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The 2024 John Deeble Lecture Beyond boundaries: Leadership for health

With reflections on John Deeble

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About the John Deeble Lecture

The John Deeble Lecture has been established by the Deeble Institute for Health Policy Research, Australian Healthcare and Hospitals Association to commemorate the life and achievements of Professor John Deeble AO, distinguished scholar, health economist and health policy leader, who died on 5 October 2018.

Together with Dr Dick Scotton, John Deeble co-authored the original proposals for universal health insurance, which we know now as Medicare.

John was a life member of the Australian Healthcare and Hospitals Association (AHHA), and namesake of the Deeble Institute for Health Policy Research, AHHA.

Professor John Deeble AO (1931 -2018)

The John Deeble Lecture provides a platform for policy thought leaders to share their experiences, deep understanding, and reflections on a nationally important health policy issue.

Past Lectures have been delivered by Mr Michael Brennan, then Chair of the Productivity Commission (2022-Towards an integrated workforce), and Professor Nigel Edwards, then CEO of the Nuffield Trust UK (2019 - When good health policy goes bad).

In 2024 the John Deeble Lecture, themed Beyond Boundaries: Leadership for Health, was delivered by Professor Jonathon Gray. Jonathon is the Director of the Commonwealth Leadership Institute and a Professor of Innovation, Improvement, and Leadership at Swansea University.

Over the past thirty years, Jonathon has demonstrated outstanding leadership at local, national, and international levels in the fields of clinical genetics and then in health system improvement and innovation. He co-designed and co-led the 1000 Lives Campaign in Wales and established the Innovation Institute, KoAatea, in New Zealand, where he directed the 20,000 Days Campaign and more than 10 improvement collaboratives.

Jonathon was also the founding director of the Asia Pacific Innovation Conferences (APAC), which annually gathered thousands of passionate professionals.

In 2024, with the support of Dr Michael Dixon, Head of the Royal Medical Household and Chair of the College of Medicine and Integrated Care, Jonathon convened at Windsor Castle, a group of emerging and seasoned leaders from across Commonwealth countries to launch the Commonwealth Leadership Institute with the Deputy Director General of the Commonwealth Dr Arjoon Suddhoo.



Professor Jonathon Gray

Reflections on John Deeble

Professor Michael Pervan | CEO Independent Health and Aged Care Pricing Authority

I want to acknowledge the Ngunnawal people as the traditional custodians of this land and pay my respects to their elders, both past and present. I am also grateful for the ongoing teaching they provide us regarding healthcare and community. Additionally, I would like to express my heartfelt thanks to Kylie [CEO AHHA] and the AHHA for giving me this special opportunity to share a few words this morning about John Deeble.

I'm pleased that John's family is represented here today, particularly by David Deeble, as there is so much, I want to thank him for. 2024 marks the 40th anniversary of Medicare, but it has also become a year dedicated to celebrating John himself, and rightfully so. The events held throughout the year have highlighted his brilliant mind and his passionate advocacy for a health system that has become a cornerstone of what we think of as 'Australia'.

While we have all heard and read about the specifics of his achievements, I won't dwell on those today. Instead, I want to briefly address a facet of John's character: his persistent, and at times rather grumpy, denial of his leadership. When this topic arose, he would often dismiss the praise gruffly, telling me not to be silly.

John was not a political leader, nor a senior clinician, or a bureaucrat. His influence stemmed solely from the power of his ideas. Many people conflate leadership with authority and senior positions, overlooking the extraordinary leadership demonstrated by someone like John.

Through his passionate, evidence-based advocacy, he brought profound reforms that resulted in what we now recognise as a national asset.

I don't want to take up too much of your time discussing various leadership models, but I would like to highlight some key attributes from the literature that reflect John's remarkable leadership and illustrate what effective leadership can achieve in our health system—or any health system.

