Supporting the NHS in the Midlands with its 4th Purpose: Contributing to Broader Social and Economic Development

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Executive Summary

The Health Foundation describes anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. These organisations are 'rooted in place' and have significant assets and resources which can be used to influence the health and wellbeing of their local community. By strategically and intentionally managing their resources and operations, anchor institutions can help address local social, economic, and environmental priorities to reduce health inequalities.

While the main function of the NHS is to provide health services, it also plays an active role as an anchor institution in supporting partner organisations and communities to address the physical, social, and environmental factors which can cause ill health; sometimes called the wider determinants of health. Studies have proven that 80% of health outcomes are determined by non-health related inputs – for example things like education, employment, income, housing, and access to green space.

Many NHS Trusts across the Midlands are developing their role as an anchor, making a positive impact on communities. Integrated Care Systems are increasingly acting as 'anchor systems'; working with individual NHS organisations to support their anchor ambitions but also collaborating across the system to facilitate joint action to support social and economic development; one of the key four roles for ICS.

This report makes the health, economic and policy case for developing the NHS across the Midlands as an anchor, providing practical examples from the region and sets out the strategic direction, describing how this can be supported and how partners can contribute.

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Purpose of the Report

This report, a collaboration between OHID Midlands, NHS Midlands, Midlands Engine and the NHS Confederation, sets out:

- To define the 4th purpose of Integrated Care Systems (ICSs) and the NHS role as an 'anchor' and how this aligns with the government economic and health missions (including health, work, [1]and skills policy initiatives)
- The economic and health status of the Midlands
- To demonstrate the impact of the NHS in the Midlands on local social and economic outcomes using case studies
- To highlight the need for a whole system approach to support the NHS with its 4th purpose and the benefits this will provide in reducing health inequalities and improving population outcomes
- Progress across the Midlands in supporting ICSs in contributing towards local social and economic outcomes, highlighting local case studies
- The strategic direction, describing the support model and how partners can contribute

The report will be of interest to ICB leaders, Local/Combined Authority leads (public health and economic regeneration), employers, academic partners and local work and health partners.

1. Background

The NHS Long Term Plan recommended that the NHS set up a programme of work around 'anchors' and ICBs have as one of their primary goals the need to help the NHS support broader social and economic development (4th purpose). These terms are described in full later in this report.

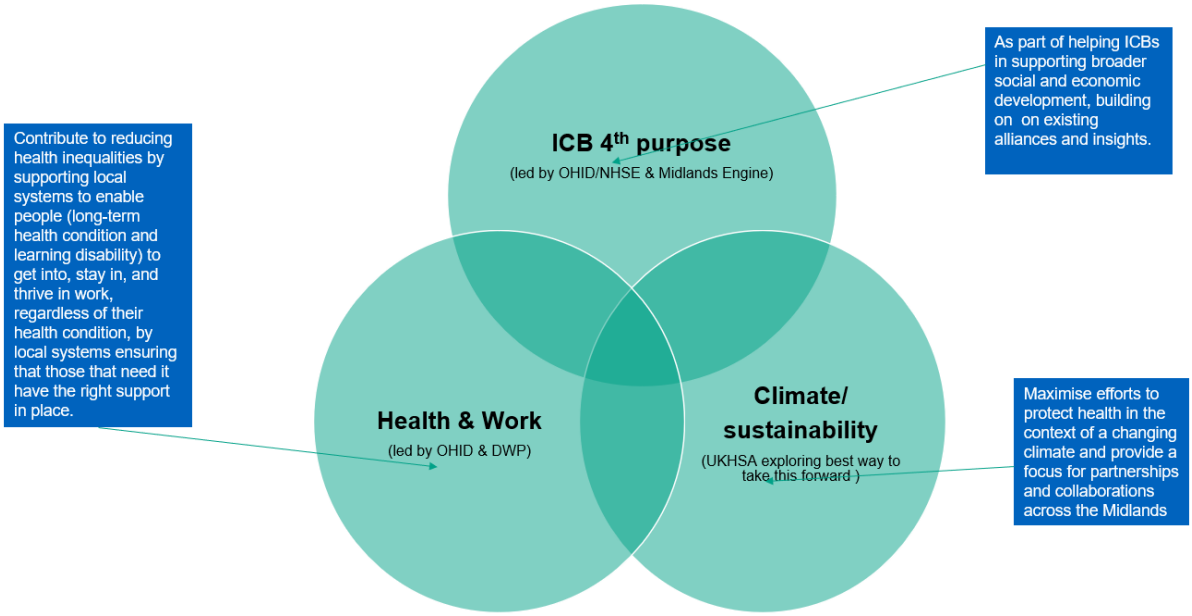
In 2022 the Kings Fund review of the continuing evolution of the NHS Midlands inequalities programme recommended that anchor work is taken forward at a regional level and in collaboration with partners. This recommendation was supported by the responses from the systems and a workshop.

The agenda was reignited with the development of a Midlands Inclusive Sustainable Economies (ISE) Collaborative convened by OHID Midlands, including the 4th Purpose/NHS Anchors at one of 3 priority themes (see figure 1).

[1] https://www.longtermplan.nhs.uk/

Figure 1.

Diagram showing Leadership and purpose for all 3 ISE Communities of Improvement groups



The NHS Confederation and the Midlands Engine convened a 'Developing a healthy, prosperous economy for the region' roundtable in July 2023; attended by ICB chairs/CEOs. Key actions from this meeting included:

- Interest in 2 or 3 priority goals for collaborative action. Employment pathways into the health and social care sector for individuals from disadvantaged communities was cited as an example
- Supporting the development of a Midlands 4th purpose/NHS Anchors community of improvement
- Linking in with the Midlands Engine Health, Care and Lifesciences Board, shaping the outlook and future policy vision and exploring the 4th ICS purpose in more detail, develop strategic plans for lobbying and advocating for system progress

To take this work forward, a task and finish group was established, led by OHID with leadership from NHS Midlands, Midlands Engine, NHS Confederation, ICBs and Charnwood Campus (Science, Innovation and Technology Park, Loughborough). Its main goal was to plan and deliver a stakeholder engagement event, illustrated in figure 2:

Figure 2. Stakeholder event flyer

Outcomes from the event and are detailed later in this report.

2. ICS 4th purpose and the NHS role as an anchor explained.

In November 2020, NHS England and Improvement published Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems across England[2], outlining four core purposes of ICSs (figure 3.) The last of these purposes is perhaps the least defined and understood in traditional NHS management and strategy terms yet is particularly important given the wider on-going impact of the pandemic and the inextricable relationship between health and socioeconomic outcomes[3].

[2] Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems across England
[3] https://www.nhsconfed.org/publications/state-integrated-care-systems-202324

The NHS can play an active role in supporting partner organisations and communities to address the physical, social, and environmental factors which can cause ill health; sometimes called the wider determinants of health.

