



**Scottish
Ambulance
Service**

Working in Partnership with Universities



NOT PROTECTIVELY MARKED

Public Board Meeting		29 November 2023
		Item 10
THIS PAPER IS FOR APPROVAL		
SCOTTISH AMBULANCE SERVICE ANCHOR STRATEGIC PLAN 2023/24-2025/26		
Lead Director Author	Emma Stirling, Director of Care Quality & Professional Development John Brown, Strategic Planning Manager	
Action required	The Board is asked to approve the Anchor Strategic Plan for publication.	
Key points	<p>In February 2023, the NHS Scotland Delivery Plan Guidance outlined the requirements for the Service to support the activity of 10 recovery drivers as Scotland moves towards a path of recovery and renewal as set out in "Re-mobilise, Recover, Re-design: the framework for NHS Scotland" 2020.</p> <p>Recovery driver six, responsible for Health Inequalities, proposed that we develop an Anchor Strategic Plan that includes governance and partnership arrangements for advancing our current and future anchor activity. This plan aims to provide details on our approach to continuing our growth as an essential and impactful anchor organisation for the people of Scotland. Key points from this plan are:</p> <ul style="list-style-type: none">• This plan outlines our role to help support and address health inequalities and socio-economic challenges through a public health approach aligned with NHS Scotland's recovery objectives.• A commitment of our 2030 strategy, which focuses on health literacy, community involvement, and partnerships in procurement, employment, and asset management.• Our commitment to economic growth such as promoting local employment and procurement, implementing responsible environmental practices, and creating community hubs that extend beyond traditional healthcare services.• Focusing on fair employment, diversity, and equitable access to healthcare services, the plan includes targeted initiatives to	

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	<p>provide resources and opportunities to underprivileged areas, levelling the socio-economic playing field.</p> <ul style="list-style-type: none"> • Collaborative partnerships and delivery groups with defined metrics strengthen governance and reduce health disparities.
Timing	<p>Our Anchor Strategic Plan was submitted to the Scottish Government by the requested timescale of 27 October 2023 after receiving feedback and approval from the Executive Team. The plan was submitted with the caveat that it was pending Board approval at the November 2023 meeting. Furthermore, the NHS Board's guidance on Anchor Metrics included a template that was shared on 8 November 2023. It was requested that this template be completed and submitted before the deadline of 29 March 2024. (Appendix 1)</p>
Associated Corporate Risk Identification	Risk ID 5652 – Equality & Diversity
Link to Corporate Ambitions	<ul style="list-style-type: none"> • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities • Deliver our net zero climate targets • Provide the people of Scotland with compassionate, safe and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	<ul style="list-style-type: none"> • Our strategic plan focuses on creating fair work opportunities and adopting sustainable practices to enhance the efficiency and effectiveness of our service delivery. These elements are essential to NHS Scotland's Quality Ambitions, and by incorporating them into our strategic plan, we show our commitment to aligning with national healthcare quality standards.
Benefit to Patients	<ul style="list-style-type: none"> • By addressing health inequalities and improving the availability of services in underserved areas, the plan aims to make healthcare more accessible to all population segments. • The plan intends to improve health literacy and outcomes through strategic partnerships and a focus on public health, particularly in historically disadvantaged communities. • The commitment to understanding and meeting the unique needs of different communities supports a more personalised approach to patient care, ensuring that services are tailored to individual patient needs. • The plan supports socio-economic development by leveraging procurement and employment opportunities, improving patient health and wellbeing. • The plan's emphasis on environmentally responsible practices and the efficient use of resources ensures a sustainable

	healthcare system that benefits current and future generations of patients.
Equality and Diversity	An Equality Impact Assessment Summary form is attached at Appendix 2



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Anchor Strategic Plan

2023/24 - 2025/26

NHS Board: Scottish Ambulance Service

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Introduction

The Scottish Ambulance Service is already recognised as an Anchor Institution, and we recognise our role in supporting prevention as a key strategy by viewing our care through a public health lens. We recognise our responsibility as a healthcare provider and a significant pillar in every community. However, our influence stretches beyond just healthcare; we're vital to the social and economic fabric of the communities we proudly serve. We possess extensive physical and intangible assets, including our highly skilled staff and volunteers, occupying over 140 sites across Scotland. Being an Anchor Institution requires a continuous and long-term commitment, and we acknowledge this responsibility to use our decision making and approach to benefit our communities.

In February 2023, the NHS Scotland Delivery Plan Guidance outlined the requirements for the Scottish Ambulance Service to support the activity of 10 recovery drivers as Scotland moves towards a path of recovery and renewal as set out in "Re-mobilise, Recover, Re-design: the framework for NHS Scotland". Recovery driver six, responsible for Health Inequalities, proposed that we develop an Anchor Strategic Plan that includes governance and partnership arrangements for advancing our current and future anchor activity. This plan aims to provide details on our approach to continuing our growth as an essential and impactful anchor organisation for the people of Scotland.

However, we acknowledge we can do more to deliver against our Anchor Strategic Plan and are committed to continuously improving it. To achieve this, we plan to conduct a comprehensive self-assessment using the "Harnessing the Power of Anchor Institutions: A Progression Framework for Scottish Organisations" framework. This structured approach will help us evaluate and develop our anchor strategies to reduce health inequalities and contribute to the well-being of our community.