Commonly recognised attributes include integrity, inspiration, communication, vision, resilience, intuition, empathy, intelligence, and patience. Additionally, a significant aspect of successful leaders is the ability to engage others in a shared mission and guide them toward a specific goal.

At its core, leadership is about engaging people in a mission and achieving objectives, which truly embodies John's approach. When we consider these attributes, it's worth noting the incident where John witnessed a colleague unable to afford cancer treatment in one of the wealthiest countries in the world. This observation ignited his outrage and sparked the ideas that eventually led to the creation of Medibank. Many are familiar with the maxim:

The standard you walk past is the standard you accept.

As we all know, John refused to accept that situation as the standard. In response to what he observed, he and Dick Scotton thoroughly analysed the situation, conducted their

research, and then presented their vision to the government, supported by an evidence-based implementation strategy.

John's colleagues have pointed out that the principles they established fifty years ago continue to be the cornerstone of the Australian healthcare system:

Access to health services based on need rather than means.

This year, I have noticed a considerable number of people—politicians, academics, and bureaucrats—coming forward to share their close personal connections with John. Initially, I found myself wondering who some of these individuals were, as I had never heard John mention them and didn't even know them myself. I questioned how many of them truly knew him.

Upon reflection, it seems likely that they all did know him well, perhaps even for longer than I did. This is because John was a leader who sought to develop others, bringing together as many people as possible to achieve collective goals.

Indeed, John fostered personal relationships with hundreds, if not thousands, of individuals like me. This is part of what made him special as a leader. He devoted his time to teaching, engaging in discussions, and raising our awareness of healthcare as a social and economic system, highlighting its impact on all aspects of society—not just the biological. He emphasised our responsibility to preserve and cherish healthcare as a national asset.

I recall an instance about fourteen years ago when a senior official presented at a conference. Their paper discussed the financial risks facing our current health system and

suggested that Medicare, in its existing form, would soon become unaffordable.

During a subsequent panel discussion, John was asked to comment on this assertion. With an eyebrow raised and his head slightly tilted, he responded in a serious voice:

Civilised countries decide what they can afford and make it affordable.

I can still remember the cheer that erupted. That was something like a home team scoring a very tricky try on a home ground.

Like other great leaders, John had no ego about the system he helped create. He emphasised that the goal of universal healthcare mattered far more than any individual vision he might have had. He encouraged everyone working within the Australian health system to adopt that vision, to continue its development and reform, and to strive for better outcomes for the people of Australia.

In my case he would even politely (and sometimes not so politely) describe some approaches as 'unsophisticated' and with a quick frown suggest 'you can do better' and would go on to suggest where improvements could and should be made to a plan, a policy or strategy.

Recently, I was asked if leadership should be considered a health reform initiative in and of itself as part of the next national health reform agreement.

My response was that while leadership isn't a health reform initiative, it is essential for implementing any reforms or improving health services.

This is what I learned from John. He was a leader—perhaps the most significant leader in the history of the Australian health system. His

gruff denial of this fact only underscores his many leadership qualities.

Leaders are visionaries and strategists; they analyse challenges, set long-term goals, and design strategies to achieve them. They also nurture and develop the leadership potential of others, bringing people together to pursue these goals and ensuring that future leaders are developed so that they in their turn can carry the torch.

I miss John—the conversations, the calls, the big ideas, and the unique perspective he brought to any issue he engaged with. For me,

he exemplifies the wisdom of Margaret Mead's quote:

'Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.'

I believe John would be truly pleased to hear from our guest speaker this morning and to know that another dedicated group of individuals is uniting for the common cause of leadership in Australia's health system.

With that, I would like to introduce Professor Jonathon Gray.

Global health and well-being are in crisis, and no single country is equipped to address this alone. Health and healthcare systems face numerous challenges, with many more anticipated. These challenges transcend national boundaries, demanding unprecedented levels of collaboration, sharing, agility, new skills, and expanded networks.

