SOURCES OF STRENGTH:

SECURING GLOUCESTERSHIRE'S HEALTH AND WELLBEING THROUGH AN ANCHOR INSTITUTIONS APPROACH

Report of the Director of Public Health
2021/22

Gloucestershire
COUNTY COUNCIL

CONTENTS

FOREWORD

This year, COVID-19 has continued to send shockwaves through people, places and communities. As well as the visible impact on health and health services, the pandemic has also adversely impacted the economic and social aspects of our lives.

The pandemic has shone a light on the value of our local communities and the places in which we live. Large organisations with a long-term commitment to the place they are rooted in play an essential role in strengthening the economic and social aspects of the local community. This has been even more visible during the response to COVID-19 where we have seen how quickly our local communities and organisations have come together to provide support to those who needed it.

These organisations which are rooted in place and connected to their communities are known as "anchor institutions". They are often large employers and have the ability to improve people's health and wellbeing through their actions, including influencing the health of the wider community as well as their own employees.

Over the last year, myself and my team have had a greater focus on the potential impact of anchor institutions. My annual report this year focuses on the role of anchor institutions in supporting health and wellbeing for all Gloucestershire residents.

I want to focus on these organisations because they have the potential to tackle some of the longstanding inequalities in our local communities as well as helping to drive economic improvement as we continue our recovery from COVID-19. Through this, we keep our focus on the relationship between health and wealth, and continue our focus on

the persistent inequalities faced by minority ethnic communities which was highlighted in my last two reports. Much of this work can only be achieved if we work in partnership with each other, building on individual organisations' strengths to achieve more for Gloucestershire.

We have structured this report around five key areas where anchor institutions can truly add value:

- **Employment** – the role of anchor institutions in recruiting and retaining local staff, particularly those from more disadvantaged backgrounds

- **Procurement and commissioning** – how goods and services can be procured so that organisations that know their local communities can effectively provide these services

- **Buildings and capital** – ensuring that anchor institutions make their spaces available for community use, and how they can support access to affordable housing for staff

- **Environment** – how anchor institutions can help Gloucestershire meet its carbon neutral targets, as well as supporting improvement of air quality and the local environment

- **Place** – focusing on the needs of our local community and working in partnership across Gloucestershire.

The preparation of this annual report is a team effort and I would like to thank those who contributed to its design, drafting and content this year: Maria Arthurs-Hartnett, Jessica Benton, Kate Yorke, Zoe Clifford and Gloucestershire County Council's Design Team.

My thanks also go to those who have shared their experiences and good practice:

- **Zoe French; Izzy Belcher, Forwards Employment Team; Amanda Godber, Down to Earth; Matt Williams, Rae Bell, and Justine Rawlings, Gloucester Community Building Collective; Healthy Workplaces Gloucestershire; Di Billingham; Kingfisher Treasure Seekers; Forest Voluntary Action Forum; Barnwood Trust; Louise Borg-Littleton and Hayden Selwyn, Gloucestershire Constabulary; Nicola Simpson, Gloucestershire Wildlife Trust; Gloucestershire Clinical Commissioning Group.**

I hope that this report will help you to think more about how your own organisation can do more for our local community, and help to drive our focus on levelling up in Gloucestershire. If you have any questions about this report, please get in touch by email: sarah.l.scott@gloucestershire.gov.uk

PROFESSOR SARAH SCOTT,
EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND PUBLIC HEALTH
2021

INTRODUCTION

Health is closely linked to the conditions in which we are born, grow, live, work and age and to inequities in power, money and resources. These social determinants impact our health and wellbeing and can drive widening health inequalities. Health inequalities are the "unfair and avoidable differences in health across the population, and between different groups in society".[1]

The relationship between health and wealth is intrinsic and was explored in a Gloucestershire's Director of Public Health's report in 2019, which focused on inclusive growth as a social determinant. Economic growth that is distributed fairly is better for everyone in the area, and employment and the type of job a person does has a significant impact on health.

Access to stable and rewarding employment is not fairly distributed and this has an ongoing impact on the health of Gloucestershire residents. Furthermore, we know there are some communities which are impacted more than others in terms of good employment.

Widening inequalities and growing pressures on health care services in recent years has also prompted questions about the role and responsibility of large organisations to tackle the wider determinants of health and to act as "anchor institutions". Anchor institutions are central to the concept of community wealth and health building as a result of the scale of their spending through procurement, the jobs they provide, their land and assets, and the fact that they are unlikely to leave the local area.

For this reason, we have decided to focus on anchor institutions for this year's Director of Public Health report. This allows us to focus on some of largest and most permanent organisations in Gloucestershire, and consider how they can influence the health of our communities.

The report offers case studies of where these positive influences are already making a difference locally and offers practical suggestions for how organisations can move forward.

WHAT IS AN ANCHOR INSTITUTION?

"Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use".[2]

Anchor institutions already influence the health and wellbeing of communities simply by being present, but they can have an even greater impact on the wider factors that make us healthy by choosing to invest in and work with others locally and responsibly.[3]

These organisations have this influence whether or not they are conscious of it. By being more mindful and targeted in the ways these resources and mechanisms are used, an anchor organisation can maximise the positive impact it has on its local community.
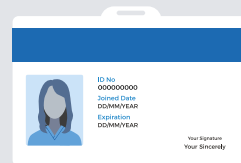
Anchor institutions have traditionally been seen as public sector organisations, such as health care services, local authorities and universities, due to their size and social purpose. The footprint of the public sector in Gloucestershire is significant as it covers a population of 640,650[4] and has the potential to have a powerful effect on health and health inequalities. This links to the statutory duty under the Social Value Act which requires public authorities to have regard to economic, social and environmental well-being in connection with public services contracts and for connected purposes.

Purchasing more locally and for social benefit
NHS Gloucestershire Clinical Commissioning Group spent over £1billion on goods and services in 2020/21.

https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2021/09/GCCG-Annual-Report-20-21_CH_22.pdf

Using buildings and spaces to support communities
Gloucestershire County Council occupies 775 sites across the county.

https://www.gloucestershire.gov.uk/business-property-and-economy/land-and-property/land-ownership-enquiries/

Working more closely with local partners
Anchor institutions can work with communities in a strengths-based way and model civic responsibility.

Widening access to quality work
10% of all people employed in Gloucestershire work in the public sector, 13% in health and care.

Gloucestershire County Council, Data and Insights Team

Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

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

WHY TAKE AN ANCHOR INSTITUTION APPROACH? - THE POTENTIAL TO IMPACT HEALTH INEQUALITIES

Anchor institutions are well positioned to use their assets and resources to benefit the communities around them to improve health and reduce health inequalities. These organisations have the potential to impact on some of the key social determinants of health which drive health inequalities.

Health inequalities are not caused by one single issue, but by a complex mix of environmental and social factors. The COVID-19 pandemic has highlighted the impact of health inequalities, with the pandemic having a disproportionate impact on those who are already facing disadvantage and discrimination. Across England, life expectancy has fallen to its lowest since 2011 for males and females.

In Gloucestershire, life expectancy is 7.6 years lower for men and 5.4 years lower for women in the most deprived areas than in the least deprived areas.[5] The difference is even steeper for healthy life expectancy, meaning that not only do more deprived people have shorter lives on average, they also spend more of their lives in poor health.

It is estimated that only 25% of the factors that influence our health are related to the access, quality and experience of healthcare itself.[6] Other factors, such as housing, education and employment, have a greater influence. These social or wider determinants of health must be considered when tackling health inequalities.

Tackling health inequalities is complex and requires a joined-up approach, bringing together local partners to tackle structural inequality and maintain a long-term vision. Anchor institutions can play a central role in contributing to the social determinants of health.

TYPES OF ANCHOR INSTITUTIONS

The King's Fund highlight that the definition of an anchor institution is not limited to public sector organisations, as anchor institutions are defined more by their link to a place than their sector. There are many private and voluntary sector organisations that hold a significant interest in the long-term development and health of their local areas.

We are using the term of anchor institutions in the widest sense, but their different functions and organisational capacities mean it is helpful to view them in three distinct categories:

- Public sector anchor institutions
- Community anchor institutions
- Business anchor institutions.

PUBLIC SECTOR ANCHORS

Large, public sector organisations are unlikely to relocate and also have a significant stake in a geographical area, meaning they are effectively 'anchored' in their surrounding community. They have sizeable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and buildings and land.[7] There is also scope for public sector organisations to work together in their roles as system leaders to have further impact and influence on health inequalities.

COMMUNITY ANCHORS

Community anchors have been described locally through the work of the Barnwood Trust as organisations that hold a unique place within the community ecosystem.[8]

Recognised and trusted by local people and organisations alike, they interact with local decision-makers, the wider voluntary and community sector (VCS) within their community and informal networks on the ground.

