

NHS Lanarkshire

3-year Strategic Anchor Plan

Oct 2023-Oct 2026

Introduction

NHS Lanarkshire has a long history of operating as an anchor organisation with a strong inclusive culture and many positive examples of working in partnership on programmes which have focused on wider determinants of health including action on poverty, employability, green health, and staff health and wellbeing.

NHS Lanarkshire is committed to further enhancing its role as an anchor through more intentionally targeting opportunities and services to those who are most vulnerable and through shaping employability, procurement and asset strategies to be more inequalities focused. A strategic commitment has been made to the anchor approach across NHSL with anchor principles embedded into NHS Lanarkshire Healthcare Strategy *Our Health Together* and reflected in the corporate objectives.

Methodology

NHS Lanarkshire have used the Scottish Anchor Assessment Framework to assess their baseline position and from this process priority actions have been agreed for the 3-year strategic plan.

The plan outlines 20 actions to be taken across the system and will require support across all Directorates as well as wider partners. The actions that have been prioritised focus on further developing areas of good practice identified from the anchor baseline assessment or more intentionally applying an inequalities anchor lens to existing programmes of work. The actions aim to positively influence wider determinants of health through taking a public health prevention approach.

NHS Lanarkshire are working closely with both local authorities, third sector organisations, and other local partners to align the anchor ambitions with local Community Wealth Building strategies. NHS Lanarkshire are also key partners in the Local Employability Partnerships, Tackling Poverty Groups, Child Poverty Groups and Community Planning Partnerships.

A Child Poverty lens has been applied throughout the NHS Lanarkshire anchor plan, particularly for the *Employer* and *Service Delivery and Redesign* actions. The Child Poverty priority family types are key target groups for the actions both with our work with patients and the community and in terms of how we recruit, retain, develop and support staff. Our Local Child Poverty Action plans align with our strategic anchor priorities.

All actions within the plan will contribute to Community Wealth Building, either directly or indirectly. The *Becoming an Exemplar anchor* section of the action plan outlines how we already work and will continue to prioritise work, with our community planning partners to progress joint actions around Community Wealth Building.

Monitoring and governance arrangements

The anchor action plan sets out milestones to be achieved annually for the next three years and high level performance measures have been proposed for each action.

The activities outlined in the baseline assessment which are not reflected in the Strategic Anchor plan will continue to be delivered and reported through their respective governance structures and the full baseline assessment will be reviewed and updated annually and reported as part of the overall anchor programme governance.

The Scottish Government are currently consulting on an appropriate set of metrics for measuring baseline activity in relation to anchor activity. Once available these nationally agreed metrics will also be incorporated into programme governance and will be used to inform future areas for action.

An NHS Lanarkshire Anchor Steering Group has been established, chaired by the Director of Public Health, to oversee implementation and monitoring of this programme of work. This group will report on progress bi-annually to the Population Health & Primary and Community Services Governance Committee of NHS Lanarkshire Board.

It is important to note that the anchor work programme is relatively new both nationally and locally, and opportunities to work with other anchors on common goals to support community wealth building are evolving. As this work programme develops it is anticipated actions and milestones may need to be reviewed and amended as new opportunities for anchor activity are identified.

Contacts

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NHS Lanarkshire Anchor Action Plan (2023-2026)

Del	iverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
Em	ployer				<u>!</u>			
1	Workforce data Review and analyse workforce data from an inequalities perspective and ensure data is used to inform actions to address gaps in recruitment, retention and staff development with a particular focus on lower paid staff and disadvantaged groups. (1.1)	Review existing workforce datasets alongside local demographics to inform actions that address gaps in recruitment, retention and staff development.	Review existing workforce datasets alongside local demographics to and inform actions that address gaps in recruitment, retention and staff development.	Review existing workforce datasets alongside local demographics to consider how we can better target groups affected by wider inequalities (e.g. child poverty and staff who are carers).	Jonathan Pender	Availability of data.	Work with national colleagues to address gaps in routinely available data	Workforce Equality Monitoring Report and Gender Equal Pay Analysis, in NHS Lanarkshire Equalities Progress Report 2021-23.
2	Employability Prioritise employability through targeted recruitment, and apprenticeships to groups most affected by inequalities. (1.2, 1.3)	Through the Care Academy: build on work to date to identify target groups for employability programmes and apprenticeships; identify innovative strategies to reach and recruit candidates from two target groups and test wrap	Identify innovative strategies to reach and recruit candidates from a further two target groups and ensure appropriate support is available once in role. Work with managers to raise	Identify innovative strategies to reach and recruit candidates from a further two target groups and ensure appropriate support is available once in role. Work with managers to raise awareness of employability programmes and	Lorraine Scott	Capacity and continued resourcing of employability team.	Additional resources have been successfully sought from a variety of sources to date. Good relationships have been built nationally and with Local Employability Partnerships.	Measure(s) of progress will be developed as a part of the Employability Strategy - targets for number in the strategy for year one only 23/24

