Collaborative Governance for Innovation in the National Health Service: Early Reflections on the Development of Academic Health Science Networks

The National Health Service (NHS) in England, with more than 1 million employees, is one of the largest organizations, public or private sector, in the world. Given that the article “Collaborative Innovation: A Viable Alternative to Market Competition and Organizational Entrepreneurship?” by Jean Hartley, Eva Sørensen, and Jacob Torfing confirms that “large organizations are better at innovation,” it should also be highly innovative.

Reading the article, it is easy to see within the NHS in England strong elements of the first two of the organizational and leadership approaches to innovation discussed. New Public Management is evident in a strong tendency toward “elaborate systems of performance management,” which focus on measures, targets, indicators, and benchmarks. It is also evident in the creation and role of Foundation Trusts. Those Trusts are engaged in a form of public sector competition that, in some cases, has been shown to discourage sharing and organizational learning. This organizational/leadership construct is very effective in the right context, but it does not always result in an effective means of making the NHS more innovative.

Neo-Weberian bureaucracy is evident in the more recent focus on the need for transformational and distributive leadership styles, the rising level of organizational horizontal and vertical integration, and an increasing responsiveness to service user and citizen aspirations. Responsibility for innovation—and, more importantly, the spread of that innovation—to improve care for patients and to get best value for taxpayers’ money remains an in-house activity in both of these models. This arrangement is unlikely to promote effective innovation diffusion.

I want to reflect now on the emergence of a new model of collaborative innovation within the NHS that very clearly fits the theory described by Hartley, Sørensen, and Torfing. Additionally, it has design features that specifically address some of the drawbacks of the theoretical model discussed in the article. Academic Health Science Networks (AHSNs), although extremely new, illustrate well a design that may effectively enhance the innovation capacity and capability of the NHS in England.

In 2011, the U.K. government produced a document called “The Plan for Growth”—this was an important document showing how the public sector could contribute to the overall growth of the nation. Later that year, the NHS produced its response to the challenge of the Plan for Growth in the form of “Innovation, Health and Wealth.” This set out how the NHS could become more innovative and, thus, contribute much more strongly to the U.K. economy. An important part of the report was the concept of AHSNs as a “delivery vehicle” for innovation within the NHS.

AHSNs are regional-scale collaborative partnerships (there are 15 covering England) between NHS organizations, academic institutions, and private industry. They all have the same basic core objectives, which include improving patient care and population health through promotion of best practice and reducing variation; identifying and speeding up the adoption of innovation and research evidence into practice; building a culture of partnership and inclusivity to address local, regional, and national priorities; and creating wealth through codevelopment, testing, evaluation, and early adoption and spread of new products and services. AHSNs have been specifically designed in the belief that, as Hartley, Sørensen, and Torfing point out, “collaboration can spur innovation.” Importantly, though, AHSNs are not just about public sector innovation; they are about bringing together, and feeding from the best of, the NHS, academic research, and the private sector. AHSNs are, though, very much about creating best public value.

There are some important characteristics of AHSNs that set them apart from anything that has ever been tried previously in the NHS to foster a culture that benefits from innovation. First, AHSNs have been...
given a five-year license. This is a very strong statement, for all parties in the collaboration, about confidence in the model and the value that it can bring. Second, the funding of AHSNs is less about payments to hit budgetary targets (the underpinning of most funding in the NHS) and more about investing in a collaborative of organizations with the objective of achieving real progress toward their core objectives. Third, the success of AHSNs is being judged against measures that they have chosen within their regions, reflecting the localism encapsulated within them. Fourth, the organizational form of each AHSN is being decided locally, not dictated from the center. Some are choosing to be hosted by an NHS Trust, and some are forming into companies limited by guarantee. All reflect their local priorities. Some have extremely strong private industry links and are colo-cating in business or science parks, while others have a

stronger academic focus and are located on university campuses, and still others have a strong NHS focus and are located in NHS properties.

Beyond these, an important element in how well the innovations coming out of the AHSNs are able to have an impact on the whole NHS will depend to a degree on how effective the system that they are developing is at forming a “network of networks”—true national collaborative innovation.

It is very early days for the AHSNs—they were only formally designated earlier this year and are currently going through a licensing process. However, as a reflection of the collaborative innovation model described by Hartley et al., they will be worthy of further study as they, and their innovative impact, develop.

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