

Chat from Session seven. Creating health by supporting broader social and economic development: what can anchors do and what else needs to happen?

Resources

How can NHS anchors support communities to create health?

<https://thehealthcreationalliance.org/wp-content/uploads/2022/07/THCA-HALN-learning-from-community-response-to-COVID-19-FINAL.pdf>

THCA published a new report on 'Creating Spaces for Wellbeing' for NHS Property Services earlier this week

https://thehealthcreationalliance.org/wp-content/uploads/2022/10/THCA_Creating-community-spaces-for-patient-and-community-wellbeing_October-2022-1-1.pdf

Health and Social Care Academies

<https://www.london.gov.uk/what-we-do/jobs-and-skills/mayors-academies-programme/about-mayors-academies-programme>

The Mayors academies programme Michael has mentioned is brilliant. Outside of London there are also great examples of establishing Health and Social Care academies in the absence of the Mayors fund/programme. We have just opened our health and social care academy in Warrington, jointly with our local college and university. Happy to share anything via email lucy.gardner5@nhs.net.

The way you have talked about Anchor is very interesting - how come almost nobody in the community has heard about them and so how can we ensure that we are all on the same page?

These are great developments - practical and inspiring. Can you estimate what financial and employment impact these kinds of initiatives will have? Will they make a real difference?

Interesting to note about Islington which is part of an ICS that has 4 other Boroughs, so it would be really good to have this rolled to the other 4 Boroughs - do you think this might be the best way to scale it up?

Tom, are you seeing any of this spreading to large businesses at all... perhaps businesses that are not on the stock market... or perhaps even those that are?

I suppose almost all big office blocks can be opened up for the use of communities? They are really good in supporting older people in helping with digital literacy - good for everybody!

<https://www.elft.nhs.uk/>

Tom Lloyd Goodwin: Our work on NHS as an anchor – <https://cles.org.uk/publications/health-institutions-as-anchors-establishing-proof-of-concept-in-the-nhs/>

Also - the NIHR early imprint I mentioned –

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4121860

How does the work being undertaken at Bow on Social Prescribing interact with your 'service'.

It would be good to know how you weigh the social values and what specific programme you use?

Do you provide training for service users and what sort of data do you collect when you engage them?

In respect to improving mental health - how do you implement and monitor this, including QI standards?

We are using the Social Value Engine across NHS organisations in Lincolnshire

<https://socialvalueengine.com/>

How your rating is in CQC report and Survey to Staff and service users and care Experiences.

Our CQC rating and staff and survey responses are in relation to our mental health and community clinical services. Our improving population health work is monitored internally via a data dashboard that we are currently developing.

Anchor is part of CQC well led inspection two weeks ago.

The focus of service provision at our Trust is on providing excellent clinical care for mental health conditions. In contrast, with the Marmot Trust work, we're focussing on the root causes (i.e. the 'wider determinants') of poor mental health, such as unemployment. As such, the Marmot Trust projects we're implementing aren't direct mental health interventions. For instance, the QI project I mentioned in Luton is focussing on supporting people with barriers to the labour market through our recruitment process to gain employment at the Trust.

How do you recruit service users on the committees/ steering groups and what sort of information do you collect from them and how do you provide support to them?

I get the benefits of productive employment having mental health spin offs but I am more concerned about overall clinical and social interventions in mental health. For example, has your approach shifted the emphasis on increasing levels of MH medication to be the first call of the NHS to improve mental health.

the short answer is no, we are not looking at the use of medication as part of this work, as we are focussing on place-based working with local authority partners to address social determinants of health in the community. However, there are a wide range of QI projects being undertaken by our clinical teams at the Trust to improve equity of access, experience and outcomes of our clinical services.

I wonder if you are part of the Ageing Better Communities as well?

Sorry to talk about washrooms - but do you have enough to bring people to the high streets - we are trying to map the toilets on the national map.

I can put you in touch with our council colleagues who can help with your specific washroom question, we have three different town centres.

Living well hub is great initiative is any other city is already running? Living Well Hub.

Good to see additional NHS appts. How will that be achieved? Do you have more clinicians? And, a separate Q, how will you be able to manage the ongoing costs that you have outlined for each project?

Some additional appointments will be delivered by productivity benefits of colocation, some via additional staffing

Who owned the land on the high street?

Shopping City is owned by a private investor - ownership transferred mid lease negotiations. Site for Runcorn hub is currently owned by the council, who are going to lease it to us. Site for Warrington hub commercially owned, we are also negotiating a lease.

Very supportive of health on the high street examples! Published this report two years ago:

<https://www.nhsconfed.org/publications/health-high-street>

What are your next steps/avenues for recurrent revenue funding?

Ongoing costs - we have agreement via the approval of business cases for the Town Deal Funded hubs that the risk around ongoing costs is shared across all delivery partners and providers, including hospital Trust, council, community NHS trust, mental health Trust, college. We are now working through specific allocation of those costs and opportunities to attract income via ICS and local businesses.

What are/were the new incentives that the Bronx used? Are there documents/websites we can look at?

Health and Social Care Academies - can we have more information please?

<https://www.london.gov.uk/what-we-do/jobs-and-skills/mayors-academies-programme/about-mayors-academies-programme>

The Mayors academies programme Michael has mentioned is brilliant. Outside of London there are also great examples of establishing Health and Social Care academies in the absence of the Mayors fund/programme. We have just opened our health and social care academy in Warrington, jointly with our local college and university.

c80% of universities in UK have committed to a civic programme - worth asking the question of partners and joining the dots.

SELECTION OF FEEDBACK

- Thanks all, really interesting discussions - apologies I need to leave
- Thank you really interesting session
- Thank you Donna for great host and Fascinator
- Many thanks to all the speakers and for organising the event
- Fantastic session - thank you - we need to make sure more people know about Creating Health

A big thank you to our media partners, National Health Executive and Public Sector Executive and to all our sponsors without whose support **Health Creation: *Coming of Age*** would not be possible.

HLM Architects | NHS Property Services | Novartis | PPL | South Central West | Sollis

Visit [National Health Executive](#) or [Public Sector Executive](#) for a free subscription.