

Supporting our NHS workforce with the rising cost of living

The role of anchor institutions and systems working

1 November 2023

Welcome

Becky Wilson Senior Programme Officer NHS Employers







Cost of living hub to support employers



- IN WORK PROGRESSION
- FINANCIAL EDUCATION & WEUBEING
- TACKLING THE STIGMA AROUND MONEY
- SUSTAINABLE REWARD OFFERS
- -EMBED A CULTURE OF FLEXIBLE WORKING
- GETTING THE BASICS OF WELLBEING RIGHT

ENABLERS:

- TAKING A DATA DRIVEN APPROACH
- COMMUNICATION & REACH
- WORKING IN PARTNERSHIP AT A SYSTEM LEVEL
- BOARD BVY IN
- INVESTMENT & UPSKILLING LINE MANAGERS
- SUPPORT VULNERABLE GROUPS

SHORT TERM:





Agenda

1. Welcome, introduction and context setting Becky Wilson, Senior Programme Officer, NHS Employers

- 2. The cost of living crisis and health Ruth Lowe, Policy Associate, NHS Confederation
- 3. Unlocking the NHS's social and economic potential: anchors during a storm Michael Wood, Head of health economic partnership, NHS Confederation
- 4. Exploring our system response to the impact of living costs on our local workforce Jane Nicholson, Director of People, Berkshire Healthcare NHS Foundation Trust

5. Q&A session

Chance for you to ask our speakers their advice and hear their top tips to gain board buy in, by taking a dataled approach

6. Next steps, evaluation and close

Hear about future cost of living masterclasses from NHS Employers and how you can stay involved in this conversation

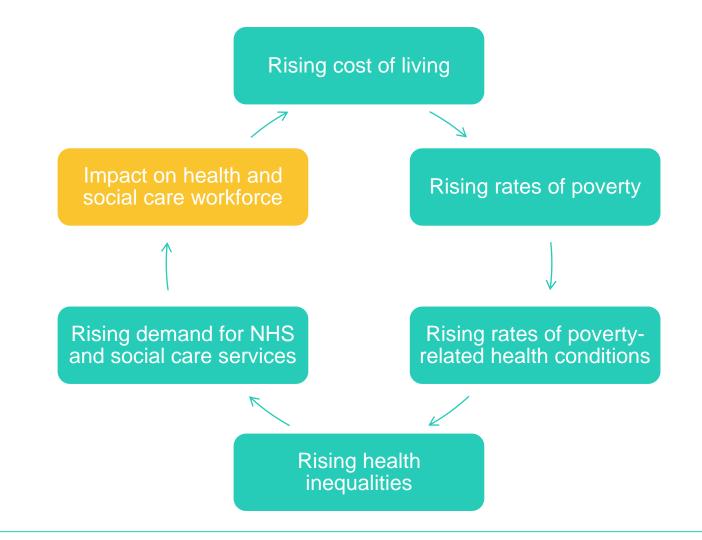




The cost-of-living crisis and health

October 2023

The cost-of-living crisis and its impact on health



The energy crisis and health

NHS heads warn of 'humanitarian crisis' unless government acts on energy costs

Health sector says illness rates will rise if people have to make such choices as skipping meals to afford heating



© Cold homes could cause outbreaks of illness, widening health inequalities and worsening children's life chances, the head of the NHS Confederation said. Photograph: Danny Lawson/PA The UK could face a "humanitarian crisis" of ill health, excess deaths and rising inequality if the government does not take urgent action over energy bills, NHS leaders have said, in a highly unusual intervention.

Writing to the chancellor, Nadhim Zahawi, the NHS Confederation said failing to act would pile yet more pressure on stretched health services, as poverty, cold and missed meals pushed up rates of sickness, which could increase the number of winter deaths.

The organisation, which represents the health service across England, Wales and Northern Ireland, said that while it was very rare for an NHS body to intervene in cost of living issues, there was a risk of severe and long-term damage to children's life chances, further widening stark health inequalities. Long Read

Could the energy crisis cause a public health emergency?

Health leaders are calling on the government to shield households from spikes in fuel prices that create a vicious cycle of healthcare need.

