Good Governance Institute

GGI's Leaders' Forum

A discussion of strategic issues likely to impact on the public sector in the wake of the 2015 General Election

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On 14th May 2015 the Good Governance Institute (GGI) invited a range of senior health, social care, and education leaders to attend an inaugural event at Leeds Castle in Kent to discuss strategic issues likely to impact on the public sector in general, and the NHS in particular, in the wake of the 2015 General Election.

This GGI report captures and builds on the key topics of discussion and learning from this event, presenting recommendations for boards and executive teams in the coming year.

Introduction

The Conservative victory in the recent general election, coupled with the reappointment of Jeremy Hunt as Secretary of State for Health, is a valuable opportunity for continuity and stability, offering healthcare organisations the chance to work within a known and existing structure. Yet it also comes with its challenges. Not least, the Conservative pledge to create a "truly seven-day NHS"[1] whilst realising the £22 billion of efficiency savings by 2020 as outlined in Simon Stevens' *Five Year Forward View*.

Over the next five years there will need to be greater integration of services, bold decision-making and entrepreneurial drive in order to achieve this vision. And even then we may fall short.

At the first of what is planned to be an annual GGI Leaders' Forum, our diverse senior leaders group helped us unpick these issues. This paper presents a condensed summary, and builds upon some of their discussions.

1) BBC (2015), We must create a truly seven-day NHS

Leadership

Higher education

University governing bodies are typically stable, with independent, or lay members, often serving their full term of two, or even three, consecutive, three-year terms of office. Diversity issues however, identified in some of GGI's own research, persist. Whilst many (but not all) university governing bodies have good gender balance, it is often difficult for institutions to recruit Black and Minority Ethnic members, even in very diverse areas such as London and the Midlands, highlighting the need for Nomination Committees to be prepared to advertise externally and to re-double efforts to be more inclusive.

There is significant crossover between NHS non-executive board members and independent members of university governing bodies, especially where a university has a medical school. GGI has identified that there is scope for joint non-executive director/governor development in this area, and is planning a short seminar series in the autumn to look at cross-sector issues.

There are also cultural parallels between the health sector and the higher, and further, education sectors with opportunities for sharing lessons. The public interest in the governance of universities appears less acute than in healthcare, largely a feature of the fact that higher education institutions rely on a decreasing amount of central funding (less than a third of all funding in some cases). But significantly, students, as consumers, are demanding ever-higher quality of teaching and fit-for-purpose facilities in return for up to £9,000 per annum tuition fees. All institutions necessarily monitor the National Student Survey in order to gauge their performance against competitors.

Healthcare

In contrast to the stability of university governing bodies, it is recognised that there is, at present, a high 'churn' of board members in NHS trusts, with leadership development frequently cited as one of, if not the most pressing workforce challenge facing the sector.[2] Attendees of the Leaders' Forum were quick to point out that this lack of consistent, high-quality leadership was contributing to a "dearth of decision-making", local in-fighting, and, at least some of the high-profile scandals that have recently afflicted the health service.

In the light of the inevitable changes that will be needed to create a more sustainable and better performing NHS, brave leadership will be important in order to take, and follow through on, difficult decisions. NHS leaders, as consumers of public funds, are naturally more risk averse than their private sector counterparts. However, a perceived 'blame culture', more noticeable in the wake of the Mid-Staffordshire scandal, has contributed to an unwillingness among many senior leaders to take even measured risk and an aversion to taking on high profile roles. Attitudes to failure must change in order to build a culture of improvement and innovation, and it was argued that the regulators are guilty of propping up such institutions constantly on the brink of failure, breeding inertia in the system rather than driving change.

Given this dilemma, the question of where strong leadership for a clear vision for the NHS will come from was hotly debated at the Forum. Surprisingly, one suggestion was that the role of Health and Wellbeing Boards (HWBs) should be elevated in order to give them some 'teeth', perhaps fulfilling something closer to the non-executive role in a Clinical Commissioning Group (CCG). This was reflected in Labour Party policy suggestions prior to the election.[3]

HWBs are currently the only forum bringing together elected members, clinicians, and other prominent members of the local community, and could play a crucial role in pushing the integration agenda as well as supporting CCGs with their new co-commissioning responsibilities. Conversely, in their current guise HWBs are largely ineffectual, with little power to assert their expertise materially on commissioning decisions.

