Oxford University Hospitals
NHS Foundation Trust

SUMMARY REPORT of our Community Anchor Round Table Event

Creating Health with the Communities we Serve

OUH STRATEGY AND PARTNERSHIPS TEAM
OCTOBER 2023

Summary Report

Oxford University Hospitals Anchor Round Table Event

OCTOBER 2023

OUR PEOPLE OUR PATIENTS OUR POPULATIONS

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Foreword

from event Chair, Dr Hosnieh Djafari-Marbini, Consultant Anaesthetist and City Council Member for Northfield Brook.

On **28 September 2023** over 60 people from Oxford University Hospitals (OUH), Oxfordshire institutions, and community and voluntary sector organisations, came together in Barton Neighbourhood Centre to consider how OUH can deliver on our **Clinical Strategy** ambition to develop our role as an *'Anchor Institution'* (see Key Definitions).

While hospital care must be there when we need it, good health is not made in hospitals – health is made at home, in our communities, at work, and in the environment we live in.

Currently, unequal access to things like secure work, fair pay, quality housing, and clean air, collectively contribute to a 12-year gap in life expectancy between the richest and poorest areas of Oxfordshire. With over 14 thousand staff and an annual budget of over £1.3 billion, OUH is undeniably an Anchor Institution, with an opportunity to use its size and influence to address some of the root causes of ill-health and health inequality.

While many individuals and teams across the Trust are already putting Anchor values into practice, we want to understand how to do this on a larger scale. The question is how to make the most of this role to deliver social value for all our communities, and particularly the most economically or socially marginalised. The **OUH Anchor Round Table Event** was a chance to listen to community representatives and other partners and start to build the understanding and momentum needed to deliver on our Anchor commitments. The morning consisted of keynote speaker presentations, followed by small group discussions to explore our collective Anchor vision, mechanisms for delivery, and ways to measure progress.

This report summarises the insights and ideas shared on the day, in order to feed back to participants and inform the next steps of our Anchor Journey.

Importantly, the conversation doesn't stop here.

> **"We aim for this to be the start of new relationships and new ways of working that will bring OUH closer to its communities and we hope that you will join us on this journey."**

Zuhura Plummer, a local artist, produced a graphic representation of the event, shown on pages 14 and 15, which captured key themes in real-time. This was presented to attendees at the end of the event and parts of the representation have been included throughout this report.

Key Definitions

Anchor Institutions

Large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership. (Health Foundation)

Social Value

Refers to the wider financial and non-financial value created by an organisation through its day-to-day activities in terms of the wellbeing of individuals and communities, social capital created and the environment. (Local Government Association)

Community Wealth Building

An approach to economic development that changes the way that our economies function, retaining more wealth and opportunity for the benefit of local people. (Centre for Local Economic Strategies)

PART 1

The Story told by Keynote Speakers

The first half of the event featured a line-up of keynote speakers, who collectively told a story about why we need to become a better Anchor and how we might do this.

Introduction and Welcome

Following an introduction from our ***Chair, Dr Hosnieh Djafari-Marbini,*** we heard a welcome address from ***David Walliker,*** **OUH Chief Digital and Partnerships Officer,** who is responsible for partnership working and environmental sustainability. David highlighted that up to 80% of differences in health outcomes are caused by **social determinants of health** – the *'causes of causes'* of *disease*'.

While OUH is a healthcare provider, the Trust's role as the second largest employer in Oxfordshire cannot be underestimated in terms of our impact on population wellbeing. He also emphasised that partnership will be key to our success and that we can only deliver our Clinical Strategy if we become an effective Anchor.

Cllr Jabu Nala-Hartley, **City Councillor for Barton and Sandhills,** went on to welcome participants to the Barton area.

Jabu shared a moving testimony of the effects of poverty on the people of Barton, including personal stories of healthcare workers unable to heat their homes or provide nutritious food for their family. She also spoke of the difference that fair pay and access to good secure work makes to people's wellbeing and livelihoods, particularly the most economically marginalised. One such group is young people who have experience of the criminal justice system, whose lives can literally be turned around if they are given sufficient support (for example through local initiatives like **Mothers4Justice Ubuntu**) and opportunity to contribute to their local economy. Jabu finished with a call for better political and social inclusion of people living in poverty, highlighting the importance of involving communities in agenda setting, by asking what matters most to them.

