

NHS Shetland

Meeting:	NHS Board Meeting
Meeting date:	10 December 2024
Title:	NHS Shetland Anchors Strategic Plan 2023-26
Agenda reference:	Board Paper 2024/25/53
Responsible Executive/Non-Executive:	Dr Susan Laidlaw, DPH
Report Author:	Dr Susan Laidlaw, DPH

1. Purpose

This is presented to the Board/Committee for:

- Decision

This report relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Effective
- Person-centred

2. Report summary

2.1. Situation

As part of the NHS Scotland Delivery Plan Guidance, issued by the Scottish Government in February 2023, all NHS Boards were asked in their annual delivery plan to set out: *“An approach to developing an Anchors Strategic Plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.”*

This is NHS Shetland’s strategic plan for progressing anchor activity in the next three years with the aim of supporting Community Wealth Building (CWB) and reducing inequity and health inequalities in our local communities. Unlike some other Boards in Scotland, NHS Shetland has not previously had a CWB or Anchor Institution Plan.

Please note that although that plan had been initially drafted by October 2023, there has been a delay in bringing it to the Board due to capacity.

2.2. Background

The Kings Fund describes anchor institutions in the UK as large organisations that are unlikely to relocate and have a significant stake in their local area. They usually have significant assets that can be used to support community wealth building, their local community’s health and wellbeing and tackle health inequalities. This can be, for example, through procurement, training, employment, professional development, and buildings and land use.

Whilst the core function of NHS organisations – the delivery of health services - does impact on health outcomes and health inequalities, there is a far greater impact due to people’s life circumstances and environment. However, the underlying determinants of health can be influenced by NHS organisations in their role as anchor institutions.

The NHS as a national organisation has the potential to influence these conditions: it is the largest employer in the UK, spends billions on goods and services each year and controls significant land and physical assets. At a local level, the NHS has huge capacity to positively influence the social, economic and environmental factors that help to determine good health, and good health outcomes.

2.3. Assessment

There are a number of local factors that present great opportunities for progressing anchors work for the benefit of the local community in Shetland; but also significant challenges. The ambitions of this anchors strategic plan resonate with a number of NHS Shetland strategies and plans.

The overarching aim of this three year strategic plan is to develop the potential of NHS Shetland as an anchor institution, through specific work on employment; procurement; and land and assets, and to ensure this can be sustained into the future.

This will support achieving the overarching outcomes of:

- Improving population health and wellbeing

- Increasing healthy life expectancy
- Reducing health inequalities and inequity

2.3.1. Quality / patient care

No direct impact on patient care.

2.3.2. Workforce

Workforce is one of the three key areas of work within the plan – retention and recruitment of local staff in particular.

2.3.3. Financial

No financial implications, all within existing budgets.

2.3.4. Risk assessment/management

Risk of not achieving long term improvements in population health and wellbeing and reduction in inequalities which would lead to increase demand in health services.

2.3.5. Equality and Diversity, including health inequalities

Reducing health inequalities and inequity is one of the intended outcomes of the plan.

2.3.6. Other impacts

2.3.7. Communication, involvement, engagement and consultation

The Strategic Plan has been developed by a Steering Group with representatives from the key areas of work within the plan. And discussed with Scottish Government colleagues and Board members.

2.3.8. Route to the meeting

Initial draft submitted to Scottish Government in December 2023.

Discussed during early stages of development at Board Seminar in November 2023.

2.4. Recommendation

- **Decision**

It is recommended that the Board approves the Anchors Strategic Plan presented within this report.

3. List of appendices

Appendix 1 NHS Shetland Anchors Strategic Plan 2023-26



NHS Shetland

Anchors Strategic Plan

2023-2026

Prepared by Dr Susan Laidlaw Director of Public Health & Anchors Executive Lead

November 2024

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1. Introduction

As part of the NHS Scotland Delivery Plan Guidance, issued by the Scottish Government in February 2023, all NHS Boards were asked in their annual delivery plan to set out: *“An approach to developing an Anchors Strategic Plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.”*

This is NHS Shetland’s strategic plan for progressing anchor activity in the next three years with the aim of supporting Community Wealth Building (CWB) and reducing inequity and health inequalities in our local communities. Unlike some other Boards in Scotland, NHS Shetland has not previously had a CWB or Anchor Institution Plan.