2) The King's Fund (2014) What impact are senior leadership vacancies having on the already financially troubled NHS?
3) HSJ (2014) Burnham fills in the blanks on 'reform without reorganisation'

A logical decision would be to afford HWBs more power to influence commissioning decisions and be given a stronger mandate to drive transformational change and healthy living in their areas.

In doing this, the urge for more established organisations to use HWBs as a defensive mechanism, "putting the Health and Wellbeing Board between themselves and the problem", will need to be resisted, with all organisations united in the pursuit of improved health outcomes.

Devolution and integration

It will be interesting to see how the Devolution Manchester (Devo Manc) pilot evolves over the next year. The collaboration of NHS England, 12 CCGs, 15 providers and 10 local authorities, as well as the £6 billion pooling of health and social care budgets in the Greater Manchester region is certainly groundbreaking, and if successful could lead to greater devolution of powers nationally.

Great things are expected from this experiment. Simon Stevens has stated that this:

> "landmark agreement between NHS England, the local NHS and local government leaders charts a path to the greatest integration and devolution of care funding since the creation of the NHS in 1948"[4],

whilst George Osborne has labelled the move "just the start of the journey."[5] However, the leaders we spoke to pointed out that conditions in Manchester were ripe for such an ambitious project: a strong and established leadership, a large population, and a burgeoning economy. It is unclear whether other regions would have the ambition, or access to the system leadership which Manchester enjoys.

Likewise, the recently selected vanguard CCGs[6] have an important role to play in shaping whole-systems working and future commissioning models. Participants in the Forum suggested that those involved in vanguard projects had an opportunity and an obligation to "test to the point of destruction". Nevertheless, it was agreed that the problem of whole systems working will not be solved in isolation, and the various vanguard sites will need to ensure that they are communicating effectively in order to share best practice. Again, the question remains as to how easily the CCGs which are less well established, who have less robust clinical leadership, or who are hampered by local circumstances, will be able to follow in the footsteps of the trailblazers.

Patient-centred care

The forum leaders where clear that when we solve how to effectively bring together leaders from across a range of organisations, sectors, and levels, we will also be able to better deliver high-quality patient-centred care.

It is arguable that the NHS grapples with treating patients at the right place, at the right time. Despite a single trip to the hospital often costing more than a CCG's annual budget per person, patients are gravitating to hospitals. It is inevitable that large hospitals will remain the focal point of care in a given area, however more needs to be done to educate the public about when it is appropriate to report to A&E, and when it is more suitable to simply report to a GP, or indeed a pharmacy. The current approach, and the costs attached to it, is unsustainable and a sea change in public and NHS attitudes to care is needed to address this.

Putting the patient at the centre of their care is one way in which cost-saving efficiencies can be generated whilst at the same time resulting in better patient outcomes.

4) NHS England (2015) The Five-Year Forward View into action: NHS England and Greater Manchester announce shared plan for £6billion health and social care funding
5) Ibid.
6) NHS England (2015) New care models – vanguard sites

Patient-centred care is literally just that: ensuring the patient is informed and involved in decision-making at all stages of their care journey. This may sound simple, but traditionally patients have not always been adequately engaged in their care and, as such, have found navigating through the NHS difficult with the end result often being the needless, and time-consuming, duplication of work.

Patient-centred care has been demonstrated to improve quality of care, contributing to better recovery from discomfort, better emotional health, and fewer diagnostic tests and referrals.[7] There also exists established guidance on how best to deliver it.[8] [9]

As the numbers of frail elderly, as well as those living with long-term conditions and comorbidities increases, patients will necessarily need to take more responsibility for their care. Services will need to be grown and developed to ensure that these patients and their carers are adequately supported and informed in order to take ownership of their illnesses and treatment plans.

Alongside patient-centred care, population-focused healthcare should also be explored. This is when the health needs of a specific population are assessed in order to make informed healthcare decisions for the population as a whole, rather than on an individual basis. Participants all acknowledged that there are key efficiencies to be gained from a more 'population-based' system of healthcare and hospital management, however it was argued that the 'how' of achieving this remains unclear. Work will need to be done to explore how this can be implemented pragmatically.

Innovation and entrepreneurial drive

The embracing of technology, innovation, and entrepreneurial drive, whether in system re-design or the development of new methods of care, will be vital to achieving the goals set out in Simon Steven's *Five Year Forward View*.

There was a recognition that the GP model as we know it could be coming to an end. The age profile of GPs, coupled with the desire of many young GPs to be salaried and affiliated with a provider trust, instead of managing a practice or partnership, is not a basis for sustainable primary care in its current form. GPs, as federations, are already approaching hospitals to discuss collaborative working and this should be explored further. Integration, innovation, and communication will be crucial to re-configuring how we deliver these services.