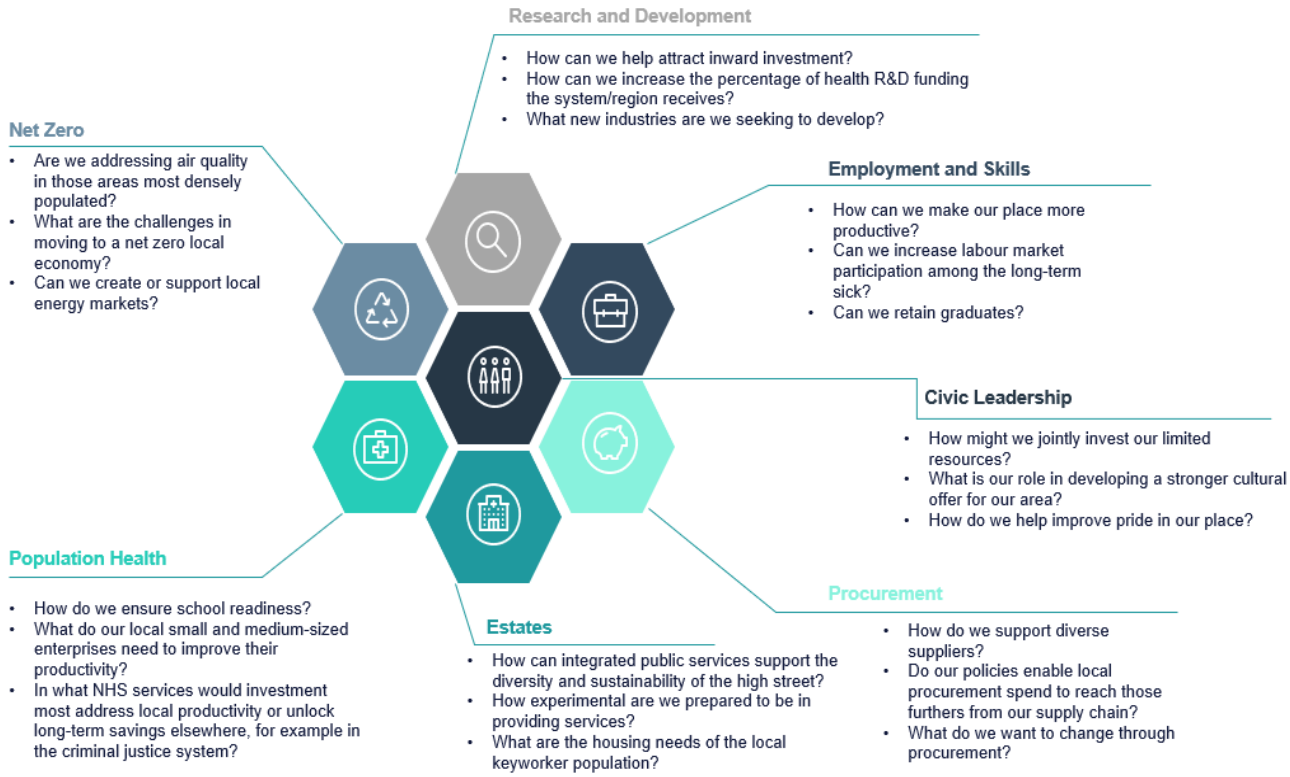
Figure 3. The 4th purpose of the NHS

The term anchor institutions refer to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities[4]

Health and care organisations are one of the main 'anchors' in a given place, alongside local authorities, universities, colleges, VCSE organisations and increasingly businesses (figure 4.) Public sector institutions are often the biggest employer in every region, however private sector institutions can also be key anchors in their communities, by virtue of the number of local people they employ and the local influence they have in their communities.

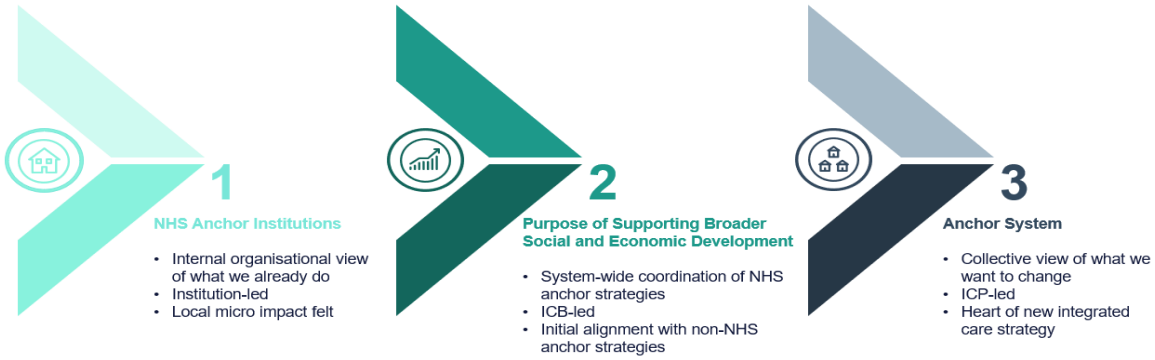
[4] https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution

Figure 4. NHS Anchors functions



Sitting at the heart of integrated care strategies and delivering on this ICS purpose is the start of a journey from focusing on anchor institutions to creating anchor systems. This will involve a much more strategic and aligned focus on what it is the ICS wants to change, developed in partnership with the range of other NHS and non-NHS anchors across the system, all pulling and participating in the same strategic direction for the economy and for the shared communities (Figure 5.)

Figure 5. Moving from NHS Anchor institutions to Anchor systems.



3. Strategic Drivers

The Secretary of State for Health and Social Care, speaking at the Tony Blair Institute for Global Change Annual Conference, 9 July 2024 said "I want to end the begging bowl culture, where the Health Secretary only ever goes to the Treasury to ask for more money. I want to deliver the Treasury billions of pounds of economic growth. The government's agenda for health and social care can help drag the economy out of the sluggish productivity and poor growth of recent years. By cutting waiting lists, we can get Britain back to health and back to work, and by taking bold action on public health we can build the healthy society needed for a healthy economy. "We will make Britain a powerhouse for life sciences and medical technology. If we can combine the care of the NHS and the genius of our country's leading scientific minds, we can develop modern treatments for patients and help get Britain's economy booming". "The NHS and social care are the biggest employers in most parts of our country. They should be engines of economic growth, giving opportunities in training and work to local people, as well as providing public services." [5]

Good work (the NHS is a major employer) is a key determinant of health, integral to the government's health and growth mission (figure 6) and closely aligns with an ICSs 4th purpose. The Government has a long-term ambition to get to an 80% employment rate, alongside raising living standards and tackling insecurity at work.

Figure 6. Government Missions[6]

[5] https://institute.global/future-of-britain-conference-2024
[6] Mission-driven government – The Labour Party

The Get Britain Working White Paper was published on 26 November 2024[7]. It recognises the convincing evidence on the health benefits of good work, and the root causes of unemployment and inactivity caused by ill health, with intentions to further the current join up of health, skills, and employment support. Key proposals include: a new national jobs 11 and careers service, with a stronger digital offer; an independent review into the role of UK employers; a new DWP offer called Connect to Work for people with disabilities, health conditions or complex barriers to work. The East Midlands County Combined Authority and West Midlands Combined Authority will be hosting two of the eight youth "trailblazers" under a new Youth Guarantee for every 18-to-21-year-old, in England, to have access to education or training to help them find a job. This will accompany an expansion of Mental Health Support provision through Talking Therapies and access to Individual Placement and Support (IPS) for severe mental illness. Grants will be made available, to support Local or Mayoral Authorities to develop their own Get Britain Working Plans for reducing economic inactivity and aligning with Local Growth Plans.

The Midlands has five out of England's 15 Workwell pilots (Birmingham & Solihull; Black Country; Coventry & Warwick; Hereford & Worcester; Leicester, Leicestershire & Rutland). The aim of the pilots is to provide a single, joined-up assessment of an individuals' ability to work with their condition or disability, and identify workplace adjustments or support that would enable them to stay in or return to work sooner (such as flexible working or the use of adaptive technology). This is a significant opportunity for the Midlands.

