

Board of Director (public)

Item 3.1

Subject: Anchor Institution
Date of Meeting: 27th September 2023
Presented by: Jonathan Develing, Director of Strategic Partnerships
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 7	Assurance provided on the progress towards being recognized as an Anchor Institution , demonstrating social value, sustainable green strategy and contribution to population health.

Level of assurance (<i>please tick one</i>)					
<i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

This report provides an update on progress against toward the Trust being accredited as an anchor institution.

The paper includes progress against the 14 NHS Prevention Pledges each being RAG rated (Red/Amber/Green) as a measure of alignment with the principles within the pledge. This assessment of progress is used as the prevention initiatives vary from Provider to Provider. The ratings have also been recognised by the ICB Population Health Board.

The paper also describes actions taken to demonstrate our social value, and the measures taken towards Net zero.

2. Background

The term 'anchor institutions' is used to refer to organisations which: Have an important presence in a place, usually through a combination of being largescale employers, the largest purchasers of goods and services in the locality.

The Health Foundation describes anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Within the NHS

anchor institutions can help address local social, economic, and environmental priorities to reduce health inequalities.

Some of the key components of how the NHS can deliver their role as an anchor institution includes:

- **Prevention and Health Inequalities** - Working closely with communities and local partners: Collaborating with communities to help address local priorities, build on their energy and skills; and work with other anchors and partners to increase and scale impact
- **Social Value** - Purchasing for social benefit: Purchasing supplies and services from organisations that embed social value to make positive environmental, social, and economic impacts.
- **Green (Net Zero)** Using buildings and spaces to support communities: Widening access to community spaces, working with partners to support high-quality, affordable housing, and supporting the local economy and regeneration.
- **Green (Net Zero)** Reducing our environmental impact: Taking action to reduce carbon emissions and consumption, reduce waste and protect and enhance the natural environment.
- **People promise** - Widening access to quality work: Being a good inclusive employer, paying people the real living wage and creating opportunities for local communities to develop skills and access jobs in health and care especially those experiencing inequalities.

3. LHCH position

The purpose of this report is to reflect upon our approach to being an anchor institution and provide a more integrated report covering the range of characterised activities highlighted above.

3.1 Prevention Pledge

The Trust has adopted the Integrated Care Board (ICB) prevention framework which has fourteen (14) separate commitments. The status of our progress against these commitments is described below with each being RAG rated as a means of assessing progress.

No	Commitment description	Progress
1	Prioritise a long-term focus on wellbeing, prevention and early intervention ensuring health policies, health inequalities and disability is embedded within our governance structures, appointing an executive sponsor for prevention (including MECC) and making 'prevention everybody's business'	Completed
2	Create the conditions to support service managers and staff teams to take a quality improvement approach to review and transform services to embed prevention	Completed
3	Guided by Marmot principles, develop approaches to prevention, working with our partners 'at place' to address inequalities / disability access and deliver local priorities and prevention ambitions set out within the NHS Long Term Plan and in COVID recovery plans	Completed

4	Work in partnership in the utilization of common prevention pathways across Trusts, supporting secondary and tertiary prevention that reduces the impact of established disease through lifestyle advice and cardiac or stroke rehabilitation programmes	Completed
5	Establish key anchor institution practices that contribute to a successful application for the C&M Social Value Award, to positively impact on the wider determinants of health and the climate health emergency when making decisions on procurement, purchasing and through our organisation corporate and social responsibilities	Completed
6	Systematically adopting and embedding a 'MECC approach' from commissioning contracts to service delivery, increasing the number of brief or very brief interventions with patients supporting them to eat well, be physically active, reduce harm from alcohol and tobacco and promote mental well-being	Completed
7	Work with primary care, local authorities and VCISO's to systematically refer to sources of non-clinical support through social prescribing, aligned with community capacity building and to reduce impact on GP consultation rates, A&E attendances, hospital stays and re-admission, medication use and social care	Completed
8	Support workforce development, providing training and/or resources to frontline staff to offer brief advice and/or referral in supporting patients to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being	Completed
9	Ensure a smoke-free environment, linked to support to stop smoking for patients and staff who need it	Completed
10	Provide workplace health programmes for NHS staff and foster an organisational culture that promotes workplace resilience and creates opportunities for staff to eat well, be active, reduce harm from tobacco and alcohol and promote mental well-being	Completed
11a	Review food and drink provision across all our NHS buildings, facilities and providers in line with Hospital Food Standards and the NHS Standard Contract, to make healthier foods and drinks more available (including vending and onsite catering), convenient and affordable and limit access to less healthy foods and drinks such as those high in fat, sugar and/or salt	Completed
11b	Increase public access to fresh drinking water on NHS sites (keeping single use plastics to a minimum) and encouraging re-useable bottle refills	Completed
12	Support sub-regional physical activity strategy; to promote and create opportunities for staff, patients and visitors to be physically active both on and off site and in line with active travel and sustainable management plans	Completed
13	Sign up to the 'Prevention Concordat for Better Mental Health for All' and to embed the Prevention Concordat across health and care policies and practices	Action in progress
14	Monitor the progress of the pledge against all commitments and to publishing the results of our progress at regular intervals	Completed

