Health devolution points and considerations – from interested bystanders….

1. A consideration of future organisation should be concerned with health and not ill health. Therefore, the scope of the consideration should extend beyond treatment to issues of care, public health and the determinants of health
2. Public health issues and at least some of the determinants of health eg economic wellbeing are 'place' related (both physical and community). It is not feasible to manage for health outcomes at a national level given this locality dimension. Therefore, an element of devolution is inevitable.
3. Devolution, however, is not a binary choice between central and local. Some activities (eg procurement) can be managed through a joint (national?) Centre of Excellence/shared service model. Similarly, there are examples where when a response required beyond a devolved institution level there can be national level responsibility and intervention (eg The Federal Emergency Management Agency - FEMA – in the USA).
4. It is likely to be instructive to examine arrangements in other European and other countries especially where there are strong sub national structures such as regional government
5. When health (vs ill health) responsibilities are devolved the responsible structure needs as, far as possible, to represent a community of interest covering the overall community outcomes in terms of economy, environment and its population's wellbeing including health. This is not always easy to determine but inclines towards (at least initially) starting, and learning from, contexts where this is clearest such as Cities and/or Mayoral Combined Authorities.
6. Local structures must clearly be accountable to their constituencies. The accountability must include the power to raise and spend resources to achieve health (and indeed broader community) outcomes. Responsibility for outcomes without the ability to determine and fund programmes to achieve the outcomes or where the funding is determined elsewhere (i.e. nationally) fails a proper accountability test. Funding, however, can still have elements of a mixed economy model with some centrally determined resourcing and some locally determined eg the social care levy (UK) or local taxation (USA)
7. Devolution per se is not the right starting point; alternatives are
    a. Defining objectives in terms of health outcomes
    b. Leveraging learning from the COVID-19 crisis as key input (perhaps in the form of a set of principles) as the design points for future change, not least given the political and public perception impacts
    c. Communicating narratives from a series of user journey's reflecting key stakeholders' perspective eg Mrs Jones, citizen, Nurse Jones, Ms. Jones (MP) etc
8. It is useful for consideration of future provision of health services to take account of significant prevailing trends, for example, technology. Will technology trends facilitate devolution in any way?

9. The current crisis is highly likely to accelerate technology adoption in both business and personal usage. Potential impacts on health ;
    a. A greater take up on smartphone apps that support individuals manage their own health
    b. Accelerated adoption of remote consultations and interventions
    c. An expansion of new models for GP services (eg Babylon)
    d. Expansion of capabilities across health applications that implement Artificial Intelligence techniques (in, for example, both individual diagnosis and public health modelling)
10. The technology trends are driving greater individualisation in health provision which in turn implies a more integrated perspective across all health-related services.
11. The current crisis is also likely to drive other changes in individual behaviours, for example
    a. A new interest in prevention, both at individual and collective levels
    b. A reluctance to go into hospital (a two-edged sword as it may help A&E services but may impact health as people delay important early interventions). This may dissipate over time.
    c. A wider acceptance of technology deployment in health
12. Preliminary headline learnings from the crisis are
    a. The disconnect between the NHS and Social Care is not sustainable
    b. The role of Public Health is critical
    c. Dependencies between health and prosperity are currently starkly highlighted and will be critical for recovery
13. These lessons could be amongst the factors turned into guiding principles for the future of health provision in the UK. Whilst they lead to elements of devolutions issues around central control over key national imperatives need to be addressed as well.
14. What does Mrs Jones want to see after this crisis?
    a. She wants to feel safe
    b. She wants to believe that the 'government' is doing everything to prevent a similar crisis
    c. She fears finding herself in a care home disconnected from the NHS
    d. She is concerned about her grand daughter who is has become fearful since the lockdown. She thinks she will need help with her anxieties from the local services, and she does not her to wait months as happened to her neighbour's grand daughter
    e. Her neighbourhood is already feeling run down, she does not want to see her neighbours out of work of and all her local shops shut
    f. She cares about her community and she wants to see is prosper.

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Both have many years experience consulting in the Public Sector across many countries, often in the context of policy development and consequent substantial change programmes.