



Meeting Date	06 June 2024	Agenda Item	3.4
Report Title	Anchor Institution Baselineing – Progress Update		
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Presented by	Jennifer Davies, Interim Director of Public Health		
Freedom of Information	Open		
Purpose of the Report	<p>This report provides:</p> <ul style="list-style-type: none"> • An update on the progress made following the last Committee meeting where the decision taken was to pursue seeking external support in order to baseline ourselves as an anchor institution. • An outline of the intent, approach and structure to baselineing SBUHB as an anchor institution including estimated financial requirements to progress. • An update on the local, regional and national work contributing to this agenda. 		
Key Issues	<ul style="list-style-type: none"> • The Population Health Strategy (PHS) commits us to action, in line with the evidence base, to improve the health and wellbeing of our population through a 4-pillar model, reflecting the functions of the Health Board. Pillar 3 includes acting on our responsibilities as an Anchor Institution. • Being an anchor institution means we act to improve the health, wealth and wellbeing of our local population and reduce inequalities through the way that we purposefully manage our resources and operations to benefit the communities we serve. • The foundational economy, described by Welsh Government as the money that is spent by anchor institutions, accounts for four in ten jobs and £1 in every £3 that we spend. • This is not a new agenda and as a Health Board we are involved to varying extents in different aspects of this agenda. However, the totality of our efforts and hence our starting point, is not known. Work is already underway across the Health Board under several banners (foundational economy, social value, circular economy, net zero economy etc.) This requires us to develop an anchor identity / vision for SBUHB that can be used to co-ordinate & maximise efforts; engage staff and partners; and develop an organisational culture and mindset. • In acting as a purposeful anchor institution, the work will need to address: <ul style="list-style-type: none"> ○ <i>Where / how does leadership to this agenda sit/fit within the Health Board?</i> ○ <i>Where is (are) the decision-making process(es)? Who actions the ‘purpose’?</i> ○ <i>What is its relative priority given competing agendas & demands?</i> ○ <i>How do we establish governance for this cross-cutting organisational work?</i> • There is currently no focal point with overall strategic ownership / leadership and no co-ordination of the collective efforts. As such, our role as an anchor institution is not expressly considered and incorporated into our planning, delivery and assurance activities. Hence no singular mechanism exists currently to take this forward. 		



	<ul style="list-style-type: none"> • Measurement of SBUHB anchor activity matters because it can: help us better describe and understand our role; facilitate conversations internally and with partners on what matters most, why and what particular results may mean; and start to understand and maximise impact of our anchor status. • Work has been undertaken to identify potential external sources of support that could help us understand our starting position and potential route map towards becoming a purposeful anchor institution. This exploratory work has enabled a procurement brief to be developed that can be actioned subject to available population health funding. • The intention is to utilise NHS procurement frameworks to issue an intention to tender (ITT) that will identify a preferred list of suppliers that can contribute skills and expertise that will develop and deliver a programme to baseline SBUHB as an anchor institution, as part of an anchor system. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
Recommendations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the progress following the last Committee meeting. • Consider the approach and timescales for procurement to support baselining SBUHB as an anchor institution • Note the risks to the planned approach based on potential financial constraints. 			



Anchor Institution Baselining – Progress Update

1. INTRODUCTION

At the Population Health and Partnerships Committee meeting in December 2023, it was agreed that we would seek to baseline ourselves as an anchor institution (pillar 3) as the first step in becoming a purposeful anchor institution. In March 2024, the Committee received a further update following initial external market scoping and learnings from across NHS Wales.

This paper provides an update on the progress since the last meeting of the Committee in December 2023 and indicative next steps.

BACKGROUND

The Health Foundation¹ describes anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchor institutions are ‘rooted in place’ and have significant assets and resources which can be used to influence the health and wellbeing of their local community. By strategically and intentionally managing their resources and operations, anchor institutions can help address local social, economic and environmental priorities in order to reduce health inequalities.

Progressing anchor institution baselining will enable clarification of terminology, development of a shared vision and purpose, enabling internal contribution to the agenda to be identified and a solid foundation to enter into partnership working. Within the partnership arena this work has the potential for SBUHB to be a key partner in the development of regional work that could support delivery of our organisational vision, reduce inequalities by addressing the wider determinants that affect health and well-being as well as deliver shared goals.

Under the umbrella of anchor institution, SBUHB has the opportunity to develop a programme that fundamentally changes how we think and behave to support improved population health and well-being² in line with our PHS, well-being goals and ways of working outlined within the WFGA as well as the key principles of the Social Partnership and Public Procurement (Wales) Act (SPPP). This work also aligns to the recommendations within the review of procurement within public bodies³ further aligning to the PHS.

Baselining as an anchor institution would see SBUHB pioneering this work in NHS Wales. It would provide the Health Board with the start point of the journey towards becoming a purposeful anchor system. Indicative timescales being:

- **6-9 months:** clarifying definitions (differences and synergies with different agendas); agreeing priorities/focus and key value indicators; development of an anchor charter.
- **1-2 years:** development of SBUHB as a purposeful anchor institution with clarity on strategic intent and actions.
- **3-5 years:** development of Swansea Bay as an anchor system working collaboratively with other ‘anchors’ in pursuit of sustainable, measurable population health gains.

