THE ANATOMY OF COLLABORATION

A RESOURCE FOR LEADERS IN HEALTH, SOCIAL CARE AND BEYOND

JUNE 2016

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Professor Bill Fulford
Sincere thanks to our roundtable speakers for taking the time to share their views and insights with the programme.

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ABOUT COLLABORATE

Collaborate is an innovative and growing social business focusing on the thinking, culture and practice of cross sector collaboration in public services. We believe that an increasingly complex operating environment needs an outcomes-focused and more collaborative approach – and we work with government, business and civil society to make this happen in practice. Instead of ‘public services’, Collaborate facilitates coalitions developing ‘services to the public’ – efficient, dynamic services that have a closer relationship with the people using them and are more resilient to the challenges they face. You can find out more about Collaborate at www.collaboratei.com

ABOUT THE COLLABORATING CENTRE FOR VALUES-BASED PRACTICE IN HEALTH AND SOCIAL CARE

The Collaborating Centre for Values-based Practice in Health and Social Care is based at St Catherine’s College, Oxford. The Centre comprises a number of individuals and groups with a shared interest in developing more effective ways of working with values in health and social care.

ABOUT LONDON SOUTH BANK UNIVERSITY

London South Bank University (LSBU) is one of the largest and oldest universities in London and has been transforming lives, communities and businesses for over 120 years. Based in the heart of London, LSBU is a modern university focused on student success and is the No. 1 London Modern University for graduate starting salaries (Sunday Times League Table 2016).

ABOUT THE AUTHORS

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Collaboration is the golden thread that runs through successive policy platforms for health, social care and community development. It is the subtext of current NHS reform, the enabler of social action, and the means through which many stretched local authorities are thinking about the sustainability of their social care services. The logic is relatively simple: current modes of entitlement and delivery are unsustainable. The future is thus about supporting citizens and managing demand differently: working between the lines, blurring payer-provider roles, and subverting traditional ideas about the role and capabilities of non-state actors and society itself.

Talking about collaboration isn’t the same as doing it. From network building to complex contracting, we are often better at offering a rationale for working together than making it stick in practice. There are good reasons for this. Collaboration is hard. It can be wasteful. It can challenge power and undermine organisational fidelity. Yet we continue to talk about it because it is impossible to imagine how we can sustain effective services to the public without it:

- Collaborate and Ipsos MORI data suggests that only 14% of people feel they have influence in shaping the public services that they receive, and only 15% of people say they regularly experience a personalised service from providers.
- The Marmot Indicators for 2015 revealed that inequalities continue to persist in both indicators and in life expectancy, with the number of households in England unable to afford an acceptable standard of living rising from nearly a fifth (19.1%) in 2008/09 to nearly a quarter (24.4%) in 2012/13.
- According to recent estimates, the funding gap facing adult social care is growing on average by just over £700 million a year. This figure is based on the current service offer and does not take into account other pressures.

How we work together to address complex delivery challenges is the focus of this short paper. Its evidence base is experience and insight drawn from three expert roundtables held at the House of Lords between December 2015 and March 2016. Its purpose is to support the development of Collaborate’s practical tools for practitioners who want to leverage collaboration to deliver better outcomes for service users, people and place.

Three organisations have shaped this programme of work. Collaborate CIC, the Collaborating Centre for Values-based Practice at St Catherine’s College, Oxford University, and London South Bank University. The partnership brings a diverse set of perspectives to the work and spans academia to practice. We have benefited from the insight and engagement of brilliant people who have spoken and participated in our workshops. We are all absolutely serious about the need to get beyond the rhetoric to support real-life collaboration that makes a difference on the ground.

“Collaboration is an offer, not a demand. It should always come with a decent pitch.”

ROUNDTABLE SPEAKER

“Collaboration can often be hindered by being regarded as just a charming concept or a theory rather than a practice to be adopted by professionals to improve their services.”

ROUNDTABLE PARTICIPANT

14% of people feel they have influence in shaping the public services that they receive.

15% of people say they regularly experience a personalised service from providers.
Collaboration is patently not the answer to every problem. But it has emerged as a trend because the traditional ways of categorizing what we do - private, public, social; designer, producer, consumer; analogue, digital, personal – are increasingly inadequate means to delivering value for the public and for each other. Does this mean that we need to be collaborating with everyone, all of the time? Clearly not. The point is to be rigorous in asking where the ‘added value’ is. This is the essence of many social and public innovations, such as distributing rehydration treatment via Coca-Cola’s distribution network in parts of sub-Saharan Africa; or ensuring warm homes for vulnerable people in Oldham via a collaboration between local government, health and housing partners.

