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Title of innovation / initiative

Putting people first – health equity in action

Problem

The impact of political, socio-economic, environmental and other external influences in recent times has led to unprecedented demand in access to health and care services in the UK, and our health system is under great strain. The coronavirus pandemic starkly exposed health inequalities within our society and we know that urgent work is needed to tackle the wider socio-economic and structural inequities that drive them to allow for a more sustainable health and care system.

These inequalities are driven by factors which are largely out of an individual's control. Poor quality social housing, fuel poverty, food poverty and lack of access to public spaces, education, good jobs, and transport are some of the social and economic determinants of health in which the NHS, government, local authorities, policy makers and institutions all have a pivotal role in determining successful health and wellbeing outcomes for their populations.

Nevertheless, responsibility for good health cannot lie solely with society, individuals need a sense of purpose, of having freedoms, flexibility, choices, and control over their lives, of being involved in shaping their care and recognising that they are acknowledged and heard.

We found innumerable examples of great transformational work across our sub-region, but it often took place within organisational silos, and the community or patient voice was sometimes lost.

The key challenge clearly lay in galvanising collective system action and ensuring that the individual components of the health and care system collectively recognised and built upon their knowledge of what is particularly relevant to their local communities and patient populations to deliver change at the necessary scale and pace.

Aim

The NHS has been moving towards an anticipatory approach to health and care for some time, using predictive analytics, adopting anchor institution strategies and using the size and influence of the health sector to effect wider societal change as both a means to reduce health

inequities and in its goal of reaching net zero. [The Health Foundation](#) defines anchor institutions as “*large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities.*”

We aimed to develop an anchor framework to align the great work taking place across Cheshire and Merseyside (C&M) ICS. This work includes generating social value, reducing health inequalities, tackling climate change, the [Core20PLUS5](#) approach and enacting the Marmot priorities alongside of course, the work undertaken as anchor institutions. The alignment of the work of the ICB, public health, VCFSE organisations, local authorities and other system partners would enable one clear delivery pathway, provide increased accountability and give us all a clearer focus along our anchor journeys.

Plan

Work commenced in 2018 when the then Cheshire and Merseyside Health and Care Partnership (the ICBs predecessor), became a social value accelerator site. This led to the development of a [Social Value Charter](#), co-produced with a local CIC, Cheshire East Council and local communities. The Charter defined social value for C&M and set out the expectations for organisations across the system.

From here a [Social Value Award](#) was developed specifically for organisations based in or delivering services to Cheshire and Merseyside communities. There are now over 70 signatories of the Social Value Charter, with the majority of them having successfully achieved the Social Value Award – we are pleased to say that these numbers continue to grow.

Planning to develop an anchor charter and framework was a natural next step and this took place over period of 18 months, commencing with engaging with over 500 professional colleagues and members of our local communities through a series of webinars, community engagement events and workshops. This resulted in a set of priorities that organisations are to deliver against – including paying the real living wage and committing to being carbon net zero.

We returned once again to our communities to make certain that we had understood their concerns, ambitions, dreams, and aspirations and that the defined priorities were a true

reflection of the messages we had originally heard. The findings were published in a [Community Consultation Report](#), and we went on to formally launch our Anchor Charter and Framework in July 2022. Charter signatories include the ICB, NHS Trusts, local authorities, housing associations and VCFSE organisations – the signatory list is growing.

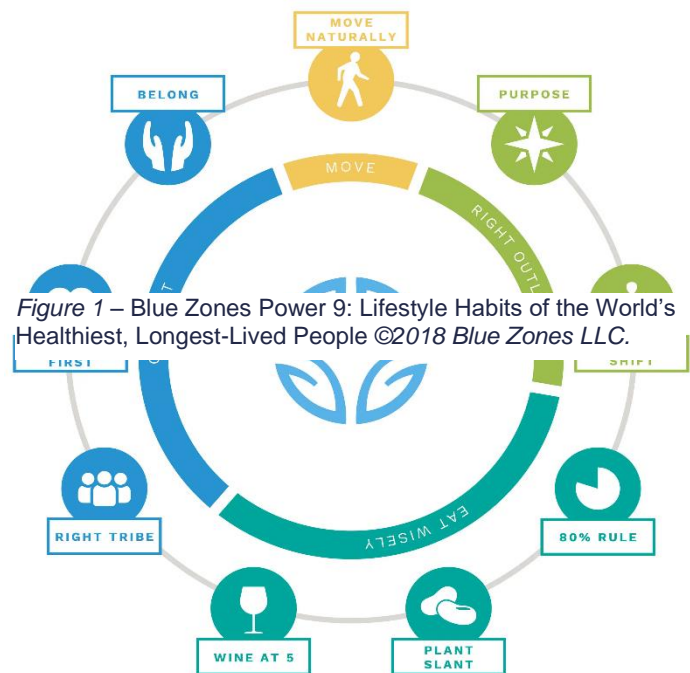
Benefits

If we look to the healthiest communities around the world, there is clear pattern in factors which contribute to longevity. Research undertaken by Dan Buettner et al in conjunction with National Geographic in the peoples of Okinawa (Japan), Nicoya (Costa Rica), Sardinia (Italy), Loma Linda (California), and Ikaria (Greece), found nine shared commonalities that led to longer, healthier and happier lives across these “Blue Zones”.