Ruth Lowe, Hashum Mahmood

19 August 2022



People's health at risk unless action taken on energy costs - NHS leaders



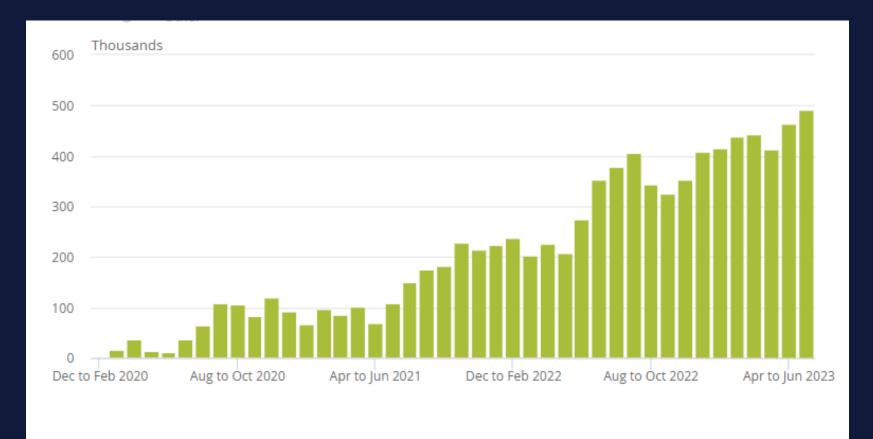
By Nick Triggle Health correspondent

Rising numbers of people will fall sick and see their health worsen unless the government takes further action to limit energy price rises, the NHS says.

The NHS Confederation said the UK was facing a "humanitarian crisis".

The group, which represents health bosses, said many people would face the

Long-term sickness as a driver of economic inactivity



Source: Labour Force Survey from the Office for National Statistics

Cost of living and good employment COVID-19 Flexible working Health and wellbeing Retention Staff engagement

O

Home / Topics

Supporting the Armed Forces community

NHS Confederation: The cost-of-living crisis and health

Supporting staff with the rising cost of

To support local employers, our hub draws together important resources and

good employer practice with examples from across the NHS

good employment practice

Cost of Living Hubs

aff-experience/supporting-staff-rising-cost-living-good-employment-practice

NHS Employers

NHS Confederation

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Topics Networks & countries Leadership & improvement support Publications Eve

The rising cost of living

The rising cost of living threatens to push households into vulnerable positions, increasing health inequalities and worsening health and wellbeing.

Systems – what are they for?



- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development (anchor!)

Principles of System Working



What good looks like



Building a Learning Community

Fostering trusted relationships to share support and expertise.



Igniting Collaboration

Tuning up the mindsets, behaviours and deep relationships needed to enable distributed leadership.



Helping share innovations and best practice and translate them back to their own systems.



Growing Networks

Connecting with wider system players beyond health to stimulate fresh thinking and collaborate on system challenges.

What's in your gift?



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Growing Networks

Connecting with wider system players beyond health to stimulate fresh thinking and collaborate on system challenges.

Stay connected:

Ruth.Lowe@nhsconfed.org





Unlocking the NHS's social and economic potential: anchors during a storm

Michael Wood, Head of Health Economic Partnerships

@NHSLocalGrowth

Health economic partnerships: a suite of recent reports supporting members to deliver



Unlocking the NHS's social and economic potential: creating a productive system

Explore what social and economic development is, why it matters to the NHS and how ICSs can develop more productive systems.



Health on the high street

How integrating health services into local high streets can generate economic, social and health benefits for local communities and businesses.



From safety net to springboard: putting health at the heart of economic growth

Investing in healthcare has an impact on more than healthcare outcomes. It also boosts labour productivity and economic activity.



Reimagining the relationship between universities and the NHS: a guide for building and sustaining local, place-based collaborations

Exploring the critical relationship between universities and the NHS and their collective role in contributing to their local society and economy.





Unlocking the NHS's social and economic potential: creating a productive system

What is an anchor institution?

'UK Commission for Employment and Skills' definition

An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy.

Anchor institutions traditionally share a number key characteristics:

Spatial immobility: these organisations have strong ties to the geographic area in which they are based through invested capital, mission and relationship to customers and employees

Size: anchor institutions tend to be large employers and have significant purchasing power. Both these factors influence the level of impact these institutions can have on the local economy

Non-profit: these institutions tend to operate not-for-profit; it is much simpler for private businesses to move, meaning there is no guarantee they will continue serving the local community in the long-term. However, there are examples of for-profit organisations playing the role of an anchor.

However – we are continually challenging these definitions and all have a part to play!

NHS one of a number of anchors in the local community, large and small

Real power and influence comes from how organisations and leaders network, support and challenge each other.

