

NEL ICS Anchor Charter

Collaborative action to reduce health inequalities and support economic recovery

Summary

Health inequalities have been exposed and exacerbated by the COVID-19 pandemic and our north east London (NEL) population is facing stark economic challenges. Building on the wealth of good practice at the local organisational level and aligning with local recovery strategies, NHS and local authority partners in NEL will collaborate as an 'anchor system' to use our assets for social, economic and environmental benefit - sharing local learning to accelerate progress more widely and grasping opportunities to collaborate where helpful.

We will identify joint priorities for action to address inequalities and the wider determinants of health in NEL, in equal partnership with our local communities.

Core principles

- We will engage widely, empowering staff and residents in implementing this charter, endeavouring to build a relationship of trust with our communities through our 'anchor' approach.
- Our work is guided by local data and community insights.
- We will work collaboratively with local partners and London/national colleagues.
- We will consider the inequalities impacts of everything we do and act to combat racism and all types of discrimination.
- We will use quality improvement methods to enable learning and continual improvement.

1. Widening access to employment, training and a better working experience

As large employers we have the potential to contribute substantially to the local economy and wellbeing by upskilling and employing local people who are unemployed or at risk of unemployment, and committing to inclusive practices and continued professional development for existing staff.

2. Procurement for social value

The NHS and local authorities spend large sums of money on goods and services. This spending could be used more effectively to support local inclusive growth and reduce inequalities.

3. Maximising the social value of our buildings and land

The NHS and local authorities command a substantial amount of capital and estates. We will maximise the opportunities to use these to benefit our local communities. We will embed our anchor principles into our new developments.

4. Supporting a greener and healthier future

Our health and the environment are inextricably linked. Embedding considerations of environmental impact and opportunities for greener action into our work will ensure it is sustainable and contributes to reducing health inequalities.

Introduction

COVID-19 and health inequalities in north east London

COVID-19 has presented local authorities and NHS organisations across North East London (NEL) with numerous challenges to protect the health and wellbeing of our population. There is a renewed focus on the stark inequalities experienced by different groups, exposed and exacerbated by the pandemic. As we start to recover from the pandemic, or at least learn to live with the existence of COVID-19 as a 'new normal', we need to adapt our practices to target and address inequalities.

Health inequalities are unfair and preventable differences in health across the population, and between different groups in society. Health inequalities arise because of the wider conditions in which we are born, grow, live, work and age. We recognise the role our organisations can play in mitigating or perpetuating these inequalities.

NEL has a young, ethnically diverse population compared to the London average, with an estimated 50% of residents from Black, Asian and Minority Ethnic (BAME) communities, ranging from 16% in Havering to 68% in Newham.

Barking and Dagenham, Newham, Tower Hamlets and Hackney are among the most deprived areas in England. Whilst inner east London wards tend to be more deprived, pockets of deprivation persist in outer boroughs as well.

In all NEL boroughs, the proportion of the working-age population without a formal qualification is higher than for England or London.

There is a 65% gap in employment between the general population and those experiencing serious mental ill health.

The pandemic has exacerbated existing economic inequalities in NEL, with more than 300,000 employments furloughed by July 2020 and significant increases in applications for Universal Credit. Many areas of NEL also face considerable challenges around overcrowded housing, housing insecurity and homelessness.

There are other challenges in NEL, including the highest proportion of older people per head of population in Havering, who have experienced an adverse impact from COVID-19 in terms of poor health outcomes and death. Levels of social isolation increasing due to staying at home and not seeing loved ones in person. For Clinically Extremely Vulnerable residents as well as those with a range of disabilities and mental health issues across NEL, the impact has been significant. Our anchor approach must also include these groups as part of the broader recovery plan.

Anchor charter as a driver of local recovery and collaborative action

Local authorities already lead action to tackle inequalities in their place-shaping role by seeking to create equality across educational attainment, employment opportunities, housing and public health, based on the unique circumstances and concerns of their local area. However, the NHS role in reducing health inequalities and contributing to sustainable growth in our local populations can add significant value in their role as anchor institutions. 'Helping the NHS to support broader social and economic development' is one of the four core purposes of new Integrated Care Systems.