One wonders whether critiques of collaboration actually betray a yearning for something simpler – the linear structures of classical management or the relative simplicity of top-down service delivery. This is understandable. Some things are simple and should perhaps remain so. Some silos are there for good reasons. Yet even within this environment, we are still faced with a dilemma. Like it or not, creating value through services is usually a co-production – a relationship between the service user, and the service being delivered.

Organisations “count the costs” of collaboration partly because they are not taking it seriously or building readiness to do it properly, not because they are doing too much of it. Collaborate do not advocate a single model for what makes collaboration work; but we know from experience that, when certain pre-conditions are in place, there is better chance that people will realize the benefits of working together against a shared set of goals. This is what we call ‘behaving like a system’, and we continue to test and adapt this methodology in some of the most difficult environments to support people with the most complex and multiple needs.

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One wonders whether critiques of collaboration actually betray a yearning for something simpler – the linear structures of classical management or the relative simplicity of top-down service delivery. This is understandable. Some things are simple and should perhaps remain so. Some silos are there for good reasons. Yet even within this environment, we are still faced with a dilemma. Like it or not, creating value through services is usually a co-production – a relationship between the service user, and the service being delivered. Both sides of this relationship need to be in play. And where this feels more collaborative, the value can be greater: the evolution of online banking and household recycling are examples of this.

The key to collaboration is – in our humble view - humility. It is about exploring, unpacking and improving by working with others – inevitably an uncertain and somewhat messy process. As the writer Ben Ramalingam argues in his outstanding book Aid on the Edge of Chaos, “we need to move from being people who know the answers, to being people who know what questions to ask”. So as we work with our partners and clients to help them through this process, we also apply these questions to ourselves. Do we consistently practice the collaboration we preach? Do we understand our own creative tensions and means of harnessing them? Not always, no! But we want to try, and it takes continuous effort and reflection to leverage what sociologist Richard Sennett calls “our capacity to co-operate in complex ways.”

When service users feel powerless, more problems are likely to arise. There is currently a genuine appetite for change. Institutional incentives are among the best ways of securing support to achieve it.

One of the key points made in the aforementioned Economist article is that increased focus on collaborating is squeezing out time for what the writer calls ‘deep work’. In his words, “helping people to collaborate is a wonderful thing. Helping them to think is even better”. Maybe so. But there is no necessary zero-sum game at play here, and no diametric opposition between the two. Finding this shared ground is the focus of Collaborate’s work with the Oxford University Collaborating Centre for Values-based Practice and London South Bank University.

The backlash about collaboration has already begun - and we would argue that is good news for people who want to get beyond a surface level and really take the concept seriously. The Economist’s Schumpeter columnist remarked recently that “in modern business, collaboration is next to godliness”, before setting out several reasons why the “fashion for collaboration” may not be as benign or productive as it seems. The Harvard Business Review has gone further: in an article earlier in 2016 titled “Collaborative Overload”, three authors note that workplace collaboration has ballooned, but that the costs of collaboration are both under-appreciated and poorly managed. There is much to appreciate about these arguments, but I think the writers are wrong. Out there in the real world, the need for collaboration is both pressing and real. Collaborating because it is trendy or mandated is indeed silly. Collaboration should not be an end in itself, as NESTA’s Geoff Mulgan has recently (and rightly) argued. Our experience is that profound collaboration is only possible when people feel a sense of meaning, purpose and emotion, and bring it to bear in an open and honest way. The problem is in exposing and holding the tension between these things, not managing consensus during nice meetings or spending all day on Yammer.

There can be profound contradictions when it comes to collaboration – it can only truly succeed if the perspectives of all involved parties are aligned with the objectives.
SO WHAT DID OUR EXPERT GROUPS TELL US?  
THE BASIS FOR AN ANATOMY OF COLLABORATION:

THE HEAD
The ‘head’ is about incentives and leadership. We are too obsessed with crisis as a driver for change, and place too much emphasis on leadership in this image. Participants called for more nuanced approaches that are collaborative but with hard edges: focused on systematically unpicking the financial, organisational and regulatory disincentives to collaborate for better outcomes.

THE HEART
The ‘heart’ is about values, outcomes and the role of citizens. Promoting values based practice – e.g. based on what Ballatt & Campling call ‘intelligent kindness’ - is core to the offer to society. Participants argued this increasingly means looking beyond the services, and engaging citizens as social partners to address multidimensional problems that cannot be fixed by traditional service interventions.