3.2 Social Value

One specific objective of the prevention is that of social value. That is the role of a provider to increase social value by establishing anchor practices, that positively impact on the wider determinants of health & the climate 'health' emergency, when making decisions on procurement, purchasing and through our organisation's corporate social responsibilities.

In this respect the Trust has

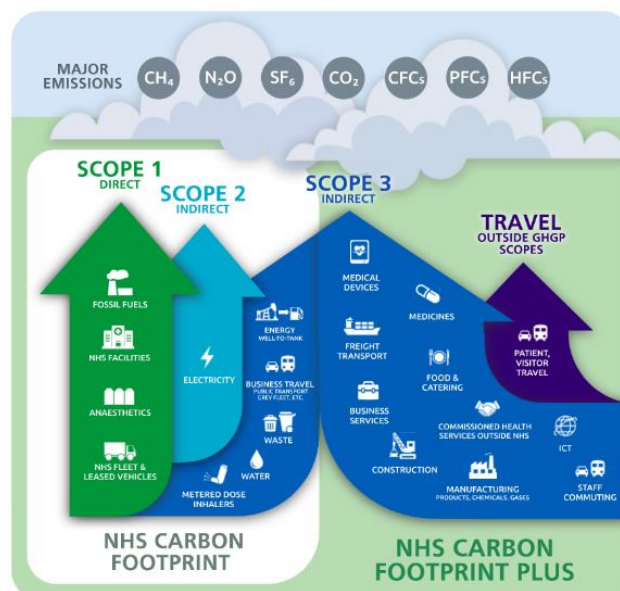
- Invested in and has access to the social value network and portal that will support evaluation of our actions.
- Exploring how to roll out Social Value Portal across the Trust
- Formed a Social Value Development Group, cross organisational attendance, June 2023
- Began first stages of applying for Social Value Level 1 Award
- Reached out to local council and community centres (schools projects)
- Introduced a 10% social value requirement from suppliers - added to procurement contracts as of April 2022.
- Led on the Long-Term Condition program across Liverpool. LHCH is an active member of the Integrated Care Team (ICT)/Team 100 delivering interventions to those most vulnerable in the community working in partnership with: Merseycare, Merseyside Police, Dane Housing, Citizen Advice Bureau, YMCA.

3.3 Green (Net zero)

The NHS has pledged to deliver Net Zero Carbon emissions we control directly by 2040, and zero emissions across the entire scope of our emissions by 2045.

For clarity these are described as:

- Scope 1: Direct emissions from owned or directly controlled sources on site.
- Scope 2: Indirect emissions from the generation of purchased energy, mostly electricity
- Scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain



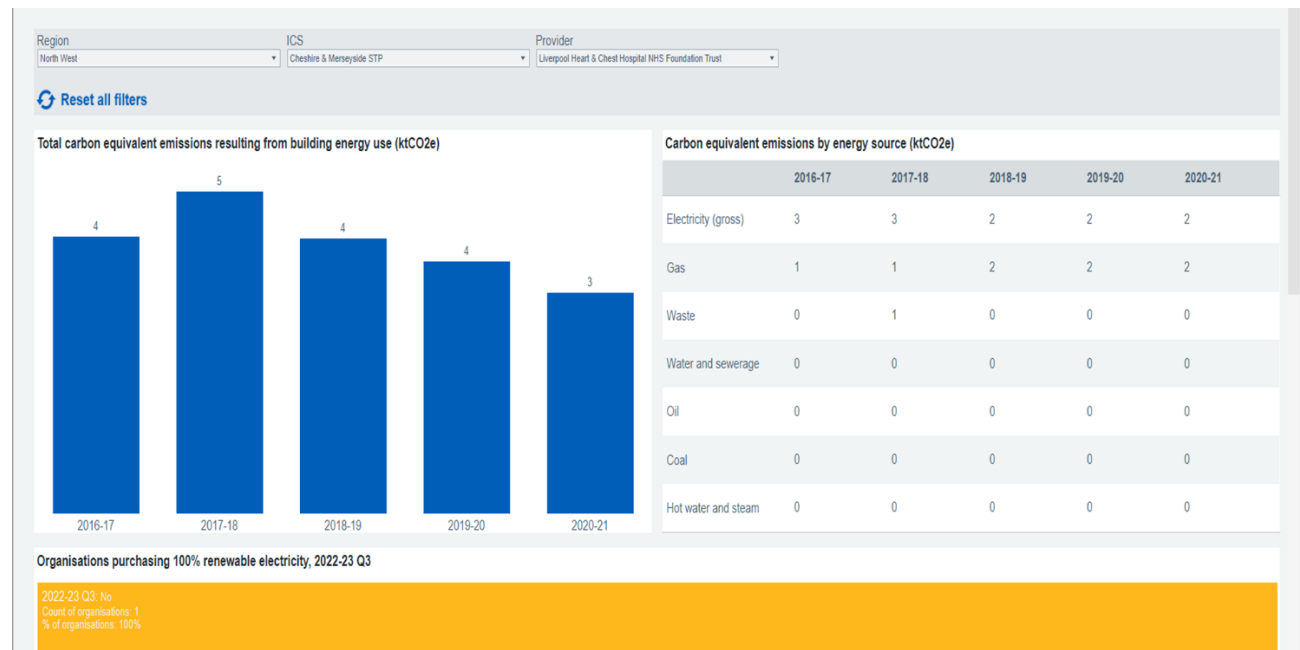
Scope 1: Direct Emissions

Utilising funding secured through phase 2 of the SALIX grant scheme, LHCH have completed decarbonisation plans for all outbuildings on the LHCH estate.

Scope 2: Electricity

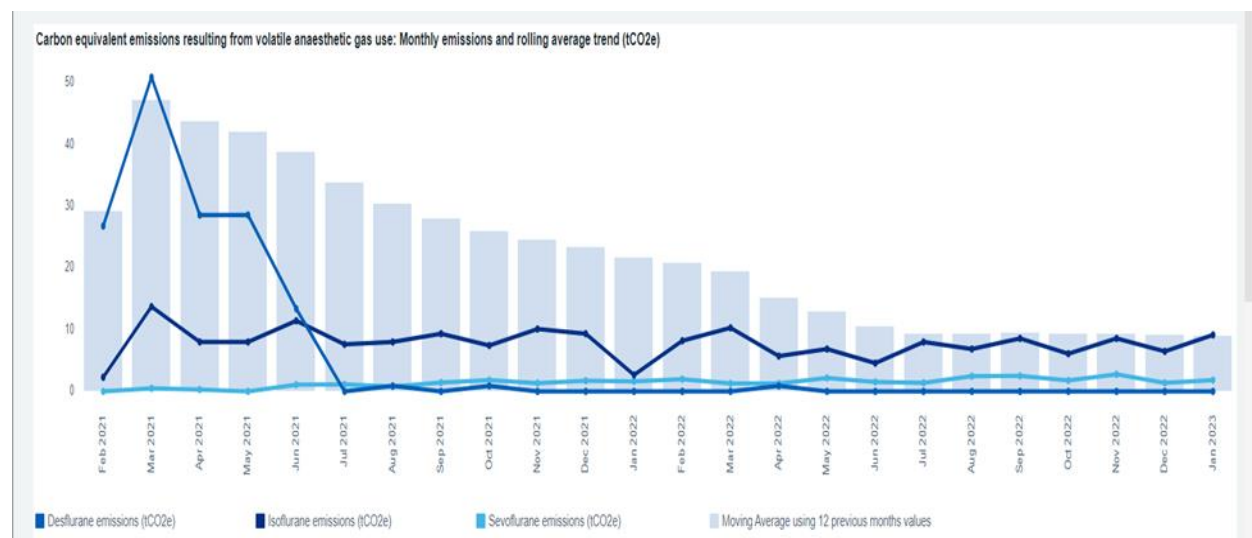
In respect of electricity, Trust initiatives such as passive infrared sensors (PIR) and the widespread installation of LED lighting have, in part contributed to a reduced carbon equivalent emission.

A summary of carbon emissions by energy source over the past five years is summarised through national data collection platform and presented below.



