

# NHS Leadership Academy - Leading Anchor Organisations rapid literature review



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## Methodology

This work was commissioned by the NHS South East Leadership Academy in 2023, to identify and explore the leadership skills required to support anchor organisations. It included:

- A review of existing NHS Leadership Frameworks and identify where they are supportive of anchor work, and where there may be gaps
- A rapid review of the published and grey (informal) literature on anchor organisations to analyse what can be learnt about the leadership behaviours and competencies needed to effectively lead health anchor organisations.

Relatively few sources directly reference the role of leaders, and so much of the analysis and insights gathered are inferred from case studies, impact reports, unpublished slide decks, and so on.

There would be value in complementing this initial rapid review with some deeper qualitative work with leaders of mature anchor organisations, although that was out of scope for this initial review. Further recommendations on next steps are included on page 16.

# NHS Leadership Competencies



## The NHS Leadership Competency Framework

The NHS Leadership Competency Framework (right) outlines the six core competencies for NHS leaders.

There is also the NHS Healthcare Leadership Model (below) which has nine different dimensions of leadership.

Of these competencies the first one and last two have come up most prominently in the literature as key competencies for leading anchor organisations.

<https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-healthcare-leadership-model.pdf>

Setting strategy and delivering long-term transformation

Driving high quality, sustainable outcomes

Providing robust governance and assurance

Creating a compassionate and inclusive culture

Building trusted relationships with partners and communities

Leading for social justice and health equality

## Our Leadership Way

Our Leadership Way is a set of common principles to encourage consistent leadership across the NHS, built around the 'head, heart and hands' model, and containing six different principles / behaviours.

*" We recommend that every ICS uses this as a baseline for establishing its leadership culture and that it becomes a core part of every leader's recruitment, induction and development. The Leadership Way will underpin the curriculum of the NHS Leadership Academy and all its leadership development and assessment tools, including 360 will be re-aligned to this."*

The core competencies within Our Leadership Way are:

- Curiosity
- Compassion
- Collaboration

Of these three, collaboration has come out as the strongest behaviour needed in leading anchor organisations and delivering an anchor mission.

# Rapid literature review findings



# Why does leadership matter for anchor orgs

The documented literature on why leadership matters for anchor organisations is still relatively new, but what has been written has emphasised how far anchor efforts can thrive or fail depending on the level of leadership they have. As with other new initiatives in large, complex organisations, leadership is required to secure resourcing and organisational commitment, give permission to others, and mobilise staff and partners in pursuit of the desired outcomes.

At a Health Anchors Learning Network (HALN) event on the role of leadership in health anchor work, a poll showed that 60 per cent of those polled said they did not have sufficient leadership sponsorship for their anchor work. The same poll also asked what the biggest challenge was in securing leadership buy in for their anchor work. Answers included:

- Competing priorities
- A lack of executive headspace
- Operational and system pressures
- Risk averse organisational culture
- A lack of understanding of the concept
- Financial pressures and a lack of capacity and resource
- A high bar for evidence of impact
- A lack of shared vision and values.

[At the Healm - the Role of leadership in health anchor work - webinar recording](#)

The gap between current NHS leadership behaviours and those required to lead across complex systems as an anchor organisation has also been identified as a barrier that some organisations currently face.

*“NHS leaders we have spoken to do recognise the step change in skills and approach required to look outwards, not upwards, and this has been a constant refrain in embedding early anchor strategies”.* **NHS Confederation: Unlocking the NHS’s Social and Economic Potential (December 2022) pp. 42 to 43**

# How can leaders support anchor work

At the same HALN event, an activity asked participants how stronger leadership would benefit their anchor work. Respondents said that it would: support with achieving outcomes, create sustained change, sharing expertise and resources, giving permission, secure resources, embed real change, remove hurdles, set clear priorities, generate meaningful long term commitment to the work, create organisational level buy in, and facilitate culture change.

At a HALN learning set in Summer 2024 a small group of people working in anchor organisations were asked what they were looking for from their leaders in order to support their anchor work. Their responses are captured below.





# Key competencies and skills to lead anchor work

In the same HALN learning set participants were asked what key competencies or skills they were using to drive forward their anchor work locally.



# Leading across systems

#One of the most commonly cited behaviours required of leaders driving anchor work was the ability to lead across complex systems, with multiple partners, and look beyond their organisational boundaries. This skill, to be externally focused and make connections across a system or place, is at the core of leading anchor work. It requires an understanding of the issues affecting people in that place, and a desire to work across organisations and think differently about resources, services and partnerships in order to tackle those issues and improve health and wellbeing for the local population.

