

We also heard that system constraints, such as siloed commissioning, workforce pressures, and differing performance indicators, as well as a culture of competition were slowing some anchor partnerships. In addition, some local authority participants engaged in anchor-like work over the longer term shared frustrations that the health sector was positioning itself as 'leading' anchor action without acknowledging or learning from local government work.

'We're pushing at an open door in terms of the principles, the vision and the philosophy, the reality of delivering it and actually making it happen is incredibly difficult… we've got a lifetime of competition between our organisations which is really detrimental to this agenda.' (CCG Chief Finance Officer)

In each conversation, we asked participants anonymously to use one word to describe their local partnerships (Figure 3). While there were a range of responses, many felt that partnerships were at an early stage and still emerging or fragmented. Despite this, there was almost universal agreement that COVID-19 has accelerated and strengthened local partnerships, and there was optimism that further progress was possible.

Figure 3: One word to describe how local partnerships for anchor strategies are working

Lesson 6: Maintain momentum for change

Due to the detrimental impact of COVID-19 on health and widening inequalities, there was a consistent view that anchor action needs to happen at speed. Some felt that progress had been made in recent months that previously would have taken years. This was attributed to an increased sense of urgency to improve health, the temporary relaxation of bureaucratic processes, and increasing partnership working during the pandemic.

'It would be good to keep up a spirit of innovation and testing our ideas quickly, as we have done throughout the pandemic. Many barriers perceived are not real.' (Chief Executive, local council)

During and beyond the pandemic, anchor institutions and partnerships will need to consider how to maintain energy and the pace of change while demonstrating impact, and incorporating learning.

Quality improvement (QI) approaches could help in responding to this challenge by providing systematic and consistent methods with specific techniques to improve quality and learning. Testing new ideas in small cycles can help ideas to evolve and turn theories into knowledge, while maintaining momentum, as described in case study 4.

Case study 4 – Procurement in East London

East London NHS Foundation Trust (ELFT) are incorporating QI approaches to develop and test new social value metrics to ensure the money they spend delivers the greatest economic, social and environmental benefit for local communities.

ELFT's social value priorities include:

- ensuring suppliers pay the Real Living Wage
- creating employment opportunities for local people
- strengthening local supply chains
- reducing environmental impact and increasing sustainability.

Progress has been made by benchmarking and analysing the current procurement process. ELFT are developing draft social value metrics based on feedback from local suppliers. Final drafts will then be tested with a small number of upcoming tenders. This will follow the plan, do, study, act cycle and will facilitate multiple trials of smaller scale changes. Embedded in this is the ability to assess impact concurrently and to build on learning from earlier cycles, prior to widespread implementation.

Despite delays due to COVID-19, procurement from local suppliers increased from 35% in April 2020 to 48% in September 2020, and there has been an increase in the proportion of contracts that stipulate employees must be paid the Real Living Wage.

ELFT reflect that the work has benefitted from supportive leadership and staff, and a strategic fit with ELFT's values. They report the main challenges as: ensuring sufficient resource, monitoring and evaluating the work, and managing the tension between supporting local SMEs and maximising social value. For example, it was been a challenge to find ways to avoid overly bureaucratic bidding processes which may better capture social value but also likely favour larger multinational companies.

Advice to others

'This work can only happen with full engagement from your procurement team – put in the groundwork to ensure you have their support and they are fully bought into the agenda. It's important just to start and make small changes; organisational buy-in to the work is key as well.'

For further information please contact Stephen Newton, Head of Procurement (Commercial Development Directorate) East London NHS Foundation Trust.

Lesson 7: Scale up and spread anchor action

Local leaders were keen to scale up anchor action from isolated projects to organisational and system wide approaches. Incorporating anchor concepts into decision making and standardised processes can help to ensure scaling up within the organisation. For example, Dorset County Hospital is developing a Social Value Impact Assessment Framework that will be incorporated into all trust policies and business planning processes.

We also heard how anchor action can take place at multiple levels: individual institutions, local places, PCNs, ICSs, cities and regions. Some areas are taking a broad approach and actively including smaller or different types of institutions, such as VCS organisations.

'Primary care networks are perfectly placed to be 'anchorettes' within their communities, but we are still in our infancy and need time to embed and build relationships.' (GP)

Anchor institutions and place-based partnerships are increasingly collaborating at a system level through various vehicles including ICSs in England. This can support the spread practice within anchor partnerships.

'People have been too busy measuring performance targets to do anything proactive about promoting [anchors], and I think that's what the ICS could actually do – promote this agenda... so that all the organisations believe that it does add value.' (Chief Executive, VCS).

NHS London has started to develop a London-wide anchor network that aims to help the NHS maximise its economic role at each tier in London – as an anchor city, anchor system and anchor place.

As anchor institutions increasingly work within these partnerships and networks, there are clear opportunities to both scale up and spread good practice. Due to the complex nature of this work, adopting anchor activity from other organisations or sectors can be challenging. Recognising this and allowing time for testing, revision and innovation can help ensure ideas are successfully translated into new contexts.

6. Learning through anchor action

Lesson 8: Develop metrics and embed evaluation

Participants valued the recent speed of implementing anchor approaches, however, they recognised the importance of ensuring effective measurement to capture impact and improve.

Without proper measurement anchor strategies could fail to tackle inequalities or, at worst, unintentionally increase inequalities. For example, pre-employment programmes could inadvertently fail to reach those who had most barriers to joining the health and social care workforce.