2. Background

The concept of Anchor Institutions originated in the USA. Organisations such as universities, hospitals, and large non-profit organisations are referred to as “anchors” because of their permanence and physical ties to surrounding communities. Henry Webber and Mikael Karlström define anchor institutions as “nonprofit or corporate entities that, by reason of mission, invested capital, or relationships to customers or employees, are geographically tied to a certain location.” In the USA, universities and hospitals (‘Eds and Meds’) are the typical examples of anchor institutions, often being the largest non-public employers in their cities, capable of generating significant economic benefits to the local communities.

The Kings Fund describes anchor institutions in the UK as large organisations that are unlikely to relocate and have a significant stake in their local area.¹ They usually have significant assets that can be used to support community wealth building, their local community’s health and wellbeing and tackle health inequalities. This can be, for example, through procurement, training, employment, professional development, and buildings and land use.

¹ It should be noted that anchor institutions are not the same as ‘community anchors’ which are multiple-purpose, community-led organisations such as community development trusts and community housing associations, such as the local community development companies in Shetland. Although they may work towards similar aims through generating local economic and community development activities; and advocacy for community interests and needs, and may work in partnership with public bodies.

The concept of anchor institutions is linked to the 'Community Wealth Building' approach to economic development which has been adopted by the Scottish Government. This internationally recognised approach also originated in the USA and is described by the Scottish Government as being “ *designed to harness the economic leverage of local 'anchor' organisations (such as local councils, health, universities, colleges, housing associations, or large local private sector employers) to tackle long standing systematic challenges and structural inequalities within our communities. It seeks to transform our local and regional economic systems to enable more local communities and people to own, have a stake in, access and benefit from the wealth our economy generates.*”

Private and voluntary sector organisations may also be considered as anchor institutions if they hold a significant interest in the long-term development and health of their local areas. This includes local organisations with strong geographical link or with responsibility for significant infrastructure, such as airports or water companies. As anchor institutions by their nature employ many people, spend substantial amounts of money on goods and services, and own and manage extensive land and assets, they already influence local social and economic outcomes. However, they can have even greater long term impact by deliberately and proactively harnessing resources and working in partnership with other organisations.

3. The NHS as an Anchor Institution

Whilst the core function of NHS organisations – the delivery of health services - does impact on health outcomes and health inequalities, there is a far greater impact due to people's life circumstances and environment. However, the underlying determinants of health can be influenced by NHS organisations in their role as anchor institutions. And we have to improve life circumstances and environment if we are to improve population health, reduce inequalities, and improve healthy life expectancy, which will in turn reduce demand on overstretched health services in the long term.

The NHS as a national organisation has the potential to influence these conditions: it is the largest employer in the UK, spends billions on goods and services each year and controls significant land and physical assets. At a local level, the NHS has huge capacity to positively influence the social, economic and environmental factors that help to determine good health, and good health outcomes.

The Health Foundation has identified four main areas where the NHS can act as an anchor institution to improve health and reduce inequalities, either directly, or indirectly through increasing individuals' and families' financial stability and community wealth building.²

1. As an employer — policies on recruitment, pay and conditions, progression, and health and wellbeing can support to access fair work. This encourages people in the community to have better-paid, and more secure jobs which are locally rooted.
2. Through the procurement of goods, services, and infrastructure — which can be designed to support local businesses and job opportunities, recirculate wealth and bring community benefits – while still getting buyers the right price and quality, and often improved supply chain resilience, responsiveness, and relationships with suppliers.
3. Through environmental sustainability— by adopting targets, policies, and actions to respond to the climate emergency, reduce energy, waste, and pollution, and create better built and natural environments; and collaborating in place making and using assets to support local communities — all of which can reduce inequalities.
4. Through land and assets — enabling local groups and businesses to use NHS estates and converting and selling estates for community benefit. Design/manage land, buildings, and other assets to maximise local use and community enjoyment/interest benefits.

