Innovation Unit

Health Equity Network Monthly Webinar

The role of anchor organisations in addressing health inequalities

24th September 2026

The Health Anchors Learning Network (HALN) is a UK-wide network for people responsible for, or interested in, embedding anchor approaches in their roles

What is an anchor organisation?

1. **Large, locally-rooted organisations**
2. They are usually **major employers** in their local area, as well as having **significant assets** and **spending power**
3. As a result of their size and scale - **they have a significant social, economic and environmental impact** within their local communities.

The concept of the "anchor organisation" emerged in the USA, recognising the role that large, place-based institutions could play in supporting the recovery and regeneration of post-industrial cities

Passive vs active anchors

1. **Passive anchors** - have an impact but aren't intentional about maximising benefit
2. **Active anchors** - intentionally use their assets, resources and influence to maximise their positive impact in local communities

How anchors can improve health

	Direct health improvements	Wider determinants of health
Employees	➔ Occupational health ➔ Workplace health ➔ Active travel	➔ Paying a Living Wage ➔ Secure employment ➔ Career progression
Community	➔ Access to green spaces ➔ Reducing local pollution ➔ VCSE partnerships	➔ Inclusive hiring ➔ Local procurement and community wealth building ➔ Supporting affordable housing initiatives

How anchors can address health inequalities

To explicitly address health inequalities anchors might:

1. **Map their workforce demographic against local populations** - and take targeted action to support those furthest from the labour market to access employment and training opportunities
2. **Map where they spend their money** - and take targeted action to spend more money with diverse or minority-led local businesses and social enterprises
3. **Work with schools in areas of deprivation** to do targeted careers engagement and work experience opportunities for local young people

And this is just the start….

What does it mean to take an “anchor approach”?

1. Often anchor organisations are already involved in a range of initiatives to support their local communities - for example through:
    a. Social value requirements in contracts
    b. Local recruitment drives.
    c. CSR / ESG initiatives

2. Taking an anchor approach = **a coordinated, organisation-wide approach** to these activities
    a. Designed to maximise positive local impact
    b. Often in collaboration with other local anchor organisations and the voluntary and community sector

Benefits of an “anchor approach”

1. **Greater *internal* coordination around key priorities**
    a. Shift from: siloed initiatives → whole-organisation approach
    b. Greater visibility and *organisational* leadership backing

2. **Greater *external* coordination across partners on shared, place-based priorities**
    a. Shift from: single-organisation anchor strategies → whole-system approach
    b. Greater visibility and *system* leadership backing

Anchor institutions

Supporting local and regional economies



Reducing poverty and inequality

Working collaboratively with local partners

Community wealth building



Wellbeing economy



An economy that protects the planet and works for people, including future generations, by improving living standards, creating good jobs and purposeful businesses, and building economic resilience

What's the evidence this works?



Articles

The mental health and wellbeing impact of a Community Wealth Building programme in England: a difference-in-differences study

Tanith C Rose, Konstantinos Daras, Julian Manley, Mick McKeown, Emma Halliday, Tom Lloyd Goodwin, Bruce Hollingsworth, Ben Barr

Summary

Background Wide differences in health exist between places in the UK, underscored by economic inequalities. Preston, an economically disadvantaged city in England, implemented a new approach to economic development, known as the Community Wealth Building programme. Public and non-profit organisations modified their procurement policies to support the development of local supply chains, improve employment conditions, and increase socially productive use of wealth and assets. We aimed to investigate the effect of this programme on population mental health and wellbeing.

Methods Difference-in-differences techniques compared trends in mental health outcomes in Preston, relative to matched control areas before (2011–15) and after (2016–19) the introduction of the programme. Outcomes were antidepressant prescribing, prevalence of depression, and mental health related hospital attendance rates using data provided by National Health Service Digital, the Quality and Outcomes Framework, and the Office for National Statistics. Additional analysis compared local authority measures of life satisfaction, median wages, and employment with synthetic counterfactuals created using Bayesian Structural Time Series.

Findings The introduction of the Community Wealth Building programme was associated with reductions in the prescribing of antidepressants (1·3 average daily quantities per person [95% CI 0·72–1·78) and prevalence of depression (2·4 per 1000 population [0·42–4·46]), relative to the control areas. The local population also experienced a 9% improvement in life satisfaction (95% credible interval 0–19·6%) and 11% increase in median wages (1·8–18·9%), relative to expected trends. Associations with employment and mental health related hospital attendance outcomes did not reach statistical significance.

Interpretation During the period in which the Community Wealth Building programme was introduced, there were fewer mental health problems than would have been expected compared with other similar areas, as life satisfaction and economic measures improved. This approach potentially provides an effective model for economic regeneration potentially leading to substantial health benefits.

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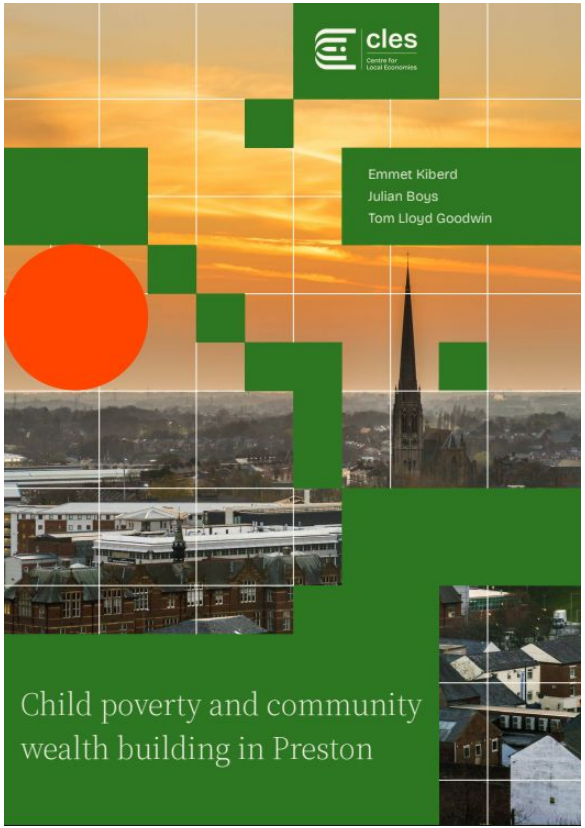
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Introduction

The UK experiences some of the largest spatial health inequalities of any country in Europe, with people living in socioeconomically disadvantaged areas dying on average 9 years younger and living for 19 more years in

with 17% in England as a whole.[4] Since 2013, Preston has been developing a new approach to economic development, known as Community Wealth Building, that aims to build a local economy that addresses the underlying economic differences between places that drive health



Anchor organisations = an asset-based approach to tackling health inequalities in a local area