Dr Hosnieh Djafari-Marbini

Cllr Jabu Nala-Hartley

Health Anchors and Oxfordshire Context

LIZZIE CAIN, Senior Innovation Consultant at the Innovation Unit

The first speaker in this section was Lizzie Cain, Senior Innovation Consultant at the Innovation Unit, which runs the **Health Anchors Learning Network** (HALN). HALN provides a wealth of resources for people responsible for, or interested in, Anchor approaches in health. Lizzie gave an excellent summary of the national context to Anchor work, an overview of what Anchors can do, and shared case studies of partnership between NHS Trusts and their local communities that have positively impacted the local economy. One example is the **East London Social Value in Procurement Toolkit**, which includes, for instance, a mandatory requirement in all new contracts for suppliers to pay their staff at least the **Real Living Wage**.

DR MATILDA ALLEN, Public Health Registrar with UCLPartners

Dr Matilda Allen then went on to introduce an innovative **Anchor Institutions Measurement Framework** based on extensive stakeholder engagement and a systematic process of development using a logic model.

DR ROSIE ROWE, Head of Healthy Place Shaping at Oxfordshire County Council

Next, Dr Rosie Rowe gave an insightful presentation on the relationship between work and health in Oxfordshire. While Oxfordshire's **unemployment rates** are below national average, unemployment is highest in Oxford and Banbury, where OUH's main hospitals are located, with one-third of adults in Banbury in 'low paid' jobs.

Oxfordshire has some of the least affordable housing in England, creating a vicious cycle for those on low pay who are unable to save for their own home and are forced to spend a disproportionate amount of their income on insecure privately rented accommodation. Rosie brought these statistics back to the individual stories shared by Jabu, challenging us to consider the impact on health of having next to nothing left after rent is paid. In addition to wellbeing implications of this situation, there will be a growing challenge to NHS recruitment if people simply cannot afford to live near our hospitals.

To demonstrate the health impacts of inequality, Rosie shared a powerful slide illustrating the **association between 'deprivation' and premature death in Oxfordshire**, with a cluster of highly impacted wards, many of which are located within a short distance of OUH's hospitals (e.g. Barton, Banbury Ruscote, and Blackbird Leys) (*Figure 1*). She finished with a slide outlining ways in which Anchor Institutions as businesses can support population health through a framework developed by the **Institute of Health Equity** (*Figure 2*) and a call to action for Anchors to work together to change the system and help people in poverty into secure, fairly paid work.

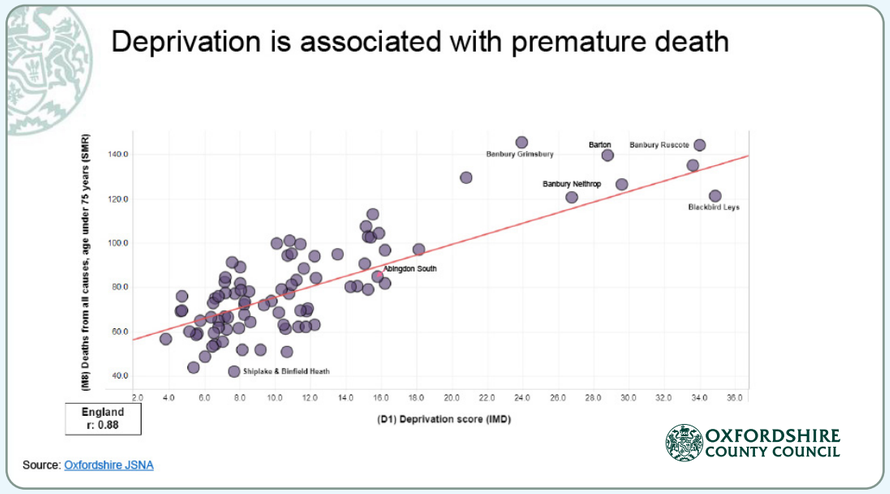

FIGURE 1: The association between deprivation and premature death in Oxfordshire (slide courtesy of Dr Rosie Rowe)