The term 'anchor institution' is used to refer to an organisation which:

1. Has an important presence in a place, usually through a combination of: being largescale employers, the largest purchasers of goods and services in a locality, controlling large areas of land and/or having relatively fixed assets.
2. Is tied to a particular place by their mission, histories, physical assets and local relationships.¹

This charter focuses on what ICS member anchor institutions across NEL NHS and local authorities can do as part of a culture change across NEL towards common anchor values. Organisational priorities will differ and the broad range of principles means that some will be of greater focus than others for each organisation. Action to meet these principles is already underway. Organisations are encouraged to collaborate as an anchor system to increase collective local impact and identify joint priorities for action to address inequalities and the wider determinants of health in NEL.

This involves working alongside wider local partners in developing our approach, including the voluntary and community sector, faith organisations, public and patient representatives, service users, unions, higher education institutions and private businesses. This is particularly relevant for those organisations who work with communities experiencing disadvantage, exclusion and vulnerability, as they are worst affected by health inequalities.

The anchor charter will align with local economic recovery strategies, building on and adding weight to existing priorities and offering an opportunity to enable NEL system-level change.

Most importantly, taking an anchor approach involves embedding ourselves and working in equal partnership with local communities to understand and build on their assets and needs, which in turn will support and strengthen our own organisations.

Finally, reference to the term 'social value' in this document should be read as an umbrella term which encompasses a broad range of social, economic and environmental benefits.

¹ <https://cles.org.uk/what-is-community-wealth-building/what-is-an-anchor-institution/>

Core principles

For maximum impact, the following core principles will underpin all of the activities we pursue as anchor institutions:

- **Trust and engagement:** We will engage widely, empowering staff and residents in implementing this charter, endeavouring to build a relationship of trust with our communities through our 'anchor' approach.
- **Data and insights:** Our work is guided by local data and intelligence about strengths, needs and inequalities in the local community, including insights from community engagement.
- **Collaborative working:** We will work in partnership with other anchor organisations, the voluntary sector and community representatives, to share learning and to shape and progress our work. We will also collaborate with colleagues at London and national level and in other regions to share learning and raise the local voice collectively on issues that matter.
- **Reducing inequalities and combatting racism and discrimination:** We will consider the inequalities impacts of all of our activities, including identifying unintended consequences or benefits for particular groups. We commit to combatting racism and all types of discrimination.
- **Quality improvement (QI):** Use of QI methodology to monitor progress and enable continual learning and improvement.

1. Widening access to employment, volunteering, training and a better working experience

As large employers we have the potential to contribute substantially to the local economy and wellbeing by skilling up and employing local people who are unemployed or at risk of unemployment, and committing to inclusive practices and continued professional development for our existing staff.

We commit to making appropriate vacancies available for local people and taking action to improve local recruitment to these roles.

We will help enable local people out of work or at risk of unemployment to be adequately skilled and qualified to apply for our vacancies, building on existing programmes.

We will work together to remove barriers to entry to our workforce for local people wherever possible (e.g. lack of skills or flexible working opportunities), prioritising disadvantaged or excluded communities, including those experiencing poor mental health.

We will work together to enable our workplaces to better support work placements, apprenticeships and pre-employment schemes. These should be inclusive for people with additional support needs such as people with physical or mental ill health or learning disabilities, and those with caring responsibilities.

We will support the NEL collaborative health and social care careers platform through promoting the website, promoting careers champions and a joint approach with schools and colleges in promoting careers opportunities.

We will open up opportunities for residents to engage in volunteering, supporting their local communities and as a gateway to potential training and employment opportunities.

We will work towards achievement of the Good Work Standard accreditation.

We will encourage our partners to apply for annual Social Mobility assessment through application to the Social Mobility Index, which includes sections on recruitment progression and community outreach.

We commit to supporting continued professional development opportunities to enable our people to succeed and progress, increasing staff retention and promotion.

We will take action to ensure our workplaces are inclusive across all protected characteristics including BAME staff, and work towards proportional representation in our leadership.