² Environmental sustainability / climate change is not specifically included in this plan as is covered in other specific work streams. But there is overlap between this and other strands of work – eg procuring local food supply reduces food miles; taking more care of green space can increase biodiversity.

4. Local context and partnership working

There are a number of local factors that present great opportunities for progressing anchors work for the benefit of the local community in Shetland; but also significant challenges. Being the most remote island community in Scotland, accessible only by plane or overnight ferry, local procurement is often the default: for example food supplies for resilience in adverse weather and transport issues. Although costs can be higher, and there are goods and services that are not available (eg contractors for large capital projects). Another opportunity is the scope for close partnership working with relatively small organisations, and staff investment in improving outcomes, because nearly everyone who works in NHS Shetland, and the other partnership organisations, lives in Shetland and uses the local services. Although our remoteness and small size of population can lead to challenges such as access training to secure employment or progress in a career.

The ambitions of this anchors strategic plan resonate with a number of NHS Shetland strategies and plans. In particular we have some significant issues with workforce - recruitment and retention of staff. Whilst we have in the past we have looked at attracting new staff to Shetland, as well as local recruitment, it is clear that to make any headway with vacancies and succession planning, we do need to 'grow our own'. One hindrance to this has been the need to travel off island for training for many careers, which is often prohibitory for those with families and dependents or limited financial resources. But there are now increasing opportunities for flexible / remote training (eg nurse training through the Open University) which means staff, or prospective staff, do not have to travel off island as much for training.

4.1 NHS Shetland Clinical and Care Strategy 2021-31

There are five key strategic priorities, including working more closely with communities and developing new models to support our generalist workforce.

- We will work more closely with our communities
- We will place more emphasis on preventative approaches
- We will continue to prioritise joined up working and reduce duplication
- We will use digital solutions, where they are appropriate to improve access and bring care closer to home
- We will develop new roles and models for training to support our generalist workforce

A strategic plan (medium term plan) has been developed developed for implementation of the Clinical and Care Strategy, incorporating the priorities of this anchors strategic plan.

4.2 Programme Initial Agreement – on hold

Another area that cuts across this plan and other NHS Shetland plans is around engagement with communities. This had been a key part of the work for the development of our Programme Initial Agreement (PIA) which was about development of a business case for a new health campus to replacing the aging hospital, which then expanded to a review of the whole NHS Estate.

A project to review the Board's single hospital (the Gilbert Bain Hospital), with the aim of developing a replacement health campus / hospital was already underway, when all health boards were asked by the Scottish Government to complete a review of all their facilities to identify areas for capital investment for the next 30 years to support how services will be delivered in the future. This would have given a huge opportunity for reviewing the assets and land and engaging with staff and communities to make best use of the assets, including premises and green spaces for the benefit of the community.

However, the PIA is now on hold, and the focus is on maintaining the building and estate for another 10-15 years. We currently have a hospital, a board headquarters and 10 health centres, but are also sharing and using premises owned by the local authority, and renting private premises to accommodate all our staff and services. It is anticipated that the PIA will be resumed at some point in the near future and we can engage with staff and communities again re buildings and land assets to support the future delivery of health and care across the Isles.

4.3 Realistic Medicine Implementation Plan

Realistic medicine and value based health and care locally has a strong preventative and population health based approach. Actions within the implementation plan include the development of Greener Practices work, including installing benches and planters in grounds of health centres and board Headquarters, gardening projects and installing polycrubs (polytunnels) for community use. Other projects relate to action on climate change, and reducing carbon emissions such as Greener Theatres work and reducing waste. There are also pieces of work around compassionate leadership and communication, to support staff in their work and improve wellbeing at work.

5. Partnership working

NHS Shetland actively works in partnership with a number of local organisations including the local authority (Shetland Islands Council), the third sector, Police Scotland, Scottish Fire & Rescue, Highlands & Islands Enterprise and local trusts (such as Shetland Recreational Trust). This is through a number of partnerships including the Shetland Community Planning Partnership; Health & Social Care Partnership / Integration Joint Board; Shetland Local Employability Partnership; Community Learning and Development Partnership; and Children's Partnership.