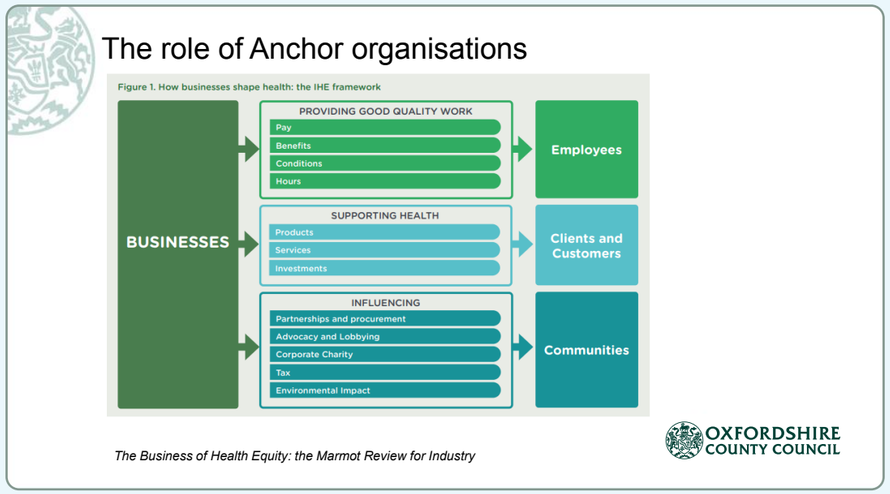

FIGURE 2: The role of Anchor Institutions in supporting population health (slide courtesy of Dr Rosie Rowe)

> **In short, we must invest time and resources in community participation, but the results are worth it.**

ANAÏS BOZETINE and MILLIE KHISA from Owned by Oxford (OBO)

Finally in this section, we heard from Anaïs Bozetine and Millie Khisa, a partnership of grass roots community enterprises and infrastructure projects working with institutions to create a fairer, more inclusive economy in Oxford. Anaïs and Millie began by highlighting the importance of understanding and implementing tools we have in our local area to improve community wellbeing and outlined various ways in which Anchor Institutions can work in partnership with communities (*Figure 3*). They shared an excellent video about community wealth building from the **Centre for Local Economic Strategies (CLES)** and introduced the **Community Wealth Building Centre of Excellence** as a reminder of the importance of learning from others.

Large institutions have the power to deliver system change, but also the responsibility to do this in a way that is accountable to the communities they serve. Some community wealth building partnerships have been limited by 'top down' approaches with too little input from economically marginalised communities. Conversely, successful Anchor partnerships involve communities from the start to ensure buy-in and bottom-up leadership *('nothing about us without us')*.

To demonstrate the value of this approach, Millie shared an example of a piece of community-based research, which shifted from a two-week consultation to a year-long participatory project. Rather than 'extracting' information, the community was empowered to deliver the changes needed, which resulted in a much more significant impact on health and wellbeing and sustained and trusting relationship between the researcher and the community. Another example given of a successful Anchor partnership was Preston's community-led NHS jobs fair, in which 100 people participated, of which 33 were recruited. In short, we must invest time and resources in community participation, but the results are worth it.

OBO has a wealth of experience of this type of approach, including important work to **build trust between institutions and marginalised communities.** Anaïs and Millie finished with an offer of continued partnership with OUH to develop a meaningful and successful Anchor framework.

FIGURE 3: Anchor Institutions & Community Wealth Building (courtesy of Anaïs Bozetine and Millie Khisa, Owned by Oxford)

Anchor Work at OUH

Emma Hagues

After a short break, we heard from three speakers from OUH who are currently delivering programmes that put **Anchor values into practice**. While these three speakers work in very distinct areas, all spoke of a desire to scale-up their work and mainstream the values that underpin their approach. The big question is how to make this everybody's business.

