Guest Editorial

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Guest Editorial

Perhaps this is an unusual edition of Perspectives in Public Health. Whereas other themed issues have taken specific topics, such as smoking, obesity and sexual health, this issue of innovation cuts right across the health, social and wellbeing agenda. The choice of topics reflects this broad scope, ranging from dementia outreach services, a consultant’s engagement with NHS managers and the leadership implications of changes to the NHS in England. However, it is the very human nature of innovation that brings them together and it is this that I would like to focus on.

We started to think about this innovation edition in the summer of last year. With the recent changes announced to the NHS in England that now seems a world away. However, I cannot think of a time when innovation is as crucial as it is today, a point emphasised by the NHS Chief Executive, Sir David Nicholson, when he said: “More than ever, innovation has a vital role to play if we are to continue to improve outcomes for patients at a time when we face our toughest ever financial climate”.\(^1\) This is particularly the case as society seeks to contribute to the conversation that will shape health and social care in years to come and to consider what innovation is and how we should respond to the changing climate.

The very topic of innovation is vast, so I feel that it is important to declare my interest and motivation. The focus is not on what might be called the outputs of innovation, for example descriptions of sharper needles, improved housing design or how a hospital ward should be organized to increase efficiency. Often these stories tend to imply that innovation is about a well executed plan driven forward by people with vision and clarity. Perhaps related to this is the current discourse on innovation which tends towards seeking ‘system’ wide levers and pulleys by which innovation can be controlled, initiated or quantified. This approach is often applied at the expense of the human experience of innovation; an important feature seen within the articles in this edition. Often where experience is discussed, it is done so in a post-rationalised way that plays down those ambiguous choices, confusion, the rational and irrational, and the importance of human relations as people make sense of what is emerging in real time, but is so quickly lost when one looks back.

What you will find in this issue are articles and opinions which illustrate the importance of human relations in situations where people are seeking to make practical improvements. To illustrate this with a few examples within the peer reviewed section, Mowles (p. 119) draws from his experience of working with NHS managers by exploring the political nature of human interaction that has such a vital role to play in the process of innovation and change.

The experience of innovation is taken up with Borbasi and Al-alawy and their colleagues (p. 124) as they discuss the very practical endeavours of improving dementia and smoking cessation services. It is relevant to note with Borbasi et al. the importance they place on those unforeseen benefits; for example, how people come to work together more confidently and efficiently, almost outweighing any original intentions. This highlights the tension of innovation between the objectives, set out in policy or funding agreements and what actually comes to pass. It strikes me that we need to become more mindful of the risk of polarization between funding: on the one hand, those initiatives that play out according to stated and agreed objectives; and, on the other, a more relaxed attitude between those pre-set objectives, eventual outcomes and benefits. During tighter financial times in the West this creative tension could veer towards the former at the expense of the latter, thus stifling the nurturing environment where the process of innovation can take hold and progress.

This brings me on to the subject of leadership, and Holbeche’s forward looking paper (p. 131) drawing on her research of strategic alliances between organizations and the implications this could have for a radically changing NHS in England. This change is characterised by the UK Government’s recent initiatives to abolish existing structures such as Primary Care Trusts and Strategic Health Authorities with the power to commission services resting directly with GPs under newly formed consortia. Indeed, it is the Government’s express intention that these reforms will:

“Liberate professionals and providers from top-down control. This is the only way to secure the quality, innovation and productivity needed to improve outcomes”.\(^2\)

Holbeche explores the leadership implications of increasing complexity, confusion, ambiguity and a loss of direction as people make sense of their world and where the comfort of linear approaches of ‘cause and effect’, rationality and predictability are receding. However, it is in this acceptance and creative tension between clear outcomes and what might emerge that innovation has the possibility to take hold and develop and deliver benefits to patients and the society we live in.

Dr Robert Warwick, NHS Blood and Transplant

References