In a similar fashion, it is likely that we will see more vertical and horizontal merging over the coming years with the goal of improving performance, reducing costs and ensuring scale. Work by the Health Service Journal has argued that "the [health] service is facing a whole series of problems that acute sector consolidation and vertical integration could solve" but that these will not be realised without substantial service redesign and a genuine move to fully integrate the merging organisations.[10] Two factors, in particular, are highlighted that could maximise the chance of good outcomes: a compelling strategic rationale and effective pre- and post-merger management.[11]

Successful mergers in Sheffield, West Hertfordshire, Blackburn and Birmingham, and Barking were cited, by participants in the Forum, as examples from the NHS, of merging producing improved outcomes. The Cornwall College Group, Cornwall's largest education and training provider, was given as an example from the education sector. It was suggested that when mergers fail, this was typically a result of geography coupled with the structural rigidity of the NHS. If merging organisations are in close proximity to each other then the ability to pool resources and services assists with the formation of a happy union. When further apart, the merger often becomes about subsuming the management time of the stronger organisation. There is a pressing need to assess horizontal and vertical integration in healthcare, alongside the coordination of the public sector more generally, particularly health working in collaboration with local authorities and the third sector.

7) The Lancet (2014) The time is now for patient centred innovation
8) Fahey T, Nicliam B, BMJ (2014), Assembling the evidence for patient centred care
9) Gordon and Betty Moore Foundation (2014) A roadmap for patient and family engagement in healthcare practice and research: practical strategies for advancing engagement
10) HSJ (2013) Why hospital mergers succeed or fail
11) Ibid.

The effective use of technology can help support a push for integration. It can drive better communication between organisations, collect and pool data on patients, and facilitate the consolidation and better management of resources.

A particularly interesting development is the *Internet of Things*. Over two billion people, or roughly a third of the world's population, are now able to connect to the internet through a range of devices. Just as technological advances are making the internet accessible to ever more people, the devices that facilitate this are becoming more sophisticated. Computer chips in cars, buildings, watches, fridges, and a whole host of other appliances and accessories are now able to talk to each other digitally, and can often be monitored and directed through the use of digital applications. There is huge scope for well known products such as wearable technology brand Fitbit's *Wireless Activity Tracker Wristband* range, or Google's Nest home product range to transform the way we deliver and monitor healthcare. Less well known products such as smart plasters which are able to wirelessly monitor vital signs, or smartphone-linked saliva based testing for glucose levels, can also be expected to make vital contributions. A system already used in care homes in Croydon can spot the onset of a delirium[12], whilst Intel, in partnership with the Michael J. Fox Foundation, has pioneered wearable devices that are able to monitor the symptoms of Parkinson's 24 hours a day, seven days a week.[13] Clearly the opportunities are staggering and often only limited by imagination!

While the use of wearable technology, telehealth, and other advancements, is crucial to empowering patients and putting them at the centre of the care they receive, steps will need to be taken to ensure that any information and data that is collected is treated confidentially. The recent admission by the Health and Social Care Information Centre that details from up to 700,000 patients records had been shared without consent[14], coupled with ongoing privacy issues associated with the use of the internet and sites such as Google and Facebook, has contributed to a wariness amongst patients, and the public, to the hiving of their data. However, a perceived skepticism around the use of this type of technology to treat and monitor patients should not dissuade commissioners, and other decision makers from exploring and developing it further. Technology has a key role to play in limiting unnecessary hospital admissions, as well as in ensuring the frail elderly and those living with one or more long-term condition can remain at home for the longest possible period of time. The collection of data can also inform policy decisions, and act as a predictor for local and national healthcare trends. The value of this should not be underestimated. To ensure widespread acceptance, proper consultation of patients and strict management of any data will need to be ensured and service users reassured that their privacy will be respected.

Communication

Underpinning all of this is a need for better communication, both between organisations themselves, and between the consumers, patients, carers, students, etc., and organisations.