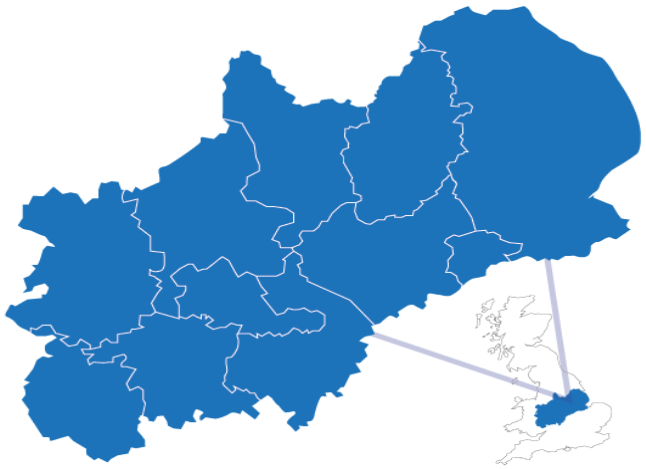
4. The Midlands Economy

The following has been proved by the Midlands Engine (data does not include Northamptonshire):

- Largest regional economy outside London –the size of Denmark's
- £277.2bn GVA
- 3rd highest Foreign Direct investment in England
- 24% of England's goods exports
- 11m population
- Innovative growth clusters e.g. data-driven healthcare, net zero transport, agri-tech, space tech, connected devices.

[7] Biggest employment reforms in a generation unveiled to Get Britain Working again - GOV.UK

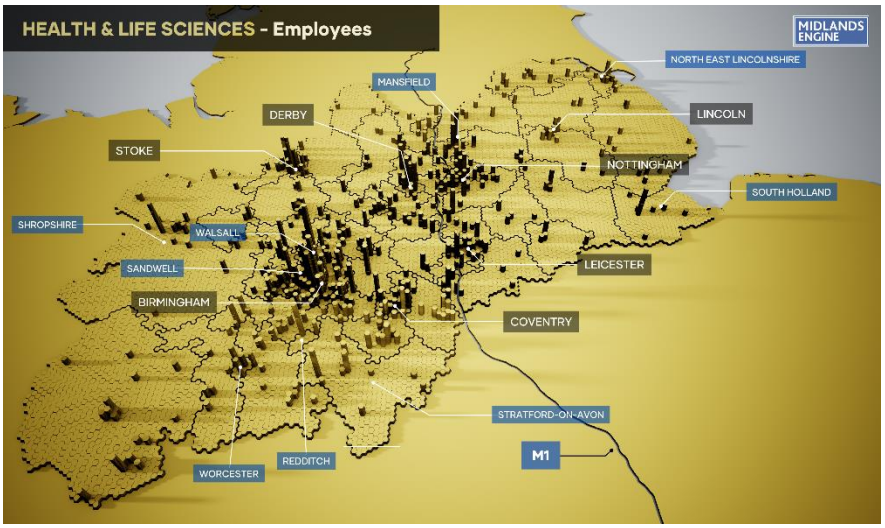
Figure 7. Midlands Economy Source: Midlands Engine



• 3 of the UK's 10 largest NHS Trusts and largest regional NHS turnover and employee numbers
• Large talent pool with >20% UK medical students & 55k HE grads/FE leavers in relevant subjects per annum
• UK's largest med tech cluster (with a GVA of £1.6bn); data-driven healthcare innovation cluster and bioscience

- 2 Health Innovation Networks driving clinical innovation in clusters
- World-class clinical trials infrastructure – including the 2nd largest clinical trials cluster in Europe, with a diverse population
- £250m patient capital fund founded by 8 research intensive universities - Midlands Mindforge, that will grow to a £3bn fund in the 2030s
- 420 health & life sciences company incorporations since 2017 and 34 university spin-outs
- Home to 17% of UK health & life sciences companies, including 12% of high growth businesses
- 7 Medical Schools producing 20% of the UK's medical graduates
- Two life science opportunity zones: Birmingham Health Innovation Campus & Charnwood Campus
- New £3m campaign of 17 universities in the region promotion their capabilities around health & life sciences research & development for international investment – including product development and clinical trials
- £11.6bn Gross Development Value of health related development projects across the Midlands

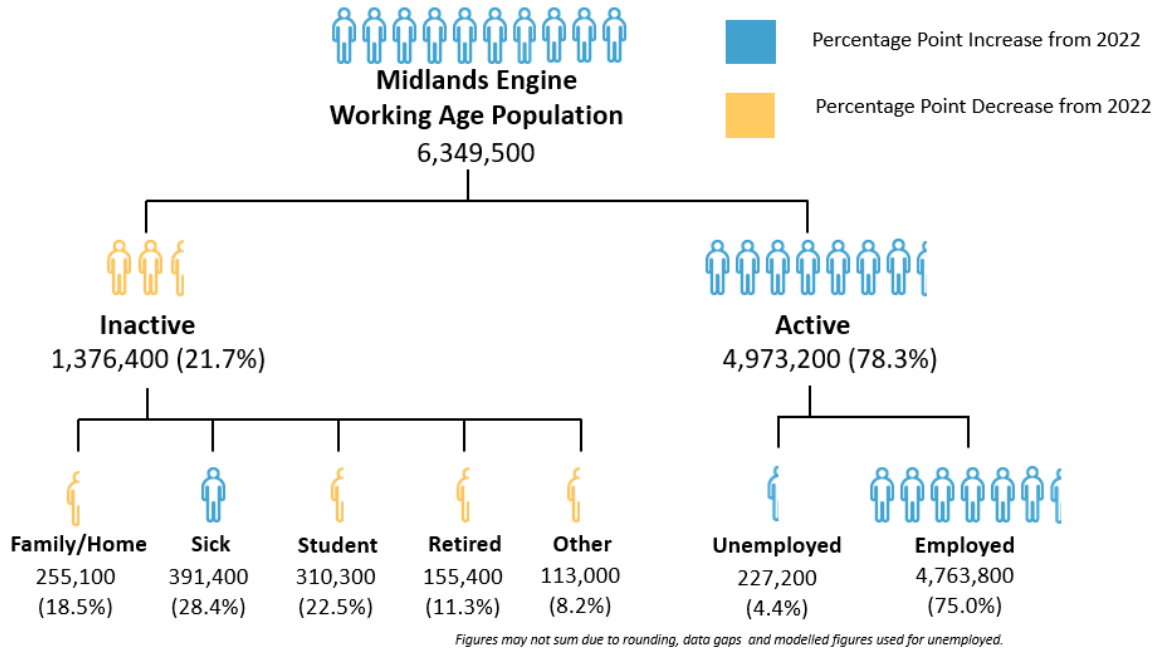
Figure 8. Midlands Life Sciences Source: Midlands Engine



Source: Midlands Engine Observatory

For the Midlands region (not including Northamptonshire), the following has been provided by the Midlands Engine to illustrate productivity and health:

Figure 9. Productivity and health, Source: Midlands Engine



- £97bn regional output gap with UK average
- Below average workforce productivity - £35.45 GVA/hour compared to £40 UK av.*
- Poor educational attainment and low skills - 7.3% of working age have no qualifications compared to 6.6% nationally.
- Mental health barriers - 31% of Midlands employers report mental health sickness absence – mental health-related economic inactivity is estimated to cost the West Midlands economy £12.6bn p.a
- Physical inactivity - a leading cause of absenteeism and presenteeism in the workplace and reduced productivity