Advocating for the resources needed in the communities in which they are embedded, they use their skills to enable and retain power for local people to do things for themselves. They hold extensive local knowledge and, due to their trusted relationships, sometimes have access to funding from local decision-makers, the distribution of which is informed by the needs of the local community.

BUSINESS ANCHORS

The mutual benefits of a healthy workforce and thriving economy to businesses and individuals is well documented and many private organisations are acting as anchors in their communities.[9] Gloucestershire's Local Industrial Strategy[10] makes the case for using planned growth as a lever to tackle inequalities, close the gap and make sure that everyone can contribute and benefit.

Defining which businesses are 'anchors' still lacks clarity. A key feature of anchor institutions is their size and the influence they have over local economic development. The Netter Centre for Community Partnerships Unit has developed a useful set of guidelines.[11] However, these focus mainly on the economic role:

- Does it have a large stake and important presence in the community?
- Is it a centre for culture, learning and innovation?
- Is it one of the largest employers?
- Is it among the largest purchasers of goods and services?

- Does it have economic impact on employment, revenue gathering and spending patterns?
- Does it consume sizeable amounts of land?
- Does it have relatively fixed assets?
- Does it attract businesses and highly skilled individuals?

This report considers anchor institutions in the broadest sense because any organisation that is motivated to do so can take steps to impact positively on health inequalities and sustainability.

The starting point for co-ordinated action across the system in Gloucestershire will be the more traditionally defined anchors from the public sector who have already begun this journey. The recommendations of this report largely relate to these core anchor institutions.

"Anchor institutions are well positioned to use their assets and resources to benefit the communities around them to improve health and reduce health inequalities."

GLOUCESTERSHIRE ANCHOR INSTITUTION PRINCIPLES

1 Commit to target voluntary, training and employment opportunities for local residents, especially in underrepresented and disadvantaged communities. **Work experience placements, apprenticeships and internships to build the skills of those furthest from the jobs market.**

2 Support staff development and career progression, targeted at groups who are underrepresented in senior positions. **Mentoring and coaching schemes that are coproduced by groups who are underrepresented in senior positions.**

3 Maximise the social, economic and environmental benefits to the local community by being a fair and ethical partner. **Work with diverse local providers and suppliers where possible, to support the overall sustainability agenda and create a Greener Gloucestershire.**

4 Consider the implications of social value in all relevant decision-making processes. **Ensure there is an aligned social value policy within the organisation, and that it is given significant consideration in procurement exercises.**

5 Adhere to the highest ethical standards in our operations and supply chains. **Ensure systems and procedures are transparent and promote best practice so that employees, local people and local environment are protected.**

6 Support local community action and mutual aid groups by being an active community partner, focusing in areas with greater need. **Work collaboratively with local third sector organisations and share resources and expertise to encourage local groups to access available opportunities.**

7 Consult with local community groups to co-produce policy solutions. **Establish and maintain positive relationships with community groups and faith leaders, and involve them in decision making processes.**

8 Protect the local environment, and minimise negative impacts on places and spaces. **Ensure that environmental consideration is evident in each stage of the supply chain and decision-making process, to maintain quality and access to green spaces.**

9 Promote healthy lifestyles and support the health and wellbeing of the community. **Prioritise the health and wellbeing of staff and encourage healthy lifestyle choices in all work.**

10 Act as a positive example of ethical and effective leadership to encourage innovation and action across the community. **Encourage leaders to play an active role in the locality, demonstrating best practice in an accessible and visible manner.**

WHAT DOES IT MEAN TO BE AN ANCHOR INSTITUTION IN GLOUCESTERSHIRE?

In March 2021, the Gloucestershire Health and Wellbeing Board approved ten principles which set out publicly how the member organisations will act as anchor institutions for the local community going forward. The principles form a Gloucestershire anchor institutions charter for any organisations which consider themselves to be anchor institutions to pledge their commitment.

KEY AREAS FOR ACTION

It is widely recognised that there are five key areas that can help anchor institutions to plan and deliver for the local community:

- **Employment, including recruitment and workforce**
- **Procurement of goods and services**
- **Environmental sustainability**
- **Use of buildings and capital**
- **Partnership working.**[12]

These are practical ways that anchor institutions can think about how they influence the health of the local population and what changes they can make to ensure this impact is as positive as it can be.

Though a helpful way of breaking down a large concept, these areas should not be seen in silo. For example, encouraging active travel as a means of getting to work improves employee health, but also has a positive impact on the environment.

This report is structured according to these areas, outlining the local issues, how anchors can tackle health inequalities and showcasing a case study of good work being undertaken in Gloucestershire. The report then makes a number of recommendations to encourage organisations and the wider system in the county to take forward an anchor institutions approach to tackling health inequalities and levelling up our economy.

HOW DOES THIS BUILD ON PREVIOUS DIRECTOR OF PUBLIC HEALTH ANNUAL REPORTS?

The opportunity to focus on anchor institutions brings together many aspects of the two most recent Director of Public Health reports.

The 2019/20 report looked at the long-standing health inequalities faced by ethnic minority communities in Gloucestershire and the impact of the COVID-19 pandemic.[13] The report made a case for change, bringing together evidence, data and lived experience from across Gloucestershire to show how health inequalities affect diverse communities. It recognised that structural and institutional racism contribute to these persistent inequalities.

The report set out how anchor institutions can contribute to tackling structural racism and its ongoing impact on health by:

- accelerating efforts to improve workplace race equality and promote, value and support diverse leadership across systems and institutions

- ensuring employment practices (including training, internships, apprenticeships and progression opportunities) are inclusive

- using local public sector 'purchasing power' to promote an inclusive local economy that encourages and values diversity.

Eight recommendations were set out in the 2019/20 report. Over the last year, the focus within Gloucestershire County Council has been on building capacity in staffing to deliver the recommendations. An Equalities Officer has been recruited whose role has been designed specifically to take forward the recommendations, and to ensure that ownership is taken of each of the actions.

Other staffing roles have been identified to help contribute to the implementation of the action plan, including within the Health Inequalities team in Public Health. Other recommendations are underway, for example the development of a Race Equality Panel for Gloucestershire.

The 2018/19 report was focused on tackling health inequalities through inclusive growth. One of the recommendations from the report was that local anchor institutions should consider how they can lead by example in delivering inclusive growth through their employment and spending power.

As highlighted in the introduction, this year's report will build on inclusive economies and growth, by highlighting that anchor institutions can create the conditions for a healthy and inclusive population, in particular through local employment practices.

1: EMPLOYMENT

Anchor institutions play an important role in the county's economic and communal life as employers of local residents. 1 in 10 people employed in Gloucestershire work in the public sector.[14] By being aware of who has access to employment and professional development opportunities, as well as the quality and conditions of work of existing employees, anchor institutions can have a significant impact on the health and wellbeing of the population.

A healthy population is an essential component of a prosperous economy. In 2010, the Marmot Review estimated that health inequalities result in huge costs:

- Productivity losses of £31–33 billion per year
- Lost taxes and higher welfare payments in the range of £20–32 billion per year.[15]

Levelling up the county will be most effective if it starts from the bottom-up. People on lower incomes spend a higher proportion of their income on housing, bills and essentials, meaning they are less able to save or withstand economic shocks. Consequently, raising the incomes of the lowest paid is also the quickest way to increase consumer spending, therefore boosting the economy: This is known as 'trickle-up economics'.[16]

UNEMPLOYMENT

In July 2021, 18.3% of jobseekers were aged 18-25 and 13 wards in Gloucestershire had unemployment levels over 6%, compared to the county average of 3.6%.[17] Adults aged 25-49 from an ethnic minority background are more likely to be unemployed than White British adults of the same age. For Black people, the rate is more than double.

Amongst those aged 25 or over, people with long-term limiting illnesses or disability were more likely than others to have never worked or to be in routine occupations.[18]

Unemployment is associated with an increased risk of death and disease, including:

- Limiting long-term illness
- Cardiovascular disease
- Poor mental health and suicide
- Health-damaging behaviours, such as smoking, physical inactivity and drinking excess alcohol.[19]

Longitudinal studies have concluded that being unemployed while young can lead to long-term 'scarring', including mental health conditions well into middle age, lower pay and more frequent unemployment later in life.[20]

PAY AND CONDITIONS

Securing a job might be the first step, but the pay and conditions of work also have a substantial impact on health and wellbeing. 36% of job vacancies advertised in health and care in the county in 2020 paid less than £25,000.[21] Having a low income restricts a person's ability to lead a healthy life and participate fully in the social aspects of society.