EMMA HAGUES, Here for Health Service Development Manager

First, Emma Hagues introduced way in which her team supports staff and patients to build healthy habits to prevent, reduce and delay the need for care. The Here for Health Service is built on a culture that recognises everyone's right to feel safe, to be themselves, and to be seen, heard, and valued. Projects that they undertake are strongly informed by an understanding of health inequalities and the social determinants of health.

SHILPA BHATT, Widening Participation and Schools Engagement Lead

Next, Shilpa Bhatt introduced her work which aims to offer equitable access to health careers while providing OUH a pipeline of local talent. Shilpa highlighted the power of partnership, giving the example of a joint project between OUH, the Department for Work and Pensions (DWP), and **Activate Learning**. Amongst other long-term goals, the team is hoping to develop an NHS Ambassadors Programme and address financial and other barriers to uptake of apprenticeship programmes.

WENDY CHEESEMAN, Head of Estates Sustainability

Finally, Wendy Cheeseman gave an overview of the aspiration of the Estates team to impact local and global health, by improving air quality and reducing NHS carbon emissions through addressing issues around travel and energy use. This includes supporting people to commute to work in a way that is consistent with **NHS Net Zero**, as well as ensuring that our estates can cope with the local effects of the climate crisis, such as increasing extreme weather events.

PART 2

Round Table Discussion

The second part of the event featured small group discussion, aiming to bring together a range of perspectives to answer three key questions *(see below)*. Ideas were '*scribed*' on large pieces of paper and key themes were fed back to the main group via table facilitators. The following is a summary of that feedback.

Round Table Discussion Questions

1. "Thinking forwards 5 years, what would OUH look like as a great Anchor Institution and what would this mean for the people of Oxfordshire?" (*Vision*)
2. "What needs to happen to make this a reality?" (*Delivery*)
3. "How will we know we are on the right track after one year?" (*Progress and Accountability*)

Vision

General feedback was that participants want to see OUH as an **enabling and trusted partner** within a system that builds healthier and happier communities and places where people want to live and work. Within this, the following themes were identified (summarised in *Figure 4*).

1 Anchor values as a cultural norm within OUH

- Recognition across the organisation that Anchor work makes both moral and business sense.
- Understanding of 'quality' and 'value' encompass social and environmental sustainability, in a way that is reflected in the standards that OUH sets for investment.

2 Sustainable and trusting community relationships

- Standard practice of going to communities, rather than expecting people to fit in with Trust practices and processes.
- Enable community participation in strategy development, decision making, and resource allocation. This includes recognising and addressing power imbalances between the institution and the community.
- Reporting back to communities with transparency and honesty ('you said we did').

3 Effective system leadership

- Anchor approach aligned across local institutions.
- Leading by example to influence others in their approach to social value and environmental sustainability.
- Minimising complexity and supporting communities to navigate institutional processes.

4 A flexible and enabling procurement approach

- Frameworks that enable investment in social value and responsible contracting.
- Provider relationships that reflect our values.
- A target proportion of spend that stays in the local economy to support small and medium sized businesses and social enterprises.

5 OUH as an employer of choice for local communities, where people want to work, are proud to work, and stay in work

- A workforce that is representative of the local population.
- Well-established partner relationships and a pipeline of local talent (health and 'non-health' careers).
- Pay scales aligned with the real Living Wage, clear pathways for career progression, and staff access to affordable housing and transport.

6 A community-focused estate

- Increase in community-based healthcare delivery.
- Underused buildings and green spaces are shared with communities where possible.

7 Health equity lens for service provision

- Services are locally relevant and informed by detailed knowledge of the population.
- Holistic view of 'health' includes a range of social and environmental determinants, such as air and housing quality.
- Patients from economically or socially marginalised communities feel that their health and wellbeing needs are recognised and addressed.

FIGURE 4: Summary of themes for a five-year Anchor **vision**

CREATING HEALTH WITH THE COMMUNITIES WE SERVE

"I WORK ALL THE TIME BUT... heat food travel BARELY SURVIVE..."