We will examine and address disproportionalities within disciplinarys, grievances and performance measures.

We will promote and embed staff wellbeing and mental health in the way we work, ensuring staff have access to support when needed.

We will introduce a minimum of core hours to reduce the proportion of staff on zero-hours contracts in a way that maintains flexibility for employees.

2. Procurement for social value

The NHS and local authorities have a significant role as major drivers in the NEL economy and spend large sums of money on capital projects, goods and services. This spending could be used to more effectively support local inclusive growth and reduce inequalities.

We will work together to identify where specific contracts can improve social, environmental and economic value for the local community, and embed a collective approach to support this into our procurement processes.

We will identify the extent to which we currently procure from BAME-led organisations and businesses and take action to increase this as a proportion of spend.

We will prioritise purchasing locally and from small and medium sized enterprises (SMEs) wherever possible.

We will be a willing partner in the development of social enterprises, cooperatives and collaborations among local SMEs where this assists the generation of added social value and efficient procurement.

We will make our procurement terms and conditions consistent and transparent.

We will exclude businesses that have a history of non-compliance with the national minimum wage, modern slavery, equal opportunities legislation and health and safety requirements.

We will work with our supply chains to progress towards, where possible, paying their staff at least the London Living Wage.

We will seek to maximise local employment in the supply chain, including capital investment through social value clauses and actively develop partnerships with local training providers and local authorities to generate candidates for these opportunities.

We will endeavour to make procurement opportunities accessible and attractive to local organisations using a single portal or streamlining access to platforms.

We will monitor and manage contracts to ensure they deliver the social, environmental and economic value to which they have committed.

We will work collaboratively with colleagues at a London level to influence relevant national and regional procurement frameworks and policies.

3. Maximising the social value of our buildings and land

The NHS and local authorities command a substantial amount of capital and physical assets. There are opportunities to maximise their value for our local communities.

We will engage with local communities over best use of our buildings and land.

We will co-design future assets with our communities.

We will develop underutilised local assets to benefit local communities.

We will align with and influence wider sustainable economic development strategies including the development of skills and education, innovation and economic development plans.

We will support the development of affordable housing, community facilities and sustainable transport where possible.

We commit to measuring the wider impacts of our capital investments on the local economy and on the environment and local biodiversity.

We commit to using local labour on capital investment and encourage SMEs into the supply chain for these.

4. Supporting a greener and healthier future

Our health and the environment are inextricably linked. Protecting and improving health are at the core of these commitments, especially where they disproportionately affect our most vulnerable patients and residents.

We will declare a climate emergency, recognising the explicit threat that climate change poses to local and global health and wellbeing.

We will embed our commitment to environmental improvement and climate action into business as usual across our work, and develop an ‘environment in all policies’ approach.

We commit to achieving Net Zero targets of 80% reduction in carbon emissions by 2040 and net zero by 2050, and taking action to meet them sooner.

We will assess and improve the environmental impacts and opportunities of our programmes and support staff to make environmentally positive choices, especially choices with health co-benefits.

We will work towards a local climate standards award programme.

We will act to reduce waste across our operations, with a focus on reduction and reuse – especially around single-use and non-recyclable materials. We will act to reduce the transport of waste across and out of the area.

We will commit to the Soil Association food standards and support moves towards more regional food sourcing by partners, recognising that link between healthy diets, low carbon diets and diets that don’t poison the earth.

We will respect water sources, whether by reducing reduce water wastage, or reducing water pollution from our operations.

We commit to helping local people breathe clean air by improving air quality around our establishments by committing to running low emission vehicle fleets where possible, measuring air quality and supporting active travel.

We commit to maximising and increasing accessible green and blue space and biodiversity, large or small, improving wellbeing and helping our population reconnect with nature.

Measuring our progress

We will collect baseline data on spending, workforce, capital investment and environmental impact and co-produce targets for progress.

We will conduct regular self-assessments of our progress against the anchor charter principles, and seek continual improvement.

We will contribute to an annual process of review against the anchor charter principles across NEL.

We will use our experience and expertise to support other NEL organisations to align with anchor charter principles.