Market scoping indicates that there is not one provider that would be able to support our ambition and that contracting external support would require the development of a procurement specification that may involve multiple suppliers contributing to our agenda.

¹ <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

² [EN BaHW case studies V4 \(publichealthnetwork.cymru\)](https://www.enba.org.uk/case-studies/v4)

³ https://www.futuregenerations.wales/resources_posts/procuring-well-being-in-wales/

Progress to date

Market engagement and scoping has not identified a single provider that has the necessary expertise, skills and experience to be able to fulfil the procurement brief. However, in going out to open tender, other potential providers may be identified.

We envisage the work to develop a baseline position for SBUHB having three distinct but not linear components that will support an understanding of where we are now; develop a way forward and the ability to measure progress towards future state for SBUHB taking a lead role in an anchor system. This is captured in figure 1.

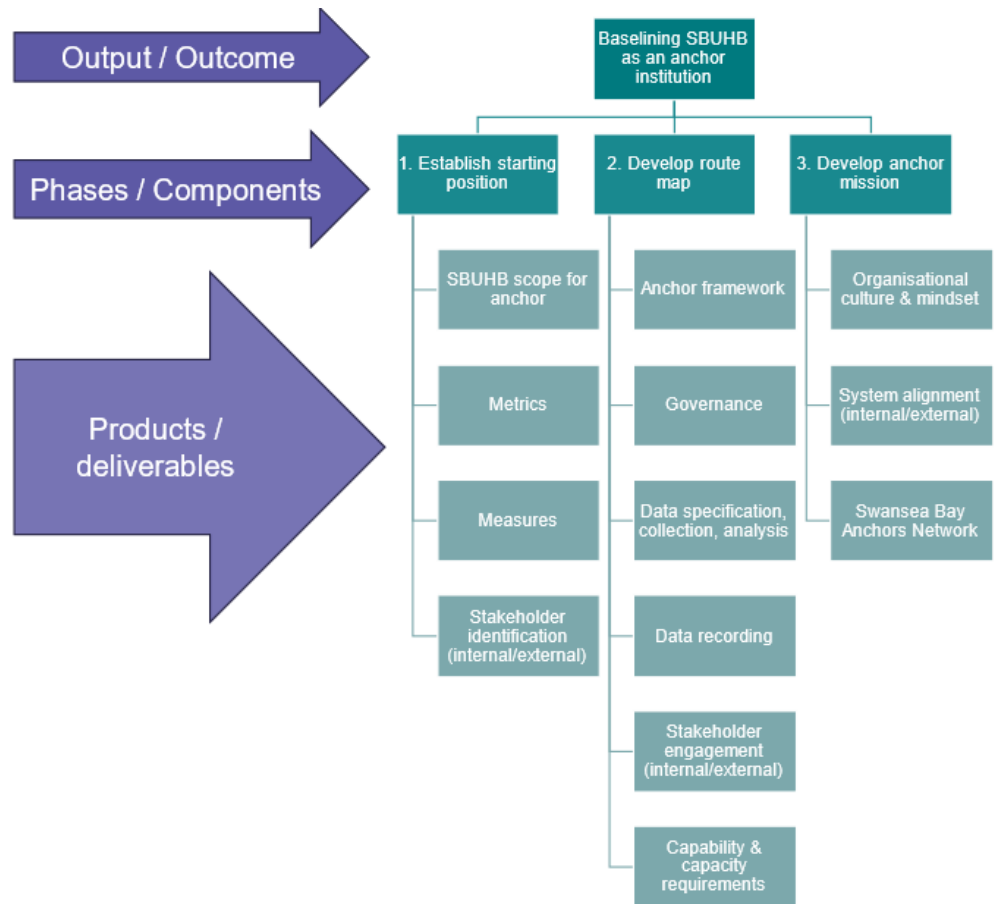


Figure 1: Phases & outputs to baselining

The development of the narratives around anchor institution are key success factors in developing the system leadership required. It will need to be aligned to a strategic management approach to position the narrative across systems and processes to enact change. It is envisaged that internal and external narratives may need to be different to address the different priorities and maturity of thinking and action across the system.

Providers will be asked to submit responses to the tender that will be issued imminently. These may be for the totality of the tender or a specific subset of specialist skills. The procurement process will be utilised to agree time, cost and quality expectations with each provider to deliver the anchor work programme. Where there are different providers, there will be a requirement for them to work collaboratively as part of a programme team, to deliver the brief within agreed timescales.

In addition to and alongside this work, the Public Health Team have continued to engage with a wide range of partners and key stakeholders locally, regionally and nationally that have and will continue to both support and inform our baselining work. Some examples of this are as below:

- The PHS Launch workshop (19th March 2023) – the anchor institution pillar within the PHS resonated with the senior set of stakeholders present highlighted the importance of the role of anchor institutions in focusing on data to inform decision making as well as supporting town centre regeneration through location of services. We are being supported by the Future Generations Commissioner Office in developing case studies arising from the workshop.