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To accomplish this, our four strategic priorities are:

- Procurement of Goods and Services
- Fair Work Opportunities
- Land and Assets
- Partnership Arrangements

Anchor Institutions: A-Pillar of Socio-economic Resilience and Health Equity in Scotland

Scotland's population health situation is complex, and being an anchor institution carries significant importance due to several unique economic, social, and cultural factors prevalent in our country. As of 2023, the population of Scotland is 5,479,700, a 0.3% increase from the previous year. In addition, Scotland's population is expected to age, with a projected increase in the number of pensioners by 23.2% in the next 25 years, while the working-age population is predicted to decrease by 7,000 individuals. The projections also indicate a possible shift in the demographic makeup towards 2045, where migration would no longer offset the natural increase (births minus deaths). With this in mind, Scotland's disease burden is expected to increase by 21% by 2043.

Communities, particularly in rural and post-industrial areas, face economic challenges, and recent statistics highlight that over one million people in Scotland still live in poverty, with nearly half of that experiencing deep poverty, including about a quarter of children. Shockingly, over two-thirds of impoverished children come from working households, exacerbated by a stagnating economy causing persistent low pay and poor living standards. Moreover, people born in Scotland's most socially deprived areas tend to die approximately 13 years earlier and spend 25 fewer years in good health than those born in the least deprived areas.

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Our healthy life expectancy is decreasing and varies among different regions and socioeconomic groups. Unfortunately, we have the lowest life expectancy among all Western European countries.

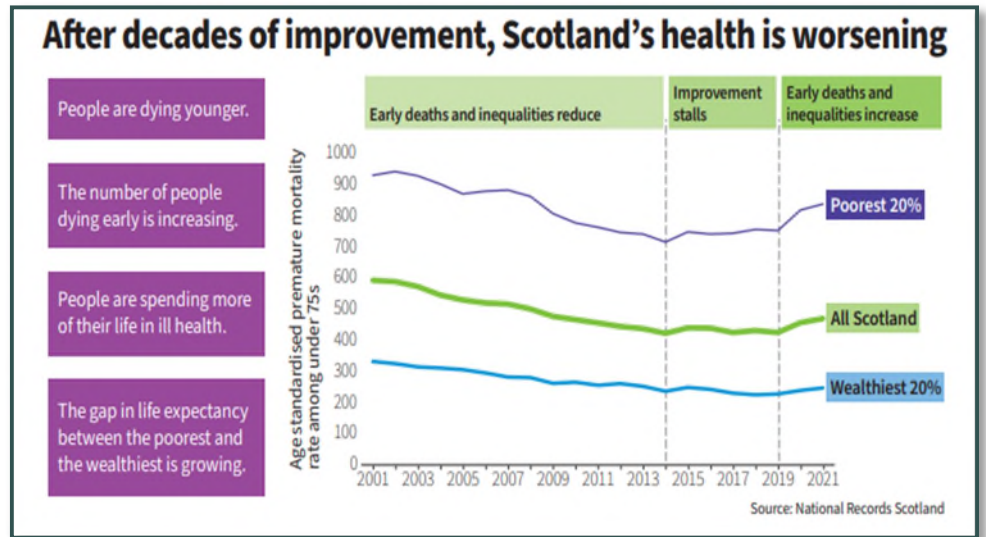


Figure 1: Public Health Scotland (2023) 'Together we can create a Scotland where everybody thrives.'

It is also concerning to note that individuals residing in the most deprived areas are 15 times more likely to die due to drug misuse. This ratio has risen over the last two decades, although there was a slight reduction in the gap observed in the previous year. The COVID-19 pandemic has highlighted existing health inequalities, which have resulted in higher mortality rates for older individuals and those with disabilities, especially those whose daily activities are significantly impaired.

Climate change also has significant consequences for population health, especially for those with fewer resources and less power and amplifies the existing health inequalities. Healthy Life Expectancy is a crucial measure of population health, and recent data from Scotland shows that the gap in Healthy Life Expectancy between males and females is widening. Additionally, a concerning trend is that the Relative Index of Inequality for Healthy Life Expectancy has reached its highest level since the beginning of the time series.

In conclusion, Scotland's population health landscape is dominated by significant health inequalities driven by socio-economic factors. Demographic shifts and the impacts of climate change further compound these disparities. The data highlights the urgent need for integrated, multi-sectoral approaches to mitigate these disparities, promoting a more equitable health and social environment. This

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highlights the Scottish Ambulance Service's important role in navigating and supporting improvement to these complex issues.

Envisioning a Healthier Scotland: Strengthening Community Connections through our 2030 Strategy

As part of our organisation-wide 2030 strategy, published in Autumn 2022, we outlined our vision to "saving more lives, reducing inequalities, improving health and wellbeing". And through this, we continue to explore ways to influence and benefit population health.

We want to improve the lives of local people through collaborating with citizens and partners to build healthier and safer communities. We understand that communities are shaped by the people who live, learn, work, and visit them and the services and assets that serve them.

This means our policies, practices, and services must be designed to support good health literacy, enabling people to access, understand, and use our services in ways that promote and maintain good health.



