



**Anchor Institutions
Strategic Plan
Update
2025-26**

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Introduction

NHS Borders has a powerful voice in where and how resources are spent locally and can help to influence inequalities faced in our local area. By deliberately adopting strategies to support our local community, NHS Borders has the potential to further support Scotland’s ambition for a ‘Wellbeing Economy’ and reduce inequalities caused by socioeconomic disadvantage through:

1. Our workforce and employment capacity
2. Our procurement, commissioning and purchasing of goods and services
3. Creative use of our land and assets, as well as our work to increase our environmental sustainability

It is important to move these three areas of work forward in partnership with other local Anchors, via the development and use of networks, shared approaches and shared objectives and collective thinking, making greater impact.

There is a great deal of work already happening across NHS Borders and our partners that aims to build healthier and wealthier communities, as well as making a social impact.

Some examples of what we are currently doing include:

Anti-Poverty Work

Inclusive Employment Practices, Stable Employment, Workforce Training, Digital Inclusion, Local Procurement & Community Benefits Gateway Promotions, NHS Smoke-Free Policy, NHS Borders Money Worries App & Money Guiders Training

Increasing Employability

Kings Trust Project, Train to Care & Project Search

Green Health

Reducing emissions in our hospital sites, promoting active travel through our cycle to work scheme, hosting an annual Climate & Sustainability Conference

Improving Staff Health & Wellbeing

Staff Training & Development, Occupational Health Service, Family Friendly Policies, Mental Health Improvement & Suicide Prevention Strategy (Creating Hope Awards & Ways to be Well, Annual Staff Wellbeing Week, Menopause Café

NHS Borders is committed to building on this good work by delivering an Anchors Strategic Plan that is prevention focused and acts on the primary causes of poor health, reduces inequalities and improves health and wellbeing for everyone living in the Scottish Borders.

NHS Borders has the potential to generate health beyond healthcare by shifting the way we employ staff, procure goods, use assets and resources and work with others. **The social impact of this work must be intentionally designed and delivered.**

I am delighted to introduce our Anchor Institutions Strategic Plan for 2025-2026.

- Foreword from Dr Sohail Bhatti, Director of Public Health for NHS Borders

Anchor Institutions and Community Wealth Building

Anchor institutions are large, public-sector organisations that are so-called because we are **'anchored' in our surrounding community**. We have a big stake in our geographical area and have assets that allow us to support our local community wealth building through procurement and spending power, workforce and training, and buildings and land. We have considerable influence and a network of partners at a local level. By deliberately adopting an anchors approach, we have the potential to deliver more tangible action to reduce local health inequalities.

Community Wealth Building is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people. By retaining more wealth and assets in our local communities, and channelling that wealth to particular groups, we can directly reduce poverty and reduce inequalities in health.

The truth is, **healthcare services on their own are insufficient to overcome these inequalities**, and NHS Scotland as a whole can make a much bigger contribution. In the Scottish Borders the NHS (employing approximately 3600 staff) and Scottish Borders Council (employing approximately 4800 staff) are the two biggest employers in the region. Our spend on goods and services and control of land and assets operate in ways that make us powerful anchor institutions.

NHS Borders Anchors Strategic Plan 2025-26

Context

The Scottish Borders offers many people living here an excellent quality of life and there is much to be celebrated in relation to our strengths and the ways in which we work together to overcome challenges. The Scottish Borders is made up of towns and villages and is considered rural with some very remote areas.