Despite falling unemployment in the years before the pandemic and the introduction of the National Living Wage, poverty rates in England have risen slightly over the last decade, particularly for children.[22]

"Among working-age adults in poverty, three-fifths are either in work or live with someone who is." Joseph Rowntree Foundation[23]

Low paid roles are often characterised by disempowering conditions which have further adverse effects on one's health and wellbeing including physical labour, shift work, little to no control over tasks and conditions, high demand with low reward, and job insecurity.[24]

In August 2021, the Health Foundation studied the experiences of NHS workers on incomes below £24,157. It found that women accounted for 85% of this group and that these workers were more likely to feel undervalued, experience racial discrimination, and work in physically demanding or hazardous situations.[25]

> **"Lower paid NHS staff have higher rates of workplace stress, sickness absence and are at increased risk of long-term conditions such as diabetes and heart disease. They are also more likely to retire early due to ill-health."**
> Health Foundation[26]

The Health Foundation found that lower paid NHS staff are less likely to access workplace health and wellbeing interventions, highlighting the disconnect between the initiatives they wanted to see, versus what their employer thought was needed and delivered.

Creating opportunities for lower paid staff to co-design programmes and ensuring manager support for involvement were found to be crucial enablers of participation. Clear communication channels, strong representation and a voice within the organisation were all highlighted as important to wellbeing at work.[27]

RECRUITMENT AND RETENTION

One of the ways for anchor institutions to positively address health inequalities is through recruitment and widening the pool of those who have access to opportunities.

Barriers to entering employment for underrepresented groups, a lack of progression opportunities creating 'dead-end' roles, and a net loss of young and working-age people out of county mean there is currently huge untapped potential in Gloucestershire's population.

Positive action and other measures to reduce discrimination and unconscious bias in recruitment and increase diversity have momentous benefits to organisations through representing a broader range of residents, bringing in new ideas, and driving innovation. Interventions should include reviewing entry points and progression paths to enable those currently excluded to have the opportunity to build meaningful and rewarding careers.

A county-wide survey of businesses in 2018 found that 17% of businesses reported making use of the apprenticeship scheme, with the highest take-up in education, public administration and defence. The survey found a lower than average take-up in the health sector.[28]

Gloucestershire Employment and Skills Hub opened earlier this year to help residents access a range of employment and skills support. The hub brings together established Gloucestershire County Council employment, skills and apprenticeship services, including adult education and the Forwards Employment Service (see case study) with referrals offered by GFirst Local Enterprise Partnership (LEP) skills and careers teams.

The needs of our local workforce will continue to change. Figure 1 from the Health Foundation estimates that the national NHS workforce needs to grow twice as fast as it has in the last decade to meet increases in demand.[29] Social care needs to grow four times faster than the last decade.[30]

We know that these are areas of employment that have been under particular pressure during COVID-19 and suffer from staff shortages. Local employers in these sectors need to be aware and plan for the expected growth, making use of apprenticeships, good retention strategies and workforce planning to meet the expected demand.

■ Actual growth over past decade
■ Projected growth needed to meet demand over next decade
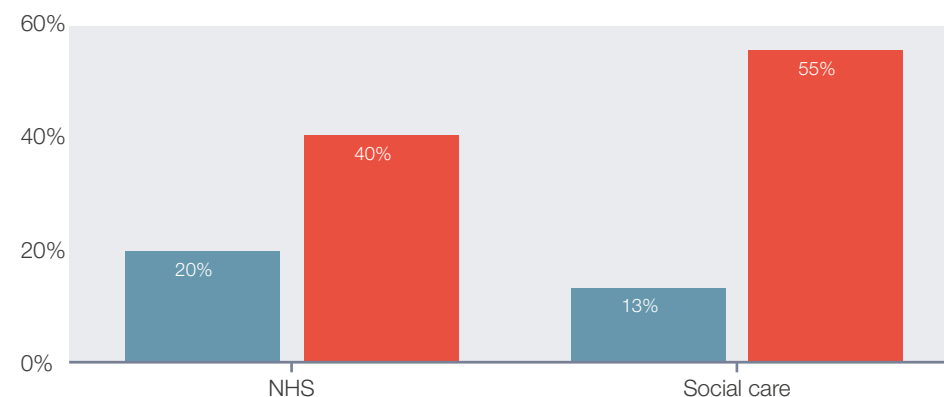

Figure 1: Comparison of actual growth and projected growth needed to meet demand in the NHS and social care workforces in England (Health Foundation, 2021).

HEALTH IN THE WORKPLACE

Anchor institutions can positively impact our population's health of by supporting the health and wellbeing of their existing workforces. Furthermore, organisations with higher levels of staff engagement have lower rates of sickness absence, improved service user/customer experience and higher levels of staff retention.

The Healthy Workplaces Gloucestershire Award recognises local employers for the work they do to support their employees' health and wellbeing. The award is free and open to all Gloucestershire organisations, public, private and voluntary. The scheme provides a framework and resources to support organisations to promote workforce health across many areas, including health and safety, mental wellbeing and stress, active travel, and healthy eating.[31]

SUMMARY: ACTIONS ANCHOR INSTITUTIONS CAN TAKE

Widening workforce participation

- Targeting positions for local people

- Understanding local demographics and opportunities so the county develops a workforce which matches the types of roles needed

- Creating pre-employment programmes, work placements and volunteer work experience

Building the future workforce

- Engaging young people and supporting career development

- Increasing the number and types of apprenticeships

Being a good employer

- Committing to the real living wage for employed and contracted staff

- Supporting health and wellbeing of staff

- Supporting fair conditions of employment

- Supporting professional development and career progression.[32]

FORWARDS EMPLOYMENT SERVICE

The Forwards Employment Service enable people with disabilities and health conditions in Gloucestershire to achieve their employment aspirations by providing individuals with the structured support they need to promote independence and fulfil their ambitions. They also help those facing challenges whilst in employment or employers who have job opportunities or require advice on how to make roles accessible.[33]

Zoe lives in Gloucestershire and has battled mental health challenges, depression and anxiety for some time. Zoe joined Forwards after a very unfortunate experience of being made redundant. This experience, along with previous working conditions left her confidence and mood very low, so much so that Zoe had started to tell herself that she deserved to be let go.

Referred to Forwards by a mental health care team, we hoped we could find a workplace for Zoe that was more suitable and could help to build her confidence levels back up along the way. At the same time, Zoe has been on an amazing journey of her own and to this day she has lost an incredible 9 stone as part of her endeavour to improve her self-esteem. What a feat!

We had been looking for opportunities for Zoe to work within the health sector and saw a job advert for a medical secretary in a doctor's surgery. We applied and waited for the good news that soon arrived; she had an interview. Together we practised the STAR technique to help her succeed at the interview and she even had Post-it notes on the wall behind the computer screen during the interview to help her keep focused.

Unfortunately, we later heard that Zoe didn't get the job but she did receive some fantastic feedback regarding the interview. This of course was still upsetting. At some points Zoe felt like she wasn't going to get a job but did feel like Forwards took the pressure off. A few weeks later, Zoe received a call to inform her that she impressed the interviewers so much that they had a different role available that they wanted to offer her.

Zoe started this role in March 2021 and once again impressed quickly. She has even been offered more hours because of her fantastic work: she has gone from an initial 8-hour contract to a 29-hour contract and is now doing three different roles of administrative work.

We asked Zoe about her journey and this is what she had to say:

"**Knowing Izzy was on the end of the phone to text or call was such a comfort. Izzy was so kind and listened to me, and never judged me. Izzy, I felt was so supportive of me, even the times when I had meltdowns she just listened to me and helped me with anything that I asked her to do. It made me feel so much better knowing I wasn't alone and Izzy was such a help. I truly cannot thank her enough."**

Zoe also told us that she didn't realise work could be so much more enjoyable than what she had experienced so far. She is now in a lovely place with friendly colleagues around her. Most importantly, Zoe told us she finally feels that the real Zoe is starting to appear! We wish her the best of luck in her new employment and all the best for the future.

Izzy Belcher, Forwards Employment Team

2: PROCUREMENT AND COMMISSIONING

Anchor institutions in Gloucestershire have significant purchasing power and decisions about what to buy and how have an impact on the health and wellbeing of the local population.

NHS Gloucestershire Clinical Commissioning Group (CCG) spent over £1billion on goods and services in 2020/21.[34] Resources spent locally on small and medium-sized enterprises (SMEs) and the voluntary and community sector have a multiplier effect and are reinvested back into the county's economy at a faster rate than those spent with national or external organisations.[35]

Through investing resources locally, anchor organisations help local businesses to grow, employ more people and pay higher wages. Those people employed are also more likely to spend locally, thus stimulating the county's economy further.