Figure 2: Scottish Ambulance Service 2030 Strategy Ambitions

Our ambitions for 2030 reflect our commitment to our staff and the wider community. We aim to create an enhanced workplace environment prioritising staff wellbeing, health, and overall experience. Collaboration is at the heart of our strategy, as we strive to work closely with citizens and other partners to achieve the common goal of healthier and safer communities across Scotland. Innovation is key to our approach, as we are dedicated to continually refining and improving our service to ensure they are resilient and sustainable. Furthermore, we are committed to achieving our net-zero climate targets, in line with global commitments to

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environmental sustainability. Through our ambitions, we aim to provide compassionate, efficient, and environmentally conscious care to the people of Scotland, wherever and whenever it is needed.

As an anchor institution providing healthcare services in Scotland, we have a responsibility and an opportunity to address socio-economic inequalities that ensure equitable healthcare outcomes for everyone. We can achieve this by focusing on our procurement, recruitment, and community engagement strategies to target areas of need and provide economic opportunities to disadvantaged populations.

We have a stated commitment to being a good employer and increasing access to quality work. This means paying our employees a fair and liveable wage and creating opportunities for local communities to develop their skills and access jobs in the healthcare sector. This can help create wealth and job opportunities where they are most needed.

Additionally, our procurement strategy prioritises purchasing from organisations considering environmental, social, and economic impacts. This means we can prioritise procurement contracts with social enterprises and small businesses in low-income communities while instituting fair wage and training programmes.

We also recognise the importance of making our facilities and land available for community use. Our property strategy aims to support communities by widening access to community spaces and working with partners to boost the local economy. We host events such as health education programmes, and our new Glasgow South Station will see the introduction of a community hub which could support access to initiatives such as food and housing services to improve community health outcomes. Ultimately, leveraging our position as an anchor, we aim to break down barriers to opportunity for those experiencing poverty and create conditions for better health equity across all the communities we serve.

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Community anchor case study: Glasgow South Station

The Glasgow South Station (GSS) which is in the Govanhill area of Glasgow and has been deep routed among the top 5% of the highly deprived areas in Scotland, and the local area has become subject to regeneration strategies and initiatives in recent years.

Driven by the need to replace the GSS ambulance station, the opportunity arose to consider how the Service engages with the local community in this development. This partnership work with community leaders identified the concept of the creation of a Health and Wellbeing Centre within the station to support the needs of local communities and staff. This estate modernisation has enabled a much more focused discussion on how the Service could improve this community's health and economic outcomes.

Key drivers for change are outlined below:

Driver for Change	Description
Increasing Demand	Between April 2017 and March 2019, GSS responded to 59,191 immediately life-threatening (ILT) calls. Out of 9 Glasgow South Standby Points, GSS responded to 18% of all Immediately Life-Threatening calls across the country. Considering the volume of calls and 8-minute response radius, a refurbished station could improve response time, increase health and safety standards and design a more logical station structure.
Health and Well-being Needs of the Local Population	The station is currently situated in a heavily deprived area of Scotland, which has focused on regeneration initiatives. Local community engagement and population health are key to our ambitions in the developing 2030 strategy.
Lack of Local Shared Community Facilities	The Service routinely works across health and social care boundaries with NHS, emergency services, third sector, and community partners. However, the Service does not have a facility which facilitates community engagements into one tangible entity in the Glasgow South area. Early engagement with local stakeholders has identified a lack of shared community facilities within the local area. This acts as a barrier to community engagement and collaboration.

The Scottish Ambulance Service is an organisation that can offer stable, secure work opportunities that support professional development to help tap our workforce's talents fully. We are an employer with current demand outstripping our supply, and there is a need to increase the staff numbers within the South Station from 70 WTE to 105.6 WTE. This increase in staff will improve response time, increase health and safety standards, and design a more logical station structure.

Community anchor case study: Young Minds Saves Lives

We have established a 'Young Minds Saves Lives' (YMSL) initiative with the local secondary schools, working with the University of Glasgow on a collection of initiatives to enhance the health and wealth of the local community.

The YMSL programme aims to engage young people in health prevention and anticipation and develop their health and social care employability. This has resulted in a programme for pupils from Shawlands Academy and Holyrood Secondary (the latter being the largest high school in Scotland).

We are applying this development to promote conditions for people in more significantly deprived circumstances to obtain employment within the organisation, through working with the local schools and other agencies aiming to develop the programme into an accredited learning course. This is also providing the young people the opportunities for working in the ambulance service and the wider NHS.

Benefit to the local community

This work aims to create an innovative programme (first of its kind in the UK) to develop local school children as youth community first responders, focusing on immediately life-threatening situations like cardiac arrest and local high priority healthcare issues, including fall management, stroke, diabetes, and drug deaths. This will help to shore up community resilience, develop the young people themselves to recognise the triggers, increase the current community response capacity, and avoid hospital admissions.

Developing this YMSL programme working with school children who, due to the multi-cultural diversity in the local area (there are a total of 88 different languages spoken in this area), as the key communicators with ambulance crews when responding to emergencies. This youth programme would develop their training in the management and awareness of local health issues and develop a gateway for careers in the ambulance and the wider NHS services. A consequence of this work would improve communication and engagement with the community by breaking down language barriers and continuing more focused work on local needs and demands.

The YMSL programme will be developed and led by young people who want to protect their family and friends, supporting health promotion and anticipatory and preventative care. This will help reduce unnecessary hospital admissions and save more lives, not only in cardiac arrest but also in treating drug deaths, through the management of naloxone, mental health, stroke, diabetes and respiratory disease, all being health harms exacerbated by deprivation of social health inequalities. Coronary Heart Disease is the second highest cause of death in Scotland and is directly linked to communities with high poverty, deprivation, and health inequalities. Annually, over 3,000 people around Scotland suffer cardiac arrest, with only 1:10 surviving. Furthermore, in 2020, deaths linked to drug use (Greater Glasgow and Clyde) were 1,339, the highest ever recorded in UK/Europe.