We have a population of 116,821 at last census, of which 48.6% are male and 26.3% are aged over 65 years. Thirty-eight percent of our adults have at least one long term condition.^{1,2}

Strengths

NHS Borders has a long history of operating as an ‘anchor’; we have a strong community spirit and have worked for decades with partners in our third sector and local authority to **focus on the wider social and environmental determinants of health**. The Scottish Borders has a wealth of history and much open greenspace. Approximately 85% of the land here is used for agriculture.³ Our region is made up of small towns and villages that meet the Scottish Government definition of ‘Rural Scotland’ which is defined as settlements with a population of less than 3,000.⁴ Indeed nearly half (48%) of the Scottish Borders population live in rural areas.⁵

There can be many benefits to living in rural Scotland including how people feel about where they live, a greater sense of belonging, greater rates of volunteering and lower crime prevalence, meaning people feel safer. People are more likely to be outdoors at least once a week and are very satisfied with their nearest green or blue space. Life expectancy is also higher in rural areas compared to the rest of Scotland.⁶

¹ [Home | Scotland's Census](#)

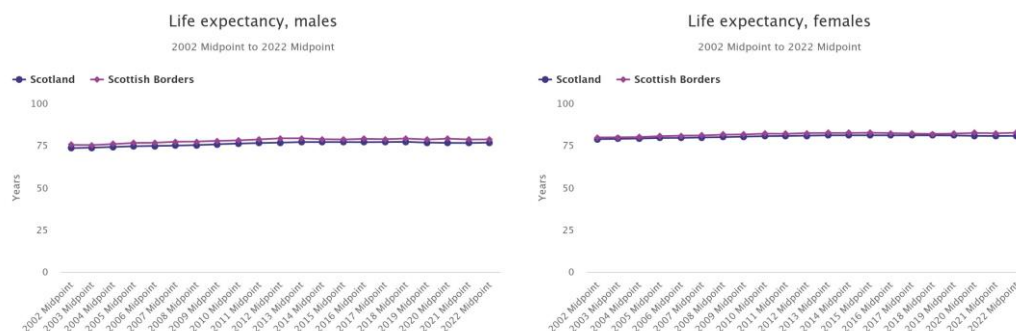
² [Online Profiles Tool - ScotPHO](#)

³ [Scottish Borders | Go-Rural](#)

⁴ [Rural Scotland Key Facts 2021 - gov.scot](#)

⁵ [Item No. 06.1 - Appendix-2018-21 Strategic Plan Appendix 3 6.pdf](#)

Life Expectancy is 78.7 years for males and 82.6 years for females in Borders, both higher than for Scotland



Life Expectancy for males in Scotland is 76.8 and for females is 80.8 years.

Challenges

However, when we talk about deprivation, we need to acknowledge the limitation of the Scottish Index of Multiple Deprivation in fully capturing our rural experience of deprivation, particularly in terms of some significant local challenges that impact on health and wellbeing:

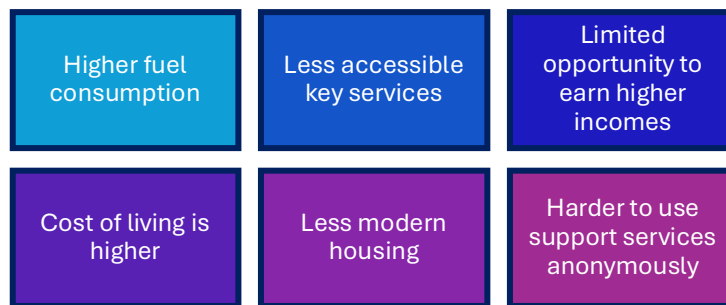
- Higher fuel consumption
- Less accessible key services
- Limited opportunity to earn higher incomes
- Cost of living is higher
- Less modern housing
- Harder to use support services anonymously
- Poor digital connectivity

There can be a dependency on car ownership to travel, leading to higher costs on those with less or increased difficulty in accessing services or amenities.⁶ These challenges are more likely to be experienced by people living in our areas of greatest deprivation who tend to have lower incomes and poorer health outcomes. However, it is well recognised that people living in more remote and rural areas and in areas of relative affluence are also impacted. We also see an impact on our more vulnerable groups who may live in challenging circumstances, such as people experiencing homelessness, people with disabilities or those involved with the criminal justice system. These challenges are set against a significant demand for better, local public services at a time when there is significant financial pressure on funding.