SOCIAL VALUE IN PROCUREMENT

Beyond spending locally, anchor organisations can go further and consider the social benefits of purchasing decisions. Social Value is defined through the Public Services (Social Value) Act 2012 (Act) which came into force in January 2013 and requires all public sector organisations (and their suppliers) to look beyond the financial cost of a contract and consider how the services they commission and procure might improve the economic, social and environmental wellbeing of an area.[36]

There are two related methods of spending to which anchor institutions could apply an approach for social value:

- Procurement refers to the method of purchasing goods and services by organisations from other external or third-party organisations, resulting in a contract.

- Commissioning is the process that public sector organisations go through to assess and determine what services are needed for a local area and choose what and how to allocate resources to provide services that meet those needs.

In the NHS, there will be a mandatory 10% weighting for social value in all NHS procurement from April 2022, though some NHS organisations, including Gloucestershire Hospitals NHS Foundation Trust have already adopted a sustainable procurement strategy. This includes elements such as buying food from local producers and ensuring materials come from sustainable sources, for example wood from Forest Stewardship Council certified suppliers.[37]

Gloucester City Council is also among organisations in the county which have adopted a policy for social value. It states that for procurement activity exceeding £50,000, the City Council will require potential suppliers for contracts to submit details on how they will deliver social value through the lifetime of the contract. Social Value deliverables cover the five following areas:

- Promoting local skills and employment

- Supporting growth of responsible regional business

- Creating healthier, safer and more resilient communities

- Protecting and improving our environment

- Promoting social innovation.[38]

IMPACT ON HEALTH INEQUALITIES

Public sector anchor institutions can also have a greater influence on health inequalities in Gloucestershire by considering the ways in which services are commissioned. The COVID-19 pandemic has further underscored the important role played by the voluntary and community sector in supporting the health of residents. Public financing is key to the survival of the sector and national research highlights the challenges these groups are facing:

"Charities have reported increased competition for grants and contracts in the last year. Commissioning itself continues to be a challenge with small charities reporting that contracts are going to larger, generalist charities."
Lloyds Bank Foundation[39]

Last year's Director of Public Health report highlighted that the structures in place favoured larger charities at the expense of smaller, grassroots groups who can struggle to access contracts and funding. This particularly impacts

groups representing Black, Asian and minority ethnic communities in the county. The Forest Voluntary Action Forum was set up to address this issue in the Forest of Dean by providing a district-wide footprint to facilitate access to resources and information for the district's many separate hyper-local community groups.

Earlier this year, the Barnwood Trust, which supports disabled people and people with mental health challenges, conducted a listening exercise across the county to research the lessons that could be learned from COVID-19 and how this contributed to a resilient Gloucestershire. The research highlighted the extensive contribution of local community groups and organisations as well as five core challenges participants felt restricted the impact they could make (see figure 2).

- Short-term funding
- The omission of local expertise from decision-making
- Restrictive outcome measures
- An emphasis on competition at the expense of collaboration
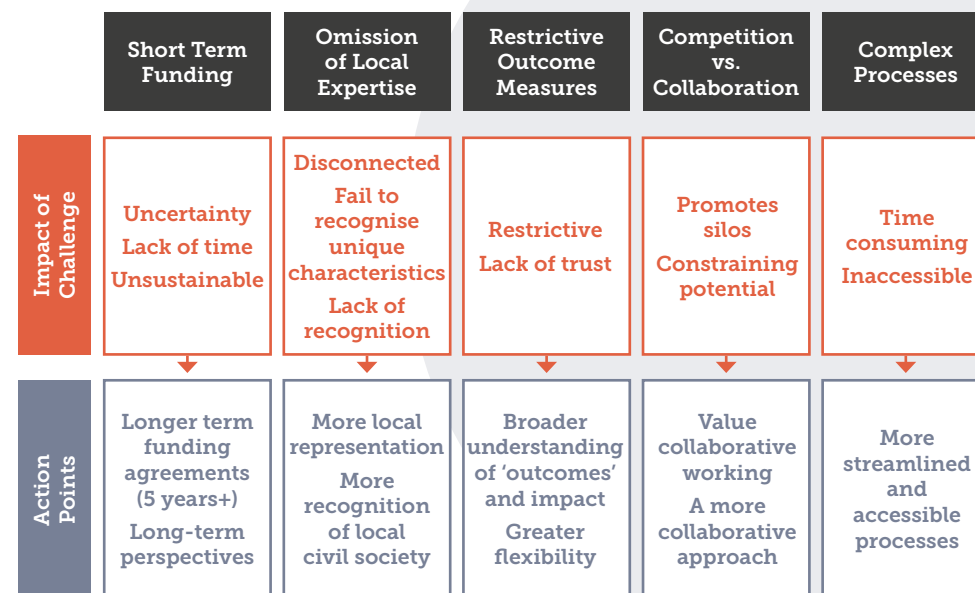- Complex processes.[40]

	Short Term Funding	Omission of Local Expertise	Restrictive Outcome Measures	Competition vs. Collaboration	Complex Processes
Impact of Challenge	Uncertainty Lack of time Unsustainable	Disconnected Fail to recognise unique characteristics Lack of recognition	Restrictive Lack of trust	Promotes silos Constraining potential	Time consuming Inaccessible
Action Points	Longer term funding agreements (5 years+) Long-term perspectives	More local representation More recognition of local civil society	Broader understanding of 'outcomes' and impact Greater flexibility	Value collaborative working A more collaborative approach	More streamlined and accessible processes

Figure 2: Resourcing Resilient Gloucestershire, Barnwood Trust[41]

At an event to launch the report, Barnwood Trust initiated what will be the first of a number of conversations between colleagues in the VCS, commissioning and funding about how together we can learn from the pandemic and develop systems that work for everyone in Gloucestershire.

Participants were appreciative of some of the ways commissioning had been more flexible during the crisis and were united in asking commissioners to sustain the trust, flexibility and autonomy they were able to offer going forward.

SUMMARY: ACTIONS ANCHOR INSTITUTIONS CAN TAKE

Shifting more spend locally

- Building local capacity and supporting local supply chains

Embedding social value into purchasing decisions

- Prioritising and monitoring social value
- Building organisational capability and capacity for social value.[42]

KNOW YOUR PATCH

CASE STUDY

Know Your Patch (KYP) Networks are based in each district of Gloucestershire and are hosted by local organisations. The initiative was started in 2018 by Gloucestershire County Council and involved a different approach to commissioning. The networks meet quarterly and help to connect VCS and statutory organisations together for effective partnership working.

The networks were established with the belief that thriving communities are key to good lives. KYP believes that people prefer to find their own solutions and that when we get better at helping those people, we reduce pressure on services.

The commissioning process was designed specifically to be non-competitive. It was developed this way as it was felt the VCS had been competing with itself for contracts for years, and with the end goal looking to develop sustainable partnerships, having a competitive tendering process wouldn't provide a good starting point for positive relationships to develop.

The process started with a request for an Expression of Interest and a meeting took place in each district for interested parties. Once the discussion had taken place and roles and responsibilities outlined, the organisations fit to deliver the project were awarded the contract. This ensured a fair and equitable process was conducted without the need for a competitive tender process and that the best organisation with the right fit was able to deliver.

KYP leads noted that one of the biggest differences between this contract and others, was the degree of coproduction and flexibility. Contracts were awarded on an initial 3-year basis which gave leads confidence that they had time to engage with communities and build the network organically. Each lead felt that they were able to develop their own network to suit the needs of their individual communities and that there were very few fixed outcomes demanded of them from.

> **"I felt that our ideas and suggestions were taken into account when developing the approach to KYPN and to developing the idea."**

> **"You could see coproduction to happening in real time, right in front of your eyes."**

Another important aspect of the KYP delivery that differentiates it from other networks is that it is set up specifically to enhance cross sector engagement. This is significant as it creates an equal relationship where neither the public nor VCS sectors are in the driving seat, nor are they the junior partner. It breaks down barriers that working in sectors can bring and encourages participants to concentrate on what we are trying to achieve in common.

During the COVID-19 pandemic, KYP provided a touchpoint for the public sector into communities, whilst providing a space to coordinate efforts to support communities. It was felt that KYP provided a safe space for collaboration and coproduction which was enhanced by there being an equal power balance and common goal.

> **"Since attending KYP we feel much more connected with other organisations and the community."**

Regarding their relationship with the commissioner, KYP leads all reported that they were able to have open and honest conversations about what was and what wasn't working well, without being judged or fearing losing the contract. This allowed issues to be dealt with quickly, changes to be made flexibly and a clear dialogue between the public and VCS sectors to be sustained.