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Section A: Actions to Deliver Anchor Strategy Plan

1.1 Procurement of Goods and Services

Objective

Maximise local, progressive procurement of goods and services designed to support local businesses and job opportunities, recirculate wealth and bring community benefits.

No.	Board Action
1.1	<p>Purchasing Decisions:</p> <ul style="list-style-type: none"> To enhance the efficacy and responsibility of our procurement processes, we will integrate social and environmental sustainability into our contract tenders. This will be achieved by allocating greater weight to agreed-upon criteria that reflect our commitment to social value and environmental management.
1.2	<p>Inclusive Sourcing for Public Services:</p> <ul style="list-style-type: none"> To promote an inclusive and competitive public services landscape, we will ensure all opportunities are available to supported businesses and third-sector organisations where possible. Develop supplier information for procurement, setting clear circular economy expectations of those supplying the service.
1.3	<p>Social Value:</p> <ul style="list-style-type: none"> We will actively encourage and promote capability and capacity for social value and support for community initiatives within the procurement process where possible. This means developing the function and ownership of local assets held by us so local communities benefit from financial and social gain.
1.5	<p>Local Procurement:</p> <ul style="list-style-type: none"> Making financial power work for local places, increasing investment flows within local economies by harnessing and recirculating existing wealth such as local procurement of hotels and accommodation.
1.6	<p>Local Supply Chains</p> <ul style="list-style-type: none"> Help local contractors such as station cleaning services and SMEs deliver our public services, create opportunities for supported businesses and third

	sector organisations likely to support local employment and keep wealth within communities.
1.7	<p>Community Benefits in Regulated Procurement:</p> <ul style="list-style-type: none"> The Shared Procurement Service will pursue community benefits for procurements valued at £4 million and above, in compliance with the Procurement Reform (Scotland) Act 2014. We will also conduct weighting criteria against all procurements to ensure a transparent and ethical tender process for those costing less than the stated £4 million. We will explore community benefits for all regulated procurements, currently starting at £50,000 for goods and services and £2 million for works, aiming to secure them where feasible.
1.8	<p>Promoting Real Living Wage through Supplier Engagement:</p> <ul style="list-style-type: none"> We aim to promote a Real Living Wage among suppliers by incorporating fair work practices into our procurement and supplier management processes.
1.9	<p>Ethical Sourcing in Targeted Procurements:</p> <ul style="list-style-type: none"> We aim to specify fairly and ethically traded goods and services in relevant procurements in alignment with our sustainable procurement policy and existing National Procurement framework contracts.

1.2 Fair Work Opportunities

Objective

Ensuring fair work practices for both current and prospective employees is crucial. This can be achieved by creating robust policies for recruitment, retention, pay, working conditions, career advancement, as well as health and well-being.

No.	Board Action
2.1	<p>Understanding Communities:</p> <ul style="list-style-type: none"> Understanding local demographics and opportunities to target positions for specific communities to encourage applications from underrepresented groups as well as Remote and Rural areas where recruitment can be more challenging.

2.2	<p>Increasing Diversity:</p> <ul style="list-style-type: none"> Actively plan to ensure that our workforce diversity profile reflects the communities we serve and promote a widening access approach to encourage recruitment from all people regardless of their background. Develop an action plan to ensure that the diversity profile of the Scottish Ambulance Service workforce reflects the communities we serve. Encourage applications from underrepresented groups, including BME / disabled / LGBTQ+ communities, including those who wish to volunteer.
2.3	<p>Pre-employment:</p> <ul style="list-style-type: none"> Develop apprenticeships, work placements and volunteer opportunities to engage young people and those seeking our employment. We will also reach out to schools to promote our organisation as a career choice for youth. Work with Skills Development Scotland and the Nursing, Midwifery and Allied Health Professionals Skills for Scotland Group to develop Modern and Graduate apprenticeship options for a range of healthcare-related qualifications. Supporting the delivery of the Child Poverty Delivery Plan, Best Start, and Bright Futures.
2.4	<p>Recruitment:</p> <ul style="list-style-type: none"> Promote a flexible and inclusive workforce through various opportunities such as part-time, agile working and family/carer-friendly roles. Actively work with our partners to develop joint recruitment models and offer bank contracts to those who have retired from all types of roles. Continue to develop new roles and attract candidates with the right skills to meet future needs, e.g., climate change, ageing population, and demographic changes. Continue to embed the Scottish Government's Fair Work Action plan by implementing our framework model.
2.5	<p>Employee Relations:</p> <ul style="list-style-type: none"> Supporting all our people and prospective employees through an employee relations hub and tackling existing issues.