⁶ [scottish-borders-community-plan-2022-23](#)

Adults living in the most deprived areas of Borders are 4 times more likely to have a COPD hospital admission; have a 20% higher likelihood of having a cancer diagnosis; and are 23% less likely to take part in bowel cancer screening.⁷

Rural Deprivation is different and harder to capture using SIMD



There are 5 localities in the Scottish Borders: Eildon, Tweeddale, Berwickshire, Cheviot, Teviot & Liddesdale and Tweeddale. Hawick and Galashiels are the most populated towns with 13,586 and 12,302 people respectively, followed by Peebles (8,581), Kelso (6,861) and Selkirk (5,458).⁸ The Borders has a below-average share of Scotland's multiple deprivation, with only a handful of datazones at either extreme.

Future Disease Burden

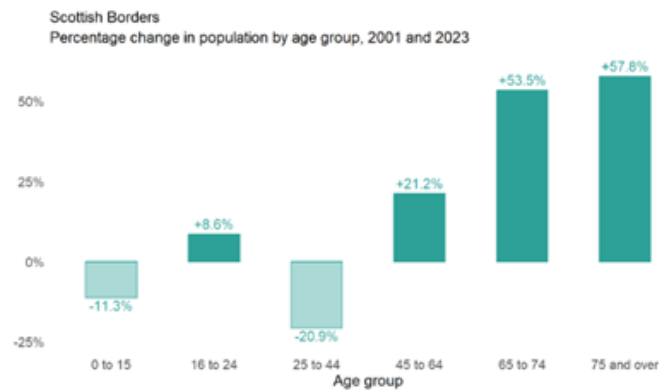
Looking ahead, the largest proportion increase in our population will be in those aged 75 years and over. The Scottish Burden of Disease (SBOD) study⁹ forecasts a large increase in health service needs of older adults. In terms of overall health needs, the sub-group with the largest forecasted annual crude disease burden is those aged 65 to 84 years. This is due to the interaction between the extent of health needs and increasing size of this population sub-group. Forecasted relative increases in annual disease burdens highlight increases for: common infectious diseases; unintentional injuries (including falls) and chronic respiratory diseases. These relative increases are due to the disproportionately high impact of these causes in elderly age groups.

⁷ [Tackling Health Inequalities in the Scottish \(THIS\) Borders Strategy](#)

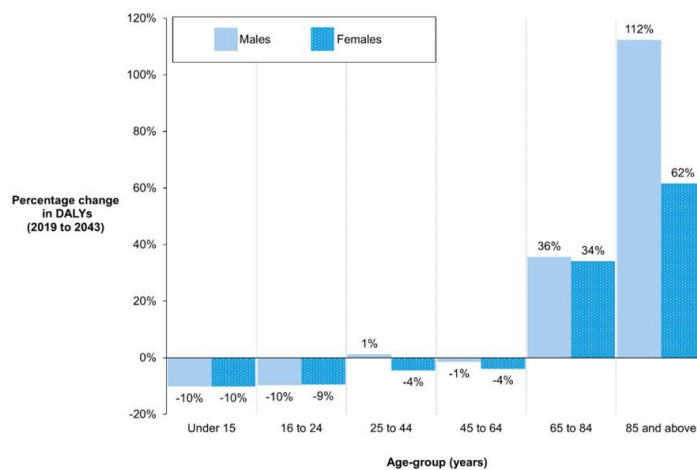
⁸ [Towns and villages | Research and data | Scottish Borders Council](#)

⁹ [Scottish Burden of Disease Forecasting Briefing](#)

Over the last two decades our older adult population has increased while our population of children and younger adults has decreased



By 2043, it is forecasted that people aged 65+ will have a far higher disease burden than 2019



