



*Cabinet Secretary*

**PRIME MINISTER**

### **C19 Campaign: Next Phase**

#### **Summary**

**Now that we have a road-map for the next phase, we should reorganise governance to deliver the key priorities: a covid-resilient economy, smart lockdowns, protection of the vulnerable, vaccines and treatments, and resilient supply. Meanwhile, we should embark on the strategic reforms necessary to correct structural problems in the health and care systems, and to improve our economic resilience and competitiveness.**

#### **Introduction**

1. For a while, we thought the UK was doing better than other countries. Now we fear we are doing worse. Wherever we stand when the pandemic is over, there will likely have been significant demographic and cultural reasons for the differential impact. However, we should reflect now on how well the state coped with the initial phases as we prepare for the next.

2. Everyone has put their shoulders to the wheel. But we have had to rely on ingenuity, teamwork and the fortitude of our citizens to compensate for structural shortcomings in the capabilities and capacity of the health and care sectors, and for the vulnerability of a mostly post-industrial economy fuelled by consumption, services and London. As we implement the road-map set out in your address to the nation this evening, we will have to continue to improvise in the short term, while improving the capabilities of the state, the health of the citizen and the resilience of the economy. There is always a disruption cost to change, but we are disrupted anyway, so we should be bold.

## **Health & Care**

3. From the start, protecting the NHS has been central to both our approach and narrative. Public support for the heroic efforts of health and care workers has been inspiring, but I am not aware of any other country which has asked its citizens to protect the health service rather than the other way round. That is partly because of the role of the NHS in our national consciousness and partly because we feared replicating the scenes of overwhelmed hospitals in Lombardy. We were right to worry, because the health and care systems were not equipped for a pandemic.

4. The NHS has become increasingly preoccupied with tackling the chronic ill-health of an ageing population, leaving little excess capacity for a public health crisis: we had half as many critical care beds per head as Italy and a quarter of Germany's. This was compounded by the inadequacies of a fragmented social care system, which, as we know from Brexit lobbying, is over-reliant on low-paid immigrant labour. The most obvious symptom was the thousands of vulnerable elderly (disgracefully labelled "bed-blockers") who, through no fault of their own, were stuck in hospitals as the pandemic approached. Inadequate resilience in medical supply is another.

5. Although some parts of PHE, notably Porton Down, are world-class, it was not resourced or structured to lead the national response to a global pandemic. And, while the individual scientists are impressive, SAGE's footing has been unsure.

6. Despite having a can-do minister, our most experienced permanent secretary and surging in civilian and military resources, the DHSC chassis has been unable to bear the weight. It straddles the byzantine bureaucracy of the post-Lansley NHS, the under-powered PHE and the fragmented public/private provision of adult social care. Moreover, as we have learnt through establishing the (successful) programmes for the medically and socially vulnerable, responsibility for vulnerability is scattered across several government departments, devolved and local government, and the public, private and third sectors. Admirably, people have pulled together across these structural barriers, but the programmes have delivered despite not because of the systems we have inherited. While there are some quick wins, eg tightening the ministerial grip on NHSE, the health and care sectors need a complete overhaul.

## **Organising for Success**

7. In your address this evening and with tomorrow's publication, you have set out the road-map for the next few months. To deliver that plan, there are over three dozen programmes across government, several now led by external heavy-hitters, and which are now distributed across several government departments, instead of centred them on DHSC, to provide the capacity, capability and resilience necessary for a prolonged campaign.