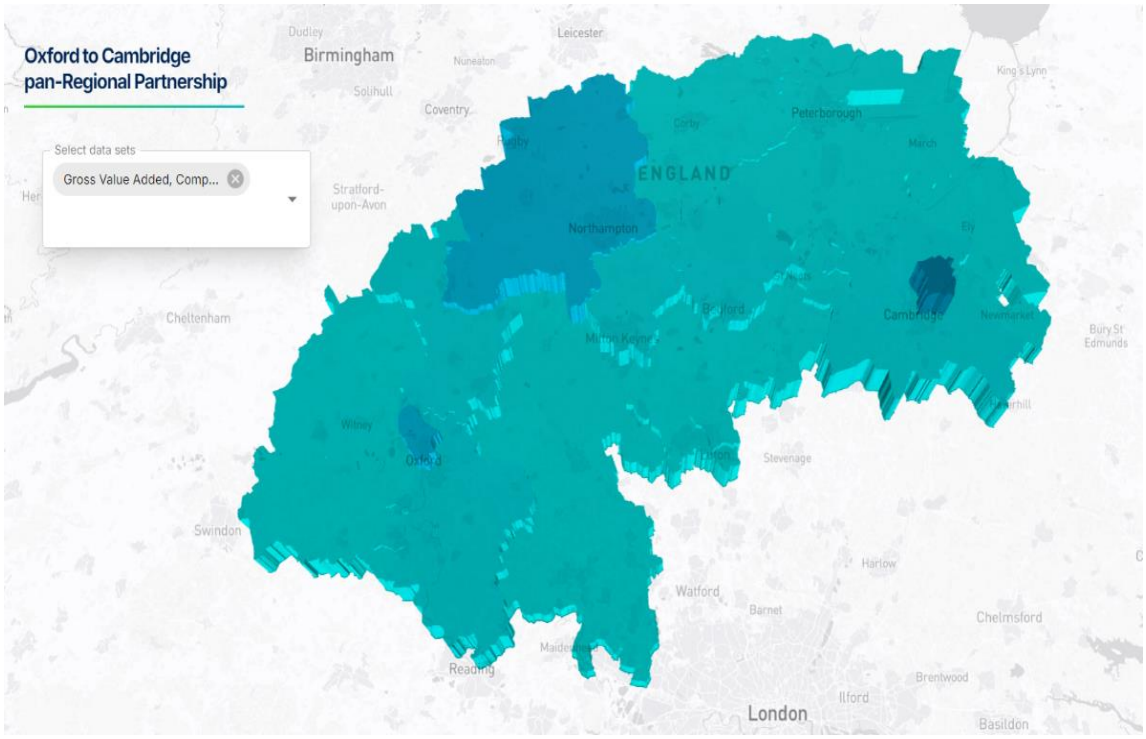
Northamptonshire is part of the Midlands region but is not covered by the Midlands Engine. It falls under the Oxford to Cambridge region from an economical perspective and is covered by the Oxford to Cambridge Pan Partnership which has a similar role as the Midlands Engine. The following is an economic overview of Northamptonshire:

- £22.8bn GVA - 17% of the Oxford to Cambridge region's economy
- West Northamptonshire was among the fastest growing economies in the Oxford to Cambridge region in the decade to 2022 - +2.16% per annum (cf. 1.7% for UK)
- High population growth in the past decade - +1.2% per year in the North and West

But:

- Productivity continues to lag the rest of the Oxford to Cambridge region - £35.8 GVA per hour worked in the West and £30.4 in the North, below the £39.7 UK rate)
- Northamptonshire performs relatively worse on the Healthy People and Healthy Lives components of the ONS Health Index,[8] compared to the rest of the Oxford to Cambridge region.

Figure 10. Map of Northamptonshire. Source: Oxford to Cambridge Pan-Regional Partnership



[8] Oxford to Cambridge Data Observatory

Figure 11. GVD and CAGR. Source: Oxford to Cambridge Pan-Regional Partnership

Source: Oxford to Cambridge Data Observatory

5. Health of the Midlands

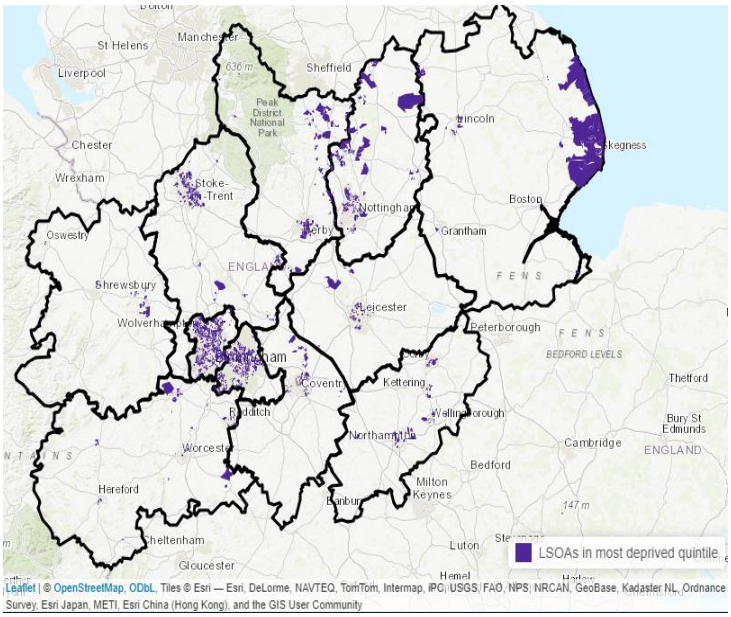
The Midlands is the largest region in terms of population size with 10.8 million population distributed across rural, urban, and coastal areas, industrial former coalfield areas. Tourism, agriculture.

The purple areas on the map (Figure 13) are the areas that are in the 10% most deprived areas in the country. They align mostly with more built-up towns and cities, the Lincolnshire coast, and the former mining areas particularly around the M1 corridor but there are also pockets of rural deprivation. There are 497 NHS sites across the Midlands, the breakdown by ICB can be seen in figure 12.

Figure 12. Number of NHS sites by ICB

ICB	Total number of sites
NHS BIRMINGHAM AND SOLIHULL ICB	89
NHS BLACK COUNTRY ICB	41
NHS COVENTRY AND WARWICKSHIRE ICB	35
NHS DERBY AND DERBYSHIRE ICB	48
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	37
NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	51
NHS LINCOLNSHIRE ICB	37
NHS NORTHAMPTONSHIRE ICB	21
NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	50
NHS SHROPSHIRE, TELFORD AND WREKIN ICB	17
NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	71

Figure 13. Deprivation map-Midlands



Source: Office for National Statistics licensed under the Open Government Licence v.3.0
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Healthy life expectancy in the Midlands

Healthy life expectancy is the number of years a person can expect to live in good health. In 2018-20, healthy life expectancy at birth was significantly worse than the England average in both the East and West Midlands.