Del	iverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
		around support for participants. Work with managers to raise awareness of employability programmes and identify suitable roles for placements. Monitor the equality characteristics of those taking part in employability programmes.	awareness of employability programmes and identify suitable roles for placements Monitor the equality characteristics of those taking part in employability programmes.	identify suitable roles for placements Monitor the equality characteristics of those taking part in employability programmes. Initiate local apprenticeships through MRP early construction phase.				
3	Pensions and credit union Promote the benefits of the NHS pension scheme and credit union to lower paid and low uptake groups. (1.7)	Continue with auto-enrolment process. Promote the NHS credit union and benefit of the pension through the anchor communications plan.	Continue with auto-enrolment process. Review NHS pension opt out data to identify low uptake groups and develop communications to low update groups with communications re benefits of saving.	Continue with auto- enrolment process. Further implement communication actions to promote benefits of savings including the NHS Pension scheme.	Brian Houston Calvin Brown	Cost of living crisis may impact on pension affordability.	Continue to promote financial supports to staff as part of the cost of living plan.	Reach of communication campaigns. Number of pension opt outs. Monitor this over time by grade and other characteristics.

Del	iverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
4	Training, development and progression Provide a range of opportunities for lower pay bands and groups most affected by inequalities. (1.9)	Identify target groups within NMAHP and map career pathways currently available for identified groups. Clearly aligned learning opportunities provided that support national and regulatory developed career pathways – e.g. NES Estates and Facilities and Administration and Clerical Staff.	Develop a targeted action plan to address gaps as part of the organisational learning plan.	Actively promote progression opportunities using innovative ways to reach target groups.	Margot Russell Kirsty Cole	National work programme in discussion which may impact on local work for NMAHP.	Promote learning and development opportunities for NMAHP HCSW.	Organisational Learning Plan and Strategy reporting. NMAHP - Reporting on uptake of programmes such as MA / HNC / HNC endorsed and open university programmes. Case studies of good practice.
		participation levels and report						
Pro	curement	on progress.						
5	Working with local suppliers	Suppliers will be signposted to Supplier	Suppliers will be signposted to Supplier	Suppliers will be signposted to Supplier	Euan Erskine	Capacity and resource to further develop	Opportunities for further investment and	Increase in % of local suppliers quoting for tenders
	Engage and enable local suppliers (including local SMEs, social enterprises and supported businesses)	Development Programme and Procurement Journey Supplier Guide.	Development Programme and procurement Journey Supplier Guide.	Development Programme and Procurement Journey Supplier Guide.		opportunities for local procurement and roll out learning from	linking with other anchors will be explored through the Steering Group.	For all unregulated procurements (<£50k) at least half the suppliers

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on contract opportunities and identify and address local supply gaps. (2.2, 2.3 and 2.4)	Procurement team will attend Meet the Buyer events and highlight procurement opportunities to local known businesses.	Procurement team and MRP team will attend Meet the Buyer events and highlight procurement opportunities to local known businesses.	Procurement team and MRP team will attend Meet the Buyer events and highlight procurement opportunities to local known businesses.	Kathryn Henderson	national Procurement test site.		invited to quote will be locally based. Identification of local supply gaps reported through the Procurement annual report.
	Contracts will be split into lots where possible to support SME access to opportunities.	Contracts will be split into lots where possible to support SME access to opportunities.	Contracts will be split into lots where possible to support SME access to opportunities.	Euan Erskine			
	In line with policy at least half of the suppliers invited to quote for unregulated procurements will be local suppliers. This will support identification of local supply gaps.	In line with policy at least half of the suppliers invited to quote for unregulated procurements will be local suppliers. This will support identification of local supply gaps.	In line with policy at least half of the suppliers invited to quote for unregulated procurements will be local suppliers. This will support identification of local supply gaps.	Euan Erskine			
		Consider learning from the national Procurement test	Explore feasibility to embed recommendations	Euan Erskine			