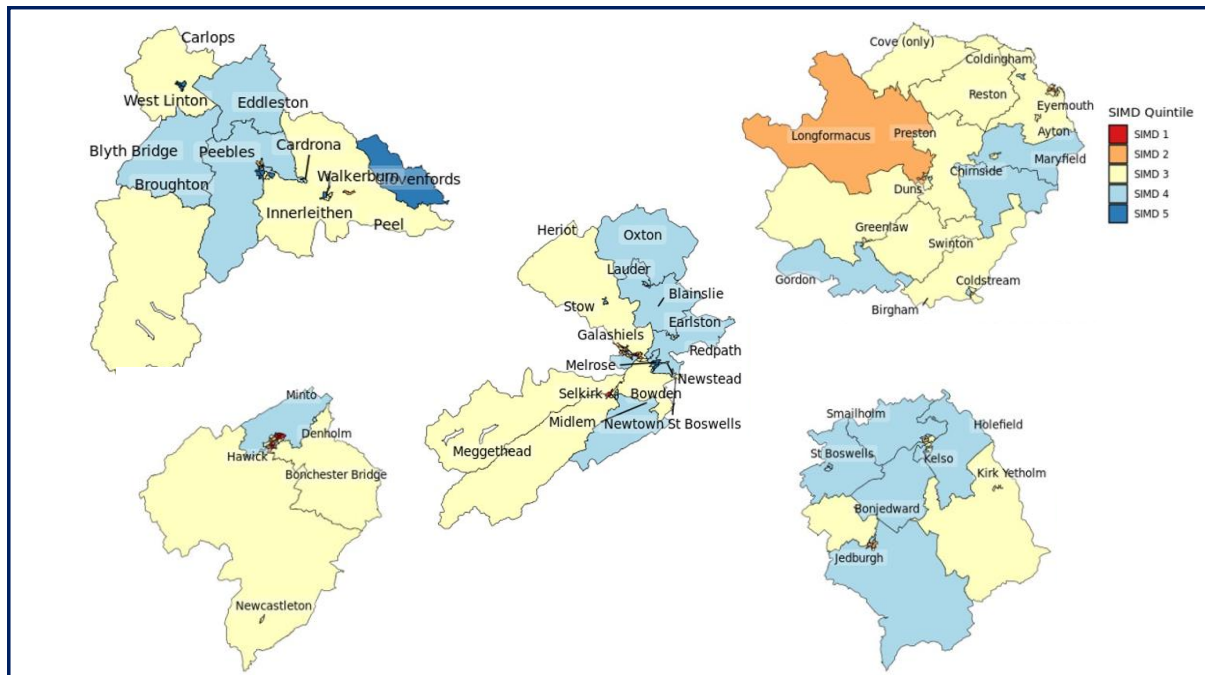
Employment

Data from the Office for National Statistics provides an insight into our employability picture for Scottish Borders¹⁰ :

- Our employability rate in 2023 for people aged 16-64 years was 74.8%. This reflects a reduction in employment compared to 2022.

¹⁰ [Scottish Borders' employment, unemployment and economic inactivity - ONS](#)

- Our unemployment rate in 2023 for people aged 16+ years was 3.4%, this has fallen from the previous year however, and is lower than for Scotland as a whole.
- The number of people claiming unemployment related benefits is known as our claimant count, in March 2024 this was 3.1% for people aged 16 to 64 years
- At the end of December 2023, 21.3% of people aged 16 to 64 years were economically inactive; lower than for Scotland as a whole.