It also involves making connections internally, for examples thinking about how teams in corporate functions can deliver on health equity outcomes, and convening leaders from within anchor organisations with relevant external partners.

- *“For this ICS purpose, this means an ICP looking outwards at the emerging local social and economic landscape and understanding both what it wants to change and what it will ask from its partner members”*. NHS Confederation, *Unlocking the NHS’s social and economic potential: creating a more productive system*.
- *“Throughout the 15 years I have been at Imperial, we have had a strong focus on achieving the highest quality of care for every patient. But you only have to look at the level of health inequalities that exist within the population who live in the communities around our hospitals to see that this ethos must extend outside the hospital walls if we are to maximise our impact on health and wellbeing”*. [HALN Q&A Blog with Dr Bob Klaber from the Shelford Group](#)
- *“One key insight that emerged is that place-based leadership in times of crisis necessitates transitioning from organisational to systems leadership, looking beyond the boundaries of any single institution”*. Draft HALN / BMJ blog *“At the Helm: Anchor Leadership in Practice”*

There is a wide literature on systems leadership, but the skills and structures required to lead across complex systems are still in development in the UK.

# Intentionality

The concept of ‘intentionality’ also comes out in the literature as a key leadership behaviour. This is the idea that effective anchor organisations are using their resources in the most intentional and targeted way possible to effect wider economic and social change, alongside delivering core health and care services.

The [HALN Leadership and Anchor work learning product](#) outlined 4 building blocks of anchor leadership set out from their work on anchors in health, and included intentionality as the first one:

- *“**Intentionality**: there is a limit to what can be done organically, and leadership is needed to direct, showcase, spotlight and champion work, and get it embedded at scale within an organisation. Consciously adopting an anchor mission”.*

A recent BMJ blog, co-authored by HALN and several high profile anchor leaders described why this intentionairty was needed.

- *“**Intentional, purpose-driven leadership is necessary to successfully create the conditions for effective anchor work – this includes explicit CEO sponsorship and commitment to anchor goals, public advocacy and empowering bottom-up change within and between anchor organisations.**”*

Being intentional about anchor work involves committing to specific goals, identifying the outcomes that matter most and leaders holding themselves and others to account for delivering these.

# Shepherding and facilitating culture change

Leading anchor organisations requires a change in culture and behaviours, and the role of leaders is to model and facilitate this across the organisation. It involves encouraging those working in anchor organisations to look externally, and develop new relationships and partnerships across the places they are based in. It may also involve working differently with other teams internally, and reporting against different outcomes.

The [HALN Leadership and Anchor work learning product](#) outlines 4 building blocks of anchor leadership set out from their work on anchors in health, including 2 specific to culture change.

- *“ Shepherding culture change: holding the narrative and sharing regular communications about anchor work so that it becomes part of the language within an organisation. Encouraging a “think anchor” approach and embedding anchor work into day to day work and decision making processes / governance structures . Storing communication with the whole organisation.*
- *Facilitating Culture Change: giving permission and support to staff so that anchor work is embedded day to day. Setting direction and encouraging distributed leadership from across the organisation on delivering against anchor objectives “*

A key skill identified within culture change is that of storytelling and narrative: leaders in anchor organisations are often key communicators, helping to communicate the objectives of the work, the ‘why’, and the role that their teams and partners have in delivering those outcomes. It isn’t always intuitive for large health anchors in the NHS to talk about the social and economic determinants of health that are created beyond their organisational boundaries, or how important external partnerships are. Leaders of anchors need to model and cultivate that narrative, and create a story of how their staff can work differently to create an impact as an anchor organisation.

# Visible and active sponsorship

Another area where leaders can support and drive anchor initiatives is through visible and active sponsorship of the work. Many junior staff and middle managers rely on the sponsorship of their work to maintain momentum and keep a focus (and resourcing) on the work, as well as providing permission, or 'cover' for staff. Leaders can also sponsor and initiate larger projects or higher risk initiatives, which more junior staff may struggle to do. Some of the literature pointed towards the importance of particular leaders driving collaboration across anchors and the need for active leadership to sustain action on anchor work.

