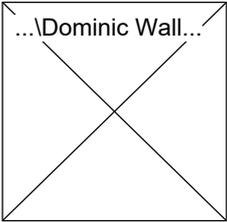


ACCELERATING THE NHS TRANSFORMATION STRATEGY



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The good news for the NHS is that local and central government have already made all the expensive mistakes in collaborative working that Trusts and STPs can learn from.

The NHS is piling on plenty of new directives in its drive towards collaborative working, but do they have the skills and knowledge to deliver it?

Shared services and STPs...

Section 7 of the Feb 2016 Carter Review, on the impact on shared services and collaborative working across the Health Sector states that: *All trusts' corporate and administration functions should rationalise to ensure their costs do not exceed 7% of their income by April 2018 and 6% of their income by 2020 (or have plans in place for shared service consolidation with, or outsourcing to, other providers by January 2017)...*

Then, in September 2016, *NHS England* and *NHS Improvement* published their planning guidance for the health service, setting out the new orders and priorities for *Sustainability and Transformation Plans* (STPs), from providers and CCGs.

It covers a two-year period (April 2017 to March 2019) and confirms that: *"As part of the process for setting up new care models, NHS England will work with CCGs ...to include building on locally led initiatives up and down the country for CCGs to work together across larger geographical footprints, for example, through joint appointments, integrated management and governance arrangements."*

The *NHS Five Year Forward View* (FYFV) signals a major change in direction for healthcare – from an organizationally-based, illness-focused service, to a place-based population health service.

In response new place-based partnerships have been established to deliver the change via *Sustainability and Transformation Plans* (STPs).

The leadership of the STPs' challenge is to address the quality gap, the health gap and the funding gap through the introduction of new models of care and collaborative ways of working.



As place-based system leaders, collectively they must make real the ambitions set out in their STPs.

For example the Carter Review efficiencies (back-office shared services), the prevention agenda (engaging public differently with health, social and voluntary care), new models of care (integration around places), workforce development (more multi-discipline team working and new roles).

So what could possibly go wrong?

The good news for the NHS is that local and central government have already made all the expensive mistakes in collaborative working that health can learn from. Health can avoid repeating them in their collaboration journey if they equip their leadership and project leads with collaborative working skills and knowledge.

This is supported directly by the NAO reports on central government shared services which tells the story of £1.6bn spending, that only saved £600m. (See page 65).

STP leaders must make the distinction between systems leadership and shared leadership.

Systems leadership is adaptive, shared leadership is the consolidation of leadership across multiple entities.

The reasons for failure are well known...

Firstly, leaders fail to lead collaboratively. They consistently make the mistake of focusing on the savings to be made and not the partnership that needs to be built to deliver them. Collaborative working is “75% about relationships and only 25% about the deal”.

This was emphasised in August 2016, by Bruce Mann, Executive Director of the Government Property Unit, and the national lead on joining up the One Public Estate (OPE) programme.

He wrote about the experience of the OPE progress to date: ‘Absolutely everything depends on decent data; decent maps.....even more important than data, however, is collaboration. The clue is in the title, it’s all about collaboration, and if you don’t have that collaboration round the table, if you don’t have people who get on well together, then you’re not going to make very good progress!’.

Secondly, shared service and collaborative working business cases are usually under-funded, under-resourced and frequently suffer from optimism bias.

Finally, project teams rarely have the skills, experience and knowledge to deliver these multi-partner, multi-million pound, change management programmes. In addition where there are direct reports by collaboration project teams to decision making leaders above the casualty line, viable shared service and collaborative transformation projects are delivered more quickly, with cash and outcome benefits realised earlier.

There is a right way of delivering success...

However, it is not all doom and gloom, and collaborative transformation and shared services can be successful if done in the right way.

The clear message is that if NHS organizations, STPs, CCGs, etc. are stepping into collaborations, then they have an opportunity to avoid the mistakes of those who have gone before them.

For example, the STP must be the place where the mandate for shared service opportunities is agreed. Shared services must be led from the top and the leadership must ‘stay in the room’ and not delegate the leadership to others.

STP leaders must make the distinction between *system leadership* and *shared leadership* – systems leadership is adaptive, shared leadership is the consolidation of leadership across multiple entities.

CCG leaders will need collaborative leadership agility to secure the right balance between systems leadership and shared leadership. Shared services require shared leadership – leaders prepared to pool resources and cede 100% control to achieve better efficiency.

Sharing the leadership of transformation-enabling services such as HR, ICT, Facilities, procurement etc. will provide STP system leaders with the levers to develop the collaborative cultures and behaviors that will support and nurture multi-disciplined team working.

It can facilitate the breaking down of the organizational silos, underpinning growth of the essential building blocks to a more adaptive systems-led approach for health and social care integration.

Canterbury Christ Church University’s Postgraduate Certificate in Collaborative Transformation, and SSA’s toolkits, can help to accelerate the NHS collaboration journey.

¹ Public Sector Executive magazine - August 2016