In 2021 Cheshire and Merseyside Health and Care Partnership funded a series of community consultations in the boroughs of Cheshire East, Halton and St Helens. Citizens were given information about the *Five Ways to Wellbeing*¹ and were asked to “think about their dream for the good life”.

Interestingly, the resultant themes and dreams of these citizens echoed many of the lifestyle habits demonstrated in the Blue Zones communities, and included: money to live well, a good home, access to support, feeling and staying connected, learning throughout life, access to public transport and amenities, routes to employment, a sense of purpose, and support for children and young people.

We have encapsulated these themes within our anchor framework, which provides an expected set of behaviours and values that organisations working across the area need to espouse, raising the bar, and continuing to make a difference. The population of Cheshire and Merseyside benefits from an approach which doesn’t just seek to achieve greater levels of health for all, but one which also looks at the wellbeing of patients and communities.



¹ Aked J, Cordon C, Marks N, Thompson S. (2008) Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people’s wellbeing.

In tandem with the anchor work we are working on a project with the Social Value Portal. The ICS has set up a system-wide framework to facilitate collaborative and consistent measurement of social value through a collective set of system themes, outcomes, and measures (TOMS), which are drawn from the national TOMS framework. Cheshire and Merseyside is the first ICS in the country to develop a systemwide set of TOMS; the five core themes of which include jobs, growth, social aspects, environmental aspects, and innovation. Participants can evaluate bids and tenders against an ethical framework to compare what will be delivered in social value terms in a fair and transparent way and thus measure how social value is being delivered across projects, assets, locations, and suppliers, and evaluate social value inherent in procurements.

As a result of this work, people employed across C&M can now expect to be paid the real living wage. This is changing expectations, with organisations recognising that to attract and retain talent, they need to be paying the real living wage. As a result, people may be able to work one full time job, instead of having to take on more work to cover bills, they can spend more time with their families, take a holiday and enjoy more leisure activities.

Anchor work enables networking and limits duplication. The ICB is currently delivering an air quality project in conjunction with fellow anchors Liverpool University Hospitals NHS Foundation Trust and Liverpool John Moores University. Air quality is being measured in real time both internally and externally at the Trust and findings are being calibrated alongside traffic and weather sensor data. This data will feed into and support projects aimed at reducing air pollution which in turn will benefit patients with long-term respiratory conditions. Such projects include devising a patient air quality warning system, systemwide work on improving indoor air quality in social housing, reducing causes of childhood asthma, campaigning for no emissions zones around our hospitals and schools, and encouraging increased use of active travel and public transport. Without our anchor connections, these projects would all still have taken place, but we are now in a position where we can link them, where we can share evidence, and where we are able to implement initiatives at scale and pace.

Measures

In July 2023, we launched the Anchor Assembly, it comprises senior system leaders and provides challenge, rigour and accountability, asking organisations to demonstrate delivery against their commitments. Organisations complete measurement paperwork and will attend

the Assembly on an annual basis. There has been one set of Anchor Assemblies held to date, and they will run every 6 months, providing all organisations that sign up to the Anchor Framework an opportunity to evidence their progression and to have constructive challenge.

As the information continues to be collected, it is being captured on a dashboard, providing the opportunity to evidence the impact of the Framework and the changes delivered as a result.

Resources / team

The work was carried out with the very small yet perfectly formed Sustainability and Partnerships team. External funding was received from NHSE to develop the Anchor Measurement Evidence document, which has been amended as the process has grown.

We engaged with as many people as possible when developing every element of this work. For the anchor framework, we engaged with over 300 professional colleagues, as well as circa 200 members of the local communities. Senior system leaders were also engaged with, across the ICS, and we are continuing to grow the number of organisations that have signed up to the Charter, Award and Anchor Framework.

We build on the approach that has been adopted since 2018, when C&M became a social value adopter site: Co-production, engagement and listening.

Key learning

We have learnt a great deal from this project but the overarching learning is the importance of co-producing with every element of the system – NHS, Local Authorities, local communities, VCFSE sector as well as private sector providers. Everyone needs to play their part, in order to get the maximum outputs.

Another key learning element is system-wide processes that enable local, bespoke development approaches. This prevents duplication, provides a governance process but also allows each organisation to deliver the agreed principles in the best way for their organisation.

This is a new project and we took on challenges that we hadn't necessarily considered when embarking on it. One element that may be useful to do differently would be to have more metrics in from the start. That's not because it would make the outcomes better, but it would provide evidence at an earlier stage, which may encourage more people to get involved at an earlier date.

Tips for others

Every organisation and system can benefit from this. But having a system approach to understanding what your anchor and social value priorities and principles are, highlights how it relates to sustainability priorities and also acts as a delivery framework to enable organisations to demonstrate their bespoke delivery, within their individual organisational processes, as well as through an overarching system process, it makes it an accessible method to all.

In terms of advice for others, definitely ensure this is a joined up approach that has senior system buy in from the outset. Also, don't be afraid to try something new. You will make mistakes but you will learn from them and continue to make the outcomes better and more improved.

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Date of innovation / initiative: Numerous initiatives, ongoing.....

Do you have any attachments?

- "A picture is worth a thousand words". Are there any photos or graphics that could help bring

your story to life?

- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.