

# Weighing up anchor institutions

We're now four weeks into our six-week series of breakfast webinars exploring design principles for ICSs, ICPs and systems. This week's theme was the role of anchor organisations in the successful integration of services.

Once again we had more than 60 people on the webinar, which was chaired by Professor Eileen Fairhurst, chair of East Lancashire Hospitals NHS Trust, and which opened with an overview of the topic by Mark Butler, GGI's executive director of development.

Mark explored the scope and potential for anchor institutions in the context of integrated care systems, distinguishing between 'big beast' organisations such as local authorities, hospitals and universities, and their smaller community anchor partners – encompassing everything from cooperatives and housing associations to village halls and post offices.

A personal blog by:  
Professor Andrew Corbett-Nolan  
Chief Executive, GGI



Their potential to do good, said Mark, is enormous. He believes – just as all of us at GGI do – that there's a real opportunity here to transform civic stewardship for the long-term benefit of local people. But of course it won't be easy and there remain many obstacles to overcome, the identification and discussion of which is a big part of why we set these webinars up in the first place, of course.

As in previous weeks, we've published a bulletin that explores these themes in a bit more detail.



As ever, the hour flew by, with numerous themes emerging that could easily each have filled an hour or more of discussion.

One of our guests wondered aloud whether we're making everything more complicated than it needs to be. They said: "Local government has been dealing with issues around place-based integration for years. The job of the NHS is to support that rather than trying to take over the agenda. We should be reaching out to local council leaders and seeking to support them. We should approach this with humility – lots of the work has already been done."

### Key relationships

Another guest felt we should spend more time working to understand our integration partners. They said: "There's an issue around competing ideology: we all know we're not the same but we don't spend enough time looking at what the historical institutionalism of our organisations is, the context, where the power is. So if you look at health, we're still very dependent on public management principles where local authorities are a bit more place-based – and we've all faced different critical junctures. The impact of austerity was felt very differently across our organisations."

"I agree with Lord Bichard, who said maybe we should spend less time worrying about structures and more about how to solve the wicked issues we all face together."

Relationship building – between organisations and with the citizens they serve – was a key theme. One guest said: "We need to build trust with our citizens and partners. Focusing on some tangible ways of doing this is a good place to start. During the pandemic we have offered our digital platforms to our third sector organisations. There is so much potential but we have a lot of work to do to educate and reform traditional ways of NHS thinking."

Another said: "Always follow the money. Decision-making is always determined by who's accountable for the budgets. The partners in ICSs all have different constitutions and statutes to work towards. As we move into recession, who's going to drive this in terms of the money?"

There were many interesting ideas raised during the session, including whether ICSs should adopt the sort of corporate social responsibility (CSR) approach used by the private sector – perhaps setting targets for how they plan, buy or build. There was some concern that CSR smacks

more of a charity approach than one based on citizen empowerment but I think that is very much a public sector take. Big corporate investors actually see CSR as being about a return on investment – they see the sustainability of organisations they invest in over a cycle of 30 years or more as critical to their investment decisions. CSR as a means of looking beyond the immediate is very important.

One big challenge we face is to make sure the ICS agenda and mindset aren't subsumed by controlling the health deficit. ICSs will eventually become unviable unless the determinants of ill health are addressed such as poverty, poor education, social cohesion and confidence, the ability of vulnerable individuals to make strong life choices and so on. Work, a home, education, practical help, the availability of carers with time and skills, and digital equality are some of the key pieces of the jigsaw.

Our thanks to everyone who contributed to make this such a thought-provoking session. Next week we'll be looking at the purpose and scope of strong provider boards in making ICSs succeed. It promises to be another interesting event and there's still time to register your interest if you'd like to be part of the conversation. You'll find the details on the events page of our website.