	<ul style="list-style-type: none"> • Establish a "Centre of Excellence" by introducing a dedicated Equality and Quality Improvement Hub. • Provide appropriate channels for effective voice, such as trade union recognition.
2.6	<p>Real Living Wage:</p> <ul style="list-style-type: none"> • Promoting fair employment, training opportunities, and just labour markets to improve the prospects of local people, including long-term unemployed and disadvantaged individuals, and promoting a "Real Living Wage". • Tackle the gender pay gap and create a more diverse and inclusive workplace.
2.7	<p>Career Development:</p> <ul style="list-style-type: none"> • Supporting the health and wellbeing, fair pay and conditions of employment, and the professional development, career progression and training opportunities of all our people. • Design and implement new roles with partners to meet changing healthcare needs. This will be supported by re-designing and restructuring our resource planning function to automate processes and improve resource forecasting, planning, and scheduling. • Work with NHS Education for Scotland to identify workstreams to support frontline and staff career pathways. • Supported by the Scottish Funding Council, we will explore new funding opportunities to help deliver the skills required in our future workforce.

1.3 Land and Assets

Objective

Our property and asset management strategy drives us to design and manage our land, buildings, and other assets in a way that benefits local groups and businesses, allowing them to make the most out of our estate.

No.	Board Action
3.1	<p>Community Asset Use:</p> <ul style="list-style-type: none"> Enabling local groups and businesses to use our land and assets to benefit communities and working in partnership to maximise the wider value of NHS properties.
3.2	<p>Responsible Asset Disposal:</p> <ul style="list-style-type: none"> Where possible and appropriate, converting the estate we no longer use to benefit communities.
3.3	<p>Developing Communities:</p> <ul style="list-style-type: none"> Work in partnership to increase the availability of accessible community green spaces and work to scope out our presence in remote and rural communities.
3.4	<p>Collaborative Property Portfolio for Financial Sustainability:</p> <ul style="list-style-type: none"> We aim to improve community healthcare services while generating positive financial outcomes by collaborating with other NHS boards to develop shared property portfolios.
3.5	<p>Innovative Property Strategy for Co-location and Sustainability:</p> <ul style="list-style-type: none"> We plan to explore innovative properties and exit smaller unsustainable buildings. Additionally, we will consider the benefits of co-locating our ambulance stations with relevant partners, including other emergency services and the NHS, wherever feasible.
3.6	<p>Sustainability:</p> <ul style="list-style-type: none"> By enhancing our greenspace, incorporating biophilic design features into our estate and better connecting people with nature, we are supporting the wellbeing of our communities.

1.4 Partnership Arrangements

Objective

Become a valuable partner to the NHS and other anchor institutions through collaborative networks, promoting shared approaches, learning, and good practice.

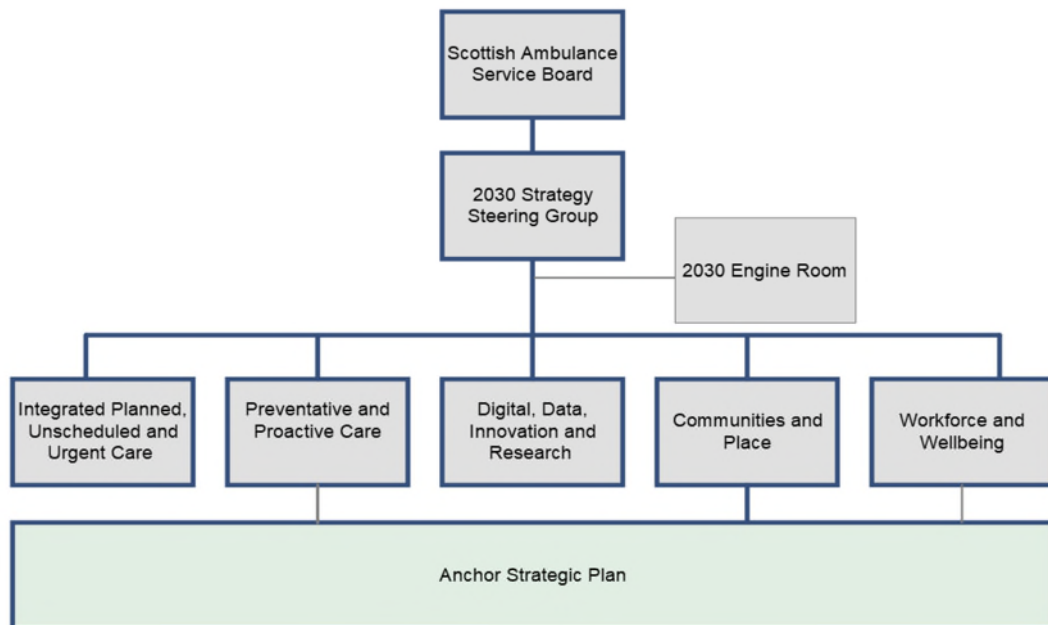
No.	Board Action
4.1	<p>Developing Networks:</p> <ul style="list-style-type: none"> Establish anchor collaboratives, local networks to support shared approaches, and networks to support shared learning and spread good practice. Build partnerships through the Public Health Scotland and Community Wealth Building Anchor Institution Peer Learning Network to shape our actions by examples of good practice. Continue to work closely with NHS National Education Scotland (NES) and NHS 24 in joint board collaborations. Work with infection control and operational staff to identify further areas where circular economy principles can be adopted.
4.2	<p>Health Inequality Reduction: Maturity Matrix Benchmarking:</p> <ul style="list-style-type: none"> Conduct a maturity matrix developed to assist ambulance services in benchmarking progress towards embedding a culture of reducing health inequalities within our organisation.
4.3	<p>Community Planning:</p> <ul style="list-style-type: none"> Meaningfully engage with community planning partnerships to create mutual benefits for our communities by adopting place-based approaches and working towards greater community engagement and involvement when planning our services.
4.4	<p>Multi-disciplinary Teams:</p> <ul style="list-style-type: none"> Explore active co-location opportunities in remote and rural sites to share knowledge and skills, helping to reduce isolation and skills atrophy.
4.5	<p>Community Groups:</p>