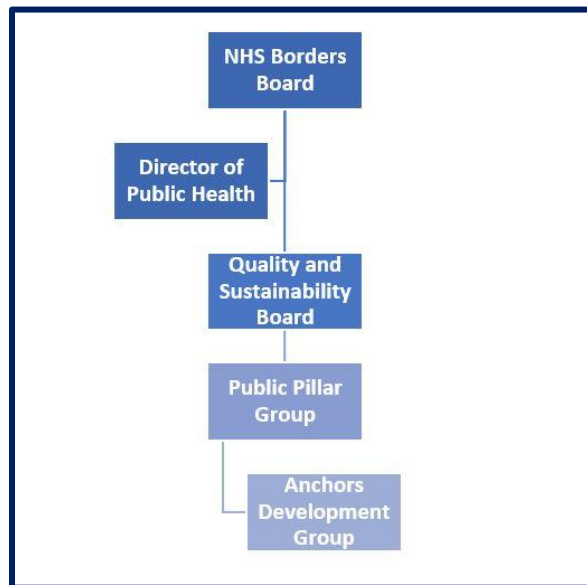
Workforce Equalities Data is self-reported data that provides an insight into the characteristics of our workforce and this is a good starting point for understanding where we can make a difference. We acknowledge the caveats and limitations of these self-reported data. Looking at NHS Borders workforce data gathered from baseline metrics in 2024:

- Disability Data reflects a predominantly high number of staff with no disability and a low number of staff with disabilities.
- The ethnicity of our workforce is predominantly Scottish, Other British and some staff declined to respond
- Religion is predominantly no religion, followed by Church of Scotland
- Sexual Orientation is predominantly heterosexual, followed by not known
- SIMD is a measure of deprivation in quintiles of the population from 1 (high) and 5 (low), responses are predominantly from SIMD 3, followed by 4 and then 2. The lowest number of staff in our workforce are from SIMD 1
- The majority of our staff did not identify as disabled or transgendered when surveyed

Governance arrangements

The Anchor Institutions Development Group was formed in 2024. The group reports to the NHS Borders Board via:

- The Director of Public Health and Quality & Sustainability Board (QSB)
- The Public Pillar group



There are a range of plans that align with our Anchor Institutions Strategy including:

- [Tackling Health Inequalities in the Scottish Borders Strategy](#)
- [NHS Borders Future Directions Strategy](#)
- [NHS Borders Public Health DPH Annual Report](#)
- [NHS Scotland climate emergency and sustainability strategy: 2022-2026](#)
- [Scottish Borders Health & Social Care Strategic Framework 2023-2026](#)
- [NHS Scotland's Women's Health Plan](#)
- [Scottish Borders Child Poverty Action Plan 2025-2026](#)
- [NHS Borders Dementia Strategy 2024-2029](#)
- [Scottish Borders Local Heat & Energy Efficiency Strategy 2024-2028](#)
- [Scottish Borders Community Plan 2023-2033](#)

Partnerships

In the last year we have focused internally to NHS Borders and the formation of our Anchors Development Group. It is our intention to broaden this out over 2025-26 to engage with other Anchor Institutions and Community Anchor Organisations in the region.

NHS Borders are represented on the Local Employability Partnership through Workforce primarily and supported by Public Health. Regular attendance at meetings has enabled engagement with:

- Partnership work to build collective knowledge and understanding of the employability agenda
- Requests to approve funding applications for local employability projects through No One Left Behind funding & Child Poverty funding
- Submission of an application for a funded NHS post to pilot employability support within our Wellbeing Service
- Exploration of 12-week funded placements with a view to mirroring work that is starting to happen within Scottish Borders Council

Community Planning Partnership meetings have been revised and are in the initial phase of forming, norming, storming and performing. We are aiming to facilitate the use of the Anchors Progression Framework as a means of self-evaluating where we are at and to identify joint plans and shared objectives.

Objectives

Procurement

Procurement objectives we are working towards to maximise local¹¹, progressive procurement of goods and services:

1. Increase local promotions and third sector engagement with the NSS Community Benefits Gateway
2. Systematically apply community benefit goals and scoring in competitively tendered contracts for Quick Quotes

OBJECTIVE	ACTIONS	MEASURES
Increase local promotions and third sector engagement with the NSS Community Benefits Gateway	Attend Borders Community Action Meet the Funders Promotional Event and share successful case studies	Attendance at event Feedback from partners and capture of number of post event enquiries and applications
	Raise awareness of revised communications	Partnership Plan with Borders Community Action

¹¹ 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.

	plan/tools for third sector to promote Community Benefits Gateway	to facilitate awareness across network through information sharing
Systematically apply community benefit goals and scoring in competitively tendered contracts for Quick Quotes	Consider how this has been achieved for regulated procurement and what barriers are in place for extending the approach to Quick Quotes.	Community Benefit Goals scored in Quick Quote contracts.