Del	iverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
6	Community benefits Apply community benefit goals and scoring widely in competitively tendered contracts. (2.5)	Continue to ensure suite of questions covering community benefits, fair work and sustainability in place for all regulated procurements (i.e. £50k +) and signpost all contractors to the National Community	site which aims to explore opportunities and barriers to local procurement. Targeted approach to use of social value scored criteria in unregulated procurements (<£50k) in order to ensure this is not a barrier for SMEs and signpost all contractors to the National Community Benefits Gateway.	from the national test where resource and capacity allows. Targeted approach to use of social value scored criteria in unregulated procurements (<£50k) in order to ensure this is not a barrier for SMEs and signpost all contractors to the National Community Benefits Gateway.	Euan Erskine	Capacity of procurement team to support development work in this area	Learning from Scottish Government test site work will help to identify new ways of working.	Procurement management system Provalido will report on community benefits and social value.
		Benefits Gateway. Identify examples of good practice for use of scored value criteria in unregulated contracts.	Raise awareness of social value in procurement to all NHS services as part of the anchor communications plan in order to spread good practice.	Raise awareness of social value in procurement to all NHS services as part of the anchor communications plan.	Calvin Brown			Good practice examples shared as part of communications plan.

De	liverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
		Community benefits plan developed for MRP with	Delivery of MRP community benefits plan.	Delivery of MRP community benefits plan.	Kathryn Henderson			MRP community benefit tracker and annual report.
En	vironment, sustainability a	indicative delivery programme.						
7	Transport Enhance active travel and transport opportunities and ensure developments meet the needs of groups most affected by inequalities. (3.6)	Continue to develop active travel in line emerging evidence and the findings of the travel survey. Further enhance shower facilities and bike storage across the estate. Promote Cycle to work scheme, e- Bike lending and bike repair	Undertake an EQIA of emerging transport and active travel initiatives. Work with local authority partners to maximise sustainable travel options and active travel links. Development of Car share scheme.	Ensure the needs of groups most affected by inequalities are reflected in travel and transport strategies and initiatives being developed.	Jacqui McGeough Craig Brown Graham Johnstone Lesley Robertson	Availability of funding. Capacity to deliver. Supporting infrastructure may be out with the control of NHSL.	Work/project plan reported and monitored through the Sustainability and Environment Group.	Evidence of active travel developments and promotion. Completion of EQIA and development of EQIA action plan.
8	Natural environment Develop good quality greenspace that supports health and wellbeing, community and therapeutic programmes.	stations. Continue to develop opportunities for community and therapeutic programmes that utilise greenspace in our sites with a focus on groups	Aim to expand community and therapeutic programmes (resource dependent).	Therapeutic programmes in place as business as usual. Grounds team engaged with biodiversity	Kerri Todd Mary Ann Kane	Availability of funding to embed programmes and capacity of existing teams to support.	Explore alternative funding streams. Work with other anchors to access expertise on biodiversity e.g.	Number of therapeutic programmes in place. Case studies.

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	(3.8)	most affected by inequalities. Engagement and development of grounds staff in greenspace initiative.	Biodiversity lead identified within the Board.	embedded as business as usual.		Lack of local expertise in biodiversity.	local authorities and Universities.	Lead for biodiversity identified.
		MRP outdoor space being designed with health and wellbeing of patients and staff in mind.	MRP outdoor space being designed with health and wellbeing of patients and staff in mind.	MRP outdoor space being designed with health and wellbeing of patients and staff in mind.	Kathryn Henderson			
9	Use of assets Further develop community use of facilities and outdoor estates with a strong focus on engaging those most affected by inequalities.	Further develop webpage on public facing site to promote asset transfer and communicate opportunities. Continue to ensure	Build on learning and work with partners to explore how we can support organisations to submit asset transfer requests. Continue to ensure	Build on learning and work with partners to explore how we can support organisations to submit asset transfer requests. Continue to ensure community	Scott Anderson Kathryn Henderson	Supporting organisations with the asset transfer process is resource intensive.	Engage with Development Trusts Association Scotland's Community Ownership Support Service to provide advice and support with asset transfer applications.	Number of completed asset transfers and queries Evidence of community involvement in MRP and the plans for the regeneration of the
	(3.9)	community involvement in the development of the MRP and the regeneration plans for the existing UHM site	community involvement in the development of the MRP and the regeneration plans for the existing UHM site	involvement in the development of the MRP and the regeneration plans for the existing UHM site with a focus on engaging				existing UHM site. Advice hubs established in a phased approach across three sites,