Effective leadership in healthcare plays a crucial role in fostering a culture of accountability, innovation, and collaboration, ultimately enhancing patient care and safety.

In this 3rd Deeble Lecture, titled *'Beyond*

Boundaries: Leadership for Health', Dr. Jonathon Gray, Professor of Innovation, Improvement and Leadership at Swansea University and Director of the Commonwealth Leadership Institute, explores the importance of emerging health leaders in contributing meaningful insights and bringing fresh perspectives to the table.

The Lecture was followed by two panel discussions that reflected on each panellist's leadership journey, the strength of leadership during times of crisis, and the importance of recognising and supporting emerging leaders who dare to deliver healthcare differently.

Beyond Boundaries: Leadership for health

Professor Jonathon Gray | Director Commonwealth Leadership Institute

It's been wonderful this morning to reconnect with so many people, some I've known for years and others just today. Truly, it's a great honour to be here, although I can't shake the feeling of being an impostor among such remarkable leaders.

First, I would like to acknowledge the traditional custodians of the land we are on today, the Ngunnawal people, and pay my respects to their elders, past and present.

I also want to take a moment to speak about John Deeble. I never had the chance to meet him, but I feel like I'm slowly getting to know him through the stories and literature about him. He was clearly an extraordinary individual, and I have spent some time exploring how I might find a connection to him.

The best link I could make was through his name. According to my research, the name

'Deeble' refers to people who lived near the River Dee, which in Welsh means 'black,' a reference to its history tied to mining. So, perhaps, I have a small connection to him through the wonderful Welsh language!

I would also like to acknowledge the incredible tributes paid to him. We can only hope that when our time comes, even a fraction of such kind words will be said about us. The praises for him were truly remarkable.

While reflecting on this, I realised something important: John was one of the young leaders we are discussing today. He was just 37 when he co-signed the Medicare—37! It's a point worth keeping in mind as we talk about the young people who represent the future.

I was born in the north of England, near a hill called Roseberry Topping. A place of beginnings and endings, as there's a small church and pub

at the foot of the hill where my parents were married, and where my mother was later laid to rest.

Next to Scotland. I was a medical student next to the River Tay, and we would spend many happy hours learning to learn fly fishing along its banks.

I also discovered a small personal connection to Australia. My great-grandfather, John Waller, spent six weeks traveling by ship from Southampton to Australia, where he worked as a miner in Bathurst. Later, he returned as an ANZAC soldier, serving underground in some of the harshest conditions. After the war, he demobilised, and it's ironic that in the trench next to him, he heard accents like mine—voices from his hometown.

I live with my family in Wales, who mean the world to me and keep me grounded. We are currently, part of the 'sandwich generation,' where we have just managed to get the kids off to different places, and now it's time for us to care for some of our older relatives. In my spare time, I enjoy running and every year I walk a different part of the Camino. I have been lucky to work and live in the US, Boston and for many years in New Zealand.

I have recently retired from the NHS, but just before I could fully close that chapter, I had the chance to grow the amazing young leaders that 'ran towards the fire' during Covid. Welsh Government supported that through their innovation funds.

Dr Michael Dixon and I began to grow young leaders across the 56 Commonwealth countries and many of those young leaders had the chance to meet, and be encouraged by, HM King Charles.

In all that work we have been encouraged to bring forward the young leaders, and make sure their ideas around the future are heard. Young leaders' voices should determine what happens to institutions going forwards. We have also been encouraged to discover the amazing young people that are in every one of the 56 Commonwealth countries – to learn from them and to connect them to tackle challenges together.

To connect them, give them the platform to network and collaborate, and empower them to shape the future. The young people embraced this idea, and it's something we're now moving forward with.

Having worked for many years as a doctor, I often feel frustrated by how siloed our thinking can be – my own and that of others. We learn in silos – I trained in 'medical leadership' not 'health leadership' for example. We are in 'echo chambers' in our own disciplines and get so fixated on one view that we overlook what's right next to us.