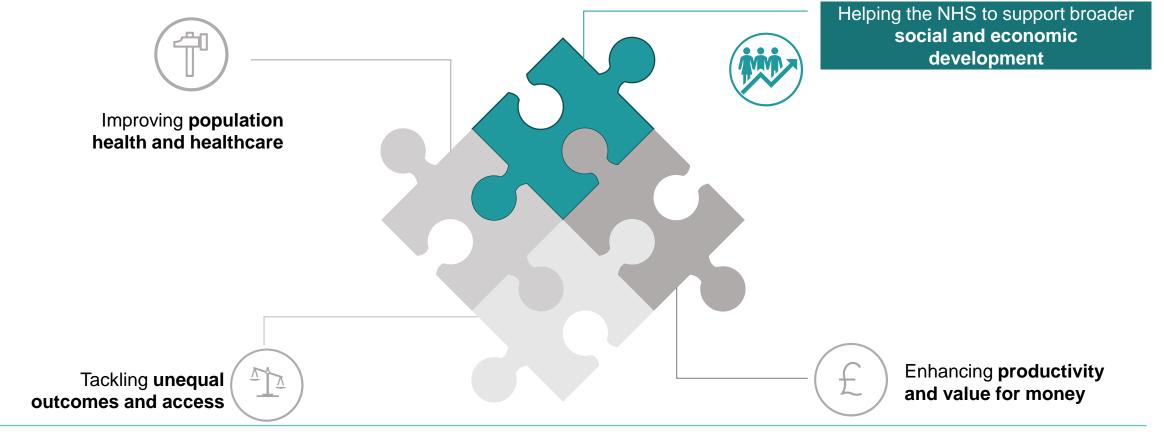
What if we took an 'anchor approach' to health policy?

What if we knew to NHS Jobs was a bar to people with no pr NHS experience?	rrier rior		we kn people hardest	have		support a communi	we could more diverse ity offering on gh street?
the	What if we prioritised those 'hard to reach' businesses as well as communities?			What if we knew where our own staff lived?			



A defining purpose for an integrated care system (ICS)

In November 2020, NHS England and Improvement published Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems across England, outlining four core purposes of ICSs. The last of these purposes is perhaps the **least defined and** understood in traditional NHS management and strategy terms, yet is particularly **important given the wider on-going impact of the pandemic and the inextricable relationship between health and socioeconomic outcomes.**





Step 2: approach and recommendations

providing services?

keyworker population?

· What are the housing needs of the local

Asking the right questions – moving from being transactional to transformational.

Net Zero

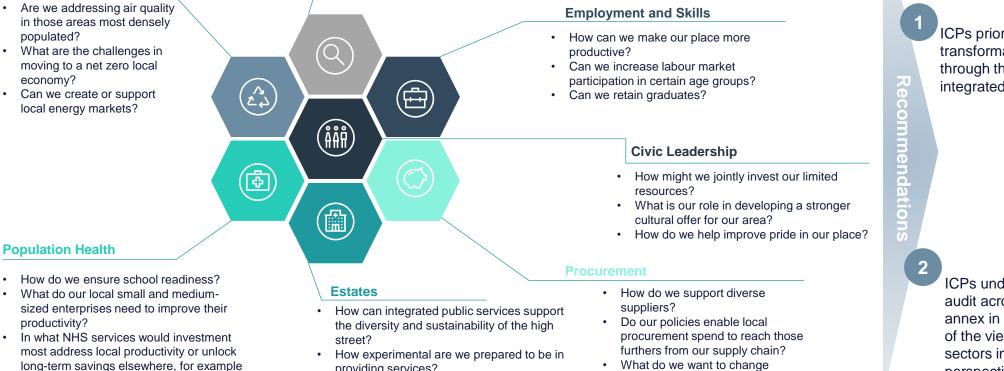
- Are we addressing air quality in those areas most densely populated?
- What are the challenges in moving to a net zero local economv?
- Can we create or support local energy markets?

productivity?

in the criminal justice system?

Research and Development

- How can we help attract inward investment?
- How can we increase the percentage of health R&D
- funding the system/region receives?
- What new industries are we seeking to develop?



 What do we want to change through procurement?

ICPs prioritise a selection of the transformational questions to test through the development of their integrated care strategy.

How?

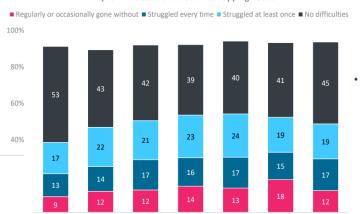
ICPs undertake a relationship audit across their partnership. The annex in the report reflects some of the views of the NHS from other sectors in a social and economic perspective.



Unlocking the NHS's social and economic potential: creating a productive system

Do we have a common understanding of the challenges?

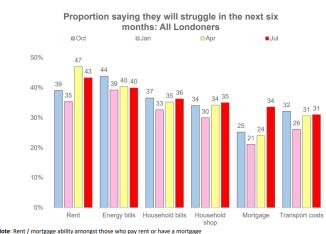
... and nearly half of Londoners struggling regularly or occasionally with meeting their essential food and shopping needs



Ability to meet essential food and shopping needs

- In July, 35% of Londoners 'struggling financially' said they regularly or occasionally went without food and essentials or relied on outside support in the last six months and 46% said they struggled every time they shopped to meet their needs.
- Around half of social renters (54%) have regularly, or occasionally gone without food and essentials or struggled every time they shopped for these things, as have those with a gross household income of less than £20,000 (51%).