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		with a focus on engaging those most affected by inequalities.	with a focus on engaging those most affected by inequalities.	those most affected by inequalities.				engagement data, and evaluation.
		Scope different models for the provision of information and community support services hubs within the acute hospital sites.	Embed learning in local model of provision.	Embed learning in local model of provision.	Kerri Todd	Health Promoting Health Service posts are fixed term to March 2025.	Opportunities will be explored to work with third sector partners on a volunteer led model of delivery.	Establishment of an information and support hub model across hospital sites.
SER	VICE DESIGN AND DELIVE	RY						
10	Public Health intelligence Development of a Lanarkshire public health intelligence repository. (4.1)	Work with partners to build a Lanarkshire public health intelligence repository using routinely published data sets.	Test use of the intelligence repository across three priority areas.	Evaluate use of the repository and draw on the findings to further develop the repository in line with needs of stakeholders including addressing any user training needs.	Josephine Pravinkumar	Ensure the repository adds value to work being developed elsewhere. Capacity for maintenance and development of the repository.	Community Planning Partners and Public Health Scotland are engaged in the repository design and development to ensure it is needs-led and shared ownership.	Public health intelligence repository developed
11	Reviewing existing service delivery and designing new services to reach and benefit diverse and	Evaluate work done to date around integrated EQIA and develop recommendation s and good practice.	Take forward the findings of the evaluation.	Take forward the findings of the evaluation.	Kerri Todd Hina Sheikh	The Health Inequalities lead post is fixed term to January 2024.	Key service areas have been early adopters of taking an inequalities focused approach and lessons will	Evaluation of integrated EQIA support completed and recommendations made for future practice.

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	disadvantaged						be drawn from	
	communities.	EQIA monitoring and governance					this work.	EQIA monitoring and governance
	(4.2)	process established by Equality Team.					The development of the Public Health repository will support services to access data without support over the	process in place.
							longer term.	
12	Financial wellbeing Increase awareness of, and access to, financial and related supports and advice that are available locally for our patients, carers and staff. (4.2)	Drawing on evidence from the cost of living health impact assessment work with targeted teams to embed routine enquiry of financial inclusion. Take forward a	Evaluate impact from year 1 and spread learning using a quality improvement approach. Take forward a range of communications	Evaluate impact from year 1 and 2 and further spread learning using a quality improvement approach. Take forward a range of communications	Kerri Todd	Capacity of services to engage in training and changes to practice. Data may not be able to be easily extracted to provide	Innovative approaches to staff learning will be adopted. Learning from areas where routine enquiry	Number of services raising the issue of financial wellbeing with patients. Number of referrals to Financial Inclusion services. Evidence of reach of communications plan.
		range of communications and other interventions to support patients, staff and carers with their financial wellbeing.	and other interventions to support patients, staff and carers with their financial wellbeing.	and other interventions to support patients, staff and carers with their financial wellbeing.		evidence of routine enquiry across some services.	for financial wellbeing is embedded will be drawn upon.	
13	Social prescribing	Map all social prescribing programmes,	Maximise opportunities to work together,	Maximise opportunities to work together,	Kerri Todd	Variety of funding sources of programmes	Having an overview of all resources and	Mapping completed.

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	Maximise social prescribing programmes available and ensure a consistent approach.	tools and data collection. Develop social prescribing network.	reduce duplication and utilise digital support where appropriate.	reduce duplication and utilise digital support where appropriate.		and lack of long term security.	how they complement each other will support best use of resources.	Network created.
14	Period poverty Promote access to free period products. (4.2)	Promote access to free period products available in the community through the Anchor communications plan.	In partnership with local authorities, review uptake of free period products available in the community and target communications to areas of low uptake.	Review uptake of free period products available in the community and target communications to areas of low uptake.	Kerri Todd	Lack of data to identify areas of low uptake. Low public awareness of availability.	Working with partners to improve data collection and target communications.	Uptake of free period products.
15	Business and community support Support to local business and communities' success through the provision of expertise and innovation. (4.4)	Healthy Working Lives and Health Improvement will further develop opportunities to provide expertise and support to community groups and employers (through SALUS and other workplace connections).	Further expand opportunities to develop the Healthy Working Lives programme in line with needs identified with a focus on SMEs, employers with lower paid staff and disadvantaged communities.	Scope feasibility of incorporating the development of a staff volunteering policy into the NHSL Volunteering Strategy. Further development of MRP local business mentoring programme.	Simon Martin Kerri Todd Elspeth Russell Kathryn Henderson	Future funding for Healthy Working Lives	Consider all opportunities to engage with local employers as part of health improvement programme delivery alongside local authorities. Healthy Working Lives team are around national discussions re budget.	Uptake of Healthy Working Lives and Health Improvement input to businesses and communities. MRP business mentoring established.