5.1 Shetland Community Plan 2018-2028

The vision for the Shetland Community Plan is that *“Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges”*. This will be achieved by:

- Improving access to opportunity and reducing inequality.
- Attracting and retaining the people needed to sustain our economy, communities and services.
- Having accessible, good quality jobs.
- Collaborating to progress projects and attract investment, and to support the provision of sufficient good quality housing, transport, childcare, digital infrastructure, business & industrial accommodation.

The 'rolling' Delivery Plan (2023 onwards) has five priority areas:

- Place-Based Program of Change
- Project to Reduce Stigma Across our Communities
- Climate Change
- Inclusive growth
- Shifting the Balance of Care

These areas align with the broad areas of work within this anchors strategic plan, with the aims of (inclusive) economic growth with the community; increased sustainability; improved population health and wellbeing; and reduced inequalities, underpinned by a place based approach.

There is also a specific locality plan for islands with small populations. These communities, of Fair Isle, Fetlar, Foula, Papa Stour and Skerries, are all remote from the main town of Lerwick and all have populations of fewer than 100. The populations are generally declining and ageing more rapidly than elsewhere in Shetland, whilst service providers find it challenging to recruit sufficiently qualified staff. In these small remote islands, partnership working and creative solutions to issues such as workforce challenges and sharing of assets are key to sustaining the communities, improving health and wellbeing, and reducing inequalities: with the NHS playing a significant role as an anchor institution.

Local Shetland Partnership projects that align with and can support NHS Shetland in achieving the aims of this strategic plan include:

- Highland and Islands Enterprise (HIE) supporting organisations to become Fair Work Employers
- ‘Money Worries’ training and information sessions run by NHS Shetland Health Improvement Team, Shetland Citizens Advice Bureau (CAB) and Anchor for Families.
- Grow Shetland - a project to support the Shetland community to grow more of its own fruit and vegetables, increase access to affordable food and encourage healthy eating. There is scope for NHS Shetland to work in partnership using land and assets to support this project.

5.2 Joint Strategic Commissioning Plan 2022-25

The priorities in the current JSCP have a focus on prevention and reducing inequalities in health, along with again a theme of community engagement.

- To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes.
- To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups.
- To demonstrate best value in the services that we commission and the ways in which we work.
- To shift the balance of care towards people being supported within and by their communities
- To meaningfully involve communities in how we design and develop services and to be accountable to their feedback.

5.3 Shetland Health and Social Care Integrated Workforce Plan 2022-25

The key priorities for the 2023-25 integrated workforce plan focus on the recruitment and retention of the health and social care workforce and staff wellbeing, including learning and development, aligning with the employment activities within this anchors plan, both in terms of existing staff and recruitment . This will include:-

- Reshape skill mix in response to redesign of services and changing demands
- Succession planning to retain key knowledge and skills and planning for retirements across services.
- Developing new ways of attracting new staff or planning on-going development of our existing workforce
- Attract under 25's with the introduction of more apprenticeship / trainee posts
- Utilisation of employability strands to support local community opportunities
- Maximise promotion of careers locally including in schools to retain / attract / develop the young workforce
- Maximising use of the Estate across integrated services
- Using technology to modernise service delivery and support working practices
- Building a healthy and resilient and supportive workforce
- Encouraging support for personal and professional development

5.4 Shetland Children's Plan 2023-26

The Children's Plan focuses on improving support and opportunities for vulnerable families including supporting parents into work, maximising family income, and supporting third sector organisations. There is considerable scope within these areas for NHS Shetland, as one of the key partners, to move beyond health service delivery and into an anchors approach for example supporting parents to access work opportunities within our own workforce. The specific actions for 2023-24 include:

- Support Anchor for Families team to deliver to families under pressure³
- Providing the opportunities and integrated support adults need to enter, sustain and progress in work
- Test of Change project to find financially vulnerable families and support them to improve finances and employment

³ Note 'Anchor for Families' is a local programme and was not developed in relation to the anchor institution concept, but does involve partnership working to tackle inequalities and support vulnerable families.