> **"We have the freedom to develop and deliver in our own way, working in partnership with the district council and collaboratively with other KYP leads. It's a positive and helpful model of working, that enables us to innovate and adapt to the needs of the community."**

It was acknowledged this this type of commissioning requires a leap of faith, as an important factor for the development was for the commissioner to "step away and let the networks grow organically". This approach provides a fantastic opportunity for the public sector to listen to communities and work differently. It does however mean a change in the power dynamic between commissioners and providers, and trust to be established and maintained.

3: BUILDINGS AND CAPITAL

Anchor institutions often have significant physical assets and capital investments that can be leveraged for the benefit of the local community by supporting broader social, economic and environmental aims. Gloucestershire County Council alone owns 775 physical assets in the county, including schools, commercial properties, farmland and housing.[43] Anchor strategies can incorporate measures to increase access to affordable housing, provide buildings and green spaces for community use, and take measures to ensure that capital development projects provide the maximum benefit for local communities.

The combined capital spending of anchor institutions in the county has the potential to have a significant impact on the local community. The county council's capital budget for 2020/21 was £123.87 million. The infrastructure projects that comprise Gloucestershire Vision 2050 will involve substantial resources and personnel. All developments involve choices about materials, workforce, design, cost, and sustainability. Involving communities throughout the process, providing targeted opportunities for local workers and organisations, and considering environmental sustainability all help to ensure mutual benefits for health and wellbeing as well as the local economy of capital spend.

HOUSING

One of the ways in which anchor organisations can improve housing availability and affordability in the county is by making parts of their estates available for housing development. Prioritising housing for key workers close to workplaces has the additional benefit of encouraging recruitment and retention of staff.

Housing is one of the most significant contributors to health and wellbeing. Those who lack stable housing face some of the starkest health inequalities. Research suggests that average age of death of men who have experienced longer-term homelessness is 47 years, for women this is 43 years.[44]

People living in poor quality housing are more likely to experience physical and mental health challenges. Gloucestershire primary care data shows that people living in park homes have a much higher prevalence of Chronic Obstructive Pulmonary Disease (COPD). Being unable to effectively heat the home, resulting in excess cold and damp conditions, is linked to several chronic health problems, including respiratory and cardiovascular conditions, rheumatoid arthritis, and poor mental health.[45] 8.8% of households in Gloucestershire faced fuel poverty in 2018.

ACCESS TO COMMUNITY SPACES

Loneliness and social isolation can lead to a 30% higher rate of premature mortality, comparable to those associated with smoking and alcohol consumption, and is a risk factor in developing depression.[47] Vibrant community activity increases resilience and reduces dependency on services. Creating community hubs that bring people together also have the potential to get people back into town centres and investing in the local economy.

Anchor institutions can encourage this by facilitating access to spaces for local community groups. Many community groups struggle to access meeting space as well as funding. Though local authorities and other anchor institutions already do make some buildings available for community groups, short-term tenancies and other restrictions can hinder the effectiveness of this arrangement. The Forest Voluntary Action Forum reports that youth groups in the Forest of Dean find it difficult to obtain suitable places for their groups to meet. Buildings are sometimes dilapidated and the groups are unable to make the space their own. As a consequence, the groups are more likely to be segregated by levels of deprivation and this reinforces feelings of being 'left-behind' and low self-esteem.

Anchor institutions with land and estates can facilitate access to green space for those living in surrounding areas. Access to green space is correlated with race and level of deprivation. Almost 40% of people from ethnic minority backgrounds live in the most greenspace deprived areas of the country, compared to 14% of White people. 29% of people living with a long-term illness or disability had not visited a natural space in the previous month. Evidence shows that green space improves mental health, increases physical activity, provide opportunities for social connections, attracts investment to the local economy and benefits the environment.[48] The case study overleaf shows how one community group is working with public sector organisations to improve their green spaces and provide opportunities for local people to come together, socialise and learn new skills.

SUMMARY: ACTIONS ANCHOR INSTITUTIONS CAN TAKE

Expanding community access to property

- Enabling local groups and businesses to use estates

Converting and selling estate for community benefit

- Supporting access to affordable housing or housing for key workers
- Working in partnership across a place to maximise the wider value of estates
- Developing accessible community green spaces.[49]

VALE COMMUNITY HOSPITAL ALLOTMENT SCHEME

Down to Earth is a Community Interest Company (CiC) based in Stroud which has a number of schemes around the county aimed at converting unused public land into community gardens and allotments. One of these is the Vale Community Hospital Allotment Scheme.

Down to Earth Stroud supports people in growing and harvesting their own fruit and vegetables. Their aim is to increase access to and availability of fresh, healthy food and encourage reconnection with the land. They provide a range of services including gardening and run several community projects across Gloucestershire.

The Vale Community Hospital Allotment Scheme was established in 2016. Down to Earth has developed ground at the front of the hospital and installed 60 raised bed allotments, 2 polytunnels, 2 sheds, pond, linear orchard and compost bays. The participants are local individuals and groups interested in growing their own fruit and vegetables, some of whom have found their way to the group by being referred through social prescribing.

The land now used for the allotment scheme was originally unused when the Vale Hospital opened in 2011. The project lead, Amanda Godber from Down to Earth, began initial discussions with local GP, Dr Simon Opher on the benefits of using the land. Dr Opher was then able to take this forward to the hospital board, of which he was a member, and this began three years of work to develop the allotment land and scheme. The whole process included extensive discussion, fundraising and planning to open the development in 2016.

Though the project began with paid work to develop the land, the allotments are now looked after by volunteers and hospital staff. Patients and relatives also use the site have lunch and relax.

The project has been met with very positive feedback from local residents, volunteers and staff at the hospital:

The success of the project has led to prospects for further development. Down to Earth is currently creating a site for horticulture therapy for patients with dementia, with support from the hospital on finding appropriate space to use. This site is expected to be ready for use in Spring 2022. Whilst the support of the hospital has been critical to developing the new site, it has taken time to develop the land due to the need to fundraise.

This scheme demonstrates the significant impact partnership working and the use of anchor institutions' physical assets can have on the wellbeing of a local community in a number of ways; from greater access to healthier food to opportunities for greater community cohesion.

"Thank you as ever for our allotment - it is such a lovely place to come to. We really appreciate all you have put into this special place."

"We have found the idea of the allotment an amazing help for us and cannot thank our doctor enough for giving us your details."

4: ENVIRONMENTAL SUSTAINABILITY

Measures taken by anchor institutions can have considerable benefits for the environment, in terms of reducing emissions, promoting biodiversity and sustainable use of resources.

In 2017, the health and social care system used 27.1 million tonnes of CO2 and 2.23 billion m3 of water. NHS providers generated 589,000 tonnes of waste and 9.5 billion travel miles. Health and care-related travel constitutes around 5% of all road travel in England.[50]
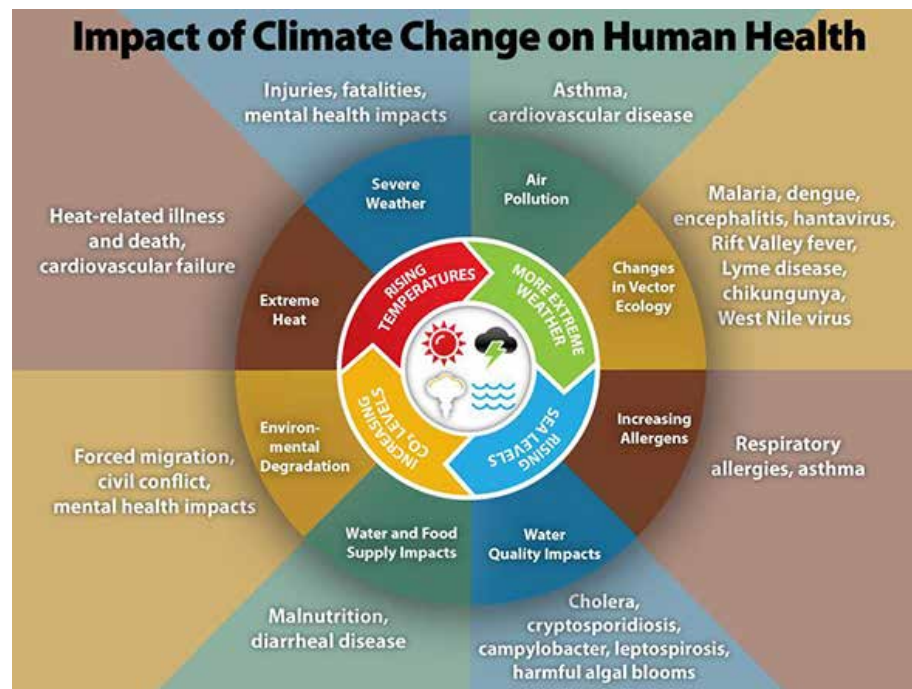

Figure 3: Impact of Climate Change on Health[53]

CLIMATE EMERGENCY

Environmental sustainability is part of the social value considerations for an organisation. 'Social value' serves as an umbrella term for the additional economic, social and environmental benefits that an organisation delivers through its actions and/or projects. This is fundamental to being an anchor institution.