Meanwhile, 43% of Londoners said they would struggle to afford their rent in the next six months, and 40% of them would struggle to meet their energy payments



And do you think you will, or will not struggle to meet the following payments in the next six months?

- Mortgage payments showed the biggest increase in concern about meeting payments between April and July, a 10pp increase, to 34% of mortgage holders saying they thought they would struggle to meet their mortgage payments in the next
- 8% of Londoners who rent or have a mortgage say they have fallen behind on one or more rent or mortgage payments in the last six months. A further 14% say they have struggled every time.

six months.

• Renters also think they will struggle with energy bills (54%), their household shop (49%), other household bills (49%) and transport costs (41%).

Jan 2022 May (n=1250) Jul (n=1245) Oct (n=1162) Jan 2023 Apr (n=1080) Jul (n=968) (n=1188) (n=1167)

bout the last six months, which of the following statements describes your

ov poll April 2023, n=1080, 28th April-3rd May 2023

ions were amended in April 2023 which could be the cause for an increase in those regularly or occasionally going without. For full response pendix

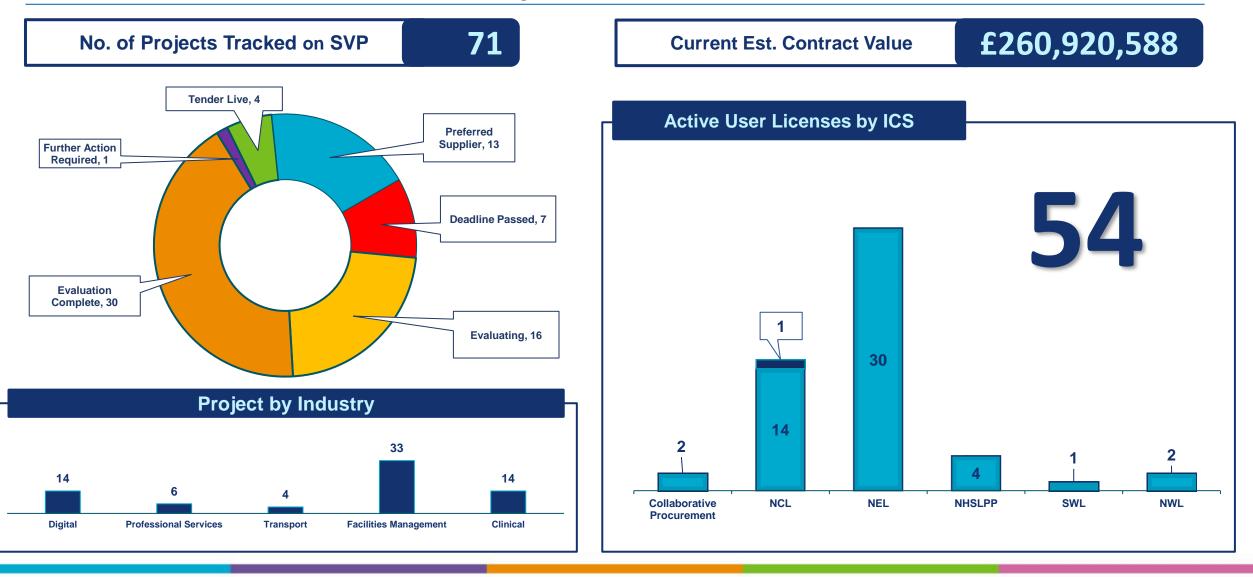
CITY INTELLIGENCE

London Living Wage NHS accreditation

7,273 staff have received pay rises to the London Living Wage

Target: by end of March 2023	Position at end of March 2023	Current position – 14 Sep 2023	Target: by end of May 2024	
 100% of NHS employers in London will have committed in principle to paying their staff the LLW 	 Living Wage Foundation research on the impact, opportunities and barriers in primary care 	 30 primary care employers accredited Work ongoing with the sector as part of Living Wage Place strategies and in Primary Care Anchor Networks 	 Projected growth for primary care, from a position of 29 accredited organisations to 35. 	
 75% of NHS Trusts in London will be accredited or on the path to becoming accredited LLW employers 	 28 out of 35 Trusts accredited or on the path to accreditation, total of 80% of all Trusts in London. 	 23 accredited Trusts (65.7%), plus 7 in active discussion with the Living Wage Foundation = 85.7% of all Trusts in London. A further 4 Trusts are committed and exploring potential for accreditation 	 71% of NHS Trust in London will be accredited. 	
 Barnet, Enfield & Haringey Mental Health Great Ormond Street Hospital for Children UCLH NHS FT Whittington Health NHS Trust North Middlesex University Hospital NHS Tavistock and Portman NHS FT: 7. Chelsea and Westminster NHS FT 8. West London NHS FT 9. London Ambulance Service NHS Trust 10. Imperial College Healthcare NHS Trust	n NHS FT Trust accredite	14. Guy's and 15. King's Co 16. Lewishan 17. Oxleas N 18. Croydon Health Ser 19. Epsom & St Helier N	ndon & Maudsley NHS FT d St Thomas' NHS FT ollege Hospital NHS Trust n & Greenwich NHS Trust HS FT vices NHS Trust	
11. Central London Community Healthcare NH 12. Central and North West London NHS Trus		21. The Royal Marsden	NHS FT nond Community Healthcare Trust	

Pan-London Social Value Projects overview



24 Presentation

Themes emerging so far in SE London



Non exhaustive thematic clusters after c.1300 people listened to

- Housing (poor conditions, migrant hotels, lack of affordability of existing provision, mold/damp, overcrowding, repair issues)
- Cost of living (difficulty paying bills, various financial pressures especially for parents, cost of public transport for asylum seekers)