Those attending the Forum argued that informatics, and the sharing of information and best practice was a specific opportunity to deliver efficiencies and improve outcomes. An example was given of University Hospitals Birmingham NHS Foundation Trust's (UHB) *Prescribing Information and Communication System*[15], as an effective means of monitoring performance data and sharing important information with clinicians and senior managers. The tool was said to have driven efficiency savings through fewer readmissions and less wasted prescriptions, and also better patient outcomes through the better management of data. It was reported that UHB's relationship with its local CCGs had been crucial to the success of this system, demonstrating that information sharing can be driven locally without the need, necessarily, to rely on national bodies and 'big data'. This has also, subsequently, turned into a commercial opportunity with UHB willing to share its approach and knowledge with trusts and other organisations elsewhere.

12) The Guardian (2015) NHS and internet of things: 'The future of care is about the patient taking control'
13) Ibid.
14) Pulse Today (2015) GP records to be shared without patient permission to tackle 'high cost' patients
15) University Hospitals Birmingham NHS Foundation Trust (2014) Birmingham Systems PICS

Data and information sharing should not be limited to systems and patient records alone. Attitudes to clinical practice have undergone significant changes over the last five decades, and the system is now shifting towards greater focus on feedback at a local level.

Social media in particular is gaining prominence, with websites such as Twitter and Facebook revolutionising the way we give and receive feedback and the forums we do this in. Patients now have an accessible and powerful platform to express their opinions and concerns about the healthcare they receive, often to huge audiences. Organisations should look to harness the abundance of feedback to drive any necessary improvements.

An application developed by Birmingham Children's Hospital, and fuelled by patient comments, is able to provide managers and clinicians, and members of the public with real time updates on the performance of the Trust.[16] Rather than impinging on patient confidentiality, transparency and clinical data issues, the consensus was that this approach would actually drive improvements in this and was already significantly impacting on clinical behaviour. Likewise, the use of performance data by organisations such as Dr. Foster and Caspe Healthcare Knowledge Systems to benchmark clinicians was also seen as a means of driving improvements, as well as culture change. Lessons can also be learnt from the university sector in relation to the way in which 'customer' feedback is gathered and acted upon, especially with regard to league table performance.

Despite the improvements in patient feedback loops, it was argued that healthcare professionals and organisations did not have the same ability to provide feedback and to lobby. There is a blurred understanding of how ideas and practice can be escalated, with one respondent asking "Where do you go to? Where is the centre?" and participants seemed unsure about where their 'lobbying clout' resided. A perceived divide between the big teaching hospitals, accused of self-interest, and the rest of the NHS was discussed, and it was agreed that the NHS would benefit from the existence of a powerful lobbying organisation, such as the Association of Directors of Adult Social Services in social care.

16) Birmingham Children's Hospital NHS Foundation Trust (2015) Did you receive great care? Tell us…

Conclusion

It is both an exciting and a challenging time to be working with, and for the NHS with the need to achieve £22 billion of efficiency savings driving technological advances and innovative ways of working between organisations.

GGI is a believer in the localisation of services, as well as the power of local people to promote health and wellbeing, and effective change, in a region. We will be keeping a close eye on the developments in Manchester, and also Liverpool and Cornwall, and would support the push elsewhere for devolvement of power, and more joined up working where appropriate. The need for leadership development should not be underestimated in supporting these changes, as well as other changes throughout in the NHS.

The transformation from an organisation-centred to a truly patient-centred health and social care system is probably the greatest challenge for the health service, as well as the greatest opportunity of all. There are many inspiring examples from across the country of innovative programmes that have already gone a long way to achieving this transformation. We now have to make sure that this knowledge is shared widely, and a culture developed which allows flexibility and creativity to flourish without impacting on the services ability to deliver high quality, safe care.

Undoubtedly, we can only succeed in addressing these challenges with a workforce that feels appreciated, respected and listened to. In the face of nursing shortages across the sector and low staff satisfaction rates, leaders have to ensure that their organisations are places where people want to work and can fulfill their potential without compromising their own wellbeing.

Running across all this, technological advances can be used as a means of fostering better communication, and also as a means of improving patient care. Innovative examples of this such as at Birmingham Children's Hospital should be learnt from and shared.

As always, GGI will be supporting NHS, and other public sector organisations along this journey.

Recommendations

1. **Embrace relevant technological advancements as drivers of improved patient care, as well as better communication.**

2. **Support the push for greater localisation of services, as well as devolution of power from the centre, as a means of driving integration and better joint working.**

3. **Develop and support leadership, including harnessing the expertise available in HWBs.**

4. **Engage with service users, stakeholders and your workforce to foster a learning culture in which the opinions of all are sought and valued.**

5. **Ensure that best practice is shared, sought and learnt from.**

6. **Recognise that strategically the same issues exists across the public sector.**

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