All Gloucestershire councils have now declared a climate emergency. Anchor institutions have a responsibility to reduce their carbon footprint and meet the targets that have been agreed for the county.

The county council's declaration in May 2019 included commitments to be net zero by 2030, and deliver a carbon neutral county by 2050, working with partners to deliver an 80% reduction by 2030.[51] Measures taken to date have included switching to a green electricity tariff for its buildings which comes from 100% renewable sources and processing school food waste at an Anaerobic Digestion Plant which sells energy back to the grid.[52]

Climate change has a wide range of significant direct and indirect impacts on health (see figure 3). Though damaging in their own right, this also has a knock-on effect on productivity, lost revenue and increased demand on public services. For example, climate change increases the number and geographical range of vector-borne diseases. Vectors are any organisms, such as mosquitos and ticks, that carry pathogens from one host to another.

AIR QUALITY

It is estimated that there are 340,000 life years lost and 40,000 premature deaths attributable to poor outdoor air quality in the UK every year. Exposure to poor air quality contributes to the development of long-term conditions, and shorter life expectancy. It also results in both acute admissions to healthcare services, and long-term health and social care needs. In Gloucestershire there are nine Lower Super Output Areas that exceed the recommended levels for Nitrogen Dioxide, of these two are in the most deprived 20% of the country.[54]

As with the effects of climate change, air pollution is a health inequality issue as the most deprived experience disproportionate exposure to poor air quality. Moreover, areas with the worst exposure to poor air quality have the lowest levels of car ownership so contribute less to the pollution. Conversely, areas with the highest levels of car ownership have less exposure to poor air quality.

According to the most recent census, approximately 76% of people in Gloucestershire travel to work by car, compared to 66% nationally. Even where journeys to work are less than two kilometres, a much lower proportion are made on foot or by bicycle than in the rest of the UK.[55] Employers have a role to play in incentivising the use of public and active travel as well as maintaining the option for remote working that many have made use of during the pandemic.

Gloucestershire Constabulary have implemented a Police Fleet Replacement Strategy which has resulted in the force having the largest percentage (21%) of electric vehicles in its fleet of any police force in the UK. This will help to deliver a saving of almost 190 tonnes of Co2 and £138,000 per year. The force aims to go further and reach 40% electric vehicles by 2024.[56]

WIDER ENVIRONMENTAL IMPACTS

Reducing air pollution and working towards net zero is an important element of tackling climate change but this is not the only threat to our environment. Ecological degradation, biodiversity loss, unsustainable use of resources, and poor waste management all require a concerted effort to address.

"Healthy societies rely on well-functioning ecosystems to provide clean air, fresh water, medicines and food security. These help to limit disease and stabilize the climate. But biodiversity loss is happening at an unprecedented rate, impacting human health worldwide and increasing the risk of emerging infectious diseases."

World Health Organisation[57]

Conversely, evidence shows that a thriving, wildlife-rich environment benefits both physical and mental health. People with nature on their doorstep are more active, mentally resilient and have better all-round health.

Gloucestershire Wildlife Trust (GWT) has dedicated programmes that are commissioned by Gloucestershire Clinical Commissioning Group (CCG) to work with residents of all ages to benefit their wellbeing through nature.

One of the projects, Nature Nurtures, aims to demonstrate the benefits of nature for children aged 5 - 14 years that have been struggling with low level mental health issues, such as anxiety or depression across Gloucester, Cheltenham and the Forest of Dean.[58]

"At the local system level, organisations can work together to develop shared goals and strategies to improve environmental sustainability and track their impact. (Anchor organisations are) also well placed to work with other anchors to influence supplier behaviour and make local transport or infrastructure more environmentally sustainable."

Health Foundation[59]

SUMMARY: ACTIONS ANCHOR INSTITUTIONS CAN TAKE

Adopting sustainable practices

- Developing leadership, internal action plans, governance and staff buy-in for acting on environmental sustainability.

- Reducing carbon emissions related to their own operations whilst ensuring they purchase only green energy.

- Reduce waste and promoting re-use and replacement of carbon heavy products and services for less carbon intensive options.

Influencing sustainable practices in the community

- Developing and supporting education programmes to help educate staff and residents of the risks and impacts of climate change to allow them to change behaviours.

- Creating campaigns, cross public and private sector partnership projects and sharing and following best practice to ensure that they stay the forefront of action to reduce the impacts of climate change.

- Helping shape community environments and behaviours, and influencing local suppliers.[60]

BUILDING WITH NATURE

Building with Nature is a new benchmark for high quality green infrastructure, setting the standard for the design, implementation, and maintenance of high-quality green features in new development across the UK.[61]

One of the key components of the Building with Nature benchmark is to assess developments for their benefits to improving people's wellbeing through green infrastructure. Developments are assessed on whether they promote health and wellbeing, community cohesion, active living, and are accessible and inclusive to all.

As well as working with communities to enhance green spaces for wildlife and people, and improve access, Gloucestershire Wildlife Trust works closely with Building with Nature throughout the county to help ensure people and nature are considered in any new developments within the county.

The Fosse Way development at Cirencester College is part of a wider 'Wild Campus Cirencester' initiative involving two other educational institutions which will help to deliver an effective range of connected green infrastructure features linking to the wider environment and designed to benefit people and wildlife.

The development considered low carbon behaviours, such as using recycled materials from the

campus, whilst also promoting urban cooling, with behaviours such as planting more than 100 new trees, increasing surface water retention on site, green roofing, ponds and rain gardens. This is beneficial for the environment and many features will also create new wildlife habitat.

The Cirencester College development clearly demonstrated their commitment to the health and wellbeing of students and the wider community through the Building with Nature assessment, with a commitment to bringing nature closer to the heart of the campus and students out into the greener parts of the campus.

The college also has adopted a proactive approach to student and staff health and wellbeing by engaging them in the design, implementation and long-term management and maintenance of some of the green infrastructure features.

A new trim trail will be constructed with recycled materials from the site, mini urban forests, a restored pond, rain gardens and wildflower planting will encourage students and staff to engage with and enjoy the wider campus and will be accessible at all times of year.

In 2021, Cirencester College was awarded the Building with Nature Design Award based on its Green Campus Strategy and associated plans and documents, demonstrating a holistic approach to the design of green infrastructure as part of redevelopment proposals and wider uses for the Fosse Way campus.

Building with Nature

5: PARTNERING IN PLACE

STRONG PARTNERSHIP WORKING

Gloucestershire has a strong history of partnership working which can be built upon using the lessons contained in the anchor institutions approach to leverage resources effectively across the system to address health inequalities.

This encompasses working with other anchor institutions in a place to align objectives and achieve more than one organisation can alone. It also involves incorporating the principles of co-production and working in partnership with those who are closest to an issue and know better what is needed and what will or will not work, be that employees, residents or community groups.

Through the Gloucestershire Health and Wellbeing Board, member organisations have already agreed to adhere to ten principles for maximising their social benefit as anchors in the community.

As well as taking measures to incorporate an anchor approach within each individual organisation as outlined in the previous 4 sections, working in partnership, anchor organisations in the county can provide the system leadership required to implement significant change to communities in Gloucestershire; through economies of scale, a greater reach into communities, developing joint strategies, sharing best practice, and using their combined influence to encourage further change locally.

A PLACE-BASED APPROACH

Place-based approaches have gained more attention through the creation of Integrated Care Systems (ICSs), and the important role of local leadership in responding to the pandemic. Earlier this year, Public Health England released a guide to creating inclusive and sustainable economies which aims to support place-based action to reduce health inequalities and build back better.[62]

The three domains in figure 4 of environmental, economic and social are where an organisation can add social value.