THE BONES
The ‘bones’ is the infrastructure to support outcome and place-based system change. In too many settings are still trying to address system problems with organisational solutions. Participants called for a focus on creating the system architecture for collaborative solutions to be developed at scale - from community based care in neighbourhoods through to place-based regulation across cities.

THE LIMBS
The ‘limbs’ is the delivery function. We are entering an era in which public service delivery will be re-shaped around new technologies, new understandings of ‘what works’, and a climate of resource constraint and sustained social need. Participants reflected on the need for a delivery culture that blends innovation with robustness and credibility.

THE BLOOD
The ‘blood’ is the cultural and behavioural changes that enable collaborative delivery to happen. We talk often about ‘culture change’ but are too quick to revert back to organisational behaviour that reflects the path of least resistance. Participants argued for organisational and system development to be taken more seriously in processes of reform such as devolution and integrated health and social care.

Our mission at Collaborate is to make inroads into these issues through supporting practical action within systems of services to the public. The first stage in many of the projects we run is diagnostic: unpicking a set of complex or wicked issues and helping to flip the starting point for practitioners who want to think and act differently. This thinkpiece is intended as a means of doing exactly that – reflecting on the contributions of speakers and participants to a landmark series of events.
CONTEXT:
We started our inquiry with some difficult truths about the context for public services and social change. The negative: less public money, rising service demand, high public dependency and misalignment of need and resource. The positive: huge capacity for resilience and change, a system hungry for solutions, and new understandings about how change happens and what enables it. This is a context within which real change can take place; but participants at our workshops felt it will take a profound re-focusing of the art of management and an about-turn in our preconceptions about the role of citizens.

KEY REFLECTIONS:
1. A changing economic and political geography is already shifting our roles - austerity, devolution and the impact of structural reform across public services is creating new challenges for practitioners. There are opportunities and risks - but a critical need to make the case for strong services to the public as a basis for inclusive growth and social stability.

2. New understandings about management are beginning to influence our practice - what does the ‘new new’ public management look like? New understandings about complexity, system change and the behaviours that drive our practice are re-shaping the role of public leaders. Increasingly we will stand or fall by our ability to build coalitions for change across traditional silos.

3. Making a difference to the structural drivers of social change should be the over-arching goal - dysfunction and inequality in the housing, jobs and welfare sectors drives huge demand and renders our public services too reactive. The big challenge for leaders across sectors is to make a difference to these structural challenges and actively support the capacity of citizens to navigate them.
Management is just about managing the present; leadership, on the other hand, is the ability to articulate a future that is better...  
ROUND TABLE PARTICIPANT

There is a lot of talk about giving away power. It is not possible to create dynamic change without risk and therefore public leaders have to live with fear.  
ROUND TABLE PARTICIPANT

The most profound shift in public service practice needs to be a shift in modes of leadership. It is, as one of our keynote speakers put it, critical that we move away from the ‘crisis mode’ that characterised the 2010-15 period, and shift into a new mindset that recognises deep changes in the public service landscape as a new normal, not a temporary blip. As Collaborate’s chair Victor Adebowale puts it “anyone who thinks austerity is the only problem misses the point and misunderstands where public services are at post-2008.”

So what does contemporary strategic leadership look like? It is ‘and-and’, embracing the tension of multiple roles and continuously shifting relationships. It is also risk-taking, building inspiring narratives and ‘holding nerve’ to re-shape traditional public and social services around new insights into the grain of communities. It recognizes that unpicking re-wiring organisational and individual incentives is the fundamental goal.

Leadership principles should include sticking to the script and making difficult choices. Authority leaders need to retain that level of belief and passion to see the organisation through hard times and be able to recognise that their vision will often be different from the outcome.  
ROUND TABLE SPEAKER

KEY REFLECTIONS:
1. The leadership narrative needs to shift beyond crisis - participants felt that leadership development approaches in public services need a re-boot: too linear, not ‘systems’ enough, and not cognisant enough of new insights into co-production, behaviour change and the science of management. Workforce transformation - and thus whole-system leadership - is absolutely core to the credibility of transformation in public services, yet often sits on the periphery of reform programmes that focus on structures and process. Collaborate’s upcoming leadership programme developed in partnership with the LGA, SOLACE and the RSA is intended as a corrective to this imbalance.

2. Misaligned incentives pull us back to silo working, so unpicking and rewiring should be a priority – participants at all three of our roundtables talked explicitly about the need to improve individual incentives to collaborate, and ‘uniform’ organisational incentives not to (e.g. traditional notions of project and change management, hierarchical line management and appraisal systems). The role of leadership, argued several, is to open up the possibility for this to happen through taking risks, modelling behaviour and articulating the upside possibilities of a different approach.