	<ul style="list-style-type: none"> • Liaise and utilise the knowledge and skills of community groups and charities to adapt the delivery of our services to the best effect and identify shortfalls.
	<p>Public Health:</p> <ul style="list-style-type: none"> • Explore opportunities in hard-to-reach communities where we have access to help realise public health ambitions, such as our mobile vaccination service. • Work collaboratively with Public Health Scotland, NHS Boards, Partners and Citizens to develop a population health/inequalities dataset to help better understand the population's needs. • Continue to contribute to a whole-system public health approach to reducing harm and death from problematic use of substances and deliver on our associated programme of work.
	<p>Public Safety:</p> <ul style="list-style-type: none"> • Work in partnership to improve outcomes for people experiencing homelessness and seeking emergency accommodation, care experienced young people and adults, and young people at risk and seeking help where exposed to the excesses of alcohol and drugs.

Section B: Governance and Metrics

1.5 Governance Arrangements

We have established several sub-strategy delivery groups focused on Procurement, People, and Property to accomplish the goals outlined in our Anchor Strategic Plan. These groups will be instrumental in achieving the objectives outlined in our Anchor Strategy Plan. Executive leads will monitor our Anchor Strategy Plan progress through our 2030 strategy portfolios, which report to our 2030 Strategy Steering Group.



1.6 Metrics

We have now received the Guidance to NHS Boards on Metrics from the Scottish Government. The next step is to complete the template to establish the Services baseline and submit to Scottish Government by 29 March 2024.

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Delivery Plan Guidance

**Additional guidance on establishing
a baseline to inform Anchor
Strategic Plans**

November 2023



Scottish Government
Riaghaltas na h-Alba
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Introduction

As part of the [NHS Scotland Delivery Plan Guidance](#), issued in February 2023, the Scottish Government asked NHS Boards to develop the following:

***a clear baseline** in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community¹.*

The aim of the baseline is to support NHS Boards measure progress on their anchor activity to inform their Anchor Strategic Plans, as well as to provide an overview of the current position of NHS Scotland as an anchor institution.

This communication includes a template ([Annex A](#)) that NHS Boards should use to establish their baseline and which should be submitted to the Scottish Government by Friday 29 March 2024.

Further information on how the metrics were developed is outlined below along with a note on some caveats and limitations in relation to the proposed metrics and data sources.

¹ See Section 6.5 of the [NHS Scotland Delivery Plan Guidance](#).

1. Background

1.1 Process to develop appropriate metrics

Scottish Government Health and Social Care Analysts, in collaboration with NHS Boards, have developed a set of metrics to support NHS Boards establish a baseline to measure their impact at a local level as anchor institutions.

The process of developing a set of metrics involved extensive engagement with stakeholders to explore and review existing data sources and metrics. Other existing frameworks, such as the UCL Partners Anchors measurement framework, were also reviewed. Three Boards – NHS Ayrshire and Arran, NHS Forth Valley, and NHS Lothian – tested the final set of metrics to identify any practical issues in reporting.

Feedback received through this engagement process was fundamental in ensuring that the final set of metrics are feasible, manageable, and proportionate for NHS Boards to report on. The metrics were signed off by the Place and Wellbeing Programme Board on 12 October 2023.

1.2 Caveats and limitations

While we are confident that the proposed metrics are robust and feasible measures to support NHS Boards baseline their impact as anchor institutions, there are a number of caveats that should be acknowledged.

Some of the metrics are relatively blunt measures for the complex and nuanced outcomes around reducing health inequalities at a local level. However, as such outcomes are challenging to measure with the existing data, the proposed metrics should provide the most robust measurement possible with the available data.

For the land and assets strand, identifying appropriate metrics proved particularly challenging due to the lack of meaningful data as well as the complexity of outcomes. We have therefore included two qualitative questions to elicit a narrative on community use and barriers, which we recognise will not lend themselves to year-on-year comparison. However, they will provide some of the nuance needed to understand the current position around use and disposal of land and assets.

There are some issues around data incompleteness for the agreed metrics, in particular for the self-reported workforce equalities data. Incompleteness of self-reported staff equalities data is an analytical issue across all employers and sectors, and while this limits conclusions and interpretation, such data still provide valuable insights and are used widely in analysis and policy development.

For workforce, we have asked about Scottish Index of Multiple Deprivation (SIMD) to capture deprivation data relating to the proportion of staff, applicants, and leavers, which will provide amongst other things useful insights into the workforce geographical spread. However, as SIMD is primarily a measure of area-based deprivation we recognise there are limitations to the conclusions that can be drawn using SIMD, particularly in remote and rural areas.

It should also be noted that in a number of instances, we are asking NHS Boards to report on data that they report elsewhere. This is to signal that these data should be included and monitored as part of their Anchor Strategic Plans.

2. Reporting

All NHS Boards are asked to establish a baseline for their anchor activity using the template in [Annex A](#). The template should be completed and submitted to PAWSecretariat@gov.scot by **Friday 29 March 2024**.