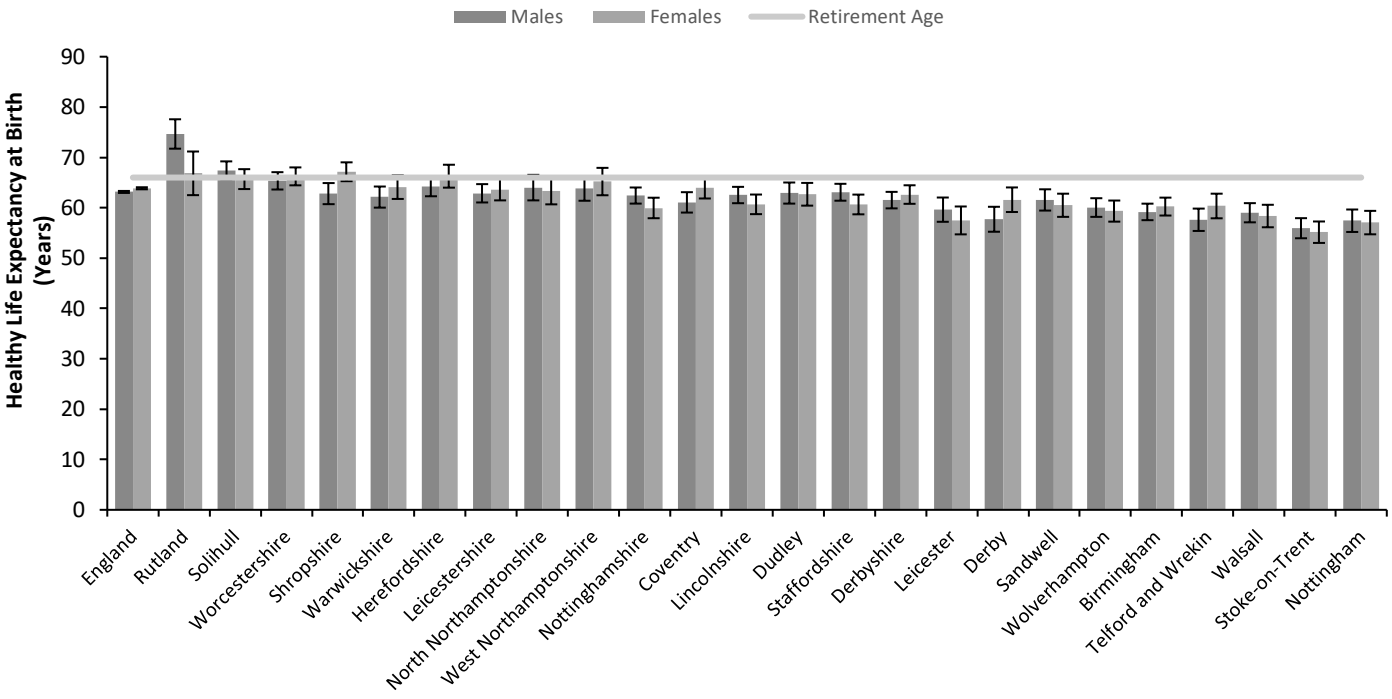
Many people are developing ill health before retirement age which is currently 66 years old in the UK. At a local level there is variation in healthy life expectancy, ranging from 66.8 in

Rutland to 57.1 in Nottingham for women a 9.7-year gap. 74.7 in Rutland to 57.4 in Nottingham for men a 17.3-year gap. See figure 14.

Figure 14. Healthy life expectancy in the Midlands

Men develop ill health at age:
62.0 in the East Midlands

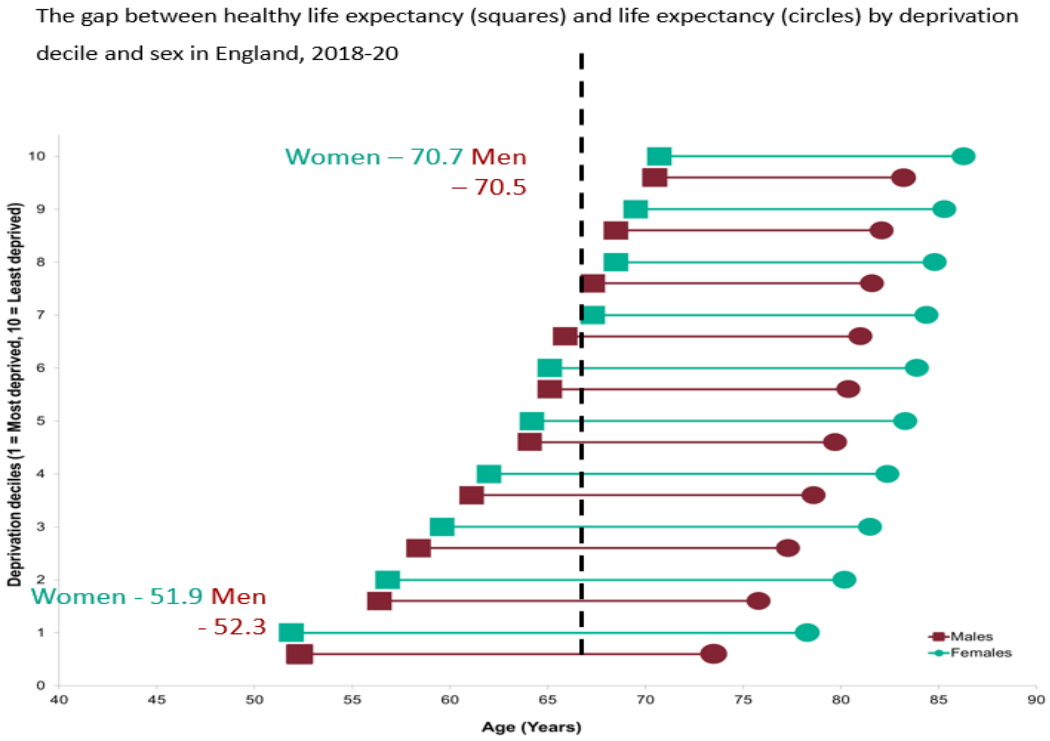
Women develop ill health at age:
61.9 in the East Midlands



Source: Fingertips - Public Health Outcomes Framework

Men and women living in the most deprived communities in England on average develop ill health **18 years earlier** than those living in the least deprived communities. In the more deprived populations, people may be developing ill health around 15 years before they are due to retire. Women live longer than men, but they also live in ill health for a longer period of time. In the least deprived decile, people spend around 15-20% of their life in ill health. People in the most deprived decile spend around a third of their life in ill health on average.

Figure 15. Healthy life expectancy and deprivation



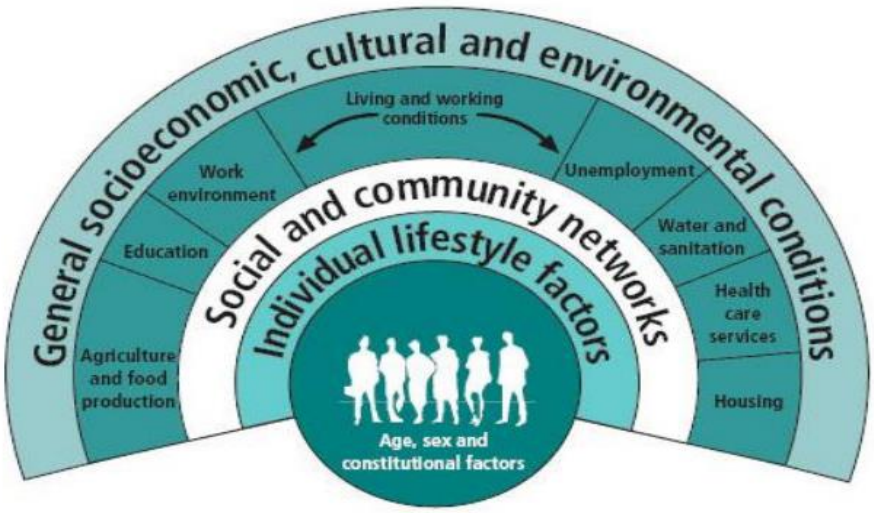
Source: ONS

What Are Health Inequalities?

"The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." – World Health Organisation

- Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.
- Health inequalities can involve differences in:
- Health status, for example, life expectancy
- Access to care, for example, availability of given services
- Quality and experience of care, for example, levels of patient satisfaction
- Behavioural risks to health, for example, smoking and alcohol use
- Wider determinants of health, for example, quality of housing and access to employment.