3. Making a solid business case for collaboration is crucial - several participants argued that collaboration fails because even strongly values-based practice is undermined by a competitive landscape and a narrow regulatory framework. These factors need to be addressed explicitly by leaders. We should support an emerging shift in emphasis from health regulators towards ‘place’ and ‘system’ based regulation, and build on experiments in Scotland to develop ‘collaborative commissioning’ that blurs the commissioner/provider divide and encourages provider collaboration. Most critically, we need support mechanisms for financial professionals to break out of short-term planning modes and create business cases for collaboration that stack up.
Values are increasingly important and with recent changes in the public sector and its impact of services, the need to make a more profound case for strong values-based collaboration and delivery is more necessary than ever before.

ROUNDTABLE PARTICIPANT

The value base for collaboration is the heart of the matter. But talking about shared values as a basis for collaboration is too simplistic. As the Values-Based-Practice literature reminds us, values are complex. They are often conflicting, interdependent and differ across different relationships and at different moments of people’s lives. The first workshop in our series asked: what should be the values that underpin good collaboration?

Do collaborators need shared values if there is alignment on the outcomes? Participants debated this, calling for honesty, kindness, the absolute focus on outcomes for society over the vested interests of sectors; and about the responsibilities of what the Centre for Local Economic Strategies calls ‘anchor institutions’ to create space for these processes of negotiation to happen.

ROUNDTABLE PARTICIPANT

“Achieving (values-based collaboration) rests on linking rhetoric with the reality and making sure this is reflected is how the frontline responds.”

KEY REFLECTIONS:

1. Make the values of citizens core to the practice of providers - citizen voice and control is still too peripheral to influence mainstream commissioning and delivery functionality. Managing and reshaping demand is becoming a more explicit part of service reform strategies, and this requires a more granular understanding of behaviour and motivation. Participants felt strongly that we must grasp the opportunity to re-shape the public service market around a more personalised and asset-based model of change, building on the potential of initiatives like Shared Lives, personal health budgets, Connected Care and experiments with collective impact methodologies.

2. Ensure collaboration adds value, not wastes energy - good collaboration is about adding value - doing things together that we cannot do alone. It is hard work, and takes a real appreciation of self and meaningful work on relationships, objectives and the feedback mechanisms that translate the intention of value-based partnership into a different set of actions. This does not happen by accident - it means that OD strategies must focus on strengthening relationships both inside and outside of organisations, and that hard choices need to be made about the people within an organisation who are capable of understanding and responding to this agenda.

3. Reward career choices that put values and outcomes over organisations - participants felt that organisational logic can force people into what feel like ‘acts of betrayal’ in order to do what is needed and support citizens properly. Two things are needed: first, career arcs and workforce strategies that more explicitly value cross-sector experience and social innovation (starting the education process early!); Second, a more nuanced form of performance management that can create incentives for individuals to adapt and collaborate, and which recognizes that.
There can be profound contradictions when it comes to collaboration – it can only truly succeed if the perspectives of all involved parties are aligned with the objectives.

ROUNDTABLE SPEAKER

The quality of governance in services is critical. There is often a lack of understanding about the role of regulation – it can often be seen as just another form of micromanagement.

ROUNDTABLE SPEAKER

Health professionals should stop thinking of themselves as just public servants and look at developing demand for the services they deliver through working in partnership.

ROUNDTABLE PARTICIPANT

1. Work with a system to build the architecture for outcome-based delivery - Getting the right system architecture in place is crucial to delivering change across a system or place. Participants felt that a range of enabling functions from collaborative accountability frameworks (for multiple providers) to system translation functions (knitting across silos) and ICT/logistical infrastructure are needed. But place-wide structures such as Health and Wellbeing Boards or city partnerships need a step change in their roles and capabilities in order to deliver on this agenda.

2. Support a shift in the regulatory model to support improvement and innovation - a robust debate on the role of regulation centred on the question of whether, to paraphrase Professor Don Berwick, regulation can be the “engine” for improvement and best practice rather than a symptom of our unhelpful propensity to address system problems through an organisational lens. Participants felt excited about the potential of ‘place-based’ regulation as an emerging narrative which Collaborate will be developing with the CQC in two local areas.
The value of collaboration lies in it bringing people together to deliver what they could not on their own.

ROUNDTABLE PARTICIPANT

With professionals not inclined to engage with values-based practice, you have to be able to challenge them with the question, “Do you support your customers or your profession?”