- In developing the 2024/25 annual plan (submitted 31st March 24) SDGs and corporate departments were required to commit to action across the four pillars of the PHS. This process has enabled identification of activity that may contribute to our role as an anchor institution as well as listing leads for discussion and involvement in the baselining process. Arising from the process capital priorities have been identified and submitted to Welsh Government for approval. Utilising capital spend to drive prosperity locally (where possible) would see us fulfilling our obligations in this area.
- Foundational Alliance Wales roundtable event (9th May 2024) – to shape thinking around the anchor work through developing networks, building on what has already been done and identifying what we need to do to make the foundational economy work.
- Active engagement with key partners to test level of interest leading to an agreement to explore and scope the potential for regional work in relation to:
 - Health and housing
 - Transforming Towns agenda

Proposed / indicative timescales for procurement

The following outlines a proposed timescale for procurement (dependent on confirmation of budget allocation):

- Specification completion & issued – 12th June 2024
- Proposals scored / reviewed by panel – w/c 8th July 2024
- Preferred provider interviews to clarify and agree final specification - w/c 15th July 2024
- Provider contracts issued – w/c 22nd July 2024
- Work commenced – August 2024

2. GOVERNANCE AND RISK ISSUES

The importance of having the right governance and delivery structure is highlighted through the Health Anchors Learning Network (HALN), in order to bring clarity, connect different parts of the agenda and organise them into a cohesive and coordinated programme of activities.

The questions below will be used to guide thinking around an appropriate structure:

- *How is the anchor programme structured?* Is this by each strategic area?
- *Where does the anchor programme 'sit' within the organisation?* How are the results reported, is it board level with senior sponsor, does it report into a sub-group on health inequalities or social value?
- *What resources do you have for anchor work?* Are there dedicated anchor programme posts; who is responsible for elements of anchor activity; whose work forms part of the anchor programme?
- *Who is invested in the anchor programme?* Who may not be directly involved but has a stake in the programme e.g. local populations services?

Answering these will form part of the initial work to baseline. Alongside this, work is being progressed under the '*Organisational culture, behaviour and operational change*' work package (see item 4.1) to identify/agree an appropriate governance structure to support implementation at scale and assurance for the PHS. In the meantime, the proposal based on the current structures, is that the developmental work would report into the Population Health and Partnerships Committee and Population Health & Commissioning Management Board (where applicable).

Any procurement of external providers would follow NHS Wales procurement processes dictated by the financial thresholds that govern these.



There are risks for SBUHB in not initiating this programme. Work to improve our status as an anchor organisation can support the work to improve our position with regards targeted intervention & enhanced monitoring through better understanding of how we utilise our resources and drive value through our activities. It underpins our developmental journey towards high-quality through integration of anchor principles through our corporate processes including driving social value. This is especially important given the proposed changes at Tata steel and the generational impact this will have across our communities.

As an organisation if we are to elicit improvements to the health and well-being of our populations, we need to demonstrate leadership and effective partnership working that secures a commitment to long term developmental work that takes us beyond the current planning and financial constraints placed upon the Health Board.

3. FINANCIAL IMPLICATIONS

There are financial implications related to the above, beyond investment of staff time. Through the initial scoping work the likely financial envelope needed to commission a baseline would be approximately £95K.

As part of working within recognised procurement processes, it is not possible to know what level of interest or range of potential providers might respond to the invitation to tender. As such, the exact cost may vary. Dependent on these figures, we will need to revisit what is feasible/possible to progress.

This work is to be funded out of the 2024-25 population health reserves. However, at the time of writing these have not yet been confirmed.

4. RECOMMENDATION

Members are asked to:

- **Note** the progress following the last Committee meeting.
- **Consider** the approach and timescales for procurement to support baselining SBUHB as an anchor institution
- **Note** the risks to the planned approach based on potential financial constraints.



Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Implementation of an effective whole of organisation population health approach will lead to a more consistent approach to prevention. The expectation is that opportunities for patients to be supported to make changes that will reduce their risk of ill-health and which will lead to improved well-being will be offered in a more systematic way across the sector.		
Financial Implications		
The paper notes that investment is required in order of £95K to enable baselining of us as an anchor institution. Investment requirements beyond that are unknown and not quantifiable at this stage.		
Legal Implications (including equality and diversity assessment)		
No legal implications identified. The incorporation of population health approaches will allow for the identification of equality and diversity issues and development of appropriate responses.		
Staffing Implications		
The proposed programme will offer an opportunity to significantly increase the organisation's capacity and capability to adopt different / new ways of working and thinking in order to implement the PHS aspirations through its anchor institution role/function. The Public Health Team remains small. Additional roles are being created and recruitments underway but progress remains slow. Development of the implementation plan will identify the skills and workforce requirements.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Population health approaches incorporate a prevention ethos and delivery is contingent on collaboration among partners to deliver better outcomes for our population. A coproduction approach is integral to public health practice and seeks to involve communities and staff in designing services and programmes.		
Report History	17/12/23, 14/03/24	
Appendices	N/A	