*“And yet, the same level of collaboration seen among and between EIMC member staff has not been fully institutionalized. In some instances, if certain EIMC member staff were not in their current roles within a given anchor, the depth and breadth of collaboration would decrease. This has been seen in the fact some organizations were once committed members of EIMC with internal champions of the work that have since dropped off in participating in meetings once those champions left the organization or changed roles in the organization. This reinforces that these relationships reside with the champion rather than being full institutionalized within the anchor.”* **Greater University Circle Initiative - 7 year evaluation report p. 7**

*“The new director has increased the visibility of the Cleveland Clinic’s leadership of Supplier Diversity initiatives, representing the organization for many community groups, active leadership in national and state organizations as well as reaching out to organizations in the neighborhood”.* **Greater University Circle Initiative - 7 year evaluation report P. 13**

*“Individuals leading the work we have showcased in this report also said that the visibility and commitment of senior leaders in their organisations helped to increase momentum and enthusiasm across a broader range of networks”.* **NHS Providers (February 2023), Being an anchor institution – Partnership approaches to improving population health p. 20**

# Distributed leadership

Delivering work as an anchor organisation requires leadership across an organisation - at the board level, executive level and from managers and staff across a range of functions, from corporate teams to front line staff. A key role of senior leaders in anchor organisations is to enable others to lead - providing the direction and permission for them to take anchor initiatives in their day to day work, and engaging the workforce to lead change.

*While good leadership can help get trusts' anchor strategies off the ground, staff across clinical teams, estates, procurement and people and organisational development functions all play a pivotal role in putting anchor principles into practice in their day-to-day roles. Recognising the influence of the front line on the overall success of anchor working, many trusts appreciate the importance of enabling staff to innovate by identifying common goals and offering a forum for them to come together and share enthusiasm and ideas. One trust is empowering its staff to take action locally by establishing a 'green champions network' of likeminded staff across the trust. The principles of anchor working resonate with many people, and many staff are residents of the local areas that anchor programmes benefit. Promoting staff involvement can therefore help to increase trusts' insight into the needs of local people and harness staff energy and commitment. NHS Providers (February 2023), Being an anchor institution – Partnership approaches to improving population health. P. 21*

Visible leadership and gaining board buy-in Gaining board buy-in was key to the success of many of these projects. It is important to identify and articulate how being an anchor institution fits within the organisation's strategic objectives, and why it matters to the board from commercial, recruitment, financial and clinical perspectives. **NHS Providers (February 2023), Being an anchor institution – Partnership approaches to improving population health. P. 20**

*"ICBs need to know this matters and it should be taken seriously – with non-executive directors particularly important in holding leadership to account and stopping it becoming an 'add on' to business as usual."* ICB Chair  
**NHS Confederation: Unlocking the NHS's Social and Economic Potential (December 2022) p. 25**

As anchor action relies on activity being taken forward across a range of different domains (e.g. procurement, HR / workforce, estates, communities) it requires strong leadership across a range of functions within an organisation, with a clear direction set on the overall impact the anchor wants to achieve.

# Expectations of leaders - an example from Rush

Very little has emerged in the literature about the specific role or functions of leaders within anchor organisations, but the Rush Anchor Mission Playbook does outline the role they expect senior leaders to play in delivering the anchor mission. Many of these functions are also behaviours and skills which have come out through the wider literature.

*“The role of senior leadership includes:*

- *Serving as overall leaders of the Anchor Mission*
- *Supporting vision development and communicating to key stakeholders*
- *Developing strategy and approving measures and initiatives*
- *Acting as ambassadors of the mission with CBOs, business partners, etc.*
- *Holding the organization accountable for execution*
- *Senior leadership should designate a key leader to drive the engagement and act as the*
- *spokesperson for Anchor Mission strategy. The ideal key leader will have the following*
- *Characteristics:*
  - *Ability to dedicate 5–10% of his/her time to the cause to mobilize mission, attend and lead meetings, update organization leadership, etc.*
  - *Established relationships with senior leadership and credibility as a decision maker for the organization*
  - *Relevant background experience in community health, community engagement, community economic development, and/or with other community-based organizations working to solve similar issues*

**Rush Anchor Mission Playbook - p.10**

## Recommendations for NHS Leaders of Anchor organisations

- Consider how you might work with other leaders across your locality to create a shared vision for your impact as anchor organisations
- Review any existing leadership standards or competencies within your organisation and review whether these encompass the leadership behaviours needed to drive forward an anchor mission
- Consider whether an anchor focus is particularly relevant for some Job Descriptions, and adapt them where needed
- Build these anchor leadership behaviours into appraisals and 1:1 meetings to set expectations around this work
- Develop local Communities of Practice to engage and support leaders at all levels
- Consider building an anchor focus into internal training and development programmes
- Consider expanding the understanding of anchor leadership through in depth interviews and focus groups with leaders across a range of sectors and settings



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