ROUNDTABLE SPEAKER

Many of the big ticket areas of public service reform make the need for cross-sector collaboration explicit: the NHS Five Year Forward View, for example, talks about actively blurring the lines between commissioners and providers, between public, private and social sectors, and across different care settings. In Greater Manchester, for example, the delivery of whole-system reform links reform in the acute sector with models of accountable care that rely on a new, more collaborative dialogue with citizens which can manage demand and improve local health outcomes. This requires a different form of delivery: acting with ‘delivery unit’ rigour, but with co-design and collaboration knitted into the infrastructure and outcomes for citizens rather than centralized targets as the aim.

The benefit of uncertainty is that it provides room to share ideas and look at new ways of delivering services. Everything is open for debate, but it is critical to build a large evidence base of successful practice.

ROUNDTABLE PARTICIPANT

KEY REFLECTIONS:

1. Marry innovation in service design with a robust account of delivery - this is absolutely key to the credibility of collaborative models for public services such as the PACS or MCP models advocated within the NHS Five Year Forward View and discussed at our roundtables. There is consensus that a linear, top-down or transactional approach to delivery is neither sustainable nor efficacious in most areas of human services. Developing delivery methodologies that therefore go beyond ‘targets and terror’ is and are a blend of ‘art and science’ is important, and initiatives like Haringey Council’s delivery unit are taking a lead.

2. Drive a ‘public entrepreneurship’ skillset to create public service value in new ways – The concept of public entrepreneurship is crucial if we are to spread the narrative about leadership beyond a cadre of existing heads-of-organisations. Public entrepreneurship – explored in a forthcoming Collaborate and CPI report - is about using the characteristics traditionally associated with entrepreneurs in the business world to drive public value in a place, such as leveraging resources through partnership, acting fast to take opportunities, and adapting and prototyping. Nurturing and developing this skillset at all levels should be an explicit function of top-level organisational leaders.

3. Engage the unusual suspects to boost social action that can sustain change - Collaborate developed the Unusual Suspects Festival with the Social Innovation Exchange because we believed that bringing unusual suspects together can be a powerful force for change in public services and civil society. But participants at our workshops felt that public sector organisations struggle to look outside of the service lens and understand who the ‘unusual suspects’ are, and how they can engage them. Agendas for social action like the Big Society have also struggled on this basis. Trusted intermediary organisations (such as voluntary sector bodies) and local ‘anchor’ institutions (such as universities) can and should play a key role.
CONCLUSIONS & NEXT STEPS

We placed values at the heart of our anatomy of collaboration advisedly. Just as the heart drives everything in the body, so too values drive everything in the body politic. Values are there in the heart, certainly: explicitly so in the importance placed by our roundtable participants on making the values of citizens core to the practice of providers. But values are there in the head, too: values are after all precisely what the new ‘organizational and individual incentives’ underpinning the called-for collaborative ‘and-and’ modes of leadership are all about. Values are there also in the bones of our anatomical infrastructure: in the required architecture for ‘outcomes-based delivery’ riding on a shift in the regulatory model to ‘support improvement and innovation’. Values are there, finally but crucially, in the limbs, the effector organs of our anatomy: in the shift for which participants called from centralized targets to ‘co-design and collaboration knitted into the ‘infrastructure and outcomes for citizens’.

This is why we are excited to be working together as partners on next steps. Collaboration as we have indicated carries costs. But these costs are we believe in this instance decisively outweighed by our mutual ‘added value’. Collaborate and London South Bank University’s expertise in leadership and holistic system-change added to the Collaborating Centre’s expertise in values-based practice represents what is surely a unique resource for meeting the values challenges identified by our roundtable participants in delivering collaborative public services.

Precisely what our next steps will be remains to be decided. As partners we have a number of areas of overlapping activity. Collaborate’s programme of work on place-based health and regulation, for example, overlaps with the Collaborating Centre’s work with the Professional Standards Authority and other regulators on regulating for positive outcomes. Our participants have made helpful suggestions for further areas of collaboration: a possible front-runner here is values-based approaches in the delivery of child and adolescent mental health services. These and other proposals will be discussed at a follow up roundtable convened by Victor Adebowale at Collaborate’s offices in London South Bank University’s. Again, just what will emerge remains to be seen. This is after all what true collaboration is all about. It is about breaking with traditional linear, top-down approaches to delivery. It is about finding our unusual suspects. It is about working together imaginatively to create something unexpectedly new.

FOOTNOTES


3. Adult social care, health and wellbeing: A Shared Commitment 2015 Spending Review Submission, Local Government Association and Adass


7. Coventry, Sunderland, Lewisham, Oldham

8. The intellectual roots of co-production can be traced back to Elinor Ostrom in the 1970s


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