- Increase capacity of frontline staff to mitigate impacts of poverty - income maximisation pathways
- Implementation of Cost of Living Crisis Plan (including website and phone line)
- Support CLD to close digital poverty gap
- Support key third sector organisations
- Support next generation to thrive - use all opportunities to enable children and families to be involved in shaping policy

5.5 Child Poverty Action Plan

The Shetland Child Poverty Action Plan has similar themes to the Children's Plan, and shares actions. Again, there is scope for NHS Shetland to actively support parents into securing and maintaining good employment to help maximise household income and reduce poverty, and improve children's life chances. As an anchor institution, NHS Shetland can also lead by example to reduce stigma for families and individuals in poverty, especially in the relatively affluent communities in Shetland where poverty and disadvantage is often very hidden. We do not tend to have geographical areas of socio economic deprivation and disadvantage, but often individual families within communities, which can increase stigma and isolation.

5.6 Shetland Community Learning and Development Plan 2024-27

The priorities of the CLD plan are:

- Participation
- Community Resilience
- Poverty and Inclusion
- Workforce Development
- Performance data

There is overlap between the CLD plan and other areas of partnership work described above. There are opportunities for NHS Shetland to be involved in work such as supporting low income families to get into work, adult learning and community engagement. The community development team supports communities with community asset transfers, which could be part of the land and assets strand of anchors work.

5.7 Employability Pathway

There are a number of stands of work related to employability in Shetland including the employability pathway; 'Developing the Young Workforce' and supporting the long term unemployed into work. Support for individuals through the pathway includes:

- One to One support; - updating your CV, apply for jobs, interview preparation, access social groups and free training courses
- Training & accredited qualifications
- Work Placements
- Volunteering
- Activities and Group Work
- Support for your health and well-being
- Support to gain employment
- In work support
- Information, Advice and Guidance.

NHS Shetland is already working with Developing the Young Workforce, and there is scope for further partnership working to support people into employment in the NHS.

6. Aims and objectives

The overarching aim of this three year strategic plan is to develop the potential of NHS Shetland as an anchor institution, through specific work on employment; procurement; and land and assets, and to ensure this can be sustained into the future.

This will support achieving the overarching outcomes of:

- Improving population health and wellbeing
- Increasing healthy life expectancy
- Reducing health inequalities and inequity

6.1 Objectives

During the first year:

- Establish a local Anchors Steering Group with senior leadership representation from the relevant NHS teams.
- Undertake a self assessment against the Public Health Scotland Framework to identify all areas of good practice and identify areas for improvement.
- Communicate key messages of the Strategic Plan within NHS Shetland and Community Health and Care Partnership, and share the Plan across local Partnerships.
- Establish the baseline metrics (see Appendix A).
- Create a local implementation plan, based on self assessment and baseline metrics.

During the second and third years

- Implementation of actions in the implementation plan, to be completed in 2026, under the following key areas:
 - Employment
 - Procurement
 - Land and Assets
- Annual review of metrics, against the baseline, over the next three years.
- Continued engagement and information sharing with staff, the Shetland community; and partner organisations using the Board's website, social media and intranet, as well as direct engagement.

6.2 Monitoring progress

Progress against the implementation plan will be measured using the three sets of nationally agreed metrics covering employment; procurement; and land and assets. (See Appendix A)

In addition, local monitoring and evaluation will be developed for specific local projects.

7. Governance and reporting

Responsibility for the development and delivery of this Strategic Plan lies with the NHS Shetland Anchor Executive Lead (the Director of Public Health). They will work in collaboration with colleagues across the organisation through a Steering Group, with senior management and leadership representation from the relevant departments and teams including Human Resources; Staff / Organisational Development; Procurement; Estates and Facilities; Planning, Performance and Projects Team; and Public Health / Health Improvement. Patient / public representation will also be sought, through the Board's public engagement processes.