- Racism and bullying (both interpersonal and systemic racism and discrimination -- in services and schools, communities being left out of strategies/initiatives, stereotypes and narratives around PoC)
- Youth services (lack of existing provision of youth clubs/activities, lack of youth spaces like playgrounds to, language barriers for parents, drugdealing, community safety concerns)
- Mental health supports (varied issues relating to differential access for groups, lack of relevant/timely information, addictions impact on mental health on families and communities, waiting times, issues around stigma, loneliness and isolation, lack of access to mental health services)
- Access to primary care (fear held by migrant communities that their info will be shared, lack of access to information, lack of information available in multiple languages)
- Climate crisis (pollution, traffic, climate anxiety, clean air, healthy lungs for kids)
- Inability to find work (employers not being supportive/inclusive, lack of employment opportunities, low wages, lack of opportunity or permission to find employment)

What health anchors can do to tackle deprivation

Anchor organisations can use their significant assets and spending power to benefit communities and respond to local needs. On 28th November 2022, the <u>Health Anchors Learning Network</u> showcased examples of anchor initiatives which are supporting local populations experiencing the effects of deprivation and inequality, such as fuel poverty, the rising cost of living and hunger. We also had a panellist from NHS England who spoke about the importance of targeting intentional activity at those who are most vulnerable, including the Core20PLUS5 populations (both <u>adults</u> and <u>young people</u>) – those who experience deprivation and are clinically vulnerable. This document collates resources shared as part of the event.

To read

 North East and North Cumbria Child Health and Wellbeing Network, <u>Poverty</u> Proofing Health Settings Report

- •The King's Fund, <u>Poverty and the health</u> <u>and care system</u>, includes a data and Integrated Care System focus
- •The Health Foundation, <u>Economic</u> <u>turmoil and its impact on health and care</u> and <u>The cost of living is a health</u>
- emergency too
- •<u>Cost of living crisis or destitution?</u> National Housing Federation
- Information on <u>Health Justice Partnerships</u>, University College London
- •Our Health: the price we will pay for the cost of living crisis, Royal Society of Public health.

Cartrefi Conwy Housing Association: this

.

- collaborative of six Housing Associations in North
- Wales has supported communities with the cost of
- living. This includes an information pack on
- different initiatives and resources to maximise their
- collective impact across issues such as food
- poverty, employability and skills, energy saving and
- partnership. Since, they have facilitated partnership
- workshops to spark joint action and attract grant
- funding. You can read the local Social Impact
- Strategy referenced in the webinar here.
- East of England Local Government Association:
- Matt Stewart spoke about the impact on public bodies on rising costs and inflation, and shared examples of work being done to support
- communities including: signposting people who
- attend local warm hubs to resources and support,
- partnering with Integrated Care Systems to secure
- funding and invest in cross-sector training to make
- every contact with residents count, and working
- with local charities and food banks eg Luton Food
- First and Breckland Food Bus.



