The importance of board leadership

Professor Paul Stanton
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Provider boards contributions to the governance of sustainability & transformation:
“If things are going to stay the same, they are going to have to change” Lampedusa, The Leopard.

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A context of complex uncertainty

• Post Brexit imponderables
  – “I do not believe it would be prudent for us to assume any additional NHS funding over the next several years…
  – “frankly, we should be arguing that [any additional funds] should be going to social care”. Stephens (July 2016).

• Austerity, efficiency imperative + inexorable growth in demand

• Necessity and urgency of STP

• Improve process’ refine outcomes, implement transformational change

• Shape evolution of new forms of governance for new ‘entities’
The distinctive provider contribution

• What does the NHS do?
  • STP means to provide new models, patterns and locations of local care (inc: General Practice): fit for purpose, agile; cost sustainable
    • Outcomes predominantly a provider side cultural and transformational challenge
    • Intelligent commissioning necessary precondition …
    • but only intelligent providers can deliver care that is fit for the present + robustly governed
    • agile and flexibly adaptive in face of escalating and changing need
From ‘crisis’ to ‘catastrophe’?

- “England has an inappropriate model of health & social care to cope with the changing patterns of illness and of need in an ageing population…
- Legacy of historic NHS complacency and political denial
- England as a whole will see a 100% increase in those aged 85+ between 2010 and 2030” (Ready for Ageing)
  - Range/363: 176.2% (Tamworth): 11.8% (Barking & Dagenham)
- Know your own demography/ies*
UK dependency ratio 43.6% by 2040 [Germany 62.4%]

“People are living longer …

demands for services are directly related to age and, because of the strong association between increasing incidence and increasing age for most major diseases (like cancer, heart disease and dementia), population change will be the biggest single driver for health and social care need over the coming decades” NESHA 2008 Our Vision, Our Future, Our NHS
The impact of ageing

Figure 7  Proportion of people with long-term conditions by age, England, 2009

Source: Department of Health (2012a)
The impact of ageing

Figure 7 Proportion of people with long-term conditions by age, England, 2009


Source: Department of Health (2012a)
A time bomb – yet to explode

- Increase in demand since 2010
- Current pressures
  - The 1930s post-great depression generation
  - Back loaded growth in elderly population
A time bomb – yet to explode

• Accelerative trend not short term crisis
  – “The twilight of the baby boomers”
• Accelerative trend not short term crisis
  – “The twilight of the baby boomers”
  – “It’s not dark yet…”

<table>
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Inexorable (though variegated) accelerative increase in demand
Life style associated illness, obesity, increased expectation – impact of decreased investment in prevention and decoupling of public health
The urgent need for rationalisation, consolidation and whole system transformation
“\textit{This is not a distant issue. The public are entitled to an honest conversation about the implications.}” Lord Filkin Chair ‘Ready for Ageing? 2012”
A sustainable high quality NHS

We recognise implications of austerity + surge in demand

"A MIRACLE OCCURS !!!"

A sustainable high quality NHS

I think we could be a little more explicit here at step two
Sustainability & Transformation

“Action is needed on three fronts:
• Managing Demand
• Delivering Care more efficiently
• Securing additional funding”

Less impact on any one of them will require compensating action on the other two…”

• Two years down the line...
• Footprints & STPs
Sustainability & Transformation Process

• “Place-based, multi-agency and multi year plans to meet needs of local populations. Drive genuine & sustainable transformation in health and care outcomes by 2021”
  • Centrally led – but ungoverned
  • Cost not ‘fit for future’ driven – ‘Public Health lite’
  • “Real Public Involvement”
  • Radical re-appraisal of Primary Care
  • Front line input
  • Board input
• “a parent of small children… no one pays any attention to anything you say, and you do it because you care, not because anyone ever says thank you” (STP Director to NHS Confed)
New governance challenges

• Maintaining a grip on safety, quality and cost effectiveness … within a broader framework
  • Beyond ‘intra-organisational fixation’
  • “Governance is ownership one level down – not management one level up” (Carver, 2006).
    • “The NHS belongs to all of us” (NHS Constitution)
    • “My organisation, right or wrong, is not what’s required from a new generation of leaders. …the Centre must foster the ability to stage “collective action” (Stevens 02.15)
  • Ethical underpinning: “Salus populi summa lex esto” ‘Let the good of the people be the highest law’ Cicero
    • Organisational Altruism
“What is important is that the interest of the population is put ahead of the self interest and preservation of organisations” (Dalton, HSJ, 22.6.16).

“There is a clear, compelling and urgent need for leadership cooperation across boundaries, within and across organisations and sectors …

a collective leadership culture at the system level where the success [and cost effectiveness] of care by the system is every one’s priority”

Evolution of new locally relevant forms of ‘communities of practice’ (not structures) – new governance of these ‘communities’ or ‘entities’
New ‘entities’ fit for new purpose

• New - function led - variegated evolution
  – “A ‘chain’ is created when two or more ‘groups’ of geographically associated organisations are incorporated under common governance arrangements….
  – The startup of a new form of governance needs careful consideration and will take time” (Dalton).

• Principle not rule based
  – Comply or explain – not ‘comply or else’
  – Regulatory maturity
Reciprocal clarity

- Collaborative and collective
  - culture of ‘informed trust’ > ‘constructive challenge’
- Learning from emergent experience
- Explicit and entity specific constitutional clarity
- Supportive and supported
  - lest “old-style performance management takes precedence over change being led from within the NHS” (Ham, July 2016)
The NHS Centenary

• “A cause to good to be fought over…”
  Henry IV (of France) “…but a cause worth fighting for” Consultant in Emergency Medicine April 2015

• “Illness is neither an indulgence for which people have to pay…

• nor an offence for which they should be penalised, but a misfortune the cost of which should be shared by the community…

• The most radical reforms attempted anywhere in the world … guaranteeing to all citizens care from cradle to grave” Aneurin Bevan 1948

Aneurin Bevin with the first NHS patient
Sylvia Beckingham: 6th July 1948
“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain of success, than to lead in the introduction of a new order of things”

Nicolo Machiavelli : The Prince, 1572