

Delivering through localism matters

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As the lights go out on La La Land and our hard-pressed clinicians and managers struggle with failure of near and long term workforce delivery, of supply chains, backlog maintenance, incoherent tariff and funding mechanisms, disconnected components of the health and care ecosystem, inexorable waiting lists - oh and COVID 19, how do we put Humpty Dumpty back together again?

It is of course useless to say "I wouldn't start from here" as that's where we are! There will be many studies of how we got here which will draw conclusions that it was a massive structural failure of the HSCA 2012 and the political failures that followed.

Even before COVID laid bare the underlying fragility of our NHS, it was clear that we had witnessed seven years of absolute and relative decline in health care services - despite a brilliant frontline NHS people working ever harder for comparatively less personal and financial reward.

So we do start from "here". There is an urgent need for system redesign and fixing workforce, supply chains, estate maintenance, funding, waiting lists and digital delivery. Of course the system needs more money - lots of it over multiple years and not either the three card trick or the "now you see it now



you don't" games played in the past decade. Real money targeted to do the following: -

Expand home and overseas workforce acquisition and development

Invest in regional production of many NHS supplies to stimulate the UK economy, mitigate BREXIT and reduce reliance on China

Eliminate urgent backlog maintenance that is endangering service delivery and redesign estates for out-of-hospital services

Reduce waiting lists by embracing all service providers

Drive digital delivery and patient and clinician access (with privacy) to whole life patient records.

Those five operational priorities are not difficult to understand or to do with the right focus, engagement and expertise. They go alongside the clever stuff of genomics, new drugs, new medical equipment and devices - the world of MedTech and life sciences which will reimagine both prevention and treatment for our next generations.

You would though want some preconditions if you were "The Money". Some assurance that the "what" would be done and that the system design enables it rather than it getting in the way.

I am a self-declared critic of Big State - it is important for a few things - international relations, security and defence, critical national infrastructure, societal fairness (perhaps now known as "levelling up") and tax policy, but it has become a fulcrum for policy-making and control which not does not fit with

accountability for public services to our citizens. Hollowing out Local Government was another tragic error of the last 10 years, along with micromanagement and regulation from the distance of Westminster and Whitehall.	accountability away from Westminster, align them with their citizens and flex the five operational priorities based on more local need. They would create a much more transparent structure, for good and bad, for success and failure.	Then independent chairs appointed by formal public process but without cronyism would be essential.
So let's applaud the push to create ICSs. There are 18 at present but we must get the whole country converted and fast.	There will be detail to work through in the urgent legislation needed but one underlying principle has to be the composition of their governing boards and then their powers.	That type of Board composition is worth considering and legislating for.
They need formal legislated powers - a prerequisite for end state accountability.	Creating boards which have members elected by the constitutional parts - primary care, secondary care, social care, third sector, higher and further education, local government etc, and members directly elected by the public.	The roles and duties would be worked through but may vary in some ways between different ICS/RICA.
They also need RICAs - Regional Integrated Care Authorities - probably around 10 of varying geographic and population size to reflect the physiognomy of our nation at a component level. Both of these structures would suck authority and		The premise though is that accountability resides primarily at the level of local.

Even though the COVID response has suggested that more local decision-making and implementation of preventative activity may have saved lives and distress, the big question is are we really prepared to move from the Big Nanny State to the brave new world of local accountability, real public involvement, and collective responsibility?

We should reflect that, in advanced democracies, we are citizens not subjects and politicians and their coterie, cliques and inner circles would do well to understand that.

Perhaps the next election will tell us.