My original training is in clinical genetics, and I enjoy invoking Darwin. Darwin's work didn't show that survival was about necessarily being the 'fittest'; rather, it was about collaboration. The groups that thrived were those that learned to 'collaborate and adapt' effectively. So, I spend much of my time focusing on fostering collaboration, especially in the UK and recently in Singapore.

I spoke about this in Singapore last weekend, where there is a real worry about the effects of rising sea levels. Of course, Singapore is resourceful, and they are getting on addressing it, but they can't address the climate emergency on their own. We need to address the situations in Indonesia, Malaysia, and

across the world as well. That's the key issue of collaboration we're discussing now. We also need to learn to collaborate, share and adapt swiftly.

To quickly outline my journey: I was a clinician. I've been an academic, a manager, an executive and a CEO. I think I've followed the traditional career path that many of you are on now, though I do worry about how linear it is.

Many of us started with effectiveness in work, then moved on to patient safety. I became intrigued by innovation, and then I focused on spread and scale, followed by implementation. Now, we're discussing leadership. There's something interesting about this historical progression; much of it feels repetitive, seemingly so linear when of course it has been anything but linear in reality.

Now you have got to know me a little, let me give you the key takeaway right now in case I lose you!

We are all well-acquainted with change—everyone in this room is an expert at it. You've grown up with change and mastered it. But my hypothesis is that the change we are facing now is different.

There's something unique happening, and I have heard that outside healthcare calls it the 'Grey zone.' We are in a transitional period between eras, experiencing a different kind of change.

By looking beyond our current system and the healthcare sector, we can find insights that might influence our behaviours in these unusual times.

In particular I want to share some thoughts on renewing our commitment to young leaders and how we can passionately connect and

collaborate across countries and sectors. That's my core message.

During the pandemic, I had the opportunity to return to Wales, where we faced a tremendous challenge. The projections were alarming—we needed 2,000 additional hospital beds within six weeks. It was a challenging situation; we were seeing scenes of people being treated on the streets in Spain, and the emergency felt overwhelming.

After a swift assessment, led by the best experts we could bring together in the time, we made a bold decision: we were going to repurpose the Millennium Stadium, which many of you might know, into a hospital.

It was a massive undertaking—tents many times the size of the Glastonbury stage, enough energy to power 12,500 homes, serving 2,000 meals a day, with countless deliveries of equipment. I had trained in 'medical leadership' and was good in my own sphere of work. But this situation required much more than that—it meant talking to people far outside our typical circles, and I didn't know any of them. It was an intensely lonely experience.

But as we built the hospital, adapted our ways of working, and tore up the usual rules, I witnessed something remarkable. Who do you think stepped up and ran toward the fire? You already know the answer—it was the young leaders. They were the ones who led the charge, embracing the challenge head-on.

Most older leaders were hard to find during the pandemic. It's not surprising because we told them they could lose their lives by getting involved. Many older people, people my age, understandably stayed away. However, every day we had hundreds of young people, from all over the world, flocking back to Wales to be

part of solving the crisis. They ran towards the fire, but as the military advisers on my team pointed out, we hadn't prepared them well.

They hadn't worked together in the way they needed to, lacked the necessary skills, and didn't have the connections required to succeed in that kind of emergency.

It's worth reflecting on this for a moment. Often, I hear the challenge:

'What do young people know? Surely, you need experience to tackle big problems.'

But I no longer subscribe to that view in the future ahead of us. Look at John Deeble—he was just 37 when he co-signed a historic document that will never be forgotten.

Ed Hillary was 34 when he climbed Everest.

Steve Jobs was 21 when he started Apple.

Young people can be, and I argue must be at the heart of tackling the increasingly complex issues ahead.

My Government in Wales took this to heart and decided to invest in growing young leaders. We brought together people from different sectors—military, elite sports, ambulance services, medicine, nursing, social care, industry, local government—across as many silos as we could.