Reporting and governance routes will be through the Annual Delivery Plan quarterly updates and an annual report will be presented to the Board. Progress on our anchors work will also be reported to the Integration Joint Board and the Community Planning Partnership.

There are strong links through the Executive lead and other members of the Steering Group with the local partnerships described above. For example the Executive Lead is a member of the Community Planning Partnership Management and Leadership Team (and Climate Change Lead); a non-voting member of the IJB; and member of the Joint Strategic Planning Group, the Children's Partnership and the Programme Initial Agreement Board. Other members of the Steering Group are also engaged with these and other relevant partnerships.

We will also create content for NHS Shetland's public facing website and social media channels, and communicate with NHS staff through the intranet, staff newsletters and other routes.

8. Employment

There is a strong link between work and health; but for work to have a positive impact on health, it must be ‘good work’ – providing stable employment, paying a living wage, and offering fair working conditions, work-life balance and career progression.

Supporting local people (especially those who are most in need) into work in the NHS can have numerous benefits

- Economic benefits for the individual, their family and community
- Reduce carbon footprint by reducing commuting distances (not so relevant in Shetland)
- A workforce that is more representative of the population it serves, and therefore better able to respond to need

As an anchor institution we need to not only support local people into ‘good’ employment but also ensure staff are supported with health, wellbeing and career progression in work.

There are challenges, given the pressure that NHS staff are under, with increased demands and reduced resources. Reliance on short term and bank posts due to funding constraints is not conducive to stable employment.

8.1 What is NHS Shetland already doing about employment ?

As an NHS employer we already follow a number of elements of ‘good employment’ for existing staff including policies on flexible working, work life balance, health and safety, leave entitlements, support for employees who have disabilities and health conditions. NHS Scotland pays the Real Living Wage.

Wellbeing is key to supporting staff to deliver services and staff can access support through local and national schemes e.g. National Wellbeing Hub. Our Employee Benefit and Wellbeing Scheme provides a range of salary sacrifice schemes, discounts as well as support and advice.

There are employment engagement surveys such as iMatter and a stress survey, with teams encouraged to develop meaningful action plans for improvement although these vary across departments.

NHS Shetland has increased its main staff training budget by 55% since 2022 as well as benefitting from ring fenced government funding for training in specialities such as Radiography and CAMHS. In addition, the growth of online and virtual training by NHS

Education Scotland, Royal Colleges and other professional bodies enables staff to train and develop without the need to attend in person. Staff can also apply for funding for development through the Board's Endowment Fund. Performance and Development Planning reviews, are captured for Agenda for Change staff on the Turas Appraisal system. These were paused nationally during Covid-19 and we are supporting managers to improve engagement.

NHS Shetland is committed to attracting local people into NHS employment and careers. A current focus is through 'Developing the Young Workforce' which is being led by the Chief Executive. NHS Shetland had a very successful presence at a recent local Careers Fair, with a significant number of staff from across the departments keen to promote NHS careers, and engagement with many local young people. Nursing and midwifery practice education, and Medical Education have been developing and delivering a range of work experience activities to support young people with their career choices and UCAS applications. We have a number of staff "upskilling" through Modern Apprenticeships and currently have one staff member undertaking Graduate Apprenticeship.

Although we are committed to support and develop careers, currently Nursing is the only clinical career where islanders can undertake all their qualifications and training whilst living and working in Shetland.

9. Procurement

The NHS has significant purchasing power, and decisions about what the NHS decides to buy, and how, can have significant impacts on the local economy and ultimately on local population health and wellbeing. Procuring and commissioning more goods and services from local small and medium-sized enterprises (SMEs) and voluntary and community sector organisations can have an important economic impact: resources spent locally have a multiplier effect and are reinvested in the local community at a faster rate than resources spent with national corporations. There is evidence that investing £1 in the local economy generates between £1.70 and £2.10 worth of growth.

Furthermore, if principles of 'social value' (such as fair working conditions, and the living wage) are incorporated into NHS procurement processes, this can further increase social benefit, and improve population health and wellbeing.

9.1 What is NHS Shetland already doing about procurement ?

In 2023-24 NHS Shetland spent approximately £1.4 million with local suppliers.