Figure 16. Dahlgren and Whitehead model of health determinants[9]



Age, biological makeup, and ethnicity don't change, everything else around us can. Some people experience life differently because of their unmodifiable factors, such as their sex, ethnicity, disability, or age and sometimes a combination of all (intersectionality). The way these factors combine and interact with each other also influences the health inequalities people experience. For example, women experiencing homelessness have distinct health risks and needs compared to men experiencing homelessness. In England we have a social gradient between deprivation and life expectancy with women living on average 8 years longer in the least deprived areas compared to women in our most deprived areas and that gap is as much as 9.4 years for males.

Income determines people ability to buy health improving goods, access activities to improve mental health and wellbeing. Housing-Poor quality, overcrowded housing conditions are associated with cardiovascular disease (CVD), respiratory disease, depression, and anxiety. Minority ethnic groups are more likely to live in overcrowded homes and experience food and fuel poverty.

Environment-access to green spaces, exposure to air pollution can cut short up to 36000 lives a year. Transport- Living in deprived areas increases your risk of road traffic accidents by as much as 50% with children and young adults being the main victims.

[9] Chapter 6: social determinants of health - GOV.UK

Work and Health

There is clear evidence[10] that good work improves health and wellbeing across people's lives, not only from an economic standpoint but also in terms of quality of life. There is also evidence that shows that good quality work protects against social exclusion through the provision of:

- Income- Financial stability
- Social interaction- friendships
- A core role- increased self-esteem
- Identity and purpose- improved mental health

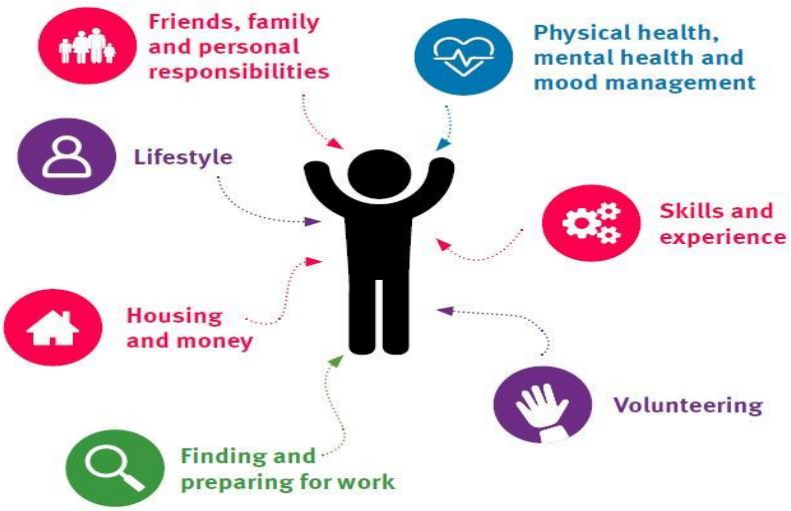


Figure 17. Positive outcomes of good work

The economically inactive are defined as people who are not in employment or unemployed, unemployed are looking for and ready to start work. There are many reasons why an individual may be inactive, for example, they might be studying, looking after family or long-term sick.

Economically inactive people are at increased risk of:

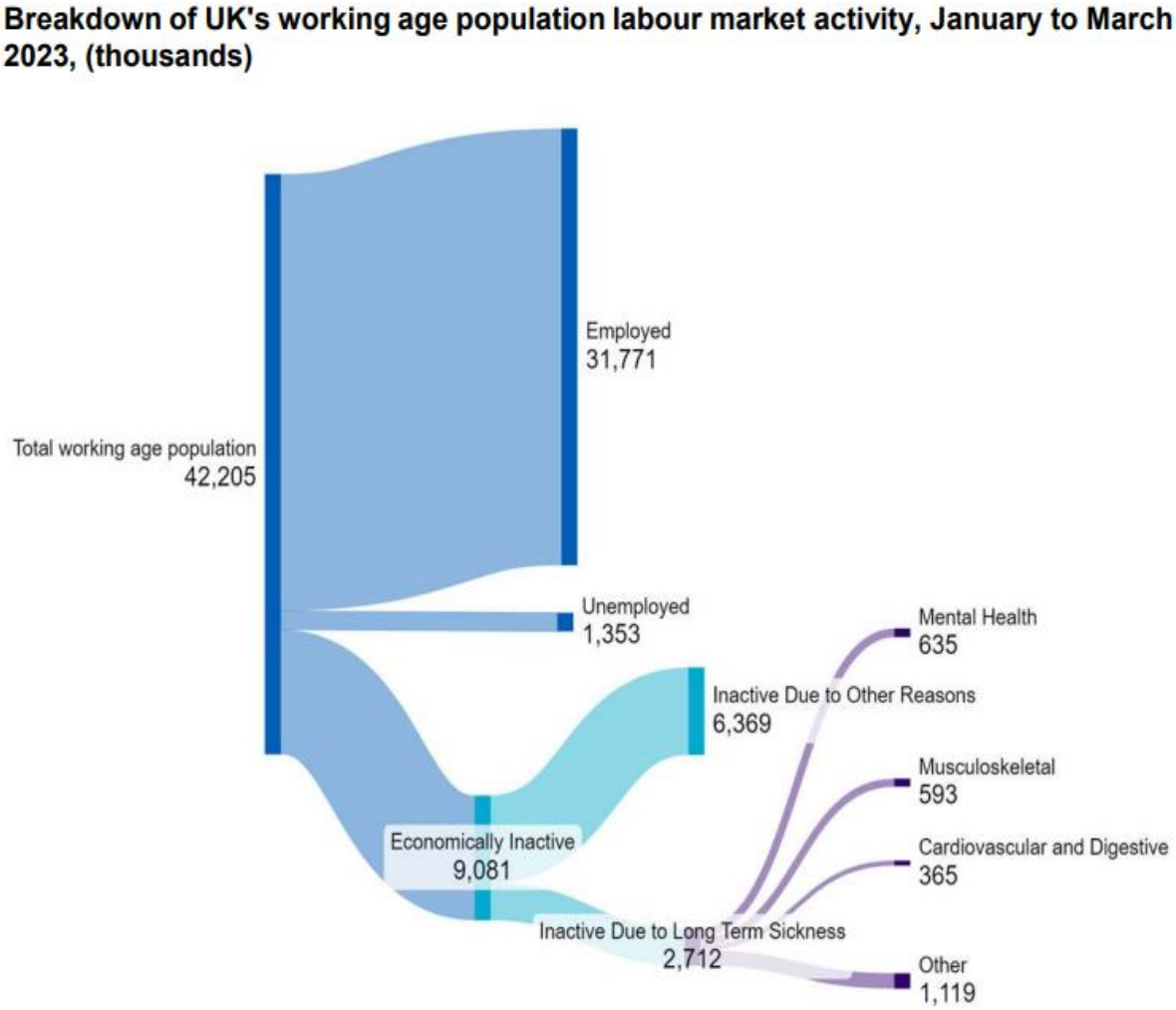
- Suicide, particularly in males under 65 years of age
- Mental health issues (Individual and household)
- Alcohol and substance misuse
- Infant deaths and still births
- Child abuse
- Domestic violence
- Food and fuel poverty
- Poor health outcomes including increased risk of heart disease, stroke and cancer
- Reduced life expectancy and reduced healthy life expectancy
- Increase in health inequalities (unfair and avoidable differences in health)

In January to March 2023 there were 8.7 million economically inactive 16–64-year-olds in the UK. From 2008 to 2019 economic inactivity was falling; however, the proportion of people with long-term sickness began to rise before the pandemic and is now the most common reason given by working aged people for economic inactivity. In 2023, 2.5 million people were economically inactive due to long-term sickness, an increase of 400,000 people.