Del	iverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
16	Community Benefits Gateway Promote and further develop opportunities for use of the NSS Community Benefits Gateway locally. (4.4)	Promotion of Community Benefits Gateway (CBG) to local third sector organisations. Scope opportunities with local authorities and third sector interfaces to link CBG and community	Local business mentoring programme established by MRP team. Promotion of Community Benefits Gateway (CBG) to local suppliers through NHS Procurement processes. Develop a process to better integrate the CBG with community wishlists.	Further develop CBG in line with feedback from partners.	Kerri Todd	CBG is managed through NSS so limited opportunity to modify. Employer participation in CBG is voluntary.	Engage in national CBG group in order to influence future development. Maximise opportunities within large procurement contracts to promote the CBG e.g. through Monklands Replacement	Number of community asks added to CBG and number of suppliers matched and the number of benefits delivered.
17	Links with Education Build links with local schools, colleges and universities with a particular focus on groups most affected by inequalities. (1.1, 4.5)	wishlists. Establishment of pan Lanarkshire Care Academy Steering Group. Ensure the needs of groups most affected by inequalities are reflected in the Care Academy workplan.	Ensure the needs of groups most affected by inequalities are reflected in the Care Academy workplan MRP will continue engagement with schools through Future Fridays programme and	Ensure the needs of groups most affected by inequalities are reflected in the Care Academy workplan MRP will continue engagement with schools through Future Fridays programme and	Peter McCrossan Lorraine Scott Margot Russell Kathryn Henderson	Staff Capacity	Programme. Capacity to support the Care Academy will be considered as part of the Steering Group.	Measures of success will be established by the Care Academy Steering Group.

Del	iverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
Bei	ng an exemplar anchor	MRP will continue engagement with schools through Future Fridays programme and use learning from the summer school to plan more initiatives, with a particular focus on target groups.	use learning from the summer school to plan more initiatives- with a particular focus on target groups.	use learning from the summer school to plan more initiatives- with a particular focus on target groups.				
18	Inclusive anchor thinking Develop a communications plan to support embedding the anchor principles in values, behaviours and cultures. (5.3)	Identify the key themes to be included in the anchor communications plan with a focus in year one on promotion of cost of living messaging for patients, carers and staff. Link with Scottish Government and local anchors to maximise opportunities for sharing anchor assets and case studies.	Develop and implement the anchor communications plan in line with themes identified, linking with other anchors where appropriate to maximise reach of messaging.	Develop and implement the anchor communications plan in line with themes identified, linking with other anchors where appropriate to maximise reach of messaging.	Calvin Brown Kerri Todd Elspeth Russell	Development of national anchor assets may not meet local timeframes. Messaging may not reach those most disadvantaged.	Develop own communications based on learning from other Health Boards and anchors. Undertake EQIA on the communication plan as it is developed.	Communications Plan developed Evidence of reach of messaging. Case studies of embedding anchor in practice

Deliverable (baseline ref.)		Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
19	Finance and resources Investment in anchor activity and programmes which support community led positive impacts on health and wider determinants. (5.4)	Continue to prioritise and develop commissioning frameworks with third sector interfaces and other anchors as part of strategic healthcare planning.	Continue to prioritise and develop commissioning frameworks with third sector interfaces and other anchors as part of strategic healthcare planning.	Continue to prioritise and develop commissioning frameworks with third sector interfaces and other anchors as part of strategic healthcare planning.	Craig Cunningham Morag Dendy Colin Lauder	NHS financial sustainability.	Work with third sector and community partners to demonstrate impact of investment on failure demand to support case for shifting investment towards prevention.	Evidence of impact of third sector commissioning frameworks.
		Review existing and future resources and capacity required to deliver strategic anchor plan. This will include embedding anchor practice in staff objectives and working with other anchors and the NHSL Funding and Development Officer to lever external funding or pool resources	Review existing and future resources and capacity required to deliver strategic anchor plan. This will include embedding anchor practice in staff objectives and working with other anchors and the NHSL Funding and Development Officer to lever external funding or pool resources	Review existing and future resources and capacity required to deliver strategic anchor plan. This will include embedding anchor practice in staff objectives and working with other anchors and the NHSL Funding and Development Officer to lever external funding or pool resources to support delivery.	Anchor Steering Group and Corporate Management team	NHS financial sustainability	Build anchor actions into corporate objectives and service delivery.	Evidence of anchor related actions in corporate and team objectives and investment in anchor activity and programmes.

De	liverable (baseline ref.)	Year 1 milestone	Year 2 milestone	Year 3 milestone	Lead(s)	Risk and Issues	Controls	Progress measure
			best practice across regional and national anchor networks.					