There may also be a tension between prioritising 'local' impact versus impact on reducing inequalities. For example, prioritising local employment may positively impact on local communities overall but may fail to address inequalities. In some cases, anchor action will be both local and equitable, but this is not a given and careful measurement can help to both define and capture desired impacts.

Good anchor measurement includes defining the local population, understanding inequalities, establishing baselines, monitoring progress over time, building a local evidence base, and embedding co-production throughout.

'It's easy to say you're an anchor institution, it's easy to say you care, but how do you know and how do you know how you are doing?' (Director of Public Health)

Setting ambitious targets can also contribute. For example, as part of its green strategy, Mid and South Essex NHS Foundation Trust has a target to decarbonise its building stock by 60% over the next 5 years.

'What gets measured gets done, and it helps create a mandate to take more purposeful action.' (Chief Executive Officer, university hospital trust)

While realising the impact of some projects may not be possible for many years, interim metrics may demonstrate the potential impact of anchor action and maintain engagement. For example, Willmott Dixon, the main contractor for the construction of a new multi-storey car park for Dorset County Hospital, estimated that the building project will generate a social return on investment of over £4m in the form of local employment, training and apprenticeships and greater use of local supply chain partners.

Some participants also expressed a clear ask for national guidance on anchor measurement, and a view that systems could take a role in developing shared metrics.

Universities also have a key role to play, both as anchor institutions themselves and potentially in supporting the NHS and other anchor institutions. This could include acting as a formal evaluation partner and sharing learning; or influencing through anchor partnerships and encouraging others to robustly measure activity and impact.

Lesson 9: Share insights to overcome challenges

Local leaders highlighted that the external policy environment plays a large role in the success of anchor institutions, and there can be some tension between national and local priorities. National procurement rules, in particular, were seen as a barrier to effective local anchor procurement strategies. These rules tend to prioritise reduced cost and increasing efficiency, making it harder to deliver social value through local suppliers. Many felt they needed more local control and funding available in order to make significant progress, and a greater recognition of long-term impact rather than a focus on short-term deliverables, particularly within the NHS.

'The national drive, national incentive and mandate is to put everything through the national process. That has a lot of national financial savings attached but doesn't support the work we need to do on anchor institutions and supporting local economies and local communities.' (Chief Finance Officer, university hospital)

Despite this, we heard examples of successful anchor action within the current context, albeit that COVID may have temporarily enabled this. During the first wave of COVID-19, Mid and South Essex NHS Foundation Trust purchased products including personal protective equipment (PPE) from local clothes manufacturers to meet increasing demand. The trust is planning to sustain this relationship in future. In the short term, sharing opportunities and tangible examples of progress between areas may help to maximise anchor action and impact.

Local anchor leaders can contribute through sharing evidence, experience and expertise on what they have managed to achieve.

The NHS has committed to supporting anchor action in the *NHS long term plan,* and has recognised the important role anchor institutions will play in *COVID-19 recovery*.

One way in which national policymakers can build on these commitments and support effective anchor action, is by considering the impact of national policies, and providing clarity on how anchor action fits within existing national frameworks. The *Department of Health and Social Care's legislative proposals* to reform the current competitive procurement process, may provide NHS organisations with greater flexibility.

7. Conclusion

While the potential gains are great there are significant complexities, tensions and interdependencies in this work, and acting as an anchor institution is not always easy or straightforward. We have explored some of these tensions and highlighted positive practice through nine key lessons. The Health Foundation, in partnership with NHS England and NHS Improvement, will build on these lessons and continue to support health anchors through a new UK-wide Health Anchors Learning Network.

The local leaders we spoke to for our conversations about anchors and COVID-19 represent a small proportion of the many UK anchor institutions at varying stages of progress. However, across a range of places and people we heard energy, enthusiasm and commitment to anchor action. Leaders were clear that anchor institutions have both the opportunity and the responsibility to improve economic and social conditions for their local populations, improving population health and reducing inequalities.

The current context is exceptionally difficult, and the immediate priority must be to protect people from the direct impact of COVID-19 wherever possible. But we also heard that leaders felt they could not wait until the pandemic is 'over' to act – COVID-19 has increased the urgency, the need and their determination. We heard examples of accelerated anchor action, enhanced innovation, and powerful new partnerships harnessed in support the NHS response to COVID-19.

The inequalities thrown into sharp focus by COVID-19 are not new, and must be addressed urgently. Anchor institutions can, and should, be at the heart of this effort, helping to deliver a more equitable and sustainable COVID-19 recovery.

Supporting information

Conversations were held across a range of geographical locations with local health care organisations acting as a local convening partner. These include:

- Barts Health NHS Trust and East London Foundation Trust
- Mid and South Essex Foundation Trust
- Humber, Coast and Vale Integrated Care System
- NHS Greater Glasgow and Clyde
- NHS Forth Valley
- Dorset County Hospital NHS Foundation Trust
- Lancashire and South Cumbria
- Newcastle Collaborative.

Acknowledgements

The authors would like to gratefully acknowledge:

- our convening partners in the eight areas where the conversations were held
- the organisations that provided case studies and examples of practical anchor action
- everyone who commented on earlier drafts of this work, including colleagues within the Health Foundation. and externally from NHS England and NHS Improvement, NHS Confederation, and the Innovation Unit
- all those who participated in these conversations and generously shared their insights.