Scope 3: Volatile Aesthetic Gases

The Trust has made excellent progress in reducing volatile gases with the complete removal of Desflurane and reduction in Sevoflurane and Isoflurane



Other Measures

The Trust submit a quarterly return to NHS England (Green data collection) on progress against 23 key indicators. Several of these are not applicable to the Trust but in all cases the Trust is making good press and when compared to other providers across the country we are able to demonstrate advanced projects in areas such as

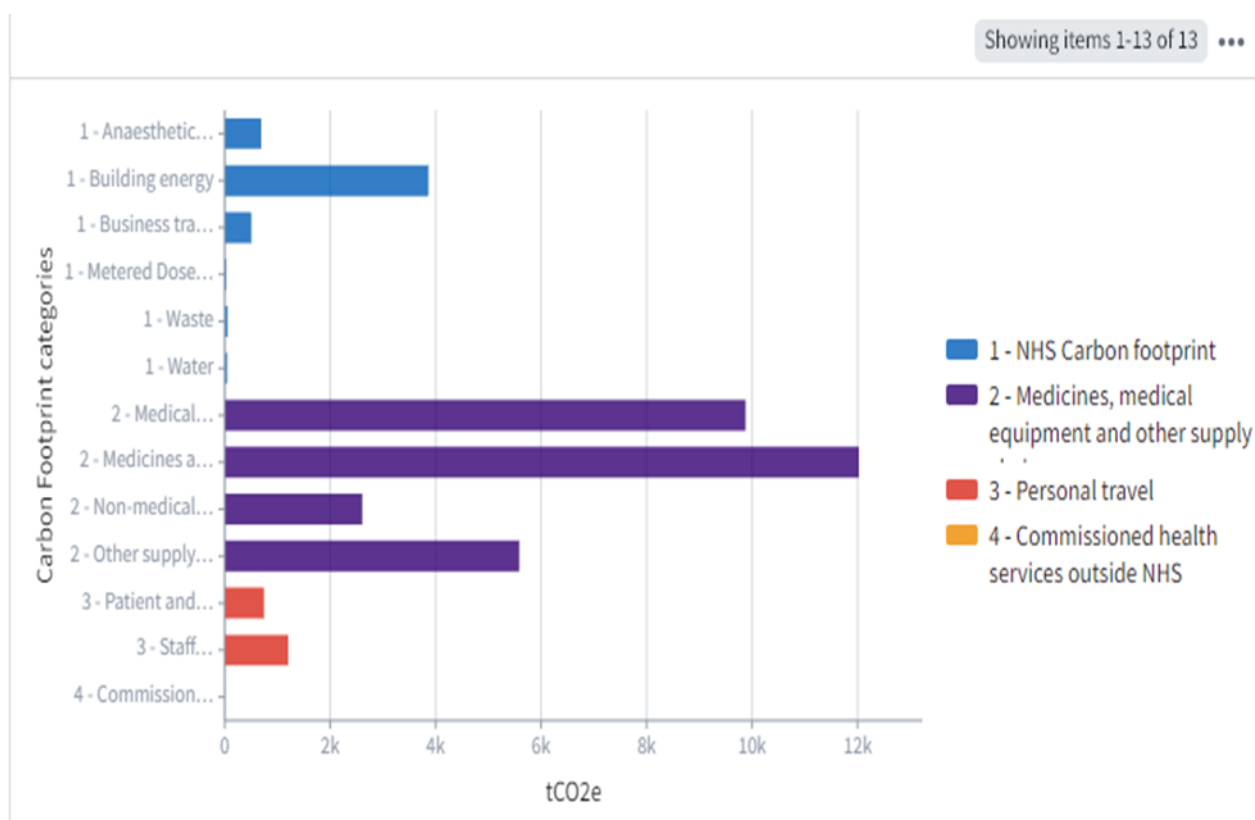
- Switch to dry powder inhalers

- Washable theatre gowns
- Use of recycled paper
- Food waste
- Cycle to Work
- EV vehicle access
- Board level sponsorship of green planning
- Travel surveys

Baselines

The Trust has made good progress in its understanding of baseline data consumption and usage. Through a variety of data returns the Trust is better able to understand our carbon footprint and to use this information to target future improvements

The table below is an extract from one such source.



Challenges

Despite good progress, widely supported by staff initiatives, the target of net zero by 2040 remains a significant challenge.

The Trust has an active green plan and green champions within the organisation and there are many examples, as quoted, of good practice.

However, the challenge of utilities, gas and electric consumption remain - new CT and MRI are more efficient and allow us to have improved flow but can be more energy intensive. The purchasing of energy is undertaken with Liverpool Royal Hospital and if efficiencies are to be found from green suppliers' tariffs can become prohibitive if not undertaken at scale (at an ICB level).

6. Recommendations

The Board of Directors is asked to note progress against respective elements of the Anchor Institution framework including that of Prevention, Social Value and Green.