To avoid additional burden on NHS Boards, the metrics draw on existing data. Data sources and additional notes to help complete the template are set out in [Annex B](#).

The baseline reporting period for the metrics will be the financial year 2022/2023.

If you have any comments or questions regarding the completion of the template in [Annex A](#), please contact PAWSecretariat@gov.scot.

3. Future reporting

The main aim of asking each NHS Board to establish a baseline is to support them measure progress on their anchor activity which should in turn inform future iterations of their Anchor Strategic Plans.

We recognise that if the metrics had been included with the guidance issued in June 2023, NHS Boards could have baselined their current activity to inform their Anchor Strategic Plan for 2023/24. However, the process of establishing appropriate metrics took significantly longer than anticipated due to the lack of appropriate data to measure complex outcomes.

Our intention is to ask NHS Boards to measure their progress against their baseline on an annual basis, and we will issue further guidance in 2024 on submitting data for the reporting year 2023/24.

It should be noted that we have agreed to review the metrics set out in [Annex A](#) once we have received the baselines, taking on board any feedback and comments from NHS Boards and other stakeholders.

Finally, we would like to recognise the significant input of the many individuals from the groups listed in [Annex C](#) who contributed to the process of identifying and agreeing the final set of metrics.

Una Bartley Team Leader, Place and Wellbeing Programme



Return dates

Baseline for Anchor Strategic Plans 2023/24
Friday 29 March 2024

Annex A – Baseline of anchor activity

Reporting year: 2022/2023

NHS Board:

Workforce

Code	Metric	Response
W1	How many employability programmes were underway within your Board in the reporting year? (<i>Please refer to guidance note</i>)	
W2	How many people have you engaged through employability programmes in the reporting year?	
W3	Are you accredited as a Real Living Wage employer?	Yes/No If no, are you working towards being a Real Living Wage employer?
W4	Are you accredited as Carer Positive?	Yes/No
W5	Are you accredited as Disability Confident?	Yes/No
W6	Are you accredited as Equally Safe at Work?	Yes/No
W7	Are you accredited as Menopause Friendly?	Yes/No
W8	Are you accredited with the Young Person's Guarantee?	Yes/No
W10	Are you accredited with the Defence Employer Recognition Scheme?	Yes/No
W11	Do you publish a race pay gap?	Yes/No
W12	Do you publish a disability pay gap?	Yes/No
W13	Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?	Yes/No
W14	Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) within your Board.	Yes/No Name and title:

Official

Code	Metric	Response
W15	<p>Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (Please tick all groups that you are actively targeting). (Please refer to guidance note)</p>	<p> <input type="checkbox"/> Care experienced <input type="checkbox"/> Carers <input type="checkbox"/> Black and Minority Ethnic groups <input type="checkbox"/> People living in the 20% most deprived areas <input type="checkbox"/> Disabled people <input type="checkbox"/> Gypsy Travellers <input type="checkbox"/> Dependent on alcohol and drugs <input type="checkbox"/> Homeless people <input type="checkbox"/> Recently left prison <input type="checkbox"/> Refugees and asylum seekers </p> <p>Priority family groups at risk of child poverty, please state which:</p> <p> <input type="checkbox"/> lone parents <input type="checkbox"/> young mothers (under 25 years old) <input type="checkbox"/> minority ethnic families <input type="checkbox"/> large families (with three or more children) <input type="checkbox"/> families with a baby (under one) <input type="checkbox"/> families with a disabled adult or child </p> <p>Other (please state):</p>
W16	<p>Do you have plans to systematically collect data on any of these groups?</p>	<p>Yes/No</p> <p>If yes, which groups:</p>

Official

Code	Metric	Response
W17	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	
W19	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	

Procurement

Code	Metric (Please refer to guidance notes for each question below)	Response
P1	What is your total spend on local businesses in the reporting year?	
P2	What percentage of your overall spend is on local businesses in the reporting year?	
P3	What is your total spend with SMEs in the reporting year?	
P4	What percentage of your overall spend is with SMEs in the reporting year?	
P5	What is your total spend on contracts with supported business in the reporting year?	
P6	What is your total spend with third sector bodies in the reporting year?	
P7	Please list all community benefits delivered through procurement during the reporting year.	
P8	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?	

Official

Land and Assets

Code	Metric	Response
LA1	How many asset transfer requests have you received to date? (Please refer to guidance note)	
LA2	How many asset transfers have been awarded to date? (Please refer to guidance note)	
LA3	Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.	Yes/No
LA4	Do you have a 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	Do you have a 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)? (Please refer to guidance note)	a) Yes/No b) Yes/No
LA6	Does your strategy for new building and estates development include 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)? (Please refer to guidance note)	a) Yes/No b) Yes/No
LA7	Do you have a process in place for engaging with the local community in planning the design and use of new developments?	Yes/No
LA8	Does engagement with the community on new developments include any of your	Yes/No

Official

Code	Metric	Response
	Board's target populations and/or target organisations?	
LA9	Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)? <i>(Please refer to guidance note)</i>	Yes/No
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	Yes/No
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	Yes/No
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	Yes/No
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	Yes/No
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	

Annex B – Data sources and additional notes

Workforce metrics

Key data sources: Staff Governance Monitoring; NES TURAS.