The report provides a framework and tools to support whole system, place-based action to build economies that promote prosperity for all, address the wider-determinants of health, and help us to live within our means for the planet.
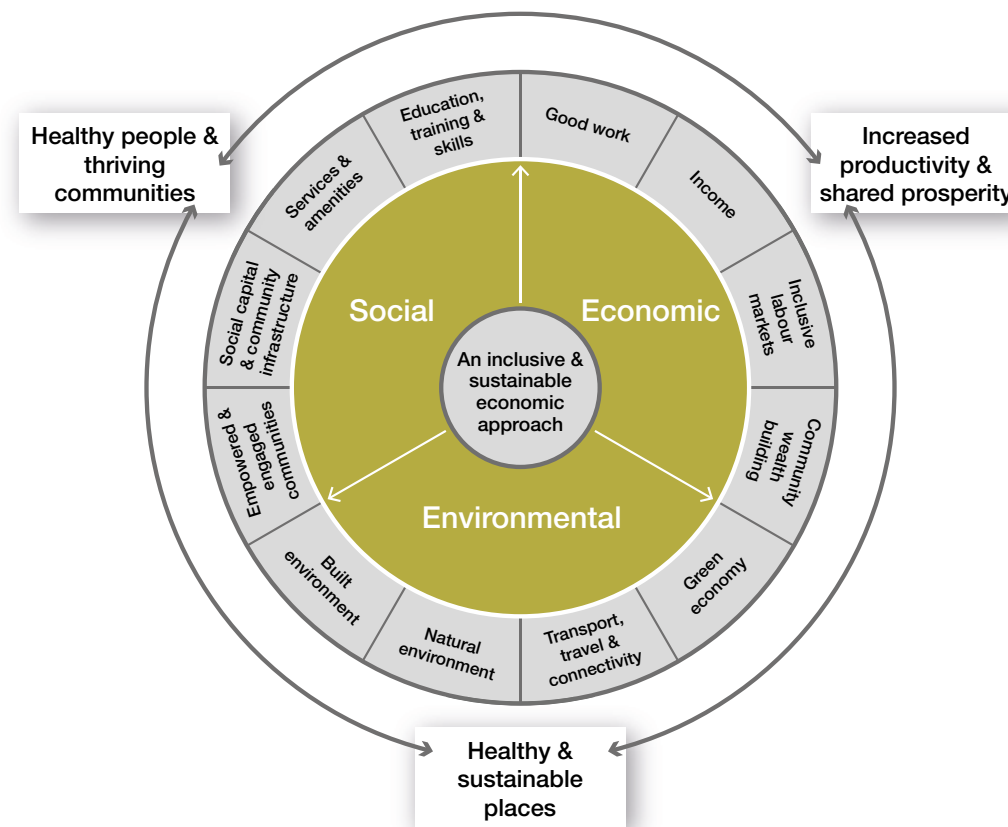

Figure 4: Framework to support planning and action on inclusive and sustainable economies [63]

STRENGTHENING COMMUNITIES

A key lesson from the pandemic has been the importance of collaborative working between public sector organisations and communities at a hyper-local level. In many areas, people were able to mobilise quickly and use their local knowledge to find out what their community needed. Statutory organisations adapted their approach by stepping back and listening to communities and played a role in facilitating and enabling. Lessons on the central role of trust and building relationships should be taken forward.

Communities often already contain a wide range of skills, strengths and assets that can be harnessed and built upon. However, Barnwood Trust found in their research that some areas that were less equipped to coordinate their own response to supporting each other through lockdowns had previously high levels of statutory involvement which had created a culture of dependency.[64]

Changing the way these interventions are implemented from 'doing to' to 'working with' can empower people and build resilience. Though this is not easy or straightforward as it involves a shift in mindset about the nature of public services and accepting a loss of control over means and outcomes.

Asset-based community development (ABCD) is one approach that aims to change the relationship between services and communities and encourage the growth of social connections and activity. [65]

FROM... DEFICIT APPROACH	TO... ASSET-BASED APPROACH
FOCUS ON PROBLEMS, DEFICITS OR WEAKNESS; FOCUS ON PAST FAILURES	FOCUS ON OPPORTUNITIES AND STRENGTHS; FOCUS ON FUTURE POSSIBILITIES AND SUCCESSES
LOCAL PEOPLE AS 'CUSTOMERS', 'CLIENTS' OR 'SERVICE USERS'	LOCAL PEOPLE AS 'CITIZENS'
PROVIDE SERVICES TO PEOPLE	DEVELOP AND CO-PRODUCE SERVICES WITH PEOPLE
RESPONDS TO 'PROBLEMS'	FINDS OPPORTUNITIES FOR GROWTH AND SOCIAL CHANGE, GIVES PEOPLE OWNERSHIP OF THEIR EXPERIENCES
RELIANCE ON OUTSIDE 'EXPERTS' AND BUREAUCRATIC SYSTEMS	NON-BUREAUCRATIC, FOCUS ON PEOPLE'S STRENGTH AND KNOWLEDGE, PRIORITISES COMMUNITY
GRANTS OR FUNDING GIVEN TO AGENCIES OR GOVERNMENT	GRANTS OR FUNDING GIVEN TO LOCAL ASSOCIATIONS OR GROUP
PROGRAMMES ARE THE ANSWER	PEOPLE ARE THE ANSWER

This approach has a number of mutual benefits for organisations and residents. Helping people to build social connections in their local area helps to foster a sense of identity and community cohesion in the place. The more that people know their neighbours, the safer a community becomes. It fosters a feeling of ownership and pride in a local area. People may share skills by setting up local groups and teaching others. This all has benefits for people's health and wellbeing, as well as reducing demand on services.

SUMMARY: ACTIONS ANCHOR INSTITUTIONS CAN TAKE

Partnering with other anchor institutions across a place

- Developing anchor collaboratives and networks to support shared approaches locally.[66]

Developing a collaborative approach

- Working with communities in a strengths-based way
- Incorporating the principles of co-production at all levels.

GLOUCESTER COMMUNITY BUILDING COLLECTIVE AND GLOUCESTERSHIRE CONSTABULARY

Gloucester Community Building Collective (GCBC) is a Community Interest Company that uses an asset-based community development (ABCD) approach to ensure that everyone in Gloucester can have a good life. GCBC is currently in its second year and has active projects with the NHS, Active Gloucestershire and funding from the Big Lottery Foundation with an ambition to support community building across Gloucester in every ward.

The Collective came about following a two year 'test and learn' project which was driven by people working in Gloucestershire Constabulary, the Office of the Police and Crime Commissioner for Gloucestershire, Gloucester City Council and Barnwood Trust.[67]

The project involved seconding three Police Community Support Officers (PCSOs) into the Community Building team at Barnwood for a fixed term period to practice ABCD in particular, as well as providing workshops on strengths-based approaches for a variety of professionals working in statutory and voluntary organisations in Gloucester. These initiatives sought to promote a new way of working and to support local people to build their collective capacity and resilience.

As a result of this 'test and learn' phase, Gloucestershire Constabulary's Neighbourhood Policing strategy reflects a commitment to using ABCD practices in all neighbourhood policing and it is committed to enabling all PCSOs to use community building skills in their routine practice within the role of a PCSO. Furthermore, the PCSOs who were seconded have gone back into the Constabulary to share the practice through training and facilitation of the skills. They have worked with GCBC's Community Builders to hold 2-day training workshops for all neighbourhood policing teams in the county.

The workshops encourage officers to reflect on their purpose and why they joined the police, as well as how to bring their whole selves to work. At the beginning, the participants often described areas with high deprivation in which they worked in terms of the problems and crimes they encountered. By sharing their positive stories of the communities, this deficit-based thinking changed to one of seeing the strengths first.

> "I see the person now, not the crime."

> "Why haven't we been working this way from the beginning? This is the right thing to do, this is the mindset police should have."

A strengths-based approach to neighbourhood policing involves building relationships before they are needed and emphasises the importance of stepping back in situations to see the whole person and what causes led up to an incident. A relational, rather than transactional, approach has benefits for the officers themselves who gain more satisfaction from their work. There is evidence that this approach also helps to strengthen communities, build trust in the police, reduce call-outs, and prevent crime.[68]

Throughout October, the Chief Inspector is collecting positive stories which illustrate how a strengths-based approach has changed the outlook of the participants.

One PCSO in Tewkesbury reported attending a neighbourhood dispute. Before the workshop they would have tried to resolve the immediate issue quickly and move on. This time, the PCSO tried to get know the people involved and asked questions to find out why the dispute had occurred and address the root cause. One of the residents hadn't been leaving his house for fear of their neighbour but now that they are on speaking terms, he has felt able to go out which has made a significant difference to his life.

Another PCSO based in an area which had low levels of trust in the police has now built relationships with local residents and is leading efforts to convert a disused piece of land into a community garden.

Officers will bring these stories to further workshops planned in November.