Within our Procurement Strategy we stated that NHS Shetland had a commitment to incorporate community benefits to improve the economic, environmental and social wellbeing of the Shetland Islands and we would use the recommended tools where appropriate. During 2023-24 NHS Shetland awarded a contract to Shetland Heat Energy and Power (SHEAP) for the utilisation of the Lerwick District Heating Scheme. SHEAP contribute funds to the Shetland Charitable Trust to support grants to local organisations for projects that show a clear benefit to the Shetland community. The Shetland Charitable Trust 2023-24 Main Grant Scheme gave grants to 27 organisations including Shetland Recreational Trust, Shetland Islands Citizens Advice Bureau, and COPE Ltd. NHS Shetland are registered with NHS Scotland's Community Benefits Gateway. The gateway is an online portal connecting NHS Scotland suppliers with communities in Scotland. One community benefit, for the Mind Your Head Wellness Programme, was delivered by Globus Shetland Ltd via the gateway during the year. NHS Shetland continues to engage proactively to support local groups and their projects. During 2023-24 the Board worked with: Dogs Against Drugs, Mind Your Head Wellness Programme, Shetland Women's Aid The Shetland Community Bike Project

10. Land and Assets

Anchor strategies involve thinking about how the NHS can manage and develop its estate (land and premises / assets) to support broader social, economic and environmental aims. This could be through community asset transfers, or working with partners on affordable housing for staff, or supporting community groups to make use of premises or land for example.

Housing and environment are important determinants of health, both physical and mental. Good quality, affordable housing located near to workplaces can help to attract and retain staff, and the NHS can work with partners on housing and accommodation strategies, potentially using NHS assets.

Supporting social interaction within communities by providing indoor or outdoor space to connect benefits population health and helps to make communities more resilient. Furthermore outdoor green space is not only good for physical activity, being outdoors

also supports mental health. There is considerable scope for improving health and preventing ill health through interventions such as nature prescribing.

10.1 What is NHS Shetland already doing about land and assets ?

Although space within NHS Shetland premises is at a premium, there are a number of pieces of work being implemented or planned using land / green space around Board owned Health Centres and the Board Headquarters at Montfield in particular. There are three polycrubs (poly tunnels) at Hillswick , Levenwick and Walls Health Centres for community use. Also one at Montfield for staff use, funded through Endowments funds. A second polycrub at Montfield is for a local charity 'Food for the Way' that supports vulnerable people, as an extension of a nearby gardening project, so they can grow produce.

There has been joint work with the RSPB on enhancing the green spaces at Levenwick Health Centre (where a gardening club for the local community has been set up) and in the grounds at Montfield. There is a community garden at Hillswick Health Centre, and a Community Wellbeing Garden recently set up at the Lerwick Health Centre, the Board's largest health centre in the middle of Lerwick. Both of these are part of the 'NHS Forest' run by the Centre for Sustainable Healthcare. And although there is limited space within premises for community use, local groups and charities can use the hospital canteen (which is open to the public) for fundraising bake sales.

There is work within the locality planning for the islands with small populations to understand how to make the best use of NHS assets in these settings as service delivery is reviewed and there is increasing sharing of assets and spaces with partner organisations.

NHS Shetland is actively working with the Local Housing Association to develop a network of affordable housing options for our workforce across all the areas we currently operate services. This will ensure we can attract and retain staff to roles in these areas and allow them to be part of local communities, reduce the amount of time staff have to spend away from home and ultimately help to reduce the carbon footprint of the workforce.

The work on reviewing the whole NHS Estate and anticipated planning for a replacement hospital or health campus as outlined above, when it is restarted, will be a huge opportunity to maximise the use of NHS land and assets for our local community, building on engagement work. Staff accommodation will also be addressed through this work.