Additional notes on Workforce metrics

- **W1:** Definition of Employability: Employability covers a range of activity to help participants gain skills, confidence and experience supporting them to progress towards and access employment opportunities, and to sustain and progress in work.
- **W15:** When we ask about the following groups – dependent on alcohol and drugs, homeless people, recently left prison – we are referring to a people with lived experience of addiction, homelessness and the criminal justice system.

When we ask about ‘Priority family groups at risk of child poverty’ we are referring to those identified within the Government’s [Best start, Bright Futures: tackling child poverty delivery plan](#). We recognise the challenge in identifying these groups as they are quite specific, however we are seeking this information to understand where NHS employment could help to mitigate against child poverty, which we know can lead to health inequalities.
- **W17 – W18:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024. When available, we will write to Anchor Leads with instructions on how to access the data.
- **W19:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024, providing data sharing agreement is reached with sufficient time to undertake analysis and quality assurance. If available, we will write to Anchor Leads with instructions on how to access the data.

Procurement metrics

Key data source: Procurement Annual Report Annex A.

Additional notes on Procurement metrics

- **P1 – P2:**
 - ‘Local’ is defined using the invoice address as registered on Spike Cavell/DXC.
 - For territorial NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within the local authority areas covered by the territorial Health Board.
 - For national NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within Scotland.
- **P3 – P4:** ‘Small and medium enterprises’ (SMEs) means businesses with no more than 250 employees.

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- **P4:** We are aware this is not reported as part of procurement annual reports. This should be calculated by dividing the total spend with SMEs in reporting year (metric P3) by your total overall procurement spend in the reporting year.
- **P5:** '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.
- **P7:** Community benefits are 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.

Land and Assets metrics

Key data source: Asset Transfer Request annual report.

Additional notes on Land and Assets metrics

- **LA1 – LA2:** This should be counted from the earliest available data on asset transfers up to and including the reporting year 2022/23.
- **LA5, LA6 and LA9:** We have provided examples of the types of activities that may feature as part of Anchors Land and Assets work however, these are not exhaustive.

Annex C – Engagement

To develop the metrics to support NHS Boards establish a baseline, we engaged with representatives from the following groups and organisations:

- Anchors Delivery Group
- Anchors Workforce Strategic Group
- Land and Assets Task and Finish group
- National Services Scotland
- NHS Ayrshire and Arran
- NHS Forth Valley
- NHS Lothian
- NHS Education for Scotland
- NHS Procurement Services Senior Management Team
- Procurement Task and Finish group
- Public Health Scotland
- Scottish Property Advisory Group
- Scottish Government NHS Workforce Policy
- Scottish Government Procurement Policy and Analysis
- Scottish Government Wellbeing Economy Analysis
- Supplier Development Programme
- UCL Partners (Health Foundation).



EQIA Template – (for when Board/Committee has to **approve** or **endorse** a proposal/policy and is the decision maker)

QUESTIONS TO CONSIDER FOR BOARD EQIA REPORTING

- Complete the questions from the EQIA and present as an appendix to the proposal/paper. You may use the template or provide a narrative that includes the information (aim to keep this within one A4 page).
- Include key points in summary in the cover paper.

		Answer	
1.	Have you considered equality and equality impact on different groups and issues.	Yes: The plan recognises the importance of socio-economic factors influencing health and aims to implement effective strategies for improving them. This is a crucial approach to tackle the root causes of health inequalities and ensure equitable access to health resources and opportunities for employment and personal growth within the service.	If the answer is no, the proposal is not ready to come to the Board or Committee.
			If yes, go to Q2
2	What form did this take?	Strategic Priorities: The strategic priorities reflect an equality perspective by ensuring that actions and goals are inclusive and consider the different needs of diverse groups.	
	Equality Impact Screening	No	
	Equality Impact Assessment	No	
	Other	Please specify how you considered equality's impact.	
3	What consultation did you undertake? Specify which protected characteristics groups were included.	We took extensive measures to ensure that our plan aligns with our current strategy delivery plans and portfolio boards. We engaged with project and executive leads as key stakeholders to capture a broad	Go to Q4

		range of perspectives. To accomplish this, we incorporated a variety of consultation mechanisms such as an executive workshop, feedback opportunities, and interviews with representatives from the departments with specific actions related to anchor activity. This approach ensured that the plan is informed by and responsive to the needs and expertise of those who will be most affected by its implementation.	
4	Did you identify any equality impact? <ul style="list-style-type: none"> - For any group - Across any of the three “needs” 	No	If yes Go to Q5 If no go to Q8
5	Describe the nature of the impact, which “need” is involved, and which groups were affected. Specify if the impact was positive, adverse or neutral.		Go to Q6
6	Did you identify any adverse impact?	No	If you answered yes, Go to Q7. If no, go to Q8.
7	What mitigations have been put into place to reduce adverse impact? Please specify how this will reduce the impact and how the proposal/policy has been changed.		Go to Q8
8.	What opportunities are there to enhance equality for any of the protected characteristic groups or others? Please specify these and say how the proposal has been changed to incorporate these.		Go to Q9
9	Are there monitoring arrangements to monitor the impact of the proposal/policy?	Yes - Appendix 1	Go to Q10

	Describe the monitoring arrangements or explain why none is required.		
10	Do you consider the Board or Committee has enough information to understand the equality impact of the proposal and to use this to inform their decision?	Yes	<p>If the answer to Q10 is no, the paper is not ready to come to the Board or Committee.</p> <p>If the answer is yes, sign off the template or alternative report.</p>