

## LAIN Conference Place Based Breakout: Anchor People Workshop 1

### Attendees:

Caroline Wilson – Director of Inclusive Economy and Jobs, Islington Council  
Kate Gibbs – Head of Inclusive Economy, Camden Council  
Lizzie Smith - HEE Regional Director, London; National HEE Equality, Diversity and Inclusion Lead ;  
NHS London Anchor programme SRO  
Peter Slee – Vice Chancellor, Leeds Beckett University  
Kate O’Connel – Director, Leeds Health and Care Academy  
Sara Shoener – Consultant – Social Services, Bloomberg Associates  
Linda Gibbs – Principal – Social Services, Bloomberg Associates  
Tamiru Mammo – Consultant, Bloomberg Associates  
Julian Boys – Head of Local Economies, Centre for Local Economic Strategy  
Katie Townsend – Communications Officer, Centre for Local Economic Strategy  
Claire Southwold – Project Manager, Anchor Programme Team, NHS  
Darren de Souza – Senior Projects and Policy Officer, London Higher  
Juli Browne – Supported Employment Manager and Co-chair of the Race Equality Network  
David Randall - Board member, Crystalisr Co-operative Society Ltd  
Rich Mason – Senior Projects Officer, Economic Fairness, Greater London Authority  
Hope McGee – Senior Projects Officer, LAIN – Greater London Authority

### Notes:

- **Problem framing:** Lots of boroughs were doing great work with the NHS, but there was no overall coherence. Is there something we can do now that will unlock the system? Can boroughs be clearer about asks/processes?
- The NHS has got the good work; we’ve got the vacancies. It’s a question of finding the people and supporting them towards the vacancies.
- Brief case studies from Tower Hamlets, Camden & Islington: pathways into good work in Health & Social Care for marginalised communities.
- Barriers were caused in the Tower Hamlets scheme – trainees had to be seconded to the NHS to receive London Living Wage.
- Camden Good Work scheme utilised S106 money.
- Cohorts work well and reduce drop out – having a network of staff starting together who can lean on each other.
- Leeds extended case study: Set up Leeds H&SC Academy five years ago. Engaged not just with NHS bodies but also education and skills providers.
  - Talent hub: person-centred approach. Has been transformational both for diversity of sector entry and also for retention.
  - Understanding the role before application – opportunity for volunteering, training and information sessions.
  - Has also been fruitful taking a longer-term strategic approach rather than just being responsive to today’s needs. This allows us to engage with people earlier (as young as 4yo!). Helps for allocating funding more broadly and considering promotion.
  - We train people within the NHS to be peer mentors for new recruits – different degree of support is needed for different candidates.

- Birmingham extended case study: ‘reversal of the recruitment process’; starting with the person and finding a role for them. Coffee cup interview with line manager only.
  - Outreach workers were integral to reaching new groups for training and employment.
  - 550 job offers and 97% retention(!)
  - High level buy-in from senior management was a success factor – also important to start small and grow.
- NHS, what can councils do better? Keep the connection alive with important partnerships – could LAIN/ GLA play this role.
- Government sets standards for HE institutions proportion of leavers entering ‘graduate jobs’ which ends up discriminating against institutions producing a lot of H&SC graduates. We know the wider societal benefits, improved matching and skills means better care – lobbying is needed to have this reflected in policy.
- Effective messaging around spillover benefits of employment (health and wellbeing). It depends on the audience; case studies are best for general public; if it’s senior stakeholders we can be more data-driven.
- Some London NHS Trusts are experimenting with simplified job descriptions and applications, especially for non-clinical roles (although again it’s being done in isolation and lacking overall coherence). There’s a parallel exercise here to the procurement work simplifying tender documents.
- The magic in this group comes in where we know the people in our communities and have personal intelligence.
- Employment advisors are generalists, and it’s not realistic that they will understand all the available roles in the NHS. HR degrees at the university get work experience at the Talent Hub in Leeds.
- Internally it often comes down to strength of character and individuals driving change.
- There’s a lot of fear within the NHS, who already feel beholden to a lot of process and requirement. This is when senior leaders need to take the lead and provide cover for taking steps that are necessary.
- In Leeds, transparency has changed everything. We made a commitment to publish all our data of employment demographics across all levels.
- Would a toolkit prove a useful tool – we can identify what works well in different areas and how the necessary parties can work together to make it happen.

#### Next Steps:

1. Compile best practice from skills academies – reach out to all boroughs.
2. Map out vacancy rates – which jobs are most in demand and where.
3. Get in the room with HRDs and start rallying support at the top to adopt innovative ideas.