CONCLUSION

Anchor institutions have been present in our community for decades, and have been an ongoing source of both service provision and support for many residents in Gloucestershire. As we recover from the pandemic and focus on how we level up, now is an ideal time to highlight the potential anchor institutions have for tackling entrenched health inequalities. The pandemic has provided the opportunity to re-evaluate the role of anchor institutions and encourage local organisations in Gloucestershire to consider what their contribution is to improving the health and wellbeing of our population.

We have taken an inclusive approach to anchor institutions, recognising the important contribution of public, private and VCS organisations. All of these organisations have the potential to maximise how they improve health and wellbeing and address health inequalities by pledging their commitment to the principles and by taking action against the five key areas for an anchor institution.

Whilst the report considers anchor institutions in the widest definition, we recognise that the public sector especially has a traditional role in recognising and taking responsibility for impacting health and wellbeing. This forms part of their core purpose. As such, these organisations should role model good practice across our system.

We want to ask anchor institutions in Gloucestershire to think about what else can be done and how any untapped potential within our systems can be identified and taken forward. One example of this is how our estates and buildings are used. The public sector owns a number of estates and buildings across Gloucestershire, and we can do more to enable the local community to use these.

In the recommendations set out in this report, we consider how to build on what already exists and how to learn from each other. We think it is important to develop collaborative ways of working to move forward and to make the most of opportunities. We also want to make sure that we plan how to monitor and evaluate the progress of anchor institutions over the coming years and how we can continue to learn and develop.

However, establishing a co-ordinated approach to progressing the anchor institution work does not stop each organisation from pursuing their own internal actions to address health inequalities. We hope that this report provides some challenge to all of us, and helps us to consider what else we can do locally to tackle the wider determinants of health.

RECOMMENDATIONS

1. The Prevention, Wellbeing and Communities Hub at Gloucestershire County Council to organise an anchor institutions event. This will bring together key partners from across Gloucestershire to discuss the five areas set out in the report and to identify additional opportunities for action.

2. Anchor institutions should reassess career access and development pathways to strengthen opportunities for people from underrepresented groups and young people. Consideration should be given to recruitment practices and supporting retention and workforce health and inclusion through fair pay and conditions.

3. Anchor institutions should consider and develop their social value policy in line with the Social Value Act. These should be aligned across the county to further strengthen the contribution to social, economic and environmental impacts.

4. Focus initially on strengthening the role of core (public sector) anchor institutions by these organisations:

   a. Identifying a strategic lead per organisation to help set the direction and priorities based on the five areas set out in the report.

   b. Identifying an operational lead per organisation who can ensure that actions and recommendations are implemented at an organisational level.

   c. Building the five areas set out in this document into corporate plans and wider policies and practices.

   d. Develop locally agreed matrices to monitor and evaluate the contributions of core (public sector) anchor institutions.

   e. Ensuring that contracting and monitoring requirements are proportionate to the size of the contract, to promote inclusivity for a range of organisation types.

   f. Supporting more flexible commissioning and co-production of services which puts power and trust in communities and recognises the value of local expertise and lived experience.

   g. Committing to using our public buildings and spaces as community assets and ensuring that lease agreements make this viable.

5. Work through GFirst LEP (Gloucestershire Local Enterprise Partnership) to develop a clearer identity and roles for business anchor institutions. Ensure anchor institutions are included in the refreshed Local Industrial Strategy (LIS).

6. Develop a Gloucestershire Anchor Institutions Collaborative to ensure a coherent, system-wide approach for anchor institutions to develop across the five areas. This should report to the Health and Wellbeing Board annually.

7. Publish the principles as an Anchor Institutions Charter to which organisations pledge and demonstrate their commitment to this approach.

APPENDIX 1: DASHBOARD

Anchor institutions have the capability to influence multiple areas of people's lives in Gloucestershire and we want to consider all these aspects of people's health and wellbeing as part of our dashboard.

We have not collected specific data from employers in Gloucestershire as we expect that this information will be monitored by organisations individually and discussed as part of our collective.

The information in the dashboard provides some indicators of the overall health and wellbeing of the population. Gloucestershire overall scores well compared to England on some key measures including life expectancy.

However, this can be partly explained by the relative affluence of the area as a whole and does mask differences between communities. Life expectancy for baby boys born in the most deprived part of Gloucestershire is 7.6 years shorter than for boys born in the least deprived areas.

This gap in life expectancy is one of the reasons that it is important for anchor institutions to consider how they widen employment, as we know offering secure employment to people is an important way of addressing some of the health inequalities persistent in the community.

People in more deprived areas are also more likely to have a shorter healthy life expectancy, for example due to suffering from chronic health conditions. The impact of chronic health conditions on individuals can be significant, including affecting their ability to work which we know is beneficial to people's mental and physical health. In Gloucestershire, the gap in employment for people with long-term health conditions and those without is 10.4%.

This underlines how important it is to ensure that employees are made aware of smoking cessation support that is available in the local area. Employers can also support people to be physically active, through both encouraging and incentivising active travel as well as offering opportunities to take part in physical activity during the working day.

COVID-19 has had a huge impact on our community, and we are continuing to examine data to understand the impact on our health. It is likely that more time will be needed for trends to emerge, but we know that the pandemic had an impact on many of the factors that determine our mental and physical health, including employment, housing, social isolation and education. We will continue to monitor these trends as more data becomes available, and are proactively responding to issues that are emerging along with other anchor institutions. For example, the local authority and NHS are partnering to provide additional support for young children and parents who missed out on early years support due to the pandemic. This type of assistance will help community resilience in the long-term, and continue our work to tackle health inequalities.

	Indicator	Period	Gloucestershire	Region	England	England		
			Value	Value	Value	Worst	Range	Best
Life expectancy and mortality	Healthy life expectancy at birth (male, in years)	2017-19	68.2	65.2	63.2	63.7		71.5
	Healthy life expectancy at birth (female, in years)	2017-19	66.1	65.0	63.5	55.3		71.4
	Life expectancy at birth (male, in years)	2017-19	80.2	80.3	79.4	74.1		84.7
	Life expectancy at birth (female, in years)	2017-19	83.9	84.1	83.1	79.0		87.9
	Disability-free life expectancy at birth (male, in years)	2017-19	66.8	63.3	62.7	53.4		69.6
	Disability-free life expectancy at birth (female, in years)	2017-19	64.4	61.2	61.2	49.9		70.3
	Inequality in life expectancy at birth (male, in years)	2017-19	7.6	7.5	9.4	14.8		2.9
	Inequality in life expectancy at birth (female, in years)	2017-19	5.4	5.6	7.6	13.3		1.5
Employment	Percentage gap in the employment rate between those with a long-term health condition and overall employment rate	2019/20	10.4%	10.3%	10.6%	23.6%		0.1
	Percentage gap in the employment rate between those with a learning disability and the overall employment rate	2019/20	81.6%	73.8%	70.6%	81.6%		44.5
	Percentage gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2019/20	73.4%	68.2%	67.2%	76.5%		45.9
	Percentage of people in employment	2020/21	77.0%	77.7%	75.1%	63.2%		84.3%
Behavioural risk factors	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2019/20	57.6%	60.1%	55.4%	41.4%		65.8%
	Percentage of adults (aged 18+) classified as overweight or obese	2019/20	61.4%	62.0%	62.8%	78.3%		41.6%
	Percentage of physically active adults	2019/20	70.8%	70.9%	66.4%	49.4%		77.3%
	Percentage of physically inactive adults	2019/20	19.0%	19.1%	22.9%	35.2%		14.2%
	Smoking prevalence in adults (18+) - current smokers	2019	13.0%	14.0%	13.9%	32.4%		8.0%
Wider determinants of health	Premature mortality in adults with severe mental illness (Directly standardised rate per 100,000)	2016-18	84.7	81.3	94.8	198.2		48.9
	Exccess under 75 mortality rate in adults with severe mental illness (percentage of excess risk)	2016-18	501.8%	417.6%	365.2%	600.4%		165.3%
	Suicide rate (Per 100,000)	2018-20	11.0	11.6	10.4	18.8		5.0
	Homelessness - households owed a duty under the Homelessness Reduction Act (per 1000)	2019/20	11.4*	11.2	12.3	26.2		4.0
	Homelessness - households in temporary accommodation (per 1000)	2019/20	0.9*	1.1	3.8	30.3		0.0
	Proportion using outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	15.3%	17.4%	17.9%	5.1%		36.9%

Figure 5: Overall indicators of health and wellbeing in Gloucestershire (Public Health Outcomes Framework)[69]   Public Health England, Local Authority Health Profiles (2021).

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Report of the Director of Public Health **2021/22**

Gloucestershire
COUNTY COUNCIL