DEPRIVATION

"THE CAUSES OF THE CAUSES"

80% OF HEALTH IS SOCIO-ECONOMIC

LIFE EXPECTANCY DISPARITY IS 11.5 YEARS

OUH

14,000 STAFF! fff

INFRASTR-UCTURE+ ESTATES fff

ACCESS

OPEN SPACE / PAY

EMPLOYMENT

REPRESENTATIVE + PROCUREMENT

OPEN COURSE

LEARNING FROM EXCELLENCE

CO-DESIGN

CULTURE

OUTWARDS FOCUS

AREAS OF MOST NEED

ASKING PEOPLE

TRUST

BASELINE

MORAL + BUSINESS

CAN OUH MAKE PROCESS CHANGES?

SOCIAL VALUE

METRICS

LIZZIE CAIN
SHILPA BHATT

APPRENTICSHIPS
✓PAY
✓PROF. GROWTH

LOCAL HOUSING

NUMBER OF PARTNERS

ENVIRONMENTAL IMPACT

INVOLVE EARLY

SHARE POWER

HIV PROJECT EXAMPLE

FOLLOW THROJGH

TAKE TIME

RENTS ARE 53% HIGHER THAN UK AVG.

CHOICE
VOICE
TIME

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Graphic recording courtesy of Zuhura Plummer

Delivery

Moving to delivery, almost all groups identified the need for an **'Anchor roadmap'** or delivery plan with action focused outcomes, which should be developed together with strategic partners covering a range of geographies and perspectives.

Importantly this should be based on a **realistic timeframe for delivery**, recognising the need to invest in relationships and avoid 'tick box' solutions. The following key discussion themes were identified (summarised in *Figure 5)*:

1 Top-down meets bottom-up leadership

- Long-term vocal senior support with willingness to bring NHS leaders closer to community voices, to listen with a commitment to action.
- Actions to increase awareness and buy-in across the Trust, including steps to bring Anchor values to life.

2 Clear processes for engagement and co-production

- Stakeholder mapping to ensure that the right partners are involved in a transparent way.
- Follow-up with community partners to co-design an OUH Anchor framework.
- Work with community partners to understand barriers to participation and develop standard processes for engagement and co-production (ideas shared included reshaping Patient Participation Groups, neighbourhood partnerships, community anchor forum, working with schools, youth organisations, and further education institutions).

3 Coordination and collaboration between Anchor Institutions

- Ensuring that all relevant 'parts of the system' are involved (e.g. social housing, transport, education providers).
- Clear communication between partners for alignment of goals, priorities, and measurement of success.
- Delivery partnerships to reduce duplication and complexity, avoid community engagement fatigue, and maximise economies of scale.

4 Capacity building and resources

- Dedicated OUH staff time to support both strategic and 'on the ground' work across Anchor domains.
- Sustainable funding, including pooled and shared resources where possible.
- Learning from others through new/existing local networks (e.g. Trust or county level) and active participation in national networks such as Health Anchor Learning Network (HALN).
- Ensuring availability and best use of data to inform policy efforts and measure progress.
- Tools to incorporate environmental and social sustainability into Trust decision making.

5 Social value in procurement framework/policy

- Understand the proportion of spend that stays within the local economy and supports small and medium sized businesses and social enterprises.
- Support for local providers to access NHS procurement systems (e.g. co-produced training, smaller contracts, provider relationship building).
- Increased weighting for social and environmental value in tender and business case evaluations and assurance that all contractors offer a real living wage.

6 Actions to progress workforce inclusivity and wellbeing

- Understanding the demographic make-up of the current workforce, diversity across different levels of seniority and pay, and overview of the number of staff on lower-paid or zero hours contracts.
- Place-based co-produced recruitment and retention strategies, including addressing potential barriers to NHS careers or apprenticeships (e.g. pay, travel/transport, career progression, job security).
- Improved access to pre-employment support (e.g. work experience) particularly for economically marginalised communities including migrants and refugees.

7 Actions to progress a shared public estate

- Overview of NHS estates availability (buildings and green space) and potential uses for people and nature.
- Explore opportunities for co-location of health services with system partners (e.g. community centres, leisure centres, libraries) – particularly in areas of higher deprivation and or those situated further from OUH hospitals.