[10] Health matters: health and work - GOV.UK (www.gov.uk)

53% of those economically inactive with a long-term condition reported that they had depression, bad nerves, or anxiety in 2023, an increase of 40% since 2019. Musculoskeletal conditions were also reported as a common long-term health condition among the economically inactive. Increasingly, many people who are economically inactive declare more than one condition, suggesting complex and interlinked health issues in this population. In 2023, 38% of people economically inactive due to a long-term health condition reported 5 or more conditions.[11]

Figure 18. Breakdown of UK working age population[12]



Economic inactivity in the Midlands

22% of 16–64-year-olds in the Midlands were economically inactive in 2022/23 (compared with 21% nationally). Around a quarter of these were economically inactive due to long term illness. In the East Midlands, 660,600 16–64-year-olds were economically inactive of which 27% were long term sick. In the West Midlands, 819,800 16–64-year-olds were economically inactive of which 26% were 214,700.

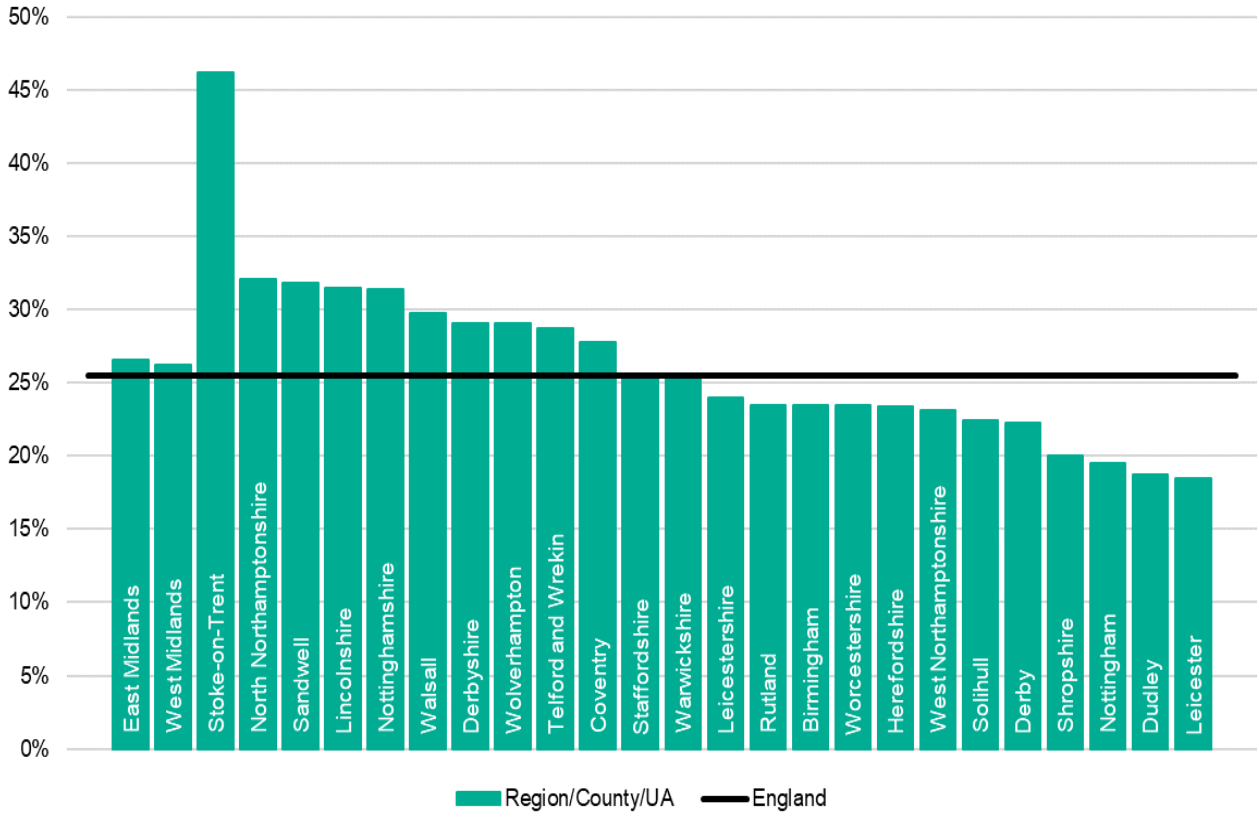
11 https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/may2023

12 INAC01 SA: Economic inactivity by reason (seasonally adjusted) - Office for National Statistics
Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023 - Office for National Statistics

System Level Economic Inactivity

In 2022/23, 12 out of 26 upper tier local authorities in the Midlands were above the England average for the proportion of economically inactive 16–64-year-olds who are economically inactive due to being long term sick. Stoke-on-Trent had the highest proportion, with over 45% of their working age population economically inactive due to long term sickness.

Figure 19. Percentage of 16–64-year-olds economically inactive in the Midlands



Source: Annual Population Survey via NOMIS[13]

Causes of disability in the Midlands

The Global Burden of Disease Study [14]identifies the causes of ill health and disability. Figure 20 shows the top ten causes of years lived in disability in 20–54-year-olds in the East and West Midlands. Top causes are lower back pain making up around 10% of all years lived in disability in 2019, depressive disorders, headache disorders, gynaecological disorders, and neck pain.

[13] Annual Population Survey via NOMIS
[14] Global Burden of Disease (GBD)

Figure 20. Top ten causes of years lived in disability in 20–54-year-olds in the East and West Midlands

Top 10 causes of years lived in disability (YLDs), age 20-54 years, 2019

East Midlands	
Lower back pain	11.0%
Depressive disorders	7.7%
Headache disorders	7.7%
Gynaecological diseases	5.4%
Neck pain	4.7%
Diabetes	4.4%
Other MSK disorders	4.1%
Alcohol use disorders	4.0%
Drug use disorders	3.9%
Anxiety disorders	3.7%

West Midlands	
Lower back pain	10.6%
Depressive disorders	7.7%
Headache disorders	7.7%
Gynaecological diseases	5.6%
Neck pain	4.7%
Drug use disorders	4.4%
Alcohol use disorders	4.3%
Other MSK disorders	4.1%
Diabetes	3.7%
Anxiety disorders	3.7%