We wanted them to learn together so that when the next crisis hits, they'd know each other and have the right tools to succeed. We put together teams of 30 young leaders. At first, I was told, 'Jonathan, no one will join; everyone's too busy.' Yet, we received 800 applications for just 30 spots. These young people gave up 20 days of their own time for intensive, immersive experiences.

To assess them, we designed an interview process involving escape rooms. It was a new idea, and we learned as we went and it helped identify fantastic talents. This effort caught attention, even drawing the interest of the Prince of Wales at the time, who invited us to one of his residences to discuss this initiative.

But we need to consider what kind of world we are preparing these young leaders for? I think it's a tough one, and as Randall Schuler once put it:

We're living in a chaotic period where anything can happen, and little can be predicted. The remnants of the past, present, and future coexist in a state of confusion, filled with change and conflict.

In my view the pandemic didn't cause this, but it accelerated it. On top of that, we face daily challenges across all sectors—not just healthcare.

I've travelled to over 20 countries, including Australia, and the problems are the same everywhere.

It's important to recognise that this issue extends far beyond healthcare. Around us, institutions are deteriorating, which can be frightening, but it's part of the current process. Trust in institutions is declining, leading to increased anxiety among populations, as institutions typically help manage that anxiety.

During one of my talks, I was challenged on this point—accused of being against institutions. That's not the case; rather, current institutions need to evolve. Some institutions may fade away, while new ones will emerge. I acknowledge that there are many in the audience with much more experience in this area, but I wanted to highlight how both past

and future influences are at play simultaneously.

We're in a confusing time where everything seems mixed together, making it challenging to understand what's happening. Beneath this complexity are two key drivers: an increasingly networked society, and a loss of trust in institutions.

Look at how banks, churches, and other institutions have evolved; you can't even walk into a bank like you used to. We are also seeing an exodus from established systems. Many people are leaving, and we're seeing this across institutions like the NHS.

Institutions that adapt and keep young leaders at their core will succeed. But anxiety will drive a rush to certainty, especially among those of us from the past, who hold on too tightly to old ways. That kind of behaviour causes conflict, as people struggle to offer clear paths forward in such a difficult, uncertain world.

If we consider our own context, we might start to think about what we can learn from other examples of a grey zone. The military, who coined the term 'grey zones' recognise that peace and war are no longer clear-cut categories; there's something in between.

From the learning outside healthcare, how do we navigate the grey zone?

There's a pressing need for new training and skills for our young leaders working in this space. We've seen remarkable leadership development, but there's something essential that's currently lacking. We can draw from the excellent programs available, but we must also develop a fresh approach to preparing young leaders for the future. It's vital to acknowledge the value of the hard work already being done.

To foster innovation, we need environments where young leaders can face challenges and cultivate resilience. I propose immersive experiences for young individuals, such as team-building exercises with elite sports teams or military units, to build trust and relationships in demanding situations. I recognise the wealth of experience in this room, yet sometimes it takes facing adversity to encourage growth.

You all have extensive experience in this area, and it's important to recognise that some things must go through a trial by fire to germinate, which is the reality we're facing now.

The training programs we're developing for individuals from different countries and sectors emphasise immersive experiences, like escape rooms and elite sports training. Professional football teams, for example, excel at cultivating young leaders, yet in my system, development programs are often the first things to be cut.

In other industries, the approach is markedly different.

We need to teach young leaders to 'play jazz' rather than sticking to classical music. The world we're in is shifting from traditional models—it's no longer just about working in isolation; it's about integrating genomics with paediatrics and primary care and working within the community and across entire systems. It's about collaborating with a diverse group of people who will become your friends and allies over the next 30 years.

Imagine having a network at age 23, with 30 to 50 contacts from various fields that you could reach out to when challenges arise. I certainly didn't have that at 23, and even at 60, I don't have it now.