Examples of existing initiatives

- •An <u>outline of efforts being made by councils</u> and other organisations to enhance people's health and wellbeing
- Information pack for local communities impacted by rising cost of living developed by OneSlough with partners including Frimley Integrated Care System, Slough Borough Council and the VCSE sector
 West Yorkshire Integrated Care Board, who are investing £1 million to help keep people warm this winter affordable warmth page and infographic for health professionals.
- •Brent Council's cost of living <u>landing page</u>
- •<u>2025 movement</u> to tackle health inequalities in North Wales
- East Riding cost of living landing page
- •<u>Case study</u>: Developing employability skills in local communities
- Clarion's <u>'Love London Working' programme</u>
- supporting long-term unemployed and economically inactive Londoners into work
- •Action Together <u>cost of living support</u> in Oldham, Rochdale and Tameside

For more initiatives, see: the NHS Confederation <u>Cost</u> of living hub which hosts pages on <u>fuel poverty</u> and food insecurity, and the <u>Local Government Association</u> page on initiatives to mitigate food insecurity.



Tools and previous events

- <u>Information, resources and tools</u> from the Association of Chief Executives of Voluntary Organisations
- <u>A framework for NHS action on social determinants of health</u>, The Health Foundation
- Working in partnership to mitigate against the cost of living crisis webinar, National Housing Federation
- Webinar: <u>How can housing associations improve health and</u> <u>financial wellbeing through the winter and beyond?</u> - National Housing Federation
- <u>Charis Grants</u> are a grants and funds administrator, which run a platform where you can access and instantly deliver items to individuals such as fuel vouchers, you can get in touch for more information
- <u>Citizens Advice dashboard</u> to share insights on how the crisis is affecting the people they help.



Health

The anchor journey has made the NHS start asking the right questions – can you help guide it on this journey?

How can ICS and NHS policy and strategy survive 'first contact' with the communities we serve?

'The value of anchors is seen by others, not ourselves' – how do our decisions impact on our communities?

Do our leaders have the appetite for change? The anchor journey will expose gaps (maybe even failures) in policy, process and priorities – how will you respond?

We often make people's jobs harder but it's the right thing to do – bring them on the journey!

Place-based working has an energy that silos and national conversations cannot possibly replicate – do not let local discussions about structure stifle this!

If you are not leading local change, then who is?

"We mattered yesterday, we matter today and we will matter tomorrow"

Michael.Wood@nhsconfed.org @NHSLocalGrowth

Jane Nicholson

Director of People

Berkshire Healthcare NHS Foundation Trust



Frimley Integrated Care Partnership Assembly

Exploring our system response to the impact of living costs on our local workforce



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Frimley ICS and BOB ICS Joint Commissioned Work:

Living in a High Cost Area Research:

Stage 1 – Economic Analysis

Stage 2 – Lived Experience

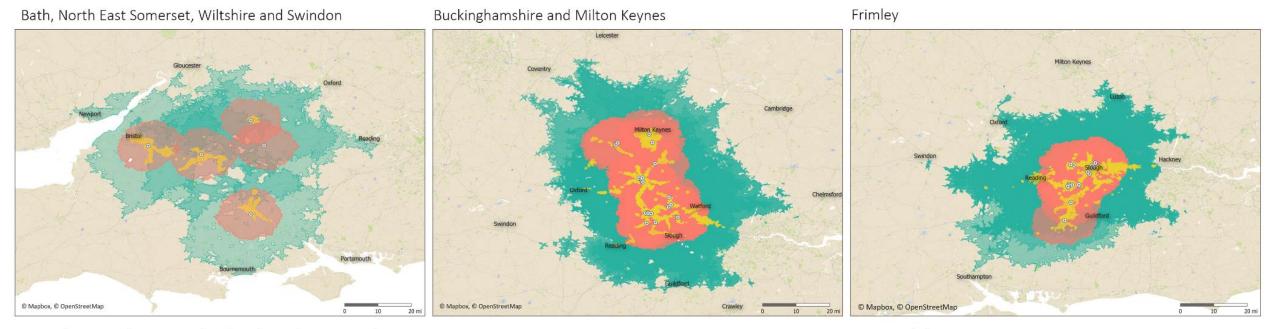
Stage 3 – Housing

Stage 4 – Stakeholder Engagement

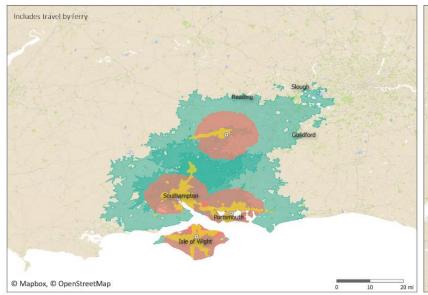
Stage 5 – Recommendations



Arrival Time: 9am // Journey Time: 60 minutes // Modes of Travel: Public Transport / Cycling / Driving