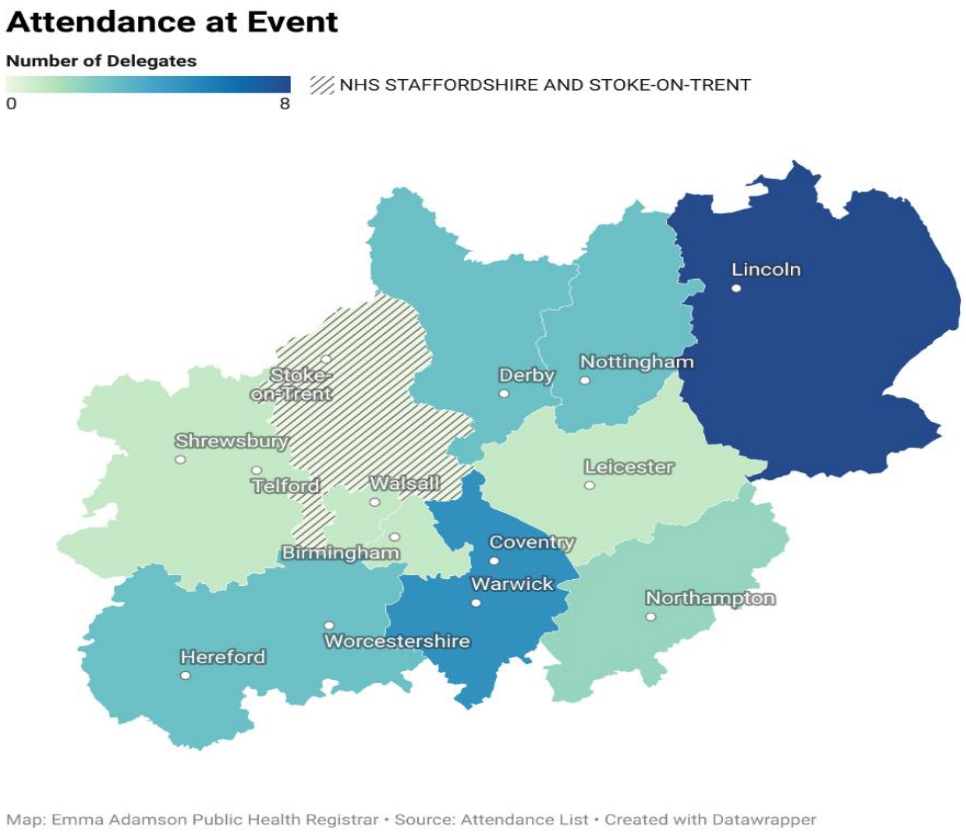
Source: Global Burden of Disease - Results Tool

Health Summary of the Midlands

- Healthy life expectancy in the East and West Midlands regions is significantly worse than the England average.
- In some areas, particularly in the most deprived communities, people are developing ill health around 15 years before retirement age.
- 22% of 16–64-year-olds were economically inactive in the Midlands in 2022/23, like England. A quarter of these were inactive due to long term sickness.
- Although the levels of economic inactivity have remained stable over recent years, the numbers of people who are economically inactive due to long term health issues has increased.
- Locally, the proportion of 16–64-year-olds who are economically inactive due to long term ill health ranges from 19% in Leicester to 46% in Stoke on Trent.
- Half of over 16s with a health condition lasting 12 months or more are economically inactive, but this varies across areas and between health conditions.
- Work is good for health and wider society.

6. Stakeholder Engagement Event: outcomes

Figure 21. Attendance by ICB



The event took place on the 17th of September 2024 with representation from ICS's, LAs and key partners in the Midlands region.

The event brought key partners together from across the region with an interest in health and economic development to explore the state of the region both for the economy and population health, unpack the potential of the NHS as an Anchor, the partnerships required and steps to take and illustrated 'in action' practical examples from system and place-based initiatives. The full slide set accompanies this report.

Opportunities, successes, and challenges were explored in a table-top discussions. Delegates were asked to consider what the regional priorities might be and what a regional support platform may look like. The results are shown in figure 22 below:

Figure 22. Outputs of table-top discussions

7. System Level Approaches: Example

There are some good examples of system-level Anchor approaches in the Midlands which contribute to the 4th purpose of the NHS. Coventry and Warwickshire ICS have three overarching priorities, one of which is prioritising prevention and improving future health outcomes through tackling health inequalities. Prioritising prevention and wider determinants embed the 4th purpose of the ICS at the heart of its strategy, supporting social and economic development through inclusive growth, green and sustainability and population health.[15]

Figure 23. Coventry and Warwickshire ICB approach

Wider determinants of health. System partnerships:
C&W Anchor Alliance
Marmot group (Coventry)
Place Partnerships (Warwickshire)

Our behaviours & lifestyles. System partnerships:
Prevention groups and committees (C&W)
Place Partnerships (Warwickshire)

The places and communities we live in. System partnerships:
One Coventry Partnership Board
Place Partnerships (Warwickshire)
Voluntary sector alliance (in development)

Integrated health & care system. Geographical Care Collaboratives
Major NHS programmes

- Long term conditions and prevention
- Elective care restoration
- Primary care development
- Mental health transformation
- Community diagnostics transformation
- Urgent care development
- Children and young people transformation
- Core 20 plus 5

Coventry and Warwickshire Integrated Care System

Coventry and Warwickshire Integrated Care System - Happy Healthy Lives

[15] Coventry and Warwickshire Integrated Care System - Happy Healthy Lives

Figure 24. Delivering the 4th purpose at system level: Coventry and Warwickshire

8. Local Place-Based Example

Work4Health

The Work4Health Programme in Walsall [16]empowers local residents to move into employment by providing training for healthcare roles. This partnership between Walsall Healthcare NHS Trust, Walsall Housing Group, DWP and Walsall College benefits the local area by supporting individuals into work and tackling skills shortages in this sector.

The three-week Work4Health SWAP (Sector-Based Work Academy Programme) gives participants an understanding of working in the NHS and care sector and helps support their job applications for a clinical support worker role. Learners achieve a Level 1 Preparing to Work in Adult Social Care qualification and attend a one-day placement at Walsall Manor Hospital. Those who complete the programme are guaranteed an interview at Walsall NHS Trust. They also receive CV, application and interview support for other employment and apprenticeship opportunities within the NHS and beyond.

As a result of this ongoing partnership, more than 150 local residents have secured jobs. The project has generated an estimated social value of over £1.2 million, reflecting the real impact the work has had on local communities. See case vignette below:

[16] Work4Health Programme
Healthcare recruitment programme wins award - Walsall Healthcare NHS Trust

A resident at Walsall Housing Group, with support from the Work4Health project was able to access training and secure a job as a healthcare assistant at Walsall Healthcare Trust. She now has plans to pursue a career in nursing to provide herself and children with a secure income.

9. Next steps

Following on from the successful stakeholder engagement event, a Midlands NHS Anchors/ICS 4th purpose Strategic Steering Group has been established. The group, comprising of key senior system leaders, is tasked with:

- Development and disseminate of this report
- Developing a compelling vision and narrative, enabling partners to understand what we need achieving and their contribution to this
- Agreeing a set of priorities for collaborative working across the Midlands and oversight of the work programme
- Designing and implementing a Midlands stakeholder collaborative support platform, adding value to local networks in scaling up and/or lifting and shifting of models of practice
- Developing measures of progress and evaluation

Glossary

- The **fourth purpose of Integrated Care Systems (ICSs)** is 'to help the NHS support broader social and economic development'. ICS leaders feel least confident to deliver on this purpose and it is often seen as new territory for many in the NHS. Employment is key area where ICSs are making progress on their fourth purpose.
- **Integrated Care Partnerships (ICPs)** are committees jointly formed between the Integrated Care Board and all upper-tier local authorities within the Integrated Care System area. They bring together an alliance of partners concerned with improving the care, health and wellbeing of their population and are often seen as the vehicle of delivery on the fourth purpose.
- **Anchor institutions** are large organisations such as NHS trusts, which are unlikely, by their nature, to relocate, have a significant stake in their local area as a result and have sizeable assets which can be used to support local community health and wellbeing, including tackling health inequalities.
- **Place** geographies vary from area to area but generally describe a level of scale that is more local than system-level (e.g. the ICS geography or Combined Authority geography). Place boundaries tend to align to local authority footprints which can cover as many as 1.2 million people but most commonly cover populations of 250,000-500,000.
- **Neighbourhood** is a level of scale one degree more local than place, covering a smaller population footprint (up to 50,000 people but most commonly cover 7-10,000 people). Neighbourhood boundaries are often aligned to council ward or Primary Care Network (PCN) footprints.