We need to carefully bring together a diverse group of young people from around the world to address these challenges. A Commonwealth young leader ‘special forces’ for the increasingly complex challenges that approach.

So, what’s our role as established leaders? We need to bridge the gap.

Despite current financial constraints, investing in the future is crucial. Senior leaders play a significant role in this process.

After 40 years in the NHS, I saw how poorly we handle transitions. We need to ensure that endings and beginnings are managed effectively. Training in leadership needs to be increased, be available as young health workers move through grades – and not be cut in times of crisis or limited to those most senior.

We have got to get away from being promoted into leadership positions on the strength of our clinical ability -which can show little connection to more important leadership skills and abilities.

There should be a cohort of mentors to support emerging leaders without stifling their potential. My slightly flippant worry is that the NHS is run by retirees. If many executives are in their later stages of career there are many risks. The conversations around the ‘water cooler’ might be focused on questions like:

‘When is your pension due?’ or ‘How many more years do you have left?’—instead of discussing how to integrate digital technology or AI into the system.

There’s an urgent need to create space for younger leaders. I know of a brilliant 36-year-old A&E doctor who had been part of one of our programs and was serving as a clinical director.

He wanted to step up to a more senior director position at the executive level, but others insisted he needed another 10 to 15 years of experience before he could join the executive ranks. This young man was 37 and eager to make a difference, yet we were holding him back.

We must find ways to allow people like him to move forward.

Regarding bridging the gap, we could start with 195 countries, but we already have connections with 56 countries across the Commonwealth, and 20 of them have young leaders eager to engage with each other. Why not build on that? Focusing on those 56 countries seems like a strong approach. We’re growing this initiative as we move forward.

In Singapore, they’ve shown enthusiasm for joining because they value networks and want to learn. Gathering around 150 to 200 young leaders and senior figures, Singapore aims to create a platform for continuous learning, with the UK also offering to host strategic leadership retreats.

The goal is to learn from the other 55 countries daily.

Singapore has also proposed a collaborative learning platform to analyse data from all 56 Commonwealth countries. For instance, how can we stay informed about the current situation in Cameroon and its relevance to our work? how do we learn together effectively and swiftly from 56 Commonwealth countries? Through a platform and of course through fellowships.

Fellowships are vital, and we need to explore the opportunities available across 56 countries. If there's someone you'd like to develop, what

options can we provide? We're looking at one-year fellowships, and 3-week observerships throughout the Commonwealth.

This would allow individuals to spend three weeks in another Commonwealth country to build relationships, make connections, and bring back valuable insights.

We need to create spaces for sharing knowledge and experiences. At the core of this initiative, we require foundational countries to lead the way. I am privileged to work with amazing people in amazing countries. Singapore is on board, and I'm confirming India's, Australia's, New Zealand, and others participation on my way home.

This idea gained momentum back in June when I had the pleasure of hosting some of your colleagues at Windsor Castle.

The energy and enthusiasm from the youth in attendance were inspiring.

Our aim is to foster an environment where young leaders can thrive. We're seeking to establish a fellowship program that, while

requiring funding, would enable individuals to travel to 2 or 3 different Commonwealth countries and return enriched with experience and networks.

We're reaching the end of an era, which is daunting for me because I've played a significant role in shaping it, and I feel guilty about how we are leaving it. But guilt isn't productive; change is inevitable, and we need to prepare for the future. We must become more connected. And I sincerely hope to persuade you that we're on a meaningful journey together.

The old era is fading, and we are entering a new one, with the Australian Healthcare and Hospitals Association and all of you at its heart. We can't achieve this without your involvement; we want to collaborate with you and the beacons of hope around the world. Together, we can navigate this chaotic and fragmented world, which feels overwhelming but becomes less daunting when we unite.

Thank you all very much!

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AHHA acknowledge the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. AHHA also pays our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.