Workforce

Objectives we are working towards to provide more fair work opportunities for new employment and for existing staff:

1. Monitor and evaluate No One Left Behind-funded NHS post to support employability.
2. Improve staff wellbeing by supporting progress towards Menopause Friendly Accreditation.
3. Facilitate information exchange between Princes Trust Project and potential links to Scottish Borders Council's 12-week placements programme.
4. Facilitate Anchor Institutions Self-Assessment process with our Community Planning Partners using Anchors Progression Framework (with support from Public Health Scotland).

OBJECTIVE	ACTIONS	MEASURES
Monitor and evaluate No One Left Behind-funded NHS post to support employability.	Continue to work in partnership with HR & Wellbeing Service to submit and respond to outcome from funding application.	No One Left Behind-funded NHS post recruited and contributing.
Facilitate information exchange between Princes Trust Project and potential	PH to lead meeting between NHS and SBC staff to learn about the Princes Trust programme	Successful co-ordination of projects across these two anchor organisations

links to Scottish Borders Council's 12-week placements programme.	and connections that could be made to LEP NOLB/Child Poverty Funding.	evidenced by piloting a joint placement.
Improve staff wellbeing by supporting progress towards Menopause Friendly Accreditation.	<p>Role out learning from Women's Health Conference (Menstruation in the Workplace)</p> <p>Work closely with Occupational Health</p> <p>Consult with NHS staff and or staff at NHS/SBC site to understand what is working well and what will help staff to thrive while at work, using accreditation themes.</p>	Successful accreditation achieved.
Facilitate Anchor Institutions Self-Assessment process with our Community Planning Partners using Anchors Progression Framework (with support from Public Health Scotland).	Facilitate workshop to introduce framework to Anchors Development Group & CPP Colleagues and support undertaking of self-assessment.	Tangible engagement from our CPP partners in the self-assessment process and development of their own pillar objectives that public health can support.

Land & Assets

Objectives you are working towards to increase the use and/or disposal of your land and assets for the benefit of the local community:

1. Scope out and develop a plan for embedding anchor sustainability activities in existing health board sites.
2. Progress next phase of the Sustainable Communities Plan (which is part of the wider NHS Borders Emergency Climate Change Plan) by building on established relationships with third sector partners.

OBJECTIVE	ACTIONS	MEASURES
Scope out and develop a plan for embedding anchor sustainability activities in existing health board sites.	Public Health and Estates work together to map and gap the space and identify steps.	Clear plan for embedding anchors activity in existing NHS Borders sites is developed and approved for implementation.
Progress next phase of the Sustainable Communities Plan (which is part of the wider NHS Borders Emergency Climate Change Plan) by building on established relationships with third sector partners.	<p>Actively manage and protect greenspace.</p> <p>Work with Community Group volunteers to support nature-based activities promoting biodiversity, sustainability & climate change action.</p> <p>Work with partners and local communities to share information about NHS Land and property assets.</p> <p>Progress biodiversity related work at NHS sites in partnership with Third Sector.</p> <p>Host a workshop with Leads for actions in the sustainable communities plan</p>	<p>Measurable progress against the 19 actions in the Sustainable Communities action plan is achieved across the three areas of the plan:</p> <ul style="list-style-type: none"> - Community wealth building - Building community resilience - Engaging our communities

Sustainability as part of our Anchors Mission

Looking ahead, we are excited about the work that Public Health Scotland are doing to map the green estate across Scotland which will be helpful for us locally as a starting point for further action. We are also hoping to build on other Whole Systems Work our Public Health team has been involved in in the community around Eyemouth to promote an established [outdoor activities pack](#) during Green Health Week in May 2025.