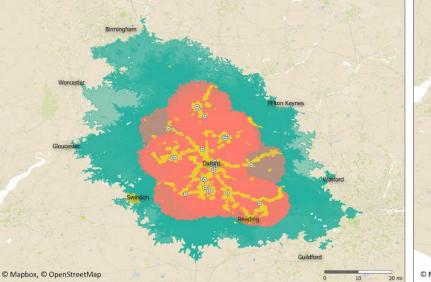


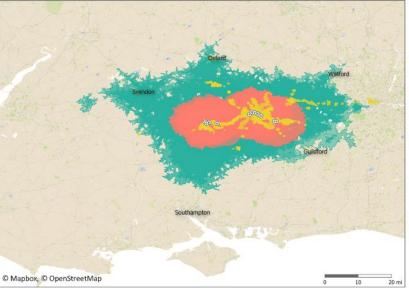
Hampshire, Southampton, Isle of Wight and Portsmouth



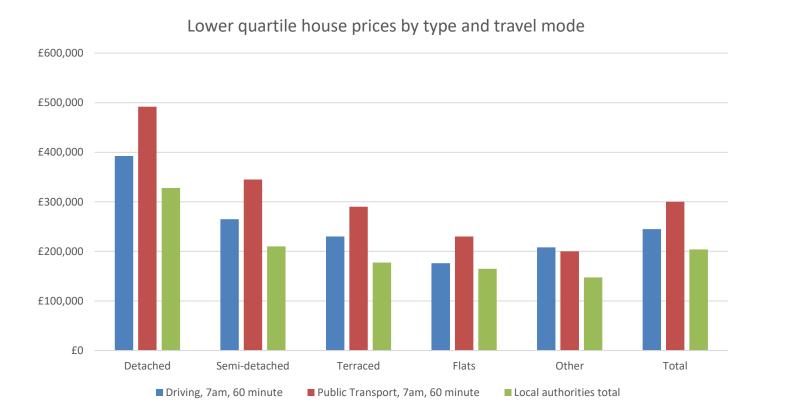
Oxfordshire





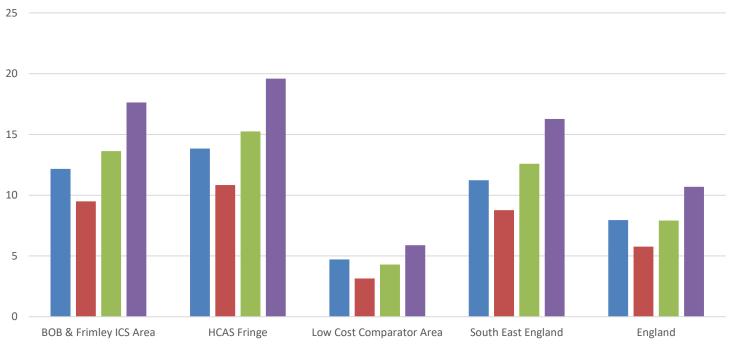


Lower quartile house price by type and travel mode



Housing with access to transport links is significantly more expensive than housing which is dependent on car transport

Lower quartile price by occupation and area

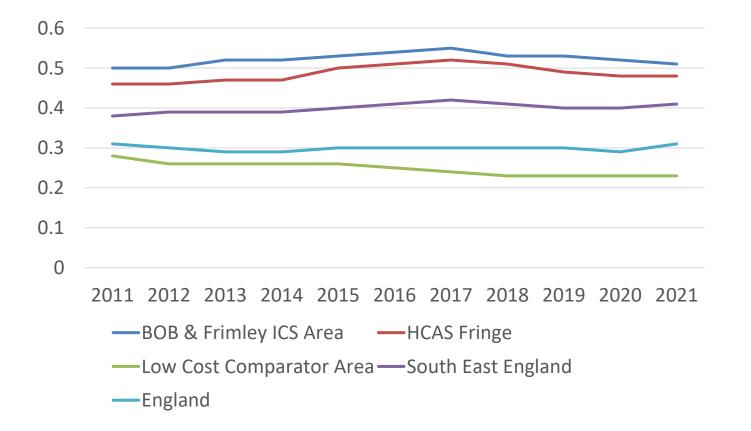


Lower quartile house price to earning ratio by occupation and area, 2021

Housing in our area carries a significant cost to earnings premium.