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[24-25-06-strategic-delivery-plan-2024-2029](#)

[shetland-health-and-social-care-integrated-workforce-plan-2022-25](#)

[IJB Planning and Strategies – Shetland Islands Council](#)

[Community Learning and Development Plan – Shetland Islands Council](#)

[Shetland Children's Plan 2023-2026 – Shetland Islands Council](#)

[Annual Child Poverty Action Reports – Shetland Islands Council](#)

Appendix A: Anchor Activity Metrics

Workforce

Code	Metric
W1	Number of employability programmes underway within Board in the reporting year
W2	Number of people engaged through employability programmes in the reporting year
W3	Real Living Wage employer accreditation (yes/ no)
W4	Carer Positive accreditation (yes/ no)
W5	Disability Confident accreditation (yes/ no)
W6	Equally Safe at Work accreditation (yes/ no)
W7	Menopause Friendly accreditation (yes/ no)
W8	Young Person's Guarantee accreditation (yes/ no)
W10	Accreditation with the Defence Employer Recognition Scheme (yes/ no)
W11	Publication of race pay gap (yes/ no)
W12	Publication of disability pay gap (yes/ no)
W13	Clear strategy for engaging with Local Employability Partnerships (LEPs) within Board area (yes/ no)
W14	Identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan. (yes/ no)

Code	Metric
W15	<p>Active targeting of specific groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (yes/ no)</p> <ul style="list-style-type: none"> • Care experienced • Carers • Black and Minority Ethnic groups • People living in the 20% most deprived areas • Disabled people • Gypsy Travellers • Dependent on alcohol and drugs • Homeless people • Recently left prison • Refugees and asylum seekers • Priority family groups at risk of child poverty - • lone parents; young mothers (under 25 years old); minority ethnic families; large families (with three or more children); families with a baby (under one); families with a disabled adult or child
W16	Systemic data collection on above groups. (yes/ no)
W17	Distribution of workforce by protected characteristics and SIMD in the reporting year.
W18	Distribution of workforce leavers by protected characteristics and SIMD in the reporting year.
W19	Distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year.

Procurement

Code	Metric
P1	Total spend on local businesses in the reporting year.
P2	Percentage of overall spend on local businesses in the reporting year.
P3	Total spend with SMEs in the reporting year.
P4	Percentage of overall spend is with SMEs in the reporting year.
P5	Total spend on contracts with supported business in the reporting year. (Supported business' means an organisation whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the organisation are disabled or disadvantaged persons).
P6	Total spend with third sector bodies in the reporting year
P7	List of all community benefits delivered through procurement during the reporting year. (Defined as relating to training and recruitment or availability of sub-contracting opportunities; or which is otherwise intended to improve the economic, social or environmental wellbeing of the contracting authority's area in a way additional to the main purpose of the contract in which the requirement is included)
P8	Percentage of newly awarded contracts with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period.

Land and Assets

Code	Metric
LA1	Number of asset transfer requests have you received to date.
LA2	Number of asset transfers awarded to date.
LA3	Process in place for embedding anchor procurement activities in new developments. For example, working with local suppliers. (yes/ no)
LA4	Process in place for embedding anchor employment and activities in new developments. For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers. (yes/ no)
LA5	Process in place for embedding anchor sustainability activities in <ul style="list-style-type: none"> a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations) b) existing sites (e.g. green space, café, bookable multipurpose spaces) (yes/ no)
LA6	Strategy for new building and estates development includes provision for community use <ul style="list-style-type: none"> a) now (e.g. green space, café, bookable multipurpose spaces) b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education) (yes/ no)
LA7	Process in place for engaging with the local community in planning the design and use of new developments. (yes/ no)
LA8	Engagement with the community on new developments includes the Board's target populations and/or target organisations. (yes/ no)
LA9	Engagement with other anchor partners in planning new developments (e.g. local authority, college, university). (yes/ no)

Code	Metric
LA10	Policy or strategy in place for local community use of existing land and buildings. (yes/ no)
LA11	Process in place for local community to engage with the organisation to request use of existing sites. (yes/ no)
LA12	Engagement with the community on existing sites includes the Board's target populations and/or target organisations. (yes/ no)
LA13	Mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred. (yes/ no)
LA14	List the current use of land and assets by community groups and activity type (including retail space).
LA15	List the known key barriers to use/disposal of land and assets by community groups.