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

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

SHORT TERM:
- FREEBIES, DISCOUNTS & VOUCHERS
- SHORT TERM FINANCIAL SOLUTIONS
- SUBSIDISED FOOD

ENABLERS:
- TAKING A DATA DRIVEN APPROACH
- COMMUNICATION & REACH (E.g. DIGITAL INCLUSION)
- WORKING IN PARTNERSHIP AT A SYSTEM LEVEL
- BOARD BUY IN
- INVESTMENT & UPSKILLING LINE MANAGERS
- SUPPORT VULNERABLE GROUPS
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 data-led 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
The cost-of-living crisis and its impact on health

- Rising cost of living
  - Impact on health and social care workforce
  - Rising demand for NHS and social care services
  - Rising rates of poverty
  - Rising rates of poverty-related health conditions
  - Rising health inequalities

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

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

Health secretary warning rates will rise if people have to make such choices as skipping meals to afford heating

© (right) Nurses could cause outbreaks of illness, widening health inequalities and worsening children’s life chances, the head of the NHS Confederation said. Photograph: Danny Lawson

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.

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, Nasim Mahmood
10 August 2022

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

© 19 August

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 organisational 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 Hubs

Supporting staff with the rising cost of living - good employment practice

To support local employers, our hub draws together important resources and good employer practice with examples from across the NHS.

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.

Spreading Innovation
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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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.

Visit our hub
News  Blogs  Events  Resources
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 that NHS Jobs was a barrier to people with no prior NHS experience?
- What if... we know that young people have been hardest hit?
- What if... we could support a more diverse community offering on our high street?
- 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.

- **Helping the NHS to support broader social and economic development**
- **Improving population health and healthcare**
- **Tackling unequal outcomes and access**
- **Enhancing productivity and value for money**
Step 2: approach and recommendations

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

**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?

**Population Health**
- How do we ensure school readiness?
- What do our local small and medium-sized enterprises need to improve their productivity?
- In what NHS services would investment most address local productivity or unlock long-term savings elsewhere, for example in the criminal justice system?

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

**Employment and Skills**
- How can we make our place more productive?
- Can we increase labour market participation in certain age groups?
- Can we retain graduates?

**Estates**
- How can integrated public services support the diversity and sustainability of the high street?
- How experimental are we prepared to be in providing services?
- What are the housing needs of the local keyworker population?

**Procurement**
- How do we support diverse suppliers?
- Do our policies enable local procurement spend to reach those furthers from our supply chain?
- What do we want to change through procurement?

**Civic Leadership**
- How might we jointly invest our limited resources?
- What is our role in developing a stronger cultural offer for our area?
- How do we help improve pride in our place?

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

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.
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

- 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.

- Mortgage payments showed the biggest increase in concern about meeting payments between April and July, with 64% of mortgage holders saying they thought they would struggle to meet their mortgage payments in the next six months.
- 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.
- Renters also think they will struggle with energy bills (45%), their household shop (49%), other household bills (49%) and transport costs (41%).
# London Living Wage NHS accreditation

<table>
<thead>
<tr>
<th>Target: by end of March 2023</th>
<th>Position at end of March 2023</th>
<th>Current position – 14 Sep 2023</th>
<th>Target: by end of May 2024</th>
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| • 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. |

### Key Points:
- **1. Barnet, Enfield & Haringey Mental Health NHS Trust**
- **2. Great Ormond Street Hospital for Children NHS FT**
- **3. UCLH NHS FT**
- **4. Whittington Health NHS Trust**
- **5. North Middlesex University Hospital NHS Trust**
- **6. 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**
- **11. Central London Community Healthcare NHS Trust**
- **12. Central and North West London NHS Trust**
- **13. South London & Maudsley NHS FT**
- **14. Guy's and St Thomas' NHS FT**
- **15. King’s College Hospital NHS Trust**
- **16. Lewisham & Greenwich NHS Trust**
- **17. Oxleas NHS FT**
- **18. Croydon Health Services NHS Trust**
- **19. Epsom & St Helier NHS Trust**
- **20. South West London & St George’s Mental Health NHS Trust**
- **21. The Royal Marsden NHS FT**
- **22. Hounslow and Richmond Community Healthcare Trust**
- **23. Kingston Hospital NHS FT**

### Additional Information:
- 23 out of 35 Trusts accredited
- 7,273 staff have received pay rises to the London Living Wage

### Map:
- All five Trusts accredited:
  - 13. South London & Maudsley NHS FT
  - 14. Guy’s and St Thomas’ NHS FT
  - 15. King’s College Hospital NHS Trust
  - 16. Lewisham & Greenwich NHS Trust
  - 17. Oxleas NHS FT

- 23 out of 35 Trusts accredited

- 71% of NHS Trust in London will be accredited.
Pan-London Social Value Projects overview

No. of Projects Tracked on SVP: 71

- Tender Live: 4
- Preferred Supplier: 13
- Deadline Passed: 7
- Evaluation Complete: 30
- Evaluating: 16
- Further Action Required: 1

Current Est. Contract Value: £260,920,588

Active User Licenses by ICS: 54

Project by Industry:

- Digital: 14
- Professional Services: 6
- Transport: 4
- Facilities Management: 33
- Clinical: 14

Project by Industry:

- Collaborative Procurement: 2
- NCL: 1
- NEL: 30
- NHSLPP: 4
- SWL: 1
- NWL: 2
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, drug-dealing, 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 Health Anchors Learning Network 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 adults and young people) – those who experience deprivation and are clinically vulnerable. This document collates resources shared as part of the event.

Examples of existing initiatives

- An outline of efforts being made by councils 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 landing page
- 2025 movement to tackle health inequalities in North Wales
- East Riding cost of living landing page
- Case study: Developing employability skills in local communities
- Clarion’s ‘Love London Working’ programme
- Supporting long-term unemployed and economically inactive Londoners into work
- Action Together cost of living support
- East of England Local Government Association's Matt Stewart spoke about the impact on public bodies, 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.
- 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.

To read

- North East and North Cumbria Child Health and Wellbeing Network, Poverty Proofing Health Settings Report
- The King’s Fund, Poverty and the health and care system, includes a data and integrated care system focus
- The Health Foundation, Economic turmoil and its impact on health and care
- The cost of living is a health emergency too
- Cost of living crisis or destitution? - National Housing Federation
- Information on Health Justice Partnerships, University College London
- Our Health: the price we will pay for the cost of living crisis, Royal Society of Public health
- Health Justice Partnerships

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

Tools and previous events

- Information, resources and tools from the Association of Chief Executives of Voluntary Organisations
- A framework for NHS action on social determinants of health, The Health Foundation
- Working in partnership to mitigate against the cost of living crisis webinar, National Housing Federation
- Webinar: How can housing associations improve health and financial wellbeing through the winter and beyond? - National Housing Federation
- Charis Grants 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
- Citizens Advice dashboard to share insights on how the crisis is affecting the people they help.
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
Frimley Health and Care

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
Lower quartile house price by type and travel mode

- Detached
- Semi-detached
- Terraced
- Flats
- Other
- Total

Driving, 7am, 60 minute
Public Transport, 7am, 60 minute
Local authorities total

Housing with access to transport links is significantly more expensive than housing which is dependent on car transport.
Lower quartile house price to earning ratio by occupation and area, 2021

Housing in our area carries a significant cost to earnings premium.
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.
Profile of housing stock by council tax band

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

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

- Driving small car, own flat
- Driving family car, own semi-detach.
- Own, Public trans.
- Rent, public trans.

75%
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.
Q&A 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