All workers Health professionals (SOC 22) Associate health professionals (SOC 32) Caring Personal Service Workers (SOC 62)

Lower quartile private rents (2-bed) workplace earnings ratio

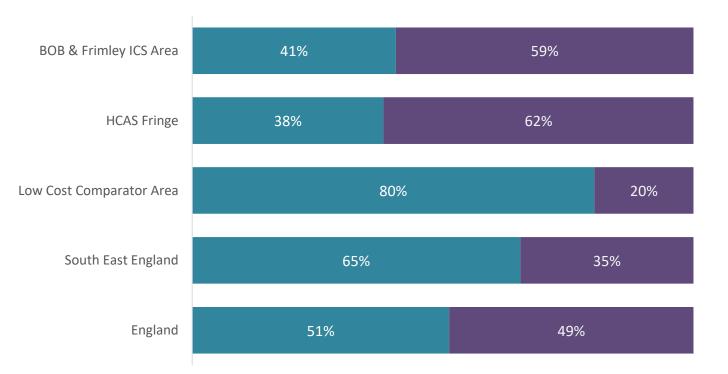


The rental market in Frimley is not mature. Renting a typical 2 bed property costs more in this area than anywhere else in the SE

Bracknell Forest O North East Hampshire and Farnham O Royal Borough of Windsor and Maidenhead O Slough O Surrey Heath

Profile of housing stock by council tax band

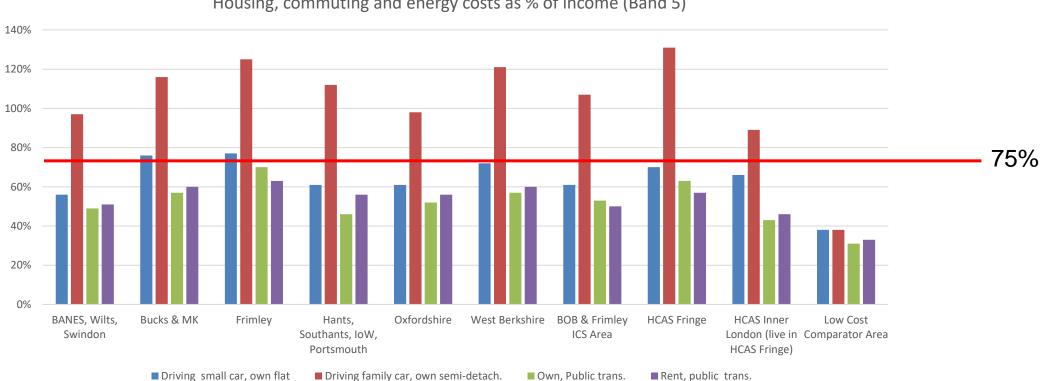
Percentage of Properties in HCAS areas by Council Tax Band C and Below or Above Band C



We have fewer cheaper housing options which causes additional pressures in the lower end of the housing market

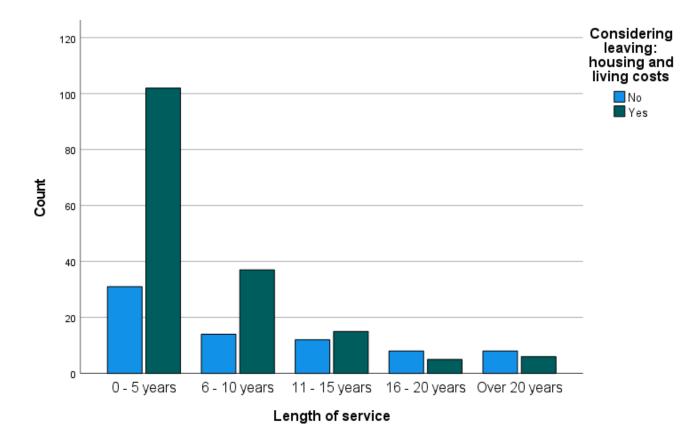
Frimley Health and Care 🖾 🍣 🛃 邊

Affordability



Housing, commuting and energy costs as % of income (Band 5)

Living Costs and Leaving Intentions



'...it is now, the thirteenth [of the month] I've got less than a hundred pound in my bank account. I've got to feed my kids, I've still got to get to work, you know, which do I prioritise?'

Lived Experience

- 70% of staff from the BOB and Frimley Health and Care ICS considered leaving their current role in the last 12 months.
- Housing and living costs are most reported as the reason for leaving
- The proportion of staff who have *considered leaving* peaks for those who have had between 6 and 10 years' service and lowest for those with 11 – 15 years' service.
- *Housing and living costs* are much more of an issue and the given reason to consider leaving for those staff with less than 10 years' service.
- A substantively greater proportion of respondents who were *not in receipt of a High Cost Allowance* reported considering leaving their role for housing and living cost reasons.



Session



Georgie Dixon Programme Lead NHS Employers



Upcoming cost of living masterclasses

- Enabling a culture of flexibility to support staff with the rising cost of living
- Tackling the stigma surrounding financial wellbeing conversations

Confirmed dates & bookings registration to follow





Thank you for joining us

Please get in touch to share examples of how you are supporting staff with the rising cost of living or to contact our team at costofliving@nhsemployers.org



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