8 Community-centred care

- Inclusion of differences in access to/experience of care in performance management/ assessment of the quality of healthcare provision.
- Project work to understand and address differences in access to healthcare for specific marginalised groups.
- Empower staff to deliver flexible services to meet population needs.
- Prioritise a community over a provider perspective to reduce the impact on vulnerable populations of multiple disconnected services or geographic disparities in service provision.

FIGURE 5: Summary of themes for **delivery** of an Anchor vision

Progress and Accountability

Finally, we explored ways in which to **track of progress and ensure accountability after one year**. Notably, one group highlighted that accountability to communities should not be just a driver, but a source of pride in *'the way we do things'* at OUH. Based on a general recognition of the time and resource investment needed for Anchor work, groups tended to focus on processes to underpin sustained change. These are summarised on the adjacent page (and in *Figure 6*):

1 Agreed delivery plan

- This should start with a definition of what 'social value' means to us collectively.
- Likely to be strengthened by a logic model outlining objectives, activities, outputs, and outcomes (potentially informed by UCLPartners' **Measurement Framework**).

2 A set of co-produced metrics to measure longer-term success

- Some common metrics across 'the system'.
- Internal OUH metrics to be integrated into organisational performance management (i.e. not as an add on).
- Formal '360 degree' feedback from Anchor partners, including community groups.

3 Evidence of partnership and engagement

- Expanded network of institutional contacts that community organisations can identify.
- Wider representation of communities at future Anchor meetings.
- Drive to progress this work coming from communities.
- People feel that their opinion is valued, they have been listened to, and see that change has occurred.

4 Sustained and vocal senior support

- Value of Anchor work is referenced by senior Trust leadership, both internally (e.g. at board meetings) and in public meetings.

5 Evidence of process changes to enable delivery of social value or community wealth building

- Tangible examples of 'quick wins' (recognising the power of multiple small changes).
- At least one significant process change (e.g. structured framework/tool to incorporate social value into Trust level decision-making; new 'Anchor' category for **OUH Quality Priorities** next year).
- Partnership working towards Anchor priorities is built into work-plans.

6 Public anchor update

- Publicly available Anchor report.
- Follow-up stakeholder round table.

FIGURE 6: Summary of themes for measuring **progress** after one year

Feedback

We are very grateful to everyone who provided feedback on the event.

Overall, it was very well received, and participants agreed that it helped build a shared vision and identify some priority next steps for this work. Responses to the question *'Following the event, I am more likely to...'* indicated that participants felt inspired to follow-up with new contacts, actively engage communities in their work, champion work to progress this agenda, and hold our local institutions to account.

The following key themes were also noted, to ensure that future events are as relevant and inclusive as possible:

1. While the range of speakers was valued, the most common feedback was that we needed **more time for discussion, questions, and networking**.
2. **Diversity in perspectives valued,** however, there is a need for **better representation of people with lived experience of economic/social marginalisation**. Suggestions to support this included an open/public invitation advertised through several channels and partnering with community-based organisations to organise and run the event.
3. Holding the event in a **community setting** was vital to its success. Next time we might consider other neighbourhoods in Oxfordshire, including Banbury.
4. **Greater presence of senior NHS leaders** would be valued as a sign of institutional commitment to community engagement and delivery of Anchor promises.

Next Steps

The **OUH Strategy and Partnerships Team** and working group of colleagues that brought this event together would like to thank everybody who contributed their time, expertise, and insight at this event. This will help to kickstart work on this agenda. We have heard that change, and the relationship building needed to underpin this, takes time and investment. We must therefore be ambitious but realistic about what we want to achieve from the start.

In the **initial phase**, we look forward to developing an action plan to hold ourselves to account, which will be supported by the establishment of a **senior Anchor Task Group for the Trust**.

In coming weeks and months, we will be **reaching out to many of you to continue the conversation** and ensure that we work in partnership every step of the way.

If you don't hear from us but want to share your ideas or get involved, please do not hesitate to get in touch. Finally, we have permission from all speakers to share slides from the event.

Please get in touch if you would like these to be sent to you via email.

strategy@ouh.nhs.uk

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